



CMPH HEALINGS NOW & FOREVER...

NEWS OF HEALINGS FROM SHREE MUMBADEVI HOMEOPATHIC HOSPITAL, MUMBAI—56

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GUEST EDITORIAL

The word Nosode comes from the Greek word 'Nosos' meaning disease. It is prepared from a disease tissue or secretion. The term is also connected with the Latin word- 'Noxa'. The root of the term is noxious or damaged and it is from there that Dr. Hahnemann introduced the term nosode; the first one that he proved was Psorinum. Further contributions were made by Dr. Allen & Dr. Hering who have contributed immensely to the study of Nosodes and also introduced ALLERSONES which are Homeopathic preparations from antigens. (Substances that under a suitable environment can induce the formation of antibodies). Whereas, Nosodes are prescribed on symptom similarity or as an anti-miasmatic.

I would like to share the indications of some lesser used Nosodes as seen in my practice.

- **DIPHETHERINUM**= chronic tonsillitis with halitosis and painlessness. (//Baryta carb)
- **HIPPOZAENINUM**= A useful remedy for various skin conditions specially infected ulcers that turn blackish with a scab formation. Can be thought of for dry gangrene, varicose ulcers & infected wounds. (//Anthracinum)
- **MORBILLINUM**= Used earlier as a preventive for Measles but it can also be used for the sequelae of eruptive fevers in children. (//Bryonia, Pulsatilla & Zincum met)
- **PERTUSSINUM**= Cough symptoms similar to Drossera and when it is a long standing cough that has not responded to Drossera. Also indicated for post viral cough & used as an intercurrent for acute & chronic bronchitis.
- **TUBERCULINUM AVIARE**= Clinically useful for bird flu and was widely used for Covid bronchopneumonia. Indicated for pneumonitis and pneumonia in children with fulminating infections. Helps for post viral convalescence and improves appetite.
- **VARIOLINUM**= It is the most useful drug in practice for Herpes. Can be prescribed at any stage- herpetic, herpetic & post-herpetic neuralgia, 3 doses in 1M potency. Also indicated for post Chikungunya arthralgia to begin the case or as an intercurrent. For excruciating backache with calcification in the blood vessel & spinal cord.

Few points to keep in mind while prescribing Nosodes:

- Prescribe only on symptom similarity and not on the name of the condition.
- If prescribed as a constitutional, give low to medium potency in frequent repetition and when prescribed as an anti-miasmatic or intercurrent prescribe infrequent doses in a higher potency.
- Nosodes are a group of remedies that can be used as a preventive & curative.
- A word of caution- Syphilinum should not be prescribed in Coma when the patient shows some simultaneous involvement of heart or lung with organic complications. It has been observed with nosodes that their action is limited to a high degree of nervous irritation, leading to functional disturbances of various types, but they fall short of effecting changes in finer tissues. Nosodes can help to minimize the influence of the parent disease & can check its progress but they cannot eradicate the disease altogether. (Ref- Coma- Its Homeopathic Treatment by Dr. Maganlal Desai)

In my opinion, any Homeopathic doctor who knows the correct time to introduce a Nosode will be very successful; therefore we should have sound knowledge with the indications & contraindications of the nosodes.

We begin with the first theme based edition of CMPH Healings based on Nosodes, with contributions from Dr. P. F. Damania, Dr. P. Y. Devadiga, Dr. A. Badami, Dr. N. Mehta, Dr. V. Johari, Dr. T. Deorukhkar, Dr. J. Dhingreja, Dr. R. Gupta, Dr. K. Sabharwal, Dr. A. Sathe, Dr. S. Goel, Dr. D. Menon, Dr. S. Patel, Dr. D. Velkar, Dr. S. Thakkar and Dr. A. Pednekar along with an excerpt from thesis & 2 HOT (hands-on-training) cases.

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MUMBADEVI
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WITH**

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Dr. Nimish Shukla
Professor & HOD, Practice of Medicine

HOMEOPATHY FOR VITILIGO

DR. PRABHAKAR DEVADIGA M.D. (HOM)
INTERN: SAYZEEN AGHARIA

PRELIMINARY DATA:

Name: Miss D. G Age- 18yrs
sex: Female Status: unmarried
Religion: Hindu Occupation: student

CHIEF COMPLAINTS:

Location	Sensation	Modality
B/L Knees, B/L Elbows, Finger Onset - Gradual Progress - Increasing	Hypopigmented patches	< stress, noise >massage
HEAD - in the last 1 year 3-4 episodes in a week, esp. in morning on the forehead, temples, neck	Pain	
Nose For 1 year	Sneezing →Coryza. → Pain in paranasal sinuses	<morning, waking up < Morning, night, dust, touching the nose

F/H:
FATHER-Hypertension, Renal calculi, Gout.
MOTHER -Sinusitis
P/H—NS

THERMAL MODALITY: HOT

F/H:
FATHER-Hypertension, Renal calculi, Gout.
MOTHER -Sinusitis
P/H—NS

PATIENT AS A PERSON:

- APPEARANCE: fair, average height, well built & nourished
 - APPETITE: Good can tolerate hunger, wants cold food
 - Likes: Chicken
 - Dislikes: Bitter
 - Thirst: 1-2 L/Day, cold water
 - Habits: Coffee
 - ELIMINATION:
 - Urine: Normal, burning occ.
 - Perspiration: More on forehead, arm
- pit, N.O., N.S.
- SLEEP: Refreshing, sleeps on sides

MENTAL CHARACTERISTICS:

Stays with parents & younger brother.
Born & brought up in Mumbai.
Mentally sharp & intelligent.
Competitive – always wants to win.
Wants to prove herself – in academics, social events.
• Fastidious about her work- never crosses any deadline.

GYNAEC HISTORY:

FMP – 13 years
LMP –12|06|2022
Flow - 28-31 days
Duration – 5-6 days
Flow – Moderate with clots
Complaints before & during menses – Pain in lower abdomen & legs.
Leucorrhoea: Whitish, yellowish occ.

TOTALITY OF SYMPTOMS:

1. Self Pity
2. Anger – screams & shouts
3. Wants to prove herself
4. Fastidious about work
5. Competitive
6. Intelligent
7. Thirst for cold water
8. Likes chicken

DIAGNOSIS: VITILIGO
ICD-11 - ED63.0

INDICATED REMEDY:

CARCINOSIN

PRESCRIPTION:

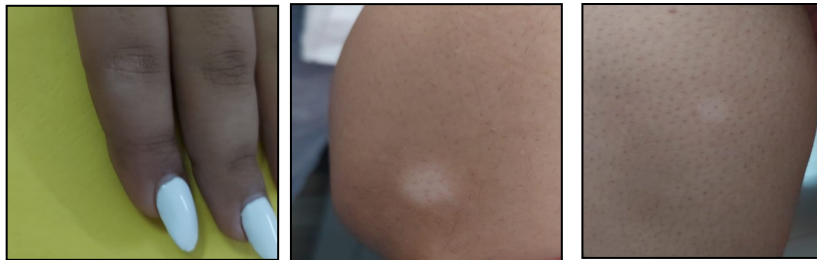
01|07|2022

18/F,
Miss. D. G
Rx,
Carcinosin IM (1P)
SL 30 tds x15 Days

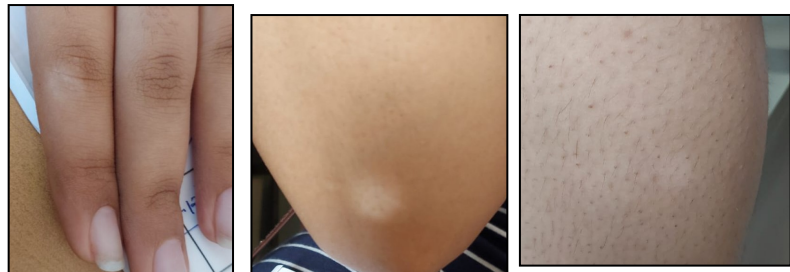
REPERTORIAL ANALYSIS:

MIND			
1 MIND - AMBITION - increased - competitive			⊗
2 MIND - FASTIDIOUS - prove himself; he has to			⊗
3 MIND - FASTIDIOUS - work; in his			⊗
4 MIND - INTELLIGENT			⊗
5 MIND - PITIES herself			⊗
6 MIND - SHRIEKING - anger, in			⊗
STOMACH			
7 STOMACH - THIRST - cold - water			⊗
GENERALS			
8 GENERALS - FOOD and DRINKS - ch desire			⊗
9 GENERALS - FOOD and DRINKS - co desire			⊗
Remedies	ΣSym	ΣDeg	Symptoms
carc.	6	6	1, 3, 4, 5, 8, 9
sulph.	5	5	1, 4, 5, 8, 9
puls.	4	6	5, 6, 8, 9
nux-v.	4	5	1, 6, 8, 9

01/07/2022



02/09/2022



FOLLOW UPS:

DATE	COMPLAINTS	RX
19 07 2022	1. Vitiligo patch ----SQ----- 2. Headache ----SQ----- 3. Sneezing ----SQ----- 4. Generals -Normal	Carcinosin IM (1P) SL 30 tds x15 days
12 08 2022	1. Vitiligo patch ----SQ----- 2. Headache ----SQ----- 3. Sneezing ----SQ----- 4. Generals -Normal	Carcinosin IM (2P) SL 30 tds x15 days
02 09 2022	1. Vitiligo patch ---- > ---- 2. Headache ----SQ--- 3. Sneezing ----SQ----- 4. Generals -Normal	Carcinosin IM (2P) SL 30 tds x15 days

Patient is still under treatment and is showing progressive improvement in both general & particular states.

Contributor



DR. PRABHAKAR Y. DEVADIGA
M.D (HOM)
Professor &
Head of Department
Department of Organon and Philosophy

A CASE OF NOCTURNAL ENURESIS

DR. AMIRALI BADAMI MD (HOM)

PRELIMINARY DATA:

A 12 year old female patient, studying in 9th std. had come with the complaints of bed wetting, 3/week since childhood. No H/o- dysuria and fever.

PATIENT AS A PERSON:

Appearance: moderate built	Thirst: 2-3 Lit, but wants cold water
Appetite: increased, cannot tolerate hunger.	Elimination: Stool – constipated , unsatisfactory, hard stools Urine- C/C
Likes: Non veg– Chicken, sweets, cold things	Aversion - NIL
Sleep: 7-8 hours, Sleep – cries during sleep. Frightful dreams-Dreams of ghosts and sees scary, fearful dreams and wets the bed.	Perspiration: scanty, N/S, N/O.

CHILD DEVELOPMENT & GROWTH:

Birth: FTND	Walking: by 9months
Teething: 6months	Birth: Normal
Talking: by 9months	Vaccination: Done.
No other specific history- Eruptive fevers , PICA , salivation. H/o – teeth grinding. H/o – worms?	Birth weight: 2.5 kg

THERMALS: AMBITHERMAL- HOT

MENTAL CHARACTERISTICS DERIVED FROM LIFE SITUATION:

Lives with parents ,2 brothers & 1 sister .
Temperament - Gets angry easily, throws things .
Fearful – esp. darkness , animals , ghosts.
Sensitive and hyperactive child .

FAMILY HISTORY:

Grandmother: DM,

No P/H nor F/h - Koch's .

GENERAL EXAMINATION:

Temp.: Afebrile

SYSTEMIC EXAMINATION:

R.S. – AEBE CLEAR P/A – NAD CVS – SIS2 HEARD CNS – well oriented ,conscious

TOTALITY:
<ul style="list-style-type: none"> • Hypersensitive • Hyper active • Anger Violent • Fear of animals • Hot • Craves - non veg , cold things • Eats well but does not gain weight.

DIAGNOSIS:
Nocturnal enuresis
ICD 11– 6C00.2

[Ref – Synthetic Rept . Only remedy is Tub – 5marks for Nocturnal Enuresis]

FIRST PRESCRIPTION:
Tub 1M (3P) on 9/5/23
SL 30 TDS * 30days

FOLLOW UP:

Date	Follow up	Rx
8/6/23	Bedwetting > No episode of bedwetting since a month. No fearful dreams Generals - >	Tub 1M(3P) SL 30 tds * 1month
10/9/23	Bedwetting >> No episode of bedwetting >> No fearful dreams>> Generals - >	SL(3P) SL 30 tds * 1month

<p>Contributor</p>		<p>DR .AMIRALI BADAMI M.D (HOM) Associate Professor & Head of Department Surgery</p>
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MEDORRHINUM FOR LONG STANDING SYCOTIC COMPLAINTS

DR. NIMISH MEHTA MD (HOM)

CHIEF COMPLAINTS [significant symptom pictures- otherwise conclusion mentioned in diagnosis]: OPD No- 641/17

A 66 year old male came to our OPD with chief complaint of pain in both knees (R>L).

Original picture elicited pain in thighs then knees then pain in antero-tibial region.

< Rising from sitting position

< Walking and initial motion

> After initial motion

Along with it he has difficulty in breathing and breathlessness on overexertion.

He also suffers from allergic dermatitis, with frequent episodes of itching in face since.

PATIENT AS A PERSON:

Appearance- Obese, baldness in young age along with hair thinning and premature grey hair.

Appetite- Good, cannot tolerate hunger

Likes – Groundnuts, Dal

Thirst – Thirsty, drinks around 4-5 litres

Perspiration – Profuse face on

Thermally a Hot patient

P/H – H/O of eczema and hypo-pigmented patches

MENTAL CHARACTERISTICS DERIVED FROM LIFE SITUATION:

Subjectively he presented to us as a very honest man and portrayed to us that many court cases were going against him but consequently we got to know that it was he who pressurized and duped his brothers in property issues with help of police and political support.

Whenever he used to come to OPD also he was usually late always yet always made false excuses so that he could be taken first. He will not follow any advices given by the treating physician, very rigid about his thoughts.

He rigidly sticks to his own way of defining problems and uses long elaborative answers to defend himself.

Patient is of a hiding nature, doesn't face up and keeps hiding himself, he is deceitful in nature; the beans used to be spilled by his family members.

Quite obstinate, once he makes a decision he doesn't change his opinion and thinking patterns.

He also has marked fear of closed and narrow places.

There is marked anxiety about his own health all the time with umpteen queries, though he will never follow the discipline.

He is also under this constant fear that he had done some wrongs and at times anxious about the outcomes.

DIAGNOSIS: Hypertension with mild LVF with LVH (II I.0)+ Osteopenia (FB83.0) + OA Knees B/L (FA01.0)+ Seborrhic Dermatitis (EA81.1)+ Haemorrhoids (DB60) + Mild Alcoholism (6C40)+ Recurrent Skin Infections+ Xerotic allergic dermatitis (ED54)
The case was seen and reviewed by me after a long string of failure prescriptions earlier like Lachesis, and many drugs with very partial relief.

Based on the characteristics and SYCOSIS as seen in the history, he was prescribed **Medorrhinum 200 one powder and SL 30 tds for 15 days on 7/5/15.**

CHARACTERISTICS:

Hiding himself

Deceitful

Fear narrow places

Egotism

Anxiety for health

Obstinate

Anxious about wrongs done

Hot patient

FOLLOW UP ANALYSIS:

Patient was started on Medorrhinum 200 from **7/5/2015 to 11/6/15** & during this period the complaints of knee pains, breathlessness, unsatisfactory stools, itching on scalp were better.

The potency was changed from 200 to 1M on **1/7/2015** as there was no considerable improvement seen during this period.

The patient was continued on Medorrhinum 1M up until **26/10/15.**

On **26/10/15** Medorrhinum 10M was prescribed as there were few new complaints and previous prescription showed no change but the remedy was indicated. Patient was kept on Medorrhinum 10M 2 doses up until **9/11/2017.**

On **29/11/17** Medorrhinum 10M bd* 2 days -kentan posology for low susceptibility cases - was prescribed (Ref – Demonstration cases of Kent's repertory and how to use Kent's repertory by Margaret Tyler). There was considerable palliation seen in patient with this prescription up until **23/4/18.**

There was aggravation seen in complaints presented by patient on **23/4/18** therefore the prescription was changed to Medorrhinum 50M 1P. Patient was continued with Medorrhinum 50M till **5/1/23.**

Soon when 50M didn't elicit much response and with same characteristics seen on review also, Medorrhinum 200 bd was prescribed on **5/1/23 (based on theory of recycling potencies as the higher potencies stopped working)** followed by Medorrhinum 1M which was prescribed on **16/2/23 up to 13/7/23**

The acute complaints arising during the follow ups were managed by indicated remedies, the most frequent being Kali Bichromicum for acute URTI complaints.

Contributor



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OBSESSIVE COMPULSIVE DISORDER & NOSODES

DR. VANITA JOHARI MD (HOM), MSC (COUNSELLING PSYCHOLOGY)

Obsessive-compulsive disorder is a type of mental illness. People with OCD can have either obsessive thoughts or urges or compulsive, repetitive behaviours. Some have both obsessions as well as compulsions. OCD isn't just about habits like checking locks or always thinking about negative thoughts. Common activities like washing your hands, counting the things, again and again, and checking phone every 15 minutes. Some may have difficulties in throwing things out as well. This disorder can affect ones job, school, and relationships and keep them away from living a normal life. Their thoughts and actions are beyond their control. Some of them realize that their behaviours don't make sense at all. This condition is associated with tics, anxiety disorder and an increased risk of suicide.

A patient suffering from OCD has obsessive thoughts that are not wanted. They are linked to fears, such as touching dirty objects, compulsive rituals to control the fears, such as excessive hand washing. It can start early in life, seen as rigid rituals and routines around meals, bathing, and bedtime. These help stabilize their expectations and view of their world. School-aged children often create group rituals as they learn to play games, take part in team sports, and recite rhymes. Older children and teens start to collect objects and have hobbies. These rituals help children to socialize and learn to deal with anxiety.

A great need to know or remember things that may be very minor, or sometimes too much attention to detail or too much worrying about something bad occurring. Aggressive thoughts, urges, or thoughts about doing offensive sexual acts or forbidden, taboo behaviours beyond all limits.

We find under "**Washing hands**", **Psorinum**, **Medorrhinum** and **Syphilitum**, representing three different miasms.

Psorinum is like a motor mechanic who keeps getting dirty and must wash often to keep clean. This is his struggle.

Medorrhinum is like a boy who has smoked a cigarette and tries to wash his mouth in order to hide the smell as far as possible, though he knows it will not go. Thus, washing in Medorrhinum is a cover up a shameful act.

In Syphilitum, the situation is like that of a person who has tainted his hands by killing someone - an unpardonable sin - and makes a desperate attempt to wash off the traces of his crime. This is rather like the "hands washing" of Lady Macbeth. In this situation, there is no hope and the person is doomed. Once he realizes he is doomed, he not only stops washing his hands but goes to other extreme - he doesn't care (antisocial, drunkards, etc.). In Carcinosis the situation is someone who needs to wash because he does not want anyone to point fingers at him stating that he is dirty. The need for perfection makes them go an extra mile for all their actions stretching it beyond all limits.

This essay explores the indication of nosodes in patients suffering from OCD from the point of miasmatic evolution.

PSORINUM

The word "itch" has an undertone of persistence, progression, continuation in frequent intervals. Similarly, Psorinum is indicated for complaints continuing for a long time. The pessimist mind is full of despair, she is afraid of the future because she is afraid, anticipating that everything she undertakes shall be a failure. Psorinum patient is despondent: fears he will die; that he will fail in business; making his own life and that of those about him intolerable. Full of imagination, especially at night, Of what he would do and say, if this, that or the other thing should happen; Of impossible things to happen; Of past, present and future occurrences, carrying on an imaginary conversation, pro and con, should such thing occur; Of what he would say or do, should the other person say thus and so. The OCD is usually of uncontrolled repetitive thoughts.

There was once a patient, who had been suffering from uncontrolled itching in his palms and soles. He had several cut marks which he had inflicted on himself out of despair. The reason for his suffering according to him was that he had once unknowingly harmed an old dog. The curse as a result has given him miseries. He would regularly seek advice from different "Gurus" to salvage him from the tangles of this curse. He would then get into superstitious rituals with each new resolution handed on to him from his "Masters". He would keep a track of incidents of his daily routine with focus on "good omen" / "bad omen". Religiously follow the instructions in search of salvation, only to know that it did no good then he would meet a new fortune reader and learn altogether new sacrament.

MEDORRHINUM

Medorrhinum is fascinating and spans extremes of temperament, from introverted to extroverted, from kind to cruel, from intellectual and detached to highly emotional and intuitive. Medorrhinum represents the centre-point of the sycotic miasm. The feeling of incapacity and the fear of being exposed is represented in Medorrhinum by his fears and anxieties. He is always anticipating that something bad will happen. He has an anxiety of conscience, as if guilty of a crime. He has a fear that someone was behind him. On the physical plane, this inner anxiety and restlessness is manifest by signs such as restlessness of the feet, constant nail-biting and the need to wash his hands repeatedly. But in order to cover up this feeling of incapacity, Medorrhinum may appear egoistic, rude, critical, and extravagant and can act as if nothing really bothers or affects him. Tendency to forget, having a poor memory and confusion of the mind, they will be one of the remedies that will be doubtful of what they just did. They go and look in front of their car, they go back to check the door if it is locked or the stove if it is off. They go back and forth: did I do it, didn't I do it? Medorrhinum will have a high tendency to do this, to be doubtful and to be compulsively repeating the same behaviour. Medorrhinum will also be a hand-washer, because of the fear of contamination. They do it compulsively, repetitively and it is meaningless. If you wash your hands because you think they are dirty, that is meaningful, but if you have to do it ten times, it loses its meaning, it is not rational any more. Mania of washing hands, *as if something dreadful had happened; heavy weight and great heat in head; could not rest in bed; felt as if she must do something to rid her mind of this torture. Fear of the dark.* There is a constant feeling as if he had committed the unpardonable sin and was sure of going to hell.

CARCINOSINUM:

The clinical picture of Carcinosinum is of a person who is a model of perfection - one with whom it is difficult to find fault. We often find a history of high expectations on the part of the parents and usually a high level of performance on the part of the subject to live up to them. PERFECTIONIST, well organised, meticulous, sets high standard and toils to achieve. FASTIDIOUS: "her books look as if it has just come out of printing press." There is a need to be something that is almost beyond one's capacity. The patients stretch themselves to the utmost in the hope of success, because to them failure means death and destruction. This miasm therefore has the syctotic fixity as well as the destructive dimension of syphilis.

Carcinosinum people often have a history of taking on too much at a young age, having too many expectations placed on them, too strict parental control. They try to live up to these expectations and make a tremendous effort to perform exceedingly well. They set for themselves high standards or goals that are near impossible to achieve and drive them to try and accomplish them. In that sense, they reach out for perfection, and almost finish themselves in doing so.

The need for perfection makes Carcinosinum people sensitive to reprimands and fastidious in every sphere of life to the point of being faultless. But unlike mineral remedies, which merely want order in everything that they do, Carcinosinum patients often show an interest towards artistic things like music, dancing and painting. Neatness and cleanliness simply are not good enough for them, they must be perfect; the furniture should blend with the surroundings, everything should match, etc. They are well dressed people with good taste. They can become neurotic about perfection, and sometimes this can be so extreme that they become suicidal.

A 7 years old child was obsessed with cleanliness. He used to keep all his books and toys in order and could not sleep unless things are in place. Prefers to do it himself, even after mother has tidied things. This often gives him little time for indulging in activities appropriate for his age, like playing with his friends. He dislikes eating street food as he believes that the food is badly contaminated. He falls sick every time he visits his native place as he can't stand the dirt in the long distance trains.

He comes from a rigid south Indian Brahmin family. Strict upbringing has made left deep marks on patient's mind. He is quite particular about switching off fan, light etc. If someone forgets he asks: "Why haven't you done that?". He wants his plates to be cleaned well. He will clean his hands thoroughly before meals; if soap happens to fall down; he asks another one and also cleans the fallen soap. He washes his slippers alternate days. He avoids walking on the cement joints of tiles.

He is quite particular about his bed sheets, belongings, toys etc. He does not like to stay at anybody's place. He would like to be back home by night. He will not use others' toilet. He mixes well with strangers, guests. He is quite helpful to others. He has sharp memory and has "excellent grasping power". He gives his best shot in whatever he undertakes. He does not get discouraged by failures, rather says that he will try it again with better preparation. But off late all his hobbies and interests have been shelved due to ever growing obsessions and compulsions for trivialities.

SYPHILINUM

Syphilinum is a strange and hence fascinating constitutional type. It is uncommonly seen, and its mental features are very poorly dealt with in the older Materia Medica. Syphilinum is frequently used **for anxiety and fears** in the treatment of obsessive-compulsive disorders, anxiety states. They are often victims of PTSS, sexual abuse or incidences marked by intense shame and self reproach. The syphilitic dimension of mental disease makes the complaints permanent and so often incurable. An important feature of these patients is that they repeatedly wash their hands and they feel compelled to do so in order to relieve their anxiety. There is intense anxiety and a constant feeling that he (the patient) may go insane. They harbour different kinds of fear - not knowing what they are afraid of. They will refuse to shake hands with others. Not all Syphilinum have a compulsion to wash, but the majority have this compulsion to some degree at some point in their lives (Kent: 'Always washing her hands'). There is usually a sense of contamination and a fear of germs, and this drives the person to wash her hands tens or even hundreds of times a day. After shaking hands with you she may feel contaminated, and cannot relax until she has washed her hands. Wash hands 50 - 200 times daily – till they have shrivelled skin on hands. If not able to wash hands will develop sweat, headache. They often know this is ridiculous but do not have strength to stop. Will ask, "Do you think I am going crazy"? Until you give them the answer they want, which is no. The guilt and stigma attached with the trauma may need long sessions of counselling to be washed out of the mind.

I once treated a child whose mother had developed OCD after she accidentally came in close contact with a beggar suffering from leprosy. She would not only spend every evening bathing after returning from work, but insisted that her seven years old daughter also had her hair washed daily after school. Fear of contacting disease from any exposure during the day compelled her to believe that every single day that she steps out of her home; she is at threat of contacting innumerable diseases which can only be kept away by washing and bathing intensely. Her daughter would come down with repeated attacks of respiratory infections as she too was subjected to intense bathing routines every day.

LYSSIN

Trauma precipitating OCD in Lyssin patients may be seen from abnormal sexual desire or even when sexually abused (abnormally). Mental emotion or mortifying news always makes him worse. Thoughts of something terrible going to happen come into his mind against his will ; feels impelled to do reckless things, such as throwing child, which he carries in his arms, through the window, and the like. Could not get rid of the indescribable tormenting feeling that something terrible was going to happen to him is the compulsive thought that haunts a Lyssin patient. (continued on page 10)

Contributor



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ROLE OF NOSODES IN BAD OBSTETRICS HISTORY (BOH)

DR. TRUPTI M. DEORUKHKAR MD (HOM)

Bad Obstetrics history is a term applied to a pregnant woman where her present obstetric outcome is likely to be affected adversely by her past obstetrics history.

WHO Definition - BOH implies previous unfavourable fetal outcome in terms of 2 or more consecutive spontaneous abortions, H/O IUFD, IUGR, Still birth, early neonatal death and/or congenital anomalies.

In many cases the cause remains unknown. Some common causes associated with BOH are:

- Endocrine disorders (diabetes mellitus, thyroid disorders)
- Antiphospholipid syndromes (A disorder of immune system where normal proteins of the body are attacked and antibodies are formed which may cause blood clots.)
- Inherited thrombophilias (a genetic disorder where regulatory proteins act as inhibitors in the coagulation cascade)
- Structural abnormalities of the uterus and cervix (septate uterus, cervical incompetence)
- Maternal systemic disease (SLE)
- Previous history of congenital deformity of the baby specially a neural tube defects.

Most of the causes are autoimmune in nature. Blood levels show a rise in the antiphospholipid antibodies and anti-nucleic antibodies in such cases.

Miasmatically autoimmune disorders fall in the syphilitic group.

The following data in the past (personal as well as family) often suggest the presence of Syphilis:

- History or evidence of clinical syphilis
- Repeated abortions / miscarriages
- Still births
- Neonatal deaths
- Fetal malformations
- Congenital anomalies
- Placenta previa
- Vesicular mole
- Toxemia of pregnancy
- History of malignancy
- Ectopic organs and tissues (ectopic pregnancy, endometriosis)

Clinically important pointers for syphilis are:

- Irreversible pathology
- Structural damage
- Congenital malformations and abnormalities
- Pathologies like gangrene, ischemic heart disease, ulcers, cancer
- Fast pace of the disease
- History of abortions and fetal anomalies in a female
- Mentally- violent, destructive, loss of morality, restless
- Aggravation at night

On a strong hereditary and historical background, the syphilitic miasm is inducted earlier in life (perhaps even at birth) with shortening of life span due to progressively pronounced structural alterations in the vital organs.

Hence treating the miasm is an important step in managing the pregnancy outcome.

Syphilinum is a strong antimiasmatic remedy which can help us in tackling with BOH cases. The auto immune response can be altered by the right homeopathic medicine.

I would recommend the use of Syphilinum IM one dose in the early months of pregnancy in established BOH cases. Syphilinum will take care of the background miasm and then follow it up with the constitutional remedy which will further enhance the process of cure.

A protocol to initiate the treatment with an anti-miasmatic remedy - Syphilinum followed by the constitutional remedy can be implemented successfully in autoimmune disorders during pregnancy. The homeopathic treatment can have a positive pregnancy outcome in a patient.

Contributor



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RECURRENT RESPIRATORY TRACT AFFECTIONS WITH CHRONIC TONSILLITIS

DR. JAYESH DHINGREJA MD (HOM)

CASE HISTORY:

Mst. J. V., 2 years 2 months old, complaining of recurrent coughs and colds, occurring once or twice a month. He is a low birth weight baby with a birth weight of 2.6 kg and was born via LSCS due to non-progression of labor.

He also suffered from neonatal jaundice.

At the age of 1 year, he developed Bronchiolitis; was hospitalized for 4 days and treated with nebulization and antibiotics.

3 months later, suffered from gastroenteritis and was again hospitalized for more than a week.

Since birth he has a recurrent tendency to catch cold. He gets a constant cough which is worse during daytime.

No other symptoms could be given by the mother regarding his chief complaint.

Milestones:

Dentition started around 7 months but he has stained teeth.

(Mother had taken antibiotics during pregnancy).

Walking was early around 7-8 months, but talking was delayed.

Mental characteristics:

A very restless child who cannot sit in one place for even a few minutes; he always wants to go out of the house.

Also, very obstinate and throws tantrums and shrieks if things don't go his way.

Even gets breath holding spasms.

Generals:

According to his mother, his appetite is very poor; does not demand any food and has to be fed forcibly.

She says that he is surviving only on water.

Perspires on his cervical region and is worse during sleep.

Does not take any covering in sleep and he throws off if anything is put over him.

Talks in his sleep and he awakens from slightest noise.

Strong family history of Tuberculosis – Grand father and uncle.

Diagnosis: Chronic Bronchitis, Unrecognized (CA20.Z)

O/E:

Hairy child

Weight – 10 kg

Cervical lymphadenopathy⁺

R.S. – harsh breath sounds

Throat – Tonsils enlarged and congested

Mother's history during pregnancy:

The child is my second child. I have an elder son.

After my marriage I was living in joint family.

Prior to my marriage I was from a nuclear family.

My in-laws are good, but there is *lots of restriction* living in a joint family.

After sometime my dream of having my own house and living separately was realized.

I did not know about my pregnancy as I was busy in my shifting plans.

I came to know about it in 2nd month.

I was underweight during my whole pregnancy and that is the reason why my son is also underweight.

I was *shocked* when I got the news about my pregnancy.

I did not want the child because it would *hamper my freedom*.

I had just shifted to a new house and I wanted to work, to live a life according to my own wishes.

Previously, it was a routine life like a housewife; I wanted to move out of the house, meet different people; I didn't like day and night being in the same house.

I had lots of plans for myself, I had just shifted to a nuclear family and I did not want a child.

I cried a lot for two full days when I came to know about my pregnancy.

I decided for the child later, because my husband wanted it.

I already had a Cu-T inserted, so I was relaxed thinking that I will not get pregnant.

After deciding to keep the child, the tension was of Cu-T, that will the baby survive? Will it have any complaints?

I was very much *stressed out, not able to eat at all, not liking food, so no weight gain in the last two months of pregnancy also.*

The major thought in my mind was, how will I cope up if I have a physically or a mentally deformed child.

During the whole pregnancy I used to get irritated a lot, not liking food at all; *irritated on small matters and I used to shout at my elder son.*

The main question was of *freedom*; to do whatever, when I desired to do.

Pregnancy would take away my freedom and I will be stuck up with my baby for 5 years even after the delivery.

Remedy prescribed:

Tuberculinum 200, 1 dose

FOLLOW UP 1	FOLLOW UP 2	FOLLOW UP 3	FOLLOW UP 4
<p>S/S: After 15 days the child was better; he had no cough or cold.</p> <p>O/E: Weight – 10 kg R.S. – NAD</p> <p>Remedy prescribed: Placebo</p>	<p>S/S: After 15 days No cough and cold Eating better Temper tantrums – better</p> <p>Remedy prescribed: Placebo</p>	<p>S/S: In a 7 days after placebo, the child developed fever with cold and cough; this time, the mother said that the cough is worse during sleep and he does not get up from sleep coughing. His face was red during fever.</p> <p>O/E: R.S. – clear Throat – tonsils enlarged.</p> <p>Remedy prescribed: Tuberculinum 200, 1 dose, if needed repeat after 3 hours.</p>	<p>S/S: After 15 days: No fever, no cough and cold. Appetite improved Restlessness better; can sit in one place for some more time now.</p> <p>O/E: Throat – very minimal congestion. Swelling of tonsils much better. Weight – 10.5 kg</p> <p>Remedy prescribed: Placebo</p>

The child is still on PLACEBO and is growing quite well.

UNDERSTANDING OF THE CASE

RUBRICS for the mother’s state:

MIND - AILMENTS FROM - anticipation

MIND - DELUSIONS - trapped; he is

MIND - DESIRES - full of desires

MIND – SELFISHNESS

The basic mental state of Tuberculinum can be understood with the help of the following rubrics:

MIND - DELUSIONS - crushed - everybody rushing; crushed by

MIND - DELUSIONS - trapped; he is

MIND - DELUSIONS - suffocating; as if

The feeling of *restriction* and *oppression* clearly emerges from the above rubrics. The *trapped* and *suffocated* feeling is symbolic of lack of space and time for oneself. Inability to pursue one’s interests leads to *discontentment* and *frustration*.

This *frustration of unfulfilled desires* is expressed in the form of *violent anger and anxiety*.

This anger either finds a vent in *violent activities* or in *mutilating oneself*.

The anxiety is expressed in the form of *restlessness* and *fidgetiness*.

The *great desire for open air* and *traveling* is very symbolic of the *desire for freedom*.

The *blocked mental energies* finally give rise to *pathologies in the respiratory system, glands, gastrointestinal system, nervous system, etc*

OCD & NOSODES– Dr. Vanita Johari (continued from page 7)

Strange notions and apprehensions are commonly felt during pregnancy. A strong and uncontrollable impulse to do certain acts; to spring at and to bite any moving object that came within reach is irrepressible. She may be continually tempted to bite her pillow at night. Desire to cut others or an impulsive to stab his flesh with the knife he holds. The fear and notion is pathological, harrowing sanity of the patient. Desire to urinate or for stool on seeing running water or cannot urinate unless he hears running water.

A 54 year old single lady was once referred with complaint of washing mania. She would spend 6-8 hours every day in wash-room. Additionally she had extreme phobia/ aversion to cats and dogs. She would have loud outburst of tantrums if she would find any pet anywhere close to her. She would scream and go berserk if any of her acquaintances would talk about getting a pet. If she even had faint doubt of a pet entering her home, she would demand that entire house be washed thoroughly to remove any traces of the cat. The reason for this severe exercise was to avoid any untoward impact of cat’s evil in her life. Her immediate family was unable to support her and hence she was sent to a sanatorium for better care. She would make long video calls back home asking if her bedding was clean and free from any animal hair. Extreme reactions to the objects of dislike and a need to wash belongings thoroughly and endlessly off the traces of offender point to Lyssin, though Lyssin has hydrophobia.

Contributor



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INDICATIONS OF CARCINOSIN FOR RECURRENT FEVER IN A CHILD

DR. RAKESH GUPTA M.D (HOM), MBA (HCS),SCR, FLP

Introduction:

A 6-year-old male came to the OPD complaining of fever for 10 days, high grade fever ranging from 101 to 104° F with a cold and cough, throat pain, headache and leg pains with fever. Patient was not better with modern medicine as well as the acute homeopathic medicines that he had already received.

On detailed enquiry it was found that:

Patient has a repeated history of pneumonia since he was born and has been hospitalized 4 times in these 6 years. With every slightest change in the weather, he develops fever, cold and cough.

He is very mature and self-sufficient in his daily chores. In spite of sickness absenteeism, he is very intellectual and stood first in his exams.

Generals: Not very significant

Sleep position- on Abdomen

Investigations on 21/2/23:

Hb 12.5

WBC 5750

Platelet 288000

Dengue IgM, IgG and NS1Ag Negative

MP antigen Negative

Rapid Typhi Ig M Negative

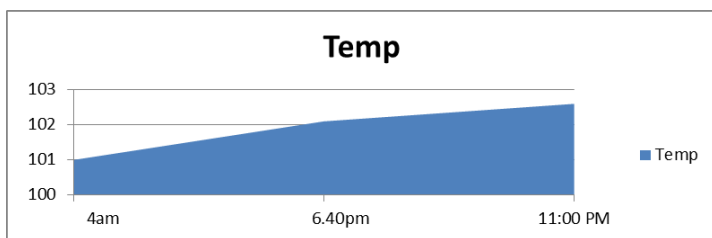
Diagnosis:

Viral Pneumonia (impending)

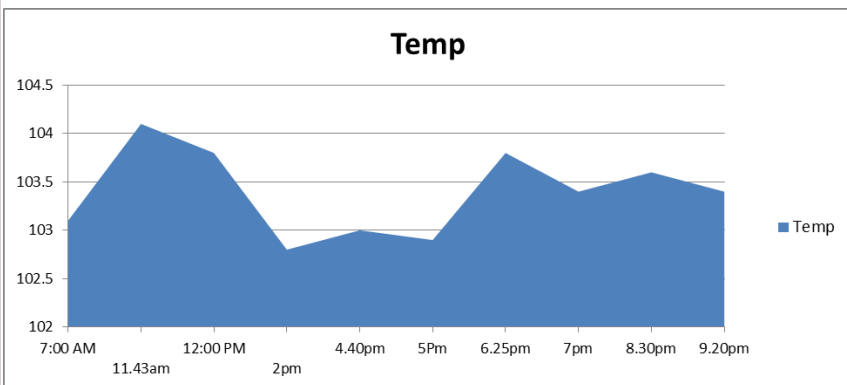
CA40

Temperature charting:

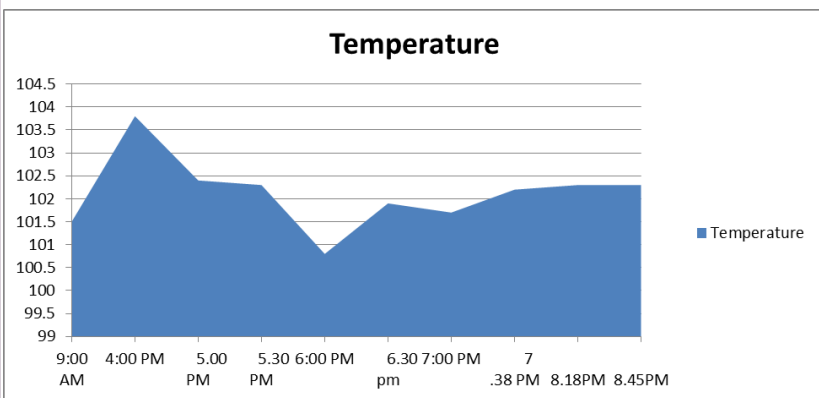
18/2/23



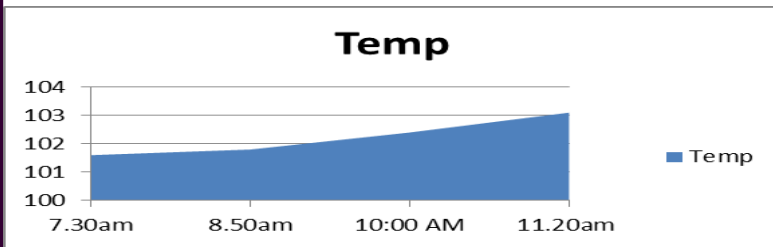
19/2/23



20/2/23



21/2/23

**Totality:**

- History personal lung inflammation of
- History personal recurrent fevers
- Cold take tendency to
- Fever relapsing children in
- Fever continued fever
- Sleep position abdomen on

Repertorial analysis:

1 SLEEP - POSITION - abdomen, on	✕		
FEVER			
2 FEVER - CONTINUED fever	✕		
3 FEVER - RELAPSING - children; in	✕		
GENERALS			
4 GENERALS - COLD; TAKING A - tendency	✕		
5 GENERALS - HISTORY; personal - fevers	✕		
6 GENERALS - HISTORY; personal - lung inflammation of the	✕		
Remedies	ΣSym	ΣDeg	Symptoms
carc.	6	6	1, 2, 3, 4, 5, 6
phos.	4	9	1, 2, 4, 6
tub.	4	9	1, 2, 4, 6
bell.	3	7	1, 2, 4
bry.	3	7	1, 2, 4
lyc.	3	7	1, 2, 4
nux-v.	3	6	1, 2, 4

Prescription:

Remedy given was Carcinisin IM in first dilution every 10 minutes, started on 21/2/23 at 1 pm.

Follow up:

Temperature was completely better within 24 hours till 22/2/23 evening 5 pm. Then Carcinisin IM was continued every 2 hours for 48 hours with no fever spikes. Subsequently the child recovered with no residual cough.

Case discussion:

In this case, the Nosode was indicated as an intercurrent remedy to break the fever spikes considering the significant personal history of recurrent pneumonia, intellectual child and sleep position abdomen.

Contributor



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Head of Department &
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Department of Forensic Medicine & Toxicology

NOSODES AS AN INTERCURRENT IN ACUTE PRESCRIBING

DR .KANIKA SABHARWAL MD (HOM)
INTERNS- SHWET DESAI & SAMISH MORE

Preliminary Data:

Name - Mst. A. J
Age- 7 years Gender- M

CHIEF COMPLAINT:

Cold and coryza for 7 days
High fever over 100°F since a week
Had 1 episode of a febrile convulsion 2 days ago
ODP- nose obstruction—watery coryza—throat pain—fever —vomiting
FEVER:

- Heat of head
- Redness of eyes with lachrymation
- Dullness, wants to lie down
- Body pain & weakness
- Low appetite
- Thirsty during fever large quantities frequently
- Clinging to parents, wants parents to sit by his side & give him attention
- Feels his throat is swollen < cold drinks
- No shivering/ chills
- No perspiration

Mother says he has such episodes of fever & redness of eyes twice a month

D/H:

Taking paracetamol, cough syrup and medicine

Associated Complaints:

Aphthous ulcers on tongue & gums during fever
In the last 1 week
Tendency to catch a cold & cough every 2 months

Patient as a Person:

Appetite- Very low during fever
Thirst- Thirsty+++ , more than 20 glasses/day, 2 glasses at a time
Craving- Sweets, cold drinks
Perspiration- Profuse on forehead
Thermals- Ambithermal
Stool- Constipation, hard stool every alternate day

Obstetric History & Child Development and Growth:

Ante-natal- mother conceived with treatment 8 years after marriage, healthy pregnancy
Natal- 8 months & 5 days, birth weight 1.75 kg (twin)

Mentals :

He makes friends easily
When playing with friends, he can fight back unless they are older to him then he will come to his mother and complain to her
Likes to play with cars, bat & ball
Likes to change his clothes 3-4 times a day, as soon as it gets dirty
Doesn't share toys with anyone including his sister
Breaks toys in a few days
Compares himself with his sister all the time

General examination:

Temp- afebrile (mother gave him paracetamol 1 hour ago)	Pulse- 82bpm	RR- 16/min	Throat- tonsils inflamed, congested + exudate Cervical lymphadenopathy
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Systemic Examination:

RS- clear, AEBE
CVS-S1 S2 heard
GIT- PA= soft

DIAGNOSIS: IB5 | Streptococcal pharyngitis

Case Totality:

- High fever
- Heat of head
- Redness of eyes with lachrymation
- Dullness, wants to lie down
- Body pain & weakness
- Low appetite
- Thirsty during fever for large quantities frequently
- Clinging to parents, wants parents to sit by his side & give him attention
- Feels his throat is swollen < cold drinks

Prescription on 11-3-23:

TUB IM (2P)

Rhus Tox IM 3 hourly for 2 days

Follow up:

Date	Follow Up	Rx
13-3-23	Had fever 4 times in 2 days between 99-102° F No febrile convulsion Coryza > Dry cough & vomiting 1 episode of vomiting No redness of eyes & lachrymation Dullness fever during Vacant look, toxic appearance He has developed a Cough < lying, evening Cough disturbs sleep Hacking cough Constipation + Clinging to mother P-100/min Throat- tonsils are enlarged, congested RS- clear	Strepto 200 (2P) Followed by Merc sol IM 4 hourly
20-3-23	No fever after 2 powders Cough is better but persists No throat pain/ vomiting Coryza > Stool- hard, alternate day appetite- better Throat- redness is less	Sang can 200 tds* 7 days

CONCLUSION:

To effect cure in pathological cases, and do so repeatedly, it is imperative to pay heed to the Organon guidelines, especially aphorism 3- first know the disease thoroughly, its course and complications and prevent them by timely management. Introducing the Nosode as an intercurrent effected cure in 2 doses and fever didn't recur.

DISCUSSION:

- Why a Nosode?
Infectious diseases: Nosodes are commonly used to treat infectious diseases such as influenza, measles, and tuberculosis. Using a nosode made from the pathogen causing the disease, they can stimulate the body's immune response and help the patient fight off the infection. When the child didn't respond to the indicated remedy initially and since it had been 9 days of fever a Nosode was introduced to stimulate the reactivity.
- Selecting Streptococcinum
Streptococcinum is indicated in cases of recurrent streptococcal infections, such as strep throat, tonsillitis, and other bacterial infections caused by the Streptococcus bacteria.
Julian mentions- Relapsing throat infection
- How did we diagnose the case? Is there any test needed?
Using the modified Centor Criteria the patient had a score of 5 which is suggestive of more than 50% chances of GAS and the guidelines by the American Academy of Family Physicians recommends empirical treatment and that was followed.
The child's mother was told that if fever continued to spike and he didn't improve in 48 hours CBC, culture and other tests would be advised to confirm the diagnosis.

Contributor

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CASE OF PRIMARY NOCTURNAL ENURESIS WITH ALLERGIC RHINITIS WITH PITYRIASIS ALBA**DR. ANUJ SATHE MD (HOM)****PRELIMINARY DATA:**

Name: Mast. MMFK	Sex: Male	Occupation: Student (5 th std.)
Address: M	Status: Single	DOV: 29/12/2022
Age: 11 years	Religion: M	REG.NO.: 7655

PATIENT AS A PERSON:

Appearance: Shy, chubby child wearing a cap not making eye contact initially.	Thirst: 2-3 Lit.
Appetite: Good, cannot tolerate hunger à becomes irritated	Elimination: Stool – satisfactory, offensive
Likes: Mutton, Chicken	Urine – occasionally burning
Sleep: 7-8 hours, unrefreshing, occ. Talks in sleep; constantly changing position	Perspiration: Profuse, no odour. Itching all over the body.

CHILD DEVELOPMENT & GROWTH:

Birth: FTND	Walking: Normal
Teething: Normal	Birth: Normal
Talking: Normal	Vaccination: Done.
No other specific history	Birth weight: 3.5 kg

MENTAL CHARACTERISTICS: Handling of genitals since 7-8 years of age.

Anger – At home, he will not fight back, sits in one corner and will approach on his own; but he breaks things, outside the house.

Fear à Of dark and imagines there is a lady running about the room; of father that he will shout if he does anything wrong.

Does not stay alone à constantly wants someone with him especially at night.

Wants everyone to follow what he says or won't play with them.

Very few friends.

O/O: Shy 2+, does not make eye contact.

THERMALS: AMBITHERMAL- CHILLY

FAMILY HISTORY:	PAST HISTORY:
Grandmother: DM, HTN	CHICKENPOX – 3 years of age Fall from a height – ? 5 years

GENERAL EXAMINATION: Temp.: Afebrile HEIGHT: 143 cm WEIGHT: 40 kg

SYSTEMIC EXAMINATION: R.S. – AEBE CLEAR

CVS. – S1S2 HEARD

LOCAL EXAMINATION: Hypo-pigmented macular circular eruption 1 cm * 1 cm on right cheek, dryness of skin.

DIAGNOSIS: PRIMARY NOCTURNAL ENURESIS (6C00.0) WITH ALLERGIC RHINITIS (CA08.0) WITH PITYRIASIS ALBA (EA88.4)

TOTALITY:

- Nocturnal enuresis < exertion
- Handling of genitals at early age
- Shy
- Irritable

**FIRST PRESCRIPTION: MEDORRHINUM 200 2P HS (1P WEEKLY)
SL 200 TDS * 2 WEEKS**

FOLLOW UP:

DATE	COMPLAINTS	RX
19/01/2023	Involuntary urination – SQ Nose block - SQ Difficulty in breathing - SQ Sneezing - SQ Irritation in throat with pain - >> Cough - SQ Hypopigmented circular macular eruption of 1 cm * 1 cm on right cheek - SQ White discoloration - SQ Reddish small papular eruptions with reddish discoloration – SQ Generals – Normal	MEDORRHINUM 200 1P WEEKLY SL 200 TDS * 1 WEEK
20/02/2023	Involuntary urination – 0 Nose block at night. L/E – Nose hypertrophied turbinates Difficulty in breathing - 0 Sneezing - 0 Irritation in throat with pain – 0 Cough - 0 Hypopigmented circular macular eruption of 1 cm * 1 cm on right cheek - 0 White discoloration – 0 Reddish small papular eruptions with reddish discoloration – SQ Generals – Normal	AMMONIUM CARB 200 TDS * 2 WEEKS
27/03/2023	Involuntary urination – 0 Alternate Nose block < morning Difficulty in breathing – >> Sneezing - 0 Irritation in throat with pain – 0 Cough – >> Hypopigmented circular macular eruption of 1 cm * 1 cm on right cheek - 0 White discoloration – 0 Reddish small papular eruptions with reddish discoloration – >>> Corn on right sole – SQ Pain in right leg < walking > rest (once in 2-3 days) Generals – Normal Patient is still under treatment.	MEDORRHINUM 200 4P HS (1P WEEKLY) SL 200 TDS * 1 MONTH

CASE SUMMARY:

From the above, we can see that the patient had a characteristic modality of exertion which was aggravating the primary nocturnal enuresis condition was used for prescription by referring Allen’s keynote. Supporting this, there was shyness, not making eye contact; handling of genitals at an early age; irritability which can be seen as he will not fight back, sits in one corner at house but he breaks things, outside the house; fearful (dark, father, wants someone near him especially at night). Hence Medorrhinum was given based on the above mentioned symptoms.

- FACULTY PUBLICATIONS: DR. RAKESH GUPTA**
1. **THERAPEUTIC UTILITY of OLEANDER in SKIN DISORDER THROUGH BOGER’S CONCEPT OF TISSUE AFFINITY**
Published on 18th August 2023, hpathy.com
 2. **PSYCHIATRIC EMERGENCY– POST PARTUM PSYCHOSIS**
Published on 20th March 2023, hpathy.com
 3. **SILICEA– A NON EXCISIONAL THERAPEUTIC FOR LYMPHADENOPATHY**
Published on 18th February 2023, hpathy.com

Contributor



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Rubella.

Case I

Priscilla B, age 9.

A poor wee thing, three inches shorter than twin brother. Pustules on skin and in nose, these cause nose to swell. Headaches, eyes inflamed, sleeps lightly, tired; tires too easily. Giant urticaria makes life a misery occasionally. Always ailing.

Had German measles at 4 years, very poorly for one week; and again at 6, when she was very ill with a vivid rash and a high temperature for a whole week. It was three before she was allowed out of bed. **Rubella 30, 200** was given, and caused a lot of reaction. Tickling here, there and everywhere (an old symptom), but no rash. Her sinuses hurt, scabs blown from nose and septic spots on skin. A nettle rash continued to come, and wax and wane, and several pustules came during six months of placebo with great mental and physical improvement.

Influenzinum

Case II

Eileen F., age 6. Weight 31 lb. (Normal 37- 50lb.)

Began life well, was blue-eyed with long lashes, clear skin, pink cheeks and furry back that makes one think of Tuberculinum. At 18 months had influenza, and was weeks getting over it, measles.

At 3 was queried as T.B. abdomen, but improved with U.V.R. At 4 1/2 had influenza, and a third time at 5. This left her with a pale, dirty skin, large abdomen, and pain in right side, and a head that became alive easily. She eats coal or anything gritty, and is queried as "coeliac" disease. She had **Influenzinum 200** seven daily plussed doses in September, 1941. After the second dose she complained of pain in the knees, and could not walk for a few hours. In a week she was 6 1/2, I was told that home conditions were "impossible" and food of the worst. I sent **Influenzinum 200, 1M**. In December, 1958, when she was 24, I was informed that she had only had two days in bed in the 17 years interval that she is now happily married and had just given birth to a lovely baby with a 3 or 4 hours' confinement. Four months is rather a short interval between doses for these nosodes, but, it paid in this case. I expect you have noticed the great similarity to the tubercular child in this Influenzinum case, and the beautiful homoeopathic aggravation for the second of the seven daily doses.

Yellow Fever Vaccine.

Case III

Mrs. L.

Here I have one case of infectious jaundice in a lady of 39 when I first saw her in 1955. This illness lasted a long time in the summer of 1953 in India, because she had to nurse most of her family at that time. She had never been really free from pain in the G.B. Region since, and had gone a good way downhill. Tests showed nothing but a slightly enlarged and tender liver. A growth was suspected since she had lost 35 lbs. Various remedies helped and then failed. Those that helped longest were **Aconite** (the first remedy given), and **Cobalt**. Found by emanometer.

Working on the great similarity between infectious jaundice and yellow fever I gave one dose of **Yellow Fever Vaccine 30**. This helped very satisfactorily for six weeks, when up came a series of shivering turns typical of malaria but recurring every hour.

Temperature running up 102 F. and pulse 120. This was symptomatically the same as the malaria which she had several times before the jaundice. I felt I had to stop the malaria with one dose of **Camoquin**. Two days later I had to give **Causticum 200** for the cough and * headache, which were also typical of the previous malaria with one dose of the * previous malaria. She has improved steadily since, but this case is not finished (April, 1960. After other remedies the colour is coming back into her cheeks, * but it seems to me that the yellow fever vaccine unlocked the case.)

Pertussin.

Case IV

Miss B., age 63.

Indigestion with much pain and rumbling, increases during the afternoon and evening, and goes on half the night, much worse during the menses. Buccal ulcers and bowels costive all her life the stool so large it hurts. Headache constant life so severe she would hit her head on something. Worse during thunder. Is frustrated, suffer from indecision and has many fears. Menses had been very heavy, with sickness faintness and diarrhoea, sending her to bed for 2 days. Menses had been irregular and usually late up to six weeks, but would appear if anything special had been arranged.

She had chickenpox, mumps, and measles, but whooping cough was much the worst-was in bed for six weeks, and too weak to walk for a further six weeks I gave **Pertussin 200, 1M, 10M**, and repeated this in six months * A month panicky and frustrated feelings and does not now procrastinate. Perfectly * well now for two years.

Pneumococcin

Case V

J.W.K. age 41

At 21 year had sinuses washed out because of findings of neurologist. At 30 had crop of boils, ended with carbuncle. Penicillin. Off work 8 weeks. At 32 boil in right grain-lanced-heat treatment, off work three months. At 34 growth under right axilla, thought to be a fatty tumour, removal advised Removed 14 months later, believed to be malignant. Deep Xray with much pain after each regular dose. Age 40 lump under left arm- hospital-more radiation. December, 1958 headache came suddenly right side, worse after each sinus wash-out worse with head down, must sit up in bed March, 1959, right eye bloodshot and very dark under, said to be acute iritis, with even more severe headache. Cortisone eased and he got back to his work as a very expert teaching laboratory technician for one week only.

In April, 1959, his wife came for my help, because headache was continuous day and night. He is going downhill, wants to be alone, and hates noise. He is chilly, craves fresh air. His chest has always been a weak spot with a fair amount of phlegm. Coughing makes him to hold his head even though touching the hair of the right side hurts. His sleep used to be very good, now gets hardly any. Fog and mist or fumes cause cough. Sense of smell very acute. Is averse to fats. Has had some eczema for over 20 years, wool irritates.

Shy, averse company, has always been very quiet, almost morose. Lacks self-confidence though a most brilliant technician. Recently a pain in the throat, a tickle causes him to swallow all the time. Out of all this we would normally take the symptoms: Averse company, lacks self-confidence, sensitive to noise, indisposed to talk, aversion to fat, desires fresh air. There are also: Chilly, smell very acute, scalp and hair tender to touch, cough worse by fog or mist or fumes, and skin irritated by wool. Repertorizing gives Nat Carb. 8, Phos.9, Carbo anim. & Carbo veg. 1 leach, Bry. a. and Nat.mur.12, and Pulsatilla 15.

But I have kept you in the dark; when I dug deeper into his history I found that he had had pneumonia at 5, so badly was not expected to live, and again 18 months ago when he was 39 or 40. This attack came after Asian influenza, when he was very ill, and since this illness has rapidly gone downhill. These two illnesses had not been told to me by his intelligent and very co-operative wife as they had (to her) no obvious relation to his illness which is regarded as a probable cerebral tumour by the hospital authorities. He has no relish for further use of X-rays.

My prescription was Pneumococcin 30,200,500, 1M, in daily doses. In six days he was fit to travel, in eight days he began to have a little energy, though he was wise enough to lie down for an hour every afternoon. Within a fortnight the headache had gone.

It is much too early to do more than say it is a very interesting case. (He had required no further prescription up to April, 1960.) But I think I have demonstrated my point that the history can show up an illness which almost had the patient down for the full count, and may indicate an unproven nosode as the remedy of choice. In this last case the illness was repeated and from that time the patient has been going steadily downhill, with many, from the diagnostic angle, apparently unconnected symptoms.

In writing out this case I am caused to think that here we have a great deal of suppression of disease, and the best definition I have seen is that "suppression simply causes an energy storage effect that leads to eventual explosive release."

So far I have given you cases which everyone who has used these remedies can equal and my observation is that these unproven nosodes are less often wanted than those of our remedies which are proven thoroughly and much.

YOGA –VASUDHAIVA KUTUMBAKAM

DR. DIPIKA VELKAR M.D. (HOM)

Yoga is a 5000 year old Indian discipline which combines physical, mental and spiritual pursuits to achieve harmony of mind and body.

An union of thought, action, restraint and fulfilment. It aims to discover a sense of oneness with yourself, world and the nature.

Yoga 21st June, which is the Summer Solstice and the longest day of the year in the Northern Hemisphere was declared as **the International Day of Yoga** by the United Nations General Assembly. Since 2015, this significant day has been celebrated worldwide, across Meridians, and Poles transforming it into a global movement.

This year the theme is **“Yoga for Vasudhaiva Kutumbakam”**, which beautifully captures our shared aspiration for **“One Earth, One Family and One Future.”** Vasudhaiva Kuttumbakam has been the guiding light for the Indian Heritage since time immemorial and our ethos, socio-cultural fabric are woven around it. With Yoga, the global community can find solutions to various current health challenges.

The Medical community has taken steps to create fit doctors for a fitter society. The National Commission of Homeopathy has included Yoga as a compulsory subject for 1st year BHMS syllabus to encourage mental and emotional equilibrium to effectively confront the challenges of their life.

The yoga day celebrations were led by Dr. Atul Pednekar, Founder-Director of Yog Psychology Foundation, who’s main objective is to establish Yoga as a major branch of Psychotherapy. He has authored 2 books ‘Mending the Mind’ and ‘Integral Chakra Psychology’. He was assisted by Abhishek Chandorker, a Certified Yoga teacher.

In this interactive session, the host Dr. Dipika Velkar asked various questions to Dr. Pednekar on the Basis of - “Who needs yoga, what is the importance of Yoga in one’s life? Dr Pednekar explained the origin of yoga asanas are inspired from nature and every asana can be modified to one’s capacity and physical limits.

Daily practice of yoga helps in mental and physical unity.

Contributor



DR. DIPIKA VELKAR
MD (HOM), CCYE
Assistant Professor,
Department of Materia Medica

Ever since I have been in Yoga, I always had two strong dreams. One, to have yoga integrated as a subject officially in the medical curriculum and secondly, have a Yoga OPD as a compulsory functional entity in every medical hospital.

It was hence, certainly a moment of great joy when I got a call from the principal of my own college, Dr. Damania who told me that yoga has now to be taught as a subject to the B.H.M.S. students. The joy turned into excitement when she invited me to join as a faculty to teach this subject. It is always a great feeling to be back to your alma mater and more so when you are invited to teach a topic very close to your heart.

My journey of yoga had in fact begun because of Homeopathy only. During one of my clinical meetings, I heard that there are over a hundred thousand asanas in yoga, which too like homeopathy are derived from nature; animals, birds, trees, etc.

I thought, if I was able to learn even 10% of these asanas, I can prescribe an asana instead of a medicine and gradually can do away with storing so many medicines in my clinic.

I am not sure how serious or logical I was about this thought, but it did lead me to The Yoga Institute which was hardly a 15-minute walk away from my house (those days, any distance around a kilometer was supposed to be walked out). But it was here that my entire concept of not only yoga but also the understanding of medicine itself took a 360° turn.

It is not as usually understood, that an asana, a pranayama or a meditation leads directly towards any healing.

The two cornerstones of health management in yoga are:

1. Lifestyle Management – that instills the right disciplines in us regarding diet, me time (relaxation) and routines.
2. Thought Management – that not only calms our mind but also contributes towards Stress Management and a better management of our relations.

Asanas, pranayams and meditations are merely the tools that form the foundation of a disciplined life and a calmer mind.

Why is it important for a medical student to learn Yoga?

We begin our medical journeys by learning the beautiful and complex working of our human body. We learn how this machine is aware of everything that occurs within itself and manages to intricately heal and balance itself despite the many traumas, we ourselves or the external environment inflict on it.

However, as we go further, we learn new topics called pathology, surgery and medicine which teach us about the physical and medical interventions as a remedy for our various illnesses. It is not that these medicines or similar interventions are not necessary. But by focusing too much on these interventions, is it that:

We are becoming over dependent on medicines as the only option for achieving health?

We are forgetting the healing capacities of our own body? And rather,

Weakening the healing capacity of our own body by making it thus dependent?

Luckily for me, having already learnt about indispositions in homeopathy, it was easy for me to relate with yoga as a practical understanding of *diet and regimen*. Yoga however taught me two important lessons;

Indispositions need not be seen only as separate from a disease but also as an important contributory factor of diseases.

Every disease as needing a medication is simultaneously, also an indisposition, i.e., in every disease there is always something that can be reverted either by Stress Management or Lifestyle Management.

The true duty of the physician is to heal the patient, as said by Dr. Hahnemann. But does this healing have to occur through medicines only? Would it not be better to educate the patient and enable them to take good care of their health by themselves?

As also said by Mahatma Gandhi, *'be the change that you want to see in others.'* The physician thus needs to learn yoga first, to understand health, before attempting to handle disease.

Contributor



DR. ATUL PEDNEKAR
B.H.M.S, M.A (Phil-I), TTC Yoga
Visiting Professor

HOT (HANDS-ON-TRAINING) CASE of HERPES ZOSTER

STUDENT REKHA JAIN (IV BHMS) UNDER THE GUIDANCE OF DR. NIMISH SHUKLA



14/07/2023



15/07/2023



16/07/2023



19/07/2023



23/07/2023

A 49-year-old female Mrs H. J. came with the chief complaint of eruptions above upper lips and around the left eye on 14/7/23. The eruptions were vesicular and had a burning sensation. Burning was ameliorated by pressing the eruption slightly with handkerchief and keeping handkerchief around mouth and aggravated by water.

There was a history of fever on 10/7/23 but now she is afebrile.

After consulting to Dr. Nimish Shukla, it was diagnosed as Herpes (IF00.01) & he prescribed Variolinum IM (3 Powders) and Rhus tox IM (qds) for 4 days.

Variolinum - Specific for Herpes at all stages, indicated for the eruptions to initiate the prescription and followed by **Rhus tox for herpes and burning eruptions better by warmth.**

Within 3 days of the prescription, eruptions and burning were better by 50%.

After 1 week, Dr. Nimish Shukla prescribed her Ranunculus Bulbosus 200 (tds) for 4 days, as the eruptions were much better but burning was still present.

Note- Whenever there is blackish scab formation, change the remedy, you can think of Lachesis, Mezereum & Ranunculus which is what I selected because of SCAB FORMATION + BURNING + SMALL SCABS.

In my experience of treating herpes, you have to change the remedy at every stage, but start with Variolinum, irrespective of the stage.

Contributor



DR. NIMISH SHUKLA
MD (HOM)
 Professor & HOD,
 Department of Medicine

HOT (HANDS-ON-TRAINING) A CASE of RELAPSING NOSODE

INTERN YARISH SADRI UNDER THE GUIDANCE OF DR. KAMLESH MEHTA

PRELIMINARY DATA:

NAME: : ATK AGE: 43 years SEX: M
RELIGION: Hindu OCCUPATION: Cycle Repairer ADDRESS: ANDHERI (EAST)

CHIEF COMPLAINTS:

SR.NO	LOCATION	SENSATION	MODALITY	CONCOMITANT
1.	SLEEP- Sleeplessness since 10-12 years. . <since 2 years. (gets sleep for 20-25 days then 15 days are sleepless)	-	-	-
2.	Extremities - Burning Sensation - hands and feet Since 15 years.	As if being charged like a solar battery	< sun ⁺ < cold , >winter	-
3.	K/C/O- haemorrhoids? Since 25 years < since 2-4 months. took Ayurvedic Rx	Painful—> Now Painless. Bleeding occasionally after stool for 1 -2 days Bright Red Bleeding	<spicy food++	feels scared of blood

Onset- Gradual with increase in the intensity.

THERMALS: AMBITHERMAL—CHILLY

FAMILY HISTORY	PAST HISTORY
Mother: DM	Leprosy(kusht)- white skin patches no RS complaints. In 2013- 2014 took injections for cold from local GP. In 2017-Paralysis - after taking medicines and injection for cold cough. At KEM, steroids were given and he recovered.

PATIENT AS A PERSON:

Appearance: lean , thin , dark complexion	Thirst: 3 litres/day large quantity at long intervals
Appetite: Good,Can tolerate hunger	Elimination: Stool - C/C
Likes: Mutton, Chicken	Urine – Increased Frequency at night (3-4 times)
Sleep: 7-8 hours, unrefreshing, occ. Talks in sleep.	Perspiration: Profuse, no odour. Profuse, salty deposits from neck downwards (100-125 gms of water)
Dreams: Sleep Paralysis? <i>Koyi Bhut mera chest pe baith jaata tha, main kuch bol nahi pata aur body nahi hiltta- when he says Jai Bajrang Bali- the ghost goes away</i>	Food and Drinks- Cold Agg⁺⁺⁺ (Ear Pain) < guava, banana, cucumbers, lemon RS complaints)

MENTAL CHARACTERISTICS DERIVED FROM LIFE SITUATION:

- Fear at the sight of blood- faints
- Anxiety felt in the stomach when someone fights in front of him
- Fearful
- sympathetic - *jab kisi janwar ki hatiya hoti hai toh mujhe boht bura lagta hai*
- Aversion to staying without work says that dard hota hai hands and feet main when not working.

O/O: Expressionless- even when talking about his life, complaints etc.

DIAGNOSIS: Peripheral neuritis post leprosy + Insomnia + Grade I Haemorrhoids


Hasnen Disease (Leprosy)- ICD 11- A30

TOTALITY:

1. Sympathetic
2. Fearful- blood seeing
3. Generalities- Sun exposure agg
4. Generalities- burning pain
5. Generalities - cold taking, becoming
6. Generalities- exertion amel
7. Generalities- Spicy food Aggravation

Case Theme

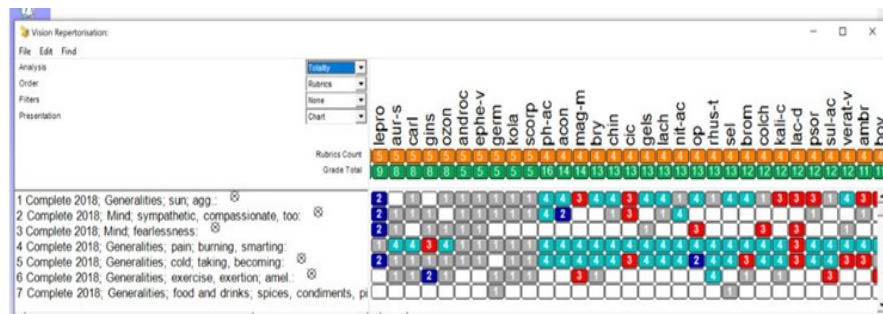
Burning
Sensation in
hands and feet
Since 15 years -
As if being
charged like a
solar battery
<when in sun+3
>cold or winter



P/H- Leprosy
15 years back

SLEEPLESSNESS
SINCE 10- 12
YEARS
<SINCE 2 YEARS
(Gets sleep for
20-25 days then 15
days)

REPERTORIZATION :



Indicated Remedy: Leprominum

FIRST PRESCRIPTION: SL 200(IP) in dilution -hs
SL200 TDS * 7 Days

FOLLOW UP:

Case Learning:

- Never go for form chasing just to give a remedy to a patient.
- Unless you understand the case correctly don't prescribe nor do u in your impatience change the remedy.
- Learnt about Leprominum and its indications
- Learnt about leprosy and the

DATE	COMPLAINTS	RX
19/09/2021	Sleeplessness- SQ Burning in palms and feet- > Bleeding per rectum- SQ, had spicy food. Backache - SQ Cervical pain since 3-4 days - NC No H/O- Lifting wt - >> Urine Frequency < at night every 2hours Generals – Normal	SL200 IP. In dil at HS SL 200 TDS * 1 WEEK
16/09/2021	Sleeplessness- SQ Burning in palms and feet- >> Bleeding per rectum- SQ, had spicy food. Backache - > Cervical pain - > Urine Frequency < at night every 3hours Generals – Normal	LEPRO 30 IP in dil at HS *1 day SL 200 TDS * 2 WEEKS
30/09/21	Feels Sleepy but wakes up in 15min. Burning in palms and feet- > Bleeding per rectum- > Backache - >> Cervical pain -> Urine Frequency < at night every 2hours [HbA1c- 5.7] Generals – Normal	SL200 IP in dil HS SL 200 TDS * 2 WEEKS
11/11/21	Sleeplessness- Feels like sleeping - Since 9/10/2021 (Yawning) Closes his eyes but gets up Burning in palms and feet- > Bleeding per rectum- > Backache - >> Cervical pain -> Urine Frequency -> Generals – Normal	LEPRO 30 IP In dil at HS x 1 days SL 200 TDS * 5 WEEKS
25/11/21	Sleeplessness- Feels like sleeping > Burning in palms and feet- > Bleeding per rectum- > Backache - 0 Cervical pain -0 Generals - N	SL 200 TDS * 2 WEEKS

EXCERPT FROM THE ASSIGNMENT**TOPIC: A COMPARATIVE STUDY OF ACTION OF BOWEL NOSODES AND CONSTITUTIONAL REMEDIES IN CASES OF IRRITABLE BOWEL SYNDROME****INTERN PARINAZ MAROLIA**

With the ever-increasing levels of stress in our fast-paced lives, the prevalence of psychosomatic diseases has also been increasing hand in hand. One of the most common of such diseases is Irritable Bowel Syndrome. Hippocrates has rightly said, "All disease begins in the gut." Having an intricate nervous system of its own, our digestive tract is one of the first systems to fall prey to the harsh effects of stress. Also, the nature of IBS is such that it fits well with the Homeopathic approach. With new treatment options like faecal transplant therapy coming to light, our attention can't help but be drawn towards the Homeopathic parallel which happens to be Bowel Nosodes. Although having an expansive literature, the use of bowel nosodes in practice happens to be limited as compared to its corresponding Homeopathic remedies. These were the reasons behind why I thought it important to do my assignment on irritable bowel syndrome and compare the effects of bowel nosodes and constitutional remedies in its treatment

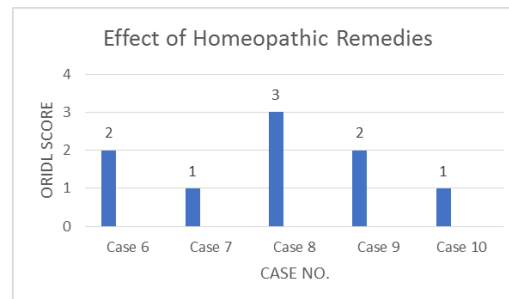
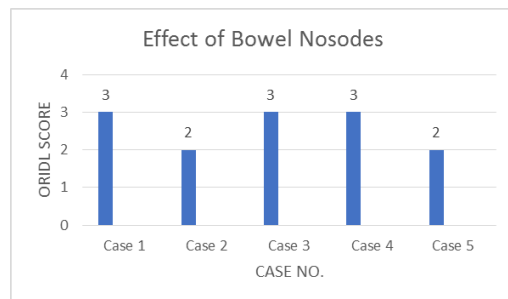
AIMS AND OBJECTIVES:

- To understand the etiopathogenesis, types, clinical features, and management of irritable bowel syndrome (IBS) from all the available sources.
- To compare the findings of effects of bowel nosodes with those of constitutional remedies in the treatment of IBS cases.
- Evaluating the progress of different patients suffering from IBS managed with Homeopathy.

MATERIALS & METHODS: A prospective study was carried out at Smt. Chandaben Mohanbhai Patel Homeopathic Medical College and Shree Mumbadevi Homeopathic Hospital, Irla Vile Parle (W) on 10 patients for evaluating the effect of bowel nosodes and homeopathic remedies in cases of IBS.

5 cases were administered bowel nosodes and 5 cases were administered other homeopathic remedies and the cases were evaluated on the basis of overall quality of life affected until their last follow up.

The scale used for assessment was the ORIDL Instrument. The **ORIDL (Outcome in Relation to Impact on Daily Living)** instrument (formerly referred to as the **Glasgow Homeopathic Hospital Outcomes Scale or GHHOS**) has been developed to measure patient's views of the outcome of their care by asking about change, and relating this to impact on daily life.

OBSERVATIONS:**CONCLUSION:**

Given its high prevalence, irritable bowel syndrome stands to be a very relevant topic to conduct a research study on. It shouldn't only be thought of as a diagnosis of exclusion as it involves its own complex mechanisms which should be understood in detail. However, before diagnosing a patient of IBS, any red flag symptoms concerning the gastrointestinal tract must be ruled out. Counselling and proper dietary advice are underrated yet powerful tools that should be in use while dealing with patients suffering from IBS.

Although there are excellent medicines for gastrointestinal ailments in our materia medica, sometimes choosing the similimum from the plethora of homeopathic remedies can become taxing for the practitioner.

In comparison, bowel nosodes being only 11 in number makes it much easier to choose from. If the indications and posology of bowel nosodes is known, the physician must not be sceptical in using them for patients.

In treating cases of IBS, improving the overall quality of life is of utmost importance. Which is why this was the focus of my treatment assessment and the basis of the comparison.

Based on the observations during the study, we can conclude that the effect of incorporating bowel nosodes in the treatment protocol seems to have more potent results on the overall improvement of quality of life as compared to only using homeopathic remedies.

Contributor

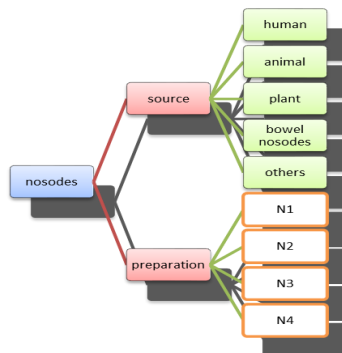
INTERN PARINAZ MAROLIA
Assignment under the guidance of **DR. JAYESH DHINGREJA**
Department of Organon & Philosophy

NOSODES

DR. PARIZAD DAMANIA M.D. (HOM), DR. SUMIT GOEL M.D. (HOM), DR. DIVYA MENON M.D (HOM)

Homoeopathic preparations from pure microbial culture obtained from diseased tissue and clinical materials (secretions, discharges etc.) are known as NOSODES or BIOTHERAPEUTIC PREPARATIONS.

CLASSIFICATION:



Preparation of Nosodes from original raw material:

- N-I Preparations made from lysates of micro-organisms capable of producing bacterial endotoxins e.g. Typhoidinum.
- N-II Preparations made from micro-organisms capable of producing exotoxin e.g. Diptherinum.
- N-III Preparations made from purified toxins.
- N-IV Preparations made from micro-organisms / viruses / clinical materials from human convalescents or diseased subjects e.g. Variolinum, Psorinum.

Preparation of original stock

ISOLATION – microbes as pure organisms are obtained from subjects suffering from disease are isolated. Stock nosode should be made from recently isolated organisms only.

CULTURE – These organisms are grown on a suitable medium, generally nutrient agar and is allowed to incubate for 24 hours at 37 °C. Micro-organisms are harvested by pouring sterile isotonic salt solution (which will arrest the growth of micro-organisms) and are scrapped and taken in a test tube and centrifuged not below 10,000 r.p.m. for 30 minutes.

The supernatant liquid is discarded □ the bacterial pellets are re-suspended in 0.9% NaCl solution , shaken well and centrifuged again.

IDENTIFICATION – the suspension of bacilli is checked for the identification characteristics.

PURITY CHECK – purity check is done at different stages of incubation and handling.

STRENGTH DETERMINATION { 20 billion cells/ml}

In case of contamination the lot should be rejected and a fresh strain is used.

Specific preparation

GROUP – N1 - Cell count , bacteriolysis, centrifuge in sonicator, seitz filter, mix with strong alcohol, seal it, label it IX at 4 – 6 °C

GROUP – N2 Cell count, mix with strong alcohol, seal it, label it IX at 4 – 6 °C

GROUP – N3 Triturate with sac lac - IX according to HPI (class VIII)

GROUP – N4 Trituration class IX according to HPI

Preservation of Nosodes

Below 6X - REFRIGERATOR – 4 -6 °C

Below 3X - DATE OF MANUFACTURE, LIFE PERIOD OF 6 MONTHS

Precautions while preparing

1. Appropriate Speed of 10,000 r.p.m. for 30 minutes shall be maintained.
2. Seitz filter / membrane filter should be used during preparation.
3. Aseptic conditions must be observed for handling live organisms.
4. No use of chemicals, antiseptics or bacteriostatics to be used at any stage
5. Sterility Tests done as given in IP 1964
6. As far as possible original proving substance to be taken as raw material.
7. Bacterial count – which means total no of organisms / ml. (live or dead) = 20 billion viable cells/ ml
8. Laboratory Plate Count should be done from time to time and should be within permissible limits.
9. All potencies below 3X should bear Date of manufacture as life period – 6 months.
10. All potencies below 6X to be preserved in refrigerator at 4°C – 6°C.

Contributors



**DEPARTMENT OF
HOMOEOPATHIC PHARMACY
DR. PARIZAD DAMANIA M.D(HOM)—
PRINCIPAL, DR. SUMIT GOEL—Head of
Department & Associate Professor and
Dr. DIVYA MENON— Assistant Professor**

THE THEN & NOW—BOWEL NOSODES STUDIED THEN V/S GUT MICROBES STUDIED NOW

DR. SILLOO PATEL MD (HOM)

The history of isolation of intestinal flora began in 1880 by bacteriologist Eberth; this interested Dr Edward Bach (1886 -1936) who along with Dr John Paterson (1890 – 1955) started researching into the possible role of what he called “intestinal toxæmia “ and published a paper titled “ The rediscovery of psora: an effective method of combating intestinal toxæmia”, they claimed that the correct homoeopathic remedy could turn normal lactose fermenters in stool samples into more pathological types of lactose non-fermenters- that could ferment other sugars, and this change was associated with an easing of patients complaints and a feeling of wellness.

He believed that the Hahnemannian Psoric diathesis has for its foundation a deep trouble of the intestinal apparatus.

His study of the 12 bowel nosodes describes associated symptoms of digestive system to be secondary to the action of the Central Nervous system. For example – B Morgan has a key note of mental & physical congestion, while Proteus has acute sudden onset violent & hysterical, Bacillus No-10 showed easy fatigue with symptoms like anxiety & depression, and Dys. Co showed nervous tension & anxiety.

The interesting point of these observations was they were made almost a century ago and only now do the followers of modern medicine accept the existence of the gut -brain axis, and how the gut microbiome effects our physical, metabolic and mental health. Let us now look at some of the latest research studies substantiating our fore-fathers wisdom:

The Gut Microbiome and Mental Health, a study published in April 2023

(<https://pubmed.ncbi.nlm.nih.gov/37082808/>) by Debra Rose Wilson, Leslie Binford

Shondell Hickson states: “The gut microbiome has been well researched in the past few years and may be a target for treating mental illness. Trillions of bacteria in the digestive system work with the brain, immune function, and endocrine pathways.

When the microbiome is challenged a "dysbiotic" state leads to inadequate production of needed neurotransmitters such as serotonin and dopamine. Research has shown links between the dysbiosis, and the inflammatory response system that are known to contribute to depression, anxiety, and schizophrenia. Understanding the role of the gut microbiome can be beneficial to holistic nurses, providing a new tool to prevent, treat, or reduce symptoms of mental illness and improve general immune function. This innocuous holistic approach to mental wellness is becoming an important evidenced-based approach.

Now let us revisit the words of John Paterson in his article published in 1950. In the British homoeopathic journal, here he clearly states:

In nature, where there is balance, there is no dis-ease and the germ, in this case the B. Coli in the intestinal tract, performs a useful function. Where the intestinal mucosa is healthy the B. Coli is non-pathogenic. Any change in the host which affects the intestinal mucosa will upset the balance and will be followed by a change in the habit and the bio-chemistry of the B. Coli, which may then be said to become pathogenic, but it should be noted that the primary change, the dis-ease originated in the host, which compelled the bacillus to modify its habit in order to survive. I would ask you to keep this sequence of events in mind as a great deal of what I have to say about the intestinal nosodes is based upon this conception which I have confirmed by clinical and laboratory observations over the last twenty years.

Many such comparisons can be drawn between the evidence-based studies of the past and the present scenario. This will further establish the GUT-BRAIN axis connection from a patient analysis stand point and can be explored as another treatment modality for Homeopathic physicians and nutritionists can explore the changes in health (mental & physical) after ensuring a healthy gut microbiome.

MINDFULNESS THERAPY

DR.SHRUTI THAKKAR MD (HOM)

History-

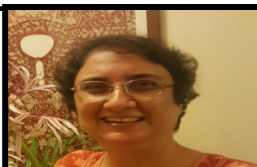
Mindfulness was first coined by Gautam Buddha in his quest for meditation 5th century in India now called as Buddhist meditation. Buddhists pursue meditation to attain “Nirvana” which includes meditative techniques “anapanasati” (mindfulness of breathing) and being mindful which culminates in “dhyana” which is meditation!

WHAT IS MINDFULNESS?

Let us understand this ancient practice, from the modern terminology given by the Western psychologists.

- Mindfulness is being aware of internal thoughts, feelings and emotions as well as external surroundings and situations, without being stressed or getting any kind of negative response such as anxiety, anger, fear or worry.
- This therapy involves interaction that focuses on how to become more and more aware of the moment and to reduce the negative response to it. It’s a state in which one becomes more aware of one’s physical, mental and emotional condition in the present moment, without becoming judgmental.

Contributor



**DR .SILLOO PATEL
MD (HOM), SNHS Dip (Adv Nutrition) Accred, ICHM, UK.
Guest Professor
Dept. Of Physiology**

- Individuals may be able to pay attention to a variety of experiences such as bodily sensations, cognitions and feelings and accept them without being influenced by them.
- Mindfulness practices are believed to be able to help people better control their thoughts, rather than be controlled by them.
- With its increasing success in physical and mental health fields, it is now being used widely in schools, corporates, entertainment industry and military personnel.

WHAT IS MINDFULNESS THERAPY?

So now when you use this concept in treatment, we call it mindfulness therapy. Mindfulness therapy is a type of conversation based interventional Psychotherapy provided by a trained mental health professional to assess, diagnose and treat dysfunctional thought patterns and behaviors. Mindfulness approaches have their roots in ancient Buddhist traditions such as Vipassana and Zen meditations.

Currently there are 4 recognized therapy models that incorporates mindfulness practices:

In 1970, Jon Kabat-Zinn, the founder of the mindfulness-based stress reduction program, was one of the first individuals to attempt to integrate Buddhist principles in to his work in science and medicine.

Also in the same year, Marsha Linehan developed DBT (Dialectical behavioral therapy) with the help of certain Western and Eastern spiritual influences.

ACT (Acceptance and commitment therapy) was introduced by Steven Hayes, Kelly Wilson and Kirk Strosahl in 1980 also has Eastern Ideas and techniques.

At the beginning of 21st century, Zindel Segal, Mark Williams and John Teasdale built MBCT (Mindfulness based cognitive therapy)

Difference between mindfulness and meditation:

Mindfulness	Meditation
Awareness of the surrounding	Practice to keep us calm
Practice with open eyes	Practice with closed eyes

A CASE TO UNDERSTAND ITS APPLICATION

A 18 year old boy presents with a complaint of sleeplessness and difficulty in concentrating for his 12th board exams. He had similar issues during his 10th Std, fetching him less marks than expected. All these complaints were owing to an incident which happened in 8th std, where after a conflict with a friend, the issue had escalated and the friend's parents called our patient and reprimanded him. Our patient being sensitive enough, got overwhelmed by this episode and started getting panic attacks whenever he perceived a similar situation coming to him like for eg. If someone bullied some other person, patient would think that what if this thing happens to me, what will I do? And all sort of anticipations. Panic attacks increased which hampering his daily routine and studies. Although Counselling from school was received, the grades deteriorated.

During 12th, while starting to study he is recollecting the event and anticipating that it would happen again and his grades would fall, his concentration in studies decreased, his social interactions came down, his sleep was getting affected. That's were, he visited me and we started with mindfulness therapy.

Firstly, his anxiety was controlled by relaxation therapy, which is a guided mindful meditation session. This session requires patient to lie down in a relaxed and comfortable place or can sit in a comfortable chair. This session requires the patient to focus on the breathing activity and then alternately contract and relax the various muscles from head to toe as per the guidance from the therapist. It is a 30 min session.

Our patient was much better with his anxiety, so he was advised to do it every night before sleeping.

As regards his difficulty in studies, patient was advised to make a day plan and concentrate on the short goals he makes for the day. The hourly based distribution of the study matter and keeping an hourly break for 10 mins kept him occupied in the present task and not having any free time to think about anything else.

During the break, patient was asked to listen to a 10 min music of his interest so that he enjoys and relaxes during the break with no room for thoughts to wander.

During eating, he was advised to be aware of what he is eating, and be mindful of the taste of all the ingredient in the food and enjoy the process of chewing and focus on the saliva getting released and process of digestion started from the mouth itself. And in the free time he gets, he has to focus on the breathing, the air taken in and filling the whole lung and then the process of exhalation, the whole lung is empty.

APPLICATION:

Mindfulness based therapies can be used for various clinical conditions like depression, anxiety disorders, panic disorders, physical ailments like diabetes mellitus, chronic fatigue syndrome, irritable bowel syndrome, autoimmune disorders etc.

<p>Contributor</p>		<p>DR.SHRUTI THAKKAR Guest Professor, Department of Homeopathic Materia Medica</p>
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