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Fax : 01204314220
e-mail : info@homoeojournal.com

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Editor Speak

Dear Readers,

For the comprehensive health and medicine resource to be available to the people and also to the medical professionals, research is very important. Without research, there is no new knowledge added to the existing knowledge. This causes a lot of problems for the people who are involved in patient care and other activities.

Research is nothing but reviewing literature and also conducting experiments with various medications to help to treat the different diseases that are present. There are various aspects of research in medicine that are not easily understood by a common man. These days, the evidence based practice or evidence based medicine are very important while treating patients. This is because there needs to be a scientific basis on which any treatment is given to the patients. This holds true for homoeopathic practice as well, more so because homoeopathy still needs to establish the scientific basis to its application.

In the past, homoeopathic physicians didn't always have access to the latest medical research. They often used to decide how to treat patients using only their own judgment and experience, and what they had already learnt. Medical knowledge changes all the time. And what doctors used to think was the best thing to do, even a few years ago, might actually be considered harmful today.

Only by looking at all the evidence and judging it fairly can you work out what the research really says about a treatment. This is called practicing evidence-based medicine. When researchers study a disease or a condition, they look at many more patients than a doctor will ever treat.

Clinical research is critical to understanding diseases and improving treatment therapies. Clinical research studies aspire to answer specific questions related to a particular disease process. Some research studies focus on the quality of life patients experience while others compare the effectiveness of a particular drug.

Asian Journal of Homoeopathy is based on information from Clinical Evidence, a publication for homoeopaths written by experts from all over the world. These experts look at all the evidence for a treatment. They weigh it up carefully and decide which treatments work and which don't work. They include research studies that have been published and those that haven't been published.

A clinical evaluation study was undertaken in the OPD services at Sonajirao Kshirsagar Homoeopathic medical college, Beed, Maharashtra. Thirty children from the age group of 2 years to 10 years with pain ear with or without fever were entered into the study. The patients were given homeopathic medicine selected on the basis of symptoms or a placebo administered orally three times daily for 5 days, or until symptoms subsided, whichever was earlier. The results suggested that a positive treatment effect of homoeopathy when compared with placebo in acute otitis media cannot be excluded and that a larger study is justified.

Marcus Zulian Teixeira, Department of Internal Medicine, School of Medicine, University of São Paulo, São Paulo, Brazil conducted a research to study the rebound effect of the organism. In modern pharmacology, the secondary action (vital reaction) is known as rebound effect or paradoxical reaction of the organism. It has been observed after the discontinuation of several classes of palliative (enantiopathic) drugs, i.e. those that act according to the principle of contrary (*contraria contrariis curentur*). The validity of the principle of similitude is demonstrated in the scientific evidence of the rebound effect of modern drugs, and it is proposed the homeopathic employment of conventional drugs using their primary actions (therapeutic, adverse and side effects) as pathogenetic manifestations. In this way, the therapeutic scope of homeopathy is broadened through the addition of thousands of new medicines that can be employed in every kind of disease, including the countless modern clinical syndromes.

Dr. Eswara Das
Honorary Editor

Clinical Evaluation of Homoeopathic Remedies in Acute Otitis

Dr.Arun Bhasme
Principal
Sonajirao Kshirsagar Homoeopathic
Medical College,
College Road, Beed, Maharashtra.

Key words

Homoeopathy, Otitis media, Acute, Chronic, holistic treatment, constitutional, miasmatic, susceptibility.

Abstract

Acute otitis is an inflammatory response of bacterial and viral origin with severe associated unpleasant symptoms. Usually antibiotics, anti allergic and conventional anti inflammatory drugs are generally used. Use of antibiotics in the treatment of acute otitis media is currently being questioned[1]. If the condition is not resolved through effective intervention, it may lead to complications like perforation, effusion, chronic otitis and even to hearing impairment. In Homoeopathy there are several simple medications that could take care of the acute inflammatory process and also reduce the complications

A clinical evaluation study was undertaken in the OPD services at Sonajirao Kshirsagar Homoeopathic medical college, Beed, Maharashtra. Thirty children from the age group of 2 years to 10 years with pain ear with or without fever were entered into the study. The patients were given homeopathic medicine selected on the basis of symptoms or a placebo administered orally three times daily for 5 days, or until symptoms subsided, whichever was earlier. The results were analyzed for the symptomatic improvement on 3rd day, 5th day, 10th day and 3 weeks and the outcome. Number of cases where the symptoms persisted after 3rd, 5th day in the group received Homoeopathic treatment was much less. It also showed that the cases followed over a period of 3 months, 6 months and 1 year showed that there is significant reduction in the recurrence of ear infection. This shows the positive effect of the simple Homoeopathic medication in acute ear infections irrespective of the causative agent.

These results suggest that a positive treatment effect of homoeopathy when compared with placebo in acute otitis media cannot be excluded and that a larger study is justified.

INTRODUCTION

Acute Otitis develops generally due to individualistic/ sporadic causes. Streptococcus pneumoniae, Haemophilus influenza, and Moraxella catarrhalis are the most common bacterial isolates from the middle ear fluid of children with acute otitis media[2]. Inflammatory reaction resulting from viral infections of upper respiratory tract can also lead to acute ear infections. Acute ear infections are one of the common causes in young children seeking medical assistance in India.

The incidence of acute otitis is quiet common in children and usual treatment resorted to is antibiotics, anti-inflammatory, antihistaminic, and steroids which limits the infection, but recurrence is quiet common.

Homoeopathy treats the patient [3] with individualistic approach, with symptomatic medicine as well as constitutional corrections. Homoeopathy consider the *individual susceptibility* as an important factor of the diseases which are affected with meturic and telluric influences. This individual susceptibility is influenced by the *constitutional* or *miasmatic dyscrasias*, which is a unique concept in Homoeopathy, is identified as

the primary cause of diseases which in turn affect the susceptibility that lead a normal individual sick. In view of these the dynamised medicine is directed to improve susceptibility by restoring the constitutional influences. As the cause is dynamic, the treatment should be dynamic one.

DIAGNOSTIC CRITERIA

Diagnostic criteria for acute otitis include rapid onset of symptoms, middle ear effusion, and signs and symptoms of middle ear inflammation. Fever, otalgia, headache, irritability, cough, rhinitis, listlessness, anorexia, vomiting, diarrhea, and pulling at the ears are common, but nonspecific symptoms. Detection of middle ear effusion by pneumatic otoscopy is key in establishing the diagnosis. Observation is an acceptable option in healthy children with mild symptoms.

AIM

To evaluate the scope of homoeopathic medicines in acute otitis through clinical studies.

OBJECTIVES

1) To establish the effective and safe homoeopathic interventions in acute ear infections.
2) To short list the group of commonly indicated remedies as well as constitutional or miasmatic remedies.
3) To study the recurrence of ear infection in patients taking Homoeopathic remedies.

GENERAL CONSIDERATION

(I) What is otitis media?

Otitis media is inflammation of the middle ear. Otitis media can be acute or chronic. Acute otitis media is usually of rapid onset and short duration. Acute otitis media typically causes fluid accumulation in the middle ear together with signs or symptoms of ear infection, a bulging eardrum usually accompanied by pain, or a perforated eardrum, often with drainage of purulent material (pus). Fever can be present.

(II) How common is acute otitis media?

Otitis media is the most common diagnosis in sick children in the U.S. Young children infants, and preschoolers are particularly prone. Almost every child has at least one bout of acute otitis media before the age of 6.

(III)Why do young children tend to have ear infections?

The Eustachian tube is shorter and more horizontal in young children than in older children and adults. This allows easier entry into the middle ear for the microorganisms that cause infection and lead to otitis media.

(IV) What are the symptoms of acute otitis?

Young children with otitis may be irritable fussy, or have problems feeding or sleeping. Older children may complain about pain and fullness in the ear. Fever may be present in a child of any age. These symptoms are often associated with signs of upper respiratory infection such as a running or stuffy nose or a cough.

The buildup of pus within the middle ear causes pain and dampens the vibrations of the eardrum (so there is usually temporary hearing loss during the infection.) Severe ear infections may cause the eardrum to rupture. The pus then drains from the middle ear into the ear canal. The hole in the eardrum from the rupture usually heals with medical treatment.

(V) How is acute otitis treated?

The treatment for acute otitis is medication usually for 7-10 days. About 10% of children do not respond within the first 48 hours of treatment. Even after treatment, 40% of children are left with some fluid in the middle ear, which can cause temporary hearing loss lasting for up to 3-6 weeks. In most children, this fluid eventually disappears spontaneously (on its own).

Children who have recurring bouts of otitis media may have an ear tube placed (tympanostomy tube) in the ear to permit fluid to drain form the middle ear.

If a child has a bulging eardrum and is experiencing severe pain, a procedure to lance the eardrum (myringotomy) may be recommended to release the pus. The eardrum usually heals within a week.

(VI) Anatomy of ear

Ear is typically divided into three compartments, the

outer (external) ear, middle ear, and inner ear (labyrinth). The outside part of the ear and the ear canal make up the outer ear. They function to collect sound (acoustic energy), and funnel it to the eardrum (tympanic membrane). The middle ear consist of the eardrum and certain bony parts. The ear drum is a thin, flexible membrane that separates the outer ear from the middle ear. The middle ear is an air filled space that houses the three middle ear bones that transmit sound. The first bone is the hammer (malleus), which is connected to the anvil (incus), whichS is connected to the stirrup (stapes). These tiny bones are named to reflect their particular shapes. The middle ear is connected to the back of the nosed (nasopharynx) by the Eustachian tube.

Like the outer ear, the middle ear is involved in hearing. Thus, the sound energy coming from the outer ear causes the eardrum to vibrate. In turn, the eardrum sets into motion the first ear bone, which transmits the motion to the second bone. Finally, the third bone (the stapes) works like a piston to transform the sound energy into mechanical energy. The mechanical energy is then transmitted from the stapes to the hearing part (cochlea) of the inner ear.

The delicate membranous inner ear (labyrinth) is enclosed and protected by a bony chamber that is referred to as the bony labyrinth. The inner ear is made up of both hearing (auditory) and balance (vestibular) components. The cochlea is that part of the inner ear involved with hearing. The semicircular canals and the vestibule are the parts of the inner ear involved with balance. There are two compartments of fluid in the cochlea (as well as in the rest of the inner ear.

The perilymphatic space, which is within the bony labyrinth and surrounds the membranous labyrinth. The

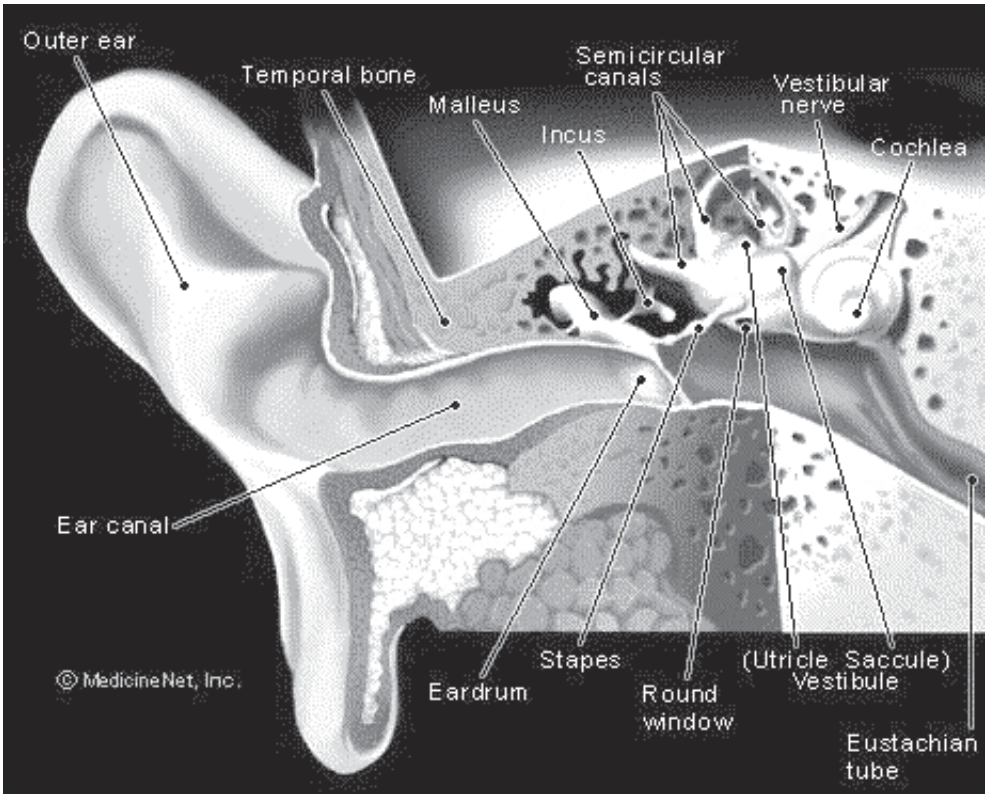

Figure 1, diagram of outer, middle, and inner ear. The outer ear is labeled in the figure and includes the ear canal. The middle ear includes the eardrum (tympanic membrane) and three tiny bones for hearing. The bones are called the hammer (malleus), anvil (incus), and stirrup (stapes) to reflect their shapes.
The middle ear connects to the back of the throat by the Eustachian tube. The inner ear (labyrinth) contains the semicircular canals and vestibule for balance, and the cochlea for hearing.

endolymphatic space, which is within the membranous labyrinth. As the stapes pushes back and forth against the cochlea, it compresses the fluid to create waves in the fluid-filled compartments. Depending on the characteristics of the waves, specific nerve messages (impulses) are created. These messages then travel through the cochlea nerve (the hearing branch of the eighth cranial nerve) to the base of the brain (brainstem) and brain where these are interpreted.

The sense of balance is maintained by complex relationships between sense organs that are located in the ears, eyes, joints, skin and muscles. The brain receives and processes the input from these peripheral sense organs. When the system is working successfully, the brain is able to tell us in what direction we are pointed, what direction we are moving toward and if we are turning or standing still. Balance problems can occur, however, when the brain receives conflicting messages from the different sense organs, or if a disease affects one or more of the sense organs.

The vestibular (balance) system is made up of five organs that are housed in the inner ear (labyrinth). These so-called vestibular organs are the three semicircular canals, the saccule, and the utricle. (The saccule and the utricle make up the vestibule.) See the figure. The semicircular canals are responsible for the detection of rotation (angular acceleration). In contrast, the saccule and utricle are responsible for the detection of straight-line (linear) acceleration and gravity.

As already mentioned, these five vestibular organs, as well as the hearing part (cochlea) of the inner ear, contain fluid filled compartments (endolymphatic fluid in the endolymphatic space). What's more, these organs contained with the fluid filled bony labyrinth (perilymphatic fluid in the perilymphatic space.) A healthy vestibular system is dependent on the proper maintenance of the fluid spaces. Furthermore, each vestibular organs has a paried partner in the other (contra lateral) ear. And, the partners are connected to each other in the brainstem by the vestibular nerve, which is the other main branch of the eighth cranial nerve.

The three semicircular canals in each ear are geometrically arranged precisely so that the canals are situated at right angles (perpendicular) to each other. Accordingly, rotational movement in any direction is measured by the appropriate semicircular canal in each ear. You see the canals are fluid filled circular tubes that work to produce messages by displacing the fluid during rotational movement.

In contrast to the three semicircular canals, the saccule and utricle responds to linear (straight-line) acceleration and gravity. A dense structure called the macula is located in the wall of the saccule and utricle. The macula is made up of nerve endings that are capped by tiny stone-like structures. These stones (called otoconia or cupulolithiasis) are actually crystals or granules of calcium carbonate. They are imbedded in the cupula, which is gelatinous layer that lines the macula. During hear movement, the combined forces of linear acceleration and gravity displaces the tiny stones, and thereby generates messages.

The messages from the right and left vestibular systems feed by way of the right and left vestibular nerves into the vestibular centers (nuclei) in the brainstem. These centers also receive input from the eyes, muscles, spinal cord, and joints. Furthermore, higher centers in the brain continue to process the information. The final result is an integrated system that allows us to maintain our balance in our ever-changing environment.

When input from each ear is equal, the system is in balance, and there is no sense of movement. When inputs are unequal, the brain interprets this as movements. And, as a result, compensatory eye movements and postural adjustments occur to maintain balance. The brain can override or in some cases make up (Compensate) for a loss of vestibular function. In fact, by using other sensory inputs, the brain can re-balance itself, and thereby often compensate for a complete loss of vestibular function in one ear.

(VII) Physiology of hearing mechanism

The physiology of hearing mechanism can conveniently be divided into three topics:

1 The outer ear (auricle or pinna) and ear canal
2 The Middle ear
3 The inner ear

The Auricle and Ear Canal

Each hole are the side of the skull leads into a ear canal. The ear canal is an irregular cylinder with an

average diameter of less than 0.8 mm and about 2.5 cm long.

The ear canal (Figure 1) is open at the outer end, which is surrounded by the pinna (or auricle). The pinna plays an important special focusing role in hearing. The canal then narrows slightly and widens towards its inner end, which is sealed off by the eardrum.

Thus the canal is shaped tube enclosing a resonating column of air with the combination of open and closed ends. This makes it rather like an organ pipe.

The middle ear or tympanic cavity is an irregular, laterally compressed space within the temporal bone. It is filled with air, which is conveyed to it form the nasal part of the pharynx through the auditory tube. The tympanic cavity consists of two parts: the tympanic cavity proper, opposite the tympanic membrane, and the attic or epitympanic recess, above the level of the membrane.

The tegmen tympani, which separate the cranial and tympanic cavities latter, contain the upper half of the malleus and the greater part of the incus. Including the attic, the vertical and antero posterior diameters of the cavity is each about 15-mm.

The tegmental Wall or Roof (Paries tegmentalis) is formed by a thin plate of bone, the tegmen tympani, which separates the cranial and tympanic cavities

The Ear Canal

The ear canal supports (resonates or enhances) sound vibrations best at the frequencies which the human ears hear most sharply. This resonance amplifies the variations of air pressure that make up sound waves, placing a peak pressure directly at the eardrum.

For frequencies between approximately 2 KHz and 5.5 KHz, the sound pressure level at the eardrum is approximately 10 times the pressure of the sound at the auricle.

Eardrum- interface between outer and middle ear.
Airborne sound waves reach only as far as the eardrum. Here they are converted into mechanical vibrations in the solid materials of the middle ear.
Sound (air pressure waves) first set up sympathetic vibrations in the taunt membrane of the eardrum, just as they do in the diaphragm of some types of microphone.

The eardrum passes these vibrations onto the middle ear structure.

(VIII) Pathology of Otitis Media

The infection passes through five stages

1) **Catarrhal stage**: (stage of congestion is characterized by occlusion of eustachian tube & congestion in the middle ear.
2) **Stage of exudation:** exudate collects in the middle ear & the drum is pushed laterally. Initially the exudate is mucoid latter it becomes purulent.
3) **Stage of suppuration:** Pus in the middle ear collects under tension, stretches the eardrum, & perforates it by pressure necrosis & the exudate starts escaping into the external auditory canal.
4) **Stage of healing:** Depending upon the virulence of the organisms, resistance offered by the body & the antibiotics administred, the infection starts resolving from any of the earlier stages mentioned. Usually the infection clears up completely without living any sequelae.
5) **Stage of complications:** Infection may spread to the mastoid antrum through the aditus. Initially it causes a catarrhal mastoiditis characterized by congestion of the mastoid mucosa. In the next stage of coalescent mastoiditis, granulation & oedema block the aditus to antrum, & pus collects in the mastoid under tension leading to the breakdown of septa between the air cells, & the air cells in the mastoid coalesce. The mastoid is thus converted into a bag full of pus & granulation. This is also called empyema of the mastoid.

METHODOLOGY

1) Type of study

Clinical evaluation of ear infections on the principles of Homoeopathy. This study includes acute cases, recurrent ear infections with or without catarrhal symptoms. It is an open non randomized observational study.

The study population is 30 cases selected from the Outpatient Department of the Sonajirao Kshirsagar Homoeopathic Medical College, Beed.

2) Study design

• All the patients satisfying the criteria of case definition and inclusion were studied.
• Detailed case history was taken which is required to give medicine to give relief from acute stage and clinical examination was done through the E N & T Department.

3) Case definition

Cases included in this study means, any acute case, and willing to take homoeopathic treatment will be taken as a case after applying inclusion and exclusion criteria.

4) Sampling procedure

Cases with ear complaints were screened and those without any gross ear pathology was included for study.

5) Selection of drug/potency

After a detailed case taking, the case was assigned to a group depending upon the indicating patterns. The concept of individualization was applied. The main parameters being appetite, thirst, sleep, modalities, thermals, constitution, sphere of action, generalities, clinical affections and underlying pathology of disease process. Repertorization [4] was done. Later on, final differentiation indicated a particular remedy from Dr. Kent's repertory, which matched the totality of the symptoms. The factors taken into consideration for differentiation are ailments from, appetite, thirst, cravings/ aversion, thermal state, sleep, perspiration, modalities, constitutional features like predisposition, temperament etc.

6) Preparation and administration of drug

Homoeopathic Medicines prepared by M/S Schwabe India (P) Ltd was used for the study. Centesimal potencies prepared as per the directions stated in Homoeopathic Pharmacopeia of India (HPI) were used.

7) Potency and repetition

30^{th} potency was used. Where ever the response was poor then only other potencies used.

8) Declaration

It is declared that the drugs in the study are not harmful to the human beings.

9) Clinical protocol

The data was collected by proper method and processed in a standardized format with the following aspect.

• The total research project was approved by the Institutes 'Ethical Committee'
• Patients were selected on the basis of case definition.
• Details of research work were explained to the patients and their consents were taken on the 'Patient Information Sheet' and 'Informed consent Form' was given to the patients and filled by him.
• Nosological diagnosis of a case was done with adequate investigations.
• All the cases were recorded in a standardized 'Follow up Sheet'

10) Inclusion criteria

• Patients of age group from 2 years to 12 years
• Both sexes with any of the two signs/ symptoms of acute otitis
• willing to take homoeopathic treatment.
• Patients were taken irrespective of the socio-economic status.

11) Exclusion criteria

Chronic cases, cases with other systemic diseases, patients with autism or other behavioral problems, higher age groups, those who have been taking long term anti biotics and other medications.

12) General management

• ***Problem definition***: understanding exactly the precise problem of the patient. This was done at following two levels.

a) ***Diagnostic***- arriving at the nosological diagnosis of a disease process through exclusion and

inclusion criteria with or without the aid of investigation.

b) ***Patient as a person***- understanding the patient as a whole, through studying and analyzing the expressions in various areas of functioning like personal history, constitution, family work and society evolution of personality.

• ***Problem resolution***: identification of the correct remedy and utilization of Dr. Kent's repertory for the same. This was done at following three levels.

a) ***Therapeutics:*** Through a well-selected remedy from Dr. Kent's repertory.

b) Proper diet

13) Criteria of follow up

It differed from patient to patient, but important parameters based on Homoeopathic principles like sleep, appetite, thirst, general well being were considered. Follow-up was taken every two days or as and when symptoms were severe.

14) Laboratory investigations

As required, appropriate investigations were done from time to time.

· Blood examination: HB%, TC, DC, CT and BT was done wherever required.

· U/S abdomen was done as and when required.

15) Criteria of assessment

Since the study included cases of varied pathogenesis, the assessment changed from patient to patient and was decided as below…

• ***Good :*** More than 75% complaints relieved.

• ***Moderate:*** More than 50% and less than 75% complaints relieved.

• ***Poor:*** Less than 50% complaints relieved.

DISCUSSION

In this project an effort has been made to explore to effectively treat otitis using similimum. Out of 30 patient 28 of them recovered totally, which shows there is a definite role of homoeopathic treatment in the cases of otitis. The response was good in 25 cases, moderate in 3 cases and poor in only one case. There was a drop out of 1 case. The most commonly used medicine was belladonna followed by Merc sol and Hepar sulph. 30th potency was the most commonly prescribed in acute phase. The response to medicine was marked in 24 hrs, and in none of the cases acute medication was required for more than 3 days. In 12 cases the relapse was noticed in a period ranging from 1 month to 3 months. When ever there was recurrence the acute medicines did help to resolve the crisis. Calcarea carb, Sulphur and Tuberculinum were prescribed in 15 cases which prevented the recurrence. All these 30 cases were followed for one year and in 28 cases the response was positive.

Age and Sex Profile

Children are commonly affected by Acute Otitis Media with All the 30 cases being of patients under the age of 10 years. The predisposing causes are enlarged adenoids and tonsils, a developing immunity and a relatively straighter and smaller Eustachian tube. Females and Males are equally affected by Otitis Media.

Remedy

The precipitating causes (viz. Cold draft, eating ice-cream/cold drinks, air pressure effects), sphere of action and the etiopathogenesis of otitis media match those of the remedies.

Results

Most of the cases have improved with single medicine. The complications have been averted and the disease process has been aborted. In 6 cases when Belladonna alone was found not responding, but when Merc sol was prescribed in alteration, the response was remarkable .

Posology

The homoeopathic similimum selected was administered in 30 centesimal potency. Constitutional and inter current prescriptions were made in 1 M potency.

CONCLUSION

The outcome of the whole study was quite positive. Out of the total 30 (Thirty) patients 28 (Twenty-eight) patients recovered, whereas 1 (one) patient was partially recovered and one (one) patient discontinued. This means the cure rate was 94%. After taking homoeopathic medicine the patient neither had any complication or pain nor had any new complaints. The

time taken for relief was only 24 hrs and relapse was prevented in almost all cases.

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Homeopathic Use of Modern Drugs: Therapeutic Application of the Paradoxical Reaction of the Organism or Rebound Effect*

Marcus Zulian Teixeira
Department of Internal Medicine, School of Medicine, University of São Paulo, São Paulo, Brazil

Abstract

When Samuel Hahnemann systematized the homeopathy and the effects of drugs on the state of human health, he described a primary action of a drug, which is followed by a secondary and opposite action of the organism. Seeking to employ such secondary action or vital reaction of the organism as a therapeutic method, he stipulated the principle of similitude, namely to administer to ill individuals the drugs that cause similar symptoms in healthy individuals (*similia similibus curentur*). In modern pharmacology, the secondary action (vital reaction) is known as rebound effect or paradoxical reaction of the organism. It has been observed after the discontinuation of several classes of palliative (enantiopathic) drugs, i.e. those that act according to the principle of contrary (*contraria contrariis curentur*). Besides to being able to cause severe and fatal iatrogenic events when appearing after the palliative use of modern drugs (principle of contrary), the rebound effect might awaken a healing reaction if the very same drugs involved were employed according to the principle of similitude. The validity of the principle of similitude is demonstrated in the scientific evidence of the rebound effect of modern drugs, and it is proposed the homeopathic employment of conventional drugs using their primary actions (therapeutic, adverse and side effects) as pathogenetic manifestations. For this purpose and using as database the monographs described in The United States Pharmacopeia Dispensing Information, it was elaborated a homeopathic materia medica and repertory of 1251 modern drugs, which follow the traditional systematic of the homeopathic model (www.newhomeopathicmedicines.com). In this way, the therapeutic scope of homeopathy is broadened through the addition of thousands of new medicines that can be employed in every kind of disease, including the countless modern clinical syndromes.

Keywords

Homeopathy; Action Mode of Homeopathic Remedies; Pharmacodynamic Action of Homeopathic Remedy; Homeopathic Remedy; Secondary Effect; Rebound Effect; Paradoxical Reaction.

Introduction

In work that inaugurates the homeopathy, *Essay on a new principle to ascertain the healing powers of*

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drugs (1), Samuel Hahnemann discusses the pharmacological properties of tens of medicines used at that time and for each one he describes its *direct primary action* on the body, manifested through a series of pathogenetic effects or symptoms, as well as the subsequent *indirect secondary action* developed by the organism to neutralize the former. Hahnemann attributes to the latter the healing power of drugs. To illustrate:

Arsenic (Arsenicum album). Direct primary action: tendency to excite spasm in the blood vessels and chills, in daily paroxysms; continual use of large doses gradually causes an almost constant febrile state; decrease of the tonus of the muscular fiber and the sensitiveness of nerves (paralysis); stimulates cough; causes some chronic affections of the skin (with desquamation). *Indirect secondary action:* treatment of intermittent fever with daily recurrence, useful in hectic and remittent fever, in some types of paralysis, in cough, in similar diseases of the skin.

Later on, in the "Introduction" of the *Organon of homeopathic medicine* [2], his major work, Hahnemann describes hundreds of examples of involuntary homeopathic cures accomplished by doctors of the "Old School". In this way, he was able to ground his early observations on the principle of therapeutic similarity on hundreds of bibliographic references stemming from different authors. To continue with the example of arsenic above:

"[...] And whence could arise that curative power of *arsenic* which exhibits in certain species of intermittent fevers, (a virtue attested by so many thousands of examples, but in the practical application of which, sufficient precaution has not yet been observed, and which virtue was asserted centuries ago by *Nicholas Myrepsus,* and subsequently placed beyond a doubt by the testimony of *Slevogt, Molitor, Jacobi, J. C. Bernhardt, Jiingken, Fauve, Brera, Darwin, May, Jackson,* and *Fowler),* if it did not proceed from *its peculiar faculty of excit ingfever,* as almost every observer of the evils resulting from this substance has remarked, particularly *Amatus Lusitanus, Degner, Buchholz, Heun,* and *Knape.* We may confidently believe *E. Alexander,* when he tells us that *arsenic* is a sovereign remedy in some cases of angina pectoris, since *Tachenius, Guilbert, Preussius, Thilenius,* and *Pyl,* have seen it give rise to very strong *oppression of the chest; Gresselius,* to a *dyspncea approaching even to suffocation;* and *Majault,* in particular, saw it produce *sudden attacks of asthma excited by walking, attended with great depression of the vital powers*".

In paragraphs 63 to 65 of *Organon of medicine* [3], Hahnemann explicitly grounds the "mechanism of action of drugs" and the "principle of similitude or similarity" on the *primary action of the drug* and the corresponding *secondary action* or *vital reaction of the organism*:

"Every agent that acts upon the vitality, every medicine, deranges more or less the vital force, and causes a certain alteration in the health of the individual for a longer or a shorter period. This is termed *primary action.* [...]. To its action our vital force endeavors to oppose its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power, which goes by the name of *secondary action* or *counteraction*". (*Organon of medicine*, paragraph 63)

By giving to ill individuals drugs that caused similar symptoms in healthy experimental subjects (*similia similibus curentur*), the application of the principle of therapeutic similarity seeks to elicit a healing homeostatic reaction against disease by inducing the organism to react against its own disturbs. Described in 1860 by Sorbonne physiologist Claude Bernard as "fixité du milieu intérieur", the term "homeostasis" was minted in 1929 by Harvard physiologist Walter Bradford Cannon to name the tendency or ability of living beings to keep constant their internal environment through self-adjustments of their physiological processes.

Emphasizing that such secondary action of the organism (opposed in character to the primary action of the drug) is observed "in each and every instance with no exceptions", with ponderable or infinitesimal doses, in both healthy and ill individuals, Hahnemann rises the principle of similitude to the level of a "natural law" (*Organon of medicine*, paragraphs 58, 61, 110-112). Hahnemann had resource to hypothetical syllogism "modus tollens" ("inference by negation" or "indirect proof") to validate the homeopathic method of treatment (principle of similitude). In this way, in paragraphs 56 to 67 of *Organon of medicine* [3] he subjected to

critical analysis the so-called enantiopathic or antipathic method of treatment (principle of contrary). Bringing up the instances of several drugs used at the time, which were indicated on the grounds of a primary action contrary to the annoying symptoms (*contraria contrariis curentur*), Hahnemann showed that after an initial "antipathic slight (short-lasting) relief, [an] aggravation always follows with no exception whatsoever" of the thus palliated symptoms:

"Important symptoms of persistent diseases have never yet been treated with such palliative, antagonistic remedies, without the opposite state, a relapse - indeed, a palpable aggravation of the malady - occurring a few hours afterwards. For a persistent tendency to sleepiness during the day the physician prescribed coffee, whose primary action is to enliven; and when it had exhausted its action the day - somnolence increased; - for frequent waking at night he gave in the evening, without heeding the other symptoms of the disease, opium, which by virtue of its primary action produced the same night (stupefied, dull) sleep, but the subsequent nights were still more sleepless than before; [...] - weakness of the bladder, with consequent retention of urine, was sought to be conquered by the antipathic work of cantharides to stimulate the urinary passages whereby evacuation of the urine was certainly at first effected but thereafter the bladder becomes less capable of stimulation and less able to contract, and paralysis of the bladder is imminent; - with large doses of purgative drugs and laxative salts, which excite the bowels to frequent evacuation, it was sought to remove a chronic tendency to constipation, but in the secondary action the bowels became still more confined; [...] How often, in one word, the disease is aggravated, or something even worse is effected by the secondary action of such antagonistic (antipathic) remedies, the old school with its false theories does not perceive, but experience teaches it in a terrible manner". (*Organon of medicine,* paragraph 59)

In the terms of modern scientific reason and physio-pharmacological concepts, the *primary action* adduced by Hahnemann corresponds to the *therapeutic, adverse and side effects of conventional drugs*. The *secondary action* or *vital reaction*, in turn, corresponds to the *rebound effect* or *paradoxical reaction of the organism,* which has been observed after the discontinuation of several classes of drugs that act contrarily to the symptoms of diseases (palliative drugs, enantiopathic or antipathic) [4-11].

Analogously to traditional secondary action of homeopathic medicines, the *rebound effect of modern drugs* can be used for therapeutic purposes [12-14], namely to stimulate homeostatic healing reactions provided they are prescribed according to the principle of similarity of symptoms as it is described below.

This article presents the conclusion of previous research aiming at a method to use modern drugs according to the principle of therapeutic similitude. The first part discusses the validity of the principle of similitude on the grounds of the scientific evidence for the rebound effect or paradoxical reaction of modern drugs, and the possibility of using the adverse effects of conventional drugs as homeopathic pathogenetic effects. In the second part it is described the elaboration of a homeopathic materia medica and repertory comprising the primary effects (therapeutic and adverse/ side effects) of modern drugs described in *The United States Pharmacopeia Dispensing Information (2004),* illustrating and systematizing their therapeutic application in present day diseases.

Evidence of similitude in modern pharmacology

The same hypothetic "modus tollens" used by Hahnemann to ground the principle of therapeutic similitude corresponds to the "null hypothesis" of modern statistical methods. This author also applied it for the last decade to study the "sad results of the use of antagonistic medicines (principle of contrary)" of modern drugs according to modern physio-pharmacological notions such as *rebound effect* or *paradoxical reaction of the organism* (viz., the *secondary action or vital reaction* of the homeopathic model).

Bridging the gap between the homeopathic principle of treatment and modern pharmacology, there are countless reports in pharmacological compendia and clinical and experimental trials published in scientific journals, which point to a *secondary reaction of the organism opposing the primary action of a drug,* which thus confirm Hahnemann's early observations. Such secondary action, aiming at keeping organic homeostasis, has been named by modern scientific reason as *rebound effect* or *paradoxical reaction of the organism*.

To illustrate: drugs classically used in the treatment of *angina pectoris* (β-blockers, calcium channel blockers, nitrates, etc.) with beneficial effects in their primary effect (anti-angina), might awaken an paradoxical increase of the frequency and intensity of chest pain after discontinuation or irregular use of doses, which sometimes does not respond to any therapeutic means. Drugs used for the control of *arterial hypertension* (β-2 agonists, β-blockers, ACE inhibitors, MAO inhibitors, nitrates, sodium nitroprusside, hydralazine, etc.) might produce rebound arterial hypertension as a paradoxical reaction of the organism to the primary stimulus; *antiarrhythmic* drugs (adenosine, amiodarone, β-blockers, calcium channel blockers, disopyramide, flecainide, lidocaine, mexiletine, moricizine, procainamide, quinidine, digital, etc.) may awaken a rebound exacerbation of basal ventricular arrhythmias, when treatment is interrupted. *Anticoagulant* drugs (argatroban, bezafibrate, heparin, salicylates, warfarin, clopidogrel, etc.), employed due to their primary effect in the prophylaxis of thrombosis, can promote thrombotic complications as paradoxical reaction of the organism. In the use of psychiatric drugs such as *anxiolytics* (barbiturates, benzodiazepines, carbamates, etc.), *sedative-hypnotics* (barbiturates, benzodiazepines, morphine, promethazine, zopiclone, etc.), *stimulants of the central nervous system* (amphetamines, caffeine, cocaine, mazindol, methylfenidate, etc.), *antidepressant* (tricyclic, MAO inhibitors, etc.) or *antipsychotic* (clozapine, phenothiazines, haloperidol, pimozide, etc.) it can be observed a paradoxical reaction of the organism, seeking to keep organic homeostasis, promote the appearance of symptoms contrary to the ones expected of their primary therapeutic use, consequently worsening the initial clinical picture. Drugs with *anti-inflammatory* primary action (corticoids, ibuprofen, indomethacin, paracetamol, salicylates, etc.) might trigger paradoxicalreactions of the organism that increase inflammation together with the serum concentration of its mediators. Drugs with *analgesic* primary action (caffeine, calcium channels blockers, clonidine, ergotamine, methysergide, opiates, salicylates, etc.) can exhibit significant hyperalgesia as rebound effect. *Diuretics* (furosemide, torasemide, triamterene, etc.) enantiopathically used to diminish the volume of plasma (edema, arterial hypertension, congestive heart failure, etc.) may cause rebound retention of sodium and potassium thus increasing the basal volume of plasma. Drugs primarily used as *anti-dyspeptic* (antacids, H_2 antagonists, misoprostol, sucralfate, etc.) in the treatment of gastritis and gastro-duodenal ulcers might promote, after the primary decrease of acidity, rebound increase of the production of hydrochloric acid by the stomach eventually causing perforation of chronic gastro-duodenal ulcers. *Bronchodilators* (adrenergic drugs, sodium chromoglycate, epinephrine, ipratropium, nedocromil, etc.) used in the treatment of bronchial asthma can worsen bronchial constriction as paradoxical response of the organism to the interruption or discontinuation of treatment. Etc. [4,5]

Evidenced by clinical and experimental pharmacology [9,10], the properties of the *paradoxical reaction (rebound effect) of the organism* are the same as the ones of the *homeopathic vital reaction (secondary action)* described by Hahnemann (*Organon of medicine*, paragraphs 59, 64, 69): (i) it appears only in susceptible individuals (around 5% of the population), who present in their constitution symptoms similar to the pathogenetic effects of the drug; (ii) it does not depend on the drug, repetition of doses or type of symptoms (disease); (iii) it appears after the primary action of the drug (discontinuation), as an automatic manifestation of the organism; (iv) it induces an organic state (symptoms) opposite and greater in intensity and/or duration than the primary action of the drug; (v) the magnitude of its effect is proportional to the intensity of the primary action of the drug.

As further peculiar characteristics of this phenomenon, the *rebound effect* or *paradoxical reaction of the organism* manifests itself within a variable period of time (hours to weeks) after the interruption or discontinuance of treatment. It also lasts a variable period of time (hours to weeks) as a function of the characteristic of the drug and the idiosyncrasy of each individual.

Evidence of similitude in the fatal iatrogenic events of modern drugs

Despite the countless number of scientific studies proving the *rebound effect of modern drugs* that have been published in high impact factor journals, whenever the mechanism of action is discussed in either learning contexts or public divulgation, it is systematically neglected. In this way, it is dismissed a "natural phenomenon" (described by homeopathy more than two centuries ago) that could avoid countless fatal iatrogenic events arising from the use of modern

enantiopathic drugs. The situation could be the exact opposite where such evidences included within the body of modern medical knowledge.

Despite the idiosyncratic nature of such phenomenon, which appears in about 5% of individuals – and for the same reason, justifies the need to *individualize medicines* in homeopathic treatments – contemporary scientific evidences point to the occurrence of *severe and fatal iatrogenic effects* as a function of the paradoxical reaction of the organism following the discontinuance of several classes of modern enantiopathic drugs [6].

Recent meta-analyses have shown that, since they have a primary anticoagulant action, all types of non-steroidal anti-inflammatory drugs (NSAIDs), either selective (rofecoxib, celecoxib, etc.) or non-selective (aspirin, diclofenac, naproxen, ibuprofen, etc.) inhibitors of enzyme cyclooxygenase awaken thrombogenic paradoxical reaction after discontinuation, leading to a significant increase of the incidence of thrombosis and causing fatal vascular events (acute myocardial infarction – AMI, and encephalic vascular accidents – EVA) [7].

Analogously, further meta-analyses indicate that long-acting β-agonist bronchodilators (salmeterol, formoterol, etc.) after their primary bronchodilator action cause significant irreversible and fatal paradoxical bronchospasm [8]. Several studies have shown that antidepressant agents inhibiting the recapture of serotonin (selective inhibitors of serotonin reuptake, SISRs) promote a rebound exacerbation of suicidal ideas after an initial improvement of this same symptom [9]. The same is the case of the various types of statins (simvastatin, lovastatin, atorvastatin, etc.) resulting in paradoxical and fatal vascular events (AMI, EVA) after a primary increase of their pleiotropic or vascular protective effects [10]. Recent research shows that, similar to other anti-dyspeptic agents, proton-pump inhibitors (PPIs, such as omeprazole, pantoprazole, esomeprazole, etc.) cause rebound hypergastrinemia and acid hypersecretion after an initial improvement of gastric acidity, thus exacerbating gastritis and ulcers (perforation of chronic ulcers) gastric cancer, carcinoid tumor and so forth [11].

By comparison to placebo, it has been observed a risk 3.4 times higher of fatal vascular events after the discontinuance of aspirin, 1.52 higher after the discontinuance of NSAIDs and 1.67 after the discontinuance of rofecoxib [7]. The risk of fatal bronchoconstriction was 4 times higher after discontinuance of long-acting bronchodilators, which 1 episode of rebound bronchospasm followed by death per 1000 patientes/year/use, corresponding to 4,000-5,000 deaths/year in the USA (40,000-50,000 worldwide) due to the high level of use of such drugs [8].

The risk of suicidal behavior was 6 times higher after discontinuance of SISRs, which represents about 5 rebound suicidal events per 1000 teenage patients/year/use, i.e. 16,500 suicidal ideas or behaviors/year only in teenagers and only in the USA [9]. After discontinuation of statins by comparison to no treatment, mortality risk was 1.69 higher, the risk of fatal vascular events was 19 times higher, corresponding to hundreds of thousands of episodes due to the high level of use of such drugs [10]. Regarding PPIs, 40% of users report rebound acid hypersecretion [11].

The average time for manifestation of rebound effect or paradoxical reaction after discontinuation of treatment does not vary among different types of drugs, e.g. 10 days for aspirin, 14 days for NSAIDs, 9 days for rofecoxib, 7 days for SISRs and 7 days for statins. Regarding anti-dyspeptic agents, rebound acid hypersecretion occurs within 1 hour after a standard dose of antacids, 2 days after a 4-week-course of H_2-receptor antagonists and 1 or 2 weeks after a 4 or 8 week-course of PPIs. Rebound phenomena last 10 days after a 4-week-course of H_2-receptor antagonists and 2 to 4 weeks after a 4 or 8-week-course of PPIs. Duration of treatment did not show direct correlation with the appearance of rebound effect, however, drugs with intense palliative action i.e. that significantly suppress the primary symptoms of disease, exhibit a proportional frequency/intensity of paradoxical reactions. [6-11]

Homeopathic pathogenetic trials (HPTs)

In order to learn the healing properties of drugs to allow for the application of the principle of therapeutic similitude, homeopathy employs HPTs as its model of pharmacological clinical research. HPTs can be equated to the modern "Phase I studies" and the take into account all types of primary actions, the so-called pathogenetic effects or symptoms (mental, general or

physical), awakened by drugs on the state of human health. These very same effects are called by modern pharmacology as *therapeutic, adverse or side effects* of drugs.

Despite Hahnemann laid down the ideal stipulations to carry out HPTs (*Organon of medicine*, paragraphs 105-145), the *homeopathic materia medica* is actually composed by a compilation of the signs and symptoms recorded along the testing of thousands of drugs in both healthy and ill individuals, in ponderable (substances in raw state) and diluted (dynamized medicines) doses. In this way, it comprises the pictures of artificial states of disease needed to apply the homeopathic therapeutic method. In this regard, it is worth to observe that the historical revisions carried out by Robert Ellis Dudgeon and Richard Hughes show that most of the symptoms listed in the works of homeopathic materia medica written by Hahnemann (*Fragmenta de viribus medicamentorum, Materia Medica Pura and Chronic Diseases*) arises from the use of substances in ponderable doses and/or on ill individuals [14-16].

Analogously, later homeopaths published new HPTs or additions to the older ones carried out in the same manner, from which the following are still employed in present-day homeopathic clinical practice: C. G. C. Hartlaub and C. F. Trinks *(Reine Arzneimittellehre*, 1828-1831, Germany), George H. G. **Jahr** (*Manual of Homeopathic Medicines*, 1835, Germany), Edwin M. Hale (*New Remedies*, 1867-1873, USA), Timothy F. Allen *(The Encyclopedia of Pure Materia Medica*, 1874-1879, USA), etc. [14-16]

Accordingly, in the next section it is described *adverse events of modern drugs* that can be seen from the homeopathic perspective as *primary actions* (*pathogenetic manifestations*) that might elicit a healing vital reaction (paradoxical reaction or rebound effect) when applied according to the principle of therapeutic similitude.

Use of adverse events as pathogenetic manifestations of modern drugs

Adverse event (AE) or reaction (AR) to drugs are defined by the World Health Organization (WHO) [17] as "a response to a drug which is noxious and unintended, and which occurs at doses normally used in man for the prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function". During the study of a new drug (phases I to IV studies) [18], besides the expected therapeutic effect, also adverse events appear (adverse/ side effects), which can be classified according to criteria such as *predictability, frequency, intensity, causality* and *severity* [19]. For the purposes of the present study, namely to assimilate the adverse events of modern drugs to *pathogenetic effects (new symptoms)* of such drugs on the state of health of human beings, the criteria that make evident this relationship are *predictability, frequency* and *causality.*

According to the criterion of *predictability,* "predictable" adverse events are the ones that are already described in the literature (drug monographs); conversely, the "unpredictable" ones have not yet been reported. In the present study, it was used the adverse/ side effects described in drug monographs *(The United States Pharmacopeia Dispensing Information - USP DI)* [20], therefore they are all "predictable" and are likely to reappear in future trials.

In turn, "predictable" adverse events can be further classified according to their *frequency* or *incidence of expression* [21] as: (i) "very common": frequency higher than or equal to 10.0%; (ii) "common": higher than or equal to 1.0% and lower than 10.0%; (iii) "not common": higher than or equal to 0.1% and lower than 1.0%; (iv) "rare": higher than or equal to 0.01% and lower than 0.1%; and (v) "very rare": lower than 0.01%.

The drug monographs used in the present study *(USP DI)* [20], classify the adverse/side effects of drugs according to their frequency in three groups: (i) "more frequent": higher than or equal to 4.0%; (ii) "less frequent": higher than or equal to 1.0% and lower than 4.0%; and (iii) "rare": lower than 1.0%.

It is worth to remind here that before any new drug can be approved and marketed it must be subjected to phases I to III studies, where their adverse events are observed in thousands of individuals. Phase IV studies conversely refer to the surveillance and vigilance of the effects of a drug after it entered the market, which widens the scope of observation to tens of thousands of individuals and also on the long run. The results are incorporated then into the drug monographs,

which are periodically updated *(USP DI)*. In this way, the adverse events used in the present proposal as pathogenetic manifestations of drugs (new symptoms) were observed in the lowest frequencies (about 1.0%) in hundreds of individuals, a fact that strengthens the validity of the present proposal.

Regarding the aspect of *causality*, according to the WHO [19, 22], an adverse event is related to a drug according to the following categories: "defined", "probable", "possible", "improbable", "conditional" and "unclassifiable", depending on the degree of certainty of the corresponding interaction. By definition, adverse events whose causality is rated as "defined" or "probable" exhibit: temporal sequence (i.e., there is a temporal connection between the administration of the drug and the appearance of the adverse event); typical reaction; they disappear when the drug is discontinued; and *cannot be explained out of the underlying disease or other therapeutic means*.

The causal link between a drug and an adverse event *(risk evaluation)* is retrospectively established as of cause-effect. "Predictable" and "quantified" (i.e. determined *frequency*) have "probable causality" [19]. For this reason, the adverse/side effects used in the present study *(USP DI)* have evident causal relation to the corresponding drugs *(predicted risk)* and thus are *new symptoms that belong to the drug*, as Hahnemann stipulated in paragraph 142 of *Organon of medicine* [3].

Homeopathic use of modern drugs: Therapeutic application of the rebound effect

Some instances of involuntary homeopathic cures with conventional drugs are reported in the scientific literature. Biphasic contraceptives (*anteovin*) were used to promote rebound ovulation and consequent pregnancy in women with functional sterility; stimulants of the central nervous systems (*methylphenidate*) were used to calm down and improve attention in children with Attention Deficit Hyperactivity Disorder (ADHD); stimulants of gonadotropin releasing hormone (*leuprorelin*) were used in the treatment of testosterone-dependent prostate tumors; immunosuppressant agents (*thiomorpholine analogous to prazosin*) awakened rebound immune-stimulation after primary immunosuppression, and so forth [4,5].

Retracing the steps of classic homeopathy to conclude an early stage of research [12-14], this author systematized the use of modern drugs according to the principle of therapeutic similitude. This is, it is proposed to stimulate the healing rebound effect or paradoxical reaction (vital reaction) of the organism through the administration of drugs (in infinitesimal doses) that caused similar symptoms on the state of human health (healthy or ill individuals).

In order to make this proposal feasible, it was needed to elaborate a *Homeopathic Materia Medica of Modern Drugs* grouping together all primary effects (therapeutic, adverse and side effects) of drugs *(USP DI)* according to the traditional scheme of chapters of the homeopathic materia medica. At the same time, it was given special value to the frequency of appearance of symptoms during the different phases of the study of drugs.

To facilitate the actual *selection of an individualized medicine* (similarity with the totality of symptoms of the patient) – which is the essential premise for successful homeopathic treatment – the second stage involved the elaboration of a *Homeopathic Repertory of Modern Drugs*, where symptoms and their corresponding remedies are arranged as in the classic homeopathic repertories.

Homeopathic Materia Medica of Modern Drugs (HMMMD)

As the initial source for the HMMMD it was chosen *The United States Pharmacopoeia Dispensing Information (USP DI, 2004)* since its information is reliable and it has no conflict of interests with the pharmaceutical industry.

All primary effects (pathogenetic manifestations), viz. therapeutic, adverse and side effects of each drug were systematized according to the pattern of the traditional works of homeopathic materia medica and allocated in the corresponding chapters: Mind; Vertigo; Head; Eye; Vision; Ear; Hearing; Nose; Face; Mouth; Teeth; Throat; External Throat; Stomach; Abdomen; Rectum; Stool; Bladder; Kidneys; Prostate Gland; Urethra; Urine; Genitalia Male; Genitalia Female; Larynx and Trachea; Language, Conversation and Voice; Respiration; Cough; Expectoration; Chest;

Back; Extremities; Nails; Sleep; Dreams; Chill; Fever; Perspiration; Skin e Generalities. Diagnostic Tests were grouped together in a new chapter.

According to the homeopathic tradition and in conformity with the classification of adverse events mentioned above [20,21], the *"frequency of incidence"* of pathogenetic symptoms (therapeutic, adverse and side effects) was scored, and the scores *(points)* are represented in the text with *different fonts: "very frequent"* (therapeutic effects) / 5 points / bold italic font; *"more frequent"* (≥ 4%) / 4 points / bold font; *"less frequent"* (≥ 1% and < 4%) / 3 points / italic underlined font; *"rare"* (< 1%) / 2 points / italic font; *"overdose"* / 1 point / normal font.

In the structure of pathogenetic symptoms in HMMMD, syndromes (viz., modern clinical diagnoses) were kept as such, whereas their constituting symptoms were distributed among the respective chapters of the HRMD. In its study, the pathogenetic effects (symptoms) of 1251 modern drugs were systematized according to the homeopathic model allowing for their therapeutic application on the grounds of the principle of similarity. The overall structure is illustrated with the example of PPI drug "Pantoprazole" (Table 1).

Table 1. Example of systematization of pathogenetic effects in HMMMD

Pantoprazole (Gastric acid pump inhibitor)	
Chapters	**Primary actions or pathogenetic effects**
Mind	*anxiety*; *confusion*
Vertigo	*dizziness*; *vertigo* (dizziness; feeling of constant movement of self or surroundings; sensation of spinning)
Head	**headache**; *migraine*
Vision	*Blurred vision*
Eye	*angioedema* (large, hive-like swellings on eyelids); *neuropathy, optic, anterior ischemic* (blindness; blurred vision; decreased vision; loss of vision, sudden)
Vision	*blurred vision*
Hearing	*tinnitus* (ringing or buzzing in the ears)
Nose	*rhinitis* (runny or stuffy nose); *sinusitis* (aching, fullness, or tension in area of affected sinus; headache; runny nose)
Face	*angioedema* (large, hive-like swellings on face, lips)
Mouth	*angioedema* (large, hive-like swellings on mouth, and/or tongue); *salivation, increased*; *speech disorder* (difficulty in speaking)
Throat	*pharyngitis* (sore throat)
External Throat	*pain, neck*
Stomach	*belching*; *dyspepsia* (indigestion); *gastroenteritis* (abdominal pain; anorexia; diarrhea; nausea; weakness); *nausea*; *vomiting*
Abdomen	*flatulence*; *gastroenteritis* (abdominal pain; anorexia; diarrhea; nausea; weakness); *pain, abdominal*; *pancreatitis* (abdominal pain; nausea; vomiting); *fail*

Table 1 continued

	ure, hepatic (headache; stomach pain; continuing vomiting; dark-colored urine; general feeling of tiredness or weakness; light-colored stools; yellow eyes or skin)
Rectum	**diarrhea**; *rectal disorders*
Bladder	*infection, urinary tract* (difficulty in urinating; frequent urge to urinate; painful urination)
Kidneys	*nephritis, interstitial* (bloody or cloudy urine; fever; skin rash; swelling of feet or lower legs; greatly decreased frequency of urination or amount of urine)
Respiration	*bronchitis* (chills; cough; headache; hoarseness); *dyspnea* (shortness of breath); *infection, upper respiratory tract* (cough; runny or stuffy nose; sore throat)
Cough	*cough, increased*
Chest	*bronchitis* (chills; cough; headache; hoarseness); *pain, chest*; tachycardia, mild (fast, pounding, or irregular heartbeat or pulse)
Back	*pain, back*
Extremities	*arthralgia* (pain in joints); *hypertonia* (muscle rigidity or stiffness)
Sleep	*insomnia* (trouble in sleeping)
Skin	*erythema multiforme* (pain in joints or muscles; itching or redness of skin; bull's eye-like lesion on skin); *itching*; *necrolysis, epidermal, toxic* (itching or redness of skin; loosening and/or stripping off of top layer of skin; skin tenderness with burning); *rash*
Generalities	*anaphylaxis* (changes in facial skin color; fast or irregular breathing; puffiness or swelling of the eyelids or around the eyes; shortness of breath, troubled breathing, tightness in chest, and/or wheezing; skin rash, hives, and itching); *angioedema*; *asthenia* (loss of energy or strength; weakness); *erythema multiforme* (pain in joints or muscles; itching or redness of skin; bull's eye–like lesion on skin); *flu-like syndrome* (abdominal pain; chills; cough; headache; pain in joints or muscles; runny nose; sneezing; sore throat); *hyperglycemia* (increased frequency and volume of urination; unusual thirst); *hypokinesia* (difficulty in moving); *infection*; *injection site reaction* (bleeding; blistering; burning; coldness; discoloration of skin; feeling of pressure; hives; infection; inflammation; itching; lumps; numbness; pain; rash; redness; scarring; soreness; stinging; swelling; tenderness; tingling; ulceration; warmth); *jaundice* (yellow eyes or skin); *pain*; *Stevens-Johnson syndrome* (aching joints and muscles; blistering, loosening, peeling, or redness of skin; unusual tiredness or weakness); *pancytopenia* (high fever; chills; unexplained bleeding or bruising; bloody, black, or tarry stools; pale skin; unusual tiredness or weakness; cough; shortness of breath; sores, ulcers, or white spots on lips or in mouth; swollen glands); *rhabdomyolysis* (dark-colored urine; fever; muscle cramps or spasms; muscle pain or stiffness; unusual tiredness or weakness); vasodilation (feeling of warmth or heat; flushing or redness of skin, especially on face and neck; headache; feeling faint, dizzy, or lightheaded; sweating)

Homeopathic Repertory of Modern Drugs (HRMD)

Pathogenetic symptoms listed in HMMMD were distributed following the traditional model of homeopathic repertories. Consequently it was adopted the same arrangement of chapters and all drugs which awakened a same symptom are grouped together under *rubrics* and *subrubrics*. Drugs are mentioned by *abbreviations* of their names and different fonts indicate the score of the relative *"frequency of incidence"* of each one. To facilitate the search of the most accurate rubric in all chapters, "crossed references" point to similar pathogenetic manifestations. The overall structure is illustrated with the example of rubric "Cancer", included in chapter "Generalities" of HRMD (Table 2).

Table 2. Example of description of symptoms in *HRMD* (Chapter Generalities)

Cancer (See Tumors)

- breast: *DrosE-syst.*, *Estro-syst.*
- invasive: *EstroPO-syst.*
- carcinoma
- breast: *Adal-syst.*
- gastrointestinal: *Adal-syst.*
- hepatocellular: *AnabS-syst.*, *DrosEE-syst.*, *EstroPO-syst.*
- women having a predisposing or pre-existing condition, especially those who smoke tobacco: *DrosEE-syst.*, *EstroPO-syst.*
- liver: *Cyp-syst.*
- prostatic carcinoma disease flare, transient: *Gos-syst.*
- skin: *Adal-syst.*
- squamous: *Imiq-top.*
- urogenital: *Adal-syst.*
- endometrial: *ConjE-syst.*, *DrosE-syst.*, *Estro-syst.*, *Estro-vag.*
- leukemia (bone pain): *AnabS-syst.*
- myeloid or myelogenous, acute (bone pain): *Docet-syst.*, *Ibr-syst.*
- non-lymphocytic, acute (tiredness; weakness): *Clod-syst.*
- promyelocytic leukemia (APL) differentiation syndrome, acute: *ArsTr-syst.*
- secondary: *Epir-syst.*
- lymphoid syndromes (including lymphoid hyperplasia, pseudolymphomas, and pseudo-pseudolymphomas): *AntconH-syst.* [*Phenytoin*]
- lymphoma: *Adal-syst.*, AntthyGR-syst., *Cyclosp-syst.*, *Etan-syst.*
- increase in the incidence of: AntthyGR-syst.
- lymphoma like reaction: **Adal-syst.**
- post-transplant lymphoproliferative disease (PTLD), increase in the incidence of: AntthyGR-syst.
- malignancies: *Alef-syst.*, *Etan-syst.*
- neuroblastoma: *DiphtTTH-syst.*
- ovarian: *ConjE-syst.*
- skin, non-melanoma: *Etan-syst.*

Adal-syst.: Adalimumab (Systemic); Alef-syst.: Alefacept (Systemic); AnabS-syst.: Anabolic Steroids (Systemic); AntconH-syst. [Phenytoin]: Anticonvulsants, Hydantoin (Systemic) [Phenytoin]; AntthyGR-syst.: Anti-thymocyte Globulin (Rabbit) (Systemic); ArsTr-syst.: Arsenic Trioxide (Systemic); Clod-syst.: Clodronate (Systemic); ConjE-syst.: Conjugated Estrogens and Medroxyprogesterone For Ovarian Hormone Therapy (OHT) (Systemic); Cyclosp-syst.: Cyclosporine (Systemic); Cyp-syst.: Cyproterone (Systemic); DiphtTTH-syst: Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined (Systemic); Docet-syst.: Docetaxel (Systemic); DrosE-syst.: Drospirenone and Estradiol (Systemic); DrosEE-syst.: Drospirenone and Ethinyl Estradiol (Systemic); Epir-syst.: Epirubicin (Systemic); Estro-syst.: Estrogens (Systemic); Estro-vag.: Estrogens (Vaginal); EstroPO-syst. Estrogens and Progestins Oral Contraceptives (Systemic); Etan-syst.: Etanercept (Systemic); Gos-syst.: Goserelin (Systemic); Ibr-syst. Ibritumomab Tiuxetan (Systemic); Imiq-top.: Imiquimod (Topical).

Conclusion

By applying the hypothetic syllogism "modus tollens" employed initially by Hahnemann to give scientific grounding to homeopathic therapeutics, this author has been working for the last decade in founding the principle of therapeutic similitude on the phenomenon of rebound effect or paradoxical reaction of modern drugs. The first phase of this study was a thorough revision of literature on these studies on clinical and experimental pharmacology. The second stage consisted in developing a methodology to employ modern drugs according to the therapeutic similitude, which resulted in a proposal to include 1251 new drugs in the homeopathic materia medica.

Although ideally HPTs ought to be carried out with drugs in infinitesimal doses administered to healthy individuals in order to avoid confusing true pathogenetic effects and the symptoms of disease, the traditional works on homeopathic materia medica compile together signs and symptoms recorded in tests of drugs on healthy and ill individuals, elicited by ponderable and infinitesimal doses. In this way, they contain all the pictures of artificial states of disease needed to apply the principle of therapeutic similarity. In clinical research of new drugs (Phase I to IV studies) the aspects of predictability, frequency and causality of adverse events described in monographs indicate that they also are pathogenetic manifestations (new symptoms) of drugs, thus endorsing their use according to the principle of similitude.

In order to widen the range of application of therapeutic similitude to thousands of new drugs, each one of them tested on thousands of individuals accordingly to strict protocols, it was elaborated a HMMMD and a HRMD following the traditional homeopathic model. In the former, the symptoms of each drug were distributed in chapters following the classic homeopathic tradition and were scored according to their relative frequency of appearance. In the latter, chapters group together all drugs that awakened a same symptom with their corresponding score. In this way, it will be possible to employ new drugs to relieve clinical disturbs commonly treated by homeopathy as well as the modern signs, symptoms and complex syndromes (Table 3).

Table 3. Examples of homeopathic therapeutic use of conventional drugs

Chapters	Homeopathic therapeutic use of conventional drugs
Mind	**Anxiety, delirium, dementia, depression, forgetfulness, hyperactivity,** irritability, **l**ethargy, mania, panic, **schizophrenia, suicidal disposition, etc.**
Vertigo	Dizziness, faintness, gait disorders, lightheadedness, orthostatic hypotension, syncope, unsteadiness, vertigo, etc.
Head	Aneurysm, arteritis, encephalitis, headache, intracranial hypertension, meningitis, migraine, seborrhea, stroke, etc.
Eye	Astigmatism, cataract, cornea disorders, glaucoma, inflammations, keratopathy, necro sis, neuritis, papilledema, retina disorders, etc.
Vision	Amblyopia, blindness, blurred, diplopia, hypermetropia, myopia, presbyopia, scotoma, etc.
Hearing	Buzzing, deafness, hyperacusis, hypoacusis, ringing, tinnitus. etc.
Nose	Congestion, coryza, dryness, epistaxis, rhinitis, sinusitis, sneezing, etc.
Face	Gestures, heat flushes, hirsutism, neuritis, paralysis, swelling, trismus, etc.
Mouth	B**leeding, dryness, gengivitis, glossitis, mucositis,** sialorrhea, **speech disorders, stomatitis, taste disorders, ulcers, etc.**
Throat	Angioedema, dryness, dysphagia, esophagitis, pharyngitis, ulcers, etc.

This research project is entitled *"New Homeopathic Medicines: use of modern drugs according to the principle of similitude"*, and it's distributed among three volumes:

(1) *Scientific Basis of the Principle of Similitude in Modern Pharmacology;*
(2) *Homeopathic Materia Medica of Modern Drugs;* and
(3) *Homeopathic Repertory of Modern Drugs.*

Aiming at divulgating this project among homeopaths worldwide as well as to allow for its improvement, the full materials will be posted online, initially in English and Portuguese at www.newhomeopathicmedicines.com [23].

Thus concluding a study initiated in 1998 [4,5], all studies on the subject will be grouped in the project materials in the hope of widening the scientific basis of homeopathy and the homeopathic treatment of modern diseases.

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Correspondence:
Marcus Zulian Teixeira
Hospital das Clínicas da FMUSP. Serviço de Clínica Médica Geral. Av. Dr. Enéas de Carvalho Aguiar 255, 4º andar, bloco 6 - 05403-000 - São Paulo/SP – Brazil.
E-mail: marcus@homeozulian.med.br / www.homeozulian.med.br

A Practical Approach to Anal Fissure Through Homoeopathy

Dr Jahir Abbas[1] (PGT),
Dr G.Ash [2] (Professor) &
Dr D. Basu[1] (Professor)
[1] Dept of Practice of Medicine,
[2] Dept. of Anatomy
National Institute of Homoeopathy,
Kolkata

Abstract

The effectiveness of homoeopathic medicines in anal fissure is well known. In a series of 25 patients factors that could contribute to constipation were identified. General measures (basically non-medicinal) have been employed in addition to the homoeopathic remedy indicated with the expectation that these would reduce constipation, facilitate healing of the anal fissure and therefore increase the effectiveness of the homoeopathic treatment.

Keywords

Anal fissure, Homoeopathy, Constipation, General management.

Introduction

Bleeding per rectum is a common complaint in clinical practice. Although piles is the most common cause, anal fissure is another important cause. The homoeopathic treatment of anal fissure is encouraging. It is logical to think that response will be even better if the stool was not hard. Hence attention to dietary and lifestyle factors that could make the stool hard would be beneficial. Side by side non-medicinal measures when appropriately used would further increase the effectiveness of the homoeopathic treatment.

In standard textbook of surgery anal fissure is defined as 'An elongated ulcer in the long axis of the lower anal canal',[1] which is commonly (90% cases) in the midline posteriorly. "Fissure in Ano" is a synonym. Midline anterior fissures can occur in females; particularly fertile female.

The usual pathogenesis is thought to be the passage of hard stool. Many mechanisms have been suggested from anatomical standpoint for the location and occurrence. Associated ischemia has a role to play. Inflammatory bowel disease (Crohn's disease) has an association with such perianal pathology.[2] But in clinical practice it is basically the passage of hard stool which is responsible for anal fissure.

Clinical features

The patients present with pain and rectal bleeding. Some features are often distinctive.

- The **bleeding** is usually slight and is evident as bright red streak of blood on the stool, rather than drops of blood as in piles. The bleeding in fissure is 'with the stool', rather than 'after the passage of stool' as in commonly seen in piles.
- **Pain** in fissure starts during defaecation and can be very severe. It may continue even for an hour; and then cease (suddenly). It is noted that patient appears comfortable till the next time

the stool is passed. [There is a dictum in clinical diagnosis: in fissures, pain is more important than bleeding; in piles bleeding is more important than pain.]

- The third problem follows obviously from the second. To avoid the pain the patient tends to avoid passing stool and in due course patient develops **constipation**. That constipation makes the stool harder and its passage becomes more painful and more likely to result in bleeding. Thus a vicious cycle is set up.
- The fourth feature – **discharge** (slight) - mentioned in surgical textbook, is sometimes observed, but is not so significant.

Diagnosis

Diagnosis is clinical. Inspection generally shows the lower end of torn tissue. A tag of skin (usually pedunculated) at the lower end is called a 'sentinel pile'; but has nothing to do with piles. The anus appears tightly closed and puckered. [1]

Digital rectal examination is extremely difficult as it causes intense pain. So it is often avoided. If there is any doubt about the diagnosis and any suspicion of carcinoma anus then a proper examination is needed (if necessary then after use of local anaesthetics). [1]

Treatment approaches

Treatment is sometimes difficult. Some of the cases of acute fissure have a tendency to heal spontaneously but symptomatic relief is essential. With duration of more than 6 weeks, anal fissures are considered "chronic" (in nomenclature of modern medicine) and their treatment becomes more difficult.

In modern medicine stool softener, bulk laxative, analgesic, locally applied anaesthetic have been used. Measures like anal dilatation can result in faecal incontinence in future. For persistent and problematic cases surgical intervention is made. Of late, newer approaches have been tried by using drugs that could act on anal sphincter tone (chemical sphincterotomy). The drugs tried include: nitric oxide donors, calcium channel blockers, autonomic neuro-modulators, and most interesting is the use of botulinum toxin. But none of the agents are fully dependable.[1] What is important to note is the use of non-drug measures which are integrated with the management.

Hence treatment of anal fissure remains a challenge, and provides scope for demonstrating the effectiveness of homoeopathy.

Homoeopathic management

Homoeopathic management is not difficult if the physician clearly and logically knows what is to be cured in that particular diseased condition. Since measures like warm bath and softening of stool though dietary modifications are in no way modern medicine, there can be no reason for not utilizing these measures alongside homoeopathic medicine.

Important homoeopathic medicines that are known to be useful in cases of anal fissure include the following:

[The list has been taken from the 3rd edition of the book 'Homoeopathic Therapeutics'[3] written by Samuel Lilienthal in 1890. This was the time period when homoeopathy was extensively used in the western world and was very much popular in United States. There are many other possible medicines that can be considered in individual cases but the undermentioned drugs were named by the author obviously because he found them specially useful in most of his cases.]

Aesculus hip, Berberis, Causticum, Graphites, Hydrastis, Ignatia, Lachesis, Nitric acid, Paeonia, Petroleum, Platina, Ratanhia, Rhus tox, Sepia, Silicea, Sulphuric acid, Thuja.

Case series

This is based on personal experience (of the first author prior to joining PG course) of management of a series of patients of anal fissure (n=25, M 17, F 8).Observations on treatment and responses were subsequently analysed in consultation with more experienced physicians of both systems of medicine. The approach and outcome was considered worth sharing with others.

Homoeopathic drug therapy was done on homoeopathic principle of symptom similarity.

The medicines with respective potencies which were prescribed was as follows-

Aesculus Hip 200/30, Acid Nitric 30, Arsenicum Album 30, Ratanhia 30, Sulphur 30.

Homoeopathic remedy according to age group of patients is shown in Table – 1.

Indications for the prescription of the remedies were as follows- [4, 5]

Aesculus Hip – Constipation, dull backache, less bleeding or no bleeding, severe pain.

Acid Nitric – Linear ulcer in anus just in mucocutaneous junction, angular stomatitis, desire for meat, lean thin, self-willed, head strong, obstinate, sticking pricking pain in anus, stool hard with mucous and fetid discharge.

Arsenicum Alba – Burning in anus, burning in palms and soles, restlessness and fear, fastidious, aggravated in midday and midnight, ameliorated by warm water.

Ratanhia – Fissure of anus, great sensitiveness of rectum, excruciating pains after stool; burning after soft stool. Pain after stool as if splinters of glass were sticking in anus and rectum.

Sulphur – Persons of scrofulous diathesis, subject to venous congestion. Complaints are annually relapsing. Stool hard, knotty, dry, large, painful. Parts around anus red, excoriated. Afraid to have the stool on account of pain.

Three important aspects were taken note of in the history of patients because it was expected that these might contribute to constipation. These were –

- Eating excess of meat
- Taking less amount of water
- Sedentary habit

A fourth point namely 'fatty/junk food eating' was not directly related to constipation but all the four points were given importance in selection of remedy.

The frequency of occurrence of these factors in patients of different age groups is shown in Table-2.

General (non-medicinal) advices which were part of the management are as follows-

1) Take sitz bath twice daily [to the water, calendula Q was added].
2) Avoid riding motorcycle or cycle.
3) Take at least 3 liters of water per day.
4) Keep very soft pillow or sponge below the buttock when sitting.
5) Avoid fatty, junk and chilly foods.
6) Take husk 2 tsf at bed time with warm water.
7) Take more vegetables and food items full of fibers.
8) Maintain the prescribed diet chart for at least 3 weeks [Written copy of diet chart was given so that it was easier for the patients to follow the instructions. It is observed that patient's confusion with diet related instruction show remarkable decrease when schedule is provided in writing.]

Conclusion

The outcome of the treatment in all these patients was exceedingly favourable and symptoms subsided in most cases within three weeks and in all cases within six weeks. No recurrence of fissure and no relapses of symptoms were noted during the subsequent period of

Table- 1
Homoeopathic remedy according to age group of patients

Age group(yrs)	No. of patients	Aesculus 30	Aesculus 200	Acid. nitric 30	Ratanhia 30	Ars.alb 30	Sulphur 30
15 – 30	6	6	-	-	-	-	-
30 - 45	10	2	1	5	-	-	-
45 - 60	5	-	1	1	2	1	-
60 - 75	4	-	1	-	1	1	1

TABLE-2
The frequency of occurrence of these factors in patients of different age groups

Age group	No. of patients	Eating excess meat	Less water intake	Sedentary habit	Fatty & junk food eater
15 – 30	6	5	4	-	4
30 – 45	10	8	3	-	7
45 – 60	5	2	-	4	1
60 - 75	4	1	3	4	-

observation which was at least six months.

It is presumed that relapse or recurrence did not occur even after that as otherwise the patients would have returned to the physician by whose treatment the response of initial therapy was so good. It is believed that the use of the general non-medicinal measures produced encouraging responses and obviously provided the patient faster relief. The removal of constipation can go a long way in ensuring better response to treatment. This experience is hereby shared with other prescribers of homoeopathic medicine so that they also can get the benefit of adding general non-medicinal management techniques to the homoeopathic prescription made in each case.

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Renal Biochemistry: Use – Overuse – Underuse in a Homoeopathic Hospital

Dr Arup Das. BHMS
PGT, Department of Practice of Medicine
Dr M B Girotra. MBBS, DCP, MD
(Path) Pathologist
Dr D Basu. MBBS, PhD (Med)
Professor, Department of Practice of Medicine
National Institute of Homoeopathy, Kolkata, India.

Abstract

Data of urea (n=187) and creatinine (n=207) estimations (including 185 instances of estimation of both) showed elevated values in only 17 for urea (9.09%) and only 39 for creatinine (18.84%). No case showed elevated urea alone. Such low positivity suggested that many samples were sent for estimation apparently without adequate justification (patient having just renal disease rather than evidence of renal failure) and that creatinine estimation alone (without urea estimation) would have fulfilled the purpose. It was further noted that of the patients with elevated creatinine some were followed up while a larger number were not followed up through serial biochemistry. Overall it suggested that in a homoeopathic hospital where this type of biochemistry facility was available, it was overused in certain ways and underused in certain other ways.

Keywords

Biochemistry, Homoeopathic institution, Urea, Creatinine, Renal disease, Renal failure.

Introduction

Over the past decades more and more biochemical estimations are being used in homoeopathic institutions. So far as renal diseases are concerned the basic investigation was estimation of urea; and later estimation of creatinine got added. There are several causes of rise of urea other than renal dysfunction, in contrast to creatinine which rises in blood largely due to renal disease when it is sufficiently severe to produce significant degree of impairment of renal function. [1] Creatinine is thus an indicator of renal function and of renal failure rather than just an indicator of renal disease. Hence in renal disease estimation of creatinine is more informative than estimation of urea. [1] However out of habit prescribers ask for estimation of both urea and creatinine. The present work was taken up to study this habit and how far the estimates done were really needed. The work would provide an idea as to whether best use was being made of such laboratory data for monitoring the patients.

Methods and Materials

Data was collected from the Biochemistry section of Laboratory Medicine Division of National Institute of Homoeopathy over a period of three months from May 2011 to July 2011.

Urea was estimated in autoanalyzer by Urease method and creatinine by Picrate method. As per standard of the concerned laboratory, upper limit of normal value was taken as 50 mg/dl for urea; and for creatinine it was 1.4 mg/dl for male and 1.2 mg/dl for female patients.

Results and Discussion

Table shows number of samples with normal and abnormal serum urea and creatinine levels

	Number of samples		
Nature of test	Normal	Elevated	Total
Urea	170	17	187
Creatinine	168	39	207

Modern homoeopathic hospitals provide facilities for laboratory investigations which are extensively being used. [2] Amongst biochemical investigations, urea and creatinine are commonly asked for by the prescribing doctors. Data from National Institute of Homoeopathy, the apex level institution in homoeopathy, showed that in three months, 394 such estimations have been done (207 creatinine, 187 urea). This suggests that there is a definite trend for extensive utilization of laboratory support as part of homoeopathic medical care.

Out of 207 creatinine estimations, only 39 were above normal (18.84%); and out of 187 urea estimations, only 17 were above normal (9.09%). This indicates that in a massive majority of samples, urea and creatinine levels were normal. Perhaps a considerable proportion of the investigations were advised without adequate justification and basically as a matter of routine and habit. It appears that urea and creatinine were advised very commonly whenever any urinary trouble was complained of by the patient. There may be many conditions wherein there are symptoms of urinary disease without any dysfunction, either primary or secondary, in the kidney itself. Levels of urea and creatinine are definitely helpful in suspected renal disease when there is actual reason to suspect any real deterioration of renal function.

It is known that creatinine is more specific for renal disease and 22 patients were logically advised creatinine alone. Yet so many cases (185) were advised urea estimation at the same time as creatinine estimation. It has become a matter of habit for clinicians to ask for both urea and creatinine at the same time without thinking whether only one of them will provide the information wanted by the clinician from the investigation. Moreover there were still 2 cases which were sent for urea estimation only, reflecting an old thought that urea estimation is required to be done in renal diseases.

There were cases of rise of creatinine with rise of urea and cases of rise of creatinine alone without rise of urea. But there was not a single case with rise of urea without rise of creatinine. This corroborates the view that creatinine is far more useful than estimation of urea; and it is quite logical to estimate creatinine alone. The resources for estimating urea can be readily diverted to other useful biochemical estimations.

A preliminary study [3] on similar lines was made in 2009 based on 100 consecutive cases in which urea or creatinine or both were estimated. The proportion of patients with values above the normal limit was just 11.70% for urea and 10.52% for creatinine. The fact that the bulk of patients did not show elevated values indicated to a considerable extent that all of them might not have required this estimation. The trend apparently continued in 2011.

One more aspect has been analyzed in the present study. The 39 elevated creatinine values belong to 28 patients of whom 25 patients had a one time estimation (one of the 25 had one follow up estimation at a subsequent date within three months but outside the period of study). There were three other patients who had between them 14 estimations during the period of study. When elevated creatinine is found it is expected

that the estimation will be repeated subsequently to understand the course of the disease and also the effect of homoeopathic management on the diminished renal function. Analysis of the present data shows that in a proportion of cases such proper utilization of biochemistry like serum creatinine estimation has been done in the homoeopathic hospital but in a large number of patients the role of a repeat estimation has not been properly utilized.

Conclusion

It is stressed that estimation of serum creatinine should be advised only in properly selected cases where actual renal dysfunction is suspected; or where the improvement/ deterioration of renal failure under homoeopathic treatment is to be monitored. In such situations estimation of creatinine alone (and not urea also) is needed. This will make the pattern of use of laboratory parameters by homoeopathic physicians more rational and more economical. Proper use of biochemical investigations that have been made available in a homoeopathic institution will help to document the efficacy of homoeopathic management.

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A Case of Multiple Gall Bladder Calculi Cured by Pulsatilla

Dr. Girish Gupta, B.Sc., G.H.M.S. (Gold Medalist), M.D. (Hom.)
Chief Consultant
GAURANG CLINIC AND CENTRE FOR HOMOEOPATHIC RESEARCH
B-1/41, Sec-A, Near Rajshree Talkies, Aliganj, Lucknow-24 (UP), INDIA
Phone: 2326464, 2326565 Fax: 91-0522-2326565
E-Mail: gcchr_1@rediffmail.com
Website: http://www.gcchr.com

CASE PRESENTATION

Mrs B.C.,a thirty three year old biparous gentle female patient from Kailali, Nepal on 26-10-2007 (Reg.No.B-00186) presented herself at Gaurang clinic and Centre for Homoeopathic Research, Lucknow for the treatment of recurrent pain in right hypochondriac region radiating to epigastrium and right scapular region with nausea and flatulent distension aggravated especially after fatty, spicy meals for last three years. She also stated a complaint of tingling in right half of the body off and on for 2 years.

She took some Allopathic medicines SOS, most probably pain killers (as she and her attendents were unable to tell the names of medicines) in the past but couldn't get relief. Patient was registered as a case of cholelithiasis (GB-3305) on the basis of ultrasonography of whole abdomen dated 22-09-2007 s/o multiple G.B. calculi.

Clinical Findings

Anaemia
Blood Pressure (120 / 70 mm of Hg)
Tongue coated

Menstrual History

Normal; 30/5 days cycle; flow adequate & Menarche: 13 yrs of age.

Obstetric History

G (gravida) 3
P (para) 2
A (abortion) 1
S (still birth) 0
L (living) 2

Past History

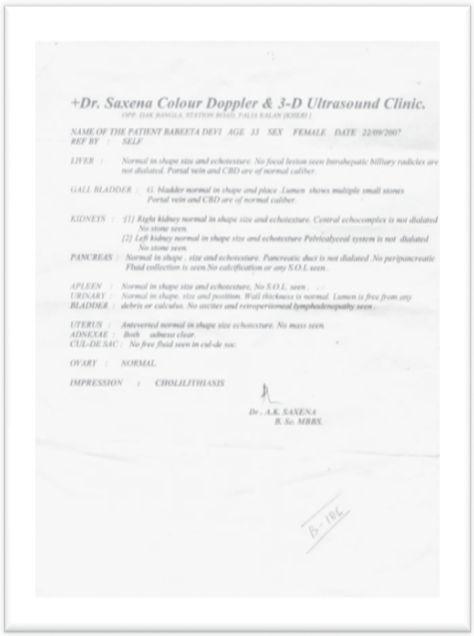
H/o Skin disease suppression by applying Quadriderm and Ringguard ointments on neck 3 years back.

Family History

Nothing specific

Investigations

Initial Ultrasonography Report (22/09/2007)
Gall bladder is normal in shape and place. Lumen shows multiple small stones.
Blood Examination
Haemoglobin-10.8gm% and SGPT-217'!



+Dr. Saxena Colour Doppler & 3-D Ultrasound Clinic.

NAME OF THE PATIENT BABEETA DEVI AGE 33 SEX FEMALE DATE 22/09/2007
REF BY : SELF

LIVER : Normal in shape size and echotexture. No focal lesion seen Intrahepatic billiary radicles are not dilated. Portal vein and CBD are of normal caliber.

GALL BLADDER : G. bladder normal in shape and place. Lumen shows multiple small stones Portal vein and CBD are of normal caliber.

KIDNEYS : [1] Right kidney normal in shape size and echotexture. Central echocomplex is not dilated No stone seen.
[2] Left kidney normal in shape size and echotexture Pelvicalyceal system is not dilated No stone seen.

PANCREAS : Normal in shape , size and echotexture. Pancreatic duct is not dilated .No peripancreatic Fluid collection is seen.No calcification or any S.O.L seen .

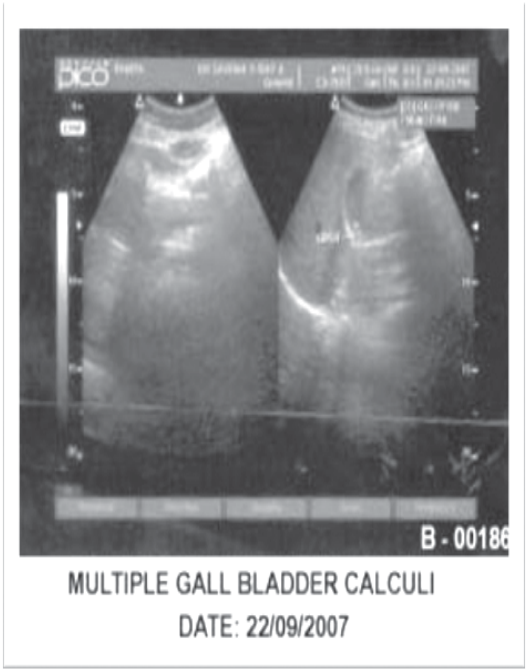
SPLEEN : Normal in shape size and echotexture, No S.O.L seen .
URINARY : Normal in shape, size and position. Wall thickness is normal. Lumen is free from any
BLADDER : debris or calculus. No ascites and retroperitoneal lymphadenopathy seen .

UTERUS : Anteverted normal in shape size echotexture. No mass seen.
ADNEXAE : Both adnexa clear.
CUL-DE SAC : No free fluid seen in cul-de sac.

OVARY : NORMAL

IMPRESSION : CHOLILITHIASIS

Dr. A.K. SAXENA
B. Sc. MBBS.

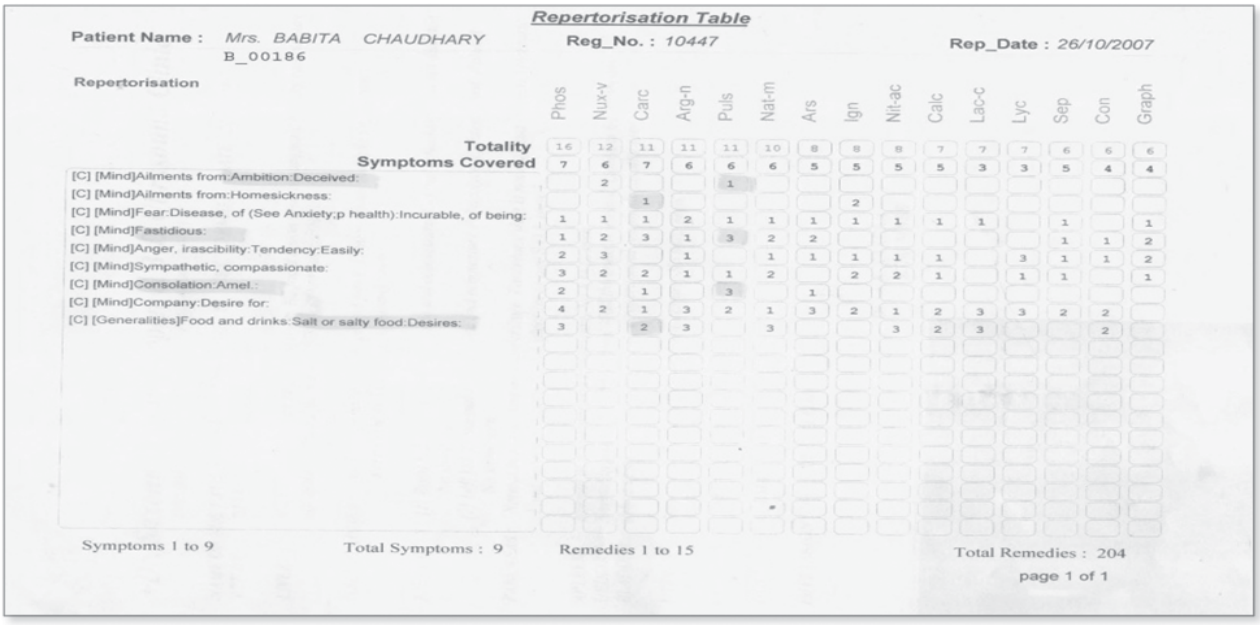


Initial Ultrasonography Report (22/09/2007)
Gall bladder is normal in shape and place. Lumen shows multiple small stones.

Rubrics Selected for Repertorisation

1.Ailments from: Ambition Deceived:
(Could not study after 10th class though wanted to.)
2. Ailments from: Homesickness:
3.Fear:Disease,Of: incurable being:
4.Anger,Irascibility:tendency: Easily
5.Sympathetic, compassionate
6.Consolation: Amel
7.Company: Desire for:
8.Desire Salty for
Thermal: Hot
Thirst: Very less

Repertorisation Table



Repertorisation Table

Patient Name : Mrs. BABITA CHAUDHARY
B_00186

Reg_No. : 10447

Rep_Date : 26/10/2007

Repertorisation

	Phos	Nux-v	Carc	Arg-n	Puls	Nat-m	Ars	Ign	Nit-ac	Calc	Lac-c	Lyc	Sep	Con	Graph
Totality	16	12	11	11	11	10	8	8	8	7	7	7	6	6	6
Symptoms Covered	7	6	7	6	6	6	5	5	5	5	3	3	5	4	4
[C] [Mind]Ailments from:Ambition:Deceived:		2			1										
[C] [Mind]Ailments from:Homesickness:			1					2							
[C] [Mind]Fear:Disease, of (See Anxiety;p health):Incurable, of being:	1	1	1	2	1	1	1	1	1	1	1		1		1
[C] [Mind]Fastidious:	1	2	3	1	3	2	2						1	1	2
[C] [Mind]Anger, irascibility:Tendency:Easily:	2	3		1		1	1	1	1	1		3	1	1	2
[C] [Mind]Sympathetic, compassionate:	3	2	2	1	1	2		2	2	1		1	1		1
[C] [Mind]Consolation:Amel:	2		1		3		1								
[C] [Mind]Company:Desire for:	4	2	1	3	2	1	3	2	1	2	3	3	2	2	
[C] [Generalities]Food and drinks:Salt or salty food:Desires:	3		2	3		3			3	2	3			2	

Symptoms 1 to 9 Total Symptoms : 9 Remedies 1 to 15 Total Remedies : 204

page 1 of 1

Selection of Remedy

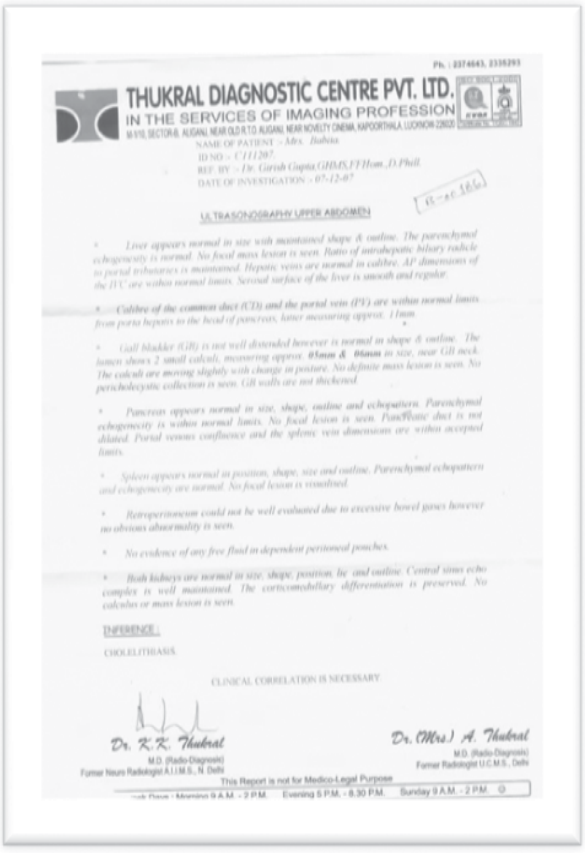
Pulsatilla was selected on the basis of totality of symptoms.

First Prescription: (26-10-2007) *Pulsatilla1000* single dose followed by *Chelidonium* Ø 10 drops thrice daily in half cup of water for 30 days. *Dioscorea 30* was also prescribed on the basis of specific modality i.e. pain relieved by lying and advised her to take during pain.

07 -12-2007: H/o only one mild episode of pain reported on 11-11-2007. Appetite improved. Tingling in right half of the body also subsided. Patient was advised to get repeat Ultrasonography and Liver Function Test.

Blood Examination(07-12-2007)
Liver Function Test found within normal limit.

Ultrasonography Report (07/12/2007) Gall bladder is normal in shape and outline. Lumen shows two small calculi, measuring 05 & 06 mm in size near GB neck. The calculi are moving slightly with change in posture.



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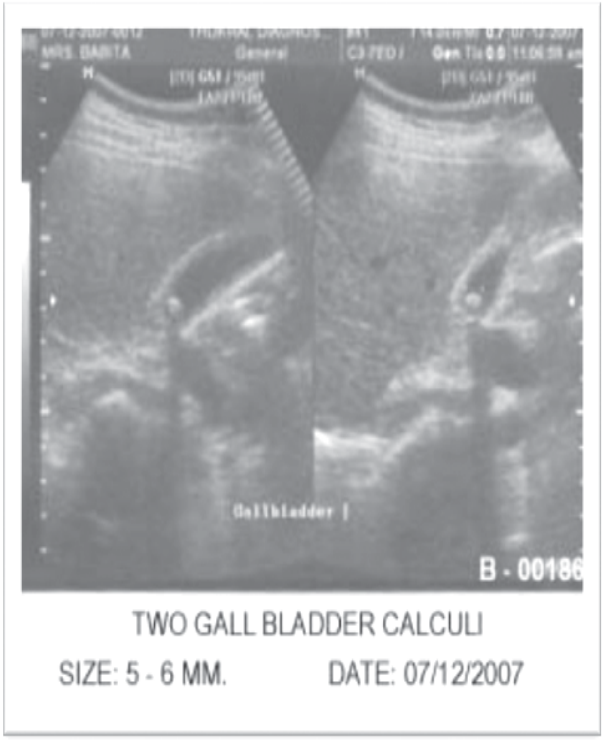
ULTRASONOGRAPHY UPPER ABDOMEN

Dr. K.K. Thukral
M.D. (Radio-Diagnosis)

Dr. (Mrs.) A. Thukral
M.D. (Radio-Diagnosis)

This Report is not for Medico-Legal Purpose

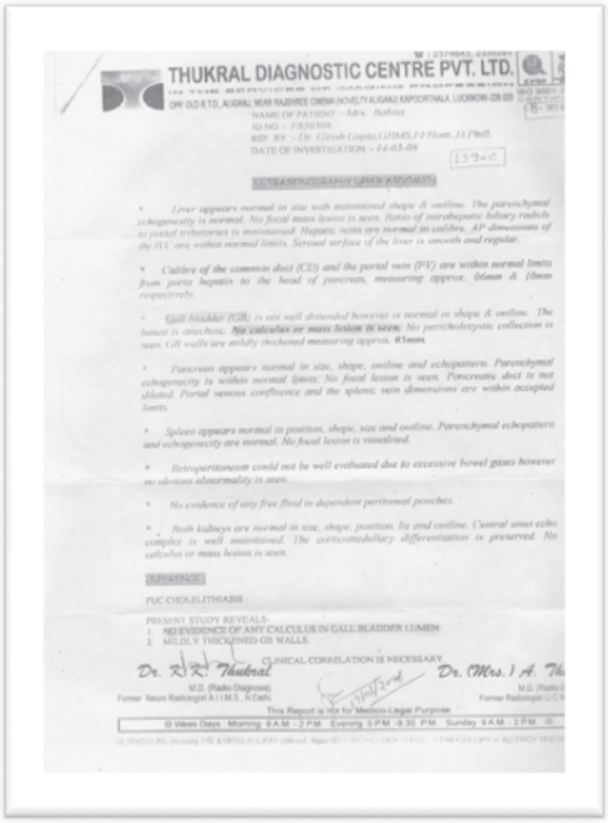


Ultrasonography Report (07/12/2007) Gall bladder is normal in shape and outline. Lumen shows two small calculi, measuring 05 & 06 mm in size near GB neck. The calculi are moving slightly with change in posture.

04 -01-2008: Patient was totally asymptomatic .Placebo was prescribed for two months with suggestion to take Dioscorea 30 in acute condition of pain, if needed. *Chelidonium* Ø was continued.

14 -03-2008: Patient remained asymptomatic. Patient sent for Ultrasonography.

Ultrasonography Report (14/03/2008) Gall bladder is normal in shape and outline. No evidence of any calculus in GB lumen. Mildly thickened GB walls.


THUKRAL DIAGNOSTIC CENTRE PVT. LTD.

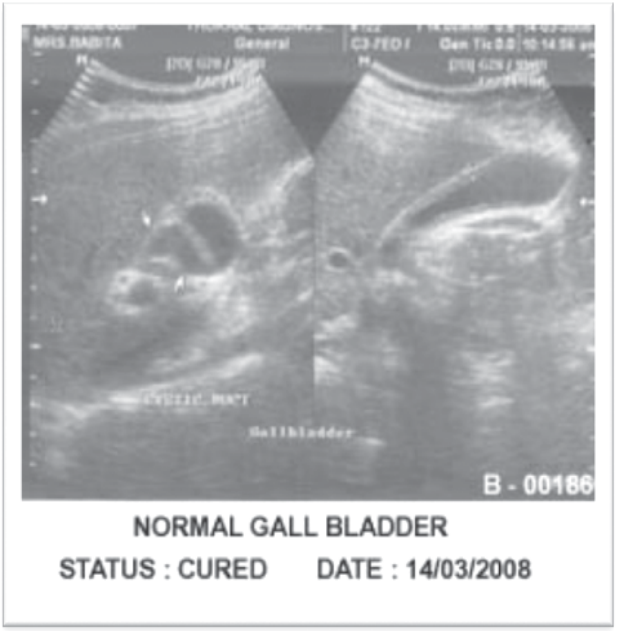
NAME OF PATIENT :- Mrs. Babita

DATE OF INVESTIGATION :- 14-03-08

PRESENT STUDY REVEALS-
1. NO EVIDENCE OF ANY CALCULUS IN GALL BLADDER LUMEN
2. MILDLY THICKENED GB WALLS.

CLINICAL CORRELATION IS NECESSARY

This Report is not for Medico-Legal Purpose



NORMAL GALL BLADDER

STATUS : CURED DATE : 14/03/2008

Ultrasonography Report (14/03/2008) Gall bladder is normal in shape and outline. No evidence of any calculus in GB lumen. Mildly thickened GB walls.

Inference

Multiple gall bladder calculi dissolved within 5 months of Homoeopathic treatment. The patient was not only saved from cholecystectomy but remained asymptomatic by regaining healthy gall bladder.

Binswanger's Disease A Rare Neurological Disorder Managed with Homoeopathy!

Dr.H.Venkatesan
BHMS., MD (Hom) (Gen.Med),
Lecturer, Dept. of Practice of Medicine,
Vinayaka Mission's Homoeopathic Medical College & Hospital,
Salem, Tamilnadu.

BINSWANGER'S DISEASE
(Subcortical leukoencephalopathy / Subcortical arteriosclerotic encephalopathy)

Abstract

- It is a rare form of Multi-infarct small vessel Dementia caused by damage to the white matter of brain.
- Ischemic involvement of more than 25% of white matter with associated Systemic Hypertension is known as Binswanger's disease.
- It was first described by Otto Binswanger in 1894 but Alois Alzheimer first used the phrase "Binswanger's disease" in 1902.

Pathology

- Diffuse, irregular loss of axons and myelin accompanied by wide spread gliosis.
- Small infarcts are seen in frontal lobe.

Clinical Features

• Loss of memory; loss of intellectual functions; impairment in executive functions like planning, cognitive flexibility, abstract thinking, rule acquisition, initiation appropriate actions and inhibiting inappropriate actions and selecting relevant sensory information.
• Changes in mood; impaired movements; change of walk; slowness of movements; falls; epilepsy; syncope; uncontrollable bladder.
• Language disorder, TIA, muscle ataxia and impaired movements including change of walk, slowness of movements, and change in posture.

Diagnosis

CT scan show infarct lesions, loss of intensity of white matter and enlarged ventricles.
• MRI will show the Peri-ventricular white matter and Centrum ovale watershed infarcts, similar to the appearance of demyelination in Multiple Sclerosis.
• Leukoaraiosis – Diffuse loss of deep hemispheric white matter in long standing Systemic Hypertension.

Differential Diagnosis

• CADASIL Syndrome.
• Alzheimer's disease.

Case Summary: (01.08.09)

A 55 year old male came with the presenting complaints of Occipital headache on & off, Double vision in left eye and Difficulty in opening the left upper eye lid since last 3 months. He was a known Hypertensive patient for the past 5 years and he was following irregular medications for the same.

Patient was apparently normal before 3 months. Suddenly he got occipital headache one day, followed by

Diagnostic Criteria for Binswanger's Disease

<table>
<tr><td>I</td><td colspan="3">Dementia</td></tr>
<tr><td>II</td><td colspan="3">One finding from the 2 of the following 3 groups.</td></tr>
<tr><td></td><td>Vascular Risk Factor / Evidence of Systemic Vascular Disease

i. SHT
ii. DM
iii. H/O M.I
iv.Cardiac arrhythmia
v. C.C.F.</td><td>Evidence of Focal cerebro vascular Disease

i. H/O Stroke
ii. Focal Pyramidal tract signs or Sensory signs.</td><td>Evidence of Sub cortical cerebral dysfunction

i. Parkinsonian gait
ii. Rigidity
iii. H/O Bladder incontinence.</td></tr>
<tr><td>III</td><td colspan="3">Radiological Criteria.
B/L leukoaraiosis on C.T. Scan
B/L or multiple or diffuse Sub cortical lesions greater than 2 x 2 mm on MRI.</td></tr>
</table>

blurred vision; one week later he had complaints of giddiness while walking and also Diplopia in an afternoon time; immediately he was admitted in a Private hospital for about 5 days; then he was discharged on improvement, with a suggestion of review after one week. Since then he is suffering from the presenting complaints.

1. ***Occipital headache since last 3 months on and off*** - Sudden onset; pressing pain in the occiput; < movements of head; > rest, lying; Associated with heaviness of forehead.
2. ***Complaint of double vision since last 3 month*** - Sudden onset; only in left eye; false image is seen above & lateral to the original image; false image is dull & unclear; right eye vision is normal.
3. ***Difficulty in opening the left upper eye lid since last 3 months*** - Sudden onset; improving with eye ball movement exercises; H/O inability to rotate left eye medially; now improved.

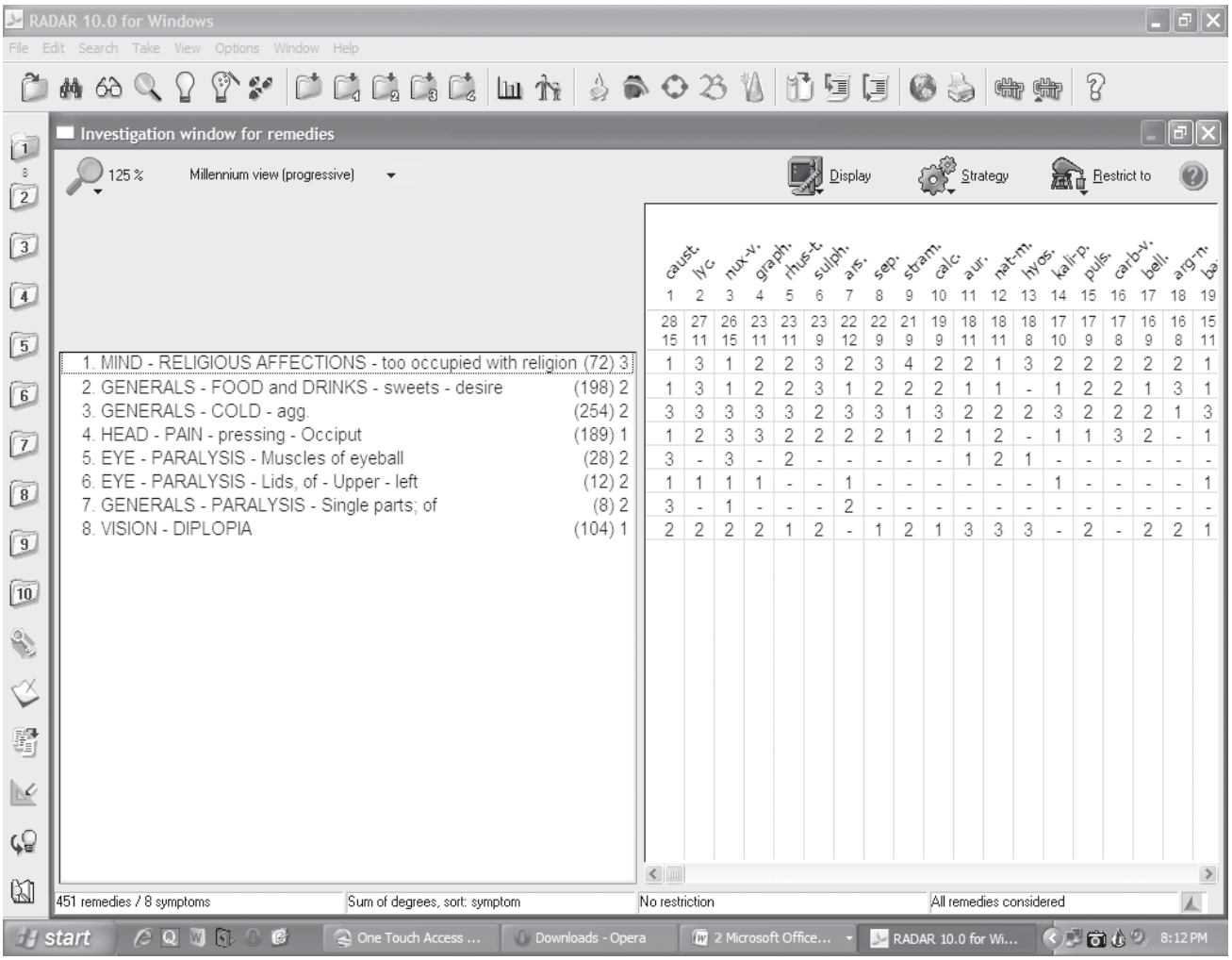
He was taking Allopathic Antihypertensive drugs for the past 3 months with no improvement in Systemic Hypertension.

Religious^{++}; physical generals are good; chilly patient^{+}; craving for Sweets^{++}.

On Examination: Conscious & Oriented; afebrile; moderately built; not anemic; no cyanosis, pedal edema, jaundice, clubbing of finger nails or lymphadenopathy; Pulse - 90/ min; Resp.rate - 18/ min; B.P - 150/110 mm of Hg; Height - 152 cm; Weight - 48 kg; BMI - 20.9.

C.N.S - Higher Functions are normal except *minimal loss of memory*; Left *3, 4 & 6th nerve examination showed Diplopia in left eye; drooping of left upper eye lid & H/O loss of medial movement of left eye; right eye is normal.* Others cranial nerves are normal; Normal Nutrition, Power, Tone & Coordination; No involuntary movements; both superficial & deep reflexes are normal; Normal gait; *Romberg's sign- Positive - Sways on closing eyes; Tandem walking - Positive - Unable to walk in a straight*

Repertorial Analysis (Synthesis Repertory):



line on closing eyes; Sensory System - Intact; Cerebellar Functions - Normal.

RS, CVS & Abdomen: Clinically normal.

Investigation Reports (18.05.09):

ECG – LVH; No evidence of MI.

ECHO – Concentric LVH; Grade I DD; normal LV systolic function.

MRI Brain – Bilateral Centrum semiovale, periventricular white matter, bilateral gangliocapsular region, thalamus and brainstem hyperintensities suggestive of lacunar infarcts with Ischaemic changes.

Binswanger's Disease was diagnosed by mentioned Criteria - I. Dementia; II. SHT; H/O Stroke & Focal Pyramidal tract signs; III.B/L multiple diffuse Subcortical lesions on MRI Scan.

First Prescription: (01.08.09)

Causticum.200 – 1 Dose was prescribed with Placebo for the next 14 days.

He was advised to consult a physiotherapist.

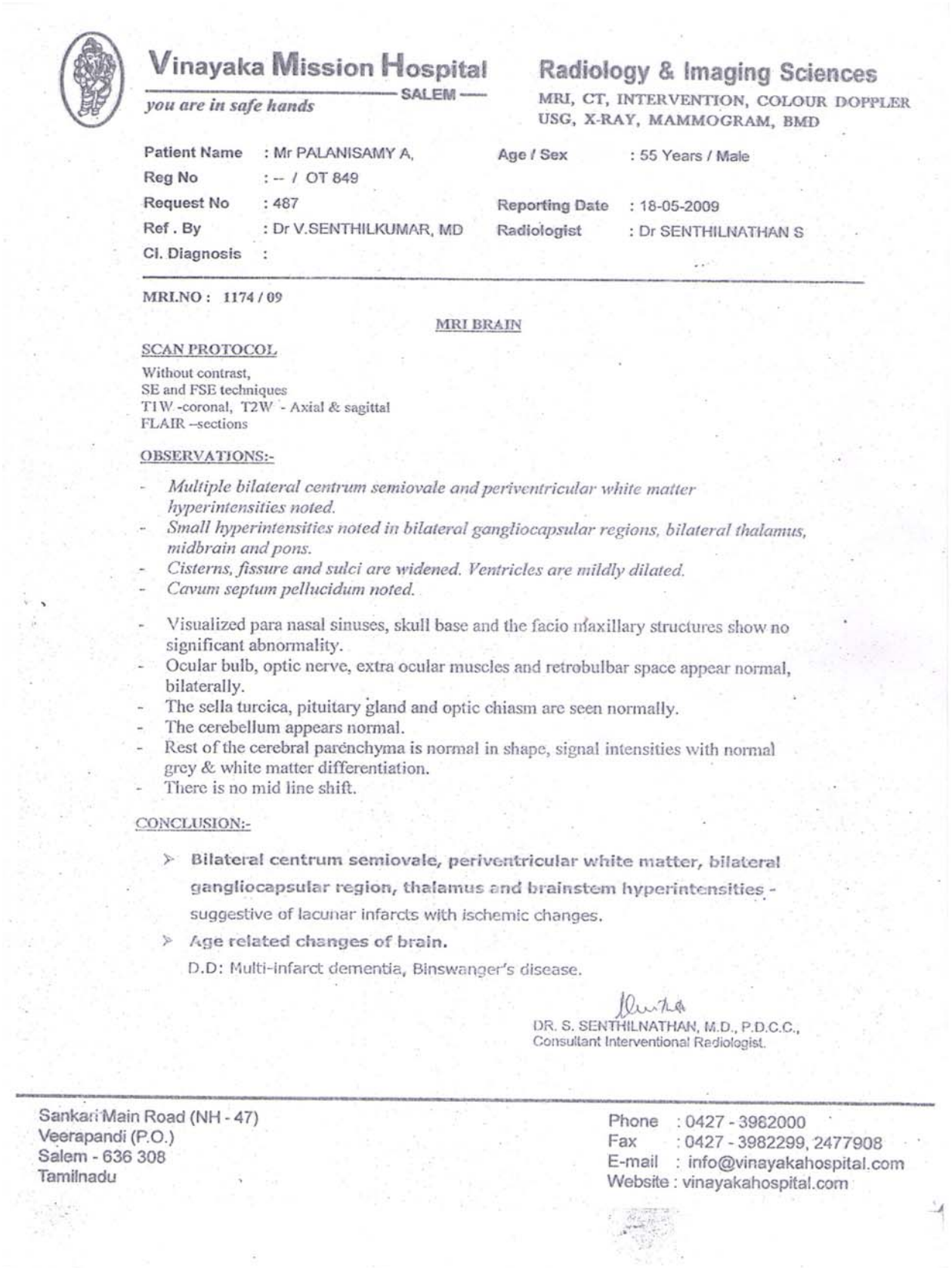
Also he was advised not to stop the allopathic medications till the next visit.

First follow up: (22.08.09)

BP – 140/90 mm of Hg; occipital pain and heaviness of forehead were much better; patient generally felt better with no new complaints; diplopia and left upper eye lid paralysis presented with same intensity.

A single dose of Causticum.200 was prescribed with Placebo for the next 14 days.

Since the patient's BP reduced he was advised to taper



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Radiology & Imaging Sciences
MRI, CT, INTERVENTION, COLOUR DOPPLER
USG, X-RAY, MAMMOGRAM, BMD

Patient Name	: Mr PALANISAMY A,	Age / Sex	: 55 Years / Male
Reg No	: -- / OT 849		
Request No	: 487	Reporting Date	: 18-05-2009
Ref . By	: Dr V.SENTHILKUMAR, MD	Radiologist	: Dr SENTHILNATHAN S
Cl. Diagnosis	:		

MRI.NO : 1174 / 09

MRI BRAIN

SCAN PROTOCOL

Without contrast,
SE and FSE techniques
T1W -coronal, T2W - Axial & sagittal
FLAIR –sections

OBSERVATIONS:-

- *Multiple bilateral centrum semiovale and periventricular white matter hyperintensities noted.*
- *Small hyperintensities noted in bilateral gangliocapsular regions, bilateral thalamus, midbrain and pons.*
- *Cisterns, fissure and sulci are widened. Ventricles are mildly dilated.*
- *Cavum septum pellucidum noted.*

- Visualized para nasal sinuses, skull base and the facio maxillary structures show no significant abnormality.
- Ocular bulb, optic nerve, extra ocular muscles and retrobulbar space appear normal, bilaterally.
- The sella turcica, pituitary gland and optic chiasm are seen normally.
- The cerebellum appears normal.
- Rest of the cerebral parenchyma is normal in shape, signal intensities with normal grey & white matter differentiation.
- There is no mid line shift.

CONCLUSION:-

- **Bilateral centrum semiovale, periventricular white matter, bilateral gangliocapsular region, thalamus and brainstem hyperintensities** - suggestive of lacunar infarcts with ischemic changes.
- **Age related changes of brain.**

D.D: Multi-infarct dementia, Binswanger's disease.

DR. S. SENTHILNATHAN, M.D., P.D.C.C.,
Consultant Interventional Radiologist.

Sankari Main Road (NH - 47)
Veerapandi (P.O.)
Salem - 636 308
Tamilnadu

Phone : 0427 - 3982000
Fax : 0427 - 3982299, 2477908
E-mail : info@vinayakahospital.com
Website : vinayakahospital.com

MRI scan report before treatment (18/5/2009)

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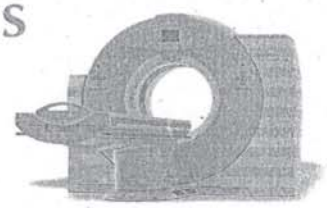

Name: Mr. Palanisamy Age / Sex: 55 / M CT No.: 2438

Date: 23.05.2010

Clinical indication:

MDCT SCAN OF BRAIN

(128-slice scanner)

Multislice helical axial & 3D multiplanar reformatted images of the Brain were studied without administration of intravenous contrast.

Vermis and both cerebellar hemispheres are normal. Brainstem is normal. Fourth ventricle is in midline, normal in size. Cerebello-pontine angles are normal. Basal cisterns are prominent. Internal acoustic meati and canals are symmetrical and normal on both sides.

Sella appears normal. Parasellar region is normal. Suprasellar cistern is prominent.

Small well-defined low attenuation areas are seen in the left lentiform nucleus and external capsule. Small ill-defined low attenuation areas are seen in the fronto-parietal periventricular white matter on both sides. Cerebral parenchymal grey matter and white matter are normal in other areas. Lateral and third ventricles are in position and are prominent. Thalami are normal. Caudate nuclei, internal capsules and right lentiform nucleus are normal. Fissures and cortical sulci are prominent. No extra-axial collection is seen.

Orbits are normal. Paranasal sinuses are normal. Cranial bones are normal.

IMPRESSION:

Lacunar infarcts in left lentiform nucleus & external capsule.

Mild cerebral atrophy with small ischemic areas in the fronto-parietal periventricular white matter on both sides.

Suggested follow-up.

Dr. Vijay Sadasivam, DMRD, DipNB.
Radiologist.

1 Film enclosed with report

Page 1 of 1

128 Slice Advanced Cardiac & Whole Body Adaptive Helical CT Scan

MRI scan report after treatment (23/5/2010)

the allopathic medications gradually over a period of next one month step by step.

Further Follow ups:
Since then BP was maintained around 130/90 mm of Hg; gradual improvement in left eye movements with lid lag and diplopia gradually declining. It took almost 6 months to gain his normal vision.
Causticum.200 – 1 Dose for every 30 days were prescribed for the next 6 months. Thereafter only placebo had been prescribed.
On 08.05.10 when he visited he was quite normal with a stable BP and vision. He was advised to undergo a CT scan and the impression is as follows.

MDCT Scan of Brain (128 slice scanner) – 23.05.2010:
Lacunar infarcts in left lentiform nucleus and external capsule.

Mild cerebral atrophy with small ischemic areas in the fronto – parietal periventricular white matter on both sides.

Conclusion

In the above explained case the patient was symptomatically relieved and BP was maintained in a normal range with Homoeopathic treatment. Till date the patient is reasonably leading his normal life with of Homoeopathic management.

References

1. *http://en.wikipedia.org/wiki/binswanger's_disease*
2. *http://www.medicinenet.com/binswangers_disease/article.htm*
3. *William Phillips, Companion to Clinical Neurology, 3rd edition, 2009, Oxford University Press.*

Homoeopathic Management of Bakers Cyst

Dr. D. N. Chinte
Professor & HOD
Department of Surgery
KSPM's HMC, Latur Maharashtra
dnchinte@gmail.com
Dr. Yogesh D. Niturkar
Lecturer, Dept of Organon
yogeshdn@rediffmail.com
408050, 0129-2281764

Baker cysts are not uncommon and can be caused by virtually any cause of joint swelling (arthritis). The conventional treatment includes NSAIDS, painkillers & aspiration of cyst. In management of Bakers Cyst, the Homoeopathic physician perceives all the medicinal & surgical procedures, but in addition to it, the Homoeopath is fortified by his own instruments of precision, his medicines to address the needed cure. Individual case experiences will demonstrate the utilization of knowledge of disease & its reflection in clinical setup to verify the scope of Homoeopathy in a holistic & cost effective way without any complications of Disease and further suffering of the Sick individual.

Perceiving the Disease

Definition

Baker's Cyst or Popliteal Cyst is a benign swelling of the semi membranous or more rarely some other Synovial Bursa found behind the knee joint.

Cause

In adults, Baker's cysts usually arise from almost any form of knee arthritis or cartilage (particularly a meniscus) tear. It arises between the tendons of the medial head of the gastrocnemius and the semi membranous muscle. They are posterior to the medial femoral condyle. The synovial sac of the knee joint can, under certain circumstances, produce a posterior bulge, into the popliteal space (the space behind the knee). When this bulge becomes large enough, it becomes palpable and cystic. Most Baker's cysts maintain this direct communication with the synovial cavity of the knee, but sometimes, the new cyst pinches off. A Baker's cyst can rupture and produce acute pain behind the knee and in the calf and swelling of the calf muscles.

Symptoms

1) A rounded swelling like the size of a golf ball
2) A Baker cyst may cause no symptoms or it can be associated with knee pain & or tightness behind the knee, especially when the knee is extended or fully flexed.
3) Baker cysts are usually visible as a bulge behind the knee that is particularly noticeable on standing and when compared to the opposite uninvolved knee. They are generally soft and minimally tender.
4) A sensation of pressure in the back of the joint which can go down into the calf muscle
5) Difficulties in bending the joint
6) Pain & tenderness after exertion
7) If you turn all lights out and shine a torch through the lump you will see a red glow around the lump indicating that it is filled with fluid

Complications

Baker cysts can become complicated by protrusion of fluid down the leg between the muscles of the calf (dissection).

The cyst can rupture, leaking fluid down the inner leg to sometimes cause the appearance of a painless bruise on the inner ankle.

Baker cyst dissection and rupture are frequently as-

sociated with swelling of the leg and can mimic phlebitis of the leg.

A ruptured Baker cyst typically causes rapid-onset swelling of the leg.

Diagnosis

A baker's cyst is easier to see from behind with the patient standing with knees fully extended. It is most easily palpated (felt) with the knee partially flexed. Diagnosis is confirmed by USG, although if needed and there is no suspicion of a Popliteal artery aneurysm then aspiration of synovial fluid from the cyst may be undertaken with care. An MRI image can reveal presence of a Baker's cyst. A burst cyst can cause calf pain, swelling and redness that may mimic Thrombophlebitis or a potentially life-threatening Deep Vein Thrombosis (DVT) which may need to be excluded by urgent blood tests and ultrasonography. Although an infrequent occurrence, a Baker's cyst can compress vascular structures and cause leg edema and a true DVT. Baker's cyst and deep vein thrombosis may co-exist.

Treatment

- Medications- Painkillers with Paracetamol or with the additional anti inflammatory action (such as ibuprofen or naproxen), may be used to soothe pain. Stronger NSAIDS may be required.
- Baker cysts often resolve with aspiration (removal) of excess knee fluid in conjunction with cortisone injection.
- When cartilage tears or other internal knee problems are associated, surgery can be the best treatment option. During a surgical operation, the surgeon can remove the swollen tissue (synovium) that leads to the cyst formation. This is most commonly done with arthroscopic surgery.

Ancillary Measures

- Ice pack application or hot fomentation may sometimes be effective way of controlling the pain caused by Baker's cyst.
- A knee brace can offer support giving the feel of stability in the joint
- Many activities can put strain on the knee, and cause pain in the case of Baker's cyst. Avoiding activities such as squatting, kneeling, heavy lifting, climbing, and even running can help prevent pain.
- Exercises under supervision of physiotherapist can help in relieving pain.

Case

On 13/12/11 Mrs. ASS, 49 yrs old female, illiterate homemaker came with complaints of pain & swelling in the behind of the left knee since 1 week. She is a known case of Diabetes Mellitus type II & Hypertension for which she is taking allopathic medicines namely Tab. Met 1gm 1 OD, Tab. Telvas 20 mg 1OD, Cap Ecosprin AV 1OD. Her blood sugar level is under control & the recent report was having FBS- 90 mg/dl, PPBS- 160 mg/dl, Urine Sugar was absent in both FBS & PPBS. She came to the surgery OPD & the examination findings revealed Left Knee swelling in posterior aspect and the diagnosis was made of Left Knee Baker's Cyst. She was suggested to do CBC, ESR, BSL, and X-ray Knee AP/Lat & Tab. Xenar CR 1 OD for 1 month, Calcirol Sachet 1 Weekly for 4 weeks, and SOS USG & Aspiration of the cyst. As she was already on Allopathic medicines for her Diabetes & Hypertension, she preferred trying Homoeopathic treatment.

The details of the case are as follows:-

Location	Sensation	Modality	Concomitant
Musclulo Skeletal System *Since 3 weeks* *Lower Extremities-Knee* *Left Side, Posterior Aspect, Unilateral* *Bursa* *Average Size of 2 beetle nuts* *Progress- Gradual* *Intensity- Moderate*	*Swelling*[2] *Dull type of Pain*[3] *Stiffness*[2]	*< Flexion*[2] *< Extension*[2]	*Anxiety*[3] *about the disease*

Patient as a Person

App- N,
Thirst – N,
Cr & Av - Nothing Specific,
Stool- N occasionally hard,
Urine- Profuse
Perspiration- General,
Menstrual H/O Menopause
Thermal Reaction- Chilly patient
Mental State- She belongs to a middle class family. She was married at an early age & her husband is in Govt service. There is healthy interpersonal relationship between all family members. There is no as such family tension or any kind of stress. Patient is having mild disposition. She is only worried about her disease.
F/H- -Nothing Significant
P/H— Nothing Significant
O/E- Afebrile,
Wt- 59 kg,
BP-130/80 mm of Hg,
S/E CNS- NAD CVS- NAD R/S- NAD, P/A- NAD
L/E-
MSS- Right Knee- NAD
Left Knee- Posterior Aspect- Swelling, Soft in consis tency ,Tenderness + Average size of Table Tennis Ball
ROM- Painful++ Restricted +

Case Processing

Classification of Disease- Chronic Disease Diagnosis of Disease - Baker's Cyst
Miasmatic Understanding- Sycosis (Degeneration & Inflammation) Susceptibility- Moderate
Understanding Allopathic Medicines- Tab. Xenar CR 1 OD {Naproxen -OA, Musculoskeletal Disorders, Soft Tissue Injury etc.} Calcirol Sachet {Vitamin D}

Selection of Repertory:- The above mentioned case is having distinct location, sensation, modality & concomitant and there is no characteristic data in the physical & mental generals therefore ***Therapeutic Pocket Book*** is the most suitable repertory.

Repertorial Totality

Location: - 1) MSS- Knee Joint 2) Side- Left 3) Posterior Aspect 4) Unilateral

Pathology: - Baker's Cyst

Sensation: - Swelling[2] Dull type of Pain[3]Stiffness[2]Crepitations[1]

Modality: - < Flexion[2] the act of motion of the affected part aggravates the condition, therefore < Ex-

Selection of Rubrics with Reasons

Sr. No.	Chapter	Rubric	Reason	Page No.
1	Lower Extremities	Joints of Lower Extremities in General	Location	140
2	Lower Extremities	Knee	Location	140
3	Lower Extremities	Knee Hollow of	Location	141
4	Lower Extremities	Left	Location	142
5	Sensations	Pain Dull	Sensation & Complaint	169
6	Sensations	Inflammation Externally	Sensation & Complaint	163
7	Aggravation	Motion of affected part	Aggravating Modality	292
8	Mind	Anxiety	Characteristic Mental Concomitant	18

tension[2] it is taken as < Motion of affected part

Concomitant: - Anxiety3 about disease

Physical Generals – Chilly patient

Repertorial Result

Chilly	Totality & Symptoms Covered	**Hot**	Totality & Symptoms Covered
Rhus Tox	27/8	Bryonia	24/8
Nux Vomica	23/8	Sulphur	24/7
Phos	22/8	Puls	23/8
Calc Carb	22/7	Ledum	19/7

Final Selection of Remedy

1) Patient is Chilly
2) Considering the pathology & tissue affinity Rhus Tox was selected as a phase remedy.
3) Considering the totality & symptoms covered, the remedy relationship of Rhus Tox & Calc Carb, as well as paucity of expressions at the level of mind & body, Calc Carb was selected as constitutional remedy.

R$_{x}$ Rhus Tox 200 1 PHS SL tds x 7 days

Follow Up

Sr. No.	**Symptoms/Sign**	**Date**	**Date**
		20/12/11	28/12/11
1	Anxiety	ℳ	Absent
2	Lt leg Dull type of Pain[3]	>[2]	Occasionally
3	Lt Knee Swelling[2]	>[2]	>[3]
4	Lt Leg Stiffness	>[2]	>[3]
5	O/E: Lt Knee Swelling[2]	>[2]	>[3]
6	Tenderness +	++	>
7	ROM	Painful+Mild	
		Restricted	Free
8	Action	Rhus Tox 200 1 PHSSL tds x 7 days	Calc Carb 200 1PHSSl x 7days bd F/U SOS

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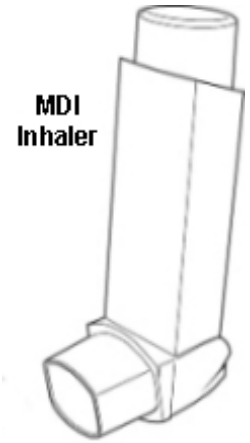
Homoeopathic Inhalers- Need of the Day

Dr. Shiv Dua
M.A., D.I. Hom. (London), HMD (UK)
2617, sector 16, Faridabad 121002
Phone 9871408050, 0129-2281764
E-mail: shiv.dua3@gmail.com

We all know that there are no homoeopathic inhalers available in the market. We get many patients of asthma. They are fed up with conventional system of medicine and want to shift to homoeopathy. We have been helping them as well and hundreds of asthma patients have been given relief. You must have noticed that such patients discontinue the allopathic medicines but do not wish to discontinue the use of inhalers. The reason is the instant relief of the inhaler. Most of the homoeopaths tell them to continue the inhalers in emergency. It must have struck many of us that we should also have our homoeopathic inhalers so that instant relief can be given to the patients. Inhalers have become very urgent tool and it is better we understand functioning of inhalers after which we can shift to our topic.



Conventional Inhaler

MDI inhaler is Pressurized metered dose inhaler. It contains a pressurized inactive gas that propels a dose of drug in each 'puff'. Each dose is released by pressing the top of the inhaler. This type of inhaler is quick to use, small, and convenient to carry. It needs good coordination to press the canister, and breathe in fully at the same time. Inhaler is a device holding a medicine that one can inhale and it is used for bringing relief in asthma. There are different types of inhalers. Each inhaler has a drug inside that goes to the airways when we breathe in. Some part of gets into the rest of body via bloodstream. There are almost no side effects of inhalers, as the doctor's claim. The drug has a generic name. For asthma, the drugs inside inhalers can be grouped into relievers (short-acting bronchodilators), preventers (steroid inhalers) and long-acting bronchodilators. Bronchodilators have two main drugs, salbutamol and terbutaline. These drugs are called bronchodilators as they dilate (widen) the bronchi (airways).

- When breathing difficulty is very less and only now and then, a reliever inhaler serves the purpose.
- If the need for inhaler is for more than three times in a week, a preventer (steroid drug) is prescribed.
- All this use is under the vigil of the doctor.
- We are not talking of nebulisers which are used in hospitals and in which the liquid form of medi-

cine is turned in to fine mist like an aerosol. In severe attacks of asthma, it is used.

We find that the medicines are inducted direct to lungs through inhalers and it is the air that forces medicine into the lungs. Without the media of air, no medicine can be inducted into lungs. This air is in the form of Aerosol. Aerosol is the solid or liquid particles of a substance suspended in the air. They are very minute and small, less than a micron (1/1000 mm) in size. Aerosol inhalers are put in use with medicines like salbutamol and corticosteroids as we have already discussed above.

Homoeopathic Inhalers?

So far we have no homoeopathic inhalers in the market. The reason is well known. Homoeopathy deals in individual -suited treatment according to individual-symptoms. Inhaler suited to the symptoms of each patient can not be made. It is the simplest excuse for the drug companies.

See the irony here, Drug manufacturing companies are providing us all types of medicines, dilutions, mother tinctures, and biochemics with tons of literature but we are still to see homoeopathic inhalers in our clinics. Even if individual inhales can not be made, why not try mixtures of medicines as they are using in making patents like cough syrups, tonics, prostate, headache, piles and what not? We know that use of aerosol inhaler is effective as preventive and not curative**.** Inhaler with mixed medicines will also serve the purpose of preventive. Drug companies have two options:

1. Making inhalers with one medicine, which may not be for all and could be used with particular symptoms of the body. This we shall discuss below.
2. Making inhalers with mixed medicines which could be used by all.

Deciding Drugs for Homoeopathic Inhalers

We have many medicines at our disposal from which we can find out the symptoms.

Aconite has asthma after emotions and fear, suppression of acute rash and feeling of a band around the chest.

Antim Tart has threatening suffocation, wheezing, rattling and cyanosis.

Aralia that has trouble during inspiration and one cannot lie down day or night.

Arsenic, worse after midnight, must sit up and from cold changes of temperature. Patients want everything hot.

Acid Benzoic for asthma with rheumatism.

Bromium for asthma better at sea.

Cannabis sativa for mucus rales and great dyspnoea.

Carbo veg for old debilitated persons with flatulence and blueness of skin.

Conium also for old people having suffocative attacks on lying down.

Then we have **China, china ars, china sulf** if the attacks are at the same hour of each day.

Cuprum met for spasmodic asthma with intense dyspnoea, blueness of face, constriction at throat, retching and vomiting.

Graphite is there for spasmodic attacks, which awaken us from sleep and is better from eating.

Grindelia rob .for spasmodic asthma better expectoration, in cardiac asthma with fear of going to sleep due to loss of breath that awakens us.

Ipecac and Moschus for spasmodic asthma.

Kali carb when the attack is at 3 to 4 AM and worse sudden cold changes.

Lachesis prevents sleep and better expectoration with intolerance of the least pressure about neck or chest.

Lobelia for great oppression of chest as if it is was full of blood, which seems to stagnate and better when moving about.

Naja is for asthma with hay fever and patient must sit up in order to breathe.

Natrum sulph has aggravation at night and from cold damp weather.

Nux vomica has morning aggravation and worse from eating heartily.

Pulsatilla for children asthma.

Rumex is for asthma worse at 2 AM.

Sambucus is for spasmodic attacks worse after midnight and rousing from sleep.

Sulphur is for chronic conditions with suffocative fits in the forepart of night with burning in chest and desire for fresh air.

*Among **mother tinctures** we have and Grindelia and Blata, which are good when patient cannot breathe properly while lying in bed. Similarly for want of breath on least motion, Aspidosperma is good. Action of mother tinctures is considered quicker in acute cases.

Our possibility of subjective Homoeopathic inhalers from above medicines

Possible Separate inhalers:

1. **Acid Benzoic** inhaler for patients having asthma with rheumatism.
2. **Bromium** inhaler for asthma better at sea.
3. **Cannabis sativa** inhaler for mucus rales and great dyspnoea.
4. **Carbo veg** inhaler for old persons with flatulence and blueness of skin.
5. **Conium** inhaler for old persons having suffocative attacks and vertigo on lying down.
6. **China** inhaler for attacks at the same hour of each day.
7. **Natrum sulph** inhaler for asthma in children and asthma from cold damp weather.

Companies can think of making at least **these seven inhalers** in the first instance, of course after their experiments with patients as usual.

Cuprum met, Graphite, Grindelia rob, **Ipecac, Moschus, Kali carb, Lachesis, Lobelia, Pulsatilla and Naja** are not suitable for making inhalers. They are having vague symptoms of spasmodic asthma and make a general category in symptoms.

Use of Mother Tinctures like Grindelia and Blata or Aspidosperma in inhalers would need special technique to induct heavy dose which is not possible. In potentized form, they can be used while making mixed medicine inhalers. This option is left to the companies.

Conclusion

1. Certain drugs have affinity for certain organs or parts of the body. For example, Podophyllum is especially a liver remedy. Canthris elects the urinary organs for its action, Strychnia is for spinal cord, Tellurium is for Tympanum, Ergot for the uterus etc. We can call elective affinity of drugs as tissue proclivity also.

2. Keeping affinity in view, we have selected seven medicines from above list that have specific symptoms of two related symptoms. **Initially these seven inhalers should be made for trial on patients.**

3. Aerosol inhalers used with homoeopathic medicines may give better results than with allopathic medicines. In such a case, the medicine used in inhalers should coincide with oral medicine prescribed for the patient. Either it can be same, it's complementary or related medicine.

4. A research on homoeopathic **dilators like Beriberi vulgaris and mucus-absorbers like Natrums** needs to be conducted. Such dilators may effect immediate relief to the patients as does Salbutamol.

5. The research can also be made on **Isopathy- basis** i.e. administering Salbutamol, cromoglycate or Cortisone in an attenuated form. Homoeopathy is the administering of similar wholly foreign agents to diseased condition whereas Isopathy is administering the same thing in an attenuated form.

Either of the two options of manufacturing universal inhalers (mixed medicines or dilators like beriberi vulgaris) and seven separate inhalers for use of persons with particular symptoms explained above, can be thought over by companies. To examine the possibility of manufacturing homoeopathic inhalers, companies must consult senior homoeopaths without whom this dream can not be fulfilled.

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*we have to keep mother tinctures out of the inhalers as they cannot be utilized till taken orally. Their vaporized form may not work being in minute quantity

Types of Materia Medica

Dr. Trupti Laxmi Swain
MD (Hom)
Materia Medica
(Part II - PG student studying under the guidance of Dr. Srinath Rao Principal of Fr. Muller Homoeopathic medical college)
Fr. Muller Homoeopathic medical college
Deralakatte, Mangalore.
Mobile: - 09738524697
Email ID: - trupti laxmi @gmail.com

The discovery of Homoeopathy and proving of symptoms helps to build Materia medica. Different authors represent it in different ways. In the history of material medica, an evolution takesplace in presenting materia medica by different authors. With the advancement of time number of proved drugs increased, a lot of clinical symptoms of many drugs are introduced by different Homoeopaths.

So many scholars of early and mid nineteenth century like Dr.Hering , Dr. R. Hughes, Dr. J.T. Kent tried to systematize the writings of materia medica symptoms which resulted in different types of Materia medica.

Broadly Materia Medicas can be classified into two.
I. Unmodified type of Materia Medica
II. Modified type of Materia Medica.

It is difficult to typify the types of MM. But according to the ways of representation they can be grouped into different types.

I. Unmodified MateriaMedica
Symptoms were mentioned in an unmodified form is directly in the form in which it was obtained from the prover.

II. Modified MateriaMedica
1. Schematic MM
2. Keynote MM
3. MM of pharmaco dynamic type
4. MM of physiological action
5. Clinical MM
6. Therapeutic MM
7. Picture type MM
8. Picture method of MM
at symptomatic level
9. Comparative type at organ level
at remedy level
10. Psychoanalysis
11. Approach through periodic table
12. Study of drug by analyzing the group
13. Combined type
14. Specialized MM

MODIFIED TYPE OF MATERIA MEDICA

1.Schematic Materia Medica

Eg. 1. Materia Medica Pura by Dr. Hahnemann
2.Chronic disease their peculiar nature and their homoeopathic care by Dr. Hahnemann .
3. The Encyclopedia of Pure Materia Medica by TF Allen
4. The Guiding symptoms of our Materia Medica by C. Hering (10 volumes)
5. A dictionary of practiced Materia Medica by J.H. Clarks.

Merits of schematic type

i. As the drugs are systematically written against each organ, if facilitates to memorize such multitude of symptom of each drug..

ii. A ready reference can be made easily and quickly for a particular symptom while searching it for a particular part of the body.

Demerits of Schematic type

1. It is very difficult to give value to the symptoms according to their intrinsic worth. It is because the real unexpected deviations are lost due to its fragmental study. For eg : Chilly patient but likes cold drinks is peculiar to us but if it is separately mentioned in different section the real peculiarity of symptoms cannot be ascertained immediately.
2. Dr. R. Hughes criticized this arrangement as "An artist painting a family painting keeping all eyes of all the members of family in one part of the picture all the nose in one another and so on.

2. Keynote Materia Medica

After the age of schematic MM a new school of thought was founded who were the sponsors of kenote characteristic of symptoms. They attached special importance to these peculiar rare and striking symptoms. It was introduced by Guernsey. Hahnemann, Lippe told it as characteristic symptoms.

Definition of Keynote symptom

In comparing the symptom of medicine we find that each medicine present peculiar difference from other medicines. These difference by which one remedy is distinguished from another are key notes of the remedy.

As there is only one key note, no matter how many variations are there showed in the remedy to be selected, there must be a peculiar symptom or combination of symptom which is known as characteristic keynote symptom. The key note generally falls under the following categories.

1. Very peculiar symptoms
2. Mental concomitant with bodily disease, Eg. Ars
3. Precise locality Eg : Capsicum –Mastoiditis
4. Course and direction of pain sensation Eg : Chel
5. Alternative symptoms - alternate constipation& diarrhea-opium
6. Modalities

Egs

a. Keynotes on leading remedies by H.C. Allen (304 drugs)
b. A primer of MM – TF Allen (265 drugs)
c. A synoptic key to MM – By CM Boger (323 drugs)
d. Leading symptoms of thousand remedies – by M. Bhattacharya and Co.
e. Characteristic MM – by W.H. Burt
f. Keynote and redline symptoms of the MM – A.V. Lippe (235 drys)
g. Characteristic of Hom MM – by M.E. Douglas.

Merits of Keynote MM

1. To quote B.K. Sarkar "The keynote is simply the predominating symptom or feature which direct one's attention to the totality of the symptoms in & through which an individual case is expressed.
2. The function of keynote in the process of finding similimum is suggestive.
3. Its utility lies in the fact that when prescribes has become familiar with these keynotes he will be able more quickly to find the similimum because the field of selection is narrowed.

Demerits

1. Keynote prescribing is no doubt is a short cut and time saving device but it is often misused. We court failure if these keynotes are taken as final and generals do not conform.
2. It tries to narrow down the number of likely similar medicine.
3. It is also liable to misfire as it ranks one or two symptoms very high and practically ignores other.
4. List of keynotes though of very great value cannot take the place of full schema. The prescriber is constantly requiring to know the exact symptoms produced and curved by the drugs and often these are not to be found among the keynotes. Again when a prescriber has found correspondance in some leading symptoms he must refer other particulars also.
5. That's why Dr. Tyler aptly remarks that the keynote symptoms are invaluable often to give the casting vote.

3. Materia Medica of Pharmacodynamics Type

After the age of schematic MM, few authors and some genius of Homoeopathy interested in MM of pharmacodynamic type.

Egs.

a. The new comprehensive system of MM &therapeutics by Dr. Hempel (2nd Edn 1865)
b. Lectures on MM - Carol Dunham (5th Edn. 53 med.)

c. A manual of Pharmaco dynamics by R. Hughes (6th Edn. 1880 medicines.

Merits

In these books particularly in pharmaco dynamics by R. Hughes the main object is to set forth the sphere of action of each drug. Every medicine even though if it is great polychrest which seems to embrace nearly the whole organisms within the circle of their influence has one or more centre of action. These centers sometimes from the pathogenic sometimes form the clinical side. Many authors are of view that if these centers can be traced out for each drug, the understanding and remembrance of the drug become easy.
Eg : Nausea and vomiting of Ipecac.

Demerits

Many symptoms of the drug could have been overlooked in this type of study.

4. Materia Medica of Physological Action

Eg : 1. Physiological Materia Medica by W.H. Burt Ist Edn. 1881, 3rd edn – 1882 (no of drugs 281)
2. Characteristic Materia Medica by D.C. Dasgupta Ist Edn. 1936 (no of drugs 176).

This type of books deals with the kind of action of each drug. Here attempt is made to describe the central theme of physiological action or actions of each of them.

Merits

1.It is a retrospective study from stored drug pathogenesis collected from proving on human beings and clinical practice. This type of MM produce a new method for Homoeopathy, to receive a scientific base from physiological and pathological stand point.
2. By knowing the physiological and pathological action ie, on which tissue it acts and how it affects them give direct knowledge of its curative action. The knowledge of its physiological or local action gives the key to its therapeutics.
3. When summoned to court, sphere of action of remedy must be known by the physician to protect him.

Demerits

Many symptoms of the drug could have been overlooked in this type of study.

5. Clinical Materia Medica

In this type of books discussion is emphasized on therapeutic aspect with other symptoms
Eg : 1) A clinical MM by E.A. Farrington ,Ist Edn 1887, 536 drugs.
2) A dictionary of practical MM by E.A. Farrington
3) Pocket Manual of Homoeopathic MM with repertory by W. Boericke 9th Edn 1927-1414 drugs

Merits

1. A quick selection of a drug can be made as the medicines are compared on its clinical aspect.

Demerits

Complete picture of the drug cannot be compared on its clinical aspect.

6. Therapeutic Materia Medica

Here the drugs are studied under the headings of different diseases.
Eg : Drugs producing pain in different joints are described under arthritis.

Merits

1. Quick selection of drug can be made.
2. It reduces the choice of remedy to a limited number

Demerits

Whole picture of the drug cannot be studied.
Eg : 1) Practical Homoeopathic therapeutics by W.A. Dewey
2) Select your remedy by Dr. R.B. Bishambar Das. Ist Edn. 1956
3) The Prescriber 9th Edn 1947 (427 med) – Lilienthel

7. Picture Type Materia Medica

Here the pathogenesis of drug is presented in a comprehensive manner so that an individual picture of a drug comes out.
Eg : Homoeopathic drug picture by M.L. Tylor – 1952, 125 med.
Lectures of Homoeopathic MM By J.T. Kent – 1904, 174 med.

Merits

1. Understanding of the whole drug can be possible in this type of MM.

2. Comparative study also can be possible.

Demerits

1 As it is vast, a quick reference cannot be possible.

8. Picture Method of Materia Medica

Kent introduced a method of presenting drug picture by which the personality of a drug was made out in boldest headlines— its action on the man as a whole and its action on different organs, tissues and parts of the human body. So that each drug can be individualized for its administration to an individually sick person.

The scheme that the followed as follows.

1. **Mental symptoms**
- Will – Love, Hate, Fear
- Understanding with delusions and delirium
- Memory

2. **Strange rare and peculiar symptoms**
These may occur among mentals, generals or particulars and must therefore be for varying importance and of ranks.

3**. Physical symptoms**
- Sexual perversion (Love, Hate, Physical)
- Stomach – desire and aversion for food.

4. **Physical generals**
- Reaction to heat and cold
- Characters of discharges

5. **Particular symptoms**
Referring different anatomical points of the body
So, by this method we can bring out in bold outlines the picture of a drug in such a way as to pick out the individual drug as we pick out the individual being from a group of men.

This is what is known as a picture type materia medica ie, personification of remedies by artistic character, delineation which is an interesting form of material medica.

Demerits

As it is vast, a quick reference cannot be possible.

9. Comparative Type of Materia Medica

In this type of MM, drugs having similar pathogenesis are compared with their differentiating points. Again they are studied with similarity of pathogenesis at different level which are as follows.

a.At symptomatic level
All clinical MM are of this type. Comparison of the drugs are made on peculiar signs and symptoms present in a drug.
Eg : Comparative MM by E.A. Farrington
Comparative MM by Gross (no. of drugs 115)

b.Comparison at Organ Level :
Drugs are compared with here indication for a particular organ. Those are otherwise known as "organopathic type".
Eg : Therapeutics by K.C. Bhanja

c.Comparison at organ level : Drugs having a resemblances to each other are compared. Eg : Cina and Chamomella in the book -children types by Douglas.

Merits

Easy to understand the differentiating features of each drug. Useful when cases comes with apparently similar symptoms.

Demerits

1. All the symptoms can't study by this way.
2. Understanding of the whole drug cannot be possible in this type of MM.

10.Psycho Analysis Type of Materia Medica

In this type of MM mental symptoms and psychological sphere are analysed and probed so that drugs are individualized on the basis of their personality , temperament understanding etc.
Eg : Essence of Homoeopathic MM by George Vithoulkas, Portraits of Homeopathic MM by Catherine Coulter.
Homeopathic psychology by (35 drugs) Philip M. Barley.

Merits

1. Understanding of drug at psychic level is possible, useful in cases with more of mental symptoms.

Demerits

1. Physical symptoms not included.

11. Approach through Periodic Table

This type of MM is introduced by Jan Scholten.

Periodic table consisting of 7 horizontal rows and 18 vertical columns. Dr. Scholten introduced a novel approach that drugs in each horizontal row bears some similar characters though differing in continuity. The 18 vertical rows as described by him are stages in a cycle.

Similarly Dr. R. Sankaran attempted to explain symptomatic relations of drugs belonging to horizontal of vertical group.

Merits

1. General features of the each row can be understood .
2. Easy to remember.

Demerits

1. Action of each drug is not explained well .
2. All the elements in a raw is not proved only a few are proved and using in our practice.

12. Study of Drug Analysing Group

Drugs belonging to same family is vegetable Kingdom , belonging to same group in mineral kingdom and same species in animal Kingdom bears many similar relations as regards symptomatology is concerned, though bearing their own individuality to be differentiated.
Eg : Ophedia group having common symptoms like sepsis, haemorrhage, ordema etc.

Egs : a. Clinical MM by EA. Farrington
b.Homeopathy and Homoeopathic prescribing by Harvey Farrington. Harvey Fariengton made groups accordings to his own choice not including drugs of same family but drugs bearing similar spheres of action is a group.
c.Text book of Homoeopathic MM by Otto lesser. He grouped as alkalies, halogens, Sulphur gr, carbon gr, heavy metals etc.

Merits

i. General features of each group can be studied.
ii. Features differentiating each other can be studied.
iii. Easy to remember

Demerits

1. Some drugs will be entirely different from the group.

13. Combined Type

In the age of 20th century many genius of Homoeopathy try to represent all types described above, in gist with emphasis on important aspect relating to each drug.

Eg : Text book of MM by S.K. Dubey
Text book of MM by M Mohanty
Systematic MM by K.N. Mathur.

Merits

They are ready made, easy to remember giving an overall idea of a drug.

Demerits

Even though all points are given in brief still they are not of the type in Jack of all trades, master of none. A clear picture of the drug cannot be understood.

14. Specialized Materia Medica

Eg : 1. Drugs of Hindustan – SC Ghosh (47 drugs)
2.MM of nosodes – O.A. Julian Ist edn 1982 contants 66 drugs.

His MM of new homoeopathic remedies (revised Edn. 1979) contain 106 medicines.

Merits

Given drugs can be studied thoroughly

Demerits

Number of drugs are very less.

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Bakson Homoeopathic Medical College & Hospital Organized Research Methodology Workshop with German Scientists

Bakson Homoeopathic Medical College & Hospital, Greater Noida, UP organized 03 days Winter Course on "Clinical Research Methods in Complementary and Alternative Medicine (CAM) for Homoeopaths" from 22nd to 24th January 2012 in the premises of the college in collaboration with 'Robert Bosch Foundation', Germany and 'International Society for Complementary Research, Germany. The resource persons for the course were two highly reputed research scholars namely Dr. Claudia Witt, Professor of Medicine, Charite University Medical Centre, Berlin, Germany and Prof. Dr. Klaus Linde, Professor of Medicine, Technical University, Munich, Germany.

Twenty participants from all over India included research scholars from Central Council for Research in Homoeopathy; Bakson Drugs & Pharmaceuticals (P) Ltd.; B. Jain Publishers; teachers from Govt. and Private Homoeopathic Medical Colleges and Private practitioners. Participants were trained on various aspects of clinical research, like Study designs, RCTs, Basic Statistics, Sample Size Calculation, Meta Analysis, Case Studies and Publication etc.

Besides theoretical lectures, the participants were encouraged to prepare their own study designs and they were also given awareness on softwares like SPSS and G. Power for data analysis and calculating sample size as a part of their practical learning. The deliberations of the training program are highly useful for the research scholars who are interested to take up projects on clinical research and also for Ph. D. and P. G. Students.

The inaugural session was graced by ***Dr. R. K. Manchanda***, Deputy Director (Hom.)- Govt. of Delhi who made a presentation on the status of Homoeopathy in India. In the valedictory function, ***Dr. S. P. S. Bakshi***, CMD of Bakson Group distributed certificates to the participants and assured to sponsor similar programs in future for the benefit of the research scholars. ***Dr. Kusum Chand***, Homoeopathic Consultant of Delhi spoke about the outcome of their research study on Tubercular Lymphadenitis. ***Dr. C. Nayak***, Director-Professor of Bakson Homoeopathic Medical College & Hospital coordinated the program and ***Dr. M. Ghosh***, Principal of the college proposed vote of thanks.

Research Abstracts That Can Be Useful

Dr P. N. Varma
Founder Director Homoeopathic Pharmacopeia Laboratory, Ghaziabad
Former Director, Central Council for Research in Homoeopathy, New Delhi
Dr. R. Valavan
Scientific Officer, R& D,
Dr. Willmar Schwabe India Pvt.Ltd.

Homoeopathic medicines reduce the need and frequency of clotting factor concentrates required in haemophilic patients apart from general health improvements

Modern management of haemophilia patients is expensive. 90% of expenditure in the management goes to the clotting factor concentrates. If the need for clotting factor concentrates reduced, many hemophilia patients who are not affordable for this will get benefit. This trial shows that homoeopathy is an answer.

In a single blind placebo controlled cross over trial 28 consecutive persons with haemophilia (PWH) with severe (24) or moderately severe (4) disease received standard management with placebo homeopathy for 1 year and active homeopathic treatment in the subsequent year with the same conventional management. There was no wash out period. They received standard managements for any acute emergency during the study period. Development of inhibitor during the study period was a withdrawal criterion. Sample size for the trial was calculated as 24 PWH. Transfusion requirements, bleeding scores, pain scores were evaluated blind by independent experts. Homeopathic medicines were selected by experienced homeopathic physicians depending on clinical condition of the patient. Chi-squared and paired t tests were used in statistical analysis.

Results showed that homeopathic medicines improved frequency of bleeding, extent of bleeding, blood products consumed and pain scores ($P < 0.0001$). There was also significant improvement in well being. Plasma levels of clotting factors did not change. No patients developed inhibitors during the study and there were no dropouts. It clearly shows that individualised homeopathic medicines may have an important supportive role in the management of PWH, where blood products and factor concentrates are not easily available. Larger, perhaps multicentric trials are warranted.

Reference: *Tapas Kundu, Afroz Shaikh, Afzal Kutty, Aparna Nalvade, Sudhir Kulkarni, Ranjan Kulkarni, Kanjaksha Ghosh, Homeopathic medicines substantially reduce the need for clotting factor concentrates in haemophilia patients: results of a blinded placebo controlled cross over trial, Homeopathy, Volume 101, Issue 1, Pages 1-80 (January 2012), Pages 38-43*

Homoeopaths are more open to new and different ideas: survey

This is a survey using the Revised Personality scores and traits Inventory (NEO-PI-R) to describe the personality profiles of homeopaths in Norway. It was hypothesized that the homeopaths would score higher than the norm sample on openness, agreeableness, and conscientiousness. The NEO-PI-R describes personality scores on five traits; Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. A cross-sectional survey of 128 (39%) members of the Norwegian association for homeopaths was compared with the Norwegian population norm sample.

Compared to the norm population score with a mean of 50, the homeopaths scored significantly higher on the personality traits Openness (54.7) and Agreeableness (58.0). Significant, but small differences were also observed with a higher score on Conscientiousness (52.3) and a lower score on Extraversion (48.3). There were no significant differences on Neuroticism (49.7).

At the end of the survey, it was concluded that people who work as homeopaths can be described as open to new and different ideas, and as caring, understanding, and altruistic persons. Therefore, there is reason to believe that these dispositions are central in choosing homeopathy as an occupation. Further it was proposed that research should investigate whether personality traits are associated with important occupational areas such as job satisfaction, occupational stability, or income.

Reference: *Marit B. Rise, Eva Langvik, CandPol, and Aslak Steinsbekk, The Personality of Homeopaths: A Cross-Sectional Survey of the Personality Profiles of Homeopaths Compared to a Norm Sample, The Journal of Alternative and Complementary Medicine, Volume: 18 Issue 1: January 23, 2012*

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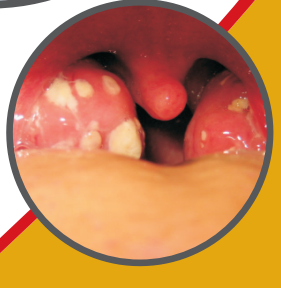

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