



CMPH HEALINGS NOW & FOREVER...

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

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VOLUME IX / ISSUE I

JAN- JUNE 2023

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.

**SHREE
MUMBADEVI
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IS EQUIPPED
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:

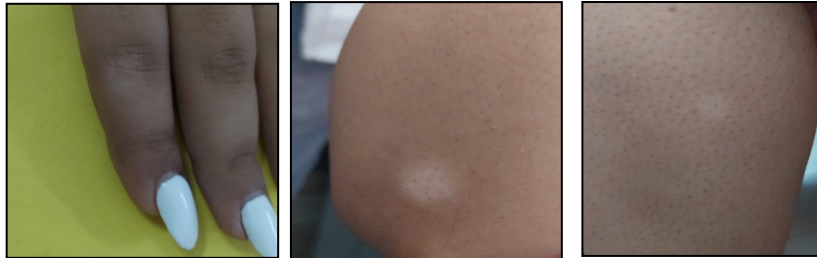
01|07|2022

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

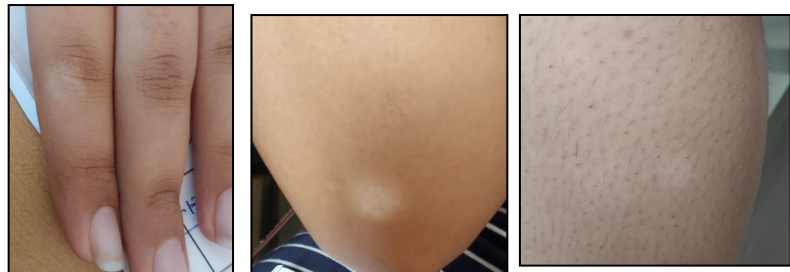
REPERTORIAL ANALYSIS:

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 **Syphillinum**, 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 Syphillinum, 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 syctic 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

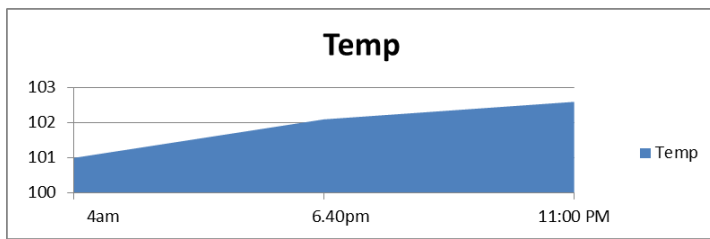
Diagnosis:

Viral Pneumonia (impending)

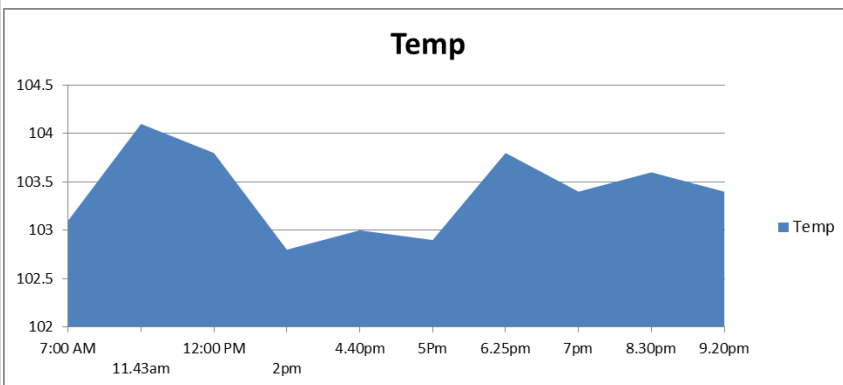
CA40

Temperature charting:

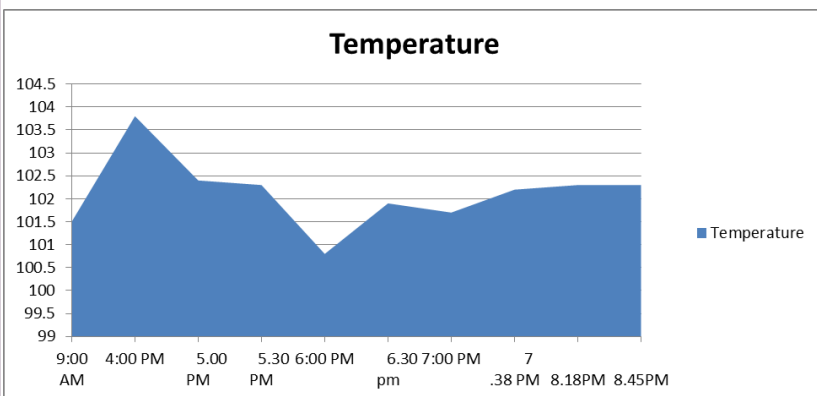
18/2/23



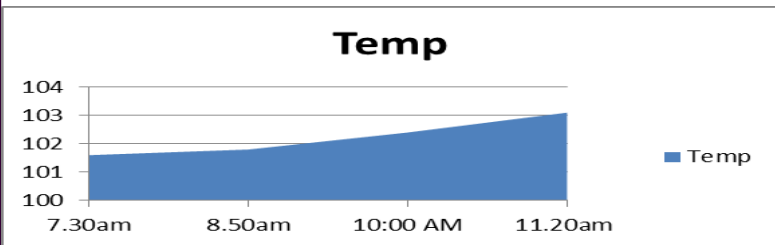
19/2/23



20/2/23



21/2/23



Totally:

- 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 Carcinosis 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 Carcinosis 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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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. 11 each, 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 (1F00.01) & 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 hilita- 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

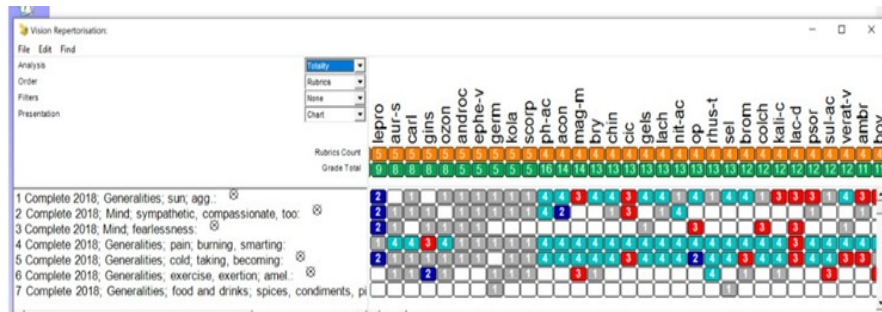
Burning
Sensation in
hands and feet
Since 15 years -
As if being
charged like a
solar battery
<when in sun+3
>cold or winter



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

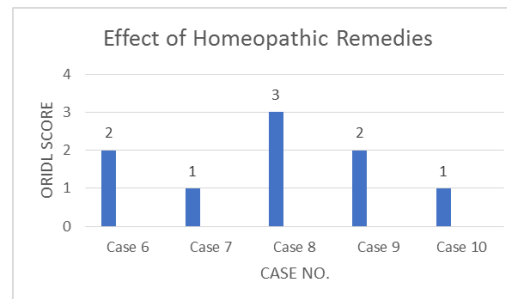
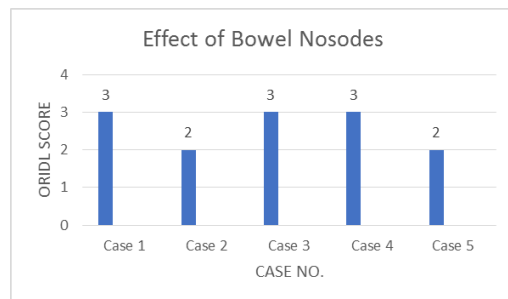
AIMS AND OBJECTIVES:

- 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

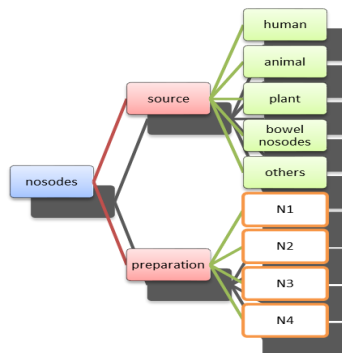
INTERN PARINAZ MAROLIA
Assignment under the guidance of **DR. JAYESH DHINGREJA**
Department of Organon & Philosophy

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-

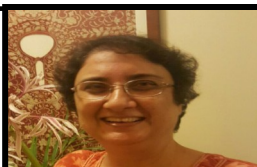
Mindfulness was first coined by Gautam Buddha in his quest for meditation 5th century in India now called as Buddhist meditation. Buddhists pursue meditation to attain “Nirvana” which includes meditative techniques “anapanasati” (mindfulness of breathing) and being mindful which culminates in “dhyana”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

<h1>Contributor</h1>		<p>DR.SHRUTI THAKKAR Guest Professor, Department of Homeopathic Materia Medica</p>
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CMPH HEALINGS

NOW & FOREVER...

VOLUME IX / ISSUE 2

JULY – DECEMBER 2023

NEWS OF HEALINGS FROM SHREE MUMBADEVI HOMEOPATHIC HOSPITAL, MUMBAI – 400056

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EDITORIAL

In recent years, there has been a growing interest in the study of Sarcodes and imponderabilia in the field of science. Sarcodes, also known as homeopathic remedies prepared from healthy animal tissues, and imponderabilia, homeopathic remedies prepared from extremely diluted substances, have sparked debates and discussions about their efficacy and legitimacy.

It is our responsibility to critically examine and evaluate the evidence surrounding these controversial topics. While some proponents argue that sarcodes and imponderabilia have healing properties and can provide relief for various health conditions, skeptics question the scientific basis behind their effectiveness.

It is important for researchers and practitioners to conduct rigorous studies and clinical trials to determine the true potential of these homeopathic remedies. By sharing their findings and engaging in open dialogue, we can better understand the mechanisms of action and potential benefits of Sarcodes and imponderabilia in the field of medicine.

In conclusion, as the editorial board of this journal, we encourage researchers, practitioners, and readers to engage in thoughtful discussion and research on the topic of Sarcodes and imponderabilia. By promoting transparency, rigor, and collaboration, we can enhance our understanding of these controversial topics and pave the way for future advancements in the field of homeopathy.

In Homeopathy these are already proved on healthy human beings and our effort to showcase their therapeutic utility is the theme of this issue of CMPH Healings

Following are some interesting cases in this issue;

- Dr Vanita Johari shared a case of using Adrenaline and its use in modern day's stressful situation known as "**Stress Syndrome**" and demonstrated its efficacy in a common condition of Hairfall and Male pattern baldness
- Dr Dipika Velkar, Dr Anuj Sathe and Dr Devadiga have presented 3 cases of Magnetis Polus Australis in ingrowing toenail and case of Renal scarring, Hypertension, Diabetes mellitus.
- Dr Nimish Mehta a case of Furunculosis treated with Lac Leo
- Dr Nimish Shukla treated a case of Headache with ionized Mobile radiation
- Dr Trupti Deorukhkar demonstrated a series of cases of PCOS helped with Pituitarium
- Dr Mohd Ibrahim Ubharay discussed the use of Positrium on Body Dismorphic Disorder
- Dr Prachi Bedekar described a case of Hashimoto's autoimmune thyroiditis treated with Thyroidinum

Hope you will enjoy reading this issue and it will expand the horizons of your learning and healing touch in service of human kind.

**Dr. Prabhakar Y. Devadiga
(M.D. Hom.)
(H.O.D. and Professor
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PROFILE OF LAC DRUGS

Dr Parizad Damania; Dr Sumit Goel; Dr Divya Menon

"All the milk should be potentized, they are our most excellent remedies, they are animal products and food for early animal life and therefore, corresponds to the beginning of our innermost physical nature" – Dr. J. T. Kent

Introduction:

Milk is food for the infants yet it could become medicine for people who become sick from milk. They become medicines for early life changes. Milks become excellent medicines when they are potentized for the complaints which arise out of intolerance to milk and milk products. There are many milks which have been potentized and used as medicines in homeopathy.

Among them Lac asinum, Lac caninum, Lac defloratum, Lac delphinum, Lac equinum, Lac felinum, Lac humanum, Lac leonium, Lac lupinum, Lac maternum, Lac ovis, Lac ovinum and Lac suis are widely used by homeopaths.

This article further deals with the sources, preparation, general characteristics and individuality and application of Milk group of drugs.

Sources of Milk Group of Drugs:

All the milk are healthy secretion from healthy animals and so they come under the category of sarcodes.

Lac asinum is prepared from the milk of donkey.

Lac caninum is dog's milk.

Lac vaccinum defloratum is skimmed cow's milk.

Lac vaccinum is prepared from cow's milk without any modification in its property.

Lac delphinum is from Dolphin's milk.

Lac equinum is horse milk.

Lac felinum is prepared from cat's milk.

Lac humanum and Lac maternum is prepared from human milk.

Lac leonium is from Lions milk.

Lac lupinum is wolf milk.

Lac caprinum is goat milk.

Lac ovis is sheep milk.

Lac suis is pig milk.

Preparation:

The milk is collected by expressing out from the animals whereas exception for Lac leonium and Lac dolphinum in which the split milk is collected. Milk is triturated with sugar of milk either in 1:9 or 1:99 depending up on the scale of potency, never succussed as milk proteins could be denatured by the alcohol.

After trituration they are converted to liquid potencies up to 6x and 4c and further potencies are made by succussion in alcohol.

General Characteristics of milk:

Milk is a healthy secretion from mammals which contain mainly proteins and minerals. They express the general characteristics of sarcodes, animals, and mammals and to certain extent the general characters of minerals.

This substance is meant for nurturing and growth of the progeny, similarly these remedies are indicated when there is a mental state arising out of faulty nurturing and deprivation of mother's love and care.

At psychological level problems arising out of lack of mother's care and deprivation of love.

At the physical level these medicines are indicated when there is lacking in nutrition.

As they are animal resources the general characteristic of impulsiveness, rage and sudden violence at the emotional level get expressed. Tendency for self and offspring protection is another character. Most of the time the guilt consciousness arising out of not doing justice to children is the cause of all the complaints.

At psychological level guilt becomes one of the important ailments from for the complaint. Ailments from jealousy and jealousy present as a symptom.

At the physical level the tendency to get autoimmune disorders are very common in milk group of drugs. The heightened sensitivity at the physical level is another key indication for milk group of drugs.

These medicines are prepared from the secretion of mammals, which produces identity crisis arising out of hierarchy, becoming another causative factor which leads to somatization and disease. There is also an insecurity of losing one's importance resulting in anxiety. There is a sense of threat to one's territory.

Milk is rich in Calcium, thus few characteristics of Calcarea group such as low self-esteem which need to be groomed is seen in lac group.

At physical level there is tardy, developmental delayed.

The remedies could be differentiated and prescribed as per the following indications:

Lac asinum – Donkey's milk.

Great fatigue, depression, hard and deep sleep. Pleasant dreams. He often dreams of: dirty water, giving birth in a dirty room, dirty ropes, difficult births, riding a turtle, a room full of naked sick people. Right-sided headache in occiput, aggravated by turning head, occur when drinking coffee. After anger, a feeling of discomfort in the epigastrium, profuse urination, with sadness. Discomfort in the neck after a dream.

Lac caninum - Dog's milk.

Loyalty and submissiveness. Low self-esteem, looked down upon; self-disgust and self-critical, they can be irritable and ferocious. They suffer because they compare themselves with others. Sensitive to smell, to noise.

Lac vaccinum defloratum - Skimmed cow's milk.

Treatment for Diabetes and Bright's disease. Diseases with faulty nutrition, sick headache with profuse flow of urine during pain, car sickness.

Lac vaccinum - Cow's milk.

Ailments from bad news, after vaccination. Pains in various organs felt simultaneously on right and left side. General nervousness, with depression of spirits intolerance of milk, Burnett has observed that children who drink much milk after their teeth are grown become very liable to colds. Albuminuria, blindness, diabetes & rheumatism.

Lac delphinium - Dolphin's milk.

Emotional & psychological symptoms, such as anxiety and panic, depression, grief, and loss. Trauma, mood swings and feelings of isolation.

Lac equinum – Horse's milk.

Furious resentment of not being appreciated. Feels trapped, confined, and frustrated. They tend to fight, impulsive and censorious. Fear of snakes, bad weather, dogs, and rodents. Heaviness of body as if there is a weight to carry. Poor ability to digest and eat.

Lac felinum - Cat's milk.

Great depression of spirits. Very cross to everyone. Fear of falling downstairs, but without vertigo. Morbid conscientiousness; every little fault appeared a crime. Terrible headache penetrating the left eyeball to centre of brain, with pain in left supra-orbital region extending through brain to right vertex. Dysmenorrhoea -Great weight and bearing down in pelvis, like falling of the womb, as if she could not walk; < when standing.

Lac humanum – Human's milk.

Forsaken feeling, lack of confidence. Apathy, indifference, and helplessness. Affinity with female organs, endocrine system, and kidneys. Ailments from alcohol. Eczema worse from milk.

Lac maternum - Mother's milk.

Postpartum depression, emotional challenges after childbirth. Grief in loss of a child whether through miscarriage, stillbirth, or other circumstances.

Lac leonium – Lion's milk.

This medicine was only recently created and is prescribed mainly on the emotional symptoms at present, natural bosses and are attracted to positions of power, proud and egotistical people who get offended easily, indignant, and very angry especially if others try to dominate or interfere, they feel very hurt by criticism and hate being laughed at. High blood pressure to be prominent.

Lac lupinum – Wolf's milk.

A sense of intuition, intelligence and courageous. A kind of over-affection. Ailment from abandonment. Find new solutions to problems with providing stability and support that one associates with a family. Very compassionate and has strong connection with nature. Pain as if pressing out, squeezing their body and they cannot move, crushed by this pain. Indicated for hypochondria, severe pancreatitis.

Lac caprinum - Goat's milk.

Digestive problems, nutritional deficiency, allergies and sensitivities, emotional well-being. Skin complaints, menstrual irregularities, premenstrual symptoms and hormonal imbalances, violent cough leading congestion.

Lac ovis - Sheep's milk.

Emotional symptoms. Nutritional deficiencies, or difficult in absorbing nutrients. gastric trouble leading to bloating, and discomfort, tendency to allergies sensitivities and reaction to various substances, rashes, eczema, or dry and itchy skin, cough, congestions or allergic rhinitis, menstrual irregularities, premenstrual symptoms, and hormonal imbalances.

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EDITOR's HOMEO SNIP-IT:**Leaders of Homeopathic Therapeutics**

- Dr. E. B. Nash

"I have found Lac caninum; a very useful remedy in mastitis, the chief indication being great tenderness and soreness which cannot bear the least jar of the bed or stepping on the floor.

Again, if the breasts and throat get sore during menstruation, especially if the menses flow in gushes instead of continuously, Lac caninum is the remedy."



A CASE OF IONIZED MOBILE RADIATION
Dr Nimesh Shukla

Name: Mr. GS
 Age/Gender: 37 years /Male
 Status: Married
 Religion: Hindu
 Occupation: Service

CHIEF COMPLAINTS:

Location	Sensation	Modality	Concomitant
Head (all over)→ face Since 2014	H/ O talking on phone for 5-15 minutes for 30 calls daily on job.	< exposure to laptop/mobile screen	-
Since 2018 Occiput→ Vertex → Forehead O – Gradual D – 5-6 hours P – Static F – Daily I – Severe	Pain all over head radiating towards face (left side) Tingling	< talking 3+ < exposure to mobile/laptop screen 3+ No > factors	-
D – 1 hour	No nausea/ vomiting/ giddiness/ fever/ eye pain/ no trauma		

PATIENT AS A PERSON:

Appearance: Stocky, male pattern baldness, overweight, wearing spectacles.
 Appetite: Normal
 Eats both Veg. & Non veg
 Cravings: Nothing Specific
 Aversion: Nothing specific
 Thirst: 7-8 glasses of water
 Urine: Normal
 Stool: Normal
 Perspiration: Scanty on forehead
 Sleep: Disturbed due to headache
 Dreams: Nothing specific

THERMALS: Chilly

FAMILY HISTORY:

Mother and Father – HTN, Arthritis
 2 brothers & 2 sisters – Arthritis

PAST HISTORY:

Acne during adolescence; smoking and alcohol 13 years onwards for 10 years

GENERAL EXAMINATION:

Temperature: Afebrile, Pulse: 70 beats/min., RR: 13 resp./min, BP: 110/80 mm Hg
 No pallor/no icterus/ no cyanosis

SYSTEMIC EXAMINATION:

RS – AEBE Clear, CVS - NAD

PROVISIONAL DIAGNOSIS:

Tension headache (ICD 11: 8A81.2)

TOTALITY:

Exposure to mobile radiation
 < Mobile phone

SELECTION OF REMEDY: Mobile 30 tds x 15 days

AUXILIARY TREATMENT:

Avoid prolonged exposure to mobile phone.

FOLLOW UP:

Date	Symptoms	Rx
29/07/2019	Headache < mobile phone	Radium Bromatum 30 qds x 7 days
08/08/2019	Headache >> 60%. Pain in occiput region only.	CT all x 15 days
13/07/2020	Pt was better in between. Headache ++	Lachesis 30 3P HS SL TDS SOS - Radium Bromatum 30 tds x 30 days
20/12/2021	Pt was not better with previous medicines. Headache since 7 days with heaviness > yoga BP = 120/72 mm Hg	Mobile 30 TDS x 15 days
27/12/21	Headache >>	Mobile 30 TDS x 15 days

CASE LEARNING:

When Radium Bromatum is not giving desirable result, you can think of Mobile 30 for prescription in today's era where we are continuously exposed to mobile radiation.

Contributor:



Dr. Nimesh Shukla (M.D. Hom.)

**Professor and Head of Department;
 Department of Practice of Medicine.**

A CASE OF MENSES DURING URINATION ONLY

Dr Prabhakar Devadiga

Mrs. J. N. K. 43 yrs. old female, married since 27 yrs., religion Islam, homemaker by occupation came with complaints of Pain in the right lumbar and iliac region. Since 2 yrs. (K/C/O: DM, HTN since 5 yrs.) Ineffectual urge for urination with dribbling and reduced flow. Sensation of burning over the region of right kidney; <Standing, >Walking and sitting. Dark yellow coloured urine. No history of haematuria or fever.

P/H of Renal calculi in the right kidney, has undergone PCNL. Investigation findings of USG abdomen and pelvis performed on 01/06/22 revealed right kidney scarring.

PATIENT AS A PERSON (PHYSICAL CHARACTERISTICS):

- Appetite: Good, can tolerate hunger, non-vegetarian.
- Food/Drinks Agg/Amel: Cold food causes sinusitis. Milk products which cause nausea.
- Perspiration: Profuse, all over the face and back.
- Sleep: On right side, refreshing, No associated complaints
- Dreams: of dead people talking to her.

GYNAECOLOGICAL HISTORY:

LMP – 12/6/22. Colour – Bright red, Duration - 4 to 5 days; Cycle – 15 days (since past 3 to 4 yrs.) Complaints Before Menses – Itching in vagina

OBSTETRIC HISTORY:

G3 P3 A0 L3;
Male 26 yrs. LSCS,
Female 25 yrs. LSCS,
Female 24 yrs. LSCS.

MENTAL CHARACTERISTICS (DERIVED FROM LIFE SITUATIONS):

Stays in Mumbai with husband and children since 20 yrs. Anxious and worried about her health - always worried about her death and her future
Fear of injections and operations
Gets affected by slightest cause and weeps very easily. Cried while narrating the complaints
Suppresses her anger, feels should not shout at others or else she regrets later

INVESTIGATIONS (DATE AND REPORT):

USG Abdomen and pelvis on 01/06/22 revealed Right kidney scarring (measuring 7.8 × 3.2 cm); uterine intramural fibroid on the anterior wall measuring 19×19 mm and on the posterior wall measuring 14×11 mm.

Blood sugar levels: FBS- 129.36 mg/dl; PPBS- 157.61 mg/ dl

GENERAL REACTIONS (PHYSICAL AND MENTAL) WITH THERMAL MODALITIES: Very Chilly

FAMILY HISTORY:

Sister: Asthma, Brother: Renal Calculus

PAST HISTORY:

Typhoid 22 yrs. ago, has undergone PCNL 1 yr. ago.

GENERAL EXAMINATION:

Pulse: 80 bpm; BP: 140/90 mm Hg, RR: 14/ min; Temperature: Afebrile, No pallor, No cyanosis, No icterus, No lymphadenopathy, No clubbing.

SYSTEMIC EXAMINATION:

CNS: conscious, well oriented
CVS: S1S2 heard
RS and ENT: Clear
Abdominal: No abnormality noted on inspection, no tenderness on superficial palpation; tenderness on right iliac region on deep palpation.

DIAGNOSIS (WITH ICD 11 CLASSIFICATION):

Right kidney cortical scarring (post PCNL) (7.8×3.2 cm) [GB56]; Intramural uterine fibroid [GA6Z]; Hypertension [BA04.Z]; Diabetes mellitus [5A14]

TOTALITY:

Anxiety, future about
Fear, death of
Weeping, trifles from
Sensitive - opinion, of others, to the
Dreams: of dead relatives
Chilly patient
Perspiration: Profuse - face on
Generals - agg, milk from
Menses- frequent too
Menses - itching, vagina, menses, before
Right lumbar region, burning
Urine- frequent

SELECTION OF REMEDY/POTENCY/REPETITION:

Calcarea Carb 200 (3P);
SL tds x 15 days

DIET AND REGIMEN:

- Drinking plenty of fluids
- Oxalate rich foods like spinach to be consumed in moderation
- Calcium, vitamin C, vitamin D supplements not to be taken
- Control salt (sodium) intake
- Include more citrate, magnesium, and potassium in diet

FOLLOW UP:

DATE	SYMPTOMS	TREATMENT
08/6/22	1. Pain in right lumbar region ---->-----	Magnetis polis australis 30 (3P)
	2. Menses- itching in vagina before menses --- ->-----	SL 200 tds x 15 days
	3. Menses - frequency increased - cycle -15 days ----SQ-----	

	<p>4. Urination - increased frequency ---->----- 5. BP = 130/80 mmHg 6. Generals -----N-----</p> <p>New Complaint: Bleeding PV while passing urine past 3 days.</p>	
26/7//22	<p>1. Menstruation while urinating ---0---- 2. Pain in right lumbar region -----SQ----- 3. Menses- itching in vagina before menses --->---- 4. Menses - frequency increased- cycle 15 days -----SQ---- 5. Urination - increased frequency ----SQ----- 6. Urine microscopy on 21/7/22 revealed slightly turbid appearance with deposit and few uric acid crystals. 7. Generals -----N-----</p>	<p>Magnetis polis australis 30 (3P) SL 200 tds x 15 days</p>
23/8/22	<p>1. No episode of bleeding while urination 2. Pain in right lumbar region --->---- 3. Itching in vagina --->---- - 4. Generals ---N---</p>	<p>Magnetis Polis Australis 30 (3P) SL 200 tds x 15 days1</p>

REFERENCES:

COMPLETE REPERTORY:

FEMALE: Menses - urination, during; only during = m-aust

SYNTHESIS REPERTORY:

FEMALE GENITALIA/SEX: Menses, urinating; only when = ger-ro, m-aust

1. BOGER C M – Boeninghausen’s Characteristics and Repertory 1905.
2. CASE E E – Magnetis Polus Australis, Translations of the International Hahnemanian Association 1925; page 305.
3. BOGER C M – Additions to Kent’s Repertory 1972.

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EDITOR’S HOMEO SNIP-IT:

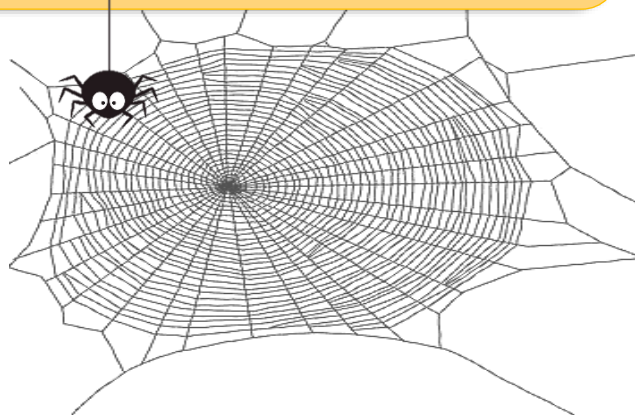
H.M.M. Reconstituted about Nosodes and Sarcodes according to Dr John Henry Clarke - By Dr Robert Séror.

In some Araneorum Tela has produced "a calm and delightful state of feeling, followed by a disposition to sleep". "The most delicious tranquillity, resembling the action of opium, and followed by no bad effects".

Muscular energy is increased, could not be kept in bed, but danced and jumped about the room all night.

- **Dr. Farokh Master**

Araneorum Tela was successfully used in a case of a middle aged woman who was diagnosed as a case of Supra Ventricular Tachycardia. During her acute phase Digitalis and Gelsemium failed. Later Araneorum Tela was prescribed on the following symptoms: 1. Rapid Pulse, 2. Weakness want of energy. It also calmed the patient with a want of tranquillity.



CASE LEARNING:

William Boericke in Organon of medicine, 6th Edition, §153 states that;
 "...in order to find among these artificial morbid agents corresponding by morbidic similarity to the disease to be cured, *the more striking, SINGULAR uncommon and peculiar (characteristic) signs and symptoms* of the case of disease are chiefly and most solely to be kept in view....".

My previous experience has made me think over intricacies of case taking. I recall a similar presentation; in a case of epilepsy, where the patient revealed the symptom after the case was taken. The second case was of impetigo of the face, the patient revealed the symptom during the case taking due to her keen observation.

Magnetis Polus Australis was prescribed to both the cases which cured the cases of epilepsy and impetigo.

A CASE OF LAC LEO**Dr Nimish Mehta****INTERNS: Dr. Sonia Tikhe, Dr. Aayushi Thakkar, Dr. Vidhi Vasa, Dr. Aditi Kale, Dr. Kunal Kambhari****“LION... THE KING, LETS READ HIS SUFFERINGS “**

A 47-year-old male, Mr. A M.S, residing at Andheri, Islam by religion, Married and divorced 10 years ago, Manufacturer of Car polishing products by occupation

Came to OPD with chief complaint of Pustular eruptions on Face & Scalp for 1 month, < for 4-5 days after Mother's death, leading to Itching

< Sun Heat, >Cold water, >Rubbing

Onset was Gradual, Progress – Increasing

Also, he has weakness all over the body and cramps in B/L calves for 1-2 years, weakness is associated with occ. e/o blackouts from sitting

Cramps in B/L calves < lying down, draft of air; >Standing, oil massage

High Blood Sugar levels for 4 days

[19.05.23] – RBS – 450 mg/dL

[22.05.23] – FBS – 300 mg/dL

PATIENT AS A PERSON:

Appearance – Tall, Average built, pustular eruptions on face & scalp

Habit – of smoking for 30 years (4-5 cigarettes /day)

Appetite – Good, Veg & Non-Veg Both

Likes - sweet2+, salad, fried karela

Dislikes – Radish.

Thirst – 3-4l/day, cold water, and dryness associated

Stool – once / day, satisfactory.

Perspiration – Back 2+, axilla

Urine – Has to strain at the end of urination for 2 months

Sleep – refreshing, prefers sleeping on right side

Dreams – of water, of tiger surrounding him, of standing at shore & there is no way to escape, of being pursued by cats

Thermals – Hot

P/H – MDR TB 10yrs. ago – took AKT treatment

F/H – Mother – CABG, DM, Kidney infection, died 5 days back

Father – DM, died I/v/o MI

MENTAL CHARACTERISTICS:

Born in Hyderabad, brought up in Mumbai, has 2 younger brothers & one sister.

Studied till 9th Std.

CHILDHOOD: - Patient lost his father at a very young age and since then he is living only with his mother, used to take good care of mother & was very protective towards her

SCHOOL: - He was beaten up by his schoolmates as he belonged to Islam community, used to cry alone for that and never shared about this with anyone.

MARRIED LIFE: - Troubled married life, had constant fights with wife as she did not take good care of his mother and used to misbehave with her, this triggered him to that extent that he divorced his wife 10years ago

In one recent incidence – when his mother was admitted in hospital d/t her ill health, patient felt that the administration was negligent & did not perform their duties well, he had a

verbal & physical fight with authority which led him to take his mother back at home from hospital.

ACUTE GRIEF – 4 days back his mother expired & since then all his complaints are aggravated

GENERAL EXAMINATION:

Pulse: - 70bpm, BP: - 120/80 mmHg, RR: - 20 /min.

No Pallor, clubbing, oedema, lymphadenopathy

SYSTEMIC EXAMINATION: - Within Normal Limit

DIAGNOSIS:

DIABETES MELLITUS [5A11] + PYOGENIC DERMATITIS (FURUNCLE) [1B75.0]

APPROACH:

The data acquired from the patient was limited. He came with acute complaints which reflected his chronic condition, so the entry point in the case was the characteristic dreams of the patient.

TOTALITY:

The other supporting aspects of the case are as follows:

The theme of disturbed nurturing; Family protection:

47-year-old male who has grown up only with his mother around as he lost father at young age developed very close attachment to his mother which made him very protective towards his mother and always wants her to have the best of everything. This protectiveness is seen in incidences such as: - He divorced his wife because she was not looking after his mother which did not go down well with him; He engaged in a physical and verbal fight with hospital authorities as he thought that they were neglecting his mother when she was admitted in the hospital and got her home and took her care, **this incidence reflects the strong theme of anger issues with anger management difficulties**

He used to never share his own traumas with his own mother as he did not want her to stress – all these incidences conclude that patient is an extremely family oriented person, who would go to any extent to protect his loved ones. A strong feature of lac group – they are family people who would sacrifice anything just to be with and accepted by the family.

Abused; feeling wronged suffering with:

A basic theme of mammals is that they are the most hunted of all animal kingdoms i.e. they are abused the most just as in our case the patient developed extreme anger issues and the anger has been built up right from the time, he was beaten up in school just because he belongs to Islam community. This is a prominent facet of Lac Leo as they are the ones who develop rage and anger which comes from false accusations, because they have been beaten up for something wrong, they never done and were innocent.

Also, there is one strong theme of mammals – **“infant feeling helpless from sudden loss of maternal care “**, just as we see in this case that patient lost his mother 4 days back and this separation had such an impact on him which manifested in aggravation of his physical complaint i.e. Increase in pustular eruptions since 4 days & increase in his blood sugars levels investigations wise. This suddenness of such surge is also a characteristic feature of Lac group.

Ego – very difficult & complicated with anger:

The patient was advised to take Antidiabetics as his blood sugars levels had shot up suddenly, but the patient was very reluctant about it and clearly said “I am not going to take those medicines”

On general level patient is sensitive to noise which is also a very characteristic symptom of lac group.

REMEDY GIVEN:

1. LAC LEO 30 TDS × 7 DAYS 2. SL HS DAILY

DIET & REGIMEN:

Diabetic diet was advised.

FOLLOW UP REPORT:

When the patient came back after a week of taking the medicine, the random blood sugar which was 450 mg/dL on 19/5/23 i.e. the first day of consultation significantly dropped down to 291 mg/dL on the very first follow up dated 1.6.23.

The patient did not get those frightful dreams of being pursued by cats, being surrounded by tigers, etc., which reflects the general sense of wellbeing of the patient

The pustular eruptions on face and scalp were much reduced in size & number There was not a single episode of cramps in calves and the weakness which was there in the patient was also quite less. Straining at the end of micturition was also much better.

Patient was advised investigations and one more dose of Lac Leo 30 was repeated.

In the next follow up all his pustular eruptions disappeared and after which there has been no recurrence of Pustular eruptions & his blood sugar levels were controlled

ON CALL FOLLOW UP DATED 02.11.2023:

Patient said that there is no recurrence of Pustular eruptions since then

He took Antidiabetics for a short period of time & later he shifted to Ayurveda churn and since then his blood sugar levels have been in control and there are no other symptoms.

CASE LEARNING:

The main aspect of Lac Leo are the patient’s dreams.

“He dreams of being surrounded by tigers and being pursued by cats. These animal dreams are manifestation of hidden guilt.” (Source – pg. No. 145 of book ‘The lacs in homeopathy’ by Dr. Farokh J Master).

The patient also has guilt of not being strong enough as he expects himself. The dream of tiger also implies that He must be strong as he is being looked up to, this can also be related to his guilt.

Before Rx**During Rx****After Rx****Contributor:**

Dr. Nimish Mehta (M.D. Hom.)

**Associate Professor;
Department of Organon of Medicine,
Homeopathic Philosophy and
Psychology.**

EDITOR’S HOMEO SNIP-IT:**Dictionary of Practical Materia Medica**

- **Dr. John Henry Clarke**

Grauvogl has put on record this case (quoted in Hom. News, XXV. 490):

Woman, 65, much reduced in flesh by a persistent condition of humid asthma. It commenced with, chronic catarrh and symptoms of oedema of the lungs.

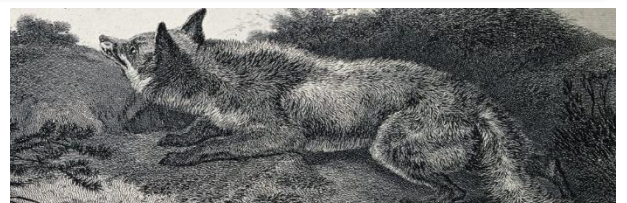
Strong, sonorous bubbling, now rattling, now whistling sounds over whole chest, and at some distance away; perceptible also to hand laid on chest.

Accelerated short breath amounting to suffocation, even without corresponding heaving of the chest, frequently with cough and inability to expectorate. The patient could only live sitting up, bent forward; constant lividity of face, lips, and extremities, and dropsy of legs. The patient could only live sitting up, bent forward; constant lividity of face, lips, and extremities, and dropsy of legs. Heart's pulsations irregular, and death seemed imminent.

Pulmo vulpis 1x grain was given, and repeated in an hour.

Visible improvement set in but without increased expectoration.

After a third powder the patient was able to lie down, and fell into a refreshing sleep lasting several hours. In eight days she engaged in her domestic duties.



A CASE OF CHOLESTERINUM
Dr Amirali Badami; Dr Pooja Shah

Name – Miss. AT
 Age/Gender – 19 years/Female
 Religion – Muslim
 Status – Single
 Occupation – College Student in B. Ed.

CHIEF COMPLAINTS:

A 19-year-old Female has been visiting the Surgery OPD since 2019 for cervical canal stenosis and PCOD for which she was on Homoeopathic medications.

Location	Sensation	Modality	Concomitant
Abdomen → Right hypochondriac region and epigastric region since 1month	Pain	< bending	-

Associated with nausea, vomiting and distention of the abdomen worse after eating esp. – heavy food.
 No h/o – fever. No h/o – jaundice.

PATIENT AS A PERSON:

Appearance: fair, obese	Thirst: 2-3 Lit/ day
Appetite: increased, cannot tolerate hunger. Non veg.	Elimination: Stool –unsatisfactory, hard stools. Urine- normal
Likes: Non veg– Chicken, sweets, cold things, spicy.	Aversion - NIL
Sleep: 7-8 hours, refreshing.	Perspiration: Profuse, offensive, N/S.

GYNAC HISTORY –

Menstrual function – regular now but forgot the date.
 FMP – 13Yrs.
 Leucorrhoea – thick before menses.

MENTAL CHARACTERISTICS DERIVED FROM LIFE SITUATION:

- Lives with parents, joint family, and siblings.
- Currently not studying. She is confused to restart her education to become a teacher or discontinue for 1 year and then restart. Fear of consequences so prefers not to take decisions. Gets confused easily while making decisions which leads to restlessness. Feels better when shares with mother
- Anger – trifles at. Shouts in anger if contradicted.
- Weeps easily.
- Anxious about health, over thinks a lot.
- Fear of Cancer as it was in the family.
- Sensitive to motion and height – feels giddy.

INVESTIGATIONS:

Had undergone Ultrasonography of Abdomen and Pelvis on 21/5/21 which suggested CHOLELITHIASIS (Features of Small Mobile Calculi)

THERMALS: AMBITHERMAL → HOT

FAMILY HISTORY:	PAST HISTORY:
Father – Cholelithiasis + HTN+ DM Sister – Asthma Brother – Eczema? Grandfather – Ca Gallbladder Grandmother: DM	Dengue Typhoid PCOD + Migraine (resolved with Homoeopathy treatment)

GENERAL EXAMINATION:

Pulse- 78/min, BP – 180/90mmHg, RR – 22/min, Temp.: Afebrile
 No cyanosis, icterus, lymphadenopathy, clubbing
 Tongue – coated dirty, yellowish white. WEIGHT: 87 kg

SYSTEMIC EXAMINATION:

- P/A – Tender – Right hypochondriac region.
- R.S. – AEBE CLEAR
- CVS. – S1S2 HEARD
- CNS – well oriented, conscious

PROVISIONAL DIAGNOSIS:

CHOLELITHIASIS (DC11) + PCOD (5A80.1)

TOTALITY:

Anger Violent
 Gets confused easily while making decisions which leads to restlessness.
 Fears commitment and responsibilities
 Fear of Cancer
 Gall stones colic < bending

FIRST PRESCRIPTION: –

Lycopodium 200 (2P) on 24/5/21
 SL 200 tds for 7days.

AUXILIARY LINE OF MANAGEMENT:

Avoid fatty, junk food. Weight management.

FOLLOW UP:

Date	Follow up	Rx
31/5/21	Anger trifles frequency – reduced Pain the hypochondriac region less but there. Esp. –after food. Rather than more pain, more Sense of discomfort is felt. Distention of the abdomen. > warm water	Cholesterinum 30 in 1 st dilution every 2 hourly * 15 days

	Nausea less. No vomiting Stools – hard, unsatisfactory occ. Generals - > LMP – regular again forgot to write the date. Leucorrhoea – thick discharge, itching > scratching non offensive.	
14/6/21	No abdominal Pain. No nausea, vomit. Mild Discomfort in the stomach after eating outside food. Overall Better Generals - >	SL 30 tds for 1month
	Subsequently she was on Lycopodium 200 (4P) to 1m and intermittently on Cholesterinum 30 tds.	
21/5/23	Generals – Better. She started teaching in play school. Mental Confusion reduced. She had done USG on 3/5/23 – No evidence of gallstones + reversal of PCOD.	SL 200 tds for 15 days and She was given a diet for her weight management.

CASE LEARNING:

Material Medica of the Nosodes by Henry Clay Allen, with the proving of the X-ray by HC Allen that Cholesterinum is indicated due to paucity of symptoms, obstinate engorgements of gallbladder or liver, to prevent the gall stone colic distress, F/H - of Ca gallbladder or Ca Liver.

In conditions where the patient has subjected to repeated attacks of biliary colic, Cholesterinum, Dr. Allen claims, is very satisfactory and at times its action is even striking in giving relief to the patient.

Contributor:



Dr. Amirali Badami (M.D. Hom.)

**Associate Professor;
Department of Surgery.**



Dr. Pooja Shah (M.D. Hom.)

**Assistant Professor;
Department of Surgery.**

**A CASE OF ADRENALIN
Dr Vanita Johari**

Name: Mr. A M
Age/Sex: 29/M
Status: Single
Occupation: Insurance service
Religion: Hinduism
Date: 19/3/22
Ref by: Brother (Patient)

CHIEF COMPLAINT

1) Hair falling and thinning since 2011
Hair transplant done in 2017- was alright for 2 years then hair started again after that.
Dandruff since December 2021 after coming to Mumbai. Was living in Delhi before that had no complaints of dandruff.
Itching occasionally, Irritation ++
Oiling twice/week

2) White heads- small, round, and irregular whiteheads around the eyes
More on inner corner of eyes, Right eye > Left Eye
No itching, No pain

3) Sore throat for 2-3 days
A/F- cold drinks
Pain in throat <drinking <swallowing +
Hoarseness of voice since yesterday
Cough occasionally <swallowing <talking <exercise

PHYSICAL GENERALS

- Appearance: Tall, Fair complexion
- Appetite: Good, veg and non-veg both
- Desires: NS
- Aversions: Sweets
- Thirst: 5-6L/day, normal water, large quantity at a time
- Food or Drink </>:
Brinjal, Rajma, Pumpkin if eaten at night+ → acidity
Milk tea → acidity and bloating of abdomen
- Stool & Urine: Normal
- Perspiration: Profuse+2, all over body, mildly offensive
- Sleep: 8-9 hours refreshing, no habits during sleep
- Dreams: Occasionally of Dogs (loves dogs)
- Habits: Alcohol and smoking (earlier whole pack now 1-2 daily), H/O drugs- Marijuana

GENERAL REACTION

Hot+2
Fan- all season
Bath- lukewarm in winter otherwise normal water
Covering- thin

F/H

Mother- Hypothyroidism
Father- Covid-19 in Jan 2022

P/H

Jaundice in childhood
Covid +ve in Jan 2022 (asymptomatic)

EXAMINATION

Throat congestion++

PROVISIONAL DIAGNOSIS

Hair fall and Male pattern baldness (ED70.0)

MENTAL CHARACTERISTICS DERIVED FROM LIFE SITUATIONS

- Lives with parents in Mumbai since Dec 2021. Earlier used to stay in Delhi. Shifted to Mumbai after father’s transfer.
- Good relationship with all family members and friends.
- Childhood- Good in studies, did not like maths.
- Can make friends easily, very extroverted, loves socialising.
- Education: Studied Law, graduated in 2016. Practiced for 5 years. Changed job due to hectic work schedules and financial instability. Was not able to give time for things that he liked. “I cannot keep doing this job lifelong.” Hence, left the job in 2021, started working in insurance company. Basically, he wants a job which will give him freedom to travel and pursue his passion. Currently satisfied with his work. Feels contented.
- LOVES TRAVELLING & ADVENTURE SPORTS+3 → LOVES THE THRILL+2
 No Fear/Courageous+
 PARAGLIDING+2
 SCUBA DIVING+2
 RIVER RAFTING+3
 BUNGEE JUMPING +2
- Wants to learn any instrument.
- He likes the thrill of living at edge! Gets the kick by doing any outrageous act/ accepting challenges of weirdest kind. The expression on face while describing his passion was indescribable. Willing to risk his life for the same, not in insane manner, but using all safety gadgets while at play!!
- Currently, feels contented, no stress, no worries about future or marriage. Satisfied.

TOTALITY

Mind- Adventurous
 Mind- Courageous
 Head- Dandruff
 Head- Hair - falling, vertex from
 Head- Hair - thin
 Throat- Pain - swallowing agg
 Cough - talking agg
 Perspiration- profuse

DIFFERENTIAL RX

Lycopodium, Phosphorus, Adrenalinum

FINAL RX WITH REASONS

Lycopodium- Specific for hair fall and thinning in young people.
 Ars Alb- for acute complaints

AUXILIARY METHOD OF TREATMENT & DIET AND REGIMEN:

Avoid cold food and drinks
 Balanced diet

FOLLOW UP

19/3/22	1 st prescription	Rx Ars Alb 200 QDS x 3 days Lycopodium 30 TDS x 10 days
9/4/22	Hair fall and hair thinning - SQ- Dandruff -SQ- Whiteheads ->- Cough -O- Throat pain -O- Generals normal	Rx Adrenalinum 30 TDS x 14 days
23/4/2022	Hair fall and hair thinning - SQ- Dandruff -> Whiteheads ->- Cough -O- Throat pain -O- Generals normal	Rx Adrenalinum 30 TDS x 14 days
10/5/2023	Hair fall and hair thinning - less Dandruff ->- Whiteheads ->- Cough -O- Throat pain -O- Generals normal	Rx Adrenalinum 30 TDS x 14 days

CASE LEARNING

According to Dr Vithoukias, Remedy **Adrenalin** – when properly proved and understood – will become one of our major assets in combating contemporary diseases such as hypertension, diabetes, paroxysmal tachycardia with anxiety, arteriosclerosis and in general diseases that have come about because of the stresses of contemporary life.

Since almost everybody today is under “**a stress syndrome**” **Adrenalin** will be very frequently indicated, either to complete a cure or to open a case. It can be specific when the stress is of an emotional, psychological nature and relates to continuous **subconscious** stress which has as a first indication the elevation of the blood pressure. Selye has also demonstrated through his theory of the “general adaptation syndrome” the direct relation between stress and production of adrenalin and noradrenalin.

Adrenalin is reported to have helped men with high blood pressure whose extra-marital affairs were of a complicated nature that caused them a lot of distress and inner **unexpressed** anxiety.

The extreme explosion of the “idiopathic blood pressure syndrome” in our modern times seems to be related primarily to an abnormal production of Adrenalin caused by such stresses. From this logical sequence it will appear that the role of Adrenalin in treating this type of diseases with high potencies will be great soon.

The indication of **Adrenalin** as described by Dr Vithoukias can be understood for lifestyle diseases in modern times due stress. But, in the given case there is similar rush of Adrenalin when pursuing the passion and obsessions.

We also know that when adrenaline is released suddenly, as an adrenaline rush, it makes the heart beat faster, increases blood flow to the brain and muscles, and stimulates the body to make sugar to use for fuel. An adrenaline rush begins in the brain, when you perceive a dangerous or stressful situation that information is sent to the amygdala, which in turn signals hypothalamus and sympathetic nervous system.

Some people take part in certain activities for the adrenaline rush as seen in the patient. Activities that can cause an adrenaline rush include:

- watching a horror movie
- skydiving
- cliff jumping
- bungee jumping
- cage diving with sharks
- zip lining
- white water rafting

Hence, the remedy **Adrenalin** was selected for the patient.

Contributor:



Dr. Vanita Johari (M.D. Hom.)

**Professor and Head of Department;
Department of Homoeopathic Materia
Medica.**

EDITOR'S HOMEO SNIP-IT:

**Dictionary of Practical Materia Medica
- Dr. John Henry Clarke**

E. Saalfeld (quoted H. W, XXXII. 296), in view of Landau's observations on the effect of Oophorhinum on the nervous sufferings of women at the climacteric, gave Oophorhinum to women suffering from acne rosacea and other skin disorders of the climacteric.

A woman, 20, after double oophorectomy had lichen-like eczema.

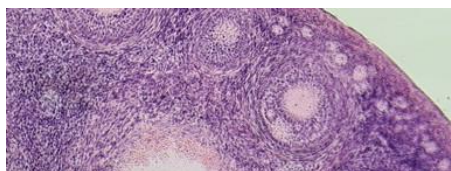
This was greatly relieved by Oophorhinum as well as the accompanying nervous symptoms and adiposity.

He obtained good results also in some non-climacteric cases as:

- (1) Acne and seborrhoea in chlorotic women.
- (2) A case of prurigo which had lasted from childhood in a woman of 26.

In this case the itching was > for a short time after the period.

This > during menses may prove a keynote, and relates the remedy to Zinc.



PITUTARY GLAND - THE MASTER GLAND AND THE MASTER REMEDY.

Dr Trupti Deorukhkar

Pituitary gland is a small pea sized gland, also known as "Master gland."

Hormones secreted by the pituitary gland help to control growth, blood pressure, energy management, functions of sexual organs, thyroid gland, metabolism and some aspects of pregnancy, labour, and breast feeding.

The pituitary gland is important for mediating the stress response via the HPA axis. The pituitary gland growth during adolescence can be altered by early life stress such as childhood maltreatment or maternal dysphoric behaviour.

Children who have early adrenarcheal development tend to have larger pituitary gland volume compared to children with later adrenarcheal development.

PREPARATION

The mother tincture comes from the Organ, prepared by maceration in a mixture of water and alcoholic glycerine.

Strength of the Mother tincture is 1/20th of dehydrated organ.

PROVING

The Hahnemannian proving was established by the Hering Proving Committee in 1935 on five provers, using the potency 12X.

MATERIA MEDICA SYMPTOMS.

The pituitary gland exercises a superior control over the growth and development of sexual organs, stimulates muscular activity and overcomes uterine inertia.

It has marked action in unstripped muscle fibres.

In cerebral haemorrhage, will check haemorrhage and add absorption of clot.

Uterus, breast, and other sexual organs are not fully developed. Regulates the action of corpus luteum in sterile women and favours conception in many.

Helps in uterine inertia in second stage of labour where os is fully dilated.

Checks bleeding after delivery.

It is a vasoconstrictor and parturient.

Useful in high blood pressure, chronic nephritis, prostatitis, vertigo.

Difficult mental concentration, confusion and fullness felt deep in frontal region.

Mind

- Anxiety, < at nightfall.
- Obsessional ideas linked to the urogenital area.
- Fear of passing urine.
- Disappointment in love and in nurturing.
- Poor learners or slow learners.
- Weepy person.
- Irritable and angry on waking, not at all a morning person

Female Genital Organs

- Menses late, cycle longer than 30 days.
- Menses, with pain just before, and during the day.
- Menses scanty.
- Amenorrhoea with mammary atrophy.
- Atrophy of breasts, with growth of hair on chest.
- Uterine pains from muscular contraction.
- Painful uterine contractions during childbirth.
- Incontinence of Urine in women with Fibromatous uterus.
- Uterine pains from muscular contraction.
- Painful uterine contractions during childbirth.
- Incontinence of Urine in women with Fibromatous uterus.

Aggravation

- From Fresh Air. Open Air.

ROLE OF PITUITARINUM IN GYNAECOLOGICAL AND OBSTETRIC PRACTICE.

This remedy many a times comes to rescue in various gynaecological disorders.

I have found this remedy to be very helpful in following conditions.

- Helps in induction of menses in secondary amenorrhoea, especially in PCOS cases.
- Also useful in post pill amenorrhoea, for inducing menses.
- Helps in delayed puberty especially with a background of stressful childhood.
- It helps in relieving the strong premenstrual symptoms felt by women especially mood swings.
- In decreased milk production or agalactia, a few doses may help to increase the milk production.
- Helps to induce labour in females having post datism.
- Useful for bringing down the blood pressure in females suffering from pre-eclampsia during pregnancy.

Thus, the pituitary gland, "The Master gland" is a "Master remedy" as well, especially in female disorders.

Presenting a pilot study conducted at Mumbadevi Homeopathic Hospital to enhance the role of Pituitarinum in PCOS management.

MATERIALS & METHODS

This is a retrospective study.

14 PCOS patients from Mumbadevi Homeopathic Hospital were chosen via random sampling.

The case diagnosis was confirmed by history and investigations. (Rotterdam criteria was used for diagnosis).

Homeopathic remedy along with ancillary measures was given to the patient, weight reduction and regular exercise was advised to the patient.

Inclusion criteria

- Follow up of at least 3 months.

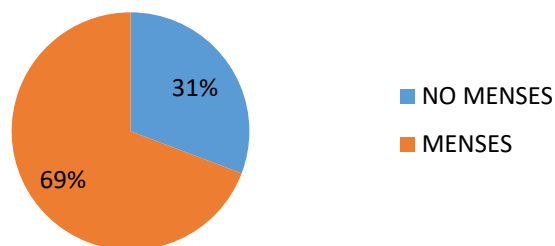
Exclusion criteria

- Pregnant patients.
- Climacteric age group.

OBSERVATION

Sr	OPD No	Diagnosis	LMP	Pituitarinum given on date	LMP After Pituitarinum
1	5931/21	PCOS	29/6/23	23/8/23	28/8/23
2	3376	PCOS	11/8/23	17/10/23	14/11/23
3	6020/19	PCOS	5/10/23	25/11/23	28/11/23
4	5553	PCOS	23/7/23	15/9/23	30/9/23
5	2889	PCOS	20/5/23	7/8/23	6/9/23
6	2316/21	PCOS	19/6/23	23/9/23	26/9/23
7	5501	PCOS	21/8/23	8/11/23	18/11/23
8	9017/19	PCOS	26/8/23	3/11/23	6/11/23
9	3376	PCOS	11/8/23	17/10/23	14/11/23
10	1821/22	PCOS	1/7/23	10/10/23	
11	3770	PCOS	14/5/23	12/8/23	
12	4622	PCOS	12/8/23	8/11/23	
13	5817	PCOS	21/5/23	29/9/23	

Induction of menses within 3 weeks of taking Pituitarinum 1M tds for a week



CONCLUSION

Retrospective analysis of the cases demonstrated that a judicious use of sarcode Pituitarinum was beneficial to the patients in inducing menses.

69% of patients responded to Pituitarinum within maximum 4 weeks of introduction of Pituitarinum.

31% of patients were unable to get back their menses even after 4 weeks of introducing the remedy.

No adjuvant hormonal therapy was required for menstrual regulation.

SCOPE AND SIGNIFICANCE OF RESULTS:

This result can help reduce the need for artificial interference by hormonal medication for menstrual regulation, which has several side effects.

Contributor:



Dr. Trupti Deorukhkar (M.D. Hom.)

**Associate Professor and Head of Department;
Department of Gynaecology and Obstetrics.**

THYROIDINUM – AN INTERCURRENT REMEDY

Dr Prachi Bedekar

Mr. G. Y. 33-year-old male, Married, religion Hindu. Woks as an Accountant is currently suffering from backache along with swelling. Patient also complaints of heaviness of head associated with dizziness.

PATIENT AS A PERSON (PHYSICAL CHARACTERISTICS)

- Appearance: Moles on face
- Digestion: Appetite is Good; vegetarian.
- Thirst: Increased
- Stool: Satisfactory
- Perspiration: Moderate
- Sleep: Normal

MENTAL CHARACTERISTICS (DERIVED FROM LIFE SITUATIONS)

Stays with father, mother, wife and one daughter
Responsible and workaholic

INVESTIGATIONS (DATE AND REPORT)

TSH – Above 100 mIU/ml
RBS – 90 mg/dl; Haemoglobin - 11.8 gm%

GENERAL REACTIONS (PHYSICAL AND MENTAL) WITH THERMAL MODALITIES

Ambithermal -> Chilly

FAMILY AND PAST HISTORY

Mother – COPD with Cor Pulmonale
Father – retinitis pigmentosa

GENERAL EXAMINATION

Pulse – 80bpm; BP – 130/90mmHg, RR – 18/min
Temperature – Afebrile, Wt. - 86kg

PROVISIONAL DIAGNOSIS (WITH ICD 11 CLASSIFICATION)

Hashimoto’s thyroiditis (5A03.20) + Vit. D deficiency (5B57.0) + B12 deficiency (5B5F)

TOTALITY

Pathological totality prescription based on high TSH followed by constitutional medicine calc carb
Chilly pt. with physical appearance as obese

SELECTION OF REMEDY/POTENCY/REPETITION-

- Thyroidinum 200 2 p
- Calcerea carb 30 tds for 15 days

AUXILIARY TREATMENT

Mild to moderate exercise increase the function of thyroid gland
Practice yoga. Avoid stress

DIET AND REGIMEN

Avoid goitrogens like cabbage, soybean, cauliflower & turnips
Increases consumption of iodine; Use iodized salt
Include food rich in selenium and zinc like seafood, spinach, egg, and fish

FOLLOW UP

Date	Complaints	Status	Prescription
27/3/21	Headache Backache	>	Thyroidinum 200 2P Calcerea carb 30 tds for 15 days
23/4/21	Back pain – numbness radiating to leg and weakness Headache	NC >	Gnaphalium 30 tds x15 days
12/5/21	Lower back pain Neck pain - numbness Weakness	NC	Kalmia 200 tds x 15 days
22/6/21	Tingling in right hand Tingling in legs Since 4 – 5 days	NC	Bryonia 200 tds x 15 days
9/7/21	Backache Head pain	>	Thyroidinum 200 1P Nux vom 200 tds 15 days
30/12/22	Pt is better	>	Thyroidinum 200 1P Natrum mur 30 tds 15 days

CASE LEARNING

Action of Thyroidinum in the case of hypothyroidism where no physical symptoms are characteristics. Prescription is based on the pathological findings as high TSH, it helps in promoting and stimulating the thyroid gland.

Patient ID. : 12 Age /Sex : 38 Years / MALE
 Patient Name : MR. G. [REDACTED] Reg. Date/Time : 03/03/2021 12:31 PM
 Ref. By Dr. : ARVIND BHANUSHALI Rpt Date/Time : 03/03/2021 3:17 PM

TEST	OBSERVED VALUE	REFERENCE RANGE
FREE T3	0.603	1.4 - 4.4 Pregnancy : 2.0 - 3.8 pg/ml
FREE T4	0.039	0.8 - 2.0 ng/dl
TSH	Above 100	0.25- 5.0 uIU/ml Age Boy Girl 1-7 days 1.99 -28 1.81-12 8-15days 2.3 -12.2 1.78-12.6 1-12mths 0.8 -8.2 0.8-8.2 Pregnancy 1st Trimester 0.3 - 4.5 uIU/ml 2nd Trimester 0.5 - 4.6 uIU/ml 3rd Trimester 0.8 - 5.2 uIU/ml

Test Done on COBAS-e-411.

*** END OF REPORT ***

Technologist
 Page 3 of 3

Dr. S. N. Tripathi
 M.D. (Path)
 Reg. No. 2000/04/1994

Patient ID. : 6	Age/Sex : 35 Years / MALE
Patient Name : MR. G. [REDACTED]	Reg.Date/Time : 29/07/2021 12:59 PM
Ref.By Dr. : PRACHI BEDEKAR	Rpt Date/Time : 29/07/2021 4:45 PM

TEST	T3,T4,TSH OBSERVED VALUE	REFERENCE RANGE
TRIIODOTHYRONIN T3	97.90	70-204 ng/dl Pregnancy 1st Trimester 81-190 ng/dl 2nd Trimester 100-260 ng/dl 3rd Trimester 100-260 ng/dl 1-3 days : 100 - 740 1-11Months: 105 - 245 1-6 yrs : 105 - 269 6-10 yrs : 94 - 241 11-15 yrs : 82 - 213 16-20 yrs:80 - 21
THYROXINE T4	7.11	3.2 - 12.6 µg/dl child :- 1-3 days : 11.8 - 22.6µg/dl 1-2 wk : 9.9 - 16.6 1-4 month: 7.8 - 14.4 4-12month: 7.8 - 16.5 1-5 yrs : 7.3 - 15.0 5-10 yrs : 6.4 - 13.3 11-15 yrs : 5.6 - 11.7
TSH	2.95	0.25- 5.0 uIU/ml Age Boy Girl 1-7 days 1.99-28 1.81-12 8-15days 2.3-12.2 1.78-12.6 1-12mths 0.8-8.2 0.8-8.2 Pregnancy 1st Trimester 0.3 - 4.5 uIU/ml 2nd Trimester 0.5 - 4.6 uIU/ml 3rd Trimester 0.8 - 5.2 uIU/ml

Method : CLIA
Test Done COBAS-e-411

*** END OF REPORT ***

Technologist
Page 3 of 3

Dr. S.N. Tripathi
M.D. (Path)
Reg. No. 200004/1994

WORLD OF HOMEOPATHIC MAGNETS
Dr Aavishkar Zagday

MAGNETIS POLUS ARTICUS

IRRESOLUTION, indecision - impulsive though, when decision is made

It means an individual is wavering whether he wants to do or can perform a task but when he begins it he starts it, he does it like a professional.

SUCCEEDS never

This feeling comes close to seeing a person's failure. He begins to understand his defeat as fixed.

REFERENCES FROM SOURCE BOOKS

Materia Medica Pura: Dr. Samuel Hahnemann

Very ill-humoured and tired (aft. 24 h.).

Lachrymose humour, with chilliness and rigor at the same time (aft. 1 h.).

In the evening very sad; he must weep against his will, whereby the eyes were painful.

(In the evening) he felt as if it were difficult for him to commence to carry out his resolve, and it was long ere he could do so; but then he did it quickly.

Sluggish imagination: sometimes he felt as though he had no imaginative power.

When sitting he felt as if he had lost all power of moving, and were fixed to his chair; when, however, he moved he found that he could move quite well.

Lazy disposition.

Anxious, dejected, fainthearted, inconsolable disposition that caused him to make self-reproaches (aft. 1 h.).

Dejected in mind (immediately).

About 3 a.m. he could sleep no more and anxiety commenced; he was anxiously concerned about himself, as if he were dangerously ill, he was gloomy, he was unwilling to speak a word.

Anxious scrupulosity, excessive, too conscientious concern.

Irritably cross; he was unwilling to be disturbed in his work, and yet he could finish nothing.

During his work he talks aloud to himself.

He is apt to make mistakes in writing (aft. 1/2 h.).

He would like to work hard, and cannot do enough; he does everything too slowly. [Lr.]

Disposition alternately sad and cheerful.

Disposition alternately cheerful and sad all day long (aft. 30 h.). [Lr.]

As if startled and timid (immediately).

Faint-heartedness, want of courage.

Cheerfulness and feeling of great strength alternate with want of courage and weakness. [Fz.]

Faint-heartedness, anxious scrupulosity (immediately).

Hasty, hurried.

Hasty, bold, firm, quick.

Bold disposition, as after drinking wine. [Hsch.]

Quite quiet, calm, free from care (aft. 1 1/2 h.).

Quite quiet and calm disposition, all day (aft. 48 h.). [Lr.]

Composure of the whole disposition, calmed passions.

Quiet but not cheerful.

Contributor:



Dr. Prachi Bedekar (M.D. Hom.)

**Associate Professor and Head of Department;
Department of Pathology.**

EDITOR'S HOMEO SNIP-IT:

**Dictionary of Practical Materia Medica
- Dr. John Henry Clarke**

W. H. Leonard (Med. Adv, XXII. 310) reports two cases cured with *Helix tosta c. m.*

(1) A gentleman had frequent attacks of hæmoptysis. Continuous hoarseness; dry, tickling cough; < at night, preventing sleep; dyspnoea, < ascending stairs.

He had already had all the usual remedies.

Helix tosta c. m., three powders given.

There was no more hæmorrhage.

A few weeks later a return was feared and a few more doses were given.

Four months later the patient was greatly improved in health and remained well.

(2) A lady of tubercular diathesis developed the disease after confinement.

Several well-indicated remedies failed to check its progress. At length hæmorrhage set in. *Helix tosta* was given as in the other case with prompt effect.

Hæmorrhage ceased; cough and expectoration gradually improved, and in eight months the patient was well and remained so.



Homeopathic Materia Medica of Graphic Drug Pictures and Clinical Comments: Pulford

Symptoms

Is mentally indolent, talks to oneself in business, is calm, composed and apparently devoid of care

MAGNETIS POLI AUSTRALIS

Disgust Exhilaration of others at

It means Mag-Australis will be sickened by the Happiness of the others.

It is not an Envy or Jealousy because this remedy is absent in both these rubrics.

Mag-Australis cannot complete his own tasks that is why he has an aversion to the excessive happiness of the people who do it. So, it is not actually a hatred for their better qualities but for the incomplete task he has left half way.

Faces aversion to laughing

Laughing aversion to

COMPANY - aversion to, agg. - smiling faces

Laughing is a free expression of the emotions, manifest when a person feels free to externalize completely their state of emotions at a given moment, and it is an expression that almost demands a participation from the other person. Magnetis Polus Australis disgusts Happiness because of his failure to complete anything. He dislikes sees any expression of mirth, pleasure, or happiness because he could not achieve it.

Impotence, with sudden cessation of all enjoyment, in the moment of greatest excitement

Impotence meaning to embrace with the proper sensation and erection, but now the semen is about to be discharged the voluptuous sensation is arrested, the discharge is arrested and the penis relaxes. Metaphorically, any assignment is left incomplete because of this state of being weak and feeble or lacking strength. So, the Impotence of Magnetis Australis is the **INCOMPLETION OF ALL TASKS**

REFERENCES FROM SOURCE BOOKS

Materia Medica Pura: Dr. Samuel Hahnemann

Confusion of the head.

An unsteadiness and instability of the mind: the ideas cannot be properly fixed, objects hover only half observed before the senses and are not sufficiently noticed and appreciated, and the judgments and resolves are hesitating, which produces a kind of anxious and restless state of the disposition.

Imagination obtuse, memory good.

Vivacity in the eyes.

Although he wakes up cheerful in the morning, neither food nor coffee is relished, they have rather a bitter taste.

Frequent loud talking in sleep, with many confused dreams (aft. 8 h.).

He starts in his dream and wakes up in consequence.

Towards morning vivid dreams. [Kr.]

Dreams of incendiary fires.

Dream that a horse bit him in the upper arm and kicked him in the chest; on awaking the chest was painful externally.

Quarrelling and fighting in dream.

Dreams of incidents that lasted a long time, with exertion of

the thinking faculty.

Vexatious dreams.

From a slight cause, violent anger; he becomes hasty and trembling, and breaks out into violent language. [Stf.]

Wild, hasty, harsh, violent in word and deed (which he is not himself aware of); he asserts himself with vehemence and despises others, with distorted features. [Stf.]

After walking in the open air quarrelsome, surly (aft. 20 h.).

After a sleep, towards evening, extremely cross and surly (aft. 24 h.).

Surly, cross, peevish (aft. 3 d.). [Stf.]

He is silent; it vexes him to speak (aft. 2 d.). [Stf.]

Society is disagreeable to him; he wants to be alone. [Stf.]

He dislikes cheerful faces (aft. 3 d.). [Stf.]

He is much given to start when any one touches him.

Cheerless, dejected, as if he were alone, or had received some bad news, for three hours (immediately).

Weeping (immediately).

Irresolution (the first hours).

Great sadness, discontented with himself.

Dislike to work and peevishness.

Great quickness of fancy.

International Homeopathic Association; 1904

Magnetis polus australis

Mind and Disposition: - Violent anger. Wild, vehement, rude, both in language and actions. Unsteadiness of the mind; he is unable to fix his ideas; things seem to flit to and fro before his senses as if he could not appreciate or look at them with the necessary attention.

Some Clinical Experiences of E. E. Case

Mind

Difficulty in making conversation.

Dull, stupid feeling.

Wants to kick, and weep.

Wants to say something hateful or make up a face.

Aversion to anyone who comes near, even persons fond of.

Desire to be alone, especially in morning until 2 P.M.

Apprehensive, frightened without cause.

Cannot express thoughts in words.

Can read or write but tired senses.

A blank when trying to talk.

Aversion to talking.

Lack of self-confidence.

Forgets names of objects and persons.

Absent minded.

Homesickness with aversion to those who come hear her.

Frightened when waking in the night with foreboding of impending evil (old symptoms).

Ambitious after 8 P.M.

Periodic depression, the same day every week.

Confused, must hold head in both hands to think clearly.

Thinks all her friends are about to die.

Aversion to mental exertion.

Noise aggravates.

Aversion to being touched (old symptoms).

Noise like slamming door causes vibrations all over body.

High pitched voice causes painful vibration, followed by weakness.

Noise of rustling paper aggravates.
Restless during headache.

MAGNETIS POLI AMBO

RESTLESSNESS - stomach; with complaints of Why is this Rubric in Chapter Mind and not in Chapter Stomach?????? (What it means in Mind)

Problems in the stomach relate to conflicts of undigested "morsels" of experience. To digest something is to accept something. Also, problems in the stomach occur in conflicts that involve people or situations one is obliged to be close to. He gets Restless in instances which he cannot accept or when he must bear them despite not liking them.

BENEVOLENCE

CARES, full of

HATRED - persons - offended him; hatred of persons who EMBITTERED

Magnetis Poli Ambo never does things to get compliments of others. Magnetis Poli Ambo is initially unaware about the acts of his but when he finds out this it is too late by then.

CONTRADICTION - actions are contradictory to intentions

To say or do the opposite and contrary, which means to take an opposite view with an anticipated outcome that is intended or that guides your planned actions or it means a volition (act of making a choice) that you intend to carry out. What he is doing is not what he had originally desired.

UNDERTAKES - things opposed to his intentions

Accept as a challenge, promise to do, or accomplish, enter into contractual agreement, accept as a charge and be against, fight against or resist strongly, set into rivalry, be resistant to. He does something and but he did not have an intention to do it. The inner urge, the impulse of the moment is stronger than his mental intention.

WILL - astonished of finding themselves not masters of their own acts

CONTRADICTION - intentions are contradictory to speech

HURRY, haste - occupation, in

READING - understand, does not

TALK, talking, talks - general - intend, says what she does not

ANXIETY - exhaustion, with

ANXIETY - asthma, with

PASSIONATE

TALK, talking, talks - general - alone, when

TALK, talking, talks - general - himself, to – loud

REFERENCES FROM SOURCE BOOKS

Materia Medica Pura Dr Samuel Hahnemann

While at his work during the day he talks aloud to himself without knowing it (immediately).

He is exhausted and yet extremely careful and eager to complete his work thoroughly.

The greatest exhaustion of the body, with sensation of heat and cool sweat on the face, with restless and, as it were, strained, over- hurried activity.

A zeal over-hurry, followed by pain in the arm and head of the shoulder (in the first hours).

Over-hurried thoughtlessness and forgetfulness; he says and does something different from what he meant to say and do, and leaves out letters, syllables, and words.

He exerts himself to do things, and does quite the opposite of what he intended, against his own wish.

Hesitating resolve, irresolution, over-haste (immediately).

He is distraught and cannot fix his attention on a single subject (immediately).

All around him seems as if in a kind of half-dream. Involuntary inattention: he cannot direct his attention, much as he wishes to do so, on a certain subject.

When he reads everything seems quite clear on the paper, but he can with difficulty comprehend the sense of what he reads.

Anxiety. At night very great anxiety with very strong palpitation of the heart.

He is easily startled by a noise.

Very much disposed to get angry and indignant, and when he does get angry, he has headache of a sore description (immediately).

He is easily vexed and gets sufferings there from, especially headache, as from a nail pressed in.

Irascibility.

Resolution, consideration, strength of mind and body (with good easy digestion).

In the morning tranquil disposition, calm, serious.

Phlegmatic, lazy disposition; not inclined for any work, lassitude, and drowsiness (aft. 5 h.).

Homeopathic Materia Medica of Graphic Drug Pictures and Clinical Comments - A. Pulford

Strange symptoms

While attending to his business during the day he talks aloud to himself without being aware of it.

He is hurried, heedless and forgetful and does things he does not intend to.

He has headache from the least chagrin, as if a sharp pressure was made on a small spot in the brain.

He has sweat on the face with want of heat, early a.m.

He has ptialism every p.m with swollen lips.

His prepuce retracts entirely behind the glands.

He has pain in the sacro-lumbar articulation a.m. In bed while lying on the side, and during the day when stooping long.

He awakens at 5 a.m., a few hours later he falls into a stupor full of dream.

Contributor:



Dr. Aavishkar Zagday (M.D. Hom.)

**Associate Professor and Head of Department;
Department of Physiology including Biochemistry.**



NAILED IT!
Dr Dipika Velkar

Name: Mrs V.
Gender/Age: Female/ 55 years
Status: Married for 30 years
Religion: Hindu
Occupation: Homemaker

CHIEF COMPLAINTS:

Location	Sensation	Modalities	Concomitant
Extremities→ toes→ right great toe For 5 days O: Sudden Duration: for 5 days Progress: Static	Pain In growing nail Nail partially come off	< walking+3 <wearing shoes	
Extremities→ b/l calves for 2 weeks	Pain and heaviness	<walking >rest	

PATIENT AS A PERSON:

Appearance: Moderately built, fair complexion
Appetite: Good
Eats both veg and non veg
Likes: Sweets
Thirst: Frequent, for large quantities
Stool: NS
Urine: NS
Perspiration: Profuse
Sleep: On back

GYNAECOLOGICAL HISTORY:

Menopausal for 10 years

OBSTETRIC HISTORY: G2 P2 A0 L2

MENTAL CHARACTERISTICS:

Irritated by the pain, unable to do anything. Otherwise, she is emotionally calm.

PROVISIONAL DIAGNOSIS:

Ingrown toe nail (EE13.10)

TOTALITY:

1. Pain in great toe nail
2. Pain in nail < walking
3. Pain in toe < wearing shoes

SELECTION OF REMEDY:

Magnetis Polus Australis
Given for in growing toe nail
Pain in calves

PRESCRIPTION:

Magnetis polus australis 30 tds x 7 days

FOLLOW UP:

1 st follow up	Pain >30 % Can wear the shoes and walk but still pains	Magnetis polus australis 30 tds x 7 days
2 nd follow up	Pain better 50%, the nail from the other side is coming to fall off	Magnetis polus australis 30 tds x 7 days
3 rd follow up	Toe nail came off while asleep No complaints	SL tds x 7 days

CASE LEARNING:

Ingrown toe nails with sore pain on inner side of nail of big toe < walking, slight touch. Based on this single, striking, peculiar symptom, the prescription of Magnetis polus australis was given.

Reference: PHATAK MATERIA MEDICA.

Contributor:



Dr. Dipika Velkar (M.D. Hom.)

Assistant Professor;
Department of Homeopathic Materia
Medica

EDITOR'S HOMEO SNIP-IT:

Dictionary of Practical Materia Medica

- **Dr. John Henry Clarke**

The swelling always develops on one or the other end of a diaphysis, never in the middle of it nor in the epiphysis.

The swelling has a clear, sharp margin; it is extremely painful to the slightest touch; at first soft, elastic and slightly fluctuating, it may become as hard as a bone.

I cured with Conch. 3 a delicate boy who at three different times had had pain in left knee. The left inner condyle was swollen and tender. The cure was rapid and the general health much improved at the same time.

Conch has no doubt, a wide range of action in affections of bones, especially when the growing ends are affected.



POSITRONIUM IN TREATMENT OF BODY DYSMORPHIC DISORDER

Dr Mohd. Ibrahim Ubharay

Body dysmorphic disorder (BDD) —formerly referred to as dysmorphophobia, dermatologic hypochondriasis, or dermatologic non disease.

The essential feature of BDD is a preoccupation with an imagined defect in appearance or disproportionate concern with a slight physical anomaly. These preoccupations most often involve the nose, the ears, the face, hair, or features related to sexuality (e.g., breasts in women or muscular build or penis size in men); however, any body part may occupy the patient's focus.

Social values and mass media greatly influence body image and, in turn, self-image. Most people have concerns related to appearance; however, this concern is considered pathologic when it interferes with social or occupational functioning.

The homeopathic medicine, Positronium bears resemblance to various features of BDD:

Positronium reflects an aesthetic inclination.

- Delusion - beautiful - people look
- Delusion - beautiful - things look
- Finery, luxurious clothing, wants
- Beautiful things, desire for
- Awareness heightened - body, of
- Fastidious, appearance, about, personal

Those with an already heightened self-awareness and meticulous nature may spiral into feelings of being underappreciated or despised when disregarded or belittled.

- Delusion, appreciated, she is not
- Delusion, Torture
- A/F Modification
- Delusion, neglected
- Delusion, despised

The perception and thought patterns of Positron individuals start altering, leading to misperceptions about their body. They develop false beliefs about the state of their body parts, imagining them as enlarged, ugly, shrunken, or deteriorating.

- Delusion, body, body parts, erroneous ideas as to the state of his
- Delusion, imaginations, ugly, is
- Delusion, imaginations, body parts, enlarged, fat pale and ugly
- Delusion, imaginations, body, body parts, fat, is
- Delusion, imaginations, body, body parts, heavy and thick, has become
- Delusion, imaginations, body, body parts, smaller
- Delusion, imaginations, body, body parts, shrunken
- Delusion, imaginations, body, body parts, withering
- Delusion, imaginations, old, he is
- Delusion, genitals, shrunken, are

- Delusion, legs, short, are
- Delusion, decayed, tarnished and impure, everything, is
- Delusion, dirty, everything, is
- Delusion, dirty, he, is

These thoughts give rise to feelings of aversion, disgust, and contempt towards oneself and the surrounding environment.

- Aversion, oneself, to
- Disgust, grossness of physical things, at
- Disgust, oneself
- Disgust, everything, with
- Contemptuous, oneself, of
- Delusion, wrong suffered, he has
- Delusion, God work is, Ill made and ill done

Individuals may develop an obsession with cleanliness, leading to excessive washing or, in extreme cases, self-mutilation.

- Washing, desire to wash, cleanliness, mania, for
- Cut, mutilate, or slit herself, desire, to
- Mutilating, body, his

Emotional and behavioural turmoil eventually gives way to a state of indifference, leading to a lack of concern about personal appearance, hygiene, and even indulgence in substance abuse as a means of seeking escape or oblivion.

- Indifference, apathy, appearance, about, personal
- Washing, aversion to wash, bathing
- Untidy
- Dirty
- Alcoholism, drinking to see what oblivion is like
- Drug addiction, morphinism, recreational, desire

In summary, the parallels between the characteristics of Positronium and the manifestations of Body Dysmorphic Disorder suggest a potential avenue for exploring new treatment approaches.

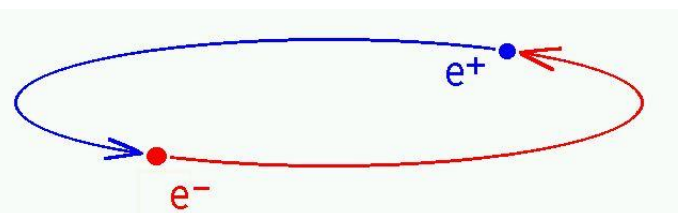
Further research is needed to validate its efficacy, but these resemblances highlight the promising prospects of using Positronium in addressing the complexities of BDD.

Contributor:



Dr. Mohd. Ibrahim Ubharay (M.D. Hom.)

**Assistant Professor;
Department of Community Medicine**



Positronium

A CASE OF ONYCHOCRYPTOSIS
Dr Anuj Sathe

A 25-year-old male patient approached me for pain in nail of greater toe of left foot for 3-4 days; in 2019. CONTINUOUS PRICKING PAIN 2+ aggravated by walking. No ameliorating factors. No any discharges. No H/O Injury/Infection. It was a beginning process of In-grow toe nail. No changes in physical generals and no significant symptoms at the level of mind. No significant Past H/O similar complaints.

GENERAL EXAMINATION:

Pulse: 78 bpm Temperature: Afebrile
BP: 128/76 mm Hg RR: 16/min

SYSTEMIC EXAMINATION:

RS: Ae Be normal, clear
CVS: S1 S2 heard
GIT: Soft, non-tender, no guarding or rebound tenderness, Bowel sounds heard.
CNS: No focal deficit noted.
Local Examination (Skin and Integumentary): Increased inward contour of the nail in the lateral nail fold of the left greater toe. Erythema around the cuticle. Tenderness on touch and pressure.

PROVISIONAL DIAGNOSIS (ICD 11 CLASSIFICATION):

Onychocryptosis or Unguis Incarnates or Ingrown Toe Nail (EE13.10)

DIFFERENTIAL DIAGNOSIS:

Subungual Exostosis
Peri-ungual Warts
Paronychia

DIFFERENTIAL REMEDIES:

(REFERENCE: THE MATERIA MEDICA OF NOSODES BY H. C. ALLEN)

Magnetis Polus Articus	Magnetis Polus Ambo	Magnetis Polus Australis	X-Rays
Sarcode	Sarcode	Sarcode	Imponderabilia
North pole of Magnet	Natural Magnet	South pole of Magnet	Alcohol Exposed to X-ray
Pain as from excoriation in toes. Pain in the upper part of the toes as if they had become sore by walking. Painful crawling in the toes of the right foot.	Painful sensitiveness and soreness in the region of the root of the nail of the big toe and in the skin over the root even when	Severe soreness pain in inner side of nail of big toe in the flesh as if the nail had grown into the flesh on one side; very painful even when slightly	Sensation of ingrown toe nails; nails thickened.

Voluptuous itching under the toes of the left foot.	merely touching it. Sore pain under the nail of the big toe of either foot as if the shoe had pinched him and as if the nail would come off by suppuration.	touched. Stinging in the dorsum of the toe and in the sides of the feet (<evening), as if they had been frozen.	
>Uncovering		< walking in open air, sitting, hanging limbs down	< in bed, afternoon, evening and night, open air

REMEDY WITH REASON:

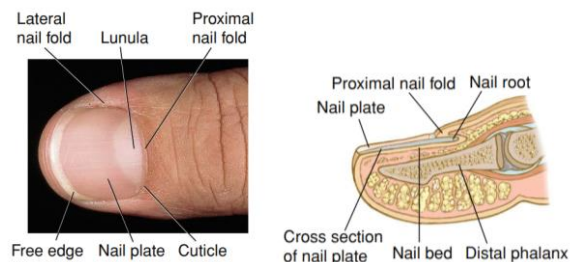
The symptoms available in the case were **INGROWING toe nail with PAIN and characteristic aggravating modality of walking.** Considering this symptom, I decided to prescribe **Magnetis Polus Australis 200 TDS** for 7 DAYS and SOS repetition.

AUXILLARY TREATMENT: Importance of proper method of nail cutting and nail hygiene was explained to the patient.

FOLLOW UP:

Date	Complaints	Status	Prescription
10/07/2019	The patient complied with TDS frequency and no SOS dose was required. Pain in the Toe nail improved by 90%.	Improved 90%	Rx, SL 30 TDS
Patient was able to trim the ingrown nail without pain or discomfort and has not reported the symptom again till date.			

CASE LEARNING:



Anatomy and Cross Section of Nail

COMPLETE REPERTORY

Extremities – Ingrowing, toenails – m-art, **M-AUST**, x-ray and other remedies

Extremities – Ingrowing, toenails –inner side of first toes – *M-aust*

Extremities – Ingrowing, toenails – Unhealthy granulation – LACH, m-aust, sang

SYNTHESIS REPERTORY

Extremities – Nails Complaint of – Ingrowing Toe nails – Sensation of – x-ray

BOERICKE REPERTORY

TOES – Nails, ingrowing – *M-Aust*.

Contributor:

Dr. Anuj Sathe (M.D. Hom.)

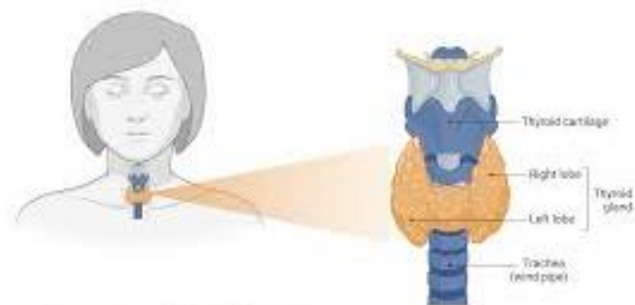
**Assistant Professor;
Department of Practice of Medicine**

EDITOR'S HOMEO SNIP-IT:

Hoenigschmied (*Aerz. Cent. Zeit.*, No. 6, 1900, quoted *A. H.*, XXVII. 211) says of it that it is present in only small quantities in the thyroid of the sheep.

(1) Labourer, 42, for several years had enlargement and induration of all lobes of thyroid, the enlargement causing compression of the structures of the neck, dyspnea, whistling respiration, hoarseness, short, dry cough, vertigo. *Thyroidinum.*, 5-grain tablets, one every evening; at the end of a week twice daily. After using twenty-five tablets the gland was smaller and softer; the previously hard and resistant nodules were elastic; after two more weeks only remnants of the goitre remained.

(2) Man, 60, thyroid enlarged in all its lobes with a glandular cystic swelling in the right one; dyspnea, loud whistling breathing. Two, three, and at last four tablets were given daily for two months, by which time the goitre had vanished, but the cyst was not changed.

**A REVIEW OF SARCODES AND IMPONDERABILIA
Dr Sagar Kansara**

Sarcodes are preparations from physiological, healthy tissues and secretions. They may be considered to belong to the animal kingdom.

They belong to the branch of homeopathy called ORGANOPATHY – developed in France, used for generations and even the highly esteemed C. Hering advocated their use as early as 1834.

Most sarcodes have not been proved and are prescribed clinically rather than homeopathically, but there are some exceptions.

Homeopathically, these remedies restore targeted glands or organs by producing the healthy template of the tissue from which the body can be rebuilt, restored, and restimulated.

SOURCE:

1. Healthy Endocrine gland as a whole
2. Healthy secretions of endocrine glands
3. Normal secretions of animals or humans
4. Products of animal glands and tissues (except secretions from poisonous animals and venoms)
5. Healthy organs of animals

COLLECTION:

1. The animal must be perfectly healthy.
2. The animals should be kept under observation on restricted diet before the drug substance is collected from them.
3. The product or parts that are to be used must be treated first.
4. The products and parts should be collected from standard serological laboratory who deal with the manufacturing of culture of organisms.
5. The 'endocrine' products and few 'enzymes' may be collected from cattle, sheep, etc. from the slaughter house.

PREPARATION:*Decimal Scale*

Fresh source material is coarsely ground. 1 part of it is combined with 9 parts of glycerin (85%) and homogeneously dispersed and succussed with ten equal and uniform downward strokes to produce 1X potency. It may be filtered if necessary.

1 part of 1X and 9 parts of glycerin (85%) with ten strokes, gives 2X potency and so on.

Centesimal Scale

Fresh source material is coarsely ground. 1 part of it is combined with 99 parts of glycerin (85%) and homogeneously dispersed and succussed with ten equal and uniform downward strokes to produce 1C potency. It may be filtered if necessary.

1 part of 1C and 99 parts of glycerin (85%) with ten strokes, gives 2C potency and so on.

Specifics from Monographs of HPI

- **Adrenalinum: Internal Secretion of adrenal medulla**
Allens Key note states "Extract of suprarenal bodies"
100 gm of Adrenalin triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Adrenocorticotropin: Anterior Pituitary gland of Pig**
Extracting acetone dried powder of the anterior lobes of the pituitary gland of the pig with 16 volumes of glacial acetic acid at 70°C, filtering, precipitating impurities from the filtrate by the addition of 8 volumes of acetone and precipitating the active materials by the addition of an equal volume of solvent ether, the precipitate being washed free from acetic acid with acetone. The precipitate is purified by absorption or oxycellulose or carboxymethyl cellulose or by another suitable method. If other methods of preparation are used, they should not involve any obvious hydrolysis or degradation of the active material. The purified material may be sterilised by a process of filtration and is dried by a suitable method.
100 gm of ACTH mixed with purified water to make 1000 ml of Mother Solution. 2x and 3x in purified water; 4x and higher with dispensing alcohol.
100 gm of ACTH triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Cholesterinum: Cholesterol**
Prepared from the spinal cord of cattle by petroleum ether extraction of the non-saponifiable matter. Purification is done by repeated bromination.
Allen's Key notes states "Prepared from gall stones" and Boericke Materia medica states "Furnished by the epithelium of gall bladder and the larger bile ducts"
100 gm of Cholestrinum triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Cholinum: Gossypine**
Basic constituent of lecithin, found in many animal organs like bile, brain, yolk of eggs, hops.
100 gm of Cholinum triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Coenzyme A**
Isolated from animal source. White to slightly yellowish amorphous hygroscopic powder, soluble in water, insoluble in ethanol, ether, and acetone.
10 gm of Co-A mixed with 900 ml purified water to make 1000 ml of Mother Solution. 2x and 3x in purified water; 4x with 20% alcohol; 5x and higher in 50% alcohol.
100 gm of Co-A triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.

- **Cortisonum: Adrenal Cortex of man**
100 gm of Cortisone triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Fel Tauri: Fresh bile of Ox Gall Bladder**
Fresh bile obtained from the bovine gallbladder.
100 gm of Cysteinum triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Lac Vaccinum: Cow's Milk**
Milk should be collected hygienically from a healthy cow.
100 ml of fresh cow milk mixed with purified water to make 1000 ml of Mother Solution. 2x and 3x in purified water; 4x and higher with dispensing alcohol.
- **Lac Vaccinum Defloratum: Skimmed milk**
Defatted Cow's milk.
10 gm of Skimmed milk triturated with 990 gm of Sac Lac to make 1000 gm of the trituration. 3x and higher to be triturated; and 6x may be converted into liquid 8x.
- **Thyroidinum: Healthy Thyroid Tissue of sheep or calf**
The thyroid gland of domestic sheep (*Ovis aries*) removed from the recently killed sheep, dried at a temperature not exceeding 60°C, powdered and defatted by extraction with light petroleum (40° to 60°C) and dried. The proportion of iodine is determined in a small part of thyroid and the remaining part is mixed with sufficient saccharum lactis to produce a powder of required strength.
100 gm of Thyroid gland powder triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x. 9x and higher in dispensing alcohol.

Imponderabilia are immaterial 'dynamic' energies that are utilized as potentized homeopathic medicines. These energies have been tapped into potential homeopathic medicines for the cure of the sick and is unique to homeopathic pharmacy. Samuel Hahnemann (§286, 6th edition, Organon of Medicine); "The dynamic force of mineral magnets, electricity, and galvanism act no less powerfully upon our life principal and they are not less homeopathic than the properly so-called medicines which neutralize disease by taking them through the mouth, or by rubbing them on the skin or by olfaction. There may be diseases, especially disease of sensibility, and irritability, abnormal sensations and involuntary muscular movements which may be cured by those means. But the more certain way of applying the last two as well as that of the so-called electro-magnetic machine lies very much in the dark to make homeopathic use of them. So far both electricity and galvanism have been used only for palliation to the great damage of the sick. The positive, pure action of both upon the healthy human body have until the present time been but little tested."

SOURCE

1. Natural Source
2. Artificial Source

COLLECTION:

1. Respective magnets can be had from some physical laboratory.
2. In case of 'Luna', full moon is suggested to be considered.
3. For X-ray, respective chemical testing laboratory may be considered.
4. Potentization of imponderabilia should be done carefully.

PREPARATION:

- *Luna: Moon's Rays*

Sugar of milk is exposed on a glass plate to the full moon's rays and stirred with a glass rod meanwhile. The sugar of milk so charged is then dynamized. Higgins made a preparation by exposing pure water to the moon's rays for three or four hours in South America and then dynamizing the water so charged.

- *Sol: Sun's Rays*

Saccharum lactis exposed to concentrated sun's rays and stirred with a glass rod till saturated.

- *Sol Britannic: Sun's Rays from Britain*

Saccharum lactis exposed to concentrated sun's rays in Britain and stirred with a glass rod till saturated.

- *Sol Africana: Sun's Rays from Africa*

Saccharum lactis exposed to concentrated sun's rays in Africa and stirred with a glass rod till saturated.

- *Sol Australis: Sun's Rays from Australia*

Saccharum lactis exposed to concentrated sun's rays in Australia and stirred with a glass rod till saturated.

- *Solar Eclipse:*

Proving conducted by Dr. B. N. Chakravarthy.

- *Electricitas: Atmospheric and static electricity*

Attenuations are made from sugar of milk saturated with the atmospheric electricity/current.

- *Electricity: Artificial electricity*

Attenuations are made from sugar of milk saturated with the artificial electricity/current.

- *Galvanism: Galvanic current*

Attenuations are made by triturating sugar of milk that has been subjected to the influence of either pole.

- *Magnetis Poli ambo: The Magnet*

Trituration of sugar of milk after exposure to the influence of the entire magnet is then done. Dilution of distilled water similarly be exposed.

- *Magnetis Polus Articus: North pole of the magnet*

Attenuations of saccharum lactis or water charged with the influence of this pole.

- *Magnetis Polus Australis: South pole of the magnet*
Attenuations of saccharum lactis or water charged with the influence of this pole.

- *X-ray: Xray radiation*

A drachm vial filled with absolute alcohol was exposed to a Crook's tube in operation for half an hour, and then brought up to the sixth centesimal potency. Fincke used it in potency as "Absolute alcohol in a flint glass bottle is irradiated by the Meyer Vitz coil." Giggs used it as "Absolute alcohol contained in a shallow dish and exposed directly to X-radiations."

- *Mobile Phone Radiation: Radiation from Eriksson GH337 with server Cellnet call exposure 5 mins and Nokia 5.1 with server Orange call duration 2 hr. 16 min.*

Equal quantities of the two exposed lactose powders were then mixed and triturated to a 3c in accordance with footnotes to paragraph 270 of the 6th edition of the Organon. Potentization in liquid form was continued up to a 30c.

- *TV Radiation: Radiation from Sony Trinitron manufactured in 1985*

Sac Lac was placed in a porcelain bowl two feet away from a television that was left on for 48 hours, on a stool at the level of the TV picture.

- *Radium Bromatum: Radium Bromide*

Commercial grade Radioactive Radium Bromide. 100 gm of Radium Bromide triturated with 900 gm of Sac Lac to make 1000 gm of the trituration. 2x and higher to be triturated; and 6x may be converted into liquid 8x. Poison! Not to be dispensed below 6x.

- *Positronium: Anti Matter*

Prepared using positrons from a Na-22 source, which were passed through a nitrogen gas cell to form positronium by capturing electrons off the nitrogen atoms. The resulting positronium beam then impinged on a metal surface, where the positronium atoms decayed, giving off the characteristic 511 keV radiation. A glass vial filled with 96% ethanol was exposed to this radiation for 24 hours and then potentized to 30C by the Helios Homeopathic Pharmacy. The strength of the positronium beam was approximately 10 million positronium atoms per second. A total of approximately 10^9 annihilation events were captured by the glass vial.

- *Spectrum:*

A transmitter quartz was used to shine a complete spectrum on a bottle of medicating alcohol. This was then made up into potentized remedies at the Helios Homeopathic Pharmacy.

- *Vacuum:*

Proving conducted by Nuala Eising.

DIET

MAMMALIAN MILK – A NUTRITIONAL SOURCE

Dr Silloo Patel

Introduction:

Food is necessary for the development, reproduction, energy supply, maintenance, and recovery from diseases at various stages of life, and these functions are fulfilled by milk and milk products. Milk and milk products meet the nutritional requirements of infants, adults, old people, and convalescent. Mammalian milk, with its intricate composition, stands as a vital source of nutrition for individuals at every life stage. Understanding the diverse components of milk enables us to appreciate its role in promoting growth, supplying energy, and maintaining overall health. As we unravel the nutritional values of various mammalian milks, we gain insights into the complexities that make milk a unique and indispensable component of the human diet.

I. Gross Composition of Milk:

Milk, the liquid secreted by mammary glands, encompasses water, fat, proteins, lactose, minerals, and vitamins. The average composition of cow's milk includes 87% water, 3.9% fat, 4.9% lactose, 3.5% protein, and 0.7% minerals and vitamins. Variations exist among different species (via donkey, sheep, camel, yak, monkey, dog, cat, lion, elephant, mare, wolf, and dolphin milk); however, human, cow, buffalo, and goat milk ideally suit human nutritional requirements.

	Name	Water %	Total Solids %	Fat %	Lactose %	Protein %	Mineral %	SNF (Solid Not Fat) Minimum %
1	Cow	87.2	12.8	4.0	4.7	3.4	0.7	8.8
2	Buffalo	83.5	16.5	7.2	4.8	3.8	0.7	9.3
3	Human	87.4	12.6	4.3	6.8	1.25	0.2	8.3
4	Goat	86.9	13.1	4.0	4.6	3.7	0.8	9.1
5	Sheep	81.5	18.5	8.6	4.7	4.5	0.7	9.9
6	Mare	90.1	9.9	1.7	5.7	2.2	0.3	8.2
7	Donkey	91.5	8.4	0.6	6.1	1.4	0.3	7.8
8	Camel	86.5	13.5	3.0	5.6	4.0	0.8	10.5
9	Elephant	67.8	32.2	19.5	8.8	3.2	0.6	12.7
10	Dog	75.5	24.5	9.5	3.3	11.1	0.6	15.0
11	Cat	82.1	17.9	3.3	4.9	9.0	0.6	14.6

Chemical Composition of milk of different Species

II. Milk Proteins:

- i) Casein: Comprising 80% of milk protein, casein exists in colloidal form, forming micellar particles with distinct structures. The calcium caseinate phosphate complex plays a crucial role.
- ii) Whey Proteins: Lactalbumin and globulin, constituting one-eighth of total protein, are soluble in milk. B-lactoglobulin, a major whey protein, possesses high nutritional value and is heat-labile.
- iii) Immunoglobulin: Present in colostrum, immunoglobulin concentration in milk is lower but contributes to the nutritive value. Albumin and globulin proteins supply essential amino acids.
- iv) Non-Protein Nitrogenous Substances: Comprising 5% of total

BIBLIOGRAPHY -

1. Government of India (MoHFW); Homeopathic Pharmacopeia of India; Combined Volume 1st to 9th (Revised and Augmented); 2016.
2. Government of India (MoHFW); Homeopathic Pharmacopeia of India; Volume 10th; 2013.
3. Dr. Sumit Goel; Art and Science of Homeopathic Pharmacy 4th edition, 121-129.
4. Mandal and Mandal; Textbook of Homeopathic Pharmacy 3rd edition, 42-45, 51, 219, 227.
5. Dr. Rajeev Saksena; Imponderabilia Homeopathic direct energy medicines, 1st edition, B Jain.
6. Rajashree Mashru; Sarcodé therapy as a restorative of health, World journal of Pharmacy and Pharmaceutical Sciences, 2017, Volume 6, Issue 8, page 2579-2598

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EDITOR'S HOMEO SNIP-IT:

Just You See Broadening The Homoeopathic Horizon

- Dr. Sunirmal Sarkar

If the symptoms of the patient show an excess and/or deficiency of specific hormones, we can use this to proceed with the case.

Cortisone

Keynotes: When a patient comes with symptoms like obesity, a moon face, swelling on the back of the neck (like a buffalo hump), without anything to do with Cushing's syndrome, the remedy to think of here would be Cortisone.

Pancreatinum

Keynotes: In cases where the pancreas is at fault, causing extreme burning, reminding one of Iris versicolor, the remedy to be thought of is Pancreatinum.

Parathyroidinum

Keynotes: In extreme cases of calculi and calcification of glands, Parathyroidinum 1M is often prescribed. The pathological effect of the illness is covered by the remedy as well.

Pituitrinum

Keynotes: This remedy is indicated in pathologies where the pituitary gland needs to be excited to increase the action. For example, after a stroke the pituitary gland is affected. A dose of Pituitrinum 1M stimulates the vital force.

nitrogen, NPN includes amines, amino acids, amino acid derivatives, and other compounds with no biological value.

v) Enzymes in Milk: Milk contains various enzymes, such as hydrolases, oxidases, and reductases, with specific roles in chemical reactions.

III. Milk Carbohydrates:

The principal sugar in milk is lactose, constituting 4.8-5.0% of milk. Human milk is rich in lactose and oligosaccharides, contributing to its nutritional value.

IV. Milk Fat:

Fat in milk exists as fat globules with an average size of 3 microns. The fat globule membrane prevents merging, maintaining an oil-in-water emulsion. The cream layer forms when fat globules cluster at the milk's surface.

V. Milk Salts:

Salts in milk, represented as "ash," make up 0.7% of milk. Calcium, phosphorus, magnesium, sodium, potassium chloride, citrate, and sulphur are essential constituents, particularly for bone formation.

VI. Milk Vitamins:

Milk is a rich source of both fat-soluble and water-soluble vitamins, excluding vitamin C. It provides essential nutrients crucial for various bodily functions.

Factors influencing the composition of milk are diverse and multifaceted, contributing to the unique characteristics of this essential dairy product. Understanding these factors is crucial for dairy farmers, researchers, and consumers alike.

1. Species Variation:

The composition of milk varies significantly across different mammalian species, underscoring the impact of the species itself on the milk's chemical makeup.

Species	Water %	Fat %	Sugar %	Protein %	Ash %
Cow	87.54	3.71	4.70	3.31	0.76
Goat	85.58	4.93	4.78	4.11	0.89
Buffalo	82.90	7.50	4.70	4.10	0.80
Human	88.50	3.30	6.80	1.30	0.20

Difference in milk composition due to species

2. Breed-Specific Differences:

Within a species, the breed further influences milk composition. Both exotic and indigenous breeds exhibit distinct variations, particularly in fat content, highlighting the breed-specific nature of milk composition.

Breed	Fat %	Protein %	Lactose %	Ash %	Total solids %
Holstein	3.55	3.42	4.86	0.68	12.50
Brown Swiss	4.01	3.61	5.04	0.73	13.41
Ayrshire	4.14	3.58	4.70	0.68	13.10
Jersey	5.18	3.86	4.94	0.70	14.09
Guernsey	5.19	4.02	4.91	0.74	14.87

Variation in the composition of milk of exotic breeds

Breed	Fat %	Protein %	Lactose %	Ash %	Total solids %
Gir	4.73	3.32	4.85	0.66	13.30
Red-Sindhi	4.90	3.42	4.91	0.70	13.66
Sahiwal	4.55	3.33	5.04	0.66	13.37
Tharparkar	4.55	3.36	4.85	0.68	13.25
Crossbred	4.50	3.37	4.92	0.67	13.13

Variations in composition of milk amongst Indian breed of cows

Breed	Fat %	SNF
Murrah	6.8	10.1
Jaffarabadi	7.3	10.1
Surti	8.4	10.3

Variation of composition of milk according to the Indian breed of buffalos

3. Individual Animal Variability:

Even within the same breed and under identical management conditions, individual animals display variations in milk composition. This individuality can affect crucial components such as fat and protein content.

4. Milking Intervals:

The frequency of milking intervals plays a role in determining milk composition. Longer intervals generally result in lower fat content, although variations between morning and evening milk samples are not uncommon.

Time of milking	Red Sindhi	Gir cow	Buffalo
Morning	6.0	6.0	7.1
Evening	6.3	6.2	7.9

Variation in fat content of milk due to the time of milking (fat percent)

5. Milking Efficiency:

Efficient milking practices directly impact milk yield and fat content. The process of milking influences fat concentration, with fore milk containing lower fat percentages compared to stripping, where fat content can increase to 6 percent or more.

6. Stage of Lactation:

The stage of lactation contributes to variations in milk composition. Colostrum, the initial secretion after parturition, differs significantly from regular milk, with a distinct viscosity and concentration of immunoglobulins. Subsequent milkings bring the composition closer to standard milk.

7. Feeds and Nutritional Level:

The diet and nutritional intake of the animal influence milk composition. Feeding patterns, including excessive protein or specific fats, can modify the content of solids, fat, and non-protein nitrogen in milk.

8. Seasonal Impact:

Seasonal changes, influenced by temperature, humidity, and available fodder, contribute to fluctuations in milk yield and fat content. Summer months may witness a drop in milk yield, while rainy seasons see an increase in carotene and riboflavin levels.

9. Disease Influence:

Diseases, particularly udder infections like mastitis, alter milk composition. Lactose and casein levels decrease, chloride content rises, and natural acidity reduces during illness.

10. Age-Related Changes:

The age of the animal affects milk composition, with a gradual decrease in fat content as animal’s age. The decline in solids-not-fat is irregular, predominantly impacting lactose and casein components.

11. Hormonal Effects:

Injections of hormones, such as prolactin and oestrogen, can positively impact milk production, fat, and solids-not-fat content. However, excessive doses may lead to negative effects, including a reduction in milk production.

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Name of Professor	Topic, Journal, Year, Volume, Issue, Month, Page no.
Dr Abhinandan A. Hulamani (Associate Professor, Department of Homeopathic Materia Medica)	1. Comparative study on the impact of Calc Carb with and Without Advised Dietary Patterns on Obesity: A Comprehensive Analysis in International Journal For Multidisciplinary Research, An International Open Access Peer Reviewed Journal E-ISSN: 2582-2160, Volume 5, Issue 5 (September-October 2023), Paper ID: 7644. 2. Transformation through Homoeopathy: Managing Obesity Naturally in International Journal of Science & Research ISSN: 2319-7064, Volume 12, Issue 10, October 2023, Paper ID: SR231020212904. 3. “THE HOMOEOPATHIC MANAGEMENT OF ALLERGIC RHINITIS” in International Journal of Progressive Research in Engineering Management and Science (IJPREMS), Volume 03, Issue 10, 22nd October 2023, Paper ID: IJPREMS31000006031. 4. “EFFECTIVE HOMOEOPATHIC MANAGEMENT OF URTICARIA: A GENTLE APPROCH TO ALLEVIATING SKIN ALLERGIES” in International Journal of Progressive Research in Engineering Management and Science (IJPREMS), Volume 03, Issue 10, 24th October 2023, Paper ID IJPREMS31000006031.

YOGA

**SURYANAMASKARS: YOGA FROM THE ‘SOL’ FOR YOUR SOUL
Dr Dipika Velkar**

The mightiness of the sun and its energy if extracted properly gives great benefits to humankind. *Suryanamaskar* is considered a part of modern-day yogic practices though it was neither considered an asana nor a part of traditional *Yoga*. There are a total of 12 postures in *Suryanamaskar* practice and 24 steps in one round. Practicing *Suryanamaskar* before beginning routine activities vitalizes the practitioner and gives a completely energized day.

This is in the form of salutation to the “Sun” along with chanting the twelve names of the sun god. The sun is considered as the *Pratyaksha swarupa* (the ultimate power visible), which represents truth, a manifestation of knowledge, and the giver of intellect & prosperity.

As a general fact, while performing *Asanas* whichever part of the body is involved, the organ/gland in that area is induced to function better. *Suryanamaskar* is reported to activate all glands in the body including pituitary and adrenal glands both of which are responsible for positive neuroendocrine feedback for proper maintenance of GH (Growth Hormone) and DHEAS (Dehydroepiandrosterone). The pituitary gland is said to be the master gland controlling the switching on/off the functioning of all other glands/organs. Anterior pituitary hormones are tropic hormones that stimulate the secretion of hormones from concerned target organs/glands. The practice of *Suryanamaskar* modulates the functioning of endocrine glands and thus improves the energy metabolism and paves way for postponing the aging process.

In contrast to all other *Asanas* which work on a particular part of the body, *Suryanamaskar* is a complete Health capsule for the whole body. *Suryanamaskar* practices helps in mobilizing the joints and in increasing one’s physical stamina by enabling them to breathe to their fullest capacity. Most importantly, it helps them to preserve the health of the spine by allowing them to sustain comfortably in sitting postures for a longer time during the practice of pranayama and meditation. *Suryanamaskar* is generally practiced as a complete health capsule with other *yogic* practices like *Asana*, *Pranayama*, and meditation.

Human body and energy field as a living matrix, pulsing and interconnected in a system that is affected by other human systems and energies that surround all matter. This system is very delicate and can go out of balance or became diseased due to mental, emotional, physical, or spiritual blockages of the

energy centres or Chakras. The word “Chakras” is derived from the Sanskrit word *Chakra* meaning “wheel” or circle more generally refers to a spinning sphere of bioenergetics activity emending from the major nerve ganglia, branching forwards from the spinal column because circle itself symbolizes endless rotation of ENERGY.

Chakras correspond to the positions of the glands in the endocrine system and influence their functioning. The link between the Chakras and the glands emphasises the holistic nature of health and demonstrates that you need to maintain a balance in your emotional and mental activities as well as your physical diet and exercise, as they are all deeply interrelated. Suryanamaskar opens Chakras and evokes positive qualities associated with a particular Chakra.

Chakra	Anatomical Location	Physically correlated glands
<i>Mooladhara</i>	Perineum	Gonads
<i>Swadhisthana</i>	Coccyx	Genital organs
<i>Manipura</i>	Navel	Gastric glands, Pancreas, Adrenal
<i>Anahata</i>	Heart	Thymus
<i>Vishuddhi</i>	Throat	Thyroid
<i>Ajna</i>	Top of spine	Pineal
<i>Sahasrara</i>	Crown of the head	Pituitary

Chakras are points-of-focus, while performing asanas in Suryanamaskar. Suryanamaskar maintains or keeps the natural frequency or energy of the human body nearer to nature or earth’s magnetic field. The practice of *Suryanamaskar* is necessary not just for those who are regular *yogic* practitioners or spiritual seekers but for a common man, to maintain the physical, physiological, and mental health by spending very little time of their choice. If this practice is initiated to children at the age of 7 or 8 it helps grow better not only physically but also with great mental health.

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Name of Professor	Topic, Journal, Year, Volume, Issue, Month, Page
Dr Rakesh Gupta	“INFECTIVE SUPPURATIVE CELLULITIS WITH LATENT DIABETED MELLITUS MANAGED WITH HOMEOPATHY REPLACING SURGICAL KNIFE” in Hpathy portal posted on 18 th December 2023

MENTAL HEALTH

UNDERSTANDING THE MENTAL HEALTH CHALLENGES FACED BY HOMEOPATHIC PHYSICIANS

Dr Jayesh Dhingreja

INTRODUCTION:

In the realm of healthcare, mental health stands as a cornerstone not only for patients but also for healthcare providers. Homeopathic physicians, dedicated to holistic healing, face unique challenges that impact their mental well-being.

THE TOLL OF PRACTICE:

Homeopathic physicians, while embracing the principles of natural healing, often carry substantial workloads. The demands of diagnosing, prescribing, and nurturing a patient's well-being can create stress and emotional strain.

This includes various aspects:

- Patient Load and Emotional Investment:

Homeopathic physicians often manage a substantial patient load, each requiring personalized attention and care. Unlike conventional medicine, where prescriptions might be more standardized, homeopathy often involves intricate, tailored treatments based on a deep understanding of the patient's emotional and physical state.

- Complexity of Cases:

The holistic approach in homeopathy demands a comprehensive understanding of a patient's overall health. Treating complex cases that involve multiple symptoms or chronic conditions requires in-depth analysis and often prolonged treatment plans.

- Individualized Patient Care:

Homeopathy relies on individualized treatments tailored to each patient's specific symptoms, emotions, and overall well-being. This personalized approach demands a deep emotional connection and understanding between the physician and the patient.

- Responsibility for Holistic Healing:

Homeopathy considers the mind, body, and spirit as interconnected elements in healing. Physicians bear the responsibility of addressing the patient's entire well-being, aiming for holistic healing rather than symptom suppression.

- Managing Patient Expectations:

Patients seeking homeopathic care often have high expectations for personalized treatment and holistic healing. Meeting these expectations while managing the limitations of the practice can be challenging.

- Striking a Balance:

Balancing the holistic approach of homeopathy with the limitations of time and resources can be challenging. Physicians strive to provide comprehensive care within practical constraints.

- Time and Administrative Demands:

Running a practice involves more than just patient consultations. Homeopathic physicians manage administrative tasks, maintain records, research new remedies or treatment methodologies, and often engage in continuous education to stay updated.

- **Emotional Strain and Responsibility:**

Homeopathic physicians shoulder the responsibility of their patients' well-being, which can lead to emotional strain. Empathy and compassion are integral to the practice, but they also expose physicians to the emotional turmoil of their patients.

- **Balancing Personal and Professional Life:**

The dedication required to practice homeopathy might sometimes blur the boundaries between personal and professional life. Finding a balance between providing quality care to patients and maintaining personal well-being becomes a considerable challenge.

Addressing these challenges requires acknowledgment within the healthcare community and the establishment of support systems tailored to the unique demands of homeopathic practice. Creating awareness and providing resources for self-care, stress management, and mental health support become essential for the overall well-being of homeopathic physicians.

- **Burnout:**

Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged stress or overwork. In the context of homeopathic physicians, the unique demands of patient care, emotional investment, and workload can contribute to burnout.

- **Signs and Consequences of Burnout:**

Burnout manifests through various signs like fatigue, irritability, decreased job satisfaction, and a sense of disillusionment with work.

Addressing Burnout is a critical aspect for homeopathic physicians, as it involves recognizing and mitigating the risk of burnout due to the demanding nature of their profession.

It involves implementing strategies to reduce stress, enhance resilience, and create a healthier work-life balance and a supportive environment that prioritizes mental health and well-being.

CONCLUSION:

In the dynamic landscape of healthcare, the well-being of practitioners stands as an essential pillar in providing holistic and effective patient care. The realm of homeopathy, with its unique approach to healing, presents practitioners with distinct challenges that profoundly impact their mental health.

The toll of practice, marked by the emotional investment in individualized patient care, the weight of responsibility for holistic healing, and the continuous demands of a demanding profession, underscores the pressing need for addressing mental health among homeopathic physicians.

Unique stressors inherent to homeopathy, including the deep emotional connections with patients and the pursuit of comprehensive healing, call for tailored strategies and support systems to safeguard the mental well-being of these dedicated practitioners.

Amidst these challenges, the call for change reverberates through the halls of healthcare institutions and professional bodies. It beckons for a shift in mindset, urging the acknowledgment of mental health as a priority, the establishment of supportive work environments, and the

integration of mental health education into the fabric of homeopathic medical training.

The imperative lies not only in recognizing the struggles faced by homeopathic physicians but in implementing tangible solutions. Initiatives fostering accessible mental health resources, reducing administrative burdens, and cultivating cultures of support are the stepping stones toward a healthier, more resilient community of practitioners.

In conclusion, the journey toward better mental health among homeopathic physicians requires a collective effort. It beckons stakeholders – institutions, governing bodies, and educators, practitioners – to unite in creating a nurturing environment that values mental health as an integral part of homeopathic practice. Together, let us pave the way for a profession where the healers' well-being is as crucial as the healing they impart.

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EDITOR'S HOMEO SNIP-IT:

H.M.M. RECONSTITUTED About NOSODES And SARCODES according to Dr John Henry CLARKE.

- Dr Robert Séror.

Ameke, who did much to introduce the proximate principles of the tissues as remedies, anticipating the practice now so much in vogue in the old school, recommended *Cholesterine* as a remedy in cancer of the liver.

Burnett has recently adduced conclusive evidence in support of the correctness of this assertion ; and I have myself cured, mainly with this, a case described to me (I did not see the patient, a man over 50) as in the last stage of liver disease. He had been given up by his medical attendant, who ordered him to make his will without delay. Burnett uses the 3x or the 3 trit. and substantial doses.

He commends it in "obstinate hepatic engorgements, which by reason of their obstinacy make one think interrogatively of cancer," also in "cases in which there appears to be a semi-malignant affection, involving the left lobe of the liver and what lies between it and the pylorus and the pancreas. "

In such cases Burnett gives alternately *Cholest. 3x*.

MEDICAL NEWS

CRISPR GENE-EDITING FOR SICKLE CELL ANAEMIA

Dr. Gneya Trivedi

On December 8th, 2023 the U.S. Food and Drug Administration approved the first CRISPR treatment for sickle cell disease. The treatment is called “exa-cel” and is currently being created by companies Vertex and CRISPR Therapeutics.

The U.S. is only the second country to approve of a CRISPR therapy after the U.K. who approved the same treatment for sickle cell disease in November.

Sickle cell disease is a genetic blood condition where there the cells become sickle-shaped and have a reduced capacity for carrying oxygen along with a tendency to stick together. It can cause serious and damaging complications. Most patients with sickle cell disease will not live long enough to see their 45th or 50th birthday!

The innovative CRISPR treatment works by a gene-editing method where piece of a virus to deliver a gene for foetal haemoglobin, which prevents blood cells from sticking together and constricting blood flow, which is delivered back into the patient.

This gives relief for at least a year to patients. The patients will still have sickle cell disease on the other side of the intervention. The hope is that they will just have a milder form of the disease, where they can see a lot less pain and hopefully fewer complications and hopefully even a longer life.

CRISPR – clustered regularly interspaced short palindromic repeats – were first discovered in the sequences of DNA from *Escherichia coli* bacteria and described in 1987 by Ishino et al.

These are adaptive immune response systems that protect prokaryotes from bacteriophages. This technology has been expanding and is slated to be used in treating multiple genetic conditions in the coming years.

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Name of Professor	Topic, Journal, Year, Volume, Issue, Month, Page
Dr Rakesh Gupta	1. “THERAPEUTIC UTILITY OF OLEANDER IN SKIN DISORDER THROUGH BOGER’S CONCEPT OF TISSUE AFFINITY” in Hpathy portal posted on 18 th August 2023

ARCHIVES

UTERINE HYPOPLASIA IJHM 1997; Vol no. 32/1-2.

Dr. Prabhakar Devadiga

A 25-year-old thin, tall girl came with the history of amenorrhoea on 25-05-96. Her first menses (menarche) was induced at the age of 19. Ever since she had to take allopathic preparations for regular periods. The moment she would stop taking the medicines she would stop menstruating. She had tried ayurvedic medications and homoeopathic medicines without much relief. The L. M. P. was Dec' 94.

She had H/O headache frequently which is aggravated by going out in the sun & relieved during menses. She had tendency to catch cold/ which would lead to sinusitis especially right maxillary sinusitis. Pain in the nape of neck/ radiating to the right arm, worse while writing since few days.

Appetite: Normal but cannot tolerate hunger.

Thirst: Decreased, 1-2 glasses a day.

Cravings: Fish, Spicy, Hot foods, Ice-creams. Aversion: Sweets, Vegetables and Chocolates.

Stool: Normal.

Urine: Normal.

Sleep: Normal.

Dreams: Occasional & Unremembered.

Tongue: White, Coated.

Perspiration: Scanty.

LIFE SITUATION:

She comes from a middle-class income family with both the parents working. She is working as a company secretarial assistant and her younger sister is studying. She has good job satisfaction. She is short tempered & would express herself. She is quite stubborn and firm in her decision to the level of obstinacy. She prefers to be alone and read books in her free time. She is otherwise quite loquacious. She would rarely weep but has fear of heights, animals, thieves, robbers, and fire. The only worry she has is about her illness, which would prevent her from going into a matrimonial alliance.

FAMILY HISTORY: Father has polyarthralgia and mother atopic dermatitis with lichenification.

ON EXAMINATION: General & systemic examination did not have any abnormality. All secondary sexual characters were present.

She had herself investigated previously by the Gynaecologists which showed:

Serum T3, T4, T.S.H. WNL

Serum Prolactin 4.0 ng/ml (3-20ng/ml)

Testosterone (Free) 0.14 pg/ml (1.0-3.5 pg/ml)

Follicular Phase

S. Progesterone 0.17ng/ml (0.3-2.0 ng/ml)

S. Oestradiol 11.8 pg/ml (30-120 pg/ml)

24 hrs urine for 17 keto steroids 5.0 ng/ 24 hrs. (4-24 ng/24hrs)

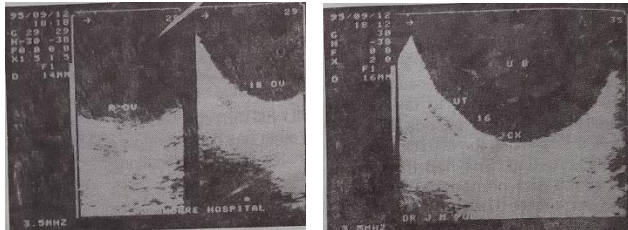
F. S. H. 45 mIU/ml (5-20 mIU/ml)

Her sonological examination showed on 12-9-95 Anteverted uterus small - 2.9x1.3x2.0 cms.

Endometrial lining is not well seen Cervical canal 2.5 x 2.0 cms.

Both ovaries are small Right-2.0 x 1.3 x 1.5 cms. Left-2.1 x 1.2 x 1.6 cms. Impression: Ovarian hypoplasia with resultant under-developed uterus.

D. N. A. Analysis report 20-4-92 showed chromosomal analysis - apparently normal with 46 XX patterns with translocation on banding 46, XX, t (14; x) (q²³; q²⁸ pattern).



The above sonography was done on 12-9-95 which shows hypoplastic uterus, which prompted the doctors to label her as incurable.

23/11/96	No menses	Folliculinum 4CH
7/12/96	Cold and cough absent. Pain in abdomen absent.	
	Pain in breast < morning.	Ct. all.
	Spotting on 28/11/96	
21/12/96	Cold absent. Cough absent. Pain in abdomen absent.	L. M. P. 11/12/96
	Heaviness breast < morning	Flow only one day.
		L.M.P. 1/1/97
3/1/97	No heaviness breasts	L. M. P. 3/2/97
15/2/97		

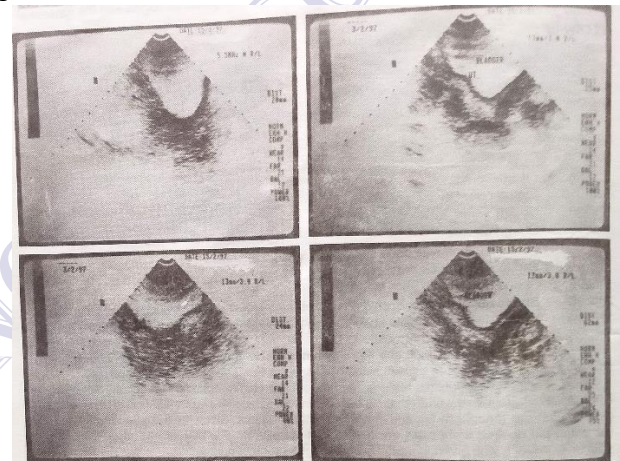
The U. S. G. was done on 15/2/97 which was reported as follows:

Uterus is anteverted, anteflexed and measured 6.2 x 3.2 x 2.5 cms. in size. No focal lesion seen.

Endometrial thickness = 2mm. R. O. = 2.4 x 1.8 x 1.6 cms. L.O. 1.9 x 2 x 1.6 cms. very few immature follicles are seen. No adnexal mass seen. No fluid seen in cul-de-sac.

The patient has got menses every month on 25/2, 18/3, 2/4, 2/5, 2/6, 2/7, 18/8, 8/9, 7/10, 18/11/97.

She has been getting her menses, initially for one day, then two days. Now it lasts for 3 days and with moderate flow. The F.S.H. estimation was 5.6 mIU/ml., L.H. - 29 mIU/ml; Proloctin -12.5 mg/ml.



This sonography done on 15-2-97 which shows increased size of uterus and the ovaries.

RUBRICS (Kent's Repertory)	Phos	Sulph	As	Virat	Aur	Calc	Zinc	Bell	Hyos	Lach	Caus	Muxv	Nat-m	Ag-n	By	Barc	Ferr	Stream
Total of Marks	14	14	16	10	11	11	11	10	10	10	10	8	12	10	9	8	8	8
No. of Rubrics covered	8	8	7	7	6	6	6	6	6	6	6	5	5	5	5	5	5	5
ANGER, irascibility	2	3	3	1	3	2	2	2	1	2	1	3	3	3	1	3	1	1
OBSTINATE	1	2	2	0	1	3	1	3	1	1	1	2	3	0	1	3	1	0
COMPANY, aversion to	1	2	0	1	2	1	0	2	2	2	0	0	3	3	2	0	2	2
LOQUACITY	2	1	1	2	2	1	2	2	3	3	1	0	1	1	0	0	1	0
FEAR, high places	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
FEAR, of animals	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
FEAR, of robbers	2	1	3	1	1	0	2	1	0	2	0	1	0	2	0	0	0	0
FASTIDIOUS	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
DESIRE Ice	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AVERSION to sweets	2	2	2	0	0	0	2	0	0	0	2	0	0	0	0	0	1	0
AVERSION to vegetables	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
WARM FOOD, agg. desire	0	0	3	0	0	0	0	0	0	0	0	1	0	2	0	2	0	0
DESIRE ICE-CREAM	3	0	0	1	0	2	0	0	0	0	0	2	0	0	1	0	0	1
Menses, delayed in girls, first menses	1	2	0	1	2	2	2	0	1	1	3	1	0	3	2	0	1	2

The repertorial totality shows Phos covering 14/8 symptoms.

The patient was given Phos 200 4 doses on basis of the physical attributes and the repertorial totality on 25/5/96.

FOLLOW-UP :	REACTION	TREATMENT
8/6/96	Headache slightly better. <evening.	No menses. Phos 1M 1dose Placebo x 15 days
22/6/96	Headache absent.	Sac lac
6/7/96	Cold, nose block < morning.	Nat-mur 200 1 dose
20/7/96	Status quo	Ct. all
3/8/96	Cold absent	No menses.
3/8/96	Status quo. Dry cough.	Thyroidinum 1M 1 dose
17/8/96	Cough >	Sac lac
31/8/96	Cough absent (The repetition was done since there was no response and to elicit ? faster response.)	Pulsatilla 200 t.d.s.
10/9/96	Status quo.	Ct. all
28/9/96	Status quo. Headache; cold.	Pulsatilla 1M t.d.s. x 15 d.
12/10/96	Headache absent. Cold absent.	Pulsatilla 10M 1V doses.

By now it was difficult to elicit any more symptoms from the patient. The patient was very cooperative and it made it more difficult since no response was seen in menstruation.

While reading O. A. Julian's Materia Medica of New Homeopathic Remedies I came across Folliculinum where it was written that "Folliculinum, in low potencies of 3X and 4C is an arouser to be given in cases of amenorrhoea and insufficient menstruation." Since the indicated remedies were not giving the desired response, I decided to try Folliculinum. The patient was given Folliculinum 4CH on 6/11/96. It was given in arbitrary dosage of 3 drops bed time daily.

CONCLUSION:

§ 257- "The true physician will take care to avoid making favourite remedies of medicines, the employment of which he has, by chance, perhaps found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rarer use, which would have been more homoeopathically suitable, consequently more serviceable, will often be neglected."

This gives us a warning as to reject rare remedies if they are not proved well and caution us not to use it often if symptoms indicate otherwise.

Secondly our understanding of curability and incurability needs to be reviewed. Also, whether such remedies not well proved can act so deeply. This needs to be thought more deeply.

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INTERN FILES

ASTROHOMOEOPATHY

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Under the guidance of Dr. Nimish Shukla and Dr. Jenil Panthaki, Mentor; Department of Practice of Medicine.

Astrohomoeopathy is an in-depth exploration of the parallelism between homoeopathy and astrology, aiming to amalgamate the two by deriving correlations between the mind in homoeopathy and the moon in different zodiac signs. The study delves into the unique combination of these two sciences, highlighting the scientific aspects of astrology and its association with homoeopathy.

Key Concepts:

- 1. Individuality:** Both homoeopathy and astrology emphasize the uniqueness of every individual. In homoeopathy, individualization is crucial in understanding the patient's personality and symptoms, while in astrology, each person is considered unique based on their horoscope and planetary influences.
- 2. Vital Energy:** Homoeopathy's concept of vital energy, the spiritual and dynamic life force governing the material body, is compared to the energy of planets in astrology. Both systems believe in the harmonious flow of energy for good health and well-being.
- 3. Theory of Miasms:** The three miasms in homoeopathy (Psora, Sycosis, and Syphilis) and their astrological counterparts. For example, the Syphilitic miasm is associated with destructive tendencies, which is correlated to the influence of the Rahu and Ketu in astrology:

- Rahu/Ketu + Mars (Energy and Courage): A cruel mentality like breaking the rules of society, in doing antisocial activity, destroying public property, domestic violence.
- Rahu/Ketu + Venus (Love and Luxury): They are involved in rape cases, unnatural and unethical sex relation multiple sex relation, prostitution etc and suffer from sexually transmitted disease.
- Rahu/Ketu + Sun/Moon (Sun- Self Confidence and Moon- Mind): In such cases their negative energy corrupts mind and soul and leads to depression, insanity, suicidal tendency, which finally lead to self-destruction.

- 4. Mental Plane:** Mental symptoms are considered the true mirror of human health in homoeopathy. The importance of understanding the mental state of individuals, which can be revealed through astrology, palmistry, and face reading.

Examples:

The parallelism between the three miasms in homoeopathy and the Hindu mythology of the Tridev i.e., Brahma, Vishnu, and Mahesh associating each miasm with the concepts of creation, processing, and destruction, respectively.

The correlation of the syphilitic miasm in homoeopathy with the destructive tendencies associated with the planet Sun in astrology.

The presence of syphilitic tendencies, such as terrorism, drug addiction, and violence, is believed to increase as the sun sets, aligning with the aggravation of syphilitic symptoms during the night.

Lunar Taureans- These individuals are earthy, strong-willed, and sensory-oriented, with a focus on material comforts and stability. They are known for their steadiness and reliability, but they can also be conservative and resistant to change. Their affections are deep and unwavering, and they are sentimental and warm. The Moon in Taurus suggests an ability to protect themselves and their own interests, with a serenity that is calming. However, they can be off-centre when their routine is interrupted or when they face unexpected challenges.

Following rubrics can be taken into consideration for lunar taureans:

Zd Taurus		Back
MIND		
1 MIND - ACTIVITY - desires activity -	creative activity	✕
2 MIND - ANXIETY -	money matters, about	✕
3 MIND - CHANGE - aversion to		✕
4 MIND - INDUSTRIOUS		✕
5 MIND - LAZINESS		✕
6 MIND - OBSTINATE		✕
7 MIND - PERSEVERANCE		✕
8 MIND - SENSES - acute		✕
9 MIND - THOUGHTS - persistent		✕

Application:

1. Mercury, the planet associated with Sycotic miasm, denotes marketing skills and the ability to convince people and sell things. People with a strong Mercury influence are often involved in business and display great tactical skills, along with a strong ability to convince and lie. People with strong placements of Mercury in their birth chart displays such characteristics. Homoeopathically, such individuals can be compared to Calc. Carb., who is manipulative, cunning, and money-minded.

2. Venus, another planet associated with Sycotic miasm, is related to luxury, glandular activity (particularly endocrine), and a feeling of superiority and arrogance. People influenced by Venus are born with a golden spoon and often display a sense of entitlement, valuing material possessions like gold, platinum jewellery, cars, and clothes. They may resemble Platina and Pulsatilla in constitution, both wanting attention but with different attitudes.

In conclusion, Astrohomoeopathy presents a comprehensive exploration of the parallelism between homoeopathy and astrology, providing interdisciplinary insights into the potential correlations between these two sciences. It effectively integrates historical, cultural, and scientific aspects to support the amalgamation of homoeopathy and astrology, offering a unique perspective on understanding human health and emotions.