

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homeopathy Together

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The HOMOEOPATHIC HERITAGE Turns

50 years

Antidoting the first prescription: When & why did you do it?

- Minerals In Food | Essential Nutrients And Homeopathy
- Anaemia: A Holistic Exploration Through the Lens of Homeopathy



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As the Homoeopathic fraternity must have learnt of Dr Vishpala Parthasarathy's sad and sudden demise; after that, due to certain legalities, NJH could not be continued.

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Dear Readers,

Is erroneous judgement of the physician the only cause that leads him towards the antidotes available to him on the last few pages of Boericke's manual of Homoeopathic Materia Medica? Not really! Antidoting is a step that is taken for multiple reasons, one of which is misjudgement. This issue is intended to bring forth the misjudgements that physicians do in their practice, no matter how seasoned they are. It is important to accept our faults before we can correct them. Therefore an essential part of development is learning from our own mistakes.



This topic 'Antidoting the First Prescription' is pretty tricky to write about. As I ponder over the theme for this issue, I realize that the first thought that this theme brings to the mind is 'Error'- whether an error on part of the homeopath in collection of symptoms, an error in interpreting them, building a totality or any error in any step of case processing. However, is erroneous judgement of the physician the only cause that leads him towards the antidotes available to him on the last few pages of Boericke's manual of Homoeopathic Materia Medica? Not really! Antidoting is a step that is taken for multiple reasons. But beginning this editorial, let us talk about errors in the physician's judgements.

An English physician and philosopher John Locke once said- "Error is not a fault of our knowledge, but a mistake of our judgement giving assent to that which is not true."

The very basis of the homeopathic system of medicine is efficient case taking implying that the communication of one's subjective symptoms to the attending physician by the patient as well as the comprehension of the communicated symptoms by the physician has to be perfect. Since such two way communication is not maths, it does leave room for gaps. Gaps at the very foundational level of case processing in homeopathy also leave some space for erroneous judgements on part of the physician.

While on one hand, a doctor has less room to commit mistakes due to negligence, the possibility of erroneous judgements in comprehending subjective symptoms and therefore deciding on

the similimum is pretty much there. It is not that Antidoting is a solution to careless mistakes of the attending homeopath and neither should it be resorted to. Dr Hahnemann says that there can never be any case in the practice of well trained, scrupulously careful physician in which he would have to give an antidote, if he starts as he should do with the smallest possible dose of his well chosen medicines, because an equally small dose of a better chosen medicine would correct any mistake he might make.

Antidotes must be considered when the first prescription took the case in the wrong direction. Dr J T Kent rightly writes in his book 'Lectures on Homoeopathic Philosophy' under the title- 'Prognosis After Observing the Action of the Remedy' that if after the first prescription the patient is taken down with violent internal distress, you see at once that a transference has taken place from the circumference to the centre, the remedy must be antidoted at once otherwise structural damage will ensue in that new site.

Alternatively, the patient may develop new symptoms which were never seen before. According to Dr. Kent's tenth observation, this also indicates an error on part of the physician in selecting the right remedy and that the case is changing its direction. This requires antidoting the prescribed medicine and taking the case again to build a new totality.

Yet another situation where antidoting the previous prescription becomes an absolute necessity is cases where a homeopath feels the need to de-escalate the effects of overdosing

of the drugs of conventional or other schools of medicine. Large doses of crude chemicals obscure the case and therefore require to be antidoted before taking the case. In this regard, we have Dr Hering opine- "If our patient has been drugged by the old school, we must direct our antidotes principally against the last given drugs".

Among Dr Kent's twelve observations, we find in the first observation that the patient presents with a prolonged aggravation and final decline. This indicates a bad prognosis and implies that the case is incurable- a case where the reaction of the vital force is almost impossible and the prescribed remedy was too deep acting for it. This observation should lead the physician to antidote the remedy immediately as the prognosis will be bad if not antidoted.

With all these rules of clinical applicability of antidotes to his disposal, a homeopath is armed well for handling any misjudgements, or other situations requiring antidoting. An area however, that requires research is the 'why' behind antidotes? Now that we have been able to find out the nanoscience behind homeopathy, we will surely find out why a particular remedy antidotes a given remedy.

Quick Word on Issue Content

This issue of The Homoeopathic Heritage

themed 'Antidoting the First Prescription: When and Why Did You Do It?' is intended to bring forth the misjudgements that physicians do in their practice, no matter how seasoned they are. It is important to accept our faults before we can correct them. Therefore an essential part of development is learning from our mistakes. The issue features subjective opinion pieces by many homeopaths and budding students, some interesting cases and book reviews by Dr Niharika Jain and Dr Madhusree Dutta.

The 'From the Editors' Desk' section comes from the desk of Dr Yogesh Niturkar, Chief Associate Editor, The Homoeopathic Heritage.

Besides these, the Stalwarts' Expedition section in this issue presents the life sketch Dr. Thomas Lindsley Bradford, penned by Dr Subhas Singh, Director, NIH, Kolkata and In Italics features an opinion piece by Dr Richard Moskowitz, an 85 year old physician who practiced for 53 years as a family doctor in Colorado, New Mexico, and Massachusetts, the last 46 of them using homeopathic medicine exclusively.

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Antidoting the first prescription: when and why did you do it?

Dr. Yogesh Dhondiraj Niturkar

MD (Hom) , Chief Associate Editor, The Homoeopathic Heritage, Mumbai



Abstract

The sick individual should be the aim of the physician; his whole concern should be centred upon the sick to determine whether he is improving or declining with the treatment or unknowingly he is making proving of the medicine. The whole future of the patient depends upon the conclusions that the physician derives from his observations during case taking, case processing and follow up assessment which further directs the action i.e. first and the subsequent second prescription. Based upon the action of the first prescription, the next second prescription can be a placebo, repetition of the same medicine, change of medicine, anti-miasmatic remedy or an antidote. This case based editorial will help us to understand what do we infer when a patient narrates his chief complaints and the history of frequent consuming of prophylactic medicine Ars Alb 30 without any medical supervision and approach towards selecting an antidote.

Introduction

Hahnemann in his guidelines on case taking mentioned that “the individualizing examination of a case of disease, for which I shall only give in this place general directions, of which the practitioner will bear in mind only what is applicable for each individual case, demands of the physician *nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease.*”^[1] As per the above aphorism, one of the demand on the part of physician is his powers of observation. Physician observes the evolution of symptoms, further he does analysis of symptoms for the purpose of selecting the

similimum. After the administration of the similimum some action should result. What are we to expect after the remedy has been administered? It is upon the development and interpretation of the action of the remedy, or the reaction of the vital energy to the remedy, that successful prescribing very largely depends.^[2] After administration of a remedy to a sick individual the probable outcome can be either amelioration or aggravation. If there is amelioration that means the prescription was similimum and there is registration of medicine. If the patient is taking wrong direction i.e. the prognosis has become bad after the first prescription, then the physician should antidote the medicine instantly. Therefore, after remedial prescription the second important part is follow up (outcome assessment), and its interpretation decides the further course of action. But what will happen when the healthy individual without any medical supervision consumes Homoeopathic medicine as a prophylactic? Definitely his state of health will be altered into the state of disease. Therefore, prognosis after observing the action of the remedy demands perceiving of what changes have taken place after administration of medicine by a Homoeopathic physician^[3] or after self-medication. At this instance the knowledge of remedy relationship^[4] will help the physician to undertake study of the remedies that are complimentary, follows well, followed well by, similar to each other and antidote.

Caselet:

The case taking was done through telemedicine during Covid-19 outbreak. This case demonstrates the importance of homoeopathic clinical investigation, if rightly conducted, evaluated and

acted upon, yields results to live up the mission of physician.

Opening of interview

Mr. YZ, a 40-year-old businessman a Known Case of (K/C/O) chronic allergic rhinitis, was under homoeopathic management with Calc Carb 200 a weekly single dose at bedtime. He provided oral implicit consent for telephonic consultation.

Body of the interview

The patient’s complaints were (a) sudden fear of contracting COVID-19 as one new case has been identified in his vicinity, (b) anxiety for his 6-month-old son, (c) worried about what will happen to his family if they contract the disease, (d) anxiety felt in and around the chest and (e) 2–3 episodes of loose motions in small quantities with generalised weakness and exhausted feeling.

Interview plan (IP)

Based on the patient’s narrative, the physician formulated the IP and enquired specifically about

consumption of Ars alb 30 as a prophylactic medicine. The patient confirmed it.

The physician had asked this specific question as the panic generated by COVID-19 had led to free distribution and over-the-counter availability of Ars alb, often leading to unnecessary repetition without any medical supervision.

Logical framework

The physician needed to conduct an anamnesis of the case information available through telecommunication. Further, integration of the chief complaints, COVID-19 and pre- or post-Ars alb consumption questionnaire will reflect the physician’s skills.

Case analysis

Quick assessment for patient evaluation can be formulated using problem definition (PD) in terms of identifying the cause, evolution and expression of disease; this helps to form the totality of symptoms (TOS), [Table 1].

Quick Assessment for Patient Evaluation		
Problem Definition	CAUSATION	H/O Ars Alb 30 Consumption @ Day 4- S/O* Proving Susceptible to Contract Disease (Perception) *S/O: Suggestive of
	EVOLUTION	Pathology: @Functional @Sudden Onset: @ Psora
	EXPRESSION	Fear of Impending Disease (Emotion) Anxiety (Emotion) Diarrhoea (Psychosomatic) Weakness (Secondary to Diarrhoea)
	Diagnosis	Acute State of Apprehension
	Second Prescription	Antidote

Table 1: Patient evaluation by identifying cause, its evolution and symptomatic expression.

Remedy	Ars	Calc	Phos	Carc	Arg-n
Totality	14	11	10	9	8
Sr. No. Symptoms Covered	5	4	4	3	4
1 [Murphy] [Mind] Fears, phobias, general: Disease, of impending (see incurable): (90)	4	3	3	3	2
2 [Murphy] [Mind] Anxiety, general: Family, about his: (24)	1	2	1	2	0
3 [Murphy] [Mind] Anxiety, general: Chest, felt in the: (193)	3	3	3	0	1
4 [Murphy] [Mind] Anxiety, general: Diarrhoea, from: (9)	2	0	0	0	3
5 [Murphy] [Weakness] Weakness, general, fatigue, exhaustion, low vitality (see Generals, chapter): (303)	4	3	3	4	2

Table 2: Repertorization sheet [5]

Remedies covering the TOS

After repertorization, Ars alb (14/5), Calc carb (11/4), Phos (10/4), Carc (8/3) and Arg nit (8/4) were the closely coming up remedies. Ars covered the totality and there was a recent history of Ars alb 30 consumption as a prophylactic. Therefore,

Antidote selection:

Ars Alb
Complementary: All-s, Carb-v, Phos
Followed well by: Aran-d, lod, Nux-v, Rhus-t, Sulph
Follows well: Acon, Arn, Bell, Bry, Calc, Carb-v, Cinch, Ferr, Hep, lod, Ip, Lach, Lyc, Merc, Nux-v, Phos, Puls, Rhus-t, Sep, Sil, Sulph, Verat
Similar: Acon, Apoc, Arg-n, Ars-m, Bell, Bism, Calc, Canni, Carb-v, Cinch, Ferr, Hyos, Ip, Kreos, Lach, Lyc, Nux-v, Phos, Puls, Rhus-t, Sil, Tab, Verat
Antidoted by: Camph, Chin, Chin-s, Ferr, Graph, Hep, lod, Ip, Nux-v, Sambu, Tab, Verat

Table 3: Remedy relationship of Ars Alb.

Remedy relationship of Ars alb (Table 3) and repertorization sheet (Table 2) were studied. It was observed that the remedies that antidote Ars alb and the ones that are there in the repertorial sheet i.e. closely coming remedies are Nux v (7/3), Tab (6/4) and Camphora (6/3) were considered.

Ars 14/5, Calc, 11/4, Phos, 10/4, Carc 9/3, Arg-n 8/4, Kali-ar 8/3, Nit-ac 8/3, Sulph 7/4, Apis 7/3, Gels 7/3, Kali-c 7/3, Merc 7/3, Nux-v 7/5, Phos- ac 7/3, Cupr 6/4, Hep 6/4, Plat 6/4, Puls 6/4, Tab 6/4, Acon 6/3, Arn 6/3, Camph 6/3, Chin 6/3, Kali- p 6/3.

Sr. No.	Rubrics	Nux V 7/3	Tab 6/4	Camphor 6/3
1	[Murphy] [Mind] Fears, phobias, general: Disease, of impending (see incurable): (90)	2	1	0
2	[Murphy] [Mind] Anxiety, general: Family, about his: (24)	0	0	0
3	[Murphy] [Mind] Anxiety, general: Chest, felt in the: (193)	2	1	3
4	[Murphy] [Mind] Anxiety, general: Diarrhoea, from: (9)	0	1	1
5	[Murphy] [Weakness] Weakness, general, fatigue, exhaustion, low vitality (see Generals, chapter): (303)	3	3	2

Table 4: Differentiation between Nux Vom and Camphor

Differentiation was done by understanding the Ars alb remedy relationship ^[7] with Nux v, Tab and Camphora as well as the patient's constitutional remedy (Calc), [Table 4]. Nux v, Tab and Camphora are antidotes that cover the TOS. However, on studying the Materia Medica, we can select the antidote using the principles of arriving

this was interpreted as to be a proving of Ars alb, as 'all medicinal substances have the power of causing disease when given to persons in health.' ^[6]

Action: Antidote.

at a Similimum. Ars alb is followed well by Nux v, it also follows Calc and Nux v. Moreover, it is similar to Calc and Nux v and is antidoted by Camphora and Nux v. Fear, phobias and disease impending, is the qualified characteristic mental symptom that predominantly affected the patient and led to other expressions, is covered by Nux

v as 2 marks and Tab having 1 mark gradation [Table 4]. Further study of Ars alb being Antipsoric and its duration of action being 36 days^[8], the therapeutic plan was to antidote the medicine with Nux Vom.

Therapeutic management

Nux v 200C single dose.

Follow-up consult (remedy response evaluation) on telephone:

The patient felt somewhat better within an hour of the dose.

On day 2: Anxiety >+, Sense of well-being (SWB) is present, stools are normal, there is no weakness. Patient was fully restored to health.

Action: Rx: SL 2 pills qds x 7 days

Advice: To report, if needed.

Learning

Significance of history taking through the telephone (telephomoeopathy), formulation of problem definition (PD), problem resolution (PR), interview plan (IP),^[9] study of proving, remedy relationship and remedy response evaluation.

REFERENCES

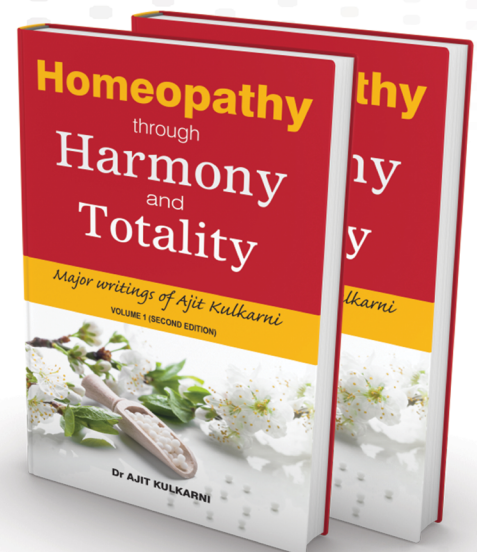
1. Hahnemann, S., 2005. Organon of medicine. B. Jain publishers
2. Roberts, H.A., 2002. The Principles and Art of Cure by Homoeopathy: A Modern Textbook. B. Jain Publishers
3. Kent, J.T., 2003. Lectures on homoeopathic philosophy. B. Jain publishers.
4. Knerr, C.B., 2003. Drug relationship. B. Jain Publishers
5. Jawahar S, Zomeo Software, Mumbai: Mind Technologies; 2018
6. Tiwary HS, Treuherz F. Treasure Works of John Henry Clarke. 1st ed. Noida: B Jain Publishers; 2019.
7. Boericke W. Pocket Manual of Homoeopathic Materia Medica. India: Motilal Banarsidas Publishers; 1993.
8. Lutze, F.H., 1890. Duration of Action of Antidotes of the Principal Remedies. *The Homoeopathic Physician*, 10(10), p.439.
9. Kapse AR. ICR Operational Manual. Mumbai: Dr M L Dhawale Memorial Trust; 2015.



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Antidoting the First Prescription

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Kent says, “What is more beautiful to look upon than the bud during its hourly changes to the rose in its bloom. This evolution has so often come to my mind when patiently awaiting the return of symptoms after the first prescription has exhausted its curative power”

We need to antidote the first prescription only when the course of action goes against the expectation.

The reaction to the correct prescription is that the striking features, the peculiar features, the concomitant symptoms on which the choice of the remedy was based, are the first symptoms to be removed; thus the guiding symptoms of the case have been obliterated. The picture has been almost erased, and only the trivial symptoms are left. Now if the remedy is repeated at this stage, the cycle of cure is broken; for the guiding symptoms will surely return only when the action of the remedy, the indications which give us the clue to our next step will present themselves. One of the hardest things for a physician to do is to keep his hands off at this stage. If the remedy is administered at this stage we will find an intermingling of drug symptoms, so that no intelligent prescription can be made.

Ignorant homoeopaths give a drug that is not indicated because the one that is indicated does not cure. They feel that they have performed their duty, forgetting that ignorance was the culprit.

In all systems of science or medicine certain rules must be followed, in order to establish the reliability or unreliability of its principles. The rule laid down by the founder of Homoeopathy, will bear the crucial test, as we all know. While the guiding principles formulated by our master

are ever the same, yet their application varies according to the symptoms of each patient, and hence the difficulties in their practical enforcement. But when they are fully understood and faithfully applied, grand and brilliant results are inevitably secured, demonstrating perfectly the truth of the law of similars.

Hahnemann taught us to carefully weigh every symptom with its conditions, accessories, etc., for these are our only and true guides in searching for the appropriate remedy; but all symptoms are not of equal value, as has been already stated. Some symptoms are characteristic and determining, while others are general and belong to many medicines. Thus it will be seen that Hahnemann did not content himself with treating simply a series of symptoms, without any further thought, as his detractors charge him with.

If, after the administration of the apparently appropriate remedy, the local state persisted, it would indicate that the cure was not complete; while, on the other hand, its disappearance under such conditions would conclusively establish that the disease had been thoroughly eradicated (Organon, par. 200).

A hurried Second Prescription should be avoided.

Hering tells us : “If our patient has been drugged by the old school, we must direct our antidotes principally against the last given drugs. For instance, against abuse of Alcohol or aromatics, Nux-vomica; against Tea, Pulsatilla or Thuja; against Quinine, Pulsatilla, etc.; against Iodium and Iodide of Potassium, Hepar; against blistering, Camphor; against cauterizing with Nitrate of Silver, Natrum-mur.; against bleeding, purging or losses of blood, China; against mechanical

injuries, by stretching, Rhus; by bruising, Arnica, etc.; against Chloroform, Hyoscyamus, etc.”

Lippe also says in his *Materia Medica*, that *Nux vomica* is often suitable to begin the treatment of cases after drugging; and Raue advises it also.

But cases which have been prescribed Homoeopathic medicines, the same *Nux vomica* or *Pulsatilla* won't be sufficient. In relation to this matter Hahnemann pointedly says (*Organon*, par. 91): “The symptoms which appear, and the sensations of the patient during the use of medicines, or shortly after, do not furnish a true image of the disease;” and, “when the disease is of a chronic nature, and the patient has already made use of remedies, he may be allowed to remain some days without giving him any medicine;” but, advises us (*Organon*, par. 92), “when an acute disease is to be treated, so dangerous in its nature as not to admit of delay, and the physician can

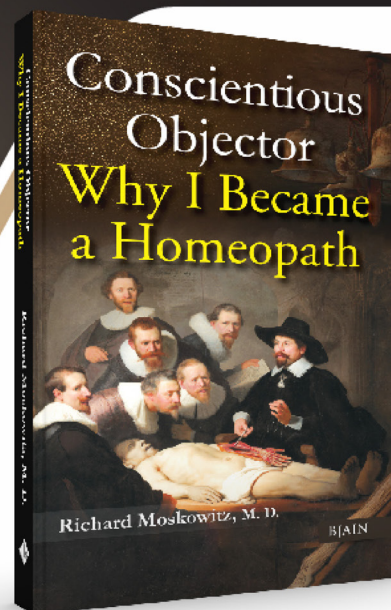
learn nothing of the symptoms that manifested themselves previous to the remedies, then he (the physician) is to view the whole of the existing symptoms—including in one and the same image the primitive disease and the medicinal affection conjointly,” and then choose the simillimum from the ensemble of the symptoms.

Hahnemann truly says : “In a science in which the welfare of mankind is so much concerned, any neglect to make ourselves masters of it becomes a crime.” Let us all; then, do our duty faithfully and diligently, fearlessly and with singleness of purpose, till we become better and better equipped to cope with disease and death, and endeavour to sweep away most of the ills besetting poor humanity. There is solace and comfort, too, in the thought that what we do here, may be consummated and made perfect in that life awaiting us, beyond the present sublunary sphere we inhabit.

Conscientious Objector Why I Became a Homeopath

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- Through compelling anecdotes, author recounts his encounters with tough cases and breakthrough healings, offering profound insights.
- Written in an engaging language.



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Dr Richard Moskowitz



Dr. Thomas Lindsley Bradford: An Erudite Personality

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Dr. Thomas Lindsley Bradford was born in 1847, on 6th June. He was a native of Francestown, New Hampshire. He was a descendant of learned and powerful families on both his paternal and maternal side, his ancestors being lawyers and statesmen. His

maternal grandfather was also a member of Congress for a certain period. Dr. T. L. Bradford was known to be a literary personality and was dear to many students in medical colleges of Homoeopathy. His contributions to maintaining the works and treasures of Homoeopathy remain unparalleled. He is defined as one of the main historians of Homoeopathy alongside Dr. Haehl and King.

He was also a teacher of Dr. Richard Haehl. Dr. Bradford never shied away from praising his fellow homoeopaths. He remarked about Dr. Dudgeon that “...no one has done more to render the writings of Hahnemann accessible to the English-speaking world”

Education and Early Career

Bradford gained his literary education at the Academy of Francestown and the Philips Academy, a famous educational institute. His medical education was acquired from Harvard Medical School from 1866 to 1867 and later from the Homoeopathic Medical College of Pennsylvania,

where he received his degree in 1869.

He started practicing medicine in Skowhegan, Maine where he practised for 3 years and then went abroad to visit different medical institutions in famous cities of London, Paris, etc. On returning, he resumed his Skowhegan clinic until 1877, when he moved to Philadelphia permanently.

Family

He was born to Thomas Bixby Bradford and Emily Hutchinson Brown. His lineage can be traced back to Governor William Bradford of the Plymouth Colony in Massachusetts. On his mother's side, his grandfather, Titus Brown, was a distinguished lawyer and statesman in New Hampshire, who also served as a member of Congress from 1824 to 1828. He got married to Eliza Virginia Hough, on June 15, 1887.

Homoeopathic career

It was after permanently shifting his residence that he gained fame and became a conspicuous figure in homoeopathic circles in Philadelphia. He became famous in the medical colleges of Philadelphia especially as he authored many homoeopathic publications. He also stood out for treating paediatric cases.

He joined the Hahnemann Medical College as a Faculty and from 1894 became the Curator of the college's library. From 1895 to 1900 he also lectured on the history of medicine at this college. Later, he became the Chief Curator at the library.

While working as the curator of the college library,

he created Bradford's Scrapbook, a collection of 35 volumes meticulously arranged alphabetically. These volumes are filled with letters, photos, and other collectibles that hold great value to homoeopaths all over the world.

Dr. Bradford was a resident physician at The Children's Homoeopathic Hospital of Philadelphia. This hospital was one of the busiest medical institutions in the world, founded as a public charity.

Esteemed Member of Different Societies

In the same year when he got his medical degree in 1869, he also became a member of the American Institute of Homoeopathy and of the Maine State Homoeopathic Medical Society. In 1891, he became a member of the Philadelphia County Homoeopathic Medical Society and the Homoeopathic Medical Society of Pennsylvania in 1894. He was a member of the Philadelphia County Homoeopathic Medical Society.

Publications of Dr. Bradford

His literary works include:

Homoeopathic Bibliography of the United States, 1892

History of Hahnemann Medical College and Hospital of Philadelphia, 1898

History of the Homoeopathic Medical College of Pennsylvania

Index to Homoeopathic Proving, 1902

Life and Letters of Hahnemann, 1895

The Pioneers of Homoeopathy, 1898

The Logic of Figures, 1900

A Characteristic Materia Medica,

Historical sketch of Boenninghausen's life in Boenninghausen's Characteristics and Repertory by Dr. C.M. Boger.

Autobiography of a baby, 1912

The Bibliographer's Manual of American History, 1907

Biographical index of the graduates of the Homoeopathic Medical College of Pennsylvania and the Hahnemann Medical College and Hospital of Philadelphia: including a history of the college and hospital, a list of all the graduates arranged by years of graduation, also a list of the graduates who are now in the medical military service of the United States, (1918)

Complete list of homoeopathic medical journals published in the United States between the years 1835-1868, 1888

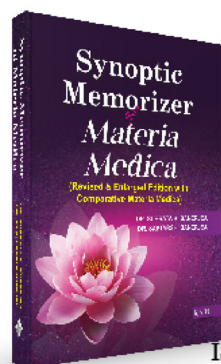
Quiz questions on the history of medicine. From the lectures of Thomas Lindsley Bradford, 1898

He also contributed to many articles and edited the King's four-volume *History of Homoeopathy*.

Demise

He passed away at the age of 71 years, on December 13, 1918.

 BJAIN



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The Conscientious Objector: Why I Became A Homeopath

Dr Richard Moskowitz



I retired in 2020, after 53 years of family practice, 46 of them devoted almost entirely to homeopathy. With so many questions, doubts, and scruples about my training, I never felt comfortable with fighting the endless war against disease, and deploying the latest and most powerful chemical and surgical weapons against abnormalities, whenever, wherever, and however they showed themselves. I wound up doing graduate work in philosophy before interning and going into practice. But even then, other than drugs and surgery for acutes and emergencies, I had little to offer my patients beyond education and advice when their illnesses became chronic and got worse.

I finally glimpsed a way out of that dilemma, thanks to a woman who wanted a home birth, and was asking me to help her do what her body was already doing. Once the word was out that I was willing to help other women that way, I was as busy as I could be, doing home births, and beginning to explore gentler methods of healing, like herbal medicine. That experience helped me remember the obvious truth that my training had taught me to forget, that the signs and symptoms of illness and disease are similarly the concerted effort of our organism to heal itself. In Colorado, I attended about 150 home births over a period of 3 years, and by some miracle I never missed a birth, lost a baby, or even had to take anyone to the hospital.

Then I moved to Santa Fe to study acupuncture, and opened an office for the first time, hired a receptionist, a nurse to help with the home births, joined the hospital staff, and began seeing my full share of complications like everyone else. But my study of acupuncture introduced me to energy medicine, to seeing the patient as a complete bioenergetic system, and indeed a unique

individual, rather than a mere specimen of various abstract disease entities. Even though it was too alien culturally for me to build my practice around it, it was the ideal preparation for homeopathy, which I discovered synchronistically at that precise juncture. It was at that point, as I learned to pay careful attention to the individuality of the patient, and match it with the individuality of the medicine as closely as possible, that practicing medicine became interesting and rewarding enough for me to enjoy practicing it for so many years without a cause for regret.

This memoir of my training and early years in practice concludes with stories from my years of practice in Santa Fe and subsequent move to Boston. The remainder of the book is given over to three short treatises on the subjects that particularly engaged me, namely, homeopathic medicine, which I practiced more or less exclusively for 46 years; the medical system I was trained in, my questions and doubts about which led me to study philosophy before going into practice; and the vaccination process, which my long experience treating children showed to be a major cause of chronic disease, although largely overlooked and indeed kept hidden from the general public and even most physicians. A brief concluding chapter searches for the common threads that run through these various phases and subjects of my career.

At first, it will probably appeal mostly to health professionals and laypeople who already have experience of or interest in midwifery, pediatrics, homeopathy, and natural medicine, many of whom face similar dilemmas. But my chief purpose in writing it is to reflect more broadly on health, illness, and healing, matters of lifelong concern to everyone, in a manner that will hopefully be relevant and useful to a general audience.

An Overview with Homoeopathic approach to Epilepsy

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Keywords

Epilepsy, ILAE classification, homoeopathy

Abstract

Epilepsy is a chronic non-communicable neuro-logic condition that affects all ages of people by enduring predisposition to generate seizures, unprovoked by any immediate central nervous system insult and by neurobiological, cognitive, psychological and social consequences of seizure recurrences. In most of the cases, the cause of epilepsy remains unknown and undetermined. However a few factors such as head injury, infections, tumor in brain, stroke, substance abuse and hereditary factors are the probable causes. Most of the people with epilepsy facing premature death is up to three times higher than for the general population. Three quarters of people with epilepsy living in low income countries don't get treatment they need. This article provides an overview of seizures focusing on epileptogenesis, mechanisms, clinical details, therapeutic approaches from different sources. Homoeopathy focuses on individualization of patients with a holistic approach thus helps in managing epileptic seizures on a dynamic plane.

Introduction

Epilepsy being an emergency situation affects over 50 million people worldwide and over 10 million people in India [1]. Its prevalence is about 1% in the Indian population, which is almost three times higher in the rural population compared to the urban population [2].

Epilepsy is a disease of the brain with either: (1) at

least two unprovoked (or reflex) seizures occurring more than 24h apart; (2) one unprovoked seizure or reflex seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years; (3) diagnosis of an epilepsy syndrome [3].

Epidemiology

The WHO estimates that there are 50 million people living with epilepsy (PWE) worldwide, making it a universal global neurological problem [19]. There are around 10-12 million people with epilepsy in India [19]. The incidence of status epilepticus has a bimodal age distribution with peaks during infancy and also in elderly age group. A study in 2010 on epilepsy, from Kolkata, estimated an age-standardized incidence rate of 27.3/100,000 per year [20]. The incidence rate ranges approximately between 7 to 40 cases per 100,000 persons/year in recent times [18]. Around 30% Women with Epilepsy report an increased propensity for seizures during menstruation, a phenomenon referred to as catamenial epilepsy. A study observed that the risk of seizure was increased during the ovulatory period than the anovulatory phase [21].

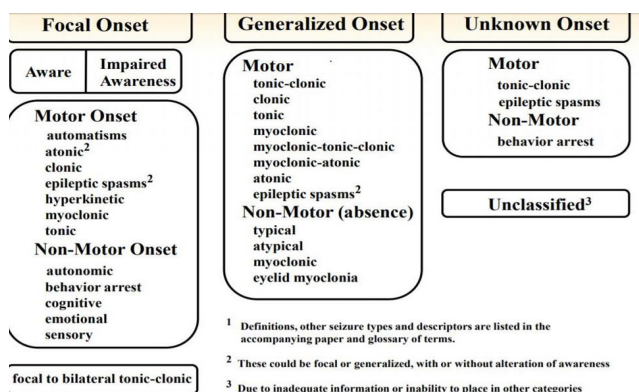
Potential acute etiological factors [17] Include

- CNS (Central nervous system) infections (e.g., meningitis, encephalitis, and intracranial abscess)
- Metabolic abnormalities (hypoglycemia, hyponatremia, hypocalcemia, hepatic encephalopathy, and inborn errors of metabolism in children)
- Cerebro-vascular accidents

- Head trauma (with or without intracranial bleed)
- Drug toxicity
- Drug withdrawal syndromes (i.e., alcohol, benzodiazepines, and barbiturates)
- Hypoxia
- Hypertensive emergency
- Autoimmune disorders

ILAE 2017 classification of seizure types expanded version [7]

The International League against Epilepsy (ILAE) 2017 classification has categorized seizures based on three key features: the location of seizure onset, level of awareness during a seizure, and other features of seizures [7].



This new ILAE classification allows new types of focal seizures and a few new generalized seizures, and clarifies terms used to name seizures [8].

Seizures of Temporal Lobe Origin are the most common type of focal impaired awareness (Complex partial) seizures. Frontal Lobe origin constitutes 30%. Seizures arising from the insular region can mimic frontal, temporal, parietal lobe seizures [9].

International classification of seizures 1981 Partial seizures (start in one place)

- Simple (no loss of consciousness or memory)
- Sensory Motor
- Sensory-Motor Psychic (abnormal thoughts or perceptions)

- Autonomic (heat, nausea, flushing, etc.)

Complex (consciousness or memory impaired)

- With or without aura (warning)
- With or without automatisms
- Secondarily generalized

Generalized seizures (start over wide areas of brain)

- Absence (petit mal)
- Tonic-clonic (grand mal)
- Atonic (drop seizures)
- Myoclonic

Other unclassifiable seizures

Table 1: New terms introduced in the ILAE seizure classification, 2017

Old terms	New terms
Partial	Focal
Simple partial	Focal aware
Complex partial	Focal impaired awareness
Psychic	Cognitive
Secondary generalized tonic-clonic	Focal to bilateral tonic-clonic
Arrest, Freeze, Pause, Interruption	Behavior arrest
Dyscognitive	Focal impaired awareness
Astatic	(Focal or generalized) atonic
Grand mal	Generalized tonic clonic, Focal to bilateral tonic clonic, Unknown onset tonic clonic
Infantile spasm	Epileptic spasm
Psychomotor	Focal impaired awareness

According to a study, the ILAE 2017 seizure classification demonstrated a steady transition from the 1981 International classification with acceptable consistency and improvements [10].

Diagnosis

The typical first step in diagnosis to evaluate high-risk primary neurologic pathology, CT scan of Head is needed. MRI Brain is required to evaluate whether the full range of structural pathology that could be the cause for seizures or status epilepticus, but given the length of the procedure, it may be deferred until the status epilepticus is adequately treated. If any concern

of infection, possible meningitis, or encephalitis exists, a lumbar puncture should be performed, but it should also not delay initial treatment.

Patients at risk for status epilepticus based on clinical criteria (e.g., altered mental status, high-risk neurologic pathology, subtle clinical jerks) should be urgently recorded on continuous EEG monitoring; guidelines have been established for this monitoring. Specific tRNA fragments may constitute a novel class of epilepsy biomarker that could support the prediction of seizure risk in patients diagnosed with epilepsy [11].

Treatment and Management

Epilepsy must be attended quickly and in an organized manner, with simultaneous assessment besides management of the airway, breathing, and circulation (ABC monitoring), while also administering antiepileptic drug (AED) treatment. The primary goal of management is to definitively terminate seizure activity as rapidly as possible while supporting the patient's cardiovascular and respiratory status. A significant portion of People with Epilepsy do not receive appropriate treatment, leading to a large treatment gap.

Lorazepam (Benzodiazepines) are the antiepileptic drug of choice for emergent control. It is preferred because of its rapid onset of action [21]. Intravenous (IV) infusion of midazolam, pentobarbital, thiopental, or propofol is helpful in Refractory Status Epilepticus; of that propofol must not be given to children. Choices include fosphenytoin, phenytoin, levetiracetam (40 to 60 and valproic acid can be concurrently used with benzodiazepines. In pregnant women with eclampsia, Magnesium sulphate will be helpful [21].

For Post Stroke Seizure, prevention and prophylactic treatment, although some studies advocated possible short-term prophylactic antiepileptic treatment for ICH, the American Heart Association and the European Stroke Organization have stated that prophylactic administration of AEDs to prevent a seizure is not recommended for patients with stroke, including patients with ICH [12].

Phytocannabinoids have demonstrated therapeutic efficacy across numerous neurological

disorders [13]. As per a recent research study, Phytocannabinoids especially (CBD) Cannabidiol can be an approved therapy to treat epilepsy; except for seizure reduction, it has also been demonstrated that these phytocannabinoids affect neurogenerative and protective processes due to their inherent ability to modulate ECS signaling [14].

- Cannabidiol CBD is a chemical component of the Cannabis sativa plant, more commonly known as marijuana. Homeopathically Cannabis indicus and C. sativus been already in usage from Hahnemannian era in potentised form for some cases of epilepsy with which we can reduce side effects and give individualized complete treatment based on symptomatology.

Homeopathic approach

Homeopathic system is a holistic system of therapy but since its inception, it received severe criticism from the scientific community due to the non-measurable amount of drug substance in the homeopathic dose. Still homeopathy has benefited globally, millions and billions of people, a fact that does not require any citation. In case of epileptic management, there are several homeopathic remedies reported in scientific publications as well as homeopathic literature.

Cicuta: Where there are distortions of body

Cicuta is one of the best medicines for epilepsy where the attacks of convulsions are marked by violent, distorted body shape. The distortions are most frightful. There is a marked opisthotonus which refers to the condition where the spine bends backward with the head and heels touching the ground. The person is totally unconscious. Cicuta is also best known for epilepsy following head injury. Cicuta can be used for convulsions occurring in children during dentition, in women during and after delivery and also for convulsions due to worms. Violent body distortions were seen. Touch and noise are the triggering factors for using Cicuta are. An auditory aura may show its presence.

Artemisia vulgaris: For epilepsy with petit mal seizure
Artemisia Vulgaris is the best natural medicine in case of

Petit Mal Epilepsy especially in children. The main symptom is frequent brief episodes of seizures in a short time period. Ailments from strong emotions, including fear can cause convulsions. Absence of aura i.e., any subjective feeling predictive of the onset of a seizure prior to an attack is marked.

Stramonium: For epileptic convulsions triggered by bright light

Stramonium is the most suitable when the convulsion arises after exposure to bright light or shining objects. The consciousness is preserved and jerking of muscles of the upper body part is experienced by the patient.

Belladonna: Convulsions during teething, with fever; comes on suddenly, head hot, feet cold rush of blood to head and face

As per a previous study on dogs, considerable reduction was seen in seizure activity with belladonna, gradually there was disappearance of fits with continuous therapy [16].

A wide range of fruitful benefits were observed on Animals and pets from the Hahnemannian era to till date [15, 16].

Cuprum met: When aura for seizure attack is felt in knees

Cuprum Met is the best suitable medicine when the seizure attack is preceded by an aura in the knee. The symptoms marked during the attack are clonic spasms that usually begin in the finger or toes and soon cover the entire body. Jerking of muscles is also noticed. Ailments from fright and anger can cause epilepsy. In females, Cuprum Met can be used in the treatment of convulsion during pregnancy, after delivery and around the menstrual period.

Staphysagria: Ailments from anger and humiliation, sexual passion, nervous excitability, sensitivity to insults. Ailments after indignation, grief, anger

Nervous affections with marked irritability; violent outbursts of passion, hypochondriacal, sad. Stitches flying to the ear on swallowing especially left.

Bufo rana: For epileptic fit during sleep

Bufo Rana is helpful in providing a cure for Epilepsy seizures where the attacks are present during sleep. The aura is felt in the genital area. It also works well for females who have attacks of seizures during menses (catamania epilepsy).

Hyoscyamus: For deep sleep following epileptic attack

The best suitable when deep sleep follows an epileptic fit is Hyoscyamus. The other symptoms include picking at bedclothes and playing with hands and muscular twitching.

Homeopathic remedy **Nux vomica** has also been reported to affect entire gray matter of the cerebrospinal nervous system (CNS), especially centering upon tubular gray matter of pons, medulla, and cervical portion of spinal cord

As per study conducted to investigate the antiepileptic effect of homeopathic remedy Nux vomica on mice and its comparison with standard therapeutic diazepam clearly indicated the efficacy of Nux vomica on strychnine induced neurological disorder leading to death. It was found statistically significant in protecting the animals. This study made a pavement for further research on the mechanism of action of this medicine [5]

CONCLUSION

The prognosis and quality of life of a person with epilepsy varies considerably. It depends on the type and severity of the seizures, response to drug treatment, co-existing developmental and cognitive disorders, other comorbidities and the occurrence of episodes of status

epilepticus. Though a large number of anti-epileptic drugs that suppress or prevent the seizures cure is completely unavailable. We have no treatments that prevent the development of epilepsy or modify the detrimental course of the disorder. In contrast, treating epilepsy with homeopathy will focus on clinical history of the individual and produce maximum therapeutic effect. Art of prescription in homeopathy is done by considering triggers i.e., maintaining and exciting causes which helps to prevent recurrence of epilepsy. Most appropriate medicine is derived only after careful assessment of physical and psychological symptoms which is administered

in highly diluted doses. Being a holistic model of treatment, homeopathy serves mankind without posing any risk of side effects and helps to reduce the dependence of conventional medicines.

REFERENCES

1. Sridharan R, Murthy BN. Prevalence and pattern of epilepsy in India. *Epilepsia* 1999;40(5):631-6.
2. Leonardi M, Ustun TB. The global burden of epilepsy. *Epilepsia* 2002;43(6):21-5.
3. Curr opin Neurol. Department of Neurology and Neurological Sciences, Stanford University School of Medicine, Stanford, California, USA 2015;28(2):130-5. doi: 10.1097/WCO.000000000000174.
4. Pharmacogn J. Antiepileptic Effect of Nux vomica, Homeopathic Remedy, Against Strychnine-Induced Seizures Anjana Goel*, Aditya Saxena, Ashok Kumar Bhatia 2018;10(2):245-248.
5. Goel A, Saxena A, Bhatia AK. Antiepileptic Effect of Nux Vomica, Homeopathic Remedy, Against Strychnine Induced Seizures. *Pharmacogn J* 2018;10(2):245-8.
6. Xu MY. Poststroke seizure: optimizing its management. *Stroke Vasc Neurol* 2019;4(1):48-56.
7. Fisher RS, Cross JH, D'Souza C et al. Instruction manual for the ILAE 2017 operational classification of seizure types. *Epilepsia* 2017.
8. Robert Fisher S. The New classification of seizures by International League against Epilepsy 2017: *Cur Neurol Neurosci Rep* 2017;17(6):48.
9. Anil Kumar, Sandeep Sharma. Complex Partial Seizure; N Treasure Island (FL): Statpearls Publishing 2021.
10. Hui Gao, Josemir Sander W, Yingfeng Xiao, Yingying Zhang, Dong Zhou. A comparison between the 1981 and 2017 International League Epilepsy classification of seizures types based on an outpatient setting; *Epileptic Disord* 2018;20(4):257-264.
11. Sengoku A. The contribution of JH Jackson to present-day epileptology. *Epilepsia* 2002;43(S9):6-8.
12. Michael Xu Y. Post stroke seizure: optimizing its management; *Stroke Vasc Neurol* 2019;4(1):48-56
13. Friedman D, French JA, Maccarrone M. Safety, efficacy, and mechanisms of action of cannabinoids in neurological disorders. *Lancet Neurol* 2019;18:504- 512.
14. Aaron Farrelly M, Styliani Vlachou, Konstantinos Grintzalis. Efficacy of Phytocannabinoids in Epilepsy treatment: Novel approaches and recent advances; *Int. J Environ. Res. Public Health* 2021;18(8):3993.
15. John Saxton. Homeopathic treatment of Primary or Idiopathic seizures; *Innovative veterinary Care* 2017.
16. Varshney JP. Clinical management of idiopathic epilepsy in dogs with homeopathic Belladonna 200C: a case series; *Case Reports: Homeopathy* 2007;96(1):46-8.
17. Langenbruch L, Krämer J, Güler S, Möddel G, Geßner S, Melzer N et al. Seizures and epilepsy in multiple sclerosis: epidemiology and prognosis in a large tertiary referral center. *J Neurol* 2019.
18. Todd Wylie, Divya Jot S, Sandhu, Najib Murr. Status Epilepticus; Treasure Island (FL). Reddy SR. Effect of homeopathic medicine *Lycopodium clavatum* in urinary calculi. *International Journal of Applied Research* 2017;3(1):790-1. Statpearls publishing 2021.
19. Garg D. Specific considerations for epilepsy in India. *Curr Med Issues* 2020;18:105-10.
20. Banerjee TK, Ray BK, Das SK, Hazra A, Ghosal MK, Chaudhuri A et al. A longitudinal study of epilepsy in Kolkata, India. *Epilepsia* 2010;51:2384-91.
21. Thomas SV, Sarma PS, Nirmala C, Mathai A, Thomas SE, Thomas AC. Women with epilepsy and infertility have different reproductive hormone profile than others. *Ann Indian Acad Neurol* 2013;16:544-8.



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Antidoting The First Prescription: When And Why Did You Do It?

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Keywords

Antidotes, Homoeopathy, Remedy

Abstract

An antidote refers to a substance or remedy used to counter the effects of a previously administered remedy. The concept is rooted in the principle of “like cures like,” where substances that cause symptoms in a healthy person are used to treat similar symptoms in a sick. Antidotes are often employed if a remedy produces undesired effects or violent aggravations. They aim to neutralize or mitigate the effects of the original remedy, restoring balance to the patient’s condition.

Introduction ⁽¹⁻⁴⁾

The word antidote is derived from the Greek word antidoton - anti means against, and doton means given, meaning given against. Antidote is a therapeutic agent that counters the bad action of substances and neutralizes their injurious or unwanted effects.

“The well informed and conscientiously careful physician will never be in position to require an antidotes in his practice if he will begin, as he should, to given the selected medicine in smallest possible dose”

This statement is said by Hahnemann in the footnote of aphorism 249, he emphasizes the importance of being a knowledgeable and cautious physician. He suggests that a physician can effectively avoid situations where antidotes are necessary in their practice. This can be achieved by starting the treatment process with the smallest possible dose of the selected medicine. By doing so, the physician minimizes the likelihood of adverse reactions or complications for the patient. Essentially, Hahnemann advocates for a proactive and prudent approach to medical treatment; which prioritizes patient safety and well-being.

He further explains in aphorism 249, that if a medicine prescribed for a disease causes new and troublesome symptoms that are not related to the disease itself, it won’t actually improve the patient’s condition. He emphasizes that such a medicine isn’t chosen correctly according to homeopathic principles.

Hahnemann suggests two options in such situations:

If the new symptoms caused by the medicine are severe, an antidote should be given to counter its effects before trying a more suitable remedy.

If the new symptoms are not too violent, wait and select a more suitable one.

Varied Perspective On Antidotes From History

Like Hahnemann, other practitioners have also encountered instances of unfortunate prescriptions where an antidote is needed, which they have documented in their writings. Some of the writing highlights are given below.

In his book “The Principles and Art of Cure by Homoeopathy,” in Chapter XVI, titled “The Second Prescription,” H. A. Roberts states that during the time of the second prescription, if the case shows a number of new symptoms and it’s not belonging to the pathogenesis of the remedy and there is no history of the patient having had these symptoms before, then the first prescription is a mistake, and this change in the direction of diseases, must antidote the remedy. After administering the antidote and allowing time for the patient to wait, the case should be reassessed thoroughly. The second prescription should target new symptoms more than old ones, but consider both, and this can alleviate new symptoms and likely resolve old ones too. This process needed to be repeated several times, but each repetition increased the complexity, requiring more caution to avoid errors.

In Chapter XXXVI of his book “Lectures on Homoeopathic Philosophy,” James Tyler Kent discusses what happens when the first prescription doesn’t work as expected? Instead of the original symptoms returning, the patient experiences new ones. The physician carefully examines these new symptoms and checks if they match the known effects of the prescribed remedy. It is possible that these symptoms may be found in the drug that was administered, resembling a proving process. The physician then checks with the patient to see if they’ve ever had these new symptoms before. If not, it suggests that the first prescription was unfortunate because it allowed the disease to worsen in a different way, causing new symptoms to appear. The emergence of new symptoms indicates the need for an antidote. Then, the doctor re-evaluates both the old and new symptoms together to choose a second prescription. The combination of new and old symptoms must

be thoroughly studied, and the second remedy must correspond more particularly to the new symptoms than to the old ones. This may cause the new symptoms to disappear and possibly have an effect on the old ones.

Calvin B. Knerr, M.D.’ in his Repertory of Hering’s Guiding Symptoms of Our Materia Medica said that “to the effects of massive and molecular doses; chemical antidotes in poisoning; to the lasting or chronic effects super induced by the drug”

John Henry Clarke said about antidotes that “remedies that are able to control the over-action of any remedy administered”

When the first prescription leads to severe aggravation, poses a life-threatening situation, and defies Hering’s Law of Cure, it requires careful consideration. If administering the first prescription results in the emergence of new symptoms, particularly those of a violent or life-threatening nature, or if there is a general worsening of the patient’s condition, immediate antidoting is needed.

Dunham’s statement, “**It is better to have ‘erred and cured’ than never to have ‘cured’ at all,**” extracted from his book “Homoeopathy: The Science of Therapeutics,” highlights the significance of taking action despite uncertainties in medical practice. While errors are unavoidable in the field, Dunham cautions against attributing successful treatment outcomes solely to chance. He advises practitioners to exercise caution and diligence, emphasizing the importance of distinguishing between the unfortunate consequences of an error and the fortunate outcome of a successful cure. This serves as a reminder for practitioners to approach each case with careful consideration, aiming for effective treatment while acknowledging the inherent risks involved.

Furthermore, in instances of an unfortunate prescription, homeopathy offers a plethora of antidote remedies to rectify any prescription errors promptly and effectively.

Antidotes given in different books. ⁽⁵⁻⁸⁾

S.no	Medicine	Boenninghausen's Therapeutic Pocket Book	Repertory Of The Homoeopathic Materia Medica By J.t.kent	Boericke's Materia Medica	Allen's Keynote
1.	Alumina	B r y . , (C a m p h .) , Cham.,Ip.,Puls.	Bry.,Camph.,Cham.,Ip.,	Ip.,cham.	Chief antiodes for lead poisoning , painter's colic.
2.	Amon carb	Arn.,Camph.,Hep.	Arn.,camph.,hep.	Arn.,Camph.	It antidots, poisoning with rhus and stings of insect.
3.	Arnica	Am.carb.,Camph.,Chi.,Cic.,Fer.,Ign.,Ip.,Seneg.	Acon.,Ars.,Camph.,Chin.,Ip.	Camph	
4.	A r s e n i c album	Carb.v.,Chin.,Fer.,Graph.,Hep.,Iod.,Ip.,Lach.,Nux.,Samb.,Verat.a.	Chin,Sul. Camph. Carbc. Chin.,Euph.,Ferr. Graph. Hep.,Iod. Ipec. Kalib.,Merc. Nux. Nux-m. Op. Samb., Sulph.,Tabac.,Verat.	Op.,carb v.,chin.,Hep.,Nux-v.	
5.	Belladonna	Coff.,Hep.,Hyos.,Op.,Puls.,Vinum.	Acon.,Camph.,Coff.,Hep.,Hyos.,Op.,Puls.,Sabad.,Vinum.	Camph., coff., op.,Acon., Hyos.,Merc.	
6.	Bryonia alba	Acon.,Alum.,Camph.,Cham.,Clem.,Coff.,Ign.,Mur.ac.,Nux v.,Puls.,Rhus,Seneg.	Ac.mur.,Acon.,Alum., Camph.,Cham.,Chel.,Clem.,Coff.,Ign.,Nux.,Puls.,Rhus,Seneg.	Same as in Kent Repertory except camphor.	
7.	Cal. Carb	Bry.,camph.,chin.,Nitric-acid,Nux-v.,Sul, spir.nit.dul.	Bry.,camph.,chin.,Nitric-acid, Nux-v.,Ipec, Sul,spir.nit.dul,sep.	C a m p h . , I p . , N i t ac,Nux-v	
8.	Carbo veg	A r s . , C a m p h . , Coff.,Lach.,Spir.nit.dul.	Ars.,Camph.,Coff., Lach.,Spir.nit.dul.	Camph.,Ambr., Ars.,Spir.nit.dul.	
9.	Causticum	Asaf.,coff.,Coloc., nux.,spir.nit. d.	Asaf.,Dulc.,Coloc.,Nux., Guaia.	A s a f . , C o f f . , Coloc.,Dulc., Guaj.,Nit-s-d., Nux-v	Paralysis from lead poisoning abuse of merc., sulph in scabies.
10.	Chamomilla	A c o n . , A l u m . , B o r . , Camph.,Cocc.,Coff.,Coloc.,Ign.,Nux v.,Puls.	Acon.,Alum.,Borax, Camph.,Chin.,Cocc.,Coff.,Coloc.,Con.,Ign.,Nux.,Puls.,Valer.	Same as in Kent Repertory	
11.	C h i n a officinalis	Arn.,Ars.,Bell.,Calc.c.,Carb.v.,Fer.,Ip.,Merc.,Nat.c.,Nat.m.,Puls.,sep. Sul., Salvia off., Thea.,Verat.a.	Aranea.,Arn.,Apis.,Ars., Asaf.,Bell.,Bry., Carbv.&an.,Calc.,Caps., Caust.,Cedr.,Cina.,Eupat.,Ferr.,Ipec.,Lach.,Led., Lyc.,Meny.,Merc.,Ntrc.,Ntrm.,Nux.,Puls.,Rhus., Sep.,Sulph., Verat.	Same as in Kent Repertory	
12.	Coffea cruda	Acon., Cham., Ign.,Nux.v., Puls.	A c a c e t . , A c o n . , C h a m . , Chin.,Grat.,Merc.,Nux. ,Puls.,Sulph.	Ac-acet, Acon., Cham., Chin., Grat.,Ign.,Merc., Nux.,Puls. Sulph.	
13.	Cuprum met	Aur.,Bell.,Camph.,Chin.,Cocc.,Dulc.,Hep.,Ip.,Merc.,Nux.,Saccharum.	Bell.,Camph.,Cic.,Chin., Cocc.,Con.,Dulc.,Hep. Ipec.,Merc.,Nux.,Puls.,Verat.	Same as in Kent Repertory.	
14.	Graphites	Ars.,Nux.,Vinum.	Acon.,Ars.,Nux.	Acon.,Ars.,Nux	
15.	Hepar Sulph	Acetum veget.,bell.,cham.,Sil.	Ac acet.,Ars.,Bell, Cham.,Sil.	A c - a c e t . , A r s . , Bell.,Cham.,Sil.	Bad effects of mercury and other metals, iodine iodine of potash, cod liver oil.
16.	Ignitia	A r n . , C a m p h . , C h a m . , Cocc.,Coff.,Nux ., Puls.	Acacet.,Arn.,Cocc.Cham. ,Puls.	Puls.,cham.,cocc	Puls.
17.	Iodum	Ars.,Bell.,Camph.,Chin.,Coff.,Hep., Phos.,Sul.	Ant t.,Apis.,Ars.,Acon., Bell.,Camph.,Chin.,Chin-s.,Coff.,Ferr.,Graph.,Grat.,Hep.,Op., Phos.,Spong.,Sulph., Thuja.	Same as in Kent Repertory.	
18.	Lachesis	Ars.,Bell.,Merc.,Nux v., phos-ac.,Acids, Cerevisia,Vinum.	A c - n i t . , A c - p h o s . , A l u m . , Ars.,Bell.,Calc.,Cham., Cocc.,Carb-v.,Coff.,Hep., Led.,Merc.,Nux.,Op.	Ars.,Merc.,Heat.,Alchol.,Salt	
19.	Lycopodium	Acon.,Camp.,Cham., Puls.	A c o n . , C a m p . , C a u s t . , Cham.,Graph.,Puls.	Camph.,Puls.,Caust	

20.	Mercurius sol		Ac-nit. Ars., Aur., Aranea., Asaf., Bell., Bry., Calad., Carb-v., Calc., Chin., Cupr., Con., Cor-r., Clem., Dphn., Dulc., Ferr., Guaia., Hep., Iod., Kali-i., Kali-chl., Kali-b., Lach., Mez., Nux-m., Op., Pod., Phyt., Rata., Sars., Staph., Sep., Still., Spig., Sulph., Stram., Valer.	Same as in Kent Repertory.	Aur., Hep., Lach., Mez., Nit-ac. Suplhu., and by a strong (high) potency of Merc., when the symptoms corresponds.
21.	Natrum mur.	Camph., spir. nit. d.	Ars., Phos., Nit-s-d., Sepia., Nux.	Ipec	
22.	Nuxvom	Acon., Camph., Cham., Cocc., Coff., Ign., Puls., Alcohol., Vinum.	Acon., Ars., Bell., Camph., Cham., Cocc., Coff., Euphm., Op., Puls., Thuja.	Same as in Kent Repertory.	
23.	Opium	Camph., Coff., Con., Ip., Merc., Pb., Vinum., Vanilla arom.	Ac., Acet., Ac-mur., Bell., Cham., Cic., Coff., Cupr., Gels., Ipec., Merc., Nux., Puls., Ver., Zinc.	Same as in Kent Repertory.	
24.	Phosphorus	Camph., Coff., Nux v., Vinum.	Coff., Calc., Mez., Nux., Sep., Tereb.	Coff., Calc., Chlf., Mez., Nux., Sep., Tereb.	
25.	Plumbum	Alum., Bell., Hyos., Op., Plat., Stram., Electric.	Ac-sulph., Alum., Alumen., Ant-cr., Ars., Bell., Cocc., Caust., Hep., Hyos., Kali-br., Kreos., Nux., Nux-m., Op., Pet., Plat., Stram., Zinc.	Same as in Kent Repertory.	Alum., Petr., Plat., Sulph-ac., Zinc.
26.	Pulsatilla	Cham., Coff., Ign., Nux v., Acetum.	Asaf., Coff., Cham., Ign., Nux., Strann	Asaf., Coff., Cham., Ign., Nux., Strann	
27.	Rhus tox	Bell., Bry., Camph., Coff., Sul.	Anac. Acon., Am-c., Bell., Bry. / Camph., Coff., Clem., Crot-t., Graph., Guaiac., Grindel., Lach., Ran-b., Sulph., Sep.	Same as in Kent Repertory.	
28.	Sepia	Acon., Ant-cr., Ant-t., Acetum veg., Spir. nit. dul.	Acon., Ant-cr., Ant-t., Sulph., Nit-s-d., Veget. Acids.	Same as in Kent Repertory.	
29.	Silicea	Camph., Hep.	Acid fluor., Camph., Hep.	Acid fluor., Camph., Hep.	
30.	Staphisgaria	Camph.,	Ambra., Camph.	Ambr., Camph.	
31.	Stramonium	Bell., Hyos., Nux v., Acet., Acet. veg., Citrisuccus., Tab. mo	Ac. acet. Bell. Hyos., Nux., Op., Puls., Tabac.	Same as in Kent Repertory.	
32.	Sulphur	Acon., Camph., Cham., Chin., Merc., Puls., Rhus., Sep.	Acon., Camph., Ars., Cham. Chin., Con., Caust., Nux., Merc., Puls., Rhus., Sep., Sil.	Same as in Kent Repertory except Thuja	
33.	Thuja	Camph., Merc., Puls., Sul.	Camph., Cham., Cocc., Merc., Puls., Sulph., Staph.	Same as in Kent Repertory.	
34.	Veratrum album	Acon., Camph., Chin., Coff.	Acon., Camph., Chin., Coff., Ars.	Acon., Ars., Camph., Chin., Coff.	
35.	Zincum met	Camph., Nux v., Vinum.	Cam., Hep., Ign.	Camph., Hep., Ign., Wine.	

CONCLUSION

The cases where too violent new symptoms covering the pathogenesis of incorrectly selected Homoeopathic medicine are administered or the cases where organic pathology of patient is at irreversible state and deep acting medicine of high potency has been administered erroneously by the physician or the cases where crude Allopathic drug in high doses has been administered to patient producing violent symptoms requires Homoeopathic Antidote in order to abort the suffering and these circumstances have not been arisen following "Homoeopathic Principles".

DR. Hahnemann himself advocated (footnote \$ 67, 5th& 6th edition of Organon of Medicine) various antidotes to sudden poisoning:-

Alkalies for mineral acids.

Heper sulphuris for metallic poisons.

Coffee, camphor and Ipecacuanha for poisoning by opium.

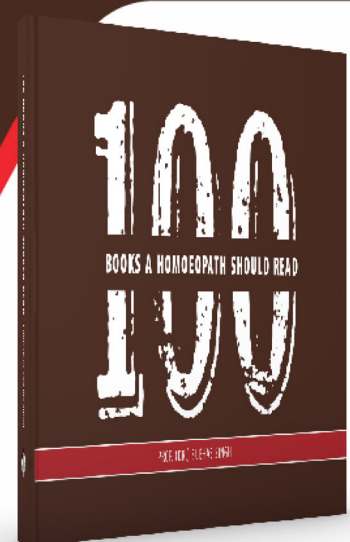
REFERENCE

1. Hahnemann Samuel. Organon of medicine. Translated by Wiliam Boericke. Reprint Edition. New Delhi: B. Jain Publishers Pvt. Ltd.; 2002.
2. Roberts, Herbert A. *The Principles and Art of Cure by Homoeopathy: A Modern Textbook*. B. Jain Publishers; 2002.
3. Kent, James Tyler. *Lectures on homoeopathic philosophy*. B. Jain publishers, 2003.
4. Dunham, Carroll. *Homœopathy; the science of therapeutics*. proprietor, 1877.
5. Allen TF. Boenninghausen's Therapeutic Pocket Book. B. Jain Publishers; 2003.
6. Kent JT. Repertory of the homoeopathic materia medica. B. Jain Publishers; 1992.
7. Boericke W. Pocket manual of homoeopathic Materia Medica & Repertory: comprising of the characteristic and guiding symptoms of all remedies (clinical and pathogenetic [sic]) including Indian Drugs. B. Jain publishers; 2002.
8. 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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Dr Subhas Singh

Cervical Spondylosis and its Their Homoeopathic Managements

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Abstract

Cervical spondylitis is a permanent degenerative state of the cervical spine that affects the vertebral tracts and intervertebral discs of the neck (for instance, disk herniation and spur formation), in addition to the substance of the spinal cord (nerve roots or potential spinal strings). A few changes additionally include the degenerative changes in the bone joints, longitudinal tendons, and ligamentum flavum. However, homeopathy treatment can help in cervical spondylitis cure the same.

Introduction

Disorder resulting from chronic cervical disc degeneration, dislocation. Cervical spondylosis (CS) is a chronic degenerative condition that presents with chronic neck pain and stiffness with radiation of pain to the occiput or upper limbs and a sensation of numbness or tingling. Conservative treatment only provides short term relief.

Etiology

- Rheumatic arthritis
- Postural defects
- Psychological
- Hormonal
- Age early adult life.

Symptoms and signs

- It depends on lateral herniation of the disc and dorso-medial herniation.
- Onset is insidious
- Pain brachial neuralgia.

- Limitation of movement of the neck
- Sensory loss in upper limbs is Common. The pain and temperature sensation
- may be lost when spinothalamic tract is involved.
- Feeling of tingling and numbness in upper limbs.
- Vertigo.
- 'Band' like headache.

Investigations

- Narrowing of disc spaces.
- Plain X-ray: Osteophytes formation with loss of the normal cervical lordosis.
- Oblique view: Shows encroachment by osteophytes on the intervertebral foramina.
- Myelography: Herniation of disc.

Differential diagnosis

- Coronary artery disease.
- Tumor of spinal cord.
- Multiple sclerosis.
- Syringomyelia.
- Subacute combined degeneration of cord.
- Motor neuron disease.

Role of Homoeopathy

Organon: Indispositional diseases.

Miasmatic Background

Psora-Syphilitic-Sycosis miasmatic diseases i.e., (Mixed miasmatic diseases).

Treatment and Managements

- Early stage: Rest in bed with immobilization of neck with collar.
- Spine fit therapy: After homoeopathic medicine with Ciragem Spine fit therapy is very helpful for all complaints.

Rubrics Related to Cervical Spondylitis

[KENT] [BACK] PAIN: CERVICAL REGION: (167) 1 Abrot, 2 *Acon*, 2 *Aesc*, 2 *Aeth*, 2 *Agar*, 1 *Ail*, 1 *All-c*, 1 *All-s*, 2 *Alum*, 1 *Alumn*, 2 *Am-c*, 1 *Am-m*, 1 *Ambr*, 2 *Anac*, 1 *Ang*, 1 *Ant-c*, 2 *Apis*, 1 *Arg-m*, 1 *Arn*, 3 *Ars*, 3 *Bell*, 1 *Carb-ac*, 1 *Carb-an*, 2 *Carb-v*, 1 *Carbn-s*, 1 *Card-m*, 3 *Caust*, 2 *Chel*, 2 *Chin*, 1 *Chin-ar*, 2 *Chin-s*, 3 *Cic*, 1, 3 *Gels*, 2 *Glon*, 3 *Graph*, 1 *Grat*, 2 *Guai*, 3 *Lac-c*, 2 *Lach*, 1 *Lachn*, 1 *Lact*, 1 *Myric*, 1 *Naja*, 1 *Nat-m*, 2, 3 *Par*, 1 *Petr*, 3 *Ph-ac*, 2 *Phos*, 1 *Phys*, 2 *Phyt*, 1 *Pic-ac*, 1 *Pip-m*, 1 *Plb*, 1 *Podo*, 1 *Psor*, 2 *Puls*, 2 *Ran-b*, 1 *Raph*, 1 *Rat*, 3 *Rhod*,

[KENT] [BACK] STIFFNESS: CERVICAL REGION: (144) 1 *Acon*, 2 *Aesc*, 3 *Agar*, 1 *Alum*, 1 *Am-c*, 2 *Am-m*, 3 *Anac*, 1 *Anan*, 2 *Ang*, 2 *Ant-t*, 2 *Apis*, 3 *Arg-m*, 2 *Ars*, 1 *Arum-t*, 1 *Asar*, 1 *Aur*, 1 *Bad*, 2 *Bapt*, 3 *Bar-c*, 3 *Bell*, 1 *Berb*, 1 *Brach*, 2 *Brom*, 2 *Bry*, 1 *Calad*, 3 *Calc*, 2 *Calc-p*, 1 *Calc-s*, 1 *Camph*, 1 *Cann-i*, 2 *Canth*, 1 *Caps*, 1 *Carb-ac*, 1 *Carb-an*, 2 *Carb-v*, 1 *Carbn-s*, 1 *Caul*, 3 *Caust*, 2 *Cedr*, 3 *Chel*, 2 *Chin*, 1 *Chin-ar*, 3 *Cic*, 3 *Cimic*, 2 *Cocc*, 1 *Colch*, 2 *Coloc*, 3 *Euph*, *Guai*, 3 *Hell*, 2 *Hep*, 1 *Hura*, 1 *Hyos*, 3 *Ign*, 3 *Ind*, 2 *Kali-bi*, 3 *Kali-c*, 3 *Lach*, 3 *Lachn*, 1 *Laur*, 2 *Led*, 3 *Lyc*, 2 *Lyss*, 3 *Mag-c*, 2 *Manc*, 1 *Merc-i-f*, 2 3 *Nit-ac*, 3 *Nux-v*, 1 *Ol-an*, 1 *Pall*, 2 *Par*, 2 *Petr*, 1 *Ph-ac*, 2 *Phos*, 2 3 *Rhus-t*, 2 *Rhus-v*, 2 *Sang*, 1 *Sec*, 1 *Sel*, 2 *Sep*, 3 *Sil*.

[KENT] [BACK] PAIN: DRAWING: CERVICAL REGION: (82) 3 *Chel*, 2 *Chin*, 1 *Cic*, 3 *Cimic*, 1 *Clem*, 1 *Coc-c*, 1 *Cocc*, 2 *Tep*, 1 *Ter*, 3 *Thuj*, 1 *Viol-o*, 1 *Zinc*,

[KENT] [BACK] TENSION: CERVICAL REGION (SEE SPASMODIC DRAWING): (71) 1 *Agar*, 1 *Aloe*, 3 *Alum*, 1 *Am-m*, 1 *Ant-c*, 2 *Apis*, 1 *Aur*, 2 *Bar-c*, 3 *Bell*, 1 *Berb*, 1 *Bov*, 2 *Bry*, 1 *Calc*, 1 *Camph*, 1 *Carb-an*, 2 *Carb-v*, 2 *Carbn-s*, 2 *Caust*, 2 *Chel*, 3 *Cic*, 3 *Cimic*, 1 *Cinnb*,

[KENT] [BACK] PAIN: SORE, BRUISED, BEATEN: CERVICAL REGION: (58) 1 *Acon*, 2 *Aesc*, 3 *Nat-s*, 2 *Nit-ac*, 1 *Nux-m*, 1 *Nux-v*, 3 *Ph-ac*, 2 *Phos*, 1 *Phys*, 1 *Podo*, 1 *Psor*, 1 *Puls*, 1 *Ruta*, 1 *Sabin*, 1 *Sang*, 1 *Sep*, 3 *Sil*, 1 *Sol-n*, 1 *Stram*, 1 *Sulph*, 1 *Tarent*, 1 *Tep*, 2 *Thuj*, 2 *Zinc*,

[KENT] [BACK] PAIN: TEARING: CERVICAL REGION: (55) 3 *Acon*, 1 *Aeth*, 3 *Am-m*, 1 *Arn*, 1

Asaf, 1 *Aur*, 1 *Berb*, 2 *Calc*, 1 *Calc-caust*, 1 *Camph*, 2 *Canth*, 2 *Caps*, 3 *Carb-v*, 1 *Carbn*.

[KENT] [BACK] PAIN: STITCHING, SHOOTING: CERVICAL REGION: (52) 1 *Acon*, 1 *Aeth*, 1 *Agar*, 1 *Alum*, 1 *Ang*, 1 *Arn*, 1 *Aur*, 1 *Bad*, 1 *Bar-c*, 2 *Bov*, 1 *Bry*, 1 *Calc*, 2 *Carb-an*, 1 *Carb-v*, 1 *Carbn-s*, 1 *Chel*, 2 *Chin*, 1 *Coc-c*, 1 *Cocc*, 1 *Con*, 1 *Dig*, 1 *Elaps*, 1 *Ferr-p*, 1 *Guai*

Pain and stiffness in neck: *Aconite*, *Bell.*, *Bry.*, *Caust.*, *Cim.*, *I*, *Dulc.*, *Guaiac.*, *Lachnanth.*, *Merc. i*, *Puls.*, *Sticta*.

Neuralgia (Cervicol-brachi): *Acon.*, *Bry.*, *Kal.*, *Nux. v.*, *Rhus. tox.*, *Sang. C*, *Spig*.

Vertigo: *Absinth.*, *Gels.*, *Nat. mur.*, *Nux. V.*, *Theridion*.

[KENT] [BACK] PAIN: PRESSING: CERVICAL REGION: (44) 1 *Agar*, 1 *Agn*, 1 *Ambr*, 2 *Anac*, 1 *Ant-s*, 2 *Ars*, 2 *Bar-c*, 3 *Bell*, 1 *Benz-ac*, 1 *Bry*, 1 *Canth*, 2 *Carb-v*, 1 *Card-m*, 2 *Chel*, 2 *Lyss*, 1 *Merc*, 1 *Mosch*, 2 *Nat-m*, 2 *Nat-s*, 1 *Nit-ac*, 1 *Ol-an*, 3 *Par*, 1 *Ph-ac*, 3 *Phos*, 2 *Puls*, 1 *Samb*, 1 *Sars*, 1 *Sil*, 1 *Spong*, 2 *Staph*, 1 *Tarax*, 1 *Thuj*,

[KENT] [BACK] SPASMODIC DRAWING: CERVICAL REGION (HEAD BENT BACK): (38) 2 *Acon*, 1 *Alum*, 1 *Ant-c*, 2 *Apis*, 3 *Bell*, 1 *Calc*, 1 *Camph*, 1 *Cann-i*, 1 *Cedr*, 2 *Cham*, 1 *Chin*, 3 *Cic*, 3 *Cimic*, 3 *Op*, 2 *Phel*, 1 *Samb*, 1 *Stram*, 2 *Tab*, 1 *Verat-v*, 2 *Zinc*,

[KENT] [BACK] PAIN: CERVICAL REGION: RHEUMATIC: (37) 1 *Acon*, 1 *Ambr*, 1 *Anac*, 2 *Ant-c*, 1 *Bapt*, 1 *Berb*, 1 *Bism*, 1 *Bor*, 2 *Bry*, 1 *Calc*, 2 *Calc-p*, 1 *Carbn-s*, 1 *Caust*, 3 *Cimic*, 3 *Ran-b*, 2 *Rhod*, 3 *Rhus-t*, 2 *Sang*, 2 *Sil*, 2 *Staph*, 1 *Stict*, 2 *Sulph*, 1 *Tarent*, 1 *Verat*,

[KENT] [BACK] PAIN: CERVICAL REGION: MOVING HEAD: (36) 2 *Aesc*, 2 *Agar*, 2 *Alum*, 1 *Am-m*, 1 *Asaf*, 1 *Bad*, 1 *Bapt*, 2 *Bell*, 1 *Brach*, 2 *Bry*, 1 *Cann-s*, 1 *Canth*, 2 *Chel*, 1 *Chin*, 2 *Cocc*, 1 *Colch*, 2 *Coloc*, 2 *Dros*, 1 *Form*, 1 *Glon*, 2 *Hyper*, 1 *Ip*, 1 *Kali-bi*, 1 *Merc*, 1 *Mez*, 1 *Nat-s*, 1 *Nux-v*, 1 *Podo*, 2 *Ran-b*, 2 *Rhus-t*, 1 *Sabad*, 1 *Sars*, 1 *Stram*, 2 *Sulph*, 2 *Tarent*, 1 *Verat-v*,

[KENT] [BACK] PAIN: ACHING: CERVICAL REGION: (31) 1 *Acon*, 2 *Aesc*, 1 *Ambr*, 1 *Bar-c*, 1 *Bell*, 2 *Calc*, 2 *Calc-caust*, 1 *Cann-i*, 1 *Carb-v*, 2 *Cimic*, 1 *Con*, 1 *Dig*, 1 *Dios*, 3 *Gels*, 2 *Guai*, 1 *Hell*, 1 *Ign*, 1 *Iod*, 1 *Lil-t*, 2 *Merl*, 1 *Myric*, 1 *Naja*, 1 *Nat-m*, 1 *Petr*, 1 *Ran-b*, 1 *Rhus-v*, 1 *Sep*, 2 *Syph*, 2 *Verat-v*, 1 *Vesp*, 2 *Zinc*,

[KENT] [BACK] PAIN: CERVICAL REGION: EXTENDING: SHOULDERS, TO: (23) 1 Alum, 1 Bor, 1 Calc-p, 1 Camph, 1 Caust, 1 Crot-h, 1 Daph, 1 Dios, 1 Gels, 1 Graph, 1 Ip, 1 Kali-n, 1 Kalm,

[KENT] [BACK] PAIN: CERVICAL REGION: EXTENDING: TO BACK, DOWN THE: (21) 1 Aeth, 1 Am-c, 1 Chel, 1 Cimic, 2 Cocc, 1 Glon, 1 Graph, 1 Guai, 2 Kalm, 1 Lil-t, 1 Mag-c,

[KENT] [BACK] HEAVINESS, WEIGHT: CERVICAL REGION: (18) 2 Agar, 1 Asar, 2 Calc-p, 1 Cann-i, 1 Carb-ac, 2 Chel, 1 Kali-c, 1 Meny, 1 Nux-v, 3 Par, 2 Petr, 2 Phos, 1 Plb, 3 Rhus-t, 1 Samb, 1 Sep, 1 Tab, 1 Verat,

[KENT] [BACK] STIFFNESS: CERVICAL REGION: TURNING HEAD, ON: (14) 1 Alum, 1 Am-c, 2 Am-m, 1 Aur, 2 Bry, 1 Calad, 2 Calc, 2 Chel, 2 Coloc, 2 Dulc, 1 Kali-n, 1 Par, 1 Rat, 1 Tarent,

[KENT] [BACK] PAIN: SPRAINED, AS IF: CERVICAL REGION: (11) 2 Agar, 2 Ars, 2 Calc, 1 Cinnb, 2 Con, 1 Lyc, 1 Nat-m, 1 Nicc, 2 Ruta, 1 Sep, 2 Sulph,

[KENT] [BACK] PAIN: CERVICAL REGION: BENDING HEAD BACKWARD: ON: (8) 1 Bell, 1 Chel, 1 Cic, 1 Cinnb, 1 Kali-c, 1 Laur, 1 Lyc, 1 Valer,

[KENT] [BACK] PAIN: CERVICAL REGION: BENDING HEAD BACKWARD: AMEL: (5) 1 Cycl, 1 Lac-c, 2 Lyss, 1 Manc, 1 Syph,

Homoeopathic medicines

Agar: Jerking, twitching, trembling, and itching are strong indications. Stiff all over. Pain over hips. Rheumatism better motion. Weakness in loins. Uncertain gait. Trembling. *Itching of toes and feet as if frozen.* Cramp in soles of feet. Pain in shin-bone. Neuralgia in locomotor ataxia. Paralysis of lower limbs, with spasmodic condition of arms. Numbness of legs on crossing them. Paralytic pain in the left arm followed by palpitation. Tearing painful contractions in the calves.

Bell: *Pain worse light, noise, jar, lying down and in afternoon;* better by pressure and semi-erect posture. Boring of head into pillow; drawn backward and rolls from side to side. Constant moaning. Hair splits; is dry and comes out. Headache worse on right side and when lying down; ill effects, colds, etc; from having hair cut. Shooting pains along limbs. Joints swollen, red, shining, with red streaks radiating. Tottering gait. Shifting rheumatic pains.

Phlegmasia alba dolens. Jerking limbs. Spasms. Involuntary limping. *Cold extremities.*

Calc: Rheumatoid pains, as after exposure to wet. Sharp sticking, as if parts were wrenched or sprained. *Cold, damp* feet; feel as if damp stockings were worn. Cold knees cramps in calves. Sour foot-sweat. Weakness of extremities. Swelling of joints, especially knee. Burning of soles of feet. Sweat of hands. Arthritic nodosities. *Soles of feet raw.* Feet feel cold and dead at night. Old sprains. Tearing in muscles.

Chel: Pain in arms, shoulders, hands, tips of fingers. *Icy coldness of tips of fingers;* wrists sore, tearing in metacarpal bones. Whole flesh sore to touch. Rheumatic pain in hips and thighs; intolerable pains in heels, as if pinched by too narrow a shoe; worse, right. Feels paralyzed. Paresis of the lower limbs with rigidity of muscles.

Cimic: Uneasy, restless feeling in limbs. Aching in limbs and *muscular soreness.* Rheumatism affecting the belly of muscles, especially large muscles. Choreic movements, accompanied by rheumatism. Jerking of limbs. Stiffness in tendo-Achilles. Heaviness in lower extremities. Heavy, aching, tensive pain.

Caust: Left-sided sciatica, with numbness. Paralysis of single parts. Dull, tearing pain in hands and arms. Heaviness and weakness. Tearing joints. Unsteadiness of *muscles of forearm* and hand. Numbness; loss of sensation in hands. *Contracted tendons.* Weak ankles. Cannot walk without suffering. *Rheumatic tearing in limbs; better by warmth, especially heat of bed.* Burning in joints. Slow in learning to walk.

Gels: Headache, with muscular soreness of neck and shoulders. Headache preceded by blindness; better, profuse urination. Scalp sore to touch. Delirious on falling asleep. Wants to have head raised on pillow. Loss of power of muscular control. Cramp in muscles of forearm. Professional neuroses. Writer's cramp. Excessive *trembling* and weakness of all limbs. Hysteric convulsions. Fatigue after slight exercise.

Glon: *Confusion,* with dizziness. Effects of sunstroke; heat on head, as in type-setters and workers under gas and electric light. *Head heavy, but cannot lay it on pillow. Cannot bear any heat about head.* Better from uncovering head. *Throbbing headache.* Angio-spastic neuralgia of head and face. Very irritable. Itching

all over, worse extremities. Pain in left biceps. Drawing pain in all limbs. Backache.

Lach: Pain through head on awaking. Pain at root of nose. Pressure and burning

on vertex. Waves of pain; worse after moving. Sun headaches. With headache, flickerings, dim vision, very pale face. Vertigo. Relieved by onset of a discharge (menses or nasal catarrh). Sciatica, right side, better lying down. *Pain in tibia* (may follow sore throat). Shortening of tendons.

Lyc: Pain in temples, as if they were screwed toward each other. Premature baldness and gray hair. Heaviness of arms. Tearing in shoulder and elbow joints. One foot hot, the other cold. Chronic gout, with chalky deposits in joints. Profuse sweat of the feet. Pain in heel on treading as from a pebble. Painful callosities on soles; toes and fingers contracted. *Sciatica, worse right side. Cannot lie on painful side.* Hands and feet numb. Right foot hot, left cold. Cramps in calves and toes at night in bed. Limbs go to sleep. Twitching and jerking.

Nat- m: Pain in back, *with desire for some firm support (Rhus; Sep).* Every movement accelerates the circulation. *Palms hot and perspiring.* Arms and legs, but especially knees, feel weak. *Hangnails.* Dryness and cracking about finger-nails. *Numbness and tingling* in fingers and lower extremities. Ankles weak and turn easily. Painful contraction of hamstrings (*Caust*). Cracking in joints on motion. *Coldness of legs* with congestion to head, chest, and stomach.

Nat-s: Swelling of axillary glands. Inflammation around root of nails. Burning in soles; œdema of feet; itching between toes. Gout. Pain in limbs, compels frequent change in position. Run-arounds. Pain in hip-joints, worse left, worse, stooping. Stiffness of knees, cracking of joints. Rheumatism, worse in damp cold weather.

Nux v: Arms and hands go to sleep. Paresis of arms, with shocks. Legs numb; feel paralyzed; cramps in calves and soles. Partial paralysis, from overexertion or getting soaked (*Rhus*). Cracking in knee-joints during motion. Drags his feet when walking. Sensation of sudden loss of power of arms and legs in the morning.

Rhus t: Hot, painful swelling of joints. *Pains tearing in tendons, ligaments, and fasciæ.* Rheumatic pains spread over a large surface at nape of neck, loins,

and extremities; better motion (*Agaric*). Soreness of condyles of bones. *Limbs stiff paralyzed. The cold fresh air is not tolerated; it makes the skin painful.* Pain along ulnar nerve. Tearing down thighs. *Sciatica;* worse, cold, damp weather, at night. Numbness and formication, after overwork and exposure. Paralysis; trembling after exertion. Tenderness about knee-joint. Loss of power in forearm and fingers; crawling sensation in the tips of fingers. Tingling in feet.

Sil: Sciatica, pains through hips, legs and feet. Cramp in calves and soles. Loss of power in legs. Tremulous hands when using them. Paralytic weakness of forearm. *Affections of finger nails,* especially if white spots on nails. Ingrowing toenails. *Icy cold and sweaty feet. The parts lain on go to sleep. Offensive sweat on feet, hands, and axillæ.* Sensation in tips of fingers, as if suppurating. Panaritium. Pain in knee, as if tightly bound. Calves tense and contracted. Pain beneath toes. Soles sore (*Ruta*). *Soreness in feet from instep through to the sole. Suppurates.*

Sulph: Trembling of hands. *Hot, sweaty hands.* Rheumatic pain in left shoulder. Heaviness; paretic feeling. Rheumatic gout, with itching. *Burning in soles and hands at night.* Sweat in armpits, smelling like garlic. Drawing and tearing in arms and hands. Stiffness of knees and ankles. Cannot walk erect; *stoop-shouldered.* Ganglion.

Thuj: Tips of fingers swollen, red, feel read. Muscular twitchings, weakness and trembling. Cracking in joints. Pain in heels and tendo-Achilles. Nails brittle. Ingrowing toe nail.

CONCLUSION

Homoeopathic intervention with predefined medicines is effective in managing acute pain due to cervical spondylosis. Further studies can be taken up with longer follow-ups, to show the efficacy of homoeopathic medicines in cervical spondylosis pain management.

REFERENCES

1. Golwalla's Medicine For Students, 25th Edition Practice of medicines Spondylitis 658, 177, 653, 659.
2. Babu Nagendra "COMPREHENSIVE STUDY OF ORGANON" First Edition: 2009, 1st Impression: 2009
3. Boreickes W. Boreickes M. Materia Medica and Repertory, B. Jain Publication's
4. Shah Jawahar, Hompath Zomoeo Ultimate, Repertorization.

Managing Anxiety with Homoeopathy

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Key words

Generalized Anxiety Disorder (GAD), Homoeopathy, holistic approach, cognitive-behavioural therapy (CBT), ICD-10 classification

Abstract

Generalized Anxiety Disorder (GAD) is a mental health condition characterized by excessive and persistent worry or anxiety about various aspects of life, even when there is little or no reason to be anxious. People with GAD often find it hard to control their worries, leading to significant distress and disruptions in their daily lives. This article deals with general understanding of generalized anxiety disorder, its common causes and how homoeopathy can help in managing these cases in a gentle way.

Introduction

In the International Classification of Diseases, 10th Edition (ICD-10), GAD is classified under "Anxiety Disorders." It's important to recognize that anxiety disorders, including GAD, are real medical conditions that can affect anyone, regardless of age or background.

Sadly, GAD is becoming more prevalent in today's world. The pressures of modern life, work, relationships, and uncertainties about the future contribute to this rise. The constant bombardment of information through technology can overwhelm individuals and heighten anxiety levels. The ongoing COVID-19 pandemic has also intensified anxiety and stress for many. Additionally, awareness and improved diagnosis have also led to an increase in reported cases.

Common causes

The exact cause of GAD is not known, but several factors may contribute to its development:

- **Genetics:** If someone in the family has GAD, you may be at a higher risk.
- **Brain Chemistry:** Imbalances in certain brain chemicals can play a role.
- **Stressful Life Events:** Traumatic experiences or ongoing stress can trigger GAD.
- **Personality:** People with certain personality traits, like perfectionism, may be more prone to GAD.

Clinical Signs and Symptoms

- Individuals with GAD may experience a range of symptoms, including: Excessive worrying about everyday concerns.
- Restlessness and inability to relax.
- Muscle tension and aches.
- Fatigue.
- Irritability.
- Difficulty concentrating.
- Sleep disturbances.
- Exaggerated startle response.
- Gastrointestinal problems (e.g., stomachaches).

Management

Managing GAD involves a holistic approach. Professional help, such as therapy and counseling, can provide coping strategies and techniques to manage anxiety effectively. Cognitive-behavioral therapy (CBT) is a common and effective treatment.

Additionally, relaxation exercises, regular physical activity, maintaining a healthy diet, and getting adequate sleep are vital in managing

anxiety.

Support from loved ones, open communication about feelings, and a balanced lifestyle are key in managing and overcoming GAD. It's essential to seek help if you or someone you know is struggling with anxiety. Remember, there's hope and help available to lead a fulfilling and anxiety-free life.

Role of Homoeopathy

Homeopathy, a holistic system of medicine, offers a unique approach to managing anxiety disorders. It focuses on treating the individual as a whole, considering physical, emotional, and mental aspects. While it may not be a standalone treatment for severe anxiety disorders, homeopathy can be a valuable complementary therapy in the overall management of anxiety.

Homeopathic remedies are selected based on the patient's specific symptoms, personality traits, and overall constitution. The goal is to restore balance and stimulate the body's self-healing mechanisms. Homeopathic treatments are natural, safe, and free from side effects.

Common Homeopathic Remedies For Anxiety Disorders

Arsenicum Album: For individuals with restlessness, excessive worry, and a fear of the unknown. Anxiety about health, fear of some impending diseases, fear of heart diseases, fear of cancer. Attacks of anxiety at night, dread of death when alone. Great prostration and burning pains with extreme thirst.

Argentum Nitricum: fear and anxiety. Great apprehension. Always hurried, wants to do things in a hurry. Irritable and nervous. Craves sugar.

Aconite: Useful for anxiety arising from sudden shock, trauma, or exposure to extreme fear. Great fear and anxiety, afraid to go out into a crowd, to cross the street. Restlessness, anxious, must change position often. Fear of death during pregnancy.

Gelsemium: Helpful for those who experience anticipatory anxiety, trembling, and muscle weakness. stage fright. Palpitation of heart due to shock from hearing bad news.

Lycopodium: Suited for people with performance anxiety, lack of self confidence, and digestive issues related to anxiety. Fear of being alone, of crowd, of death, of ghosts

Pulsatilla: Recommended for individuals who are emotionally sensitive, seek reassurance, and feel better with consolation.

Ignatia: Ideal for those who experience sudden mood swings, grief, and emotional turmoil. Air-raid fear in hysteric person who faint at slightest provocation.

Opium: anxiety and fear persisting after some traumatic experience. When fear causes diarrhoea. Easily frightened. Especially when fright causes timidity.

Calcarea carb: Anxiety and fear that something terrible and sad will happen. Fear that people will observe her confusion of mind. Fear of insanity.

Kalium carbonicum: anxiety and fear of future. Fear that something is going to happen, of death, of ghosts in persons, who are irritable and sensitive, never at peace, never want to be alone.

It is essential to consult a qualified homeopathic practitioner for a proper assessment and personalized treatment plan. Homeopathy aims to address the root causes of anxiety, promoting long-term emotional well-being and reducing the recurrence of symptoms.

REFERENCES

1. Stanley Davidson, "Davidson's principles and Practice of medicine", 22nd edition, Churchill Livingstone Elsevier, published in 2014.
2. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Pub.
3. National Institute of Mental Health. (2020). Generalized Anxiety Disorder (GAD). <https://www.nimh.nih.gov/health/topics/generalized-anxiety-disorder-gad/index.shtml>
4. World Health Organization. (2016). The ICD-10 Classification of Mental and Behavioural Disorders. <https://www.who.int/classifications/icd/en/>
5. Mayo Clinic. (2021). Generalized Anxiety Disorder. <https://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/symptoms-causes/syc-20360803>
6. Henry C. Allen, M.D. "Allen's Keynotes Rearranged and Classified with leading remedies of the Materia Medica and Bowel Nosodes" 10th edition. New Delhi; B. Jain publishers (P) LTD; 2005.
7. William Boericke, M.D. "Boericke's New Manual of Homoeopathic Materia Medica with Repertory, 3rd Revised, and Augmented edition based on 9th edition. New Delhi; B. Jain publishers (P) LTD; 2016.

Second Prescription: Embracing Antidotes After Initial Failure

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Keywords

Second Prescription, Antidote, Aggravation, Similimum, Observations, Sources

Abstract

The importance of the second prescription should not be underestimated; it holds equal significance to the initial one. Beginning with the fundamentals of prescription, the concepts of first and second prescriptions are explored, along with their origins. This discussion particularly emphasizes the role of antidotes as the second prescription, delving into the guidance provided by experts regarding their usage, including when to prescribe them and when to avoid doing so. Additionally, sources in materia medica where antidotes can be found are identified. A practical overview of antidote usage and their repetition is also provided, concluding with recommendations for their optimal utilization.

Introduction

Prescription is a nuanced and skillful approach that the Physician employs while determining the most appropriate course of treatment for the patient as the successful application of the divine law of cure relies completely on the similarity between the medicinal and natural disease. Nevertheless, the fundamental principles remain constant, yet their implementation varies depending on the symptoms presented by individual patients, thus leading to difficulties in practical ex-

ecution.^[1] And it becomes crucial to understand when to stop, when to antidote the medicine as the future wellbeing of the patient depends on the observations made by the physician after the first prescription.^[2]

In homeopathy, the concept of “second prescription” holds significant importance in directing the course of treatment. The second prescription, particularly focusing on antidotes, becomes crucial in certain situations, especially when a patient experiences aggravations or adverse reactions. However, the use of antidotes should be approached with caution and discretion. Practically, the decision to prescribe an antidote depends on various factors such as the individual’s reaction to the remedy, the nature and severity of the symptoms, and the overall progress of the case. It’s essential for homeopaths to weigh the potential benefits of antidoting against the risk of interrupting the healing process initiated by the prescribed remedy. Various Stalwarts in homeopathy have emphasized the judicious use of antidotes and have mentioned in *Materia Medica* the antidotes under the remedy entries.

Hippocrates wisely stated “Primum Non Nocere” i.e. First, do no harm, emphasizing the paramount importance of prioritizing patient safety in medical practice. This is the foundational principle of medicine and principal precepts of bioethics that all students in healthcare are taught, and it underscores the importance of considering potential adverse effects and taking steps to

mitigate them, which may include antidoting when necessary.

Stalwart's Views On Antidoting The First Prescription

Dr. Samuel Hahnemann stated about Antidote in Aphorisms 67, 249, 276, 287. In Aphorism 249 he mentioned that any medicine given for a specific illness that, during its effect, causes new and bothersome symptoms unrelated to the ailment being treated, is unable to bring about genuine improvement and cannot be deemed a homeopathically appropriate choice and if the aggravation is significant, it should be promptly counteracted with an antidote before administering the subsequent remedy. [3]

Dr. J. T. Kent emphasized more on the observation and suggested that the recurrence of symptoms could indicate either the repetition of the initial remedy, the need for an antidote, or the requirement for a complementary remedy. However, none of these options should be considered until the patient's case history has been thoroughly reviewed once more. In doubtful cases, it's advisable to start with lower potencies of the remedy. This approach ensures careful preparation to counteract any adverse effects of the medication if it takes the wrong course. [2]

In his book, *Dr. H.A. Roberts* discusses the concept of second prescription, and he suggests that if, during a follow-up consultation, the physician observes new symptoms in the patient's history that do not align with the pathogenesis of the prescribed remedy, it indicates a change in the course of the illness. In such cases, an antidote is necessary. [4]

Dr. *Stuart Close* talks about two conditions where an antidote is required: firstly, when an incorrectly selected remedy has the potential to alter the condition of a hypersensitive patient by inducing new symptoms unrelated to the illness, which could harm their well-being. These symptoms, known as pathogenetic symptoms, signify that the remedy is not effectively treating the patient but rather causing a proving. In such cases, discontinuation and administration of an antidote are necessary. And secondly, when administering the correct medicine in excessively low potency and multiple doses results in aggravation that

does not promptly subside after discontinuation, an antidote should be administered. [5]

Dr. M. L. Tyler suggests that it might appear unusual, but a poison in a highly potent form can often serve as its own most effective antidote. However, it's crucial that there hasn't been any destruction to vital tissues.

Dr. M.L. Dhawale addressing the antidotes and depth of remedies mentions that when the primary set of symptoms in the case remains largely unchanged, but new symptoms characteristic of the remedy's effects begin to manifest, it suggests that an incorrectly chosen remedy is proving itself. This medicinal aggravation typically resolves if the remedy is not excessively deep-acting, such as *Lachesis*, or if it is not given in high potency or repeated indiscriminately. However, if these symptoms persist, a general antidote like *Camphor* or *Coffee* may need to be administered. In some instances, more targeted antidotes from the Relationship of Remedies may be necessary.

According to Dr. Farokh J. Master's Rule X regarding second prescriptions, it is cautioned against using a homeopathic remedy to counteract a negative reaction caused by a previous remedy. Doing so would only bring more chaos to the case. [6]

Why To Antidote

Now, let's address the question, WHY to antidote?

Medicines act on the vital force by producing an artificial disease, thereby aiding in its cure by substituting the original ailment. However, if the similimum was not accurately chosen and the case has changed its direction to get impacted, the physician's primary objective is compromised, impeding the eradication of the dynamic illness. Altering the remedy affects the case and its previous symptoms, complicating its understanding further. Ultimately, this could worsen the case beyond its initial state. Recognizing the remedy's reaction in such instances, antidoting a drug that isn't contributing to the cure and exacerbating the situation, including the older symptoms, becomes imperative.

When Not To Antidote

A notable trait of a skilled painter is recognizing

the appropriate moment as “when to stop”. Similarly, this discernment holds true in the management of a medical case. We should know when the remedy acted well, and need not opt for any antidote to avoid any chaos. Once the prominent and distinctive symptoms, as well as the characteristic ones, have nearly disappeared following the initial prescription, and only a few or none remain, it suggests the disease has been effectively addressed. At this point, it can be inferred that the remedy has been well-chosen, and further repetition can be carried out as required. Even if not needed, then waiting can be done.

Sometimes, newly manifested symptoms may dissipate, revealing previous symptoms, prompting the physician to question the correctness of the remedy. However, it's crucial to inquire whether the patient experienced the older symptoms previously. If so, it indicates that the treatment is progressing correctly, the medicine was appropriately chosen, and antidoting is unnecessary.^[4]

Light On Few Antidotes

In the extensive realm of *Materia Medica*, where specific antidotes are documented, many practitioners frequently resort only to familiar remedies like *Camphor*, *Nux vomica*, *Sulphur*, and *Coffea cruda*. However, here are a few examples of antidotes to broaden the scope beyond the usual selections.

- *Camphora* is an antidote for almost every vegetable-based medicine, as well as for tobacco, fruits containing prussic acid, and poisonous mushrooms. It's important to note that camphor in its crude form should not be allowed in the sickroom.^{[7][8]}
- *Thuja occidentalis* is considered an antidote for the sycotic miasm.
- *Ammonium carbonicum* acts as an antidote for poisoning caused by *Rhus* and for insect stings.
- *Aceticum acidum* serves as an antidote to counteract the effects of all anaesthetic vapors.
- Cider vinegar is known to counteract the effects of *Carbolicum acidum*.

- *Causticum* serves as an antidote for paralysis caused by lead poisoning, particularly from holding the type in the mouth of compositors. Additionally, it counteracts the adverse effects of the overuse of *Mercurius* and *Sulphur* in cases of scabies.
- *Chelidonium* serves as an antidote to counteract the abuse of *Bryonia alba*, particularly in cases of hepatic complaints.
- *Phosphorus* acts as an antidote for palpitations, “tobacco heart,” and sexual weakness resulting from the abuse of tobacco.
- *Cedron* acts as an antidote for the effects of snake bites and insect stings.
- *Coffea tosta* is considered an antidote to poisons.
- *Sepia officinalis* acts as an antidote to the mental symptoms resulting from excessive tobacco use in individuals with sedentary lifestyles experiencing mental strain.
- *Sepia officinalis* serves as an antidote for neuralgic conditions affecting the right side of the face, dyspepsia, and chronic nervousness associated with the excessive use of tobacco, particularly in individuals engaged in sedentary occupations.^[8]

Sources: Where To Find The Antidotes

- A Dictionary of Practical *Materia Medica* by Dr. J. H. Clarke
- Pocket Manual of Homoeopathic *Materia Medica* and Repertory by Dr. William Boericke
- Keynotes and Characteristics with Comparisons by Dr. H. C. Allen
- *Materia Medica* of Homoeopathic Medicines by S. R. Phatak
- Guiding Symptoms of our *Materia Medica* by Dr. Constantine Hering
- *Physiological Materia Medica* by Dr. W. H. Burt
- Key to the Homoeopathic *Materia Medica* by Dr. A. Pulford (under general section)
- Boenninghausen's Therapeutic Pocket

Book (under Concordance of Remedies or Relationship of Remedies)

CONCLUSION

In summary, when contemplating the use of an antidote as a second prescription, several key considerations must be taken into account:

- The initial medication should have failed to alleviate the patient's symptoms.
- Symptoms associated with the prescribed medication persist for a longer duration than anticipated and may exacerbate existing ones.
- The patient's condition deteriorates following the administration of the prescribed dose.
- Inappropriate selection of a dissimilar medication leads to a worsening of the case.

Thorough examination of the case is imperative,

and hasty prescriptions should be avoided to ensure further improvement, as rushing may negate all prior efforts.

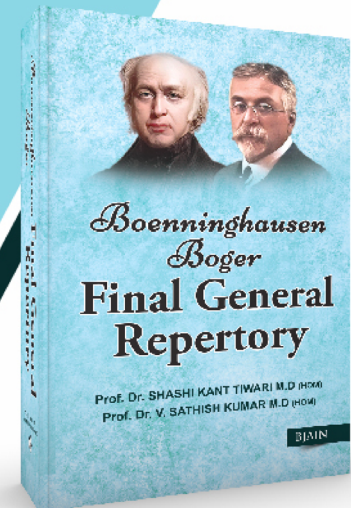
REFERENCES

1. Drake O. M., The First Prescription, 1895; available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9721987/pdf/homoeopathphys134632-0009.pdf>
2. Kent JT, Lectures on Homoeopathic Philosophy, LPE ed. New Delhi: B.Jain Publishers (P) Ltd.; 2015
3. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2002.
4. Roberts HA. The Principles and Art of Cure by Homoeopathy. LPE ed. Noida: B. Jain Publishers P Ltd.;2013
5. Close S. The genius of homoeopathy: lectures and essays on homoeopathic philosophy. New Delhi: Indian Books & Periodicals Publishers; 2005.
6. Master FJ. The Bedside Organon of Medicine. 1996.
7. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. Third Revised & Augmented Edition Based on Ninth Edition
8. Allen H.C; Keynotes and characteristics with comparisons of some of the leading remedies of the material medica with bowel nosodes;B. Jain Publishers (P) Ltd.; New Delhi; 8th edition; 2002

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The Significance of Antidoting First Prescription : A Comprehensive Review

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Keywords

Antidoting, first prescriptions, homeopathy, therapeutic outcomes, individualized treatment

Abstract

Antidoting, the phenomenon of neutralizing the effects of a homeopathic remedy, holds significant importance in optimizing therapeutic outcomes. This paper delves into the critical role of antidoting, particularly concerning first prescriptions in homeopathy. Through an extensive literature review, this paper elucidates the various factors contributing to antidoting, including incompatible substances, environmental influences, and individual responses. Additionally, it highlights the importance of identifying and managing antidoting effects to ensure the efficacy of homeopathic treatment.

Introduction

Homeopathy, a system of alternative medicine founded on the principle of “like cures like,” emphasizes the individualized treatment of patients based on their unique symptoms and constitution. Central to the success of homeopathic treatment is the careful selection of remedies tailored to each individual’s specific needs. However, in some instances, the effectiveness of a remedy may be compromised due to antidoting, where external factors interfere with its action. Understanding when and why antidoting occurs, particularly in the context of the first prescription, is crucial for

ensuring the success of homeopathic treatment.

In the realm of homeopathic practice, the concept of antidoting often arises. But what does it mean, and why is it relevant? Let’s delve into this topic and explore its implications for patients and practitioners.

What Is Antidoting?

An antidote is defined as a medicine or remedy that counteracts the effects of poison, disease, or unwanted symptoms. In homeopathy, it refers to actions that may interfere with the action of a prescribed remedy.

Two Scenarios Where Antidoting Comes into Play

Patient Self-Dosing: Patients sometimes worry that they might inadvertently “antidote” their remedy by consuming certain substances. Common concerns include drinking coffee, chamomile tea, using peppermint toothpaste, or applying essential oils. However, the idea of antidoting can be somewhat of a myth.

Energetic Process: Homeopathic remedies work energetically, stimulating the body to overcome symptoms and restore balance. This process continues unless interrupted. While guidelines exist, making it too restrictive may discourage patients from taking their remedies.

Miranda Castro’s Insight: Homeopath Miranda Castro shared a story about a patient who

continued drinking coffee while still experiencing improvement from her remedy. This realization led Castro to reconsider the rigid rules she had imposed on her patients.

Aggravation and Intentional Antidoting: Sometimes, patients experience an aggravation—a temporary worsening of symptoms—after taking a remedy. In such cases, practitioners may consider “antidoting” the remedy.

Redirecting Energy: Rather than truly “antidoting,” what occurs is a redirection of energy. The goal remains the same: to bring the patient back to health.

Case Reevaluation: Before any intentional antidoting, the practitioner must restudy the case and confirm whether the new symptoms align with the patient’s history.

When to Antidote the First Prescription?

Antidoting the first prescription in homeopathy is a topic of debate among practitioners, as it involves balancing the need to address acute symptoms while avoiding interference with the deeper healing process initiated by the remedy. While there is no universal consensus on when to antidote the first prescription, several factors may indicate the need for antidoting:

Sudden Aggravation: If the patient experiences a sudden worsening of symptoms or the appearance of new symptoms shortly after taking the remedy, it may indicate antidoting. This could be due to exposure to strong odors, certain foods or drinks, or environmental factors that neutralize the effects of the remedy.

Known Antidotes: If the patient is exposed to known antidotes, such as coffee, camphor, or mint, it may be necessary to antidote the remedy to prevent interference with its action. These substances can neutralize the effects of homeopathic remedies and should be avoided during treatment.

Environmental Factors: If the patient’s environment or lifestyle is not conducive to the action of the remedy, antidoting may be necessary. Factors such as exposure to chemicals, electromagnetic radiation, or emotional stressors can disrupt the body’s energy balance and hinder the healing process initiated by the remedy.

Lack of Response: If the patient fails to respond to the remedy despite repeated doses, it may indicate the need for antidoting. In such cases, addressing any factors that may be interfering with the remedy’s action is essential for achieving therapeutic results.

Rationale for Antidoting the First Prescription

Antidoting the first prescription in homeopathy is a delicate balancing act that requires careful consideration of the individual patient’s needs and circumstances. While it may seem counterintuitive to antidote a remedy that has been carefully selected based on the patient’s symptoms, there are several reasons why antidoting may be necessary:

Clearing Obstacles to Cure: Antidoting the first prescription allows for the removal of any obstacles to cure that may be hindering the patient’s progress. By addressing external factors that interfere with the remedy’s action, such as exposure to antidotes or environmental toxins, we can facilitate the body’s innate healing process and promote optimal outcomes.

Preventing Chronicization: Failure to antidote the first prescription when indicated can lead to chronicization of symptoms, where the body’s vital force becomes suppressed and the underlying condition worsens over time. Antidoting allows for the timely correction of any imbalances or disruptions that may be preventing the remedy from exerting its full therapeutic effects.

Establishing Sensitivity: Antidoting the first prescription can also help to establish the patient’s sensitivity to homeopathic remedies and enhance their receptivity to subsequent treatment. By ensuring that the initial remedy is able to exert its full healing potential, we can lay the foundation for deeper and more profound healing in future prescriptions.

Significance of Antidoting the First Prescription

Antidoting the first prescription holds particular significance in homeopathic practice for several reasons:

Establishing Trust and Confidence: The success of homeopathic treatment often hinges on the patient’s belief in the therapy. If the initial

prescription fails to produce the expected results or worsens the symptoms, it can undermine the patient's confidence in homeopathy. Antidoting the first prescription allows the homeopath to correct any errors promptly, thereby fostering trust and confidence in the therapeutic process.

Preventing Aggravations: Homeopathic aggravations, a temporary worsening of symptoms following the administration of a remedy, can occur, especially with the incorrect prescription. Antidoting the first prescription helps mitigate the risk of aggravations, ensuring a smoother treatment process for the patient.

Resetting the Case: In cases where the initial prescription fails to elicit any response or exacerbates the symptoms, antidoting provides an opportunity to reset the case. By neutralizing the effects of the incorrect remedy, the homeopath can reassess the patient's symptoms and select a more appropriate remedy tailored to their individual constitution.

Avoiding Chronic Effects: Some remedies, particularly those prescribed in high potencies, can produce long-lasting effects if not antidoted promptly. By neutralizing the first prescription, the homeopath can prevent the development of chronic effects and minimize the risk of prolonged discomfort or complications for the patient.

CONCLUSION

Antidoting the first prescription in homeopathy requires careful consideration of the individual patient's symptoms, constitution, and circumstances. While there is no one-size-fits-all approach to antidoting, recognizing the signs and indications for antidoting is essential for ensuring the success of homeopathic treatment. By addressing external factors that may interfere with the remedy's action and promoting the body's innate healing process, we can optimize therapeutic outcomes and support holistic well-being.

REFERENCES

1. Hahnemann, Samuel. "The Chronic Diseases: Their Peculiar Nature and Their Homœopathic Cure." B. Jain Publishers, 2002.
2. Kent, James Tyler. "Lectures on Homœopathic Philosophy." B. Jain Publishers, 1994.
3. Hahnemann, Samuel. "Organon of Medicine." 6th ed., B. Jain Publishers, 2002.
4. Kent, James Tyler. "Lectures on Homeopathic Philosophy." B. Jain Publishers, 1995.
5. Boericke, William. "Pocket Manual of Homeopathic Materia Medica." B. Jain Publishers, 2002.
6. Vithoulkas, George. "The Science of Homeopathy." Grove Press, 1980
7. Can you Antidote a Remedy? - Elements of Health
8. Basics of the Homeopathic Prescription | Homeopathy Zone
9. Understanding the Second Prescription - Amit Arora - Hpathy.com

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Regards - **Dr Yamini Ramesh** Founder - Asha Homeo health center & Asha Homeo Academy , Indore

Antidote: A 360-Degree Insight

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“A prescriber who cannot antidote a drug effect is like the driver of the motor who cannot put on the brake.” – **Dr. William Osler**

Keywords

Antidote, Indication, Philosophy, Stalwarts.

Abstract

Prescribing for a chronic case is not always easy, the physician encounters problems in selecting similitum in first prescription and often requires re-evaluating the symptom picture leading to second prescription. Knowledge of remedy relationships is equally important along with therapeutic knowledge of each remedy. This article highlights one of the types of remedy relationship- antidote, its diversified aspects, stalwart's perspective for a noteworthy achievement.

Introduction

A physician may make a mistake after prescribing for a chronic case or may not be able to select a similar remedy in his first prescription. The patient shows desired reaction and the physician is called upon to re-evaluate symptom picture where he makes a second prescription.^{1,2} Remedy relationship is a fascinating study in homoeopathy and to all homoeopaths. Dictionary meaning of the word “Relationship” indicates the way in which two or more things are connected, or the state of being connected.^{3,4} It is nothing but various relations shared between remedies in many aspects, facets, dimensions, levels, phases and sectors. Assigning the status of a living human being to a remedy opens up new vistas. In a way we understand a family member in terms of their

relation, their ancestors, their children's character, etc.¹ In our universe everything and everyone is interconnected, so does our homoeopathic remedies. It may be concluded that by simply knowing the therapeutic action of each remedy is not enough, knowledge of interconnection between remedies is also important. Antidote is one of the types of remedy relationship.⁵

Merriam Webster dictionary says, antidote is a remedy to counteract the effects of poison or something that relieves or prevents. Antidoting means counteracting the effect of a chemical in poisoning. A homoeopathic antidote is a medicine that nullifies/neutralises the poison or counteracts the lasting or chronic effects created by a previous remedy by opposing the effects of the remedy. Antidoting does not mask or suppress a symptom. A true antidote is selected based on the symptom similarity. All true antidotes are physiological or dynamical antidotes, which acts specifically according to physiological or dynamical law of assimilation.^{1,2,3,4,5,6}

Remedy ^{7,8}	Antidote ^{7,8}
<i>Anacardium</i>	<i>Rhus toxicodendron in skin</i>
<i>Hepar sulphur</i>	<i>Mercury</i>
<i>Coffee</i>	<i>Nux vomica</i>
<i>Camphor</i>	<i>Cantharis and all Vegetable Drugs</i>
<i>Apis mellifica</i>	<i>Rhus toxicodendron</i>
<i>Phosphorus</i>	<i>Causticum</i>
<i>Silicea</i>	<i>Mercurius</i>

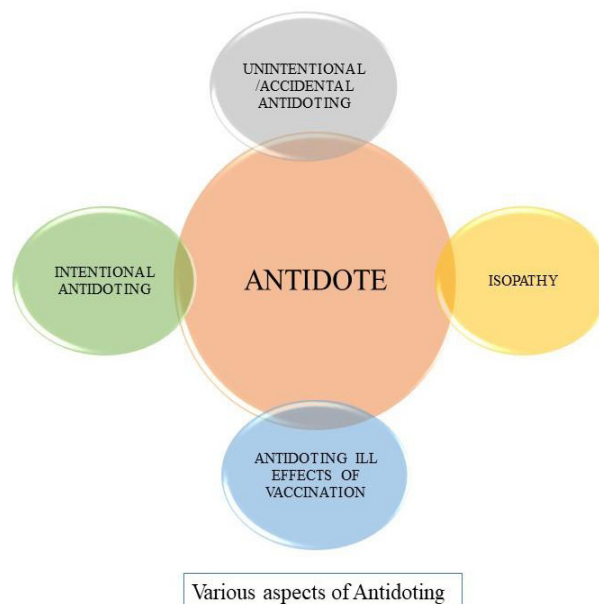
In authoritative books, we find that some remedies are listed both as a complementary and as an antidote to the same remedy. This is explained by the fact that such drugs show the power of antidoting or neutralising the unwanted effects and yet not interfering with the previously administered remedy.⁹

Remedy ⁸	Complementary remedy ⁸	Antidote ⁸
<i>Aconite napellus</i>	Coffee, Sulphur	Coffee, Sulphur
<i>Aloe socotrina</i>	Sulphur	Sulphur
Alumina	<i>Bryonia alba</i>	<i>Bryonia alba</i>
<i>Apis mellifica</i>	<i>Natrum muriaticum</i>	<i>Natrum muriaticum</i>
<i>Baryta carbonicum</i>	Dulcamara	Dulcamara
<i>Bryonia alba</i>	Alumina, <i>Rhus toxicodendron</i>	Alumina, <i>Rhus toxicodendron</i>

Indication of antidote^{1,2,3}

- Treating chronic cases when symptoms take the wrong direction after 1st prescription.
- Appearance of lot of new symptoms after 1st prescription which are not belonging to the pathogenesis of the medicine(disease aggravation), not even the old symptoms.
- In case of medicinal aggravation and disease aggravation, the antidote is given.
- In incurable pathological advanced cases when a curative deep acting remedy is wrongly prescribed and resulting into unwanted severe aggravation which is called killers aggravation (Kents 1st observation) antidote can be given.
- Antidoting is sometimes required to clear up a chronic case.⁶
- Example: *Nux vomica* for removing bad effects of aromatic or patent medicine. One of the best remedies to start treatment in cases drugged by mixtures, bitters, vegetable pills, nostrums or quack remedies especially aromatic or “hot remedies”, if symptoms correspond.
- High potency of abused drugs like *Arnica*, *Ipecac*, *Pulsatilla*, *Arsenic*, *Cinchona* will act as antidote to clear up case by either curing or rendering it amenable to other symptomatically indicated drugs.⁶
- When intentionally antidoting a remedy,

animal remedies should not be followed by other animal remedies but rather by a similar remedy from the vegetable kingdom to avoid aggravations or producing mixed conditions.



Other Aspects Of Antidotes

- There are specific substances and exposures that can antidote homoeopathic treatment which should be avoided while treatment. Example: Coffee, mint, camphor, perfumes, conventional medical drugs, sudden stress.¹⁰
- Another by-path or short cut treatment known is Isopathy (*Æqualia æqualibus*), where employment of morbid products of disease for curing the same disease since ancient times has been periodically revived, only to fall back into disuse. With an idea that every disease has within itself its own antidote is too good to be true, but in selective cases benefit has been observed. Early Homoeopaths were quick to observe the close relationship between this therapy and homoeopathy. Lux, Hering, Burnette used attenuated virus for treating rabies and phthisine(tuberculin) for tuberculosis 40 years before the acceptance by medical men.¹¹
- Homoeopathic remedial action sometimes accidentally cancelled out by chemical or

physiological influences in our environment if not removed eventually, the remedy will stop acting. This is very important when taken for an acute or symptomatic treatment. For chronic conditions, remedies continue to act even though the patient is exposed to an interfering factor.

- If diseases are the result of some form or degree of poisoning, then in the last analysis all curative treatment is antidotal treatment. Cure can be strictly achieved by using agents having the power to neutralize the poisons causing disease and removing their effects.⁶
- Some homoeopathic medicines are used as antidote to remove bad effects of vaccination:^{7,8}
 - *Antimonium tartaricum*: when *Thuja* fails and *Silicea* is not indicated.
 - *Mezereum*: Eczema and itching eruptions after vaccination.
 - *Silicea*: Bad effects of vaccination specially abscess and convulsion(*Thuja occidentalis*).⁷
 - *Thuja occidentalis*: Diarrhoea <after vaccination.⁷

Views of Stalwarts

Dr. Dudgeon – There are patients whose susceptibility are high, requiring modification as for instance a patient when given *Nux vomica* for cold got relieved from it but he had intense headache due to excess of *Nux vomica* which was antidoted by coffee, this simply modified without suppressing the symptoms. He says that Hahnemann recommends *Camphor* as an antidote to many medicines. There are drugs which antidotes each other e.g.: *Coffee*, *Camphor*, *Nux vomica* are considered to be antidotes to most of the remedies. He quotes Trinks “the antidotal influence of medicines on one another depends solely upon the homoeopathic principle”. He says “The necessity for the administration of an antidote in consequence of the too violent effects of an infinitesimal dose is, I apprehend, very rare”. “A fresh dose of medicine is the best antidote”.¹²

EA Farrington – Medicine modifying the effect of wrongly selected potency or apt potency by

modifying the effects and not suppressing the symptoms but in an ‘idiosyncrasy’ patient. E.g.: *Belladonna* and *Hyoscyamus* in skin symptoms. *Nux vomica* and *Coffea*.^{1,13}

Dr Hahnemann –

- §131 – Second dose to be an “increasing dose”, concluding that higher potency of the same medicine acts as an antidote. E.g. An interesting phase of the antidotal relationship is the mutual antidotal or at least modifying power of the higher and lower attenuation of the same drug, as well as the antidotal relationship between the chronic effects of the crude drug and the attenuated drug, as seen in treating chronic tobacco poisoning with *Tabacum* in higher potencies.¹⁴
- §249 – If the aggravation is considerable after a medicine, be first partially neutralised as soon as possible by an antidote before giving the next the remedy chosen more accurately according to the similarity of action indirectly suggesting that antidote is selected on the basis of symptoms similarity. Hahnemann during his talk on drug proving says that “the subsequent dose often removed curatively someone or other of the symptoms caused by the previous dose.”¹⁴
- §276 footnote – Large doses of Peruvian bark and quinine is prescribed by allopaths to treat intermittent fever when indicated, resulting in gradual worsening by damaging internal vital organs, instead of using highly potentised *China* which would infallibly help the patient. A homoeopathic antidote for the misfortune produced by such abuse is hardly conceivable.¹⁴

Dewey – Antidote is a substance which modifies or opposes the effect of a remedy.⁴

Clarke – Antidote controls overaction of any remedy previously administered.¹⁵

Boenninghausen – Medicine that induce similar symptoms are interconnected serving as mutual antidotes in accordance with the extent of their symptom similarity.⁶

J. T. Kent – Antidote is employed when new symptoms appear where it corresponds to the new symptoms than the old. The selection is made by combining the new symptoms with the old ones and must be studied again.^{1,4}

Stuart Close – “Homoeopathy is based essentially upon law of antidotes, founded by observation, experiment and clinical demonstration to be the law of mutual action or attraction, expressing the equality and contrariety of action and reaction, manifested in living organism by symptom similarity, resulting in physiological and chemical assimilation or neutralization.”⁶

Antidotes are commonly divided into –

- Physiological/dynamical: antidoting requires antidotal substance pathogenetically similar to the poison, but opposite in the direction of action. In crude state they themselves are poison of varying degrees of power. This type takes place between drugs according to the law of the ‘Repulsion of Similar’.
- Chemical: acts on the poisons themselves rather than against their effects. Their action depends upon their property of uniting chemically with poisonous substances and altering their chemical and physical character. Restricted in cases in which poison is known and capable of being directly acting upon chemically.
- Mechanical: do not properly come under head of antidotes. They are mere means of accomplishing physical expulsion of poisonous substance from the body later requiring dynamical antidotes.

He cites the incidence where higher potency of the same drug becoming the antidote i.e. in case of chronic disease of the liver or some other organ from suppression of malaria with massive doses of quinine or arsenic. Poison ivy is best treated with a high potency of *Rhus toxicodendron*.⁶

Nash – If patient has already been loaded with Iron on the theory that the blood must be “fed” with, she will suffer more from over-dosing rather than the original disease. To find the best antidote, guided by the symptoms which aptly adapts the

case, will often be able to cure both the natural and drug disease together.¹⁶

DISCUSSION AND CONCLUSION

This article is a unique attempt to explain antidote in a diversified aspect explaining antidotes from various perspective till date. Encouraging beginners and brush up all homoeopaths to form a regular habit of referring to remedy relationship, clinically to avoid or counteract the dangerous medicinal aggravations before second prescriptions.

REFERENCES

1. Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: B. Jain Publishers Ltd; 2018
2. Roberts HA. The principles and art of cure by homoeopathy. New Delhi: B. Jain Publishers Ltd; 2018.
3. Babu N. Introduction to Materia Medica - Extensive Preparatory Notes to UG and PG. 1st edn New Delhi: B Jain Publishers(P)Ltd.; 2021
4. Mandal PP. Mandal B. A Text Book of Homoeopathic Pharmacy. New Central Agency Ltd. Kolkata, 2015
5. Sandhya. A review of concept of drug relationship in homoeopathy. International Journal of Homoeopathic Sciences [Internet]. 2020 Jul 1;4(3):212–4. Available from: <https://www.homoeopathicjournal.com/articles/213/4-3-8-395.pdf>
6. Close S. Genius of Homoeopathy: lectures & essays on homoeopathic philosophy. New Delhi: B. Jain Publishers Ltd; 2017.
7. 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
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. Reprint ed. New Delhi: B Jain Publishers(P) Ltd.; 1998.
9. Bala R, Srivastava A. A Review on Homoeopathic Remedies and their Relationship. Homoeopathic Links. 2019 Dec;32(04)
10. Interference factors with homeopathic treatment what antidotes the effects? [Internet]. [cited 2024 Mar 6]. Available from: <https://homeopathicassociates.com/wp-content/uploads/2017/10/Antidotes-Extended.pdf>
11. Boericke G. A Compend of the Principles of Homoeopathy for students in medicine. New Delhi IBPP; 2018
12. Dudgeon RE. Lectures on the theory and the practice of homoeopathy. Reprint edn new Delhi: B Jain Publisher(P) Ltd; 2002,2007
13. Farrington EA. Lectures on Clinical Materia Medica. B. Jain Publishers; 1999.
14. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers (P) Ltd.;2011
15. Sarkar BK. Essays on Homoeopathy. Kolkata: Hahnemann Publishing Co. Pvt. Ltd; 1968
16. Nash EB. Leaders in Homoeopathic Therapeutics with Grouping and Classification.6th ed. New Delhi: B Jain Publishers(P) Ltd.; 2008

Anaemia: A Holistic Exploration Through the Lens of Homeopathy

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Keywords

Anaemia, Homoeopathy, H.A. Roberts, Psora, Antipsoric remedy

Abstract

Anaemia, a deficiency in red blood cells or haemoglobin, silently erodes vitality, impacting millions worldwide. This abstract delves into its intricate facets, from physiological underpinnings to diverse manifestations. Recognized by the World Health Organization as a pressing concern, anaemia disproportionately affects young children, menstruating adolescents, and pregnant women. While modern medicine attributes this cause to nutritional deficits, genetic anomalies, and chronic illnesses, homeopathy offers a holistic perspective. Tailored to individual constitution and symptoms, homeopathy seeks equilibrium by harnessing the body's inherent healing mechanisms. Remedies like China Officinalis for post-haemorrhagic debility and Ferrum Phos for iron deficiency epitomize this approach. This abstract emphasizes homeopathy's pivotal role in alleviating anaemia's burden and restoring vitality.

Introduction

Anaemia is a medical condition in which the blood haemoglobin level or the number of red blood cells are below the normal range for the patient's age, sex and altitude of residence. Haemoglobin is a protein found in red blood cells that carries oxygen from the lungs to other parts of the body. Normal range of haemoglobin in males is 13-16g/dl and in females 11.5-15g/dl ⁽¹⁾. When the body doesn't have enough red blood cells or haemoglobin, it can't transport an adequate amount of oxygen, leading to various symptoms and complications.

According to WHO, mostly young children, men-

struating adolescent girls and pregnant women are found anaemic and hence is a major public health concern⁽²⁾.

Homeopathy, as a holistic system of medicine, offers a unique perspective on the management of various health conditions, including anaemia. In homeopathy, every individual is seen as unique, and a homeopath would consider a range of factors, including the individual's physical symptoms, emotional state, dietary habits, lifestyle factors, and any underlying health conditions ⁽⁴⁾. Rather than merely targeting the symptoms, homeopathy aims to stimulate the body's innate healing processes to restore balance and overall well-being.

Homeopathic Philosophy behind Anaemia

Anaemia goes beyond a simple lack of nutrients; it involves complex physiological imbalances, especially due to the lurking presence of the underlying miasm, Psora. H. A. Roberts highlighted the importance of thirty vital elements essential for bodily functions ⁽³⁾. However, Psora disrupts this balance, hindering the assimilation of these crucial elements and making the body unable to adapt to unnatural conditions. Consider Psora's impact on manganese assimilation, leading to the destruction of red blood cells and anaemia ⁽³⁾. It's not just the excess or lack of one element but the functional disruptions caused by the underlying miasm. Predisposing factors include modern life stressors, economic strain, hectic lifestyles, societal pressures, domestic issues, and environmental factors like lack of sunlight and damp conditions. These challenges culminate in deficiency syndromes like anaemia, which can also affect future generations, passing down the legacy of susceptibility to illnesses - the insidious inheritance of Psora.

a. Causes

Anaemia is both preventable and treatable if the

cause is known. It has the following causes ⁽⁵⁾ according to the modern medical sciences:

- **Nutritional deficiency:** It is the most common cause of anaemia and the nutrients essential to maintain a healthy concentration of red cells and haemoglobin are iron, vitamin B12 and vitamin B9 (folate). These essential nutrients can become deficient due to inadequate dietary intake, malabsorption, alcoholism and certain medications.
- **Haemorrhage:** Excess amount of blood loss due to causes like heavy menstrual bleeding, trauma, surgery, gastrointestinal bleeding and others can lead to acute or chronic anaemia.
- **Genetic disorders** like thalassemia and sickle cell disease.
- **Infections** like malaria, HIV/AIDS.
- **Chronic diseases** like autoimmune (rheumatoid arthritis, lupus), chronic kidney diseases (leads to decreased production of erythropoietin), cancer and malignancies.
- **Other causes** are certain medications (like NSAIDs, anticoagulants), rare endocrine disorders, chemotherapy, etc.

b. Types of anaemias

Anaemia can be classified into three types on the basis of morphology of red cells ⁽⁵⁾:

- **Microcytic Anaemia:** When RBCs are smaller than normal, as in iron deficiency and thalassemia.
- **Normocytic Anaemia:** When RBCs are normal in size but there is decrease in the total number of red cells or haemoglobin concentration like in chronic diseases, renal disorders or haemolytic anaemia.
- **Macrocytic Anaemia:** When RBCs are larger in size than normal, as in vitamin B12 or folate deficiency.

c. Symptoms

The clinical presentation of anaemia can vary depending on the underlying cause, severity and individual factors. Some common **symptoms** ⁽⁵⁾ include:

- Fatigue, dizziness and lassitude
- Irritability, headache, sleep disturbances and lack of concentration
- Dyspnoea, palpitations, vertigo, tinnitus and

syncope

- Anorexia, nausea, indigestion, bowel disturbances
- Amenorrhoea, polymenorrhoea
- Paraesthesia in fingers and toes
- In severe cases, angina, intermittent claudication and transient cerebral ischaemia

d. Signs

Signs of importance ⁽⁵⁾ while looking for anaemia are:

- **Pale or yellowish skin:** The palms of the patient, oral mucosa, nail bed and palpebral conjunctiva may become pale. The palmar crease also becomes yellowish as the haemoglobin level falls below 7g/dl.
- **Rapid heartbeat** (tachycardia) or irregular heartbeat
- **Brittle nails** or koilonychia
- **Hair fall**
- **Cold hands and feet**

e. Management

The general management, apart from treating the underlying cause, include:

- **Dietary intake** of food rich in iron (dark leafy green vegetables, spinach, pumpkin and sesame seeds, kidney beans, jaggery), vitamin B9 (dark green leafy vegetables like broccoli, spinach, green peas, chickpeas and orange juice), vitamin B12 (eggs and milk products, liver meat, shellfish) and vitamin C.
- **Supplements** of iron, folate and vitamin B12, especially during pregnancy.
- **Medications** to stimulate RBCs production or fight infections.
- **Blood transfusion** in cases of excessive haemorrhage and others.

f. Homoeopathic Management

Anaemia embodies the subtle yet profound presence of the psoric miasm within the body, precipitating a cascade of functional disturbances. The selection of an appropriate antipsoric remedy ⁽⁴⁾ based on causation, constitution, peculiar symptoms and the totality of their presentation, is of paramount importance. Here's the essence of several key homeopathic remedies commonly recommended for anaemia.

For anaemia after exhausting disease or haemorrhage:

- *China officinalis*- Anaemia occurs due to loss of vital fluids⁽⁶⁾, with debility and nervous erethism. Indicated after excessive haemorrhages when circulation becomes feeble and the patient is sensitive to cold. There is headache with a sensation as if the skull would burst with ringing in ears⁽⁶⁾, relieved from pressure and warm room. There is dizziness when walking. Patients have slow digestion⁽⁶⁾ and are bloated, where belching gives no relief. Ill effects of excess tea intake. Painless night diarrhoea, especially during hot weather, after fruits or milk.
- *Ferrum metallicum*- Anaemia of weak chlorotic women yet having a fiery red face on slightest emotion. Hammering headache and least noise cause irritability, vertigo on seeing flowing water⁽⁶⁾. Nausea and vomiting immediately after eating, spits up food in mouthfuls. Diarrhoea on attempt to eat and intolerance of eggs. Anaemic murmur. Any active effort like speaking or walking produces weakness even though looking strong.
- For anaemia of girls with menstrual irregularities:
- *Pulsatilla nigricans*- Indicated in anaemia of gentle, yielding pubertal girls who are chilly, yet better in open air. Patients cry easily⁽⁶⁾ when talking and seek consolation⁽⁷⁾. Women with changeable dark and clotted menses, diarrhoea during or after menses. Mouth is dry but there is no thirst. Wandering pains in head after overwork, wants head high and lies with hand above head.
- *Natrum muriaticum*- Indicated for iron deficiency anemia of emaciated girls with menstrual irregularities, or some history of grief⁽⁶⁾. Menses are watery only once in two or three months or only leucorrhoea instead of menses. There is profound weakness even with minimal exertion with a pale, wash out face or sickly complexion. Patients are emotionally sensitive and have difficulty in expressing their emotions, reserved, introverted. They have high cravings for salt.
- For anaemia due to nutritional deficiency:
 - Calcarea carb*- Anaemia in patients with defective assimilation of nutrition and slow development⁽⁷⁾. Fair, fat flabby patients with a rush of blood to head on excitement, hearing bad news or suffering of others. There is increased sensitivity to cold and profuse perspiration. Also, a great craving for eggs and indigestible things⁽⁷⁾ like chalk, coal, pencils is seen. Patient disagrees with milk,

fat and hot food.

Calcarea phos- Anaemic girls of spare, thin and emaciated build⁽⁷⁾ with symptoms of *Calcarea carb*.

Ferrum phos- Anaemia due to lack of iron. This medicine helps in absorption and utilization of iron, and thus increasing the production of red cells and improving the oxygen carrying capacity of the blood⁽⁶⁾. There are haemorrhages of bright red colour in pale anaemic patients with violent superficial congestions. In 3X potency, it increases haemoglobin.

- For pernicious anaemia-*Arsenicum album*- Useful in anaemias of malarial origin and pernicious anaemia. Great exhaustion after slightest exertion⁽⁷⁾. Intense restlessness and anguish drive the patient from place to place. There is fear of disease and death, yet thinks it useless to take the medicine. Burning pains in extremities are relieved by heat and headache ameliorated by cold. Patient have gradual weight loss due to impaired nutrition. Bad effects are from alcoholism, ptomaine poisoning, stings, dissecting wounds, from decayed food or animal matter⁽⁷⁾.

CONCLUSION

Anaemia stands as a formidable health challenge affecting millions globally, silently sapping vitality and resilience. While modern medicine strives to uncover its multifaceted causes, homeopathy emerges as a beacon of hope, offering personalized care rooted in the individual's constitution and symptomatology. Through meticulous selection of the indicated antipsoric remedy and gentle stimulation of the body's innate healing capacities, homeopathy addresses anaemia's complexities with finesse.

REFERENCES

1. World Health Organization. Anaemia. [Internet]. Available from: <https://www.who.int/health-topics/anaemia>. Accessed 2024 Mar 03.
2. World Health Organization. Anaemia - Key facts. [Internet]. Available from: <https://www.who.int/news-room/fact-sheets/detail/anaemia>. Accessed 2024 Mar 03.
3. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers Pvt. Ltd.; 2007.
4. Roberts HA. The Principles and Art of Cure by Homeopathy. 3rd ed. New Delhi: B. Jain Publishers Pvt. Ltd.; 2002.
5. Aggarwal P, George KM. Medicine: Prep Manual for Undergraduates. Elsevier Health Sciences; 2019 Jun 28.
6. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory. New Delhi: B. Jain Publishers Pvt. Ltd.; 2002.
7. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes. New Delhi: B. Jain Publishers Pvt. Ltd.; 2005.

Minerals In Food | Essential Nutrients And Homeopathy

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Keywords

Nutritional deficiency disorders, Minerals, homeopathy, miasm

Abstract

A large number of mineral elements are present in nature, of which only a few are essential for the human body.

Mineral salts are responsible for structural functions involving the skeleton and soft tissues and for regulatory functions including neuromuscular transmission, blood clotting, oxygen transport, and enzymatic activity. Nutrition is the science of food and its relationship to health. Poor nutrition leads to poor immunity and susceptibility to different types of infectious diseases, metabolic diseases, etc. Significant advancement has been made during the past 50 years in nutrition and causes of deficiency at cellular levels. A deficiency results from either absolute lack of required food nutrients or defect in assimilation at internal milieu, resulting in Malnutrition. This study includes the discussion of function, deficiencies and toxic symptoms of minerals. It includes philosophy of Dr. Hahnemann, Dr. H.A.Roberts, Dr Ortega, about deficiency and miasms. Different remedies for the deficiency symptoms of minerals are also explored. Reportorial rubrics are also included for proper understanding. The important facts and myths are discussed in the study.

Introduction

Food is a requisite to staying healthy. The pure

ailments of food and drink satisfy our hunger and thirst and support our strength by replacing the parts (tissues) lost in the vital process. without disturbing the functions of organs or impairing health¹.

Nutrition is defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development, and maintenance. Nutrient or food factor is used for specific dietary constituents such as proteins, vitamins, and minerals. Good nutrition means maintaining a nutritional status that enables us to grow well and enjoy good health².

Minerals can be divided into five groups:

- 1.The first group includes carbon, hydrogen and nitrogen¹. The body obtains these elements from dietary fats, carbohydrates, proteins, and also from water¹.
2. The second group includes calcium, phosphorus, magnesium, sodium, potassium, chloride and sulphur. These elements are nutritionally important and are required in relatively larger amounts in the diet (100 mg/day). They are called the major elements or macro elements¹.
3. The elements of the third group, known as the trace elements, are required in diet in much smaller amounts (100 mg/ day). Chromium, cobalt, copper, iodine, iron, manganese, molybdenum, selenium, and zinc are examples of such elements. Fluorine is usually considered to be a trace element, although its role in humans is not clearly understood. Its deficiency is associated

with tooth decay¹.

4. The fourth group contains arsenic, cadmium, nickel, silicon, tin and vanadium. These elements have a well-defined role in animals but have no essential (or known) function in humans¹.

5. The final group consists of certain toxic elements, such as lead and mercury.¹

Mineral Deficiency or Excess

Total body content of some minerals in an adult male with 70 kg body weight¹.

Sodium	4.2
Potassium	3.0
Chloride	0.0014
Magnesium	0.0012
Calcium	34
Phosphorus	23
Iron	0.07
Zinc	0.004
Copper	0.002
Manganese	0.0002
Iodine	0.0005

Deficiency or excess of these is potentially hazardous¹. Because circulating levels of a mineral represents the net result of its absorption, utilization, storage and excretion, loss of control over these processes (besides inappropriate dietary intake) causes mineral deficiency, or excess². For example, iron deficiency may occur due to any of the following causes:

1. reduced dietary intake
2. decreased intestinal absorption
3. excessive loss due to bleeding

Since minerals are required for performing specific functions, their deficiency leads to defined clinical syndromes². Iron deficiency, for instance, results in microcytic hypochromic anemia, described later. Excess content of almost all minerals causes symptoms of toxicity. Excess iron causes functional impairment of liver and pancreas (condition called haemochromatosis); copper overload results in hepato-lenticular degeneration (condition called Wilson’s disease), and excessive molybdenum results in several

toxic manifestations, collectively referred to as molybdenosis².

About the sources and daily requirements of Minerals The essential minerals are widely distributed in a variety of foodstuffs such as whole-grain cereals, meat, fish, vegetables, fruits and dairy foods³. Since concentration of minerals in most foods is very small, it is necessary to consume sufficient quantities of varied foodstuffs to meet the daily requirements of all minerals².

Major Elements

A. Sodium

Biochemical Functions¹

1. Neuromuscular excitability
2. Fluid balance
3. Acid-base balance
4. Membrane transport

B. Potassium

Biochemical Functions¹

1. Neuromuscular excitability
2. Contraction of heart
3. Intracellular fluid volume
4. Hydrogen ion concentration
5. Secondary active transport

C. Chloride

Biochemical functions : Chloride is the major extracellular anion, and so, along with sodium, it is involved in regulation of osmotic pressure of extracellular fluids. It helps maintenance of pH of blood and is also involved in the formation of hydrochloric acid in stomach¹

D. Calcium and Phosphorus

Biochemical Functions¹

1. Neuromuscular transmission
2. Membrane permeability and integrity
3. Action on heart
4. Secretory processes

Phosphorus plays an important role in intracellular as well as extracellular fluid¹.

E.Magnesium

Biochemical Functions

1. Enzyme activator
2. Neuromuscular excitability
3. Glucose tolerance

Others: Magnesium binds to other nucleoside phosphates and nucleic acids and is required for DNA replication, transcription and translation¹.

According to the fundamental principle of

homoeopathy “ similia similibus curator” which means “like is cured by like”³. Disease will be cured by things which can produce similar symptoms as disease. Here in cases of mineral deficiency, symptoms so produced can be cured by remedies producing similar symptoms during proving and by nutrient supplements. If a patient is too weak to absorb or assimilate the nutrients then some miasmatic block is considered to be responsible and needs to be attended first during treatment.

Below is the clinical correlation of symptoms produced during deficiency of minerals in the body and miasmatic diagnosis³.

S.N	DEFICIENCY	SYMPTOMS	MIASM
1.	Sodium	Leg cramps ¹ , Dizziness ² , fatigue, mental confusion	Tubercular ³
2.	Potassium	Hypertension ¹ , muscular weakness, irregular heart beat ,tachycardia ²	Psora , Sycosis ³
3.	Phosphorus	Bone and teeth disorder, Fatigue, fragile bones, weakness ¹	Tubercular ³
4.	Calcium	Teeth decay ¹ , rickets, osteomalacia, osteoporosis, cataract ²	Tubercular ⁴
5.	Magnesium	Tetany, irritability, hyperflexibility, tremors, coronary vaso-spasm ¹ .	Tubercular ⁴
6.	Iron	Aneamia ¹ , extreme fatigue, weakness, chest pain, pale skin, brittle nails, inflamed tongue ³ .	Sycotic ³
7.	Iodine	Glandular disorder, goitre, hypothyroidism, endocrine symptoms ¹	Psora ³
8.	Fluorine	Dental caries ¹ , weak bones	Tubercular , Syphilitic ⁴
9.	Zinc	Skin lesion,dermatitis ¹ , alopecia, testicular atrophy ,poor growth, delayed sexual development and neuro psychiatric disturbances,	Tubercular ⁴
10.	Copper	Microcytic Aneamia , skin depigmentation, grey hair, menkes disease ¹ .	Psora, Sycosis, Syphilis ⁴
11.	Cobalt	Cardiomyopathy, congestive heart failure ¹	Psora, Sycosis ⁴
12.	Magnesium	Bleeding disorder, Migrane, Aneamia , Impotancy ¹	Tubercular ⁴ or Syphilis
13.	Selenium	Keshan disease ¹ , cardiomyopathy, Infertility in both sexes, growth retardation, and muscular weakness, Hair loss ²	Psora, Syphilis ⁴

Deficiency and Miasms.

Psora means itch or some chronic cutaneous disease. Chronic diseases which are not of venereal origin are of only psoric origin. According to Dr. H.A. Roberts the miasms are destructive in every way, of both the mind and the body, and they tear at the very spirit of man. Lack of certain elements in the system, or the inability to assimilate them from foods, is the great common denominator of almost all the so called psoric conditions, plus a lack of balance in the equilibrium of health

that manifests through a hypersensitivity of impressions – functional disturbances. Psora alone never causes structural changes⁵.

According to Dr. Proceso Sanchez Ortega , Psora corresponds to deficiency. Psora is undoubtedly the constitutional state of deficiency or lack, in the sense of less, of inhibition. Deficiency or inhibition will bring on a disposition to various immediate disturbances such as excesses or perversions⁵.

Homoeopathic Therapeutics For Mineral Deficiencies

1. For Sodium Deficiency

A. RHUS TOXICODENDRON: Leg cramps which are worse at rest and better by movements. Cracking of joints in motion⁷.

B. SECALE COR: Cramps in calves. Coldness of skin to touch⁶.

C. MAGNESIA PHOSPHORICA: Cramps, stiffness, numbness, awkwardness, deafness of nerves, from prolonged exertion. Writer's cramp better by pressure and heat⁶.

D. NATRUM PHOSPHORICUM: Cramps in the calves and feet, cramp in hands by writing, crackling in the joints⁶.

2. For Potassium Deficiency

A. LACHESIS: Patient is worse on waking, sleeps into aggravation, cannot bear the tight clothes, it is for cardiovascular disorders, heart feels as if hanging with a thread⁶.

B. ACONITE NAPELLUS: Palpitation with fear, pulse is full strong and hard, shooting pain in heart region⁷.

C. STROPANTHUS: Useful for aged in the heart disorders, irritable heart with tense arteries, and free discharge of urine⁷.

D. GLONIONE: Lassitude with no inclination to work, irritability with the rush of blood to head and heart, pulsating pains⁶.

3. For Iron Deficiency

A. FERRUM ACETATE: Stubborn anemia given in higher potencies with pale skin⁶.

B. FERRUM METALLICUM: In anemia after intermittent fevers. Cerebral anemia with disposition to faint. anemia with full blood and puffiness of extremities, false plethora of the face⁶.

C. LECITHIN: For increasing the number of RBC's and the amount of hemoglobin, Craving for wine and coffee and nervous neurasthenia⁶.

D. TRI-NITRO TOLVENE: Suitable for ammunition workers having grave form of anemia and jaundice. Breathlessness, dizziness, heaviness, palpitations and cyanosis⁷.

4. For Calcium Deficiency

A. CALCAREA PHOSPHORICUM: Suppuration and caries of the bones spine weak disposed to left side curvature unable to support⁶.

B. CALCAREA CARBONICUM: Pott's disease. Non development of bones. delay in dentition. Caries of spinal cord⁶.

C. SILICEA: Rickets disease of hip joints curvature of bones, offensive sweat. Fistulous openings in the bones. Discharges are offensive⁶.

D. HEKLA LAVA: In bone diseases including osteosarcoma, syphilitic osteitis and exostosis⁶.

5. For Phosphorus Deficiency

A. TUBERCULINUM: It is an excellent remedy for rickets with scrofulous diathesis⁶.

B. CALCAREA FLUORICUM: Enlargement and swelling of parietal bones of infants, deficient of enamel of teeth, cervical glands usually heart and nodulation of bones with suppuration⁷.

C. BARYTA CARB: Mental and physical retardation. Tonsils and the glands about the neck and throat are enlarged and indurated⁶.

D. KREOSOTE: Early decaying of teeth in the ricketic children, Teeth decay as soon as they appear⁶.

6. For Magnesium Deficiency

A. CUPRUM METALLICUM: Choreic movements of the fingers, toes extending to the limbs better during sleep⁶.

B. STRAMONIUM: Chorea is preceded by inclination to weep, rotates arms, clasps the hands around the head⁷.

C. TARENTULA: Choreic movement of the right leg and arms which continue at night, restless with sensitivity of spine and trembling⁶.

D. ZINCUM METALLICUM: Constant movement of the feet which may continue during night especially when brought on by suppression of eruption and by fright⁶.

7. For Selenium Deficiency

A. ONOSMODIUM: Decreased sexual desire, cold feeling in the glands and penis, nocturnal emissions with diminished pleasure⁶.

B. DAMIANA: An excellent for impotency in males after injury to the spine. Sexual excesses. Chronic prostatic discharges. Frigidity of females with impotency with sexual neurasthenia⁶.

C. CONIUM: Slightest emotion brings on the emissions indurations of the prostate glands especially of old bachelors. Bad effects of suppressed desires⁶.

D. ORIGANUM: Excellent for excessively aroused impulses, habit of masturbation with great sexual excitement, lascivious impulses. Increase desire to exercise⁶.

8. For Copper Deficiency

A. CARDUS : Left lobe of liver is inflamed with jaundice dull headache, nausea and vomiting, liver spots present⁶.

B.MYRICA CERIFERA: In the catarrhal jaundice with dull headache tongue is coated yellow patient is weak and complaints of muscular soreness and aching in the limbs with slow pulse and dark urine. Desire for acids⁷.

C.RAPHANUS : Sticking pain in liver retching and vomiting with the loss of appetite, distended tympanic hard gripping pain around navel⁶.

D.NATRUM SULPHURICUM: Enlarged liver in the gouty constitutions soreness in the region of liver, bad taste in the mouth, hand and feet are cold pain in coccyx. Golden Yellow discharges from all orifices⁷.

Repertorial Remedies for Mineral Deficiency Diseases

1. Rickets - Calcarea carb, Calcarea Phos, Causticum, Fluoric Acid, Iris V, Lycopodium, Merc. sol, Phos, Phos. acid, Silicea, Sulphur, Syphillinum, Symphytum⁸.
2. Osteomalacia- Calcarea carb, Calcarea Flour, Calcarea Phos, Flourica acid, Merc. sol, Phos acid, Phos, Silicea⁸.
3. Bleeding disorders - Arnica, Arsenic, China, Crotallus Hor., Crocus Sativus, Ferrum. Met, Mellifolium, Naja, Nitric acid, Lachesis, Phosphorus., Secale cornutum⁸.
4. Neuritis - Aconite napellus, Arsenicum. album., Causticum., Hyper., Lac. caninum,

Merc. solubulis, Nux. vomica, Phosphorus, Plb., Silicea., Stannum, Sulphur, Thalium⁸.

5. Stomatitis- Argentum nit., Baptisia tinctoria, Borax, Hydrastis, Kali Mur., Muriatic Acid, Nitric acid⁸.
6. Glossitis- Ars album., Apis Mel., Benzoic. acid, Cantharis, Lachesis, Mur. Acid, Merc. sol, Sulph. Acid⁸.
7. Anaemia - Alumina, Cina, China, Calcarea phos., Hydrastis, Ferrum. met, Natrum. mur., Nux.Vomica, Pulsatilla., Silicea⁸.
8. Gingivitis- Bovista, Calcarea. carb, Carbo vegetabilis, Crotalus. horridus, Lachesis, Merc. sol, Natrum. mur, Nitric. Acid, Phosphorus⁸.
9. Marasmus- Abrotanum, Ars iod., Calcarea Phos, Iodium, Lycopodium, Muriatic. acid, Natrum. Mur, Oleum Jec., Silicea, Sulphur⁸.
10. Dental caries and Fluorosis- Antimonium. Crud, Aurum met. Asafeetida, Belladonna, Borax, Fluoric acid. Merc. sol., Mezereum, Phos., Plb met., Silicea, Staphysagria⁸.
11. Ataxia- Agaricus, Alumina, Causticum, Conium mac., Cuprum met, Gelsimium sempervirens, Helleborus, Nux mosch⁸.

Toxicity symptoms of minerals

Toxicity symptoms of minerals are rare in the human body if present iron toxicity can cause hemochromatosis, leading to hyperpigmentation, arthralgia, hepatomegaly, cirrhosis and hypogonadism¹.

Toxicity of fluoride may cause fluorosis, bone exostosis¹.

Toxicity of copper may cause wilsons disease leading to neurological dysfunction, cirrhosis, psychosis¹.

Toxicity of selenium may lead to hair loss and nail damage¹.

Toxicity of iodine may lead to myxoedema, toxicity of other minerals are very rare².

Some medical facts about the minerals

Don't take calcium and magnesium in large amounts as supplements i.e., not more than 500

gm of calcium at one time⁹.

Taking iron supplements in small doses especially with orange juices rather than water adequate vitamin C may enhance absorption⁹.

Do not take zinc supplements with high fiber food, milk and calcium⁹.

CONCLUSION

The Minerals' significance for the normal functioning of the immune system is well explored in this study. Although mineral deficiencies are rare, at risk groups should pay attention and should receive sufficient supply through a balanced diet. Homoeopathy plays a significant role in correcting symptoms and miasmatic tendencies towards the disease. Toxicity symptoms are rare but may become significant if supplements are taken in excess. Hence it can be concluded that mineral deficiencies can cause life threatening health conditions that can be prevented through a proper nutritional education and balanced diet,

this study highlights the importance of minerals in health with philosophy of homoeopathy on it.

REFERENCES

1. Dinesh puri, Textbook of medical biochemistry, second edition 2006 , published by Reed Elsevier india private limited.
2. Victor W. Rodwell, David A. Bender, Kathleen M. Botham, Peter J. Kennelly, P. Anthony Weil, **Harper's Illustrated Biochemistry; thirty first edition, A and L lange series 28th may 2018.**
3. [https:// www.homoeopathicjournal.com/articles/338/5-1-50-218.pdf](https://www.homoeopathicjournal.com/articles/338/5-1-50-218.pdf) ,retrieved on 17 th feb 2024 at 12.30 p.m.
4. Dr Subrata kumar Banerjea,; miasmatic diagnosis, published by B.jains.
5. Herbert. A.Roberts: Principles and Art of Cure by Homoeopathy: 3rd edition published by B.jains.
6. Rai bahadur bishambar das , select your remedy,27 th revised edition, march 2017 ,published by IBPP.
7. G Hardy clark, The ABC manual of homoeopathy and therapeutics, reprint edition 1995,published by B.jains.
8. William Boericke, boericke's new manual of homoeopathic Materia medica with Repertory :third revised & Augumented Edition Based on ninth edition: including Indian drugs & list of abbreviations: 3rd Edition, by Bjains.
9. [https:// www.consumerlab.com](https://www.consumerlab.com) . , retrived on 22nd feb 2024 at 11.a.m.







- An assemblage of vast preparatory material from Homoeopathic Materia Medica, Pharmacy, Repertory and Case Taking, Organon of Medicine and Philosophy.
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How To Make Your Own Bach Flower Remedy

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Keywords

Homoeopathy, Bach flower

Abstract

You can easily grow your favourite, flower, bushes, or trees in your garden or patio. If not readily available, order the special plants through your nursery, either in the form of seeds or as young plants. When in full bloom on a sunny day, pick the flowers or flowering springs and get ready to prepare your own remedy.

Introduction

The following twenty remedies, which include the twelve type remedies, are gained by the sun method of potentization: Agrimony, Centaury, Cerato, Chicory, Clematis, Gentian, Gorse, Heather, Impatient, Mimulus, Oak, Olive, Rock rose, Rock water, Scleranthus, Wild Oat, Vervain, Vine, Water Violet, White Chestnut, plants to be boiled are Aspen, Beech, Cherry plum, Chestnut Bud, Carb Apple, Elm, Holly, Honeysuckle, Hornbeam, Larch, Mustard, Pine, Red Chestnut, Star of Bethlehem, Sweet Chestnut, Walnut, Wild rose, Willow. Some trees require careful differentiation between male and female flowers for adequate preparation.

ASPEN (*Populus tremula*)

Method Of Preparation: Small twigs with leaf buds and clusters of flowers, which are the catkins, are boiled for half an hour. Both, the male catkins, being gray with tinges of red anthers or yellow pollen, and the smaller green gray female catkins are selected. Subsequently, the water is strained and used as medicine. This remedy belongs to the group of FOR THOSE WHO HAVE FEAR.

BEECH (*Fagus Sylvatica*)

Method of preparation: The remedy is prepared by the boiling method. Small twigs and male and female flowers, they are found on the same tree,

are boiled for half an hour. The female flower represents the young stage of the beechnut, and the male flowers hang beneath the branch on slender stalks. The boiled water is strained and used as medicine. This remedy belongs to the group of OVERCARE FOR WELFARE OF OTHERS.

HORNBEAM (*Carpinus Betulus*)

Method of preparation: Collect twigs with both male and female flowers, the males are the catkins, whereas the females are smaller and actually look more like flowers, and grow at the end of the twig. Boil for half an hour, strain the water and use as medicine. This remedy belongs to the group of FOR THOSE WHO SUFFER UNCERTAINTY.

LARCH (*Larix decidua*)

Method of preparation: Both male and female flowers are collected from as many trees as possible. The male flowers are yellow and smaller than the female flowers which are red. Preparation of the remedy is by the boiling method. This remedy belongs to the group of FOR DESPONDENCY OR DESPAIR.

OAK (*Quercus Robur*)

Method of preparation: Red female flowers, which appear at the end of the twig, are gathered and put in a bowl of sunlight water for several hours. The water is strained and prepared as medicine. This remedy belongs to the group of FOR DESPONDENCY OR DESPAIR.

PINE (*Pinus Sylvestris*)

Method of preparation

Twigs with male and female flowers are picked and boiled for half an hour. The boiled water is strained and prepared as medicine. The female flower resembles young pine cones, and the male flowers form a cluster of small yellow balls. This remedy belongs to the group of FOR DESPONDENCY OR DESPAIR.

SWEET CHESTNUT (*Castanea Savita*)

Method of preparation: Flowering springs with both

male and female flowers are boiled for half an hour. The female flowers grow where later the prickly nut develops. It is short and hairy. There are two kinds of male flower: Fuzzy catkins and green, hairless, rope-like appendages which do not appear every year. The water is strained and used as medicine. This remedy belongs to the group of FOR DESPONDENCY OR DESPAIR.

WALNUT (*Juglans regia*)

Method of preparation: Female flowers are collected and boiled for half an hour. The female flower resembles a green but with two fuzzy stigmas growing out of the top. After boiling, the water is strained and used as medicine. This remedy is belongs to the group of OVERSENSITIVE TO INFLUENCES AND IDEAS.

WILLOW (*Salix vitellina*)

Method of preparation: Twigs with male or female catkins are boiled for half an hour. Subsequently the water is strained and used as medicine. For the sun method, fill a glass bowl with clear spring water and place the blooms on top of the water. Leave the bowl in bright sunshine for several hours until the petals show sign of fading. This can last from two to seven hours depending on the strength of the petals. Remove the flowers or strain the water imbued with healing power and add an equal amount of brandy to the water. Store this mixture as mother tincture.

To complete the boiling method, pick the flowers or flowering springs on a sunny day and boil for half an hour. strain the water and add an equal amount of brandy and is stored as mother tincture.

From the tincture bottle, take two drops and fill into a 1-ounce (30 ml) dropper-bottle filled with brandy to form the stock bottle. From this stock bottle, take again two drops and add to a 1-ounce dropper bottle filled with spring water. Add 1 teaspoon of brandy or vinegar to preserve the remedy. Label this bottle, as well as the others, with the remedy name and add the date of preparation. from this dispensing bottle, take four drops four times a day, either on a teaspoon or added to a glass of water, juice, or any other milk drink.

The remedies can be taken singularly or in groups of two, three, or four. six at once is the official limit, but usually it is not necessary to send so many healing impulses at once. Add two drops from each chosen stock bottle to the 1-ounce dispensing bottle and shake gently. During warm times of the year, you may want to keep the bottle in the refrigerator to preserve maximum freshness. This remedy belongs to the group of FOR DESPONDENCY OR DESPAIR.

CONCLUSION

In summary, the methods described outline traditional approaches to preparing herbal remedies from various tree species, each method tailored to the specific characteristics of the plant:

BOILING WATER: Twigs, flowers, and catkins are boiled for half an hour, and the resulting water is strained and used as medicine. This method is used for Aspen, Beech, Hornbeam, Larch, Pine, Sweet Chestnut, Walnut, and Willow.

SUN METHOD (Willow): Flowers or catkins are placed in clear spring water and left in sunlight for several hours. The infused water is strained, mixed with brandy, and stored as a mother tincture.

TINCTURE PREPARATION: The strained remedies are used to create tinctures. Drops of the remedy are added to brandy to create a stock bottle, which is further diluted with spring water and preserved with brandy or vinegar.

DOSAGE: The remedies are taken in small doses (typically four drops) four times a day, either directly or diluted in water, juice, or other beverages.

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REFERENCES

1. Krishnamoorthy V. Beginner's Guide to Bach Flower Remedies with Repertory. 2nd ed. New Delhi: B. Jain Publishers; 2007. p. 61-65The Bach Flower Remedies <http://www.bachcentre.com/centre/remedies.htm>
2. Vohra DS. Bach Flower Remedies: A Comprehensive Study Part 1 and 2. New Delhi: B Jain Publishers; 2008. p. 30-87. 65The Bach Flower Remedies.
3. Richardson-Boedler C. Applying Bach Flower Therapy to the Healing Profession of Homoeopathy: Psychology, Psychiatry, Psychosomatic Medicine. 2nd ed. Mumbai: B. Jain Publishers; 1997. p. 220-294.
4. Vohra DS. Homoeo Bach Therapy: A Therapy Comprising Use of Homoeopathic Remedies and Bach Flower Remedies in the Treatment of Acute and Chronic Psychosomatic Diseases. 2003. p. 13-43. <http://www.bachcentre.com/centre/remedies.htm>
5. Vohra DS. Specifics in Bach Flower Remedies. 2019. p. 3-56. <http://www.bachcentre.com/centre/remedies.htm>
6. Master FJ. Bach Flower Remedies for Everyone. p. 9-49.<http://www.bachcentre.com/centre/remedies.htm>
7. Boedler CR. Applying Homoeopathy and Bach Flower Therapy to Psychosomatic Illness. p. 21-128, 269-416.

Tinctures & Their Scope in Homoeopathy

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Keywords

Homoeopathy, Mother Tincture, Case Taking, Crude Drug Substance

Abstract

Mother tinctures are fundamental in homeopathy, often debated among contemporary practitioners. Initially embraced by all, some established homeopaths now oppose their use, causing confusion among young doctors. Effective case taking and remedy selection based on symptom similarity and patient's condition are crucial. Mother tinctures, being the initial potency of crude substances, offer practical benefits in acute, pathological, and emergency conditions, providing palliative care and symptom relief. Judicious use, considering patient sensitivity and disease stage, ensures effective treatment without adverse effects.

Introduction

The use of mother tinctures in homeopathic practice has become a controversial topic among some contemporary homeopaths. Interestingly, many of these critics began their careers using tinctures and clinical tips. Now established in their fields, they often discourage the use of tinctures, leaving young homeopaths confused and uncertain.

To these young practitioners, my advice is straightforward: focus on thorough case taking. Once you have accurately assessed the case, select the most appropriate remedy based on symptom similarity. If the similarity is high, opt for a high potency remedy; if low, choose a lower potency.

In cases where the patient is experiencing severe discomfort and the prescribed remedy provides no relief, consider using a suitable mother tincture. However, it is crucial to understand that tinctures should not be used indiscriminately but reserved for situations where they offer the necessary support. When a chosen remedy fails, patients often seek alternative medical systems. Instead of losing patients to other practices, utilize the tools available within homeopathy, always prioritizing the patient's well-being over rigid philosophical adherence.

This pragmatic approach is preferable to resorting to illegal use of medicines from other systems. By balancing patient-centred care with the judicious use of mother tinctures, homeopaths can provide effective and ethical treatment, retaining patients and upholding the integrity of homeopathic practice.

What is a mother tincture?

Mother tincture, a fundamental concept in homeopathy, is the initial potency prepared from a crude drug substance. It is derived through a process of maceration or percolation, where raw plant or mineral materials are steeped in alcohol or a water-alcohol mixture to extract their active principles. Despite containing material doses of these active substances, mother tinctures possess a higher therapeutic power than crude extracts.

Mother tinctures are used in their original liquid form or further diluted to create higher potencies. The selection of potency depends on the patient's symptom similarity, sensitivity, susceptibility, pathology, and disease stage. Historically, mother tinctures have been an integral part of

homeopathy, with notable examples such as Hahnemann's use of Cinchona bark and the recommendations of Thuja and Bryonia tinctures in early homeopathic literature.

Pragmatically, mother tinctures are invaluable in acute, pathological, and emergency conditions, offering rapid relief when other remedies fail. They can serve as palliative treatments, antiseptics, or support in advanced diseases. When used judiciously and tailored to the patient's needs, mother tinctures uphold the principles of homeopathy, providing effective and ethical treatment without resorting to the illegal use of medicines from other systems. This approach ensures the integrity of homeopathic practice while prioritizing patient care.

Facts about mother tincture:

1. A mother tincture is not just a crude dose; it's the first step in making a homeopathic remedy from the raw substance.
2. Mother tinctures have stronger effects than crude extracts because they contain active ingredients in a potent form.
3. The right potency (strength) of the tincture is chosen based on the patient's specific symptoms, sensitivity, and the stage of their disease. Let the case guide your choice, not preconceived notions.
4. The similarity of the remedy to the patient's symptoms also determines the potency. The details of the case decide this.
5. When used correctly, mother tinctures won't harm the patient or spoil the treatment.
6. The very first homeopathic medicine, used by Hahnemann, was a tincture of Cinchona.

Theoretical support for using mother tincture:

1. **Less similarity, lower potency:** If the remedy doesn't match the symptoms very closely, use a lower strength.
2. **Low vitality, low potency:** When a patient is very weak or has low energy, they need a lower strength remedy.
3. **Low response, use tincture:** Patients who don't respond well to treatments often do

better with tinctures.

4. **Organ remedies in tincture form:** Remedies aimed at specific organs work best as tinctures or in very low strengths.
5. **Quick relief for main complaints:** Tinctures can quickly relieve the main symptoms a patient is experiencing.

Scope of tincture in homoeopathy:

Mother tinctures are a vital component of homeopathic practice, derived from the raw substances of plants, minerals, or animals through processes like maceration or percolation. These tinctures serve as the initial potency and are used in their liquid form or further diluted to create various potencies. Unlike crude extracts, mother tinctures contain active ingredients in a potentized form, making them effective in treating a wide range of conditions.

The scope of tinctures in homeopathy is extensive. They are particularly useful in acute and pathological conditions where rapid symptom relief is essential. In cases where a patient's vitality is low or their susceptibility to treatment is minimal, tinctures can provide effective relief. Organ-specific remedies also perform better in tincture form, addressing issues directly related to specific organs.

Mother tinctures are invaluable in emergency situations where there is no time for detailed case taking, and the patient needs immediate relief. They are also beneficial for palliative care, offering symptom relief in advanced or terminal conditions. Additionally, tinctures can help young homeopaths retain patients while they take the time to study the case thoroughly and select a high-potency remedy.

By incorporating mother tinctures judiciously, homeopaths can provide ethical and effective treatment, ensuring patient well-being and maintaining the integrity of homeopathic practice.

Homoeopathic Mother tinctures and their indications

1. Chelidonium Q – enlarged liver, jaundice with loose motion.

2. Carduus Mar.- enlarged liver, jaundice with constipation.
3. Aegal Mar. – diarrhoea and indigestion
4. Kurchi Q – Amoebic dysentery
5. Chaparro Am Q – Bacillary dysentery
6. Craetagus Q – heart tonic and coronary artery blockage
7. Avena Sativa Q – Tonic for nerves
8. Alfalfa Q – General tonic, appetizer and fat producer
9. Aspidosperma Q – asthma, broncho dialeter.
10. Blatta orient. Q – Asthma
11. Berb Vul. Q – kidney stone
12. Hydrangea Q – for breaking of kidney stone
13. Sarsaparilla Q – for cleaning of kidney stone, sand in kidney
14. Gentiana Lut. Q – Appetizer in children
15. Chirata. Q – chronic fever and blood purifier
16. Echinacea Q – blood purifier antiseptic
17. Calendula Q – for antiseptic wash of wounds
18. Passiflora Q – sleeplessness and as a tranquilizer
19. Acalypha Indica Q – bleeding of pulmonary TB
20. Jaborandi Q – for mumps and local use for falling of hair
21. Arnica Q – local massage for injury
22. Aleteris Q – leucorrhoea with weakness
23. Viburnum Opul. Q – painful menses
24. Damiana Q – sexual weakness and less sperm
25. Yohimbinum Q – sexual weakness and early ejaculation
26. Plantago Q – local use for toothache and gums swelling
27. Mullein Oil Q – local use for earache
28. Sag. Q – constipation
29. Arjuna Q – A heart tonic
30. Atista Indica Q – for all types of worms
31. Berberis. Aqua. Q – external use for pimples and spots
32. Baptisia Q – typhoid fever
33. Carica Papaya Q – enlarged liver and spleen and indigestion
34. Chionanthus Q – gall stone colic
35. Cynodon Dect Q – any type of bleeding
36. Ficus Rel. Q – bright red blood from any orifice of the body
37. Fraxinus Americana Q – enlarged uterus with bleeding
38. Justicia Q – expectorant
39. Lufa Bindal Q – gall stones

Better way to apply mother tinctures:

1. Pick a tincture that matches your symptoms.
2. Use just a few drops (5 to 10 drops) in lukewarm water, it works better than using a lot.
3. Also, think about other symptoms you might have when choosing which tincture to use.

For examples:

- If you have prostate issues along with asthma and water retention, try Solidago.
- For kidney stones and prostate problems, Stigmata maydis might help.
- Avena sativa could be good for general weakness, sexual weakness, or nerve weakness.
- If you have a fracture and a stomach ulcer, Symphytum might be helpful.
- For fever with cough and joint pain, consider Bryonia.
- Breathlessness with lung and heart problems could be eased with Aspidosperma.
- Laurocerasus might be helpful for a cough along with heart issues
- Aesculus could be useful for varicose veins along with piles.
- For varicose veins along with skin issues like prickly heat or urticaria, try Hamamelis.
- Digitalis could help with edema related to heart problems or prostate issues.
- If you have kidney problems, high blood pressure, and edema, Spartium scop could be helpful.

Practical benefits:

1. Good for sudden or serious health issues.
2. Helps with advanced diseases.
3. Comfort care for patients.
4. Can be used on skin for cleaning wounds or helping them heal.
5. For very serious illnesses where strong medicines don't seem to help.
6. Provides some relief for bothersome symptoms.
7. Small doses can be helpful for certain conditions like high blood pressure or trouble breathing.
8. In emergencies when there's no time to ask about medical history.
9. Can be a good alternative when a patient is already using modern medicine.
10. Useful when long-term problems suddenly get worse.
11. Using liquid remedies helps buy time to understand the patient's case before giving stronger medicine.
12. Helps young doctors attract more patients, which is important for their careers.
13. If there aren't many symptoms, lower doses can still be helpful.
14. Helpful for conditions where there are few symptoms, but the patient is in a lot of pain.

Precautions:

1. Be careful of some tinctures causing side effects, especially if used too much or for a long time.
2. Remember to think about allergies and possible harmful effects.
3. Always do a sensitivity test before putting tinctures directly on your skin.
4. Never put tinctures directly in your eyes.
5. Watch out for tinctures that can be toxic like *Nux vomica*, *Croton tiglium*, *Conium*, *Datura*, *Aconite*, and others.
6. Make sure that using tinctures doesn't just cover up the symptoms of the illness without really treating it.
7. Using the same treatment over and over for symptoms can be risky.

8. Tinctures don't last forever, so throw away any old ones.
9. Some tinctures, like *calendula*, can spoil easily, so only buy what you'll use soon.
10. Don't mix tinctures with other types of medicine like pills or liquids, especially tinctures like *camphor*, *Balsam Peru*, *Kreosotum*, *Sumbul*, and others.

CONCLUSION

The controversy surrounding the use of mother tinctures in homeopathy underscores the importance of a pragmatic approach centered on patient well-being. By prioritizing effective case taking and remedy selection based on symptom similarity, while judiciously incorporating mother tinctures where necessary, homeopaths can uphold the integrity of homeopathic practice. This balanced approach ensures ethical treatment, retaining patients and fostering the continued evolution of homeopathy.

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REFERENCES

1. Hahnemann S. *Organon of Medicine*. B Jain Publishers Pvt Ltd; 2018.
2. Boericke W. *Pocket Manual of Homoeopathic Materia Medica & Repertory*. B Jain Publishers Pvt Ltd; 2002.
3. Clarke JH. *A Dictionary of Practical Materia Medica*. B Jain Publishers Pvt Ltd; 1994.
4. Banerjee P. *Essentials of Clinical Homoeopathy*. B Jain Publishers Pvt Ltd; 2007.
5. Kent JT. *Lectures on Homoeopathic Philosophy*. B Jain Publishers Pvt Ltd; 1990.
6. Vermeulen F. *Concordant Reference: Ultimate Prisma Collection*. Emryss Publishers; 2005.
7. Morrison R. *Desktop Guide to Keynotes and Confirmatory Symptoms*. Hahnemann Clinic Publishing; 1993.
8. Allen TF. *Handbook of Materia Medica and Homoeopathic Therapeutics*. B Jain Publishers Pvt Ltd; 2001.

A Case Report of Scalp Folliculitis treated with homoeopathy

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Keywords

Folliculitis ,Homoeopathy, *Mezereum*.

Abstract

Introduction: Antimicrobial resistance has become a challenge for modern medicine. Homoeopathy is a method of rapid, gentle and permanent cure of a diseased individual. This method can be used standalone or as a complementary to modern medicine in recurrent and refractory bacterial infections.

Case Summary: The case described here is a patient with recurrent scalp folliculitis for 5 years. The patient has taken different treatments in other systems of medicine which relieved the symptoms to some extent but always landed in a relapse. He had severe itching and discharge of blood and pus from the eruptions. The case was diagnosed on the basis of clinical examination findings suggestive of scalp folliculitis. Thorough case-taking was done and indicated homoeopathic remedy (*Mezereum*) was prescribed on the basis of totality of his symptoms and repertorization. The scalp folliculitis was cured without any relapse.

Conclusion: The case responded well to this modality showing the scope of homoeopathy in managing such cases and its role in curbing the menace of antimicrobial resistance. This case will also pave way for further case series and giving relief to patients at large.

Introduction

Scalp Folliculitis (EG30.0 ,ICD-11) is a

non-scarring chronic superficial folliculitis of the scalp that is typically characterised by multiple minute, very itchy pustules within the scalp and which has in the past been termed acne necrotica miliaris. The cause is not well understood but an inflammatory response to *Propionibacterium acnes* has been postulated.¹ Folliculitis frequently manifests on the scalp, face, neck, and buttocks. It can be superficial (ostiofolliculitis) or deep (such as furuncle, carbuncle, etc.). When folliculitis lesions are deep, they are usually accompanied by perifollicular inflammation, followed by follicular rupture (perifolliculitis) and resulting abscess.²

Bacterial folliculitis can be superficial or deep, most often caused by *Staphylococcus aureus*, streptococcus, proteus, pseudomonas or coliform bacilli.^{3,4}

Most simple cases resolve on their own, but first-line treatments are typically topical medications.⁵

Topical antiseptic treatment is adequate for most cases. Topical antibiotics, such as mupirocin or neomycin/polymyxin B/bacitracin ointment may be prescribed. Oral antibiotics may also be used. Some patients may benefit from systemic narrow-spectrum penicillinase-resistant penicillins (such as dicloxacillin in the US or flucloxacillin in the UK). Fungal folliculitis may require an oral antifungal such as fluconazole. Topical antifungals such as econazole nitrate may also be effective.⁵

A case report suggests the role of homoeopathic treatment in alleviating the symptoms of folliculitis.⁶ Another case report suggests that homoeopathic intervention may be the treatment

After repertorization, the top medicines were *Mezereum*, *Bell*, *Calcand* *Graphitis*. After carefully analyzing the symptoms of the patient, considering the reportorial result, and referring to homoeopathic materia medica, *similimum* was prescribed. The particulars confirmed the selection of *Mezereum*. Individualized homoeopathic treatment was started with a single dose of *Mezereum* 30 followed by placebo following the law of minimum dose. Medicine was not repeated as long as the improvement in symptoms of the patient continued. During follow-up, changes in the signs and symptoms of the patient were

assessed. The case was psoro sycotic in nature pertaining to the nature of the disease condition i.e. eruption with erythematous base (psora) and discharge yellowish (sycotic). The patient was instructed to take plenty of fluid and a balanced diet and to maintain local hygiene, although the patient informed that he skipped meals and took junk foods occasionally.

First prescription(21 March 2022); *Mezereum* 30 / 1 dose was prescribed based on reportorial analysis.

Follow ups and outcomes are mentioned in Table 1

TABLE1 (FOLLOW UPS AND OUTCOMES)

Date	Indications For Prescription	Medicine With Doses And Repetition	Justification
April 04,2022	Patient reported again with no change in any of his symptoms	<i>Mezereum</i> 200C/1 dose in sugar of milk /empty stomach	As there was no change, the same medicine was prescribed in higher potency
April 18,2022	Itching was better and pus reduced.	Placebo	The patient was improving hence no medicine was prescribed
May 23, 2022	Itching was better and no pus discharge.	Placebo	The patient was improving hence no medicine was prescribed again
June 06, 2022	Itching was better and no pus discharge.	<i>Mezereum</i> 200C/1 dose in sugar of milk /empty stomach; placebo	The case came to a standstill condition hence one more dose of the same medicine was prescribed
June 27, 2022	Eruptions subsided	Placebo	The patient was improving hence no medicine was prescribed again
July 07, 2022	No new complaints	Placebo	Complete restoration of health within a duration of approximately 3 months
July 15, 2023	Patient came with his friend with to accompany him, his present status was enquired.	NIL	No relapse of the disease even after an year suggestive of cure.

The pictures of the patient’s scalp were taken at different times during his visit after taking due consent. Figures 2 and 3 show the condition of the patient before the treatment was initiated. During treatment, after approximately one month, the condition was as shown in figures 4 and 5. After complete treatment, pictures 6 and 7 show complete resolution of eruptions with minimal scars.

BEFORE TREATMENT(Figures 2and 3)

Figure 2



Figure 3



DURING TREATMENT (Figures 4 and 5)

Figure 4



Figure 5



AFTER TREATMENT (Figures 6 and 7)

Figure 6



Improvement in the patient started immediately after medicine in appropriate potency was given to the patient. Improvement of subjective in terms of relief in overall signs and symptoms such as itching disappeared completely, marked improvement in general well-being, as well as objective as evident by subsided lesions.

Figure 7



In this case, the total score of the outcome as per the modified Naranjo Criteria ⁸score after treatment was 9, which is close to the total score of 13, and explicitly shows the positive causal attribution of the individualized homoeopathic medicine *Mezereum*.(Table 2)

Table 2 (MODIFIED NARANJO CRITERIA IN HOMOEOPATHY)

S.No	Criteria	Score
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2
3.	Was there a homoeopathic aggravation of symptoms?	0
4.	Did the effect encompass more than the main symptom or conditions, i.e. were other symptoms, not related to the main presenting complaint, improved or changed?	0
5.	Did overall wellbeing improve? (suggest using validated scale or mention about changes in physical,emotional and behavioral elements)	+2
6.	(a)Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? (b)Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance -from deeper to more superficial aspects of the individual -from the top downwards	0 0
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0
8.	Are there alternative causes (i.e. other than the medicine) that with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	0
9.	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1

Total score obtained by the patient was 0.9 suggesting a positive causal attribution to the outcome for treatment given.

No adverse events were reported during the whole duration of treatment.

DISCUSSION

The strength of this case lies in the fact that recurrent and refractory scalp folliculitis got improved by application of similitum in a short span of time and in a cost-effective manner. Patient compliance is of paramount significance for desirable results, which was possible in this case due to timely reporting by the patient for follow-ups. However, being a case report, the repeatability of such results is finite and observer bias cannot be ruled out. To validate the effect of homoeopathic care, further research is warranted in this direction.

Homoeopathy is a system of medicine that embraces a holistic approach in the treatment of the sick. In homoeopathy detailed case-taking is done to get unique individualizing symptoms, the totality of which forms the basis of prescription. Homoeopathy is used in diseases of chronic nature⁹ and particularly in patients with skin diseases who fail to respond to conventional medicine and seek homoeopathy for relief.¹⁰ But this case reflects the healing power of homoeopathic medications in acute conditions like folliculitis.

After thorough case taking the individualized homoeopathic medicine *Mezereum* when given in a suitable dose cured the case without the need for any topical applications or other medications proving that homoeopathy is a non-complex method of treating the diseases.

The response to treatment, in this case, extends homoeopathy applicability, reduces unwanted use of antibiotics (thereby reducing antimicrobial resistance), and paves the way for further studies such as case-control and randomized trials and will give relief to the patients suffering from folliculitis.

Patient Perspective

The patient was very satisfied with the treatment. He remarks “Homoeopathy has worked as a miracle for me as I was very troubled with my scalp disease, I felt hesitated to go out with these eruptions on my head, but now I can say that homoeopathy has cured me.”

Informed Consent

The author certifies that he has obtained appropriate consent from the patient. In the consent, the patient has given his consent for reporting his clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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REFERENCES

1. International Classification of Diseases, Eleventh Revision (ICD-11), World Health Organization (WHO) 2019/2021 <https://icd.who.int/browse11>. Available from :<https://icd.who.int/ct11>
2. Lugović-Mihčić L, Barisić F, Bulat V, Buljan M, Situm M, Bradić L, et.al. Differential diagnosis of the scalp hair folliculitis. Acta Clin Croat. 2011 Sep 8;50(3):395-402.
3. Braun-Falco O, Plewig G, Wolf HH, Burgdorf WHC, editors. Dermatology. 2nd completely revised edition. Berlin: Springer-Verlag, 2000.
4. Camacho F. Cicatricial alopecias. In: Camacho F, Montagna W, editors. Trichology – disease of the pilosebaceous follicle. Madrid: Libros Princeps, Aula Medica Library, 1997:537-51.
5. Winters RD, Mitchell M. Folliculitis. 2022 Aug 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. PMID: 31613534.
6. Sharma P, Aggarwal T. A Case of Multiple, Large Folliculitis on Head Treated with Homoeopathic Medicine. Homoeopathic Links. 2023 Jun 30;36(02):160-1.
7. Hahnemann S. Organon of Medicine. 5th ed. New Delhi: B. Jain Publishers; 2002.
8. Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, Singhal R. Erratum: Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. Homeopathy. 2020 Nov;109(4):e1-e2. doi: 10.1055/s-0040-1715843. Epub 2020 Oct 21. Erratum for: Homeopathy. 2020 Nov;109(4):191-197. PMID: 33086424
9. Spence DS, Thompson EA, Barron SJ. Homoeopathic treatment for chronic disease: a 6 year, university- hospital outpatient observational study. J Altern Complement Med. 2005;11:793-798
10. Das S, Kundu C. Homoeopathic Treatment of Folliculitis Barbae-A Case Report. History. 2020 Jun 24.

Breast fibroadenoma treated with *Silicea terra* - A Case- report

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Keywords

fibroadenoma, breast lump, homoeopathy, *silicea*

Abstract

Fibroadenomas (FAs) are the most common benign tumors of the breast clinically and pathologically in adolescent and young women with an overall incidence of 2.2%. Diagnosis of fibroadenoma is made by clinical examination and sonomammography. Conventional treatment methods include observation (with regular follow-up) to open surgical intervention. Here, a 18-year-old female presented to the OPD of DACRRIH with a history of painless FA in the upper and outer quadrant of right breast for 1 year. She was advised surgical excision on consultation with a surgeon, which she denied. Instead she was successfully treated by individualised homoeopathic medicine *Silicea terra* (200C, 1M and 10M) selected on the basis of holistic approach. Over the period of 11 months of homoeopathic treatment, there was regression of the size of FA as assessed by sonomammography along with improvement of associated symptoms. The final outcome and possible causal attribution of the changes were assessed using the 'Modified Naranjo criteria' in this case, thus suggesting that homoeopathic intervention may be the first line of treatment for the FA of breast.

Abbreviations

FA -Fibroadenoma

LCIS- lobular carcinoma in situ

DCIS - ductal carcinoma in situ

DACRRIH- Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy

MONARCH- Modified Naranjo Criteria for Homeopathy

Introduction

Fibroadenomas (FAs) are the most common tumors of the breast clinically and pathologically in adolescent and young women but may be discovered at any age,¹ with peak incidence during the second and third decades of life.² In the adolescent population, the overall incidence of fibroadenoma is 2.2%. They account for 68% of all breast masses and 44%–94% of biopsied breast lesions.³ It is probably more appropriate to consider a FA to be an aberration of normal breast development rather than a benign neoplasm. FAs arise from a breast lobule rather than a single cell and show hormone dependency, participating in lactation and involution at menopause.⁴

Fibroadenomas are the proliferation of stromal and epithelial cells arising from the terminal duct-lobular unit, though several histological variants are there.⁵ It may be subcategorised as simple FA, giant juvenile FA, and multicentric FA. 70-90% of FAs are simple FAs, the most common type of FA.³ Although often considered a benign tumor, several reports describe a higher risk of subsequent breast carcinoma in patients diagnosed with FA.² The incidence of a carcinoma evolving within a FA was reported to be 0.002% to 0.0125%. About 50% of these tumors were lobular carcinoma in situ[LCIS], 20% were infiltrating lobular carcinoma, 20% were ductal carcinoma in situ[DCIS] and the remaining 10%

were infiltrating ductal carcinoma.⁶

Those presenting with a breast mass should undergo a careful and thorough history and physical examination. Physical examination should consist of a detailed breast examination and palpation of the axillary lymph nodes. Differential diagnosis for a breast mass in the adolescent population must include inflammatory changes, breast cysts, benign juvenile breast hypertrophy, hamartomas, lipomas and malignancy.³

Management of FAs varies from observation (with regular follow-up) to open surgical excision.³ A FA confirmed by imaging studies that is small and not increasing in size may be managed with careful observation and follow-up. In the developing breast, the risk of iatrogenic injury may outweigh the benefits of surgery, especially because the risk of malignancy is low and FAs often resolve over time. Fine needle aspiration or core needle biopsy may be done, but these techniques present similar iatrogenic risks in the developing breast.⁵ Any intervention even as small as a biopsy may cause iatrogenic injury to the developing breast bud and result in aesthetic deformity of the breast.³

Literature review on use of homoeopathic treatment on FA has shown a study on 135 patients of various benign breast lesions, 73 (54.08%) patients showed positive response to constitutional homoeopathic treatment. Out of the total 135 patients, 98 (72.59%) were of FA. Another study- An open label, prospective, single arm, observational study was conducted on 64 female patients having fibroadenoma of breast. Post-treatment response revealed disappearance of lump in 23 cases (35.93%) of fibroadenoma. Partial improvement was seen in 22 cases (34.37%) with significant reduction in mean size ($p < 0.001$). Similarly significant reduction in number of lesions was noted in fibroadenoma ($p < 0.05$). *Conium maculatum* and *Phytolacca decandra* were found to be the most effective remedies. Quick score value of ER after treatment showed significant reduction ($Z = 4.910$).⁷ Another study a double-blinded randomized trial of *Phytolacca* showed decrease in size in 69% of FAs in the experimental group in comparison to placebo group which showed only 36%.⁸

These studies revealed the therapeutic effects

of individualised homoeopathic medicines in management of FA of breast. Here a case report is presented which shows a significant improvement in FA of breast with individualized single homoeopathic medicine.

Presenting complaint(s)

On 21st Feb, 2015, a 18-year-old female presented to the OPD of Dr. Anjali Chatterjee Regional Research Institute for Homoeopathy (DACRRIH), Kolkata, with a large oval shaped painless lump in the right breast for the past 1 yr in the upper & outer quadrant of the right breast which was sometimes associated with heaviness.

She was also having irregular menses for 1 year. The cycle was delayed ranging from 40-45 days with moderate flow, and lasting for 3-5 days. There was history of mild pain with tenderness of lower abdomen before menses (1-2 days) ameliorating on rest. She also had leucorrhoea sometimes which was thick white, bland, slight offensive with no itching. There was no history of intake of oral contraceptive pill.

Breast examination

On clinical examination one easily movable but very firm, near to hard was found in the upper and outer quadrant of the right breast. On palpation there was no pain or tenderness. The margin was regular & smooth. It was not adherent to skin or inner structures. The skin overlying the breast was normal with no dimpling or puckering. Nipple was everted (normal) with no discharge. The axilla was clear with no lymph node enlargement. No abnormality was detected in the left breast.

History of present illness: From 10 months back she had felt a large shaped lump in the rt. breast on self palpation, the lump gradually increased in size and became hard. On investigation, breast sonomammography report revealed fibroadenoma measuring 35.9mm x 24.9mm on January 10, 2015. She then consulted a surgeon who advised her for surgical excision. However, she was apprehensive of surgery for scarring of the breast and chances of recurrence so she came to our OPD for Homoeopathic treatment as alternative method.

Past History: There was a history of measles at

the age of 3 yrs for which she took Homoeopathic treatment and recovered.

Family History: Paternal grandfather of the patient died due to cerebral stroke, and maternal uncle is a known case of bronchial asthma.

Personal History : The patient is a student of class XII. Her father was working in a small shop and belonged to middle socioeconomic status. The living environment of the patient is well ventilated. She is non-vegetarian and there was no history of any addiction like smoking or alcohol. She was not on any ongoing allopathic medicine.

Homoeopathic Generals

Mental Generals: She was very mild and gentle and polite in nature but can't tolerate any contradiction. She was shy and would weep easily, was always looking for company of known persons.

Physical Generals: Thermal reactions – Chilly(prefers summer); Appetite- Good;Thirst -Thirstless, drinks 1-1.5 litre water /day; Desire-Spicy food+++ sour things+++ , Milk++; Aversion-Sweets+++ ; Stool- Constipated, hard, dry, stool, 1 time /1-2 days interval; Urine- Normal flow, NAD; Perspiration-moderate in all over body but more in palm and soles. No characteristics odor and no staining on cloths; Sleep –Normal.

Analysis Of The Case And Evaluation-On detailed case taking and analysis, the symptoms were evaluated to construct the totality. After evaluation of symptoms, repertorization was done. The following characteristic mental general symptoms, as well as physical general and particular symptoms, were considered for repertorization:

- Weeps easily at silly matters.
- Can not tolerate any contradiction.
- Very much chilly,
- Desire- Sour things +++
- Desire- Milk++
- Aversion- Sweets+++
- Late , irregular menses

A Large round shaped hard lump in the upper outer quadrant of the right breast.

Profuse perspiration in palm & soles. Offensive Leucorrhoea thick, white mucus. Slight offensive Constipation- hard, dry stool , difficult to pass. Offensive

This case was repertorized by Hompath Classic M.D. Version 8 software, Mind Technologies Pvt. Ltd., 2002, Mumbai, Maharashtra, India using Kent's Repertory with total addition process. The reportorial results [Fig. 1] were analyzed giving more importance on the

mental as well as physical general symptoms than particular symptoms for selection of medicine. On the basis of totality of symptoms and after reportorial analysis and consultation with the Materia Medica, *Silicea* (32/13) was considered as the final selection of medicine.¹⁰

Fig. 1: Repertorisation software sheet.

Repertorisation	Sil	Sep	Sulph	Con	Calc	Nux-v	Nit-ac	Lyc	Merc	Phos	Nat-m	Plas	Lach	Carb-s	Ign
[KT] [Mind]Weeping tearful mood, etc.:	1	3	3	2	3	2	3	2	3	1	2	3	3	1	3
[KT] [Mind]Contradiction is intolerant of:	2	3	1	1	2	3	1	3	1	1	1	1	1	1	3
[KT] [Generalities]Heat:Vital/lack of:	3	2	2	2	3	3	2	2	3	2	2	2	2	2	2
[KT] [Stomach]Desires: Sour/acids, etc.:	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1
[KT] [Stomach]Desires: Milk:	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2
[KT] [Genitalia female]Menses:Irregular:	2	2	2	2	2	2	2	2	1	1	1	1	2	1	2
[KT] [Genitalia female]Menses:Late:	3	3	3	3	3	3	3	3	3	2	3	3	2	3	2
[KT] [Chest]Tumours: Mammae:	2	1	3	1	1	1	1	2	2	2	2	2	2	2	2
[KT] [Chest]Induration: Mammae:	3	2	2	3	2	1	2	2	2	2	1	1	2	1	2
[KT] [Genitalia female]Leucorrhoea: Thick:	2	1	2	3	1	1	1	1	1	1	1	2	1	1	1
[KT] [Genitalia female]Leucorrhoea: Offensive:	2	3	2	1	3	3	3	3	3	3	3	3	3	2	3
[KT] [Perspiration]Odour: Offensive:	3	3	3	1	3	3	3	3	3	2	3	2	3	2	3
[KT] [Extremities]Perspiration: Hand Palm:	3	3	3	2	2	3	1	1	2	2	1	1	1	1	3
[KT] [Extremities]Perspiration: Foot Sole:	3	3	2	2	3	2	2	2	2	2	2	2	2	2	2
[KT] [Rectum]Constipation: Difficult stool:	3	3	3	3	2	3	3	2	2	2	3	2	3	3	2
Totally Symptoms Covered	32	31	29	26	24	23	22	21	20	19	19	18	18	17	17
Symptoms 1 to 15	Total Symptoms : 15														
Remedies 1 to 15	Total Remedies : 284														

Homoeopathic Intervention With Follow-Up & Outcome

On the basis of totality of symptoms, individualisation, reportorial analysis and consultation with Materia Medica, *Silicea terra* was selected as similimum. On the first visit (20th Feb, 2015), *Silicea terra* 200C, one dose was prescribed followed by placebo for one month. Homoeopathic medicines were procured from Hahnemann Publishing Company Pvt. Ltd. (Good Manufacturing Practice certified ISO 9001:2008 unit) and was dispensed from DACRIH dispensary. Clinical follow-up of the patient was assessed monthly or as per requirement for 11 months. During follow-ups,

the change in potency and repetitions of doses were done as per guidelines of the homoeopathic philosophy.^{11,12} A detailed account of follow-up with prescription is shown in Table 2. *Silicea terra* with raising potencies (200C, 1M and 10M) improved the presenting symptom of painless lump in upper and outer quadrant of right breast, which was confirmed by reduction in size as seen in repeat sonomammography on dated 23rd

April 2015 [Figure 3] and again on 30th Sept, 2015 [Figure 4]. The other associated symptoms such as menstrual irregularity and constipation were also improved, leading to improved quality of life. The final outcome and possible causal attribution of the changes in this case were assessed using the 'modified Naranjo criteria' as proposed by the clinical data working group of the Homeopathic Pharmacopoeia of the United States.⁹

Table 2: Therapeutic intervention with follow-up and outcome.

Date of visit	Symptoms/indications	Prescription
20 th Feb, 2015	Base line presentation	Silicea 200/one dose
	Size of breast fibroadenoma – 35.9 x 24.9 mm(Fig. 2)	Placebo/one month
18 th March, 2015	No reduction in the breast lump size(on palpation) but physical symptoms like pain before menses less, menstrual irregularity improving, now occurring at interval of 35-40 days.	Placebo/ one month
15 th April, 2015	Slight reduction in the size of breast lump on palpation and was advised for repeat mammography.	Placebo/one month
15 th May,2015	Reduction in size of lump as noted in sonomammography- 21.8 X13.3 mm. (Fig. 3) Mental anxiety-better, constipation better.	Placebo/ one month
20 th June, 2015	No improvement in size(on palpation),	Silicea 200/one dose
	General condition- same	Placebo/ one month
	Pain before menses less,	
	stools- Normal, satisfactory	
24 th July, 2015	Pain before menses- improved, stool- satisfactory	Placebo/one month
26 th Aug, 2015	Menstrual cycle now regular(28-30 days) stool- satisfactory	Silicea 1M /one dose Placebo/one month
23 rd Sept,2015	Reduction in size of lump as noted in sonomammography- 19 X12 mm. (Fig. 4)	Placebo/one month
21 st Oct, 2015	General condition- same, stool- satisfactory.	Silicea 10M /one dose
	No new symptoms and no aggravation	Placebo/one month
20 th Nov, 2015	General condition- same, stool- satisfactory.	Placebo/one month
	No new symptoms and no aggravation	
16 th Dec, 2015	General condition- same, stool- satisfactory.	Placebo/one month
	No new symptoms and no aggravation	

Table 3: Assessment after treatment of Fibroadenoma of breast by Modified Naranjo Criteria for Homeopathy (MONARCH)

Domains	MONARCH	Answers of the patient	Scores
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	Yes	+2
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3.	Was there a homeopathic aggravation of symptoms?	No	0
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)?	Yes	+1
5.	Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional and behavioural elements)	Yes	+1
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	Not sure	0
	(B) Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms:—From organs of more importance to those of less importance?—From deeper to more superficial aspects of the individual?—From the top downwards?	Not sure	0
7.	Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	Not sure	0
8.	Are there alternative causes (i.e. other than the medicine) that—with a high probability— could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	No	+1
9.	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical examination)	Yes	+2
10.	Did repeat dosing, if conducted, create similar clinical improvement?	Yes	+1
	Total score= +9 Note: Maximum score= +13, minimum score= - 6		

The final outcome and possible causal attribution of the changes in this case were assessed using the Modified Naranjo Criteria as proposed by HPUS Clinical data Working Group (December 2015) [Table 3].⁹ The total score of outcome in this case was +9 which was close to the maximum score of 13 as per Modified Naranjo Criteria.

Discussion

In this report, it was a confirmed case of simple FA in adolescence with no family history of malignancy. There was progressive increase in size of the breast lump and thus had been advised to get operated by surgery before coming to homoeopathic treatment. Patient’s choice for

homoeopathic treatment was guided by the factors such as fear of surgery and scar mark over the breast. After case analysis and repertorisation, *Silicea terra* was selected as a *Similimum* on the totality of characteristics symptoms assessed on mental and physical generals, which was given more priority than the pathological diagnosis of soft tissue tumor. *Silicea terra* was prescribed with subsequent higher potencies from 200C to 10M according to the response of the medicine following the principles of Homoeopathy and second prescription of Kentian philosophy. Finally, the treatment outcome of more than 50%

regression in size of FA making it clinically almost non-palpable was highly satisfactory. The total score of outcome as per Modified Naranjo Criteria was 9 in this case, which was close to the maximum score of 13. This explicitly shows the causal attribution of the single medicine homoeopathic treatment *Silicea terra* toward regression of the FA in this case. Thus, the outcome of this case of FA in an adolescent girl indicates the usefulness of the homoeopathic treatment.

CONCLUSION

Homoeopathy can take care of chronic problems in an individual, where surgery is otherwise advised. The homoeopathic approach towards FAs is holistic, rather than restricted to the pathological problem. The case report reveals the therapeutic effectivity of homoeopathy in the first line management of FA.

REFERENCES

- Sanders LM, Sara R. The growing fibroadenoma. *Acta Radiologica Open*. 2015 Apr 1;4(4):2047981615572273.
- Kuijper A, Mommers EC, van der Wall E, van Diest PJ. Histopathology of fibroadenoma of the breast. *American journal of clinical pathology*. 2001 May 1;115(5):736-42.
- Lee M, Soltanian HT. Breast fibroadenomas in adolescents: current perspectives. *Adolescent health, medicine and therapeutics*. 2015 Sep 2:159-63.
- Carty NJ, Carter C, Rubin C, Ravichandran D, Royle GT, Taylor I. Management of fibroadenoma of the breast. *Annals of the Royal College of Surgeons of England*. 1995 Mar;77(2):127.
- Cerrato F, Labow BI. Diagnosis and management of fibroadenomas in the adolescent breast. In *Seminars in plastic surgery* 2013 Feb (Vol. 27, No. 01, pp. 023-025). Thieme Medical Publishers.
- Greenberg R, Skornick Y, Kaplan O. Management of breast fibroadenomas. *Journal of general internal medicine*. 1998 Sep;13:640-5.
- Gupta G, Naveen G, Madhu C. Fibroadenoma of breast: A sonomammographical supported clinical study on the effect of homoeopathic drugs. *Homoeopathy* 2013;4:37-45.
- Moilola MR, Brodie KJ, Roohanie J. The efficacy of *Phytolacca decandra* in the treatment of fibroadenoma of the breast. *Am J Homeopath Med* 2006;99:116-9.
- Van Haselen RA. Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med* 2016;25:78-85.
- Shah J. *Homopath Classic M.D Repertory*. Ver. 1.0. Mumbai, India: Mind Technologies Pvt. Ltd.; 2002.
- Boericke W. *Pocket Manual of Homoeopathic Materia Medica & Repertory*. 50th Impression. New Delhi: B. Jain Publisher (P) Ltd.; 2010. p. 325-8.
- Hahnermann S. *Organon of Medicine*. 6th ed. New Delhi: B. Jain Publishers (P) Ltd.; 2011.

ASSESSMENT OF BREAST FA THROUGH SERIAL SONOMAMMOGRAPHY REPORTS:

Fig. 2

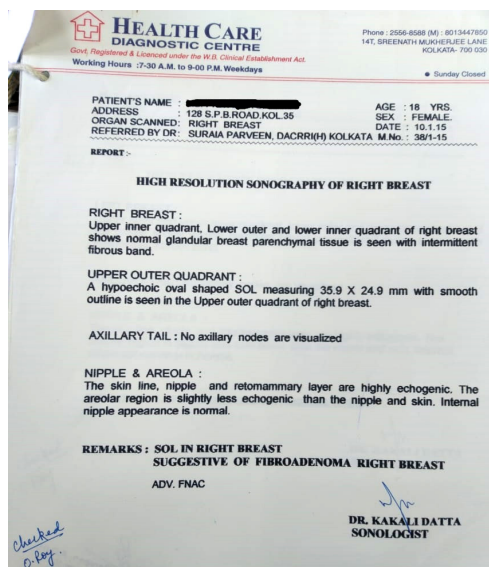


Fig.3

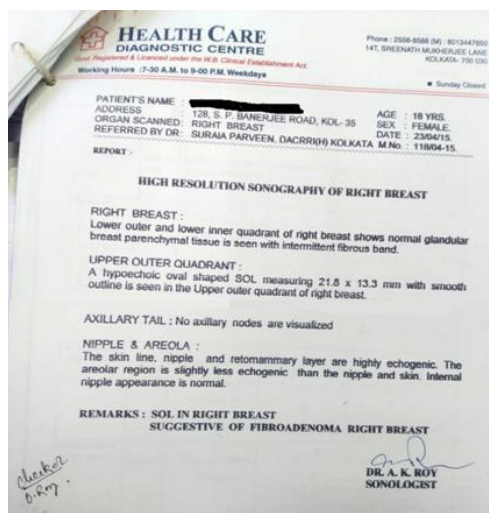
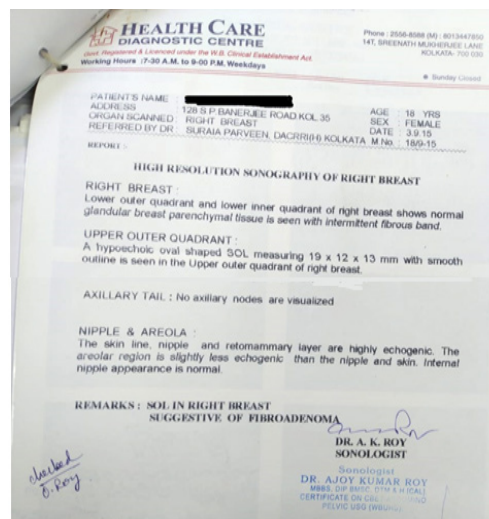


Fig.4



A case of lacerated wound

Dr Pallavi Patle

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A 8 year old boy presented with an injury on right hand, the type of injury was a lacerated type of wound. The laceration of skin was by a sharp cutter.

Child presented with brisk bleeding, the parents were supposed to have stitches, but fortunately bleeding was arrested by tight pressing and dressing was done with normal water and Calendula Ointment.

Medication given was ARNICA 200 and CALENDULA 200, THRICE A DAY FOR 5 DAYS.

The wound was healing day by day without further use of ointment nor any type of Antibiotic given. That's the beauty of Homoeopathy.

Before Treatment



7 Days After Treatment



Homoeopathic Approach In Managing Multiple Sclerosis: A Case Study

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Keywords

Multiple sclerosis, immune system, homeopathic treatment

Abstract

Multiple sclerosis (MS) is a condition where the body's immune system mistakenly attacks the protective covering of nerves, leading to disrupted communication between the brain and the body. This can result in various symptoms such as vision loss, pain, weakness, fatigue, and impaired coordination. The severity and duration of symptoms vary from person to person. Treatment for MS typically involves a combination of physiotherapy and medication to manage symptoms and slow down disease progression. Worldwide, approximately 2.8 million people are estimated to live with MS, with prevalence increasing across all regions since 2013. The case study discussed here focuses on a 17-year-old female diagnosed with MS. She experienced difficulty walking, weakness in her legs and back, along with emotional suppression and feelings of insult and torture stemming from past experiences. Homeopathic treatment was administered considering her symptoms, including emotional suppression and fear, aiming to address her overall well-being and symptoms of MS.

Introduction

Multiple sclerosis (MS) is a long-lasting condition that affects the brain, spinal cord, and the optic nerves in the eyes, causing issues with vision, balance, muscle control, and other bodily functions.

It's believed that certain genes and smoking can increase the risk of developing MS. Additionally, viral infections like Epstein-Barr virus or human herpesvirus 6 can trigger the disease or cause relapses by disrupting the normal function of the immune system. Symptoms of MS vary but may include difficulty walking, fatigue, muscle weakness or spasms, blurred or double vision, numbness, tingling, sexual problems, bladder or bowel control issues, pain, depression, and problems with focusing or remembering. Complications of MS can include epilepsy, muscle stiffness, paralysis (usually in the legs), mental changes such as forgetfulness or mood swings, mobility interruptions or reduction, vertigo, trouble swallowing, tremors, urinary tract infections, and constipation. Managing MS involves various treatments aimed at alleviating symptoms and slowing down disease progression

Case Profile

17-year-old female diagnosed with multiple sclerosis (MS). She presented with difficulty walking, weakness in her legs and back, leading to an MRI confirming the diagnosis of MS. Apart from physical symptoms, she exhibited emotional suppression and difficulty expressing her feelings. This emotional suppression seemed to have roots in past experiences, particularly during her 8th grade year when she changed schools and tuitions. At her new tuition, she felt mistreated by a strict teacher, which altered her behavior and made her feel insulted and tortured. This experience left her feeling vulnerable and unable to tolerate confrontation or shouting. Despite these

challenges, she showed a conscientious attitude towards her work, always completing tasks on time, and demonstrating leadership qualities. She had a keen interest in music and art but exhibited some personal hygiene issues, such as avoiding restroom use at school. Overall, her case highlights the complex interplay between physical symptoms of MS and emotional experiences, necessitating a comprehensive approach to her care..

Physical Generals

Diet	Mixed
Appetite	Good
Desire	Spicy
Aversion	Nothing
Thermal Reaction	Chilly
Thirst	Less
Stools	Clear , satisfactory
Urine	Clear
Perspiration	Moderate all over the body , no odour , no stains
Sleep	Disturbed due to pain in legs , back
Dreams	Fearful dreams , does not remember

Examination

Patient was bedridden, unable to come to the clinic.

Mental Generals

This 17 years old girl had difficulty sharing her feelings and often kept them to herself, suppressing emotions like anger. Her troubles began in 8th grade when she changed schools and tuitions. Unfortunately, she didn't receive proper treatment at her new tuition where a strict teacher made her feel insulted and tortured. This experience drastically changed her nature; she became shy and unable to tolerate shouting. Despite these challenges, she remained diligent in her studies, always completing assignments on time and aspiring to be a team leader. She received positive attention at school and performed well academically. However, she struggled with personal hygiene, avoiding restroom use and

controlling urine. Despite her emotional turmoil, she found solace in her interests in music and art.

Past History

No major illness

Family History

Father- Healthy

Mother- Hypothyroid, HTN, Diabetes Mellitus, OA.

Case analysis

Reportorial totality

Repertory used	Rubrics selected
Complete Repertory	Suppression of emotions, A/f fright fear, A/f insults honor wounded.

Repertory sheet

Selection of Remedy

Remedy	Reasons
Constitutional	Remedy reasons: suppression of emotions, a/f: Insult & honour wounded. Staphysigria 200 Once a month
Acute	A/f :slightest draft of cold air causing throat pain Hepar sulph 200 Bd for 1 wk
Intercurrent	Sycotic miasm , Antisycotic remedy Thuja 200 Od (once in a year)

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Muscle weakness		*		
Irreversible pathology of MS			*	
Slowness in walking		*		
Autoimmune disorder			*	
Weakness		*		
Bladder control is weak			*	
Tingling & numbness in lower limbs		*		
Nerves affected, Cns system affected			*	
Suppressions of emotions		*		
Miasmatic predominance		Sycosyphilitic		

Materials and Methods

Complete repertory

Results

Month	Date	Symptom	Prescription
1st month	18 Aug 2017	Spoken with mother. Viral fever episode on 15th Aug with headache, cold, and cough. Weakness. Menstruation on 8th Aug. Feeling fresh and in a good mood. Weight: 70 kgs.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
2nd month	26 Sep 2017	Bedwetting occasionally. 1 episode of stool passing at bedtime. Improvement in mood, no depression, more expressive.	Thuja 200, 2 doses 1st week; Staphysigria 200, 2 doses 2nd week; followed by sac lac for 4 weeks
3rd month	07 Nov 2017	Bedwetting and stool control achieved.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
4th month	07 Dec 2017	Bedwetting and stool control maintained.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
5th month	02 Jan 2018	Stable condition, no emergencies. Engaged in music and art classes. Recommendations for art activities.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
6th month	06 Feb 2018	No emergencies, stable condition.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
7th month	13 Mar 2018	No episodes of multiple sclerosis attacks. Improvement in cold and cough.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
8th month	18 Apr 2018	Weight gain. No relapse of MS. Increased urination frequency. Diet recommendations given.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
9th month	22 May 2018	Blood reports normal. Rash over body.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
10th month	23 Jun 2018	Stable condition. Improved urine control. Recommendations for green tea.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
11th month	21 Jul 2018	Continued music classes. No MS episodes for a year. Occasional one-sided headaches. Weight reduction desired. Recommendations for green tea.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks
12th month	25 Sep 2018	Good health reported. No leg pain. No dependency on allopathic medicines. No MS relapse.	Staphysigria 200, 2 doses for 2 consecutive nights followed by sac lac for 4 weeks

DISCUSSION & CONCLUSION

Symptomatic relief & stability of disease was the main aim of our homeopathic approach in this case, as MS is irreversible and progressive pathology, with severe episodes of attack, leading patient to hospital administration & steroid Rx. With homeopathic medicines patients intensity of episodes of MS have reduced to nil and the patient is leading a comfortable life without dependency on steroid rx and have emotionally uplifted her well being with help of constitutional remedy. Hence we can conclude the MS case can be controlled with the help of a homeopathic line of treatment and improve immunity of the patient & HRQL of the patient. When the patient's high intensity episodes have improved, the entire family has got a big sigh of relief with homeopathic medicines and they don't have to see their daughter in pain again. Smile of the daughter is ray of hope in their life, both parents are working parents and they are able to work without any stress at the back of their mind due to MS attacks which they had seen their daughter go through for several months with allopathic rx no relief was seen & it was getting worse, ayurvedic resort in Kerala, she was admitted there before coming to us, where there was severe attack of MS and then

they had to admit her to hospital on emergency basis. No hospital administration, no emergency seen post start of homeopathic treatment. HRQL is improved for the patient.

The transformation

Before treatment

Remarks:

MRI findings are of multiple plaques in the brain, optic nerves and spine in various stages suggestive of dissemination in space and time. It is suggestive of multiple sclerosis. Active plaques are seen in the brain well as a solitary active lesion in the spine as described in text above.

Follow up is recommended.

Reported by: Dr. Shilpa Sankhe



Dr. Shilpa Sankhe
MD

After treatment

Remarks:

MRI findings are of multiple plaques in the brain, optic nerves and spine. A new plaque is identified within the dorsal cord at D3/4 level without enhancement. Rest of the plaque burden is stable.

Reported By: Dr. Shilpa Sankhe

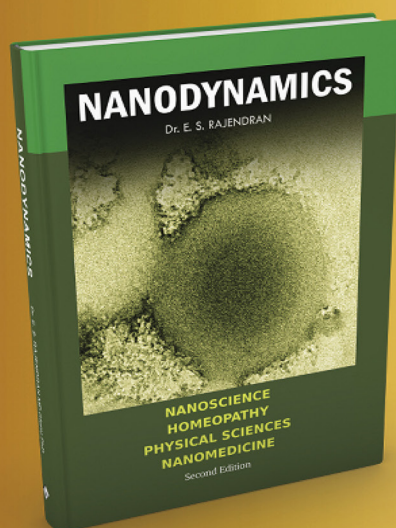
(12)

Acknowledgments

I would like to thank Dr Vaishali Kamat in working on this rare case & guide in a way for better prescription & better patient outcome.

REFERENCES

- <https://www.webmd.com/multiple-sclerosis>
- <https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/symptoms-causes/syc-20350269>



ISBN 9788131923818

NANODYNAMICS

- Extensive research by Dr Rajendran makes this book a worth while read for practitioners of Homoeopathy who are keen to know and establish the scientific validity of this science.
- A compendium of research findings which question the basic principles upon which the current conventional biomolecular medicine stands and opens a way to the future medicine
- The book is a gateway to a deeper and personalized nanomedicine which offers radical cure to diseases at the genetic level
- A foundation to revolutionize the science of medicine for humankind, flora and fauna. this book integrates the personalized nanomedicine of homeopathy into the gene regulatory mechanisms in biological systems

Antidoting the First Prescription

Dr Reena Prajapati

Keywords

Antidoting , first prescription, disease, wrong medicine, second prescription, counteracts, neutralize, wrong direction.

Abstract

Antidoting means anything that counteracts or relieves a harmful or unwanted condition. When a person is reacting incorrectly to a homeopathic remedy, an antidote must be given to neutralize the effects. If the remedy changes the general symptom image, and the general state of the patient grows worse. So, either the prescription covered only a part of the image or the disease is incurable.

Knowledge of disease may settle this question. If disease is incurable, the remedy given will change the sufferings into peaceful symptoms, and the second prescription should be considered only when new sufferings demand a remedy. But suppose such a change of sufferings comes after the first prescription and the disease is undoubtedly curable, then the first prescription was not the true specific and need to be antidoted.

Introduction

The observing physician will know by the symptoms and their directions, whether the patient is growing better or worse.

After first prescription, when patient returns with the symptom image ,it unfolds the knowledge by which we know whether the first prescription was the specific or the palliative or the wrong one i. e., we may know whether the remedy was deep enough to cure all the deranged vital force or simply a superficial acting remedy, only able to sustain a temporary effect or aggravating the conditions. These many things learned by the action of the first remedy determine the kind of demand made upon the physician for the second prescription.

When to antidote?

When the first prescription has acted improperly or without curative results. Then it becomes necessary to consider an antidote in second prescription. Cases that present a number of new symptoms which appear to take the place of the old symptoms. The old symptoms do not return, but are replaced by an entirely different symptom group. In these conditions we must restudy the case entirely in the pathogenesis of the remedy we have already given, and find if the new symptoms that have appeared are in the pathogenesis of the remedy. If this is so, we may find that this condition comes from a partial proving of the remedy, or we may find that these appear from a different cause. This is an important point. We must determine from the patient whether he has ever had any of these symptoms before in any former sicknesses or under any other conditions. We must go over these points carefully to see if we cannot elicit from the patient the history of these symptoms. Sometimes we get these relationships from the patient and sometimes from the family.

If these are old symptoms, we not only chose our first prescription correctly but it has eliminated the newest symptoms and uncovered an older layer, in the proper order of cure; but if we can get no history of the patient having had these symptoms before, and if they are not in the pathogenesis of the remedy, we have made a mistake in the first prescription, and it has changed the direction of the disease. Here, if it is possible, we must antidote the remedy.

As per the twelfth observation of Kent ,he suggested antidote medicine immediately if symptoms take the wrong direction due to administration of wrong medicine and tenth observation of H.A. Robert also suggested that if the remedy reaction is in the wrong direction then we have to antidote the first prescription.

Why to antidote?

Whenever symptoms are changed from surface to centre, the medicine must have to be antidoted , because it will further lead to develop symptoms in wrong direction ,i.e from periphery to center,

which is against the law of cure and eventually it will harm the patient and lead into a disaster. For example, If a rheumatism of the knee goes to the heart under a remedy prescribed for the one symptom, the remedy has done harm; it is an unfortunate prescription and must be antidoted.. In incurable diseases when a remedy has set up destructive symptoms, an antidote must be considered.

According to § 249 in organon of medicine by Hahnemann in fifth edition, it is stated that "Every medicine prescribed for a case of disease which, in the course of its action, produces new and troublesome symptoms not appertaining to the disease to be cured, is not capable of effecting real improvement, and cannot be considered as homoeopathically selected; it must, therefore, either, if the aggravation be considerable, be first partially neutralized as soon as possible by an antidote before giving the next remedy chosen more accurately according to similarity of action; or if the troublesome symptoms be not very violent, the next remedy must be given immediately, in order to take the place of the improperly selected one."

How to antidote?

A substance can also counteract the effect of a homeopathic remedy. Mint is said to be an antidote of Natrum muriaticum. Coffee, camphor, herbal or allopathic drugs, strong smelling substances are also being used to antidote the first prescription.

Camphora is "The Universal antidote of Homoeopathy medicines". It antidotes almost all remedies belonging to the plant kingdom, all worm remedies and several other remedies.

William Boericke in his book "Boericke's new manual of Homoeopathic Materia Medica with repertory", mentioned about antidotes of each individual homoeopathic medicines along with other relations in chapter of relationship of remedies.

After having given the antidotal remedy and a little time for the patient to rest, we should study the case again from the beginning; and the second remedy should correspond more particularly to the new symptoms than to the old, but both the

present symptoms and the former symptoms must be considered. If we do our work carefully, this second prescription will cause the new symptoms to disappear and it will probably remove the old symptoms as well.

What happens on antidoting the first prescription?

The remedy is not actually antidoted, it is the person's vital force that has changed the expression of disease and is no longer in response to the remedy. All expressions of disease and healing are a result of the vital force.

Precautionary measures

In 2nd footnote of aphorism 249 in organon of medicine, it has been stated that "The well informed and conscientiously careful physician will never be in a position to require an antidote in his practice if he will begin, as he should, to give the selected medicine in the smallest possible dose. Like minute doses of a better chosen remedy will re-establish order throughout."

No prescription can be made for any patient except after a careful and prolonged study of the case, to know what it promises in the symptoms, and everything that has existed previously. That is the important thing. Always restudy your cases. Do not administer a medicine without knowing the constitution of the patient, because it is a hazardous and dangerous thing to do.

CONCLUSION

When wrong medicine has been administered during the first prescription, then after careful and thorough case study, the physician needs to antidote the first prescription to counteract or neutralize the effects of the initial one.

REFERENCES

1. -KENT J.T., Lectures on Homoeopathic Philosophy; Memorial edition, B. Jain Publishers Pvt. Ltd., New Delhi, 1990.
2. -ROBERT H.A., The Principles and Art of Cure by Homoeopathy; Third edition, B. Jain Publishers Pvt. Ltd., New Delhi, 2005.
3. -HAHNEMANN SAMUEL, Organon of Medicine; Fifth and sixth edition, B. Jain Publishers Pvt. Ltd., New Delhi, 1970.
4. -BOERICKE WILLIAM, Boericke's new manual of Homoeopathic Materia Medica with repertory; third revised and augmented edition based on ninth edition, B. Jain Publishers Pvt. Ltd., New Delhi, 1901.

A pilot study to assess the cholesterol-bringing down impact in *Lycopodium clavatum* 6x

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Keywords

Homoeopathy, *Lycopodium clavatum*, Hyperlipidemia, Lipoprotein.

Abstract

Lycopodium clavatum is one of the best natural sources of antioxidants and has one benefit for cholesterol levels. Additionally, homoeopathy raises a medicine's therapeutic value. The purpose of this study is to determine whether *Lycopodium clavatum*, manufactured homoeopathically and diluted to a 6x potency, may alter cholesterol levels.

Using inclusion and exclusion criteria, a minimum of forty cases were chosen from the Kamdar Homoeopathic Medical College and Research Center's Out Patient Department and other Peripheral centers in Rajkot. Each patient gave their informed consent after the cases were chosen. An investigation was conducted on blood to determine the levels of total cholesterol, low density lipoprotein, high density lipoprotein, and very low density lipoprotein, as well as plasma triglycerides. The results were filed. For a duration of three months, the patients who were chosen were administered *Lycopodium clavatum* 6X, which was manufactured homoeopathically, three times a day (3-3-3) in pill form. The levels of plasma triglycerides, total cholesterol, high density lipoprotein, low density lipoprotein, and VLDL were examined and recorded after the medication was taken for three months.

Out of the 40 patients, it was seen that 60% of

the subjects were females. The age group mostly affected were that of 20 years – 25 years having 22.5%. 45% of the subjects belonged to Christian community, 42.5% were from Islamic community and 12.5% were Hindu community.

It was observed that 60% of the individuals, or 40 cases, were female. The age group that was most impacted was 20–25 years old, accounting for 22.5% of the total. Twelve percent were Hindu, forty-five percent were Muslim, and forty-five percent were Christian.

Of the 40 cases, the majority had reduced levels of low density lipoprotein, plasma triglycerides, total cholesterol, and very low density lipoprotein; there was also a decrease in high density lipoprotein and an increase in very low density lipoprotein. According to the statistical study, *Camellia sinensis* 3x had no discernible effect on either very low density lipoprotein ($p>.001$) or high density lipoprotein ($p>.001$).

Introduction

The most common disease condition in today's world is elevated cholesterol in many individuals. Numerous factors, including shifting dietary and lifestyle patterns and an inevitable rise in body mass, contribute to the development of illnesses such as tendon xanthomas, lipemia retinalis, coronary artery disease, and cardiovascular disease.

Lycopodium clavatum, commonly known as Club moss, Clubfoot Moss, Foxtail, Ground Pine, Sulfer, Wolf's Claw is one of the most widespread

species belonging to family Lycopodiaceae. It is a pteridophyte which is abundantly found in tropical, subtropical and in many European countries. This spore bearing vascular plant is used in various traditional system of medicines viz. stomach pain, against rheumatic disease, muscle pain, Alzheimers disease etc. These plants grow best in various areas such as high altitude, in the highlands, in grassy areas. The leaves are small (3-5 mm long) and about 1mm broad; the spore cones are green to yellow in colour. Though many diseased conditions, even today are being treated with Lycopodium both in traditional and homeopathic medical systems, but it has some self-limitations therefore, its therapeutic ability needs critical evaluation. The current review summarizes scientific findings of other investigators on Lycopodium clavatum and suggests areas where further investigations / research are desired.

In this study, Homoeopathically gave Lycopodium

clavatum to the patients having increased Cholesterol levels and evaluated whether it has got the cholesterol lowering effect. Thus it can render help to the fraternity to use the remedy.

Materials and Methods

Source and method of collection of data

A sample of minimum 40 cases were selected from Out Patient Department and other Peripheral centres of Kamdar Homoeopathic Medical College and Research Centre, Rajkot, according to inclusion and exclusion criteria.

Sample Size

Prevalence – 37.5%

Zα = 1.96 at 95% C.I

p= 0.375

e (allowable error) = 15% n = 40.016 =40 cases

Inclusion Criteria	Exclusion criteria
1. Male and Female - aged 25 – 60 years	1. History of recent trauma, surgery, Myocardial Infarction within 12 weeks.
2. Subjects treated with same dietary therapy	2. Pregnant women and Lactating Mother.
3. TG >140mg/dl, Cholesterol >220 mg/dl, LDL >110 mg/dl	3. Patients having severe liver dysfunction.
4. Subjects having a Body Mass Index of 18 – 40 kg/m ²	4. Patients having Abnormal Renal Function, Severe dysfunction of Heart.
	5. History of acute diabetes mellitus complication.
	6. History of psychiatric illness.
	7. Presently using drugs for treatment of diabetes mellitus or dyslipidemia.
	8. History of familial hypercholesterolemia.

Study Design: Pretest – Post test study design.

Methodology

Each patient gave their informed consent after the cases were chosen. A blood study was conducted and filed to determine the levels of VLDL, total cholesterol, low density lipoprotein, and plasma triglycerides. For a duration of three months, the patients who were chosen were administered Lycopodium clavatum 6X, which was manufactured homoeopathically, three times a day (3-3-3) in pill form. The levels of plasma triglycerides, total cholesterol, high density lipoprotein, low density lipoprotein, and VLDL

were examined and recorded after the medication was taken for three months. The paired t test was then used to statistically analyze the provided data.

Research Hypothesis

a. Alternate Hypothesis: Significant improvement in level of Plasma triglycerides, Total Cholesterol, Low density Lipoprotein, High density Lipoprotein and VLDL after taking Lycopodium clavatum 6X.

b. Null Hypothesis: No significant improvement is observed in the level of Plasma triglycerides, Total Cholesterol, High density Lipoprotein, Low

density Lipoprotein and VLDL after Lycopodium clavatum 6X.

Plan for data analysis: The changes in the Plasma triglycerides, Total Cholesterol, High density Lipoprotein, Low density Lipoprotein and VLDL were evaluated before and after the homoeopathic treatment by **paired-'t' test** using Statistical Package for the **GNU PSPP Software**.

Results

The purpose of this investigation was to examine the effects of homoeopathically synthesized Lycopodium clavatum 6X on cholesterol levels. In accordance with the inclusion and exclusion criteria, 40 patients were chosen. The individuals with elevated cholesterol were given the treatment for a duration of three months. Total cholesterol, triglycerides, low density lipoprotein, high density lipoprotein, and very low density lipoprotein are the factors that are taken into account.

It was observed that 60% of the individuals, or 40 cases, were female. The age group that was most impacted was 20–25 years old, accounting for 22.5% of the total. 12.5% of the respondents were Hindu, 42.5% were from the Islamic community, and 45% of the subjects were Christians.

Where were most of the forty cases located?

Among the forty instances, the majority displayed a noteworthy decrease in Total Cholesterol, Plasma Triglyceride, and Low Density Lipoprotein levels. Additionally, there was a decrease in High Density Lipoprotein levels and an increase in Very Low Density Lipoprotein levels. According to the statistical analysis, Lycopodium clavatum 6X had no discernible effect on either the very low density lipoprotein ($p > .001$) or the high density lipoprotein ($p > .001$). Additionally, it mentioned Lycopodium clavatum 6X's noteworthy effects on Low Density Lipoprotein ($p < .001$), Plasma Triglyceride ($p < .001$), and Total Cholesterol ($p < .001$).

Discussion

The inclusion and exclusion criteria were closely followed in the selection of the 40 participants with high cholesterol levels (total cholesterol, plasma triglyceride, low density lipoprotein, high density lipoprotein, and very low density lipoprotein).

After comparing the total cholesterol readings before and after, the p-value was less than 0.001, indicating a substantial change in total cholesterol levels with Lycopodium clavatum 6X.

The p-value obtained after evaluating the before and after values of Plasma Triglyceride is < 0.001 , suggesting of the substantially altered levels of Plasma Triglyceride with Lycopodium clavatum 6X.

After comparing the Low Density Lipoprotein before and after values, the p-value was less than 0.001, indicating a substantial change in the levels of Low Density Lipoprotein with Lycopodium clavatum 6X.

Lycopodium clavatum 6X is not expected to alter the level of high-density lipoprotein, as indicated by the p value of > 0.001 that was obtained from comparing the before and after values of this protein (.245).

After comparing the values of Very Low Density Lipoprotein before and after, the p value (.005) was found to be > 0.001 , indicating that Lycopodium clavatum 6X was not able to alter the level of VLDL.

Based on the findings, we may conclude that Lycopodium clavatum 6X can cause notable modifications to plasma triglycerides, low density lipoprotein, and total cholesterol. However, it is unable to significantly alter very low density lipoprotein and high density lipoprotein.

Table 1: Distribution according to Age

AGE	Number of patients	Percentage
21-25yrs	9	22.5
26-30yrs	3	7.5
31-35yrs	3	7.5
36-40yrs	6	15
41-45yrs	4	10
46-50yrs	6	15
51-55yrs	4	10
56-60yrs	1	2.5
61-65yrs	4	10

Table 2: Distribution according to Gender

Gender	Number of patients	Percentage
Male	16	40
Female	24	60

Table 3: Distribution of levels according to levels of Total Cholesterol

SL	REG NO	Total Cholesterol	
		BEFORE	AFTER
1.	H12	208	160
2.	H13	284	180
3.	H14	270	110
4.	H15	253	145
5.	H16	208	200
6.	H17	203	212
7.	H18	245	274
8.	H19	290	292
9.	H20	265	298
10.	H21	318	210
11.	H22	246	150
12.	H23	280	195
13.	H24	298	154
14.	H25	204	191
15.	H26	272	190
16.	H27	205	184
17.	H28	295	192
18.	H29	290	192
19.	H30	210	154
20.	H31	250	152
21.	H32	210	178
22.	H33	280	180
23.	H34	210	181
24.	H35	207	148
25.	H36	235	164
26.	H37	235	187
27.	H38	285	172
28.	H39	258	158
29.	H40	230	191
30.	H41	210	189
31.	H42	286	65
32.	H43	287	187
33.	H44	276	200
34.	H45	286	178
35.	H46	298	175
36.	H47	282	179
37.	H48	277	176
38.	H49	296	187
39.	H50	293	154
40.	H51	280	160

Table 5: Distribution of levels according to levels of Low Density Lipoprotein

SL	Reg. No	Low Density Lipoprotein	
		Before	After
1.	H12	124	135
2.	H13	107	74
3.	H14	183	77
4.	H15	161	98
5.	H16	117	126
6.	H17	138	102
7.	H18	140	98
8.	H19	107	121
9.	H20	179	123
10.	H21	145	132
11.	H22	139	93
12.	H23	145	102
13.	H24	134	98.6
14.	H25	191	105
15.	H26	184	105
16.	H27	180	107
17.	H28	190	104
18.	H29	196	106
19.	H30	188	90
20.	H31	194	93
21.	H32	190	82
22.	H33	189	102
23.	H34	117	110
24.	H35	179	72
25.	H36	130	98
26.	H37	107	98
27.	H38	170	104
28.	H39	106	89
29.	H40	188	127
30.	H41	121	108
31.	H42	103	95
32.	H43	104	100
33.	H44	102	98
34.	H45	112	93
35.	H46	221	113
36.	H47	109	85
37.	H48	128	106
38.	H49	105	87
39.	H50	110	85
40.	H51	190	92

Table 6: Distribution of levels according to levels of High Density Lipoprotein

SL	Reg No	High density lipoprotein	
		Before	After
1.	H12	45	46
2.	H13	53	46
3.	H14	61	57
4.	H15	67	62
5.	H16	62	45
6.	H17	39	54
7.	H18	61	46
8.	H19	53	43
9.	H20	62	46
10.	H21	56	50
11.	H22	43	47
12.	H23	66	52
13.	H24	42	34
14.	H25	54	46
15.	H26	38	47
16.	H27	54	46
17.	H28	57	49
18.	H29	42	47
19.	H30	44	48
20.	H31	46	46
21.	H32	43	40
22.	H33	48	56
23.	H34	43	43
24.	H35	32	39
25.	H36	50	42
26.	H37	45	48
27.	H38	36	46
28.	H39	49	54
29.	H40	45	48
30.	H41	50	49
31.	H42	42	43
32.	H43	48	50
33.	H44	43	47
34.	H45	43	41
35.	H46	54	56
36.	H47	39	42
37.	H48	43	47
38.	H49	69	69
39.	H50	57	43
40.	H51	38	44

Table 7: Distribution of levels according to levels of Very Low Density Lipoprotein

Sl.	Reg no	Very low density lipoprotein	
		Before	After
1.	H12	22.4	13
2.	H13	23.2	12
3.	H14	25.8	14.8
4.	H15	24.2	12
5.	H16	23.6	30.2
6.	H17	25.4	18
7.	H18	43.5	37.8
8.	H19	29.4	25
9.	H20	23.6	27
10.	H21	31	23
11.	H22	17	16
12.	H23	170	87.8
13.	H24	23.6	23.4
14.	H25	28	29.8
15.	H26	54	37.2
16.	H27	13	20.6
17.	H28	36	39
18.	H29	42	36.2
19.	H30	13	15
20.	H31	14	16
21.	H32	19	16
22.	H33	33	32.6
23.	H34	38	27.6
24.	H35	21	16
25.	H36	23	21.8
26.	H37	42	23.8
27.	H38	36	21.6
28.	H39	13	13.5
29.	H40	8	11.4
30.	H41	37	23.4
31.	H42	30.4	21
32.	H43	30.2	27
33.	H44	25.6	17.2
34.	H45	16	23.3
35.	H46	23	12
36.	H47	10	8
37.	H48	19	12
38.	H49	21.8	17.2
39.	H50	25.8	22
40.	H51	24	13

Paired Sample Statistics

Table 8: Statistical Analysis of the change in Total Cholesterol

Pair 1	Mean	N	Std. Deviation	S.E. Mean
Before	257.75	40	35.13	5.55
After	177.72	40	22.15	3.50

Table 9: Paired Samples Correlations

Pair 1	Before & After	N	Correlation	Sig.
		40	.80	.602

Table 10: Paired Sample Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Before - After	80.03	39.91	6.31	67.26	92.79	12.68	39	.000

Paired Sample Statistics

Table 11: Statistical Analysis of the change in Plasma Triglyceride

	Mean	N	Std. Deviation	S.E. Mean
Pair 1 Before	190.60	40	109.46	17.31
- After	123.00	40	51.52	8.15

Table 12: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Before & After	40	.78	.000

Table 13: Paired Sample Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Before - After	67.60	76.77	12.14	43.05	92.15	5.57	39	.000

Paired Sample Statistics

Table 14: Statistical Analysis of the change in Low Density Lipoprotein

	Mean	N	Std. Deviation	S.E. Mean
Pair 1 Before	148.07	40	36.27	5.73
After	100.84	40	14.81	2.34

Table 15: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Before & After	40	.06	.720

Table 16: Paired Sample Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Before - After	47.23	38.36	6.07	34.97	59.50	7.79	39	.000

Paired Sample Statistics

Table 17: Statistical Analysis of the change in High Density Lipoprotein

	Mean	N	Std. Deviation	S.E. Mean
Pair 1 Before	49.08	40	9.15	1.45
After	47.63	40	6.32	1.00

Table 18: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Before & After	40	.55	.000

Table 19: Paired Sample Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Before - After	1.45	7.78	1.23	-1.04	3.94	1.18	39	.245

Paired Sample Statistics

Table 20: Statistical Analysis of the change in Very Low Density Lipoprotein

	Mean	N	Std. Deviation	S.E. Mean
Pair 1 Before - After	29.46	40	24.84	3.93
	22.85	40	13.27	2.10

Table 21: Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Before & After	40	.91	.000

Table 22: Paired Sample Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Before - After	6.61	13.91	2.20	2.16	11.06	3.00	39	.005

CONCLUSION

- Lycopodium clavatum, which is used frequently, offers therapeutic benefits of its own.
- The purpose of this study was to determine whether giving Lycopodium clavatum 6X homeopathically to individuals with elevated cholesterol levels would have a cholesterol lowering effect.
- According to the results of this investigation, Lycopodium clavatum 6X can significantly alter plasma triglycerides, low density lipoprotein, and total cholesterol.
- However, it is unable to significantly increase very low density lipoprotein or high density lipoprotein.
- It is strongly advised to extend this research project by doing additional, extensive, and in-depth research with a control group under ideal circumstances and more rigorous

scientific guidelines.

REFERENCES

1. Dyslipidemia - Endocrine and Metabolic Disorders - MSD Manual Professional Edition [Internet]. [cited 2023 Feb 12].
2. Maron DJ, Lu GP, Cai NS, Wu ZG, Li YH, Chen H, *et al.* Cholesterol-lowering effect of a theaflavin-enriched green tea extract: a randomized controlled trial. Arch Intern Med [Internet].
3. <https://www.researchgate.net/publication/263302589>
4. [A better understanding of pharmacological activities and uses of phytochemicals of Lycopodium clavatum A review](#)
5. What’s the Difference between Green Tea & Black Tea? Which is better? [Internet]. [Cited 2023 Feb 12].
6. Available from: <https://tea101.teabox.com/black-tea-or-green-tea>
7. Hsu CH, Tsai TH, Kao YH, Hwang KC, Tseng TY, Chou P. Effect of green tea extract on obese women: a randomized, double-blind, placebo-controlled clinical trial. Clin Nutr [Internet]. [Cited 2023 Feb 12] 2008 Jun;27(3):363–70.
8. Hirsova P, Kolouchova G, Dolezelova E, Cermanova J, Hyspler R, Kadova Z, *et al.* Epigallocatechin gallate enhances biliary cholesterol secretion in healthy rats and lowers plasma and liver cholesterol in ethinylestradiol-treated rats. Eur J Pharmacol [Internet]. [cited 2023 Feb 12]. 2012 Sep 15;691(1-3):38–45.
9. Löest HB, Noh SK, Koo SI. Green tea extract inhibits the lymphatic absorption of cholesterol and α -tocopherol in ovariectomized rats. J Nutr. 2002;132(6):1282–8.

Holistic Approach To Deficiencies During Pregnancy And Management Through Diet And Lifestyle Modifications

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Keywords

Pregnancy, anemia, calcium deficiency, diet and lifestyle, literature.

Abstract

Deficiency diseases during pregnancy are quite common in India more specifically in the rural population. Prevalence of deficiency diseases in India is highest in the world. Studies conducted in India show that micronutrient deficiencies (Fe, folate and vitamin B12) are the primary cause of anemia in pregnancy. During pregnancy the demand for nutrition is increased and essential to the growth of the fetus. It is necessary to take supplementation and additional dietary intake during pregnancy to find out healthy maternal and child health. The Government of India has planned many programmes to spread awareness and to overcome all these deficiency disorders nowadays. This review is showing the data of previous years by which we can easily know how to deal with deficiency disorders and by taking a healthy diet and small modifications in lifestyle can beautifully manage pregnancy.

Introduction

Pregnancy is a very important and crucial phase of a woman's life. Healthy lifestyle and nutritious diet is essential for a healthy pregnancy. It prevents pregnancy complications and helps to maintain healthy mother and child care. High food quality, which covers macro and micronutrients intake in pregnancy, is crucial for maternal health and

healthy pregnancy outcomes. 'Developmental origin of health and disease' says on the basis of many research that most diseases at adulthood originated in fetal life. Past decades of life sciences showing **deficiency anemias** (iron, folic acid, vit B12) and **calcium deficiency** is playing a **major role** affecting maternal and child health.

The WHO estimated 1,15000 maternal deaths globally are attributed by **anaemia** annually. It is about 20% of maternal deaths. Due to heavy blood loss during pregnancy and postpartum females are facing puerperal sepsis, poor wound healing, shock, asthma, postpartum depression, poor lactation and pulmonary embolism etc. The effects on neonatal growth are documented as increased incidence of IUGR (intrauterine growth retardation), preterm delivery, perinatal loss and severe anemia in children. **Folic acid** is a very essential nutrient for the growth of the fetus. Spina bifida, anencephaly, impaired fetal growth and cleft palate are the most common congenital diseases of the fetus which are caused by folic acid deficiency. The effect of pregnancy on the maternal skeleton has preoccupied the scientific medical community for decades. If a woman does not consume adequate **calcium**, she may be at high risks like preeclampsia, preterm delivery, excessive bone loss and in future easy fracture risks also. The past data shows that deficiencies percentage is marked in developing countries and specifically in rural areas.^{1,2}

Standard values and requirements of iron, folic acid and calcium

Types of Anemia (WHO Classification)

Mild Anemia: Hb between 10 -10.9 gm/dl

Moderate Anemia: Hb between 7.0 -10.0 gm/dl

Severe Anemia: Hb is less than 7 gm/dl

According to ICMR, severity of anemia is graded as:

Mild degree -10-10.9 gm%

Moderate degree - 7-10 gm%

Severe degree- less than 7 gm%

Vary severe degree -less than 4gm%

Iron requirement during pregnancy:-

Total amount of Iron requirement during pregnancy is :- 1000mg or 4-6mg/day

Fetus and placenta require -300mg

Growing RBC of mother require - 500mg

Lost through sweat, urine and feces -200mg

Amount of iron saved (due to) amenorrhoea-300mg

So, approximately 4-6mg of iron is needed daily. No matter in what form iron is being taken only 10% of it is absorbed which means in order to fulfill the requirement of 4-6 mg/day, approximately 40-60 mg of iron should be taken in diet daily during

pregnancy.

Folic acid supplementation during pregnancy prevents neural tube defects.

Dose of folic acid given to all pregnant females-400microgram.

It should be given ideally 3 months before conception or at least 1 month before conception and continued for 3 months after pregnancy-prophylactic dose of folic acid.

Govt of India supplies iron and folic acid tablets free of cost these tablets having 100mg of iron and 500mcg of folic acid.

The therapeutic dose of folic acid is – 4 mg *(females on antiepileptic drugs –dose of folic acid needed to prevent NTD is 4mg),2

RDA of calcium during pregnancy -1200mg/day2.

During pregnancy there is an increase in demand of calcium by the growing fetus to the extent of 28 g, 80% of which is required in the last trimester for fetal bone mineralization. Maternal total calcium levels fall but serum ionized calcium level is unchanged. 50% of serum calcium is ionized which is important for physiological function.

Following studies had been considered to collect the respective data and analysis on iron deficiency and calcium deficiency with relation to diet and lifestyle challenges during pregnancy.

Table 1

Sr. no.	Study	Sample size	Results	Remarks
1	Prevalence and Possible Risk Factors of Anaemia in Different Trimesters of Pregnancy/Punjab Institute of Medical Sciences, Jalandhar, india Objectives:- Coomon age group % and prevelance of anemia Association with diet ,education,and sociodemographism(5)	n=300	A total of 300 pregnant women were studied. Most of the pregnant women were between age group 0f 35-49 years (90%) followed by < 20years (65%) and between 20-30 years (56.6%). Out of 300 participants 197 (65.6%) were anaemic. Percentage of anemia was mild (60%), moderate (30.4%) and severe anaemia (9.6%). prevalent between age group of 35-40 years were more. P value was observed(p<0.001) and it was significant.	Age 35-40 is more susceptible for iron deficiency anemia.
2.	Clinical profile of women with severe anemia in the third trimester of pregnancy / lady harding medical college and s k Hospital new Delhi India. Objective:-Prevelance of anaemia(6)	n=13789	Overall prevelance of anemia was 56.9 severe anemia was 2.7%	Prevalence of anemia is more progressive in third trimester of pregnancy
3.	Detection and management of anemia in pregnancy in an urban primary health care institution/urban primary health institution in Delhi ,India(7)	N= 3698	80% of 3698 were anemic 754 (20.1%) had Hb between 5.0 and 7.9 gm/dl, the mean of Hb after 9 weeks later after completion of therapy was 9.6gm/dl (p<0.001)	Supplementation helps marked elevation in hb level even in short time

4.	<p>Severe anemia in pregnancy: A tertiary hospital experience from northern India./ A tertiary hospital northern india</p> <p>Objectives:-To determine the maternal and perinatal outcome in patients with severe anemia in pregnancy/(8)</p>	N=4546	<p>798(17.9%) were found to be anemic, out of them 96 women had severe anemia, the remaining 702(15.75%) woman had mild to moderate anemia. Of the 96 severely anaemic, out of six died.</p>	<p>Severely anemic patients can be managed with injectable supplementation and IV fluid management.</p> <p>It can save lives.</p>
5.	<p>A study of prevalence of anemia and sociodemographic factors associated with anemia among pregnant women in Aurangabad city,India./ urban health centre of govt medical college Aurangabad city, India(9)</p>	N=352	<p>Majority of subjects were ages 20 to 29 years (average 22.7yrs) about 2% of all pregnancies occurred among teenagers and 5% were among women aged 30 years and above.</p> <p>Overall prevalence of anemia among pregnant woman was found to be 87.2%.</p> <p>Mild anemia24.7%</p> <p>Moderate anemia54.5%</p> <p>Severe anemia7.9%</p> <p>Socioeconomic suffering from anemia in class I and class II WERE LESS (47.61% and 71.42%respectively) as compared with the lower Socioeconomic status (93.51%,94.49%,and 94.11% in classes III,IV and V) statistically significant-p<0.05</p> <p>Proportion of pregnant women suffering from anemia were 96.4%, 94.8%,92.1%,and 91.5%among illiterate, educated upto primary,middle school,and high school.</p>	<p>Moderate anemia is most commonly seen anemia.</p> <p>Anemia is more marked in low socioeconomic class V</p> <p>Anemia is more marked in illiterate persons than somehow educated person.</p>
6.	<p>Effect of calcium supplementation to undernourished mothers during pregnancy on the bone density of the bone density of the neonates.</p> <p>Objective:-Infant and Maternal bone density of metacarpels using(10)</p>	N=87	<p><20wks of gestation til delivery</p> <p>Group1-38-no supplementation</p> <p>Group 2-24 -300mg/day</p> <p>Group3-25-600mg/day</p> <p>No significant difference in maternal bone density. Infant bone density was higher in Ca-supplemented mothers</p>	<p>Calcium supplementation helps to maintain fetal bone density in undernourished mothers.</p>
7.	<p>Effect of milk and calcium supplementation on bone density and bone turnover in pregnant Chinese women: a randomized controlled trail.</p> <p>objectives:- Maternal bone resorption (hydroxyproline) and formation (osteocalcin) markers at 20 and 34 wks' gestation and 6 wks postpartum; maternal DXA at 6 wks postpartum(11)</p>	n = 36;	<p>12 per group</p> <p>Group 1: control</p> <p>Group2: 45 g milk powder (350 mg Ca)</p> <p>Group 3: 45 g milk powder + 600 mg Ca (950 mg Ca)</p> <p>Maternal BMD values were significantly higher in women in Group 3 at the spine and whole body; hydroxyproline was decreased and osteocalcin increased in Group 3</p>	<p>Only dietary calcium in not sufficient to bone development.</p> <p>Effective diet and supplementation promotes bone development and helps to reduce maternal risk.</p>
8.	<p>Relationship Between Diet and Physical Activity with the Event of Anemia in Pregnant Women/ Batunadua Public Health Center, Padangsidempuan City Indonesia(12)</p>	N= 70	<p>Majority of women on poor diet as many as 37 people (52.9%) and a minority have a good diet as many as 22 people (31.4%).</p> <p>the majority of pregnant women are physically active as many as 33 people (47.1%) and a minority of light activities are 16 people (8.6%).</p> <p>the majority of pregnant women experienced anemia as many as 38 people (54.3%) and the minority did not experience anemia as many as 32 people (45.7%)</p> <p>that respondents who eat less and have anemia in pregnant women are 32 people (86.5%), respondents have adequate diet and experience anemia in pregnant women are 4 people (18.2%), and respondents have good diet experienced anemia in pregnant women as many as 2 people (18.2%). Then respondents who eat less and do not experience anemia in pregnant women are 5 people (13.5%), respondents eat enough and do not experience anemia in pregnant women as many as 18 people (81.8%), and respondents who eat well do not experience anemia. anemia in pregnant women as many as 9 people (81.8%).</p>	<p>The analysis used is Chi Square and Kolmogorov-Smirnov test . The results of this study indicate that there is a relationship between diet (p=0.000) , and physical activity (p=0.000) with the incidence of anemia in pregnant women</p> <p>..Based on the Chi-Square analysis , it was found that there was a relationship between diet and the incidence of anemia in pregnant women at Batunadua Health Center, Padangsidempuan City in 2021 with p = 0.000 (p < 0.05).</p>

On these literature presented over here I have framed these research questions for my article:

1. What is the current situation of deficiency diseases?
2. Why the problems are still existing in spite of various nationwide awareness and supplementation programs?
3. What are the challenges faced by the country to overcome in deficiency diseases during pregnancy.

Materials And Methods

Available literature related to iron, folic acid and calcium deficiency diseases with relation of diet and lifestyle changes over different journals like journal of obstetrics and gynaecology, PubMed (IJMR), PLOS, GOOGLE SCHOLAR, MEDLINE etc. were used to identify the cause and effect relationship. Five studies are concluded to know the prespectives regarding anemia like prevelance, demographic ratio, and socioeconomic relation of anemia etc. Two studies on calcium deficiency are showing the effects of low intake during pregnancy on maternal and fetal health. One study is showing the effective relationship between diet and physical activity during pregnancy.

Inclusion Criteria:

In this study I included studies from the peer-reviewed journals that used descriptive, cross-sectional and comparative research methodologies. Both retrospective and prospective clinical studies were included. Studies with small group and large group both are included. Out of approximately 50 articles 07 potentially relevant articles were retrieved All the studies were focused on laboratory results (Hb).

Results

The review included studies on anemia from India, two on calcium deficiency (India and china), one from Indonesia to showing diet and physical activity relationship with pregnancy. Information of the included studies has been shown in Table1. In all studies, I found effective data to know the prevalence of deficiency diseases like anemia and calcium deficiency, diversity in population, relation with supplementation and

diet and physical exercises etc. relative data is shown in table. In A study done in India through a retrospective approach, 4,456 women’s hospital record were reviewed and the result shows that 17.9% (798) of them were anemic, out of this 2.15% (96) of them were found to be severely anemic and six out of 96 women died due to severe anemia. The causes of death were atonic postpartum hemorrhage leading to multiorgan dysfunction, cardiac arrest in the second stage of labor and blood transfusion reaction. By these results It is now known to us that severe anemia is more dangerous. It may also be life threatening.. Calcium defeciciencies are not having fetal hazards but it somehow affects the bone density of mother and fetus; so it is bad for today as well as in later days.

Discussion

While dealing with these problems I found notable changes and challenges for the defeciciencies during pregnancy. For a long time these are chronic problems and no significant changes have been seen with iron and folic acid and calcium supplementation. The current literature focuses on these deficiencies and finds out the causes behind the problems and tries to manage these deficiencies in a holistic way. Tables 2 is showing the required dietary foods to improve theses elements in diet.(13,14)

Table :-2

Sr. no	Deficient Dietary elements	Sources
1.	Protein	Lean meat ,fish, eggs, dairy, legumes, nuts,seeds.
2.	Iron	Seafood,beef,cereals,bread,leafy green vegetables,beans,nuts,dry fruits
3.	Folic acid	leafy green vegetables,avocado,legumes, lentils,beans,orange juice, fortified bread and cereal
4.	Calcium	Milk, cheese, yogurt, broccoli, tofu,nuts
5.	Vit D	Salmon, mushrooms, eggs, fortified milk and cereales.

Table 3 :-

In all these studies, anemia was classified according to the World Health Organization (WHO) classification for pregnant women, i.e. below 11 gm/dl. Mild anemia was classified as hemoglobin concentration of 9.0 to 10.9 gm/dl, moderate anemia as 7 to 8.9 gm/dl and severe anemia as hemoglobin below 7 gm/dl. The socioeconomic status has been calculated and considered as per BG Prasad's Classification shown in table.

S o c i o Economic Status:	Class BG Prasad's Classification of 1961	Modified BG Prasad's Classification for 2013
Class – I	Rs 100 and above	Rs 5156 and above
Class – II	Rs 50-99	Rs 2578-5155
Class – III	Rs 30-49	Rs 1547-2577
Class – IV	Rs 15-29	Rs 773-1546
Class – V	Below Rs 15	Below Rs 773

By the study I found that age of female, parity, socioeconomic background, literacy rate, awareness regarding diseases and initial health programmes by govt, less exercise and small amount of physical activity during pregnancy, sedentary lifestyle etc. are the many factors are responsible for the deficiency diseases during pregnancy. Supplementation is needed in required amount for healthy pregnancy outcome. But if we provide healthy and rich meal to pregnant female filled with all these rich sources it will definitely give a tremendous results. Along with this mild exercises, yoga and meditation are advisable. By applying this holistic approach we will find the significatory changes in pregnant females.

CONCLUSION

The available literature evidence suggests that deficiency anemia and calcium deficiency contributes substantially to the women's health even today. Severe anemia during pregnancy is an important contributor to maternal mortality

and morbidity and moderate anemia is found in most of the cases. Studies showed that after 30 years both elements iron and calcium is getting decreased in women's body. so we need to focus more on after 30th pregnancies. Teenager pregnancies are also a big challenge in now a days. These pregnancies are more risks for maternal complications, fetal distress and fetal loss etc. Dietary additions during pregnancy helps to promote maternal health and physical exercises and lifestyle changes smoothens pregnancy and post-partum life.

REFERENCES

1. Hiralal konar, dc dutta's textbook of obstetrics, 10th 1 edition, New Delhi. Jaypee brothers medical publishers (P) ltd.2023.
2. Hans A. sakshi, self assessment and review obstetrics, 13th edition, New Delhi. Jaypee brothers medical publishers (P) ltd.2020.
3. Deorukhkar M. Trupti, a concise textbook of obstetrics and neonatology, 2nd impression, New delhi. B. Jain Publishers(P) ltd, 2020.
4. Park K, textbook of preventive and social medicine, 26th edition, Pune.m/s banarasidas bhanot publishers, 2021.
5. H.K. Cheema, Baljit Singh Bajwa, Kulbir Kaur, Harshdeep Joshi. Prevalence and possible risk factors of anaemia in different trimesters of pregnancy. International Journal of Contemporary Medical Research 2016;3(4):1194-1197.
6. (Patra S, Puri M, Trivedi SS, Pasrija S. Clinical profile of women with severe anemia in the third trimester of pregnancy. Trop Doct 2010;40(2):85-86)
7. Sharma A, Patnaik R, Garg G, Prema R. Detection and management of anemia in pregnancy in an urban primary health care institution. Indian Journal Medical Res 2008;128(1):45-51
8. Rohilla M, Ravenndran A, Dhaliwal LK, Chopra S. Severe anemia in pregnancy: A tertiary hospital experience from northern India. Journal of Obstetrics and Gynecology. 2010;30(7):694-96
9. Lokare PO, Karanjekar VD, Gattani PL, Kulkarni AP. A study of prevalence of anemia and sociodemographic factors associated with anemia among pregnant women in Aurangabad city, India. Ann Nigerian Med 2012; 6:30-4
10. Raman L, Rajalakshmi K, Krishnamachari KA, et al. Effect of calcium supplementation to undernourished mothers during pregnancy on the bone density of the bone density of the neonates. Am J Clin Nutr. 1978;31:466-469
11. Qiu L, Chen YM, et al. Effect of milk and calcium supplementation on bone density and bone turnover in pregnant Chinese women: a randomized controlled trial. Arch Gynecol Obstet. 2011;283:205-211.)
12. Sri Sartika Sari Dewi, Darma Afni Hasibuan et al, Relationship Between Diet and Physical Activity with the Event of Anemia in Pregnant Women, (IJPHE) Vol. 1, No. 2, May 2022, pp. 87-92.
13. Maternal health report 2013-14, chapter 4
14. University of Michigan, prenatal nutrition, healthy eating tip of month, april 2017.

Boger's Legacy & augmenting the Synoptic Key's Repertory

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In the dynamic realm of homeopathy, the legacies of past practitioners serve as invaluable guides rather than mere relics of history. Boger's Synoptic Key, in particular, shines as a significant contribution, providing practitioners with clear and precise methods to align remedies with their patients' symptoms. Yet, like any masterpiece, there exists the opportunity for further refinement, offering enhanced usefulness and ease of access for present and future homeopaths.

Within this framework, "Boger's Legacy & Enhancing the Synoptic Key's Repertory" shines as a beacon of scholarly endeavor, bridging historical insights with contemporary perspectives and setting the stage for ongoing advancements in homeopathic literature and practice. This comprehensive work not only revisits the groundbreaking contributions of Dr. CM Boger but also enriches them, offering fresh insights into the Synoptic Key and its practical applications in today's dynamic field of homeopathy.

The book has been structured into distinct categories by the author-

Boger's Journey the Making of a Homeopathy Legen:

In this section, Boger's life journey unfolds, starting with his early years and education. It explores his significant contributions to homeopathy, touching upon his personal and professional experiences. The section also delves into his involvement with the International Hahnemannian Association (I.H.A.) and sheds light on the circumstances surrounding his passing. Additionally, it includes heartfelt editorials published posthumously in the I.H.A., offering poignant insights into Boger's life and lasting impact on homeopathy.

Boenninghausen's Repertory: The foundation of Boger's Legacy: This chapter talks about how Dr. Boger built upon the work of Dr. Boenninghausen, particularly his Repertory of Antipsoric Medicine, which was based on the teachings of Master Hahnemann. Dr. Boger, a devoted follower of Dr. Boenninghausen, decided to enhance Boenninghausen's repertory to address criticism. This led to the creation of BBCR, a comprehensive compilation that revolutionized homeopathic practices. After Dr.

Boger's death, his wife continued his work, leading to various Indian editions of the repertory. The chapter explores the practical use of BBCR, highlighting how it differs from previous methods and showcases Boger's approach, which emphasizes factors like time, tissue affinities, and pathological patterns. The author also discusses Boger's theory of pathological patterns, which bridges classical homeopathic principles with modern cellular pathology, enriching homeopathic practice. The author draws connections between Boger's work and his other writings, demonstrating how Boger's legacy is deeply rooted in Boenninghausen's repertory. This book is praised for its contribution to homeopathy and is recommended for students, teachers, and practitioners alike.

The synoptic key: The Synoptic Key stands as Dr. Boger's greatest work, according to the author. While other homeopaths were making their books longer and longer, Dr. Boger did something different. He created a short book that summarized remedies and showed how to study them carefully. This part of the book talks about how Dr. Boger balanced different ideas, made things practical, and paid close attention to quality. It also looks at how The Synoptic Key changed over time and how Dr. Boger used it in case studies. Plus, it explores how it connects to other works like BBCR and General Analysis.

Augmenting the synoptic Key's Repertory: proposing new additions. -In this part of the book, the focus is on improving the Synoptic Key's Repertory. The author talks about how they made the 6th edition better by adding new things. They looked at which remedies were missing, checked how well they worked in real-life cases, and got feedback from other homeopaths. They also suggested some new remedies to include. The author wraps up the book with a timeline of Dr. Boger's legacy in homeopathy.

Towards the end, the author shares a stirring message with readers, encouraging them to become part of Boger's legacy. With the knowledge gained from his work, readers are invited to explore new paths in homeopathy and contribute to its ongoing evolution.



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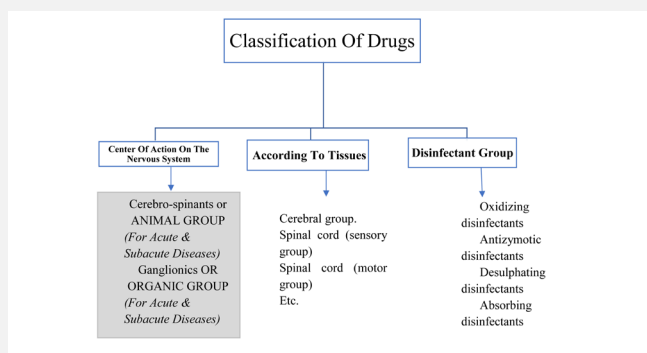
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My Perspective on the Book

Introduction

The enormously scattered information of drugs had hindered a major portion of our profession in the past to acquire a complete knowledge of our drugs, especially pertaining to their pathophysiological actions and in order to suffice the need Dr William Henry Burt designed a much awaited materia medica where one readily find a drug with its source, medicine use, its action upon the tissues, the quantity of drug requires to produce that effect, last but not the least it's characteristic



features or therapeutic individuality.

Critical analysis of this book

There are certain special and unique features of this book which are worthy enough to analyse critically and are as follows:-

Inclusion of Pharmacology

Animal experimentation

External application

Injections

Post mortem findings

Information regarding prophylaxis

Explanation Of The pathophysiological phenomenon

Particular potency for particular condition

Inclusion of Pharmacology

It is not only the quantity but also the quality of the medicine that matters. A physician must provide the patients genuine, unadulterated medicine which he should be able to prepare if necessity arises. Dr Burt asserted that no students should get their degree without having proper knowledge of Pharmacology. Medicines which are not prepared properly or not collected properly from a genuine source will not yield desirable results.

Merits:- This book is a mammoth task which attempts to unite pharmacology, pathophysiology and therapeutics together under one roof which was the need of the hour.

Demerits:- It increases the bulk of the book and makes it more voluminous.

Animal experimentation

Animal experimentation is one of the most

difficult conundrums for the entire world of homoeopathy which is because a lot of studies on animals are conducted and their genuine results do not have proper acceptance. This book contains much information which speaks in favour of animal experimentation and the sources of these experiments are also given in this book.

In animal experimentation, the exhibition of **Aconite** in sufficient doses yields similar results. In cats and dogs, there is a steady sinking of the arterial pressure and the results are similar in other mammals.

Digitalis, which is considered as an animal poison that acts through the medium of vagus nerve was concluded by Traube through an experimentation on frogs and the result is applicable for humans as well.

The mechanism of action of **Arsenicum album**, tested upon the frogs after giving poisonous doses, is by the loss of sensation due to its action on the spinal cord.

Merits :- This is a unique feature of this book that provides information about animal experimentation or laboratory studies and should be shared with students to encourage more research in homoeopathy.

External application

This book contains information obtained from all the other schools of medicine where the external application was not a bar and some of these are included in the therapeutics part.

Dr Hughes has mentioned that this medicine is used locally for acne in plethoric young females.

The children who cannot nurse properly due to the painful aphthous inflammation of the mouth can apply the dry powder in the mouth.

Borax has been much employed as a cosmetic to remove freckles and discolorations of the skin ; half a drachm to half an ounce of water. Dr. Carson finds that a piece of Borax the size of a pea, dissolved in the mouth, acts magically in restoring the voice.

Merits :- This part of the book is non-homoeopathic application of the drug.

Demerits :- Borax after the process of potentization

acquires some medicinal properties which are very different from its crude form. So, including crude drug substances and applications in the therapeutics part is not a very good choice.

Injections

Dr. R.T Smith has mentioned 2 brilliant cures done with **Belladonna injections** which are as follows:-

In exophthalmic goitre, we should try it hypodermically.

To relieve neuralgia in any part of the body, Atropia locally, by injections under the skin over the pain, or given internally, is of great value.

Merits :- This part of the book is non-homoeopathic application of the drug.

Demerits :- Some of the symptoms of this book are taken from the allopathic school of medicine so including injections in the therapeutics part is not a very good choice.

Post mortem findings

Some post mortem findings are also included in this book.

Arsenicum album is one of the few remedies that acts upon all the tissues of the body. It is a protoplasmic poison, destroying the functional activity, first of the central nervous system, second of the nerves, third and last, of the muscles. Autopsies show that the spinal marrow is always affected, especially the lower part of it, and through the nerves of the extremities.

Merits :- It helps to study the effect of the drugs on tissues or organs of the body which helps in research and pharmacovigilance as well. It also helps to throw some light on the mechanism of action of the drugs.

Information regarding prophylaxis

The immortal Hahnemann has the honor of introducing Belladonna as a prophylactic against scarlatina, in this textbook a very new fact is mentioned that says *milk diet is the true prophylaxis of scarlatina*. It was repeatedly observed that people who consumed a milk diet didn't have scarlet fever even after sleeping, kissing or taking care of patients with scarlet fever.

Scientific reason behind it

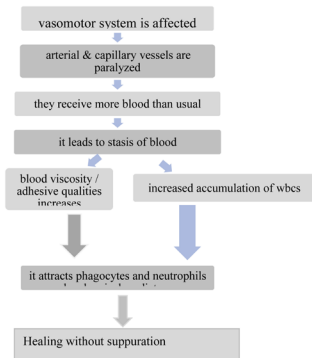
In the blood of scarlatina patients, there is always an excess of fibrin and lactic acid present in milk that inhibits or lessens this excess of fibrin, thereby acting as a prophylactic.

Merits:- This is a new and additional fact which can help the suffering humanity and also in disease prevention. Confirmation of this fact requires Cohort studies to check the association between milk diet and scarlet fever.

Explanation Of The pathophysiological phenomenon

In *calendula*, in case of injuries we get union by first intention without suppuration. The reason with proper scientific explanation is given in this book.

Pathophysiological pathway_




Particular potency for particular condition

The first book where a particular scale is mentioned for a particular condition which is not found in any other text books of materia medica till date. Example: Calcarea carb for spermatorrhoea- CM potency.

CONCLUSION

After critical analysis of this book, the reader must be glad to get a materia medica which they needed, wanted and deserved. There are very few materia medica where the pathophysiological explanation of the symptoms are given and Dr Hughes said that it is the pathology which has to be treated which is absolutely true. Students of the new generation must have this book to find vivid scientific explanations of the pathophysiological action of drugs. According to Dr Burt, the first thing to learn about a drug is its pathophysiological action upon healthy human organisms. The knowledge of this localised action gives us the key to its therapeutics; for a reflex symptom is far less valuable than primary or idiopathic one. Due to the presence of these unique features, this book finds a place in the top drawer of materia medica.







- Compendium of case records drawn from the author’s own clinical experiences offering his wisdom and insights to the profession.
- Enriches the readers’ understanding of different remedies to be used in different situations.
- Enhances the readers’ ability to practically tackle myriad cases and situations that they might encounter in their clinical practice.
- Justification of selection of the medicine in the end of each case offers a logical explanation to the prescription guiding the reader on the use of the medicine in a similar scenario.

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