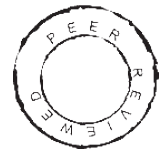


THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Psychosomatic Diseases And Homoeopathy

- Psychosomatic Diseases and Homoeopathy
- Insulin Resistance in Connection to PCOS



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Imponderables, Sarcodes and Evolution

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Dear Readers,

While society often ignores psychosomatic illnesses taking them to be mere calls for attention or hypochondriasis, Psychosomatic disorders are very much a reality, particularly in a world where stress is a constant. This issue of The Homeopathic Heritage is aimed at acquainting our readers with the myriad presentations of psychosomatic illnesses and the significance of Homeopathy as a treatment modality therein.

While society often ignores psychosomatic illnesses taking them to be mere calls for attention or hypochondriasis, Psychosomatic disorders are very much a reality, particularly in a world where stress is a constant. Psychosomatic disorder involves both the mind and physical body. Derived from Greek words- 'Psyche' meaning mind and 'Soma' meaning body, this disorder takes shape when causes in the mental sphere begin influencing the physical body leading to the initiation, maintenance or progression of the physical symptoms.

Britannica describes psychosomatic disease in the following words- "Psychosomatic disorder, also called Psychophysiological Disorder, (is a) condition in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress. It is a condition of dysfunction or structural damage in bodily organs through inappropriate activation of the involuntary nervous system and the glands of internal secretion. Thus, the psychosomatic symptom emerges as a physiological concomitant of an emotional state."

In one of its articles on Psychosomatic disorders, the Lancet quoted consultant neurologist Suzanne O'Sullivan (National Hospital for Neurology and Neurosurgery, London, UK)- "Psychosomatic disorders are not neurological disorders. Laughter is the ultimate psychosomatic symptom." How many people know that? There is no medical explanation of how the brain produces laughter, and there are many different types. However, laughter is not a life-threatening problem. Not like seizures, crippling pain, and fatigue so intense that life has lost its purpose or work becomes impossible, and no one has any answers

or can offer further treatment options".

While that is the take of a doctor belonging to the conventional school of medicine, if we look at the situation from a 'unity of medicine' angle, we know that unlike allopathy, homeopathy does have a solution. Homeopathy takes into account the moral sphere of the patient when considering the totality of the case in order to reach the most suited medicine. Aphorism 225 of the Organon of Medicine reads-

"There are, however, as has just been stated, certainly a few emotional diseases which have not merely been developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional disease in time destroys the corporeal health, often to a great degree."

Britannica cites- "Research by psychiatrist Franz Alexander and his colleagues at the Chicago Institute of Psychoanalysis in the 1950s and 1960s suggested that specific personality traits and specific conflicts may create particular psychosomatic illnesses, but it is generally believed that the form a disorder takes is due to individual vulnerabilities".

In such a scenario, Homeopathy being a highly individualized system of medicine has miraculous medicines to offer to the ailing patient. The consideration of family history, social relations, diathesis and constitution of a patient while constructing the totality reflects individualization

which is the sole need when dealing with psychosomatic ailments.

This issue of The Homeopathic Heritage is aimed at acquainting our readers with the myriad presentations of psychosomatic illnesses and the significance of Homeopathy as a treatment modality therein.

Quick Word on Issue Content

This issue of The Homeopathic Heritage is themed 'Role of Homeopathy in Psychosomatic Disorders'. With myriad articles presenting the views of young writers, the issue brings forth a number of articles which present cases of psycho-

somatic illnesses that have been successfully dealt with homeopathy by our homeopaths. Besides, this issue features the editorial desk by Dr. Bipin Jain, a notable name in the field of classical homeopathy, the special section which presents the continuation of the article on Drug Proving and a distinct column called 'In Italics' by Dr Chaturbhuaj Nayak, Chairman, Special Committee on Fundamental Research,

CCRH, guiding us on The Basis of Prescription in Homeopathy. Additionally, in this issue of The Homeopathic Heritage, Dr. Subhas Singh, Director, NIH, takes our readers through the life sketch of Dr. H. C. Allen while a glimpse of Dr. S. K. Tiwari's work- 'Essentials of Boger's Principles and Practice of Homeopathy' has been given by Dr. Gobind N. Gupta.

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

Call for papers for the upcoming issues:

Unbolt Yourself		
Issue	Topic	Date
November 2023	Clinical Trials In Homoeopathy	September 15, 2023
December 2023	Role Of Homoeopathy In Surgical Cases	October 15, 2023
January 2024	Homoeopathy as Preventive Therapy in Non-Communicable Diseases	November 15, 2023

“Role of Homoeopathy in Psychosomatic Disorders”

Dr Bipin Jain

Psychosomatic word is derived from the Greek word, where “Psyche” means mind and “Soma” Means Body. The World Health Organization explained the psychosomatic concept, where external or internal environmental factors trigger the neuro-endocrine systems leading to change in functional state of specific target organs and motor systems leading to dysfunction in psycho-biological functioning. So, it suggests role of “internal” causes i.e. biological factors in causation, development, progress of disease; psychologically the mental health, role of stress, adaptation, personality characteristics and “external” causes like lack of support from society, social position, various stressors; in evolution of disease. The term “psychosomatic” first used by German Psychiatrist Heinroth in 1818 and Felix Deutsch introduced the term “Psychosomatic Medicine” in 1922. Under psychosomatic concept, its considered that, all physical illness are because of mental factors (like persons thoughts, feelings and overall mental health) which determine their evolution (onset and course), response to management and its resolution.

One of the important components is “role of stress” in developing the psychosomatic medicine as has been experimented and postulated by Hans Selye. Selye felt his theory of stress was extension of ideas proposed by Claude Bernard’s Milieu interieur and Walter Canon’s homoeostasis and linked hypothalamic-pituitary-adrenal (HPA) axis in coping and expressing the Stress. Selye proposed that stress is always present in an individual, in entire period of exposure to internal or external causes and nonspecific demands.

Hahnemann in Organon of medicine (1st edition which is published in 1810) in aphorism 5 has mentioned, to understand the chronic diseases, apart from physical constitution, inquiry should be made about the moral and intellectual character, occupation, mode of living and habits; social and domestic relations. In aphorism 225, described

those emotional disturbances like continued anxiety, worry, vexation, great fear and fright on the course of time leads to physical disease.

Homoeopathy as a holistic medicine has already incorporated the role of constitution, biological and social factors in development of disease and also focused on treating the “individual” and not the disease. The concept of Predisposition, which we derive from the family history and past history, helps us to understand the affinity of the individual and type of disease process s/he may develop; which is nothing but the biological factors as suggested above in development of disease. The concept of disposition which evolve in the life cycle through continuous interaction of internal and external factor for better survival, incorporates the mental and physical traits; specifically, the mental disposition, which is a “internal” phenomenon interacts with “external” environment like society’s demands, norms, culture and through the action and expressions we are able to understand the evolution of personality. Diathesis gives us idea about the affinity, to which individual is prone to; so relating with predisposition and HPA axis, how the individual is going to get affected at tissue – organ – system level. The disposition strikes a balance with the environment, so that individual is adapted well, but when there is imbalance and maladaptation occurs, individual lands up in Disease. Hahnemann was far ahead of his time and he incorporated all these concepts much before even the modern concepts were unfolded.

There was a case of a married lady had a stressful childhood. Her father was alcoholic and died early due to complications. Mother needed to emotionally fragile sister. She had to take up early responsibility, had to work and do the studies simultaneously to complete her graduation in textile. Patient is very conscientious and sensitive for various inputs. she did love marriage and had very supportive and loving in-law’s family and

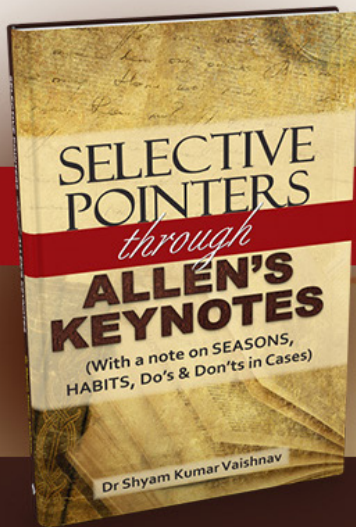
husband. In-laws were having only expectation of grandchild and sadly there was a need of planned abortion during her first pregnancy due to congenital anomaly found on sonography. Due to grief she was not able to conceive again. She went in to profound grief and also developed allergic rhinitis with sinusitis, Costochondritis, Functional backache and Spasmodic dysmenorrhea. The lady carried a strong guilt of not able to fulfil the wish of her in-laws as DIL and kept on brooding on same. This eventually led to depression. Here we are able to see, how conscientious disposition who suffers due to profound grief as not able to reciprocate to the people who gave her love. Based on this understanding of the person Ignatia was prescribed which relieved her from chronic grief and also with all her physical suffering and she delivers a normal child after one year. Case demonstrate the application of psychosomatic concept of Homoeopathy and its correlation in HMM

In another case, there was a sensitive boy who after being reprimanded in the school by the teacher, he becomes mute, does not respond to any one, stopped eating, developed cramps. In this case, the emotional sensitivity of the boy is so heightened that the reprimand is being taken up as being humiliated, leading to the physical illness. Staph1M brings him back.

As describe in both above cases, there is role of disposition which is getting interacted with environment and leading to imbalance at mental (emotional, intellectual, behavioral) and body. At this time, traditionally the management of psychosomatic involves psychotherapy.

But Hahnemann had already given directions in "Organon" in aphorism 212 and 213, the individualistic homoeopathic medicines which are capable of altering the state of disposition and mind, which are selected on the basis of similarity, are capable to cure mental diseases. The similarity can be seen in the Homoeopathic Materia Medica, where each remedy has its own peculiar symptomatology which is full of causative modalities, emotional & intellectual states and symptoms, behaviors. These images help us to reach similitimum and as Hahnemann suggested can alter the state of mind and disposition, to alter the imbalance into balance.

Predisposition, disposition and diathesis when lead to disease both at mental and physical level due to fundamental cause, maintaining cause and exciting cause, Homoeopathy at holistic level not only take care of disease but also brings stability od disposition which is vulnerable to suffer. So, homoeopathy is most suitable science to manage psychosomatic illnesses.



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

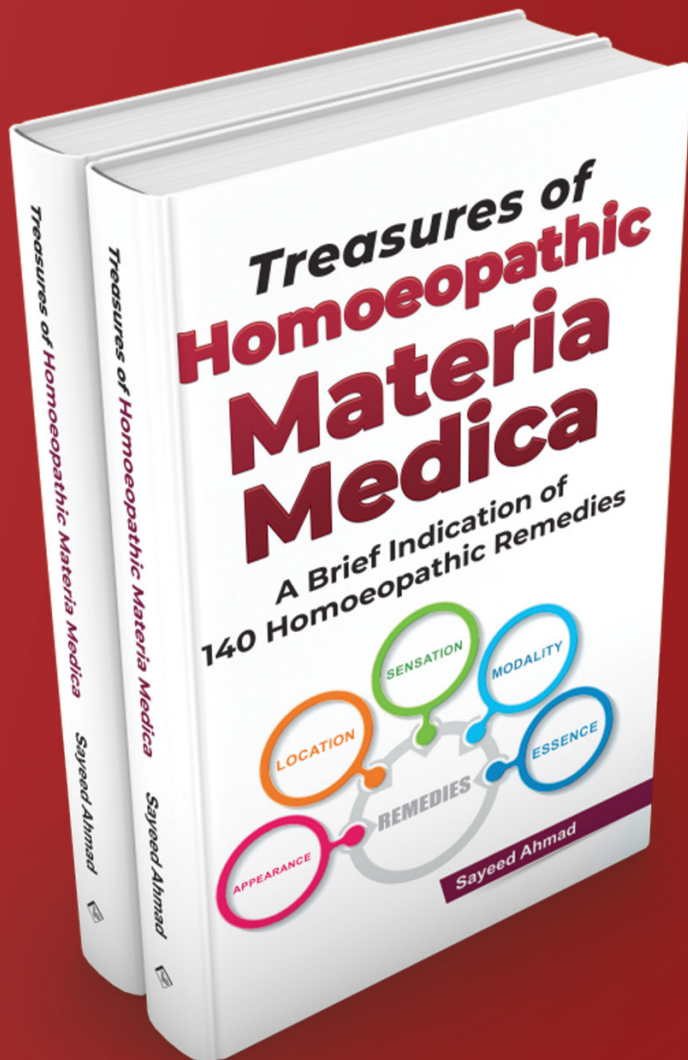
Sharpen your knowledge of Materia Medica

Become a Master in Allen's Keynotes

An Indispensable Companion

For

Students & Seasoned Practitioners Alike



KEY FEATURES

Symptoms on tips- The medicine has been described in very comprehensive and basic English language that even a layman can understand.

Explore key aspects of medicines- This book details each medicine under the 5 key headings- appearance, location, sensation, modality, essence- the five aspects which complete a symptom.

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

Clarity and authenticity - The author has detailed all medicines for students of homeopathy from the exam and practice point of view. By focusing on the essential points mentioned under each drug, readers can quickly grasp the essence of remedy.

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.



DR. HENRY CLAY ALLEN

The Promulgator of Pure Homoeopathy

Dr. Subhas Singh, Dr. Niharika Shaw, Dr. Vignesh K. , Dr. Dinesh Sura

Dr. Henry C. Allen was born on 2nd October 1830 in the village of Nilestown in London. His father was Hugh Allen and mother Martha Billings Allen. Man of great grace and poise, Dr. Allen was amongst those who promulgated Hahnemann's Homoeopathy. A pioneer who dedicated his life for enhancement of practical approach and application of Homoeopathy as taught by Hahnemann. He authored many books on specific disease conditions other than his masterpiece 'Allen's Key-notes' which mainly contains clinically verified symptoms of 188 medicines.

Early Life and Education

Allen received his early education from common grammar school in London Ontario where later on, he also taught for some time. Dr. Allen joined Western Homoeopathic College at Cleveland, Ohio (later known as Cleveland Homoeopathic College) for his medical studies and graduated in 1861. He did his further medical studies from College of Physicians and Surgeons in Canada.

Soon after completing his studies, he joined the Union Army and served as a surgeon under General Grant. He also served as Civil War Surgeon in the American Civil War till 1865.

Life After American Civil War

As soon as the war ended, Dr. Allen joined his alma-mater and started his career as Professor in Anatomy in Cleveland Homoeopathic College. He resigned from there and accepted the same chair in Hahnemann Medical College, Chicago.

Dr. Henry Allen married Miss Selina Louise Gould on 24th December 1867 in Ontario. They had two children Franklyn Lyman Allen and Helen Mariam Allen. Dr. Allen shifted to Detroit, Michigan in 1875 and he got appointed as Profes-

sor of Homoeopathic Materia Medica in University of Michigan in Ann Arbor from 1880 to 1885. Later he shifted to Chicago in 1890 and remained here for the rest of his life.

Dr. H. C. Allen And Hering Medical College

Dr. H.C. Allen along with other physicians started conducting small Materia Medica Clubs from winters of 1890 in Chicago where Hahnemann's Homoeopathic philosophy was discussed and taught along with Homoeopathic Materia Medica. Dr. H.C. Allen was not only a senior member at this club but was also an active figure at American Institute of Homoeopathy. Frequent meetings were held with five to twenty members of the club in the Town Hotel until all of them got acquainted with the law and principles of healing art.

It wasn't until the annual meeting of *International Hahnemannian Association* in 1891 that the idea behind these clubs was decided to be given a bigger shape by forming a college which later came to be known as the Hering Medical College. The meetings of Materia Medica Club ceased and meetings related to arrangement of faculty, finding a suitable building and decisions regarding course of the study started to take place. Promised to differ from crowd of many Homoeopathy colleges present at that time, Hering Medical College was found on the principles of Organon of Samuel Hahnemann, to teach pure Homoeopathy and philosophy along with modern medicine advancement by those who were first homoeopaths and second, specialists of the subject.

Likewise, Hering Medical College was opened in 1892 and Dr. H.C. Allen became the first dean of the institute. He continued to teach Homoeopathic Materia Medica and Homoeopathic philosophy there till end of his lifetime.

Dr. H. C. Allen And Homoeopathy

Along with writing numerous articles in various journals, Allen authored many highly famed books namely – *Keynotes and Characteristics with comparisons of some of the leading remedies of the Materia Medica*, *The Homoeopathic Therapeutics of Intermittent fever*, *The Homoeopathic Therapeutics of Fever* and *Materia Medica of Nosodes*. *Therapeutics of Tuberculosis affections* was written by Dr. R.R. Gregg which was edited and enriched by Dr. H.C. Allen and published it under the title of *Gregg on Consumption*. He has also done revision of *Boenninghausen's Slip Repertory* by re-arranging it for its rapid and proper utilisation.

Materia Medica of Nosodes written by him was published posthumously in the year 1910. This book includes 42 remedies including Dr. Bernard Fincke's proving of the drug, X-ray.

He was one of the important members and founder of the International *Hahnemannian Association*. He was the editor and publisher of *Medical Advance* for more than 10 years.

Later Life

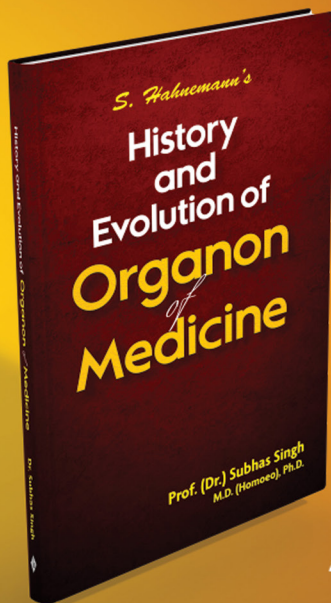
Dr. Allen was a peace-loving person. Despite living amongst physicians of different zeal and zest he always maintained his calm, composed and

generous nature. He was called upon by many people for his wise advice and suggestions when there used to be an upsurge of public opinion in establishing any organisation or institute. He used to travel miles to grace people with his presence and speech just for his love for Homoeopathy. He was one of the rare personalities of his time who was widely respected as an academician, as a clinician and as a person who raised his voice wherever he saw Homoeopathic principles were not followed or compromised.

Dr. Allen died peacefully on 22nd January, 1909 while retiring at his home after returning from work. Suddenly, he started having breathing difficulty and soon unconsciousness followed and he passed into the deeper and permanent sleep of his life.

ABOUT THE AUTHOR

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Insulin Resistance in Connection to PCOS

Dr. Rajat Chattopadhyay, Dr. Ritika Bose, Dr Sumanta Kamila



ABSTRACT

The modern sedentary life style calls for various metabolic diseases. Insulin resistance is one of such complicated biochemical disorders of human body which can result in hyperglycemia, hypertension, dyslipidemia, visceral adiposity, hyperuricemia, elevated inflammatory markers, endothelial dysfunction, and a prothrombic state. Polycystic ovary syndrome (PCOS) has significant metabolic sequelae linked to insulin resistance. A combination of chronic anovulation and high androgen levels correlates with insulin resistance and a higher risk of cardiovascular complications like dyslipidemia, impaired glucose tolerance, diabetes mellitus, and metabolic syndrome. Considering the side effects associated with conventional treatment and the patients who fail to respond to these measures, there is a demand for a complementary therapy that would alleviate symptoms of insulin resistance in connection to PCOS without side effects. Homeopathy is a complementary system of medicine that has been successfully used in different metabolic disorders in order to treat the patient in the most reliable and harmless way.

Keywords: Insulin resistance, Metabolic disease, Obesity, PCOS, Homoeopathy.

INTRODUCTION

Evolution has equipped animals with highly efficient means of overcoming nutrient scarcity, which involves the synthesis of complex molecules and storage of redeemable energy sources when nutrients are plentiful. Insulin is a pivotal regulator of the transition from nutrient production to storage under such conditions. After nutrient intake, plasma glucose levels reach a threshold level that stimulates insulin secretion by pancreatic β -cells. Under normal circumstances, this insulin promotes carbohydrate uptake at key storage and consumption sites, such as in adipose tissue and skeletal muscle, in which carbohydrates and proteins are stored as lipids. However, over-nourished, sedentary modern lifestyles disrupt this system and can cause serious medical problems, which include metabolic syndrome, obesity, type 2 diabetes mellitus (T2DM), PCOS and cardiovascular disease.

Insulin resistance (IR) is defined physiologically as a state of reduced responsiveness in insulin-targeting tissues, primarily the liver, muscle, and

adipose tissue, resulting in impaired glucose disposal, and compensatory increase in beta-cell insulin production and hyperinsulinemia.[1][2][3] IR and associated hyperinsulinaemia play a role in the reproductive, and endocrine features of PCOS by contributing to hyperandrogenism and disruption of gonadotrophin secretion and directly stimulate production of androgens via ovarian tissue steroidogenesis, independently of changes in gonadotrophin concentration.[4] The clinical definition of insulin resistance remains elusive as there is not a generally accepted test for insulin resistance. [5][6]

The prevalence of IR and metabolic syndrome is commonly thought to be associated with obesity and T2DM, which inflicts nearly one-third of the world's population [7][8]. And patients with metabolic underlying diseases are more vulnerable than healthy individuals in the face of epidemic disease; for example, up to 50% of those who die from COVID-19 have metabolic and vascular disease [9].

For the diagnosis of IR, the hyperinsulinemic-positive glucose clamp test (HEGC) is considered as the gold standard, but its clinical universal-

ity is poor due to its complexity and limitations. There are some less invasive approximations can be used to measure IR, including quantitative insulin sensitivity test index, homeostatic model assessment (HOMA), fasting insulin test, insulin release test, and oral glucose tolerance test [10]. Yet, only limited studies on IR in PCOS have used euglycaemic-hyperinsulinaemic clamps. The increasing incidence of IR and metabolic diseases and the toll they take has prompted an in-depth study of the mechanisms involved. So ,through studies and precise understandings are required to explore more over the connections of different metabolic disorders with IR ,changing the lifestyle modifications and concern more over the holistic approach of treatment to increase the quality of life of the patient.

PATHOGENESIS

The pathophysiology of IR is complex and incompletely understood and hyperandrogenism play key roles in the aetiology . All organ systems contribute to IR and predominate in different physiologic states. Following a meal and during physical exercise, skeletal muscle is the major determinant of insulin sensitivity[11]. In the fasted state, IR

is mainly determined by hepatic regulation of glycolysis and gluconeogenesis[12,13]. Adipose tissue has a minor contribution to whole-body insulin sensitivity but functions as an important endocrine and inflammatory mediator for other organs[14,15]. Inflammatory cells, including macrophages, T cells²³ and B cells²⁴, residing in adipose tissue also contribute to IR and the role of the central nervous system is increasingly being recognized [16]. Insulin resistance in most cases is believed to be manifest at the cellular level via post-receptor defects in insulin signaling. Despite promising findings in experimental animals with respect to a range of insulin signaling defects, their relevance to human insulin resistance is presently unclear. Possible mechanisms include down-regulation, deficiencies or genetic polymorphisms of tyrosine phosphorylation of the insulin receptor, IRS proteins or PIP-3 kinase, or may involve abnormalities of GLUT 4 function.[17] Obesity, the most common cause of insulin resistance, is associated with a decreased number of receptors and with postreceptor failure to activate tyrosine kinase. Obesity is known to increase circulating androgen and insulin levels, may increase PCOS prevalence and exacerbates the clinical features of PCOS.[18]

Relation of Ir With PCOS

Meta-bolic Diseases	Mechanism	Risks Factors	Symptoms	Diagnosis	Management
PCOS	<ul style="list-style-type: none"> IR and its compensatory hyperinsulinemia is considered to be an important pathological change that led to progression of PCOS and the main pathological basis for its reproductive dysfunction (19-21). 	<ul style="list-style-type: none"> Genetics Family history of PCOS. Obesity Insulin resistance 	<p>Features are: (24)</p> <p>Increasing obesity (abdominal – 50%), menstrual abnormalities (70%) in the form of oligomenorrhea, amenorrhea or DUB and infertility. Presence of hirsutism and acne are the important features (70%).</p>	<p>Rotterdam criteria (24)</p> <p>I. Oligo and/or an-ovulation.</p> <p>II. Hyperandrogenism (clinical and/or biochemical).</p>	<ul style="list-style-type: none"> Lifestyle modifications like exercise, diet to control obesity. Management of underlying causes like T2DM or any other metabolic diseases.

	<ul style="list-style-type: none"> Excessive insulin secretion triggers insulin receptors in the pituitary gland, promoting androgen secretion from the ovaries and adrenal glands through the pituitary-ovary and adrenal axes, and increases free testosterone levels by inhibiting hepatic sex binding globulin (SHBG) synthesis (22,23). Moreover, insulin, as a reproductive as well as metabolic hormone, has direct effect of stimulating ovarian androgen production by stimulating 17α-hydroxylase activity in the ovarian theca cells and enhance the activity of insulin-like growth factor-1 (IGF-1) receptor in the ovary, thus increasing its free IGF level and promoting androgen production. 	<ul style="list-style-type: none"> High maternal androgen Onset of type 1 DM before menarche Drugs 	<p>Acanthosis nigricans & Obstructive sleep apnea</p>	<p>III. Polycystic ovaries. Androgen excess and PCOS society: (2009) (24)</p> <p>I. Hyperandrogenism: hirsutism and/or hyperandrogenemia II. Ovarian dysfunction: Oligo-anovulation and/or polycystic ovaries</p> <p>III. Exclusion of other androgen-excess or related disorders</p> <ul style="list-style-type: none"> Sonography – Transvaginal sonography is specially useful in obese patient. Ovaries are enlarged in volume (> 10 cm³). Increased number (> 12) of peripherally arranged cysts (2–9 mm) are seen. Serum values: <p>LH level is elevated and/or the ratio LH:FSH is > 2:1 Raised level of oestradiol and estrone – The estrone level is markedly elevated. SHBG level is reduced.</p> <p>Androstenedione is raised. Raised serum testosterone (> 150 ng/dl) and DHEAS may be marginally elevated. (50%) Fasting blood sugar, HBA1C.</p>	<ul style="list-style-type: none"> Medical management (like hormonal contraceptives (HCS) etc)
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HOMOEOPATHIC APPROACH

THERAPEUTICS

Few drugs for Polycystic Ovarian Syndrome: (25,26,27)

- Apis mel: induration, swelling, and dropsy of the right ovaries, better by lying in right side. [23] Aurum muriaticum natronatum: Ovaries indurated. Leucorrhoea with spasmodic contraction of vagina infertility from ovarian torpor, ovarian dropsy .
- Eupionum: Burning in the right ovary. Gushing leucorrhoea. After menses, yellow leucorrhoea with severe backache. Sacrum painful as if broken. Intense sweat from the slightest exertion.
- Graphites: painful swelling of the ovaries worse every time she gets cold.
- Gossypium herbaceum: Intermittent pain in the ovaries. Morning sickness with a sensitive uterine region. Suppressed menstruation. Backache, weight & dragging in the pelvis.
- Ova tosta: Leucorrhoea profuse and offensive with sensation as if the back were broken into two and tied
- Palladium metallicum: Chronic oophoritis. Pain and swelling in the region of right ovary. Shooting or burning pains in the pelvis, bearing down; relieved by rubbing. Soreness and shooting pain from navel to the breast.it is applicable to those gynaecological condition where the disease had its inception in the right ovary.
- Senecio: Menses retarded, suppressed. Functional amenorrhoea in young girls with backache. Before menses, inflammatory conditions of throat, chest and bladder. After menses commences, these improve.

REPERTORIAL APPROACH

RUBRICS IN DIFFERENT REPERTORIES: [25,28,29,30]
PCOS:
Repertory of Homoeopathic Materia Medica(KENT)
<ul style="list-style-type: none"> • Genitalia – female>Tumors >ovaries>cyst • Genitalia -female>menses> absent, amenorrhoea • Genitalia -female>menses> irregular • Genitalia -female>metrorrhagia
Boger Boenninghausen’s Characteristic Repertory
<ul style="list-style-type: none"> • Genitalia >Female organs >cysts • Menstruation >menses ,absent, amenorrhoea • Menstruation >menses>too late • Menstruation >menses> too long duration

Boenninghausen's therapeutic pocket book
<ul style="list-style-type: none"> • Sexual organs>menstruation>long • Sexual organs>menstruation> short
Clinical Repertory and Therapeutic Index of Homoeopathic Materia Medica (Boericke)
<ul style="list-style-type: none"> • Hair – chin and upper lip in women; on • Female sexual system – Menstruation – type – Amenorrhoea • Female sexual system, Ovaries- Cysts, Dropsy:

DISCUSSION:

The homeopathic holistic approach to treating insulin resistance in PCOS involves a comprehensive evaluation of the individual's physical, emotional, and mental well-being. Homeopathy is based on the principle of treating the person as a whole, not just addressing specific symptoms. In the case of PCOS and insulin resistance, a homeopathic practitioner will consider the patient's unique set of symptoms, their overall constitution, and even their emotional state. Homeopathic remedies are selected based on these individual characteristics and aim to stimulate the body's innate healing abilities. This holistic approach also extends to lifestyle and dietary guidance along with exercise routines, and stress management techniques that align with the patient's constitution and health goals. It also help to address the underlying miasms ,that can help to treat underlying susceptibility to certain illnesses, including those related to metabolic and hormonal disorders like insulin resistance in PCOS. Though there are many evidence based reports showing the effectiveness of Homoeopathy in treatment of such Metabolic disease ,but the numbers are still limited .So more studies and evidence based research are required for considering homoeopathy as true alternative for insulin resistance disorders.

CONCLUSION:

The relationship between PCOS and insulin resistance has proven that insulin particularly is a crucial hormone in females of the reproductive age group. Also, insulin activity in the central ner-

vous system is necessary for ovulation. Research has shown that insulin resistance can lead to the production of smaller eggs or delayed production of eggs. Also, androgens have a substantial influence on insulin sensitivity and secretion. The increased incidence of IR and the key roles of IR plays in many diseases, urgently require a better understanding of IR pathogenesis in addition to its management through holistic approach. A deeper understanding of IR can be achieved with a more systematic approach in addition to exploring new intervention strategies to prevent abnormal IR syndrome.

REFERENCES:


1. Seong J, Kang JY, Sun JS, Kim KW. Hypothalamic inflammation and obesity: a mechanistic review. *Arch Pharm Res.* 2019 May; 42(5):383-392.
2. Brown JC, Harhay MO, Harhay MN. The Value of Anthropometric Measures in Nutrition and Metabolism: Comment on Anthropometrically Predicted Visceral Adipose Tissue and Blood-Based Biomarkers: A Cross-Sectional Analysis. *Nutr Metab Insights.* 2019;12:1178638819831712.
3. Deacon CF. Physiology and Pharmacology of DPP-4 in Glucose Homeostasis and the Treatment of Type 2 Diabetes. *Front Endocrinol (Lausanne).* 2019.
4. Norman R, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *Lancet* 2007;370:685–697
5. Hossan T, Kundu S, Alam SS, Nagarajan S. Epigenetic Modifications Associated with the Pathogenesis of Type 2 Diabetes Mellitus. *Endocr Metab Immune Disord Drug Targets.* 2019;19(6):775-786.
6. Bothou C, Beuschlein F, Spyroglou A. Links between aldosterone excess and metabolic complications: A comprehensive review. *Diabetes Metab.* 2020 Feb;46(1):1-7.
7. Saklayen MG. The global epidemic of the metabolic syndrome. *Curr Hypertens Rep* (2018) 20(2).
8. Chooi YC, Ding C, Magkos F. The epidemiology of obesity. *Metabolism* (2019)

9. Steenblock C, Schwarz PEH, Ludwig B, Linkermann A, Zimmet P, Kulebyakin K, et al. COVID-19 and metabolic disease: mechanisms and clinical management. *Lancet Diabetes Endocrinol* (2021) 9(11):786–98.
10. Sharma VR, Matta ST, Haymond MW, Chung ST. Measuring insulin resistance in humans. *Horm Res Paediatr* (2020) 93(11-12):577–88.
11. Park SE, Park CY, Sweeney G. Biomarkers of insulin sensitivity and insulin resistance: Past; present and future. *Crit Rev Clin Lab Sci* (2015) 52(4):180–90.
12. DeFronzo, R.A. & Tripathy, D. Skeletal muscle insulin resistance is the primary defect in type 2 diabetes. *Diabetes Care* 32 Suppl 2, S157-63 (2009).
13. Lillioja, S. et al. Insulin resistance and insulin secretory dysfunction as precursors of non-insulin-dependent diabetes mellitus. Prospective studies of Pima Indians. *N Engl J Med* 329, 1988-92 (1993).
14. Matthews, D.R. et al. Homeostasis model assessment: insulin resistance and beta-cell function from fasting plasma glucose and insulin concentrations in man. *Diabetologia* 28, 412-9 (1985).
15. Alkhoury, N. et al. Adipocyte apoptosis, a link between obesity, insulin resistance, and hepatic steatosis. *J Biol Chem* 285, 3428-38 (2010).
16. Dali-Youcef, N., Mecili, M., Ricci, R. & Andres, E. Metabolic inflammation: connecting obesity and insulin resistance. *Ann Med* 45, 242-53 (2013).
17. Heni, M., Kullmann, S., Preissl, H., Fritsche, A. & Haring, H.U. Impaired insulin action in the human brain: causes and metabolic consequences. *Nat Rev Endocrinol* 11, 701-11 (2015)
18. Teede HJ, Joham AE, Paul E, Moran LJ, Loxton D, Jolley D, Lombard C. Longitudinal weight gain in women identified with polycystic ovary syndrome: results of an observational study in young women. *Obesity (Silver Spring)* 2013;21:1526–1532
19. Macut D, Bjekić-Macut J, Rahelić D, Doknić M. Insulin and the polycystic ovary syndrome. *Diabetes Res Clin Pract* (2017) 130:163–70.
20. Diamanti-Kandaraki E, Dunaif A. Insulin resistance and the polycystic ovary syndrome revisited: an update on mechanisms and implications. *Endocr Rev* (2012) 33(6):981–1030.
21. Legro RS, Arslanian SA, Ehrmann DA, Hoeger KM, Murad MH, Pasquali R, et al. Diagnosis and treatment of polycystic ovary syndrome: an endocrine society clinical practice guideline. *J Clin Endocrinol Metab* (2013) 98(12):4565–92.
22. Dumesic DA, Oberfield SE, Stener-Victorin E, Marshall JC, Laven JS, Legro RS. Scientific statement on the diagnostic criteria; epidemiology; pathophysiology; and molecular genetics of polycystic ovary syndrome. *Endocr Rev* (2015) 36(5):487–525.
23. He FF, Li YM. Role of gut microbiota in the development of insulin resistance and the mechanism underlying polycystic ovary syndrome: a review. *J Ovarian Res* (2020) 13(1):73.
24. Edmonds K, editor. Dewhurst's textbook of obstetrics and gynaecology: Edmonds/Dewhurst's Textbook of Obstetrics & Gynaecology. 8th ed. Hoboken, NJ: Wiley-Blackwell; 2012.
25. Boericke W. Homoeopathic materia medica and repertory: comprising the characteristic and guiding symptoms of all remedies (clinical and pathogenetic) including Indian drugs. UP: B. Jain Publishers; 2002.
26. Kent JT. Lectures on homoeopathic philosophy. Kolkata: Rup publication; 2013.
27. Clarke JH. A dictionary of practical materia medica. Vol-3. UP: B. Jain Publishers (P) Ltd; 2017
28. Kent JT. Repertory of Homoeopathic Materia Medica and a Word Index. New Delhi, India: B.- Jain Publishers(P) Ltd; 2004.
29. Boger CM. Boger boenninghausen characteristics & repertory with corrected abbreviations, word index & thumb index. 38th impression. New delhi: B.Jain Publishers Pvt. Ltd.; 2013.
30. Allen TF. The principles and practicability of boenninghausen's therapeutic pocket book for homoeopathic physicians to use at the bedside and in the study of materia medica; Low price edition; New Delhi: B. Jain Publishers (P) Ltd. 2002

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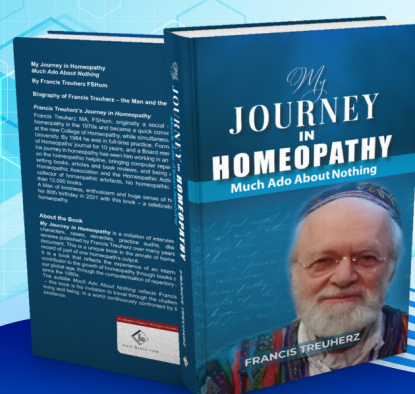
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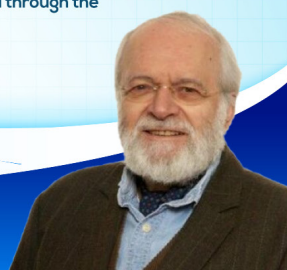


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- FRANCIS TREUHERZ -

Understanding the Homeopathic Approach in Treating Psychosomatic Diseases

Dr. Rakhi

ABSTRACT

The complex interplay between the mind and body has long intrigued both medical and alternative healing systems. Psychosomatic diseases, where emotional and psychological factors intricately influence physical health, have gained increasing recognition in modern healthcare.(1) This article delves into the concept of psychosomatic diseases, unveiling the profound mind-body connection and its implications for health. In this context, homeopathy, a holistic system of medicine, offers a unique approach. The article explores how homeopathy's core principles align with the understanding of psychosomatic diseases. The individualized and holistic nature of homeopathic treatment addresses not only physical symptoms but also delves into the emotional and psychological roots of illnesses. By considering the person as a whole and employing remedies that mirror the patient's symptoms, homeopathy attempts to catalyze the body's inherent healing mechanisms. The article acknowledges the debates surrounding homeopathy's scientific basis while emphasizing its patient-centered focus. The principle of treating "like with like" and the tailored approach to each patient's emotional landscape reflect homeopathy's commitment to understanding the intricate interplay of emotions and physical health.(2) In conclusion, the article underscores the relevance of recognizing the inseparable link between the mind and body in the context of psychosomatic diseases. Homeopathy offers a holistic pathway to wellness by embracing this connection and leveraging the body's innate capacity for healing. As science continues to explore the nuances of psychosomatic diseases and alternative approaches, homeopathy stands as a promising avenue for fostering comprehensive well-being.(3)

Keywords: Psychosomatic diseases, Mind-body connection, Homeopathy, Holistic approach, Emotional health, Psychological factors, Integrative medicine, Healing mechanisms, Individualized treatment, Like cures like, Vital force, Emotional well-being, Homeopathic medicines.

INTRODUCTION

In the intricate tapestry of human health, the interplay between the mind and body has been a subject of fascination for centuries. The concept of psychosomatic diseases, where emotional and psychological factors play a significant role in the onset and progression of physical ailments, has garnered attention from both traditional medicine and alternative approaches. (1) One such approach that has gained prominence is homeopathy, a holistic system of medicine that aims to restore balance by addressing the underlying causes of diseases.(3) This article delves into the realm of psychosomatic diseases, exploring their connection with the mind, and

how homeopathy offers a unique perspective and potential solutions.

The Mind-Body Connection

The profound connection between the mind and body is undeniable. Medical science has acknowledged that emotions and psychological states can have tangible effects on physical well-being. Stress, anxiety, and depression, for instance, have been linked to a host of physical ailments including cardiovascular diseases, digestive disorders, and weakened immune systems. (4) This intricate web of interactions highlights the importance of understanding the holistic nature of health.

Unraveling Psychosomatic Diseases

Psychosomatic diseases emerge as a result of the

intricate interplay between emotional distress and physiological responses. It's not just a matter of "all in the head"; rather, it involves a cascade of hormonal, neural, and immune responses triggered by psychological factors. Chronic stress can lead to the release of stress hormones that, over time, take a toll on various organ systems. Anxiety and depression can weaken the immune system, making the body more susceptible to infections.⁽⁵⁾

CLASSIFICATION⁽⁶⁾⁽⁷⁾⁽⁸⁾

Psychosomatic diseases, also known as psychophysiological disorders or mind-body disorders, encompass a wide range of medical conditions where psychological factors play a significant role in causing, exacerbating, or influencing physical symptoms. These conditions highlight the intricate connection between emotional states, psychological well-being, and bodily health. Some common types of psychosomatic diseases include:

1. **Cardiovascular Disorders:** Stress, anxiety, and depression can contribute to cardiovascular diseases like hypertension (high blood pressure), palpitations, and even coronary artery disease. Emotional distress can impact heart health by affecting blood pressure, heart rate, and blood vessel function.
2. **Gastrointestinal Disorders:** Emotional factors like stress and anxiety have been linked to gastrointestinal issues such as irritable bowel syndrome (IBS), acid reflux, ulcers, and inflammatory bowel diseases. Psychological stressors can trigger or worsen these conditions.
3. **Respiratory Conditions:** Conditions like asthma and chronic obstructive pulmonary disease (COPD) can be influenced by emotional stress. Stress-induced changes in breathing patterns can exacerbate respiratory symptoms and decrease lung function.
4. **Skin Disorders:** Stress and emotional factors are known to worsen skin conditions like eczema, psoriasis, and acne. The mind-body connection in skin disorders is evident through the flare-ups triggered by emotional distress.
5. **Autoimmune Disorders:** While not fully understood, there's evidence that psychological

factors can influence autoimmune diseases like rheumatoid arthritis, lupus, and multiple sclerosis. Emotional stress might contribute to the activation of the immune response and exacerbation of symptoms.

6. **Chronic Pain Syndromes:** Conditions like fibromyalgia and chronic fatigue syndrome often involve widespread pain, fatigue, and other symptoms that can be influenced by emotional distress and psychological factors.
7. **Headaches and Migraines:** Stress, anxiety, and emotional tension are commonly associated with triggering or worsening headaches and migraines. Emotional factors can contribute to the frequency and intensity of these episodes.
8. **Hormonal and Reproductive Disorders:** Emotional stress can affect hormonal balance, potentially leading to disruptions in the menstrual cycle, fertility issues, and exacerbation of conditions like polycystic ovary syndrome (PCOS).
9. **Immune System Suppression:** Prolonged stress and negative emotions can suppress the immune system, making the body more susceptible to infections and delaying healing processes.
10. **Insomnia and Sleep Disorders:** Anxiety, depression, and stress are known to contribute to sleep disturbances and insomnia. Poor sleep, in turn, can exacerbate physical health problems.
11. **Neurological Disorders:** While not all neurological disorders are strictly psychosomatic, stress and emotional factors can impact the severity and progression of conditions like Parkinson's disease and epilepsy.

It's important to note that the term "psychosomatic" doesn't imply that the condition is solely "in the mind." Rather, it highlights the intricate interplay between psychological and physiological factors in the development and course of the disease. Addressing both aspects is crucial for comprehensive diagnosis, treatment, and overall well-being.

Homeopathy: A Holistic Approach

Homeopathy, a form of alternative medicine de-

veloped in the late 18th century by Samuel Hahnemann, embodies the philosophy that treating the whole person, not just the disease, is essential for achieving true healing. Homeopathy embraces the idea that the body has an innate ability to heal itself, and that imbalances in the vital force, or life energy, lead to illnesses.⁽⁹⁾ This philosophy aligns seamlessly with the concept of psychosomatic diseases.

Individualization and Similar

One of the cornerstones of homeopathy is the principle of “like cures like.” This means that a substance that can produce symptoms in a healthy individual can be used to treat similar symptoms in an ill person.⁽²⁾ For instance, if a person is experiencing physical symptoms as a result of emotional distress, a homeopath would seek a remedy that mimics both the physical and emotional symptoms, addressing the whole person rather than just the ailment.

Mind-Body Healing in Homeopathy

Homeopathy places a strong emphasis on understanding the emotional and psychological state of the patient. The homeopath aims to unravel the underlying causes of the disease, often linked to emotional or psychological disturbances. By addressing these root causes, homeopathic remedies are believed to stimulate the body’s self-healing mechanisms.⁽¹⁰⁾

A Holistic Journey to Wellness

Homeopathy, with its patient-centered approach, offers a unique perspective on psychosomatic diseases. Rather than compartmentalizing the mind and body, it recognizes their intricate connection. Homeopaths spend considerable time understanding the patient’s emotional landscape, allowing them to tailor treatments to the individual’s needs.⁽¹¹⁾ This holistic approach not only aims to alleviate symptoms but also supports the patient’s overall well-being.

Scientific Inquiry and Challenges

While homeopathy’s holistic principles resonate with many, its scientific validity has been a subject of debate. Critics often question the extreme

dilution of remedies, beyond the point where a single molecule of the original substance may remain.⁽¹²⁾ However, proponents argue that the energetic imprint of the substance remains, affecting the vital force and facilitating healing.

HOMOEOPATHIC MEDICINES⁽¹³⁾⁽¹⁴⁾⁽¹⁵⁾⁽¹⁶⁾

In homeopathy, the selection of a remedy is highly individualized and based on the totality of a person’s symptoms, including both physical and emotional aspects. When it comes to psychosomatic diseases, homeopathic remedies are chosen to address the underlying emotional and psychological factors that contribute to the condition. Here are a few commonly used homeopathic remedies that might be considered for psychosomatic diseases:

1. **Ignatia Amara:** This remedy is often indicated for individuals who are sensitive, emotional, and prone to sudden mood changes. It’s helpful for conditions stemming from grief, disappointment, or suppressed emotions. It’s commonly used for ailments like headaches, digestive issues, and respiratory problems triggered by emotional stress.
2. **Natrum Muriaticum:** People who might benefit from this remedy tend to be reserved and introverted. It’s often used for conditions related to repressed grief, disappointment, and emotional sensitivity. Natrum Muriaticum can be considered for ailments like migraines, skin issues, and digestive disorders.
3. **Lycopodium:** Individuals needing Lycopodium often struggle with anxiety, low self-esteem, and a fear of failure. It’s commonly used for digestive issues like bloating and indigestion that are exacerbated by stress and emotional factors.
4. **Pulsatilla:** This remedy suits individuals who are emotionally sensitive, seeking reassurance, and prone to frequent mood changes. It’s often used for conditions influenced by emotional stress, including respiratory and reproductive issues.
5. **Arsenicum Album:** Arsenicum is indicated for individuals who are anxious, restless, and have a fear of illness and death. It can be considered for conditions exacerbated by

anxiety and stress, such as gastrointestinal disorders and skin conditions.

6. *Aconitum Napellus*: Aconite is often used for conditions that arise suddenly after exposure to fear, shock, or traumatic events. It can be helpful for addressing acute symptoms triggered by emotional distress, like panic attacks and acute inflammatory conditions.
7. *Staphysagria*: This remedy is indicated for individuals who suppress their emotions and often experience anger, indignation, or humiliation. It's used for conditions arising from suppressed emotions, such as headaches, urinary issues, and skin problems.
8. *Nux Vomica*: *Nux Vomica* suits individuals who are highly driven, competitive, and prone to overwork. It's used for conditions caused by stress, overindulgence, and a sedentary lifestyle, such as digestive problems and headaches.
9. *Calcarea Carbonica*: People needing *Calcarea* often feel overwhelmed by responsibilities and tend to worry excessively. It's used for conditions related to stress, fatigue, and issues arising from chronic emotional strain.
10. *Aurum Metallicum*: This remedy is often indicated for individuals who experience deep sadness, depression, and feelings of worthlessness. It can be used for conditions where emotional factors contribute to physical ailments.

It's important to emphasize that homeopathy is a holistic system, and the selection of a remedy should be done by a qualified and experienced homeopathic practitioner. A thorough understanding of the patient's emotional landscape, physical symptoms, and overall constitution is essential for successful treatment in psychosomatic diseases.

CONCLUSION

The link between the mind and body has far-reaching implications for health and wellness. Psychosomatic diseases, characterized by the intricate interplay of emotions and physical responses, remind us that true well-being encompasses both dimensions.⁽¹⁷⁾ Homeopathy, with its

holistic philosophy and individualized approach, offers a promising perspective on addressing psychosomatic diseases.⁽²⁾ By recognizing the profound connection between the mind and body, and harnessing the body's innate healing abilities, homeopathy represents a unique pathway toward achieving harmony and balance in the realm of health.

REFERENCES:

1. A short Textbook of Psychiatry, Niral Ahuja, 4th ed, 1999, Jaypee.
2. Hahnemann S. Organon of Medicine. Reprint Edition. Indian Books and Periodicals Publishers; 2004.
3. Sankaran R. The Spirit of Homeopathy. 3rd Edition. Mumbai: Homeopathic Medical Publishers; 1999.
4. Kumar R, Yeragani VK. Psyche and soma: New insights into the connection. *Indian J Psychiatry*. 2010;
5. Visa B, Adli Y, Newman L. Psychosomatic disorders [Internet]. *O&G Magazine*. [cited 2020 Mar 27]. Available from: <https://www.ogmagazine.org.au/20/3-20/psychosomatic-disorders/>
6. Psychosomatic disorder [Internet]. *Encyclopedia Britannica*. [cited 2020 Mar 19]. Available from: <https://www.britannica.com/science/psychosomatic-disorder>.
7. Nisar H, Srivastava R. Fundamental Concept of Psychosomatic Disorders: A Review. *International Journal of Contemporary Medicine Surgery and Radiology*. 2018;
8. Davison, Gerald C. & Neale, J.M (2004). *Abnormal Psychology* (8th Ed.) John Wiley & Sons Inc, USA
9. Sankaran P, Sankaran R. *The Elements of Homeopathy*. 1st edition. Bombay: Homoeopathic Medical Publishers, 1996.
10. Dey SP. *Essentials of Principles and Practice of Homeopathy*. Enlarged 2nd Edition. Dr. Sabita Rani.
11. Saine A. *Teachings Psychiatric Patients Pure Classical Homeopathy*. 1st Indian Edition. B Jain Publishers (P) Ltd; 2006.
12. Schmidt P. Homeopathy and psychosomatic disorders [Internet]. [cited 2020 Apr 15]. Available from: <https://kundoc.com/pdf-homeopathy-and-psychosomatic->
13. Boericke William, *New Manual of Homeopathic Materia Medica & Repertory*, 2nd revised ed., 2001, B. Jain
14. Dewey, *Practical Homeopathic Therapeutics*, reprint ed, 1993, B.Jain
15. Kent JT., *Repertory of the Homoeopathic Materia Medica*. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd; 2000,
16. Allen HC., *Allens' Keynotes - Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes*. 10th ed. B Jain Publishers (P) Ltd; 2007;
17. JH Allen, *The Chronic Miasms Sycosis, Psora and Pseudo-Psora*, *Encyclopedia Homoeopathica*.

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Psychosomatic Disease and It's Homoeopathic Approach

Dr Rohit Kumar Priya

ABSTRACT

Psychosomatic diseases are conditions in which emotional or psychological factors contribute significantly to physical symptoms and overall health. These ailments are increasingly prevalent in today's fast-paced, stressful world. Traditional medical approaches often focus solely on treating the physical symptoms, neglecting the emotional and mental aspects that underlie the condition. In contrast, homoeopathy offers a holistic approach that addresses the patient as a whole which includes the mental as well as the physical complaints, making it a valuable alternative for managing psychosomatic diseases.

Abbreviations- DSM- Diagnostics and Statistics Manual of Mental Disorders, CAD- coronary artery disease, GI- GastroIntestinal, COPD- Chronic Obstructive Pulmonary Disease

Keywords: Psychosomatic diseases, hypochondriasis, somatization disorder

INTRODUCTION

The term psychosomatic is derived from the Greek words psyche (soul) and soma (body). The term literally refers to how the mind affects the body. Psychosomatic medicine is an interdisciplinary medical field exploring the relationships among social, psychological, behavioral factors on bodily processes and quality of life in humans and animals.

Psychosomatic diseases are conditions where psychological factors play a significant role in the development, progression, and management of physical symptoms. These conditions can manifest as chronic pain, headaches, gastrointestinal disorders, dermatological issues, cardiovascular problems, and respiratory ailments, among others.

Unfortunately, it has come to be used, at least by the lay public, to describe an individual with medical complaints that have no physical cause and are "all in your head." In part due to this misconceptualization, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM), in 1980, deleted the nosological

term psychophysiological (or psychosomatic) disorders and replaced it with psychological factors affecting physical conditions nor has the term reappeared in subsequent editions, including the latest edition (DSM-5).

Psychosomatic medicine is based on two basic assumptions: there is a unity of mind and body; and psychological factors must be taken into account when considering all disease states. Concepts derived from the field of psychosomatic medicine influenced both the emergence of complementary and alternative medicine (C.A.M), which relies heavily on examining psychological factors in the maintenance of health, and the field of holistic medicine, with its emphasis on examining and treating the whole patient, not just his or her illness. ^(1,2)

SOMATIC SYMPTOM DISORDER

Also known as hypochondriasis. It is characterized by 6 or more months of a general and non-delusional preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms. Patients believe that they have a serious

disease that has not yet been detected and they cannot be persuaded to the contrary. This disorder is often accompanied by symptoms of depression and anxiety. Persons with this disorder augment and amplify their somatic sensations; they have low thresholds for, and low tolerance of, physical discomfort. For example, what persons normally perceive as abdominal pressure, persons with somatic symptom disorder experience as abdominal pain. They may focus on bodily sensations, misinterpret them, and become alarmed by them because of a faulty cognitive scheme. Somatic symptom disorder can also be understood in terms of a social learning model. As because sickness offers an escape that allows a patient to avoid noxious obligations, to postpone unwelcome challenges, and to be excused from usual duties and obligations⁽¹⁾

ILLNESS ANXIETY DISORDER

It is a variant of somatic symptom disorder (hypochondriasis). Those persons who are preoccupied with being sick or with developing a disease of some kind. According to DSM-5, somatic symptom disorder is diagnosed when somatic symptoms are present, whereas in illness anxiety disorder, there are few or no somatic symptoms and persons are “primarily concerned with the idea they are ill.” Their preoccupation with illness interferes with their interaction with family, friends, and co-workers. They are often addicted to Internet searches about their feared illness, inferring the worst from information (or misinformation) they find there.⁽¹⁾

CONVERSION DISORDER

Affect voluntary motor or sensory functions, to be caused by psychological factors because the illness is preceded by conflicts or other stressors. The syndrome currently known as *conversion disorder* was originally combined with the syndrome known as *somatization disorder* and was referred to as *hysteria*, *conversion* reaction, or dissociative reaction. Paralysis, blindness, and mutism are the most common conversion disorder symptoms. Conversion disorder may be most commonly associated with passive-aggressive, dependent, antisocial, and histrionic personality disorders. An association exists between conversion disorder

and antisocial personality disorder in men. Men with conversion disorder have often been involved in occupational or military accidents. Most common among rural populations, persons with little education, those with low intelligence quotients, those in low socioeconomic groups, and military personnel who have been exposed to combat situations.⁽¹⁾

GASTROINTESTINAL DISORDER

GI disorders rank high in medical illnesses associated with psychiatric consultation. A significant proportion of GI disorders are functional disorders. These disorders include Globus (sensation of lump in throat), Rumination (repetitive regurgitation of contents of stomach), Non-cardiac chest pain, Functional Heartburn (acid reflux) and dysphagia (difficulty in swallowing), dyspepsia, Aerophagia, Irritable Bowel Syndrome, etc.⁽¹⁾

CARDIOVASCULAR DISORDERS

Coronary Artery Disease- Depression, anxiety, type A behavior, hostility, anger, and acute mental stress have been evaluated as risk factors. Studies of patients with preexisting coronary artery disease (CAD) also demonstrate a near doubling of risk for adverse coronary disease-related outcomes, including myocardial infarction (MI), revascularization procedures for unstable angina, and death, in association with depression. The relationship between a behavior pattern characterized by easily aroused anger, impatience, aggression, competitive striving, and time urgency (type A) and CAD found the type A pattern to be associated with a nearly twofold increased risk of incident MI and CAD-related mortality.

The increase in essential hypertension is probably connected to the mental situation of persons who have learned that aggressiveness is bad and must live in a world for which an enormous amount of aggressiveness is required.⁽¹⁾

RESPIRATORY DISORDERS

Patients with asthma are characterized as having excessive dependency needs, no specific personality type has been identified; however, up to 30 percent of persons with asthma meet the criteria for panic disorder or agoraphobia. In cases of

COPD- panic disorder prevalence rates among patients with COPD range from 8 to 24 percent, higher than the general prevalence of 1.5 percent.⁽¹⁾

SKIN DISORDERS

Studies of children with atopic dermatitis found that those with behavior problems had more severe illness. In families that encouraged independence, children had less severe symptoms, whereas parental overprotectiveness reinforced scratching.

And patients who report that stress triggered psoriasis often describe disease-related stress resulting from the cosmetic disfigurement and social stigma of psoriasis, rather than stressful major life events. Heavy alcohol consumption (more than 80 g of ethanol daily) by male patients with psoriasis may predict a poor treatment outcome.⁽¹⁾

In Psychogenic Excoriation the behavior sometimes resembles obsessive-compulsive disorder in that it is repetitive, ritualistic, and tension reducing, and patients attempt (often unsuccessfully) to resist excoriating.

Hyperhidrosis- States of fear, rage, and tension can induce increased sweat secretion that appears primarily on the palms, the soles, and the axillae. Under conditions of prolonged emotional stress, excessive sweating (hyperhidrosis) can lead to secondary skin changes, rashes, blisters, and infections. Basically, hyperhidrosis can be viewed as an anxiety phenomenon mediated by the autonomic nervous system, and it must be differentiated from drug-induced states of hyperhidrosis.⁽¹⁾

Urticaria- Controlled studies found an association between stressful life events and the onset of urticaria. Stress can lead to the secretion of such neuropeptides as vasoactive intestinal peptide and substance P, which can cause vasodilation and contribute to the development of urticarial wheals.⁽¹⁾

ENDOCRINE SYSTEM DISORDER

The effect of endocrinopathies on psychiatric symptomatology has been studied particularly for disorders of the thyroid and adrenal glands

like Hyperthyroidism, Hypothyroidism, Diabetes Mellitus, Cushing's Syndrome, Hypercortisolism, etc.

Traumatic childhood experiences, such as separation from parents or living with an alcoholic father, have been reported to predispose to hyperprolactinemia. Stressful life events are also associated with galactorrhea, even in the absence of increased prolactin concentrations.⁽¹⁾

FACTITIOUS DISORDER

Patients with factitious disorder simulate, induce, or aggravate illness to receive medical attention, regardless of whether or not they are ill. Thus, they may inflict painful, deforming, or even life-threatening injury on themselves, their children, or other dependents. Many persons diagnosed with factitious disorder have comorbid psychiatric diagnoses (e.g., mood disorders, personality disorders, or substance-related disorders). Factitious disorder with predominant physical signs and symptoms is the best-known type of Munchausen syndrome. The disorder has also been called hospital addiction, polysurgical addiction—producing the so-called washboard abdomen—and professional patient syndrome, among other names.

Factitious disorders must be distinguished from malingering. Malingerers have an obvious, recognizable environmental goal in producing signs and symptoms. They may seek hospitalization to secure financial compensation, evade the police, avoid work, or merely obtain free bed and board for the night, but they always have some apparent end for their behavior.⁽¹⁾

MANAGEMENT

Stress management & Relaxation therapy- Cognitive behavioral therapy approaches to stress management have three major aims:

- (1) to help individuals become more aware of their own cognitive appraisals of stressful events,
- (2) to educate individuals about how their appraisals of stressful events can influence negative emotional and behavioral responses and to help them reconceptualize their abilities to alter these appraisals, and

(3) to teach individuals how to develop and maintain the use of a variety of effective cognitive and behavioral stress management skills. ⁽¹⁾

HOMOEOPATHIC APPROACH

Master Hahnemann has written about treatment and management of mental disease in Aphorism 210-230 in Organon of Medicine which is of great value in treating Psychosomatic diseases. In Aphorism 225 of Organon of Medicine: In this aphorism our master Hahnemann stated about corporeal diseases in which emotional factors, like persistent anxiety, worry, vexation, frequent occurrence of great fear and fright this type of emotional diseases destroyed the physical health to a great extent. ⁽³⁾

Master Hahnemann has also stated in Aphorism 5 for considering the accessory circumstances which further helps in the progress of disease. By the investigation of accessory circumstances. the physical make-up, moral character, and mind of the patient, occupation, mode of living. habits, his/her domestic and social interactions, age etc. In case of Psychosomatic diseases these factors contribute a great role. ⁽³⁾

“The Principles and Art of Cure by Homoeopathy”, it has been stated that some conditions such as feelings of shell shock, dread, and terror, intense unsatisfied longing, unrequited love, grief, worries, disappointed ambitions, extreme fatigue all have some impact on vital energy, suppression of these facts, emotions affect profoundly on an individual. ⁽⁴⁾

REPERTORIAL APPROACH

MURPHY'S REPERTORY ⁽⁵⁾

Mind – GRIEF, ailments from – heart, problems, with

RESPIRATION – PHENOMENA – ASPHYXIA, death apparent – pain in heart, after, from fright or grief

Nerves – MULTIPLE, sclerosis – grief, from

SYNTHESIS REPERTORY ⁽⁶⁾

RESPIRATION – ASTHMATIC – grief; from

REPERTORIUM UNIVERSALE

FEMALE – PHENOMENA – CANCER – uterus – grief, after

THERAPEUTIC HINTS ⁽⁸⁾

Aurum metallicum: ailments from fright, anger, contradictions, mortification, vexation, dread, or reserved displeasure

Argen nitricum- Acute or chronic diseases from unusual or long continued mental exertion.

Causticum- Ailments: from long-lasting grief and sorrow , from sudden emotions, fear, fright, joy ,from anger or vexation.

Ignatia: persons mentally and physically exhausted by long-concentrated grief. Ill effects, from bad news; from vexation with reserved displeasure; from suppressed mental sufferings; of shame and mortification

Kali Bromatum- Restlessness and sleeplessness due to worry and grief, loss of property or reputation, from business embarrassments

Lachesis mutus- Ailments from long lasting grief; sorrow, fright, vexation, jealousy or disappointed love

Nux Vomica- hypochondriacs, irritable, impatient temperament, disposed to anger, spite or deception, prone to indigestion and haemorrhoids

Phosphoric Acidum- long succession of moral emotions, such as grief, care, disappointed affection.

Staphysagria - Ailments from pride, envy or chagrin.

CONCLUSION

Homeopathy offers an approach that could play a significant role in enhancing the psychotherapeutic process. Hahnemann said it can be confidently asserted, “from great experience, that the vast superiority of the Homoeopathic system over all other conceivable methods of the treatment, is now here displayed in a more triumphant light than in mental and emotional diseases of long

standing, which originally sprang from corporeal maladies or were developed simultaneously with them." This clearly indicates the efficacy and superiority of homeopathy

REFERENCES

1. Sadock B.J, Sadock V.A, Ruiz Pedro. Synopsis Of Psychiatry. 11th Edition. Wolters Kluwer
2. Internet- https://en.wikipedia.org/wiki/Psychosomatic_medicine
3. Hahnemann S. Organon of Medicine, translated from the 5th edition, with an appendix by R.E.Dudgeon with additions and alterations as per 6th edition translated by William Boericke, and Introduction by James Krauss. New Delhi: B.Jain Publishers; 2013

4. Roberts HA. The Principles and Art of Cure by Homoeopathy. Reprinted. New Delhi: B.Jain Publishers (P) Ltd.; 2014.p.157,159.
5. Murphy R. Homoeopathic Medical repertory. 2nd Revised Edition. New Delhi: B Jain Publishers (P) Ltd; 2006, 1360p.
6. Schroyens F. Synthesis. The Essential Synthesis. New Delhi: Homoeopathic Book Publishers, 2007; 3, 4.
7. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of the materia medica with bowel nosodes. B. Jain Publishers; 2002.

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UNIVERSIDAD NACIONAL DE COLOMBIA

Psychosomatic Diseases

Dr. Prastuti Jaiswal, Dr. Sristi Chakraborty, Dr. Shayantan Kumar Das

“The mind acts like an enemy for those who do not control it” – Bhagavad Gita

“More than anything you guard, protect your mind, for life flows from it” - Bible

ABSTRACT

Psychosomatic disorder is a psychological condition that results in various physical symptoms often without any medical explanation, affecting any part of the body. This article in every step shows no physical symptoms developed from or without the involvement of mental conditions relating to our Homoeopathic Materia Medica with Organon of Medicine. Homoeopathic case taking and its prescription is nothing without the mental symptoms. Mental health issues are clear fundamental causes of all contributing factors to the development or maintenance of sick conditions where homoeopathy aids cure and so Master Hahnemann believed that cure also starts from the mind where no surgical instrument reaches except the dynamical homoeopathic medicines.

Keywords: Psychosomatic disease, Homoeopathic medicines, WHO definition of psychosomatic, Aphorisms about mental disease

INTRODUCTION

Mind represents the man, body is only a reflection of the mind so a disease too begins in the mind and then reflected in the body, and it is this physical reflection that is commonly recognised as disease. The term psychosomatic is derived from the Greek word “psyche” (mind) and “soma” (body). A psychosomatic disorder is a disease which involves both mind and body. Mental and emotional factors which lead to initiation and progression of several other diseases. For e.g., when a child is scolded it acts on mind first then comes the physical symptoms of crying, palpitation, perspiration, etc.

“Health is a state of complete physical, mental, and social well-being and not merely the absence of a disease or infirmity.” Homoeopathy is the only system of medicine, which has an integrated approach in understanding the role of mind in health and disease. Master Samuel Hahnemann, the founder of Homoeopathy was perhaps the first man, who not only highlighted the importance of mind in the disease process, but also stated that disease starts in the mind.

The World Health Organization defines **psychosomatic medicine** as “the study of biological,

psychological and social variables in health and disease.”

Underlying causes⁴:

- Chaotic lifestyle
- Difficulty recognising and expressing emotions
- Childhood neglect
- History of sexual abuse
- Other psychological conditions such as depression or personality disorder
- Substance abuse such as alcoholism or drug addiction
- Unemployment

Physical conditions resulting from mental condition can be manifested as follows⁴:

- Fatigue
- Insomnia
- Aches and pains – muscle pain or back pain
- High blood pressure (hypertension)
- Trouble breathing – dyspnoea or shortness of breath
- Headaches and migraine
- Erectile dysfunction (impotence)

- Skin rash (dermatitis)

Psychosomatic disease in organon of medicine

5,6,7,12,13,14

Master Hahnemann in his Organon of Medicine has dedicated various aphorism to make physicians understand that all outwardly shown physical symptoms are results of internal derangements **Aphorism 80** – the chronic miasm psora the monstrous internal chronic miasm which is the fundamental cause and producer of numerous forms of disease which under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, madness.

Aphorism 210 says mental diseases are one-sided diseases of psoric origin. Mental disease is not separated from corporeal disease, since in all corporeal disease the condition of disposition and mind is altered; and in all diseased states the disposition of mind is noted in totality of symptoms to trace the accurate picture of disease for successfully treating the disease.

In **Aphorism 225** it states a few emotional conditions that have manifested as physical illnesses, but which, paradoxically, are maintained by emotional causes such as persistent anxiety, worry, annoyance, wrongs, and the recurrence of extremely intense fear and fright, are some illustrations. This type of emotional illness frequently impairs physical health.

According to **Kent, the mind** is the origin of all disease since it is the core entity from which the organism functions as a whole. The mental symptoms are first to consider during evaluation of symptoms.

Scholten claims that the psychosomatic approach to problem-solving has ingrained itself so deeply within our practice that it is no longer necessary to address it separately.

Homoeopathy and psychosomatic symptoms:

8,9,10,11,13,15

“Treating the body is really about treating the mind. It is all psychosomatic- every bit of it, no exceptions.”- Esther Hicks

Cure begins in the mind, thus says the **Aphorism 253** “in ever so slight amelioration we observe a great degree of comfort, increased calmness and freedom of mind, higher spirits and in ever so small a commencement of aggravation the exact opposite condition of mind is observed”. So, it is a chain – disease begins in mind, reflected to body,

we see the physical symptoms, dynamic homoeopathic medicine administered thus the cure starts in mind and physical symptoms disappear. Thus, here are few such dynamic medicines

- *Aconitum napellus*: Amenorrhoea after fright in plethoric young girls
- *Actaea racemosa*: Mania following disappearance of neuralgia. Exhausting, irregular menses, delayed or suppressed by mental emotion, with chorea, hysteria or mania; increase of mental symptom during menses
- *Agaricus muscarius*: Physical symptoms < mental application. Cannot sleep or have sex in certain beds because they look like coffins
- *Agnus castus*: Sadness causes deficiency or suppression of milk in nursing women
- *Alumina*: progression of slowness of mind, to confusion, to loss of identity, despair of recovery results in degeneration of nervous system leading to early symptomatology of schizophrenia. Her mental symptoms change to even to suicidal impulses
- *Ambra grisea*: Insomnia after business embarrassment
- *Antimonium crudum*: Bad effects of disappointed affection
- *Anacardium orientale*: Nervous headache of sedentary persons
- *Apis mellifica*: Ailments from jealousy, fright, rage, vexation, bad news
- *Argentum nitricum*: Acute or chronic diseases from unusual or long continued mental exertion like headache, metrorrhagia in young widows Apprehension causes diarrhoea. Anxiety coming from a silly idea causes relaxation of penis and thus rendering him incapable of continuing the love act
- *Arsenicum album*: Most pathology from the deep-seated insecurity in mind due to sense of vulnerability and defencelessness in matters about diseases and death.
- *Asarum europaeum*: Cold shivers from any emotion
- *Aurum metallicum*: Ailments from fright, anger contradictions, mortification, vexation, dread, or reserved displeasure like headache. Mental

- and uterine affections with melancholy
- *Bacillinum*: Insanity with pityriasis
 - *Bryonia alba*: Ailments from chagrin, mortification, anger, violence, after anger chilly, <from mental exertion
 - *Caladium*: Impotence with mental depression
 - *Calcarea arsenicum*: Slightest emotion causes palpitation of heart
 - *Calcarea carbonicum*: Least mental excitement causes profuse return of menstrual flow
 - *Calcarea phosphorica*: Ailments from grief, disappointed love, mental exertion. Feels complaints more when thinking about them
 - *Capsicum*: Nervous, spasmodic cough
 - *Causticum*; Severe mental shock resulting in paralysis. Ailments from long lasting grief, sorrow, from sudden emotions, fear, fright, joy, anger or vexation
 - *Chamomilla*: Complaints from anger, especially chill and fever. Convulsion of nursing children after a fit of anger in mother
 - *Cinchona*: <mental emotions
 - *Cocculus*: Bad effects from mental excitement like trembling of arms and legs
 - *Coffea cruda*: Ailments from bad effects of sudden emotions or pleasurable surprises like headache
 - *Colchicum autumnale*: Ailments from grief, misdeeds of others, mental emotion or exhaustion, effects of hard study
 - *Colocynthis*: Menses suppressed by chagrin. Affection from anger, with indignation- colic, vomiting, diarrhoea. < mortification caused by offense
 - *Conium maculatum*: Bad effects from non-gratification of sexual instinct, or over indulgence
 - *Crocus sativus*: Nervous headache
 - *Cuprum metallicum*: Mental and physical exhaustion from over-exertion of mind
 - *Cyclamen europaeum*; Ailments from suppressed grief, terrors of conscience, from duty not done, bad act committed
 - *Dioscorea villosa*: Vivid dreams of women all night resulting in emissions during sleep, with weak knees, cold genitals, great despondency
 - *Ferrum metallicum*: Extreme paleness of the face, lips, mucous membrane which becomes red and flushed on least pain, emotion, or exertion
 - *Gelsemium*: Bad effects from fright, fear, exciting news and sudden emotions, <mental exertion, when thinking of his ailments, when spoken of his loss
 - *Glonoine*: Bad effects of mental excitement, fright, fear
 - *Helonias dioica*: <thinking of his ailments
 - *Hyoscyamus niger*: Convulsion of children from fright. Bad effects of unfortunate love, with jealousy, rage, incoherent speech or inclination to laugh at everything; often followed by epilepsy
 - *Ignatia*: Persons mentally and physically exhausted by long concentrated grief. Bad effects of anger, grief or disappointed love, bad news from vexation, with reserved displeasure, from suppressed mental suffering, of shame and mortification
 - *Lachesis*: Ailments from long lasting grief, sorrow, fright, vexation, jealousy or disappointed love
 - *Lycopodium clavatum*: Ailments from fright, anger, mortification, or vexation with reserved displeasure
 - *Lyssin*: Mental emotion or mortifying news always makes him worse
 - *Medorrhinum*; Physical symptoms < when thinking of it
 - *Murex purpurea*: Leucorrhoea < mental depression, happier when leucorrhoea is worse
 - *Natrum muriaticum*: Bad effects of anger caused by offence, of grief, fright, vexation, mortification or reserved displeasure; symptoms < mental exertion
 - *Natrum sulphuricum*: Depressed; lively music makes her sad; satiety of life; must use great self-control to prevent shooting himself
 - *Nitric acid*: Ailments from long lasting anxiety, over-exertion of mind, anguish from the loss of his dearest friend, sadness before menses
 - *Nux vomica*: Bad effects of long-continued mental over-exertion

- *Opium*: Bad-effects of fear still remaining, insensibility and partial or complete paralysis as a result from fright
- *Phosphoric acid*: Bad-effects of chagrin, or a long succession of moral emotions as grief, care, disappointed affection, sorrow, homesickness
- *Picric acid*: Slightest mental exertion or overwork brings on headache and causes burning along the spine; headache < or from grief or depressing emotions
- *Platina*: Mental disturbances after fright, grief, vexation, onanism, pride. Mental symptoms appear as physical symptoms disappear and vice-versa. Ailments from deceived ambition.
- *Rhus toxicodendron*: Headache returns from least chagrin
- *Sambucus nigra*: Bad-effects of violent mental emotion, anxiety, grief, excessive sexual indulgence
- *Spongia tosta*: Every mental excitement < or increases the cough
- *Staphisagria*: Ailments from pride, envy or chagrin, onanism, mortification, unmerited insults, indignation with vexation or reserved displeasure
- *Tarentula*: Ill effects of unrequited love

DISCUSSION AND CONCLUSION

5,6,12,13

In the present scenario psychosomatic disorder is a major concern to deal with in our day-to-day clinic. Homoeopathy plays a significant role in alleviating the psychosomatic disorders by the help of administering medicines in a holistic approach where mind and body constitute a whole; they are one and the same. Hahnemann said it can be confidently asserted, "from great experience, that the vast superiority of the Homoeopathic system over all other conceivable methods of the treatment, is now here displayed in a more triumphant light than in mental and emotional diseases of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them." This clearly indicates the efficacy and superiority of homoeopath. This work covers the keynote symptom of each remedy full of Psychosomatic illness which all the other works till date lack in. The work very clearly shows how each

physical symptom originates from the mental conditions as explained by Homoeopathic Stalwarts in our Homoeopathic Philosophy.

REFERENCES

1. F. Creed, Somatic Disorders, Editor(s): George Fink, Encyclopedia of Stress (Second Edition), Academic Press, 2007, Pages 545-547. <https://doi.org/10.1016/B978-012373947-6.00355-X>.
2. WHO <https://www.who.int/data/gho/data/major-themes/health-and-well-being>
3. Banerjee PN. Chronic disease – its cause and cure. 1st edn. New Delhi. B. Jain Publishers (P) Ltd.
4. Cleaveland Clinic <https://my.clevelandclinic.org/health/diseases/21521-psychosomatic-disorder>
5. Sankaran P, Sankaran R. The Elements of Homeopathy. 1st edn. Bombay: Homoeopathic Medical Publishers.; 1996
6. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers (P) Ltd.; 2011 Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. Reprint ed. New Delhi: B Jain Publishers(P)Ltd.; 1998
7. Scholten J. Homoeopathy and the Elements. 1st edn. Bombay: Homeopathic Medical Publishers; 1998
8. Allen HC. Keynotes and Characteristics with Comparisons of some of the Leading remedies of the Materia Medica with Bowel Nosodes. 8th ed. Delhi: B Jain Publishers(P)Ltd.; 2002.
9. Vithoulkas G. Materia medica viva. Greece. International academy of classical homoeopathy; 1997. vol 3
10. Vithoulkas G. Materia medica viva. Greece. International academy of classical homoeopathy; 1997. vol 4
11. Sankaran R. The soul of remedies. 1st edn Bombay: Homoeopathic Medical Publishers.; 2022
12. Dey SP. Essentials of Principles and Practice of Homeopathy. Enlarged 2nd edn. Dr. Sabita Rani
13. Boericke W. Mental Symptoms. British Homoeopathic Journal. 1912; XXVII(N3). Encyclopedia Homoeopathica.
14. Samaran R. Vivek R. The concept of psychosomatic disorder. International journal of Homoeopathic Sciences. 2022 issue 2. [4-2-19-55720200618-117895-1m7k9ac-libre.pdf \(d1wqtxts1xzle7.cloudfront.net\)](https://doi.org/10.1016/j.ijhs.2022.06.001)
15. Vithoulkas G. The Essence of Materia Medica 21st impression 2nd edn. Noida: B. Jain Publishers(P) Ltd.; 1988

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Utility Homoeopathy in Psychosomatic Diseases

Dr. Bithiah Thomas

ABSTRACT

Psychosomatic diseases are physical diseases which occur due to prolonged psychological disturbances. In all disease conditions the mental nature of the patient is enquired and medicine is given accordingly in Homoeopathy. Kent mentioned in his lectures that “Man is prior to his illness, man himself is sick not the part or organ is sick”. Homoeopathy treats the patient as a whole and gets success in psychosomatic illnesses.

Keywords: Aphorism, Homoeopathy, Mental, Psychosomatic diseases

INTRODUCTION

A psychosomatic disorder is a disease which involves both mind and body. Dr. Hahnemann mentions in aphorism 225 regarding psychosomatic disorder. The continued emotional diseases like anxiety, worry, vexation, wrongs, fear and fright leads to physical complaints. Hahnemann advised treatment for psychosomatic diseases as display of confidence, friendly exhortations, sensible advice, a well-disguised deception will rapidly change into a healthy state of mind along with appropriate diet and regimen.

PSYCHOSOMATIC DISORDER

The body's response to such fear, fright, anxiety comes under the general adaptation syndrome. The general adaptation syndrome consists of three stages:

- the alarm reaction,
- the stage of resistance, and
- the stage of exhaustion.

Alarm Reaction: The alarm reaction is essentially the emergency response of the body. In this stage, prompt responses of the body, many of them mediated by the sympathetic nervous system, prepare us to cope with the stressor every time.

Stage of Resistance: If the stressor persists, the phase of resistance initiates, in which the body opposes the ongoing impact of the stressor. Yet, the ability to withstand new stressors is compromised in this phase. Throughout this period, specific hormonal reactions in the body serve as a crucial defence mechanism against the stressor's effects. Particularly noteworthy among these hormonal reactions is heightened engagement within the adrenocorticotrophic (ACTH) axis. Adrenocorticotrophic hormone (ACTH) is secreted into the bloodstream by certain cells in the pituitary gland. Stressors are able to activate the nerve cells of the hypothalamus so that more corticotropin-releasing factor is sent to the pituitary gland, thus increasing secretion of ACTH into the blood. In this way, brain activity triggered by stressors influences hormone release; this is a major link between environmental events-stressors-and the bodily state of stress.

Stage of Exhaustion: The final stage of the general adaptation syndrome is the stage of exhaustion. In this stage, the body's capacity to respond to both continuous and new stressors have been seriously compromised. For instance, due to the actions of cortisol described above, a person may no longer be able to ward off infection and may become sick and perhaps die. Or, because of other stressor-induced hormonal effects, stomach ul-

cers, diabetes, skin disorders, asthma, high blood pressure, increased susceptibility to cancer, or a host of other diseases may occur at this stage or late in the stage of resistance.

The term psychosomatic disorders are used when perceived stressors-mental events-increase the susceptibility of the body to disease. Of course, not all instances of the diseases listed above are psychosomatic, but many are, and thus the control of stress has become a major problem for medicine.

HOMOEOPATHIC MEDICINES

Homoeopathic medicines show tremendous action in psychosomatic disorders. Some of the medicines with its indications are listed below:

Aconite: Amenorrhoea in plethoric young girls; after fright to prevent suppression of menses

Anti. Crud: Sentimental mood in the moonlight especially ecstatic love bad effects of disappointed affection

Apis: Ailments from jealousy, fright, rage, vexation, bad news

Arg. Nit: Acute or chronic diseases from unusual or long continued mental exertion

Aurum: Ailments from fright, anger, contradictions, mortification, vexation, dread or reserved displeasure.

Bryonia alba: Ailments from chagrin, mortification and anger.

Calc. Phos: Ailments from disappointed love and grief.

Causticum: Ailments from long lasting grief and sorrow, from loss of sleep, night watching, from sudden emotions, fear, fright, joy, from anger or vexation. Disturbed functional activity of brain and spinal cord from exhausting diseases or severe mental shock resulting in paralysis.

Chamomilla: Complaints from anger, especially chill and fever. Convulsions of children from nursing, after a fit of anger in the mother.

Cocculus: Bad effects of anger and grief.

Coffea cruda: Ailments: The bad effects of sud-

den emotions or pleasurable surprises.

Colchicum: Ailments from grief or misdeeds of others.

Colocynthis: Affections from anger, with indignation- colic, vomiting, diarrhoea and suppression of menses. Menses suppressed by chagrin, colic pains.

Cyclamen: Ailments from suppressed grief and terrors of conscience. From duty not done or bad acts committed.

Gelsemium: Bad effects from fright, fear, exciting news and sudden emotions.

Hyoscyamus: Bad effects of unfortunate love; with jealousy, rage, incoherent speech or inclination to laugh at everything; often followed by epilepsy. Convulsions of children from fright.

Ignatia: Bad effects of anger, grief, or disappointed love, from bad news, from vexation with reserved displeasure; from suppressed mental sufferings; of shame and mortification.

Lachesis: Ailments from long lasting grief, sorrow, fright, vexation, jealousy or disappointed love.

Lycopodium: Ailments from fright, anger, mortification, or vexation with reserved displeasure.

Natrum mur: For the bad effects of anger, of grief, of vexation, mortification or reserved displeasure.

Nitric acid: Ailments from long lasting anxiety, over-exertion of mind and body from nursing the sick; anguish from the loss of his dearest friend, indifference, tired of life.

Nux vomica: Bad effects of long- continued mental exertion.

Opium: Ailments that originate from fright, bad effects of the fear still remaining. Spasms of children after fright of mother.

Phos acid: Ailments from care, chagrin, grief, sorrow, home sickness.

Psorinum: Physical complaints occur from even slight emotions.

Staphysagria: Ailments from thwarted pride, envy or chagrin, onanism, chagrin, mortification, unmerited insults, indignation, with vexation or reserved displeasure.

REPERTORIAL APPROACH:

ailments after anger, vexation etc.: Acon., agar., alum., am-c., ant-t., apis, arg-n., arn., ars., aur., aur-m., bell., bry., calc., calc-p., calc-s., cadm., caust., Cham., chin., cist., cimic., Cocc., coff., Coloc., croc., cupr., ferr., ferr-p., gels., hyos., Ign., Ip., kali-p., lach., lyc., mag-c., mag-m., manc., mez., nat-c., nat-m., nat-p., nat-s., nux-m., Nux-v., Op., petr., ph-ac., phos., Plat., puls., ran-b., rhus-t., samb., sec., sel., sep., sil., stann., Staph., stram., sulph., tarent., verat., zinc

after anger with anxiety: Acon., alum., Ars., aur., bell., bry., calc., cham., cocc., coff., cupr., hyos., Ign., lyc., nat-c., nat-m., Nux-v., op., petr., phos., plat., puls., rhus-t., samb., sep., stann., stram., sulph., verat.

with fright: Acon., aur., bell., calc., cocc., cupr., Ign., nat-c., nux-u., op., petr., phos., plat., puls., samb., sep., sulph., zinc.

indignation: Aur., Coloc., ip., lyc., merc., mur-ac., nat-m., nux-v., plat., Staph.

silent grief: Alum., ars., aur., bell., cocc., coloc., hyos., Ign., Lyc., nat-c., nat-m., nux-v., ph-ac., phos., plat., puls., Staph., verat

BAD news, ailments from: Apis, Calc., calc-p., chin., cinnb., cupr., dros., form., Gels., ign., kali-c., kali-p., lach., lyss., med., nat-m., nat-p., pæon., pall., phos., puls., stram., sulph

FRIGHT, complaints from: Acon., anac., apis, arg-n., arn., ars., art-v., aur., aur-m., bell., bry., calc., carp-s., caust., cham., coff., cupr., gels., glon., graph., hyos., hyper., Ign., iod., lach., Lyc., mag-c., merc., nat-c., Nat-m., nit-ac., nux-v., Op., Ph-ac., Phos., plat., Puls., rhus-t., sabad., samb., sec., sep., Sil., stram., verat., zinc.

JOY, ailments from excessive: Acon., caust., coff., croc., cycl., nat-c., op., puls.

LOVE, ailments, from disappointed: Ant-c., aur., calc-p., caust., cimic., coff., hell., Hyos., Ign., kali-c., lach., Nat-m., nux-m., nux-v., Ph-ac., sep.,

staph., tarent.

MORTIFICATION. ailments after: Arg-n., aur., aur-m., bell., bry., cham., Coloc., Ign., Lyc., lyss., merc., Nat-m., nux-v., op., Pall., Ph-ac., plat., puls., rhus-t., seneg., sep., Staph., stram., sulph., verat.

CONCLUSION

For over two centuries, homeopathy has directed its attention towards the psychological well-being of its patients. Employing a comprehensive approach, it meticulously documents mental symptoms during the process of drug testing. It places significant emphasis on mental and emotional manifestations across various illnesses. This approach yields high patient contentment, along with the added benefits of safety and cost-effectiveness associated with its medications. Consequently, homeopathy emerges as a robust contender for inclusion within global mental healthcare strategies. In today's context, marked by heightened stress levels and a prevalence of psychosomatic ailments, the necessity for such an approach is particularly pronounced. The opportunity lies with us to fully harness the potential of homeopathy across all bodily afflictions originating from psychological sources. In doing so, we have the capacity to aid individuals and contribute positively to society's well-being on a larger scale.

REFERENCES

1. Dr. Hahnemann Samuel. Organon of Medicine (Fifth and sixth Edition) translated by R.E. Dudgeon: B. Jain Publishers; 7th Impression- 2013.
2. Kent J T; Repertory of the Homoeopathic Materia Medica, B.Jain Publishers Pvt Limited; 9th Impression, 2015.
3. Allen H C; Allen's Keynotes Rearranged and classified with Leading remedies of the Materia Medica and Bowel Nosodes; 10th Edition; B.Jain Publishers Pvt Limited; 27th Impression, 2014.
4. Morgan T Clifford, King A Richard, Weisz R John, Schopler John; Introduction to Psychology, Seventh Edition; Tata McGraw- Hill Publishing Company Limited.

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Psychosomatic Disease: Modern Outlook and Homeopathy

Dr Jolly Khan

ABSTRACT

Psychosomatic diseases are conditions in which emotional or psychological factors contribute significantly to physical symptoms and overall health. These ailments are increasingly prevalent in today's fast-paced, stressful world. Traditional medical approaches often focus solely on treating the physical symptoms, neglecting the emotional and mental aspects that underlie the condition. In contrast, homeopathy offers a holistic approach that addresses the patient as a whole which includes the mental as well as the physical complaints, making it a valuable alternative for managing psychosomatic diseases.

Keywords: Psychosomatic, Disease, Homeopathy, Emotions, Psychology, Mind.

INTRODUCTION

The notion that one's mental state has an effect on one's physical state is not new. Many renowned thinkers, including Hippocrates, Socrates, Plato, and Galen, promoted the concept of psychosomatic sickness many years ago. According to Hippocrates, Father of Modern Medicine, Psychosomatic Disorders are the abnormal physical reactions to stressful emotions, incidents, and situations [1]. With the advent of the era of dualism in 1637, this perspective was abandoned, and the mind was regarded as a thinking entity and the body as a non-thinking entity. Following the identification of pathogens as the cause of infectious disease in the late 1600s, the dominant focus of biomedical research shifted to the management and removal of these organisms, resulting in the significant advances of antibiotic medicine and inoculation. However, there has been a resurgence of interest in the role of psychosocial variables in immunologically mediated illness, such as cancer and autoimmune disorders, as well as infectious disease, in recent years. Much of this research has found a direct link between psychological processes and sickness.

PSYCHOSOMATIC DISEASE – MODERN CONCEPT

According to modern psychiatric textbooks, German psychiatrist Heinroth was first to use the term "Psychosomatic" in 1818. In 1922 Felix Deutsch introduced the term "psychosomatic medicine". The idea of psychogenesis characterized the first phase of the development of psychosomatic medicine (1930–1960) and resulted in the concept of psychosomatic disease [2].

Engel, and Lipowski deserve credit for laying the groundwork for revival of this concept under more appropriate guidelines in the 1960s. Engel developed a multifactorial approach to sickness that was later defined as 'biopsychosocial,' allowing sickness to be studied as the result of interacting systems at the cellular, tissue, organismic, interpersonal, and environmental levels. He stated that the study of every disease must include the individual, his body and his surrounding environment as essential components of the total system [2]. Lipowski gave an invaluable contribution in setting the scope, mission and methods of psy-

psychosomatic medicine. He defined psychosomatic medicine as a scientific field concerned with examining the connections between biological, psychological, social determinants of health and disease and emphasized on practicing the holistic approach to the practice of medicine [2].

Psychosomatic disorders were classified in the DSM-II in 1968 as “psychosomatic symptoms caused by emotional factors and involving a single organ system usually under autonomic nervous system innervation”. In DSM-IV-TR term somatoform disorder was adopted, and was defined as repeated presentations with physical symptoms that lacked a sufficient physical basis. As the somatoform disorders in DSM-IV-TR had a lot of overlap, this term was replaced by somatic symptoms and related disorders in DSM-V [3].

According to international classification of diseases [ICD -10,WHO 1993] psychosomatic disorders can be classified depending on whether or not there is tissue damage: “Psychological malfunction arising from mental factors”, it describes assortments of physical manifestations or sorts of psychological malfunctioning of mental origin not involving the tissue damage and usually mediated through the autonomic nervous system(ANS). Included in this category are respiratory disturbances e.g. hyperventilation, psychogenic cough, cardiovascular disturbances such as cardiac neurosis, skin disorders such as pruritus. If there is tissue damage and psychological factors are associated with disease process the following definition is used: mental unsettling influences or psychic components of any sort might be thought to have had a noteworthy impact in the etiology of certain physical conditions more often involving tissue damage. Included under this latter designation are psychogenic conditions such as asthma, dermatitis, eczema, gastric ulcer, mucous colitis, ulcerative colitis, and urticarial [4].

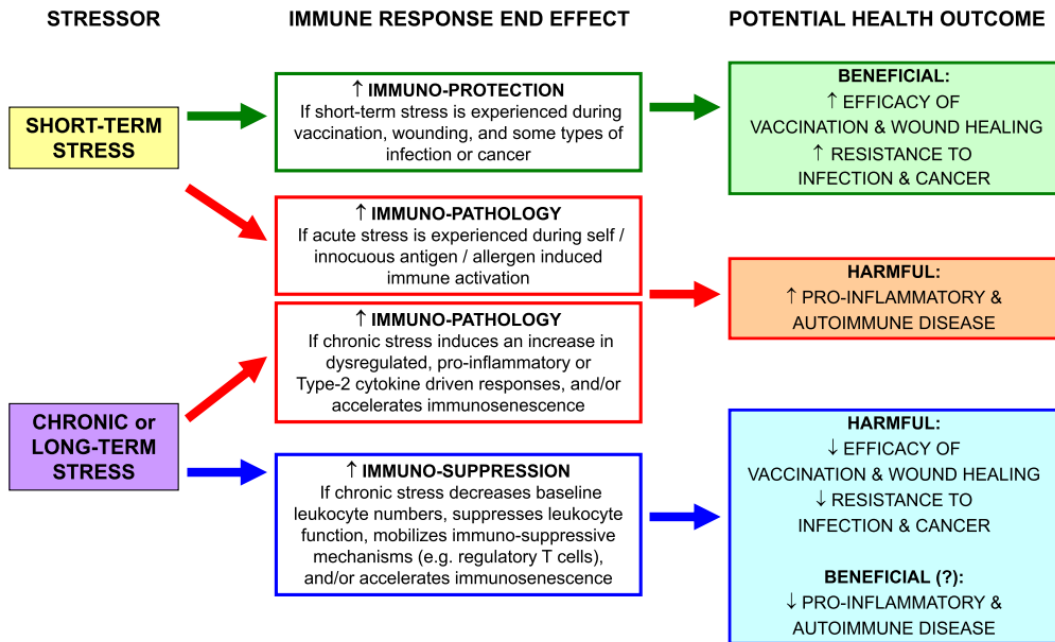
Despite ongoing vagueness in the scientific community about the present definition of psychosomatic disorders, modern research and advanced

diagnostic tools have been able to identify specific neurochemical and hormonal mechanisms that can account for physical conditions affected by psychological factors and psychological symptoms caused by medical conditions.

NEUROENDOCRINE PATHWAY, IMMUNITY AND EMOTIONS

Stress and emotions have a major effect on physiological processes such as activation of the sympathetic adrenal-medullary (SAM) system, the hypothalamic-pituitary-adrenocortical (HPAC) system, and other endocrine systems. Sympathetic nervous system is most active in response to fear and anger, as well as other acute emotional states such as excitement, while activation of the pituitary-adrenocortical system occurs when dangers are judged to be more overwhelming and difficult to deal with. SAM activation is accompanied by the release of epinephrine, norepinephrine, and other catecholamines into the bloodstream, whereas HPAC activation results in the release of adrenocorticotropic hormone (ACTH) and corticosteroids [5].

The two major stress systems (SAM and HPAC) affect numerous aspects of immunity. Sheng et al suggested that chronically stressed individuals are biased toward a humoral immunity-oriented cytokine production, for unknown reasons. HPAC System forms a close neuro-effector junction with lymphocytes, macrophages and releases a range of neuropeptides like IL-6, TNF- α , CRP, and IGF-1. A properly functioning HPAC prevents the peripheral release of neuropeptide IL-1, IL-6 following acute stress. But due to the dysregulation of the HPAC and a resistance to the immunosuppressant effects of glucocorticoids seen in chronic stress, there is a decrease in the ability of the HPA to prevent peripheral inflammation resulting in increased systemic levels of IL-6. TNF- α promotes gene expression by activating NF κ B which results in the transcription of inflammatory cytokines. Hence, an elevation in TNF- α is concomitant with elevation in the levels of IL-1 and IL-6[6].



Such Immune dysregulation driven by long-term stress exacerbates pro-inflammatory (dermatitis, cardiovascular disease, gingivitis) and autoimmune diseases (psoriasis, arthritis, multiple sclerosis) diseases [7].

PSYCHOSOMATIC DISEASE AND HOMEOPATHY

Homoeopathy is a holistic science that considers the body as a whole, places a strong emphasis on mental and emotional states and their correlation with bodily function and diseases. The comprehensive approach to treatment not only cures ailments but also makes the person more functioning, allowing them to become more adaptive and more equipped to deal with life’s stresses.

In aphorism 225 of the Organon of Medicine, Hahnemann states that certain diseases arise from mental disturbances such as continued anxiety, worry, fear etc. and this kind of emotional diseases in time destroys the corporeal health, often to a great degree [8].

Dr. JT Kent considered that the mind is the center of the whole functioning of the organism and that it is also the focal point from which the disease process starts. Kent stated that “The mental symptoms must be first worked out by the usual form until the remedies best suited to the patient’s

mental condition are determined.”[9].

William Boericke stated that cases where mental states and emotions are evident primary causes or contributing factors to the production or continuance of diseased conditions, Homoeopathy offers much useful aid, thus: Remember the adaptability of Coffea, Aconite and Opium to the ill effect of different emotional disturbances, Gelsemium to the effect of fear, Ignatia and Phosphoric acid to the effect of grief [10].

HOMEOPATHIC DIAGNOSIS OF PSYCHOSOMATIC DISEASES

Psychosomatic disease diagnosis needs the presence of clearly defined signs and symptoms. Adequate history, systemic examination, and clinical judgment, is more essential than any diagnostic test. There is currently no clear test in the conventional medical system to distinguish between psychosomatic and somatopsychic disorders. However, Hahnemann made a clear differentiation between them in 1810. In fact, he prescribed a psychotherapeutic approach. In aphorism 224, he suggested that if mental affection proceeds from one or more factors belonging to psychological conditions, then it will be improved by “sensible friendly exhortations, consolatory arguments, serious representations and sensible

advice" and if the mental affection depends on a bodily disease, then it will be aggravated by the same measures^[11].

PSYCHOSOMATIC DISEASE- RUBRICS ^[12, 13]

Mind, Aliments from, Anger, Suppressed: *Colocynthis, Lycopodium, Staphysagria*

Head, hair, falling, grief, from: *Phosphoric Acid*

Genitalia female, menses, suppressed, emotion, from: *Cimicifuga*

Abdomen, pain, anger, after: *Chamomilla, Coccus, Colocynthis, Nux-vomica, Staphysagria,*

Chest, pain, sore, heart, grief, after: *Gelsemium, Ignatia*

Mind, love, ailments, from disappointed: *Calcarea phosphoricum, Ignatia, Natrium Muriaticum*

Back, pain, lumbar region, mortification, after: *Nux vomica*

Sleep, sleeplessness, grief, from: *Ignatia, Kalium Bromatum, Natrium Muriaticum*

Extremities, weakness, lower limbs, vexation, after: *Causticum, Lycopodium, Nux-vomica*

CONCLUSION

Since the time of Master Hahnemann, the concept of psychosomatic disease has existed in homeopathy, but it has not been acknowledged by the scientific community. With an increase in mental health problems, this area is becoming a focus of research, giving rise to a new branch of medicine termed psychosomatic in modern science, which tells us how frustrations and worries, anger and hatred contribute to the aetiology of most chronic diseases. Emerging fields within psychosomatic medicine, such as psychodermatology, psychoneuroimmunology, and psychoneuroendocrinology, are in alignment with the concept of homeopathy. In this new and expanding field, homeopathy can play a significant role in patient management. But Gaining acceptability in modern medicine is challenging due to the paucity of research in the fields of psychosomatic diseases and homeopathy.

Holistic approach of homeopathy, the Meticulous recording of mental symptoms during drug Proving, the importance it places on the mental and Emotional symptoms in every disease, the high patient Satisfaction, and the safety and the low cost of the medicines Make it a strong candidate for inclusion in global mental Health care policies [14] and it is especially important now, when stress is at an all-time high and many Psychosomatic disorders are being diagnosed on a daily basis. It is our responsibility as homeopaths to utilize the full potential of homeopathy in all somatic disorders that have a mental cause, therefore benefiting people and society as a whole.

REFERENCES

1. Wolman BB. Psychosomatic Disorders. Springer Science & Business Media; 2012.
2. Fava GA, Sonino N. Psychosomatic Medicine: Emerging Trends and Perspectives. *Psychotherapy and Psychosomatics*. 2000;69(4):184–97.
3. American Psychiatric Association. DSM-5 TM guidebook the essential companion to the Diagnostic and statistical manual of mental disorders, fifth edition. 5th ed. Washington, Dc American Psychiatric Publishing; 2013.
4. Sadock VA, Ruiz P, Sadock BJ. Kaplan & Sadocks Comprehensive Textbook of Psychiatry. Lippincott, Williams & Wilkins; 2017.
5. O'Leary A. Stress, emotion, and human immune function. *Psychological Bulletin*. 1990 Jan 1;108(3):363–82.
6. Dhabhar FS. Effects of stress on immune function: the good, the bad, and the beautiful. *Immunologic research*. 2014 May 6;58(2-3):193–210.
7. Holmes TH. Life situations, emotions, and disease. *Psychosomatics*. 1978 Dec;19(12):747–54.
8. Hahnemann S. Organon of Medicine. 5 and 6 Edition. B Jain Publisher Pvt Limited; 2013.
9. Kent JT. Repertory of the homeopathic materia medica. New Delhi: B. Jain Publisher Pvt Limited; 2016.
10. Samaran R. Vivek R. Concept of psychosomatic disorders in homeopathy: A review. *IJHS*. 2020;4(2):152
11. Arya MP, Boericke W. A study of Hahnemann's organon of medicine : based on the English translation of the 6th edition by Dr. William Boericke, M.D. New Delhi, India: B. Jain Publishers; 2008.
12. Schroyens Frederik. Augmented Clinical Synthesis 9.1. S.L.: B Jain Publishers Pvt Ltd; 2018.
13. Phatak SR. Concise Repertory of Homeopathic Medicines. B. Jain Publishers; 2004.
14. Samaran R. Vivek R. Concept of psychosomatic disorders in homeopathy: A review. *IJHS*. 2020;4(2):154

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Psychosomatic Disorders and Its Homoeopathic Perspective

Dr Prince Kumar

ABSTRACT

The Greek words “psyche” (meaning “mind”) and “soma” (meaning “body”) are the source of the phrase “psychosomatic”. A psychosomatic disorder is a condition that affects the body and the mind. Sometimes, psychological and emotional elements may function as risk factors that may affect the beginning and development of physical ailments. The key points of psychosomatic illnesses are highlighted here, along with the idea of homoeopathic philosophy. The change from constitutional suffering and weakness to homeopathic health and comfort.

Keywords: Psychosomatic, Disease, Homeopathy, Emotions, Psychology, Mind.

INTRODUCTION

Medicine has traditionally divided disease into either the body (soma) or the mind (psyche). The division of diseases among specialties and the organization of hospitals both demonstrate this dualism. This paradigm is challenged by psychosomatic disorders, which manifest physically yet are assumed to have, at least in part, psychological roots. A condition known as psychosomatic disorder, sometimes known as psycho physiologic disorder, occurs when psychological pressures have a distressing impact on physiological (somatic) functioning. Through improper involuntary nervous system and internal secretion gland activation, it causes structural or functional harm to physiological organs. As a physiological byproduct of an emotional state, the psychosomatic symptom thus appears. In ancient times, “psyche” meant “soul or mind” and recently it has been referred to as behaviour and Soma implies the body of organism. The earliest reference to the term Psychisch -Somatisch occurs in 1818 written by German psychiatrist Johann Christian August Heinroth in “Lehrbuch”. In 1922 Felix Deutsch introduced the term “psychosomatic medicine”. The basic concept in psychosomatic medicine was described by Sigmund Freud, who used the term “conversion hysteria”. The term psychosomatic

is not in the DSM-5 as a result, psychosomatic disorders are not clearly identified, defined, or explained in the DSM-5.

Mental states impact body organs through an amalgamation of three interrelated components: neural, hormonal, and immunologic. By conscious command of brain, the motor neurons are responsible for the voluntary movements, yet the act may not be voluntary and conscious. Hypothalamopituitary-adrenal axis and sympathetic nervous system get activated in response to stress that further results in decrease immune response. Because of activation of corticosteroid, the immune mechanism may be suppressed. In spite of the fact that the immune system resist the body from the pathogens, it appear that introduction to stress and excitation can diminish the immune system against the foreign bodies.

In 1964, George Freeman Solomon wrote “Emotions, immunity, and disease: A speculative theoretical integration.” In this article, Solomon first used the term ‘psychoimmunology’ and introduced the concept of a medical link between our emotions and immune systems. In 1975, Robert Ader expanded on Solomon’s work and coined the term Psychoneuroimmunology (PNI) an emerging discipline that focuses on various interactions the basis for a scientific justification of

what is widely known as the mind-body connection among these bodily systems.

Classification of Psychosomatic Disorders (ICD-10; WHO-1993)

Depending on whether there is tissue damage, psychosomatic disorders can be categorized under the international classification of diseases:

“Psychological malfunction arising from mental factors” refers to a variety of physical symptoms or types of psychological dysfunction of mental origin that are typically mediated by the autonomic nervous system (ANS) and do not involve tissue damage. This category includes respiratory issues like hyperventilation and psychogenic cough, cardiovascular issues like cardiac neurosis, and skin issues like pruritus, compulsive disorder. The following definition is used if there is tissue damage and psychological factors are linked to the disease process mental nervous influences or psychic components of any kind may be thought to have made a significant contribution to the aetiology of certain physical conditions, more frequently involving tissue damage. Asthma, dermatitis, eczema, gastric ulcers, mucous colitis, ulcerative colitis, and urticarial are all classified under the latter category.

In 1978 Zegarelli.E.V, Kutscher.A.H and HYMAN. G.A classified the psychosomatic disorders as follows

1. Psychoneurotic disorder
2. Psychophysiological disorder
3. Personality disorder.
4. Psychotic disorder

1. Psychoneurotic – Basic characteristic is subject feeling of anxiety. Type of neurosis –

- Phobic
- Obsessive
- Depressive
- Conversion

2. Psychophysiological – Distress renders the individual to physiologic dysfunction and eventual-

tissue damage, rather than neurotic defenses or psychotic withdrawal.

3. Personality – The individual utilizes patterns of action or behavior rather than mental, somatic or emotional symptoms.

4. Psychotic – Characterized by personality disintegration with failure in the ability to perceive, evaluate and test reality.

Diagnosis of Psychosomatic Diseases:-

The diagnosis of psychosomatic disease requires the presence of clearly defined signs and symptoms consistent with each diagnostic category. Clinical examination, including an adequate history, review of systems, psychiatric assessment, and clinical judgment, is more valid than rely upon any single laboratory or diagnostic test. Till now in conventional medical system there is no clear test like (pathology and radio diagnosis) to differentiate organic and psychological diseases.

Homoeopathy and Psychosomatic Disease:-

Health is a state of complete physical, mental, and social well-being and not merely the absence of a disease or infirmity. Samuel Hahnemann the founder of Homoeopathy was perhaps the first man, who not only highlighted the importance of mind in the disease process, but also stated that disease starts in the mind. According to Homoeopathy, disease consists of two parts: generalized disturbance of the whole organism and localized problems. It can be seen that generalized disturbance (which includes physical, general and psychological changes) precedes localization of the problem. In his magnum opus, Organon of Medicine in Aphorism ‘210’ Hahnemann states regarding MENTAL DISEASE “They do not, however, constitute a class of disease sharply separated from all others, since in all other so-called corporeal diseases the condition of the disposition and mind is always altered; and in all cases of disease we are called on to cure the state of the patient’s disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able there from to treat it homoeopathically with success.”

In Aphorism 225 he states “There has been stated, that a few emotional diseases which have not merely been developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree”.

But Hahnemann in 1810 itself made a clear distinction between them. In fact, he prescribed psychotherapeutic techniques. In paragraph 224 he recommends “If the mental disease ...be still somewhat doubtful whether it really arose from a corporeal affection or... result from faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance. The mode of deciding this point will be, that if it proceed from...the latter causes it will diminish and be improved by sensible friendly exhortations, consolatory arguments, serious representations and sensible advice. ...whereas a real moral or mental malady, depending on bodily disease, would be speedily aggravated by such a course, the melancholic would become still more dejected, querulous, inconsolable and reserved, the spiteful maniac would thereby become still more exasperated, and the chattering fool would become manifestly more foolish.”

Homoeopathic approach towards Psychosomatic Disorders:-

The fundamental principle of Homoeopathy is that it treats the patient as a whole and as an individual. There is no medicine for any particular disease, but there is a medicine for the patient suffering from the disease. “The individual, not the disease, is the entity”, said the celebrated Sir William Osler. The general factors which should be taken into consideration are age, intelligence, duration of illness, insight, nature of physical illness, environmental stress and personality structure of the individual. Along with this, the homoeopath takes into consideration the conceptual image of the patient which comprises:

- Constitution, Temperament, Diathesis of the patient.

- Causative factors.
- Peculiar mental states.
- Characteristic physical generalities including its general modalities.
- Characteristic particular symptoms including its particular modalities. Relevant information from the Past/Personal/Family/medical history of the patient.
- Miasmatic profile of the patient.

As regards the miasmatic background of the Psychosomatic disorders Psora plays an indubitable role according to Hahnemann, so in all cases appropriate antipsoric treatment must be employed for complete cure.

Hahnemann states in Aphorism 211 “This holds true to such an extent, that the state of disposition often chiefly determines the choice of the homoeopathic remedy”. The Homoeopathic Materia Medica and the Repertories placed great emphasis upon mental and emotional states and their correlation with bodily function and diseases. The homoeopathic materia medica is full of drugs which have been well proved on human beings, Hahnemann has said “There is no powerful medicinal substance in the world which does not very notably alter the state of the disposition and mind in the healthy individual who tests it, and every medicine does so in a different manner” and these have been verified on countless occasions. These drugs are capable of exerting a curative influence, not only on the body but on the patient’s personality as well. They can be used equally well in functional diseases as in organic maladies. Moreover, the Law of Similars makes no such absurd distinction between functional and organic disease because the former untreated is invariably the precursor of the latter.

Some example from Materia Medica:-

Aconite napellus: Amenorrhoea in plethoric young girls after fright.

Calcarea carbonicum: Least mental excitement causes profuse return of menses.

Chamomila matricaria: Convulsions of children from nursing after a fit of anger in mother. Complains from anger, specially chill and fever.

Ignatia amara: Children when reprimanded, scolded, get sick or have convulsions in sleep.

Opium: Involuntary stool, especially after fright. Spasm of children, from approach of stranger; from nursing after fright of mother

Argentum nitricum:- Apprehension when ready for church or opera, diarrhea sets in.

Some Example from Repertories:-

There are many rubrics present in repertories and these are mostly present in mind chapter. To getting similimum we use repertories and some of here in example:-

Mind – Anxiety – abortion – after:- *Cimic. Op. Sabin.*

Chest – pain – anger – after:- *arg-n. caust.*

Chest – milk – suppressed – anger- after – *Cham*

Chest – hemorrhage of lungs – anger after – *Nux-v*

Chest – oppression - anger – after- *dulc. Staph*

Rectum – diarrhea – anger – after – *Aloe. Calc-p. Cham. Coloc. Nux-v. Staph.*

CONCLUSION

Homoeopathy a significant therapeutic method, that might cure or improve psychosomatic diseases, in harmless way. Homoeopathic medicine prepared in dilution method where process of attenuation continued to prepare preceding potency, by these process medicine preferred and it is nontoxic, gentle, safe and administered on holistic principle. Here Homoeopathy is an ideal alternative to conventional medicine with no adverse drug effect. In homoeopathy mental symptoms have been given more values to select the remedy and it is used from Hahnemann's era. Today a

newly aspect of medicine tell us that how anger, stress, anxiety, fear frustration can affect human health, cause of chronic diseases.

As Homoeopathy gives special attention on mental health of patient. Its holistic approach of treatment provide us a new path for mental health of patient in global world, documentation of mental symptoms during drug proving and give more emphasis on mental and emotional symptoms during treatment gives mental satisfaction to the patient, due of low cost availability of medicine too. All somatic disease of mental origin might be cured through homoeopathy in its fullest extent, and it will be beneficial for both patient as well as global society.

REFERENCES

1. Psychosomatic disorder [Internet]. Encyclopedia Britannica. [cited 2020 Mar 19]. Available from: <https://www.britannica.com/science/psychosomaticdisorder>.
2. Margetts L. The Early History Of The Word "Psychosomatic ". Canadian Medical Association Journal. 1950; 63(4):402-404.
3. Kumar R, Yeragani VK. Psyche and soma: New insights into the connection. Indian J Psychiatry. 2010; 52(Suppl 1):S233-9
4. Sankaran R. The Spirit of Homoeopathy. 3rd Edition. Mumbai: Homeopathic Medical Publishers; 1999, 4,5,33.
5. Hahnemann S. Organon of Medicine. Reprint Edition. Indian Books and Periodicals Publishers; 2004. 142,143,146.
6. Schmidt P. Homoeopathy and psychosomatic disorders [Internet]. [cited 2020 Apr 15]. Available from: <https://kundoc.com/pdf-homoeopathy-and-psychosomatic-disorders-.html>
7. Sankaran P, Sankaran R. The Elements of Homeopathy. 1st edition. Bombay: Homoeopathic Medical Publishers; 1996; 2:704.
8. Allen HC. Allens' Keynotes - Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes. 10th ed. B Jain Publishers (P) Ltd; 2007
9. Schroyens F. The Essential Synthesis. New Delhi: Homoeopathic Book Publishers, 2007.

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Perspiration and Its Significance in Homoeopathy

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ABSTRACT

In the human body water is given off by intact skin by evaporation from the epidermis as sweat, a form of cooling in which liquid is actively secreted from sweat glands. Perspiration is the act or process of insensible elimination of fluid through the pores of the skin, which is visible as droplets on the skin. This article describes perspiration, anatomy & composition of sweat glands, different varieties of sweat and its significance in Homoeopathy.

Keywords: Perspiration, Homoeopathy, Eccrine glands, Apocrine glands, Anhidrosis, Bromhidrosis, Hyperhidrosis.

INTRODUCTION

Perspiration (sweating, transpiration, or diaphoresis) is the physiological process by which production of a fluid consisting primarily of water as well as various dissolved solids (chiefly chlorides), that is excreted by the sweat glands in the skin of mammals. Sweat is the watery fluid produced and excreted by the sweat gland.

ANATOMY OF SWEAT GLANDS

Sweat glands: They are simple tubular glands found in almost every part of the skin (There are two to four million sweat glands distributed all over our bodies). Sweat glands are modified smooth muscle cells, known as myoepithelial cells, invest the base of the glands. Each gland consists of two parts:

1. A secretory portion which lies deep in the dermis, where the tubule is twisted into a fairly compact tangle.
2. A duct portion passing outwards through the overlying dermis and the epidermis.

There are two types of sweat glands:

- 1.The Eccrine sweat glands:** They are located over the entire body surface except for the lips, nipples and part of the external genital, and are innervated by sympathetic nerves.
- 2.The Apocrine sweat glands:** They are limited in their distribution to axillary, pubic, and perianal region, and armpits (less than eccrine glands). They are larger in size compared to the eccrine sweat glands. They become active with the onset of puberty.

COMPOSITION OF SWEAT

Sweat mainly consists of secretions of the eccrine glands. The human sweat has specific gravity of about 1.001- 1.006, pH -3.8 to 6.5 and average composition is as follows:

Water	99.221 – 99.742 g/ 100 ml
Solids	1.174 – 1.587 g/ 100 ml
Creatinine	0.1 – 1.3 mg/ 100 ml
Urea	12 – 57 mg/ 100 ml
Lactic acid	285 – 336 mg/ 100 ml
Carbolic acid	2 – 8 mg/ 100 ml
Sugar (as glucose)	1 – 3 mg/ 100 ml
Uric acid	0.07 – 0.25 mg/ 100 ml
Ascorbic acid (as dehydroascorbic acid)	70.5 micro g/ 100 ml
Total nitrogen	33.2 mg/ 100 ml
Non- protein nitrogen	27 – 64 mg/ 100 ml
Calcium	1 – 8 mg/ 100 ml
Iodine	0.5 – 1.2 micro g/ 100 ml
Iron	0.022 – 0.045 mg/ 100 ml
Chloride	36 – 468 mg/ 100 ml
Sodium	24 – 312 mg/ 100 ml
Potassium	21 – 126 mg/ 100 ml
Sulphur	0.7 – 7.4 mg/ 100 ml
Copper	0.006 mg/ 100 ml
Amino acids (total)	43.62 mg/ 100 ml

SWEATING CONTROL AND STIMULATION

- Sweating is controlled from a center in the hypothalamus where thermosensitive neurons are located .
- Hypothalamus ☉ Lateral horn cell in the spinal cord ☉Sympathetic ganglion cell☉ sweat glands
- Sweat glands are stimulated in response to high temperature, exercise, hormones, emotional stress (emotionally induced sweating is restricted to palms, soles, armpits and forehead while temperature induced sweating causes sweating throughout the body).

DIFFERENT TYPES OF SWEATING

- Insensible perspiration which occurs even in cold climates amounts to 600 to 800 ml daily.
- Thermal sweating occurs in hot environmental temperature, the threshold being 28^o C for men and 31^oC for women. As the environmental temperature rises sweating increases and many amount to 11 litre/day under extreme conditions.
- Psychic sweating
- Emotional (mental) sweating. In emotional

conditions sweating occurs chiefly in the palms, soles and axilla, but it is also present at the head and neck and elsewhere. In the extreme conditions it may be more generalised (hyperhidrosis). Emotional (cold) sweating is due to impulses discharged from the higher centres, affecting the sweat centres directly.

- In muscular exercise, sweating is both thermal and mental. Sweating is reduced by cold, which at the same time reduces cutaneous circulation. It is also reduced by dehydration, whether the result of deprivation of fluid intake or by sweating itself.
- In hot climates, eating spicy foods stimulates sweating (gustatory sweat), because pain nerve endings in the mouth are stimulated. Hence the reflex of sweating occurs in the head and neck.
- Owing to sympathetic activity, nausea and vomiting, fainting, hypoglycaemia and asphyxia cause secretion of sweat.

FUNCTION OF SWEAT

1. Thermoregulation which is the principle function of sweat. Sweating allows the body to rid itself of excessive heat production, through the evaporation of water which brings about cooling of the body.
2. Sweat accounts for a large proportion of the

water that remains on the skin, forming part of the hydrolipid film which is the indispensable protective covering keeping the skin in good condition and, allowing it to perform its many essential functions.

3. It plays a minor excretory role (some drugs and toxins are excreted in sweat).

SWEAT TEST

- **Chloride sweat test;** It measures the concentration of chloride that is excreted in sweat and is used to screen for cystic fibrosis(CF).
- In cystic fibrosis the CFTR chloride channel is defective, thus preventing chloride from being reabsorbed into sweat duct cells. Consequently, more chloride stays in the duct leading to an elevated concentration of chloride in sweat of individuals with cystic fibrosis.

DIFFERENT TYPES OF SWEAT

Hyperhidrosis (Excessive sweating)

It is a functional disorder of the sweat glands, characterized by excessive sweating. It may be either general or local, symmetrical or unilateral. It occurs in the young and the alike, and affects females as well as males. Flat-footed people are especially obnoxious to it. In its causation faulty innervations play an important part.

Anhidrosis

It may be defined as a functional disorder of the perspiratory apparatus, characterized by insufficient sweat.

Bromhidrosis (Offensive sweating)

It is a functional disorder of the sweat glands, characterized by offensive sweat.

It may be either general or local. The former is usually associated with some constitutional disease. Local bromhidrosis is commonly located in the feet, axillae, and genitals regions. The hands and feet are frequently cold, and present a bluish appearance, due to inactive circulation.

SIGNIFICANCE OF PERSPIRATION IN HOMOEOPATHY

ORGANON OF MEDICINE

Aphorism 89 : "... the physician is at liberty and obliged (if he feels he has not yet gained all the information he needs) to ask more precise, more special questions.

In footnote : When did the sweat come on-at the beginning or the end of the heat? Or how many hours after the heat? When asleep or when awake? How great was the sweat? Was it warm or cold? On what parts? How did it smell? What does he complain ..."

WHAT THE DOCTOR NEEDS TO KNOW IN ORDER TO MAKE A SUCCESSFUL PRESCRIPTION BY DR. J.T. KENT

Is it local or general over the body? Does any particular part or place sweat at any time? foul, greasy, pungent smell, sour? What is the color? What color does it stain the clothing? Is sweat weakening? How do you feel during and after sweat? Do you sweat easily? Where, on what part do you sweat most?

THE PRINCIPLES AND ART OF CURE BY HOMOEOPATHY BY HERBERT A. ROBERTS

CASE TAKING : If he perspire? Under what conditions? Freely or scanty? All over or only certain in certain parts? Is the perspiration offensive, exhausting, greasy, hot or cold? Is it better or worse during or after?

CHAPTER SUPPRESSION (PAGE 160,161)

Another source of suppression is the attempt to suppress the natural secretions of the body, like the perspiration in the armpits and the perspiration of the feet, by the use of medicinal powders. This forbids the elimination of waste matter through the natural channels and this waste must be taken up in other parts of the body and attempts made to eliminate them through these other channels. In this way much harm may be done and while the local suppressions may be entirely successful, the constitutional manifestations are inimical to health. Under the suppression of

secretions we often find the sudden suppressions of sweat by plunging in for a cooling swim after exertion or in hot weather. Here, too, we find the resulting action on the vital force, the disturbance taking on grave, or even dangerous, forms.

LOCAL APPLICATIONS

Along the same line is the promiscuous use of local applications, deodorants to suppress or the change the character of perspiration. This is exceedingly objectionable, because it leaves pent up in the system that which is poisonous and injurious to the health of the individual. This condition is not often observed by the doctor unless he by chance runs across it or is the alert for such suppressions.

NATURAL SUPPRESSIONS – The normal functioning of the body is suddenly checked or inhibited due to the influence of some external factors.

MIASMATIC ANALYSIS OF PERSPIRATION

PSORA

- Unnatural sweats, excessive sweat, sweat particularly on the forehead, hands and feet, face and scrotum; or complete want of sweat; or fetid sweat, etc.
- Patients are better by psoric attacks of all kinds, by copious perspiration. (amelioration by natural discharge)
- Easily frightened often by trivial things – fear often beings with trembling and shaking of body followed by great weakness and muscular prostrations and copious perspiration
- Vertigo with flashes of heat, and with perspiration, which often ameliorations.
- Scalp is dry, rarely perspiring.
- Sweat breaks out after eating; cannot keep awake after a meal.
- Psoric skin is generally dry, rough and unwashed with or without little pus and blood.
- Hands and feet dry, hot, often with burning sensations in palms and soles.

LATENT PSORA

- Perspiration in the morning in bed.
- Perspiration breaks out easily during the day time, even with little movement (or inability to bring out perspiration.
- Predisposition to catch cold either whole body or only in parts like head, throat, breast, abdomen, and feet (especially when these parts are inclined to perspiration) and many other, sometimes long continuing ailments arising there from. (In persons not afflicted with psora, though draughts and damp cold air may not be agreeable to them, they do not suffer any cold or evil after-effects therefrom.)
- Perspiration on the head in the evening after going to sleep.
- Usually cold hands with perspiration on the palms or burning in the palms.
- Cold, dry or foul smelling sweaty feet, burning of soles.

SYPHILIS

- All symptoms are aggravated at night and by perspiration.
- The scalp is moist in general. The scalp perspires and hair becomes wet (in tubercular children also.)
- The syphilitic or tubercular patients are driven out of bed by their diarrhea, sometimes this is accompanied with profuse warm or cold perspiration, which is very exhausting and debilitating.

SYCOSIS

- All sufferings are ameliorated by abnormal discharge (leucorrhoea) but aggravated by natural excretions like sweat.
- The perspirations in these patients have an extremely rank and unpleasant odour. Locally it is more noticeable about the axilla, thighs and external genitalia they are forever washing and scrubbing.
- Natural discharge (sweat) which is green greenish yellow in colour and fish brine odour.
- The sycotic scalp perspires but there are no moist matting eruptions of syphilis.

HOMOEOPATHIC MATERIA MEDICA

KEYNOTES AND CHARACTERISTICS WITH COMPARISONS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA WITH BOWEL NOSODES – H.C ALLEN

AMMONIUM MURIATICUM- Offensive sweat of the feet (Alum., Graph., Psor., Sanic., sil.).

BOVISTA- Sweat in axilla, smells like onions.

CALADIUM-Sweet sweat attracts flies.

CALCAREA OSTREARUM- Head sweats profusely while sleeping, wetting pillow far around (Sil., Sanicula.).

Profuse perspiration, mostly on back of head and neck or chest and upper part of the body (Sil.).

Sweat : of single parts; head, scalp wet, cold; nape of neck; chest, axillae, sexual organs; hands, knees; feet (Sep.)

CONIUM MACULATUM- Sweat day and night, as soon as one sleeps, or even when closing the eyes (Cinch.)

CUPRUM METALLICUM- Bad effects of suppressed foot sweat (Sil., Zinc.)

DULCAMARA- Perspiration being suppressed from cold. Dropsy after suppressed sweat.

HEPAR SULPHURIS- Sweats : profusely day and night without relief; perspiration sour, offensive; easily, on every mental exertion (Psor., Sep.).

IGNATIA- Sweat on the face on a small spot only while eating.

MAGNESIA MURIATICA- Great tendency of head to sweat (Cal., Sanic., Sil.).

MERCURIUS- Profuse perspiration attends nearly every complaint, but does not relieve; may even increase the suffering (profuse perspiration relieves, Nat. m., Psor., Ver.)

NUX MOSCHATA- Adapted to people with dry skin, who rarely perspire.

PETROLEUM- Tenderness of the feet, which are bathed in foul smelling sweat (Graph., Sani., Sil.). Sweat and moisture of external genitals, both sexes.

PHOSPHORUS- Perspiration has the odour of sulphur.

PSORINUM- Profuse perspiration after the acute disease, with relief of all sufferings (Calad., Sanic., Sil.).

RHEUM- Sweat on scalp, constant profuse; whether asleep or awake, quiet or in motion, the hair always wet; may or may not be sour (Calc., Sanic.)

SAMBUCUS- Profuse sweat over the entire body during waking hours; on going to sleep, dry heat returns. (Sweats as soon as he closes his eyes to sleep, Cinch., Con.).

SANICULA- Head and neck of children sweat profusely during the sleep; wets pillow far around (Calc.; Sil.).

SILICEA- much sweating about the head (lower than Calc.); which must be kept warm by external covering (Sani.)

Sweat of hands, toes, feet and axillae; offensive; intolerable, sour, carrion-like odour of the feet without perspiration, every evening.

STANNUM METALLICUM- Sweat : mouldy, musty, odours; after 4 A.M. every morning; on neck and forehead; very debilitating.

THUJA OCCIDENTALIS- sweat : only on uncovered parts; or all over except the head (reverse of Sil.); when he sleeps; stops when wakes (reverse of Samb.); profuse, sour smelling, foetid, at night.

Perspiration smelling like honey on the genitals.

VERATRUM ALBUM- Cold perspiration on the forehead (over entire body: Tabecum); with nearly all complaints.

ZINCUM METALLICUM- Feet sweaty and sore about toes, foetid; suppressed foot sweat; very nervous; during sweat cannot tolerate any covering.

LEADERS IN HOMOEOPATHIC THERAPEUTICS- BY E. B. NASH

CINCHONA OFFICINALIS- Pale, sallow face, sunken eyes with dark rings around, throbbing headaches, night sweats, and sweats easily on least motion or labor.

MERCURIUS- Sweats day and night without relief in many complaints.

CALCAREA OSTREARUM- Sweats general (night sweats and on exertion). Local; head (children), axillae, hands, feet, etc.

CLINICAL MATERIA MEDICA- BY E.A.FARRINGTON

BARYTA CARBONICA- Like Baryta, the Silicea patient suffers from damp weather. He also has offensive sweat and general emaciation with the exception of the abdomen. The difference between the two remedies lies principally in the mental symptoms. The Silicea child is obstinate and self willed, and, too, his head is disproportionately large.

Lactic acid has copious sweating of the feet, but is not offensive.

For the offensive foot sweat, compare Silicea, Thuja, Nitric acid, Kali carb, Graphites and Carbo veg.

BRYONIA ALBA- On the external head, we find Bryonia developing an oily perspiration with a sour odor. A similar symptom referred to the face is found under the Natrum mur.

CALCAREA OSTREARUM- The scalp sweats profusely, particularly during sleep. This is not usually a warm sweat, nor usually a warm sweat, nor is it a cold sweat; but it is cool from natural evaporation.

PSORINUM- like cinchona, is useful in some cases of night sweats. It is indicated when profuse sweats occur after acute illness, as typhoid fever etc. The patient is very despondent, hopeless of recovery; remains weak, with trembling of the hands and weak back and joints. Sulphur is very similar.

POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA & REPERTORY - BY WILLIAM BOERICEK

ABIES CANADENSIS- Wants to lie down all the time; skin cold and clammy, hands cold; very faint. Night-sweat.

ACETIC ACID-Skin- Burning, dry, hot, skin, or bathed in profuse sweat.

Fever- hectic, with drenching night-sweats. Red spot on left cheek. No thirst in fever. Ebullitions. Sweat profusely, cold.

ACONITUM NAPELLUS-Cold stage most marked. Cold sweat and icy cold-ness of face. Sweat drenching, on parts lain on; relieving all symptoms.

AESCULUS HIPPOCASTANUM- Fever- 7 to 12 p.m. evening fever, skin hot and dry. Sweat profuse and hot with the fever.

AETHUSA CYNAPIUM- Stomach- Vomiting, with sweat and great weakness, accompanied by anguish and distress, followed by sleepiness. Skin.- surface of body cold and covered with clammy sweat.

SIGNIFICANCE OF PERSPIRATION IN HOMOEOPATHY

Perspiration is one of the chapters in Homoeopathic literature. The symptoms concerning sweat are of the most important general symptoms that affect the whole person, compared to local symptoms. As such they are very central in selecting the correct Homoeopathic medicine. In addition to understanding the process of sweating in homoeopathy one must understand the symptoms that may occur due to suppression of the sweating process. As usual, Homoeopathy observation is specific to a specific person. Meaning there are people for whom suppression of sweat can cause a variety of symptoms, even very difficult ones, and many others for whom suppression of sweat is of little significance. Symptoms that may appear after suppression of sweat include worsening of the general physical condition, headaches,

and asthma as a result of oppressing sweating of feet.

CONCLUSION

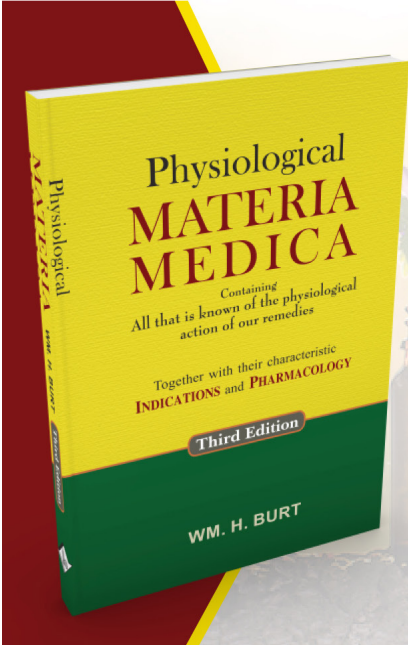
From the above discussion we can say that perspiration is one of the most important general symptoms in Homoeopathy. While case taking we are giving much emphasis on the generalities like Appetite, thirst, desire, aversion, perspiration, stool, urine etc. The article gives detailed information about different aspects of perspiration & its utility in Homoeopathy. And it will be fruitful in our day to day practice.

REFERENCES

1. ALLEN, H.C.: "Keynotes and characteristics with comparisons of some of the leading remedies of the Materia Medica", B. Jain publisher pvt. ltd., New Delhi, Reprint edition 2003.
2. Boericke William, Pocket Manual Of Homoeopathic Materia Medica, Reprint edition 2000, B. Jain Publishers, New Delhi
3. Chatterjee C.C, Human Physiology Vol 2 , Nov. Edn, Medical Allied Agency, 1997.
4. Clarke J. H.; The Prescriber, Reprint Edition: 2006, ibpp.
5. Dudgeon R.E. , Organon Of Medicine, 5TH And 6TH Edn, Indian Books And Periodicals, New Delhi, 2006.
6. Farrington E. A., Clinical Materia Medica, Fourth Edition, B. Jain Publishers.
7. Hutchison, Hutchison's Clinical methods, 21st edn.
8. Kent J.T. , Lectures On Homoeopathic Philosophy, B. Jain Publishers.
9. Kent J.T. , Repertory of the Homoeopathic materia medica, 1982, Economic Homoeo Pharmacy.
10. Kippex Jhon R., A Hand Book Of Diseases Of Skin And Their Homoeopathic Treatment; Fifth edition; Revised and enlarged; B. Jain Publishers Pvt. Ltd. New Delhi- 110055.
11. Roberts H. A; The principles and Art of Cure By Homoeopathy, Reprint edition, 2006; ibpp.
12. SPEIGHT P.; "A Comparison of the Chronic Miasms Psora, Pseudo Psora, Syphilis, Sycosis", Reprint edition, New Delhi, B. Jain Publishers Pvt. Ltd., 1998.

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BY W. BURT

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Psychosomatic Diseases and Homoeopathy

Dr. Khushboo Gupta, Dr. Sapna Nagwar, Dr. Itti Mishra

ABSTRACT

Psychosomatic disorders are referred to the Somatic diseases arising from mental disturbances, where “Soma” means body and “Psyche” means mind. Thus the diseases of the physical plane arising from mental or emotional disturbances are better known as “Psychosomatic Diseases”. Homoeopathy deals with such disorders in the most effective way. As in Homeopathy its diagnosis does not base merely on a few symptoms for the prescription but it practices thorough case taking and prescribing on the basis of the mental, emotional, and physical plane.

In this article, psychosomatic illnesses are highlighted along with the idea of homoeopathic philosophy, which states that when a person has a homoeopathic cure, the deeper components of his existence, such as his will and understanding or logical mind, are in balance. Physical health improves with a high level of resistance to illnesses of all sorts as a result of the change in the mental and moral areas. The change from constitutional anguish and weakness to homoeopathic health and comfort. In this way, the patient is restored to normal health and the cure is established in a holistic way.

Keywords: Aphorism, Homoeopathy, Mental, Psychosomatic diseases

INTRODUCTION

The Greek words “psyche” (meaning “mind”) and “soma” (meaning “body”) are the source of the phrase “psychosomatic”¹. A disease that affects both the body and the psyche is called a psychosomatic ailment. Mental and emotional variables might occasionally function as risk factors that may affect the onset and development of physical illnesses. It is a disease whose symptoms are brought on by the patient’s mental processes rather than direct physiological reasons¹. A disorder may be categorised as psychosomatic if a medical examination cannot identify a physical or organic cause or if it looks that an ailment is caused by emotional states like anxiety, anger, worry, melancholy, depression, or guilt.

Through the interaction of three connected factors—neural, hormonal, and immunologic—mental states have an impact on bodily organs. The motor neurons are controlled by the brain’s conscious will, yet the act may not be fully con-

scious and voluntary. In reaction to stress, the hypothalamic-pituitary-adrenal axis and sympathetic nervous system are stimulated, which further reduces immunological response. T-lymphocyte activity decreases when under stress. Corticosteroid activity may cause the immune system to be inhibited. Although the immune system protects the body from viruses, it is known that exposure to stress and excitement can weaken the immune system’s defences against foreign invaders. In 1964, George Freeman Solomon published “Emotions, Immunity, and Disease: A Speculative Theoretical Integration.”¹

According to the theory of Sigmund Freud, each disease appears in a person differently based on the range of emotions they feel, necessitating individualized treatment rather than the administration of a single disease-specific drug. Homoeopathy, which likewise believes in treating the individual as a whole and not just the symptoms, can play a significant role in treating psychosomatic disorders in this situation².

Grief is a normal, healthy emotion that plays a significant role in the human experience. Grief can be resolved by allowing the process to work, without trying to interfere in it. However, if you don't express your grief, you'll eventually develop psychosomatic illnesses. When emotions are deeply felt for extended periods of time, go unrecognized or unspoken, they become pathological.³

Therefore, Hahnemann deserves credit for developing psychosomatic medicine. Although Hippocrates and Galen spoke of the connection between the soul and the body before him, he is the first to have described the practical foundations of potential therapeutic measures to be taken in the resulting illnesses.⁴

In his comment to paragraph 17 of his Sixth Edition of the Organon⁵, Hahnemann demonstrates the impact and consequences of the mental on the physical, which states that: "The patient who is too much occupied by the superstitious fancies or a dream predicting death could be managed through their proper counseling and the health is restored by substituting these evil thoughts by good affirmations."

According to his observation in paragraph 215⁶, "Nearly all morbid states that are referred to as 'psychic' are in reality nothing more than somatic ailments in which the conflict between the intellectual and moral faculties, each in its own particular way and in a manner more or less rapid, have become predominant through their relation to the purely physical symptoms. As a result, they end up taking on the characteristics of a "defective" disease that appears to be a localized illness with a root in the sensitive and invisible organs of the mind.-the "psychosomatic illnesses" of contemporary writers.

He also says the following about alternating illnesses in his note in paragraph 232⁷: "The mental symptoms are included under the alternating symptom where these symptoms alternate with one another i.e. when one appears the other disappears such as when sorrow may be followed by gay, insanity or frenzy. The former state frequently leaves no discernible traces when the new one emerges.

Hahnemann, in 1810, in paragraph 213, states that

"it will never be feasible to achieve a cure in conformity with nature, that is, homoeopathically, if, in every particular case of disease, even acute, we do not simultaneously note the changes that have taken place in the psychic or mental condition of the patient⁸.

DIAGNOSIS OF PSYCHOSOMATIC DISEASES

The diagnosis of psychosomatic disease requires the presence of clearly defined signs and symptoms consistent with each diagnostic category. Reliance upon the total clinical examination, including an adequate history, review of systems, psychiatric assessment, and clinical judgment, is more valid than reliance upon any single laboratory or diagnostic test. Not only are these bodily disorders caused by a psychic factor, but the correlation between these symptoms (aggravation and recovery) is also very strong. To date in the conventional medical system, there is no clear test to differentiate organic and psychological diseases².

Hahnemann in 1810 made a clear distinction between them. In fact, he prescribed psychotherapeutic techniques. In section 224⁹, he makes the following recommendation: "If the mental ailment... be still somewhat unsure whether it actually started from a bodily affection or... result from defects of education, improper practices, corrupt morals, neglect of the mind, superstition, or ignorance. The method of deciding on this issue will be that, if it stems from...the latter causes, it will weaken and be strengthened by sane friendly exhortations, solace-seeking arguments, grave assertions, and sane advice. The melancholic would become even more dejected, querulous, inconsolable, and reserved, the spiteful maniac would become even more exasperated, and the chattering fool would become obviously more foolish, whereas a real moral or mental malady, depending on the bodily disease, would be speedily aggravated by such a course¹

SOME OF THE MOST COMMON PSYCHOSOMATIC DISORDERS INCLUDES

Irritable bowel syndrome, migraine, GERD, ulcerative colitis, bronchial asthma, cancers, skin diseases, and allergy diseases are a few of the most prevalent psychosomatic conditions².

To treat conditions like anxiety, sadness, impatience, insecurity, paranoia, etc., specific medications are used. These emotions are thought to be the causes of the aforementioned diseases, therefore controlling them can improve the patient's general health.

A FEW RUBRICS IN HOMOEOPATHY RELATED TO PSYCHOSOMATIC DISORDERS ARE GIVEN BELOW³

Mind – GRIEF, ailments from – heart, problems, with- aur, Dig, lach, Nat-m, phos (MURPHY REPERTORY)

Heart – ACHING, pain – grief, after- Nat-m

RESPIRATION – PHENOMENA – ASPHYXIA, death apparent – pain in heart, after, from fright or grief- lach

HEART & CIRCULATION – PHENOMENA – PAIN – sore, bruised – heart – grief, after - IGN.

FEMALE – PHENOMENA – CANCER – uterus – grief, after- aur-m-n (REPERTORIUM UNIVERSALE)

GENERALITIES – PHENOMENA – CANCEROUS affections – grief, after- con (REPERTORIUM UNIVERSALE)

GENERALITIES – CANCEROUS affections – grief, after- con (COMPLETE REPERTORY)

SKIN – ERUPTIONS – psoriasis – grief or suppressed emotions; after- STAPH

Nerves – MULTIPLE, sclerosis – grief, from - caust, con, nat-m, phos. (MURPHY'S REPERTORY)

Diseases – MULTIPLE, sclerosis – grief, from-caust con nat-m phos (MURPHY'S REPERTORY)

MANAGEMENT FOR PSYCHOSOMATIC DISEASES¹⁰

- At least eight hours of sleep should be obtained each night.
- Eat several small meals during the day to keep a steady supply of protein and carbohydrates for proper muscle function
- Drink plenty of water since it promotes

systemic cleansing and free flow.

- Maintain a healthy lifestyle
- Exercise regularly
- Have good stress management
- Make changes at work
- Pace yourself
- Take hot baths or showers to soothe soreness, increase circulation, and relieve stiffness
- Cut back on caffeine, alcohol, and sugar

FEW HOMOEOPATHIC REMEDIES FOR PSYCHOSOMATIC DISEASES

Cimicifuga Racemosa: These patients feel unhappy, confused and dream of forthcoming evil. They complain of nausea and vomiting from feeling pressure on the spine and cervical region.¹⁰

Ignatia Amara: This is the principal treatment for hysteria, especially in females. They are perceptive, sensitive, and quickly stimulated. They quickly experience a change in their physical and mental states in opposition to one another. Most of their bodily problems are a result of their sadness and anxiety.¹⁰

Aurum Metallicum: Illnesses brought on by sadness, shame, or a commercial failure. DESPERATION FOR LIFE AND DEPRESSION, AWARENESS ANXIETY, SUICIDAL IMPULSES, INCLUDING THE TEMPERAMENT TO JUMP. Suicidal due to pain. Has a death wish.³

Natrum Muriaticum: EMOTIONAL VULNERABILITY leading to INTROVERSION. Closed person – Intolerant of any form of grief, rejection, ridicule, or humiliation. At all costs, avoid getting wounded or hurting people. Depression, even suicide. Sad but cannot weep. Dwells on past disagreeable occurrences. AILMENTS FROM GRIEF.³

Staphysagria: Ailments from INDIGNATION, MORTIFICATION, ROMANTIC DISAPPOINTMENTS. Suppression of emotions, anger, grief.

History of abuse, incest. Is more susceptible to illnesses brought on by suppressing emotions. This includes embarrassment over losing a job, disappointed love, being treated unfairly, abuse, and bereavement. They are oversensitive to everything that they express their rage quite forcefully by smashing things and hitting people. PSORIASIS AFTER GRIEF, SUPPRESSED EMOTIONS. Hemiplegia after anger.³

Phosphoric Acid: EMOTIONS, a long string of negative emotions such as sadness, shock, unhappy love, homesickness, and unpleasant news. It has an impact on the mind, particularly on its emotional side. It also has an impact on sensory nerves. Ailments from grief. Silently suffers. EMOTIONAL PLANE WEAKNESS AND ENFEEBLEMENT, SUCCEEDING TO THE PHYSICAL AND MIND PLANES. 'Freeze down' feelings. Early-onset dementia or an APATHETIC, BURNED-OUT condition may be caused by this issue. Collapse following loss of fluid, illness, medicines, or bereavement FEELINGS OF WEAKNESS.³

CONCLUSION

In homoeopathy, we build our line of treatment on a phenomenon known as constitutional symptoms, where we place a high value on both the mental symptom and the defining physical symptom. As a result, every prescription given by a homoeopathic doctor will undoubtedly include a psychosomatic analysis component and then come up with a therapeutic strategy that is unique. Our mental health, balance, and regulation are crucial to our daily lives.

Dr. Hahnemann has simplified and made it easy to form the thread to treat mental diseases which is mentioned in his Organon of Medicine. According to conventional medicine, these are difficult diseases to get treated. But homoeopathy finds an easy way through Keen observation, introspection, perseverance, experiences of the homoeopathic stalwarts, and clinical verification of the

practitioners to manage such cases in a gentle way and bring harmony in the interior of the patient in order to treat him mentally, physically and morally. Homoeopathy will serve as the best mode to cure and manage these diseases.

REFERENCES

1. Ramakrishnan, Vivek & Samaran, Dr. (2020). Concept of psychosomatic disorders in homoeopathy: A review. International Journal of Homoeopathic Sciences. 4. 10.33545/26164485.2020.v4.i2c.161.
2. Lybrate.com. [cited 2023 Jul 30]. Available from: <https://www.lybrate.com/topic/psychosomatic-disorder-role-of-homeopathy-in-treating-it/1c7e939ab6d712753717e8e9926c8123>)
3. Me A. Emotional disturbance Psychosomatic diseases and Homoeopathy [Internet]. Homeopathy Resource by Homeobook.com. Homeobook; 2014 [cited 2023 Jul 30]. Available from: <https://www.homeobook.com/emotional-disturbance-psychosomatic-diseases-and-homeopathy/>
4. Homeopathy360.com. [cited 2023 Jul 30]. Available from: <https://www.homeopathy360.com/2017/08/23/homoeopathy-and-psychosomatic-disorders/>
5. Dudgeon R.E, The Organon of Medicine by Dr. Samuel Hahnemann. 6' edition, New Delhi, B Jain; 2002. p37
6. Dudgeon R.E, The Organon of Medicine by Dr. Samuel Hahnemann. 6' edition, New Delhi, B Jain; 2002. p113
7. Dudgeon R.E, The Organon of Medicine by Dr. Samuel Hahnemann. 6' edition, New Delhi, B Jain; 2002. p117
8. Dudgeon R.E, The Organon of Medicine by Dr. Samuel Hahnemann. 6' edition, New Delhi, B Jain; 2002. p112
9. Dudgeon R.E, The Organon of Medicine by Dr. Samuel Hahnemann. 6' edition, New Delhi, B Jain; 2002. p115
10. Seyedaghanoor S (2013) Effective Homeopathic Cure of Patient with Somatoform Disorder. J Homeop Ayurv Med 2:120. doi: 10.4172/2167-1206.1000120

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Migraine and It's Homoeopathic Approach- An Overall Review

Dr Patranu Parui, Dr Neelavna Dey

ABSTRACT

Migraine is a very common neurobiological headache disorder. It affects daily activities of a large number of people. Migraine is an episodic headache associated with nausea, vomiting and other neurological symptoms. According to American Migraine Study (AMS-II), there is nearly one in four households having at least one migraine sufferer. Treatment of migraine by modern medicine practitioners causes severe adverse effects, whereas Homoeopathy has been used in migraine for centuries without any significant side effects. The aim of this article is to present a general idea about migraine and explore the scope of homoeopathy for the treatment of migraine.

Keywords: Psychosomatic disorders; Headache; Migraine; Homoeopathic Treatment; Miasm; Homoeopathic Medicines.

Abbreviation: WHO- World Health Organization, DSM- Diagnostic and Statistical Manual of Mental Disorders, IHS- International Headache Society, CSD- Cortical Spreading Depression,

INTRODUCTION

In 1818, German psychiatrist Heinroth was the first to use the term "Psychosomatic". Psychosomatic disorders are defined as disorders characterized by physiological changes that originate, at least in part, from emotional factors. DSM-II 1968 defined psychosomatic disorders as "psychosomatic symptoms that are caused by emotional factors and involve a single organ system usually under autonomic nervous system innervations."¹ However, in DSM-V we find 'somatic symptom and related disorders'.² Few most common psychosomatic disorders are fatigue, insomnia, aches and pains, essential hypertension, indigestion, peptic ulcer disease, headaches and migraine. Homoeopathy is a holistic mode of treatment and it has been used effectively in psychosomatic disorders for centuries. This article will focus on migraine, its pathophysiology and as a homoeopath, how we will approach a case of migraine.

The word 'Migraine' is derived from the Greek

word 'Hemicranias'.³ Migraine is the second most common cause of headache, and the most common headache-related, a neurologic cause of disability in the world, affecting almost 15% of female and 6% of male over a period of 1 year. It is usually an episodic headache associated with certain features like nausea, vomiting, sensitivity to light, sound or movement.⁴

WHO ranks migraine among the world's one of the most disabling medical illnesses.³ In many cases the pain of migraine is so severe that it leads to disruption of school, work and social activities. Evidence shows that migraineurs experience a lower quality of life.⁵

Epidemiology

Migraine is one of the most prevalent and disabling psychosomatic illnesses in the world. WHO ranks migraine as the third most prevalent medical condition and second most disabling neurological disorder in the world.⁶ The current

estimate of global migraine prevalence is 14% to 15%. In India, females after puberty are more commonly affected than males.³ In case of children migraine occurs among 3% to 7% according to the criteria of the International Headache Society (IHS).⁷ Females are more commonly affected than males and the incidence is higher in second and fourth decade of life.

Pathophysiology

Migraine is a group of familial disorders with a genetic component and an autosomal dominant disorder. The gene of chromosome 19p3 is affected here.³ The pathophysiology of migraine is not fully understood. However, the roles of atypical pain processing, central sensitization, cortical hyperexcitability and neurogenic inflammation have been studied.⁸ A migraine has main three phases: **i.** Premonitory (prodrome), **ii.** Headache phase, **iii.** Postdrome.⁴

Premonitory

It is the earliest stage of a migraine attack. This type of attack is spontaneous attacks. In this phase posterior and lateral regions of hypothalamus and adjacent midbrain ventral tegmentum is activated.⁶

Aura

This phase is associated with the initial hyperaemic phase followed by reduced cortical blood flow. Studies support the hypothesis that cortical spreading depression (CSD) produces the aura.³ CSD is thought to be the underlying physiological cause of the aura phase of migraine and it's a severe depolarisation of glial and neuronal cell membranes results in disruption of ionic gradients, extracellular potassium concentration increases, glutamate release and transient increase followed by a decrease in cerebral blood flow.⁶

Headache

The headache phase is due to activation of trigeminal sensory pathways that innervates pain sensitive intracranial structures. These structures are supplied by a plexus of largely unmyelinated fibres that project from the ophthalmic division of trigeminal nerve and upper cervical spinal roots.⁶

Triggering factors

- Hormonal changes in women: fluctuation of oestrogen,
- Foods like cheese, chocolates, dairy products, red wine, pickles, citrus fruits etc,
- Drinks like Alcohol, wine with high caffeinated beverages,
- Stress, Sensory Stimuli like bright light, loud sound, strong smelling perfumes etc,
- Lack of sleep.⁵

Clinical Features

The International Headache Society defines migraine as intermittent attacks of headache combined with autonomic disturbance.⁹ Migraine is a benign and recurring symptom of headache associated with other symptoms of neurologic dysfunction. The character of pain is often throbbing and unilateral. However, migraine is a triad of paroxysmal headache, nausea, vomiting and an 'aura' of neurological events, usually visual. Triad of these symptoms without aura is common migraine and with aura is classical migraine.¹⁰ Migraine with aura usually lasts for 4 to 72 hrs and associated with nausea, vomiting, sensitivity to light, sound, movement.¹¹ 60% of attacks are usually one sided, pulsating and aggravated by movement. At least 5 such attacks are required to diagnose migraine.⁹ It often begins with premonitory symptoms hours or days before the onset of headache. Some common premonitory symptoms are fatigue, impaired concentration, neck stiffness etc.⁶

Diagnosis

Diagnosis of migraine is based on the character of headache and associated symptoms.³ Diagnosis is purely clinical. The International Headache Society developed diagnostic criteria to help with the diagnosis.⁵

Diagnostic criteria for migraine according to the International Headache Society⁷

0. At least 5 attacks fulfilling criteria B-D

- A. Headache lasting 4-72 hours (untreated or unsuccessfully treated)
- B. Headache has at least 2 of the following characteristics:
- Unilateral localisation
 - Pulsating quality
 - Moderate or severe pain intensity
 - Aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs).
- D. During headache at least 1 of the following occurs:
- Nausea and/or vomiting
 - Photophobia and phonophobia
- E. Not better accounted for by another ICHD-3 diagnosis.

Treatment

Dietary approach:

There are few foods which trigger the pain of migraine. Among these mainly *tyramine-containing* foods should be avoided.¹² Foods which contain tyramine are Cheese, Beer, Wine, chocolate, Beef, Spinach, Oranges, etc.

Lifestyle Modification:

Lifestyle modification can significantly reduce the pain frequency, severity of migraine. Some of these types of modification are:

- Proper sleep and diet.
- Avoid foods which trigger or aggravate the pain.
- Regular exercise.
- Yoga or Meditation.⁵

Homoeopathic approach:

Homoeopathy does not treat the name of the disease, but the patient as a whole. It is the patient who is sick to us, not his head or eye or other parts of the body. Homeopathic treatment is solely based on individualisation. To individualise a patient, we must consider the whole symptomatology of the patient, his constitution, miasmatic

background etc., and then only we can form the totality of symptoms of the patient.

Miasmatic Approach:

Miasmatic analysis is one of the most important things homoeopaths have to consider while treating a patient of any chronic disease. Without considering the miasm we can only get the surface totality of the patient, not the whole portrait of the disease.

Paroxysmal headaches which increase as the Sun rises and ameliorate when sun goes down is psoric. Psoric headaches generally affect the frontal, temporal and parietal region and are associated with red face, throbbing and > by rest, quiet, sleep and hot application.^{13,14}

In case of Syphilitic patients, we find dull, heavy, persistent headaches in the base of the brain or one sided, which <at night. Headache persists all night, gets better in the morning and attacks reappear again at night. Syphilitic headaches < from riding, mental or physical exertion, heat and > by motion and cold application.^{13,14}

Sycotic headache affects vertex region generally. Headache which < from lying down and after midnight are sycotic origin.^{13,14}

Headache occurring in Sunday or rest days are usually combination of psora and Syphilis miasm.^{13,14} Headache > by nose bleed has tubercular miasm in background.¹⁴

For further miasmatic analysis, we have to consider the past and family history of the patient as well as their mental and physical generals.

Repertorial Approach:

From 'Repertory of the Homoeopathic Materia Medica' by Dr. J. T. Kent¹⁵

In this repertory we cannot find direct rubric for migraine. Instead, we find a few sub rubrics under the rubric 'pain' in chapter 'Head' which can be useful in migraine. Those are-

- Pain, ascending steps, on
- Pain, blinding

- Pain, gastric
- Pain, intoxication, after
- Pain, jar, from any
- Pain, light in general, from
- Pain, mental exertion, from
- Pain, motion, from
- Pain, noise, from
- Pain, paroxysmal pains
- Pain, sleep, loss of, from
- Pain, spirituous liquors, from etc.

From Boericke's Repertory¹⁶

In this repertory in chapter 'Head', we find rubric 'Headache, Type, Migraine'. Apart from this rubric, few rubrics will also be useful-

- Headache, cause, mental exertion or nervous exhaustion
- Headache, cause, sleep, loss
- Headache, location, semi lateral (hemicrania) etc.

From 'Synthesis Repertory'¹⁷

- In this repertory under rubric 'Migraine' from chapter 'Head' we do not find any symptoms. This rubric is cross referred to rubric 'Pain' from the same chapter.
- In rubric 'Pain' under chapter 'Head' we can find several sub rubrics which can be useful in migraine. Those would be-
 - Pain, accompanied by, nausea
 - Pain, accompanied by, vomiting
 - Pain, bursting Pain
 - Pain, emotions
 - Pain, gastric
 - Pain, mental exertion
 - Pain, motion, agg
 - Pain, noise, agg

- Pain, periodical
- Pain, pulsating Pain
- Pain, sleep, loss of from
- Pain, walking, agg
- Pain, side, one side (hemicrania) etc.
- In chapter 'Eye' we can find a few rubrics which can be useful.
 - Pain, headache, during
 - Photophobia, headache, before
 - Photophobia, headache, during etc.

Some common medicines for migraine:

There are a large number of homoeopathic medicines available for the treatment of migraine. Some well proved polychrest like *Belladonna*, *Bryonia alba*, *Calcarea Phosphoricum*, *Glonoina*, *Nux Vomica*, *Pulsatilla nigricans*, *Kali Bichromicum*.¹² Some lesser-known medicines like *Scutellaria laterifolia*, *Damiana*, *Chionanthus virginica*, *Tongo-dipterix odorata*, *Iris Versicolor*, *Cyclamen europaeum*, *Verbascum thapsus*, *Oleum Animale.*, *Ptelea trifoliata*, *Onosmodium*, *Epiphegus virginiana*, *Lithium Carbonicum* are used to treat the pain of migraine.¹⁸

Discussion

Migraine is the second most common cause of headache, and the most common headache-related, a neurologic cause of disability in the world.⁴ WHO ranks migraine as the third most prevalent medical condition and second most disabling neurological disorder in the world.⁶

In modern medicine migraine is treated by analgesics which relieves the pain, but a large number of adverse events of those medicines like drowsiness, vomiting, diarrhoea, visual discomfort, cramps, weight gain, somnolence, etc affects the quality of life of those patients.¹⁹ There is evidence that in case of children the adverse reactions are same as adults even if the dose of medicines are different.⁷

Homoeopathic medicines have been used successfully in treatment of migraine for over 150

years. Homoeopathy has a huge scope in treating the pain of migraine. Selection of Homoeopathic medicines solely based on individuality. After taking a case carefully we should repertorize, consider the miasmatic background of that particular case, consult with materia medica and with the help of these we can reach a similimum. Unlike modern medicine the individualised homoeopathic medicines can significantly reduce the frequency, intensity, duration of migraine attacks without producing any adverse events.

CONCLUSION

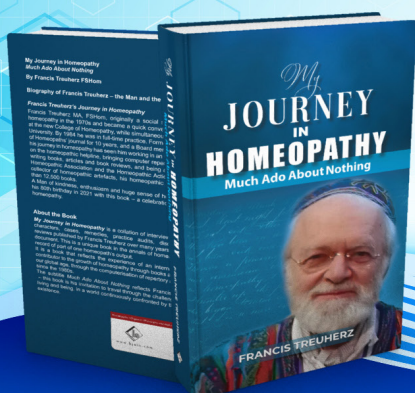
Homoeopathy is a holistic system of medicine based on *Similia Similibus Curantur*. It has been used successfully in pain management of migraine for a long time, but there are only few articles or studies on well proved polychrest homoeopathic medicines and rare medicines are published on migraine.^{18,12} Although many claim that they treated successfully the pain of migraine by individualised homoeopathic medicines, but there is no evidence. So, it becomes necessary to do a large number of researches on individualised homoeopathic medicines and migraine and publish the result of the study.

REFERENCE

1. Nisar H, Srivastava R. Fundamental concept of psychosomatic disorders: a review. *International Journal of Contemporary Medicine Surgery and Radiology*. 2018;3(1):12-8.
2. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, American Psychiatric Association, 2013.
3. Silberstein, S D. Migraine. *The Lancet*. 2004; 363: 381-91
4. Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson L, Harrison's Principles of Internal Medicine. 21st edition. New York, NY, McGraw- Hill Medical. 2022
5. Sarkar D S, Sardar D A. Role of homoeopathy in migraine: A review. *Int J Homoeopathic Sci [Internet]*. 2021;5(1):415-8. Available from: <http://dx.doi.org/10.33545/26164485.2021.v5.i1g.345>
6. Dodick D W. Migraine. *The Lancet*. 2018; 391: 1315-30
7. Evers S. Drug treatment of migraine in children: A comparative review. *Paediatr Drugs [Internet]*. 1999;1(1):7-18. Available from: <http://dx.doi.org/10.2165/00128072-199901010-00002>
8. Schwedt TJ. Chronic migraine. *BMJ [Internet]*. 2014;348(mar24 5):g1416. Available from: <http://dx.doi.org/10.1136/bmj.g1416>
9. Diener HC, Kaube H, Limmroth V. A practical guide to the management and prevention of migraine. *Drugs [Internet]*. 1998;56(5):811-24. Available from: <http://dx.doi.org/10.2165/00003495-199856050-00006>
10. Mohanty M, Sahoo A R, Choudhury S, Jena S K. Homoeopathy in the treatment of Migraine: A Randomized Placebo-controlled clinical trial. *International Journal of Homoeopathic Sciences*. 2020; 4(3): 104-108
11. Goadsby P J, Lipton R B, Ferrari M D. Migraine- current understanding and treatment. *N Engl J Med*. 2002; 346(4): 257-70
12. Lewith GT. Migraine: the complementary approaches considered. *Complement Ther Med [Internet]*. 1996;4(1):26-30. Available from: [http://dx.doi.org/10.1016/s0965-2299\(96\)80052-5](http://dx.doi.org/10.1016/s0965-2299(96)80052-5)
13. Roberts, H A *The Principles and Art of Cure by Homoeopathy*. Third Edition: New Delhi, 110055 (INDIA): B JAIN PUBLISHERS (P) LTD; 2005
14. Allen J H, *The Chronic Miasms, Vol-II*, New Delhi- 110005, INDIA, B. JAIN PUBLISHERS (P) LTD


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My
JOURNEY IN HOMEOPATHY
Much Ado About Nothing

An experience of an internationally recognised contributor to the growth of homeopathy since the 1980s. A Selection and Compilation of the thoughts, practices, prescriptions, philosophy, materia medica, debates, lectures, articles, book reviews and humour. This book is his invitation to travel through the challenges of homeopathic living and being.



Prevailing “Maintaining Causes” - The Biggest and Probably Unavoidable Obstacle in Recovery

Dr. Mansi Aggarwal

ABSTRACT

In routine practice, we often encounter that the seemingly indicated remedy does not give desired response, the reason behind has been previously also explained by Dr. Hahnemann as ‘Cause Occasionalis’ (Aph 7) and the phenomenon Dr. H.A. Robert as ‘deflected current’. This article will try to introduce prevailing forms of causa occasionalis that should be investigated & removed in order to welcome cure uninterruptedly.

Keywords: Causa occasionalis, pseudochronic diseases, cure and recovery, lifestyle disorders, lifestyle medicine, obstacle to recovery.

INTRODUCTION

In the sake of modernization, we as a human are lacking behind in terms of health. Where there are advanced medical facilities, there are “advanced disease causing factors” too, that causes hindrance in cure and recovery of an individual & obstructs expected flow of homoeopathic medicine. Lifestyle related diseases form a major contributor of disease burden all over the world, that includes the majority of factors that lead to multisystem disorders.

Epidemiology

70% of total global deaths due to chronic diseases is estimated to increase by year 2050. The combination of four major lifestyle changes are required. Maintaining optimum weight, regular physical activity, having healthy diet and not smoking are associated with approximately 80% of decrease in most deadly chronic diseases, including stroke, heart diseases, COPD, metabolic syndrome, some types of cancer, etc.^[1]

Cure & Recovery :-

“Natural recoveries following treatment consisting of

mere palliation of the symptoms should not be mistaken for cures nor falsely paraded as such.”^[2]

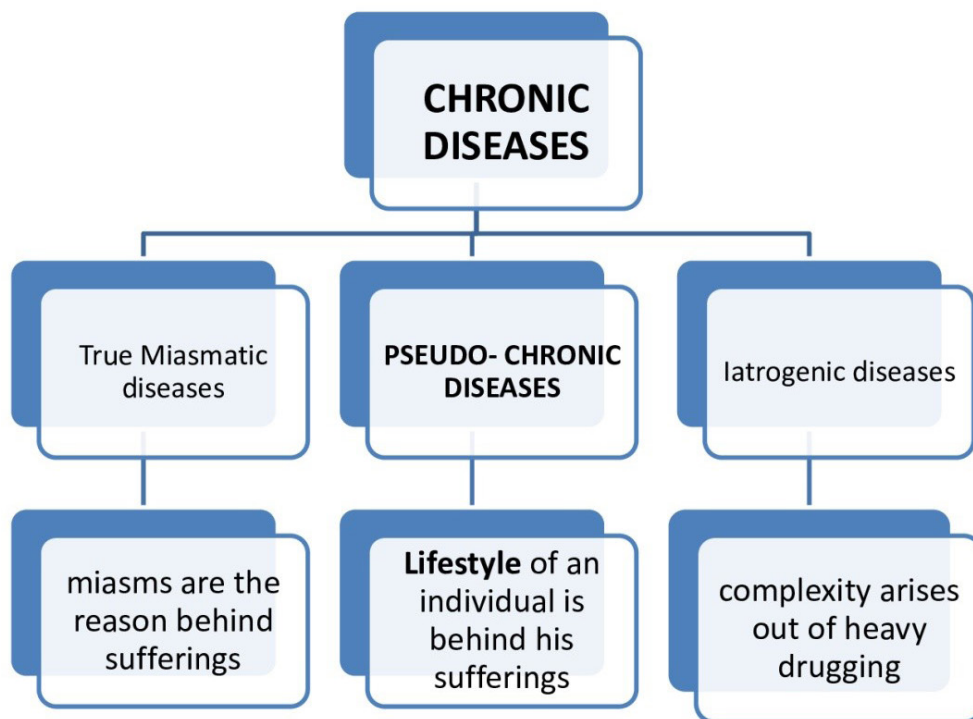
In simple language, ‘cure’ is said to be attained when the disease condition does not relapse back after being off medication. Whereas, ‘recovery’ is something like palliating one’s suffering to provide prompt comfort to an individual, & may show recurrence in future.

In Homoeopathy, ‘cure’ is the “only” mission and dream to achieve for every physician. But unfortunately, today even after skillful medicine selection, cure lags behind and only recovery takes place, especially in cases of chronic diseases.

The reason for this has been attributed as “Obstacle to Recovery” by Dr. H.A. Robert. As the speed breaker decreases the speed of the vehicle, likewise the obstacles can break the speed of recovery of an individual. According to him, obstacles can arise from either side- from a patient, or physician, or medicine.

Pseudo Chronic diseases :-

Dr. Hahnemann described majorly three types of chronic diseases in Aph 74-78.^[3]



According to Dr. Hahnemann, the faulty lifestyle of an individual causes seemingly chronic diseases, but correction of the same often cures the totality of symptoms.

Today's disease pattern has evolved a lot. An individual suffers not only from miasmatic causes but also from STRESS in form of emotional overload, physical stress, toxins present in food and environment, lack of sleep and mixture of all.

How maintaining causes hinders Cure:-

Dr. Hahnemann termed maintaining causes as "Causa occasionalis" and proposed to investigate for presence of maintaining causes before beginning treatment for chronic diseases, as they cause hindrance in cure of an individual or result in development of pseudo chronic diseases.

Let's consider an example, a patient comes to you for complaints of fibromyalgia and during interrogation you find imbalance in the sleep cycle. Here even a strongly indicated similimum cannot "CURE" his suffering until and unless maintain cause, i.e., lack of sleep is overcome, and only recovery is attainable.

Similarly, there are 'n' numbers of examples that

verifies that presence of *causa occasionalis* acts "as a dam that lessens the flow of river" in common practice.

Understanding Lifestyle Disorders:-

If we go to the dictionary for the meaning of lifestyle, results come out as – 'way of living', 'habit', 'behavior' 'custom', 'life situations', 'manner of living', 'set of circumstances', etc.

Lifestyle medicine is itself a different and emerging science of healing that targets "*though avoidable, yet in-separable causes of diseases*". Lifestyle related illnesses acquire major areas of a global burden of disease and healthcare. It has been estimated that 90% of heart attacks can be prevented by just correcting the lifestyle.

"SEEMS EASY ??? BUT ACTUALLY IS NOT !!!"

Our health is dependent on what we eat, level of activity, duration of quality sleep, stress parameters, occupation, sociability, addictions and medications. There is a major transition from ancient and modern lifestyle that resulted in childhood diabetes, heart failure in twenties of age, low immune threshold, early arthritis, etc.

There are only about 10 in 1000 individuals who

fulfill all their health requirements.

Dealing with obstacle in recovery:-

Beside providing primary therapeutic aid, it is the duty of every physician "to remove the cause of disease" as well, in order to welcome "Cure". Dealing with the cause of disease is equally important as searching for PQRS totality. Before these causes of disease, ie., factors contributing to pseudo chronic illness become an obstacle or hindrance in flow of similimum, physicians need to correct them.

Extra time is demanded to :-

- Get a detailed understanding of an individual's underlying risks and habits, occupation, including addictions, if any.
- Note down individual's eating, exercise, resting schedule and sociability etiquettes.
- Draw out "Full Picture of Health Risks" individually.

Lifestyle medicine :-

Lifestyle medicine is a new emerging branch of medical science, that deals with correcting patient's dis-ease state through interventions targeting his –

- Eating habits, to draw out his/ her nutritional behavior
- Physical activeness
- Sleep and stress management
- Social involvement
- Abstinence from addiction(this includes not only alcohol or tobacco, but also gadgets overuse – there are lot many eye and skin diseases incidences in teenage children who are involved in surfing in mobile for internet or digital games)

Hence, Lifestyle related disorders are where pathophysiology of an individual significantly influenced by Lifestyle factors and a change in

these etiological factors can significantly improve and prevent any dis-ease condition.

First sign of such an unadapted Lifestyle is "**Increasing body weight**", due to '*hypercaloric diet and physical inactivity*'.

It is the foundation for a complete, gentle, permanent, value-based 'CURE' introducing system, addressing overall Health of a person. ^[4]

Evidence from Stalwarts writings supporting Lifestyle Medicine :-

The Father of Homoeopathy wrote in his Aph 4 –

"He is like a preserver of the health, if he knows the thing that deranges health, and to remove them from the person in health."

Here, it is clearly evident that Dr. Hahnemann is focused on first removing the maintaining cause of a disease that is responsible for a varied number of external manifestations manifested by an individual than giving therapeutic aid, where required. Also he guides the physicians to provide all possible aids in removing the cause from a person in health.

" The health of General physicians is important because they serve as "**Health role models**". One of the Strongest predictors of health promotion counseling by primary care physicians is practicing a healthful behavior himself. "

Numerous evidences are scattered in our literature from stalwarts, some of them are quoted here-

- Dr. S. Close says in his 'The Genius of Homoeopathy' -
- "...requirement for performance of an ideal cure, therefore, is a complete and impartial collection and record of the facts which constitute the natural and medical history of individuals...his occupation, habits, social and domestic relations...as far as they can be recalled." ^[2]
- Dr. H.A. Robert in his 'The principles and Art of Cure by Homoeopathy' says-
- "It is fortunate that the similimum often can take the additional tension from the patient,

or may lift off one series of symptoms; but so long as these [in context of unhappy domestic condition] strains persist under the surface, one cannot expect cure... This has to be met not only with the Homoeopathic remedy but with economic equilibrium and a well thought out diet [in context of malnutrition] if the patient is to be cured.” [5]

- Dr. Hahnemann pointed need of considering diet, habits and life circumstances at various places-
 - “...if the improvement delays too long in making its appearance, this depends either on some error of conduct on the part of the patient or on other interfering circumstances.”
 - “...the restoration goes forward, notwithstanding, to the goal of perfect recovery, if it be not prevented by the heterogeneous medicinal influences upon the patients, by errors of regimen or by excitement of the passions.” [3]
- Dr. J.T. Kent in his ‘Lectures on Homoeopathic Philosophy’ explains as-
- “All these circumstances ought to be examined to discover if there is anything that could give birth to and keep up the disease, so that by its removal the cure may be facilitated.” [6]

dedicated their whole life in enhancing the medical science to not let any person go in vain, and also from experiences that Homoeopathy together with Lifestyle medicinal intervention can bring desired CURE in a holistic manner. It has become a need of an hour to give priority to bring equilibrium in lifestyle of an individual so that action of similimum is allowed to flow without any hindrance, or encountering “amelioration achieved to a point then case become standstill.”

REFERENCES

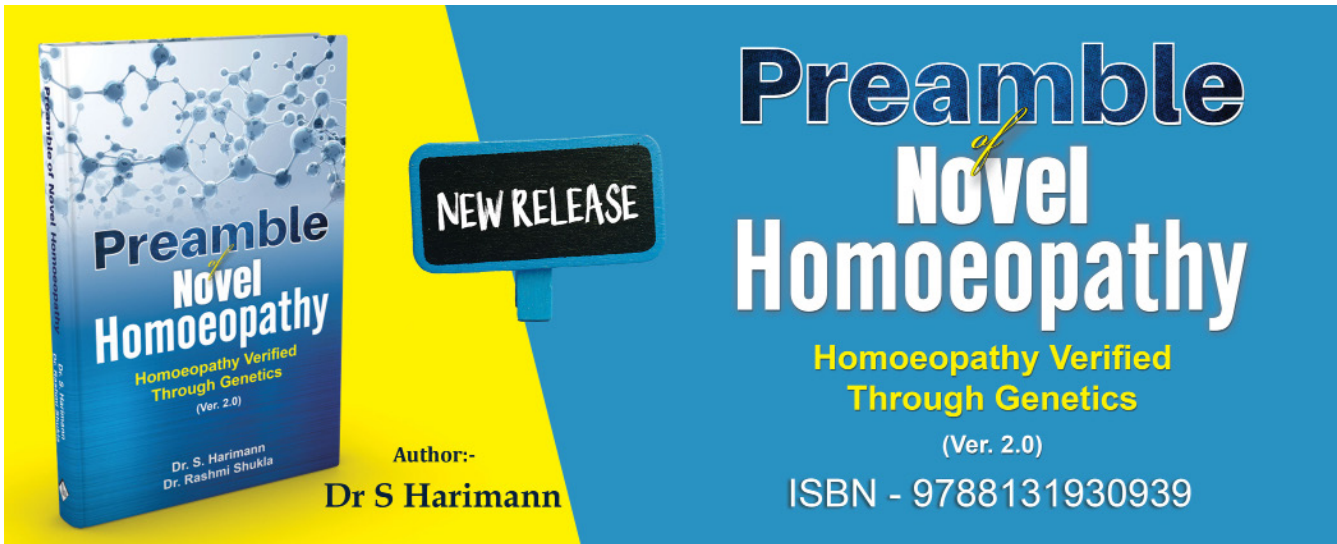
1. UN Chronicle, Lifestyle Diseases : An economic burden on the Health services, available from- <https://www.un.org/en/chronicle/article/lifestyle-diseases-economic-burden-health-services>
2. Close Stuart, The Genius of Homoeopathy, Low price edition, published by Bjain, India 2016, page number (125, 131)
3. Hahnemann Samuel, Organon of Medicine, 5th & 6th Edition combines, 32nd impression, published by Bjain, India, 2015, page number (118-122, 169, 227)
4. American College of Lifestyle Medicine, homepage, ‘What is Lifestyle Medicine’, available from- <https://lifestylemedicine.org/>
5. Roberts H.A., The Principles and Art of Cure by Homoeopathy, low price edition, published by Bjain, India, 2016, page number 271.
6. Kent J.T., Lectures on Homoeopathic Philosophy, Low price edition, published by Bjain, India, 2016, page number 168

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DISCUSSION & CONCLUSION

It is, therefore, concluded from evidence scattered in vast writings of great stalwarts in history who



Preamble
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Basis Of Prescription In Homoeopathy: Different Approaches

Dr Chaturbhuja Nayak, Dr. James Michael



Dr Chaturbhuja Nayak is well known as a distinguished scholar in the field of research, education, administration, and publications. Whether in job or outside, he has been inspiring homoeopathic professionals to promote quality of teaching and research in Homoeopathy as well as publications in scientific journals. Some important features of his career are given below.

Current positions: Chairman, Special Committee on Fundamental Research,

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Member of Governing Body, CCRH, Member, Drug Technical Advisory Board on Homoeopathy, Govt. of India Chairman, Scientific Advisory Committee, Regional Research Institute (Homoeopathy), Puri, Odisha

Career highlights: 42 years of professional experience, including 24 years in research and 22 years in administrative roles, Former Honorary Physician to the Honorable Governor of Odisha, Former Director General, Central Council for Research in Homoeopathy, Former President, Homoeopathy University, Jaipur, Rajasthan, Chairman, Homoeopathic Pharmacopoeia

Committee, Government of India

Publications: Authored 2 books, compiled 1, and contributed to 51 books, in different capacities.

Published around 90 articles in peer-reviewed medical journals and over 200 articles in other journals/magazines etc.

Presentations: 9 international seminars, Over 100 national seminars, workshops, and CME programs

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Lifetime Achievement Award' from the Govt. of Odisha, All India Institute of Medical Sciences, Delhi, and Dr. Sarkar Allen, Mahatma Hahnemann & Swamiji Trust, Kolkata

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Homeopathy practitioners worldwide (by Expertscape)

ABSTRACT

The basis of prescription in Homoeopathy should be in accordance with classical homoeopathy. Still then, over a period, it has been extended to other areas, following teachings of some stalwarts of Homoeopathy. In modern times, the practitioners of Homoeopathy are adopting different methods for remedy selection, being inspired by the success stories of the senior practitioners, in their respective ways. This article focuses on these methods of prescription, in the practice of Homoeopathy.

Keywords: Prescription basis, Symptoms totality, PQRS, Keynotes, Miasms, Causation, Organ specific, Pathological, Isopathy, Tautopathy.

INTRODUCTION

The basis of prescription in Homoeopathy is multifaceted, encompassing a wide range of principles and methodologies. A thorough understanding of the basis of prescription is of paramount importance for several reasons. Firstly, it provides a comprehensive idea about a patient's health condition, considering not just the physical symptoms but also the mental and emotional state of the patient. Such a holistic approach ensures that the treatment is tailored to the needs of the individual patient, thereby increasing the likelihood of a successful outcome.

Secondly, the study of the basis of prescription is crucial for practitioners of Homoeopathy. It equips them with the knowledge and skills necessary to prescribe the most suitable remedies.

This, in turn, enhances the effectiveness of their practice and contributes to better patient care and favourable outcomes.

Thirdly, the study of the basis of prescription in Homoeopathy can contribute to the broader field of medicine. It can provide valuable insights into the principles and practices of holistic health care, which can be incorporated into other forms of medicine to ensure better patient care.

This article provides an overview of these methodologies, highlighting their significance in the practice of Homoeopathy.

Totality of symptoms

The foundation of homoeopathic prescription is the concept of the "Totality of Symptoms." As per this concept, the complete set of symptoms

experienced by a patient, including physical, mental, and emotional changes, forms the basis for prescribing a remedy. As stated in Aphorisms 6 and 7 of Hahnemann's "Organon of Medicine," the totality of symptoms represents the disease in its entirety and guides the selection of the most suitable remedy for the patient. Such 'totality of symptoms' serves as the only guide to disease treatment, and its removal signifies the elimination of the disease itself. This approach is consistent with the holistic nature of Homoeopathy, which considers the patient's entire state of health while selecting a remedy.

PQRS symptoms

PQRS, an acronym for Peculiar, Queer, Rare, and Strange, refers to unique symptoms that help individualize a case in Homoeopathy. These symptoms, which are separate from the common disease symptoms, play a crucial role in remedy selection, guiding the homoeopathic practitioner towards a remedy that closely matches the patient's symptomatology. The concept of PQRS symptoms is deeply rooted in the teachings of Dr. Samuel Hahnemann who emphasized the importance of individualizing each case based on the totality of symptoms, including those that are peculiar or unique to the patient. As mentioned in Aphorism 153 of Organon of Medicine, "The more striking, singular, uncommon and peculiar signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure." This approach ensures that the selected remedy is tailored to the individual needs of the patient, thereby increasing the possibility of a successful outcome.

Keynote symptoms

'Keynotes' are the most characteristic symptoms of a remedy, often used for a quick reference during remedy selection. These symptoms, which are typically unique and peculiar to a particular remedy, help homoeopaths differentiate between remedies with similar symptom profiles. The art of matching a patient's symptoms with the keynotes of a remedy is a crucial component of

homoeopathy consultation. By focusing on these distinctive symptoms, homoeopaths can select a remedy that is most likely to stimulate the body's healing process to achieve cure. This method was advocated by Dr. H.N. Guernsey, Dr. H.C. Allen, Dr. Cowperthwaite, Dr. Hawkes etc.

Miasmatic concept

The 'miasmatic theory' in Homoeopathy is a fundamental concept, introduced by Dr. Samuel Hahnemann, according to which miasms are the root causes of diseases. Dr. Hahnemann identified three primary miasms - Psora (the itch miasm), Sycosis (the gonorrhoeal miasm), and Syphilis (the venereal miasm). He proposed that these miasms are responsible for all forms of diseases and understanding them is crucial for successful homoeopathic treatment. According to him, miasms are dynamic influences that affect the vital force of individuals, leading to various diseases. Anti-miasmatic treatment is essential in Homoeopathy as it aims at the root cause of the disease, thereby providing long-lasting cure.

Dr. J. H. Allen and Dr. Phyllis Speight highlighted the therapeutic importance of chronic miasmatic theory. They argued that to cure, it is essential to consider miasms as they are the basic cause of chronic diseases. The concept of miasms remains a cornerstone of homoeopathic philosophy and practice. Understanding miasms allows homoeopaths to treat patients more effectively by addressing the underlying causes of their diseases, rather than just alleviating their external symptoms.

Causation/Ailments from

In Homoeopathy, the concept of 'causation' or 'ailments from' is a crucial factor in the selection of remedies. This refers to the specific event, exposure, or emotional trauma that triggered the onset of symptoms. Understanding the 'causation' is essential as it aids in choosing a remedy that not only aligns with the symptom picture but also targets the underlying cause of the disease. Dr. H.C. Allen and Dr. H.N. Guernsey, who followed the keynote prescribing approach, gave significant importance to 'causation' or 'ailments from' in their methods of prescribing. Dr. James Tyler Kent also considered 'causation' as a crucial part of his

prescription methodology. He emphasized the importance of understanding the patient's general modalities, which often included the 'causation' or 'ailments from'.

Organ specific remedies

The concept of "Organ specific remedies" or "Organopathic Remedies" in Homoeopathy refers to certain medicines known for their specific affinity towards certain organs or systems in the body. These medicines are often administered when a particular organ of the patient is predominantly affected. For instance, *Carduus marianus* is considered one of the most important liver remedies. It is often used in cases where there are many types of pains- pressing, dragging, drawing, burning, or worse from motion. This medicine is also known to establish a healthy flow of bile, thereby curing conditions that favour formation of gall stones.

This approach of using organ-specific remedies allows homoeopaths to target the affected organ directly, providing a more focused treatment. However, it is important to note that these remedies are used within the broader context of the patient's overall symptom picture and not in isolation.

Dr. J. Compton Burnett and Dr. John Henry Clarke gave significant importance to organ-specific remedies in their methods of prescribing. Dr. J. C. Burnett discovered the importance of these remedies in treating chronic cases. In such cases, he used organopathic remedies, often in conjunction with constitutional remedies. Dr. J.H. Clarke also believed that some medicines have a predominant affinity for certain organs, which will often cure a great variety of infections seated in or arising from these organs.

Pathological approach

The 'pathological approach' in Homoeopathy involves prescribing remedies based on the pathological condition of the patient. While Homoeopathy primarily focuses on symptoms, understanding the underlying pathology can provide valuable insights into the disease process and guide remedy selection.

Dr. Richard Hughes is known for his preference to 'pathological approach' while prescribing. He

gave more importance to the patient's pathological picture rather than mental and general symptoms. His approach stresses the importance of understanding the disease pathology to select the most appropriate remedy. His book, "Manual of Pharmacodynamics," is based on the pathogenesis of drugs, further highlighting his focus on pathology in homoeopathic prescribing.

Isopathy and Tautopathy

'Isopathy' refers to the use of remedies prepared from the exact disease-causing substance, a principle that deviates from the traditional homoeopathic principle of 'like cures like'. This approach is often used in the treatment of allergies, where the allergen itself is used as a remedy in a potentized form.

'Tautopathy', on the other hand, involves the use of homoeopathic preparations of allopathic drugs to counteract their adverse side effects. This approach is particularly useful in cases where patients suffer from adverse reactions to conventional medications, such as chemotherapy-induced nausea or steroid-induced symptoms.

While both these methods are not strictly homoeopathic in the classical perspective, they are used in certain situations for their therapeutic benefits and are considered part of the broader homoeopathic practice.

Other prescription methods

Besides the above, there are other prescription methods which are briefly described below.

- Treatment in layers: treating physical, emotional, and mental symptoms of the patient, one by one; used in chronic diseases with multiple symptoms.
- Sequential or ladder-like prescription: prescribing remedies in a specific sequence to address different stages of disease progression, used in chronic diseases.
- Complex Homoeopathy: using combinations of remedies to treat a condition, used in complex cases where multiple remedies seem

indicated.

- Never well since: identifying and treating the event or illness that caused deterioration in health of the patient; used in cases where the patient has never been well since a specific event or illness.
- Synthetic prescription: using a combination of symptoms, keynotes, and other factors to select a remedy; used to increase the precision and effectiveness of remedy selection.
- Intercurrent remedies: using remedies to remove obstacles to cure and to enhance the action of the main remedy; used in chronic cases where progress has been stalled.
- Prescription on alternation: alternating two or more remedies in a prescription; used in cases where more than one remedy seems indicated.
- Relationship of drugs: studying how different remedies relate to each other and using this knowledge to guide the sequence of remedy prescription and ensure favourable treatment outcomes.
- Intra-uterine prescribing: prescribing for conditions related to the intrauterine environment, such as issues arising from the mother's health during pregnancy; used to address pre-natal factors that affect health of the child.

CONCLUSION

The basis of prescription in Homoeopathy is a complex process that considers a multitude of factors. From the 'totality of symptoms' to the individual's 'mental state', from the 'causation' of the disease to the 'relationship of drugs', each aspect plays a pivotal role in guiding the homoeopathic practitioner towards the most suitable remedy.

REFERENCES

1. Aversa R, Petrescu RVV, Apicella A, Petrescu FIT. About Homoeopathy or "Similia Similibus Curentur". American Journal of Engineering and Applied Sciences. 2016 Apr 1;9(4):1164-72.

2. Bell IR, Boyer NN. Homoeopathic Medications as Clinical Alternatives for Symptomatic Care of Acute Otitis Media and Upper Respiratory Infections in Children. *Glob Adv Health Med*. 2013 Jan;2(1):32-43.
3. Hahnemann S. Organon of the Art of Healing. In: Dudgeon RE, Boericke W, editors. Organon of Medicine 5th & 6th edition. New Delhi: B. Jain Publishers Pvt. Ltd.; 2010.
4. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure. New Delhi: B. Jain Publishers Pvt. Ltd.; 1991.
5. Kent JT. Lectures on Homoeopathic Materia Medica: Together with Kent's "New Remedies" Incorporated & Arranged in Alphabetical Order. New Delhi: B. Jain Publishers Pvt. Ltd.; 2015.
6. Lees P, Pelligand L, Whiting M, Chambers D, Toutain PL, Whitehead ML. Comparison of Veterinary Drugs and Veterinary Homoeopathy; Part 1. *Vet Rec*. 2017 Aug 12;181(7):170-176.
7. Patel RP. What is Tautopathy? 7th ed. Baroda: Indian Books & Periodicals Publishers; 2005.
8. Roberts HA. The Principles and Art of Cure by Homoeopathy: A Modern Textbook with Word Index. 3rd ed. New Delhi: B. Jain Publishers Pvt. Ltd.; 1942.
9. Singh M. Pioneers of Homoeopathy: Illustrated Biographies of Personalities & Their Contributions. New Delhi: B. Jain Publishers Pvt. Ltd.; 2015.
10. Teixeira MZ. Isopathic Use of Auto-sarcode of DNA as Anti-miasmatic Homoeopathic Medicine and Modulator of Gene Expression? *Homeopathy*. 2019 May;108(2):139-148.
11. Thompson TD, Weiss M. Homoeopathy--What are the Active Ingredients? An Exploratory Study Using the UK Medical Research Council's Framework for the Evaluation of Complex Interventions. *BMC Complement Altern Med*. 2006; 6:37.
12. Vithoulkas G, Woensel E van. Levels of Health: Practical Applications and Cases: The Second Volume of the Science of Homoeopathy. Alonissos: International Academy of Classical Homoeopathy; 2010.
13. Young WW. Isopathy and Homoeopathy: Their Relationship. *The Journal of American Institute of Homoeopathy [Internet]*. 1935;28(12). [cited 2023 August 1]. Available from: <http://www.homeoint.org/homopath/articles/23.html>

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Hypertension: Detection, Evaluation and Its Management

Dr. Nitin saklani

ABSTRACT

HTN is the common clinical entity in which the pressure exerted by flowing blood in arterial wall is too high. It is considered as an epidemic of 20th Century and it is now a matter of global concern because of gradual rise in the incidences of morbidity and mortality associated with uncontrolled HTN. Conventional system despite of their good understanding in pathogenesis of development of HTN, fail to check these blood pressure parameter within the range in long terms. Which is clearly evident with long term follow up of people who are taking treatment of HTN. Patients in conventional system start with single medicine and ultimately end into multiple drug treatment which also fail to control the blood pressure. On the other hand Homoeopathy is highly safe and effective in reducing the blood pressure in long terms as it is more focus on host for the control of blood pressure.

Keywords: Hypertension, Homoeopathy, Conventional system, Miasmatic.

INTRODUCTION

According to new recommendations common to the guidelines by the 2014 JNC-8 committee, 2013 ESH/ESC, 2011 UK-NICE and 2011 ACCF, AHA.[1] Blood pressure more than 150/90 mm Hg for elderly patients and 140/90 mm Hg for non elderly patients and patients with Diabetes or CKD.[1] Uncontrolled blood pressure is one of the main culprit behind the increase incidence in the morbidity and mortality in the present century.

Common practice which can reduce the error in measuring the blood pressure such as-^[4]

1. The equipment should be regularly inspected and validated.
2. The operator should be trained and regularly trained.
3. The patient must be properly prepared and positioned and seated quietly in a chair at least for 5 min.
4. Caffeine, exercise and smoking should be avoided for at least 30 min before BP measurement.
5. Appropriately sized cuffs should be used.

EPIDEMIOLOGY

In India about 33% urban and 25% rural Indians are hypertensive. Out of these, 25% rural and 42% Indians are aware of their hypertensive status and among these only 25% and 38% of urban Indians are being treated for hypertension. And only **One-tenth of rural** and **one-fifth of urban** Indian hypertensive population have their BP under control.^{[2][5]}

Worldwide the estimated total number of adults with hypertension in 2000 was **972 million** (957-987 million); **333 million** (329-336 million) in economically developed countries and **639 million** (625-654 million) in economically developing countries.^[3] Number of adults with hypertension in **2025** was predicted to increase by about **60% to a total of 1.56 billion** (1.54-1.58 billion).^[3]

TYPES OF HYPERTENSION-^[6]

1. **Primary Hypertension-** HTN for which there is no universally established cause is known. It is also known as essential hypertension. Around 90-95% cases belong to this category.
2. **Secondary Hypertension** – HTN that occurs secondary to any other rectifiable causes. It accounts for 5-10% cases of HTN.

Causes related to Secondary hypertension ^[7]

Common causes ^[7]	Uncommon causes ^[7]
Intrinsic renal disease (for ex- Glomerulonephritis, Obstructive uropathy, Pyelonephritis)	Pheochromocytoma
Reno-vascular disease	Excess of Glucocorticoids (Cushing syndrome)
Excess of Mineralocorticoid (Adrenal hyperplasia, Conn's syndrome.)	Excess or decrease in thyroid hormone
Sleep breathing disorder (such as OSA)	Coarctation of aorta

Classification Of Hypertension-^[6]

BP Classification	SBP mm Hg	DBP mm Hg
Normal	< 120	<80
Pre- Hypertension	120-139	80-90
Stage 1 Hypertension	140-159	90-99
Stage 2 Hypertension	>160	>100

Follow based on initial BP measurements adult-(* without acute organ damage)

Initial BP (mm Hg)	Follow up recommended
Normal	Recheck in 2 years
Pre- Hypertension	Recheck in 1 years
Stage 1 Hypertension	Confirm within in 2 months
Stage 2 Hypertension	Evaluate or refer to a source of care within 1 month. For those with higher pressure (> 180/110 mm HG) evaluate or treat immediately or within one week depending upon clinical complication and situation.

WHITE COAT HYPERTENSION ^[8]

The term “white coat” comes from references to the white coats traditionally worn by doctors. The white coat effect means that your blood pressure is higher when it is taken in a medical setting than it is when taken at home. On average, when your blood pressure is taken at home the top (systolic) number can be around 10 mmHg lower than it would be if taken by a doctor and 5 mmHg lower on the bottom (diastolic) number. For some

people this difference can be even greater.

HYPERTENSIVE CRISIS-^[9]

Hypertensive emergencies-

Marked elevation of Blood pressure with rapidly evolving end organ damage. No fixed Blood pressure cut off values are defined but, in general the blood pressure values are as follows.

Diastolic BP > 120; SYSTOLIC BP > 220

Hypertensive Urgencies-

Marked elevation of blood pressure without rapidly evolving end organ damage. No fixed blood pressure cut off values are defined but in general the blood pressure value may approach the same range as seen in hypertensive emergencies.

Hypertensive crises are a group of clinicopathological entities in which rapid reduction of hypertension is necessary to prevent serious end-organ damage. The diagnosis and treatment plan depends on the identification of specific end-organ dysfunction. The goal of treatment is to limit the progression of end-organ damage in patients with hypertensive crises. Several potent antihypertensive drugs, such as **sodium nitroprusside**, **labetalol** and **urapidil**, are available to produce an immediate fall in blood pressure. The choice of the drug should be made on the basis of its pharmacodynamic properties, clinical effects, advantages and contraindications. Additionally, rapid reduction of blood pressure carries a considerable risk, if it is performed in an uncontrolled manner, leading to further end-organ damage. The aim of the treatment is not just to reduce blood pressure, but to do so with minimal adverse effects while preserving organ function.

CLINICAL PRESENTATION OF HYPERTENSION^[10]

1. Severe headache.
2. Fatigue or confusion.
3. Vision problem.
4. Chest problem.
5. Difficult breathing.
6. Irregular heart beating.
7. Pounding in the chest, head or neck.

COMPLICATION OF PROLONGED UNCONTROLLED HTN-^[6]

- High pressure jet flows in arteries leads to vessels wall injury and result into arteriosclerosis throughout vasculature.
- Complication arises due to “target organ” dysfunction and ultimately failure. (Cardiovascular

system, Nervous system, Kidneys and Eyes)

- Damage to blood vessels seen on fundoscopy.

PATIENT EVALUATION OBJECTIVE-^[6]

1. To assess lifestyle and identify other cardiovascular risk factors or concomitant disorders that may affect prognosis and guide treatment.
2. To reveal identifiable causes of high BP.
3. To assess the presence or absence of target organ damage and CVD.

GOAL OF TREATMENT OF HTN^[6]

1. Treating SBP and DBP to targets.
2. Patients with diabetes or renal disease, the BP goal is <140/90 mm of Hg.
3. The primary focus should be on attaining the SBP goal.
4. To reduce cardiovascular and renal morbidity and mortality.

MANAGEMENT OF UNCOMPLICATED ESSENTIAL HYPERTENSION-^[14]

1. LIFESTYLE MODIFICATION-

a. Weight reduction – attain and maintain BMI < 25 Kg/m²

b. Dietary salt reduction- it should be less than 6 g NaCl/d. Normal salt can be replaced by LONA salt (in which Na⁺ is replaced by K⁺). Prior to this serum potassium and KFT should be checked because under-functioning of the kidney results in retention of potassium which is clinically evident in the form of hyperkalemia. And patients may start developing tachycardia, palpitation and arrhythmia.

c. Adapt DASH (Dietary adjustment for stopping hypertension) type of dietary plan- Diet rich in fruits, vegetables, sprouted nuts and low – fat dairy products with reduced content of saturated and total fat. In order to control the B.P, diet should include potassium, Magnesium, Omega 3 fatty acid and antioxidants.

d. Moderation of Alcohol - For those who drink alcohol, consume 2 drinks/day in men and 1

drink/day in women. Several studies show moderate consumption of alcohol having a cardio protective role.

e. Physical activity- Regular aerobic activity, e.g., brisk walking for 30 min/d.

f. Lavender oil (Rub 2-3 drops of lavender oil in your cupped palms, then use the inhalation method to draw the scent all the way into your emotional warehouse (amygdala gland) in your brain to calm the mind.)

HOMOEOPATHIC CONCEPT AND TREATMENT OF HTN^{[11][12]}

The primary rule to treat Hypertension is to identify the cause of hypertension in the individual and try to resolve the case.

Hahnemannian pathology classifies Hypertension into four classes in accordance with the Miasmatic break up:

1. Functional or Psoric phase;
2. Sycotic Phase;
3. Tubercular Phase or Pseudopsoric;
4. Syphilitic or Destructive Phase.

In psoric or the functional phase the levels of blood pressure show constant fluctuation. It is, therefore, also known as labile hypertension. With passage of time and inadequate treatment this may pass into a regular hypertension. The hypertension in Sycotic personality may be caused by the systemic disorders. The functional labile blood pressures, when unchecked, pass on to the changes in the body's biochemistry, resulting in changes in the diastolic pressure, either due to atherosclerotic changes in the blood vessels, or in the renal tissues. It is clearly evident after years of experience that stress plays an important role in the pathogenesis of HTN, it may affect emotional and physical level (pregnancy and physical overwork beyond his capacity). Some people born with tendency to become anxious and angry at little things; these are inherited traits. These cannot be completely altered with homoeopathic medicine but definitely it can be modified upto certain extent by counseling and homoeopathic medicine.

Common presentation of HTN patient which covers certain medicine of homoeopathy-

Case 1-

Patient reveals in his history that he is going through some emotional disturbance, grief, or disappointment, has a mild headache towards the evening and cannot concentrate on his work and even has some sleepless nights and has become short tempered and irritable. He has also turned introvert. Dwells constantly on the past unpleasant happenings. He wants to be alone and to cry but cannot. At this point wants no consolation.

Ignatia Or Natrum Mur

Case 2 –

Very sensitive, morbidly sensitive, the least word that seems wrong hurts very much, special senses become irritable, cannot tolerate touch, odour, noise that sends the blood surging to the heart and head – causes the blood pressure to rise. There is a urinary complaint with the emotional state. Frequent desire to pass with burning in urethra. When not urinating, a feeling as if the bladder is not empty.

Staphysagria

Case 3-

Marked symptoms of congestive headache, with throbbing, hot and red face with burning eyes. This may start after a head bath, or a haircut that is relieved by tight bandaging. There is rise in systolic pressure with a full bounding pulse. The blood pressure returns to normal after the congestion is normal.

Belladonna

Case 4-

Sudden and violent irregularities in circulation with sensations of pulsation throughout the body. Hyperemia of the brain, congestive headache, mostly due to suppressions of the menses, the shocks in the head are synchronous with the pulse. Better by elevating head and in open air. There is a characteristic mental condition “loss of sense of location “. Like in Belladonna, exposure to sun, bright light, or working in heat or un-

der gas-light, may also produce this hyperemia. Slightest touch to the head or weight on the head causes headache.

Glonoine

These psoric expressions get greatly exaggerated in Tubercular type of hypertension. These changes are highly fluctuating, and may even lead to epistaxis, bleeding from ears, eyes, nose etc. At times patient may present with these symptoms, in fact these symptoms often work as safety valves. Blood pressure measured at this point may show elevated figures. Immediate attention is therefore required.

Case 5-

A tall person, slim and slender, of sanguine temperament, is ideally a tubercular personality. The bleeding here is due to fatty degeneration of tissue, and organs. Phosphorus is chilly and of tubercular diathesis. In tubercular personalities the symptoms are greatly accelerated and may produce cerebral edema. Left ventricular failure or renal impairment. Retinal hemorrhages exudates and papilledema, when present, are diagnostic of malignant hypertension, more and more complications are present and possible at this point.

Phosphorus

CONCLUSION

Homoeopathy today is a rapidly growing system and is being practiced almost all over the world. In India it has become a household name due to the safety of its pills and gentleness of its cure. A rough study states that about 10% of the Indian population solely depend on Homoeopathy for their Health care needs and is considered as the Second most popular system of medicine in the Country.

It is more than a century and a half now that Homoeopathy is being practiced in India. It has blended so well into the roots and traditions of the country that it has been recognized as one of the National System of Medicine and plays a very

important role in providing health care to a large number of people. Its strength lies in its evident effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels. So Homoeopathy can be effectively used in order to control the blood pressure along with other lifestyle modifications.

REFERENCES

1. James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe O, Smith SC. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *Jama*. 2014 Feb 5;311(5):507-20.
2. Gupta R. Trends in hypertension epidemiology in India. *Journal of human hypertension*. 2004 Jan 5;18(2):73.
3. Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: analysis of worldwide data. *The lancet*. 2005 Jan 15;365(9455):217-23.
4. Perloff D, Grim C, Flack J, Frohlich ED, Hill M, McDonald M, Morgenstern BZ. Human blood pressure determination by sphygmomanometry. *Circulation*. 1993 Nov;88(5):2460-70.
5. Anchala R, Kannuri NK, Pant H, Khan H, Franco OH, Di Angelantonio E, Prabhakaran D. Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension. *Journal of hypertension*. 2014 Jun;32(6):1170.
6. McPhee SJ, Papadakis MA, Rabow MW, editors. *Current medical diagnosis & treatment 2017*. New York:: McGraw-Hill Medical; 2017 Nov 5.441.
7. Viera AJ, Neutze DM. Diagnosis of secondary hypertension: an age-based approach. *American family physician*. 2010 Dec 15;82(12).
8. Pickering TG, James GD, Boddie C, Harshfield GA, Blank S, Laragh JH. How common is white coat hypertension?. *Jama*. 1988 Jan 8;259(2):225-8.
9. Marik PE, Varon J. Hypertensive crises: challenges and management. *Chest*. 2007 Jun 1;131(6):1949-62.
10. Abdullah ABM, *Long cases in Clinical medicine: 2013*, Jaypee Brothers Medical Publishers; 208.
10. <https://youtu.be/jDYm0i5zT68>
11. Muzumdar K.P. *Textbook of Homoeopathic therapeutics with Clinical approach: New Central Book Agency (P) Ltd.*
12. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory: B. Jain Publisher (P) LTD. 9th edition. 2000.*
13. <http://ayush.gov.in/about-the-systems/homoeopathy/introduction-homoeopathy>
14. <https://youtu.be/jDYm0i5zT68>

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Importance of Knowing Epidemiology of Communicable Diseases

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ABSTRACT

Communicable diseases are a global problem now and to know its impact, risk factor and prevention the most reliable tool is to know epidemiology which is the basic science of preventive and social medicine. Epidemiology can provide information that will help in breaking one of the legs of the epidemiological triangle, thereby disrupting the connection among environment, host and agent and stopping the outbreak.

Keywords: Epidemiology, Communicable diseases, Infectious diseases, Levels of Prevention.

INTRODUCTION

Communicable diseases are a global problem and in the past used to be the leading cause of death. Epidemiology, the basic science of preventive and social medicine, has rapidly evolved during the past few decades and has given rise to newer offshoots. Infectious disease epidemiology is a practical science, concerned with minimizing the impact of pathogens on public health. To prevent diseases it is important to understand the causative agents, risk factors and circumstances that lead to specific disease. Studying epidemiology has paved new opportunities for prevention, treatment, planning and improving the effectiveness and efficiency of health services.

EPIDEMIOLOGY

DEFINITION- The study of the occurrence and distribution of health related events, states and processes in specific populations, including the study of the determinants influencing such processes and the application of this knowledge to control relevant health problems¹.

AIMS OF EPIDEMIOLOGY¹

According to IEA it has 3 main aims

1. To describe the distribution and magnitude of health and disease problems in the human population.
2. To identify the etiological factors in the

pathogenesis of disease; and

3. To provide the data essential to the planning, implementation and evaluation of services for the prevention, control and treatment of disease and to setting of priorities among these services.

USES OF EPIDEMIOLOGY¹

1. To study the effects of disease state in a population over a time and predict future health.
2. To diagnose the health of the community.
3. To evaluate health services.
4. To estimate individual risk from group experiences.
5. To identify the syndrome.
6. To research the cause of disease

INFECTIOUS DISEASE EPIDEMIOLOGY

CHARACTERISTICS

- 2 or more population involved.
- Cause is often known.

Types of Epidemiological Studies.

1. OBSERVATIONAL STUDIES.
 - a. Descriptive studies.
 - b. Analytical studies.
 - Cohort study.

- Case control study.
- Cross-sectional study.
- Ecological study.

2. EXPERIMENTAL STUDIES.

- a. Randomized control trial b. Field trial. c. Community trial. d. Clinical trial

Epidemic investigation.

Set of procedures used to identify the cause responsible for the disease, the people affected, the circumstances and mode of spread of the disease and other relevant factors involved in propagating the epidemic control disease spread.

Especially important if the epidemic:

Has unusual features, significant threat to public health, not self-limiting

Control of Infectious Diseases¹

BEHAVIOUR CHANGE

- Like regular handwashing.
- Use of condoms to prevent STD.
- Use of insect repellants.
- Having a healthy diet

MODIFYING THE ENVIRONMENT¹

1. Vector control
2. Safe water
3. Sanitation and hygiene
4. Improving housing and working conditions
5. Food safety and Air quality

INFECTION CONTROL¹

1. Proper sterilisation of equipment.
2. Isolating infectious agents.
3. Strict hand washing practices.
4. Cleaning.
5. Hospital surveillance.

SURVEILLANCE-

1. Used to monitor disease.
2. Characterize disease patterns.

3. Detecting outbreaks.
4. Prioritization, development and evaluation of disease
5. Control programs.

OTHERS.

Includes broader measures like improving the social determinants of health like education, employment having a strong health care system and having an effective health workforce.

Communicable diseases have a significant social impact²

1. Disruption of family and social networks - child headed households , social exclusion
2. Widespread stigma and discrimination- Discrimination in employment, schools ,migration policies.
3. Orphans and vulnerable children - Loss of primary caregivers, Susceptibility to exploitation and trafficking.
4. Interventions such as quarantine measures may aggravate social disruption.

Communicable diseases have a significant economic impact in affected countries

At the macro level²

1. Reduction in revenue for the country (eg, tourism).
2. Estimated cost of SARS epidemic to Asian countries: \$20(2003) billion .
3. Drop in international travel to affected countries by 50 to 70%.
4. Malaria causes an average loss of 1-3% annual GDP in countries with intense transmission.
5. The plague outbreak in India cost the economy over 1 billion from travel restrictions and embargoes.

At the household level

1. Poorer households are disproportionately affected
2. Substantial loss in productivity and income for the infirmed and caregiver
3. Catastrophic costs of treating illness

MODERN CONCEPT LEVELS OF PREVENTION¹

Primordial Prevention-

1. It is prevention of the emergence or development of risk factors in countries of population groups in which they have not yet appeared.
2. It is receiving special attention in the prevention of chronic disease.
3. MODES OF INTERVENTION- Individual education and mass education, example-children are discouraged from adapting harmful lifestyles.

Primary Prevention

“Action taken prior to the onset of disease, which removes the possibility that a disease will ever occur.” Primary prevention is a holistic approach.

1. It utilizes knowledge of the pre pathogenesis phase of disease, embracing the agent, host and environment,
2. MODES OF INTERVENTION - Promotion of health, Specific protection

“The process of enabling people to increase control over and to improve health.”-It strengthens the host through a variety of approaches.

1. Health Education
2. Environmental Modifications: Like Provision of safe water.Installation of sanitary latrines,control of Insects and Rodents ,Improvement on Housing.
3. Nutritional Intervention: Like - Food Distribution and nutrition improvement, Child feeding programmes, food fortification, nutrition education.
4. Lifestyle and Behavioural Changes.

Specific Protection

1. Vaccination.
2. Contraception.
3. Chemoprophylaxis for contacts..
4. Bed nets for malaria.
5. Quarantine.
6. Nutritional supplementation.
7. Pasteurization.

8. Minus desk to prevent backache

Secondary Prevention

“Action which halts the progress of a disease at its incipient stage and prevents complications.”

MODES OF INTERVENTION - Early diagnosis and Treatment.

Tertiary Prevention

1. It signifies intervention in the late pathogenesis phase.

“All measures available to reduce or limit impairments and disabilities, minimise suffering and to promote the patient’s adjustment to irremediable conditions”

2. Modes Of Intervention - Disability, limitation & Rehabilitation.

CONCLUSION

International travel and a worldwide food market have made humans potentially vulnerable to infectious diseases no matter where they live. Epidemiology has got a very important role to play in the current scenario where new pathogens are emerging such as SARS and the recent pandemic like COVID-19 and are spreading across the globe taking away lives of millions of people.

Epidemiology can provide information that will help in breaking one of the legs of the epidemiological triangle, thereby disrupting the connection among environment, host and agent and stopping the outbreak.

REFERENCES

1. Park K ; Parks Textbook of Preventive in Social Medicine. 25th ed. Jabalpur: Banarsidas Bhanot Publishers; 1994.
2. [Internet]. 2020 [cited 8 August 2020]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7150259/>

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'Antagonism with Herself' from Kent's Repertory

Dr. Rajiv Rui Viegas Peres

ABSTRACT

"Antagonism with herself" means hate or extreme unfriendliness or active opposition to oneself. This is a subjective symptom seen in four different remedies found in Repertory of the Homoeopathic Materia Medica by Dr. J.T Kent, sixth American Edition corrected, revised and improved by Dr. Ramananlal P Patel. This article is to explain how the four different remedies (Anacardium, Aurum-Met, Kali-Carb & Lac-Can)¹ given in Kent's repertory under the rubric, Antagonism with herself can be comprehended in context to homoeopathic psychology with the help of examples from my clinical practice.

Keywords: Antagonism, Sadness, Pathogenesis

INTRODUCTION

Many a times we find rubrics in our homoeopathic repertories specially from mind section, that are extremely difficult to comprehend at first hand, but a deeper reflection along with co-relation of knowledge of psychology to homoeopathic materia medica and further integration of it with Rubrics from repertory finally yields clarity and then these rubrics become usable in our day-to-day clinical practice. These rubrics could also be understood from a miasmatic perspective but that requires strict individualisation.

Anacardium: It has not only weakness of mind, but weakness of all the senses (illusory unpleasant smells⁶), weakness of body, paretic weakness of rectum. Lack of power: mental and physical². Dull emotions, laughing at serious matters but maintains a serious demeanour over laughable things. This shows that sadness often hides behind such contradictory behaviour. Here is a split personality⁵ (feels and thought has two wills, one commanding to do what the other forbids; thinks is double; sense of duality) demonstrates exactly opposite behaviour unexpectedly, without any apparent reason, from acts of goodness to the most evil acts known to humankind. Want of moral sentiment "Moral Inferiority": Characterized by impiety, hardness of heart, cruelty. Malicious; seems bent on wickedness. Easily of-

fended and he is overcome by sudden rage and panic, leading to having stabbed someone. Upon asking why they behaved this way, they answer: 'I can't help it, someone makes me do it', expressing the delusion of being possessed. These aspects reveal a lack of control and much confusion in the patient's behaviour as well as the fixation of being separated from the world because of the battle between two wills. This will lead to an obstructed personality, a lack of ego growth or what we call psychic arrest. Parental domination is one of the most common triggers of an Anacardium state⁵. Lack of confidence in himself and others³. Suspicious⁴. Circumstances giving rise to these mental states are when the parents of a young child divorce. Conflicts between parents in the presence of the child creates immense fright and confusion as the child loves both parents; the child now becomes a split personality, choosing one parent one moment, then the other the next. This break-up of his family creates not only confusion, but also creates guilt. Childhood crime has now created a dysfunctional adult (Swearing, obscene and lewd) violence and rage. They become a threat to others-Syphilitic symptoms.

Aurum Metallicum: An extremely conscientious and industrious person living idealistically by making personal sacrifices faces false allegations crushing his self-ego then he constantly dwells on suicide⁶ and desires death (Constantly loathing of life). Gold is an emotional remedy. What

to live for? Neither pain is remaining nor love. To live one needs a motive for example in order to take revenge or to live to achieve somebody's love. Aurum has lost the reason to live. Never well since: Retirement⁵ (may fall into great depression, not able to see himself in the mirror, he feels that he has lost affection of his friends, feels unfit, boredom, anxiety, irritability, succumbing to a heart attack, and even suicides are common consequences), disappointed love, loss of money, hearing bad news, sudden loss of employment, loss of longtime partner, being scorned, reserved displeasure³, violence. Thereafter he feels "I did not do enough, that's why I failed" (delusion, he has neglected his duty⁵). Self-condemnation⁴, self-criticism. Contradictory symptoms found are that generally Aurum-met symptoms are worse at night but eye symptoms are mysteriously better in moonlight. In liver and heart complaints of Aurum one finds despair and hopelessness², but Hopefulness is found with lung complaints is another unique feature of Aurum. Persistent thoughts about death (thinking of self-destruction, cutting their wrists with a knife, survival is difficult because he has fallen in his own eyes; Mental degeneration⁴ (Syphilitic destructiveness). Recently I came across a case of P.C.O.S a girl of 22 years who had to own responsibility of caring for her three younger siblings due to the sudden untimely death of her mother from post-partum haemorrhage. Her father remarried and separated from them. Now she is working to educate and feed the younger siblings out of great sense of duty but her younger siblings don't give her respect nor acknowledge her sacrifices, she has to cook, clean everything despite her work as a quarrelsome receptionist. She wants respect but as she doesn't get it out of frustration, she has attempted suicide four times already by cutting her wrist, but due to lack of courage and concern for her sibling's well-being she hesitates to die and didn't succeed. Her life oscillates between living for care giving towards siblings and tired of living due to no honour from her siblings and desiring death.

Kali-Carb: Has been raised with good initial family teachings all his childhood and that becomes a complete world for him. Later on, he simply follows those precepts. He continues his further life

on same path firmly like a sober Mummy's Boy, cannot be easily influenced by anyone (Friends, distractions) easily. He has tendency to follow the rules. Will live his life as per the foundation laid down by his parenting. Family value, concern for the family is of highest importance in kali-carb. But once in any point of time there is a contradiction with its family teaching, family values and its outside survival, Loss of dependency develops pathology centred on paralytic type weakness of backache² (Back is support of life to stand up in life). Complaints settle in throat (Kent). Subsequently the respiratory disturbance arises. Dreams of fighting with parents or close relative reflects the parental conflict. Hence, we find intolerance to solitude (need for support, being heard to) as well as aggravation from consolation (He already knows everything as he was raised idealistically and doesn't require advice, very irritable⁴ oversensitivity, touchiness, sensitive to every change in weather⁶). Any sort of crisis especially at psychic level, any sort of anxiety settles and reflects in the stomach. Bad news will give uneasiness, nausea and hollowness in stomach. Opposite symptoms found in kali-carb is that extreme chilliness is found everywhere but its haemorrhoids produce heat and burning pain relieved by cold application. Whereas all symptoms of Kali-carb are having aggravation from cold in general. Normally when man eats, he gets warmed up and energised but in Kali-carb we find lethargy, lost strength and going into sleep state while eating. One of kali-carb's principal aetiologies is from sexual excess, a part of her duty towards her family⁵(Procreation program with tendency to obesity⁶). Its toothache aggravates while eating. Hahnemann calls Kali-carb as a medicine of great strength to treat the deepest level of psoric diseases³. A case of 57-year-old headmistress who is the sole bread earner of the family, suffering from panic attacks at night due to anxiety of pressures generated by the college management and her dream profession of being a master of ceremony and life coach which is not allowed as per norms of college managements. She cannot give up her job as family needs will be at stake hence, she has to force herself to work every day and hidingly carry out her mike compering sessions for people's weddings and celebrations. Her struggle is between means of survival where

she has to protect her energy and on the other end to focus on herself in pursuit of her own dream as an entertainer.

Lac-can: Thinks himself to be of little consequence “I am worthless” reflects a state of low self-esteem. This mental state develops when someone is treated badly by a ‘Wicked stepmother’ a case of deliberate neglect from early childhood. As this medicine is procured from milk of bitch so it faced lot of criticism from homoeopaths before its use. Poor social training and being excluded from social events leads to unnecessary defiance. Parental or spousal abuse are the causality but Lac-can’s anger and rage are directed at the self⁵. She feels insulted because she thinks she is looked down upon by everyone, she imagines being dirty; she imagines horrible mass of incurable disease⁴ and could not bear to look at any portion of the body as it intensifies her feeling of disgust and horror. This person who feels isolated in a threatening society in which there is no sense of love and belonging has to fight and struggle for her existence. A struggle to convince others of one’s own value and worth. Lac-can is stuck in her emotions, leading to irresolution: absent minded⁶; makes purchases and walks off without them. Extremely nervous and irritable, attacks of rage, cursing and swearing at slightest provocation³. Shows great sensitivity, shyness, inability to express direct aggression. This genuine sadness is intensified and expanded into self-hatred (Antagonism/ aversion to herself) and depression enacted in her psychotic world through voices and hallucinations. This person hovers around the danger line between neurosis and psychosis reflected as a delusion, out of body, she is hovering in the air like a spirit. This is called depersonalisation⁵. Later on, she questions herself if she has the right to exist, followed by suicidal ideation. Symptoms erratic, pains fly from one part to another². What forgetfulness is in the mental plane, likewise shifting pains is a type of forgetfulness at the physical level of location where pain had settled earlier. Forgetfulness is not due to carelessness of mind, rather it is a fixed and pathological state. Its forgetfulness is greater than anacardium and even greater than medorrhinum. Tubercular taint is seen in this remedy. Breast inflammation aggravated by least jar and must hold them firmly when going up and down

stairs³. Pain in the opposite breast while feeding. Oversensitive to touch; cannot bear one part of her body to touch another yet hard pressure ameliorates is also an antagonistic aspect. A case of a household maid, single mother with three children living in master’s house suffering from hypertension and forgetfulness (When it comes to totaling bills of purchases unable to recollect anything, forgets when food is placed on gas cooker- Absent minded) due to constant conflict created by other senior maids of owner’s house who envy her importance in the house, this generated anger inside her. She is split between too much responsibility of work as a maid with the politics around and responsibility of three children’s education and their careers.

CONCLUSION :

Antagonism with oneself is an inherent trait in these above-mentioned remedies as per Kent’s repertory, the underlying miasm and environmental stimulus help to maintain the disease and contribute to the pathogenesis. The psychological evolution of these remedies is what is my attempt through this article.

REFERENCES:

- 1) Dr. Ramananlal P Patel’s Repertory of the homoeopathic Materia medica of Dr. J.T Kent corrected, revised and improved , sixth American Edition, published by Dr R.P Patel Institute of Homoeopathy, Vadodara, Gujarat. Pg 4.
- 2) C.M Boger’s Synoptic Key of the materia medica 2004 Reprint edition. Published by B.Jain publishers PVT.LTD. Pg 120, Pg 134, Pg 220, Pg 227.
- 3) Allen C.H, Keynotes and characteristics with comparison and bowel nosodes of Materia medica. Eight reprint edition: IBPP publishers, May 2009. Pg21, Pg 134, Pg42, Pg136, Pg143. Pg 144.
- 4) Boericke William, New manual of homoeopathic Materia medica with repertory. Third revised and augmented edition: B.Jain publishers, 200; Pg 44, Pg88, Pg 88, Pg 325, Pg341.
- 5) Schepper de Luc, Discovering life Homoeopathic portraits an in depth modern clinical materia medica: Full of life publishers, First edition; Pg73, Pg 75, Pg105, Pg 111, Pg 265, Pg 278
- 6) Bhanja C.K, Master key of homoeopathic Materia medica, Published by Sri Usharanjan Sinha Roy, National homoeopathic laboratory, Calcutta. Second edition; Pg 31, Pg61, Pg 216, Pg 217, Pg 235

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Allergies : on the Axis of Psychosomatic Trait

Dr Janki Solanki

ABSTRACT

Psychosomatic is a new term but it is as old as the art of healing. It is not a new discovery, but rather a reaffirmation of the ancient principle that mind and body are interactive and interdependent. Allergy and psychosomatic medicine have much in common, several studies have been done concerning how psychosocial stress influences the occurrence and progression of allergic disorders. The complicated interaction between the central and the autonomic nervous systems with the immune system and its component contributes to the allergic manifestation, the result of this interaction are referred to as 'psychosomatic'.

Keywords: Chronic stress, psychoneuroendocrinology, allergic reaction, psychosomatic disorder.

Abbreviation : IgE-ImmunoglobulinE, TNF-(alpha)-Tumor necrosis factor alpha, PNEI- Psychoneuroendocrinology, HPA axis- Hypothalamic-pituitary-adrenal axis, SNS-sympathetic nervous system, NK cells-Natural killer cells, ICD-10-International classification of diseases, tenth revision.

INTRODUCTION

Allergic condition is a hypersensitivity disorder in which the immune system reacts to substances in the environment that are normally considered harmless. Variety of allergens including pollens, mold spores, animal danders, insect stings, certain foods and drugs are responsible for initiating a cascade of molecular and cellular events resulting in immunoregulatory dysfunctions similar to those noted in highly stressed population.¹ Over the last 150 years, changes in environment, diet and lifestyle, water quality and individual's behaviour according to personality have played dominant role in prevalence and severity of allergic disorders. There are some features like increased sensitisation to indoor allergens, change in diet, decreased physical activity as well as the effects of prolonged periods of shallow breathing, specific food allergies for example sensitisation to peanuts, gluten intolerance, can't digest milk, soybeans, eggs suggest that possibility of lifestyle modification in the last two decades could have influenced the permeability of human

cells.² Atopy is the typical main factor that affect an individual, who predispose to an immune response against common allergens too.³

Allergies are not only about immune response to some allergens or antigens but it also includes psychological disturbances determinant of daily hassles and cognitive life events, even challenging lifestyle, having too much to do, cost of living, conflicts at work or home, these have been linked to increased stress level of people now a days. These psychological stress has an adverse impact on endocrine and immunological function, which bring about dysregulation of mediators and exacerbation of inflammatory responses, multiple factors that can impact includes atopy, influential environmental factors, adjuvant factors like smoking, pollution may leads to various disorders like asthma, migraine, neurodermatitis, urticaria, certain food allergies etc.⁴

Pathophysiology :

Allergic diseases can be defined as clinical manifestations of inappropriate IgE immune responses. Most allergies are type-1 hypersensitivity

reactions which are IgE mediated and some are type-4 which are T-cell mediated. It's pathological process is divided into two stages, first one is allergic sensitisation stage where initial exposure to allergen results in tolerance breakdown with subsequent generation of specific IgE and another one is allergic response through mediators such as histamine and platelet activating factor. In an allergic individual, an initial exposure to allergens triggers production of IgE, which is activated by a subtype of T-lymphocytes, known as helper T-cells. IgE molecules then bind to their receptors on the surface of mast cells and basophils. The first exposure is usually asymptomatic, but the body is now sensitised, upon re-exposure to the same antigen, the antigen binds to adjacent IgE molecules, stimulates mast cell degranulation, bringing their receptors together, triggering a signalling cascade that induces the release of histamine and other inflammatory chemicals like neutral proteases, proteoglycans, some cytokines such as TNF-(alpha). These chemicals cause dilatation and increased permeability of blood vessels causing flushing, urticaria, pruritus; mucus secretion; stimulation of sensory nerves; smooth muscle spasm, and are responsible for allergic symptoms. In acute phase response, reactions are immediate, within minutes of contact with allergens. Whereas in late phase response, due to subsequent tissue infiltration with eosinophils and other inflammatory cells.³

In psychosomatic disorder, psychosocial stress affects the nervous, endocrine and immunological system which are involved in the onset and exacerbation of various clinical manifestations. Psychological stressors have been reported as inciting, continuing or precipitating factors for initiating allergic responses. Chronic exposure to these stressors resulting in homeostatic imbalance, which is the key factor to allergic reactions. Possible mechanisms linking to production of cytokines, which can be modified by stressors and heightened susceptibility to infectious substances which might be harmless to others.⁴

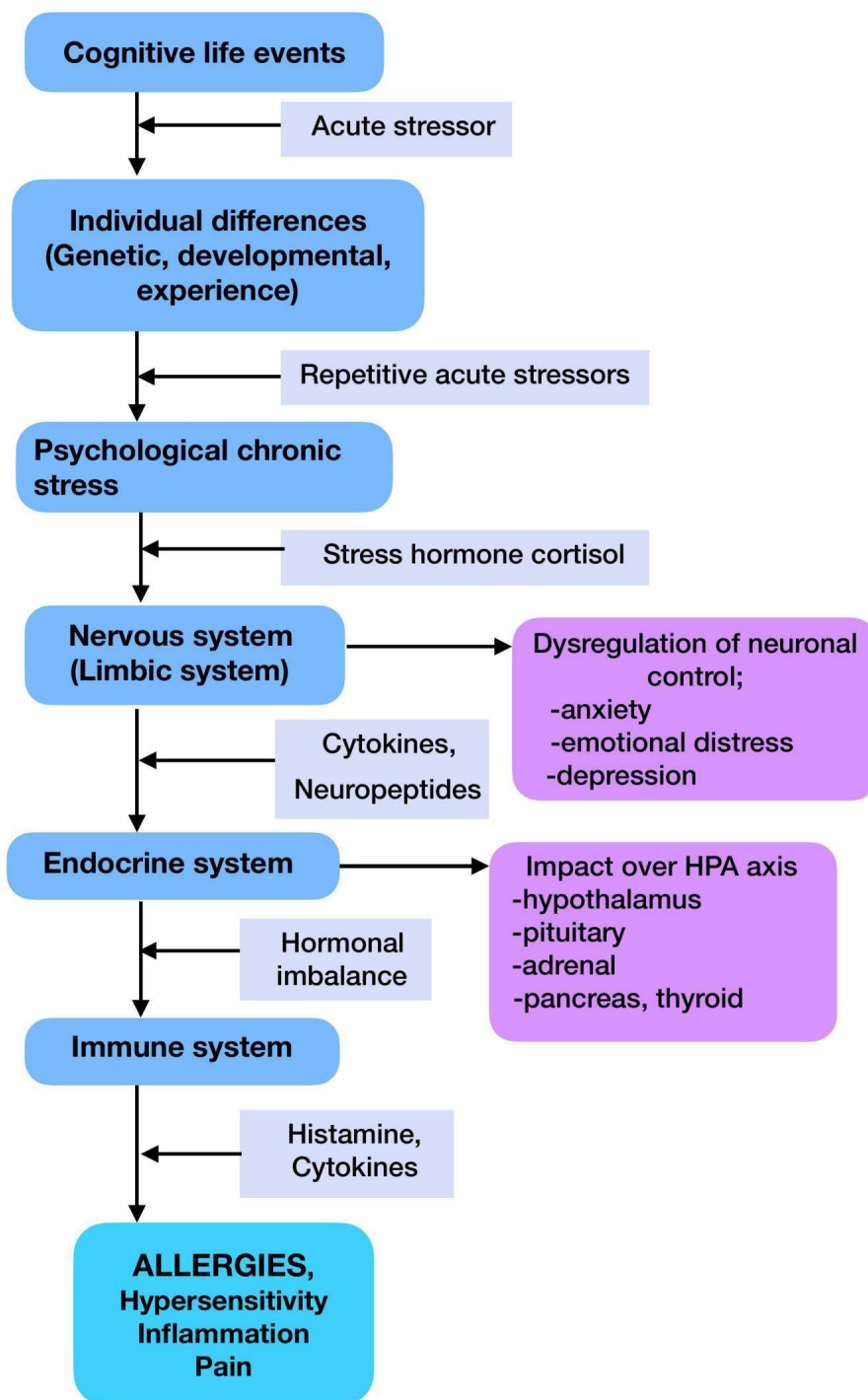
Psycho-neuro-endocrino-immunological view :

PNEI is the study of interaction between psychological processes and the nervous and immune system of the human body. These is the studies

among physiological functioning of the neuro-immune system in health and disease such as allergies, autoimmune diseases, hypersensitivities, immune deficiencies and physical, chemical and physiological characteristic of the components of the neuro-immune system.⁵

According to PNEI, allergic reaction starts in the immune system but it has some connection with continuous psychological stress in context with hormonal imbalance. Cognitive life events such as death of a close person, a separation or divorce, loss of job, migration or any type of positive or negative events give rise to potential threats that are called 'stressors', the origin of stress, what is stress? The stress is defined as a real or interpreted threat to the physiological or psychological integrity of an individual that result in specific physiological or behavioural responses seeking to restore homeostasis and whose chronicity is potentially pathogenic.⁶ When these stressors are long continued with repetitive acute stressors then it will convert into chronic psychological stress. There are multiple factors that can impact this cause-and-effect relationship including genetic background, previous life experiences, and past or present environmental exposures, loss of adaptation.⁴ However, these Chronic stressors stimulate two major pathways one is HPA-axis and another is SNS system; it creates dysregulation of HPA-axis activity and cytokine imbalance, which is normally important for homeostatic balance of the body; there is continuous secretion of stress hormones like glucocorticoids(cortisol) and catecholamines due to HPA-axis imbalance, may reduce the effect of neurotransmitters and other receptors in brain leads to dysregulation of neurohormones; resulting in to depression, anxiety, emotional distress, mania, bipolar disease. These glucocorticoids, neuropeptides with cytokines further inhibit the activity of HPA-axis resulting in hormonal imbalance. Under certain condition these stress hormones may facilitate inflammatory immune response through induction of SNS pathway leads to immune system activation, releasing histamine and cytokines which are responsible for allergic reaction. Various studies have noted that stress hormones associated with increase in number of circulating neutrophils and decrease in number of NK cells, helper T-cells, cytotoxic T-cells, B cells, which can lead to immunosuppres-

sion with a higher risk of infection and allergic reaction.⁵ These allergies are due to hyper sensitivity to particular substances or allergens considered as allergic diseases.



Asthma :

Just as the heart is sometimes referred to as the seat of emotions and the abdomen as the sounding board of the emotions, so the lung might be spoken of as the barometer of the emotions. When people are unable to act or unable to speak about problems, the body takes over the function of answering the problems in its own way. When asthmatic people feel shortness of breath, that represents not dyspnea but sighing respiration; he feels load on his chest, the implication being that he could get it off by talking about his troubles; which are so common in neurotic people. Asthma may worsen when the patient overworks, has a stressful interpersonal relationship, or has problems coping with stress. The attacks of asthma often occur at the point where he was suddenly exposed to the conflicts between an actual life situation and the fear of losing someone or something. It has been noted that the sufferer from asthma often seems to make the most of his attack by drawing attention to himself and by his distress disturbing those around him, just like he tries to say something to surrounding.⁷ According to ICD-10, asthma coded as J45+F54, making it possible to indicate the presence of psychological and behavioural factors; which may play the major role in the aetiology of asthmatic exacerbation.⁸

Migraine :

Headache often results from traction or irritation of meninges and blood vessels resulting in inflammation of meninges and blood vessels spasm or dilatation. Exact mechanism is still unknown. Current study shows that migraines are due to primary problems with the nerves of brain, auras are thought to be caused by a wave of increased activity of neurons in the cerebral cortex known as cortical spreading depression followed by period of depressed activity.⁹ These suggest, involvement of psychological disturbances (anxiety, depression, stress) can also responsible for exacerbation of migraine.¹⁰ Careful study of migraine confirms collaboration with some personality namely, persistence towards success, difficulty in sexual adjustment, perfectionism, intolerance in general and obsessive compulsive features.¹¹

Neuro-dermatitis :

The skin, like the eye, is an important organ of contact between the inner and outer world of the body. When Internal disturbances came out in the form of clinical manifestation on the outer part, on skin; means there was something happening chronically at the level of psychological form which is now presenting at somatic form. Neurodermatitis is the skin condition characterised by chronic itching or scaling, scratching makes it itch more and that exacerbation of itch came from psychological disturbances like chronic emotional tension, anxiety, depression and stress. Several studies have linked neurodermatitis to emotional disturbances, which result in repeated and cyclic itching. Exact pathophysiology is still unknown. Generally it is related with atopic dermatitis.¹²

Food allergy :

Food allergy is a pathological reaction of the immune system triggered by the ingestion of food protein antigen. Exposure to antigen can trigger clinical symptoms such as GIT disorders, urticaria, airway inflammation, ranging in severity from mild to life-threatening.¹³ Again these are related to immune response against allergens, which we have described earlier that why even common allergens affect an individual. Food intolerance is regarded as one of the greatest enigmas in modern society nowadays due to change in food habits, lifestyle modification created great impact over certain individuals.

Homeopathic approach :

Our master Hahnemann had described it in 'aphorism 225' stating that a few emotional diseases which have not merely been developed into that form out of corporeal disease, but they develop in opposite manner, where initially the body was not disturbed much, and which originated and kept up by the emotional causes such as continued grief, worry, anxiety, anger, humiliation and continuous exposure to fear and fright; emotional diseases of this kind in the course of time greatly harm and destroy the physical health'.¹⁴ According to Eugene Underhill, everyone suffers from emotional conflicts, and if these emotions remain persistent they produce tension, stress, and create a negative impact over mind and body. If physi-

ologic equilibrium gets disturbed, dysregulation and dysfunction will set in the weaker structure of an individual. Homeopathic materia medica and repertories have given special importance upon mental and emotional states and their correlation with physical symptoms of disease.¹⁵ So homeopathic treatment is far superior than any other therapeutic approach. Homeopathy is the only system of medicine which has an integrated approach in understanding the role of mind in health and disease. Homeopathy treats man in disease not disease in man.

Discussion :

Allergic diseases are the result of alteration at PNEI level and this indicates lifestyle changes have made great impact on people. Emotions and stress significantly affect health and susceptibility of the individual towards pathology, as well as ability to recover from illnesses. PNEI provides convincing and scientifically sound arguments for the consideration and integration of psychological aspects in treatment of somatic disorders, which is an important medical point of view nowadays to understand health and disease. The studies related to psychosomatic disorders in homeopathy are rarely carried out and thus we must conduct many methodological clinical trials of such cases.

REFERENCES :

1. Marshall GD Jr. The adverse effects of psychological stress on immunoregulatory balance: applications to human inflammatory diseases. 2012 Feb; PMID: 21094928.
2. Platts-Mills TA. The allergy epidemics: 1870-2010. 2015 Jul;

- PMCID: PMC4617537.
3. Warren Levinson. Review of medical microbiology and immunology. Edition 13th. California: Mc grawhill a LANGE; 2014.
 4. Dave ND, Xiang L, Rehm KE, Marshall GD Jr. Stress and allergic diseases. 2011 Feb. PMCID: PMC3264048.
 5. <https://en.wikipedia.org/wiki/Psychoneuroimmunology>.
 6. https://www.researchgate.net/publication/Grip_Force_on_Steering_Wheel_as_a_Measure_of_Stress.
 7. Baiardini I, Sicuro F, Balbi F, Canonica GW, Braido F. Psychological aspects in asthma: do psychological factors affect asthma management? 2015; august. PMC5142316.
 8. <https://www.icd10data.com/ICD10CM/Codes>.
 9. Patten j. Neurological differential diagnosis. Edition 2nd. London: springer; reprinted 1998.
 10. Risquéz Fernando. Psychiatry and homeopathy. Edition reprinted. New Delhi: b jain; 1997.
 11. Ahuja Niraj. A short textbook of psychiatry. Edition 5th. New Delhi: Jaypee; reprinted 2004.
 12. https://en.wikipedia.org/wiki/Lichen_simplex_chronicus.
 13. Harrison's. principle of internal medicine. Edition 20th. US: Mc grawhill education; 2018
 14. Hahnemann S, Sarkar BK, Dudgeon RE. Organon of Medicine. Aude sapere with an introduction and commentary on the text. New Delhi: Birla publications; reprint 2022.
 15. Underhill E. Emotional conflicts and the problem they present to the physician. The homeopathic recorder; LXV N 10. Encyclopedia homoeopathica.1950.

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Role of Homoeopathy in Allergic Reactions

Dr. Lata K. Mallannavar, Dr. Ashwin S. Kulkarni

ABSTRACT

The article describes allergies, allergens, their types as well as the Homeopathic remedies which are commonly used for treatment of the allergies. Many times an allergic or hypersensitivity reaction is triggered by contact with allergen. But the signs and symptoms are due to an individual's reactivity. Homoeopathic remedies not only deal with allergy but also help the altered susceptibility to normalize.

Keywords: Allergy, Homoeopathy, Hypersensitivity, Idiosyncrasy, Susceptibility.

INTRODUCTION

Allergy is the defensive response of the immune system to the normally harmless stimulus present in the environment. Any common or normally harmless substance can lead to allergy in any individual depending upon the sensitivity of that person. There is a variety of allergens present naturally in nature. The symptoms may vary in severity depending upon the reactivity of the person. Conventional medicines usually focus on administration of anti allergic medicines which tend to alter the reactivity of the person. Use of steroids, antihistamine are more commonly seen nowadays. Chronic use of anti allergic drugs may lead to certain unwanted side effects. On the other hand, Homoeopathic medicines tend to stimulate the body's own immunity to take over and help to reduce the symptoms of allergy. Homoeopathic remedies are prescribed on symptom similarity. The Allergic responses can be of any miasm; Psora, sycosis, Syphilis depending on symptoms shown by the patient. Most of the time, tubercular miasm can also be seen.

Allergic Reactions-

Definition --A person who is overly reactive to a substance that is tolerated by most other people is said to be allergic or hypersensitive.

Whenever an allergic reaction takes place, some tissue injury occurs. The antigens that induce an allergic reaction are called allergens. Common allergens include

certain foods [milk,peanuts,shellfish,egg], antibiotics [penicillin,tetracycline], vaccines [pertussis,typhoid], venoms [honeybee,wasp,snake], cosmetics, chemicals in plants such as poison ivy ,pollen, dust, molds ,iodine-containing dyes used in certain x-ray procedures, and even microbes.⁽¹⁾

Whenever something foreign [from external environment] enter; the human body reacts to it in one of the following ways:

a) When the foreign substance is harmful to the body:

i) The body develops immunity against the harmful foreigner.

ii) The body is not able to defend itself and individual suffers [the resistance offered by the body is not strong enough]

b) When the foreign substance is harmless to the body:

i) Normally the body shows no reaction.

ii) Body reacts in an unpleasant manner. For example- developing rashes after eating an egg. This is an allergic reaction.

Allergists define allergy as a specific immune response in which various mechanisms provoke the interaction of chemical mediators leading to clinical symptoms. This immune response can be against one or several allergens.

Allergens – Allergen is a substance which causes/ initiates allergic processes or reactions. An aller-

gen can be classified into various categories according to the following:

- 1] Site of its action in the human body;
- 2] Its origin; and
- 3] Place of its contact.

On the basis of place of its action, an allergen can be classified into:

- a] Cutaneous allergen- Allergy by skin contact
- b] Inhaled allergen- Allergen enters body by inhalation
- c] Trophallergen- Allergens which cause gastrointestinal troubles

On the basis of its origin: On the basis of its origin, an allergen can be classified into the following:

- a] Allergens of animal origin- e.g. Animal Dander, dust mite
- b] Allergens of plant origin- e.g. pollen
- c] Chemical allergens- e.g. Aspirin, penicilin
- d] Microbial allergens- e.g. Streptococci, Staphylococci
- e] Mycotic allergens- e.g. Candida albicans
- f] Parasitic allergens- e.g. Ascaris, filaria
- g] Physical agents- e.g. Temperature, Sun

On the basis of place of its contact

- a] Indoor allergen- e.g. kitchen smoke, bed bug
- b] Outdoor Allergen- e.g. Industrial smokes, pollen

Factors favoring allergy:

Certain factors present in our environment which favor allergy and increase the chances of suffering from allergy in an individual are as follows: Altitude, Environmental pollution, Food habit, Nutritional factors, Self-medication, Weather etc.

Hypersensitivity reactions (Immunological tissue injury)

Hypersensitivity is defined as an exaggerated or inappropriate immune response which is associated with onset of adverse effects on the body⁽²⁾ It is a reaction in response to an endogenous or exogenous antigen which manifests clinically as a form of immunologic tissue injury. Many instances of hypersensitivity reactions are genetically-determined or are associated with certain HLA

types.

Based on underlying immune mechanisms, hypersensitivity reactions are of 4 types:

- Type I: Anaphylactic (or atopic) hypersensitivity
- Type II: Antibody – mediated cytotoxic hypersensitivity
- Type III: Immune complex – mediated hypersensitivity
- Type IV : Delayed(cell-mediated) hypersensitivity

Homoeopathy & Allergy-

Homoeopathy follows the principle of law of similars. Depending upon the symptom similarity and severity, Homoeopathic remedies are prescribed. Susceptibility gets altered by the allergic response. Homoeopathic remedies give the necessary boost so that the susceptibility can take care of the signs and symptoms.

There are peculiar corporeal constitutions which are although otherwise healthy, possess a disposition to be brought in to more or less morbid state by certain things which seems to produce no impression and no any change in many individuals.⁽³⁾ Homoeopathic remedies provide service to all such sick individuals because these remedies have capability of producing such idiosyncrasies. These allergens (mentioned above) can be pathological or non pathological but can be treated easily with homoeopathy.

Following are some of the commonly prescribed remedies used to treat allergic reactions.

REMEDIES —

1. Arsenicum Album-

Clinical features-Nose discharges thin watery fluid, which excoriates the upper lip, and nasal passages feel stuffed all the time, dull , throbbing, frontal headache; sneezing without relief; ulcers and scabs form in nose; irritation in one spot in the nose as from tickling of a feather, causing sneezing , catarrhal asthma.

Modalities- Worse, Wet weather, after mid night, from cold, cold drinks or food. Seashore, right side.

Better from heat, from head elevated, warm drinks.⁽⁴⁾

2. Allium Cepa-

Clinical features- Sneezing, especially when entering a warm room. Copious, watery and extremely acrid discharge. Feeling of a lump at root of nose. Fluent coryza with headache, cough and hoarseness.

Modalities- Worse, in the evening, in warm room. Better, in open air, and in cold room.

3. Histaminum Muriaticum-

Pathology- It is a capillary vasodilator, arteriole, vasoconstrictor and a hypersensitive drug. It causes constriction of bronchi and stimulates tissues. It has an allergic type of reaction over skin and mucus membranes.

Clinical features- Allergic reactions- It causes dryness of mucus membranes. Oedema, Hives, Itching- Redness with itching of face, as from first degree burn.

Pruritis – Pruritis and burning of nose, throat, ear and vagina, burning of scrotum and left ovary.

Rashes – there is redness and burning in circumscribed areas with red, itching papules.

Urticaria- Papules of size of pea, all over the body, better by scratching and worse by bathing.

Modalities- Aggravations – Heat, movement, nervousness

Ameliorations – Pressure and fanning⁶⁾

4. Apis Mellifica-

Pathology- It has over cellular tissues causing edema of skin mucus membranes. The swelling has red rosy hue, stinging pains, soreness, and intolerance of heat. There are erysipelatous inflammations, dropsy, anasarca and inflammation of kidney. Constricted feeling with sensation as of something torn off in the interior of the body.

Clinical features- Swelling of the skin after bites. Much soreness and sensitiveness of skin. Carbuncles with much burning and stinging pain. Sudden puffing of whole body.

Modalities- Aggravations- Heat, touch, pressure, heated rooms.

Ameliorations- Open air, uncovering.

CONCLUSION

Allergens usually cause all the signs and symptoms depending upon their type, site or time of contact. The severity of signs and symptoms are dependent upon the ability to react of the individual. In Homoeopathic line of treatment, susceptibility plays an important role in prescription. There are ways in which Homoeopathic remedies can be prescribed such as acute remedy, constitutional remedy or phasic remedies. Remedies such as intercurrent remedies are important when the miasm is considered. For example, remedies such as Arsenicum Album and Allium Cepa can be used where there are allergic reactions because of allergens of various origins such as animal, chemical or physical. Remedies like Apis Mellifica can be used when cutaneous allergens are present. Remedies like Histaminum Muriaticum can be employed when all the types of allergens are concerned. These are merely a few examples of Homoeopathic remedies used for treatment of allergies.

REFERENCES

1. Nanda D. Homeopathic Therapy for Living with Allergies. New Delhi: Dr Dhiraj Nanda, 1995
2. Mohan H. Textbook of Pathology. 7th Edition. New Delhi; Jaypee Brothers medical Publisher's (P) LTD, 2015. p 57
3. Hahnemann S. Organon of Medicine. 6th Edition. New Delhi: Indian Books and Periodicals Publishers; December 2018. p 183.
4. Boericke W. Pocket Manuel of Homoeopathic Materia Medica. 9th Edition. New Delhi: Indian Books and Periodicals Publishers; March 2022. p 82.
5. Murphy R. Lotus Materia Medica. 3rd Revised Edition. New Delhi. B Jain Publishers; 2020. p 925

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Tourette Syndrome: Homoeopathy's Role in Enhancing Quality of Life

Dr. Preeti Jha, Shaikh Mohammed Hamza Jamaluddin

ABSTRACT

Tourette syndrome is a disorder that involves repetitive movements or unwanted sounds (tics) that cannot be easily controlled. For instance, you might repeatedly blink your eyes, shrug your shoulders, or blurt out unusual sounds or offensive words. Tics typically show up between ages 2 and 15, with the average being around 6 years of age. Males are about three to four times more likely than females to develop Tourette syndrome.

People with psychosomatic disorder usually do not report overt symptoms of psychiatric distress. Instead, they believe their problems are caused by medical conditions. They tend to visit healthcare providers frequently to get tests and treatments, often not receiving a diagnosis, which may lead to frustration and distress. Psychosomatic disorder is sometimes called somatic symptom disorder, somatic symptoms, or somatic pain.

Keywords: Psychosomatic Disorder, Tics, Homoeopathy, Motor, Vocal

INTRODUCTION

Tourette syndrome is a condition characterized by uncontrollable repetitive motions or sounds (tics). You might, for instance, blink your eyes frequently, shrug your shoulders, or blurt forth strange noises or inappropriate remarks.

The onset of tics normally occurs between the ages of 2 and 15, with an average age of 6 years. The likelihood of developing Tourette syndrome is roughly three to four times higher in men than in women.

Causes – It is unknown what specifically causes Tourette syndrome. It's a complicated condition that is probably brought on by a mix of inherited (genetic) and environmental variables. Neurotransmitters (chemicals in the brain that send nerve impulses), such as dopamine and serotonin, may be involved.

Symptoms – The defining symptom of Tourette syndrome is tics, which are sudden, brief, or intermittent motions or noises. They might be modest to really severe. The quality of life, daily functioning, and communication may all be profoundly impacted by severe symptoms.

Classification – As per the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) classification of the tics disorders is as follows:

1. Tourette Syndrome
2. Persistent Motor Or Vocal Disorder
3. Provisional Tics Disorder
4. Other Specified or Unspecified Tics Disorder
5. Diagnostic Criteria for Tourette Syndrome

Diagnosis – Tourette's syndrome is diagnosed on the basis of the following three factors:

1. Presence of motor or vocal tics
2. Duration of tics
3. Age of onset

In absence of any additional factors (drugs, substances, or medical conditions) that could contribute to tics specific criteria are used to make the diagnosis of Tourette's syndrome.

There should be at least one vocal tic, two or more

movement tics, and multiple motor tics. These two events could take place simultaneously or separately. These tics can range in severity and frequency. However, they must be present for at least a year before a diagnosis may be made.

Age is a significant diagnostic component as well. Tics must first appear before the age of 18, and they usually do so between the ages of 4-6 years.

A persistent motor or vocal condition, often known as a chronic tics disorder, is characterized by the presence of either motor tics or vocal tics (single or multiple; one or more motor or vocal tics may be present). However, unlike Tourette's syndrome, any of the tics will be present rather than both vocal and motor tics. Once more, the age of onset must be before 18 years old, and the duration of symptoms must be at least one year.

There may be one or more vocal, motor, or both tics under provisional tics disorder. However, in this location, the tic period is shorter than a year. The onset age must be under 18 years old.

You'll probably feel an uneasy body sensation (premonitory urge), such as an itch, a tingle, or tightness, before the commencement of motor or verbal tics. Relief results from tic expression. Some patients with Tourette syndrome can briefly hold back or halt a tic with a lot of effort.

Risk Factors – The common risk factors for Tourette syndrome includes:

1. **Family History:** People who have Tourette syndrome or other tic disorders in their families may be at higher risk of developing the condition themselves.
2. **Sex:** Males have a three to four times greater chance of developing Tourette syndrome than females have.
3. **Complications:** People with Tourette syndrome frequently have active, healthy lives. However, the behavioural and social difficulties that Tourette syndrome typically brings can be damaging to your self-image.

Conditions often associated with Tourette syndrome include:

- Attention Deficit Hyperactivity Disorder (ADHD)

- Obsessive Compulsive Disorder (OCD)
- Autism Spectrum Disorder
- Learning Disabilities
- Sleep Disorders
- Depression
- Anxiety Disorders
- Pain related to tics, especially headache
- Anger management problems

Management – Therapies to manage uncontrollable tics are as follows:

1. **Cognitive Behavioural Therapy:** This can assist a patient in determining the causes of their tics. Additionally, this can be beneficial for those who have trouble learning and interacting with others.
2. **Habit Reversal Training:** This therapy involves exercises that assist a person in undoing the effects of their tics. For instance, when a tic to frown is activated, a person may decide to grin.

DIET MANAGEMENT – For Tourette syndrome typically focuses on overall health and minimizing potential triggers. Maintain a balanced diet rich in fruits, vegetables, lean proteins, and whole grains to support overall health. Proper hydration is essential for overall well-being and can help reduce stress, which may worsen tics. Identify and avoid foods that may exacerbate tics. Try to minimize the consumption of stimulants like caffeine and nicotine, as they may increase tics.

SUPPLEMENTS TO BE USED – For the treatment of Tourette's syndrome "Magnesium" is very effective. The central nervous system and the muscular system both benefit from magnesium as an element. An individual with low magnesium levels is also more prone to anxiety and depression, which are both frequent tics triggers. A diet high in magnesium can therefore aid in the management of Tourette's syndrome. Children's vocal and motor tics can also be controlled by a diet high in omega-3 fatty acids and vitamin B12.

FOODS TO BE AVOID – Avoiding foods to which one is allergic can be quite beneficial. The frequency of tics can be decreased by avoiding dairy products, particularly if there is a sensitivity

to milk and dairy products. The primary reason for a rise in the frequency of these tics is discovered to be the protein “casein” found in milk and dairy products. A casein-free diet can aid in tic control. A gluten-free diet has also demonstrated to lessen the motor tics and behavioural problems connected to Tourette’s syndrome.

LIFESTYLE MANAGEMENT – Exercise or indulging in relaxing activities (Yoga, meditation, etc.) can help soothe the child and reduce the intensity and frequency of tics. Environment and allergens play an important role in triggering tics. These should be identified and avoided as far as possible.

HOMEOPATHIC REMEDIES – Homoeopathy strength lies in its evident effectiveness as it takes a holistic approach towards the sick individual through promotion of inner balance at mental, emotional, spiritual and physical levels. There are numerous potent homoeopathic treatments for Tourette syndrome, but the choice is patient-specific and takes into account both the mental and physical symptoms.

1. **Agaricus Muscarius:** Agaricus Muscarius works better in the case of motor tics. It has a good action on twitching and hurried movement, trembling of the lower jaw area, hyperactivity and clumsiness.
2. **Argentum Nitricum:** Argentum Nitricum with its key features works in anxiety like tics worse during anxiety, trembling of hands and legs, desire for sweets.
3. **Hyoscyamus Niger:** Hyoscyamus Niger works in all types of tics like grimacing, unintelligible chattering, and nakedness.
4. **Stramonium:** Stramonium works in the case of vocal tics. It has action on frequent vocal tics (like babbling), hoarseness of voice, use of hands indicating motor tics.
5. **Zincum Metallicum:** Zincum Metallicum works better in fidgeting, grinding teeth, and echolalia.

CONCLUSION

Homoeopathy is a kind of system of medicine which successfully deals with challenges faced by the individuals with Tourette’s syndrome, ADHD, and OCD. It also highlights the importance of early diagnosis and evidence-based interventions, emphasizing behavioural therapy pharmacological therapy. It also sheds light on non-pharmacological approaches which includes mindfulness-based therapies and homoeopathic medicines which offers a holistic perspective on managing the symptoms of Tourette syndrome. It is impossible to overestimate the value of early diagnosis and action. Ultimately in this article we seek to enhance understanding and awareness of Tourette syndrome by emphasizing more on the comprehensive importance, multidisciplinary care to improve the quality of life of those individuals and families living with Tourette’s syndrome. In closing this article serves as a reminder of the need for empathy, compassion, and inclusivity when addressing Tourette’s syndrome.

REFERENCES

1. Aspi Golwalla, Sharukh A. Golwalla, Golwalla’s Medicine for students. A reference book for the family physician, 25 edition, Jaypee Brothers, Medical Publishers, 2017 (500)
2. Sir Stanley Davidson, Davidson’s Principles and Practice of Medicine, 23rd edition, Elsevier, 2018 (1086)
3. William Boericke, Pocket Manual of Homoeopathic Materia Medica with Indian Medicine and Repertory, Reprint edition: April 2016, Indian Books and Periodicals Publishers New Delhi (19,612,337,685,72)
4. <https://my.clevelandclinic.org/health/diseases/21521-psychosomatic-disorder>
5. <https://www.drhomeo.com/homeopathic-treatment/homeopathic-medicines-tourette-syndrome/>

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Psychosomatic disease Alopecia with Acrophobia and Individualized Homoeopathy- A Retrospective Analysis

Dr. Yogeshwari Gupta, Dr. Anshul Chahar, Dr. Samridhi Sharma

ABSTRACT

Background: A psychosomatic disease involves both the body and mind. These diseases have physical symptoms originating from mental or emotional causes. According to literature fear is a metaphysical cause of alopecia. According to Dr. Kent, the disease process starts from the mind. According to Dr. Hahnemann also Aphorism 225 states continued fear for a long time destroys corporeal health over time. So, this study was conducted with an objective to find out if fear relates in cases of alopecia and to know the effectiveness of homoeopathic medicines in these cases.

Methods: Mental generals data of patients during the period between February 2022 to March 2022 were collected retrospectively and pre-post treatment scores were analysed with paired t-test statistical methods.

Results: Mental generals of patients show Acrophobia in the majority of cases. Paired t-test result showed that p value is < 0.05 & value of t (6.2) is greater than the tabulated value in t-table at $df = 17$ (2.11), which was statistically significant. As per literature, Alopecia is found to be associated with fear.

Conclusion: This retrospective analysis concludes finding of Acrophobia in patients of Alopecia and individualized medicine when given to the patients shows positive results. Detailed repertorization from different repertories for "fear high place" showed listing of these medicines at the top of the chart. Also this analysis opens a scope for further prospective studies in this direction for developing strong evidence.

Keywords: Alopecia, Homoeopathy, Psychosomatic, *Individualized Homoeopathic Medicines*, Acrophobia.

INTRODUCTION

Psychosomatic disorders are those in which physiological functioning is affected by psychological stresses which leads to structural damage.^[1] Human body reacts in a certain way under fear.^[2] If fear was present for a long time, hair follicles damage may become irreversible. If this was episodic and did not recur in the near future, hair restoration occurs normally and will last approximately 3-4 months.^[2]

Materials & Methods

For this retrospective analysis concerned case record during the period of February 2022 to March 2022, irrespective of age, sex and types were ob-

tained from General Outpatient Department (OPD) of Swasthya Kalyan Homoeopathic Medical College & Research Centre, Sitapura, Jaipur, India to find out how many cases were having acrophobia. Individualized homoeopathic medicines along with pre-post treatment score which was calculated on the basis of self made Alopecia scoring scale were listed (Table-2) which was developed on the basis of literature to clinically assess the treatment outcome in cases of Alopecia (Table-3). Different repertories were also searched for the fear high place or fear of height, first & Second grade medicines for such rubric are indicated against them (Refer Table 1) and are again repertorized in single window as shown in Figure-1 to

cross check the medicine which was given in the majority of cases of clinically diagnosed cases of Alopecia with Acrophobia with reportorial re-

sults. Paired t-test applied on Pre-Post treatment score to assess effectiveness of homoeopathic medicines.

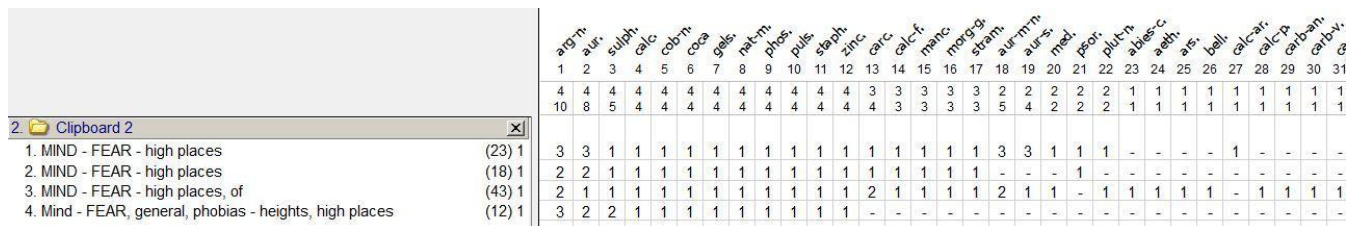


Figure 1

Table-1

FEAR	Synthesis Repertory	Murphy's Reprtory	Van Zandvoort R Complete Repertory (2003)	Van Zandvoort R Complete Repertory 4.5
High place	<i>Arg-n. Aur-m-n. Carc</i>	<i>ARG-N.Aur. Sulph.</i>	<i>ARG-N.AUR.AUR-M-N. AUR-S.</i>	<i>Arg-n.Aur.</i>

Table-2

S.No.	PRE-TREATMENT SCORE	POST-TREATMENT SCORE	MEDICINE GIVEN
1.	3	2	Lycopodium
2.	1	0	Natrium Muriaticum
3.	2	0	Nux Vomica
4.	0	0	Lycopodium
5.	1	0	Natrium Muriaticum
6.	1	0	Lycopodium
7.	2	0	Baryta Carbonicum
8.	3	0	Sulphur
9.	1	0	Phosphorus
10.	1	0	Natrium Muriaticum
11.	4	0	Natrium Muriaticum
12.	3	0	Phosphorus
13.	2	0	Sulphur
14.	0	0	Natrium Muriaticum
15.	4	0	Argentum Nitricum
16.	2	0	Hepar Sulphur
17.	1	0	Thuja
18.	2	0	Phosphorus

Table-3 Clinical Assessment of Alopecia – Alopecia Scoring Scale

Score	Hair-fall ^[5]	Itching ^[7]	Dandruff with Hairfall ^[6]	Hairpull Test ^[5]
0	<100	Absent	Absent with 50-100 hairfall	Negative
1	100-150	Pruritus without the need to scratch	Present with <100 hairfall	>10% or >6 Hairs/Pull
2	150-200	Pruritus with the need to scratch but without excoriation	Present with 100- 200 hairfall	>20% or >12 Hairs/Pull
3	200-250	Pruritus unrelieved by scratching but without excoriation	Present with 200-300 hairfall	>30% or >18 Hairs/Pull

Results

Out of 63 clinically diagnosed cases of Alopecia 18 cases found to have Acrophobia (shown in Figure 2) and out of these 18 cases, in 5 cases Natrum Muriaticum, in 3 cases Lycopodium, in 3 cases Phosphorus, in 2 cases Sulphur, in respective single cases Nux Vomica, Baryta Carb, Argentum Nitri-

cum, Hepar Sulphur, Thuja (Figure-3) was given to the patient as shown in Table-2 along with pre-post treatment score. Further Rubric “Fear High Place or Fear of Height ” was searched from different repertories at one place showing Argentum Niticum, Sulphur, Natrium Muriaticum, Phosphorus at top of the list.

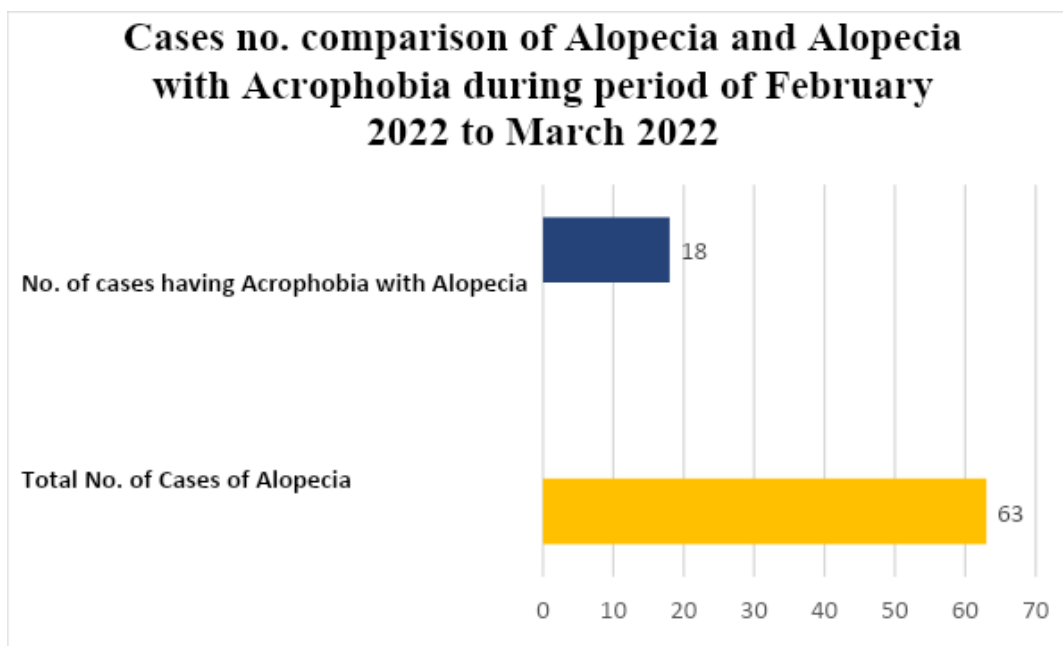


Figure-2

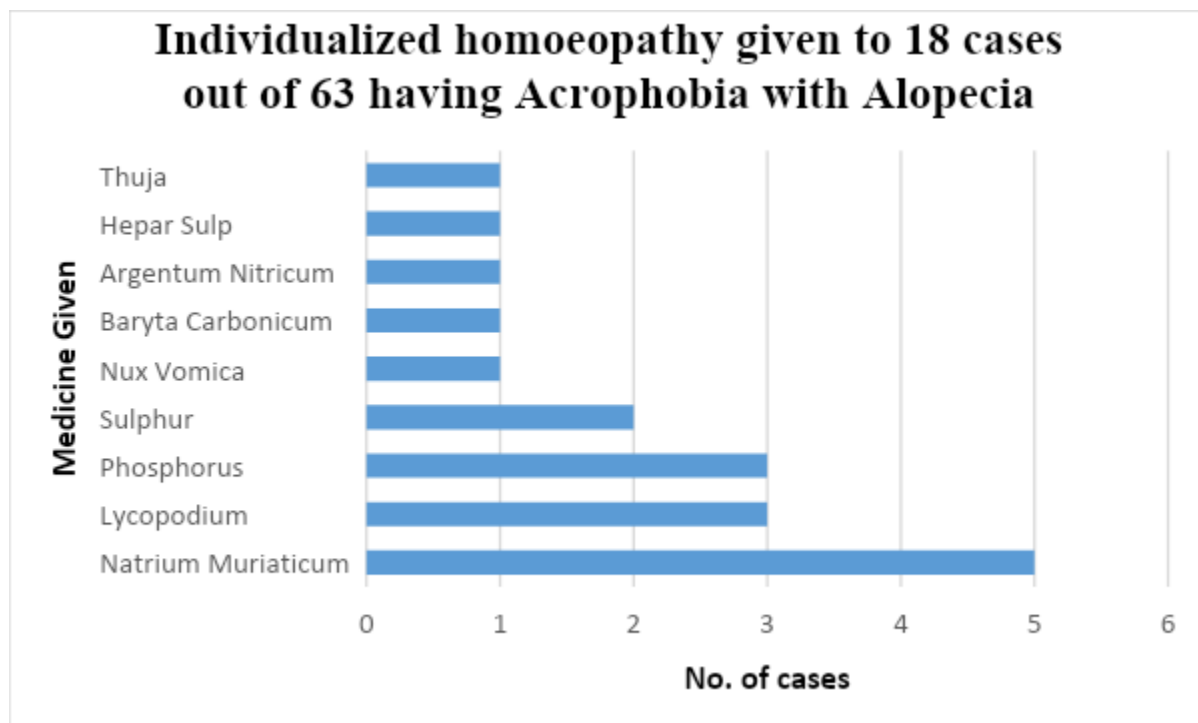


Figure-3

Search of Homoeopathic Medicines through reportorial approach (shown in Table-1)

Pre-Post treatment score was calculated on the basis of Alopecia Scoring Scale before treatment as well as after treatment and was compared to assess the effectiveness of homoeopathic medicines. Following outcomes was assessed:

- Improvement:** If the score is reduced after the treatment.
- Status Quo:** If the score remained the same

after the treatment.

- Worse:** If the score was increased even after the treatment.

Paired t-test was applied on Pre-Post treatment score to assess effectiveness of homoeopathic medicines. The treatment outcome was analyzed on 18 patients. The statistical test used to achieve the goal was Paired t-Test. The analysis was done on IBM SPSS 25.0. So, Sample size is 18, for which degree of freedom (n-1) = 17 and level of significance is $\alpha=0.05$.

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. ErrorMean
Pair1	Score (before/t)	1.833	18	1.20	0.28
	Score (after/t)	0.111	18	0.47	0.11

Table-4: Mean & Standard deviation of the samples

Paired Samples Test									
		Paired Differences			95% Confidence Interval of the Difference				Sig. (2-tailed) (p)
		Mean	Std. Deviation	Std. Error					
				Mean	Lower	Upper	T	df	
Pair1	Score(before/t) - Score(after t/t)	1.722	1.178	0.278	1.14	2.31	6.2	17	0.000

Table-5: Paired t-test.

Paired t-test (shown in Table-5) was conducted to assess effectiveness of Homoeopathic medicines in the treatment of Alopecia. In this above mentioned table, the result showed that p value is < 0.05 & value of *t* (6.2) is greater than the tabulated value in t-table at *df* = 17 (2.11), which was statistically significant.

DISCUSSION

In Aphorism 225 Dr. Hahnemann states that “There are, however, as has just been stated, certainly a few emotional diseases which have not merely been developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree”^[3]

The loss of hairline begins to occur as a result of a person’s desire to have total control over the situation, as well as due to a distrustful attitude towards life and constant tension. The psychosomatics of hair loss is directly related to a person’s sense of self.^[3]

Kent considered that the mind is the centre of the whole functioning of the organism and that it is also the focal point from which the disease process starts.^[4]

As fear, tension, trying to control everything, not trusting the process of life are the metaphysical cause of alopecia or baldness.^[8] Previous Studies also concluded that psychological factors involved in development of disease.^{[9][10]}

This study concludes that in patients of alopecia, in mental generals acrophobia was found and when individualized homoeopathic medicines were given to the patient showed improvement in alopecia condition. So, one strength of this retrospective analysis is that homoeopathic medicines which were given to these patients on the basis of individualization showed positive results also listed on the top of the repertorization table when rubric “Fear high places” or “Fear of height” was searched in different repertories. This analysis opens a scope for further prospective studies in this direction for developing strong evidence.

CONCLUSION

This retrospective analysis showed finding of Acrophobia in patients of Alopecia and individualized medicine given to the patients shows positive results. Further such studies are needed to provide strong evidence in relation to this.

Declaration of Patient’s Consent–Consent was obtained from all patients for publication of their treatment results.

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Conflicts of Interests – None declared

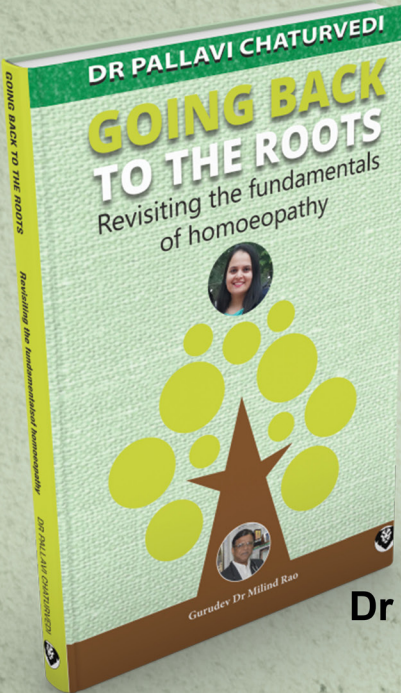
Acknowledgement – NIL


REFERENCES

1. Satsangi AK, Brugnoli MP. Anxiety and psychosomatic symptoms in palliative care: from neuropsych biological response to stress, to symptoms' management with clinical hypnosis and meditative states. *Annals of Palliative Medicine*. 2018;7(1):75–111.
2. Hair loss metaphysical reasons. Louise hay baldness [Internet]. Spoabris.ru. Available from: <https://spoabris.ru/en/vypadenie-volos-metafizicheskie-prichiny-luiza-hei-oblysenie.html>
3. Hahnemann S. *Organon of Medicine*. Reprint Edition. Indian Books and Periodicals Publishers; 2004. 142,143,146.
4. Sankaran P, Sankaran R. *The Elements of Homeopathy*. 1st edition. Bombay: Homoeopathic Medical Publishers; 1996; 2:704.
5. Shapiro Jerry. Hair Loss: Principles of Diagnosis and Management of Alopecia.p. 10-13
6. Saint Le 'ger D. Dandruff (pityriasis capitis simplex):of yeasts and men. In: *The science of hair care*, 2nd edn. Bouillon, C., Wilkinson; Boca Raton: Tailor and Francis; 2005. p. 609–631
7. Reich A, Jacek, Szepietowski C. Pruritus intensity assessment: challenge for clinicians. *Expert Review of Dermatology*. 2013;8(3).p. 291–9.
8. Hay L. *Heal Your Body: The mental causes for physical illness and the metaphysical way to overcome them*. Carlsbad, CA: Hay House; 1995.p. 17
9. Torales J, Castaldelli-Maia JM, Ventriglio A, Almirón-Santacruz J, Barrios I, O'Higgins M, et al. Alopecia areata: A psychodermatological perspective. *J Cosmet Dermatol*. 2022;21(6):2318–23
10. Güleç AT, Tanriverdi N, Dürü C, Saray Y, Akçali C. The role of psychological factors in alopecia areata and the impact of the disease on the quality of life. *Int J Dermatol [Internet]*. 2004;43(5):352–6.

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GOING BACK TO THE ROOTS

Revisiting the fundamentals
of homoeopathy

Author
Dr Pallavi Chaturvedi



Role of Motivation in Homoeopathic Chronic Care Patient Management

Dr. Grace Thokchom

ABSTRACT

Background: The main aim of this article is to understand the role of motivation and positive reinforcement in homoeopathic chronic case management.

Keywords: motivation, chronic care patient management, reinforcement.

INTRODUCTION

Motivation is a process which energises an individual to act or behave in a particular manner for attending some specific goal or purpose.

Every human being has to strive for the satisfaction of his basic needs and push the individual towards the process of motivation. Need is the basic element of a motivational process. Every human being moves forward and enhances himself with the driven force called drive.

For easy understanding we can divide need into two broad classifications.

- a. Biological
- b. Socio-psychological needs.

Biological needs are our bodily or organic needs. It comprises the need for oxygen, water, food etc. for basic physiological functioning of the body. Other categories of biological need include need for rest, regular elimination of waste products, action when rested, sleep after a period of wakefulness, protection of threats etc. We can place the third category of biological need as need for satisfaction of sex urge or desire to seek sex experiences. And the last category are the needs associated with the demands of our senses. These include the need for physical contact, sensory stimulation, variability and manipulation etc.

On the other hand, socio- psychological needs include the needs that are associated with the socio-cultural environment of an individual which are acquired through social learning.

It can be categorized as-

- a. Need for freedom or gaining independence
- b. Need for security
- c. Need for love and affection
- d. Need to achieve
- e. Need for recognition or social approval
- f. Need for social company
- g. Need for self-assertion
- h. Need for self-expression or self-actualization

These needs give rise to drive, which is an aroused awareness of heightened tension that sets up for a desirable goal -oriented behavior.

It is not uncommon among patients who are under the chronic care unit to lack such kind of goal-oriented behavior due to various reasons. Some of the factors are

- a. Physically ill
- b. Lack of social interaction
- c. Dependent on others
- d. Loss of hope
- e. Frustration etc.

There are various theories of motivation proposed by different schools of Psychology.

One among them is Maslow's Self Actualization theory. According to this theory, the motive of self-actualization is related to one's motivation. Self-actualization refers to an individual's need for his or her own potential. Self-actualizers are the one who make the fullest use of their capacities. Human needs are arranged themselves in hierarchies of prepotency i.e, the appearance of one need depends on the satisfaction of another. They are closely related to each other and may be arranged from lowest to highest development of

personality.

He proposed five sets of basic needs that can be arranged in definite hierarchical order.



Figure: Maslow's hierarchical structure of needs

Starting from the satisfaction of the physiological needs, every individual strives for the satisfaction of the other needs of higher order. This striving for one or the other needs causes motivation for his behavior. The satisfaction of one need leads an individual to try for the satisfaction of other needs. In this way the motivational behavior of a person is always dominated not by his satisfactions but by his unsatisfied wants, desires or needs.

In homeopathic treatment, individualization is the essence of the treatment. Each individual's behavior, habit, intellectual character and domestic mode of living are taken into considerations along with the homeopathically indicated medicine as a part of the treatment protocol

A brief reflection on the role of motivation in homoeopathic chronic care management.

A 62 years old female of known case of Pott's disease and BPAD, currently in remission was admitted under the palliative care unit of chronic care management for paraplegia and other neurological disorders. She is by nature- a very cooperative and affectionate woman who used to smile most of the time and was friendly with people around and the caretakers. After a week of admission patient started to get recurrent episodes of fever towards evening on most of the days. Blood investigation shows mild rise of ESR and 4-5/HPF pus cells in urine. In spite of giving well indicated homoeopathic medicine it failed to help the pa-

tient except to some extent partial relief for a very short period of time.

After a series of observations and interviewing the patient, the examiner found out about the patient's lack of motivation in the treatment process. She complained of pain most of the time, ring the alarm bell more often for help, reduced smiling to the examiner unlike before and became less cooperative.

At this point the examiner identified the need of belonging and love in the patient and adopted the technique of reinforcement in the form of incentives to drive the patient's motivation, in other word- rewards in the form of incentives were given for some desirable behaviors like smiling, greeting the examiner etc. During each visit of IPD rounds- whenever a patient shows these gestures of greeting and smile, incentives in the form of edible items (as per the patient's choice) were given and they appreciated the gestures. This technique continued for a while and within subsequent days there were visible changes in the patient's behavior- patient started smiling more often, greeting people with handshakes thereby reducing the episode of recurrent fever and complaint of pain intensity at the same time.

CONCLUSION:

Motivation plays an important role in homoeopathic chronic care management in understanding the patient's need to drive better health behavior and overall wellness. And technique of reinforcements can be used in order to bring up the desirable behavior from the patient.

REFERENCES

1. MANGAL, S. K. Introduction to Psychology. STERLING PUBLISHERS PVT, 2022.
2. Morgan, Clifford Thomas, and Clifford Thomas Morgan. Study Guide to Accompany Introduction to Psychology. McGraw-Hill, 1956.
3. Mangal SK. Advanced educational psychology. New Delhi, India: Phi Learning; 2012.

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Homoeopathic Drug Proving on Sick: First Step Towards A Model

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MATERIALS & METHODS

Procedure (Continued from The Homoeopathic Heritage, Vol 49, No. 6, September 2023)

Next, each patient was provided a 'Patient's Symptom Recording Sheet', to record changes in his/her mental and physical symptoms, till next follow-up visit.

All the patients were required to attend two follow-up visits, at the interval of one or two weeks, depending upon their health condition. During the follow-up, the changes in the subjective and objective symptoms were recorded in the 'Follow-up/During and Post-proving Assessment and Treatment Format' to evaluate the effect of during and after medicine. In this proforma, the symptoms were recorded under three categories as described in TABLE 3.

TABLE 3: CATEGORIES OF SYMPTOMS

1	Symptoms observed as disappeared/ameliorated after administration of the medicine	These symptoms were regarded as solely belonging to the pathogenesis of <i>Pulsatilla nigricans</i> .
2	Symptoms observed as appeared/aggravated after administration of the medicine	These symptoms were regarded as produced due to the administration of <i>Pulsatilla nigricans</i> on the sick individuals and thus, belonging to the pathogenesis of <i>Pulsatilla nigricans</i>
3	Symptoms observed as re-appeared (old symptoms) after administration of the medicine	These symptoms were present in the history of the patient (as elicited during case-taking/ anamnesis) and reappeared after the administration of <i>Pulsatilla nigricans</i> , and thus, regarded as belonging to the pathogenesis of <i>Pulsatilla nigricans</i> .

Note: The symptoms from any of the above three categories were taken as significant only if found in more than two patients.

During each follow up visit, the patients were interrogated to validate the sign(s) &/or symptom(s) recorded by them in their 'Patient's Symptom Recording Sheet'. The patients had to submit this sheet at the centre and receive a new blank copy of the sheet, for subsequent recording of the changes in the state of their sickness till next follow-up visits. All these sheets were collected and kept attached with the case records for evaluation of the results. The potency, dose and repetition of *Pulsatilla nigricans* were reviewed according to the condition of the patients during each follow-

up visit.

Adverse events

If the symptoms of medicinal aggravation appeared, then, these were to be noted down, but appropriate measures to be undertaken for the well-being of each patient, i.e, either the medicine to be antidoted, or if the medicinal symptoms were not violent enough to endanger the life of the patient, then placebo to be prescribed and the treatment to be continued. However, no cases of adverse events were reported.

Data Collection and Data Analysis: The data were collected by clinical *case study* method of research, which consisted of pathogenetic symptoms of *Pulsatilla nigricans* obtained after its administration to the patients, which were analysed by *content analysis*. The sign(s) &/or symptom(s)

recorded in 'Case taking proforma/Pre-proving Assessment and Treatment Format', 'Follow-up/ During and Post-proving Assessment and Treatment Format' and the 'Patient's Symptom Recording Sheet' from all the patients were compiled into 'Symptoms Compiling Proforma' [Table 4].

TABLE 4: SYMPTOMS COMPILING PROFORMA

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C1	<ul style="list-style-type: none"> Sensation as if about to menstruate [<i>absence of menses</i>] Obstruction of nose felt better [<i>obstruction of nose</i>] 	<ul style="list-style-type: none"> Obstinate constipation Increased appetite [<i>moderate appetite</i>] Increased thirst [<i>moderate thirst</i>] 	<ul style="list-style-type: none"> Pain due to ureteric stone
C2	<ul style="list-style-type: none"> Menstrual flow stopped [<i>profuse menstrual flow</i>] No recurrence of menses at shorter duration [<i>menses occurring at shorter duration- every 20 days</i>] Menses: non-offensive, dark red [<i>menses: offensive, black</i>] Pain in lower abdomen accompanied with menses decreased [<i>pain in lower abdomen during menses</i>] Appetite improved and desires to eat [<i>decreased appetite with no desire to eat</i>] 	<ul style="list-style-type: none"> Small, papular, pimple-like red eruptions on face Small, papular, pimple-like red eruptions on back Severe backache (whole back); feels as if the back would break down; > lying down Increased thirst [<i>moderate thirst</i>] 	No symptom
C3	<ul style="list-style-type: none"> Mucus in throat in morning decreased [<i>finds mucus accumulated in the throat in the morning on waking up</i>] Sneezing, coryza with cough improved [<i>sneezing, coryza with cough</i>] Obstruction of nose decreased [<i>obstruction of nose</i>] Rawness in throat decreased [<i>rawness in throat</i>] Thirst improved [<i>decreased thirst</i>] Difficulty in breathing decreased [<i>difficulty in breathing (with bronchitis)</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C4	<ul style="list-style-type: none"> • Pain and stiffness in joints of fingers of hands decreased [<i>pain and stiffness in joints of fingers of hands</i>] • Pain and stiffness in joints of knees decreased [<i>Pain and stiffness in joints of knees</i>] • Attacks of suffocative feeling at night accompanied with great anxiety, restlessness and palpitation relieved [<i>Attacks of suffocative feeling at night accompanied with great anxiety, restlessness and palpitation</i>] • Feels less weepy now [<i>weepiness of mood</i>] • Sudden clenching of jaws relieved [<i>sudden clenching of jaws</i>] • Eructations of gas relieved [<i>gas formation in abdomen with eructations</i>] • Sudden stiffness in lumbo-sacral joint, as of a cramp; >rubbing-improved [<i>Sudden stiffness in lumbo-sacral joint, as of a cramp; >rubbing</i>] • General weakness decreased [<i>general weakness</i>] • Bodyache decreased [<i>bodyache</i>] • Depression of mood decreased [<i>depressed mood</i>] • Menses became regular [<i>irregular menses</i>] 	<ul style="list-style-type: none"> • Obstinate constipation • Cramps in calves of legs (more in left leg) • Pain in feet • Changeability in eating desires: sometimes feels like eating salty things, and sometimes sweet things • Pain in legs • Weak feeling in legs • Acidity and gas formation in abdomen; burning sensation felt in chest due to acid reflux from the stomach • Pain in right shoulder joint • Sensation as if body weight lost • Mental irritability increased [<i>Irritable (mind)</i>] • Anger increased [<i>Anger</i>] 	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C5	<ul style="list-style-type: none"> • Pain in knee joints decreased [<i>pain in knee joints; pricking pain, <bending the joint, >hot water</i>] • Cervical pain and stiffness decreased [<i>Cervical pain and stiffness, < after waking up in morning, >afternoon</i>] • Appetite improved [<i>decreased appetite</i>] • Thirst improved [<i>decreased thirst</i>] • Feels less weepy now [<i>Weepiness of mood</i>] 	No symptom	No symptom
C6	<ul style="list-style-type: none"> • Pain in waist decreased [<i>pain in waist: shifts places in the waist; stretching and pricking; <walking, bending forward, lifting heavy weight, >lying down</i>] • Bodyache decreased [<i>Bodyache</i>] • Pain in neck with vertigo decreased [<i>Pain in neck with vertigo</i>] • Blisters in mouth decreased in number [<i>recurrent blisters in mouth with intense pain, sensitiveness; <warmth, >cold with sour taste in mouth</i>] • Tingling in hands decreased [<i>tingling in hands</i>] • Tingling in feet decreased [<i>tingling in feet</i>] • Appetite improved with desire to eat [<i>no desire to eat though hungry, likes cold food</i>] • Thirst improved [<i>decreased thirst</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C7	<ul style="list-style-type: none"> • Pain in the swelling on left side of chest decreased [<i>Swelling around the nipple over the left side of chest, with tenderness in lateral lower part on the left side, pricking pain, <touch</i>] • Blisters in mouth decreased in number with decreased salivation [<i>Frequent blisters in mouth with increased salivation</i>] • Frequent desire to urinate decreased [<i>Frequent desire to urinate</i>] • Appetite improved [<i>decreased appetite</i>] 	No symptom	No symptom
C8	<ul style="list-style-type: none"> • Anxiety decreased [<i>Anxiety that someone may demand something from her; wants to help others but too much helping others brings her a fear of ruining herself</i>] • Pain in neck decreased [<i>Pain in neck</i>] • Pain in knees decreased [<i>Pain in knees with knocking sound</i>] • Mucus in the throat during early morning after waking decreased [<i>Finds mucus accumulated in the throat in the morning on waking up</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C9	<ul style="list-style-type: none"> Itching over whole body with no urticaria [<i>Urticaria with excessive itching over whole body; burning after scratching; cannot cover it, must be in open</i>] White spot on the skin of back decreased in size [<i>White spot on the skin of back</i>]; pigmentation started Appetite improved [<i>decreased appetite</i>] Pain of calf muscles decreased [<i>pain in left leg, especially in calf muscles; unable to walk and stand; desire to lie down; pain comes suddenly and goes gradually; <walking, summer; heaviness and swelling of calf muscles</i>] Tongue: white coated^o edges clear, centre white coated^o clean [<i>Tongue: white coated</i>] Pain in left leg decreased [<i>Pain in left leg; <climbing, walking, summers</i>] 	<ul style="list-style-type: none"> Boil over lower abdomen Pain and stiffness in joints of fingers of hands Pain in left lower limb; difficulty in standing up Itching over thighs Numbness of left thigh Formication in left thigh, <walking, standing Eye: haziness, unclear vision; watery; black spot before eyes; stitching in eyes 	No symptom
C10	<ul style="list-style-type: none"> Brown discoloration over cheeks slightly decreased in size [<i>Brown discoloration over the cheeks</i>] 	<ul style="list-style-type: none"> Burning sensation in blackish spots on the cheeks Blister appeared over tongue [<i>no blister over the tongue</i>] Headache, <morning on waking 	No symptom
C11	<ul style="list-style-type: none"> Itching and eruptions over the soles of feet decreased [<i>Itching and eruptions over the soles of feet</i>] Itching over scalp decreased [<i>Itching over scalp</i>] Anxiety with palpitation in afternoon decreased [<i>Anxiety with palpitation in afternoon</i>] Aching pain in both the legs decreased [<i>Aching pain in both the legs</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C12	<ul style="list-style-type: none"> Pain in lower abdomen during menses decreased [<i>Pain in lower abdomen during menses; agg. standing, after flow begins; amel. rest</i>] Pain in lumbar region of back during menses decreased [<i>Pain in lumbar region of back during menses</i>] 	No symptom	No symptom
C13	<ul style="list-style-type: none"> Eruptions over cheeks decreased in number [<i>Eruptions over the cheeks with pus; painful on touch; leaving reddish scars</i>] 	<ul style="list-style-type: none"> General weakness 	No symptom
C14	<ul style="list-style-type: none"> Eruptions over the body (lipoma) slightly changed [<i>Eruptions over the body (lipoma)</i>] 	No symptom	No symptom
C15	<ul style="list-style-type: none"> Acne bilaterally symmetrical, blood and pus, mixed leaving marks behind- bluish, decreased [<i>Acne bilaterally symmetrical, blood and pus, mixed leaving marks behind- bluish</i>] 	No symptom	No symptom
C16	<ul style="list-style-type: none"> Profuse leucorrhoea with pain in lumbar region of back; <stooping decreased [<i>Profuse leucorrhoea with pain in lumbar region of back; <stooping</i>] Dryness in throat decreased [<i>Dryness in throat</i>] Darkness before eyes decreased [<i>Darkness before eyes</i>] Pain in abdomen on lying down decreased [<i>Pain in abdomen on lying down</i>] Pain in lower abdomen during menses decreased [<i>pain in lower abdomen during menses</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C17	<ul style="list-style-type: none"> • Pain with swelling in joints: elbow, knee, hip bones and on sides of both eyes, decreased [<i>Pain with swelling in joints: elbow, knee, hip bones and on sides of both eyes</i>] • Pain felt in bones, <motion, winters, cold weather, rainy weather; >pressure of tight bandaging with cloth, >lying down, massaging and wrapping with cloth- decreased [<i>Pain felt in bones, <motion, winters, cold weather, rainy weather; >pressure of tight bandaging with cloth, >lying down, massaging and wrapping with cloth</i>] • Pain radiating from shoulders to hands decreased [<i>Pain radiates from shoulders to hands</i>] • Pain radiating from hip to ankles decreased [<i>Pain radiates from hip to ankles</i>] • Pain in one joint increase while pain in another joint decrease- ameliorated [<i>Pain in one joint increase while pain in another joint decreases</i>] 	No symptom	No symptom
C18	<ul style="list-style-type: none"> • Itching over whole body, <rainy season decreased [<i>Itching over whole body, <rainy season</i>] • Acidity after eating oily or spicy food decreased [<i>Acidity after eating oily or spicy food</i>] 	<ul style="list-style-type: none"> • Boils over the back of head • Boils over the shoulders • Pain in left knee joint 	No symptom
C19	<ul style="list-style-type: none"> • Running nose, watery eyes, <morning- decreased [<i>Running nose, watery eyes, <morning</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C20	<ul style="list-style-type: none"> • Pain in abdomen during and after stool decreased [<i>Pain in abdomen during and after stool</i>] • Backache decreased [<i>Backache</i>] • Pain and heaviness in abdomen after eating meal decreased [<i>Pain and heaviness in abdomen after eating meal</i>] • White coating of the tongue decreased [<i>White coating of the tongue</i>] • Gas formation with bloating of abdomen, <eating, decreased [<i>Gas formation with bloating of abdomen, <eating</i>] • Headache decreased [<i>Headache</i>] 	<ul style="list-style-type: none"> • Itching in eyes • General weakness • Pain in feet • Increased thirst [<i>moderate thirst</i>] • Dryness of throat, has to get up at night to have water 	<ul style="list-style-type: none"> • Running nose, sneezing with watering of eyes at change of weather
C21	<ul style="list-style-type: none"> • Brown discoloration over the cheeks slightly decreased [<i>Brown discoloration over the cheeks</i>] 	No symptom	No symptom
C22	<ul style="list-style-type: none"> • Itching over whole body, <change of weather, warm, sleep decreased [<i>Itching over whole body, <change of weather, warm, sleep</i>] • Burning during urination decreased [<i>Burning during urination</i>] • Feels less weepy now [<i>Weepiness of mood</i>] 	<ul style="list-style-type: none"> • Pain in legs • Headache 	No symptom
C23	<ul style="list-style-type: none"> • Pain in left flank decreased [<i>Pain in left flank</i>] 	No symptom	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C24	<ul style="list-style-type: none"> • Thirst improved [<i>decreased thirst</i>] • Difficulty in breathing with suffocative feeling in throat and restlessness decreased [<i>Difficulty in breathing with suffocative feeling in throat and restlessness</i>] • Palpitation decreased [<i>Palpitation felt in the chest</i>] • Bodyache decreased [<i>Bodyache</i>] • Feels less weepy now [<i>Weepiness of mood</i>] • Pain in ribs decreased [<i>Pain in ribs</i>] • Dryness in throat decreased [<i>Dryness in throat</i>] • Burning in throat decreased [<i>Burning in throat</i>] • Headache decreased [<i>Headache</i>] • Vertigo decreased [<i>Vertigo</i>] 	<ul style="list-style-type: none"> • Pain in shoulders • Decreased appetite • Sleep decreased • Pain in legs, right leg more painful than the left leg 	No symptom
C25	<ul style="list-style-type: none"> • White discharge per vagina decreased [<i>White discharge per vagina</i>] • General weakness decreased [<i>General weakness</i>] 	<ul style="list-style-type: none"> • Pain in legs • Heaviness in head • Pain in heels, right heel more painful than the left • Vertigo, <standing • Sleep decreased 	No symptom
C26	<ul style="list-style-type: none"> • Gas formation because of fried food leading to headache and vomiting, ameliorated [<i>Gas formation because of fried food leading to headache and vomiting</i>] • General weakness ameliorated [<i>General weakness</i>] • Swelling in the feet decreased [<i>Swelling in the feet</i>] • Blackish discoloration over the face ameliorated [<i>Blackish discoloration over the face</i>] • Concentration improved [<i>Concentration difficult</i>] • Menses appeared [<i>absence of menses</i>] 	<ul style="list-style-type: none"> • Constipation: difficulty in passing the stool, has to strain a lot • Pain in the left side of neck 	No symptom

Case number	Symptoms observed as disappeared/ameliorated	Symptoms observed as appeared/aggravated	Symptoms observed as re-appeared
C27	<ul style="list-style-type: none"> Feeling of nausea after eating food decreased [<i>Feeling of nausea after eating food</i>] Appetite improved [<i>decreased appetite</i>] Appearance of menses [<i>absence of menses</i>] Pain in lower abdomen during menses decreased [<i>Pain in lower abdomen during menses</i>] Backache during menses, >during flow, decreased [<i>Backache during menses, >during flow</i>] Pain and heaviness of breasts during menses decreased [<i>Pain and heaviness of breasts during menses</i>] Craving for fresh air before menses decreased [<i>craving for fresh air before menses</i>] Thirst improved [<i>decreased thirst</i>] 	<ul style="list-style-type: none"> Pain and heaviness in abdomen and chest after eating food Red coloured, pimple-like eruptions on the face Menstrual flow increased, painless heavy bleeding 	<ul style="list-style-type: none"> Cold, coryza with sneezing, running nose Difficulty in breathing General weakness
C28	<ul style="list-style-type: none"> Pain in multiple joints, wandering pains, >lying down decreased [<i>Pain in multiple joints, wandering pains, >lying down</i>] 	<ul style="list-style-type: none"> Sleep became worse- Unrefreshing sleep 	No symptom
C29	<ul style="list-style-type: none"> Cough better [<i>Cough</i>] Sneezing better [<i>Sneezing</i>] Running nose better [<i>Running nose</i>] 	<ul style="list-style-type: none"> Headache Pain in hands Pain in feet 	No symptom
C30	<ul style="list-style-type: none"> Small eruptions in palm, in between fingers and back of both hands decreased in number, reddish colour in them decreased, <soap, detergent, >scratching, daytime [<i>Small eruptions in palm, in between fingers and back of both hands, reddish in colour, <soap, detergent, >scratching, daytime</i>] 	No symptom	No symptom

Note. Symptoms within brackets, in italics, are the symptoms of the patients at the beginning of their treatment

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Anxiety : with a View on Homoeopathic Repertories

Dr. Rimi Srivastava

ABSTRACT

Studying medicines, disease conditions and symptoms with the help of the rubrics provide valid and reliable information in resolving every case individually. In this article, an attempt has been made to collect various rubrics associated with anxiety disorder from different repertories to study medicines with a new approach. Rubrics are the repertorial language of the symptoms given by patients which provide evidence based homoeopathy as the symptoms have been clinically verified and are authenticated. Repertory helps to find several important symptoms or single remedy symptoms which are well proven but at times not mentioned or overlooked in homoeopathic materia medica. The article aims at using repertories in a way that both retrospective and prospective study of the medicine can be done. Objective of this article was to simplify the use of repertory in cases of anxiety by understanding the symptoms under various sections. It was concluded that anxiety can be studied through repertory under several sub headings like onset , relation with time, cause, mental or bodily anxiety, associated conditions and alternating symptoms.^[1]

Keywords: Anxiety, Rubrics, Homoeopathy

INTRODUCTION

One of the mental diseases that we witness today as rising in the number of cases is anxiety. Anxiety is defined as a state of apprehension, unease or anticipation arising out of a danger or fear of the unknown. The term has a relation to fear in its essence whereas its synonyms like concern and worry are related more with the essence of care. Anxiety has several physical and psychological symptoms.

Physical symptoms are categorized into motor and autonomic / visceral symptoms. Motor symptoms include tremors, restlessness, twitchings and fearful facial expressions. Palpitation, tachycardia, sweating, hot flushes, dyspnoea, hyperventilation, constriction in the chest, dry mouth, frequency of micturition and diarrhea constitute the autonomic / visceral symptoms. Patients suffering with anxiety experience various psychological symptoms as well such as difficulty in concentration, negative thoughts, apprehension, fearfulness, inability to relax, irritation, feeling of impending doom, insomnia and hypersomnia.^[2]

According to psychodynamic theory anxiety acts as a signal that there is something disturbing the psyche. This calls repression (a defense mechanism) to come into play. Repression is defined as withdrawal of unwanted ideas, thoughts and desires from the conscious mind and pushing it down into the unconscious part of the mind. A blockage is created which prevents the thoughts from re- entering the conscious mind. If this fails the anxiety increases and causes distress to the individual.^[3]

An integrated method is highly effective when studying a disease and medicine with the help of rubrics hence achieving a holistic approach. This gives a vast knowledge of the required subject in a short time and peculiar symptoms can be traced speedily. It gives a new perspective to understand homoeopathic medicines and shows their deep and dynamic nature. The repertorial literature shows various connections of the disease symptom with mind, specific regions affected and physical symptoms.^[4]

Studying Anxiety With The Help Of Homoeopathic Repertories

1. Anxiety At Mental Level - Rubrics^[5]

Anxiety about business	Anxiety about health
Anxiety about children	Anxiety about others
Anxiety about conscience	Anxiety about salvation
Anxiety about duty	Anxiety about trifles
Anxiety about family	Anxiety associated with fear / fright
Anxiety about friends	Anxiety associated with weeping
Anxiety about future	

Few single medicine rubrics given in repertory:-

Anxiety about business

Business is defined as a person's occupation, work or trade. The term is not only confined to those who have a business or are running a company. For every individual business should be understood in an individual context as to what work the person is dealing with daily. Observation should be focused on the content that the patient is talking about repeatedly.

Mind; anxiety; business, about; dyspepsia, in: NUX-V.

Mind; anxiety; business, about; prosperous, although: PSOR.

Anxiety about health

Mind; anxiety; health, about; celibacy, from: CON.

Mind; anxiety; health, about; drunkards, in: NUX-V.

Mind; anxiety; health, about; skin complaints, in: LYC.

Anxiety about salvation

Mind; anxiety; salvation, about; uterine complaints, in: lil-t.

Mind; anxiety; salvation, about; hell, of: PLAT.

Anxiety about trifles

Mind; anxiety; trifles, about; weakness, from extreme

nervous: sil.

1. Anxiety Classified By Different Regions of The Body^[5]

Anxiety in heart region

Anxiety in chest region

Anxiety in stomach

Anxiety in abdomen

Anxiety in extremities

Few single medicine rubrics about anxiety given in repertory

Anxiety in heart region

Mind; anxiety; heart region; exercise, after: LYC.

Mind; anxiety; heart region; faintness, with: VERAT.

Mind; anxiety; heart region; giving directions about the household, even when: STANN.

Mind; anxiety; heart region; grief, after: NAJA.

Mind; anxiety; heart region; stool, during: RHEUM.

Heart & circulation; anxiety; heart region; pregnancy, in: ACON.

Heart & circulation; anxiety; heart region; rheumatic complaints, in: LACH.

Heart & circulation; anxiety; heart region; sadness, be-

fore: lyc

Heart & circulation; anxiety; heart region; sighing, with: PLB.

Heart & circulation; anxiety; heart region; sight of strong colors, from: TARENT.

Anxiety in stomach

Mind; anxiety; stomach, in; menses, during: sil.

Mind; lamenting, bemoaning, wailing; anxiety in pit of stomach, about: ars.

Mind; anxiety; stomach, in; pit of; sitting, while: calc-acet.

Mind; anxiety; stomach, in; standing; amel.: calc.

Mind; anxiety; stomach, in; walking amel.: Calc.

2. Anxiety can be present with several conditions like:-^[5,6]

In bed (Mind; anxiety; bed; in; moon, at full: nat-c sep sil sulph.), menses, delivery, lying, motion, rest, rising, riding, sitting, sleep, stool, stooping, urination, waking, walking and so on.

3. Anxiety alternating with other symptoms^[5]

Mind; anxiety; alternating with; cheerfulness

Mind; anxiety; alternating with; contentment

Mind; anxiety; alternating with; ecstasy

Mind; anxiety; alternating with; euphoria, elation

Mind; anxiety; alternating with; indifference

Mind; anxiety; alternating with; irritability

Mind; anxiety; alternating with; joy

Mind; anxiety; alternating with; laughing

Mind; anxiety; alternating with; mania

Mind; anxiety; alternating with; rage

Mind; anxiety; alternating with; timidity

Mind; anxiety; alternating with; tranquility

Mind; anxiety; alternating with; fainting

Mind; anxiety; alternating with; gout

Mind; anxiety; alternating with; heat, flushes of

4. Physical symptoms associated with anxiety given in repertories^[5]

Anxiety with congestion

Anxiety with constriction

Anxiety with convulsions

Anxiety with cough

Anxiety with cramps

Anxiety with fever

Anxiety with headache

Anxiety with heaviness

Anxiety with heat

Anxiety with hemorrhage

Anxiety with inflammation

Anxiety with nausea

Anxiety with pain

Anxiety with palpitation

Anxiety with perspiration

Anxiety with pulsations

Anxiety with pulse

Anxiety with respiration

Anxiety with swelling

Anxiety with twitchings

Anxiety with vertigo

Anxiety with vomiting

Anxiety with weakness

Homoeopathic Medicines Related With Anxiety Related Disorders

1. **Aconitum napellus** - Generally with anxiety there is rapid pulse but in aconite pulse is slow and thready. Aconite is an acute remedy given when anxiety appears suddenly and causes great anguish and restlessness.^[7]

Mind; anxiety; pulse; slow, with: acon

Heart & circulation; pulse, heartbeat; thready; anxiety, with: ACON

Mind; anxiety; chilliness, with: ACON.

Mind; anxiety; hemoptysis, in: ACON.

Mind; anguish; driving him from place to place; restlessness, with: ACON^[5]

2. **Alumina** - In the repertory we find that in alumina, anxiety usually appears in the heart region between 4 A.M - 5 A.M and sometimes threatening to convulsions.

Mind; anxiety; chest, in; morning; four am. or five am.

Mind; anxiety; heart region; night; four am.

Mind; anxiety; heart region; midnight, after; four am. - five am.

Mind; anxiety; heart region; midnight, after; four am. - five am.; rising amel

Mind; anxiety; convulsions; threatening, with: alum.^[5]

3. **Ammonium carbonicum** - *Mind; anxiety; breathing; short, loud and accelerated: Ammc.*

Eyes; staring; anxiety, with: am-c.^[5]

4. **Argentum nitricum** - It is a hurried and worried constitution which gets anxiety when a time is set.

Mind; anxiety; time is set, when a: ARG-N^[5]

5. **Arsenicum album** - In arsenic we find anxiety in association with dropsical conditions.

Mind; anxiety; continued, in anasarca

Skin; swelling; edematous; anxiety, with continued: ARS.

Here We also find anxiety with other disease conditions like:-

Mind; anxiety; night; agg.; rheumatic complaints, in: ARS.

Mind; anxiety; epistaxis; with: ars.

Mind; anxiety; hernia, in inguinal: ACON ARS LACH

Back; anxiety; dorsal region: ARS carb-an.

Patients have a particular mental feature that they lament and bemoan about their pain and want to be treated fast.

Mind; lamenting, bemoaning, wailing; anxiety in pit of stomach, about: Ars.

Mind; carried; desires to be; fast: ARS^[5]

6. **Aurum metallicum** - Here complaints appear after nightwatching or loss of sleep. Patients usually have anxiety in the heart region. A peculiar finding is that emaciation may occur after mental or bodily anxiety.

Mind; anxiety; nightwatching, from: aur.

Mind; anxiety; sleep; loss of sleep, from: aur.

Heart & circulation; inflammation; heart, carditis; endocardium, endocarditis; pain and great anxiety: AUR

Heart & circulation; anxiety; heart region; motion; amel.: AUR CAUST op rhus-t.

Generalities; emaciation; anxiety, from bodily and mental: AUR.^[5]

7. **Barytas** - Constitutions with need of support. They get anxious about losing people on whom they depend.^[8]

Mind; anxiety; rolling on ground, with, and want of breath: Bar-m.

Mind; anxiety; others, for; losing their protectors or familiar relations, for: Bar-c.

Mind; anxiety; school, about: ars aur-m-n bar-p lyc sil.

Back; anxiety; lumbar region: bar-acet bar-c.^[5]

8. **Belladonna** - Complaints of anxiety are associated with bladder complaints.

Bladder; convulsions, spasms; neck; anxiety, after: bell.

Mind; anxiety; cramps, with; bladder, neck of: bell.^[5]

9. **Borax** - Anxiety is related to motion.^[7]

Mind; anxiety; children, in; rocking, from: BOR.

Mind; anxiety; **motion; agg.; airplanes, of:** BOR.

Mind; anxiety; **motion; agg.; cable-railway, of:** BOR.

Mind; anxiety; **motion; agg.; elevator, of:** BOR.

Mind; anxiety; **children, in; lifted from cradle, bed, when:** bor CALC(3) CALC-P(3) gels.

Mind; anxiety; **motion; agg.; upward:** bor.¹⁸

10. Calcarea - Patients who are extremely sensitive to cruelties, brutalities and horrible things. They become industrious from anxiety. But are aggravated by both mental and bodily exertion leading to prostration. Anxiety is felt more in the umbilical region. ^[8]

Mind; anxiety; **cruelties, after hearing of:** CALC

Mind; anxiety; **children, in; afraid of everything:** CALC.

Mind; **industrious, mania for work; anxiety, from:** CALC.

Mind; **prostration of mind; anxiety, after:** calc.

Abdomen; **pain; umbilical region; right; anxiety, with:** CALC-P^[5]

11. Chamomilla - For anxiety in infants and newborn children. Child is inconsolable.^[7]

Mind; anxiety; **children, in; infants:** CHAM

Mind; anxiety; **children, in; newborns, in:** CHAM

Mind; anxiety; **inconsolable:** CHAM^[5]

12. Coffea cruda - Patients may develop anxiety after pleasant things.

Mind; anxiety; **joyful things, by most:** COFF

Mind; **excitement, excitable; ailments from, agg.; sudden, pleasant:** COFF

Mind; **laughing; ailments from, agg.; excessive:** COFF

Mind; **play; ailments, agg. from excessive:** coff.^[5]

13. Gelsemium sempervirens - A commonly used homoeopathic medicine for anxiety. Anxiety before an appointment which is relieved by urination.^[7]

Mind; **anticipation; ailments from, agg.; stage-fright; singers and public speakers, in:** GELS

Mind; **fright, fear agg., ailments from; ordeal, of an:** GELS

Mind; **unusual, ailments from anything:** GELS

Mind; anxiety; **urination; amel.:** gels

Mind; anxiety; **anticipating an engagement:** gels^[5,6]

14. Ignatia amara - It is usually given for complaints appearing after grief. Patient is unable to express himself in anxiety.

Mind; anxiety; **express oneself properly, so that he could not:** ign.

Mind; anxiety; **voice; loss of, in:** FERR(3) ign lyss.^[5]

15. Kalium carbonicum - Patients get startled from sudden pleasant surprises and have fear of losing control.

Mind; **surprises agg., ailments from; pleasant:** kali-c.

Stomach; anxiety; **news, after bad:** hydr-ac kali-c.^[5]

16. Mercurius corrosivus - Can be given in anxiety in children when there is desire to be rocked.

Mind; anxiety; **children, in; rock, must:** merc-c.^[5]

17. Nux vomica - For anxiety in drunkards and debauchers or workaholic people leading a sedentary lifestyle. ^[7]

Mind; anxiety; **dilated pupils, with:** NUX-V

Mind; anxiety; **health, about; drunkards, in:** NUX-V^[5]

18. Pulsatilla pratensis - For anxiety with complaints in ears.

Mind; anxiety; **humming in ears, with:** Puls.

Mind; anxiety; **noises in ears, with:** Puls.^[5]

19. Silicea terra - A very good remedy for people who are diligent, studious and have anxiety about themselves. They are quite formal and feel appointment with the doctor as an interview. They prepare well beforehand. ^[7]

MIND; ANXIETY; **himself, about**^[5,6]

20. Stramonium - Patient is highly anxious and fearful as if something strange has happened to him. Patient has a lot of queries regarding his condition and is looking for answers that will relieve their anxiety. ^[7]

Mind; **delusions, imaginations; strange; everything is:** STRAM

Mind; anxiety; dark, in: STRAM

Mind; anxiety; candle light; amel.: stram^[5]

CONCLUSION

Thus homoeopathy offers a large number of rubrics for common and uncommon or unusual symptoms of anxiety. Hence giving medicines for various conditions associated with anxiety. Homoeopathic case taking of a patient suffering from anxiety can be studied under headings given below.

- *Anxiety with duration.*
- *Onset : sudden / chronic*
- *Time : morning / afternoon / evening / night*
- *Cause : event / situation after which the patient developed the complaint. (Ailments from)*
- *Whether anxiety is at Mental level or Physical level (anxiety felt more in a particular region).*
- *Whether anxiety is associated with any condition*
- *Whether anxiety is alternating with any other symptom*

This study also paves a pathway to study other disease conditions and thus providing data for every individual case suffering from the same ail-

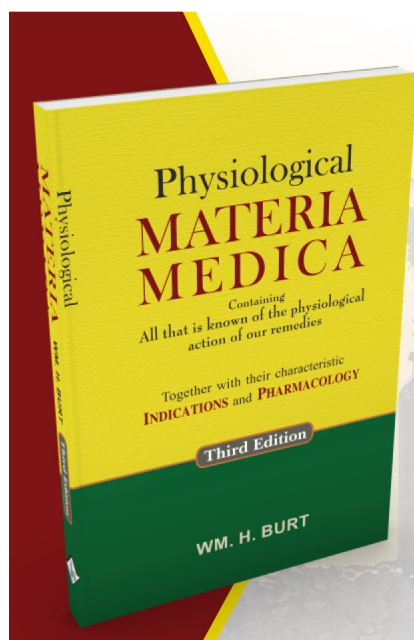
ment which can further be resolved and cured. Thus the basic principle of homoeopathy i.e. Individuality remains intact.

REFERENCES

1. Loukaki K, Kirkelessi G. Homeopathic Approach to Separation Anxiety in Dogs. *Homoeopathic Links*. 2007;20(04):218-22.
2. Moorthi K. Homoeopathy in the management of generalised anxiety disorder: A case report. *Indian Journal of Research in Homoeopathy*. 2023;17(1):5.
3. Ahuja N. Concise Textbook of Psychiatry. *Indian Journal of Psychiatry*. 2002 Apr 1;44(2):193.
4. Tiwari SK. Essentials of Repertorization: A Comprehensive Text Book on Case Taking and Repertorization for Practitioners and Students. B Jain Publishers; 2000.
5. Complete dynamics © Eduard van Grinsven version 21.11 browser edition, 2021 Oct 31
6. Schroyens F. Synthesis Repertory in Radar 10.0. Assesse, Belgium. 2007.
7. Allen HC. Allens Keynotes Rearranged & Classified. B. Jain Publishers; 2002.
8. Sankaran R. The soul of remedies. InThe soul of remedies 1997. Homoeopathic medical publishers

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An Evidence Based Case Study of Polycystic Ovarian Syndrome

Dr. Mayuri Verma

Keywords: P.C.O.S., Miasms, Sycotic .

INTRODUCTION

A 15 year old female patient came with irregular menstruation, obesity, darkening of complexion and her Ultrasonography investigations confirming P.C.O.S. After going through the details of the patient, kali carbonicum and then Thuja occidentalis prescribed according to miasmatic plan of treatment and the patient is cured clinically and in investigations both.

About the Disease

Polycystic ovarian Syndrome is one of the most common endocrine disorders in women of reproductive age group, with prevalence ranging from 2.2 % to 26%⁽¹⁾. The patients are mostly 15-25 years of age. The incidence appears to be on the increase due to changes in lifestyle and stress. Polycystic Ovarian Syndrome is now becoming the increasing cause of infertility.

PCOS is a multifactorial and polygenic condition. PCOS includes chronic non-ovulation, hyperandrogenism associated with normal or raised oestradiol level (E2), raised Luteinizing Hormone and increased Luteinizing Hormone /Follicle stimulating hormone ratio. Androgens are also linked to hyperinsulinaemia and insulin resistance which in turn stimulates more androgen production and reduces Sex hormone binding globulin. In some cases there is mildly increased level of Prolactin which may stimulate production of androgen, further aggravating the disorder⁽²⁾.

According to Rotterdam PCOS Diagnostic Criteria, patient demonstrates two of three criteria⁽³⁾.

1. Menstrual cycle anomalies (ranges from amenorrhea to Oligomenorrhoea).
2. Clinical hyperandrogenism (acne, male pattern alopecia, hirsutism) and/or biochemical signs of hyperandrogenism(elevated serum Testosterone and elevated DHEA).
3. Ultrasound appearance of Polycystic ovaries. After all other diagnosis are ruled out.

Clinical features include central obesity (abdominal), menstrual abnormalities in the form of Oligomenorrhoea, amenorrhea or DUB and infertility. There may be hirsutism, Acne and Androgenic alopecia⁽⁴⁾.

Investigations

- USG-lower abdomen, confirmatory of PCOS.
- LH level -elevated.
- LH: FSH ratio - increased >3:1.
- Sex hormone binding globulin (SHBG) level - decreased.
- Serum testosterone and dehydroepiandrosterone (DHEA) – elevated.
- Fasting Serum Insulin level is more than 10 mIU/ml in insulin resistant case.
- Laparoscopy is not only diagnostic but also therapeutic in destroying the cysts⁽⁵⁾.

Homoeopathic Understanding of PCOS

According to Dr Hahnemann's classification of disease, PCOS comes under True Natural Chronic disease. The cause responsible for its development is known as Fundamental cause. The Homoeopathic concept is that PCOS is predomi-

nantly comes under the Sycotic miasm. It is one of the manifestations of secondary stage of sycosis. Homoeopathy in its holistic approach attempts to treat every case of disease by considering not only the symptoms of the patient but also the attributes that make him a unique individual, different from another person who suffers from the same illness. Dr J.H. Allen has said, "The fact is, we cannot select the most similar remedy possible unless we understand the phenomenon of the acting and basic miasm; for the true similia is always based upon the existing basic miasms"⁽⁶⁾.

CASE HISTORY

A patient named T.S., 15 year old, young girl came for consulting me in N.I.H., O.P.D. number-5 (Organon of Medicine), OPD Reg. number was 52403/15.

PRESENTING COMPLAINTS –

1. Absence of menses from last six months.
2. Aching pain in lower back lasting about one year. Pain radiate downwards towards both thighs. Pain aggravated by walking and ameliorated by rest.
3. Darkening of complexion with much darkening and thickening of skin of nape of neck region from one year.
4. Increasing of body weight lasting one year.
5. Ring shaped itching eruptions in bilateral groin lasting eight months. Itching aggravated at late night, by sweating.
6. Always weakened feeling.

History of presenting complaints

1. Menses started two years back but it was very irregular in appearance about at four to five months interval. Flow was scanty, every time for two to three days. But from lasting six months menses completely ceased.
2. For skin eruptions (ringworm), she used to take allopathic medicine and ointment which given only temporary relief as palliated her condition. Then she left the allopathic treatment from last 2-3 months.

Past history- Chicken pox in childhood.

Family history- *Maternal side:* Breathing difficulty

in mother. *Paternal side:* Nothing significant.

Personal history

- **Occupation:** Student.
- **Marital status:** Unmarried.
- **Habits & Addictions:** Tea.
- **Dietetic habits:** Irregular.
- **Socio-economic condition:** Poor.
- **Accommodation:** Living in well ventilated house.
- **Relation with family members and in the field of occupation:** Good.
- **Any medicines taken regularly:** Ointments used from time to time by herself.

HOMOEOPATHIC CHARACTERISTIC AND OBSERVATIONS (GENERALITIES)

Physical generals:-

- **General modalities:** Pt. feels worse in winter season.
- **General tendencies:** Susceptible to cold.
- **Thermal reaction:** chilly patient.
- **Appearance:** short but stout with dark complexion.
- **Appetite:** good, can't tolerate hunger.
- **Thirst:** Moderate, 2-3 litres/ day.
- **Desire:** Sweet⁺⁺, egg, warm food.
- **Aversion:** Nothing particular.
- **Intolerance:** onion⁺⁺.
- **Urine :** clear
- **Stool:** Satisfactory.
- **Sleep:** Deep, sound and refreshing sleep.
- **Dreams:** Nothing particular.
- **Perspiration:** Profuse over whole body.
- **Tongue:** clean and moist

Mental generals:-

- Dull & sluggish.
- Prefers company. Fear of being alone.

Physical examination:-

- **General survey:** Palms- warm & moist⁺⁺.
- **Systemic examination:** No abnormality detected.

Clinical diagnosis:- P.C.O.S., Ringworm of groin (Tinea cruris).

Repertorisation:-

English Kent
Investigation window for remedies
125%
J. Sherr Luc Rajan's Miasms

1. Clipboard 1

1. MIND - DULLNESS, sluggishness, difficulty of thinking and comprehending
2. MIND - FEAR - alone, of being
3. GENERALS - HEAT, - vital, lack of
4. GENERALS - OBESITY
5. STOMACH - DESIRES - sweets
6. GENERALS - FOOD, - onions agg.
7. PERSPIRATION - PROFUSE
8. FEMALE GENITALIA - MENSES, - absent, amenorrhoea
9. SKIN - ERUPTIONS - herpetic - circinate
10. GENERALS - WEARINESS
11. BACK - PAIN - Lumbar region - extending - glutei muscles and thighs
12. BACK - PAIN - walking, - while
13. BACK - PAIN - Lumbar region - walking, - while

	kali-c	sep	lyc	nat-c	sulph	bry	calc	con	nux-v	thuji	agar	am-c	arg-m	bar-c	cocc	hep	kali-p	merc	phos	puls	verat	aesc	ars	canth	caust	chel	chin	ferr	graph	hyos
1.	11	11	10	10	10	9	9	9	9	9	8	8	8	8	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7
2.																														
3.																														
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5.																														
6.																														
7.																														
8.																														

Repertory

Comments:-

Case is appeared to be of mix miasmatic state of Psora and sycosis. As the late develop symptom was itching eruptions in groins with its repeated palliation done allopathically, *Kali carbonicum* seems to covering the totality of symptoms of the whole case and being predominant antipsoric medicine and it was seem to be correct choice of medicine to open the case.

Prescriptions:-

24/06/2015- 1. *Kali carbonicum* 0/1, 16 doses, AD for 32 days. Patient was advised to come after 32 days with investigations done. Advised to do exercises and meditation regularly and to avoid junk, spicy oily food.

Advice for investigation: USG- whole abdomen.

First follow up: 29/7/2015-

1. Menses not appeared.
2. Low back pain slightly better.
3. Itching was less and eruption is becoming clear.
4. Weakness same as before.
5. Darkening of skin same as before.

Investigation report:-USG whole abdomen was get done on dated 28/7/2015. Report- Both ovaries are bulky in size with peripherally arranged tiny immature follicles. Features suggestive of bilateral polycystic ovarian Syndrome. See figure no-1.

Prescription: *kali carbonicum* 0/2, 16 doses, AD for 32 days

OTHER FOLLOW UPS:

DATE	SYMPTOMS	INTERPRETATION	PRESCRIPTION
09/09/15	<ol style="list-style-type: none"> 1. Menses appears at 04/09/15, for 6 days without any problem. 2. Backache –better. 3. Itching – not present, size of itching eruption – decreased & much cleared. 4. Darkening of skin same as before. 	Improving	<i>Kali carbonicum</i> 0/3, 16 doses, AD for 32 days.
14/10/15	<ol style="list-style-type: none"> 1. L.M.P. 08/10/15. 2. Backache –progressively better. 3. Itching – not present, size of itching eruption – cleared completely. 4. Darkening of skin same as before. 	Improving	<i>Placebo</i> for 30 days.
16/12/15	<ol style="list-style-type: none"> 1. L.M.P. 12/11/15. 2. Backache –progressively better. 3. NO itching eruptions in groins. 4. Darkening of skin same as before. 5. Patient feels better in general. 	Improving	<i>Placebo</i> for 30 days.
06/01/16	<ol style="list-style-type: none"> 1. L.M.P. 27/12/15. 2. Darkening of skin same as before. <p>C/O- Pain in right upper abdomen & umbilical region.</p>	Improving	<i>Placebo</i> for 30 days. Advice- USG of lower abdomen.

<p>10/02/16</p>	<ol style="list-style-type: none"> 1. Menses not appeared. 2. Now Severe pain in right upper abdomen & umbilical region. 3. Darkening of skin same as before. 4. C/O- <ol style="list-style-type: none"> 1. Pain in bilateral calf muscles < late night, >rest, pressure. 2. Itching eruption in groin starts to reappear again. 	<p>Need to repeat the remedy as original symptoms seems coming back.</p>	<p><i>Kali carbonicum</i> 0/4 , 16 doses, AD for 32 days</p>
<p>Investigation report- Patient could not get done hormonal test due to financial problem. USG (08/02/16)-i. P.C.O.S., with bulky & increased size of both ovaries. ii.Hepatomegaly with fatty changes in liver. See figure no-2.</p>			
<p>09/03/16</p>	<ol style="list-style-type: none"> 1. Menses not appeared yet. 2. Pain in right upper abdomen & umbilical region was better. 3. Itching eruption in groin was better. 4. Darkening of skin same as before 	<p>Improving</p>	<p><i>Kali carbonicum</i> 0/5 , 16 doses, AD for 32 days</p>
<p>21/04/16</p>	<ol style="list-style-type: none"> 1. Menses appeared. L.M.P- 13/04/16 and 18/03/16. 2. Pain in right upper abdomen & umbilical region was better. 3. Itching eruption in groin was better. 4. Darkening of skin same as before. 	<p>Improving</p>	<p><i>Kali carbonicum</i> 0/6 , 16 doses, AD for 32 days</p>

26/05/16	<p>L.M.P.-12/05/16</p> <ol style="list-style-type: none"> 1. Pain in right upper abdomen & umbilical region was better. 2. No itching eruption in groin region. 3. Darkening of skin same as before. 	Improving	<i>Kali carbonicum</i> 0/7 , 16 doses, AD for 32 days
29/06/16	<ol style="list-style-type: none"> 1. L.M.P -04/06/16 2. No Pain in right upper abdomen & umbilical region. 3. No itching eruption. 4. Darkening of skin same as before. 	Improving	<p><i>Kali carbonicum</i> 0/8 , 16 doses, AD for 32 days</p> <p>Advice- USG of lower Abdomen.</p>
08/08/16	<ol style="list-style-type: none"> 1. L.M.P - 25/07/16. 2. Darkening of skin same as before <p>Now C/O-</p> <ol style="list-style-type: none"> 1. Leucorrhoea, profuse, whitish, constant, before & after menses, thick, bland. 2. Pain in left lower abdomen lasting previous menses. 	<p>Patient was improving but now new symptom (cystic growth still persistent & appearance of leucorrhoea) clearly indicating that sycotic miasm is coming in predominance. So here a antisycotic medicine need to be prescribed. Now Thuja occ was seems as choice of medicine which was covering the late symptoms as well as sycotic miasm.</p>	<i>Thuja occidentalis</i> 0/1, 16 doses, AD, for 32 days.
	<p>Investigation report:</p> <p>USG (02/08/16)-Bulky ovaries but size was reduced than before. Impression-P.C.O.D. See figure no-3.</p>		
10/09/16	<ol style="list-style-type: none"> 1. L.M.P -22/08/16 2. Darkening of skin same as before. 3. Leucorrhoea present but not profuse as before. 4. Pain in left lower abdomen was much better than before. 	Improving	<i>Thuja occidentalis</i> 0/2, 16 doses, AD, for 32 days.

19/10/16	<ol style="list-style-type: none"> 1. L.M.P -18/09/16 2. Leucorrhoea progressively better than before. 3. Pain in left lower abdomen was much better than before. 4. Darkening and thickening of skin of face and nape of neck slightly reduces. 	Improving	<i>Thuja occidentalis</i> 0/3, 16 doses, AD, for 32 days.
22/11/16	<ol style="list-style-type: none"> 1. L.M.P.-26/10/16, for three days. Previously it was 6-7 days every time. 2. Leucorrhoea much better. 3. Occasional Pain in left lower abdomen. 4. Darkening and thickening of skin over nape of neck region further reduces. 	Improving	<i>Thuja occidentalis</i> 0/4, 16 doses, AD, for 32 days.
28/12/16	<ol style="list-style-type: none"> 1. L.M.P.-18/12/16 and 22/11/16 . 2. Darkening of skin progressively reducing. 3. Patient was better in every way. 	Improving	<i>Thuja occidentalis</i> 0/5, 16 doses, AD, for 32 days.
08/02/17	<ol style="list-style-type: none"> 1. L.M.P.-16/01/17, for three days. 2. No other complaint. 3. Hyperpigmentation and thickening of skin of face and neck further reduced upto a marked degree. . 	Improved.	<i>Thuja occidentalis</i> 0/6, 16 doses, AD for 32 days.
<p>Investigation report:</p> <p>i. USG of lower abdomen (06/02/17):-Both ovaries are normal in size & echogenicity. Impression-USG feature appears to be within normal. See figure no 4.</p>			
05/04/17	<p>L.M.P.-16/01/17 for three days.</p> <p>No other complaint.</p>	Improved.	<i>Thuja occidentalis</i> 0/7, 16 doses, AD for 32 days.

CONCLUSION:

Now patient is very happy having regular menses with no back pain, no itching eruptions. Her darkening of shin has also decreased markedly. This case once again confirms that

Homoeopathic system of medicine is very efficacious in treatment of P.C.O.S especially when medicine is prescribed on totality of symptoms with emphasis and consideration of underlying miasmatic background of patient.

IMAGES OF INVESTIGATIONS:-

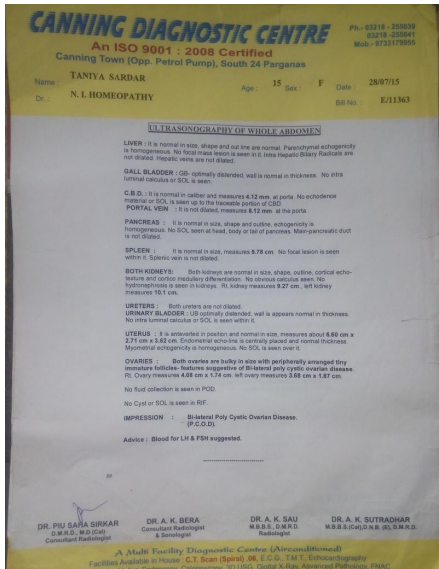


Figure 1

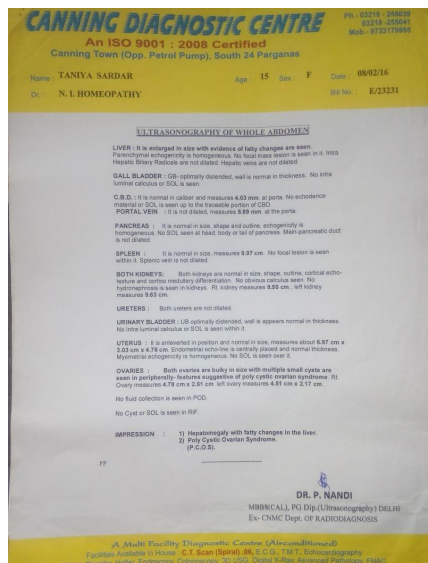


Figure 2

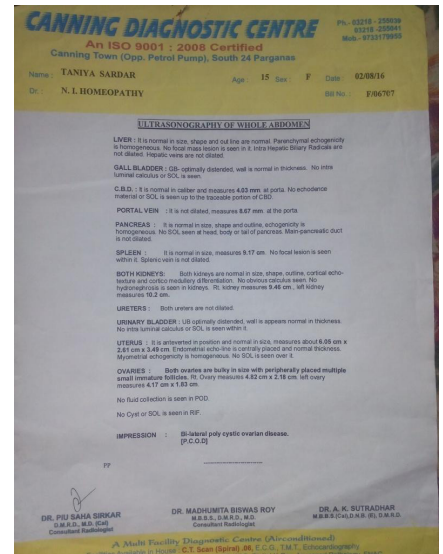


Figure 3

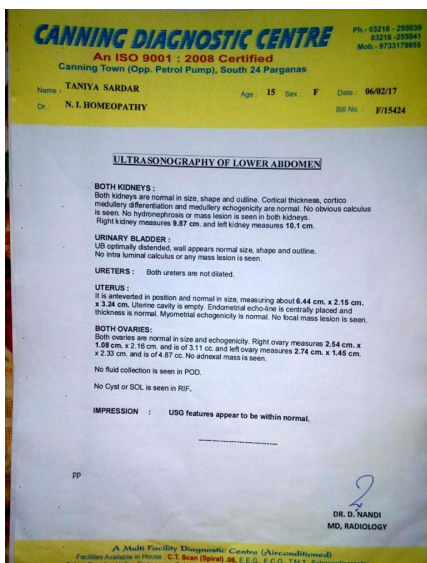


Figure 4

REFERENCES

1. R.Nidhi, V Palmalatha et al. Prevalence of Polycystic ovarian syndrome in Indian adolescents. Journal of Paediatric and Adolescent Gynaecology. 2011Aug; 24 (4): 223-227.
2. Padubidri V, Daftary S. Howkins and Bourne Shaw's Textbook of Gynaecology. 14th edition. New Delhi : Elsevier, a division of Reed Elsevier India Private Limited; 2008: 331.
3. Shaw R.W, Soutter W.P, Stanton S.L. Gynaecology. Third Edition. Churchill Livingstone. Reprint edition : 2003: 259-264.
4. Dutta DC. Textbook of Gynaecology. 5 edition. Kolkata: New Central Book Agency (P) Ltd; 2008: 440-443.
5. Padubidri V, Daftary S. Howkins and Bourne Shaw's Textbook of Gynaecology. 14th edition. New Delhi : Elsevier, a division of Reed Elsevier India Private Limited; 2008: 331.
6. Allen, J.H. The chronic Miasms with Repertory; Rearranged & Augmented edition: 2007. New Delhi, B. Jain publishers Pvt. Ltd: 3.

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Homoeopathic Medicinal Solution as the Best Tool in Management of Urolithiasis - A Case Series

Dr. D. Sampaul Ravin

ABSTRACT

Calculi formed in Kidney and seen also in other urinary organs is quite common but usually demands immediate attention of the doctor. Homoeopathy provides easy and effective treatment to this desperate condition with utmost satisfaction of the patient. This work is aimed to explain the tremendous scope of Homoeopathic medicine as 'split dose medicinal solution' in rapid and safe management of renal system calculi without the use of crud mother tincture through five evidence based clinical cases.

Keywords: P.C.O.S., Miasms, Sycotic .

INTRODUCTION

Renal calculus is one of the most common diseases of the urinary tract. It occurs more frequently in men than in women. It is rare in children. It shows a familial predisposition. The cause of renal stone formation is not yet fully understood but in majority of cases multiple factors are involved.¹ Vitamin A deficiency, altered urinary solutes and colloids, decreased urinary output of citrate, renal infection, inadequate urinary drainage, prolonged immobilization and hyperparathyroidism are being considered as etiology.²

Varieties of renal calculi are oxalate/Calcium oxalate calculi, phosphatic/Calcium phosphate calculi, uric acid & urate calculi, cystine calculi, xanthine and indigo calculi. Oxalate calculi are usually single and popularly known as mulberry stone, covered with sharp projections. Phosphatic calculi are usually smooth & dirty white in color, giving rise to few symptoms until they have attained a large size. Uric & urate calculi are hard and smooth, usually multiple. They are typically faceted. Color varies from yellow to reddish brown. Cystine calculi are usually multiple and soft. Xanthine calculi are extremely rare. They are smooth and round, brick red in color. Indigo calculi are curiosities. They are blue in color.²

Clinical features are fixed renal angle pain, agonizing pain from loin to groin often accompanied by nausea, vomiting and profuse sweating. Dysuria with haematuria are common if the stone gets impacted in the intramural ureter. Diagnosis is made by clinical presentation along with ultrasonography and radiography. Treatment in modern medicine is usually dissolution at early stages. Later they advice surgical procedures like nephrolithotomy, pyelonephrolithotomy, partial nephrectomy.²

CASE 1

CHOLELITHIASIS & CALCULI IN RIGHT URETEROVESICAL JUNCTION, LEFT RENAL CALCULI

On 25.01.22 Mr. M P, Age 36 presented with following complaints.

- Pain in loin extends to lower back.
- < Bending forward & backward
- Pain in loin associated with flatulence.
- Pain suddenly felt in thighs, legs.
- Fullness of abdomen. Can eat only small quantity.

Ultrasonography Impression

1. Multiple moving calculi in Gall Bladder(20-30

- nos).
2. Right hydronephrosis with hydro ureter seen up to ureterovesical junction due to calculus obstruction in ureterovesical junction(Calculi size- 4.2x3.4 mm)
 3. Calculus in left kidney(size- 3.4mm).
 - Based on the symptoms **Dioscorea villosa – 6 C/Medicinal Solution** was prescribed. Every

time with 5 succussions, 10 drops in quarter glass of water, hourly 6 tea spoons.

Medicinal Solutions are advanced water potencies recommended by Hahnemann as split doses in Chronic Diseases and in 5th, 6th edition of organon of medicine for speed and safe recovery of the patient. Further explanations are being added in discussion part.

Table 1 - FOLLOW UP (Case 1)

DATE	CHANGE IN SYMPTOMS	INFERENCE & PLAN	PRESCRIPTION
01.02.22	<ul style="list-style-type: none"> • Pain reduced. • Flatus passes freely during stool. Have to strain for stool. Consistency of stool is normal. • Can eat better. Fullness of abdomen greatly reduced. 	<ul style="list-style-type: none"> • Patient is improving. • Continue same medication less frequently. 	<p>Dios. – 6C/Medicinal Solution, every time with 5 succussions 10 drops in quarter glass of water, two hourly 6 tea spoons.</p>
16.02.22	<ul style="list-style-type: none"> • Pain greatly reduced. • Difficulty in passing stool reduced. <p><u>Ultrasonography Impression</u></p> <ol style="list-style-type: none"> 1. Multiple moving calculi in Gall Bladder(20-30 nos) 2. Mild Right hydro nephrosis with hydro ureter seen up to ureterovesical junction due to calculus obstruction in ureterovesical junction(Calculi size- 3.2x2.7mm). 3. Calculus in left kidney(size- 2.5mm). 	<ul style="list-style-type: none"> • Patient keeps on improving. • Size of calculi reduced in both the sides. • Continue medicine in next higher water potency to relieve rapidly. 	<p>Dios. – 30C/Medicinal Solution was prescribed. Every time with 5 succussions 10 drops in quarter glass of water, two hourly 6 tea spoons.</p>

25.02.22	<ul style="list-style-type: none"> • Stones expelled through urine one by one at four days interval. Now no pain at all. Urine passes freely. • Difficulty in passing stool greatly reduced. • Fullness of Abdomen with rumbling and vomiting sensation after eating is there. 	<ul style="list-style-type: none"> • Patient became free from calculi. • In order to improve the patient on the whole, same medicine is planned to be used in next higher water potency with less frequent repetition. 	<p>Dios.200C/Medicinal Solution was prescribed. Every time with 5 succussions 10 drops in quarter glass of water, three hourly 6 tea spoons.</p>
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- Patient is still under treatment for gall stones and keeps improving.

CASE 2

RIGHT RENAL CALCULI

On 5.6.21 Mr. A.V, Age 38

- Patient was not able to come to clinic due to severe pain. Details were obtained from his

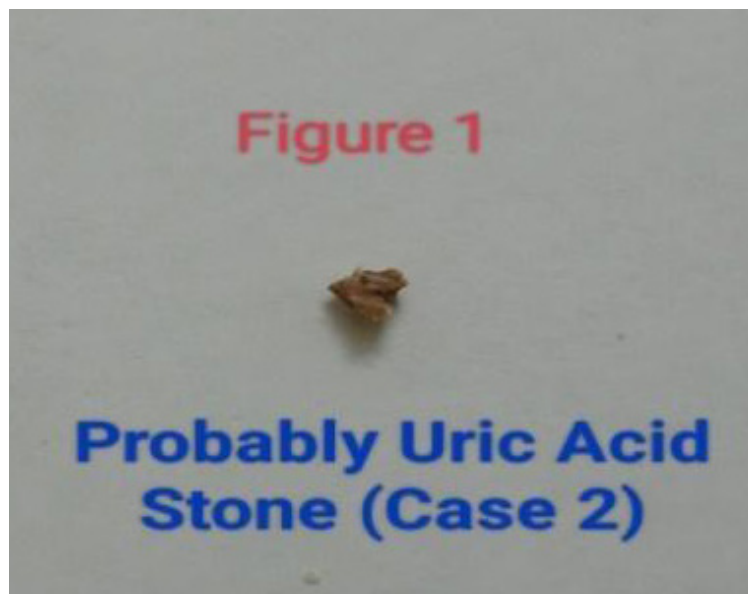
wife through phone.

- Severe pain in Right kidney region.
- Cannot walk, sit and lie. Nothing comforts him except passage of scanty urine.
- Constant nausea with forcible, bitter vomiting. Can't even think about drinking or eating.
- **Ocimum canum – 6 C/Medicinal Solution** was given. Every time with 6 succussion, 15 drops in quarter glass of water, 3 tea spoons once in 20 minutes.

Table 2 - FOLLOW UP (Case 2)

DATE	CHANGE IN SYMPTOMS	INFERENCE & PLAN	PRESCRIPTION
8.6.21	<ul style="list-style-type: none"> • Pain greatly reduced. Occasionally pain felt in Right kidney region. • Nausea & Vomiting stopped completely. • Urine passes freely. 	<ul style="list-style-type: none"> • Symptoms got reduced. • Continue medicine less frequently. 	<p>Oci. – 6C/ Medicinal Solution was repeated at one hour interval with 4 succussions.</p>

10.6.21	<ul style="list-style-type: none"> • A small stone came out this morning during first urination. • Mild pain in urethra with occasional nausea & vomiting. 	<ul style="list-style-type: none"> • Patient became free from calculi. • In order to relieve patient completely, same medicine will be used less frequently. 	<p>Oci. – 6 C/ Medicinal Solution was repeated 3 times in a day before food with 3 succussions for three more days.</p>
12.6.21	<ul style="list-style-type: none"> • Urine passes normally. No further stone or gravel seen. No pain. 	<ul style="list-style-type: none"> • Patient feels completely alright. 	<p>No medicine given.</p>



CASE 3

BILATERAL RENAL CALCULI WITH RIGHT HYDRONEPHROSIS

On 11.6.22 Mrs. M, Age 21

- Patient complains of stones in both kidneys with mild Right Hydronephrosis.
- After scanning abdomen, got admitted and had given intravenous fluids last week.
- Now patient has severe pricking pain in both

kidney regions.

- Nausea with vomiting on attempt to drink or eat anything.
- Giddiness proceeds to nausea & vomiting every time.
- Has to strain for urination.
- **Tabacum – 30 C/Medicinal Solution** was given. 10 drops in quarter glass of water, 3 tea spoons hourly with 5 succussions every time.

Table 3 - FOLLOW UP (Case 3)

DATE	CHANGE IN SYMPTOMS	INFERENCE & PLAN	PRESCRIPTION
15.6.22	<ul style="list-style-type: none"> Pain reduced. Urine passes freely. Giddiness, Nausea, Vomiting reduced. Can eat and drink. But only small quantity. Patient mentioned, "Vomiting threatens if I try to eat little more." 	<ul style="list-style-type: none"> Complaints improved. Continue the medicine with less frequent repetition. 	<p>Tabacum – 30 C / Medicinal Solution was given. 10 drops in quarter glass of water, 3 tea spoons two hourly with 5 succussions every time.</p>
23.6.22	<ul style="list-style-type: none"> Giddiness, Nausea, Vomiting greatly reduced. Can eat and drink better. This time patient complains of intermittent pain in Right loin with feeble stream of urination. 	<ul style="list-style-type: none"> Patient feels generally good but complains of renal pain with feeble urination. Increase the potency. 	<p>Tab. – 200 C/ Medicinal Solution were given. 10 drops in quarter glass of water, 3 tea spoons once in two hour with 4 succussions.</p>
27.6.22	<ul style="list-style-type: none"> Vertigo and vomiting stopped completely. No nausea felt. Pain in Right loin remains same. Feeble urination still persists. 	<ul style="list-style-type: none"> No change in pain and in troublesome urination. Change the remedy. 	<p>Lycopodium clavatum – 30 C/ Medicinal Solution 10 drops in quarter glass of water, 3 tea spoons once in two hour with 4 succussions.</p>
2.7.22	<ul style="list-style-type: none"> Almost no pain or patient rarely felt the pain. 	<ul style="list-style-type: none"> Medicine is acting well. Continue the same with less frequent repetition. 	<p>Lyc. – 30 C/ Medicinal Solution were given. 10 drops in quarter glass of water, 3 tea spoons once in 4 hour with 2 succussions.</p>

7.7.22	<ul style="list-style-type: none"> • Patient feels happy. • No pain at all. • Urine flows freely. 	<p>Patient was asked to confirm the cure with ultrasonography. But she was not interested to undergo scanning and confidently told that she is completely alright now and believes that the stones were dissolved and expelled out.</p>	<p>No medicine given.</p>
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CASE 4

LEFT URETERIC CALCULI WITH LEFT HYDRONEPHROSIS

On 28.7.22 Mrs. S, Age 42

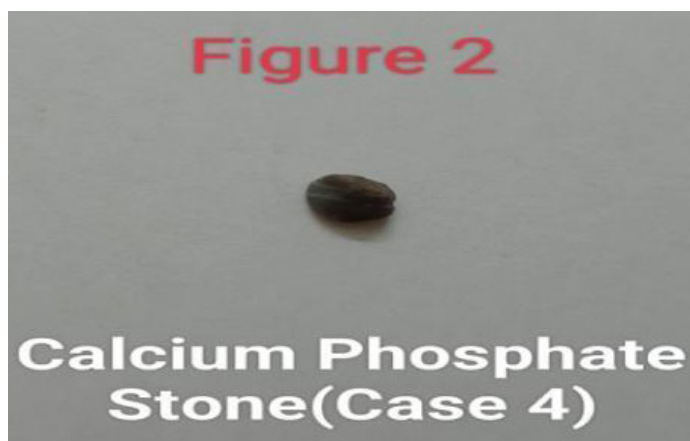
- Patient Complains of sharp, stitching pain below Left Kidney region.
< Sitting ⁺⁺⁺

> kneeling and bending forward till the forehead touches the floor, Lying on abdomen.

- Recently Lips become dry.
- Berberis vulgaris – 30 C/Medicinal Solution was given. 10 drops in quarter glass of water, 3 tea spoons once in one and half hour with 5 succussions every time.

Table 4 - FOLLOW UP (Case 4)

DATE	CHANGE IN SYMPTOMS	INFERENCE & PLAN	PRESCRIPTION
05.08.22	<ul style="list-style-type: none"> • Stone expelled out yesterday. There was pain & nausea during expulsion of stone. • Patient feels completely alright now. 	<p>Keep in observation for one week.</p>	<p>Placebo daily morning for 7 days.</p>



CASE 5

RECURRENT RENAL CALCULI

05.10.18

Mr. V.K, Age 30

- Severe colicky pain in right loin extends down to deep pubic area.

- Painful, Bloody micturition. Must strain to evacuate.
- Patient cannot bear the pressure of the trousers in waist. Want to take off the hook for feeling free.

Ultrasonography Impression

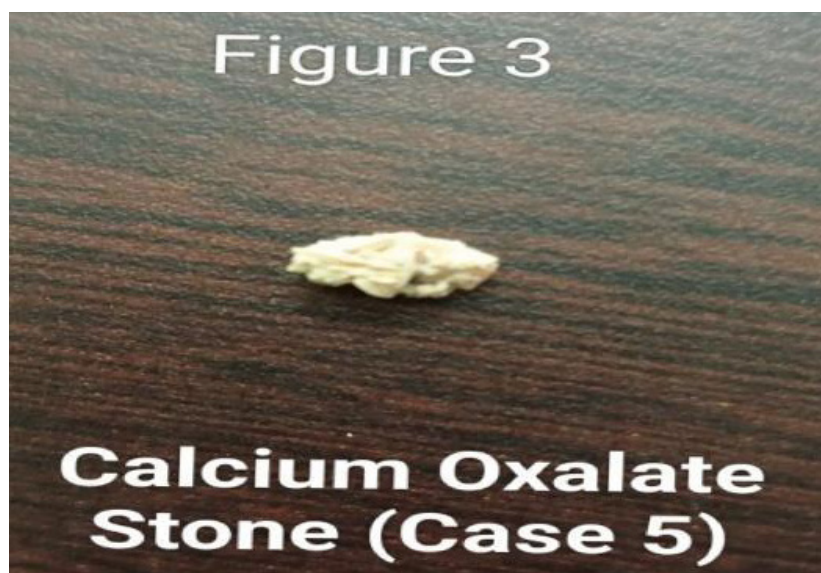
- Moderate Hydroureteronephrosis is seen secondary to distal ureteric calculus measuring

10 mm, approximately 1.0 cm proximal to ureterovesical junction. Also another calculus measuring 3 mm noted in lower pole calyx of right kidney.

- **Lycopodium clavatum – 30 C/Medicinal Solution** was given. 6 drops in quarter glass of water, 3 tea spoons once in 2 hours with 6 succussions.

Table 5 - FOLLOW UP (Case 5)

DATE	CHANGE IN SYMPTOMS	INFERENCE & PLAN	PRESCRIPTION
11.10.18	<ul style="list-style-type: none"> • Regarding pain, patient felt 50% better. • Bloody urine stopped. 	<p>Patient is improving.</p> <p>Continue the medicine with little less frequency.</p>	<p>Same Lyc. – 30 C/Medicinal Solution were repeated with 4 succussions once in 3 hours this time.</p>
24.10.18	<ul style="list-style-type: none"> • Patient is now happy with no pain or discomfort. • He handed over a rough surfaced, mulberry like stone packed in zip lock cover and said “it came out through urine doctor! Thank you so much!” 	<p>Stone got expelled.</p> <p>Keep in observation for 1 week.</p>	<p>Placebo daily morning.</p>



But after few months on 26.05.19, patient reported with similar complaints.

- Pain in left loin during hard work.
- Mild burning pain in urethra during and after urination.

Ultrasonography Impression

- 3mm stone in upper pole calyx of right kidney.
- 4-6 mm stones, 2 in number at middle, lower pole calyx of left kidney.

Constitutional Totality

- Straight forward but shares less.
- Very much attached with family, value relationships

well.

- Anxiety about family. Wants to maintain the integrity. Suppresses anger.
- Sports man. Passion deceived.
- Craves meat & salt.
- Offensive sweat on head.
- Fish causes loose motion and vomiting.
- Nasal discharge and violent sneezing from dust exposure.
- Patient is thermally Chilly.
- History of UTI & Renal stone several times. Mostly on right side.
- Born as preterm baby with low birth weight.

PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
1. Anxiety about family. 2. Introvert	1. Suppressed anger. 2. Lithiatic dyscrasia. 3. Passion deceived.	1. Preterm baby. 2. Low birth weight	1. Offensive sweat on head. 2. Craves for meat & salt. 3. Allergic dyscrasia. 4. Tendency to catch cold.

Kalium phosphoricum – 200 C, single dose was prescribed as test dose. As a polychrest remedy, Kali. phos. displays features of all miasm in picture but tubercular features dominates other all.⁶ After some improvement, the same medicine was prescribed as medicinal solution in CM potency, 15 drops in quarter glass of water, 5 tea spoons daily twice with 6 succussions for few weeks. Patient improved well on the whole and became free from urinary tract infection & renal stone. No relapse and no recurrence till now.

DISCUSSION

Usually Calculi in Renal system are addressed as an acute severity in outpatient department. Rarely the same can be identified accidentally while scanning the abdomen for other purposes. However once the calculi got detected, the patient turns impatient and rushes to hospital for treat-

ment. As an intense condition, calculi in renal system demand the homoeopath to give correct medicine with proper dosage. In order to pay attention to agony of patient and to relieve rapidly, repetition is inevitable in these conditions. In Homoeopathy, dry dose cannot be repeated often.⁷ so specific mother tincture is being used frequently. Mixture of tinctures is also in use. But tinctures miserably fail in many patients when prescribed vaguely without considering symptoms similarity. Here Hahnemann advised similar medicine as medicinal solution where frequent repetition and immediate action can be attained without aggravation.

Hahnemann’s new dosage technique

After Hahnemann started to potentize medicine, he strongly instructed not to give medicine in the form of mother tincture or diluted mother tincture. Once Hahnemann treated a case of washer

women in 1815 and administered pure juice of Bryonia alba. But later (after potentization become standardized method) he added a following footnote to his followers as caution which is mentioned in his lesser writings as,

“According to the most recent development of our new system the ingestion of a single, minutest globule, moistened with the decillionth (X) potential development would have been quite adequate to effect an equally rapid and complete recovery; indeed equally certain would have been more olfaction of a globule the size of a mustard seed moistened with the same dynamization, so that the drop of pure juice given by me in the above case to a robust person, should not be imitated.”⁸

At that time he wrote this footnote, centesimal & LM potencies were not yet discovered. After both scales had been launched, he favored only medicinal solutions since many conditions demanded repetition. But till today, mother tinctures are widely used as an emergency aid to provide temporary relief in many conditions. In case of renal calculi, medicine selected based on existing symptoms and physician’s observation, if prescribed in the form of medicinal solution as split doses, benefits the patient excellently. On the other hand, mother tincture when taken in crude form may develop new pathological symptoms.⁹ Unfortunately till now, mother tinctures are being used very frequently as if they are the only hope in management of pathologically progressed cases where frequent repetition becomes necessary. Hahnemann too met such cases but has had correct plan and revealed very clearly in fifth edition of organon of medicine. In that he introduced the following new method.

Similar medicine can be repeated as per need when it is given in medicinal solution form. This medicinal solution can be repeated frequently even after improvement of patient had set in.¹⁰

Medicinal Solutions as Split doses

In 1836, Hahnemann wrote a letter to Constantine Hering in which he gave detailed instruction of the latest techniques relating to the medicinal solution. This is mentioned in Bradford’s ‘life and letters of Hahnemann.’

“I have made some improvements in the technicalities of our art, which I will now first communicate to you... Now, as my medicines are very powerful, I seldom dissolve more than one globule in 7,15,20,30 tablespoon of water and because to patient has no distilled water (which besides after a few days become spoilt and ferment), I employ for this purpose spring or river water mixed with 1-15th or 1-20th part of spirits of wine or I put twice or four small pieces of hardwood charcoals into the solution. This mixture, of which the patient affected with a chronic malady takes a tablespoon water or 1,2 or 3 teaspoon of water every day, or every other day is to be shaken the bottle 5 or 6 times every dose taken, in order to change the degree of dynamization each time.”¹¹

This is the first document we have that Hahnemann gives the full details of the split dose and medicinal solution. In the following year of 1837, Hahnemann released to the public the conclusion of his new experiment through an article. In that he says that, in all types of diseases including acute, half acute, and tedious, most tedious conditions, it is better to use water potency as divided dose. This advice was an outcome of painstaking experiments done with water potencies over plenty of patients. Hahnemann was more confident and contented with split dose water potencies.¹²

By replacing the **single unit dose** with the **new split dose** it becomes possible to use one dose several times. This apparent contradiction is resolved by the fact that the remedy solution is made with one 10 size pill that is dissolved into several liquid portions that are used repeatedly. For this reason Hahnemann called his new technique the ‘**split dose**’ method instead of ‘**multi dose method**’. Hahnemann realized early on that too many doses of dry pills accumulated until they produced troublesome aggravation. Even though the patient may be taking the solution more times they are still receiving a smaller amount than they would if they repeated a dry dose even once. This is a very subtle aspect of the theory of the minimal dose that took Hahnemann many years to fully understand.¹²

Hahnemann mentioned the exceptional use of watery solution in chronic disease. And from fifth edition onwards Hahnemann made the use of

watery solution as rule.

Aphorism 286

For the same reason the effect of homoeopathic medicine increases, greater the quantity of fluid in which it is dissolved when administered to the patient although the actual amount of medicine it contains remains the same. For in this case, when the medicine is taken, it comes into contact with a much larger surface of sensitive nerves responsive to the medicinal action. Although theorists may imagine there should be a weakening of the action of a dose of medicine by its dilution with large quantity of liquid, experience asserts exactly the opposite, at all events when the medicines are employed homeopathically.⁷

Preparation

Selected potency must be dissolved in water. Then a rectified spirit has to be added for preservation. For example, we have to fill 40 ml of drinking water in 60ml amber glass bottle. Then medicated globule 1-4 in number has to be dissolved in it. 1-2 ml of rectified spirit (15-30 drops) can be added as a preservative solution. Upper one third of the bottle should be kept empty to perform succussion. This bottle is called as medicinal solution bottle. This should consist of inner dropper in it.¹⁰

Administration

As per aphorism 287 the Medicinal Solution needs to be succussed every time before administration. By doing this we introduce new potency (slightly higher than the previous) to vital force every time and facilitates better contact. Number of succussion will vary depending on the susceptibility of the patient and seat of disease. Hahnemann mentioned 1,2,3,10,15 and more strokes to succuss medicinal solution. 10 to 15 drops of succussed Medicinal Solution is to be added in quarter glass of water. After stirring the medicinal water thoroughly, 3 or 6 or 9 tea spoons can be taken by the patient in a time. This can be repeated as per the need.¹⁰

Working methodology

Unlike the single unit dry dose, medicinal solu-

tion (as split dose) is designed to stimulate the sick vital force more frequently even during the progression of amelioration. This is well planned in order to avoid relapse and aggravations. Every time the instinctive vital force receives a new dose but in slightly higher potency which helps to get rid of disease as soon as possible. Technically this method satisfies the susceptibility well and enhances the secondary curative action through repeated but controlled primary action. This is explained by master in preface to fourth edition of chronic diseases.¹³

Centesimal & 50 Millesimal Potency Medicinal Solution

We shall adopt a common procedure to prepare medicinal solutions for both the potencies (as mentioned earlier). Also for administration and repetition we shall follow one common procedure (as described earlier). But to know the distinct use of centesimal and 50 millesimal scales, let us listen to Hahnemann.

Hahnemann was not completely satisfied with medicinal solution of centesimal potency, especially in weak susceptibility patients with chronic miasmatic diseases. He found in certain case that the lower potencies were not able to stimulate the healing reaction, yet at the same time, higher potencies cause serious aggravation. So, Hahnemann decided to put yet another effort into his high eighties. As a result, he discovered a new potency which resolved the aforesaid problems. As he waited for a long time, the newly discovered potency successfully stimulated the curative process in all constitutions without perceptible aggravation and cured the patient perfectly. So he called it as 'Renewed and Most Perfected Dynamization'.⁷

Except the weakly susceptibility patients, all others can be treated with centesimal potency medicinal solutions effectively.

Totality based prescription in Renal Calculi

In Homoeopathy, totality of symptom is stressed by Hahnemann as sole indication of selection of medicine.⁷ In case of renal calculi, similar medicine 'Similimum' is selected through different totalities based on the presentation of the case. If a

patient is in severe trouble, similar medicine will be derived through sector totality. If the condition is not severe, similar medicine can be selected based on acute totality. Sometimes calculi in renal system may be detected accidentally with other symptoms. Here medicine can be selected based on chronic totality.¹⁴

Miasmatic approach in Renal Calculi

In many patients, Urinary tract infection and Renal Calculi are seen as recurrent patterns. Each and every acute call here is not exactly call of an acute disease rather it is call from an underlying chronic problem. So in Homoeopathy it is being understood as ‘acute exacerbation of chronic miasmatic disease’. Hence after removal of stone with similar acute medicine, in order to eradicate the tendency of urinary tract infection and stone formation, patient must be given similar miasmatic medicine with the help of miasmatic analysis.³⁵

CONCLUSION

Homeopathy treats many surgical conditions effectively, so that the patients are happily cured without surgery. One example is renal stone. Latest posology introduced by Hahnemann in 5th and 6th edition of organon is of great use in management of uro-lithiasis speedily and safely. Cases explained here are classical examples to showcase the efficacy of Homoeopathy in successful treatment of renal system calculi without the use of crud mother tinctures.

FUTURE PERSPECTIVES

Well designed research studies are required for establishing the complete effectiveness of Homoeopathic medicinal solutions in treating renal calculi cases.

DECLARATION OF PATIENT CONSENT

The author certifies that he has obtained all appropriate patient consent forms. In the form the patients have given their consent for their images and other clinical information to be reported in the journal. Patients understand that their name will not be published and due efforts will be made to conceal their identity, but anonymity cannot be

guaranteed.

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Nil.

CONFLICTS OF INTEREST

None declared.

REFERENCES

1. S.Das. A Concise Textbook of Surgery. 7th edition, published by S.Das, Kolkata, India: July 2012: 1203-1209
2. Bailey & Love. A Short Practice of Surgery. Revised by A.J.Harding Rains & H.David Ritchie. 17th reprinted edition, Published by H.K.Lewis & Co Ltd; London: March 1977: 1160-1167
3. Subrata Kumar Banerjea. Miasmatic Prescribing. Second extended edition, New Delhi, India: B.Jain publishers (P) ltd; 2010: 97, 184, 195, 214, 27, 3-5 & 271-285
4. Schepper Luc De. Hahnemann Revisited. Hahnemannian Textbook of Classical Homeopathy for the Professionals. Reprint edition, New Delhi, India: B.Jain publishers (P) ltd; 2007: 483, 21-40
5. Rajendran E.S. The Nucleus. Lectures on Miasm, First edition, Calicut, Kerala, India: Mohana Publishers, 2004: 142-143
6. Sankaran Rajan. Soul of Remedies. Reprinted edition, Mumbai, India: Homoeopathic Medical Publishers, 2006: 10
7. C.S.F.Hahnemann. Organon of medicine-5th&6th editions combined (Translated by R.E.Dudgeon & W.Boericke). Reprint edition, New Delhi, India: B.Jain Publishers (P) Ltd; 1992: 121-123,147&37
8. C.S.F.Hahnemann. The lesser writings(compiled and translated by R.E.Dudgeon). Reprint edition, New Delhi, India: B.Jain Publishers (P) Ltd; 1990: 769-771
9. Medindia. Basis of Homoeopathy – Mother Tincture, written by Medindia Content Team, Reviewed by Medindia complementary Medicine Team. Available from: https://www.medindia.net/alternativemedicine/homeopathy/homeopathy_mother_tincture.htm
10. Schepper Luc De. Achieving and Maintaining the Simillimum. Reprint edition, New Delhi, India: B.Jain publishers (P) ltd; 2007: 21- 40
11. Bradford T.L. The life and letters of Dr. Samuel Hahnemann. Reprint edition, New Delhi, India: B.Jain publishers (P) ltd; 1992: 367
12. Little David. Hahnemann’s Advanced Methods. Homoeopathic online education. Simillimum.com. Available from: <http://simillimum.com/education/little-library/the-works-of-great-homoeopaths/ham/article01.php>
13. Hahnemann Samuel. The chronic diseases Their Peculiar Nature and Their Homoeopathic Cure. Rearranged and Augmented edition, 30th impression, New Delhi, India: B.Jain publishers (P) ltd; 2010: xii, xxii
14. Tiwari Shashi Kant. Essentials of Repertorization. Reprint Edition, New Delhi, India: B.Jain publishers (P) ltd; 2003: 125

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Herpes Zoster Managed with Homoeopathy: A Case Report

Dr. Sumanta Kamila, Dr. Sanjay Sarkar, Dr. Rayba Khatoon

ABSTRACT

Herpes zoster (HZ) or 'shingles' is a painful vesicular rash resulting from reactivation of the varicella-zoster virus that also causes chickenpox. The incidence of HZ infection (HZI) increases with age and the degree of immunosuppression. Here we report a case of a female patient, aged 32 years, complaining of a sudden vesicular eruption on her back with burning pain along with itching and oozing yellowish discharge, which transformed into multiple painful blisters. She was treated with individualistic homoeopathic medicine *Arsenicum album 30c* and administered on the basis of totality of symptoms. Overall well-being of the patient along with complete healing of the herpetic lesion as evidenced from the photographic images taken before, during and after the treatment clearly demonstrates the positive role of individualistic homoeopathic treatment in case of herpes-zoster.

Keywords: Herpes zoster, Homoeopathy, Case-report

Abbreviations: Herpes zoster (HZ), Polymerase chain reaction (PCR), Post herpetic neuralgia (PHN)

INTRODUCTION

Herpes zoster (HZ) disease, also known as 'Shingles,' usually presents as a painful, vesicular dermatomal rash.[1] It results from the reactivation of the latent varicella-zoster virus in sensory ganglia.[2] The factors that trigger reactivation of dormant virus are not fully elucidated, though decline in cell-mediated immunity with age or immunosuppressive conditions or treatments play an important role. HZ occurs worldwide without seasonal variations of incidence. The incidence of HZ is age-dependent and ranges from 1.2 to 3.4 per 1000 persons per year among younger adults to 3.9–11.8 per 1000 persons per year in elderly patients (i.e., >65 years) [3]. According to a systematic review of studies from 2002–2018, the cumulative incidence has been estimated between 2.9–19.5 cases per 1000 population with female predominance [4]. Common risk factors for HZ are age > 50 years, immunosuppression, infections, and mental stress [5]. A meta-analysis of 16 studies till January 2021 confirmed that patients with diabetes mellitus also have a higher risk [6]. A recently published (2021) Indian study [7] reported a

significant association between paediatric HZ and megaloblastic anaemia. According to the Global Burden of Disease database, the mortality rate due to HZ in patients >65 years ranges from 0.0022 to 82.21 per 100,000 population [8]. According to 2007 and 2008 HZ-outpatient incidence data from Germany, the annual mortality rate of HZ has been estimated as 0.29 (women) and 0.10 (males) per 100,000 patient years [9]. It is important to note possible heterogeneity in epidemiological data due to differences in reporting. It is possible that countries without efficient and effective reporting systems may not have lower numbers than those with efficient reporting systems. Clinical symptoms appear in three stages—pre-eruptive, acute exudative, and chronic [3]. The pre-eruptive stage presents with burning or pain within the affected dermatome at least 2 days prior to cutaneous eruptions. Non cutaneous symptoms such as experiencing headaches, general malaise, and photophobia may also be present. In the acute eruptive phase, multiple umbilicated and painful vesicles develop. The vesicles often burst, ulcerate, and eventually dry out. This is the

most contagious stage. Pain is often severe and unresponsive to nonsteroidal pain medications. The acute eruptive phase may last 2–4 weeks. Pain can continue longer. Chronic HZ infection is characterized by severe pain that lasts >4 weeks. Patients experience dysesthesias, paraesthesias, and sometimes shock-like sensations. The pain is disabling and may last for several months. In most patients, diagnosis is made clinically. Due to variable clinical presentation and atypical cases, the diagnosis of HZ may be challenging in some patients [10]. PCR is useful for confirmation of suspected HZ-type pain without a rash. PHN, the most common complication of HZ, occurs after the zoster rash has resolved. Conventional therapies include antivirals, corticosteroids and analgesics, both oral and topical. HZ is an 80-year-old woman involving maxillary nerve and the article also reviews various treatment modalities available for the management of HZI.

CASE REPORT

Present complaints: A 32-year-old lady visited our OPD on 17/05/2023, with painful blister-like eruptions over her back for the last 2 days; there was burning pain.

Past history:

Mental generals:

- Patient was too anxious about her complaints.

Physical generals:

- Thirst increased
- Desire for warm drinks.

General survey: PR. - 78/min., RR.: 16/min., temperature: 99.60 F, B.P.- 110/80 mm Hg

Provisional Diagnosis: Depending upon the clinical symptoms, herpes zoster is diagnosed.

Analysis and Evaluation of the Symptoms with Miasmatic Analysis:

SYMPTOMS	ANALYSIS	EVALUATION	M I A S M A T I C ANALYSIS
Patient was too anxious about her complaints.	Mental general	Patient was too anxious about her complaints.	PSORA
Thirst increased	Physical general	Thirst increased	Psora, Sycosis
Desire for warm drinks.	Physical general	Desire for warm drinks.	PSORA
Painful blister like eruptions over her back	Particular	Painful blister like eruptions	SYCOSIS
There was burning pain	Particular	There was burning pain	PSORA

Totality of symptoms:

- Patient was too anxious about her complaints.
- Thirst increased
- Desire for warm drinks.
- Painful blister like eruptions appeared over the back

- Burning pain

Repertorization: The repertorization process was carried out utilizing the HOMPETH ZOMEEO® software, version 3.0. On repertorization it was found that Arsenicum album has covered the maximum number of rubrics and scored maximum, keeping behind remedies like Sulphur (13/5), Bryonia (12/5), Phosphorus (10/5) etc.

Remedy	Ars	Sulph	Bry	Phos	Lyc	Nat-m	Rhus-t	Kali-c	Calc	Caust	Con	Merc	Bell	Carb-v	Nat-c
Totality	16	13	12	10	10	9	9	8	8	8	8	8	7	7	7
Symptoms Covered	6	5	5	5	4	4	3	4	3	3	3	3	5	4	4
[Kent] [Mind]Anxiety:	3	3	3	3	3	2	3	3	3	3	3	2	3	3	3
[Kent] [Stomach] Desires:Warm:Drinks:	3	2	3	0	2	0	0	0	0	0	0	0	1	1	0
[Kent] [Stomach] Thirst:Large quantities:For:	3	3	3	3	0	3	0	0	0	0	0	0	0	0	0
[Kent] [Back] Eruptions:Herpes:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
[Kent] [Skin] Eruptions:Herpetic:	3	3	2	2	3	3	3	2	3	2	3	3	1	2	2
[Kent] [Skin] Eruptions:Herpetic:Burning:	3	2	1	1	2	1	3	2	2	3	2	3	1	1	1
[Kent] [Skin] Eruptions:Vesicular:Painful:	0	0	0	1	0	0	0	1	0	0	0	0	1	0	0

Fig -1: Repertorisation Sheet

Prescription: Considering the presenting symptoms, and those associated mental and physical generals, our final selection for this case was

Arsenicum album 30c, 2 doses, as we found along with other prominent symptoms like desire for warm water, excessive mental anxiety etc.

Follow up sheet:

DATE	FOLLOW-UP	PRESCRIPTION
20/05/2023	Pain diminished, eruption is decreased than before, vesicles dried up.	Placebo
23/05/2023	Marked improvement is seen . eruption is healed up now, and no pain was there.	Placebo



Fig 2	Fig 3	Fig 4
Before Treatment	During Treatment	After Treatment

Discussion: Herpes zoster is not an uncommon dermatological condition in a homoeopath's chamber. Being an acute disease with severe pain and irritation it affects one's quality of life signifi-

cantly. Being a homoeopath, we should always try as mentioned in our organon of medicine to consider the symptoms and phenomena of the present phase which are already very fresh in the mind of

the patient. In this case the Herpes zoster patient was having the characteristics of *Arsenicum album* as already mentioned, after subsequent 2 follow up of administering the similimum (*Arsenicum album 30c*) on 23/5/2023 the patient got cured as evidenced from the images.

Conclusion: Herpes zoster infection can lead to various complications if left untreated. Acquiring a thorough understanding of this disease is essential for early diagnosis, effective treatment, and prevention of complications, providing an advantage in tailoring individualized homeopathic treatment strategies. This case report demonstrates the significant and rapid effectiveness of individualized homeopathic treatment in managing cases of herpes zoster as evidenced from the photographic images. Further clinical trials are necessary to check the efficaciousness of homoeopathic drugs in large scales.

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Declaration of Patient Consent:

Written informed consent was obtained from patient for publication of her case in an academic journal

Funding:

No such

Conflicts of interest:

None declared

REFERENCES:

1. Wareham DW, Breuer J. Herpes zoster. *BMJ*. 2007;334(1):211–15.
2. Hope-Simpson RE. The nature of Herpes zoster: a long-term study and a new hypothesis. *Proc R Soc Med*. 1965;58:9–20.
3. Nair, P.A.; Patel, B.C. Herpes zoster . In *StatPearls* [Internet]. Treasure Island USA: StatPearls Publishing;2021.
4. Van Oorschot, D.; Vroiling, H.; Bunge, E.; Diaz-Decaro, J.; Curran, D.; Yawn, B. A systematic literature review of Herpes zoster incidence worldwide. *Hum. Vaccines Immunother*. 2021;17:1714–1732. [CrossRef]
5. Dai, Y.; Yeh, F.; Shen, Y.; Tai, Y.; Huang, N.; Chang, Y.; Chen, T.; Li, C.; Wu, C. Cigarette smoking and risk of Herpes zoster: A population-based cohort study in Taiwan. *Clin. Exp. Dermatol*. 2021;46:1293–1298. [CrossRef] [PubMed]
6. Huang, C.-T.; Lee, C.-Y.; Sung, H.-Y.; Liu, S.-J.; Liang, P.-C.; Tsai, M.-C. Association between Diabetes Mellitus and the Risk of Herpes zoster: A Systematic Review and Meta-analysis. *J. Clin. Endocrinol. Metab*. 2021;107:586–597. [CrossRef]
7. Sahu, P.; Dayal, S. Association of various risk factors with childhood Herpes zoster: A case–control study in Indian patients. *Indian J. Dermatol. Venereol. Leprol*.2021;87:725–728. [CrossRef] [PubMed]
8. Bardach, A.E.; Palermo, C.; Alconada, T.; Sandoval, M.; Balan, D.J.; Guevara, J.N.; Gómez, J.; Ciapponi, A. Herpes zoster epidemiology in Latin America: A systematic review and meta-analysis. *PLoS ONE*.2021;16(2):558-77. [CrossRef]
9. Ultsch, B.; Siedler, A.; Rieck, T.; Reinhold, T.; Krause, G.; Wichmann, O. Herpes zoster in Germany: Quantifying the burden of disease. *BMC Infect Dis*. 2011;11:173. [CrossRef]
10. Wollina, U. Variations in Herpes zoster manifestation. *Indian J. Med. Res*.2017;145: 294–298. [CrossRef] [PubMed]

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Essentials of Boger's Principles and Practice of Homeopathy Compiled

Dr Shashi Kant Tiwari



About the Reviewer

Dr. Gobind Narayan Gupta

Asst. Prof. Department of Organon of Medicine, Homoeopathic Philosophy, Chronic diseases and Psychology

“Essentials of Boger’s Principles and Practice of Homeopathy”, the collected work of Dr. C. M. Boger comprises 66 chapters. These writings bring out in an inimitable way the principles of Homeopathy as expounded by Hahnemann, but with the spirit of Dr. Boger; thereby helping us to understand further what the Master taught us. This painstaking work is compiled by Dr Shashi Kant Tiwari, former Director, National Institute of Homeopathy, Kolkata, Govt of India, former Principal, Fr Muller Homoeopathic Medical College & Hospital, Mangalore, former Dean of Education, Dr Nielsen Homoeopathic Medical and Research and author of Essentials of Repertorization, Homeopathy and Child Care and Boenninghausen-Boger Final General Repertory. He collected various lectures and articles of Boger and compiled them in the form of a book “Essentials of Boger’s Principle and Practice of Homeopathy” for the better prospects of homeopathy in clinical practice.

Boger gives us insight of the Homeopathy practiced in that glorious age. This book is a collection of the untouched scattered valuable concepts deliberated by Boger which are very useful in clinical practice.(1890-1935).

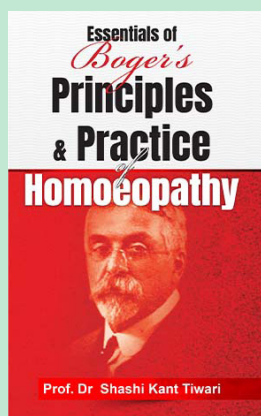
The author begins his book with the **chapter ‘What is Homeopathy?’** and focuses on the system of homeopathy, and its variance from other systems. In one of the paragraphs, he writes, ‘an allopath is a natural opportunist while the real homeopath is inevita-

bly a vitalist’. Another statement reads, ‘the homeopathist should know his tools thoroughly (sound homoeopathic books, materia medicas, repertories and card indices). He has also mentioned medical history such as bloodletting, mercurialisation, poisons, serology, etc.

In the subsequent chapters following topics have been covered -

- Homoeopathic Science.

He explained that the real homoeopathic physician is a specialist in materia medica and the exemplification of the law which include almost every



system of the body while specialist of other system is naturally inclined to a narrower view of things, e.g., dermatologist, microscopist, etc.

- What does homoeopathy stand for?

With ever changing medical literature, here

the author explains homoeopathic *modus operandi*. To seek the truth of homoeopathic science, few books have been mentioned e.g.,

- HOMOEOPATHY; ALL ABOUT IT” by J.H.Clarke
- FIFTY REASONS FOR BEING A HOMOEOPATH” by J.C. Burnett
- ORGANON OF MEDICINE
- MATERIA MEDICA PURA
- CHRONIC DISEASES: THEIR PECULIAR NATURE AND THEIR HOMOEOPATHIC CURE” By Dr S. Hahnemann
- LECTURES ON HOMOEOPATHIC PHILOSOPHY” by J.T. Kent

- LEADERS IN HOMOEOPATHIC THERAPEUTICS WITH GROUPING AND CLASSIFICATION" by E.B. Nash
- COMPARATIVE MATERIA MEDICA by E.A. Farrington
- A SYNOPTIC KEY OF THE MATERIA MEDICA" by C.M. Boger.
- **The standing of Homoeopathy (1911)**

The author says that false practice is its greatest enemy. The power of the similimum is a constant source of pleasure to careful prescriber which is cited by an example of a highly educated man who underwent surgery but for vain, after persuasion tried homoeopathy and got cured.

- **What homoeopathy means (1920)**

"Similia Similibus Curentur" – that likes seemed to cure likes. In this chapter author mentioned the importance of prevention than cure and also the importance of dynamic medicine and its marvelous results in cases of acute diseases, epidemics. He also explains the significance of symptoms which serves as indices for diagnosis, prognosis and treatment.

- **The Evolution of homoeopathy (1914)**

The collateral systems have been mentioned here with the difference between homoeopathy and isopathy by citing example of Psorinum.

- **Why Homoeopathy?**

5 cases have been given as examples where surgeon reported nothing could be done but Homoeopathic treatment made complete cure.

- **A contribution on the relation of homoeopathy to the sciences (1904)**

The chapter begins with comparison of earlier provings and later provings which according to the author has a vast difference. Even the disadvantage of keynote symptoms has been mentioned here which are adopted by nowadays physicians.

- **The Law of Cure (1916)**

Absolute cure means the establishment and maintenance of mental and physical harmony. Also mentioned about the Hering's Law of Cure which also explains that all cure proceeds from soul through the spiritual body and finally manifest

themselves in the physical body.

- **The Philosophy of Similia**

Homoeopathy, springing from and preserving the vitalism of the ancients, is willingly or unwillingly (nolens volens) leaven of modern medicine. The realist inclined towards the material and mechanical means, while the philosophically inclined works out his problems from the dynamic standpoint.

- **What we should know**

The physician needs all available evidence of disease before attempting to prescribe. Hahnemann said that in case of paucity of symptoms or the presence of overshadowing symptoms, the remedy could be selected on basis of its peculiar symptoms or concomitant.

- **Studies in the Philosophy of Healing (1921)**

Dynamism is an essential factor of our very nature and life and must be reckoned with if we would be efficient healers of the sick. Curing is mild and gentle process, devoid of suppressive measures, narcotics, etc., all of whose finalities lean deathward.

- **Vital Energy**

This chapter deals with definition of energy, vital force, disease and restoration of order.

Energy has been defined in this chapter as "storehouse of vitality". In respect to disease conditions, the author explained the condition with the example of a runaway train.

- **The Language of Disease**

The language of disease is nothing but the signs and symptoms and this chapter thoroughly deals with symptoms, its type, importance of signs with supportive examples. Apart from this, progress of disease has also been explained.

- **Taking the Case (1909)**

The author tried to cover the general schema of case taking with detailed description of each point like location, sensation, modalities, concomitant as well as the peculiarities of the case, importance of time modalities.

- **How to Take the Case (1920)**

This chapter deals with the importance of proper

case taking and few clinical cases has been mentioned. The author also explains the importance of diagnostic symptoms in prescription with example of Bryonia (pleurisy) and Kali bichromicum (duodenal ulcer).

- **The Similimum (1922)**

Here, the author mentioned two principal ways of finding the indicated remedy.

- **Finding the Similimum-I**

Viewed from the angle of similia, author focuses on 3 points The last point is especially helpful in those single symptom cases which Hahnemann called the most difficult of all. Finally, he focuses the information obtained on the patient in hand.

- **Finding the Similimum-II (1930)**

Author points out that the specific application of similimum will always remain more or less an individual affair. One case has been given with indicated remedy.

- **Finding the Similimum with the Help of the Family Anamnesis According to a method by Cyrus M. Boger**

Importance of anamnesis is described by the author. Comparing the two series i.e., the patient's disease tendency series and the family disease tendency series.

- **The Power of Similimum**

Importance and uses of imponderabilia has also been mentioned.

- **The Indicted Remedy (1922)**

This chapter deals with the different ways of getting the indicated medicine, either through reparation or cross questioner or degree of similarity.

- **What Indicates the remedy? (1922)**

Here the author criticized the polypharmacy and misuse of disease diagnosis.

- **How Shall I find the Remedy?**

Here, the author stresses upon exciting and maintaining causes as well as the location, sensation, modalities and concomitant, sign and symptoms of a patient.

- **Some Thoughts on Prescribing**

Importance of family history is mentioned in order to complete the symptom image of any one individual sickness. This is the main reason for different prescription from different angles seen by physician.

- **Homoeopathic Reactions (1926)**

Author focuses on the reaction of vital force and of remedies. He also mentioned about non-homoeopathic reaction which is more or less violent nature and may even do vital damage.

- **Grading of Symptoms (1925)**

Many examples have been cited with rubrics which may have many remedies under it but we have to differentiate it according to the grades and hierarchy of the symptoms covered by the case.

- **Philosophy and the Repertory**

The trinity of homoeopathy – the law of cure, single remedy, minimum dose is mentioned.

- **Reason and Fact**

Here we will learn about Law of Life, Nature's call for help, peculiarities of epidemic, Doctrine of Signature etc.

- **Random notes**

It deals with general discussion about medicine, Homoeopathy, Hahnemann, Symptoms.

- **Observations on Prescribing**

The author says that the better we know our original materia medica the less will we feel the need of newer and but partially proven drugs.

- **Correct Prescription (from Synoptic Key)**

He called modalities as natural modifiers of sickness and also mentioned various forms of modalities. Few points about repetition of same medicine have also been discussed.

- **Is There a Law of Dose?**

This chapter particularly deals with the process of potentisation and the discussion between stalwarts revolve around Fincke's method of potentisation.

- **Choosing the Remedy**

Here, the author beautifully opened the chapter

with aphorism 152 for direction of selection of remedy, the importance of concomitant, anamnesis, accessory symptoms and modalities in selection of remedy.

- **The Repetition of The Dose I**

The author basically emphasizes on the single dose of properly selected medicine and not to repeat frequently which usually disappoint the physician. He also mentioned about the change in the sick condition which embraces 3 events after the administration of carefully selected remedy.

- **The Repetition of The Dose II**

The author further elaborated the condition of repetition of remedy and where to wait and watch. It also deals with the importance of second prescription.

- **Regularity and Progress-**

Successful practice depends upon certain more or less fully developed innate faculties, and that our present methods of training do but little to up-build them and thus make real healers of the sick.

- **The Undeveloped Picture-**

After an acute disease explosion, the submerged symptoms again slowly emerge from their hiding, finally showing themselves to be part and parcel of a deeply imbedded miasm. Also, he mentioned about the prover that only educated prover should not be included in the study.

- **The Whole Case**

This whole chapter deals with the drawback of keynote symptom.

- **Suppression**

Here, how suppression of sycosis and psora happened is also mentioned with examples of the cases and its treatment.

- **Signs and the Law**

This chapter deals with the danger of too much individualization which is a novel one and often neglected. A case of Niccolum has been mentioned.

- **The Relation of Homoeopathy to Pathology**

The discussion between Dr. H.C. Allen and Dr. Boger about their views on clinical symptoms with example of Lycopodium and Calc carb is worth reading.

- **The Genus Epidemicus**

This chapter deals with the idea and application of Genus Epidemicus with examples. Even two methods of prescribing that is high and low potency prescribing has been mentioned.

- **Clinical Cases and Verification**

A well proven remedy is worth hundreds of fragments. With this statement, the author describes the importance of a well proven medicine with example of Lachesis.

- **Tuberculosis – the Medical Side of the Question**

This chapter deals with the approach and homoeopathic treatment of tuberculosis with examples of remedy.

- **Three Liver Cases**

Three different cases with three different remedies i.e. Carduus mar, Scrophularia nodosa and Menispermum canadense have illustrated in this chapter.

- **The Homoeopathic Viewpoint in Cancer**

This chapter solely deals with the approach of cancer and its treatment.

- **Panaritium**

Different remedies with indication have been mentioned for panaritium in this chapter.

- **The Metals and their Relation to the Functions of the Reproductive Organs**

One thing is very stressed upon in this chapter is piece-meal prescription.

- **Points in Obstetrical Therapeutics**

One of the most interesting chapters of the book to read, which contain different conditions of pregnancy and its management.

- **Climacteric Remedies**

21 remedies with indication for climaxis have been mentioned in this chapter.

- **Diabetic Gangrene**

A case of diabetes insipidus cured with Nat. Sul.30 has been mentioned.

- **Clinical Cases**

Total 7 different cases have been presented with

prescribed medicine.

- **A Case of Cholecystitis**

A interesting case of Euonymus has been mentioned in Gallbladder stone.

- **The Choleraic Complex**

The author focuses on the efficacy of homoeopathic treatment in diseases of infants and children.

- **Homoeopathy in Diseases of Children**

Few remedies in disease condition of children especially cholera, cholera morbus, and cholera infantum have been mentioned and explained with differentiation with medicines.

- **The Sick Child**

Here it is mentioned that the first study is the child itself; particularly all of his dominating moods, for this is the master key to every sickness. Objective symptoms of many polychrest remedies have been added and how to observe that has also been mentioned.

- **The Study of Materia Medica**

Study shows every drug to be a living, moving conception with attributes which arise, develop, expand and pass away just as diseases do.

- **The Development of Materia Medica**

The future development of our Materia Medica is a subject of interest to every true Hahnemannian

- **Materia Medica, a Study**

This chapter shows the method of approaching medicine while reading Materia Medica.

- **The Genius of Our Materia Medica**

This chapter generally deals with how to get the picture of the medicine in diseased person and the Genius of the remedy.

- **The Strontium Salts**

The purpose of this chapter is to point out the necessity of proving the various Strontium salts. An elaborative case has been mentioned to show the effective prescription of Strontium.

- **Gymnocladus**

This rare drug has been described with a wonderful case of stitching pain and appearance of blue tongue.

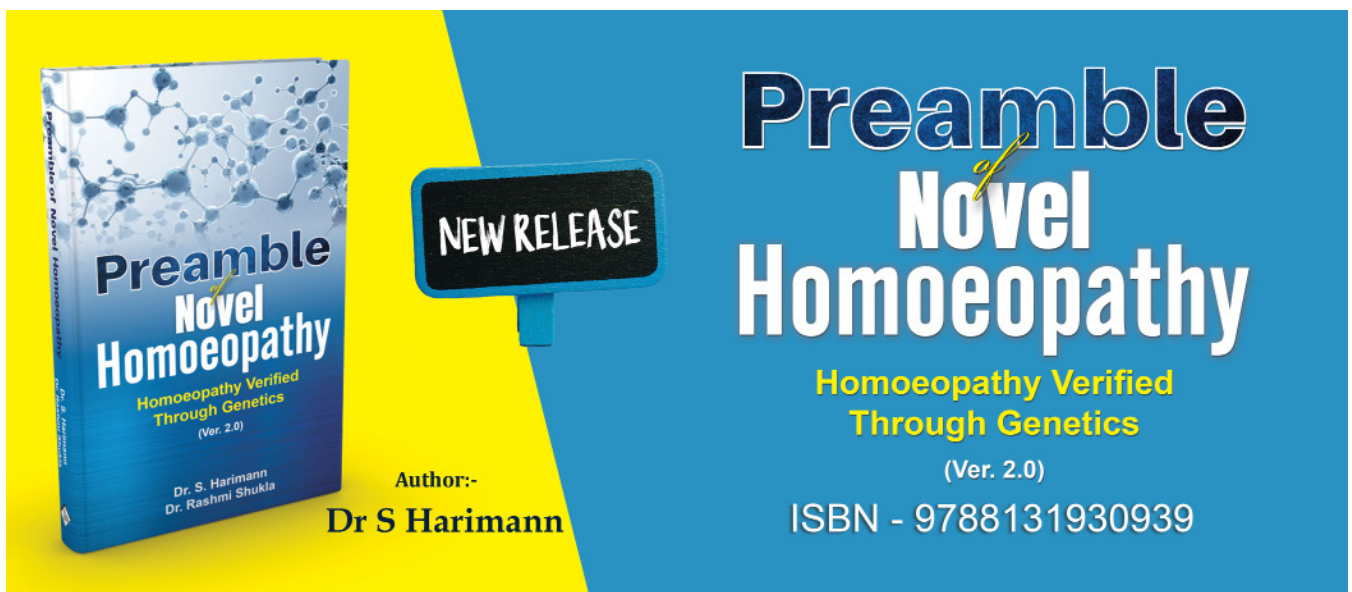
- **Veterinary Homoeopathy**

This is a short chapter dealing with the importance of Homoeopathy in cases of animals.

- **President Address**

This book ends with the final chapter i.e., President address.

The very compiled work is truly inspirational and should be read and reread by every Homeopathic physician. I would like to recommend this book to the homoeopathic fraternity for better understanding of homoeopathic science and profession will really be enlighten with these collected lectures and articles.



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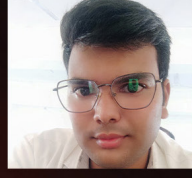
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