

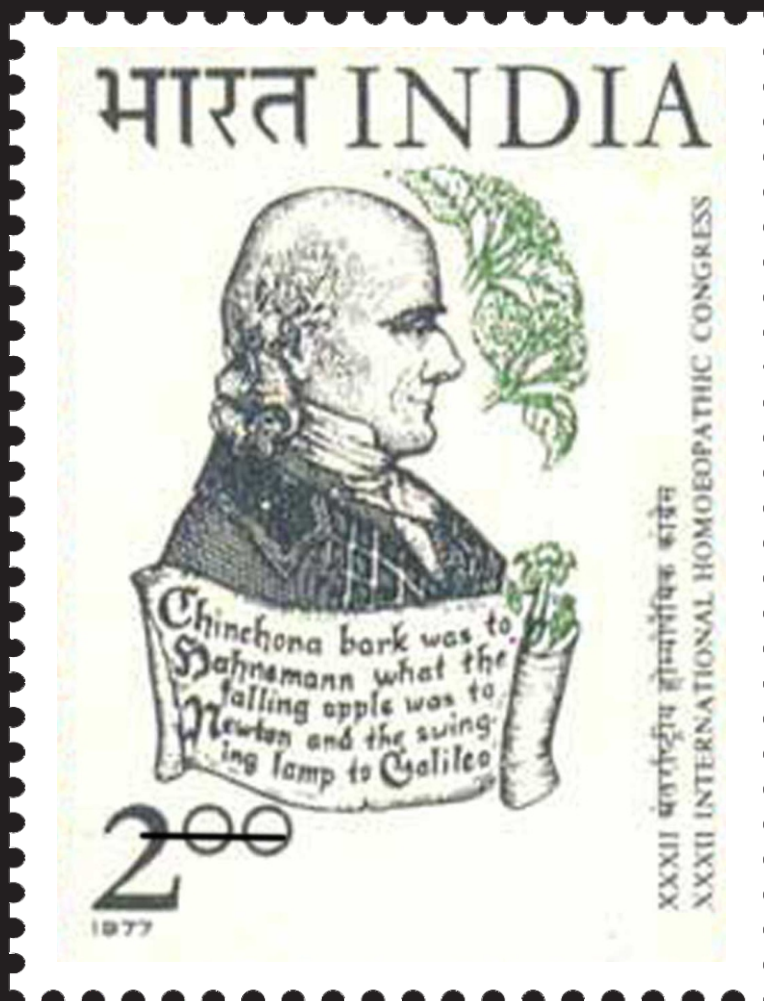
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RATIONAL PHYSICIANS

A FREE PDF QUARTERLY SCIENTIFIC AND NEWS JOURNAL
INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS



- 50 MILLESIMAL POTENCY
- HOMOEOPATHY FOR POST COVID
- TINEA CAPITIS
- HOMOEOPATHY IN DOUBLE FEVER
- TOPICAL CORTICOSTEROID
- BIOCHEMIC TISSUE SALTS

THIS IS
THE SIGN
YOU'VE BEEN
LOOKING FOR



JOIN THE INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

IIHP : The Professional Association of the Institutionally Qualified Homoeopaths

www.iihp.in

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KEY NOTES The Editorial

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This issue will be in your hands around the birthday of Master Hahnemann. We are already celebrating the 100years of the Organon 6 th Edition and now with the added celebrations of master's birthday this becomes a special issue. In this issue we have included articles related to Dr Hahnemann and his teachings in addition to other clinical experiences from our contemporaries.

IIHP has always been guided by the Hahnemannian principles. For long we have been working hard to spread and promote the same principles but this time our enthusiasm has crossed shores and reached Canada to sign a MOU with the Ontario Homoeopathic Medical Association to promote Hahnemannian homoeopathy. We hope with this agreement we shall be able to help each other in the field of homoeopathy. A detailed report about this development is available in the news section.

This is how we paid tribute to the Master just a few days before his birthday, however you can share with us what are your plans for this special occasion. Some units are having a fun filled evening on this occasion while others are organizing academic programmes or medical camps on this day. We may not accommodate all the photos and details of the celebrations held all over the country but sure we hope to represent a selection of photos regarding this celebration on our website. Please include a small note/description about the event organized by the unit that will make photos more meaningful. A bouquet of 10-12 photographs should be just right. Please write to me directly through my mail.

On the occasion of his birthday we hope to remember master Hahnemann with reverence and rededicate our lives to his principles and the highest ideals of cure; we must strive to excel in the field of homeopathy.

We hope you will find this issue of Rational Physicians informative and useful. Waiting for your feedback.

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RATIONAL PHYSICIANS

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IIHP and OHMA Canada signs historic MOU in Canada

Ontario Homoeopathic Medical Association, and Indian Institute of Homeopathic Physicians (IIHP) have identified that a stronger relationship between them is mutually beneficial and wish to establish a more formal relationship with each other for the development of Homoeopathic System of Medicine. The broader area of cooperation between OHMA and IIHP is to discuss the possibility of cooperation and coordination in the following areas to the extent possible within the resources available with all three parties.

- Research collaborations in association with Research Bodies established by Govt. agencies.
- Joint Projects on Public Health
- Joint Conferences/Workshop/Seminars
- Joint PhD guide
- Student Training
- Technical support to Homoeopathic programs
- Sharing of Faculty Members and Resource Persons by exchange programs
- Training in Homeopathic Systems of Medicine
- Special Education for teachers working at school for children with learning disabilities
- Organising conference, webinars, seminars and workshops on Homoeopathic system of Medicine in India and abroad.

Representatives of the Parties may agree to review the operation of this MoU from time to time.

Potential areas for collaborative research will be identified and recorded in subsequent research specific agreement(s) that set out appropriate and relevant contributions by the Parties. These may include:

- Access to its research laboratories if any and assist in development of projects involving the parties.
- Joint submission of research proposals to National and International organisations to obtain support for their common research objectives.
- OHMA & IIHP shall work specifically in the areas defined in Para (i) and para 3.1.

The parties acknowledge that all specific financial arrangements proposed must be negotiated and will depend upon the availability of funds and organizational approvals of both parties.

The Memorandum was signed on Monday the 22nd March 2022 in Toronto Canada. Dr. M.A. Rao National President IIHP signed the memorandum on behalf of IIHP and Dr. Mrs. Saroj Gandhi President OHMA Canada signed the same on behalf of OHMA Canada in the Presence of Dr. Bhupinder Sharma, Member Council of Homoeopathy Ontario Canada.

LETTERS TO THE EDITOR



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**The Readers of
the
Rational Physicians
are
BUSY....**

R O A D M A P July-September 2022 Issue

The editorial team of the Rational Physicians solicits advertisements, articles, news and photos related to homoeopathy to be published in the forthcoming issue to be released in July 2022.

G U I D E L I N E S

Kindly send all the material in soft copy to

The Editor, Rational Physicians

E-mail: raocghs@gmail.com

Please send images/tables/graphs /artwork separately from articles, with due credits & titles.

Please do not compress/resize images so that the resolution and sharpness of the images remains high. If need be use one image per mail or you can share your Google drive so that we may download images in highest resolution.

Please send your articles in Microsoft Word Document format not PDF so that editing is easier.

Only selected /approved material will be published

**LAST DATE OF SUBMISSION
15.06.22**

For the July-September 2022 Issue

50 Millesimal Potency: A Silent & Showering Spring - Learn from Master Hahnemann

Don't try to be smarter than Hahnemann – no matter what experiment you think of, he tried it – Luc De Schepper

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Image Credit: <https://pixabay.com/photos/lab-research-chemistry-test-217043/>

Hello Friends! Today I want to discuss a very important topic with all of you, which is the need of the time.

As we all know that Dr. Hahnemann had started his practice as an allopathic physician. But he soon realised the side effects of allopathic medicines, owing to this, he left his allopathic practice & later discovered Homoeopathy. Now he was prescribing his medicines on the law of similar, but still he was using large doses of homoeopathic medicines, which were causing undue aggravations of patients complaints.

Now along with the proving of medicines, his great concern & mission was to provide the gentle treatment to his patients. 'He was the True Lover of Mankind'. To achieve his mission he made experiments, throughout of his life, with various potencies of medicines, ranging from crude drug substances to the infinitesimal doses i.e. 50 Millesimal potencies. He laid down the results of his experiments in his writings, especially in the different editions of 'Organon of Medicine' and 'chronic diseases'. E.g.:

A. In 4th edition of Organon (1829) he introduced 'Single Dry Dose Method', where, after giving single dry dose on the tongue of the patient; he did not repeat the medicine as long as action of the medicine is going on i.e. until there is even a slow improvement. He would repeat the dose only after the definite relapse of the old symptoms (vide. Aphorisms 245 & 246 of 4th edition of Organon). It is also known as 'Wait & Watch Method'.

But Hahnemann was not satisfied with this method, due to the following reasons:

1. The time taken for the treatment was very long because it was not easy to judge the exact time for the repetition of the medicine.

Even today also, we keep on giving Placebo as long as patient keeps on saying that he feels better. We think many times before we repeat the dose of medicine. Sometimes we wait unnecessarily out of undue caution which is nothing but the wastage of time.

2. Due to the large quantity of dose, in majority of the patients, there was homoeopathic aggravation in the very beginning of the treatment only, when patient himself was in trouble.

Regarding these aggravations Dr Kent has beautifully described in his Lectures on Philosophy. Kindly refer his first 3 observations as follows:

- I.** A prolonged aggravation and final decline of the patient.
- II.** The long aggravation, but final and slow improvement.
- III.** The aggravation is quick, short and strong with rapid improvement of the patient.

Hahnemann also had faced the same aggravations in his practice. Due to the undue aggravation and slow treatment with Single dry dose method, He discarded it soon and revised his Posology in his 5th edition.

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Due to the undue aggravation and slow treatment with Single dry dose method, He discarded it soon and revised his Posology in his 5th edition.

B. In 5th edition of Organon (1833), he advocated administering the medicine in solution form and he also introduced the 'Olfaction Method', though he was practicing this 'Olfaction Method' since 1832.

1. Here he prohibited repeating the medicine in cases which show "progressive and strikingly increasing amelioration" because the given dose is already doing its job rapidly and its repetition would disturb the work of amelioration.

2. But those cases which show slow improvement, he advised to repeat the doses at suitable intervals to speed up the cure.

Hahnemann called this method 'true middle path' because here we see the wait and watch method (i). and repetition of remedies even when the improvement exists, (ii). By this 'true middle path' he definitely reduced the period of treatment.

But Hahnemann was not completely satisfied with the medicinal solutions of C potencies also, because high C potencies used to produce violent aggravations in the patients with hypersensitivity; deep pathologies and with weak vitality etc. On the other hand lower potencies were not able to cure them.

But Hahnemann was not completely satisfied with the medicinal solutions of C potencies also, because high C potencies used to produce violent aggravations in the patients with hypersensitivity; deep pathologies and with weak vitality etc. On the other hand lower potencies were not able to cure them.

C. Again he thought to revise Posology & in 1837, he started giving medicine in 'split doses'. This was the gateway year of LM potencies, because soon after this he also started administering LM potencies, in his patients.

D. Though he was experimenting with both C & LM potencies in his later years of life, but he arrived to the conclusion in 1842, which he mentioned in the 6th edition of Organon, in the footnote 132 of Aphorism no. 246:

"What I said in the fifth edition of the Organon, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new altered but perfected method."

Now ask yourself:

Q1. How many of us give a serious attention to this greatest discovery of Hahnemann ?

Q2. Why do not we take pains to study this new and perfected method of our Old Master ?

Q3. Why are we not putting this method into practice to see its efficacy ?

Q4. Why do we practice even today 'Wait & Watch Method of Single Dry Dose', which causes undue aggravations in many of our patient and takes a longer time to cure?

Q5. Why we keep on welcoming the painful aggravations of our patient's complaints, which can be avoided successfully?

Q6. Why we do not think of providing gentle and rapid cure to our patients?

Q7. Are we really justifying our roles being Hahnemannian Homoeopaths?

Unfortunately not, because, many of us even now, after 100 years of publication of 6th edition still practice '**Single Dry Dose Method**'. Many '**so called stalwarts of Homoeopathy**', also do not follow 6th edition of Organon as they too practice '**Single Dry Dose Method**' and are satisfied, with which Hahnemann was not at all satisfied and therefore discarded it long back.

Dear friends, it is our serious negligence towards the sick people because when we have a new perfected method then why we practice the old discarded one. Suffering humanity is looking at the face of medical profession to help them out of their sicknesses, gently and rapidly.

The reason, why many of us practice "**Single Dry Dose Method**" is that we have read the literature of our stalwarts like Dr. Hering, Farrington, Lippe, Burnette, Kent, Nash etc. who had practiced this method throughout of their life. But unfortunately many of our stalwarts had not seen the 6th edition of Organon of medicine as it was published after their death i.e. in 1921.

Among our influential stalwarts, to whom we read much frequently is Dr. James Kent and he was the master of this 'Single Dry Dose Method'. But he also used to face aggravation in many of his patients, (Kindly refer Kent's observations), with which he too was not satisfied. Regarding his dissatisfaction he wrote in his Lesser Writings under the chapter '**Potency Discussion**' as follows:

"Too high a potency gives an unnecessary aggravation, and then will not perform the best curative action. The best action is the slight aggravation, as in first few hours in the acute disorders. The ideal is the one that gives no aggravation but amelioration. We do not seek to produce an aggravation that is not the best, not the longest curative effect."

It is quite clear from above paragraph that Dr. Kent himself was longing for the ideal cure which could provide him, only amelioration, without causing any aggravation. But unfortunately he also did not see the 6th edition of Organon.

Now the question arises, where to go and whom to follow? Should we follow Master Hahnemann or Dr Kent in Posology? The answer is already given by Dr Kent himself as he says about Hahnemann: "**Let all men learn from him until they can do as he did, for he was, and still is the teacher above all others.**"

Dear friends, it gets very clear from Dr Kent's remarks about Posology and above all from the footnote of Aphorism no 246 of Organon that we should follow Dr Hahnemann's 6th edition of Organon Only. In other words we should start using LM potencies in our clinical practice about which my Respected Guru **Dr LM Khan sir says**, "LM Potency is an outcome of most mature brain with full of experience. We cannot ignore this scale of potency with our sterilized, dogmatic, prejudiced mentality; which has got no space in homoeopathic profession-in practice or theory."

Dr JBD Castro Says, "I will not accept anyone who does not practice LM potency as 'A Classical Homoeopath'."

So it is my humble request to my professional colleagues that kindly pay serious attention towards this scale of potencies & honour Dr Hahnemann.

Thank you very much for working for homoeopathy.....

Biochemic Tissue Salts

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Image Credit: <https://pixabay.com/photos/spice-mortar-white-spices-pestle-2629725/>

These minerals enter our blood through the food which we take, mostly in the form of green leafy and non-leafy vegetables, fruits, nuts, milk. In good olden days they used to enter our body through the food cooked in earthen pots.

The minerals control the physiological alkaline environment of the body cell, they also control the blood alkalinity and counteract the base acids, thus formed by eating excess of acid-forming food. These inorganic minerals are essential for proper growth, assimilation of the organic substance and development of every part of the body.

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Every disease which afflicts humanity reveals lack of one or more of these inorganic cell salts; we Homeopaths can further improve its usage by blood test that measures levels of the body salts like Sodium (Natrium salts), Calcium (Calcarea salts), Potassium (Kali salts), Magnesium, commonly known as Serum electrolytes; it can be a good research project helpful for confident prescription.

We can use these salts in

IN MOTHER'S AND CHILD HEALTH CARE
COMMUNITY HEALTH

Government of India a few years back had given a health project Mother and Child Health care to Homeopaths through I.I.H.P. to reduce the Mortality rate of mother and child; the present report

More than 5,000 Indian children below five years die every day. 45.9 per cent of India's under-three kids are underweight, 2.39 per cent are stunted, 20 per cent severely malnourished, 80 per cent anemic.

5 lakhs children are born deformed each year due to vitamin/mineral deficiencies. More than one lakh women in India continue to die of pregnancy-related causes every year.

OUR AIM - TO ACHIEVE AT THE END OF PREGNANCY –A HEALTHY MOTHER AND A HEALTHY CHILD.

We have to follow Dr. Hahnemann's 2-fold action plan:

1. Which is associated with exciting or maintaining cause (Causa occasionalis) tackle this imbalance of Inorganic salts & minerals like Calcium, Potassium, Sodium, Magnesium, Silicea & Iron with BIOCHEMIC TISSUE SALTS.

2. One which is not associated with such perceptible causative factors—where no maintaining cause has to be removed; the totality of the perceptible symptoms is the object of treatment.

PROJECT THIS AS SPECIALISED HOMOEOPATHIC CARE FOR MOTHER AND CHILD.

THE MOTHER'S HEALTH IS THE CHILD'S FUTURE AND HEALTHY COMMUNITY

We have 12 tissue salts

CALCIUM: Calc fluor, Calc phos & Calc sulph

IRON: Ferrum phos

POTASSIUM: Kali mur, Kali phos, Kali sulph

MAGNESIUM: Mag phos

SODIUM: Natrum mur, Natrum phos, Natrum sulph

&

Silicea

CALCIUM

- Normal calcium plasma level range in healthy person 9.5-10.5 mg per 100ml.
- Calcium is a base Mineral required during Pregnancy and Lactation and for proper secretion of mother milk.
- Proper fetal growth, normal health of Mother.
- This Mineral control the conduction mechanism in the Nerve tissue helps proper secretion of stomach acids and regulates the time mechanism of the heart.

Causes for calcium deficiency

- Malnutrition.
- Sunshine
- Deficiency Leads to---
- Defective absorption of Calcium- fat person without fitness
- Children with deficiency of calcium have lower body resistance—respiratory and intestinal infections
- In women and young girls —late puberty, irregular menses, during early pregnancy calcium need is high -- deficiency leads to uterine inertia – common cause of difficult labor – lack of breast milk. Abortions
- HYPERCALCIUM– Usually Hyperthyroidism is common cause of hyper calcium – serum calcium 19-20 mg per 100ml 1. weight loss, -increased appetite and diarrhea.
- Stiffness of muscles tiredness ,irritability, nervousness

CALCAREA FLUORICA (CALCIUM FLUORIDE) CaF_2

- Calcium- fluoride --- calcium carbonate combines with liberated fluorine in the body to form Calc flour
- This cell salt is necessary to retain proper elasticity of tissues strengthens the elastic tissue of the gravid uterus, prevents after pains- tones up uterus ,making parturition easy useful during threatened abortion.
- It may also assist normal blood circulation and the strengthening of blood vessels. -helps in varicose veins.

CALCAREA PHOSPHORICUM

- Mol form $\text{Ca}_2(\text{PO}_4)_2$ Calcium carbonate +phosphoric acid = Calc phos
- This cell salt would be beneficial where digestion and nutrient assimilation are a problem. This may include growing children and those who do not put weight.
- Loss appetite during pregnancy, weakness during pregnancy.
- Improves mothers milk when its bad, acid, sour child rejects it, it helps to increase the milk. It restorative after pregnancy.

CALCIUM SULPHATE ($\text{CaSO}_4 \cdot 2\text{H}_2\text{O}$)

- Formation of Calc sulph by the combination of sulphuric acid with calcium carbonate is an everyday biochemical change in the body.

- Calcium Sulphate is a constituent of connective tissue, mucous membranes and skin. As a powerful blood purifier, it assist in clearing the body of unwanted accumulations including skin eruptions during the last stages of suppuration, such as pimples, blackheads, swollen glands, carbuncles and abscesses. It is useful for slow wound healing where inflammation or infection is evident.

FERRUM PHOSPHORICUM (Iron phosphate) $\text{Fe}_2(\text{PO}_4)_2 \cdot 8\text{H}_2\text{O}$

- In normal healthy adult –14.5 mg of hemoglobin per 100ml of blood
- An increased physiological loss occurs in women – child bearing age – through menstruation, in amenorrhea of pregnancy there loss of iron to meet requirement of fetus– lactation.
- This cell salt has been referred to as the oxygen carrier because of its ability to carry oxygen to all the cells of the body for use in the conversion to energy. Ferrum Phosphate may be used for proper absorption and utilization of iron and so --assist in the treatment of tiredness caused by anemia,
- After delivery prevents inflammatory conditions—puerperal fever; - can be applied externally on lacerated parts, it reduces pain after delivery

POTASSIUM

- Potassium is the most important mineral there is no life without it, it never occurs in free state nor it is found pure, but always in combination with acids.
- Normal serum concentration of potassium is 20 mg,
- Without the presence of this salt no new brain cell formation would take place. This salt is present in blood corpuscles nerve and brain cells, it is essential for the proper distribution of fibrin
- Deficiency of potassium rarely occurs during health, it mainly occurs during starvation after major surgery, gastrointestinal disturbances, severe vomiting and diarrhea– leading to undue nervous and body tiredness, palpation of the heart, nervous shaking of hand and feet nerves sensitive to cold, excessive perspiration of the feet and hands,,, sterility, weeping tendency, hatred towards dear ones, suicidal tendency, hysteria, twitching of muscles, itching of body, insomania, sick headache, obesity low resistance to infection, mental irritability, chronic cold loss of smell

KALI MURIATICUM (POTASSIUM CHLORIDE) KCl

- This cell salt is useful for relieving mucus congestion during colds and sinusitis,
- Albuminuria during gestation Constipation

KALI PHOSPHORICUM (POTASSIUM PHOSPHATE) K_2HPO_4

- This salt is indispensable to the formation of tissues; it helps the nerve impulses to reach the destination and prevents the cell decay.
- Kali. Phos. As a constituent of the nerve and brain cells, Potassium Phosphate is useful in nerve related illnesses

such as emotional irritability, menopausal mood swings, depression, nervousness, children's tantrums, mental exhaustion and tiredness. It is useful for cases of insomnia where sleeplessness is due to the inability of the brain to 'slow down' and in cases of extreme stress.

- Nervousness during pregnancy. It's useful during labor when pains are too weak, it hastens the labor.

KALI SULPHURICUM (POTASSIUM SULPHATE) K_2SO_4

- The sulphates of potassium act as a catalyst in the absorption and distribution of oxygen and iron in the body.
- Also known as Kali. Sulph. This cell salt useful when used in conjunction with Ferrum Phosphate as it is also a carrier of oxygen. It provides a beneficial effect for many respiratory and circulatory functions.
- It could be of assistance where discharges have a yellowish or greenish appearance.
- It is useful in women subjected to abortions.

MAGNESIUM PHOSPHORICA $Mg_3(PO_4)_2$

- Normal blood serum 1.7 to 2.2 mg/dl. 0.3 g of magnesium is daily required for proper metabolism of carbohydrates, its largely consumed in the form of grain cereals, green vegetables like cabbage and cauliflower, its deficiency do occur during vomiting, prolonged use of oral diuretics, low serum magnesium is associated during toxemia of pregnancy.
- Magnesium in the form of Magnesium phosphate is fairly well distributed in the muscles, nerves. It acts as an insulating covering over the nerves fiber just as the same ways as the electric wires are insulated to prevent the leakage of the electric current. As such Cramps pains is the guiding symptom of the deficiency of this mineral, which is attributed due to the weakening and rupture of the insulation over the nerves. The bathing of the bare uninsulated nerve in an acid environment is the cause of intense pain relieved by hot application.
- It offer relief where cramping is a problem. This may include menstruation, palpitations, uncontrollable. Twitching pains in hands & legs during labor can be tried during eclampsia. Helps in ejection of retained placenta.

NATRUM MURIATICUM (SODIUM CHLORIDE) $NaCl$

- The total sodium in the body ranges from 450-530 mg per 100 ml, its estimated that about 10 gms of sodium in form of $NaCl$ is daily required for the proper maintenance of Osmotic pressure, fluid balance, muscle irritability and acid base-balance.
- During health its deficiency is rare as we use it regularly with our food. It is absorbed from small intestine; it is excreted from kidney where it is reabsorbed by the tubules.
- Therefore its acute deficiency is rare during health unless there is severe starvation, restriction of salt intake during high blood pressure, congestive heart failure, nephritis, cirrhosis of the liver or severe depletion during vomiting gastro intestinal diseases, excessive sweating, and excessive urination.
- Acute deficiency causes severe thirst, muscular weakness

and cramps, breathlessness, mental confusion, drowsiness and if there is dehydration person dies soon.

- Great desire for the salt and excessive saltiest taste with salvation is key—NM.
- Dysuria during pregnancy, labor pains slow it cheers up the patient
- Useful after labor – mother feeble craves salt, lochia prolonged
- Copious, this salt clears up restore the milk.

NATRUM PHOSPHORICA (SODIUM PHOSPHATE) $Na_2HPO_4 \cdot 12H_2O$

- The combination of sodium and phosphorous in the human body is very complicated biochemical process, its found in blood, brain cells muscles nerves. Its chief function in the body is to change carbon dioxide into oxygen and distribute to all the cells of the body along with arterial blood. It acts as a catalyst and converts the lactic acid into CO_2 and water. In liver it prevents improper metabolism – controls super acidity of the human system.
- Sodium Phosphate is helpful for maintaining the alkalinity of the blood. In people where there may be an excess of acidity this cell salt is use...during Morning sickness, nausea vomiting

NATRUM SULPHURICUM (SODIUM SULPHATE) Na_2SO_4

- Sulphur sodium forms Nat sulph, its main function is to eliminate extra water which formed during various metabolic process. It looks after the physiological functions of liver, kidney, bladder, skin and lungs.
- Its molecular imbalance causes a state of Hyraemia which is predisposing factor for liver derangements.
- Lessens the secretion of Mother's milk when it is increased.
- The purpose of this cell salt is to balance the body's overall water content.
- It may be of assistance in cases of mild fluid retention as it encourages the kidneys to pass urine, biliousness, digestive discomfort and may even assist in dispelling the languid feelings often displayed during periods of humid weather.
- Used in conjunction with Silica this cell salt may be of benefit to sufferers of asthma.

SILICEA (SILICA) SiO_2

- Silicon a trace element is essential for the proper function of nerve cells, it controls the transmission of nerve impulse through the motor and sensory nerves, its proper concentration and the biochemical molecular balance helps the correct absorption of exudates serous fluids, during inflammation and congestions, hence it prevents the formation of pus in the intercellular tissue, its deficiency leads to sensitive to cold and one always feel chilly even in hot months and suffers from pus forming diseases, its reckless use cause irreparable damage – handle with care.
- As a biochemic cleanser this cell salt may assist in the suppuration and elimination of waste.
- Silica may also be beneficial for relieving constipation.
- Improves mothers milk when its scanty – suppressed.
- Indicated in women who tend to abort, due to weakness

CAUTION;

The Biochemic Tissue salts--unless prepared with extreme care under Laboratory conditions will not be found effective

6 Emergency Complications of Type 2 Diabetes in Aged People

(Edited By Dr. M. Prakash Rao)



Image Credit: <https://pixabay.com/photos/spice-mortar-white-spices-pestle-2629725/>

Aged People with type 2 diabetes are at increased risk of many serious health problems, including heart attack, stroke, vision loss, and amputation. But by keeping the diabetes in check — that means maintaining good blood sugar control — and knowing how to recognize a problem can prevent many of these serious complications of diabetes. Uncontrolled diabetes can be life-threatening. You know better, however for a revision the following things are mentioned

Heart Attack

Heart disease and stroke are the top causes of death and disability in people with diabetes. Heart attack symptoms may appear suddenly or be subtle, with only mild pain and discomfort, if one experiences any of the following heart attack warning signs. Chest discomfort that feels like pressure, squeezing, fullness, or pain in the center of the chest, lasting for a short time or going away and returning pain elsewhere, including the back, jaw, stomach, or neck; or pain in one or both arms, Shortness of breath Nausea or light headedness

Stroke

Stroke warning signs may include the following:

Sudden numbness or weakness in the face, arm, or leg, especially if it occurs on one side of the body, Feeling confused, Difficulty walking and talking and lacking coordination. Developing a severe headache for no apparent reason.

Nerve Damage

People with diabetes are at increased risk of nerve damage, or diabetic neuropathy, due to uncontrolled high blood sugar.

Nerve damage associated with type 2 diabetes can cause a loss of feeling in feet, which makes more vulnerable to injury and infection, one may get a blister or cut on the foot that one don't feel and, unless check the feet regularly, for an infection that develops. Untreated infections can result in death of tissue and ultimately amputation of the affected limb. A recent large study of 2,480 patients in a diabetic clinic with diabetic foot ulcers having had diabetes for more than 23 years 92% of the patients have undergone foot amputation.

Diabetes can also make it more difficult for the body to fight infections, causing skin problems. Various skin conditions are linked to diabetes, and even the most minor cuts or sores can turn serious fast. Any bumps, cuts, or scrapes should be cleaned and treated carefully.

Inflammation and tenderness anywhere on the body.
Red, itchy rash surrounded by small blisters or scales, cuts, sores, or blisters on the feet that are slow to heal and are not as painful as expected.

Numbness, tingling, or burning sensations in the hands or feet, including the fingers and toes. Sharp pain that gets worse at night.

Muscle weakness that makes walking difficult.
Bladder infections and problems with bladder control.
Bloating, stomach pain, constipation, nausea, vomiting, or diarrhea Erectile dysfunction in men and vaginal dryness in women

Kidney Disease

Type 2 diabetes increases the risk of kidney disease, or diabetic nephropathy, a condition in which the blood vessels in the kidneys are damaged to the point that they cannot filter out waste properly. If left untreated, dialysis and ultimately a kidney transplant may be needed.

Typically, one won't notice symptoms of kidney disease until it has advanced. However, if one experiences any of the following symptoms, be careful and take appropriate steps.

Swelling in ankles and legs

Leg cramps

A need to go to the bathroom more often at night

A reduction in your need for insulin

Nausea and vomiting

Weakness and paleness Itching

The best way to prevent type 2 diabetes-related kidney problems is to have urine, blood, and blood pressure monitored regularly and to keep the blood sugar and blood pressure under control.

Eye Problems

People with type 2 diabetes are at risk of several eye conditions, including diabetic retinopathy (which affects the blood vessels in the eye), glaucoma, and cataracts. If left untreated, these conditions can cause vision loss.

Warning signs are:

Blurry vision that lasts for more than two days

Sudden loss of vision in one or both eyes

Floaters, black or gray spots, cobwebs, or strings that move when one move the eyes.

Asensation of seeing "flashing lights"

Pain or pressure in one or both eyes

High Blood Sugar (Hyperglycemia)

High blood sugar doesn't always produce symptoms; therefore, it is important to check the blood sugar regularly.

The symptoms of hyperglycemia may include:

Frequent urination

Extreme thirst

Feeling tired and weak

Blurry vision

Feeling hungry even after eating

If frequently have high blood sugar, change in the medication, diet and lifestyle modifications to help to gain and maintain better blood sugar control.

The key to preventing many of the complications of diabetes is to keep the blood sugar at a healthy level. To do this, eat right, exercise, monitor the blood sugar and don't smoke.

Together one can work to prevent these diabetes-related health complications.

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IIHP for Homoeopathy



Tinea Capitis

Case Study Through Perspective Analysis Of Dr. Hahnemann Organon & Dr. Kents Fourth Observation - No Aggravation With Recovery Of Patient

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Abstract



Background: according to Dr. Hahnemann (§ 187) but those affection alterations and ailments appearing on the external parts that don't rise from any external injury or that have only slight external wound for their immediate exciting cause, are produced in quite another manner; their source lies in some internal malady so therefore according to Dr. Hahnemann (§ 190) all true medical treatment of a disease on the external parts of the body has occurred from little or no injury from without must, therefore be directed against the whole, must effect the annihilation and cure of the general malady by means of internal remedies 3 as in all the skin problems even fungal skin infection.

Introduction: So as per guidelines given in aphorism 204 & 205 all chronic affection and diseases properly so called must be cured only from within, by the homoeopathic medicines appropriate for the miasm that lies at their root. Then only by the disappearance of the totality of the symptoms by the cure, the affection of the vital force, that is to say, whole

internal and external morbid state is also removed (aphorism 12). 3

Results: so as to remove cause and treat the miasm not symptoms, a constitutional similimum given, Conclusion: To treat chronic case it is essential to know patient's physical make up, mental makeup and general make up then only we can reverse the chain of illness and bring patient back to normalcy. 4

KEYWORDS: genome, constitutional similimum, internal malady.

Abbreviations: ICD - international classification of diseases, Introduction: tinea is generic term given to a class of cutaneous affection that owe they're to vegetable origin of trichophyton its synonym is ringworm, barbers itch 1

Dermatophytes are fungi capable of causing skin infection known as ringworm or dermatophytosis, causative fungi are microspore, trichophyton, Epidermophyton, they can originate from soil or animal or be confined to human skin 2

Clinical forms of cutaneous infection include tinea capitis (scalp involvement) tinea corporis (involvement of body) tinea cruris (groin involvement) onychomycosis (nail involvement) and tinea pedis (feet involvement) 2

fungus infections are most irritating and long standing, many time before reaching to us modern medicine use worsen the cases and patient want to get rid from itching and cosmetic issue related to it so this need to be treated and according to homoeopathy principles, symptoms are reflection of something wrong happened inside which is to be corrected and need to find out why this has happened? so, need to be treated by holistic approach by Homoeopathy. Where as we know genome is responsible for our physical make up, mental makeup, and general make up all these are taken into account for prescribing that individual so as to reach constitutional similimum. 4

CASE History

Mr. Y. B. age 30 yrs. Came with following complaints

Chief complaints

Hairless patch on occipital and temporal areas of scalp, slight itching over that area (tinea capitis) for 6 months and knee joint pain especially right.

Mind and Life Space

Patient is art teacher in school, very good artist, making sand design and various artistic articles, patient narrated that his father was very strict and dominating towards all in the family members, his father always quarreling in family on trivial matter, later his father left job and all responsibility come on his head so he took all the responsibility,

he is trying to fulfill all necessary requirements of family, as he is only person in family who is earning for family so he told he developed anxiety over this, father and mother used to fight very often Infront of him, father used to quarrel with him but he tolerated all, he has to understand all the family members, due to all these issues he was unable to concentrate on his carrier, where he wants to grow in his field.

patient was telling during case taking how he have made sand paintings, article and those paintings were very different from usual and he is in very much demand for all his art, artistic activities, patient was very modest and his gestures were very humble, patient was continuously telling about his carrier, art, how he reaches to this level of his excellence even after so many issues in family, he was telling he want to focused on his art and want to grow in his carrier.

Physical

Appetite: Good

Thirst: thirstless

Craving: Nothing specific

Urine: normal

Stool: normal

Perspiration: normal

Sleep: normal

Thermal: tolerate cold but can't tolerate heat (HOT)

Past History complaints

No any specific

Family History

No any specific

Diagnosis of the case

ICD-10-CM Code for Tinea barbae and tinea capitis B35.0

the point of making a diagnosis is to improve our predictive ability about the course of disease in a particular patient and its likely response to treatment.

Here in case diagnosis is done on presentation where small areas of scaling, circular fairy ring and patch of alopecia at affected area (occipital and temporal are first area of choice)

Case Analysis

A case of tinea capitis which is fungal infection caused by photosynthetic vegetable parasites which are capable of colonizing almost any environment 6

they tend to produce harmful effects by producing mycotoxins by evoking allergic reaction or direct tissue invasion, 6 as per as patient concern his prime concern is to get rid of alopecia or bald patch or infected patch but in homoeopathy, we are not only removing symptoms but also curing internally too

According to Dr. Hahnemann (§ 8) it is not conceivable, nor it can be proved by any experience in the world ,that after removal of

all the symptoms of the disease and of the entire collection of the perceptible phenomena there should or could remain anything else besides health ,or that the morbid alteration in the interior could remain uneradicated ,so as a homoeopath I follow this and treated patient to remove his external symptoms which ultimately remove his internal issues because if all the symptoms be eradicated ,the disease always cured internally also. **3 case is slow developing sycotic miasm as per physical and mental presentation, so considering disease diagnosis as tinea capitis, sycotic symptoms drag down to reach to constitutional similimum.**

Repertorisation

1)Ailments from domination

2)Ambitious

3)Anxiety family about his

4) Boaster

5) want of self confidence

6) Mildness

7) Talkative

8) Eruption ringworm

9) Hot

10)Thirstlessness

Remedies after reportorial filter.

Lycy, calc carb ,Aur-m-n, Ars Album, Silicea .Nat.mur ,sulph ,puls

Reportorial totality gives mainly following remedies after thermal, thirst filter

Lycy, sulph, pulsatilla

Lycopodium -7/12

Sulphur -6/10

Pulsatilla -6/8

Justification of remedy

Calc, natrum, Silicea are chilly remedies

Pulsatilla is not ambitious like Lycy, as well as its ambithermal very timid whereas patient is mild but very firm and taking all the responsibility of family, Sulphur is living in his own word though creative whereas patient concern with family and not as mild as lycy or pulsatilla, confidence of Sulphur is not weak as lycy or pulsatilla so I prescribe lycopodium 200 single dose on the basis of thirst, thermal and ambitious, want confidence, ailments from domination

Remedy

Prescribed Lycopodium 200c, one dose according to Repertorisation result and comparative study from Materia medica.

Repertory used -complete repertory through Homeopath software.

Lycopodium 200 single dose with SL for 15 days

Follow up

After 8 days only patch disappears (ask to send photo) anxiety decrease. After this patient not visited for any issues as his concern was only patch of alopecia over scalp which was removed and as per our science with external symptoms his internal morbid state is also removed. so after 8 days only patient got cured as there is no any aggravation, simply there is recovery on external as well as internally which indicate remedy and potency is correct and there may not be any grave organic disturbances in internal economy, but as symptoms appear on skin and for long time has to treated like chronic case with constitutional remedy only.

Remedy

Prescribed Lycopodium 200c, one dose according to Repertorisation result and comparative study from Materia medica.

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Follow up

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Conclusion:

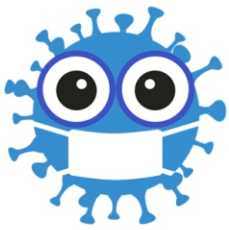
From above case it is clear that whatever may be the diagnosis, if proper selection of constitutional remedy is done cure is achieved, skin is most vulnerable part for expression but that is mirror of mind what homoeopath need to do is to look into that mirror so as to get result. on the basis of holistic approach lycopodium removed patch (tinea capitis) over scalp as case is slow moving sycotic case so to find out constitutional similimum, need to know patient's physical make up, mental makeup and general make up so as to reverse the chain of illness and bring patient back to normalcy 2. Case is following aphorisms 8 and (§17) by the disappearance of totality of the symptoms by the cure the affection of vital force that is to say the whole internal and external morbid is also removed, so I prescribe lycopodium and tinea capitis removed at the same time patient anxiety also decrease. 3 as well there is no aggravation of any kind observed in patient followed by recovery. so got opportunity to observe Kent's 4th observation.

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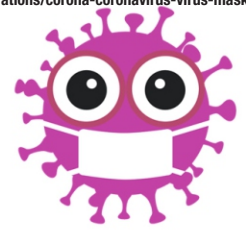
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Before & After





Homoeopathy For Post Covid Ailments



KEY WORDS: post-COVID, Kent Constitutional Cycle

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ABSTRACT

Aim: To observe the role of Homoeopathy in the management in cases with Post COVID Ailments.

Background: To study the efficacy of selected homoeopathic medicines in cases of Post COVID Ailments.

Methodology: Management of Post COVID Done by Patient Oriented, Practice Oriented and Principle Oriented approach with the help of case taking, symptomatology, susceptibility along with acute, chronic and inter-current prescriptions.

Conclusion: From the above observations, it can be concluded that Homeopathy has a role in the management of patients with Post COVID manifestations.

INTRODUCTION

Homoeopathy is a **Best Healing Medical Science** (B.H.M.S) as experienced in daily practice. We all known that homoeopathy has '**A DISTINCT APPROACH**' towards Life, Health & Disease, Symptoms, Medicine, Cure and Management of every case, hence Homoeopathy is a Individualised Medicine for Individualised patient, prescribed by Individualised Physician.

Homoeopathy has a great scope in after-effects of COVID treated patients to restore the health of suffered patients. Homoeopathy is best curative, preventive as well as palliative treatment that can be used in both the sexes and all age groups.

The World is facing a global pandemic named COVID-19 or corona virus disease where people of all age groups affected mild, moderate to severe by this virus. There are more than 5 lakhs COVID positive patients IN PUNE MAHARASTRA treated in various hospitals, many asymptomatic, home-quarantine, mild, moderate and severely affected in last two years in 1st & 2nd wave.

After their treatment of COVID it has been observed that majority of them are suffering from lingering ailments of various disorders, physically, mentally, emotionally as well as their family problems from 1st childhood to 2nd childhood.

We have observed that there are two types of post COVID ailments in patients that visited to our clinic.

- I) COVID-19 positive cases treated by various medical practitioners as per the Government norms/protocol of pandemic COVID.
- II) Their attendants who are in direct contact with these cases, but COVID-negative, suffering with multiple problems, behavioural changes, Emotional, hormonal, mental, physiological as well as physical changes (Disease).

We have the limitations of treating 'most urgent cases' as advocated by Dr. Samuel Hahnemann in Aphorism 67 footnote in Organon of medicine as well as pandemic regulations as per Government norms. However homoeopathy is superior in the treatment of post COVID Ailments.

There are three types of prescriptions in these patients;

1. Acute prescribing as acute totality

2. Chronic or constitutional prescribing
3. Intercurrent prescriptions to remove the obstacles in the way of recovery.

KENTS CONCEPT OF HOMOEOPATHIC CONSTITUTIONAL CYCLES are of great help in post-COVID syndromes e.g.-

1. Nuxvomica – Lycopodium- kali-carb
2. Pulsatilla- Silicea-Fluoric acid
3. Sulphur- Calc carb- Lycopodium
4. Staphysagria-Colocynth-Cuasticum
5. Sulphur-sarsaparilla-Sepia
6. Kali carb – Carbo-veg- causticum
7. Ignatia- Natrum mur-Sepia
8. Ars alb- phosphorus- Tuberculinum
9. Bryonia- Kali carb- Nux vom

- China, carbo veg, psorinum, causticum, kali carb phosphorus, Gelsemium when prescribed in high potencies in post-COVID fatigue syndrome to remove the bad effects of covid-19 have resulted into great success. The patients came for follow up with great satisfaction.
- Medorrhinum, bryonia alba, kali carb, Rhus tox, prescribed in high potencies removed the constitutional effects of maltreated Covid-19 cases resulted in post-Covid rheumatic syndrome.
- Nosodes e.g psorinum, tuberculinum, medorrhinum, syphilinum etc sarcodes e.g thyroidinum, lac can are useful as intercurrent prescribing in almost all cases of post COVID syndromes to cure homoeopathically i.e to restore the health.
- All other medicines can be prescribed as a supportive, nutritive or adjuvant therapy for speedy recovery along with constitutional prescribing where patients get great satisfaction and come for regular follow ups.

Causes of COVID-19-

The vulnerability about the SARS-CoV-2 beginning is still a significant part of this pandemic, and necessities much consideration regarding stop like ones in future. At first there were reports that proposed the infection might have begun from bats, which are now known as a normal supply for different CoVs, including SARSCoV and MERS-CoV-like infections^[2]. Upon phylogenetic examination it has now been shown that there is a 96.2% grouping character of SARS-CoV-2 with a Covid secluded from a bat (BetaCoV/ RaTG13/2013)^[1]. Hence, these discoveries demonstrate that the Coronavirus has a place with class β -CoVs that taints people, bats and

other wild creatures^[4]. Other reports additionally proposed the chance of infection transmission from bats to people through obscure middle of the road has^[5], Forster and associates as of late examined 160 complete human SARS-Cov-2 genomes by utilizing a phylogenetic organization investigation, and came up for certain fascinating discoveries^[6]. The outcomes uncovered three particular "variations" of COVID-19, comprising of bunches of firmly related genealogies, which they mark "A", "B" and "C". They found that sort "A" is nearest to the one found in bats and is the precursor to any remaining variations. Most instances of the Coronavirus in the U.S and Australia were type "A". Type "B", just isolated by two transformations from the precursor "A", was pervasive in China and other East Asian nations. Type "C", dominantly found in patients in European nations, showed very little linkage with Type "B"^[6]. Transmission wellspring of SARS-CoV-2. Studies even appear to negate past speculations, which thought about Wuhan, the city in China, as the beginning of Coronavirus. Be that as it may, more sequencing is required, utilizing tests from other wild creatures like turtles, pangolins and snakes, which might assume a potential part as middle hosts to settle this riddle and affirm the beginning of SARS-CoV-2. Contrasted with the worldwide 7,700 genome arrangements of SARS-CoV-2, the African landmass has quite recently pooled 90 genome groupings for this infection^[7].

Aim of study

To observe the role of Homoeopathy in the management of Post COVID ailments.

Primary objective-

To study the efficacy of selected homoeopathic medicines in cases of Post COVID ailments.

Secondary objective-

To improve the quality of life in cases with Post COVID- 19 Symptoms.

MATERIAL AND METHODOLOGY

Type of study: Clinical based study

Site of Study: MAHAJAN HOMOEOPATHIC CLINIC Trimurti-Chawk Pune-43, Maharashtra

EXCLUSION CRITERIA:

1. Pregnant lady
2. Any other serious conditions.
3. Patients who did not follow the proper case taking.

INCLUSION CRITERIA:

Known Case of past History of COVID-19 Patient with all age group, both the sex.

Sample Size: A total of 40 participants were enrolled.

Age criteria: 20-80 yr.

Intervention: H/O Hospitalization and home quarantine.

Carrier: Symptomatic and asymptomatic carrier.

Selection of Medicine: medicine was selected with the help of totality of symptoms.

Medicine Store: Dispensary of Mahajan homoeopathic clinic.

Certification: all the medicines were GMP approved From Dr.Von Willmar Schwabe Pharmaceutical Company, SBL & medisynth.

Analysis:

All the outcomes were asses on the bases of Gender, Age, intervention, carrier, Remedy, Potency, and syndrome wise distribution of post covid homoeopathic syndroms.

OBSERVATIONS:

A total of 40 participants were enrolled in this study (n=40), out of which 22 participants were male (55%) and 18

participants were female (45%). According to the age wise distribution, it shows that maximum participants belong to the age group of 40-50years (30%), 50-60 years (22.5%), 20-30years (12.5%), 30-40years (15%), 60-70years (12.5%) and 70-80years (5%). From this data it can be inferred that participants belonging to the age group of 40-50 years are at a comparatively higher risk of developing manifestations of Post-COVID complaints than other ages.

Figure. No.1.- Gender Wise Distribution Of Post Covid Patients In Homoeopathic Management

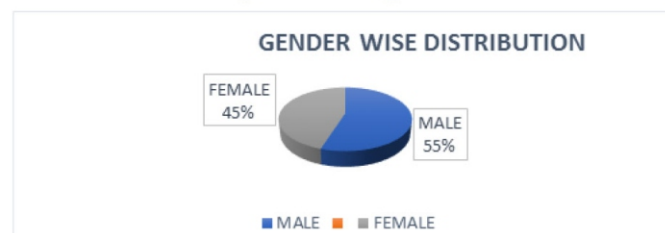


Table. No.1- Age Wise Class Interval Distribution Of Post Covid Patients In Homoeopathic Management

S. NO.	INTERVALS (AGE)	NO. OF PARTICIPANTS	% (PERCENTAGE)
1.	20- 30 years	5	12.5%
2.	30- 40 years	6	15%
3.	40- 50 years	12	30%
4.	50- 60 years	9	22.5%
5.	60- 70 years	5	12.5%
6.	70- 80 years	2	5%

Table. No.2.- Intervention Wisedistribution Of Post Covid Patients In Homoeopathic Management

S. NO.	TYPE OF INTERVENTION	NUMBER OF PATICIPANTS	PERCENTAGE
1.	HOME QUARANTINE	16	40%
2.	HOSPITALIZATION	24	60%

The data obtained from study shows 60% of the participants who came with complaints of Post-COVID Syndrome were hospitalized during their COVID positive period whereas rest 40% were under home quarantine with medicinal care. Thus, it can be said that participants who needed to be hospitalized during COVID 19 are found to be more likely to have Post COVID manifestations.

Table No 3- Carrier Wise Distribution Of Patients During Covid-19

S. NO.	TYPE OF CARRIER	%(PERCENTAGE)
1.	ASYMPTOMATIC	12%
2.	SYMPTOMATIC	88%

Acc. To this study, 35participants (88%) had been symptomatic during their COVID inf. whereas the remaining 05 (12%) were asymptomatic during their COVID positive period showing that it is more likely for symptomatic COVID patients to develop Post COVID complaints.

Table 4 -distribution Of Remedies In Post Covid Homoeopathic Management

SR NO	REMEDY	No.of times medicine used
1	Nux vomica	8
2	Lycopodium	9
3	Kali carb	9
4	Pulsatilla	8
5	Silicea	8
6	Fluoric acid	8
7	Sulphur	9
8	Calc carb	8
9	Staphysagria	6
10	Colocynth	5
11	Causticum	8

12	Sarsaparilla	5
13	Sepia	8
14	Carbo veg	9
15	Ignatia	5
16	Natrum mur	8
17	Ars alb	9
18	Phosphorus	9
19	Tuberculinum	9
20	Psorinum	9
21	Medorrhinum	8
22	China off	9
23	Rhus tox	8
24	Syphillinum	8
25	Lac can	5

Table 5-potency Wise Distribution In Post Covid Homoeopathic Management

S.NO.	POTENCY	REPETITION	PERCENTAGE
1.	10M	36	25.5%
2.	1M	30	21.2%
3.	200	22	15.6%
4.	30	43	30.49%
5.	6X	5	3.54%
6.	Q	5	3.54%

All potencies from 6X (3.54%), Q (3.54%), 30 (30.49%), 200 (15.6%), 1M (21.2%) and 10M (25.5%) were used in study as per the requirement of the participant. It can be concluded that 30CH and 10M were the most used potencies.

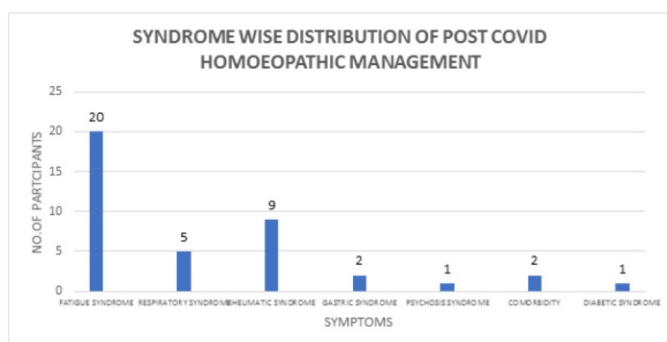


Fig 6-syndrome Wise Distribution Of Post Covid Homoeopathic Management

As the name suggests, Post COVID Symptoms presents itself in a variety of symptoms. In this study the participants enrolled complained of varying symptoms mainly fatigue symptoms (50%), rheumatic Symptoms (22.5%), respiratory Symptoms (12.5%), comorbidities (5% each), psychosis and diabetic Symptoms (2.5% each). It can be inferred that maximum participants were complaining of fatigue syndrome.

RESULTS:

1. Homeopathic medicines can be used for various types of Post COVID complaints affecting different systems such as respiratory, mind, gastric, etc.
2. The observations have showed that prescriptions made on the basis of totality of symptoms can provide general improvement and symptomatic relief to patients with Post COVID manifestations.
3. No adverse reactions/medicinal aggravation were observed during this study.

CONCLUSION:

From the above observations, it can be concluded that homeopathy has a role in the management of patients with Post COVID manifestations.

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**Keep Your
HOMOEOPATHY
SHARP
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I I H P**

Homoeopathy In Double Fever - Malaria & Dengue Fever

Dr. Anita Nanakram Chawla, Nashik
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B.H.M.S., M.D. (Homoeo)
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Image Credit: Photo by Polina Tankilevitch, <https://www.pexels.com/photo/person-holding-thermometer-3873188/>



Ms. S.K. aged 49 Years, a school teacher, came along with her daughter on 29-09-2015 at 12 noon with following complaints.

- High grade fever with mild chills since 2 days.
- Sudden, < evening

H/O: drenched in rain and was wet for 2 hours.

No H/O of mosquito bite.

No H/O dengue fever or malaria among the school teachers

- Severe Headache since 2 days,

Onset Sudden; < evening.

- Severe throbbing pain behind eyes since 2 days,
- Body ache and generalised weakness since 2 days
- Appetite decreased since 2 days.

O/E:

PR: 112/min,

Temp: 103.80F,

Tongue: Slight White, Dry++

Treatment

RHUX TOX 30 was given **Every 2 hourly** as patient got drenched in rain, and was wet for 2 Hours.

Also advised:

- To take nutritious diet.
- ORS

Follow up

30/09/2015 -

All complaints were as it is

PR: 108/min, Temp: 103.40 F

Investigations:

CBC – WBC – 3800

M.P. Test – Trophozoites of PI. Vivax positive

Dengue Antibody test – NS1 Ag positive & IgG Positive



- Pathology Laboratory
- X - Ray
- ECG
- Stress Test
- Health Check-Up

Near Vidya Vikas Circle, Mohiniraj Bus Stop, Gangapur Road, Nashik-13. Mobile : 9373900642. Ph. : 2573968.
Time : 8 am. to 9 pm..

PATIENT'S NAME : MRS. KHANIWALE SHARMILA

SAMPLE ID: II740

REFERRED BY Dr. : DR. CHAWLA ANITA

DATE : 30-09-2015

Complete Blood Count

TEST DONE	RESULT	NORMAL RANGE
HAEMOGLOBIN	11.5	11.5 -- 14.5 gm/dl
Erythrocyte Count	3.76	3.8 -- 5.8 million per c.u. mm.
Leucocyte Count	3800	4000 -- 11000 per cu. mm.
R.B.C. Indices		
P.C.V.	35.7	35 -- 45 percent
M.C.V.	94.9	76 -- 100 femtolitres
M.C.H.	30.6	27 -- 33 pico-grams
M.C.H.C.	32.2	30 -- 35 percent
W.B.C. differential count		
Neutrophils	76	45 -- 70 percent
Lymphocytes	23	20 -- 50 percent
Eosinophils	00	0 -- 6 percent
Monocytes	01	0 -- 10 percent
Basophils	00	0 -- 1 percent

Peripheral Smear findings

Abnormalities of Leucocytes

Neutrophilia

Leucopenia

Abnormalities of Erythrocytes

Absent

Platelet Count
Done on cell counter (Coulter)

1.93

1.5 -- 4.5 lakhs/cumm

DR. GEETANJALI GONDKAR M.D. PATHOLOGY

PATIENT'S NAME : MRS. KHANIWALE SHARMILA SAMPLE ID: II740
REFERRED BY Dr. : DR. CHAWLA ANITA DATE : 30-09-2015

TEST DONE

Dengue Antibody Test

IgG Antibodies : Indicative of secondary infection.
IgM Antibodies : Indicative of primary infection.

Malarial Parasite

Method : Thick Smear. Chances of detection are highest at the time of fever. Inability to see parasite in peripheral smear does not rule out Malaria. Smears on 2-3 times may be required in few cases.

RESULT

Negative For IgM Ab NS1 Ag & IgG positive

Trophozoites of PL. Vivax

Treatment:

RHUX TOX 200 was repeated **Every 2 hourly**

01/10/2015 -

All complaints were as it is

PR: 113/min, Temp: 103.6o F

As all complaints were as it is, detailed case history was taken to give constitutional medicine

Past history: Rt. Sided kidney stone

Personal History:

- **Desire** - Non-veg, sweet, bakery products
- **Thirst:** - Appro.2 lit / day
- **Menses** - too late, scanty, dark red, Sticky
- **Thermal:** Hot

About his Nature:

- Lazy patient (indolent),
- Emotional, easily weeping,
- Short tempered,
- Craving for parental love & care,
- Doesn't like if someone says about her family,
- Company desire

Homoeopathic Treatment

Magnesia Carb 30 – three times in a day

Indication of Magnesia Carb

Emotional, easily weeping,

Short tempered

Craving for parental love & care

Doesn't like if someone says about her family

Company desire

Desire – Non-veg, Bakery product

Menses too late, scanty, dark red, Sticky

Throbbing headache, severe throbbing pain behind eyes

Fever < evening

Follow up:

02/10/2015 -

Fever was reduced in morning. But it was again increased in evening 103.40F

Headache, bodyache and pain behind eyes reduced.

Appetite improved

Investigations:

CBC – WBC – 3100. HB% and Platelet count were good

PATIENT'S NAME : MRS. KHAHIWALE SHARMILA SAMPLE ID: IJ67
REFERRED BY Dr. : DR. ANITA CHAWLA DATE : 02-10-2015

Complete Blood Count

TEST DONE	RESULT	NORMAL RANGE
HAEMOGLOBIN	12.3	11.5 – 14.5 gm/dl
Erythrocyte Count	4.20	3.8 – 5.8 million per c.u. mm.
Leucocyte Count	3100	4000 – 11000 per cu. mm.
R.B.C. Indices		
P.C.V.	39.0	35 – 45 percent
M.C.V.	92.9	76 – 100 femtolitres
M.C.H.	29.2	27 – 33 pico-grams
M.C.H.C.	31.4	30 – 35 percent
W.B.C. differential count		
Neutrophils	66	45 – 70 percent
Lymphocytes	30	20 – 50 percent
Eosinophils	02	0 – 6 percent
Monocytes	02	0 – 10 percent
Basophils	00	0 – 1 percent
Peripheral Smear findings		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	1.51	1.5 – 4.5 lakhs/cumm
Done on cell counter (Coulter)		

DR. GEETANJALI SONDKAR M.D. PATHOLOGY

Treatment: Mag. Carb 30 /3 times was repeated as there was slight improvement seen.

03/10/2015 -

Fever was reduced in morning. But it was again increased in evening to 101.60F

Headache, bodyache and Pain behind eyes reduced considerably

Appetite improved.

Treatment: placebo 3 times was given

04/10/2015 -

No fever in morning. But fever came in evening 100.40 F. Continuous improvement seen. Placebo 3 times was given

05/10/2015 -

Continuous improvement seen

Investigation: CBC – WBC – 6600. HB% and Platelet count were good

Treatment: Mag. Carb 30 /3 times was repeated

PATIENT'S NAME : MRS. KHANIWALE SHARMILA SAMPLE ID: IJ144
REFERRED BY Dr. : DR. CHAWLA ANITA DATE : 05-10-2015

Complete Blood Count

TEST DONE	RESULT	NORMAL RANGE
HAEMOGLOBIN	11.9	11.5 -- 14.5 gm/dl
Erythrocyte Count	3.98	3.8 -- 5.8 million per c.u. mm.
Leucocyte Count	6600	4000 -- 11000 per cu. mm.
R.B.C. Indices		
P.C.V.	37.8	35 -- 45 percent
M.C.V.	95.0	76 -- 100 femtolitres
M.C.H.	29.9	27 -- 33 pico-grams
M.C.H.C.	31.5	30 -- 35 percent
W.B.C. differential count		
Neutrophils	47	45 -- 70 percent
Lymphocytes	47	20 -- 50 percent
Eosinophils	01	0 -- 6 percent
Monocytes	05	0 -- 10 percent
Basophils	00	0 -- 1 percent
Peripheral Smear findings		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	1.82	1.5 -- 4.5 lakhs/cumm
Done on cell counter (Coulter)		

06/10/2015 -

No further improvement seen

Treatment: Mag. Carb 30 /3 times was repeated

07/10/2015 -

No complaints. Placebo 3 times was given.

Investigation:

- CBC – WBC – 7800. HB% and Platelet count were good
- M.P. test – Negative
- Dengue Antibody test – NS1 Ag negative and IgG Ab negative. Only IgM Ab positive

PATIENT'S NAME : MRS. KHANIWALE SHARMILA SAMPLE ID: IJ190
REFERRED BY Dr. : DR. CHAWLA ANITA DATE : 07-10-2015

Complete Blood Count

TEST DONE	RESULT	NORMAL RANGE
HAEMOGLOBIN	11.3	11.5 -- 14.5 gm/dl
Erythrocyte Count	3.86	3.8 -- 5.8 million per c.u. mm.
Leucocyte Count	7800	4000 -- 11000 per cu. mm.
R.B.C. Indices		
P.C.V.	36.9	35 -- 45 percent
M.C.V.	95.6	76 -- 100 femtolitres
M.C.H.	29.3	27 -- 33 pico-grams
M.C.H.C.	30.6	30 -- 35 percent
W.B.C. differential count		
Neutrophils	57	45 -- 70 percent
Lymphocytes	39	20 -- 50 percent
Eosinophils	02	0 -- 6 percent
Monocytes	02	0 -- 10 percent
Basophils	00	0 -- 1 percent
Peripheral Smear findings		
Abnormalities of Leucocytes	Absent	
Abnormalities of Erythrocytes	Absent	
Platelet Count	3.08	1.5 -- 4.5 lakhs/cumm
Done on cell counter (Coulter)		

09/10/2015 to 15/10/2015 - No complaints. Placebo 3 times was given per day

Again investigations were not done as Dengue antibody test IgM Ab remains Positive for minimum 90 days.

PATIENT'S NAME : MRS. KHANIWALE SHARMILA SAMPLE ID: IJ190
REFERRED BY Dr. : DR. CHAWLA ANITA DATE : 07-10-2015

TEST DONE

RESULT

Malarial Parasite
Method : Thick Smear. Chances of detection are highest at the time of fever. Inability to see parasite in peripheral smear does not rule out Malaria. Smears on 2-3 times may be required in few cases.

Not Seen

Dengue Antibody Test

Negative For IgG Ab & NS1
Ag. IgM Ab positive

IgG Antibodies : Indicative of secondary infection.
IgM Antibodies : Indicative of primary infection.

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Topical corticosteroids induced hyperpigmentation treated with individualised homoeopathic medicine: A case report

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ABSTRACT

Hyper-pigmentation is a common skin condition in which increased melanin production results in darker patches of skin. Although hyper-pigmentation is harmless but still most patients wish to get rid of it because of cosmetic reason. Post inflammatory hyper-pigmentation patches show good and quick result with application of Topical corticosteroids (TC). However, prolonged and unsupervised use of TC leads to skin atrophy and reappearance of hyper-pigmentation patches

This case report is of a patient who developed hyper pigmentation after unsupervised prolonged use of TC. It was prescribed by a dermatologist for the treatment of her acne. However, after seeing the quick results she did not consult the dermatologist and continued its application on her own.

On examination, she showed signs of hyperpigmentation on cheeks and forehead. She was treated with individualised homoeopathic medicine according to totality of her symptoms. The patches improved significantly with homoeopathic treatment within 3 months.

KEYWORDS:

Topical corticosteroids, Hyperpigmentation, Homoeopathy, Modified Naranjo's Criteria, ADR Casualty Assessment (Naranjo Scale)

INTRODUCTION

Hyper-pigmentation is darkening of skin colour due to increased melanin production. Most common types of hyper-

pigmentation include age spots, melasma and post inflammatory hyper-pigmentation.

Post inflammatory hyper-pigmentation are patches of darkened skin that appear after an inflammatory skin condition such as acne or eczema on face or neck.¹ Other causes of hyper-pigmentation include reactions to drug use such as antimalarial drugs, topical corticosteroids and tricyclic antidepressants.²⁻⁴ Chemicals added in topical treatments can also cause hyper-pigmentation.

There are a range of possible treatment methods and home remedies that people usually try without any dermatologist's advice. TC has been reported most commonly misused drug for hyperpigmentation.⁵ Basic purpose of starting the steroid cream is mostly to look fairer, beautiful and have a blemish free skin. TC has anti-inflammatory and pigment-lightening activity on the skin. TC produces rapid alleviation of unpleasant signs and symptoms of inflammatory changes on the skin. Unfortunately, this "improvement" is short-lived and can be followed by worsening of the original condition if TCs are used for a long duration or not used correctly. Steroids interfere with the synthesis of melanin by smaller melanocytes, leading to patchy areas of hypopigmentation which are reversible after discontinuation of steroids.⁶ Continued or overuse of steroids can result in thinning of the skin as well as skin dependency on the steroid.

Sun exposure to such a thin skin leads to darkening of superficial layer of skin, hence patients present with hyperpigmented patches on sun exposed skin areas.⁷

ACASE REPORT

A female of 38 years old, unmarried, nurse by profession came first time for treatment of hyperpigmentation of face which is causing great embarrassment, since past few months. She gave history of applying topical corticosteroids which was prescribed by a dermatologist for her complaint of acne which she continued over one & a half year continuously, without advice of her dermatologist. Initially after application of topical steroid cream her acne reduced significantly, however after stopping the treatment it used to recur again. Therefore, she continued application of topical steroid cream, without further consulting her dermatologist. Later she observed that her facial skin is becoming hyperpigmented. As she did not find any further improvement she stopped using its application, thinking that once she stopped the application her skin colour will come back to normal. But it did not happen.

During COVID time due to outdoor restrictions she was not affected much mentally as her socializing was much less and compulsory wearing of face mask also protected her from people questioning her about her skin discoloration. But now since last few months as the routine has started as before and she is been questioned very frequently by all the people whom she met, which was causing great mental stress. She was unable to share or express her feelings with anyone. She was avoiding socializing and preferring to be alone most of the time, this was affecting her confidence to a great extent.

On examination, her built was mesomorphic, Vital signs were normal.

Systemic examination revealed no abnormal finding.

Examination of face shows hyperpigmentation of forehead and cheeks.

On further inquiry with the patient following details were noted.

Patient is ambithermal more towards HOT. Cannot tolerate exposure to sun which not only causes hyperpigmentation but even headaches and irritability.

She likes all kind of food but has peculiar desire for salty food. Doesn't like milk and sour food. Appetite and thirst are normal. Perspiration is more marked on face. Bowels are regular with hard stools. Sleep was normal but sometimes disturbed due to present complaint. Thought persists as how dirty her face looks and is worried how she will get rid of it. Menstrual history reveals normal cycles with moderate flow

Mentally she is sensitive, a loner, doesn't like to mix with people, weeping disposition doesn't like to interact with anyone, brooding tendency and introvert.

Considering her totality of symptoms Natrum Muriaticum was coming as a prominent remedy.

We prescribed Natrum Muriaticum 200C IV doses once a week and continued sac lac. During her 3rd follow up which was after 3 months we could find marked improvement in her skin color.

To assess the outcome after homoeopathic intervention we applied following scales.

The ADR Casualty assessment (Naranjo scale) was used. Naranjo's scale showed this ADR as probable or likely cause for hyperpigmentation in this case.

Modified Naranjo's criteria for assessing casual attribution of clinical outcome to Homoeopathic intervention was also applied.

ADR CASUALTYASSESSMENT (NARANJO SCALE)⁸

Domain	Yes	No	N/A	Case report
1. Are there previous conclusive reports on this reaction?	+1	0	0	+1
2. Did the adverse event appear after the suspected drug was administered?	+2	-1	0	+2
3. Did the adverse reaction improve when the drug was discontinued or a specific antagonist was administered?	+1	0	0	+1
4. Did the adverse event reappear when the drug was re-administered?	+2	-1	0	+1
5. Are there alternative causes (other than the drug) that could on their own have caused the reaction?	-1	+2	0	+2
6. Did the reaction reappear when a placebo was given?	-1	+1	0	+1
7. Was the drug detected in blood (or other fluids) in concentrations known to be toxic?	+1	0	0	0
8. Was the reaction more severe when the dose was increased or less severe when the dose was decreased?	+1	0	0	0
9. Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0	0
10. Was the adverse event confirmed by any objective evidence?	+1	0	0	+1
Total score				9

core: ≥9=definite ADR; 5-8=probable ADR; 1-4=possible ADR; 0=doubtful AD.

MODIFIED NARANJO CRITERIA⁹

Domains	Yes	No	N/A	Case report
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
3. Was there an initial aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	0
5. Did overall well-being improve? (Suggest using validated scale)	+1	0	0	+1
6 A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
6 B) Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1	0	0	+1
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
8. Are there alternate causes (other than the medicine) that— with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)?	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc)	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total score				9

Note: Maximum score = 13, minimum score = - 6

Both these scales were useful tools in showing the likely cause in a patient presented with hyperpigmentation due to misuse of topical corticosteroids and the outcome assessment showing significant improvement after homoeopathic intervention with the help of Modified Naranjo's Criteria.

CONCLUSION

Topical corticosteroids are very commonly abused drugs. Hypopigmentation as well as hyperpigmentation both are reported as ADR after TC misuse over 6 months. Hyperpigmentation though harmless condition, most patients want to get rid of it. It is a great concern among patients especially females for cosmetic purpose as well as it affects the mental state of a patient. This causes low self-esteem, low confidence and avoiding public appearance.

In this case study Individualized homoeopathic medicine has shown significant improvement in clearing the hyperpigmented patches on the face of the patient within a short duration of three months. Patients with dermatological complaints should be advised to take treatment under the medical supervision. Use of individualized homoeopathic medicines can be a boon to array of dermatological complaints and therefore should be advised even as first line of treatment in such cases.

The homoeopathic treatment is beneficial as well as cost effective, besides being an evidence based medicine.

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The Hahnemannian Crossword Puzzle

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ACROSS:

- 1) Temporary restoration of health(10)
- 2) Disappearance of existing disease manifestations(11) ←
- 3)Minute(with 28 across)(7)
- 4)Seat of the disease(3)
- 5) Idiosyncrasy-----habit or quality peculiar to the individual(12)
- 6)Unadultrated medicine(7)
- 7)Power derived by process of dynamisation(7)
- 8)Like(7)
- 9)Ailments on external parts of body(5) ←
- 10)Science of reasoning(5)
- 11)Cross breed dog(7)
- 12)Rapid,gentle,permanent restoration of health(5)
- 13)Circumstances or conditions that affect or modify a particular symptom or state of a patient as a whole(8)
- 14)Cure -----permanent restoration of health(4)
- 15)Dare to be wise(10)
- 16)With 20 down(10)
- 17) Object of life(7)
- 18)New organon(12)
- 19)Causa-----with 13 down(5)
- 20)Systematic investigation of pathogenetic power of medicine(7) ←
- 21)Cauliflower like growth(7) ←
- 22)Medicines closely related to each other (7)

- 23)With 14 down(5)
 24)With across 8 -homoeopathic law(8) ←
 25)Concordance-----
 26)Slumbering or dormant(6)
 27)Dynamic derangement of vital force(7) ←
 28)Infinitesimal dose(4)

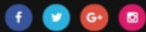
DOWN:

- A)False(6)
 B)With 11 across(4) ←
 C)Cause of the disease(3) ←
 D)Disease -its nature and peculiarity(4)
 E)Personality of the individual(4) ←
 F)Most similar(9) ←
 G)Remove the cause(11)
 H)Homoeopathically indicated medicine(6)
 I)Objective symptom(4)
 J)Dynamic disease producing powers(5)
 K)Obnoxious matter(14)
 L)Mimicking sickness(13)
 M)With 19 across-----causes which occasion disease condition(11)
 N)Diseases with few symptoms(3)
 O)Influx or flow of cause into the body (14)
 P)Science of dose(8)
 Q)Substance capable of altering state of health of living organism(4)
 R)With 19 across (5)
 S)Substitute(9)
 T)With 16 across ---medicine indicated in majority of patients during epidemics(5)
 U)He is the only true scientist(12)
 V)Mother of all diseases(5) ←
 W)Disease due to transient explosion of latent psora(5)
 X)Outwardly reflected picture of internal essence of disease(7)
 Y)Prescription after first one acted(6)
 Z)Spirit of life(5)



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