

Materia Novum

The Journal of Homoeopathy

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Dr. Samuel Hahnemann

The Father of Homoeopathy



!!!!!!..... I Have Not Lived in Vain.....!!!!!!

10th April 1755 ---- 2nd July 1843

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Editorial

Dear readers,

It gives us great pleasure in presenting to the students and professional the next edition of the *Materia Novum* which is gradually evolving from a regular student based magazine to a more scientific based journal of medicine. The P.G. Scholars of our institute have a wide exposure to the patients in the OPD as well as IPD duties and while handling these responsibilities they are faced with interesting challenges which opens the doors for research, study, exploration quest for the little known and a desire to put all this into an article be it a essay, a paper or a presentation. This edition comprises of the work of our scholars for many of whom this is the first publication, their contribution and your genuine comments to this would open a whole wide world of discussion encouragement and learning for the Homoeopathic fraternity.

Also, you find the research paper by the Teachers of our institute which have gone through peer review and are a work that must be reviewed to understand the various aspects of Homoeopathic prescribing and its pros and cons.

It is with great pride that the parent panel of this edition presents reviewed contents and hopes this makes for a very fruitful contribution to the concerned subjects as well as the knowledge of students of the medical science.

Do share your comments with the authors as well as the editorial board so that this Journal can be improved to achieve its ambition.

Dr. F. F. Motiwala
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Coffea cruda substantially reduces toothache in Root canal treatment without local anesthesia

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Investigators: Neha Momin, Pratika Mhatre, Vaibhav Jagdale

Abstract:

Background and objective: Toothache is very common clinical condition seen in dental OPD in day to day practice. Treatment of toothache depends upon the cause and severity. Root canal therapy is one of the procedures used to treat the toothache. Use of local anesthesia during the procedure has several side effects. Local anesthetics are frequently administered in dentistry and thus can be expected to be a major source of drug-related complications in the dental office. Additionally, the dentist will more often be confronted with the treatment of risk patients; thus, the incidence of side effects can be expected to rise. Complications associated with the administration of the local anesthesia of all patients, 45.9% had at least one risk factor in their medical histories, with cardiovascular diseases and allergies being the most frequent. Additionally, doses of local anesthetics proved not to be strictly determined according to body weight, especially for patients weighing less than 50 kg.^[1] To prevent these side effects of local anesthesia, homoeopathic medicines can be used to subside the pain during process of Root Canal Therapy (RCT). In this study, we tried Coffea cruda 30 a homoeopathic medicine in the cases of RCT to reduce pain.

Materials and methods: This Study was carried out in MHMC Dental OPD for 8 months. At this set up RCT without LA has been done in 3 sittings and before every sitting a follow-up for each case is taken.

Result: After giving Coffea cruda 30 to patient who suffered from toothache during and after RCT, pain reduced in terms of intensity recorded according to Numerical pain rating scale.^[2] Mean pain reduced from 6.08 (32%) to 1.31(7%) at the end of third sitting of RCT procedure with Coffea cruda's intervention.

Conclusion: Coffea cruda is effective to reduce toothache in the process of root canal therapy done without local anesthesia.

Keywords: Toothache, Root canal therapy (RCT), Local Anesthesia (LA), Coffea cruda, Homoeopathy.

Introduction: A toothache is any pain or soreness within or around a tooth, indicating inflammation and possible infection.^[3] Where a tooth is painful and dental pulp is irreversibly damaged, or a tooth is badly broken down, the patient is usually faced with a choice of extraction or saving a tooth. As more and more of our patients choose to save rather than extract their teeth, there is an increase in need for RCT.^[4] Dental caries is the most common cause of pain in the teeth, the prevalence of toothache in a population depends on the rate of caries and the factors that influence that rate, such as diet, social class, and levels of fluoride in the water supply.^[5]

Acute dental pain was significantly more frequent (around 84%) than chronic pain (around 16%).^[3] 92% of adults 20 to 64 have had dental caries in their permanent teeth.^[6]

A root canal therapy is a treatment used to repair and save a tooth that is badly decayed and becomes infected. Root canal therapy seem to be painful but is the most successful procedure to save the tooth.^[5] Root canal treatment is a procedure that uses biologically acceptable chemical and mechanical treatment in the root canal system to eliminate pulpal and periradicular diseases and to promote healing and repair of periradicular tissues. Aim of root canal treatment is to preserve the functional teeth.^[4] Use of local anesthesia during the procedure leads to several side effects like haematoma, unable to blink eyelids, rising of heart beat, paraesthesia etc.

Many therapeutic options to the management of anxiety in dental phobia; anesthesia, conscious sedation, combined with a soothing cabinet, a caring dentist, targeted use of medications or milder alternative methods; homeopathy, herbal medicine, acupuncture, psychotherapy, places the patient's interests at the center of the care giving relationship. So some patients may be sent or processed in collaboration with other health professionals.^[7] So this research is carried to see effectiveness of Homoeopathic medicine used during the Process of RCT without LA so as to prevent side effects of local anesthesia, Dental health care professionals are facing challenges in managing acute or chronic dental conditions due to failure in regression of symptoms or side effects of traditional treatment regimens.^[8] So as to bridge the gap of pain relief with Coffea cruda during RCT we used Numerical pain scale for recording intensity of pain.

Indications considered to prescribe Coffea cruda for toothache were: indescribable pain, stinging pain, intermittent pain, sensitiveness of tooth with restlessness. Toothache aggravated by cold exposure; hot drinks; night; chewing. Toothache ameliorated by holding ice cold water in mouth.

Definition: Pain- an unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Objective:

To study the efficacy of Coffea cruda to reduce toothache in the process of root canal treatment done without local anesthesia.

Materials and methods: This case series study was carried out in total 86 numbers of subjects suffered from toothache that had done RCT. The required consent of the patients was obtained from patient himself. Study was carried out in MHMC Dental OPD for 8 months. Root canal therapy requires at least 3 sittings to complete the procedure and before each sitting a follow-up for each case has been taken. Coffea cruda is one of the significant medicines in acute clinical condition to reduce the pain. Indications of Coffea for toothache are Violent throbbing toothache; run about crying and complain of insupportable pain, though they confess that sometimes the pain is not so intense, yet they are affected very much; they behave like persons distracted.

Coffea cruda should be tried when the pain is frantic, intermittent, jerking and stinging. The patient is relieved for a time being by holding cold water in the mouth, but the pain returns when the water becomes warm. Sleeplessness due to toothache calls for Coffea Cruda.^[9-12]

Coffea cruda 30, one dose in thirty number globules, five such wet medicated globules as single dose is administered before every sitting of RCT.

Inclusion criteria:

- 1) Subject suffering from acute dental pain related to pulpitis, caries, sensitivity, root exposure, etc.
- 2) Both male and females who suffers from toothache.

3) Subjects with earlier incomplete root canal treatment can be included.

Exclusion criteria:

- 1) Subjects who suffered from oral cancer, cardiac disorders, psychiatric disorders, bleeding disorders, paralysis or oral sub mucus fibrosis.
- 2) Fractured tooth structure due to caries which are advised for extraction.
- 3) Extreme periodontal and gingival disorder.
- 4) Children with deciduous dentition.

Result: A total of 100 patients were studied in MHMC Dental OPD. In all patients who participated in study 44 were male and 56 were female. 56% of female as to 44% male observed in the age group from 11 to 70 years. Highest number of frequency that is 27 found in the age group from 31 to 40 years which appears to be 32.81%.

Clinical conditions observed during the study were irreversible pulpitis (deep caries), periapical lesion, exposed pulp (mechanical or traumatic) and non vital pulp.

The mean pain score Observed with Numerical pain Rating Scale (NRS) before RCT 6.08 (32%) reduced in terms of intensity to 1.31(7%) which seems to be highly significant.

Discussion and conclusion:

Root canal treatment is a procedure that uses biologically acceptable chemical and mechanical treatment in the root canal system to eliminate pulpal and peri radicular diseases and to promote healing and repair of periradicular tissues.

Every anesthetic agent has some or the other side effects. We are well aware of utility and Indications of homoeopathic medicines before and after surgical interventions. We have reflected significant role of homoeopathy not only before and after but also during surgical intervention with Coffea Cruda so as to minimize the pain during RCT.

The patient visited MHMC OPD for toothache of an average duration of 13.9 days with indication for RCT. Without local anesthesia root canal therapy has been done in 3 sittings, so we took 3 follow-ups for each case. Before commencement of RCT procedure at every sitting, a dose of Coffea cruda 30 in thirty number globules was given. All three sittings for RCT were carried out from 3 to 5 days. Pain before the start of treatment as well as before every RCT sitting is monitored. And then the procedure was carried out. The intensity of pain observed during every sitting before the RCT has been assessed with Numerical pain rating scale which reduced from 5.9 to 1.4 which is significant in itself. Patient has well tolerated whole procedure without Local anesthesia

So we found Coffea cruda relieves the toothache before, during and after surgical intervention effectively. It is very clear from the study that toothache needing surgical intervention can be successfully managed with Homoeopathy.

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Evaluation of the effect of homoeopathic medicine verses homoeopathic medicine with biochemical preparation of Natrum phosphoricum 6x in gastro oesophageal reflux disease

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Abstract

Background Gastro- oesophageal reflux (GOR) is defined as backward flow of gastric contents into the oesophagus. A small amount of GOR occurs in normal individuals; the term GORD (gastro- oesophageal reflux disease) includes all the symptoms and forms of tissue damage secondary to the reflux of gastric contents into the oesophagus

Homoeopathic medicines are known for curative effect, by prevention of further complication by treating with homoeopathic medicines and doing necessary interventions

Method- we carried out randomized control trial for the cases of Gastro Oesophageal Reflux disease for 30 cases. Natrum phos. along with homoeopathic medicine in experimental group and homoeopathic medicine control group.

Conclusion- In qualitative study Natrum phos. is having good potential in cases of GORD but quantitative aspect of our study reflects Homoeopathic Medicine alone has good scope.

Introduction

Gastro Oesophageal Reflux Disease is found in various age groups as an accompanied complaint or chief complaints.

GORD is the most common oesophageal disorder, accounting for nearly 75% of all patients with oesophageal disorders.¹

It is estimated that 15% of adults in the United States are affected by GERD, although such estimates are based only on self-reported chronic heartburn.²

In our study the researcher wants to find out the role of Natrum phos in cases of GORD

Key Words _GORD, Natrum phos, Homoeopathic Medicine

Aim

Evaluation of the effect of homoeopathic medicine versus homoeopathic medicine with Biochemic preparation of Natrum phos 6x in Gastro Oesophageal Reflux Disease

Objectives

To make comparative study of homoeopathic medicine alone with homoeopathic medicine along with biochemic preparation of Natrum phos 6x.

To evaluate role of dietary intervention

To identify risk factors and to avoid the complications
To evaluate the frequency of the episode of gastro oesophageal refluxes

Hypothesis

To find out the efficacy of homeopathic medicine against homeopathic medicine along with biochemic preparation of Natrum phosphoricum 6x in case of gastro esophageal reflux disease in age group of 18-50 years for the duration of minimum 6 months.

Criteria

Inclusion Criteria

- 1 Age 18-50 Year
- 2 Both sexes
3. Duration 0-5 Year
4. Complaints according to operational

Exclusion Criteria

1. Age below 18 years and above 50 years
- 2 Alarming sign
Odynophagia
Dysphagia
Haemternesis
Weight Loss
3. Duration of Complaints more than 5 year
4. Pregnancy and Malignancy
5. Known case of cardiac or liver disease Case of Cardiac Or Liver Disea

Gastric Symptoms³

Acidity, sour risings due to excess of lactic acid. Gastric abrasions and ulcerations. Pain after food, in one spot. Vomiting of sour fluids or of a dark substance like coffee-grounds, sour risings, loss of appetite. Dyspepsia with characteristic eructations and tongue, sour taste in the mouth. Pain sometimes comes on two hours after taking food. Nausea and vomiting of acid fluids and curdled masses (not food). Water brash with acidity. Flatulence with sour risings, Colic in children with symptoms of acidity, such as green, sour-smelling stools, vomiting of curdled milk, etc. Stomach ache from presence of worms. Empty, gone feeling in stomach, with feeling of weight above the ensiform cartilage. Imperfect assimilation of fats from lack of bile.

The clinical history remains central to the evaluation of esophageal symptoms. A thoughtfully obtained history will often expedite management. Important details include weight gain or loss, gastrointestinal bleeding, dietary habits including the timing of meals, smoking, and alcohol consumption. The major esophageal symptoms are heartburn, regurgitation, chest pain, dysphagia, odynophagia, and globus sensation. Heartburn (pyrosis), the most common esophageal symptom, is characterized by a discomfort or burning sensation behind the sternum that arises from the epigastrium and may radiate toward the neck. Heartburn is an intermittent symptom, most commonly experienced after eating, during

exercise, and while lying recumbent. The discomfort is relieved with drinking water or antacid but can occur frequently and interfere with normal activities including sleep. The association

Regurgitation is the effortless return of food or fluid into the pharynx without nausea or retching. Patients report a sour or burning fluid in the throat or mouth that may also contain undigested food particles. Bending, belching, or maneuvers that increase intra-abdominal pressure can provoke regurgitation. A clinician needs to discriminate among regurgitation, vomiting, and rumination. Vomiting is preceded by nausea and accompanied by retching. Rumination is a behaviour in which recently swallowed food is regurgitated and then re-swallowed repetitively for up to an hour. Although there is some linkage between rumination and mental deficiency, the behavior is also exhibited by unimpaired individuals who sometimes even find it pleasurable.

Chest pain is a common oesophageal symptom with characteristics similar to cardiac pain, sometimes making this distinction difficult. Oesophageal pain is usually experienced as a pressure type sensation in the mid chest, radiating to the mid back, arms, or jaws. The similarity to cardiac pain is likely because the two organs share a nerve plexus and the nerve endings in the esophageal wall have poor discriminative ability among stimuli. Oesophageal distention or even chemo stimulation (e.g., with acid) will often be perceived as chest pain. Gastro esophageal reflux is the most common cause of oesophageal chest pain.

Not everyone with GERD has heartburn, but the primary symptoms of GERD are heartburn, regurgitation, and an acid taste in the mouth.⁵

Heartburn usually is described as a burning pain in the middle of the chest. It may start high in the abdomen or may extend up the neck or back. Sometimes the pain may be sharp or pressure-like, rather than burning. Such pain can mimic heart pain (angina). Typically, heartburn related to GERD is seen more commonly after a meal. Other symptoms of GERD include:

Hoarseness. If acid reflux gets past the upper esophageal sphincter, it can enter the throat (pharynx) and even the voice box (larynx), causing hoarseness or sore throat.

Laryngitis.

Chronic dry cough, especially at night. GERD is a common cause of unexplained coughing. It is not clear how cough is caused or aggravated by GERD.

Asthma. Refluxed acid can worsen asthma by irritating the airways. And asthma and the medications used to treat it can make GERD worse.

Feeling as if there is a lump in your throat.

Sudden increase of saliva.

Bad breath.

Earaches.⁶

METHODOLOGY:

To find out the efficacy of Homoeopathic medicines against Biochemic preparation of Natrum Phos 6x in cases of Gastro Esophageal Reflux Disease we will use randomized control study.⁷:

1. **Selection of Reference Population:** Persons between age group of 18-50 years of both sexes
2. **Selection of Experimental Population:** It will be chosen from reference population with the help of survey, camps and OPD patients. Screening will be conducted on the basis of inclusion and exclusion criteria.

3. Randomization:

Experimental population will be randomized into two groups

- a) Study group: Those patients who will receive Biochemic preparation of Natrum Phos 6x with homoeopathic medicine will be included (15 patients).
- b) Control group: Those patients who will receive homoeopathic medicines for treatment will be included (15 patients).

4. Manipulation:

- a) After formation of study and control group, dietary interventions and change in life style of the patients will

be done.

b) According to case record format detailed history taking of patients will be done after analysis and evaluation similimum will be prescribed by medical officer.

5. Follow Up:

Both the study and control group will be observed for minimum period of 6 months and minimum 5 follow ups would be taken.

6. Assessment:

a) Positive Result:

1) if the frequency of intake of antacids reduces.

2) If the episodes of esophageal reflux reduces.

b) Negative result:

1) if the episodes of esophageal reflux persist or increases.

2) If the frequency of intake of antacid remains same.

c) Number of positive results in the study and control group will be compared.

7. Dietary Intervention

a) All the patients would be directed to consume less spicy food and stimulants especially tea/coffee.

b) Those with busy schedule of life are advised to have meals on time.

c) Those with addictions like alcohol, smoking are asked to restrain from them

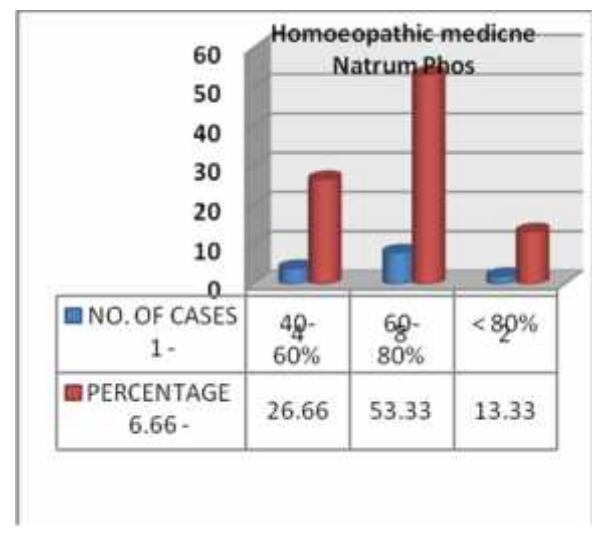
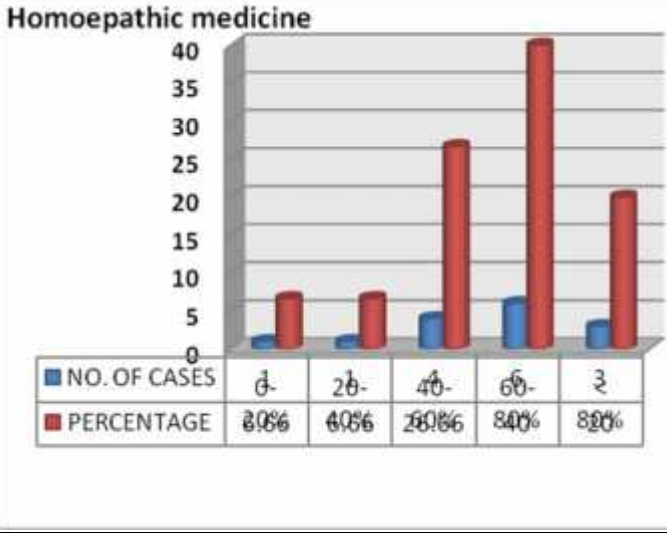
Assessment -

A] Positive – decrease in symptom of GORD -Heart Burn- Burning Sensation In Retrosternal Region ,Regurgitation ,Water brash ,Excessive Salivation, Belching, Nausea ,Vomiting

B] Negative –Increase in symptom of GORD -Heart Burn- Burning Sensation in Retrosternal Region, Regurgitation, Water brash, Excessive Salivation, Belching, Nausea, and Vomiting

Conclusion

OBJECTIVE	CONCLUSION RESULT	
Comparative study between Group A and Group B	GROUP A (STUDY GROUP) 15	GROUP B (CONTROL GROUP) 15
	Patients in Study Group has shown improvement by 42.19% in patients	Patients in Control Group has shown improvement by 65.77% in patients

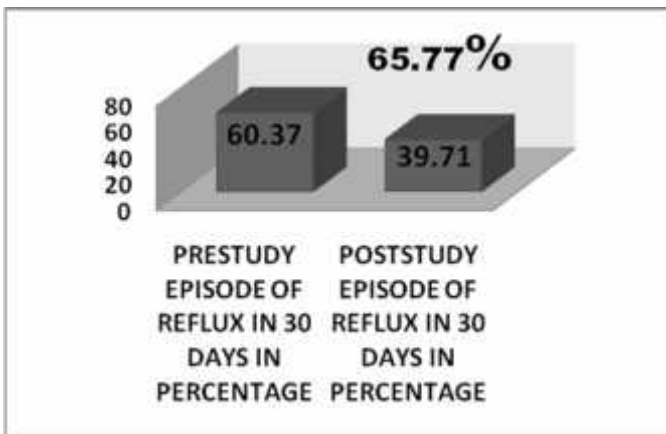
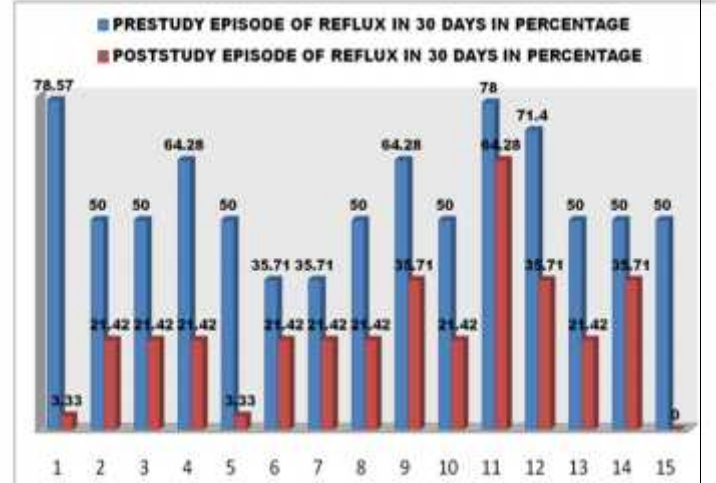
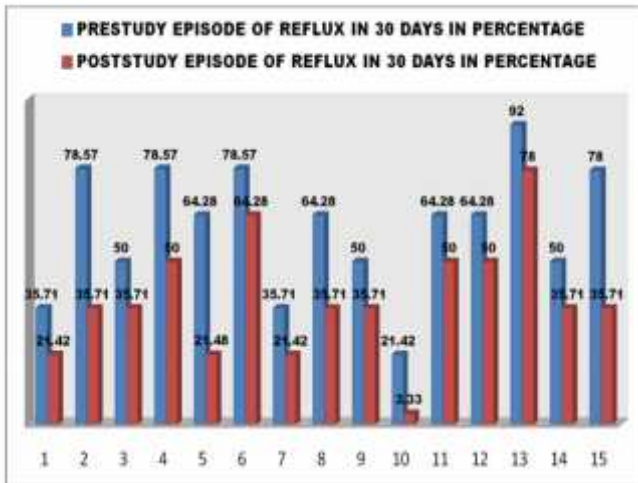


Patient's Perception- Subjective Feeling

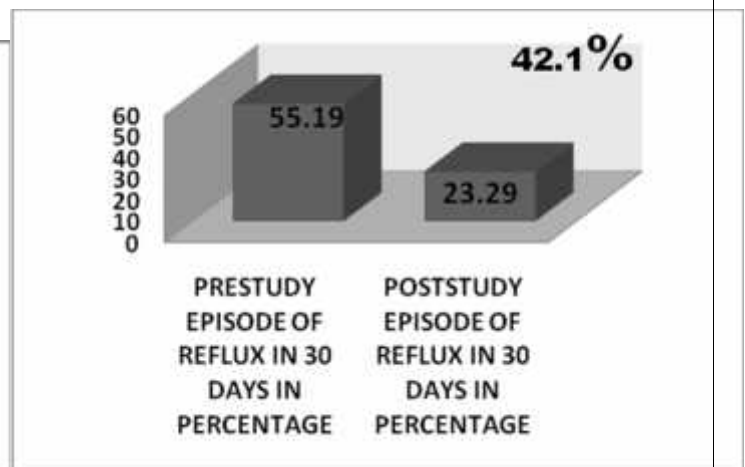
Episodes of Refluxes

Homoeopathic Medicine

Homoeopathic Medicine Along With Natrum Phos



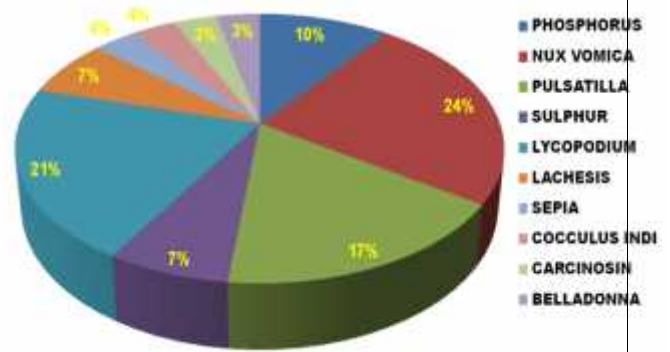
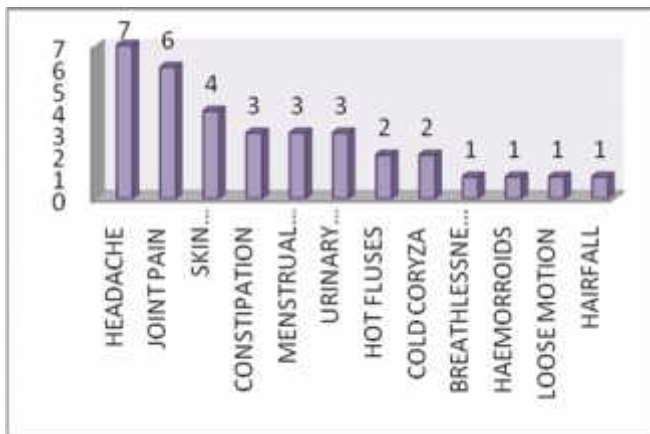
Homoeopathic Medicine



Homoeopathic medicine + Nat Phos

Acidity Along With Other Symptoms

Medicine Prescribed



Discussion

30 cases were studied, out of which 15 patients were on Homoeopathic Medicine (Control Group) and other 15 patients were on Homoeopathic Medicine along with Biochemic preparation of Natrum Phos 6x (Study Group) Patients in Study Group has shown improvement by 42.19% in patients Patients in Control Group has shown improvement by 65.77% in patients

As per the study researcher found the prevalence of GORD disease is found in age group 18 to 30 years is high

As per gender comparison GORD prevalence is equal in both genders.

Exciting and maintaining causes found in our study are as follows

Spices – 39%, Fatty food – 24%, Night watching -13%, Irregular dietary habit -11%, alcohol and tobacco -4%, mental stress – 2%

We try to learn the improvement as per subjective feeling and perception of patient

40% of patients were feeling improvement in control group i.e. only receiving Homoeopathic Medicine

57% of patients were feeling improvement in study group i.e. receiving Homoeopathic Medicine along with Natrum Phos

Statistical study of episodes of reflux has reduce in control group in comparison with study group

In homoeopathy general feeling of patient is having paramount importance thus on qualitative ground it can be concluded that Homoeopathic Medicine along with Natrum phos is having potential than alone Homoeopathic Medicine

The quantitative aspect in our study is suggesting Homoeopathic Medicine alone has potential in cases of GORD

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Homeopathic perspective in treating a case of Barrett's esophagus.

Ganesh Gavhane (PG Scholar part II)

Abstract:

Barrett's esophagus is a complication of the gastro esophageal reflux disease. Gastro esophageal Reflux Disease (GERD) in which stomach acids are refluxed up through the esophagus and oral cavity, causing heartburn, chest pain, hoarseness, asthma, recurrent pneumonia, chronic cough, reflux laryngitis, and sore throat, and has different signs and symptom depending on the severity of the disease. Barrett's esophagus is a pre-malignant condition that is diagnosed by endoscopy and biopsy. The current case report is about a 38-year-old female who was diagnosed with GERD resulting in Barrett's esophagus. In this article, I given an account on this disease and cited a case treated homeopathically.

Keywords: Adenocarcinoma, Barrett's esophagus, GERD, heartburn, homoeopathy, Arsenicum album, Abies nigra, Chelidonium.

Introduction:

Barrett's esophagus is a premalignant condition in which the normal squamous lining of the lower esophagus is replaced by columnar mucosa (columnar lined esophagus; CLO) containing areas of intestinal metaplasia⁽¹⁾.

Barrett's esophagus is a serious complication of GERD (Gastro esophageal Reflux Disease) which is a disorder wherein the stomach contents leak from the stomach back into the esophagus leading to a symptom syndrome that includes heartburn, pain or discomfort in the chest, difficulty in swallowing, burning sensation in the esophagus, sore throat, chronic cough, nausea after eating, belching, bad breath, reflux-related sleep disorders, yellow fluid or stains on pillow.

About 10% of people with chronic symptoms of GERD develop Barrett's esophagus. The Cause of Barrett's esophagus is thought to be an adaptation to chronic acid exposure from reflux esophagitis⁽²⁾. Community-based epidemiological and autopsy studies suggest the true prevalence may be up to 20 times greater, as the condition is often asymptomatic until first discovered when the patient presents with esophageal cancer. CLO is a major risk factor for esophageal adenocarcinoma, with a lifetime cancer risk of around 10%. The absolute risk is low, however, and more than 95% of patients with CLO die from causes other than esophageal cancer. The prevalence is increasing, and it is more common in men (especially white) and those over 50 years of age.

In terms of gender, studies from Asian countries showed that men are more likely to have Barrett's esophagus with a male/female ratio of approximately 1.93–2.09. The prevalence of Barrett's esophagus is reportedly as high as 19.9% in Japan and 23.6% in India. While the prevalence of BE in Asia outside Japan and India ranges from 0.06% to 6%⁽³⁾.

Its malignant sequel, esophago gastric-junctional adenocarcinoma, has a mortality rate of over 85%⁽⁴⁾. The risk of developing esophageal adenocarcinoma in people who have Barrett's esophagus has been estimated to be 6–7 per 1000 person-years. Diagnosis requires multiple systematic biopsies to maximize the chance of detecting intestinal metaplasia and/or dysplasia. Conventional treatments for Barrett's esophagus include lifestyle changes, medications, photodynamic therapy, endoscopic mucosal resection, and surgery.

Barrett first described the columnar metaplasia in 1950⁽⁵⁾. An association with gastro esophageal reflux was made in 1953⁽⁶⁾. An association with adenocarcinoma was made in 1975.

Case Report

A 38 years old female consulted in August 2016 for the complaints of retrosternal burning, frequent sour eructation, heaviness in throat and chest since the last one year. There were frequent episodes of dysphagia with choking sensation in throat while eating. She was very anxious as to what will happen to her family if she gets hospitalized. At times, she used to become sad and wept while thinking about her future. She has been diagnosed as a case of GERD with Barrett's esophagitis. There is a strong history of recurrent sore throat, infection with fever and diffuse myalgia. Lately, any slight error in the diet led to sore throat and fever. In the past she had suffered from typhoid in October 2013. There is also a history of recurrent urinary tract infection from January to July 2014 and also recurrent episodes of viral fever with throat infections.

Physical Generals

Appetite: Reduced Thirst: Unquenchable thirst Stool: Soft, 2-3/day Urine: Normal
 Weight: 56 Kilograms

Gynecological History: Irregular menstrual cycles; vaginal discharge, slight, thin, watery, non-irritating, aggravated after menses.

Sleep: Normal Dreams: No Specific

Aversion: Sweets Desire: Spicy 2+ Thermal Reaction: chilly

Mental Generals: Fears height. Very cool in temperament, but secretive, very possessive, caring, affectionate, but getting hyper for 4-5 minutes and angry at her children, fastidious 3+.

Family History:

Mother (alive): Hypertension Father: Died of cirrhosis of liver

Treatment History: Tab- Pantocid 40 mg OD

Investigations:

Pathology Lab No
 S-5723/14
Specimen:
 Oesophageal and gastric type mucosa
Clinical Information:
 ?Barrett's esophagus.
Gross Description
 Two grey white bits measure 1mm each, 2 pieces, 1 block, A/E.
Microscopic Description:
 Sections show oesophageal and gastric type mucosa with a mild chronic inflammatory cell infiltrate. No intestinal metaplasia is seen. No activity or dysplasia are seen. No H pylori are seen. This may represent Barrett's esophagitis in appropriate clinical setting.
Conclusion
 Oesophageal and gastric type mucosa
 *MILD CHRONIC INFLAMMATION.

REPORT ON UGI ENDOSCOPY

SEDATION : Nil
 INDICATION : GERD

ENDOSCOPIC FINDINGS:

Oesophagus:
 Island of pinkish mucosa ~ 3 cm seen coming out from the GE junction. No hiatal hernia seen. Bx taken for HPE.
Stomach:
 Patchy erythema seen in the antrum of the stomach. Fundus and body of the stomach normal. RUT for H pylori taken and found to be positive.

Duodenum:
 Normal mucosa upto 11nd part.

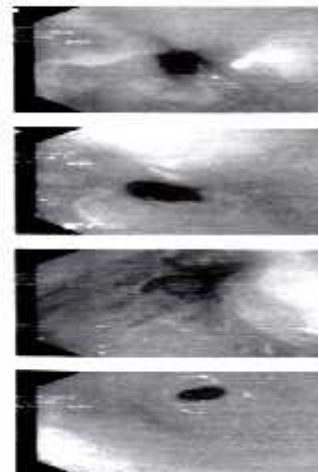
DIAGNOSIS:

ANTRAL GASTRITIS
 R/O SMALL BARRETT'S

Recommendation:
 Review in OPD with HPE report

Complication : Nil
 Rapid Urease Test : Yes
 Mucosal biopsy : Yes

DR. NITENDRA K. GARG



Case Anaysis: The following rubrics were selected for this case:

Repertorization was done using RADAR Version 10.5.003 schroyens F., Synthesis 9.0(English)

The screenshot shows the RADAR software interface. On the left, there is a list of symptoms under 'Clipboard 1':

1. MIND - ANXIETY - others, for (143) 1
2. MIND - RESERVED (127) 1
3. MIND - FEAR - high places, of (110) 1
4. MIND - FASIDIOUS (180) 1
5. MIND - AFFECTIONATE (180) 1
6. GENERALS - FOOD and DRINKS - spices - desire (125) 1
7. GENERALS - FOOD and DRINKS - sweets - aversion (178) 1
8. STOMACH - THIRST - unquenchable (140) 1
9. STOMACH - HEAVINESS - Epigastrium (170) 1
10. STOMACH - ERUCTATIONS - TYPE OF - sour (180) 1
11. FEMALE GENITALIUMSEX - LEUKORRHEA - thin (180) 1

On the right, there is a grid of numerical results for each symptom across various remedies. The remedies listed at the top of the grid are: Abies nigra, Aconitum, Arsenicum album, Belladonna, Boraginaceae, Bryonia, Calcarea carbonica, Carbo vegetabilis, Ceanothus, Cereus, China, Colerium, Coffea, Conium maculatum, Cupressus, Echinacea, Equisetum, Ferrum phosphoricum, Galium, Gelsemium, Ignatia, Ipecacuanha, Lycopodium, Magnesia, Manganum, Nuxvomica, Opium, Phosphorus, Pulsatilla, Rhus toxicaria, Sassafras, Sepia, Silicea, Spigelia, Staphisagria, Stramonium, Sulphur, Symplocos, Tarentula, Tuberculinum, Urtica, Valeriana, Veratrum, Zincum, and Zingiber.

Repertorial Result : Sulph.21/11, Ars.alb.19/11, Phos. 23/10, Nat.mur. 17/9 , Puls. 15/8.



Inference

The patient was in a state of anxiety about her condition. After taking her case she was reassured and the symptomatic remedy was given on the first visit, *Abies nigra* 30 that helped her and she gained confidence in the homoeopathic system. Thereafter, the case was thoroughly analyzed and repertorized. Her constitutional remedy came out to be *Arsenicum album* that was given in LM potency in varying from 0/1 to 0/8, seeing the gravity of the pathological changes in this case. This remedy was almost continued in the LM potency throughout the case. *Chelidonium*, a related organ remedy (but not prescribed) to Arsenic was selected as there had been a family history of cirrhosis of liver in father, also there had been symptoms in favor of this organ remedy (Allen's Encyclopaedia:⁽⁸⁾ 'Extremely depressed; full of sad thoughts about the present and future, even to weeping; he had no rest of any kind, Eructation with heartburn and great weariness, Stool softer than usual in the morning ;in the afternoon soft stool, with urging'). *Tuberculinum* LM was intercurrently

used for the strong tubercular base. Over all in a span of 8 months the patient was markedly improved, about 80%, and is still under observation.

Homoeopathic Perspective:

Barrett's esophagus is one of complication of chronic GERD that can lead to adenocarcinoma of esophagus. Homoeopathy believes in treating the man in disease and not the disease in man; so a proper understanding of the patient with the suffering is evaluated in terms of anamnesis, his habits, lifestyle, the *causa occasionalis* and the underlying miasm. Homoeopathic medicines work to relieve the symptoms of gastro esophageal reflux disease by initiating the body's innate response to a stimulus or to an irritation allowing the body to heal itself. Homeopathy offers a selection of remedies to relieve symptoms of acid reflux and GERD that may act as precursor of Barrett esophagus or CA esophagus⁽¹⁰⁾.

Conclusion:

Homoeopathy deals with the patients holistically and considers the linear and non-linear causes as well. In cases where the cause is not known, the homoeopathic physician may go into the depth of the case by reviewing the thorough life space of the individual and base his prescription on those unidentifiable (non-linear) causes. As GERD/Barrett's esophagus needs a long term monitoring of the case, along with the best selected medicines based on individualized symptoms, he can modify the lifestyle of the patient by advising him/her proper diet and regimen to be followed to check the progression of disease in time primarily and getting cured in the long run. This case is an example of this where the well framed plan of homoeopathic treatment brought out the patient from her chronic symptoms beautifully.

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Homoeopathy in polycystic ovarian disease: A case study

Vikram Saini (PG scholar)

Abstract

Polycystic ovarian disease (PCOD) is a complex metabolic, endocrine and reproductive disorder affecting approximately 5-10% of the female population in developed countries. It is an emerging health problem in young females characterized by ovarian dysfunction and hyperandrogenism.⁽¹⁾ According to new study in Gynecologic Oncology women having PCOD may be at greater risk of developing some type of cancer if left untreated. Existing information indicates a positive role of homoeopathy in PCOD. The case reported here is that of PCOD in 34 years female who was treated with homoeopathic medicine shows effectiveness of homeopathy.

Keywords: PCOD, Homeopathy.

Introduction

Polycystic ovarian disease (PCOD) is a problem in which a women hormones are out of balance. It can cause problems with menstrual periods and make it difficult to get pregnant. If it isn't treated over time it can lead to serious health problems, such as infertility, diabetes and heart disease. The developing countries like china and India, undergoing rapid nutritional transitions due to westernized diets and lifestyles also indicates 9.13% prevalence.⁽¹⁾ Its clinical characteristics includes include hyperandrogenism, chronic unovulations, insulin resistance and infertility and it has potential for major metabolic consequences including obesity, diabetes type 2 and cardiovascular disease while the reproductive features are prominent. No such single criterion is sufficient for diagnosis.

It has been concluded that depression and anxiety are common in PCOD patients as compared to healthy women. It may often associate with obesity and metabolic abnormality changes. The depression and anxiety did not show a significant change in PCOD after with oral contraceptive pills therapy.

Homeopathic medicines being holistic might help in these aspects which evaluates emotional aspects with disease symptoms through homeopathic individual case taking for the assessment of quality of life.

Case report

A 34years female consulted on 10/8/2017 for the treatment of menstrual irregularities (last 3-4 months menses not appeared), weight gain and mild hair growth on chin and constipation since 1 years. She was on gynecologist treatment but did not found quit effective which leads to her in anxiety day by day .The subject was investigated with ultrasound (USG) of abdomen and pelvis, TFT and other necessary sex hormonal and blood investigations and were found to have an bilateral polycystic ovarian disease.

Personal History:

Patient by occupation is a house wife belonging to middle class socio economic family.

Past History:

No any history of premorbid illness.

Family History:

Father: Diabetes mellitus

Mother: Hyperacidity

On examination: NAD



Mental generals:

The patient was looking anxious and hopeful about recovery. The patient is house wife and has 1 girl child of 8yrs. She was married 10 years back force fully by her parents. She had love affair with someone before her marriage but did not succeed. The patient was looking sad and reserved, dwells on the memories of love affairs. Her husband doesn't respect her in house and in front of relatives who hurt her alot so she don't share her feelings with anyone. She was so disturbed that when consoled leads to her irritability. She has fear of cancer.

Physical generals:

The patient is hot thermally. Her appetite was normal and had an aversion for sweets

Investigations:

Urine pregnancy test: Negative

Thyroid Function Test: Normal

BSL(R): Normal

Ultra Sonography of abdomen and pelvis: bilateral Polycystic Ovarian disease

Diagnosis: PCOD

Repertorisation: The repertorisation was done by using Radar10 software with Synthetic repertory and following rubrics were taken

MIND - AILMENTS FROM - love; disappointed

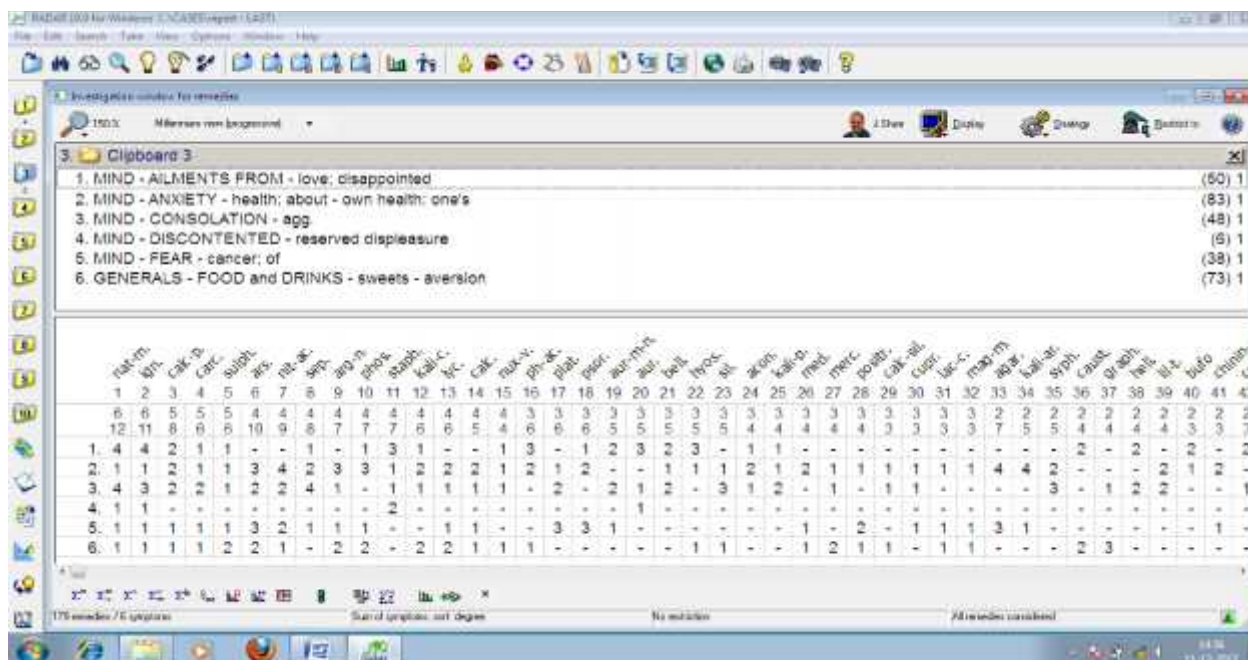
MIND - ANXIETY - health; about - own health; one's

MIND - CONSOLATION - agg.

MIND - DISCONTENTED - reserved displeasure

MIND - FEAR - cancer; of

GENERALS - FOOD and DRINKS - sweets – aversion



First Prescription:

Natrum muraticum 30 two doses 12 hourly and Phytum 4pills TDS for 15 days

Basis of prescription: The similimum was selected on the basis of totality of symptoms.

In repertorisation Ignatia (6/11), Calc-phos (5/8), Carcinosis (5/6), Sulphur (5/6) were coming. In this case Natrum muraticum was coming very close to Ignatia but it was selected as it was most suitable to patients history of chronic grief and its causation which disturbed patient mainly. Some exercises for weight reduction was advised to the patient.

Follow ups:

Date	Symptoms	Medicine	Dose
10/8/2017	Menstrual irregularity, weight gain, constipation, mild hair growth on chin	Natrum muraticum 30 Phytum	2 doses BID For 15 days/4pills TDS
26/8/2017	-General condition -constipation reduced -menses not appeared yet	SL 1dose Phytum	Stat For 15 days/4pills TDS
13/9/2017	Constipation reduced, Menses gradually appeared for 2 days	SL 1dose Phytum	Stat For 15 days/4pills TDS
2/10/2017	Constipation reduced up to 60%, Menses appeared only for 1 day, General good condition	SL 1dose Phytum	Stat For 15 days/4pills TDS
17/10/2017	Constipation reduced well, Menses not appeared General condition good	SL 1dose Phytum	Stat For 15 days/4pills TDS
8/11/2017	Constipation started again, Menses not appeared yet	Natrum muraticum 200 Phytum	single dose Stat For 15 days/4pills TDS
6/12/2017	Menses appeared with no fresh complaints Constipation reduced	SL 1dose Phytum	Stat For 15 days/4pills TDS

Discussion and Conclusion:

Homoeopathic medicines are effective in the management of polycystic ovarian disease, as the menstruation of the patient become regular and she was better symptomatically without any conventional medicines. It shows that homoeopathic medicines are safe and can be used as an alternative line of treatment.

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The utility of causation in homoeopathy

Priyanka Shirsath (PG Scholar)

Abstract: We are quite familiar with the prescription on the basis of *Causation*. Although, this kind of prescription is strongly supported by a number of cases successfully treated so far, we should not be blind in considering causation. It should be noted that, in some cases, the causation could either be a coincidence or a misconception. Hence always weigh its credibility before you consider.

Introduction: Among various systems of medicine, Homoeopathy gives great importance to causation. Causation is one of the elements of symptoms, which when strong and genuine, is of much benefit in the remedial diagnosis, and so far we have come across several successful cures made by remedies selected on this basis.

In the field of medicine, the word “Cause” has been used since ages. Physicians knew that there can not be diseases without a cause. Every great discovery and achievements are the result of the curiosity behind the question “WHY”? [The Cause]. “No smoke could be there without fire” is an old proverb. Among the physicians of orthodox system, the concept of “Tolle causam” (remove the cause) was prevalent. They believed that by removing the cause of a disease, it could be cured. But later they made the mistake by proposing that bacteria are the only cause behind diseases and by removing the bacteria a cure could be attained. But homoeopathy goes further and propagates that there is a cause in the dynamic level that comes to activity much before the invasion of microbes. This dynamic cause should be removed to cure a patient. As per the concept of homoeopathy, the cause behind every disease is derangement of the vital force by the dynamic noxious influences called miasms. This is the real cause that flows into effect in the form of sickness. Hence, tolle causam can be related with both orthodox medicine and homoeopathy, but for the former it is about removing the material cause and for the latter it is the removal of a dynamic cause.

Key words: Causation, Homoeopathy, Simillimum, Susceptibility, Miasm

Another expression of cause in homoeopathy: Another expression of cause in homoeopathy is causation, which are the factors responsible for a symptom produced in an individual patient. We know that causation, location, sensation, modalities, and concomitants are the components of a symptom. It is not mandatory to have all these components in a given symptom. The causations and modalities mentioned in the materia medica and also in the repertories are the exciting causes that can result in the production of symptoms in a sensitive or susceptible individual. Our body is sensitive to the external world and reacts to any stimuli on the basis of individual sensitivity and susceptibility developed as a result of the miasmatic background. Some external influences can activate the latent psora and the signs and symptoms are manifested externally. Here, the indicated medicine similar to the signs and symptoms of the patient can be given to achieve a cure.

Sources of causation: The following are the sources of causation.

1. Details told by the patient
2. Information from the bystanders
3. Understood by the doctor by logical thinking
4. Perceived by clinical examination
5. Impressions from the lab investigations
6. From a second opinion by another doctor

Stalwarts on causation:

Hahnemann: In the Medicine of Experience, he offered several insights into the subject of causation. Later, after several years practice he found out the concept of miasm as the real cause of diseases. As per Hahnemann, miasm are diseases having “one and the same cause”. He was the first to postulate a complete theory of susceptibility, infection and how they affect our immunity. He understood the

fact that miasmatic infectious diseases are the basis of all diseases. He also identified the non-miasmatic diseases that can cause prolonged sickness as a result of several internal as well as external factors. If these maintaining causes are removed, the recovery is possible. In aphorism number 73, Hahnemann tells about the acute diseases that affect individually as a result of exposure to injurious influences. Excess or insufficient supply of food, any sort of physical impressions, irritations, emotions etc can act as exciting causes. He says that these external factors actually cause the explosion of the latent psora, which was dormant initially.¹

Boenninghausen: He proposed the concept of complete symptom and introduced the various components of a symptom such as location, sensation, modalities, and concomitants. In order to give a complete image of a disease Boenninghausen introduced different factors related with a symptom such as *Quis, quid, ubi, quibus auxiliis, cur, quomodo, quando*. In which *Cur* means the cause of the disease. As per Boenninghausen, causes of diseases can be divided into internal and external causes. The internal causes refer to general natural disposition (proximate cause) and idiosyncrasy. The external causes are also termed as occasional causes. He emphasized the importance of anamnesis of the case and prescribing on the basis of circumstances or factors that caused the symptoms.²

Kent: Kent stated that the removal of the totality of the symptoms is actually the removal of the cause. Unless causes are removed from beginning to end, the disease can reproduce itself. This includes the first proposition of Hahnemann as to the cure of disease, which means permanent removal of the totality of the symptoms, thus removing the cause and turning disorder into order, and as a consequence the results of disease are removed. The totality cannot be removed without removing the cause.³

Stuart close: He stated that the science of logic has a very important relation to medicine in the matter of assigning the causes of disease, upon which as far as the treatment is based. Stuart's "Law of Causation" is "Every effect has a number of causes".⁴

C. M. Boger: He introduced the Doctrine of causation into Homoeopathy and gave due importance to causation, time and general modalities and according to him this approach is more practical and proved. Boger proposed that, causation and time factors are more definite and reliable in cases as well as in medicines. As per Boger, cause could be miasmatic cause and exciting cause. In his synoptic key, he emphasizes that "while taking the case we should first try to elicit the evident cause and course of sickness and all which now to interfere with the patients comfort". Even though there is no separate section on causation in his repertory, the subsection Aggravation also includes the factors that excite or bring on the symptoms.⁵

O. E. Boericke: In his repertory, each rubric, when extensive in scope, is presented in the order of cause, type, location, and character of pain, concomitants and modalities. Since the *cause* is given separately, it is useful for quick prescription.⁶

Vithoukas: As per Vithoukas there are various ways of looking at a case, i.e. by looking at the essence, the totality of symptoms, keynote & peculiarities, and at the causation. Further he says, "If a patient tells that her skin eruption started after her child died or his stomach problems started after losing his job, then this is the causation. These causation symptoms can be considered very strongly. They are the starting points to finding the remedy and a remedy must often be given that fits that causation even if it means ignoring other symptoms". He gives an example of a man who had impaired hearing since a fall that took place 20 years ago. Later he also developed duodenal ulcer. On the basis of etiology *Arnica* was given, which improved not only his hearing but also cured the stomach problems that actually developed 5 years after the fall. With the example of this etiological prescription, he says, "It does not matter that it took much longer for the stomach symptoms to develop as a result of the fall as the fall is still the primary causation".⁷

Beware about causation: Though the prescription on the basis of causation has helped us a lot and is still working for many cases, we should not be blind in considering the causation for a remedial diagnosis. In many of the cases, the causation could be a coincidence or a misconception. Sometimes the patient may tell that so and so factor is responsible for his ailments but may not be the real cause. Hence we should not give over importance to anything unless we confirm by asking about the repeated history of the same complaint after exposing to any particular stimuli. Or else, we will be misguided. Of course, confirmation of causation is not that easy and may not be possible in certain cases. However maximum care has taken while weighing each and every word told by the patient.

There is a trend among many of us to get prejudiced in the remedial diagnosis, when the prescription is given on the basis of causation. For example: Arnica for injury, Rhus tox for physical exertion, Natrum mur for grief. If we refer repertory, we can see that there are many drugs indicated for the above causations. Hence, if we follow the prejudiced way of prescription, we may miss some other drug that may also cover the same causation and may be much more similar to the whole case.

As per the concept of homoeopathy, if the cause of a symptom or a component of a symptom can be explained medically, it is least important for a remedial diagnosis. Example: Vertigo due to high BP is least important, whereas vertigo from grief (calc.carb) is more important. However, as a rule, in the case-paper we should write down what the patient says, without thinking about the scientific cause behind each symptom, and without changing the words expressed. But it doesn't mean that we should believe or consider it completely. Once a patient came to me and said, "Doctor my left kidney is swollen since many years". I noted down his complaints in his own words. When I asked for the USG report, he said, "This is the first time I am consulting a doctor". I felt great respect for the patient who has diagnosed enlarged kidney without a doctor's help. Out of curiosity, I asked the way he diagnosed the kidney swelling. Immediately he exposed his genital area and showed the swollen left testicle. For an illiterate man like him, kidney and testis are synonyms! Always remember: we learn so many things from our patients; at the same time they can also misguide us, if we are not that cautious.⁸

Conclusion:

True that we have cured many cases on the basis of causation, even for cases failed to respond to a "well-selected remedy". But we should always try to confirm the causation and consider its intensity. We know that there are different ways to arrive at a group of similar drugs, but only one way to reach the simillimum, i.e. the highest level of similarity with the qualitative totality of the case. Hence always consider the whole individual rather than considering one or two symptoms.

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Vishakha Mahajan (PG scholar)

ABSTRACT:-

Among homoeopaths the idea of specialist provision for children followed the general trend. It was encouraged by the high morbidity and mortality among children due to poverty. Homoeopathic physicians and their supporters wished to give poor children the benefits of the system. An understanding of place of homoeopathy in pediatrics as in other branch of medicine, can best be achieved an appreciation of its meaning. Children are frequent visitors for homeopathic consultation. As physicians we must be updated with current research literature for ourselves and also to educate parents. This article is a small effort to provide research updates related to pediatric disorders and role of homeopathy.

KEYWORD:- Homoeopathy, Pediatric, Morbidity, Mortality .

INTRODUCTION:-

Homoeopathy is a form of complementary/alternative medicine which is considered as a safe and effective form of treatment for children and adults. The number of patients using complementary medicine, including homeopathy are growing worldwide. The use of complementary medicine, however, is not limited to adult but is also common in children (11-18%) with homeopathy being one of the most popular systems.^[2]

Homoeopathy has distinct advantage for treatment of health related problems of women during pregnancy and in post natal period and for ailments of children. The therapy is safe, effective, and economical. Homoeopathy a system of medicine which is most suited to child care because of its efficacy as well as its mild and gently way to treatment beside children respond readily to the system because they are closer to nature and their expression are not masked. Moreover, unlike the adult children are generally not over drugged.^[1,2]

Knowing the child

A child is product of environmental surrounding of mother during pregnancy, birth and in the early years of rearing of child. In the present era of rapid scientific progress and as a consequence of advances in molecular biology, genetics and immunology, the approaches to the management of many disorders in children are changing constantly. The effects of different factor, from the day of conception, on the intra-uterine life of the fetus which make great contribution to the disposition of the child are well known. From the day of birth the infant undergoes lots of changes, and a rapid physical and mental growth take place. A child has to be assessed according to it. So, that the individuality and totality of the child is understood properly.^[3]

Knowing the parents

These days, parents are more and more concerned with the health care of the child especially when he is sick. With enlarging trend towards nuclear family, with both parents working, and consequent pressure on time, it is often found that the parents develop a guilty and attention to the child especially when its emotional needs are intense. Even when the child is sick, the parents can not afford to spend sufficient time with him. And in order to find a quick solution, they rush from physician to physician in search of the best and instant treatment. Some parents, because of their guilty conscience, and to impress the spouse, do not mind spending any amount of money for the

treatment which might not be necessary in a large number of cases. in the process, even trivial and self limiting complaints are treated by some physician with unnecessary drugging. some time this is dangerous. The homoeopathy helps the parents to understand the child better both in health and sickness. So, that unnecessary anxiety and drugging are avoided.^[3]

Homoeopathy for pediatric population in general affecting various systems

RESPIRATORY DISORDERS IN CHILDREN

It is commonly seen that most children come in for respiratory allergies or infections. Our medication has a definite role in treatment of respiratory disorders such as Asthma, Rhinitis, Bronchitis, Allergies and Pharyngitis. Following are the studies which highlight efficacy of homoeopathy in above particular cases-

- 1) a study based on of Cost-benefit evaluation of homoeopathic versus conventional therapy in respiratory diseases. was conducted which concluded that the Costs for homeopathic therapy are significantly lower than those for conventional Pharmacological therapy.^[4]
- 2) a multi-centric, observational, prospective study (Open clinical trial) carried on Bronchial Asthmatic patients showed that the homoeopathic medicines have a role in managing acute attacks of bronchial asthma as well as in controlling recurrent attacks.^[5]
- 3) A multi-centric open clinical trial study indicated the usefulness of homoeopathic medicines in the management of acute rhinitis of children with its efficacy and effectiveness.^[6]

DIARRHOEA IN CHILDREN

Diarrhea is one of the most frequently encountered problems in pediatric age group. The severity of diarrhea infection varies from patient to patient and from few loose stools with discomfort to severe dehydration. Following studies show the utility of homoeopathic medicine in diarrhea.

A Prospective Multicentre Observational Study to Determine the Usefulness of Predefined Homoeopathic Medicines in the Management of Acute Diarrheal Disease in Children was conducted. It showed that Acute medicine has definite role in altering course of diarrhea and in which followed by a constitutional medicine showed a significant impact in bringing down the frequency, duration & intensity of diarrhea.^[7,8]

SKIN DISORDERS IN CHILDREN

Recently there has been a constant increase in the number of cases of allergy, particularly in developed countries, to such an extent that expressions like “*disease of the third millennium*” and “*allergic epidemic*” have been used to describe the phenomenon. There has been an increase in the use of ‘complementary’ or ‘alternative’ medicine in patients affected by skin disease, in particular those with chronic or inflammatory dermatosis. The following data suggests the utility of homoeopathy-

- 1) a study of efficacy of Homoeopathy in pediatric atopic diseases showed that there was a significant reduction in tendency to maintain atopic dermatitis and to develop asthma (and allergic rhinitis) in adult age.^[9]
- 2) Another study of Homoeopathic versus conventional therapy for atopic eczema in children concluded that Homeopathy & conventional treatment are equally effective.^[10]

PSYCHIATRIC DISORDERS

- ADHD, Autism, Mental retardation are common causes of consultation for homoeopaths, since our system deals with both mental and physical symptoms of children. Webster’s Universal Dictionary defines temperament as “*a characteristic combination of bodily, mental, and moral qualities, which together constitute the character and disposition of an individual and predispose him to act and behave in a particular manner*”. Every child though not diseased has certain traits / temperaments, which may not be suited to their growth. Each

child develops certain behaviors or habits, which are quite often out of proportion. For example, some of the children want to cling to the mother strongly while sleeping and without the mother they can't sleep. Some children in anger break things and hit others, while some are so shy that they hide or run away the moment they see any stranger or guest.

- These behaviors do not show any obvious signs of illness, but are indications, which point to their inner disturbances. Every Homoeopath tries to understand these inner disturbances, through various clues, such as fears, dreams, fantasies, preferred movies and cartoons, their reaction to illness etc. By understanding all this and subsequently treating them, it not only frees the child of his disease and enhances his immunity, but it improves the child's attitude towards life. It channels the child's energy in a proper direction, so he can explore his potential and creativity to the maximum.
- 1) A study was conducted to obtain scientific evidence of the effectiveness of homoeopathy in ADHD. These trials suggested the scientific evidence of the effectiveness of homeopathy in the treatment of attention deficit hyperactivity disorder, particularly in the areas of behavioral and cognitive functions.^[11]
 - 2) Another study was conducted to identify a group of most useful homoeopathic medicines in the treatment of behavioral problems found in mentally challenged children and to identify their reliable indications, most useful potencies, frequency of administration and relationship with other medicines. Medicine like Belladonna, Baryta carb, Baryta mur etc. showed improvement in common behavioral problems of mentally challenged children like aggressiveness, destructiveness, disruptiveness etc.^[12]
 - 3) A study on Homoeopathic approach in the treatment of patients with mental disability was found to be a useful alternative to relieve pathologies associated with mental disability.^[13]

Choosing Homoeopathy for Children

Homoeopathy is one of the, most dynamic form of medicine in the world today. Homoeopathy can become one of the preferred methods of treatment especially for children. Homoeopathy act on the children, there they increasing the resistance of the individual to fight the disease. The medicine helps to boost the immune system and thus help the individual to fight the disease. Because, the doses are too small and effective treatment can be achieved without dangerous side effects often associated with conventional medicine. The homoeopathic medicine are pleasant tasting and easy to take, it treat the children as a whole rather than just their symptoms, it is an ideal treatment for children.^[14]

For children with acute as well as in chronic illness, constitutional homoeopathy care can offers one type of approach that addresses the underlying causes o the illness and hopefully presents solution to difficult physical, emotional, behavioral ,and psychological problems. In constitutional treatment homoeopathy remedy can cover children as a whole complete physical, mental, and emotional state.^[2]

Homoeopathy medicine are prepared mainly from herbs, animal, vegetable kingdom, mineral and are given in very minute doses so that they are 100% non toxic, having no adverse effect. any toxic effect of a crude substance in nature disappear when that substance is prepared homeopathically. Also unlike antibiotics and other such medicine, homoeopathic pills do not hamper digestion. Homeopathic medication are mildly sweet, liquid, powder and pills are palatable even newborn babies can take it. It does not lower resistance power. Homoeopathy is stimulate Childs own curative power to cure them. Homoeopathy can help personal growth of children.^[15]

CONCLUSION:- After going through the above evidence , it is apparent that there is genuine need of more studies in pediatric disorders for the progress of our profession. In clinics we are seeing results, but they are not getting documented due to lack of orientation in documentation. Hence every

homoeopath should take maximum efforts to up bring Homoeopathy as the most effective and safe treatment for children.

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A review literature: A homoeopathic perspective in pre and post surgical treatment

Mahendra Dharua (PG Scholar)

Abstract:

Surgery represents conventional medicine at its best and its worst. On the one hand, surgery demonstrates incredibly sophisticated informational and technical advancement, yet on the other hand, it often indicates the inability of physicians and patients to prevent this invasive treatment of last resort. Like other health professionals, homeopaths honor the special role that surgery and surgeons have in health care. Homoeopaths are not against surgery, because certain conditions are simply not treatable without it. At the same time, however, surgery is often performed unnecessarily. It is performed when other, safer measures can be effectively used. It is performed too early when the body can sometimes heal itself. And it is performed inappropriately, primarily because surgeons only know surgery and don't know what else to do.

Keywords: Surgery, invasive, homeopath

Introduction:

Even when surgery is successful, this does not necessarily mean that the person is "cured." Surgery may, for instance, remove an abscess, a tumor, kidney stones or gallstones, or other diseased parts, but because this removal doesn't change the underlying pathological processes that created them in the first place, it is understandable and even predictable that people tend to re-experience their ailments.

Even if the ailment seems to have disappeared, homoeopaths do not believe that a curative process has always taken place. While the initial complaint may have been eradicated, sometimes more serious pathology develops shortly after the surgery. Although doctors tend to believe that this is a "new" disease, homeopaths theorize that the surgery probably suppressed the original ailment^[2].

This critique of surgery is not meant to devalue its appropriate use in treating various congenital deformities, structural problems, severe injuries, or life-threatening pathological conditions. As previously stated, homoeopaths are not against the judicious use of surgery.

When possible, homoeopaths first attempt to see if treatment with an individualized homoeopathic medicine can prevent the need for surgery. Patients and even homeopaths are sometimes surprised and impressed at the significant results that homoeopathic medicines can provide--not that they can do the impossible, but they can often elicit a healing response when conventional therapeutics cannot.

Homoeopathic Medicines Before and After Surgery

Once it is determined that surgery is medically necessary, homeopathic medicines can reduce complications of surgery and augment healing so that people can recover more quickly afterward.

Surgeons commonly ask patients not to take any food, drink, or drugs prior to surgery. While it makes sense to avoid food, drink, and conventional drugs, there have never been any reported problems from taking homeopathic remedies prior to surgery.

Some homoeopaths recommend **Ferrum phos 6**^[3], four times a day for two days, prior to surgery in order to prevent infection and hemorrhaging.

Homoeopathic medicines can also help people deal with the various emotions they are experiencing prior to surgery. **Gelsemium 6 or 30**^[3] is a common remedy for the person who experiences great anxiety, apprehension, weakness, and trembling prior to surgery. **Aconitum 6 or 30**^[3] is indicated when the person is terrified about surgery and thinks that he will die from it.

Take either **Gelsemium** or **Aconitum** the night before the surgery and another dose upon waking in the morning. If fear and/or anxiety is felt after surgery, take one to three more doses.

One study on 50 children who underwent surgery showed that 95% of those given the homeopathic medicine **Aconitum** experienced significantly less post-operative pain and agitation. **Aconitum** was chosen because it is a common remedy for ailments in which sudden and violent onset of shock or trauma is a primary indication, as well as symptoms of fear and anxiety, which are especially common emotions experienced by children prior to surgery.

Arnica^[4] is another common homoeopathic medicine given to people before and after surgery because of its ability to reduce surgical shock and minimize bleeding. Surgical shock is a condition that trauma or surgery can cause in which all the capillaries and small blood vessels are filled with blood at the same time.

Homoeopathic medicines can also be beneficial for patients who undergo long-term intravenous (IV) therapy. Frequent insertion of an IV commonly causes phlebitis (inflammation of the vein) and hematoma (the pooling of blood under the skin); a double-blind study using **Arnica 5c** found that it can effectively reduce and prevent such problems. The study showed significant benefits from **Arnica**, including reduced pain. Besides subjective improvement, there were also objectively measured increases in blood flow and in blood coagulation factors.

While **Arnica** is the primary remedy to be taken just prior to the majority of surgeries, there are a certain number of surgery involving cartilage and periosteum, as is often occurs in the knee or elbow, it is recommended to take **Ruta 30**^[4] the evening before, the morning of the operation, and immediately afterward. For hemorrhoidal surgery, it is recommended to take either **Staphysagria 30** or **Aesculus 30**^[3] in a similar pattern as described for **Ruta**. And for circumcision, **Staphysagria 30** and **Arnica 30** should be given similarly as above.

The following are common recommendations for after surgery. Depending upon the intensity of symptoms the length of time of treatment can and should be different with each patient. Doses should generally be taken as long as pain persists, though they should not be taken for more than a couple of days, unless the person is still in pain and the remedy is providing obvious relief. **Arnica 6, 12, or 30**^[4] should be given for at least two doses after surgery, approximately one hour apart. In addition to this remedy, the following remedies should be given one hour after the last dose of **Arnica**.

Gynecological surgery:

Dilation and curettage: **Belladonna 30**, every 6 hours

Hysterectomy: **Causticum 30**^[1], three times a day (some homeopaths recommend **Staphysagria 6 or 30**, three times a day)

Caesarean section or episiotomy: **Staphysagria 30** or **Bellis perennis 30**^[5], three times a day

Abortion or miscarriage: **Ignatia 30**, every four hours

Plastic surgery on the breast: **Bellis perennis 6 or 30**, three times a day

Amputation of the breast or a lump: **Hamamelis 30**^[3], every 4 hours

Circumcision: **Staphysagria 30** and **Arnica 30**^[4], every four hours for a day.

Prostate surgery: **Staphysagria 30**, three times a day

Abdominal surgery: **Staphysagria 30** or **Bellis perennis 30**, three times a day
Appendectomy: **Rhus tox 30**, three times a day
Gastrectomy: **Raphanus 30**, three times a day
Gall bladder surgery: **Lycopodium 30**^[3], three times a day
Eye surgery: **Ledum 30**, every four hours
Tonsillectomy and adenoidectomy: **Rhus tox 30**^[5], every four hours
Orthopedic surgery
--involving cartilage or periosteum: **Ruta 30**, every four hours
--involving the spine: **Hypericum 30**, every four hours
--Surgery for bullet wounds and/or stab wounds: **Staphysagria 30**^[3], four times a day
Plastic surgery: **Arnica 30** (internally) and **Calendula**, (externally) four times a day
Amputation: **Hypericum 30**^[3], every four hours
Hemorrhoids: **Staphysagria 30** or **Aesculus 30**^[4], every four hours for two or three days. Varicose veins: **Ledum 30**, three times a day
Dental surgery: **Hypericum 30** and **Ruta 30**, alternating every two to four hours

Homeopathy for Specific Ailments After Surgery

Some common conditions after surgery for which homeopathic medicines are often effective include the following:

Fear of Death: **Aconitum 30** is indicated (every hour for up to four doses).

Bleeding

Arnica 30^[4] helps to slow or stop bleeding after surgery. **Phosphorus 30**^[5] is the primary remedy for helping to stop bleeding when **Arnica** does not work adequately. **Ipecacuanha 30**^[5] is indicated when there is much bleeding of bright red blood, often accompanied by nausea. **Secale 30** is effective in treating uterine bleeding that is aggravated by heat and relieved by cold. **Cinchona 30** is helpful for people whose bleeding and general loss of fluids lead them to feel weak and faint and have ringing in the ears. This remedy is sometimes indicated several weeks, months, or years after much fluid has been lost, after either an illness or an operation. **Arsenicum 30** is useful when profuse bleeding leads to great weakness, burning pains, restlessness, anxiety, and fear, along with a characteristically large thirst for only sips at a time.

Dose: Take the remedy every hour until bleeding stops, not more than four doses. If bleeding has not significantly slowed, consider another remedy. The next day, take one more dose of whichever works to reduce the possible complications of blood loss.

Trauma to Tissue

Arnica topically and **Arnica 6 or 30** are useful when the muscle feels bruised or swollen and when there is any pooling of blood under the skin. **Hamamelis** topically and **Hamamelis 6 or 30**^[1] are effective when the person has weak veins, passive hemorrhage, bleeding hemorrhoids, or varicose veins. Capillaries are enlarged and congestion is marked. **Calendula** in external application (gel, ointment, tincture, spray) is indicated to heal wounds or incisions. **Bellis perennis 6 or 30**^[4] is a remedy for use after abdominal surgery and when deep internal tissue has been traumatized.

Dose: Apply external remedies at least once a day, and apply again if bathing washes them off. Generally, only two to eight doses of the internal remedy over a two day period will be necessary to complete the healing process.

Wound Infection

External applications of **Calendula** and **Hypericum**, either alone or preferably together, help to both prevent and treat infection of surgical wounds. If pus has developed and caused hypersensitivity of the wound, **Hepar sulphur 30**^[3] is recommended. Because **Hepar sulphur** is an effective remedy for helping to push out splinters, pieces of glass, and various foreign objects that get stuck under the skin, it also has a tendency to push out surgical stitches. Thus it is not recommended to use this remedy when there are stitches, except towards the end of the healing process, when their removal is part of the healing. If the wound becomes purplish, **Lachesis 30** or **Gunpowder 30**^[1] is indicated. If there is much burning in the wound or wound area, **Sulphur 30** is helpful.

Dose: Apply external remedies at least once a day, and apply again if bathing washes them off. Take internal remedies every two to four hours during the first 24 hours and four times a day for two to five more days.

Scarring and Adhesions:

Apply **Thiosinaminum**^[3] tincture externally or use an external combination formula that also contains **Calendula** (some injury gels include these ingredients). Take **Graphites 12**^[1] internally.

Dose: Apply external remedies at least once a day, and apply them again if bathing washes them off. You may need to do this for several weeks or months. Internal remedies should be taken three times a day for two days, and if necessary, repeated one month later.

Constipation

Raphanus 6 or 30^[1] is indicated when there is constipation with no urgings for a stool and/or when there is painful gas.

Dose: Take this remedy three times a day for up to four days.

Nausea and Vomiting

Nux vomica 6 or 30^[5] is good for violent retching, especially when there is generally ineffectual retching that does not lead to vomiting. **Phosphorus 6 or 30**^[3] helps to prevent or treat nausea after surgery; it is indicated when the patient has a strong thirst for ice drinks; he or she may also have a concurrent headache. **Ipecac 6 or 30**^[1] is effective for persistent nausea with vomiting, when vomiting does not provide relief. **Arsenic 6 or 30** treats violent and incessant vomiting which is made worse by drinking water, especially cold water, or eating.

Dose: Take a remedy every two hours during intense symptoms and every four hours during less intense discomfort. If improvement is not obvious after 24 hours, consider another remedy.

Gas

Carbo veg 6 or 30^[3] helps people who suffer from great distension and offensive gas, who get some relief from release of gas, and who desire carbonated drinks because they seem to help them release gas. **Cinchona 6 or 30**^[3] is useful when there is more pain than distension, frequent rumbling in the abdomen, and no relief from releasing gas. **Raphanus 6 or 30**^[3] is a common remedy for people who have a distended abdomen but are unable to expel gas. Because this condition is extremely

common after surgery, especially abdominal surgery, this remedy is often indicated. **Colocynthis 6 or 30^[1]** is effective when there is more pain than distension, and also cramps that are relieved by bending over.

Dose: Take a remedy every two hours during intense pain and every four hours during mild discomfort. If improvement is not obvious after 24 hours, consider another remedy.

Bedsore

This is one of the most common unwanted but usually occurring condition in bed ridden patients. Apart from the sufferer, the caretaker and the doctors try their best to avoid such prevailing conditions. In such scenario, Homoeopathy provides a varied dimension in preventing and also in the existing wounds. Remedies like **Arnica** , **Calendula** , **Petroleum** , **Silicea** ^[4] acts wonderfully by not only healing the erosion of tissues due to stagnation of blood on dependent areas but also soothes the skin surface back to normal healthy state. They can be used both internally in potencies and as external applications locally.

Conclusion: The integration of homeopathic medicines with surgical care uses the best of both worlds to create comprehensive and ultimately more effective health care.

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A case of alopecia areata

Piyush Achaliya (PG Scholar)

Abstract-

Alopecia areata is common cause of non-cicatricial alopecia that occurs as a patchy, confluent or diffuse pattern. In allopathic way of treatment they use glucocorticoid, intralesional injection, and systemic cyclosporine for management and for surgical treatment they use hair transplantation. This treatment suppresses the disease not cure the patient and complaint again reappear after some time. Homoeopathy has mentioned medicines for alopecia areata. A case reported was a male of 25 years of age suffering from sign of alopecia areata on the right side of chin. The homoeopathic medicine **phosphorus 200c** was prescribed on basis of case. Alopecia areata was reduced considerably within 1 months and it was reduced completely in 3 months, no recurrence of alopecia areata was observed thereafter. Photographs during follow up visits provided documentary evidence about the effectiveness of homoeopathic phosphorus 200c in alopecia areata.

Key words: case report, alopecia areata, phosphorus, homoeopathy.

Introduction

Hair is long cylindrical, slender fibre composed of dead cells and proteins. It is an outgrowth of hair follicle that is present in the epidermal layer of skin.

In alopecia there is excessive fall of hair in bunches from an area of head. This actually results from changes in hair follicle because of which it loses its function of forming hair. Basically hair loss is attributed to damage of hair follicle and not the hair. The term alopecia areata was used as far back as in 1790 for first time.

Lifetime incidence risk of alopecia areata estimated at 2.1%. In alopecia it is seen that most of the people affected by it fall in late 20's and early 30's and in such cases even the genetic background is not much stronger. This suggests that there is something other than the reasons responsible for alopecia and that is stress.⁽¹⁾ In allopathic way of treatment they use glucocorticoid, intralesional injection, and systemic cyclosporine for management and for surgical treatment they use hair transplantation. This treatment suppresses the disease not cure the patient and complaint again reappear after some time.⁽²⁾

Etiology-

Unknown. Alopecia areata can be associated with other autoimmune diseases, including thyroid disease, celiac disease, vitiligo, and atopy.⁽³⁾

Homoeopathy has been treating alopecia areata successfully without giving any recurrence. In homoeopathy, different medicines were mentioned for alopecia areata, but there was a lack of published case study or research work with documentary evidence about alopecia areata being treated with homoeopathy.

A case report presented with alopecia areata photographs of follow up visit has provided documentary evidence about the effectiveness of homoeopathic treatment in alopecia areata.

Case report

History-

A male aged 25 years presented on January 1, 2017, to the outpatient department of institute with the complaint of alopecia areata on right chin for 20 days. He had no history of any disease.

Personal history-

Patient is a student. Belonging to middle class socio economic group with no any habits and addiction.

Generals-

His appetite is good .He has desires for sweet and thirst is of large quantity of cold water. Thermal reaction of patient is hot (craves cold drinks, prefers winter, and cannot tolerate heat) and seems to be always anxious with his complaints.

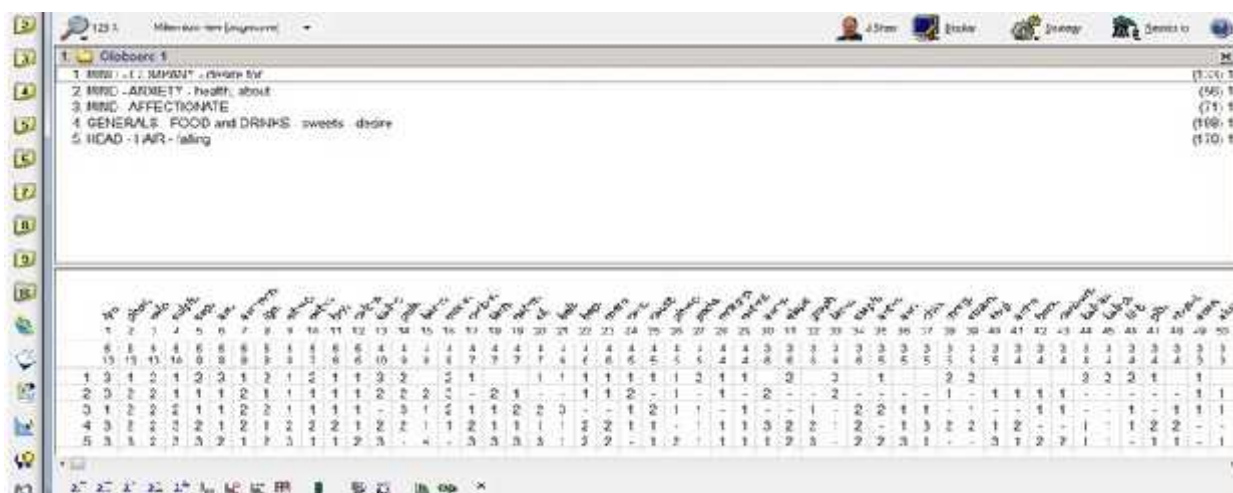
Local and systemic examination-

Cardiovascular system - S1 and S2 heard normally on auscultation.

Respiratory system - Air entry bilaterally equal on auscultation.

Central nervous system - conscious and oriented.

Analysis of case-



After analysing the case the characteristic mental and physical general and particular symptoms were considered for framing totality. Considering the symptomatology, synthesis repertory was preferred and using radar software, systemic repertorization was done. The repertorization chart is given above.

Phosphorus 200c, bid for 7 days was prescribed on first visit. Considering the reportorial totality .the patient improved symptomatically .the detail of follow up is given.

DATE	INDICATION FOR PRESCRIPTION	MEDICINE WITH DOSE
15/01/2017	Alopecia areata on face. Anxious own health about .affectionate, desires sweet.	Phosphorus 200c bd. Followed by placebo 7 days
22/01/2017	Alopecia areata not increased size, general feeling of well being	Placebo 15 days
7/02/2017	Small hairs are seen on the bald area	Placebo 15 days

1/03/2017	The hair are little more than previous follow up. Feeling of well-being. but no complete hair on bald spot	Phosphorus 200c *3 dose*8 hourly. Followed by placebo bd 1 month.28/03/2017
28/03/2017	The bald spot reduced 90 /. There is no any complaint.	Placebo bd 15 days.

Before treatment-

After treatment



Discussion and conclusion-

Alopecia areata (AA) is a common cause of noncicatricial alopecia that occurs as a patchy, confluent or diffuse pattern. It may occur as a single, self-limiting episode or may reoccur at varying intervals over many years. Strong direct and indirect evidence supports an autoimmune etiology for alopecia areata. The origin of disease process is not fully understood; however, there are indications for a T-cell-mediated autoimmune process directed against an unknown autoantigen of the hair follicle. T lymphocytes that have been shown to be oligoclonal and autoreactive are predominantly present in the peribulbous inflammatory infiltrate.⁽⁴⁾

Patient visited the opd of hospital for alopecia areata. He is very anxious about his complaints. By considering his totality of symptoms phosphorus 200c bd is prescribed for 3 days, followed by placebo bd for 15 days. After 15 days at visit no considerable changes was observed. The medicine phosphorus 200c was repeated bd followed by placebo bd for 15 days. In next visit there is no increase in the size of alopecia. He feels generalised well-being. Anxiety slightly reduced. In next followup only the placebo was prescribed. At time of next follow up there is growth of small hairs at the bald spot. At that time again the medicine is prescribed. 3 month later there is total hair growth at the bald spot.

It is very clear from this case can be successively managed with the homoeopathic medicines.

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