

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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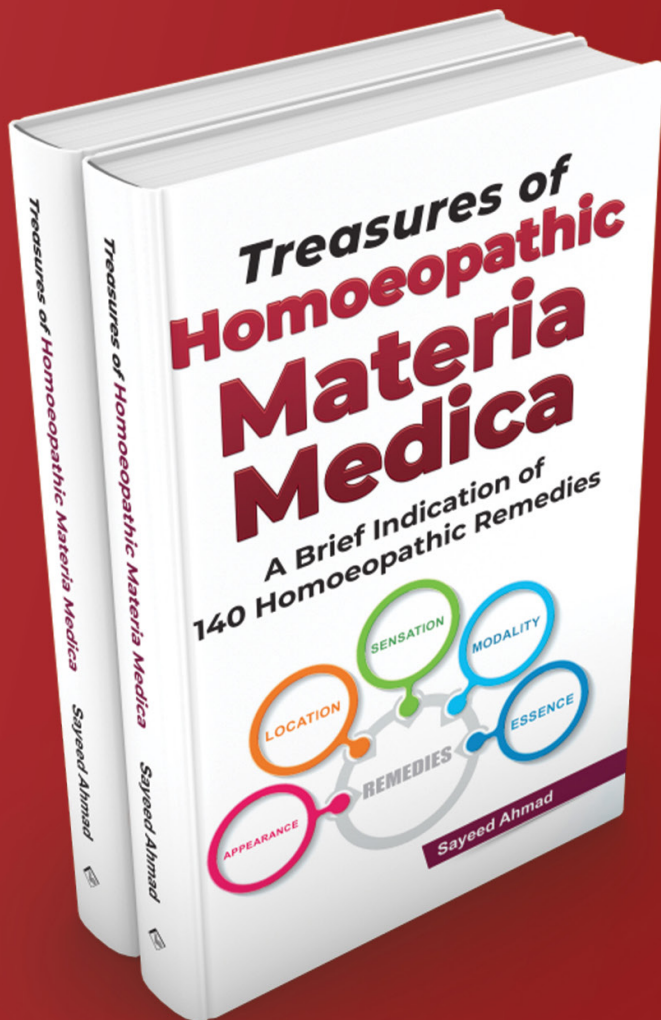
Diabetes Mellitus, Its Complications and Homoeopathy

- Diabetes Mellitus- Facing Challenges Through Homeopathy
- Analysing the Management of Rheumatoid Arthritis in Homoeopathy - An Evidence Based Study

An Indispensable Companion

For

Students & Seasoned
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KEY FEATURES

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

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

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

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

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BUSINESS CONSULTANT

Manish Jain

manish@bjain.com

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CONTENTS

EDITORIAL

Dr Rashi Prakash 5

EDITOR'S DESK

Shifting Paradigms: Homoeopathy's Scope in Diabetes Mellitus and Complication Management

Dr. Rajat Chattopadhyay, Dr. Rayba Khatoon, Dr. Sanjay Sarkar 7

IN ITALICS

An evidence-based short clinical study on Molluscum contagiosum

Dr. Girish Gupta, Dr. Naveen Gupta, Dr. Dileep Pandey, Dr. Gaurang Gupta 44

SUBJECTIVE

Homoeopathic Remedies and Diabetes Mellitus: Weapons to fight against complications of Diabetes Mellitusopathy- a Case Report

Dr. Jaimin Chotaliya 14

Diabetes Mellitus- Facing Challenges Through Homeopathy

Dr. Raisa Cheriyan 17

Diabetes Mellitus, Its Complication And Homoeopathy

Dr. Priya 21

Diabetic Nephropathy & Role of Homoeopathy in Its Prevention and Treatment

Dr. Janki Yogesh Doshi 25

Gestational Diabetes Mellitus with its Complications and Significance of its Burden in Society

Dr. Karabi Majhi, Dr. Sunita Sardar, Dr. Neelavna Dey, Dr. Patranu Parui 29

Know Your Risk, Know Your Response

Dr. Prastuti Jaiswal, Dr. Shayantan Kumar Das, Dr. Sristi Chakraborty 34

Scope of Homoeopathy in the Management of Type –II Diabetes Mellitus

Dr. Madhu Kumari 39

CASE REPORT

Analysing the Management of Rheumatoid Arthritis in Homoeopathy – an Evidence Based Study

PEER REVIEWED

Dr. Soumy Felicita, Dr. Murugan., Dr. Jayasree. 50

An Individualistic Homoeopathic Approach in a Case of Plantar Psoriasis: An Evidence Based Case Report

Dr. S. Nithyakala, Dr. Jayasree, Dr. M. Murugan 54

Diabetes Mellitus, Its Complications and the Management in Homoeopathy

Dr. Vinita Kumari, Dr. Antima Bhavani 58

Tuberculinum 200C in the Management of Hyperglycemia in a Young Adult Male

Dr. Ashwin Shrikant Kulkarni 64

A Case Report on Nasal Polyp Treated by Phosphorus

Dr. Smriti Pandey 69

SPECIAL SECTION

Homoeopathic Remedies in Rheumatoid Arthritis

Prof. Dr M. A. Khan 77

Improving Access to GERD Assessment: Translating the GERDQ into Bengali

Dr. Rupali Bhaduri, Dr. Arindam Pal, Dr. Kaushik D Das, Dr. Rayba Khatoon 81

READERS' PERSPECTIVE

Comparative Analysis: Homeopathic Clinical Trials Vs Conventional Medicine Trials

Dr. Preeti Jha, Shaikh Mohammed Hamza Jamaluddin 73

STALWARTS' EXPEDITION

A Larger than Life Homoeopath

Dr. Subhas Singh, Dr. Niharika Shaw, Dr. Vignesh K., Dr. Dinesh Sur a 86

BOOK REVIEW

Koppikar's Clinical Experience Of 70 Years In Homeopathy – A Short Review

Dr Aditi Bhasin 88

Book Review- Significance of Past History in Homoeopathic Prescribing by D.m. Foubister

Dr Faiza Khan 91

Homoeopathic drug pictures by – M L Tyler

Dr Yamini Rames 93

Dear Readers,

The Lancet, in one of its articles noted- "By 2050, 89 (43.6%) of 204 countries and territories will have an age-standardised rate greater than 10%". Besides the art of homoeopathic case taking for effective treatment of Diabetes, it is also important to understand why some individuals are affected with one particular complication of the disease while others hold affinity for some other complication despite living in the same habitat under the same social and environmental conditions.

In today's world, change is the only constant. The world is fast changing- be it population, be it technology, facilities and amenities or even the unmentionables such as transport and commuting, means of communication and even diet...

Where on one hand, global urbanization has had innumerable positive outcomes such as introduction of modern facilities and advanced technology, its impact upon the health status of people has been rather negative. The upcoming of newer technologies and improved facilities have made life convenient and comfortable which has given birth to a huge pile of diseases, popularly called 'Lifestyle Diseases'. While research shows that lifestyle diseases are affecting the entire world, they have certainly generated a host of challenges in the developing nations. Narrowing our vision and focusing only on Diabetes Mellitus- a silent lifestyle disease, we realise that in a still developing country like India, Diabetes Mellitus either remains undiagnosed or unmonitored which is one of the reasons for unbridled rise in its incidence. The WHO reports "About 422 million people worldwide have diabetes, the majority living in low-and middle-income countries, and 1.5 million deaths are directly attributed to diabetes each year. Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades". Besides this, the Lancet, in one of its articles noted- "By 2050, more than 1.31 billion (1.22-1.39) people are projected to have diabetes, with expected age-standardised total diabetes prevalence rates greater than 10% in two super-regions: 16.8% (16.1-17.6) in north Africa and the Middle East and 11.3% (10.8-11.9) in Latin America and the Caribbean. By 2050, 89 (43.6%) of 204 countries and territories will have an age-standardised rate greater than 10%". In such a

scenario homoeopathy plays a primary role in the management of severe forms of Diabetes Mellitus and to a some extent- their treatment.

Both insulin dependent and non insulin dependent as well as gestational diabetes can be effectively managed with homoeopathic medicines like cephalandra indica, syzygium jambolanum, gymnema sylvestre, abroma augusta, prunus spinosa, Cina maritima, Equisetum hymnale and many more. This is because homoeopathy is a holistic science which treats a patient and not disease. It is thus imperative that the finest details of the case be recorded with utmost clarity. Dr. Stuart Close opines that the purpose of homoeopathic examination is to bring out the symptoms of the patient in such a way as to permit their comparison with the symptoms of the materia medica for the purpose of selecting the similar or Homeopathic remedy.

Besides the art of homoeopathic case taking for effective treatment, it is also important to understand why some individuals are affected with one particular complication of the disease while others hold affinity for some other complication despite living in the same habitat under the same social and environmental conditions. Since time immemorial, research has been carried out to answer this question. While Germ theory holds its own significance, Homoeopathy's take on this issue is distinct. Aphorism 5 of Organon of medicine states that "Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient, his moral and intellectual character,

his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration.

Therefore, it is entirely up to the attending homeopath, how he/she plans to treat or manage a case of Diabetes Mellitus, or that of its complications.

A Quick Word on Issue Content

This issue of The Homoeopathic Heritage titled 'Diabetes Mellitus, Its Complications and Homoeopathy' aims to throw light upon the promise that this science has shown in tackling the silent lifestyle disease called Diabetes Mellitus. With myriad case reports and opinion pieces by young, budding and professional homeopaths, this issue also features a distinct column called

'In Italics' by renowned speaker Dr Girish Gupta along with Dr. Naveen Gupta, Dr Dileep Pandey and Dr Gaurang Gupta. The article from the editor's desk comes from the desk of Dr. Rajat Chattopadhyay, Principal & Administrator, The Calcutta Homoeopathic Medical College & Hospital, Kolkata and two book reviews by young homeopaths on 'Significance of Past History in Homoeopathic Prescribing' authored by Dr. D. M. Foubister and 'Koppikar's Clinical Experience of 70 Years in Homeopathy' authored by Dr. S. P. Koppikar.

Happy Reading!

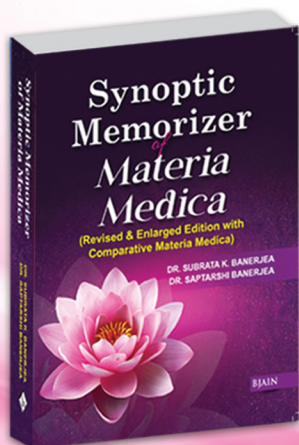
Dr. Rashi Prakash

rashi@bjainbooks.com

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Call for papers for the upcoming issues:

Unbolt Yourself		
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February 2024	Diabetes Mellitus, Its Complications & Homoeopathy	December 15, 2023
March 2024	The Calcareae & Their Scope in Homeopathy	January 15, 2024
April 2024	Homeopathy For Behavioral Problems in Children	February 15, 2024



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A synopsis of different views and styles of presentation of drug-pictures

Elaborates Dr Banerjee's own technique to enumerate every drug picture and mental picture in a comprehensible fashion so that they can be memorised easily

Describes the medicine through the name of the medicine or through suitable any thuja through the tips Sycosis, Bryonia through the tips Modality etc.

Sourced from the author's personal notes, thoroughly designed and profusely augmented

Elaborate depiction of mental pictures and the drug-picture elucidating different views from different angels 'for quick and vivid comprehension

Shifting Paradigms: Homoeopathy's Scope in Diabetes Mellitus and Complication Management

Dr. Rajat Chattopadhyay, Dr. Rayba Khatoon, Dr. Sanjay Sarkar

¹Principal & Administrator, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

²MD (PGT Part II), Department of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

³MD (PGT Part II), Department of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

Keywords

Diabetes Mellitus, Homoeopathy, Homoeopathic remedies, Research studies, Allopathic limitations

Abbreviations

Diabetes mellitus (DM), World Health Organization (WHO), International Diabetes Federation (IDF)

Abstract

Diabetes mellitus, a prevalent global health concern, encompasses various types, including Type 1, Type 2, and gestational diabetes, each characterized by distinct causes, symptoms, and risk factors. Conventional treatments, while crucial, exhibit limitations such as side effects, hypoglycaemia risks, and challenges in long-term management. This review explores the role of homeopathy in diabetes management, emphasizing its individualized treatment strategies that consider physical, mental, and emotional aspects to stimulate the body's innate healing mechanisms. Specific homoeopathic remedies exhibit promises in controlling blood sugar levels, improving insulin sensitivity. Clinical trial and researches investigating the effectiveness of homoeopathy in managing diabetes reveal promising outcomes in glycaemic control, complication reduction, and overall patient outcomes.

Introduction

Diabetes mellitus is a group of metabolic diseases characterized by chronic hyperglycaemia that results from disturbed insulin secretion or function or both. ^[1] Currently, many countries are on the verge of a global diabetes "epidemic", which is rapidly spreading across the plane. ^[2] It includes various different types, with type 1 diabetes (T1D) and type 2 diabetes (T2D) as the most prevalent subtypes. T1D is characterized by autoimmune destruction of insulin-producing pancreatic β -cells, while T2D results from a combination of β -cell secretory defect and insulin resistance. ^[3]

Epidemiological impacts on Global health

According to the World Health Organization (WHO), noncommunicable diseases (NCDs) accounted for 74% of deaths globally in 2019, of which, diabetes resulted in 1.6 million deaths, thus becoming the ninth leading cause of death globally. ^[4] By the year 2035, nearly 592 million people are predicted to die of diabetes. ^[5] According to the International Diabetes Federation (IDF), 8.8% of the adult population have diabetes, with men having slightly higher rates (9.6%) than women (9.0%). Current global statistics shows that 463 million and 374 million individuals have diabetes and impaired glucose tolerance (IGT), a prediabetic condition. These numbers are estimated to increase to 700 million people with diabetes and 548 million people with IGT by 2045, which represents a 51% increase

compared to 2019. [6] The prevalence of diabetes in India has risen from 7.1% in 2009 to 8.9% in 2019. India ranks second after China in the global diabetes epidemic with 77 million people with diabetes. Of these, 12.1 million are aged >65 years, which is estimated to increase to 27.5 million in the year 2045. It is also estimated that nearly 57% of adults with diabetes are undiagnosed in India, which is approximately 43.9 million. [7]

Etiologic Classification of Diabetes Mellitus [8]

- Type 1 Diabetes (beta- cell destruction, usually leading to Absolute insulin deficiency)
- Type 2 Diabetes (may range from predominantly insulin resistance with relative insulin deficiency to a predominantly insulin secretory defect with insulin resistance)
- Gestational Diabetes mellitus (GDM)
- Other specific types
- Genetic defects of beta -cell function
- Chromosome 20q, HNF-4 alpha (MODY1)
- Chromosome 7p, glucokinase (MODY2)
- Chromosome 12q, HNF-1 alpha (MODY3)
- Chromosome 13q, insulin promoter factor-1 (MODY4)
- Chromosome 17q, HNF-1 beta (MODY5)
- Chromosome 2q, Neurogenic differentiation1 (MODY 6)
- Chromosome 9, carboxyl ester lipase (MODY 7)
- Transient Neonatal Diabetes (Chromosome 6p22 or 6p24, ZAC encoding zinc finger protein)
- Permanent Neonatal Diabetes (Chromosome 11p15, usually KCNJ11 encoding for KIR6.2 subunit of the beta-cell KATP channel)
- Mitochondrial DNA
- Others
- Genetic defects in insulin action
- Type A insulin resistance

- Leprechaunism
- Rabson-Mendenhall syndrome
- Lipoatrophic diabetes
- Others
- Diseases of the exocrine pancreas
- Pancreatitis
- Trauma/pancreatectomy
- Neoplasia
- Cystic fibrosis
- Hemochromatosis
- Fibrocalculous pancreatopathy
- Other
- Endocrinopathies
- Acromegaly
- Cushing's syndrome
- Glucagonoma
- Pheochromocytoma
- Hyperthyroidism
- Somatostatinoma
- Aldosteronoma
- Others
- Drug- or chemical-induced
- Vacor
- Pentamidine
- Nicotinic acid
- Glucocorticoids
- Thyroid hormone
- Diazoxide
- beta-adrenergic agonists
- Thiazides
- Dilantin(phenytoin)

Clinical Features

The classic symptoms of diabetes such as polyuria, polydipsia and polyphagia occur commonly in type 1 diabetes, which has a rapid development of severe hyperglycaemia and also in type 2 diabetes with very high levels of hyperglycaemia. Severe weight loss is common only in type 1 diabetes or if type 2 diabetes remains undetected for a long period. Unexplained weight loss, fatigue and restlessness and body pain are also common signs of undetected diabetes. Symptoms that are mild or have gradual development could also remain unnoticed.^[9]

Screening test for Diabetes

An oral glucose tolerance test (OGTT) is commonly used as the screening test.^[10] Fasting and 2 h post glucose tests can identify impaired fasting glucose (IFG), impaired glucose tolerance (IGT) and presence of diabetes.^[11]

Pharmacological Treatment and Limitations

Oral glucose lowering drugs: Five classes of oral agents are approved for the treatment of diabetes. Oral therapy is indicated in any patients in whom diet and exercise fail to achieve acceptable glycaemic control. Although initial response may be good, oral hypoglycaemic drugs may lose their effectiveness in a significant percentage of patients. The drug category includes sulfonylurea, biguanide, alpha-glucosidase inhibitor, thiazolidinedione, and meglitinide. These drugs have various side effects such as sulfonylurea causes weight gain due to hyperinsulinemia,^[12] biguanide cause weakness, fatigue, lactic acidosis, alpha glucosidase inhibitor may cause diarrhoea while thiazolidinediones may increase LDL-cholesterol level. Insulin is usually added to an oral agent when glycaemic control is suboptimal at maximal dose of oral medication. Weight gain and hypoglycaemia are common side effect of insulin.^[13]

Role of Homoeopathy in Diabetes Management

According to homoeopathic guidelines, the focus of treatment is on the patient as a whole, rather than specifically targeting individual organs, parts, systems, or tissues. In the case of Diabetes Mellitus (DM), the primary objective of treatment is centred on the patient themselves, rather

than solely concentrating on the pancreas or the insulin-producing beta cells. In the development of Diabetes Mellitus, chronic miasmatic states such as Psora, Sycosis, Syphilis, and their interplay play a significant role. Syphilis, through its destructive process, contributes to a reduction in the effective mass of the islets of Langerhans, thereby causing an absolute lack of insulin and resulting in I.D.D.M. (Insulin-Dependent Diabetes Mellitus). Psora, on the other hand, leads to functional disturbances that diminish the effectiveness of insulin, leading to the development of N.I.D.D.M. (Non-Insulin-Dependent Diabetes Mellitus). Additionally, Sycosis disrupts coordination within the body, resulting in endocrinal disharmony and a dysfunctional feedback mechanism. Consequently, insulin antagonists increase in circulation, causing a relative decrease in the biological effectiveness of insulin.^[14]

Homoeopathic Remedies for Diabetes Mellitus

Acidium Phosphoricum: Polyurea with profuse urination. As if he thought that the urethra has expanded to double. Milky white urine, with jelly like lumpy sediment. History of phosphaturia or milky urine can be a guiding symptom.

Ammonium Aceticum: Bathed in sweat is the leading indication.

Arsenicum Bromatum: Acne rosacea with diabetes mellitus.

Cuprum Arsenicum: Garlicky odour of urine. Cramps in calves.

Curare: Nervous debility.

Eupatorium Purpureum.: Vesical irritability in women

Lecithin: Inky urine. Craving for coffee.

Natrum Lacticum: Rheumatism with gout & diabetes.

Phasaeolus: Soreness to touch. Diabetic urine.

Rhus Aromatica: Weakness, emaciation, backache and spinal ache, profuse thirst. Hereditary diabetes.

Squilla Maritima: Violent urging with copious emission of watery urine.

Strychninum Arsenicum: Prostration. Psoriasis, chronic diarrhoea with paralytic symptoms.

Uranium Nitricum: Diabetes with nephritis and hypertension. Its therapeutic key-note is great emaciation, debility and tendency to ascites.

Cephalandra Indica: Exhaustion and weakness after urination.

Gymnema Sylvestre: Urine is loaded with sugar, after passing urine, the patient exclaims, "this passing of urine in large quantities has made me weak". The patient feels his growing weakness.

Syzygium Jambolanum: Most powerful remedy in diabetes mellitus. No other remedy causes in so marked degree the diminution and disappearance of sugar in the urine. ^[15,16]

Clinical Combinations of Homoeopathic Remedies for Diabetes Mellitus

Diabetes + burning like sulphur -*Cephalandra indica*

Diabetes + thuja like – *Gymnema sylvestre*

Diabetes + skin eruption- (diabetic foot) – *Syzygium jabolanium*

Diabetes + emaciation – *Uranium nitricum*

Diabetes + rheumatism /menstrual irregularities – *Abroma augusta*

Diabetes +neurological disorders/numbness- *Curare*

Diabetes + albuminuria + rhus tox like joint pains- *Rhus aromatics*

Diabetes + frequent urination+ weakness + rhus tox like rheumatism-*Glycerine*

Diabetes + rapid increased BP + chest constriction- *Adrenalinum*

Diabetes +headache + dyspepsia -*Chionanthus*

Diabetes + burning in stomach – *Iris versicolor*

Diabetes + metabolic disorders (slowness and lethargy)-*Pituitrinum*

History of repeated allergy + diabetes +chilly +craving sweets – *Thyroidinum*

Diabetes + exhausting cough with mucus + dropsy

– *Squilla*

Diabetes + degenerative conditions of vessels and brain – *Vanadium*

Diabetes + Acidity- *Pancreatinum*

Diabetes + Tired backache + insomnia + diversion of mind ameliorates- *Helonias*

Diabetes + Impotency + fainting -*Moschus*

Diabetes + sclerosis of brain-*Plumbum iodum*

Diabetes + Opium like paralytic states + constipation /urinary retention-*Morphinum*

Diabetes + Polyuria+ complaints started from pregnancy + constipated-*Lac defloratum*

Diabetes + Joint pains+ diarrhea after getting up+ lot of flatulence- *Natrum sulphuricum*

Diabetes + Blood sugar improved during pregnancy (pregnancy ameliorates)- *Tuberculinum* ^[17]

Scope and Research in Homoeopathic Treatment for Diabetes Mellitus

This study aimed to assess the impact of homeopathic treatment (H) as an adjunct to non-surgical periodontal therapy (NSPT) in individuals with Chronic Periodontitis (CP) and Type 2 Diabetes Mellitus (DMII). In a randomized, double-blind, placebo-controlled trial involving 80 participants with CP and DMII, both groups received NSPT, while the test group (TG) received additional homeopathic therapy including *Berberis*, *Mercurius solubilis*/*Belladonna*/*Hepar sulphur*, and *Pyrogenium*, compared to the control group (CG) that received a placebo. Results showed significant improvements in both groups across various parameters studied, but the TG demonstrated a more significant gain in clinical attachment level (CAL) at 1 and 12 months and a notable reduction in mean glucose and glycated haemoglobin levels compared to CG after 6 and 12 months. This suggests that incorporating homeopathy with NSPT may contribute to enhanced health outcomes, including improved glycaemic control, in individuals with DMII and CP. ^[18] An another study, In a multi-centric, double-blind, placebo-controlled clinical trial involving 84 participants conducted by the

Central Council for Research in Homoeopathy across six centres, 15 homeopathic medicines were selected based on earlier observations and symptoms related to Diabetic Distal Symmetrical Polyneuropathy (DDSP). Validated scales were utilized to assess outcomes post-intervention. The primary outcome measured was the change in Neuropathy Total Symptom Score-6 (NTSS-6) after 12 months. Results indicated a statistically significant difference ($p < 0.014$) in NTSS-6 in the Verum (active treatment) group. Positive trends were observed in the Verum group for Diabetic Neuropathy Examination (DNE) scores and peripheral nerve conduction study (NCS). However, no significant difference was found in the World Health Organization Quality of Life BREF (WHOQOL-BREF) between the groups. Among the 15 pre-identified homeopathic medicines, 11 were prescribed in ascending potencies from 6C to 1M during the trial. [19] In an open label, randomized trial, 89 prediabetes patients divided into Group 1 (receiving individualized homeopathic medicines [IHMs] alongside *Cephalandra indica*, *Gymnema sylvestre*, or *Syzygium jambolanum* and Group 2 (receiving only IHMs). While Group 1 showed greater improvements in outcomes compared to Group 2, the differences were not statistically significant: fasting blood sugar level ($p = 0.046$), oral glucose tolerance test result ($p = 0.125$), glycosylated haemoglobin percentage ($p = 0.208$), and Diabetes Symptom Checklist-Revised score ($p = 0.880$). [20]

The studies presented indicate the potential scope of homeopathy in the management of conditions like prediabetes, diabetic neuropathy, and chronic periodontitis in individuals with Type 2 Diabetes Mellitus. These studies explore the role of homeopathic interventions as adjuncts to conventional treatments or as standalone therapies. They suggest that homeopathy may offer benefits in improving various parameters such as glycaemic control, neuropathy symptoms, and periodontal health. However, it's important to note that the findings from these studies have shown varied outcomes and often lack statistically significant differences between homeopathic treatment groups and control groups. These outcomes suggest the need for further robust research with larger sample sizes and longer study durations to better understand

the true effectiveness and scope of homeopathy in these areas. Nevertheless, more extensive, well-designed clinical trials are required to validate and ascertain the consistent efficacy of homeopathy.

CONCLUSION

Homeopathy offers a distinctive therapeutic approach, focusing on individualized treatment strategies that consider not only physical symptoms but also mental and emotional aspects. It aims to stimulate the body's innate healing mechanisms. While specific homeopathic remedies show promise in controlling blood sugar levels, improving insulin sensitivity, and managing symptoms associated with diabetes, the existing evidence base remains limited, necessitating further robust research and clinical trials. Moreover, the holistic nature of homeopathy encourages lifestyle modifications, including diet, exercise, stress management, and overall well-being, aligning with a comprehensive approach to diabetes management. In conclusion, while homeopathy presents an individualized and holistic approach to complement conventional diabetes care, its precise role and effectiveness require more extensive, scientifically rigorous studies.

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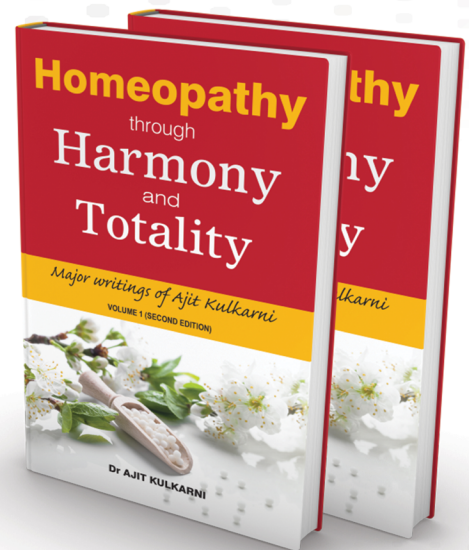
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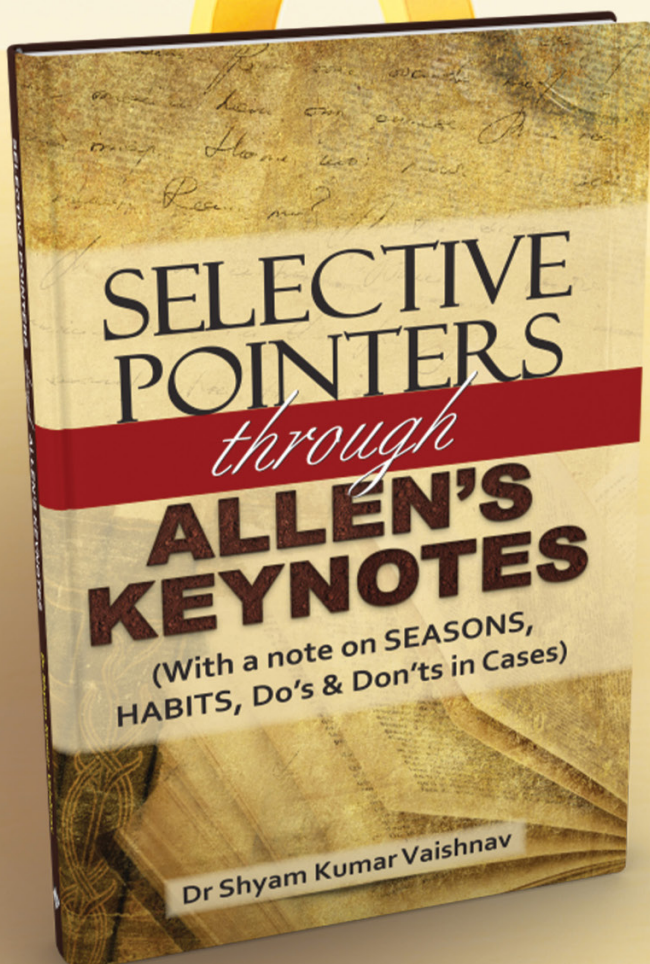
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Homoeopathic Remedies and Diabetes Mellitus

Dr. Jaimin Chotaliya

Dr. Jaimin Chotaliya, M.D (Hom.), Assistant Professor (Dept. of Repertory),
Government Homoeopathic medical college, Dethali, Gujarat-384151

Keywords

Complications, Diabetes Mellitus, Homoeopathic system of Medicine, Remedies

Abbreviations

DM – Diabetes Mellitus, IDF – International Diabetes Federation, GIT – Gastro-intestinal System, Calc. Phos. – Calcarea Phosphorica, QOL – Quality of Life.

Abstract

Homoeopathic therapeutic system proves its efficacy in management of non-communicable diseases which are known for their lengthy course and dead end. Popularity of Homoeopathic system of medicine in Non-communicable diseases is due to its wider application from origin to late complicated stages of diseases. Successful Application of Homoeopathic medicines at different phases of chronic disease according to symptom similarities helps physicians to manage cases of non-communicable diseases. Among all Non-Communicable diseases, Diabetes Mellitus is considered as a one of the life threatening diseases due to its chronic nature and grievous complications. So, let's explore the role of Homoeopathic Medicine for Complications of Diabetes Mellitus which will help us to prove effectiveness of Homoeopathic system in life damaging disease.

Introduction

Diabetes mellitus, due to its "iceberg" nature

in manifestations many cases are developing complications earlier than expected. Imperceptible onset as well as major contribution in development of other life threatening disease conditions will create an immediate need to manage diabetes Mellitus.

The worldwide prevalence of DM has risen drastically in the past two decades. It was estimated that 415 million patients have DM in 2017 worldwide and it is believed that 642 million individuals will have DM by the year 2040 worldwide. The incidence of type-1 DM has been increasing at a rate of 3-5% per year worldwide. According to IDF (International Diabetes Federation) India has 77 million people diagnosed with DM in the year 2019 which is expected to rise to over 134 million by the year 2045. Approximately 45% remain undiagnosed. ⁽¹⁾

Manifestations of diabetes Mellitus ranging from bio-chemical alternation i.e. Impaired Glucose Tolerance to Diabetic gangrene/ Diabetic Neuropathy. Homoeopathy offers help at every level with its dynamically charged medicines.

Complications of Diabetes Mellitus

It involves multiple systems in its pathogenesis and hence it also involves multiple organs in its complications. It can be classified under macrovascular diseases and microvascular diseases.

MACRO VASCULAR	MICRO VASCULAR
Angina	Retinopathy dysfunction
Acute Coronary Syndrome	Sensory motor
Heart failure	Autonomic neuropathy
Cardiac Arrhythmias	Nephropathy
Atherosclerosis	Sexual dysfunction

Role of Homoeopathy

Many Homoeopathic Medicines along with their therapeutic indications for Diabetes mellitus were mentioned in Homoeopathic Literatures but Some lesser-known Remarks from Homoeopathic Pioneers will help us to explore unique data related to Homoeopathy in diabetes Mellitus.

Diabetes mellitus and its complication	Remarks from Pioneers
Diabetes Mellitus Complications in relation to mental health	Dr. C. H. Bond in 1896 uses uranium nitrate in some cases of diabetic complications in relation to mental health (insanity) ⁽²⁾
Generalized involvement (kidney, GIT and Circulation)	Dr. Kansal mentioned uranium nitricum in following words, "For all the complications of diabetes, such as diabetic nephropathy, degeneration of liver, high blood pressure and dropsy: unable to retain the urine without pain. Impotence." ⁽³⁾
Advanced stage of DM (Complications)	Arsenic ought to play a very important part, as a curative and palliative agent, in the prolonged and the more advanced stage of Diabetes Mellitus, and its grave complications. ⁽⁴⁾
Skin Complications of Dm	The cycle of vipera - When diabetic patients have a toe or two amputated, due to damaged blood vessels, the recuperative time and the complications can be extensive. It is then that Viper has worked well to address the pain, swelling and mottled skin. ⁽⁵⁾ It is also useful in advanced cases of diabetes where there is ulceration on the skin without the ability to heal itself. ⁽⁶⁾
Diabetes complications with lung involvement	Calcarea Phos-Diabetes with lung complications, of great service not only to the lungs but also in diminishing the quantity of urine and lowering its specific gravity. Chronic cough, profuse sweats. ⁽⁷⁾ Another very frequent complication of diabetes is pulmonary tuberculosis, and in cases so complicated our dietetic aim should be to supply as sustaining and nutritious a diet as possible. Milk and eggs are indispensable here as are fats, but with these unfortunate patients we are playing a losing game from the start and any regimen of diet or treatment is to be considered palliative only. ⁽⁸⁾
Eye related complications of DM	Saccharum officinale- Cataract, amblyopia and opacity of the cornea, all known complications of Diabetes, have been reported cured using potentized Sac. off. ⁽⁹⁾

Current status of Homoeopathy in Management of Diabetes Complications

This literature review for exploring current status of homoeopathy in management of diabetes mellitus complication is based on articles (only Included Case reports and observational Studies) published in last 3 years (2020-2023)

Article type	Diabetes complications
Case reports	In the last 3 years, 2 case reports were found which showed marked improvement in diabetic foot ulcers with help of individualized homoeopathic medicines suited for the case. One case report also mentions the healing effect of calendula ointment in the healing process. ^{(10) (11)}
Observational studies	One web based cross sectional study shows positive attitude and good practices among homoeopathic physicians in managing diabetes mellitus cases with preventing Complications and improving QOL (quality of life). ⁽¹²⁾ Another Cross-sectional survey among diabetes type -2 patients in reference to role of homoeopathy as combination treatment along with allopathy in Diabetes Mellitus where findings of study reveal that acute and chronic complications in Type- 2 diabetes mellitus patient is low if they use either herbal system or combination of different system of medicines. ⁽¹³⁾

CONCLUSION

Homoeopathy plays a various role like a guard to prevent disease or like a weapon to handle its complications. In the era of these ambiguous non-communicable diseases, Homoeopathy is capable of contributing significantly towards the goal of optimum health for all.

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Diabetes Mellitus- Facing Challenges Through Homeopathy

Dr. Raisa Cheriyan

Assistant Professor, Department Of Obg,
Father Muller Hmc, Derlkatte, Mangaluru

Keywords

Diabetes mellitus, Homeopathy, Totality of symptoms

Abbreviations

DM: Diabetes mellitus, DKA: Diabetic ketoacidosis, HHS: hyperglycemic hyperosmolar state, LA: lactic acidosis, DPN:Diabetic peripheral neuropathy, LEA: lower-extremity amputations, PDA :Peripheral arterial disease, GDM: Gestational Diabetes mellitus

Diabetes is widely recognized as an emerging epidemic that has a cumulative impact on almost every country, age group, and economy across the world¹. Diabetes-related complications—including cardiovascular disease, kidney disease, neuropathy, blindness, and lower-extremity amputation—are a significant cause of increased morbidity and mortality among people with diabetes, and result in a heavy economic burden on the health care system. Adequate and sustained control of blood sugar levels, blood pressure, and blood lipid levels can prevent or delay the onset of diabetes-related complications in people with diabetes. In this scenario, the Homeopathic system of medicine plays a major role effectively controlling diabetes and preventing complications, when used along with lifestyle changes. And there is growing evidence in this direction in form of researches and case series published around the world.

Introduction

Diabetes mellitus is a group of metabolic diseases

characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action, or both². It is estimated that half of patients with diabetes are unaware of their disease and are thus more prone to developing diabetic complications. A diabetic person is at risk for a wide range of acute and chronic complications. Complications can be either episodic (eg, foot ulcers or infections) that can be treated and recur numerous times or progressive (eg, nephropathy), which usually begin relatively mildly, but over time result in further damage to the organ and greater loss of functionality that is generally irreversible. The traditional complications of diabetes include the microvascular and macrovascular complications. With advances in management of diabetes and longer life expectancies, there is emergence of lesser acknowledged set of complications such as cancer, dementia, increased risk of hospitalization and mortality from infections, cognitive and functional difficulty, nonalcoholic fatty liver diseases, obstructive sleep apnea and depression³.

Complications of Diabetes Mellitus

Acute metabolic complications

Diabetic ketoacidosis (DKA), hyperglycemic hyperosmolar state (HHS), lactic acidosis (LA), and hypoglycemia are acute and potentially life-threatening complications of diabetes^{4,5}

Chronic complications

Diabetes can affect many different organ systems in the body and, over time, can lead to serious complications. Complications from diabetes can be classified as microvascular or macrovascular.

Prevalence of microvascular complications are much higher than the prevalence of macrovascular complications (heart attack, chest pain, coronary heart disease, congestive heart failure, and stroke).

Microvascular complications

Microvascular complications include nervous system damage (neuropathy), renal system damage (nephropathy) and eye damage (retinopathy).¹

Diabetic retinopathy

It is the most common microvascular complication among people with diabetes and results in more than 10,000 new cases of blindness per year.

Diabetic nephropathy

It is defined as persistent proteinuria (more than 500 mg of protein or 300 mg of albumin per 24 hours) in patients without urinary tract infection or other diseases causing the proteinuria.

Diabetic peripheral neuropathy (DPN)

It is a common complication estimated to affect 30% to 50% of individuals with diabetes. Chronic sensorimotor distal symmetric polyneuropathy is the most common form of DPN. The typical presentation of polyneuropathy is a gradual onset of sensory impairment, including burning and numbness in the feet.

Macrovascular complications

Macrovascular complications include cardiovascular disease, stroke, and peripheral vascular disease.

Cardiovascular disease

It causes up to 65% of all deaths in people with diabetes. Ischemic heart disease and stroke account for the greatest proportion of morbidity associated with diabetes.

Peripheral arterial disease

Diabetes increases the risk of *Peripheral arterial disease* which is characterized by 2 types of symptoms: intermittent claudication and pain at rest. Peripheral arterial disease and DPN are a major risk factor for lower-extremity amputation.

Nontraumatic lower-extremity amputations (LEAs)

They are a devastating complication of diabetes affecting 15% of diabetic patients in lifetime. Diabetic foot syndrome has been defined as the presence of foot ulcer associated with neuropathy, PAD, and infection, and it is a major cause of lower limb amputation

Other complications

Diabetes mellitus conferred a significant risk of **infection-related hospitalization**. The association was most pronounced for foot infections, also for respiratory infection, urinary tract infection, sepsis, and post-operative infection.

The **oral manifestations and complications** related to DM include dry mouth (xerostomia), tooth decay (including root caries), periapical lesions, gingivitis, periodontal disease, oral candidiasis, burning mouth (especially glossodynia), altered taste, geographic tongue, coated and fissured tongue, oral lichen planus, recurrent aphthous stomatitis, increased tendency to infections, and defective wound healing.^{6,7}

An increasing number of **pregnancies are complicated by diabetes**, Maternal Type1DM and Type2 DM are associated with an increased risk of congenital malformations and other serious complications, whereas the milder degrees of hyperglycaemia found in GDM are associated with complications that include macrosomia, birth trauma and maternal pre-eclampsia⁸.

The relationship between diabetes mellitus and Non-Alcoholic Fatty Liver Disease and liver cirrhosis is bidirectional.

Psychological Impact

Social stigma can have profound impacts on the quality of life of not only people with diabetes mellitus, but their families and carers too. Diabetes mellitus burnout appears to be a distinct concept, and is characterized by exhaustion and detachment, accompanied by the experience of a loss of control over diabetes mellitus. Risk of depression, anxiety disorders and eating disorders among people with diabetes mellitus appears to be greater than the risk in the general population

Miscellaneous Complications

The other miscellaneous complications attributed

to Diabetes are, Obstructive sleep apnea, Cognitive impairment such as dementia, particularly vascular dementia, and increased risk of certain cancers³.

Scope of Homeopathy in Management Of Diabetic Complications- Scientific Evidences

The homeopathic system of medicine can effectively control the blood glucose levels when taken in conjunction with lifestyle changes. The constitutional approach, considering the mental, physical, and characteristic particulars is a gold standard. In addition to the case reports published, research is carried out on antidiabetic action of certain homeopathic remedies. Studies suggest that Individualized homeopathic treatment was associated with better glycaemic control compared with standard conventional treatment alone⁹. The protective effect of the Homeopathic remedy *S jambolanum* (mother tincture) on diabetic induced carbohydrate and lipid metabolic disorders was demonstrated in animal models¹⁰. Different potencies of homeopathic remedies *Cephalandra indica* is proved to have alleiviating effects of diabetic neuropathy^{11,12}. Another study shows that *Gymnema sylvestre* 6 CH and *Gymnema sylvestre* mother tincture has beneficial anti diabetic effects and warrants future investigation¹³. Positive trend was noted for the verum group in a study conducted on effectiveness of homeopathy in diabetic neuropathy¹⁴. Homeopathic remedies *Calendula*, *Hypericum*, and *Echi-p* was found effective in treating diabetic foot ulcers in in-vitro models¹⁵.

CONCLUSION

The Homeopathic system of medicine can give substantial relief to people suffering from diabetes mellitus in a cost effective and holistic manner. There is growing evidence of effectiveness of Homeopathy in management of diabetes mellitus, as well as antidiabetic properties of various homeopathic preparations.

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Diabetes Mellitus, Its Complication And Homoeopathy

Dr. Priya

PG Scholar, Department of Practice of Medicine. Bakson Homoeopathic Medical College And Hospital, Greater Noida, UP

Keywords

Diabetes mellitus, Case studies, Management, Homoeopathy.

Abbreviations

Diabetes mellitus – DM, Insulin-dependent DM (IDDM), Non-insulin dependent diabetes mellitus (NIDDM)

Abstract

Diabetes mellitus is one of the most prevalent systemic diseases worldwide. The biggest risk to public health in the twenty-first century is diabetes, the disease is irreversible and non-communicable. Life expectancy was shortened by its complications. These include microvascular damage that results in diabetes retinopathy, nephropathy, and neuropathy; and macrovascular disease that raises the incidence of coronary artery disease, peripheral vascular disease, and stroke. It has been discovered that homoeopathic treatments offer a secure and reliable choice for treating patients with this chronic illness.

Introduction

Diabetes mellitus is a chronic metabolic disorder characterized by elevated blood sugar levels due to either insufficient production of insulin (Type 1 diabetes), inadequate response of cells to insulin (Type 2 diabetes), or a combination of both.¹

Type 1 DM - It constitutes about 10% cases of DM.

- Also termed as

1. Juvenile-onset diabetes - occurrence in younger

age

2. Insulin-dependent DM (IDDM) because these patients have absolute requirement for insulin replacement as treatment.

Type 2 DM- This type comprises about 90% cases of DM.

- Also termed as^o

1. Maturity-onset diabetes

2. Non-insulin dependent diabetes mellitus (NIDDM)

Gestational Diabetes mellitus - occurs in pregnant women without a previous history of diabetes. Long-term effects of intrauterine exposure to hyperglycemia are responsible for the increased risk of obesity and type 2 diabetes in offspring born to mothers with gestational diabetes mellitus (GDM), which can develop during pregnancy and then go away after delivery.

Epidemiology

Globally, the prevalence of diabetes was projected to be 2.8% in 2000 and 4.4% in 2030 for all age groups. The International Federation of Diabetes Atlas's most recent statistics indicates that 463 million adults have diabetes. Over the past few decades, there has been a steady rise in both the number of cases and the incidence of diabetes.

It is projected that 19.4 million people in India are afflicted with this fatal illness at the moment, and by 2025, that number is expected to rise to 57.2 million. India is expected to have the most number of diabetes mellitus sufferers worldwide by 2025. In Kerala, 8% of adults have diabetes; this percentage varies from 3% in rural to 20% in

urban areas.²

Risk factors

Age above 40 years

Family history

Obesity

Unhealthy eating habits

High blood pressure

Impaired glucose intolerance

Inactive life style

Abnormal blood lipids

Comparison of Type 1 and Type 2 Diabetes

Features	Type 1 Diabetes	Type 2 Diabetes
Onset	Sudden	Gradual
Age	Young age	Middle age
Family history	No	Yes
Ketoacidosis	Common	Rare
Endogenous insulin	Low or absent	Normal, increased, or decreased
Body size	Normal	Obese
Prevalence	~ 10%	~ 90%

Signs and Symptoms

Weight loss, polyuria, increased thirst, polyphagia, lethargy, stupor, blurred vision, headache, fatigue, poor wound healing, and itchy skin. Long-term elevated blood glucose levels can result in glucose absorption in the lens of the eye, changing its structure and eyesight. Diabetic dermadromes are a group of skin rashes that can happen to people with diabetes.

Diagnosis

Glycated hemoglobin (A1C) test – It measures the average blood sugar level for the past two to three months. An A1C level of 6.5 percent or higher indicates that you have diabetes. An A1C between 5.7 and 6.4 percent indicates prediabetes (A condition in which blood sugar is high but not high enough to be type 2 diabetes) Below 5.7 is considered normal.

Blood glucose: Fasting blood sugar, post prandial blood sugar levels and Random blood sugar. *Oral glucose tolerance test.*

Urine analysis: Urine sugar and Microscopic test to eliminate DN.

Other: Thyroid, ECG, Chest X - ray (AP/lateral view), lipid profile.

Homeopathic Studies Related To Diabetes Mellitus

1. A prospective multi-centric open clinical trial of homeopathy in diabetic distal symmetric polyneuropathy. Patients suffering from diabetes mellitus and presenting with symptoms of diabetic polyneuropathy. Out of 336 patients were enrolled in the study, 247 patients who were analyzed. All patients who attended at least three follow-up appointments and baseline curve conduction studies were included in the analysis. A statistically significant results found at 12 months from baseline. Most frequently prescribed medicines *Lycopodium clavatum*, *Phosphorus*, and *Sulphur*.³

2. A clinical study on efficacy of homeopathic remedies in management of type 2 diabetes mellitus. A sample of thirty individuals with type 2 diabetes was chosen. Signs and symptoms of type 2 diabetes mellitus were significantly reduced during the course of a clinical research. *Lycopodium*, *Pulsatilla*, *Acid phos*, *Natrum sulph*, *Calc carbonica*, *Kali phos*, *Nux vomica*, and *Graph* are the most commonly recommended medications. We can therefore draw the conclusion that homeopathic medications work incredibly well for treating type 2 diabetes⁴.

3. Observational study of homeopathic and conventional therapies in patients with diabetic polyneuropathy. Out of 45 patients, 32 patients completed the observation study, and in parallel the conventional therapy outcomes were observed in 32 patients, 29 of whom completed the study. During the monitoring period, DNS improved in both groups; however, only the Homeopathic group showed a statistically significant difference from the baseline. Blood pressure, body weight, and electro neurophysiological parameters all significantly stabilized during the course of the observation, whereas fasting blood glucose slightly decreased. Complementary homeopathic medicines found effective in cases of diabetic neuropathy.⁵

Complications

Some common complications include

Cardiovascular Complications: Diabetes increases the risk of various cardiovascular problems such as heart disease, stroke, and peripheral vascular disease.

Neuropathy: High blood sugar levels can damage nerves throughout the body, leading to neuropathy. This can cause numbness, tingling, pain, or weakness, particularly in the hands and feet.

Nephropathy: Diabetes can damage the kidneys, leading to chronic kidney disease or even kidney failure.

Retinopathy: Elevated blood sugar levels can damage the blood vessels in the retina, leading to diabetic retinopathy, which can cause vision problems and blindness if left untreated.

Foot Complications: Nerve damage and poor blood circulation associated with diabetes can lead to foot problems, including infections and, in severe cases, amputation.

Management

Medication or Insulin: Depending on the type and severity of diabetes, medication or insulin might be necessary to regulate blood sugar levels.

Lifestyle Changes: This includes maintaining a healthy diet, regular exercise, managing weight,

and avoiding smoking and excessive alcohol consumption.

Monitoring Blood Sugar Levels: Regularly checking blood sugar levels helps in understanding and managing diabetes effectively.

Regular Medical Check-ups: Periodic visits to healthcare providers are essential to monitor diabetes-related complications and make necessary adjustments in treatment.

Homoeopathic approach: Miasmatic Approach⁶

According to pathogenesis of Type I DM where destruction of the β cells occurs, syphilitic miasm plays a major role. In Type II DM insulin resistance, abnormality of glucose receptors and β cells of pancreas are the primary causes rather than inadequacy of insulin. Therefore Sycotic miasm occurs here. When the secondary cause [especially the psychological stress] responsible for functional disturbances in Type II DM, Psora is the dominating miasm behind this process.

Samuel Hahnemann stated that in 'Chronic Disease', diabetes is a Psoric manifestation. Many stalwarts claim that diabetes is a combined miasmatic condition that includes syphilis and psora.

Figure shows miasmatic approach

According to Hamer theory, Conflict in diabetes mellitus - Fear-disgust conflict of someone or something and at the same time resistance conflict -to defend oneself against someone or something. = combination of hyperglycemia and hypoglycemia.

Homoeopathic approach : Homeopathic Therapeutics⁷

Acacia arabica



It is very effective in diabetes mellitus. It has a good nutritional value and to be anthelmintic, antibacterial, and antidiarrheal

Allium sativa -



It is very good remedy for diabetes. Increased urination, Whitish, very abundant urine, becoming cloudy. Voracious appetite. Great hunger from weakness of stomach without appetite. Thirst; preventing sleep.

Abroma augusta -



It helps to control increased hunger and frequent urination and beneficial for diabetics experiencing insomnia brought on by elevated blood sugar levels. Severe weakness brought on by weight loss in the muscles.

Fenugreek



It lowers blood and urine sugar, manages diabetes and polyuria. It possesses anti-diabetic qualities.

Cinnamomum-



The ability of cinnamon to reduce blood sugar is widely recognized. In addition to the positive impacts on insulin resistance.

Uranium Nitricum



It produces excessive urine and glycosuria. known to cause dropsy, hyperglycemia, and nephritis. Great emaciation, debility, and a propensity for ascites and general dropsy are its primary treatment characteristics.

CONCLUSION

These days, diabetes mellitus is a major issue. The way of life and the conditions of today are key factors in the occurrence of these kinds of serious complications. Homeopathy covers the patient's constitution, which takes into account a number of his bodily conditions, in addition to a thorough examination of his mental state, which includes his emotions, psychosocial history, behavior, and personality traits. Constitutional homeopathic remedies can treat the negative effects of strong conventional medications, prevent the progression of the disease, lower the symptoms of diabetes mellitus, and keep blood glucose levels within acceptable ranges. Homeopathy is a form of medicine based on individualized, holistic, and totalistic philosophy. Using safe, non-toxic treatments to treat the illness.

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Diabetic Nephropathy & Role of Homoeopathy in Its Prevention and Treatment

Dr. Janki Yogesh Doshi

Associate Professor in Department of Practice of Medicine in LSFPEF'S Lokmanya Homoeopathic Medical College and Hospital, Chinchwad, Pune 33, Maharashtra

Keywords

Etiopathology, Risk factors, Microvascular, Macrovascular complications, Scope of homoeopathy in prevention and treatment of Nephropathy

Abstract

Long term complications of diabetes mellitus still cause significant morbidity and mortality. Commonest are retinopathy, cataract, peripheral neuropathy, nephropathy, diabetic foot, myocardial infarction, ischemia, claudication, gum disease, skin infections. The patients with Type II DM may have additional cardiovascular risk factors. Pathogenesis is genetic, autoimmune, environmental factors so different organs or systems can be affected and cause several complications. Several risk factors can coexist like smoking, obesity etc, so again more prone for complications.

Introduction^(1,2)

Diabetes mellitus is a group of chronic metabolic conditions, characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. This group of conditions can be subdivided into 4 clinically distinct types: Type I, Type II, gestational DM, Group of other types of diabetes caused by specific genetic defects of beta-cell function or insulin action, diseases of the pancreas, or drugs or chemicals.

Secondary causes of Diabetes Mellitus can be (1,2)

- Pancreatic disease: Trauma. Pancreatitis. Cystic fibrosis. Carcinoma of pancreas
- Endocrine disorders : Acromegaly. Cushing's Syndrome. Pheochromocytoma

- Infections: Congenital rubella. Cytomegalovirus
- Other genetic syndromes: Down's syndrome. Turner's syndrome. Klinefelter's syndrome
- Gestational diabetes
- Impaired glucose tolerance

Diabetes can affect many different organ systems in the body and can lead to serious complications. Complications from diabetes can be classified as microvascular or macrovascular.^(1,2)

- Microvascular complications include neuropathy, nephropathy, retinopathy.
- Macrovascular complications include cardiovascular disease, stroke, and peripheral vascular disease. Peripheral vascular disease may lead to bruises or injuries that do not heal, gangrene, and, ultimately, amputation.

Excess mortality in diabetes is caused by large blood vessels disease, particularly myocardial infarction, stroke, angina, cardiac failure.

Diabetic Nephropathy^(1,2,3,4)

Diabetic nephropathy is an important cause of morbidity and mortality and is the most common cause of renal failure. It is the major cause of premature death. Poorly controlled diabetes can cause damage to blood vessel clusters in kidneys that can lead to kidney damage and cause high blood pressure. High blood pressure can cause further kidney damage .

Pathologically the first change coincide with the onset of microalbuminuria and thickening of glomerular basement membrane and accumulation of matrix material in the mesangium.

of glomerular basement membrane and accumulation of matrix material in the mesangium. Later nodular deposits and glomerular sclerosis worsens as heavy proteinuria develops and then glomeruli are progressively lost and renal function deteriorates

Nephropathy will produce

- a. Albuminuria.
- b. Fluid retention which could lead to oedema.
- c. A rise in potassium levels.
- d. Cardiovascular disease, which could lead to stroke.
- e. Diabetic retinopathy.
- f. Anemia.
- g. Bone and mineral disorders.
- h. End-stage kidney disease

Prevention⁽³⁾

Regular appointments for diabetes management shall be done. High blood pressure or other medical conditions shall be treated. Healthy weight shall be maintained. Smoking shall be avoided. Good evidence suggests that early treatment delays or prevents the onset of diabetic nephropathy or diabetic kidney disease

Investigations⁽⁴⁾

Investigations will show persistent albuminuria . Progressive decline in the glomerular filtration rate (GFR) will be there. Generally, diabetic nephropathy is considered after a routine urinalysis and screening for microalbuminuria in the patient of diabetes. Patients may have physical findings associated with long-standing diabetes mellitus. Renal ultrasonography is performed to observe for kidney size, which is usually normal to increase in the initial stages and, later, decreased or shrunken with chronic renal disease.

Role of Homoeopathy

Homoeopathy has a good scope in treating diabetes, prevention of complications, treating diabetic nephropathy. Aim is to avoid further damage to the kidney and treat the symptoms and reduce the complaints of the patient. We can also

prevent onset of other complications. Thorough history taking is a must. Regular follow up will prevent complications and help to treat in time. Individualisation is most important to cure in homoeopathy.

Homoeopathic Remedies^(5, 6, 7)

Apis Mellifica



It is a good medicine for urinary complaints and also acts on skin, CNS, CVS, respiratory system. Incontinence of urine, with great irritation of the parts. Burning and soreness when urinating. Patient can scarcely retain the urine for a moment. Urine scalds, frequent, painful, scanty, bloody. Last drop burn and smart. It causes oedema of skin and mucous membranes. Oedema with red rosy appearance, stinging migrating pain < by heat, slightest touch and afternoon. Extreme sensitiveness to touch. Associated with thirstlessness. Right sided affection. Ailments from jealousy, fright, rage, vexation, bad news. Mentally irritable, nervous, fidgety, weeping, discouraged, despondent. Aggravation after sleeping, warm room. Amelioration in open air, cold water, cold bathing.

Apocynum Cannabinum



In diabetes with nephropathy, the bladder is much distended. Turbid, hot, urine with thick mucus and burning in urethra after urinating. Dribbling of urine. Renal dropsy. Excretions are diminished, especially urine and sweat. Dropsy with thirst. Water disagrees or is vomited. Pulse frequency is diminished. Also indicated for gastric complaints, arrhythmia, mitral and tricuspid regurgitation, hydrocephalus, acute alcoholism. Complaints

with great restlessness and little sleep. All complaints are aggravated in cold weather, with cold drinks and uncovering.

Lycopodium Clavatum



Suited for persons intellectually keen but physically weak, upper part of body emaciated, lower part semi-dropsical, useful in extremes of life, children and old people. Ailments from fright, anger, mortification or vexation with reserved displeasure. Avaricious, greedy, miserly, malicious, irritable; peevish and cross on waking, ugly, kicks and screams, easily angered, cannot endure opposition or contradiction. Weeps all day, cannot calm herself, very sensitive, even cries when thanked. Fan-like motion of the alae nasi. Red sand in urine, child cries before urinating, pain in back, relieved by urinating; renal colic, right side. Pain in back before urinating, ceases after, flow slow in coming, must strain. Retention, polyuria during the night. Heavy red sediment. Aggravated on right side, from right to left, from above downward, 4 to 8 pm, from heat or warm room, hot air, bed, warm applications, except throat and stomach which are better from warm drinks. Better, by motion, after midnight, from warm food and drink, on getting cold, from being uncovered. It also acts on CVS, respiratory, GIT.

Arsenicum Album



Scanty, burning, involuntary urine. Bladder as if paralyzed. Albuminous. Epithelial cells, cylindrical clots of fibrin and globules of pus and blood. After urinating, feeling of weakness in abdomen. Remedy for Bright's disease, diabetes. This remedy acts on every organ and tissue. Debility, exhaustion, and restlessness, with nightly

aggravation, are most important. Great exhaustion after the slightest exertion. Burning pains. Unquenchable thirst, drinks often, but little at a time. Burning relieved by heat. Seaside complaints. Injurious effects of fruits, especially more watery ones. Fear fright and worry. Green discharges. Cannot bear the smell or sight of food. Anasarca. Bad effects from decayed food or animal matter, whether by inoculation, olfaction or ingestion. Pulse more rapid in morning. Periodicity marked. Intermittent fever, paroxysms incomplete with marked exhaustion. Great anguish and restlessness. Changes place continually. Fear of death, of being left alone. Worse wet weather, after midnight, from cold, cold drinks or food, seashore, right side. Better from heat, from head elevated, warm drinks.

Berberis Vulgaris



The renal or vesical symptoms predominate. Pain in the small of back, very sensitive to touch in the renal region <when sitting and lying, from jar, from fatigue. Burning and soreness in region of kidneys. Numbness, stiffness, lameness with painful pressure in renal and lumbar regions. Burning pains. Sensation as if some urine remained after urinating. Urine greenish, with thick slimy mucus and bright red, jelly like sediment. Bubbling, sore sensation in kidneys. Pain in bladder region. Pain in the thighs and loins on urinating. Frequent urination; urethra burns when not urinating. Rheumatic and gouty complaints, with diseases of the urinary organs. Colic from gall-stones. Bilious colic, followed by jaundice, clay-colored stools, fistula in ano, with bilious symptoms and itching of the parts. Rapid change of symptoms pains change in regard to place and character. Thirst alternates with thirstlessness. Acts on the venous system, producing pelvic engorgements and hemorrhoids. Hepatic, and rheumatic affections, particularly with urinary and menstrual complaints. Old gouty constitutions. Worse with motion, standing. It brings on, or increases urinary

complaints. Aggravation with walking or carriage riding any sudden jarring movement.

Terebinthinae Oleum



Strangury, with bloody urine. Scanty, suppressed, odor of violets. Urethritis, with painful erections. Inflamed kidneys following any acute disease. Constant tenesmus. Violent burning and drawing pains in kidney, bladder and urethra. Violent burning and cutting in bladder, tenesmus, sensitive hypogastrium, cystitis and retention from atony of fundus. Albuminuria, acute, in early stages, when blood and albumin more than casts and epithelium, after diphtheria, scarlatina, typhoid. Aggravation from living in damp dwellings. Spasmodic retention of urine. Burning pain in the region of kidneys. Drawing in the right kidney extending to the hip. Pulse rapid, small, thready, intermittent. Also useful for tympanitis, chilblains, metrorrhagia, acne.

Helonias Dioica



Albuminous, phosphatic, profuse and clear urine with diabetes. Pain and weight in back, tired and weak. Aching and burning across the lumbar region, with constant burning. Boring pain in the lumbar region, extending down legs. Sensation of weakness, dragging and weight in the sacrum and pelvis. Great languor, better exercising. Profound melancholy. The patient is better when kept busy, with mind engaged, when doing something. Irritable; cannot endure the least contradiction. Worn out with hard work, mental or physical, overtaxed muscles burn and ache, so tired can't sleep. Great thirst. For the bad effects of abortions

and miscarriages. Better, when doing something, mental diversion. Worse, motion, touch.

CONCLUSION

Nephropathy is a common complication of Diabetes Mellitus. Homoeopathy will help to prevent and treat nephropathy. Early diagnosis will have better prognosis. Acute therapeutic medicines can be useful in acute complaints of renal disease. Constitutional medicines with action on renal system and similimum based on mentals, physical generals, particulars can help the patient in case of chronic condition of diabetes mellitus with renal signs and symptoms. Even a known case of diabetes can be advised for regular follow ups to help the patient in reducing the risk factors like obesity, hypertension, stress etc. So homoeopathy has a good scope in diabetic renal affection.

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Gestational Diabetes Mellitus with its Complications and Significance of its Burden in Society

Dr. Karabi Majhi, Dr. Sunita Sardar, Dr. Neelavna Dey, Dr. Patranu Parui

¹PGT, Dept. of Practice of Medicine, The Calcutta Homoeopathic Medical College and Hospital, Govt. Of West Bengal.

²M. D. (Hom), Reader, Dept. of Gynaecology and Obstetrics, The Calcutta Homoeopathic Medical College and Hospital, Govt. Of West Bengal.

³PGT, Dept. of Practice of Medicine, The Calcutta Homoeopathic Medical College and Hospital, Govt. Of West Bengal.

⁴Junior Research Fellow, Regional Research Institute for Homoeopathy, Siliguri, Central Council for Research in Homoeopathy

Keywords

Gestational DM, pregnancy complications, GDM complications,

Abbreviations

IDF- International Diabetes Federation. ADA- American Diabetes Association. HAPO- Hyperglycaemia and Adverse Pregnancy Outcome. DH- District Hospital. MC- Medical College. PHC- Primary Health Centre. FPG- Fasting Plasma Glucose. PPPG- Post Prandial Plasma Glucose. PW- Pregnant Women.

Abstract

GDM is the most common metabolic disease in pregnancy hence constitutes a significant global health burden. Due to its increased risk and adverse health effects GDM is gaining a lot of research attention. The World Health Organization (WHO) defines GDM as “any level of the early or first detection of glucose intolerance in pregnancy”. Despite the health burden on society there are considerable uncertainties and variations in clinical guidelines for GDM screening, diagnosis and management. Increasing evidence suggests GDM has significant short and long-term complications for both the mother and the offspring.

Introduction

Gestational diabetes is defined as diabetes with first onset or recognition during pregnancy¹. In 2019, the IDF estimated that 16% of pregnancies worldwide were affected by either GDM or preexisting DM. Most women with GDM revert to normal glucose tolerance postpartum but have a substantial risk (35–60%) of developing DM in the next 10–20 years². In addition, children born to a mother with GDM also have an increased risk of developing metabolic syndrome and type 2 DM later in life. Currently, the ADA recommends that women with a history of GDM undergo lifelong screening for the development of diabetes or prediabetes at least every 3 years. The latest research suggests that gestational diabetes is a risk factor for cardiometabolic diseases of the mother and child.

History- In the year 1824, German researchers reported the first incidence of gestational diabetes occurring in a pregnant woman. Lambie reported for the first time about the signs of diabetes to appear in the fifth or sixth month of pregnancy in 1926³.

Factors which enhance the risk of GDM

- Higher age.
- Increased body weight (a body mass index >30kg/m²).

- Decreased physical activity.
- A first degree relative with diabetes mellitus.
- Prior history of gestational diabetes.
- Previous macrosomic baby weighing >4.5kg.
- Metabolic comorbidities like hypertension.
- Family origin with a high prevalence of diabetes,
- South Asian (specially women whose country of family origin is India, Pakistan or Bangladesh).
- African Caribbean.
- Middle Eastern.
- Low HDL.
- Triglycerides greater than 250.
- Polycystic ovarian syndrome.
- Haemoglobin A1C greater than 5.7.
- Abnormal oral glucose tolerance test.
- Any significant marker of insulin resistance (acanthosis nigricans).
- Past medical history of cardiovascular diseases.

Types⁴

- A1GDM- Gestational diabetes managed without medication and responsive to nutritional therapy is as diet-controlled gestational diabetes (GDM) or A1GDM.
- A2GDM- Gestational diabetes managed with medication to achieve adequate glycaemic control classifies as A2GDM.

Prevalence

The incidence of GDM depends on the population and diagnostic criteria, and current estimates indicate that around 15% of pregnant people globally are affected⁵. Epidemiological data shows that the prevalence of GDM in Asian women is higher⁶. The prevalence of GDM is strongly associated with maternal body mass index (BMI), with the risk being four times higher in women with obesity (BMI \geq 30 kg/m²) compared with women who have a healthy BMI (18.5–24.9 kg/m²). GDM is a growing health concern due to its close association with increasing BMI and with adverse pregnancy outcomes for the mother and offspring⁷.

India presents the second-highest population with

diabetes mellitus worldwide and is one of the global epicenters for the DM epidemic⁸.

In India, the rates of GDM are estimated to be 10-14.3% which is much higher than the west. In a field study in Tamil Nadu performed under the Diabetes in Pregnancy – Awareness and Prevention project, of the 4151, 3960 and 3945 pregnant women screened in urban, semi urban and rural areas, respectively, the prevalence of GDM was 17.8% in the urban, 13.8% in the semi urban and 9.9% in the rural areas. The incidence of GDM is expected to increase to 20% i.e. one in every 5 pregnant women is likely to have GDM. Despite a high prevalence of GDM in Indian women, currently screening of pregnant women for GDM is not being done universally as part of the essential antenatal programme. The test is sporadically being done at DH and MC in some states as per direction of individual clinician except in the state of Tamil Nadu where every pregnant woman is being screened up to the level of PHC as a part of the government of Tamil Nadu initiative.

Mechanisms Underlying GDM

GDM is a disease of the pancreatic β cells like other forms of hyperglycaemia. There are three separate underlying causes of β -cell dysfunction-

- Some women have circulating immune markers (for example, anti-islet cell antibodies or antibodies to glutamate decarboxylase 65).
- Some women have genetic variants that are diagnostic of monogenic forms of diabetes. These include genes for subtypes of maturity onset diabetes of the young (MODY) and maternally inherited diabetes.
- Obesity and chronic insulin resistance.

Pathogenesis of GDM

Maternal pancreas increases the amount of insulin secretion in normal pregnancy to maintain normal blood glucose levels. After delivery insulin secretion becomes normal. Insulin requirements increased during pregnancy, when maternal pancreas unable to fulfil the requirements results as GDM⁹. Maternal metabolism is modified during pregnancy to provide glucose supply for the developing foetus by the various hormones secreted during pregnancy¹⁰. The increased insulin resistance in GDM women is present through the 'pre to post' phase of pregnancy. The combined

effect of reduced insulin sensitivity and inadequate response of pancreatic beta cells leads to increased insulin production clinically reflect as maternal hyperglycaemia. Foetal hyperglycaemia occurs when maternal high glucose levels cross the placenta and stimulate foetal pancreas. The anabolic properties of insulin enhance the rate of foetal growth¹¹.

Consequences of GDM

The consequences of GDM are manifested both in mother and offspring.

Maternal Complications

- Polyhydramnios
- Pre-eclampsia
- Prolonged labour
- Obstructed labour
- Caesarean section
- Uterine atony
- Postpartum haemorrhage
- Infection

Foetal Complications

- Intra-uterine death
- Stillbirth
- Congenital malformation
- Shoulder dystocia
- Birth injuries
- Neonatal hypoglycaemia
- Infant respiratory distress syndrome

Diagnostic Criteria of Gestational Diabetes

- Fasting plasma glucose of >5.1mmol/L (92mg/dL).
- 1hour plasma glucose >10mmol/L (180mg/dL) after a75g glucose load.
- 2hour plasma glucose >8.5mmol/L (153mg/dL) after a 75g glucose load.

Complications

The result of Hapo study shows that pregnant women with GDM are at the risk of various serious complications like preterm delivery, macrosomal babies, neonatal

hypoglycaemia, and hyperbilirubinemia¹². GDM increases macrosomic (>4000 g) offsprings. One meta-analysis study revealed that the use of insulin increased cases of neonatal respiratory distress syndrome but where insulin is not used there are increased cases of macrosomia¹³. When a birth weight is equal to or more than the 90th percentile for a given gestational age, it is termed as Large for gestational age (LGA) which generally indicates excessive foetal growth. The result of a prospective study by Song et al. reveals GDM can be an influencing factor for obese pregnant mothers to develop macrosomia & LGA¹⁴.

Excess glucose in the gestational environment may lead to increased hepatic fat deposition in the foetus, which possibly plays a role in the development of non-alcoholic liver disease in children¹⁵. Gestational diabetic mothers are at high risk of developing type 2 diabetes even after 10 to 20 years of pregnancy¹⁶.

Hypoglycaemia in a newborn with GDM mother

The babies born to a GDM mother are at high risk of developing Hypoglycaemia. Any new-born with blood glucose less than 45 mg/dL should be considered as 'baby with hypoglycaemia'.

Management

Initially, GDM is managed with Medical Nutrition Therapy [MNT], it includes a carbohydrate enriched balanced meal plan which covers

- Optimal nutrition for maternal and foetal health.
- Adequate energy for appropriate gestational weight gain.
- Achievement and maintenance of normoglycemia.

Diet

A balanced diet plays an important role in our health. India is a developing country with a huge population. So, if we can plan our diet based on available resources it will not only help to prevent or manage the complications during or after pregnancy but also reduces the economic burden by reducing the medical cost of treatment. In an umbrella review of systematic reviews and meta-analyses of randomized clinical trials, Kouiti et al. evaluated the effects of diet and/or physical activity interventions during pregnancy on preventing GDM¹⁷. Carbohydrate is the most essential part of a healthy diet. The natural sources of carbohydrates are cereals [rice, wheat, bajra]

and products of cereals [suji, refined flour, breads], different pulses, Starchy vegetables [Potatoes, sweet potatoes]. Large amounts of carbohydrate should not be taken at one time otherwise it will raise the blood glucose level. Saturated fatty food [ghee, butter, red meat] consumption should be less than 10% of total calories, it will help to slow the rate of weight gain. During Pregnancy protein requirements are increased. So, the diet should include milk, milk products, eggs, pulses, fish, chicken. Soluble high fibre foods also play an important role by delaying gastric emptying and preventing the entry of glucose into the bloodstream thus it controls the blood sugar. A mother should follow discipline regarding meal timings. Eating heavy at one meal or skipping any meal or fasting for long hours should be avoided. She should include all food groups in her daily diet. For non- vegetarian mother eggs, low fat meat like well- cooked fish or chicken can be included.

Physical Exercise

It has a good impact on our physical and mental health. Everyday exercise helps to reduce or manage blood sugar level. In a study, researchers found that women who were physically active before and during their pregnancy -- about 4 hours a week -- lowered their risk of gestational diabetes by about 70% or even more¹⁸.

Special care for pregnant women with GDM

In cases diagnosed before 20 weeks of pregnancy, a fetal anatomical survey by USG should be performed at 18-20 weeks.

For all pregnancies with GDM, a fetal growth scan should be performed at 28-30 weeks gestation & repeated at 34-36 weeks gestation. There should be at least 3 weeks gap between the two ultrasounds and it should include foetal biometry & amniotic fluid estimation.

In PW with GDM having uncontrolled blood glucose level or any other complication of pregnancy, the frequency of antenatal visits should be increased to every 2 weeks in the second trimester & every week in the third trimester.

Labour & Delivery

Most GDM guidelines recommend elective birth (induction of labour or elective caesarean section) in women with GDM around the estimated date of delivery and before this if there are any maternal or

foetal complications¹⁹. Pregnant women with GDM on insulin therapy with uncontrolled blood glucose levels (2 hr PPPG ≥ 120 mg/dl) or insulin requirement >20 U/day should be referred for delivery under care of gynaecologist at least a week before the planned delivery.

GDM pregnancies are associated with delay in lung maturity of the foetus; so routine delivery prior to 39 weeks is not recommended. If a PW with GDM with well controlled plasma glucose has not already delivered spontaneously, induction of labour should be scheduled at or after 39 weeks pregnancy.

In case of foetal macrosomia (estimated foetal weight > 4 Kg) consideration should be given for a primary caesarean section at 39 weeks to avoid shoulder dystocia.

Post-delivery follow up of Pregnant Women with GDM

Maternal glucose levels usually return to normal after delivery. Nevertheless, a FPG & 2 hr PPPG is performed on the 3rd day of delivery at the place of delivery. For this reason, GDM cases are not discharged after 48 hours unlike other normal PNC cases.

Homoeopathic Approach

*Miasmatic Analysis*²⁰

The Diabetic patient is usually strongly tubercular, but if there is a Sycotic taint as well, the condition becomes much more Malignant.

Diabetes Mellitus comes under Sycotic miasm.

*Rubrics*²¹

Diabetes Mellitus

Pregnancy aggravation; during- Alloxanum, Murex, Podophyllum, Zincum Met, Zincum Mur, Zincum Nit.

Only in "Synthesis Repertory" we find the direct rubric for GDM.

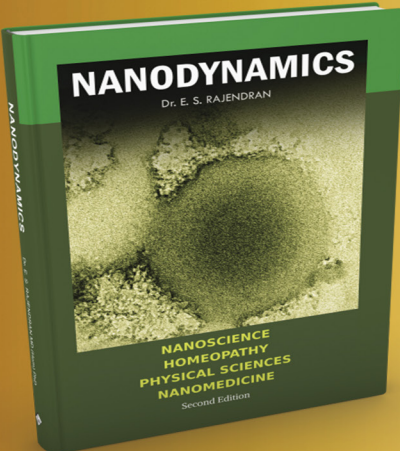
CONCLUSION

GDM has significant short- and long-term health risks for the mother, developing foetus and the children born to mothers with GDM. A good number of pharmacological treatments for GDM is available with different names among them insulin is the most important one, but these drugs may have adverse

long-term outcomes on children and adults exposed to the drugs in utero²². So, lifestyle modification, Public-awareness and patient education is the preliminary way to prevent, manage and control the GDM and its adverse effects.

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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

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Know Your Risk, Know Your Response

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

¹Assistant Professor, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, Homoeopathy University, Jaipur (Rajasthan)

²PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, Homoeopathy University, Jaipur (Rajasthan)

³PG Scholar, Department of Homoeopathic Materia Medica, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, Homoeopathy University, Jaipur (Rajasthan)

Keywords

Diabetes, Complications, Homoeopathic therapeutics, World Diabetes Day

Abbreviations

World Diabetes Day(WDD), Type2 Diabetes Mellitus(T2DM), Diabetes Mellitus(DM)

Abstract

Diabetes Mellitus is a chronic, metabolic, pancreatic disorder affecting 170million people worldwide, in both affluent and non-affluent society. India, second most affected country in the world where more than 50% of the population are unaware and undiagnosed leading to various complications. This article aims to inculcate various diabetic complications, its therapeutics and uplifting the theme of World Diabetes Day 2023.

Introduction

World Diabetes Day(WDD) was created in 1991 by the International Diabetes Federation(IDF) and World Health Organization(WHO) in response to growing health threat concerns posed by diabetes. It is marked every year on 14 November, the birthday of Sir Frederick Banting, who discovered insulin along with Charles Best in 1922. The theme for WDD 2021-2023 is "Access to Diabetes Care" focusing on delaying or preventing Type2 Diabetes(T2DM) and its complications with the

slogan "Know your risk, know your response".¹

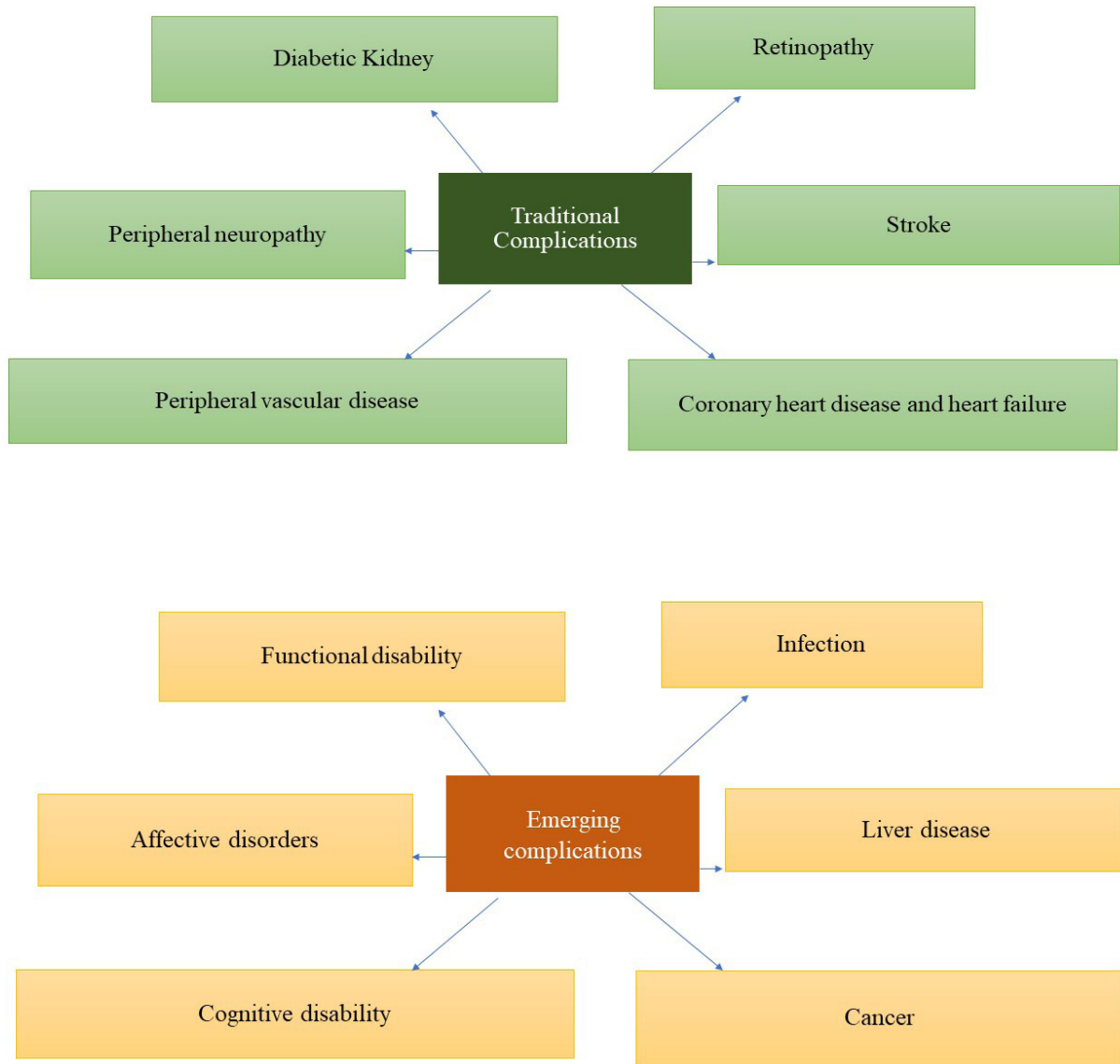
Diabetes Mellitus(DM) is a chronic, metabolic disorder affecting the pancreas producing insulin, a hormone which regulates blood sugar, resulting in increased blood sugar level. Pancreas either cannot produce enough insulin or when the body is ineffective in using it effectively. Hyperglycaemia, or raised blood sugar, a common effect of uncontrolled diabetes over-time results in serious damage to the body's system especially the nerves and blood vessels. T2DM is a widespread and treatable Non-Communicable Disease. Type1 Diabetes managed with insulin injections is not preventable.^{2,3}

Epidemiology^{1,2}

Recent research showed about 170million people worldwide is suffering from DM and the number is growing rapidly. In India, about 77million people >18years of age are suffering from T2DM, nearly 25 million are pre-diabetic, making India the second most affected in the world after China. In 2020, 700,000 Indians died of hyperglycaemia, kidney disease or other complications. More than 50% people are unaware of their diabetes status leading to health complications if not detected and treated early. In India Type1 Diabetes is rarer than in western countries, and about 90-95% of Indians were diagnosed with T2DM. DM appearing to be a global epidemic as an increasingly major non-communicable disease threatening both affluent and non-affluent society.

Complications^{2,4}

The article discusses following complications and its



therapeutics:

Diabetic nephropathy: Persistent albuminuria and declining glomerular filtration rate. High blood sugar level damages the small blood vessels and tiny filters of the kidney causing leakage and malfunction resulting in abnormal amounts of blood protein passing through urine.

Diabetic neuropathy: Nearly 30-40% diabetic individuals affected; presented by gradual loss of sensory impairment along with burning, numbness and pain.⁵

Diabetic skin – Reduced blood flow causes stasis in the feet increasing the chance of foot-ulcers, infection leading to limb amputation

Homoeopathic Therapeutics

Diabetes neuropathy	Diabetes nephropathy	Diabetic skin
Adrenalin, Argentum nitricum, Arsenicum album, Codeinum purum, Eupatorium perforatum, Oleum animale, Plumbum metallicum,	Abroma augusta, Acetic acid, Alfalfa, Alloxanum, Bovista, Carscinosin, Chimaphila, Conium maculatum, Cyanodon dactylon, Glycerinum, Gymnema sylvestra, Helonios dioica, Lactic acid, Natrum phosphoricum, Pancreatinum, Pepsinum, Phosphoric acid, Rhus aromaticus, Saccharum lactis, Ampelopsis quinquefolia, Urea	Abroma augusta, Arsenicum album, Azadiracta indica, Calendula officinalis, Carbolic acid, Conium maculatum, Curare, Ignatia, Insulin, Silicea terra, Syzygium jambolanum, Gun powder, Staphylococcinum, Arsenicum bromatum, Melaleuca alternifolia

Abroma augusta – Dryness and burning sensation of skin <washing in hot water. Dryness at night with a great thirst for cold water. Urination followed by weakness and exertion. Fishy odour of urine. Voracious appetite.⁷

Acetic acid – Intense thirst with burning in throat, nausea, retching with sour rising. Large quantities of pale urine. Diabetes with great thirst and debility. Pale, cold waxen, oedematous skin. Burning, dry, hot skin or bathed in profuse sweat diminished sensibility.^{7,14}

Adrenalin – Urine frequent, profuse, pale, burning before and during urination. Sudden urgent desire to urinate, amount of urine decreased, solid increased. Glycosuria. Increased thirst for large quantities of water increased during the evening. Externally used for neuritis and neuralgia.^{7,14}

Alfalfa – Polyuria, frequent desire to urinate containing abnormal amount of urea and phosphate.⁶

Alloxanum – Excessive thirst with frequent urination. Dysuria, frothy urine, burning while passing down the urethra. Frequent urination during the day, waking from the urge for urination. Sudden urging, cannot hold urine too long. Mouth dry. Diabetes, glycosuria and pancreatic disorder.⁷

Argentum nitricum – Urine dark, red, scanty with emission of few drops after finishing, passes unconsciously day and night. Quick urging to urinate, divided stream, frequent and copious emission of pale urine with weakness. Debility with numbness of arms. Great desire for sweets.^{7,14}

Arsenicum album – Unquenchable thirst. Rapid

weakness, exhaustion of limbs obliged to lie down, trembling of hand and limb with emaciation. Limbs feel heavy. Paralysis of nerves. Diabetic gangrene, ulcers on heel and fingertips, soles and toes with burning cutting pain with bloody, offensive discharge, sensation of coldness of ulcers. Peripheral neuritis. Itching, burning, swelling oedematous skin, peeling on a large scale. Albuminous urine. Diabetes. Glycosuria.^{7,11,14}

Azadiracta indica - Urine pale, scanty, high coloured, strong odour, craving for sweets, thirst for large quantities of cold water. Dry, itching eruption on skin, burning <undressing >evening.¹⁶

Bovista – Dry mouth resembling sand. Frequent desire to urinate immediately after urination, stringing, itching, burning in urethra, urine bright yellow, slowly forming cloud turbid. Diabetes mellitus.⁷

Calendula officinalis – Prevents gangrene. Old, neglected, offensive, threatening gangrene. Ulcers irritable, inflamed, sloughing, excessive pus secretion. Promotes healthy granulation and rapid healing. Frequent urination with emission of pale, clear, hot, burning urine.^{8,12,13,14}

Carbolic acid – Antiseptic. Diabetic carbuncles. Constant tiredness, heavy feeling in left arm, cramps in legs especially during walking. Frequent urination at night. Scanty, green or dark black urine.⁶

Carscinosin –Frequent urination involuntary at night, weakness, numbness, aching limbs especially at night. Chronic fatigue, excessive weariness, hereditary diabetes mellitus.⁷

Chimaphila – Glycosuria. Urine turbid, offensive containing ropy or bloody mucous depositing a copious sediment. Must strain before flow comes. Unable to urinate without standing on feet wide apart with body inclined forward.^{8,13,14,15}

Codeinum purum – Great thirst with desire for bitter substances with excessive skin irritation due to diabetes. Glycosuria. Quantity of urine increased. Extremities numb with prickling sensation in various part of the body, paralytic weakness of arms and legs.^{7,14}

Conium maculatum – Great fatigue. Frequent inclination to emit clear, aqueous urine. Difficulty in voiding urine, stops suddenly and does not begin to flow again. Diabetes with great pain. Extremities numb. Gangrenous ulcers, blackish with fetid discharge and tingling tension.^{7,8,11,14}

Curare – Clear, frequent urine with digging, crampy pain in kidney, dry mouth, great thirst <evening, night with emaciation. Glycosuria with motor paralysis. Weakness and debility of extremities.^{8,14}

Cyanodon dactylon – Thirst for large quantities of water at long intervals. Acts as a diuretic. Burning pain in urethra, while urinating, frequent and copious urine with urging for urination. Promotes wound healing.¹⁶

Eupatorium perforatum – Constant desire with burning in bladder and urethra on urinating. Scanty and frequent urination. Weakness, numbness, fatigue, gnawing pain in limbs.⁶

Glycerinum – Diabetes with weakness, profuse and frequent urination. Sugar in urine with acetone. With or without albumin or casts and with or without rheumatism.⁶

Gymnema sylvestra – Great sugar killer. Marked weakness due to passing of large quantities of urine. Burning all over the body. Diabetic carbuncle. Especially useful with abolished taste for bitter things.⁶

Helonios dioica – Albuminous urine, debility, burning sensation in the kidney. Feet numb when sitting. First stage of diabetes.^{7,14}

Ignatia – Sudden irresistible desire to urinate, involuntary emission of urine. Burning and smarting pain in urethra when urinating, frequent, profuse,

watery, turbid, scanty, dark and acrid urine. Ulcerative pain in sole, heavy sensation in feet. Ulcers burning, painless <slight touch, >hard pressure, discharge scanty.^{7,9,11,14}

Insulin – Restores the lost ability to oxidise carbohydrate & storing glycogen in the liver. Aqueous solution of an active principle from pancreas affecting sugar metabolism, increases insulin production. Given as an intercurrent. Persistent skin irritation, boils, carbuncles, itching eczema.¹⁴

Lactic acid – Dry tongue. Frequently large quantities of urine passed. Voracious hunger, profuse urine loaded with sugar, rheumatic pain in the joint.^{9,14,15}

Natrum phosphoricum – Excess of lactic acid causes an increase of sugar. Debility. Frequent urination, must wait for urine to start, acidic urine, pale, diabetes.^{7,9,11,14}

Oleum animale – Polyuria, frequent and urgent want to urinate with tenesmus and scanty emission, small stream of urine. Profuse pale urine fish brine odour. Neurasthenia.^{7,9,14}

Pancreatinum – Pancreatic diabetes.⁷

Pepsinum – Diabetes due to pancreas and gout.⁶

Phosphoric acid – Weakness and marked debility initially mental followed by physical. Unquenchable thirst, loss of appetite. Passes large quantities of colourless urine several times at night. Urine frequent, profuse, watery, milky phosphaturia, burning in kidney region. Ulcer like carbuncles on the skin itching with coppery look smarting pain looking blackish.^{7,10,11,12,13,14}

Phosphorus – Diabetes preceded or accompanied by pancreatic diseases. Dryness of mouth. Thirst for cold water. Hungry soon after eating. Diabetes in tubercular patients, suffering from rheumatism.^{6,7,11,12,14}

Plumbum metallicum – Profuse urine but flows slowly drop by drop, albuminous, low specific gravity, lightning like pain of limbs >pressure. Stinging tearing pain in limbs, twitching and tingling, numbness or tremor. Small wounds easily inflamed and suppurate, dry, burning ulcers, gangrene, bed sore.^{7,11}

Rhus aromaticus – Large quantities of urine with low specific gravity pale albuminous urine, incontinence with severe pain at the beginning of urination, constant

dribbling.^{7,14}

Saccarum lactis – Constant, urgent desire to urinate with cutting pain in urethra, involuntary urination during night, urinates large quantities. Urine stains a dark yellow colour.⁷

Silicea terra -Suppurative process stubborn fistulous openings, abscesses. Emaciation. Voracious appetite. Frequent urination with tenesmus. Atrophy and numbness of fingers, limbs <night. Legs feel paralysed, trembling while walking. Ulcers around the joints with thin, foul, bloody, purulent discharge or curdy particles. Little injury suppurates. Sensation of coldness in ulcers. Ulcers painfully, sensitive, spongy on feet, toes, nails >heat. Violent thirst sometimes with anorexia. Continued want of urination with scanty emission at night, diabetes.^{7,10,11,13,14}

Syzygium jambolanum – Increases blood sugar resulting in glycosuria. Diminished and disappearance of sugar in urine. Great thirst, weakness, emaciation, very large amounts of urine with high specific gravity. Prickly heat in the upper part of the body. Small red pimples itching violently. Old ulcers of skin, diabetic ulceration.¹⁴

Trigonelia foenum – Debility. Reducing sugar in blood and urine. Controls simple polyuria.⁷

Uranium nitricum – Great emaciation, debility, tendency to ascites and general dropsy. Glucosuria. Copious acidic, profuse, urination, with burning in urethra, pale milky. Excess thirst, nausea, vomiting, excessive appetite, diabetes mellitus.^{7,10,13,14}

Other Remedies⁶

Diabetic skin – *Gun powder, Staphylococcinum, Arsenicum bromatum, Melaleuca alternifolia*

Diabetic nephropathy – *Ampelopsis quinquefolia, Urea*

DISCUSSION AND CONCLUSION

Homoeopathy, a complementary system of medicine, complementing conventional treatment, along with proper diet and regimen has shown miraculous results in cases of diabetes. Homoeopathy helps in constitutional character modification. Past researches shows¹⁷, homoeopathic specific remedies (§147) with promising results in T2DM by stabilizing blood

glucose level. Homoeopathy aims at primary cause i.e., miasm (§7,78) thus enhancing long-term wellbeing.¹⁸ This article targets all future and present practitioners of homoeopathic medicine.

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Scope of Homoeopathy in the Management of Type –II Diabetes Mellitus

Dr. Madhu Kumari

PGT; Department of Homoeopathic Materia Medica, R. B. T. S Govt. Homoeopathic Medical College & Hospital, Muzaffarpur (Bihar)

Keywords

Type-II Diabetes Mellitus, Homoeopathy, Individualized homoeopathic treatment, β - cell, insulin,

Abbreviations

DM- Diabetes Mellitus, GDM- Gestational Diabetes Mellitus, IGT- Impaired glucose tolerance, Polychrest remedy, Organ remedy.

Abstract

Globally, diabetes is becoming a more serious public health issue. Ageing, urbanization, poor diets, obesity, and sedentary lifestyles are some of the variables linked to diabetes mellitus in recent decades. According to a World Health Organization (WHO) report, there are over 180 million diabetics globally, and by 2030, that number is expected to more than double ^[1]. Diabetes is a long-term metabolic illness marked by high blood glucose (blood sugar) levels. Serious damage to the heart, blood vessels, eyes, kidneys, and nerves can result from diabetes over time. Type-II Diabetes has been far more common over the last three decades in all nations, regardless of wealth. Having access to reasonably priced therapy, such as insulin, is essential for the survival of those with diabetes. By 2025, there is a goal set globally to stop the rise in diabetes and obesity ^[2].

Introduction

A range of common metabolic diseases that are characterized by hyperglycemia are collectively referred to as diabetes mellitus (DM). A complicated interplay between heredity and environmental variables leads to several different kinds of diabetes mellitus. Hyperglycemia can be caused by reduced insulin secretion, decreased glucose utilization, or increased glucose generation, depending on the cause of the

diabetes. The secondary pathophysiologic alterations brought on by the metabolic dysregulation linked to diabetes mellitus place a heavy strain on both the diabetic patient and the healthcare system ^[3].

Classification Of Diabetes Mellitus ^[4]

Type 1 Diabetes Mellitus: This is an autoimmune illness that specifically destroys pancreatic β -cells, leading to absolute insulinopaenia. The majority of people with type 1 diabetes, formerly known as juvenile diabetes, are diagnosed in their teens and early adult years. Adults might also get type 1 diabetes ^[5].

Type 2 Diabetes Mellitus: Insulin resistance is typically the first sign of this type of diabetes, and initially there is counter-regulatory hyperinsulinemia. Over time, the pancreas becomes less effective in secreting adequate insulin in response to meals, which leads to the development of clinical diabetes. The most prevalent kind of diabetes, known as type 2 diabetes or adult onset diabetes has a sneaky beginning. It doesn't show any symptoms for several years. It usually affects adults. Ketosis is uncommon and weight loss is unlikely unless hyperglycemia is severe. Inheritance within the family is quite common ^[5].

Gestational Diabetes Mellitus (GDM): The development or initial detection of glucose intolerance during pregnancy is known as gestational diabetes, which leads to variable-severity hyperglycemia. It does not rule out the chance that the glucose intolerance existed before conception but was not previously identified ^[5].

Other Specific types of Diabetes

- a. Related to defects of β - cell function
- b. Due to defects in insulin action

- c. Diseases of the exocrine Pancreas
- d. Endocrinopathies
- e. Drug or, Chemical induced

Risk Factors ^[3,4]

- Obesity
- Family history of Diabetes
- Physical inactivity
- Previously identified IGT
- History of gestational DM
- Delivery of large baby (>4kg)
- Hypertension
- History of vascular diseases
- Older than 45 years

Clinical Features ^[5]

Symptoms of Hyperglycaemia include polyuria, nocturia, thirst, dry mouth, tiredness, fatigue, lethargy, change in weight (usually weight loss), blurring of vision, Pruritus vulvae, balanitis (genital candidiasis), Hyperphagia, predilection for sweet foods, recurrent infection, delayed wound healing, etc.

Diagnosis

A person is diagnosed with diabetes clinically if they exhibit the following symptoms: polyuria, polydipsia, polyphagia, recurrent infections, unexplained weight loss, and in extreme cases, drowsiness and coma; additionally, an oral glucose tolerance test (OGTT) may be used to measure a patient's casual plasma glucose concentration of 200 mg/dL, fasting plasma glucose (FPG) of 126 mg/dL, or two hours post-glucose (2hPG) (75g load) of 200 mg/dL. A repeat blood test on a different day is always necessary for clinical purposes to confirm the diagnosis, unless there is clear-cut hyperglycemia with abrupt decompensation or evident symptoms ^[5].

Diabetes is confirmed by international consensus as ^[5]

- ▶ plasma glucose in random sample or 2hrs after a 75 g glucose load ≥ 11.1 mmol/L (200 mg/dL) or
- ▶ fasting plasma glucose ≥ 7.0 mmol/L (126 mg/dL) or
- ▶ HbA1c ≥ 48 mmol/mol

In asymptomatic patients, two diagnostic tests are required to confirm diabetes.

Complications of Diabetes Mellitus

The two types of chronic consequences associated with diabetes are microvascular and macrovascular. The microvascular issues are unique to diabetes and include retinopathy, diabetic neuropathy, and dilated cardiomyopathy ^[6].

Management of Diabetes Mellitus ^[4,7]

Diet: One aspect of a diabetic patient's daily regimen is diet. To maintain their health, diabetic people need follow certain guidelines and consume a nutritionally balanced diet. Certain fruits ought to be avoided, including grapes, jackfruit, bananas, and mangoes. Patients with diabetes, particularly those who are not obese, should avoid fasting. Bitter guard successfully decreases blood sugar levels because it includes a high concentration of plant insulin. The richest source of omega-3 fatty acids, flax seed, lowers blood sugar. Cinnamon water extracts have been shown to lower cholesterol and improve glucose metabolism. Refrain from using tobacco and smoking. One should abstain from alcohol. Cut back on salt consumption. Increase the consumption of foods high in fiber, such as salads, green veggies, and leaves. Steer clear of sweets in any form. Avoid adding sugar to coffee or tea.

Physical Activity (Exercise): Exercise has a critical role in managing diabetes. Diabetics should walk for at least sixty minutes each day.

Educational Awareness: Understanding the patient's and their family members' sickness is known as educational awareness. It supports the numerous lifestyle adjustments that diabetics must make. The goal of educational programming is to educate patients about disease management techniques, appropriate lifestyle modifications, and handling complications and emergencies related to their condition.

Avoidance of Stress and Anxiety: Avoidance of stress and Anxiety plays major role in the management of DM.

Homoeopathic Approach To Diabetes Mellitus

According to homoeopathic theory, diabetes is a long-term metabolic illness that affects how fat, protein^[4], and carbohydrates are metabolized. It causes hyperglycemia due to a combination of increased glucose production, impaired glucose utilization, and reduced insulin secretion. Every patient is unique in their constitution. The only method for treating DM in addition to a healthy diet and exercise regimen is the constitutional treatment.

Every homoeopath seeks to diagnose the illness and administer a comparable treatment. Like a creeper without a stick, diabetes releases its hold after the illness state is eliminated [8].

One of the main ideas of homoeopathy is individualization. In homoeopathy, various techniques of analysis are employed to identify a patient. The development of the totality of symptoms is the most popular and widely used technique for individualizing a case. Hahnemann describes individualization in the Organon of Medicine's aphorisms 147 and 153 based on characteristic wholeness [9,10].

Homoeopathy considers all aspects of an individual. In the fifth aphorism of the Organon of Medicine, our master Dr. Samuel Hahnemann stated, "Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of acute disease, as well as the most significant points in the entire history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic disease." It is important to take into account the patient's ascertainable bodily constitution (particularly if the illness is chronic), moral and intellectual character, occupation, way of life and habits, social and familial relationships, age, and sexual function, among other factors [10].

The only medical method that employs a constitutional treatment approach is homeopathy.

It is believed that constitutional medicine can treat personality defects that are either innate

or learned. Equal to a carefully selected deep-acting homoeopathic remedy is the constitutional remedy. In homeopathy, constitutional prescribing is based on the whole picture, including inherited or acquired miasmatic states. Homeopathy would have remained just another therapeutic approach if Dr. Hahnemann had not discovered the theory of chronic diseases. Miasmatic prescription is required to lessen the likelihood that the symptoms, dyscrasia, or diathesis would return. Thus, one must prescribe carefully based on the miasm's dominance [10].

Miasmatic Approach To Diabetes Mellitus

Syphilitic miasm, a destructive miasm that operates on the beta cells of the pancreatic islets and causes their destruction and reduction, is the cause of type I diabetes mellitus. This condition is characterized by a sharp decrease in insulin output. Type II diabetes mellitus is primarily caused by either sycotic or psoric miasm. Psora causes functional abnormalities that lead to reduced insulin efficacy and the development of Type II diabetes. However, because of its inability to coordinate, sycosis causes endocrine disruption and a malfunctioning feedback loop. As a result, insulin antagonist levels rise in the bloodstream, increasing the relative physiologic efficacy of insulin. In people with psoric constitution, the illness doesn't start until after age 40. People under 30 years old may be affected by syphilitic or syphilitic dominating pseudopsoric constitution, which can lead to Type 1 diabetes. Any age group might be affected by sycosis [4].

Repertorial Approach To Diabetes Mellitus

Table- 1, Diabetes Mellitus in Various Homoeopathic Repertories

Murphy's clinical [11]	repertory- DIABETES, mellitus - pancreatic, origin DIABETES, mellitus - blood, sugar levels, high DIABETES, mellitus - hereditary EDEMA, general - diabetes, mellitus, with DIABETES, mellitus - melancholia, emaciation, thirst and restlessness, with DIABETES, mellitus - nervous, origin DIABETES, mellitus - coma, diabetic DIABETES, mellitus - gangrene, boils, carbuncles and diarrhea, with DIABETES, mellitus - gouty, symptoms, with DIABETES, mellitus - ulcers, with DIABETES, mellitus - exhaustion, with DIABETES, mellitus - emaciation, with. DIABETES, mellitus - toxic, diabetes. DIABETES, mellitus - bedsores, with DIABETES, mellitus - boils, successive, with
Phatak's Repertory [12]	DIABETES - mellitus DIABETES - mellitus DIABETES - mellitus - children, in DIABETES - mellitus - boils, successive, with DIABETES - mellitus - lung affections, with

Synthesis Repertory ^[13] GENERALS - WEAKNESS - diabetes mellitus, in
 GENERALS - DIABETES MELLITUS - accompanied by - Stomach;
 GENERALS - DIABETES MELLITUS - accompanied by - hyperthyroidism
 GENERALS - DIABETES MELLITUS - accompanied by - Retina; inflammation of:
 GENERALS - DIABETES MELLITUS - accompanied by - Tongue - red discoloration of the tongue
 GENERALS - DIABETES MELLITUS - insulin dependent
 GENERALS - DIABETES MELLITUS - accompanied by - Vulva; itching of the
 GENERALS - DIABETES MELLITUS - accompanied by - impotency
 GENERALS - DIABETES MELLITUS - coma; with:
 GENERALS - DIABETES MELLITUS - accompanied by - Parotid gland; swelling of
 GENERALS - DIABETES MELLITUS - accompanied by - Abdomen - complaints of GENERALS -
 DIABETES MELLITUS - accompanied by - albuminuria
 GENERALS - DIABETES MELLITUS - accompanied by - constipation
 FEMALE GENITALIA/SEX - LEUKORRHEA - accompanied by - diabetes mellitus
 GENERALS - DIABETES MELLITUS - Pancreas; from complaints of
 GENERALS - DIABETES MELLITUS - grief; with
 GENERALS - SHOCK - followed by - diabetes mellitus
 GENERALS - DIABETES MELLITUS - accompanied by - Tongue
 GENERALS - DIABETES MELLITUS - fright or shock; after
 GENERALS - DIABETES MELLITUS - accompanied by - appetite; ravenous

Boericke's Repertory ^[14]

URINE: Diabetes, sugar
 URINARY FLOW: Diabetes insipidus, copious, profuse polyuria, diuresis
 URINE: Diabetes, sugar: Gastro-hepatic origin
 URINE: Diabetes, sugar: Nervous origin
 URINE: Diabetes, sugar: Pancreatic origin
 URINE: Diabetes, sugar: Debility, with
 URINE: Diabetes, sugar: Gouty symptoms, with
 URINE: Diabetes, sugar: Impotency, with
 URINE: Diabetes, sugar: Rapid course, with
 URINE: Diabetes, sugar: Assimilative disorders
 URINE: Diabetes, sugar: Gangrene, boils, carbuncles, diarrhoea, with
 URINE: Diabetes, sugar: Melancholia, emaciation, thirst, restlessness, with
 URINE: Diabetes, sugar: Motor paralysis, with
 URINE: Diabetes, sugar: Ulceration, with

Kent Repertory ^[15]

[Urine]SUGAR

Homoeopathic Therapeutic Approach To Diabetes

Polychrest Medicines

As DM is a chronic miasmatic disease, the use of polychrest remedy on the basis of individualization of the person always gives effective results in treatment. The symptom of DM are mainly found in Acid group, Natrum group, Calcarea group, Arsenic group, Kali group of medicines, but the best way to use these polychrest only on the basis of Similimum. ^[4]

Organ Remedies including Indian Drugs

Thus, an organ remedy may be described as a medication that acts specifically on a single organ in the body and can treat any pathological problems that the organ may be experiencing. As diabetes is a chronic disease, many of the time it is associated with its complications and there is a

need for palliation. ^[4]

These medications have a narrow range of action since they are either poorly or partially proven. Therefore, it's possible that these medications won't be able to "cure the disease for which they are employed." They might assist in palliating the agony or lessening the severity of the symptoms. Some of these drugs are-

Abroma augusta: Frequent urination during the day and at night; frequent, large-volume urination every time; frequent, large-volume urine every two hours; need to drink after urinating because mouth feels dry; drink to quench thirst and consume a lot; polyuria, or sugar-containing urine with a high specific gravity; glycosuria, or diabetes mellitus; nearly constant weakness and fatigue during urination; Urges to pass urine urgently; Urges to pass urine frequently and in great quantities, which relieves the bladder and

increases urine flow. ^[14]

Cephalandra indica: Diabetes Mellitus and Diabetes Insipidus are treated with cephalandra indica. The patient is depressed, anxious, and unwilling to work at all. Bloating that intensifies after urinating. The patient experiences extreme dry mouth and intense thirst for huge amounts of water at once; the condition worsens after urinating. Decrease in appetite. Having sugar in the urine, feeling weak and tired after urinating, passing a lot of urine at once, and having clear urine. The use of cold or anything cool relieves the burning sensation that permeates the entire body. ^[4,14]

Ficus bengalensis: There have been reports of the therapeutic use of the banyan tree, Ficus bengalensis, in the management of diabetes mellitus. It was demonstrated that the bark's ethyl acetate and water soluble fractions were both active. In a preliminary trial on normal rats, it had demonstrated maximal hypoglycemic activity two hours after its treatment. ^[16]

Gymnema Sylvestre: It is almost exclusive to those with diabetes. Reduces the amount of sugar in the urine, enhances the patient's appetite, causes them to put on weight and muscle, and makes them appear healthier. Patient can work hard and no longer gets weary as easily with little effort, and his sexual, physical, and brain faculties have all improved. Prolongs the life of those who have diabetes. Every symptom is accompanied by a scorching sensation throughout. ^[14]

Rhus aromatica: Disorders of the kidneys and urine, particularly diabetes. Vesical atony-related enuresis; senile incontinence. This treatment can be used for cystitis and hematuria. Urine pale and high in albumin. Being incontinent. Severe pain that children experience just before or at the start of urinating. Dribbling continuously. Diabetes and huge volumes of low-specific-gravity urine. ^[4,14]

Syzygium jambolanum: The best course of treatment for diabetes mellitus includes significant reduction and elimination of urine sugar along with polydipsia, polyuria, severe prostration, and emaciation. ^[14]

CONCLUSION

Diabetes Mellitus Type 2 can be well managed with homoeopathic medicines. The care of Diabetes Mellitus Type 2 has been proven to benefit from

both organ and constitutional remedies; however, on a long-term basis, constitutional medicines provide a prolonged relief from symptoms and blood sugar levels. Organ therapies can help lower blood glucose levels and manage Type 2 Diabetes in the near term. In addition to treating Type 2 DM, homoeopathic medicine aims to address the condition's underlying cause, miasmatic background, individual vulnerability, etc.

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An evidence-based short clinical study on *Molluscum contagiosum*



Dr. Girish Gupta⁽¹⁾

MD (Hom), PhD, Chief Consultant Physician,
Gaurang Clinic and Centre for Homoeopathic Research
Kapoorthala, Lucknow (U.P.), India



Dr. Naveen Gupta⁽²⁾

BHMS, Senior Consultant (Research & Publication)
Gaurang Clinic and Centre for Homoeopathic Research
Kapoorthala, Lucknow (U.P.), India



Dr. Dileep Pandey⁽³⁾

BSc, BHMS, Consultant (Repertorisation)
Gaurang Clinic and Centre for Homoeopathic Research
Kapoorthala, Lucknow (U.P.), India



Dr. Gaurang Gupta⁽⁴⁾

MD (Psychiatry), Consultant Physician
Gaurang Clinic and Centre for Homoeopathic Research
Kapoorthala, Lucknow (U.P.), India

Keywords

Molluscum contagiosum, homoeopathy, evidence-based research, skin disease

Abstract

A total of 28 cases of Molluscum contagiosum have been treated with homoeopathic medicines on a holistic basis at Gaurang Clinic and Centre for Homoeopathic Research,

Lucknow (GCCHR). The main parameter of assessment was clinical and visual i.e. photography.

Introduction

Molluscum contagiosum is an infection caused by *pox virus*. The lesions, known as Mollusca, are benign and characterized by smooth, firm, umbilicated, pearly white or pink or skin-colored, small, raised eruptions which may appear anywhere on the body. The disease

is contagious i.e. transmitted by contact, hence the name 'Contagiosum'. This disease is commonly seen in children and young adults. Lesions may be widespread in immuno-suppressed patients.

Demographics

Age Incidence (Cases=28)	
Up to 14 year	22
15-30 year	5
Above 30 year	1

Model cases

Case 1: K-02666:

Mast. KV aged 6 years was brought for treatment of papulo-vesicular eruptions in crops on buttocks and few discrete eruptions on abdomen for the last 9 months. It was diagnosed to be Molluscum contagiosum.

Repertorial chart

Normal Repertorisation		Phos	Med	Calc	Puls	Lyc	Carc	Sulph	Arg-n	Bell	Nat-m	Nux-v	Acon	Ars	Calc-p	Sep
Totally Symptoms Covered		19	14	14	13	13	12	12	12	12	11	11	11	10	10	10
[C] [Mind]Obstinate, headstrong:		10	8	7	8	7	10	8	7	7	7	6	5	6	6	6
[C] [Mind]Fear/Dark:		1		3	1	2	1	2	4	3	1	3	2	2	1	1
[C] [Mind]Sympathetic, compassionate:		3	1	1	1	1	2		1	1	2	2			2	1
[C] [Mind]Love:Animals, for:		1	1				1	1			1				1	
[C] [Mind]Extroverted:		1	1			1	1	2	1	1		1	1			
[C] [Mind]Consolation,Amel...:		2			3		1							1		
[C] [Sleep]Position:Abdomen, on:		1	3	1	2	2	2	2		2				1	2	2
[C] [Generalities]Food and drinks:Cold:Drinks, water:Desires:		3	1	2	1	2	1	1	2	2	2	1	3	3		2
[C] [Generalities]Food and drinks:Ice-cream:Desires:		3	2	2	1		1	1	1		1					
[C] [Generalities]Cold:Tendency to take, taking cold agg.:		2	3	3	2	3	1	2	2	2	3	3	3	2	3	3
Symptoms 1 to 10		Total Symptoms : 10					Remedies 1 to 15					Total Remedies : 289				

Treatment history

He was prescribed *Thuja 1000*, *Causticum 30* by some homoeopathic physician and applied *Thuja ointment* without any relief.

The case was taken up in detail and the following rubrics were selected for repertorisation:

- Obstinate
- Fear of dark
- Sympathetic
- Love for animals
- Extroverted
- Amelioration from consolation
- Sleeps on abdomen
- Desire for cold drinks
- Desire for ice-cream
- Tendency to catch cold

Repertorial analysis

Medicines	Phos	Med	Calc carb	Puls	Lyc
Totally	19	14	14	13	13
Symptom coverage	10/10	8/10	7/10	8/10	7/10

Medicine selection

Sympathetic nature, love for animals, extroverted, desire for cold drinks and ice-cream favoured the selection of *Phosphorus*.

Treatment chronology

1st prescription: 7.11.16: *Phosphorus 30* single dose. Placebo x 2 weeks. Photographs taken.

Follow Up 2



Follow Up 3



Follow up 4



Patient was advised to stop treatment and report in case of recurrence.

Case 2: T-00489:

Mast. TY, aged 4 years was brought for treatment of papular eruptions on face for the last 5-6 months. The condition was diagnosed as Molluscum contagiosum.

The case was taken up in detail and following rubrics were selected for repertorisation:

1. Obstinate
2. Fear of dark
3. Sympathetic
4. Love for animals
5. Extroverted
6. Amelioration from consolation
7. Sleeps on abdomen
8. Desire for cold drinks



Follow-up 1	30.11.16	Papulo-vesicular eruptive lesions as such. <i>Phos. 30</i> , single dose repeated. Placebo x 2 weeks
Follow-up 2	21.12.16	Lesions increased. Placebo x 2 weeks
Follow-up 3	11.1.17	Lesions further increased could be due to homoeopathic aggravation. Placebo x 4 weeks. Photographs taken
Follow-up 4	15.2.17	All the lesions disappeared. Placebo x 2 weeks. Photograph taken

- 9. Desire for ice-cream
- 10. 10. Tendency to catch cold

Repertorial chart

Normal Repertorisation		Calc	Phos	Sil	Lyc	Puls	Sep	Sulph	Arg-n	Kali-c	Carb-v	Merc	Craust	Nit-ac	Nux-v	Stram
Totally Symptoms Covered		21	21	21	17	17	16	16	16	16	15	15	14	14	14	14
[C] [Mind]Fear:Dark:		9	9	9	8	7	8	8	7	7	9	8	9	8	8	6
[C] [Mind]Fear:Alone, of being:		2	2	1	2	2	1	1	1	1	2	2	1	1	2	4
[C] [Mind]Timidity:		1	3	1	3	2	2	3	3	1	1	1	1	1	2	2
[C] [Mind]Obstinate, headstrong:		3	3	4	3	4	3	3	1	3	2	2	2	2	2	2
[C] [Mind]Restlessness, nervousness: Tendency:		3	1	2	2	1	1	2	4	2	1	1	1	2	3	1
[C] [Generalities]Food and drinks:Salt or salty food:Desires:		3	1	3	3	3	3	3	3	2	2	3	2	2	2	3
[C] [Generalities]Weather:Change of:Agg:		2	3	1				1	3		3	1	2	3		
[C] [Head]Perspiration, scalp:		2	3	3	1	2	1	2		2	1	2	2	1	1	
[C] [Extremities]Perspiration:Hand:Palm:		3	3	3	2	3	2	1	2	2	3	2	2	2	2	2
		2	2	3	1		3	3	1	2	1	2	1	1	3	

Repertorial analysis

Medicines	Calc carb	Phos	Silicea	Lyc	Puls
Totally	21	21	21	17	17
Symptom coverage	9/9	9/9	9/9	8/9	7/9

Medicine selection

Fear of dark, fear of being alone, timidity, obstinacy, aggravation from change of weather and sweating on palms and scalp favoured the selection of *Calcarea carbonica*.

Treatment chronology

1st prescription: 14.3.13: *Calcarea carbonica* 30 single dose. Placebo x 2 weeks. Photograph taken.

Follow-up 1: 2.4.13: Eruptions on face almost subsided. Placebo x 2 weeks. Parents were advised to report in case of recurrence. Photograph taken.



1st Prescription



Follow up 1

Case 3: P-03369

Mr. PS, a 16 years old patient came for treatment of asymptomatic papular eruptions on left side of face for the last 6 months. It was diagnosed as Molluscum contagiosum.

Family history

His cousin also had Molluscum which was cured at our clinic.

Treatment history

He was prescribed *Thuja 200* by local homoeopath without any change.

The case was taken up in detail and following rubrics were selected for repertorisation:

1. Indisposed to talk in anger
2. Mild disposition
3. Yielding nature
4. Amelioration form consolation
5. Sentimental
6. Weeping easily
7. Desire for company
8. Desire for sweets
9. Desire for meat
10. Perspiration on palm
11. Perspiration on sole

Repertorial chart

Normal Repertorisation		Puls	Phos	Nat-m	Sulph	Calc	Sil	Lyc	Sep	Ars	Nit-ac	Nux-v	Ign	Carc	Tub	Kali-c
Totally Symptoms Covered		20	16	15	15	14	14	14	14	13	13	13	13	11	9	9
[C] [Mind]Anger, irascibility:Tendency:Talk:Indisposed to:		1		1									2			
[C] [Mind]Mildness:		3	2	3	2	2	3	2	2	3	2	2	2	4	1	1
[C] [Mind]Yielding disposition:		3	1	1			1	3	1			2	1	1		
[C] [Mind]Consolation:Amel-		3	2							1				1		
[C] [Mind]Sentimental:		1	2	2	2	1		1	2	1	1	1	3	1	1	
[C] [Mind]Weeping, tearful mood:Tendency:Easily:		3		2		2	1	1	2					1		
[C] [Mind]Company:Desire for:		2	4	1	1	2	1	3	2	3	1	2	2	1		3
[C] [Generalities]Food and drinks:Meat (see meat, aversion, fat):Desire			1	1	2	1	1			1	3	2		2	2	
[C] [Generalities]Food and drinks:Sweets:Desires:		2	2	1	3	2	1	3	2	3	2	1		1	2	2
[C] [Extremities]Perspiration:Hand:Palm:			2	1	3	2	3	1	3		1	3	3		2	2
[C] [Extremities]Perspiration:Foot:Sole:		2		2	2	2	3			1	3				1	1
Symptoms 1 to 11		Total Symptoms : 11		Remedies 1 to 15		Total Remedies : 264										

Repertorial analysis

Medicines	<i>Puls</i>	<i>Phos</i>	<i>Nat mur</i>	<i>Sulph</i>	<i>Calc carb</i>
Totally	20	16	15	15	14
Symptom coverage	9/11	8/11	10/11	7/11	8/11

Medicine selection

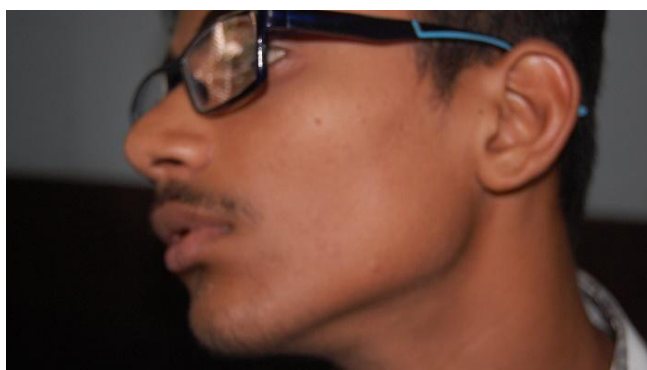
Indisposition to talk in anger, mild disposition, yielding nature, amelioration from consolation, weeping easily and desire for sweets favored the selection of *Pulsatilla*

Treatment chronology

1st prescription: 22.6.16: *Pulsatilla 30* single dose weekly. Placebo x 4 weeks. Photograph taken.



Follow-up 1	27.7.16	Eruptions on face reduced. Placebo x 4 weeks
Follow-up 2	31.8.16	Eruptions further reduced. Placebo x 8 weeks.
Follow-up 3	4.11.16	Eruption much reduced but a few tiny ones as such. <i>Puls. 30</i> fortnightly. Placebo x 8 weeks. Photograph taken.



Follow Up 4

Follow-up 5	20.1.17	No further improvement. <i>Puls. 200</i> single dose. Placebo x 4 weeks.
Follow-up 6	21.2.17	Improvement ensued. Placebo x 4 weeks
Follow-up 7	26.3.17	Improvement continued. Placebo x 4 weeks
Follow-up 8	5.5.17	Progressive improvement. Placebo x 4 weeks
Follow-up 9	4.6.17	All eruptions subsided. Placebo x 4 weeks. Treatment was stopped and parents were advised to report in case of recurrence. Photograph taken.

Follow UP 9



Results

A total of 22 out of 28 patients were less than 15 years of age, 5 were between 15-30 years and only 1 patient was above 30-year age. This indicates that children and young adults are more prone to this disease.

Out of 28 cases lesions were completely resolved in 11, improved in 16 and remained as such in 1 patient.

Medicines used (Cases=28)	
<i>Phosphorus</i>	15
<i>Calcarea carbonica</i>	8
<i>Pulsatilla</i>	2
<i>Lycopodium</i>	1
<i>Sepia</i>	1
<i>Natrum muriaticum</i>	1

Result (Cases=28)		
Status	Number	Percent
Cured	11	39.29 %
Improved	16	57.14 %
Status quo	1	3.57 %

CONCLUSION

There is no disease specific drug for *Molluscum contagiosum*.

Selection of remedy on holistic basis can only give desired results.

The success rate of this short study is about 96%.

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Analysing the Management of Rheumatoid Arthritis in Homoeopathy

Dr. Soumy Felicita. , Dr. Murugan. , Dr. Jayasree.

¹PG Scholar, Department of Organon of medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The TamilNadu Dr. M.G.R Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

²PG and Ph. D Guide, Department of Organon of medicine, Sarada Krishna Homoeopathic Medical College, (Affiliated to The TamilNadu Dr. M.G.R Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

³MD(Hom.), Assistant Professor, Research scholar, Sarada Krishna Homoeopathic Medical College, (Affiliated to The TamilNadu Dr. M.G.R Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

Keywords

Bryonia alba, Rheumatoid arthritis, Rheumatoid factor.

Abstract

Rheumatoid arthritis is a prevalent autoimmune condition with an incidence of 6.47% globally. This progressive, debilitating constitutional disease faces many problematic after effects when approached by orthodox medicines, while homoeopathic medicines can stop or eradicate the auto immune response based on the disease advancements. This paper showcases the suffering of a patient with Rheumatoid Arthritis with elevated Rheumatoid Factor and was prescribed with Bryonia alba based on repertorisation which made a remarkable change in the symptoms and rheumatoid factor

Introduction

Rheumatoid arthritis is a constitutional disease characterized by inflammatory alterations in the body's connective tissues. It is typically a chronic, progressive illness that frequently requires intermittent treatment. ⁽¹⁾ It is, in fact, the most prevalent autoimmune condition globally. Both sexes are impacted, although women are

more vulnerable, roughly three to one. ⁽²⁾ There was an increase globally in its incidence at 6.47%, between 1990 and 2019. ⁽³⁾ The symptoms of rheumatoid arthritis (RA), a chronic, debilitating multisystem illness, include pain, swelling, and stiffness in the synovial joints. These symptoms are typically worst in the morning and after periods of inactivity. ⁽⁴⁾ Rheumatological problems are commonly encountered in the practice of homoeopathy. About 58% of patients with chronic illnesses like Osteoarthritis or Rheumatoid Arthritis use complementary and alternative treatment. About 15% of patients use homoeopathy, for pain relief. ⁽⁵⁾ Homeopathy continues to be one of the most sought-after therapies due to the joints' gradual degeneration and incapacity, as well as problematic side effects and unhappiness with standard therapy. ⁽⁶⁾ Every autoimmune disease has a precise constitutional disturbance. Depending on the disease's stage, use of homoeopathic remedies can definitely stop auto immune response or even totally eradicate it. ⁽⁷⁾ This study shows how the homoeopathic medicine has effectively managed the arthritic symptoms.

CASE REPORT

History of presenting illness

35-year-old male patient came to the outpatient department of Sarada Krishna Homoeopathic Medical College and Hospital on 25/5/2023. He had complaints of pain in both the elbow joints, fingers of both the hand and in the left ankle joint since one and a half years. The complaint has started due to his sedentary work life. The type of pain elicited by the patient was stitching with swelling in the left elbow due to which he found it difficult to extend the hand fully, swelling in the fingers which included pain while flexing them, stiffness was also present occasionally. The complaints were worse whenever he took red meat, in the cold climate, while weight lifting and descending stairs.

Diagnosis

On investigation, on 25/5/2023 his Rheumatoid Factor was 330Iu/mL, [Figure 1] and hence was diagnosed as suffering with Rheumatoid Arthritis (ICD-10-CM M06.9). No prominent mental and physical generals were elicited by the patient.

Family history: Nil

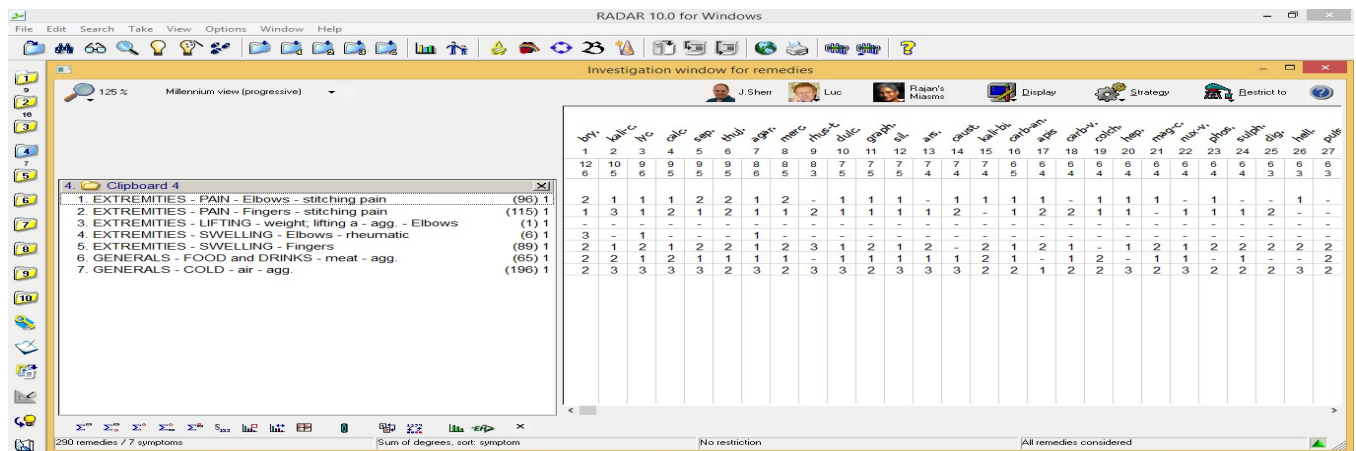
Systemic examination

- Inspection: Swelling in the left elbow and fingers
- Palpation: No tenderness was present
- Range of movement: Possible but painful

Analysis of theCase

SI. NO	SYMPTOMS	INTENSITY	MIASMATIC ANALYSIS
	Joint pain	+++	Sycosis
	Rheumatism	++	Sycosis
	< cold climate	++	Sycosis
	Stitching pain in bones	++	Syphilo - sycotic
	Stiffness	+	Sycosis

Repertorial Analysis



Basis Of Prescription

Repertorisation: It was done using Synthesis repertory, Bryonia Alba was the first remedy indicated based on the symptomatology of the patient with a scoring of 12/6.

The symptoms covered were, stitching pain in the elbow and fingers, rheumatic swelling in the elbow and fingers, aggravation from eating meat and cold climate.

Selection of potency: It was selected based on the susceptibility of the patient.

Repetition: As stated in aphorism 248, "The dose of the same medicine may be repeated several times according to circumstances, but only so long as until either recovery ensues, or the same remedy ceases to do good and the rest of the disease, presenting a different group of symptoms, demands a different homoeopathic remedy".⁽⁸⁾

Prescription

On 13/3/2023, BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) was prescribed along with Placebo for 2 weeks.

Discussion

Bryonia alba, is adapted to persons of rheumatic diathesis and has a characteristic stitching and

rheumatic pain and swelling, stiffness. ⁽⁹⁾

Previous study, "To Assess the Efficacy of Indicated Homoeopathic Medicines in The Treatment of Rheumatoid Arthritis" by Dr Siva Rami Reddy. E, in this study 30 patients with rheumatoid arthritis were selected, Bryonia alba was given to 4 patients which showed an effective improvement in symptoms and rheumatoid factor. ⁽¹⁰⁾

Follow Up

DATE	SYMPTOMATIC IMPROVEMENTS	PRESCRIPTION
31/5/2023	Pain in the left elbow, left ankle and fingers better but persists. Swelling in the left elbow relieved Stiffness in the joints occasionally	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
19/6/2023	Pain in the left elbow, left ankle and fingers better than before Stiffness better	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
2/7/2023	Complaints better than before	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
21/7/2023	Complaints were better than before	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
2/8/2023	Complaints were better than before RA FACTOR – 101.75 Iu/ml [Figure 2]	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
17/8/2023	Complaints were better than before	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
12/9/2023	Complaints were better than before	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO
5/10/2023	Complaints were better than before	R _x BRYONIA ALBA 200 / 7 DOSES (MORNING x 7 DAYS) PLACEBO

Investigation Report

Figure 1: Before treatment: 25/5/2023

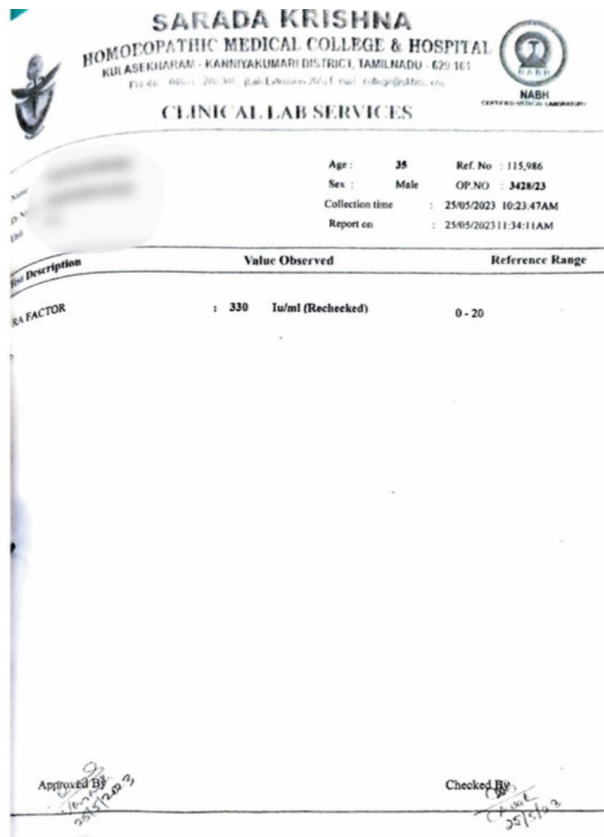
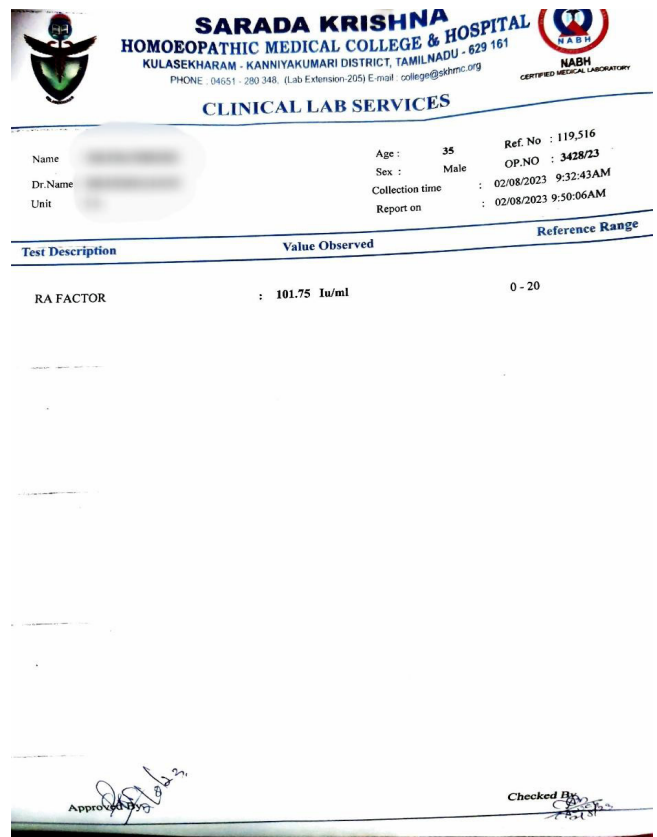


Figure 2: After treatment: 2/8/2023



CONCLUSION

The study showcases the management of an autoimmune condition called rheumatoid arthritis using an individualized homeopathic medication. Hence patients can rely on homeopathy rather than approaching conventional treatments which does not treat the patient holistically but leave them unhappy with added complications.

Financial support: Nil

Conflict of interest: Nil

Consent to participate: The patient has given their consent to report 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 can't be guaranteed.

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AN INDIVIDUALISTIC HOMOEOPATHIC APPROACH IN A CASE OF PLANTAR PSORIASIS: AN EVIDENCE BASED CASE REPORT- Uniformity

Dr. S. Nithyakala, Dr. Jayasree, Dr. M. Murugan

¹PG Scholar Department of Organon of Medicine Skhmc, kulasekharam

²Research Scholar Department of Organon of Medicine Skhmc, kulasekharam

³Professor & HOD of Department of Organon of Medicine Skhmc, kulasekharam

Keywords

Holistic, Homoeopathy, Individualization, Palmoplantar psoriasis.

Abstract

Palmoplantar psoriasis is a condition with hyperkeratotic discrete plaque on palms and soles that tend to become confluent. It features hyperkeratotic, pustular, or mixed morphologies. The patients depict an unpredictable course of remission and relapse. Conventional treatment involves application of topical ointments, steroids, anti-inflammatory and immunosuppressive drugs. Homoeopathy is a popular alternative from of treatment in this type of skin conditions. The selection of the remedy was based upon the theory of individualization and symptom similarity based on holistic approach. This is a case of plantar psoriasis managed with Natrum muriaticum 200 C. The case was followed up regularly once in 2 weeks for over a period of 6 months

Introduction

Palmoplantar psoriasis is a variant of psoriasis that characteristically affects the skin of the palms and soles. ³ Symptoms are Well-circumscribed, red, scaly, plaques similar to psoriasis elsewhere Patchy or generalised thickening and scaling of the entire surface of palms and/or soles without redness. ³ It represents 3–4% of all psoriasis cases. Even though it is quite uncommon, this disease needs to be correctly diagnosed, since it may cause a great impairment in quality of life.

Furthermore, this variant is generally considered recalcitrant to treatment.⁴ The most common genetic factor associated with palmoplantar psoriasis includes the human leukocyte antigen (HLA) Cw6. There may also be possible linkages to variations in the CARD14 gene and genes in the IL-19 subfamily in palmoplantar pustulosis. Environmental triggers include smoking, irritants, friction, and manual or repetitive trauma. Exacerbations of some extrinsic and intrinsic risk factors also develops psoriasis like, mechanical stress, air pollution, drugs, vaccination, infections, smoking, alcohol (Extrinsic risk factor); metabolic syndrome, diabetes mellitus, obesity, dyslipidaemia, hypertension, mental stress (Intrinsic risk factors).⁵ Patients may experience exacerbations brought on by seasonal changes, household work, and detergents. In fact, palmoplantar psoriasis is more common amongst farmers, manual laborers, and housewives. Significant palmoplantar skin disease may indicate underlying joint disease.⁶

In India, overall incidence of Psoriasis among total patients attending skin OPD is 0.28 to 0.44%. Modern medical science treats psoriasis with Psoralen and Ultraviolet therapy (PUVA). But the disease has high recurrence rate.⁶

Case Report

A 45-year-old female patient from kuzavankuzhi, Nagercoil, Tamilnadu visited the outpatient department (OPD) of our hospitals rural Centre on October 4, 2022 with complaints of greyish, scaly circular eruption on medial aspect of both foot for 6 months. Itching and burning in the

eruption which aggravates on scratching. Initially patient had opted for allopathic treatment for the same with no much relief, hence patient came for homeopathic treatment.

On examination: location: both feet (medial aspect)

- Type- macular, scaly
- Color- grey, brown
- Margin- well defined
- Size- 2.5 to 3 cm
- Discharge- bloody
- Consistency- firm
- Local warmth present
- Distribution- localized
- Pattern of distribution- symmetrical

History of Presenting Complaints

The onset of the eruption was gradual and increased in size gradually in a duration of 6 months. Eruptions are scaly, greyish with occasional bloody discharge.

Past history

Hypothyroidism, from 15 years, under allopathic medications

Family history: Nothing specific

Personal history

Married, Housewife

Mental generals

- Weeps easily
- Anger trifles at
- Desire solitude
- Likes travelling

Repertorisation

The screenshot shows a software window titled "Investigation window for remedies". On the left, there is a list of symptoms with their corresponding repertory numbers:

- 1. MIND - ANGER - trifles: at (94)
- 2. MIND - COMPANY - aversion to (255)
- 3. MIND - WEEPING - easily (50)
- 4. GENERALS - FOOD and DRINKS - sour food, acids - desire (154)
- 5. GENERALS - FOOD and DRINKS - spices - desire (95)
- 6. GENERALS - WARM - air - agg. (72)
- 7. EXTREMITIES - ERUPTIONS - Feet - Itching (10)
- 8. SKIN - ITCHING - scratching - agg. (86)
- 9. SKIN - ERUPTIONS - scaly (108)

On the right, there is a grid of numerical values for various remedies. The columns are labeled with remedy abbreviations: sep., nat-m., sulph., phos., mus-t., staph., calc., i.v.c., puls., ars., con., kali-s., arg-n., ph-ac., thuj., hep., anac., cham., fl-ac., tach., mez., alum., bell., bry., etc. The rows correspond to the symptoms listed on the left, with values ranging from 0 to 3.

Physical generals

- Appetite: Adequate
- Thirst: 1- 2 L/ day
- Desire: Spicy and Sour food
- Aversion: N.S
- Intolerance: Hot weather
- Perspiration: Generalized
- Stool: Regular
- Thermal relation: Hot patient

Menstrual history

- LMP: 5/10/2022
- Cycle:28 days
- Duration:4 days
- Consistency and clots: clots present

Totality of Symptoms

- Desire solitude
- Anger trifles at
- Weeps easily
- Desire travelling
- Desire: Spicy and Sour food
- Intolerance: Hot weather
- Greyish, scaly circular eruption on medial aspect of both foot
- Itching and burning in the eruption
- < Scratching

Diagnosis

Diagnosis was based on clinical symptoms.

Result

On the first visit the case was repertorized using the synthesis repertory in RADAROPUS. The results were analyzed and more priority was given to mental and physical generals followed by disease symptoms. Based on that NATRUM MURIATICUM 200 was prescribed in the first visit.

Follow up

Followup was taken once every 1 or 2 weeks.

After the first prescription there were no changes in the chief complaint; instead the complaint got aggravated with no special relief in the general well-being of the patient. The eruption started increasing in size and there were dry flaky sheds on scratching. After 2nd follow-up the main complaint began to reduce gradually along with marked improvement in the generals of the patient.

Date	Observation	Prescription
21/10/2022	Greyish discoloration on both feet has increased. Itching on the eruption has increased. < Night ⁺⁺ Scaly flakes fall of on scratching Generals: Good	Rx Natrum muriaticum 200 C/ 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week
28/10/2022	Greyish discoloration on both feet persists. Itching was intolerable. < Night ⁺⁺ Scaly flakes fall of on scratching Generals: Good	Rx Natrum muriaticum 200 C/ 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week
11/11/2022	Greyish discoloration on both feet has slightly reduced. Itching has reduced. Scaly flakes fall of on scratching Generals: Good	Rx Natrum muriaticum 200 C/ 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x1 week
25/11/2022	Greyish discoloration in both feet has slightly reduced but persists. Itching has reduced. Scaly flakes on scratching have reduced. Generals: Good	Rx Natrum muriaticum 200 C/ 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week
23/12/2022	Greyish discoloration in both feet has reduced. Itching has reduced. No scaly flakes. Eruptions over the palm has reduced. Generals: Good	Rx Sac Lac / 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week
03/02/2023	Greyish discoloration in both feet has reduced. Itching has reduced. No scaly flakes. Eruptions over the palm has reduced. Generals: Good	Rx Sac Lac / 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week
24/03/2023	Greyish discoloration in both feet has reduced. Itching has reduced. No scaly flakes. Eruptions over the palm has reduced. Generals: Good	Rx Sac Lac / 7 doses (M x 7 days) B. Pills 3 x TDS B. Disk 1 x BD x 1 week



Discussion

Palmoplantar psoriasis is a chronic inflammatory disease. It is characterized by periods of spontaneous regression of variable length. Topical applications are recommended, according to international clinical guidelines. The cost of treatment can be very high and prohibitive. Homeopathy is a safe, cheap method of treatment that has also been found to be useful in certain cutaneous disorders, including atopic dermatitis, eczema, lichen striatus, seborrheic dermatitis, melasma, rosacea, dermatitis herpetiformis, verruca vulgaris, as well as psoriasis.

In this case, there is a presentation of greyish discoloration over the plantar surface of both the feet medial aspect with itching and scaly eruption along with bloody discharge on scratching. The medicine administered was Natrum muriaticum in 200C based on repertorisation and susceptibility of the patient. Patient was advised to come once in two weeks for subsequent follow-ups. In the first follow-up there was aggravation of the main complaint and the eruptions reduced gradually on subsequent follow-ups. According to Organon of medicine, the homoeopathic diagnosis this plantar psoriasis is coming under One sided of Local disease, internal in origin according to aphorism 184. The treatment was continued for a period of five months. Patient was better overall

and no recurrence of the same complaint was observed.

CONCLUSION

This case report shows the positive effect of treatment with individualized homoeopathic medicine as a promising complementary or alternative therapy in managing the Plantar psoriasis. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

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Diabetes Mellitus, Its Complications and the Management in Homoeopathy

Dr. Vinita Kumari, Dr. Antima Bhavani

¹PGT; R.B.T.S. Govt. Homoeopathic Medical college and Hospital, Muzaffarpur, Bihar.

²PGT; R.B.T.S. Govt. Homoeopathic Medical college and Hospital, Muzaffarpur, Bihar.

Keywords

Homoeopathy, Diabetes Mellitus, Nux-Vomica

Abbreviations

OPD – outpatient department, **DM** – Diabetes Mellitus

Abstract

Diabetes mellitus is an emerging global epidemic problem, it is very common biochemical abnormality. It can be frequently detected on routine biochemical analysis of asymptomatic patients. Diabetes produces a wide variety of symptoms. DM refers to a group of common metabolic disorders arising as a consequence of relative or absolute deficiency of insulin secretion. Homoeopathic drugs have a high success rate in treatment of this disease and prevent complications.

Introduction

As per the WHO, diabetes mellitus (DM), is a heterogeneous metabolic disorder characterised by common feature of chronic hyperglycaemia with disturbance of carbohydrate, fat and protein metabolism.⁽¹⁾

DM is a leading cause of morbidity and mortality world over⁽¹⁾. it is expected to continue as a major health problem leads to its serious complications, especially end stage renal disease, IHD, gangrene of the lower extremities, and blindness in the adult.⁽¹⁾

However, the underlying genes, precipitating environmental factors and pathophysiology differ between type 1 and type 2 diabetes.⁽²⁾ This leads further to biochemical abnormalities due to

alteration in protein structure which over a period of time develops into retinopathy, nephropathy, neuropathy and cardiomyopathy.⁽³⁾

Type 1 DM it was termed as juvenile-onset diabetes due to its occurrence in younger age, and was called insulin dependent DM because it was known that these patients have absolute requirement for insulin replacement as treatment.⁽¹⁾

Type 2 DM it was previously called maturity – onset diabetes, or non – insulin dependent diabetes mellitus of obese and non – obese type. It is predominantly affecting older individuals.⁽¹⁾

Prevalence

Top 5 countries with highest prevalence of DM are India, China, US, Indonesia and Japan.⁽¹⁾ In India, its incidence is estimated at 7% of adult population (approximately 65 million affected people), largely due to genetic susceptibility combined with changing life style of low activity high- calorie diet in the growing Indian middle class. The incidence is somewhat low in Africa. But prevalence of DM is expected to rise in developing countries of Asia and Africa due to urbanisation and associated obesity and increased body weight. The rise in prevalence is more for type 2 diabetes than for type 1. It is anticipated that by the year 2030 the number of diabetics globally will double from the present figure of 250 million.⁽¹⁾

Complications

1. Acute Metabolic Complications

Diabetic ketoacidosis

It develops in patients with severe insulin deficiency combined with excess glucagon. severe

lack of insulin causes lipolysis in the adipose tissues resulting in release of free fatty acids into the plasma. The condition is characterised by anorexia, nausea, vomiting, mental confusion and coma.⁽¹⁾

Hypoglycaemia

This may develop in patients of type 1DM. it may result from excessive administration of insulin, missing a meal, or due to stress. This episode is harmful as they damage the brain permanently.⁽¹⁾

2. Late Systemic Complications

Atherosclerosis

Both type of diabetes mellitus type 1 and type 2 accelerates the development of atherosclerosis. The possible contributory factors for this accelerated atherosclerotic process are hyperlipidaemia, reduced HDL levels, nonenzymatic glycosylation, increased platelet adhesiveness, obesity and associated hypertension in diabetes.¹

Diabetic microangiopathy

Microangiopathy of diabetes is signified by basement membrane thickening of small blood vessels and capillaries of different organs and tissues such as the skin, skeletal muscle, eye and kidney.

Diabetic nephropathy

Renal involvement is a common complication and a leading cause of death in diabetes.

Diabetic neuropathy

Diabetic neuropathy may affect all parts of the nervous system but symmetric peripheral neuropathy is most marked. The basic pathologic changes are segmental demyelination, Schwann cell injury and axonal damage.

Diabetic retinopathy

Diabetic retinopathy is a leading cause of blindness. There are 2 types of lesions involving retinal vessels: background and proliferative.

Diagnostic assessment

Single Blood Sugar Estimation:

For diagnosis of diabetes, blood sugar determinations are absolutely necessary. A grossly elevated single determination of plasma

glucose may be sufficient to make the diagnosis of diabetes. A fasting plasma glucose level above 126 mg/dl is marked indicative of diabetes.

Screening by Fasting Glucose Test:

Fasting plasma glucose determination is a screening test for DM type 2. it is recommended that all individuals above 45 years of age must undergo screening fasting glucose test every 3 years, and relatively earlier if the person is overweight.

Oral GTT:

This is performed mainly for patients with borderline fasting plasma glucose value (between 100 and 140 mg/dl).

Case report

A lean-thin 42 years old-man visited the outpatient department of R.B.T.S Govt. Homoeopathic Medical College and Hospital, Muzaffarpur on 07/06/2022 with the complaint of newly diagnosed T2DM in the last 4 months. He presented with polyuria, polyphagia, polydipsia. There was uncontrolled hyperglycemia along with generalised weakness and pain in the left shoulder. He suffered from Haemorrhoids 4 years back and was treated with Homoeopathic medicine. No other chief complaints were noted. He was a teacher and belonged to a middle socio-economic society.

Family Background

His father was suffering from Hypertension and mother was suffering from Diabetes mellitus. Both were taking allopathic medicines.

Mental generals

He wants everything in perfect position. He is irritable and can't tolerate opposition, and tends to fight with anyone. He always talked about his health with friends. His relationship with family members was good.

Physical Generals

His appetite had increased (4- 5 meals/day) and had a desire for sweets and a craving for tobacco with a thirst for large quantities of water. His tongue was clean. Urine passed 9-12 times a day of moderate quantity with more urgency felt in the night.

Analysis and evaluation of the symptoms⁽⁴⁾

S. No.	Symptoms	Analysis	Evaluation	Miasmatic analysis
01.	Fastidious	Mental general	+++	Sycotic
02.	Wants to fight	Mental general	++	Syphilitic
03.	Loquacity, about his health	Mental general	+	Psora
04.	Diabetes mellitus	Particular symptom	+++	Syphilitic
05.	Desire for tobacco	Physical general	+++	Syphilo-tubercular
06.	Thirst for cold water	Physical general	++	Psora
07.	Sleep on abdomen position	Physical general	++	Sycotic
08.	Profuse Perspiration	Physical general	+++	Psora

Repertorisation sheet⁽⁵⁾

Repertorial analysis

Nux – vomica – 7/12

Arsenic album – 6/12

Medorrhinum - 6/8

Lachesis – 6/7

Sepia – 5/9

Repertorial selection

As Nux vomica covers maximum numbers of rubrics and got highest marks. After consulting with materia medica of various authors, nux vomica was chosen for prescription.

Therapeutic intervention

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

After repertorisation, the top medicines were Nux-Vomica, Arsenic Album, Medorrhinum, Lachesis,

Sepia. After carefully analysing the mental and physical generals of the patient, considering the repertorial result and then referring back to homoeopathic MM Similimum was prescribed. Individualised homoeopathic treatment was started with Nux-Vomica in 50 Millesimal scale, sixteen doses of Nux-vomica in fifty Millesimal potencies (LM2) were administered. One globule of the medicine in 0/1 potency was dissolved in 80 ml of distilled water containing 1.6 ml of dispensing alcohol, mixed in it, followed by ten uniformly forceful downward strokes given against the bottom of phial.⁽⁶⁾ This solution was given to the patient with instruction regarding dosage. Improvement was observed within 2 weeks of the treatment. The dose was repeated by gradually increasing the potency, 0/2, 0/3.

This result shows the utility of the homoeopathic medicine as well as 50 Millesimal potency in the treatment of Diabetes Mellitus.

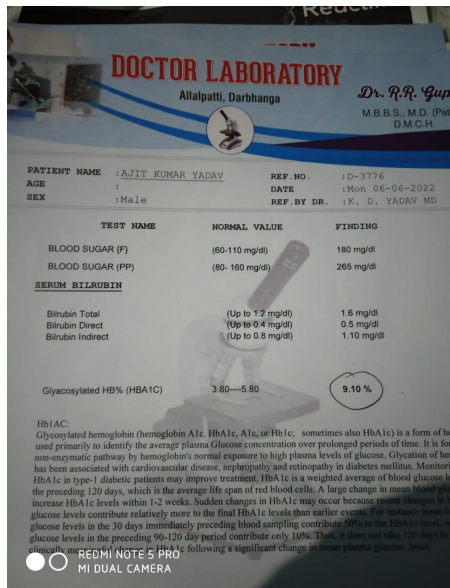
Prescription

Nux-Vomica 0/1/16 doses were given on the 1st visit in an empty stomach early morning daily for 16 days.

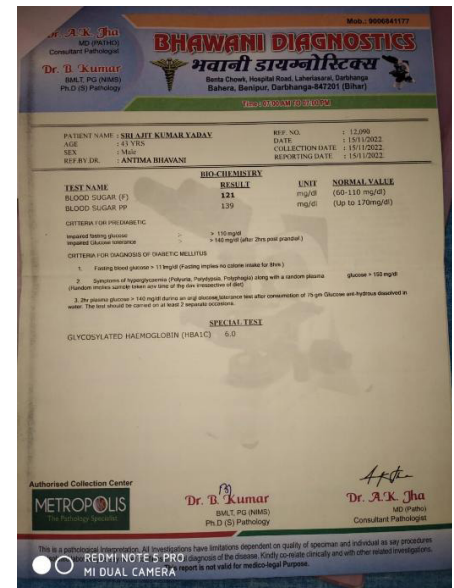
Follow-up Sheets

Date of Visit	Prescription	Changes in patient
07/06/2022	Nux Vomica 0/1/16 doses	Pain in left shoulder ameliorated, slightly felt good.
24/06/2022	Nux Vomica 0/2/16 doses	Now his weakness reduced, he became active.
10/07/2022	Nux Vomica 0/3/16 doses	Blood sugar level reduced, and patient felt good
17/07/2022	Placebo 30/6 doses	Improvement continued, and the patient was active.
03/08/2022	Placebo 30/6 doses	Improvement continued.
23/08/2022	Placebo 30/6 doses	Improvement was continued and patient felt better
09/09/2022	Placebo 200/6 doses	Patient was feeling better.
01/10/2022	Placebo 200/6 doses	Patient was feeling better.
15/11/2022	Placebo 200/6 doses	Blood sugar level was reduced much, and the patient was feeling better.

Before treatment



After treatment



Report on 15/11/2023 shows

- Blood sugar (fasting)- 121mg/dl
- Blood sugar (postprandial)- 139mg/dl

CONCLUSION

This case report illustrates the efficacy of homoeopathic treatment in diabetes mellitus. Homoeopathy treats the patient as a whole not just as symptoms. Homoeopathic treatment is based on individualisation, acting best to cure the disease without harming the body. Post-treatment blood sugar report is documentary evidence. This case report shows a positive

role of homoeopathy in treating diabetes mellitus.

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Karan Malakar

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Arijit Sahu

I think this is the most awesome and innovative way to help you practice your knowledge, specially for those who are preparing for competitive exams.

Tuberculinum 200C in the Management of Hyperglycemia in a Young Adult Male

Dr Ashwin Shrikant Kulkarni

MD (HOM), Assistant Professor, Dept of Practice of Medicine, Late Mrs. Housabai Homoeopathic Medical College & Hospital, Nimshirgaon ;Dist Kolhapur MH

Keywords

Hyperglycemia, *Tuberculinum*, young adult

Abstract

Introduction-Hyperglycemia is nothing but increased blood glucose levels beyond normal. It's a diagnostic sign of Diabetes Mellitus. Diabetes is a syndrome in itself. Considering the onset, duration, progress, and involved pathology; the symptoms of diabetes are treated in Homoeopathy. This disease shows features of all the different miasms; tubercular miasm is one of them.

Case Summary-a 19-year-old boy was admitted to the inpatient department for his treatment of hyperglycemia. His blood glucose levels were above 350 mg/dl in spite of giving insulin 20 units three times a day. The homoeopathic physician was called for help. The glucose levels were increasing constantly. The patient was in a state of exhaustion. His vitality was low. There was increased urinary frequency and increased appetite. No response to the insulin therapy. Considering all the given data, *Tuberculinum 200* was prescribed. After a single dose, his frequency of urination was reduced. He started feeling comfortable. His blood glucose levels were also reduced but still above 200 mg/dl. His insulin units were also reduced; After 2nd

dose of *Tuberculinum 200*, his subjective feeling of wellness increased. All other symptoms were better. His blood glucose level was 98 mg/dl and hence his insulin was stopped. After managing this episode of hyperglycemia, his detailed case was taken and the constitutional remedy was prescribed. Then the patient was discharged when his post prandial blood glucose level was 122 mg/dl which is normal.

Introduction

Diabetes Mellitus (DM) has become one of the major public health issues globally. The number of newly diagnosed cases has been raising exponentially. Depending upon the cause of DM, the leading causes of hyperglycemia are reduced insulin secretion, decreased glucose utilization, and increased glucose production. The hampered metabolism due to DM leads to secondary pathophysiological changes in multiple organ systems such as GIT, CVS, CNS, and excretory system, which burdens the individual tremendously. Epidemiological studies show the worldwide prevalence of DM has risen dramatically over the last two decades. The International Diabetes Federation projects that 642 million individuals will have diabetes by the year 2040⁽¹⁾. In India, as per the estimate of 2019, 77 million individuals have DM and it is expected to rise up to 145 million by 2045.⁽²⁾The prevalence

of Diabetes Type 2 has been increasing rapidly as compared to Type 1. The changes of macrovascular as well as microvascular complications have been higher. These contribute to increased premature morbidity and mortality among the DM population leading to reduced life expectancy and burden on the healthcare system.

The goal of any physician in the active management of DM is to reduce hyperglycemia. Usually, oral hypoglycemic agents are introduced for this task as well as insulin. This type of medical management has been employed by physicians as a part of their regular practice. On the other hand, Homoeopathy is the medical science that operates on the principle of individualization. It provides a wide range of remedies as per symptom similarity goes. There are many published studies on the use of *Syzygium jambolanum Q* for reducing hyperglycemia.⁽³⁾ Homeopathy not only has a role in managing hyperglycemia but also has a role in the management of complications of DM. Homeopathy does wonders in the management of DM foot ulcers. Many times an amputation of the lower extremity of having DM foot ulcer can be avoided by using Homoeopathic medicines. A case study of the use of *Arsenicum album 30C* has been published in which such amputation has been avoided by dressing the wound with *Calendula Q* and giving *Arsenicum album 30C* internally.⁽⁴⁾ Also, there are remedies that can be used as constitutional remedies in managing DM. A case of *Sulphur 30C* was published in which the patient was started with Homoeopathic line of treatment as soon as diagnosed with DM and the hyperglycemia was reduced along with other troublesome symptoms.⁽⁵⁾

Patient Information

A 19-year-old male was admitted to the inpatient department for management of high post prandial blood glucose (HBG) > 350 mg/dl. As a part of day-to-day treatment; the patient was started with insulin and some antacid for its induced

hyperacidity. Being blood sugar level (BSL) on the higher side; insulin doses were 20 units before food 3 times a day. In spite of giving insulin in higher doses; the post prandial blood glucose levels were ranging between 340 mg/dl to 410 mg/dl. His Family History and Past History were not significant medically, nor there was any history of psychological illness. It was the very first episode of hyperglycemia for the patient. On examination- Pulse was 68 beats/min, and blood pressure was 104/68 mm of Hg. The respiratory rate was 12 cycles/min. It worried the in-house physician and the Homoeopathic consultant was asked for his opinion.

Clinical Findings

A pale-looking young male was lying on the bed. The patient was having excessive dryness in the mouth. He was going for urination very frequently; every 1-2 hours. He was having perspiration only on his head which was non-offensive. He was feeling excessive weakness on account of which he was not able to stand. He hardly spoke anything with the Homoeopath. His hunger had been increased for 3-4 days. The Homoeopath visited the patient on 2nd day of admission in the afternoon at 3.30 PM.

Diagnostic Assessments

The clinical picture was indicative of Diabetes Mellitus having classical symptoms of excessive thirst, excessive urination, and excessive hunger as well as increased blood glucose level. The patient's BSL was 380 mg/dl before food.

Therapeutic Intervention

Considering the clinical picture, the age of the patient, and the nature of the disease; *Tuberculinum 200C* was prescribed as a stat dose; 4 pills of 40 No Globules, and a single drop of medicine. The nursing staff was advised to observe and report any new symptoms, changes in symptoms, and BSL range the coming morning.

Follow-Up And Outcome

Date & Time	Clinical Picture	Homoeopathic Prescription	Insulin Units
05.12.21 3.30 PM	Excessive dryness of mouth. Increased urinary frequency. Offensive perspiration on head. Increased hunger. Debility++	<i>Tuberculinum</i> 200C Stat Dose	20 Units Three Times a day before food
05.12.21 8.30 PM	Frequency of Urination reduced. He started feeling slightly comfortable. He himself asked for food for his Mother. BSL- 246 mg/dl	SL 4 pills stat	10 Units were given at night
06.12.21 9.00 AM	He slept well at night. Hunger was excessive. He was able to stand. He could go to the washroom on his own. He showed interest in bathing without anyone's help. BSL – 214 mg/dl	SL 4 pills stat	10 Units were given in Morning
06.12.21 2.30 PM	He doesn't want to talk with anyone. The frequency of urine was reduced significantly. He could walk around in the room. Dryness of mouth reduced. He still felt excessively hungry. BSL- 212 mg/dl	<i>Tuberculinum</i> 200C 4 pills stat given	10 units were given in the afternoon
06.12.21 9.00 PM	He was feeling fresh the whole evening. Dryness of mouth reduced significantly. Weakness reduced. BSL- 163 mg/dl	SL 4 pills stat	5 units were given at Night
07.12.21 9.00 AM	The patient was feeling better after 10-12 days. He had regular bowel movements. His Appetite became normal. Urinary frequency became normal. BSL- 98 mg/dl	SL 4 pills stat	No insulin was given as BSL was Normal.
07.12.21 3.00 PM	The patient himself welcomed the physician. He said he was feeling much better now. He said he was feeling cheerful from the inside. His mother thanked the physician very much. BSL- 122 mg/dl. Patient was discharged in the evening.	SL Pills stat. The case was taken in detail and the constitutional remedy was prescribed.	No insulin was given.

Totality of Symptoms

Considering only the characteristic symptoms in the case, the following Totality was formed.

- Onset- Rapid
- Young Male patient
- Increasing exhaustion
- Lowered Vitality
- Increased appetite suddenly
- Affection of Pancreas- Endocrine Gland
- Constant high sugar level
- No response to Insulin Therapy

Selection Of Remedy

Considering the above totality of symptoms; a non-repertorial approach was selected. The dominance of Tubercular miasm was considered as sudden rapid onset, irreversible structural changes at a pathological level, and increasing exhaustion with rapid declining of vitality, *Tuberculinum* 200C⁽⁶⁾ was prescribed as a stat dose to improve the clinical state.

Discussion

Homeopathic remedies show wonders in illnesses that Dr Hahnemann termed as 'acute' where the vital force gets abnormally deranged due to rapid morbid processes. The remedies act on the dynamic plane in the most rapid and gentle way leading to the restoration of health. In case of acute emergencies, Homoeopathic remedies bring cures in the shortest, most reliable, and most harmless way.⁽⁷⁾ The above case is just an example of the role of Homoeopathy in acute emergencies. At the physical level of tubercular expression, there is overstimulation of the sympathetic nervous system which results in the activation of the endocrine and metabolic processes. This causes increased catabolism, decreased anabolism, poor assimilation, and anemia. Hence, all tubercular

manifestations as usually called 'Heightened Psora'. There is stimulation of the Psycho-Neuro-endocrine (PNE) axis and reticuloendothelial system (RES). Increased activity simultaneously leads to generalized debility at all levels; intellectual, emotional, and physical.⁽⁸⁾

All these can be seen in Diabetic acceleration of the disease process in the form of symptoms such as; increased urinary frequency, state of debility, and increased appetite. The tubercular state is the last attempt of the deranged vital force to regain its normalcy⁽⁹⁾ So, when the patient was given *Tuberculinum* 200C, his generals started getting normal first; he started feeling comfortable at the mental level. That is the registration of the remedial force. All those heightened states started becoming normal in a short period of time. This in turn caused the insulin receptors on the cell membrane to work efficiently to reduce the increased BSL in no time. No further use of insulin was required. Homeopathic remedial forces act so efficiently; that just 2 doses helped to restore the deranged susceptibility to normalcy. So the case was defined in detail and he was prescribed with *Phosphorus* 200C as the constitutional remedy in infrequent doses. *Phosphorus* bears Tubercular miasm in background. Patient came for regular follow ups for 3 months. He was not started with any oral hypoglycemic agents or insulin.

The modified Naranjo criteria showed a total score of 08. It was suggestive of a probable association between the medicine prescribed and the outcome.⁽¹⁰⁾

Such cases help to build the confidence of young Homoeopaths. When the Modern medicine physician calls Homoeopaths for help in a crisis and Homoeopathy delivers results literally in no time; this boosts the acceptance of Homoeopathy.

There are no significant scientific publications present on the use of *Tuberculinum* in the case of Hyperglycemia. Though, there are references to the use of *Tuberculinum* Nosode in the management

of Diabetes Mellitus when there is any recent infection present; in the article 'Diabetes Mellitus-Homeopathic Perspective'.⁽¹¹⁾

Also, in the article 'Role of Nosodes and Bowel Nosodes in Management of Diabetes', few indications of *Tuberculinum* in the management of Diabetes Mellitus are given.⁽¹²⁾

The limitation of this case report is the inability to keep records of other investigative findings such as renal profile, liver function test, and lipid; which can be indicators of his general health.

CONCLUSION

This case report shows how indicated Homoeopathic remedy helps to manage the increased BSL. The infinitesimal dose can create wonders. Usually, the modern medicine physician changes the doses rather than add another type of insulin if the BSL is not coming down. But remedies as deep acting as *Tuberculinum* can help very efficiently and within less time. The patient was discharged after taking the case in detail. He has been prescribed *Phosphorus 200C* as the constitutional remedy in minimum doses so as to prevent further episodes of hyperglycemia. The patient kept coming for follow ups for next 3 months regularly. His blood glucose levels were normal and he was clinically asymptomatic. Thus, accurate selection of similimum can help to restore the altered susceptibility back to normal. The chances of early complications due to Diabetes mellitus can likely to be prevented. Thus, the quality of life of such patients can be improved.

Patient Perspective

The patient's mother was extremely happy because of these tiny white pills which helped to stop the insulin injection of her child. The change in the general patient was not only observed by the physician but also by the patient's mother. The mother and the patient thanked the Homoeopath & the attending staff of the hospital from the bottom of their hearts.

Informed Consent

The patient and his mother have given their consent for publication in the journal. The patient has been informed that his identity will not be revealed anywhere in this report.

Conflict Of Interest

None declared.

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A CASE REPORT ON NASAL POLYP TREATED BY PHOSPHORUS

Dr. Smriti Pandey

P.G. Scholar, Department Of Materia Medica, R.B.T.S. Govt. H.M.C.H, Muzaffarpur, Bihar, 842002

Keywords

Homoeopathy, Phosphorus, Nasal Polyp, Ethmoidal Polyp, Antrochoanal Polyp.

Abbreviations

Ct - Computed Tomography, Mri - Magnetic Resonance Imaging, Ns – Nothing Specific

Abstract

Nasal polyps are soft, non-cancerous growths that can form in the lining of the nasal passages or sinuses. They can cause nasal congestion, runny nose, and other symptoms. If you suspect nasal polyps, it's best to consult with an ear, nose, and throat specialist for an accurate diagnosis and

appropriate treatment options, homeopathic treatment is targeted towards the fundamental reason behind the illness and consequently the disease is addressed at its core. Homoeopathy focuses on treating the individual rather than solely the ailment.

Introduction

Nasal polyps are non-cancerous swellings of swollen nasal or sinus mucosa. Their complexity and limited understanding stem from potential origins in inflammatory nasal mucosa conditions, ciliary motility disorders, or abnormal nasal mucosa composition.

Nasal polyps can be broadly categorized into two main types:

ETHMOIDAL POLYPS	ANTROCHOANAL POLYPS
These are the most common type and typically form in the ethmoid sinuses, small air cells located between the eyes. They often occur in both nasal passages.	Less common, these polyps usually originate in the maxillary sinuses and extend into the nasal passages. They often appear as single polyps and can cause nasal obstruction.

It's important to note that nasal polyps can vary in size and may occur on one or both sides of the nose. They are often associated with chronic inflammation, and conditions like chronic rhinosinusitis can contribute to their development. If you suspect nasal polyps, consulting with a healthcare professional for an examination and appropriate diagnosis is crucial.

Pathogenesis

The nasal mucosa, especially in the middle meatus and turbinate area, swells due to the accumulation of extracellular fluid, leading to a polypoidal transformation. Initially, these polyps are sessile but may become pedunculated over

time, influenced by gravity and frequent sneezing.

Pathology

During the initial phases, the surface of nasal polyps is coated with ciliated columnar epithelium, resembling the normal nasal mucosa. However, with time and exposure to environmental irritation, it undergoes a metaplastic transformation to transitional and squamous types. The submucosa exhibits significant intercellular spaces containing serous fluid, along with infiltration by eosinophils and round cells.

Etiology

Nasal polyps typically emerge in connection

with chronic rhinosinusitis, an inflammation persisting for 12 weeks or longer in the nasal passages and sinuses. The exact cause remains unclear due to the complexity of the condition. However, research indicates that individuals with nasal polyps may exhibit an abnormal immune response and distinct chemical markers in their mucus membrane, which lines the sinuses and nasal cavity. These markers serve as signals, influencing the body's identification and response mechanisms. This area of study is actively being explored and requires further investigation.

Symptoms

Common symptoms include: Indications of nasal polyps include challenges in nasal breathing, reduced sense of smell and taste, postnasal drip, a runny nose, headaches, coughing, facial pain or upper teeth discomfort, sinus pressure, itching around the eyes, and snoring.

Diagnosis

Doctor will diagnose nasal polyps using a nasal endoscope—a slender telescope with a camera—to examine the inside of your nose. Occasionally, a biopsy, a small sample of the growth, may be taken. Additionally, CT or MRI scans of the sinuses can reveal indications suggesting the presence of nasal polyps.

Homeopathic Approach in Nasal Polyps

Lemna Minor- A catarrhal remedy, Acts especially upon the nostrils, Nasal polypi, swollen turbinates, Atrophic rhinitis. Asthma from nasal obstruction, worse in wet weather. Putrid smell of nose; loss of smell, Crusts and muco-purulent discharge very abundant. Post-nasal dropping, Pain like a string from nostrils to ear. Reduces nasal obstruction due to swelling, dryness in naso-pharynx, polypi and nasal catarrh.

Teucrium Marum Varum- Teucrium Marum Varum is particularly relevant for chronic nasal catarrh with atrophic, offensive crusts, and loss of smell.

Kali Nitricum- Nitricum addresses symptoms such as sneezing, swollen feeling in the right nostril, polypus, hoarseness, cough with chest pain and bloody expectoration, bronchitis, and asthma with dyspnea and nausea. These remedies are considered when oversensitiveness or excessive medication is present. Always consult

with a qualified homeopathic practitioner for personalized advice.

Allium Cepa- Sneezing, especially when entering a warm room. Copious, watery and extremely acrid discharge. Feeling of a lump at root of nose. Hay-fever (Sabad; Sil; Psor), Fluent coryza with headache, cough, and hoarseness, polypus.

Phosphorus- Fan-like motion of nostrils (Lyc). Bleeding; epistaxis instead of menses. Over-sensitive smell, (Carbol ac; Nux), periostitis of nasal bones. Foul imaginary odors (Aur). The presence of chronic catarrh accompanied by frequent small hemorrhages, leading to a consistently bloody handkerchief. Polypi; bleeding easily (Calc; Sang).

Calcarea Carbonicum- Dry, nostrils sore, ulcerated. Stoppage of nose, also with fetid, yellow discharge. Offensive odor in nose. Polypi; swelling at root of nose, epistaxis Coryza, Takes cold at every change of weather, Catarrhal symptoms with hunger, coryza alternates with colic.

Kali Bichromicum- Fetid smell, discharge thick, ropy, greenish-yellow, Tough, elastic plugs from nose; leave a raw surface. Inflammation extends to frontal sinuses, with distress and fullness at root of nose. Dropping from posterior nares (Hydr). Loss of smell. Much hawking. Inability to breathe through nose, Dryness. Coryza, with obstruction of nose, Violent sneezing, Profuse, watery nasal discharge, Chronic inflammation of frontal sinus with stopped-up sensation.

Sanguinaria Canadensis- Hay-fever, ozæna, with profuse, offensive yellowish discharges, Nasal polypi, Coryza, followed by diarrhoea, Chronic rhinitis; membrane dry and congested.⁽³⁾

CASE REPORT

A 19 years old tall and lean boy came to the OPD of RBTS Govt. H.M.C.H, suffering from frequent sneezing and cough, and complaint of nasal obstruction and pain in the root of the nose. On examination there was polyp formation in both nostrils (right and left) but more in the left side of the nostril. Pain and cough aggravates in the winter season.

Past History

- Typhoid at the age of 10 years
- Personal History

- Cleft palate and lips at birth
- Operated for cleft palate and lips at the age of 11 months.
- Physical Generals
- Outlook – Lean And Slim
- Tongue - Elongated
- Teeth And Gums - Normal
- Thirst - Average
- Perspiration - All Over The Body, Especially On Back
- Thermal Reaction – Hot Patient
- Desire - Not Specific
- Aversion - Not Specific
- Stool - Normal, Daily
- Urine - Normal, Regular

- Dreams - Ns
- Sleep - Sound Sleep
- Appetite - Good

Mental Generals

Shy and unwilling to express his emotions, Company desire

Provisional Diagnosis

- ▶ NASAL POLYP
- ▶ Totality Of The Symptoms
- ▶ Nose polyp
- ▶ Shy and unwilling to express his emotions
- ▶ Complaints aggravate in winters
- ▶ Dandruff on head
- ▶ Tall and lean

Analysis And Evaluation Of Symptoms

SYMPTOMS	ANALYSIS	EVALUATION
NOSE – POLYPI	Physical General	+3
MIND – RESERVED	Mental General	+2
GENERALS – SEASONS WINTER AGGRAVATE	Physical General	+3
HEAD – DANDRUFF	Particular Symptom	+2
GENERALS – TALL PEOPLE	Physical General	+3

Symptoms Converted Into Rubrics

SYMPTOMS	RUBRICS
NOSE POLYP	NOSE - POLYPI
SHY AND UNWILLING TO EXPRESS HIS EMOTIONS	MIND - RESERVED
COMPLAINTS ARE AGGRAVATE IN WINTERS	GENERALS – SEASONS WINTER AGGRAVATE
DANDRUFF ON HEAD	HEAD - DANDRUFF
TALL AND LEAN	GENERALS – TALL PEOPLE

Repertorisation

The screenshot shows the RadarOpus software interface. At the top, there is a search bar and a dropdown menu set to 'Full repertory'. Below this, a list of symptoms is shown on the left, and a grid of numbers representing the frequency of each remedy for each symptom is on the right. The symptoms listed are: 1. Clipboard 1, 1. NOSE - POLYPI (79) 1, 2. MIND - RESERVED (196) 1, 3. GENERALS - SEASONS - winter - agg. (111) 1, 4. HEAD - DANDRUFF (98) 1, 5. GENERALS - TALL people (23) 1. The remedies listed at the top of the grid are: phos., sil., calc., nat-m., sulph., graph., lyc., sep., aur., con., hep., petr., caust., merc., nit-ac., ph-ac. The grid cells contain numbers from 1 to 11, indicating the strength of the remedy for that symptom.

Fig.1. Repertorisation done using Radar Opus Ver. 3. Homoeopathic Software

Prescription

After case taking, based on repertorial totality and consultation of homoeopathic materia medica (5) **PHOSPHORUS 30C / 2 DOSE / 4 GLOBULES / BD** was prescribed on date **08/07/2023**

Reasoning Behind Remedy And Chosen Potency

In repertorial analysis, PHOSPHORUS, SILICEA,

CALC CARB covers all rubric, but PHOSPHORUS covered maximum number of symptoms, based on the repertorial totality and consultation of text books of materia medica (4), PHOSPHORUS seemed to be the most suitable drug in this case and thus prescribed in 30C, two doses. The potency selection and repetition was based on the homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy (6)

BEFORE TREATMENT (08/07/2023)	AFTER TREATMENT (17/11/2023)
	

Table 1. Follow Up Sheet

DATE	CHANGE OF SYMPTOM	MEDICINE
10/08/2023	Slight improvement in cough and sneezing	Saccharum lactis 200c/1 dram/ bd/ 4 glb
30/08/2023	Mild improvement in cough	Phosphorus 30C/one dose/4 globules
17/09/2023	Slightly decrease in size of nasal polyp	Saccharum lactis 200c/1 dram/ bd/ 4 glb
03/10/2023	Overall improvement	Saccharum lactis 200c/1 dram/ bd/ 4 glb
17/11/2023	Polyp disappeared	Placebo 200c/1 dram/bd/4glb

CONCLUSION

Homeopathic treatment for those who suffer from nasal polyps can be a big boom. It can help them save from the surgeon’s knife. Not only does it shrinks the nasal polyps, it also helps in stopping their recurrences by treating the underlying causes such as allergies, asthma and chronic cold. Homeopathy is therefore highly recommended for people who have had surgery done to remove nasal polyps as homeopathic treatment would have a preventive effect, by which chance of recurrence is minimized.

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COMPARATIVE ANALYSIS: HOMEOPATHIC CLINICAL TRIALS Vs CONVENTIONAL MEDICINE TRIALS

Dr. Preeti Jha, Shaikh Mohammed Hamza Jamaluddin

¹Assistant Professor Department of Forensic Medicine and Toxicology, Parul Institute of Homoeopathy and Research, Parul University, Vadodara, Gujarat.

²Student of 3rd BHMS, Parul Institute of Homoeopathy and Research, Parul University, Vadodara, Gujarat.

Keywords

Homoeopathy, Clinical trials, Comparative analysis, Conventional medicine, Methodology, Efficacy, Individualized remedies, Outcome evaluation, Medical practices, Healthcare research

Abstract

This comparative analysis tries to investigate the methodological and conceptual disparities between clinical trials conducted in Homoeopathy and Conventional Medicine. Highlighting the fundamental differences in principles, trial design, and evaluation metrics, the study explores the distinct approaches used in respective fields. Emphasizing the contrasting ideologies of individualized remedies of Homoeopathy versus treatments of Conventional Medicine. The investigation aims to shed light on the unique features, challenges, and implications in designing and executing clinical trials in these divergent medical practices, providing insights into the evaluation of their respective efficacy and outcomes.

Introduction

Homoeopathy and Conventional Medicine are two very different approaches to healthcare all over the world. Homeopathy, founded by Dr. Christian Friedrich Samuel Hahnemann in the late 18th century. Homoeopathy is a holistic system of medicine that is based on the principle "Similia Similibus Curentur" which means "Let Likes be Cured by Likes." Dr. Samuel Hahnemann proposed that substances causing symptoms in

healthy individuals could treat similar symptoms in the sick. Homoeopathy uses highly diluted substances to stimulate the body's natural healing response and treat a variety of disease conditions.

On the other hand, Conventional Medicine, also known as Modern or Western Medicine, has its roots in ancient civilizations like Egypt, Mesopotamia, and Greece. But it has no active principles to work and it relies totally on drugs and surgery to treat disease. Despite their differences, both Homoeopathy and Conventional Medicine are subject to rigorous scientific testing. Clinical trials are research studies that are conducted to test the safety and efficacy of medicines and are considered as the gold standard for medical research for different methods of treatments.

In recent years, especially after the pandemic of COVID-19 Homoeopathy has become more popular and has been praised for its efficacy. There has been a growing interest regarding Homoeopathy in people due to which some critics criticized it on the topic of clinical trials. So comparing Homoeopathic clinical trials to Conventional Medicine trials will provide a comparative analysis and deep and clear knowledge on this topic.

Clinical Trials in Homoeopathy

Clinical trials is a process for acquiring the knowledge of instruments intended for the cure of the natural disease. It is a systematic and orderly way of Investigating the pathogenetic power of medicine on healthy people which is also known as the curative power of the drug.

Clinical trials are randomized double blind placebo controlled with duration of 6 months to 1 year. In the cycle of clinical trials, each cycle consists of proving of Investigational Proving Substance (IPS) in one potency followed by IPS in the next higher potency. The Homoeopathic drug is always proved in ascending potencies. For each potency a batch is prepared. The provers will be enrolled following a pre-trial medical examination. Subsequent to a run-in period of 1 week the study medication will be prescribed to the prover.

Intervention arms are IPS and placebo and duration of administration is 3 days per batch with maximum 12 doses. Number of batches varies depending on the number of potencies in which the drug will be proved. Each batch of the drug will have 12 doses; each dose of 4 pills (Globules size 30). The prover is asked to take 4 doses in a day (4 hourly) for 3 days from the prescribed batch of the coded drug. After the completion of the batch, one month washout period will be maintained in all provers, before the next batch is initiated.

The study medication is coded and blinding is maintained during the study period with the Principal Investigator (PI). The code is broken at the research center after the study period is completed and data is analyzed.

An analysis to extract dependable homeopathic prescribing indications from a drug proving is required to contain the following dimensions:

- 1st dimension: All symptoms occurring during the proving
- 2nd dimension: Proving symptoms with relative characterizing assessment
- 3rd dimension: Characteristic symptoms (a highly individualized subset)

In the data analysis, the proving symptoms is identified and segregated from the symptoms produced in a placebo group. The proving symptoms will form the drug pathogenesis.

The inclusion criteria are the characteristics that participants must have in order to be eligible for the clinical trial which are:

- Age between 18 – 60 years

- Both males and females
- Healthy individuals with no apparent disease and normal routine laboratory parameters during screening
- Intelligent enough to record carefully the facts, subjective and objective symptoms generated by the drug during proving
- Able to be informed of the nature of the study and willing to give written informed consent

The exclusion criteria are the characteristics that disqualify participants from enrolling in the clinical trial which are:

- Any disease or condition which might compromise the hematopoietic, renal, endocrine, pulmonary, central nervous system, cardiovascular, immunological, dermatological, gastro-intestinal or any other body system
- Persons with color blindness
- Persons who have undergone surgery in the last two months
- Planned medical or dental treatment during the proving period including herbal or dietary supplements, procedures, or medications that are likely to interfere with, or substantially alter, responsiveness to the proving substance
- Volunteers on regular medication of Allopathic, Ayurvedic, Homoeopathic, Naturopathic, Unani, etc. for any acute or chronic disease
- Participant must not be on any Homoeopathic remedy in the preceding one month and have had no significant change in health status in last one month
- Emotionally disturbed, hysterical or anxious persons
- Persons having known history of allergies, food hypersensitivity, etc.
- Women during pregnancy, puerperium and while breast-feeding and women who have undergone hysterectomy
- Smokers who smoke more than 10 cigarettes per day
- Recent history of alcoholism or drug addictions or unlikely to refrain from excessive alcohol consumption or drug intake during the study

period

- Participation in another clinical or proving trial during the last 6 months

Clinical Trials in Conventional Medicine

Clinical trial is a prospective ethically designed investigation in human subjects to objectively discover/verify/compare the results of two or more therapeutic measures. Clinical trials are designed to answer one or more precisely framed questions about the value of treating equivalent groups of patients by two or more modalities (drugs, dosage regimens, other interventions). Clinical trials may be conducted in healthy volunteers or in volunteer patients.

Clinical trials are randomized single or double blind placebo controlled with a wide time duration depending on the type of trial, the disease or condition being studied, and the drug or device being tested. However, in general, clinical trials can take several years to complete. The clinical trial process is typically divided into four phases:

- **Phase I:** The main objective of Phase I trials is to assess the safety and tolerability of a new drug in a small group of healthy volunteers (usually 20-100 people). It takes a time duration of 6-12 months.
- **Phase II:** Phase II trials involve a larger group of participants (usually 100-500 people) and are designed to assess the efficacy of the drug in treating a specific disease or condition. This phase also helps to further characterize the drug's safety profile. It takes a time duration of 1-2 years.
- **Phase III:** Phase III trials are the largest and most comprehensive clinical trials. They involve hundreds or even thousands of participants and are designed to definitively establish the efficacy and safety of the drug in a large population of patients. It takes a time duration of 3-5 years.
- **Phase IV:** Phase IV trials are conducted after a drug has been approved for marketing. These trials are used to monitor the long-term safety and efficacy of the drug in real-world settings. The trials can continue for many years after a drug has been approved for marketing.

The dose of the investigational drug administered in clinical trials is also determined by the route of administration. For example, drugs that are administered orally are typically given at higher doses than drugs that are administered intravenously. The dose of an investigational drug given in clinical trials of conventional medicine are given as follows:

- **Phase I:** The trials typically start with very low doses and gradually increase the dose until the maximum tolerated dose (MTD) is reached. The MTD is the highest dose of the drug or device that can be safely administered without causing unacceptable side effects.
- **Phase II:** Once the MTD has been established clinical trials can be conducted to assess the efficacy of the drug at the MTD and at lower doses.
- **Phase III:** It is typically large-scale trials that compare the investigational drug to a standard of care treatment. The trials are designed to definitively establish the efficacy and safety of the drug in a large population of patients.

The dose and frequency of administration of the investigational drug or device may vary depending on the specific disease or condition being studied, the drug being tested, and the goals of the clinical trial. Clinical trial participants are closely monitored for any side effects that they experience. If a participant experiences unacceptable side effects, the dose of the investigational drug or device may be reduced or the participant may be withdrawn from the trial.

The inclusion criteria are the characteristics that participants must have in order to be eligible for the clinical trial which are:

- Age 18-65 years
- Male or female
- Diagnosis of non-small cell lung cancer

The exclusion criteria are the characteristics that disqualify participants from enrolling in the clinical trial which are:

- Pregnant or breastfeeding women
- History of other malignancies within the past 5 years

- Uncontrolled diabetes or hypertension
- Active infection
- Allergic to the investigational drug

Analysis is typically conducted using a variety of statistical methods. The specific methods used will depend on the type of trial, the disease or condition being studied, and the primary and secondary endpoints of the trial. The analysis can be complex, and there are a number of factors that can affect the results of the analysis.

Results and Discussion

Homeopathic and Conventional Medicine clinical trials differ in a number of ways.

Duration: Homeopathic clinical trials are typically shorter and take less time than Conventional Medicine clinical trials. Homeopathic clinical trials last for 6-12 months while Conventional Medicine clinical trials last for 3-5 years. This is because Homeopathic trials focus on assessing the safety and efficacy of a single remedy in a small group of participants, while Conventional Medicine trials typically compare multiple treatments in a large group of participants.

Patient Population: Homeopathic clinical trials typically involve only healthy volunteers, while Conventional Medicine clinical trials involve patients with a specific disease or condition. This is because Homeopathic trials are designed to assess the pathogenesis of a remedy, while Conventional Medicine trials are designed to assess the efficacy of a treatment in a specific patient population.

Endpoints: Homeopathic clinical trials typically use subjective endpoints, such as patient-reported symptoms and well-being, to measure efficacy. Conventional Medicine clinical trials typically use objective endpoints, such as lab results and imaging data, to measure efficacy.

Blinding: Homeopathic clinical trials are typically double-blind and placebo-controlled, meaning that neither the participants nor the researchers know who is receiving the Homeopathic remedy and who is receiving the placebo. Conventional Medicine clinical trials may be single-blind, double-blind, or open-label, depending on the type of trial and the treatment being tested.

Despite these differences, both Homeopathic

and Conventional Medicine clinical trials are important for assessing the safety and efficacy of new treatments.

CONCLUSION

Homeopathic and Conventional Medicine clinical trials differ in a number of ways, including duration, patient population, endpoints, and blinding. However, both types of clinical trials are important for assessing the safety and efficacy of new treatments.

In Homeopathy, clinical trials are always done on the mentally and physically healthy humans who don't have any kind of addiction. The number of doses of the medicine and its repetition is also limited under certain boundaries and even the size of the globules to be used during clinical trials is fixed. Homeopathic clinical trials work in three dimensions .i.e. from getting symptoms to getting highly individualized symptoms. Homeopathic clinical trials usually take 6 months to 1 year to complete.

In Conventional Medicine, clinical trials are done on humans either healthy or not. It also does not focus on mental health or addiction in prover. Also the number of doses of medicine and its repetition is also not fixed, it continues till it shows any adverse effects on prover. Conventional Medicine clinical trials work in 4 phases which are time taking around 3-5 years.

In Homeopathy, accidental proving and clinical proving is also a part of clinical trials in some cases which is not seen in the case of Conventional Medicine.

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Homoeopathic Remedies in Rheumatoid Arthritis

Prof. Dr. M. A. Khan

¹Department of Materia Medica, R.B.T.S., Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar, 842002

Keywords

Alternative system of medicine, Rheumatoid arthritis, Homoeopathy

Abstract

One of the most extensively used complementary and alternative rheumatoid arthritis treatments is homoeopathy. It is extensively used to treat rheumatoid arthritis patients as a palliative and curative medication. Although studies on the use of homoeopathy in rheumatoid arthritis patients have been conducted, clinical trials on the effects of homoeopathy in rheumatoid arthritis patients are infrequent. Some investigations on the effect of homoeopathic medicine dosage and mode of action in rheumatoid arthritis have also been reported. Various databases have cited a few case reports that have been published here and there. This study seeks to describe the literature available on the approach of homoeopathy in rheumatoid arthritis by searching numerous databases from the online library. Homoeopathic treatment has been discovered to have positive effects on some rheumatoid arthritis. Homoeopathic treatment given as add on also improves the quality of life, survival time and presenting complaints. However, more evidence needs to be generated to demonstrate rheumatoid arthritis factors in controlled clinical trials.

Introduction

Rheumatoid arthritis is a chronic inflammatory systemic autoimmune disease that causes symmetrical polyarthritis of small and big joints.¹ It most usually affects women between the ages of 30 and 50. It affects the lining of the joints, causing painful swelling that can lead to bone degradation and deformity in the long run.²

Rheumatoid arthritis affects roughly 5 people out of every 1000, and it can cause significant joint damage and disability. In 90 percent of patients with Rheumatoid Arthritis, early diagnosis and treatment can halt the progression of joint damage.³

Causes of Rheumatoid Arthritis

- Exact cause is not known.
- Evidence points to autoimmune etiology.
- Genetic predisposition common.

Clinical Features

Signs and symptoms may vary in severity, there may be periods of flare up alternating with the period of remission.⁴ The diagnosis of RA is primarily clinical.

Signs and symptoms of rheumatoid arthritis may include:

- Tender, warm, swollen joints
- Joint stiffness that is usually worse in the mornings and after inactivity
- Fatigue, fever and weight loss
- Smaller joints, such as the joints that connect your fingers to your hands and your toes to your feet, are often the first to be affected by early rheumatoid arthritis.
- Wrists, knees, ankles, elbows, hips, and shoulders are frequently affected as the condition advances. Symptoms appear in the same joints on both sides of your body in the majority of cases.
- About 40% of patients with rheumatoid arthritis also have indications and symptoms

that aren't related to their joints.

Many non-joint structures can be affected by rheumatoid arthritis, including:

- Skin
- Eyes
- Lungs
- Heart
- Kidneys
- Salivary glands
- Nerve tissue
- Bone marrow
- Blood vessels

In Rheumatoid arthritis, signs and symptoms may vary in severity and may even come and go. Over time, rheumatoid arthritis can cause joints to deform and shift out of place.³



- Polyarticular symmetrical joint pain with stiffness and edema, primarily affecting the tiny joints, is the most common symptom. Asymmetric oligoarticular joint involvement may be seen in some people.
- The start is usually gradual, with joint symptoms appearing over weeks to months with
- anorexia, weakness, or exhaustion frequently accompanying them.²
- Wrists, proximal interphalangeal joints, metacarpophalangeal, metacarpophalangeal, and distal interphalangeal joints are commonly implicated joints.
- Tenderness, oedema, and atrophy of the adjacent muscles may be noted on examination.³

Investigation shows

- Elevated markers of inflammation like ESR, C – reactive protein
- Positive RA factor.
- X ray may be done to look for the joint damage.

What are the risk factors for RA?

Researchers have studied a number of genetic and environmental factors to determine if they change person's risk of developing RA.¹

Characteristics that increase risk

- **Age.** RA can begin at any age, but the likelihood increases with age. The onset of RA is highest among adults in their sixties.
- **Sex.** New cases of RA are typically two-to-three times higher in women than men.
- **Genetics/inherited traits.** People born with specific genes are more likely to develop RA. These genes, called HLA (human leukocyte antigen) class II genotypes, can also make your arthritis worse. The risk of RA may be highest when people with these genes are exposed to environmental factors like smoking or when a person is obese.
- **Smoking.** Multiple studies show that cigarette smoking increases a person's risk of developing RA and can make the disease worse.
- **History of Live Births.** Women who have never given birth may be at greater risk of developing RA.
- **Early Life Exposures.** Some early life exposures may increase risk of developing RA in adulthood. For example, one study found that children whose mothers smoked had double the risk of developing RA as adults. Children of lower income parents are at increased risk of developing RA as adults.²
- **Obesity.** Being obese can increase the risk of developing RA. Studies examining the role of obesity also found that the more overweight a person was, the higher his or her risk of developing RA became.³

Characteristics that can decrease risk

Unlike the risk factors above which may increase risk of developing RA, at least one characteristic may decrease risk of developing RA.¹

- **Breastfeeding.** Women who have breastfed their infants have a *decreased* risk of developing RA.

Homoeopathic Management

NSAIDs and anti-rheumatic medications are common treatments, although they have their own side effects when used excessively. On the other side, homoeopathic drugs improve patients' Quality of Life while also lowering pain and impairment.²

Rheumatoid Arthritis treatment varies from person to person. It also relies on the disease's length and severity. There are a variety of causes that might cause RA, including genetic, emotional, and physical aspects, as well as environmental influences, so it's critical for a homoeopathic physician to address all of them before starting treatment. It must be offered in accordance with the law of similarity. The remedies in homeopathy moderate the overactive immune system and thus help in reducing inflammation in the bones.³

The following homoeopathic remedies can be considered in Rheumatoid Arthritis cases:

- **Belladonna** – Indicated in the acute stage of arthritis. When there is sudden redness, swelling with severe throbbing pain in joints. Joints very hot to touch, looks red. Worse in cold better by warmth
- **Bryonia** – one of the common remedy prescribed in RA. Patient's complaints of severe stitching type of pain in small joints, swollen, hot, red joints. Every spot is painful on pressure. Relieved by complete rest. least movements aggravates the patient
- **Rhus tox** – useful for rheumatoid arthritis when there is severe pain and stiffness which is worse in the morning, cold, first movement makes the pain unbearable, patient feels better by continuously moving around, warmth relieves the pain. Patient becomes restless with the pain. tearing type of pains in tendons, ligaments.
- **Rhododendron ferrugineum** – Rheumatism worse before a storm is a guiding symptom of this remedy. Rheumatic tearing pain especially on right side. Pain worse at rest.
- **Ruta graveolens** – Arthritis with great stiffness worse from cold and damp weather also from overuse of joints
- **Arnica** – used in chronic arthritis when patients complain of soreness and bruised sensation in joints. Pain worse from touch, everything on which they lie feels very hard. Rheumatism begins from lower limbs and then extends upwards.
- **Ledum pal** – Painful swelling of joints relieved by cold application, worse from warmth; usually affected areas are ankles, feet, rheumatism which begins from feet and extends upwards.
- **Calcarea carbonica** – Arthritis with nodosities in the affected joints. Pain and stiffness of joints aggravated by damp weather. Patients are easily fatigued from slightest exertion along with chilliness and laziness is an indication for the remedy.
- **Calcarea flourica** – Indicated in swollen joints, with hard nodosities with the history of injury to joints. Pain is better by warmth and motion.
- **Pulsatilla** – Indicated when the pain changes its place from one joint to another and also if the pain is not localized. Symptoms tend to be worse in warmth, heat. better from cold application, fresh air
- **Dulcamara** – Pain and stiffness in joints worse from damp weather. Rheumatic affections after acute skin affection.
- **Colchicum** – Arthritis worse in warm wet weather. Worse from the change of climate, it commonly affects the small joints of hands and fingers. Slightest motion aggravates the pain.
- **Caulophyllum** – Arthritis commonly in females. Affecting the small joints especially the hands, fingers, toes, ankles. Pain and stiffness alternates from one joint to another.
- **Guaiacum** – Rheumatism of small joints especially the wrist and fingers worse from warmth better from cold application

- **Kali carbonicum** – Extremely stiff and painful joints in the early morning
- **Causticum** – Rheumatic pains better by warmth especially heat of bed, restless legs at night. patient has a unsteady gait
- **Aurum metallicum** – Is indicated when the patient complains of wandering pain especially at night . Tearing pains in joints at night especially indicated when there is deformity of joints .
- **Kalmia latiflora** – Indicated in severe acute pains in joints. Pain and inflammation begin in upper limbs and then spread downwards. Pain worse at night .Pain usually affects the large joint
- **Formica rufa** – Arthritic remedy indicated in gout and articular rheumatism right sided joints mostly affected. Pain is better by pressure and worse from motion. Sudden rheumatism with restlessness. Muscles feel strained and torn from their attachments. Relieved by rubbing the part and from pressure.
- **Kali iodatum** – Indicated in chronic inflammation of the knee. Pains usually aggravate at night, severe bone pain with sensitiveness to touch. Rheumatism of the knee with effusion. Aggravates at night, cannot remain in bed.
- **Salicylic acid** – Indicated in acute rheumatism, knees painful and swollen with shifting pains aggravated at night . continued treatment with moderate doses prevents new attacks in chronic arthritis
- **Silicea terra** – chronic inflammation of the knee joint with great swelling with icy cold feet sweat.
- **PhytolaccaDecandra**-indicated in rheumatism where pain is worse in the morning. Shooting pain with stiffness especially in the right shoulder. Pains like electric shock. Shooting and shifting suddenly pain in ankles and feet patients dread getting up.
- **Staphysagria** – Drawing pain with stiffness especially at shoulder on bending neck forward . Pain is better by heat. extremities feel beaten and painful
- **Apis** – Indicated in acute inflammatory swelling of the joints. Joint looks shiny , swollen with stinging pain
- **Led pal** –Indicated in ascending type of rheumatism, swollen hot pale small joints. Pain in the right shoulder aggravated from motion, painful soles, easy spraining of ankles.
- **Lithium Carb** – Indicated in rheumatism when affected with heart affections. People with rheumatic nodes and uric acid diathesis. Rheumatism mainly affects shoulder, finger joints with nodular swellings. Better by hot. Pain in ankle while walking
- **Benzoic acid** – Indicated for patients with uric acid diathesis. Rheumatic pains, painful nodosities of joints with strong smelling urine is the characteristic of this remedy.

CONCLUSION

At this time, no one knows how homoeopathic treatments function in the human body. However, the efficiency of his method of treatment in lowering pain could indicate that at least some of the benefit is mediated by endomorphin, and more research into this hypothesis would be beneficial. Patients who have been given naloxone and then treated with homoeopathy may be able to provide some light on this. The potential that homoeopathy may become more widely used raises the question of whether orthodox doctors will achieve the same high levels of success as their homoeopathically trained colleagues. Years of experience are required to become an expert homoeopathic prescriber, and few conventional physicians are ready to take on the additional training. It therefore seems important to find some means of making homoeopathic knowledge more accessible to the medical profession, and work on this problem is currently in progress.

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Improving Access to GERD Assessment: Translating the GERDQ into Bengali

Dr. Rupali Bhaduri, Dr. Arindam Pal, Dr. Kaushik D Das, Dr. Rayba Khaton

¹MD (Hom), Reader, Department of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

²Md (Hom), Reader, Department of Anatomy, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

³HOD, Homoeopathic Pharmacy, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

⁴MD (Part II), Department of Practice of Medicine, The Calcutta Homoeopathic Medical College & Hospital, Kolkata-700009, WB, India.

Keywords

GERD, GERDQ, Bengali translations

Abbreviations

Gastroesophageal reflux disease (GERD), Esophagogastroduodenoscopy (EGD), lower oesophageal sphincter (LES)

Abstract

Gastroesophageal Reflux Disease (GERD) presents a global health concern, necessitating accurate assessment tools for effective diagnosis and treatment. This study focuses on the translation of the GERDQ (Gastroesophageal Reflux Disease Questionnaire) into Bengali, aiming to enhance access to diagnostic measures for the Bengali-speaking population for ongoing research study at The Calcutta Homoeopathic Medical College & Hospital, Kolkata, India. This initiative addresses the linguistic barriers in GERD assessment, fostering improved patient care, enabling broader research opportunities, and facilitating the evaluation of homoeopathic treatments for GERD within Bengali-speaking communities.

Introduction to GERD and GERDQ

GERD is a chronic gastrointestinal disorder characterized by the regurgitation of gastric contents into the oesophagus. It can present as non-erosive reflux disease or erosive esophagitis.

^[1] DA22. 0 non-erosive gastro-oesophageal reflux disease and DA22.1 erosive gastro-oesophageal reflux disease - ICD-11 MMS. ^[2] Motor abnormalities such as oesophageal dysmotility causing impaired oesophageal acid clearance, impairment in the tone of the lower oesophageal sphincter (LES), transient LES relaxation, and delayed gastric emptying are included in the causation of GERD. Anatomical factors like the presence of hiatal hernia or an increase in intra-abdominal pressure, as seen in obesity are associated with an increased risk of developing GERD. ^[3] The prevalence of GERD in India ranges from 7.6% to 30%, being < 10% in most population studies, and higher in cohort studies. The dietary factors associated with GERD include use of spices and non-vegetarian food. ^[4] GERD involves the malfunction of the LES, allowing stomach acid to flow back into the oesophagus. This reflux irritates the oesophageal lining, leading to symptoms like heartburn, regurgitation, and chest discomfort. Factors such as obesity, hiatal hernia, and certain foods can exacerbate GERD, contributing to its pathophysiology by further weakening the LES or increasing gastric acid production, exacerbating the condition. ^[5] The diagnosis of GERD lacks a definitive standard test. It relies on a combination of symptoms and various diagnostic methods. A trial of proton pump inhibitors (PPIs) is often used for patients exhibiting typical symptoms

like heartburn and regurgitation, provided there are no alarming symptoms. However, recent research questions the reliability of this approach. Esophagogastroduodenoscopy (EGD) is recommended for patients with alarming symptoms to rule out complications of GERD, such as esophagitis or Barrett's oesophagus. Routine biopsies aren't advised for GERD diagnosis. Radiographic studies like barium radiographs can detect certain conditions related to GERD but are not used to diagnose it. Ambulatory oesophageal reflux monitoring becomes essential in cases of medically resistant GERD or when extraoesophageal symptoms are present. It helps in assessing acid exposure and correlating symptoms with reflux episodes, providing crucial information for diagnosis, especially in patients without visible esophagitis. [6] The primary objectives in managing GERD are to relieve symptoms and prevent complications like esophagitis, Barrett's oesophagus (BE), and oesophageal adenocarcinoma. Conventional treatment options encompass lifestyle adjustments, medications including antacids and antisecretory agents, surgical procedures such as Nissen fundoplication or bariatric surgery, and minimally invasive endoluminal therapies like transoral incision-less fundoplication and magnetic sphincter augmentation. These strategies aim to address symptoms, promote healing, and reduce the risk of severe complications associated with GERD, catering to individual preferences and responsiveness to different treatment modalities. [7,8,9]

Different non-invasive diagnostics strategies have been used to assess patients with gastroesophageal reflux. Gastroesophageal reflux disease questionnaire (GERDQ) is a 6-item, easy to use questionnaire that was developed primarily as a diagnostic tool for GERD in primary care. An advantageous aspect of this questionnaire lies in its development, merging insights from three distinct questionnaires evaluating varied facets of GERD: the reflux disease questionnaire [10], the gastrointestinal symptom rating scale [11], and the gastroesophageal reflux disease impact scale [12]. As a result, GERDQ proves valuable in aiding diagnostic decisions by distinguishing between occasional reflux-related symptoms and persistent ones that significantly impact an individual's daily

functioning. Additionally, GERDQ facilitates the ongoing assessment of treatment effects on a patient's long-term symptoms.

Our objective with this article is to underscore the significance of translating the GERDQ questionnaire into Bengali, highlighting its crucial importance for regional patients.

Purpose of Translating GERDQ into Bengali

GERD is often diagnosed based solely on symptoms, but overlaps with other conditions like functional dyspepsia and irritable bowel syndrome, especially in Asia, leading to challenges in accurate diagnosis. As a result, about 44% of symptomatic GERD patients witness changes in their diagnoses within a year. Diagnostic tools like endoscopy and oesophageal pH monitoring, considered 'gold standards,' have limitations in accuracy and availability, particularly in primary care and rural areas due to invasiveness and cost. Consequently, symptom evaluation has become crucial in diagnosing GERD, with several patient-reported outcomes (PRO) questionnaires developed, including GERDQ. GERDQ, derived from extensive international research, aids in diagnosing GERD based on six items evaluating symptoms and medication usage. It has shown superior sensitivity and specificity compared to clinical diagnoses by primary care physicians and gastroenterologists. While GERDQ measures both frequency and severity of GERD symptoms, it's one among few instruments meeting these criteria, according to European Medicines Agency guidelines. AstraZeneca provides GERDQ free-of-charge in various regions, including the Philippines, as it aids diagnosis, assesses disease impact, and tracks treatment response. In the Philippines, efforts have been made to translate GERDQ into local languages like Tagalog, Ilocano, Cebuano, Hiligaynon, and Bisaya, enhancing accessibility for patients. AstraZeneca continues to support the utilization of GERDQ among physicians, aiming to establish it as a valuable tool for diagnosing GERD in primary care settings. Regional initiatives include providing GERDQ resources and promoting its use among Primary Care Physicians (PCPs) through a structured program starting in 2013. [13] Two Gastroenterologists from Mexico independently translated the English text into Spanish, consolidating their translations into

the initial joint draft. To ensure understanding, the draft questionnaire was tested on 20 GERD-diagnosed patients with lower education levels. Modifications were made based on patient feedback. The Spanish version underwent back-translation by an independent native translator, and discrepancies were rectified by a team comprising the investigators and translator.^[14]

The purpose of translating GERDQ into Bengali for a GERD clinical study is to ensure inclusivity and accuracy in gathering data from Bengali-speaking individuals experiencing symptoms of GERD. By providing the questionnaire in Bengali, researchers aim to eliminate language barriers, enabling participants fluent in Bengali to comprehensively and accurately express their symptoms and experiences related to GERD. This translation facilitates the collection of standardized data, enhancing the study's validity and reliability, and allows for a more thorough examination of GERD within the Bengali-speaking population. Ultimately, the translation of GERDQ into Bengali for the clinical study aims to improve the study's efficacy in understanding, diagnosing, and managing GERD in this specific linguistic group.

The Calcutta Homoeopathic Medical College & Hospital's Initiative

The Calcutta Homoeopathic Medical College & Hospital has undertaken an initiative to enhance ongoing GERD research by focusing on translating pertinent materials, specifically the GERDQ questionnaire, into Bengali. This translation initiative is aimed at expanding the research's scope and depth within the Bengali-speaking population. The primary goal is to increase the sample size of the study, potentially doubling it, to ensure a more comprehensive and representative dataset. This expansion seeks to gather a larger pool of data from individuals experiencing symptoms of GERD within the Bengali-speaking community. Moreover, the initiative aims for a thorough validation process for the translated questionnaire. By employing rigorous validation methodologies, such as cognitive interviews, cultural adaptation, and linguistic validation, they strive to ensure the accuracy, reliability, and cultural appropriateness of the Bengali-translated GERDQ. Through these efforts, The Calcutta

Homoeopathic Medical College & Hospital aims to create a fully validated Bengali version of the GERDQ questionnaire, aligning with international standards for questionnaire translation and validation processes. This validated questionnaire will significantly contribute to the ongoing GERD research study, allowing for more precise assessments and comprehensive insights into GERD symptoms and their impact among Bengali-speaking individuals.

Challenges and Considerations in Translation

Importing a scale for use in another language or culture involves considerable effort to ensure translation quality. Brislin (1970) outlined four techniques for maintaining equivalence between original and translated measures: (i) back-translation; (ii) bilingual method; (iii) committee approach; and (iv) pretest procedure.

Back-translation, a known method for equivalence, involves iterative translation and back-translation by independent bilingual translators. Brislin's model emphasizes repeated translation cycles until identical versions emerge. However, estimating the needed translators and their expertise poses challenges.

The bilingual technique requires administering the instrument in both languages to bilingual participants. Responses are compared, yet bilinguals' acculturation can lead to different responses compared to monolinguals, affecting results.

The committee approach involves a group of bilingual experts for translation. Despite clearer translations, accessibility of skilled bilingual translators remains a hurdle.

The pretest procedure, akin to a pilot study, identifies issues in a similar population and conditions as the larger study. Yet, limitations exist in estimating translation equivalence problems. Jones et al. proposed a combined translation technique employing a group method and back-translation. However, issues with bilingual availability and acculturation persist, requiring alternative approaches for accurate translations.^[15]

Translation Quality Control and Assurance in

Clinical Trials

Ensuring the precision of translated clinical trial documents is pivotal for the triumph of the study. Translation quality control and assurance are paramount in the translation process for clinical trials.

This involves several meticulous steps:

- **Translation by a proficient expert:** The translator must possess a profound comprehension of both the source and target languages, along with expertise in the subject matter of clinical trials. They should have a background in translating such documents and familiarity with relevant regulations.
- **Review by a second translator:** Following the initial translation, a second qualified translator should review the document to ensure accuracy and consistency in translation, especially concerning clinical trial specifics.
- **Cultural adaptation:** Considering cultural nuances during translation is vital. The document must align with the cultural norms of the target audience, maintaining the appropriate tone and style.
- **Quality assurance checks:** Before finalization, thorough checks for consistency, accuracy, and completeness are imperative. This includes proofreading, editing, and formatting to ensure precision.
- **Validation:** The final step involves comparing the translated document with the original source to verify content, format, and meaning equivalence. ^[16]

Future Implications and Research

The introduction of the Bengali-translated GERDQ presents various opportunities for future research and clinical applications, especially in the realm of homeopathic treatments for GERD. Potential areas for exploration or studies utilizing this translated questionnaire could encompass:

- **Clinical Validation of Homeopathic Treatments:** Conducting studies to validate the efficacy of homeopathic treatments for GERD in Bengali-speaking populations using the translated GERDQ. This could involve

assessing the impact of specific homeopathic remedies on symptom relief and quality of life.

- **Comparative Effectiveness Studies:** Comparative analyses between conventional medical interventions (such as proton pump inhibitors or antacids) and homeopathic remedies for GERD treatment in Bengali-speaking patients. This could provide insights into the comparative effectiveness of different treatment approaches.
- **Longitudinal Studies:** Long-term observational studies employing the Bengali-translated GERDQ to track the progression of GERD symptoms and assess the effectiveness of various treatments over extended periods among Bengali-speaking individuals.
- **Cultural and Linguistic Impact on GERD Management:** Investigating the influence of cultural and linguistic factors on GERD diagnosis, management, and treatment outcomes in Bengali-speaking populations. This could shed light on how cultural beliefs or language barriers affect disease understanding and adherence to treatment.
- **Population-Based Surveys and Epidemiological Studies:** Using the translated questionnaire in large-scale epidemiological studies or surveys to understand the prevalence, risk factors, and patterns of GERD among Bengali-speaking communities.

CONCLUSIONS

The translation of the GERDQ into Bengali by The Calcutta Homoeopathic Medical College & Hospital expands access to accurate assessment tools for Gastroesophageal Reflux Disease among Bengali speakers. This effort aids in diagnosis, patient communication, and research related to GERD management and homeopathic treatments within the Bengali-speaking community, promoting healthcare equity and advancing medical understanding in diverse linguistic contexts.

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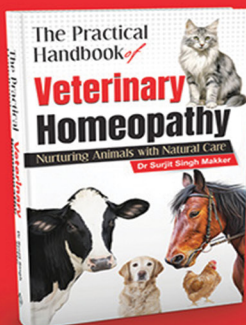
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DR. ELIZABETH WRIGHT HUBBARD

A larger than life Homoeopath

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

¹Director, National Institute of Homoeopathy

²PGT, National Institute of Homoeopathy

³PGT, National Institute of Homoeopathy

⁴PGT, National Institute of Homoeopathy

Dr. Elizabeth Wright Hubbard is much-revered name in Homoeopathy. She dedicated all her life practising pure Homoeopathy and sustaining Homoeopathy in America when strong angst and politics were going on against eradicating it and changing it from Homoeopathy to Homoeo-therapy. She was amongst last few Homoeopaths in USA who practised Hahnemannian homoeopathy till her last breath and strongly protested against inclusion of layman homoeopaths in 1950s. She was strong opinionated woman as well as physically large built. It is said that she never hesitated in shutting up the narrow-minded people with her open-minded ideas in her loud and almost masculine voice. According to description given by Catherin Coulter she was physically large like her spirit. She stood very erect which seemed even larger than she was. She had the ability to read through people. It is interesting to learn about such larger-than-life homoeopath in more details.

Education

Dr. Elizabeth was born on 18th February 1896 in New York City. She was educated at Barnard College with *Summa cum Laude*, which was title given at that time to graduates passing with highest distinction in their subject of interest. She travelled a lot while studying. It was during these trips that Homoeopathy took her interest in Europe. She joined Columbia University College of Physicians and Surgeons in 1917. She was one of the first three of women to complete graduation

in 1921. She did Internship at New York's Bellevue Hospital and she was the first woman there too, to join as an intern. Going by her flamboyant personality, she additionally volunteered to ride night emergency ambulance which was another first woman feather on her hat.

She further studied Homoeopathy in Geneva, Switzerland. Dr. Pierre Schmidt had high praise for her, "*she was one of the most intelligent and gifted of my pupils*". She also studied in Stuttgart, Vienna under Dr. Adolf Stiegele and in Tubingen under Dr. Emil Schlegel.

Homoeopathic practice

After completing her studies, she returned to United States and started her homoeopathic practice in Boston. She was staying in Boston with her aunt, Mrs. Theodore Chickering Williams who was also a respectable matron in Boston. Once again displaying her ostentatious nature, she made herself noticeable in 1913 by making house calls in her Rolls Royce which she had named 'Rosalie'. She married Mr. Benjamin Alldritt Hubbard in 1930 and shifted to New York and practised Homoeopathy there till her death. During her long hours of consultations, she uses to keep baloney sandwiches in her desk to avoid missing her lunch.

Dr. Elizabeth offered her patients a 'home kit' full of homoeopathic medicines known as "Dr. Hubbard's Kit" to be used only after doctor's consultation. Bottles in the kits were numbered

without names on it so that patients were unaware of the name of the medicines they were prescribed in emergency conditions. Dr. Hubbard's kit contained 46 remedies in 200 potencies with placebo at serial number 15, 25 and 35. Number 15 was named as *Cubana* (from where sugar is produced), number 25 was *Essel* (stands for S.L. meaning sac lac) and number 35 as *Placebo*.

She also cured Dr. J. H. Stephenson from his persistent pain which he suffered after staying as Prisoner of War for several years in Germany. She became his mentor following his cure.

A Diehard Homoeopath

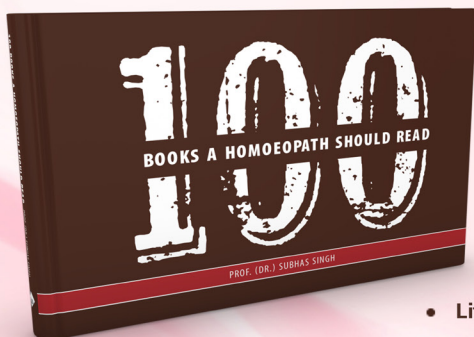
Her practise flourished and she started teaching in various seminars and writing in various journals. Many of her writings are compiled in *A Brief Study Course in Homoeopathy* by Alain Naude. She became a prominent name in Homoeopathy. She started getting known for her writings and leadership qualities. She served as President of *International Hahnemann Association* in 1945. She was the first elected female president of *American Institute of Homoeopathy* (AIH) and held that post for two years from 1959-1961. She also worked as Editors of '*Homoeopathic Recorder*' and '*Journal of*

American Institute of Homoeopathy'. She taught at AFH Postgraduate Homoeopathic School.

During her tenure as President in 1960, disagreement between American Medical Association (AMA) and AIH resolved after Dr. Elizabeth Wright Hubbard made an announcement in its journal about legal incorporation of American Board of Homoeotherapeutics into New York State and availability of application for new speciality in Homoeopathy i.e., Diplomate of Homoeotherapeutics (DHt). Instead of helping, the idea backfired and laymen filled the seats who were least interested in Hahnemannian Homoeopathy and just learned Homoeopathy from tips from old doctors. Despite all efforts, Homoeopathy did not get acceptance from AMA and it further degraded the relation between AMA and AIH.

Death

On 22 May, 1969 Dr. Elizabeth followed her daily routine by visiting her clinic and during her consultation of mother of Dr. Alexander Klein, a New York based homoeopath she suffered from stroke and left for heavenly abode.



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KOPPIKAR'S CLINICAL EXPERIENCE OF 70 YEARS IN HOMEOPATHY – A Short Review

Dr Aditi Bhasin



About The Reviewer

Dr Aditi Bhasin, MD (Hom.) Part -1, Batch 2021 – 2024 , PG Department of Practice Of Medicine , Bakson Homeopathic Medical College & Hospital ,Greater Noida , UP

About The Author

Dr S.P. Koppikar is one of the renowned physicians of the world and the former president of Tamil Nadu Homeopathic Medical Council, a recipient of HERF Award 1984 from Homeopathic Education



and Research Foundation , also a recipient of B Jain International Award and Gold Medal 1983 , Central Council Silver Jubilee Honoraria Award 1998 & Life Time Achievement Award by Karnataka Qualified Doctors Association 2000.

Introduction

⊙ This is a masterpiece literary work that has a collection of

experiences and thoughts in which he not only guides young

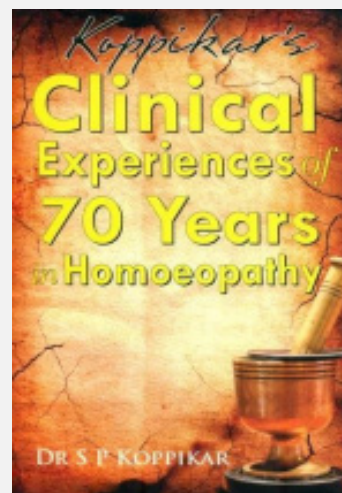
homeopath having practical questions like “What would

happen if patient took tea, coffee ,1 dose of aspirin’ but also to experienced homeopaths where he makes the reader understanding the latest discoveries in medicine only confirms the wisdom of Hahnemann. ⊙ The foreword of this book is given by another pioneer of homeopathy

Dr. Jugal Kishor. ⊙ The entire book contains all aspects of prescribing a homeopathic medicine and is divided in eight sections after Introduction in Memories, History, Materia Medica, Repertory, Practice, Therapeutics, Research and Miscellaneous.

⊙ In the initial few pages, he writes “Advice to Young Homeopath” as whenever we open a new clinic where few essential and practical aspects are highlighted by Dr Koppikar which are as follows -

- i. A young Homeopath must have love for his work and liking for children as they are first to enter and should not be disturbed by their crying, noises and breaking things. ii. Also, he advises to be friends with other homeopaths to cultivate their friendship and never consider them as your competitors.



iii. He must have faith in fine and powerful medicines at his command of prescription “They work and do their duty well, always”

iv. Interesting Stories in a chapter Perceiving the Similia he shares the story of Eknath and establishes if one has an eye, law of similia can be applied everywhere .

To anyone who is starting a fresh practice it is a gem ,a guide and no matter how we as a student

we disliked reading extra books it is a true guide , a must read .

A. Section - Memories

- The author mentions an absorbing account of various renowned homeopath who were his guiding light like Dr N.M. Choudhuri , Dr S, Sengupta ,Dr Hazra ,Dr R.N.Ghosh and many others. He not only tells about his teachers but also specifically mentions for the readers what he learnt from each of them like how he learns from Dr N.M Chaudhuri differentiation between Croton Tig and Aloes and other diarrhea remedies.
- He answered a very commonly asked question

and was one of the questions that every student of homeopathy has in mind “how to study keynotes”- if you imagine yourself as a patient suffering from those symptoms complex and how to dramatize mentally and also gave various examples where and how he learned with Veratrum Album in vomiting with icy cold sweat, Secale Cor and podophyllum where loquacity during chills was marked in a malaria case.

B. Section - Materia Medica

His section of material medica answers every question that a young homeopath has in its mind. The following is a table of very interesting sub chapters and a gist about what he reveals in them.

Name of Chapter	Summarization
I. How shall we study Materia Medica	It’s a talk of his journey as a student where he was spellbound by the library of Allen homeopathic College and he felt like Arjuna (The Mahabharata Hero) standing on the battlefield and letting Shri Krishna that he would not fight which not only reflect how much he relates with the experience of a student but also write about what one should do i.e. how a young homeopath should be choosy in selecting is books and their important chapters .
II. The study of Materia Medica	He suggested various books of Materia Medica like Dunham’s Materia Medica , Drug Picture by Margret Tyler ,Boger Synoptic Key and also guides his way of first reading Nash Lectures in Homeopathic Therapeutics both key notes and explanation and then how one should follow it by Allen Keynotes .
III. Application of Materia Medica	Young and experienced all homeopaths collect knowledge from the same source but the fundamental difference in application entirely depends upon which school of thought they follow which are namely the Pathological School , The Keynote System school and the Constitutional School. In this chapter Dr Koppikar clears the doubt which prevails in mind of every homeopath of which one to be followed for better application of this science .
IV. Developing individual Materia Medica	Though not using less known remedies does not prevent from curing cases but it then takes a zigzag course which can be only improved by frequently reading, reflection and use of rare remedies and slowly they will become familiar and will help to travel shortest distance towards cure .
V. Adventures of Materia Medica	He guides a young homeopath not to be a “Armchair Adventurer” who only are satisfied with the “Gist and Digest” materia medica and to put a constant effort towards exploration, experimentation and not let the spirit of adventure to find new and interesting homeopathy medicines die .
VI. Knowing the Remedies	Giving an example from daily life he elaborate once we meet a neighbor we my conveniently forget his name but if we meet him casually he might become our friend slowly we start knowing about his family relations and similar is case of our remedies, the more frequently read , encountered and prescribe them the better knowledge we will have about them .
VII. Usefulness of Remedies	Here Dr. Koppikar talks about three things that decides the usefulness of remedy. First the familiarity with the drug, second type of a practice and lastly the seasonal and epidemic use and also presented a case of a boil to explain the details .
VIII. Unusual Remedies and their Hidden Values	He mentioned unusual uses of 6 well known remedies in his six different cases like Digitalis prescribed for jaundice ,Digitalis prescribed in prostrate enlargement , Petroleum in Meniere’s disease, Petroleum in gastric ulcer ,use of Ammonium Mur and Sepia was prescribed when foetal movements were slow down and became almost imperceptible.
IX. Relationship of Remedies	He gave three elaborative sub chapters on relationship of remedies which are explained from the definition to explanation of each relationship with various examples. He couldn’t have made it more simpler. Third chapter also answers the question which comes in mind of every student while studying relationship- what makes two remedies becomes inimical to each other and how to avoid incompatible remedies .

C. Section – Repertory

Question of every young homeopath is how to use the repertory is explained in an exceptional way. Dr Koppikar explains his journey along with masters like Dr J.N Hazra who was the foremost Indian student of Dr.H.A.Robert where he learnt card repertory and also advises Bidwell's famous booklet- "How to use the Repertory" from which he took an exemplary case and not only told rubrics but also has justified how he arranged them, why he took those rubrics only and how he concluded to the remedy .It is a must read section as it will be a remarkable guide towards repertorisation in clinical practice.

D. Section - Miscellaneous

i. A part from very practical sections like Practice ,Therapeutics, Research which are a treasure of clinical skills in Homeopathy, section called Miscellaneous is likely to be missed .But it is a Box of Gems .Few of keys I found intriguing are as follows

ii. What if our patient takes a dose of aspirin or has tea, coffee ,spices ,onion or garlic will our remedies be of any benefit ? This is also answered in the chapter Ritualism in Homeopathy. iii. Today is the world of specialization and Dr Koppikar has given another chapter on specialization by homeopaths where he talks about how we should not suffer in silence but should officially accept specialization in some particular diseases or departments as the future of homeopathy.

iv. As we do not treat individual symptoms and we do not treat the diagnosis every homeopath should know what we are treating in a particular case is given in a chapter called " Doctor, What are you going to treat" .

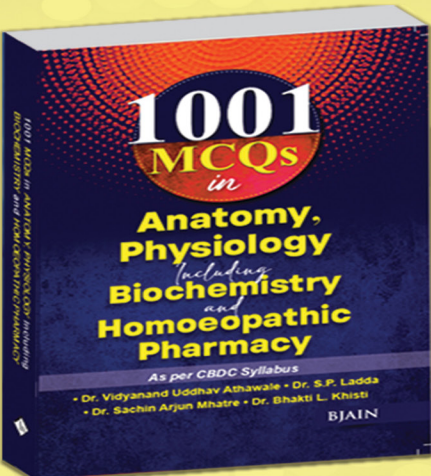
v. One while opening a clinic wonders what should be the professional fees and he has written it very elaborately as how you should decide what has to be your consultations charges in a chapter called Professional Fees .

CONCLUSION

In an article titled " Of Studies" by Francis Bacon it is said some books are to be tasted, others to be swallowed and some few to be chewed and digested. In my opinion this book stands in the latter.

The experience of reading this masterpiece is like an uncle we all find who is an experienced homeopath and wants us to guide from little basics to advance queries in our field .This book teaches young homeopaths the pen holding of homeopathy and while reading these you will feel Dr S.P.Koppikar is holding your hand and teaching you how to write each alphabet of homeopathy in early days of clinical practice .

Not to forget it is not only written interestingly with numerous case-examples but also a very easily understandable language as if an old experienced homeopath well learnt by various masters is sitting right beside you to teach you Homeopathic practice in today's world.



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BOOK REVIEW- SIGNIFICANCE OF PAST HISTORY IN HOMOEOPATHIC PRESCRIBING BY D.M. FOUBISTER

Dr Faiza Khan



About the Reviewer

Dr. Faiza Khan, BHMS, CHMC&H MD(Hom Materia Medica), NIH, Kolkata, Presently working as a JRF in DACRRI(H), Kolkata

About the Author

Dr. Donald Foubister, a name known to entire Homoeopathic fraternity for his gem named 'CARCINOSIN DRUG PICTURES', who was a Visiting physician to the Royal London Homoeopathic Hospital and a former Dean of the faculty of Homoeopathic education in London. But another marvellous book named 'SIGNIFICANCE OF PAST HISTORY' is his hidden treasure which is left undiscovered by many. It was originally published in British Homoeopathic Journal.

This book was printed at the Homoeopathy press, Kumbakonam and published by Dr. P Sankaran for the Homoeopathic Medical Publishers, Santa Cruz [west] Mumbai 54. 1st edition was made available to the world in 1967 and was reprinted in 1970.

The book 'Significance of past history in Homoeopathic prescribing' provides an avenue and justification for various kinds of prescription in Homoeopathy especially focussing on Past history based prescription alongwith clearcut guidelines to help the physician in doing so. It is a small book (in terms of number of pages) consisting of only 20 pages. The book is divided into 3 main parts- Introduction, Topic proper and References.

About the Book

Introduction to this book is written by Dr. P Sankaran who was privileged to be a direct student

of Foubister. Here he pays his gratitude both to the author and editor, Dr. L. R. Twentyman for giving their kind permission for reprinting this.

Topic Proper/Main Text- It is systematically divided into different headings depending on situations for prescribing on Past history alongwith reasoning and justification for doing so. It is also supported with case examples to leave an everlasting impression on the reader's mind. These are as follows:

Constitutional treatment- prescribing on the psychosomatic makeup and past history of the patient. It usually covers significant episodes of past. For eg-Natrum muriaticum may be given a thought when the patient has had concussion.

Observation on the Homoeopathic Materia medica- Materia medica is an immense sea of resources but there many medicines which are yet to be proved and added. He also states that there should be no hesitation in prescribing unproved remedies such as the nosodes of acute disease as occasion demands.

Not well since- A severe acute or chronic infection injury, emotional upset or occasionally after adverse effects of drugs may lead to chronic ill-health. Correct constitutional treatment will help to raise the vitality of the patient and lead the patient to the road of cure.

Acute infection- Advise of Kent for prescribing nosodes is mentioned here. It is the largest section in the book with many examples from the desk of stalwarts like M L Tyler (with whom he was lucky enough to work with), Clarke and his own observations are mentioned. Numerous remedies prescribed in different clinical conditions with their clear-cut indications based on clinical experience is attested.

Chronic infection- Tubercular and venereal disease may call for appropriate nosodes when

other well selected remedies fail to produce any favorable results. He also highlights that nosodes are neglected in homoeopathic practice.

Injury- filled with examples for after effects of head injury, spinal injury, falls and bruises. It also outlines that everyone has been injured at some time or another it is only when there has been an injury in relation to the onset of ill-health, or when there has been a severe injury in the past that it should call for consideration in constitutional prescribing.

Psychic factors- It mentions that complains starting from grief, fear or other emotional upset are given consideration in Kent's repertory and should be referred in constitutional treatment. Various cases are discussed and indication of Graphites, Causticum, Opium, Staphysagria etc. are provided.

Drugs- Certain relationship has been established between constitution and the effects of drugs in this part like Nux vomica has been extensively used for the after effects of drugs in general, Pulsatilla for abuse of iron, Natrum muriaticum for counteracting the effects of prolonged drugging with quinine and mercury.

Other factors- like exposure to extensive radiation may call for X-ray 30 or 200 or Radium bromide 30 or 200 as intercurrent illness beginning at puberty may need Pulsatilla, those at menopause-Lachesis, etc.

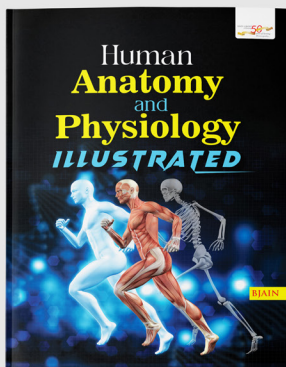
Family history- similar to a prescription based on P/H, an individual's family history is also regarded important. For eg. We may think of Carcinosa when there is a family history of carcinoma, leukaemia, tuberculosis and diabetes.

Conclusion- The words of Richard Hughes are quoted- "The rule Similia Similibus can obviously be carried out only in proportion as the effects of drugs on the healthy body are ascertained.". Also provides information that his book 'Principles and Practice of Homoeopathy' is a magnificent contribution to sound pathological prescribing.

Referencing to prove the authenticity of the work.

This book is a must read for every Homoeopath as it shows light and direction to every physician in order to consider the different bases of similarity and makes us wonder that there is no reason why different approaches to homoeopathic prescribing should not be considered. It provides a clear cut indication regarding importance to past history while making a Homoeopathic prescription also providing case examples from the desks of different renowned stalwarts. Medicines along with potency, doses, frequency of repetition are also mentioned wherever required. It serves as a basis of confidence to the ones who are already prescribing this method and provides an opportunity for young Homoeopaths to explore this approach of Homoeopathic prescription out of the various other ways. Thus making it another gem of Foubister worth appreciation!

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Homoeopathic drug pictures by – M L Tyler

Dr Yamini Ramesh



As written in the foreword of this book I would also say that “Homœopathic Drug Pictures” from the pen of the late Dr. Tyler is probably the most valuable contribution to the homeopathic *Materia Medica* that has been written by the author.

This is a compilation of Drug proving mostly by Hahnemann but Tyler has made a great effort to present it in a organized manner and created a beautiful drug picture of each remedy she has described.

She has mentioned symptoms of every remedy from the point of view of different authors like Kent, Boennighausen, Hahnemann, H C Allen etc. and then she also elaborates the symptom beautifully with her own experience. Her drug studies are concise and exact.

She presents the insight she had acquired through her career into the essence of each drug’s activity on the patients. And surprisingly this book presents no theory it has clinical insights with great points for differentiation of remedies.

This is one of the most important and the most useful part of the book according to me and that it

“Differentiation of similar looking remedies” for example how to differentiate the coryza of *Allium cepa* and *Euphrasia*. Or how to understand the delirium of *Stramonium* and *Belladonna*.

She describes vividly and very minutely the similar symptoms and then gives the minute points of differentiation.

Then comes the black letter symptoms – in many drug pictures she describes black letter symptoms of the drugs which are most important indications for the drug.

In stramonium remedy Tyler says “To get an all - round knowledge of the uses of any drug, one has to get the impressions of many prescribers and their experience in regard to its usefulness.”

And this is what she has followed all throughout the book and that makes the book very unique and very useful for clinical practitioners.

Honestly in today’s world not many people have time to verify the proving symptoms with old books like Hahnemannian work or any other book for that matter but Tyler has already helped the homoeopathic fraternity and she has done lot of research and verification of symptoms from various authors to get the exact drug pictures of the remedies she has covered in her book. So That’s why I believe that this book is a must read and very useful for beginners as it gives you clear-cut differentiating symptoms and helps you understand full drug picture of the medicines.

So the real value of this book is in the fact that it teaches us the pattern of this drug through verified symptoms. It has history, source, preparation, and differentiation. Tyler has also included some of the case studies for better understanding.

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