



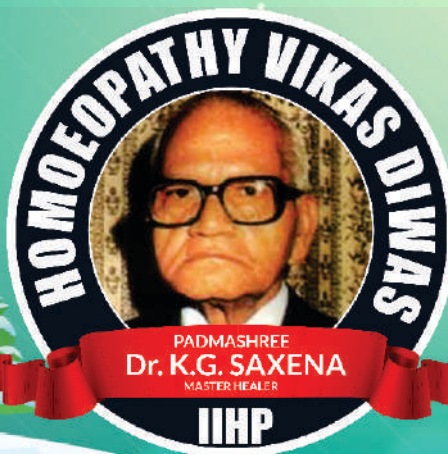
# RATIONAL PHYSICIANS

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



## Wise Winters IIHP Seminars for Wisdom

- October 2023 Bhopal
- November 2023 Vijayawada
- December 2023 Agra
- February 2024 Hyderabad



PADMASHREE  
Dr. K.G. SAXENA  
MASTER HEALER

## 111 th Birthday of Dr K G Saxena

Image Credit: xxx

- PROPHYLAXIS AND HOMOEOPATHY
- SERUM CREATININE CAN BE REDUCED
- ANTIMICROBIAL RESISTANCE
- MENTAL HEALTH & COVID 19
- LIVER DISORDERS & HOMOEOPATHY
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IIHP : The Professional Association of the Institutionally Qualified Homoeopaths

[www.iihp.in](http://www.iihp.in)

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## KEY NOTES

### The Editorial

This is a special issue as we are going to start walking between all 3 time zones, past present and future of homoeopathy through your beloved journal. It is a big and important responsibility and we hope and pray to continue to work on it with highest standards. Starting from this issue we are going to present articles from the erstwhile legendary journal 'the Hahnemannian Gleanings'. This way we hope to cater to the needs of the homoeopathic science in present and shape the future by planning for its betterment while taking care of the golden heritage. We are indebted to our chief patron Padmashri Dr V K Gupta ji and Dr D S Bhar the managing director of the Hahnemann Publishing Company for making this happen. This is a great learning opportunity as a mere look at the masterly editorials written by Late Dr J N Kanjilal makes me feel like a toddler, I am just being a managing editor and I have to cover a lot of miles before I start thinking myself an editor.

Starting with this issue we are putting contents of the journal in database so as to make it searchable for future reference and use.

While we are doing new things let us not forget our roots. The 111 th birthday of our founder secretary general Padmashri Dr K G Saxena has been celebrated with much enthusiasm, you can read reports and see pictures in this journal.

IIHP Mission worked for the confidence building of the students in a big way but it seems there were some problems of perception with some college authorities and teachers so we are now reorganizing our academic activities. New format will be released soon. We are not stopping here and new seminars are planned and being organized in addition to the webinars. There are webinars with Ontario Homoeopathic Medical Association and our own Chandigarh State branch is organizing 'Webinar A Month'.

IIHP is celebrating a winter of wisdom with 4 seminar lined up in coming months. You have details in the news and upcoming events page as well as on the Calendar page on the website.

There are a lot of good things happening at IIHP so stay tuned to the new developments through website and this journal.

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

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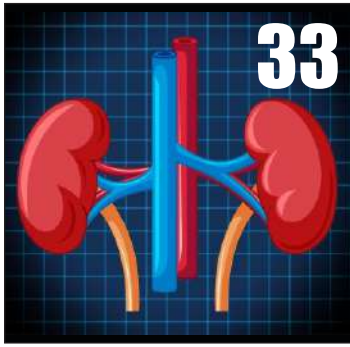
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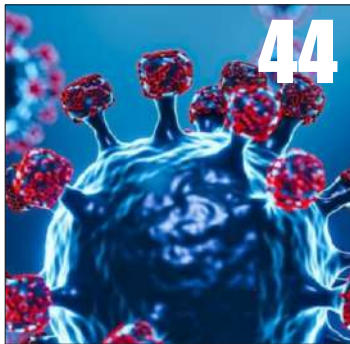
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**From the Desk of National President**

## Remembering Padmashri Dr K G Saxena on his 111 th Birthday

Dr. KG Saxena was born on 25 September 1912 in old Delhi located at Turkman Gate. He passed his 8th class from Khalsa High school Karachi; 10th from DAV High school Daryaganj Delhi and intermediate from Hindu College Kashmiri gate Delhi. Later on he took admission in Calcutta Homoeopathic Medical College. Dr. Saxena got his leadership qualities during his studies in Calcutta. He fought for the quality education and good facilities when he found that the standards of Homoeopathic education were not up to the mark in the institute.

Dr. Saxena got his leadership qualities during his studies in Calcutta. He fought for the quality education and good facilities when he found that the standards of Homoeopathic education were not up to the mark in the institute.

When Dr. Saxena came out from the college after completing his graduation in Homoeopathy in 1937, he could realize that the Homoeopathic system was not recognized in the country by the Government. For this task he was needing the support of at least 20 Legislators to sign and move the private (unofficial) resolution in the Assembly. He contacted several Legislators and explained them about the efficacy of Homoeopathy. With the support of some Legislators the resolution was moved in the Assembly and fortunately it was accepted for discussion. This was his first success towards his ultimate goal. The Legislative Assembly authorized Mr. Ghiasuddin the honourable Legislator from Punjab province to move the resolution in the Central Legislative Assembly.

The Congress party at that time was not in favour of this resolution and their leaders bluntly told Dr. Saxena that they would not support the resolution. Dr. K.G. Saxena had a surprise when Mr. Mohammad Ali Jinnah, the then leader of the Independent party in the Central Assembly told him that his party would support the resolution. At the end, the resolution was carried by a margin of 8 votes.

As per the rules the health was a state subject, and this resolution needs the ratification from all state Governments. Hence this resolution was forwarded to all the states. In 1943 the West Bengal government under the leadership of Mr. Fazlul Haq the then chief minister of Bengal took up the cause of homeopathy and constituted the first state faculty of homoeopathic medicine.

In the year 1944 after the passing of the Homoeopathic resolution by Central Legislative Assembly a group of dedicated Homoeopaths consisting of stalwarts like

With his efforts the NIH under Ministry of Health Family Welfare was established in Calcutta in the year 1975.

Dr. A.N. Mukherjee, Dr. Dewan Jaichand, Dr. Dayashankar Kayastha, Dr. J.P. Srivatsava, Dr. S.P. Asthana and our Dr. K.G. Saxena formed a group to establish a Homoeopathic professional group to fight for the scientific development of Homoeopathy in India. They named this group as “**All India Institute of Homoeopathy**” with its central office at Delhi. Dr. K.G. Saxena was made the first General Secretary of this Institute.

The Institute under the leadership of Dr. Diwan Jaichand and Dr. K.G. Saxena submitted its first memorandum to the then health Minister of Coalition Govt. Raja Ghazanfar Ali Khan for the recognition of homeopathy by the Central government Mr. Khan assured the deputation is that every thing would be done for the development of homeopathy.

With India getting its independence on 15th August 1947 a new era was ushered in the country. Rajkumari Amrit Kaur became the first Health Minister of independent India. Dr. Saxena met her several times and impressed upon her the importance of Homoeopathy in the health care delivery system. However, the government continued to be indifferent.

With untiring efforts of Dr. K.G. Saxena the new resolution was put before the Parliament on 17th February 1948. The resolution was debated thoroughly in the House and adopted unanimously.

However, a rider was attached to this resolution by the Govt. that the resolution would be implemented by the Govt. provided a Govt. appointed Enquiry Committee, to be set up at a later time confirms and guarantees that the Homoeopathic system of medicine is a Scientific System of medicine. Ultimately a Homoeopathic Enquiry Committee was appointed on 30th September 1948 with its terms of reference. With the active support and advise from Dr. Saxena the Committee members were chosen. The Enquiry committee made the report and it was finally published in the year 1949 recommending Homoeopathy is a Scientific System of Medicine and govt. should recognize Homoeopathy as the Scientific system of treatment.

Using his popularity and links at higher level he compelled the Health Ministry to form Homoeopathy **Adhoc Committee and later Homoeopathy Advisory Committee** in the year 1952 with the support of Rajkumari Amrit Kaur the Health Minister. In the year 1962 Dr. Saxena was appointed as first Hon. Homoeopathic Advisor to Govt. of India. He was also entrusted with the responsibility of Secretary of Homoeopathic Advisory Committee. In 1967 **Dr. Saxena requested the Central Govt. to establish a Central Council for Homoeopathy. It was finally set up in December 1974.**

**Dr. Saxena initiated many Govt. Committees for the development of Homoeopathy in the country. Notable among them were:**

- The Pharmacopoeia Committee,
- Education Committee,
- Research Committee,
- Rural Homoeopathic Medical Aid Committee,

- Drugs and Technical Advisory Board,  
- Family Planning Committee,  
- Primary Health Centres and  
- CGHS Homoeopathic Dispensaries. The first CGHS Homoeopathic Dispensary was started in Gole Market in New Delhi. During his tenure as Advisor to Govt. 3 more CGHS Dispensaries were opened in Delhi and as on day every major city is having a CGHS Homoeopathic Dispensaries in the country. Homoeopathic Doctors working in CGHS and enjoying the status at par with their Allopathic counterparts should be grateful to this noble soul.

With his efforts the **NIH under Ministry of Health Family Welfare was established in Calcutta in the year 1975.**

**Dr. K.G. Saxena was the Hon. Homoeopathic Physicians to several Presidents of India:**

1. Dr. Rajendra Prasad the first President of Independent India.
2. Dr. S. Radha Krishnan.
3. Dr. Zakir Hussain.
4. Shri. V.V. Giri.
5. Shri. Fakhruddin Ali Ahmed
6. Shri. Sanjiva Reddy

**In recognition of his outstanding contribution to Homoeopathy Govt. of India during the regiem of Dr Zakir Hussain, had honoured him with its highest civilian Award Padmashre on 26th January 1969.** He was the first Homoeopathic doctor to receive this civilian award.

Dr. K.G. Saxena was a born leader and a great achiever. He had not left a single stone unturned to get the recognition for Homoeopathy. To achieve his goal, he started an Association named **All India Institute of Homoeopathy in the year 1944** with Dr. J.N. Majumdar, Dr. B.K. Sarkar, Dr. L.D. Dhawale, Dr. M. Gururaju, Dr. Diwan Jaichand, Dr. J.N. Hazra, Dr. A.N. Mukherjee and others. The Institute was aimed at maintaining high standards in Homoeopathic education and research. **Later the All India Institute was converted in to Indian Institute of Homoeopathic Physicians (IIHP)** and got it registered under Society's registration act 1860. This Institute was formed keeping the interest of institutionally qualified Homoeopathic graduates, as there were number of Homoeopathic doctors practicing the system without any valid qualifications. **IIHP has conducted 26 National Conferences as on 2023.**

In the year 1967 an International Homoeopathic Congress was held under the banner of LMHI at New Delhi. Dr. K.G. Saxena personally requested Dr. Zakir Hussain the President of India to inaugurate this Convention. The International Congress awarded **"President of Honour"** to Dr. Saxena. **Dr. Zakir Hussain invited all the delegates to Rashtrapathi Bhawan.** Such was the influence of Dr. Saxena in those days. In 1987 Dr. Saxena was specially invited to Washington DC USA to attend the LMHI Congress. Again in the year 1989 the International Congress held in Calcutta, presented him with "President of Honour" Award.

In recognition of his outstanding contribution to Homoeopathy Govt. of India had honoured him with its highest civilian Award Padmashre on 26th January 1969. He was the first Homoeopathic doctor to receive this civilian award.

Dr. K.G. Saxena was responsible in unveiling the statue of Dr. Samuel Hahnemann in the posh Defence Colony in South Delhi.

Dr. K.G. Saxena was responsible in unveiling the statue of Dr. Samuel Hahnemann in the posh Defence Colony in South Delhi. Shri L.K. Advani ji the then Home Minister of India had unveiled the statue in the presence of Late Dr. K.G. Saxena whose name was also inscribed on the plaque of the statue.

Dr. Saxena was a true philanthropist. He donated generously from his limited resources to set up a Homoeopathic Research unit in the Amarjyoti Research and Rehabilitation centre, a NGO based in East Delhi to help children suffering from post-polio paralysis and neurological defects in the year 1994. He guided IIHP till his last breath and made the organization a powerful institute for graduate Homoeopathic Physicians.

**Dr. K.G. Saxena passed away in New Delhi on 23rd October 2003 after a remarkable journey of 91 years.** His extraordinary efforts in laying foundation of Homoeopathy in this country and helping the science to achieve its present status here and abroad constitute his magnificent legacy. He was a great nationalist and always stood by honest and truth.

The vision of this great missionary has yet to be completely seen through. It is now our responsibility to take forward his legacy and establish Homoeopathy as first line of treatment in the primary health care delivery system in the country and also make sustained efforts to unfold the full potential of Homoeopathy including secondary and tertiary health care. His prediction that one day India would be the nucleus for Homoeopathy had come true.

The vision of this great missionary has yet to be completely seen through. It is now our responsibility to take forward his legacy and establish Homoeopathy as first line of treatment in the primary health care delivery system in the country.

**Dr. Saxena devoted 55 years of his life to Homoeopathy. (1937-1992)**

One day before he departed for his heavenly abode, he sent a message to his Homoeopathic fraternity through one of his close associate by pointing out the last sentences of the preface of his biography '**Struggle for Homoeopathy in India**' where he mentioned – "**I wish and pray Homoeopathy will serve suffering millions of India and the world**".

**LONG LIVE THE WORDS OF Dr. K.G. Saxena.**

**Source:** Struggle for Homoeopathy in India' by Dr. K.G. Saxena.

*Yours,*

*In service of Homoeopathy,*

**Dr. Sayed Tanvir Hussain.**

*MD (M.M.), MD (Organon of Medicine), MD (Repertory), Ph.D.*

**National President, IIHP.**

*Chief Consultant,*

**Dr. Tanvir's Homoeopathic Cancer Care Centre. Malerkotla, Punjab**

# NEWS & UPCOMING EVENTS



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Since taking up charge in the February 2023 the new executive committee under the presidency of Dr Tanvir Hussain has worked for the better functionality and coordination among central and state bodies with more and more activities to be taken up and better reporting of the events ensured. At a glance the difference is visible with so many events having taken place in the July-September window and many more planned in the coming months, of course the better season has helped plan more events but the state and district units have shown courage and determination to do more for sure.

While IIHP units have been instrumental in conducting seminars and other programmes physically, the wonderful collaboration of IIHP and OHMA [Ontario Homoeopathic Medical Association] has brought a spate of webinars for the world community of homoeopaths.

IIHP Chandigarh State Branch has initiated a unique programme as advised by the national advisor Dr B S Chandhok. The programme is called 'Webinar A Month'. Under this programme a webinar is being organized every month and because this is a web based event the reach is phenomenal.

Taking care of these many events IIHP webmaster Dr Sudhanshu Arya decided to add a page on the IIHP website for the proper and easier dissemination of information about the planned events of IIHP. This page dedicated to the IIP events has been titled Calendar of Events and URL is <http://iihp.in/calendar.html>

## JULY

### 9 July 2023 - IIHP Telangana State Seminar at Karimnagar



# NEWS & UPCOMING EVENTS



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After having elected and formed a new Telangana state body, IIHP Telangana State branch planned its first state seminar in Karimnagar district, as a part of driving IIHP deep into the districts and rural areas.

The programme was held at hotel Nakshatra at Karimnagar smart city. The programme started with lighting the lamp the state president Dr M N RAJU, state general secretary, Dr G Chandrasekhar Rao, and state treasurer Dr Mrs V Padmaja Rao along with other dignitaries. Master Samuel Hahnemann's picture was garlanded and floral tributes were paid.

After this session Dr M N Raju discussed briefly about the idea of taking homoeopathy and IIHP deep into the rural public and helping them with its goodness.

First Scientific session was held by Dr G Chandrasekhar Rao on management of PCOD. The topic was very educative with full of practical insights of cured cases.

Delicious vegetarian lunch followed.

Second scientific session was by Dr K Ganesh Achari on the topic of Management of Acute Cases and it proved very knowledgeable.

Beauty of the session was that doctors from other districts like Mancherial, Warangal, etc also attended the session in good numbers.

In the last, a very good interactive session with each and every participant regarding our subject and also IIHP was held. In this we discussed the shortcomings of our association in public in recent times and how to rectify them and convincing state govt, in providing jobs to homoeopaths etc were issues and many other future programs were discussed and made a note of. Felicitation of all the participants boosted our self-respect.

Hope we will do more such sessions as planned.

## 19 July 2023 – IIHP Community Serices at Hyderabad



# NEWS & UPCOMING EVENTS



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Recently IIHP Greater Hyderabad team participated in community services to help charity activities reach to the needy people.

Dr Madhu Varanasi helped solve a crisis of funds with grace and compassion. Thank you to Dr. Madhu Varanasi for choosing to donate school bags to Dwarakamai Sevasamithi for orphans on 7th July and visited BALAVIKAS SCHOOL FOR DEAF AND DUMB CHILDRENS, on 19th July, donated 60 k worth equipment, sofas, almirah, physiotherapy equipment and delicious meals to help us on this journey to empathy and change.

We as a team contributed individually and distributed medicine kits and preventive medicine. Later, we participated in the food distribution, which filled us with great joy. IIHP team - Dr Satish Krishna, Dr Vaidehi, Dr Dhanalaxmi participated in this program

23 July 2023



## INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS & ONTARIO HOMOEOPATHIC MEDICAL ASSOCIATION, CANADA



# FREE INTERNATIONAL WEBINAR

On Sunday the 23rd July 2023  
from 7.30 pm to 9.30 pm (India time)

**Topic**

## HOMOEOPATHY IN INFERTILITY CASES

**Prof. (Dr.) CHANDRA SEKHAR RAO GORANTLA**  
Ph.D ; M.D (HOM) ; FHPC

**PROFESSOR, DEPT. OF HOM.MAT. MEDICA DEV'S HOMOEOPATHIC MEDICAL COLLEGE HYDERABAD**



**Speaker**

# NEWS & UPCOMING EVENTS



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This July IIHP-OHMA webinar dealt with a topic hitherto untouched by Homeopaths in general. In this webinar Prof Dr Chandra Sekhar Rao Gorantala who is professor Homoeopathic Materia Medica at Dev's Homoeopathic Medical College, Hyderabad talked of homoeopathic management of infertility cases. This was moderated by Prof Dr Bhupinder Singh.

**30 July 2023**

The poster features the IIHP logo on the left, which includes a circular emblem with a figure and the text 'INDIAN INSTITUTE OF HOMOEOPATHIC PRECIPITANS' and 'UNDOCTA SIMILIBUS CONCORDANT'. The main text is centered and reads: 'IIHP CHANDIGARH STATE BRANCH (FOLLOWING NATIONAL MISSION PROGRAM) "Under its project " Webinar - a month ": PRESENTS "FREE WEBINAR " DATE 30 JULY 2023 TIME 4.30 PM -6 PM IST TOPIC EVALUATION AND DIAGNOSIS OF COMMON SKIN CONDITIONS'. Below this, a circular photo of Dr. Pankaj Prashar is shown next to his name and title: 'SPEAKER DR PANKAJ PRASHAR SENIOR CONSULTANT, SOLVIA HEALTH'. The moderator's name and title are listed below: 'MODERATOR PROF. DR. MUKTINDER SINGH, CHAIRMAN NATIONAL SCIENTIFIC COMMITTEE'. On the right, a teal starburst contains contact information for the president and general secretary: 'RSVP DR KAVITA MITRA PRESIDENT +91 93161 36495 DR POONAM SHARMA GEN SECY +91 98154 7840'. At the bottom right, another teal starburst lists national advisors: 'DR B.S.CHANDOK NATIONAL ADVISOR DR RAJNEESH GUPTA NATIONAL JOINT SECY'. A large teal banner at the bottom states: 'ZOOM LINK WILL BE SHARED IN DUE COURSE'.

**IIHP**  
**CHANDIGARH STATE BRANCH**  
(FOLLOWING NATIONAL MISSION PROGRAM)  
**"Under its project " Webinar - a month ":**

**PRESENTS**  
**"FREE WEBINAR "**  
**DATE 30 JULY 2023**  
**TIME 4.30 PM -6 PM IST**

**TOPIC**  
**EVALUATION AND DIAGNOSIS OF COMMON SKIN CONDITIONS**

**SPEAKER**  
**DR PANKAJ PRASHAR**  
**SENIOR CONSULTANT ,**  
**SOLVIA HEALTH**

**MODERATOR**  
**PROF. DR. MUKTINDER SINGH, CHAIRMAN**  
**NATIONAL SCIENTIFIC COMMITTEE**

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**DR B.S.CHANDOK**  
**NATIONAL ADVISOR**  
**DR RAJNEESH GUPTA**  
**NATIONAL JOINT SECY**

**ZOOM LINK WILL BE SHARED IN DUE**  
**COURSE**

During the 30th July webinar under the programme 'Webinar-A- Month' of the IIHP Chandigarh State Branch Dr Pankaj Prashar, the senior consultant at Slovia Health had a great presentation on the topic – Evaluation and Diagnosis of Common Skin Ailments. Moderator was Prof Dr Muktinder Singh.

# NEWS & UPCOMING EVENTS






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## AUGUST

### IIHP-Mission Webinars

#### PROGRAM SCHEDULE FOR THE MONTH OF AUGUST 2023

Date	Topic	Resource Person	Photo
3/8/2023 7.30 pm to 9.30 pm	Clinical importance of Organon of Medicine - a bird's eye view	Prof. Dr. Rasheed Akhtar NOIDA	
10/8/2023 7.30 pm to 9.30 pm	Introduction to Repertory and its importance in clinical Practice.	Prof. Dr. Shashikant Tiwari Manglore	
17/8/2023 7.30 pm to 9.30 pm	Clinical understanding of the following drugs from source books. Aconite, Belladonna, Rhus Tox, Bryonia and Gelsemium	Prof. Dr. V. K. Chauhan New Delhi	
24/8/2023 7.30 pm to 9.30 pm	Common Orthopaedic Problems - with focus on Rheumatoid Arthritis, Osteoarthritis and Gout.	Dr. Jitendra Taori Nagpur	

**Time : 90 minutes for presentation and 30 minutes for question and answers in each session.**

Note : Registration for attending the webinar is compulsory. For Registration, see the following link – Please Register before 31<sup>st</sup> July 2023. Link for the online Seminar will be sent to their email ID or whatsapp.

**For Registration, please send email to  
missioniihp@gmail.com**

**A Brief Biodata of the Resource Persons**

#### **Prof. Dr. Shashi Kant Tiwari:**

- Chairman of CCRH Special Committee for Drug Proving.
- Former Director of National Institute of Homoeopathy, Kolkata.
- Former Principal of Fr. Muller Homoeopathic Medical College, Manglore.
- Author of Essentials of Repertorization.
- Consultant at Dr. Tiwari Homoeo Clinic Mangalore.

# NEWS & UPCOMING EVENTS



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The IIHP body responsible for the spread of quality education among young homoeopaths, the IIHP Mission, worked out an elaborate plan to serve this community and imbibe it with confidence. Right in the July it released a calendar of webinars to be held in the month of August 2023 with a webinar every Thursday. All the webinars were conducted with aplomb and were highly appreciated.

However an error in perception of these events by the college authorities and teachers has made the IIHP-Mission to change the strategy and new programmes will be announced and conducted soon.

## 10 August - IIHP Social Activity – Free Distribution of Conjunctivitis Medicine



IIHP greater Hyderabad chapter organized free distribution of homoeo medicines for 1000 students and 75 members' staff for CONJUNCTIVITIS at BLOOMING DALES HIGH SCHOOL.

Dr Venkat Reddy, Dr Sailendra, Dr Venkara Narayana, Dr Vaidehi, Dr Annapoorna, Dr Dhanalaxmi, Dr. Bhaskar participated very actively in our mega program.

## 15 Aug - IIHP Celebrates 77th Independence Day with Special Children



# NEWS & UPCOMING EVENTS



Image Credit: <https://www.vecteezy.com/vector-art/2934804-online-news-vector-illustration-flat-computing-background>. Artist: Юлия Ганешню

Dr. Madhu Varanasi on behalf of IIHP GRETER HYDERABAD chapter attended as chief guest for 77th Independence Day Celebrations with mentally challenged school children at Kukatpally, Hyderabad, & distributed stationary material to all the students. Dr Dhanalaxmi also participated in this programme.

In another programme Dr Madhu Varanasi visited "DREAM FOR GOOD SOCIETY" school for daily wages labour children and Govt school children, distributed homoeo medicine for conjunctivitis to all the children (100 students) and also assured them financial support for their needs. Dr. Devyani Singhi MBBS, DNB Paediatrician also participated and supported in our program.

**20 August 2023 – IIHP & OHMA Webinar with Dr Praveen Jain Autism part 2**

**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS & ONTARIO HOMOEOPATHIC MEDICAL ASSOCIATION, CANADA**

**FREE INTERNATIONAL WEBINAR**  
**On Sunday the 20th August 2023**  
**from 7.30 pm to 9.30 pm (India time)**

**Topic**

**AUTISM HOMOEOPATHIC APPROACH ....II**

**Dr. Pravin Jain**  
**M.D (Hom)**

**RENOWNED HOMOEOPATHIC PEDIATRIC PRACTITIONER FROM MUMBAI**

This was a 2nd webinar with Dr Pravin Jain of Mumbai of the topic of Autism. He is the author of 2 books on paediatrics – Essentials of Paediatrics and Essence of Paediatric Materia Medica. His webinars are very popular and so was this. This webinar was moderated by Dr Bhupinder Sharma.

# NEWS & UPCOMING EVENTS



Image Credit: <https://www.vecteezy.com/vector-art/2934804-online-news-vector-illustration-flat-computing-background>. Artist: Юрия Ганюхина

20 August 2023 – IIHP Chandigarh Webinar with Dr Kavita Chandak on Autism



**IIHP**  
**CHANDIGARH STATE BRANCH**  
(FOLLOWING NATIONAL MISSION PROGRAM)  
**"Under its project " Webinar - a month ":**

**PRESENTS**

**"FREE WEBINAR "**  
**DATE 20 AUGUST 2023**  
**TIME 4.30 PM -6 PM IST**

**TOPIC**  
During pregnancy, the child not only stays in the mother's womb but also in her emotions. –"Witness a healing journey of Autism with justification of Hering's Law."



**SPEAKER**  
**DR KAVITA CHANDAK**  
**INTERNATIONALLY RENOWNED SPEAKER**

**MODERATOR**  
**PROF. DR. MUKTINDER SINGH,**  
**CHAIRMAN NATIONAL SCIENTIFIC COMMITTEE**

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**NATIONAL JOINT SECY**

**ZOOM LINK WILL BE SHARED IN DUE COURSE**

It was a treat to hear 2 different experts on the same topic in a day. While there was Dr Pravin Jain to elaborate on Autism then another internationally acclaimed speaker Dr Kavita Chandak elaborated on the same topic during IIHP Chandigarh State Branch webinar same day.

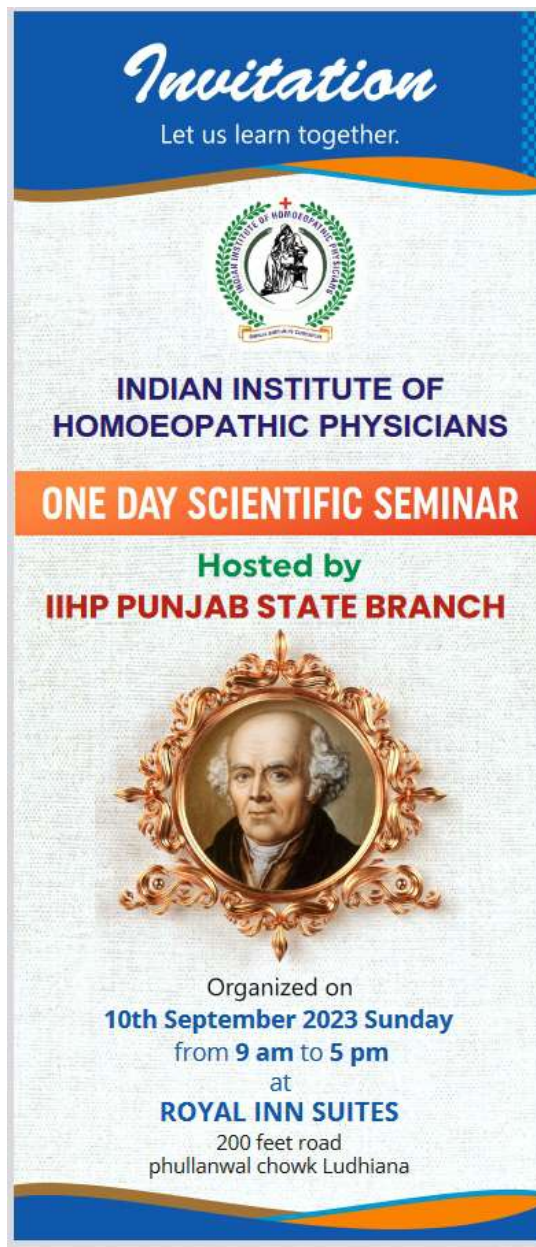
# NEWS & UPCOMING EVENTS



Image Credit: <https://www.vecteezy.com/vector-art/2934804-online-news-vector-illustration-flat-computing-background>. Artist: Юрий Ганюкин

## SEPTEMBER

### 10 September 2023 - Ludhiana One Day Seminar & Punjab State Elections



On 10-09-2023 IIHP Punjab Conducted State Election and One day Scientific Seminar. The inauguration was done by chief guest Dr Tanvir Hussain. State elections were conducted in which Dr. Gurpreet Kaur and Dr Yadwinder Vasudeva were elected as president and general secretary respectively. The scientific sessions were conducted by Dr TP Yadav, Registrar Rajasthan and state award winner in which he showed completely cured cases of squamous cell carcinoma, polymicrogyria, and ulcerative colitis.

Dr. Rajesh Sofat president of Punjab state showed a completely cured case of Discoid lupus erythematosus. Dr. Randeep Nanda conducted a session on celiac disease.

At the end vote of thanks was done by Dr. Praveen Kaur general secretary IIHP Ludhiana.

# NEWS & UPCOMING EVENTS



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24 September 2023 – IIHP & OHMA Webinar with Prof Dr Prabhakar Devadiga on Homoeopathic Management of Acute 'So Called Surgical Disorders'

**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS & ONTARIO HOMOEOPATHIC MEDICAL ASSOCIATION, CANADA**

**Shri K G Saxena Memorial INTERNATIONAL WEBINAR**

**On Sunday the 24th September 2023**

**from 7.30 pm to 9.30 pm (India time)**

**Topic**

**Homeopathic management of acute “so called surgical disorders”**

**Speaker**

**Prof. Dr. Prabhakar Devadiga**

HOD Professor at  
Smt. Chandaben Mohanbhai Patel  
Homoeopathic Medical College Mumbai

**Moderator**

**Prof. Dr. Bhupinder Sharma M.D (Hom)**

**RSVP**

**Prof. Dr. Muktinder Singh, Chairman Scientific Committee**  
**Dr. Tanvir Hussain, National President IIHP**  
**Dr. M. A. Rao, International Chief Coordinator, IIHP**  
**Dr. Saroj Gandhi, President OHMA**

**ZOOM Link will be shared in due course**

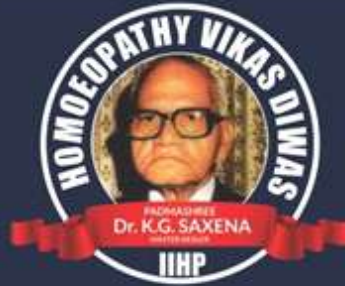
The topic was controversial 'Homoeopathic Management of Acute “So Called Surgical Disorders”' however the expertise and experience of Prof Dr Prabhakar Devadiga who is HOD and professor at Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College, Mumbai kept the audience spell bound during the joint webinar by IIHP and OHMA. The Webinar was moderated by Dr Bhupinder Sharma.

# NEWS & UPCOMING EVENTS



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## 24-25 September 2023 – Dr K G Saxena Birth day Celebrations



### Late Padmashree Dr. K.G. Saxena The Founder Secretary General of IIHP Celebrating 111th Birthday of Dr K G Saxena 25th September 2023

Various Programmes by All the Units of IIHP

Dr K G Saxena birthday is celebrated by IIHP as Homoeopathy Vikas Diwas and IIHP-Day all over this year at the motivation of the national president Dr Tanvir this celebration was taken up more actively and reports indicate that it was celebrated with enthusiasm. Some units organised programmes on 24th September as it was a Sunday on that day.

#### AGRA



On the occasion of Dr K G Saxena Birthday IIHP Agra unit organised a FREE medical camp at Ramlal Vriddhashram [Old Age Home] for its inmates on 25th September. Dr Rajendra Singh Tomar and his team took care of health needs of the elderly at this camp.

# NEWS & UPCOMING EVENTS



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## BAREILLY



This year's celebrations on Dr K G Saxena Birthday took place at the clinic of Dr Sudhanshu Arya on Sunday, 24th September 2023. Programme started with remembering struggle of Dr K G Saxena in the upliftment of homoeopathy and how he brought stalwarts of homoeopathy of his time together to form IIHP. After this a cake was cut jointly by District president Dr A K Rastogi and Secretary General Dr Sudhanshu Arya only after chanting Gayatri Mantra. Snacks and coffee were served courtesy Dr Sudhanshu Arya. The festive spirit saw Dr Deepak Saxena sing 2 songs while Dr Rakesh Sharma sang another song. A karaoke setup was brought by Dr Deepak for this occasion.

## DELHI



# NEWS & UPCOMING EVENTS



Image Credit: <https://www.vecteezy.com/vector-art/2934804-online-news-vector-illustration-flat-computing-background>. Artist: Юрия Ганюхина

IIHP Delhi State Branch has been organizing Dr K G Saxena Memorial lectures for so long at Delhi, every year. This year on 24th September it organised a lecture with Dr Himanshu Shekhar Tiwary who happens to be a senior medical officer with CGHS[Homoeopathy]- GOI. The topic was 'The Missing Footprints in Medicine'. The programme was held at Dr B R Sur Homoeopathic Medical College, Delhi.

HOMOEOPATHIC VIKAS DIWAS AND BIRTHDAY CELEBRATION OF PADMASHREE DR K G SAXENA by Delhi State Branch was a big Success. Good speaker with astonishing lecture... 'Missing Foot Prints in Homoeopathy'. There were some 100 delegates present.

## KHAMMAM



Late Padmashree Dr.K.G.SAXENA, the Founder Secretary General of IIHP, 111th BIRTHDAY CELEBRATIONS as "HOMEOPATHIC VIKAS DIVAS" was conducted successfully by IIHP - Khammam District unit, on 24/09/2024, Sunday at BUDGET HOTEL from 11.30 am to 3.00 pm. All IIHP Members of Khammam and Kothagudem were present. The lamp was lightened by Dr. M.V.L.Narasimha Rao, past National joint secretary, the photo of Dr Saxena was garlanded by Dr.S.V.Swamy, imm.past president, IIHP Telangana. Thereafter a beautiful cool cake with Dr.Saxena name was cut by Dr. Himaja and team.

All IIHP Members observed 2 minutes silence to pay homage to Late Dr. Sohan Singh and Late Dr.J.S.Ramesh Babu. It was followed by the valuable lecture on CKD and Therapeutics by local speaker Dr. Deepak Varma. More than 50 delegates attended. The Lunch sponsored and organised by SBL Pharmaceutical India Ltd.

## MALERKOTLA



# NEWS & UPCOMING EVENTS



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IIHP Malerkotla Unit, (Punjab) celebrated Late Padamashri Dr.K.G. Saxena ji birthday(Homoeopathy Vikas Divas)function at hotel Virasat on 29th September, 2023.

Dr Rehman Asad DHO, Dr Ranjit Singh, Dr Tanvir Hussain, Dr Sana Tanvir, Dr Vikas Gupta, Dr Pooja Gupta, Dr Raman, Dr Param Kamal, Dr Harjot Singh and their family members were present.

Dr. Tanvir Hussain briefed about contributions of Dr.K G. Saxenaji, to Homoeopathy system.

Apart from this the problems faced by our Homoeopaths were also discussed. The function was followed by Dinner.

## MP-GWALIOR



The IIHP MP state unit proudly celebrated and remembered the stalwart of homoeopathy DR K G Saxena on his 111 th birthday on 25 Sep 2023 in GWALIOR.

## PUDUCHERRY



IIHP Puducherry state (UT) celebrated Dr.K.G. Saxena ji birthday(Homoeopathy Vikas Divas)function at hotel Annamala on 25th sep.23 .Respected Prof. Lakhmipathi president red cross society pondy , Dr. Prakash Rao Dr. Arunachalam, Dr Balaji,Dr indu,Dr.Bhiravy, Dr. Velu Narayan, Dr. Abdul, Prof. M.V. Subramamiam and Nightingale

# NEWS & UPCOMING EVENTS



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awardee Mrs .Hema were present. Dr. Prakash Rao briefed about contributions of Dr.K G. Saxenaji, to Homoeopathy system. Chief Guest Dr.Lakshmi pathy, Chairman RCS paid floral tributes to legendry Dr KG. Saxenaji and Dr.Balaji , Secretary IIHP , Puducherry conveyed Vote of Thanks. The function followed by the Dinnar.

## PUNJAB-LUDHIANA



IIHP Punjab celebrated the 111th birthday of Dr K G Saxena at Lord Mahavira Homoeopathic Medical College, Ludhiana in the presence of several guest and students. A beautiful cake was cut by former Secretary General and principal of the college Dr Ravinder Kocchar. The same was distributed along with other snacks.

## TELANGANA-HYDERABAD



IIHP Telangana state celebrated Padmshree Dr K.G.Saxena's 111th birthday in State office.

# NEWS & UPCOMING EVENTS



Image Credit: <https://www.vecteezy.com/vector-art/2934804-online-news-vector-illustration-flat-computing-background>. Artist: Юрия Ганюхина

## VIJAYAWADA



IIHP Vijayawada unit (AP state branch) conducted birthday celebrations of our organization's founder Padmashri Dr K.G. Saxena as HOMOEOPATHY VIKAS DIWAS on 25th September 2023 at Shanmukh Homoeo clinic, Seetharamapuram from 6pm onwards.

Dr. K.R.K. Prabhakara Murthy, former National President and National Advisor of IIHP, garlanded the portrait and floral tributes were paid by other dignitaries to Dr. K.G. Saxena. Dr KRK delivered life history of Dr.K.G. Saxena in detail and about his achievements and sacrifices he made for the development of Homoeopathy in India and asked all others to participate in organisational meetings and conferences regularly in good numbers.

## VISAKHAPATNAM



IIHP AP state branch Visakhapatnam unit organized a CME on Respiratory diseases under able guidance of Dr G.Rajendra prasad.

# NEWS & UPCOMING EVENTS



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## KALABURAGI-GULBARGA



Dr Nayeem unnisa IIHP life member and Editorial board member for Rational Physicians conducted a special Talk on PCOD at B.B.ROZA degree college for women at Kalaburagi-Karnataka To make this stratum of girl students aware of importance of early diagnosis and management of PCOD and prevent its future complications which creates a Psycho-social impact on women's health.

## FORTHCOMING EVENTS

**Wise Winters  
IIHP Seminars for Wisdom**

- **October 2023 Bhopal**
- **November 2023 Vijayawada**
- **December 2023 Agra**
- **February 2024 Hyderabad**


# NEWS & UPCOMING EVENTS



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IIHP is celebrating this winter the wisdom of homoeopathy with not 1-2 but full 4 seminars at different places and on different dates. Keep track of these events through the IIHP website especially the events page <http://iihp.in/calendar.html>

1 October 2023



**IIHP**  
**CHANDIGARH STATE BRANCH**  
Honouring the Vision of our National leadership under Dr M A Rao Sir & Dr Tanvir Hussain

**"Under its project -Webinar - a month "**  
Due to the important over-due business meeting, IIHP Chandigarh State Branch remained occupied.

**As such the MONTHLY WEBINAR has been put off to next month.**

However to commemorate the 111th birthday celebrations of the founder of IIHP  
**Padmashree Dr K.G Saxena**  
The Chandigarh State Branch is holding a  
**FAMILY DINNER**  
meet along with a SEMINAR on  
Sunday 1st October 2023 .

**This is for the information of all the national IIHP members .**

**RSVP**  
DR KAVITA MITRA  
PRESIDENT +91 93161 36495  
DR POONAM SHARMA  
GEN SECY +91 98154 78140

DR B.S.CHANDOK  
NATIONAL ADVISOR  
DR RAJNEESH GUPTA  
NATIONAL JOINT SECY

**"THE DETAILS OF THE DINNER /SEMINAR SHALL BE CIRCULATED TO THE STATE BRANCH MEMBERS IN A SEPARATE MESSAGE"**

Deviating from the usual 'Webinar-A-Month' programme the IIHP Chandigarh State unit is organizing a seminar followed by family dinner in memory of Dr K G Saxena this October.



**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS**  
**Maharashtra State Branch, Nagpur**

## **HOMOEOPATHY VIKAS DIWAS**

**Late Padmashri Dr. K. G. Saxena**



**Birth Anniversary Celebration at**  
**Matoshri Vriddhashram,**  
**Aadasa, Dist. Nagpur**

**On 1<sup>st</sup> October 2023 from 10 AM onwards**  
**Program Highlights**

**Health Check-up camp, Medicines Distribution**

**Donation of daily needs like**

**Bedsheets, Towels, Toiletries for all inmates**

**RSVP**

**Dr. Nishikant Thape, Dr. M. A. Rao**  
**Dr. Harish Dhurat, Dr. Prashant Barbhat,**  
**Dr. Prasad Vyawahare, Dr. Sunita Rautkar**  
**Dr. Suhas Deotale,**



In loving memory of Padmashri Dr K G Saxena the Maharashtra State Branch of IIHP is holding a day long programme at Nagpur on 1st October. The programme includes health check-up, medicine distribution and donation of daily need like bed sheets, towels and toiletries to the inmates of Matoshri Vriddhashram.



29 October 2023

**INDIAN INSTITUTE OF  
HOMOEOPATHIC PHYSICIANS (Regd.)**  
web : [www.iihp.in](http://www.iihp.in)



**STATE HOMOEOPATHIC  
CONFERENCE**



***Homoeopathy  
as Mainstream Medicine***

**29th OCTOBER 2023, SUNDAY**



Venue :

**HOTEL AMER GREENS**

NH-46 Ahead 11 Mile, Hoshangabad Road, Bhopal (M.P.) 462 047



Organised by :

**M.P. STATE CHAPTER**

**INDIAN INSTITUTE OF HOMEOPATHIC PHYSICIANS (Regd.)**

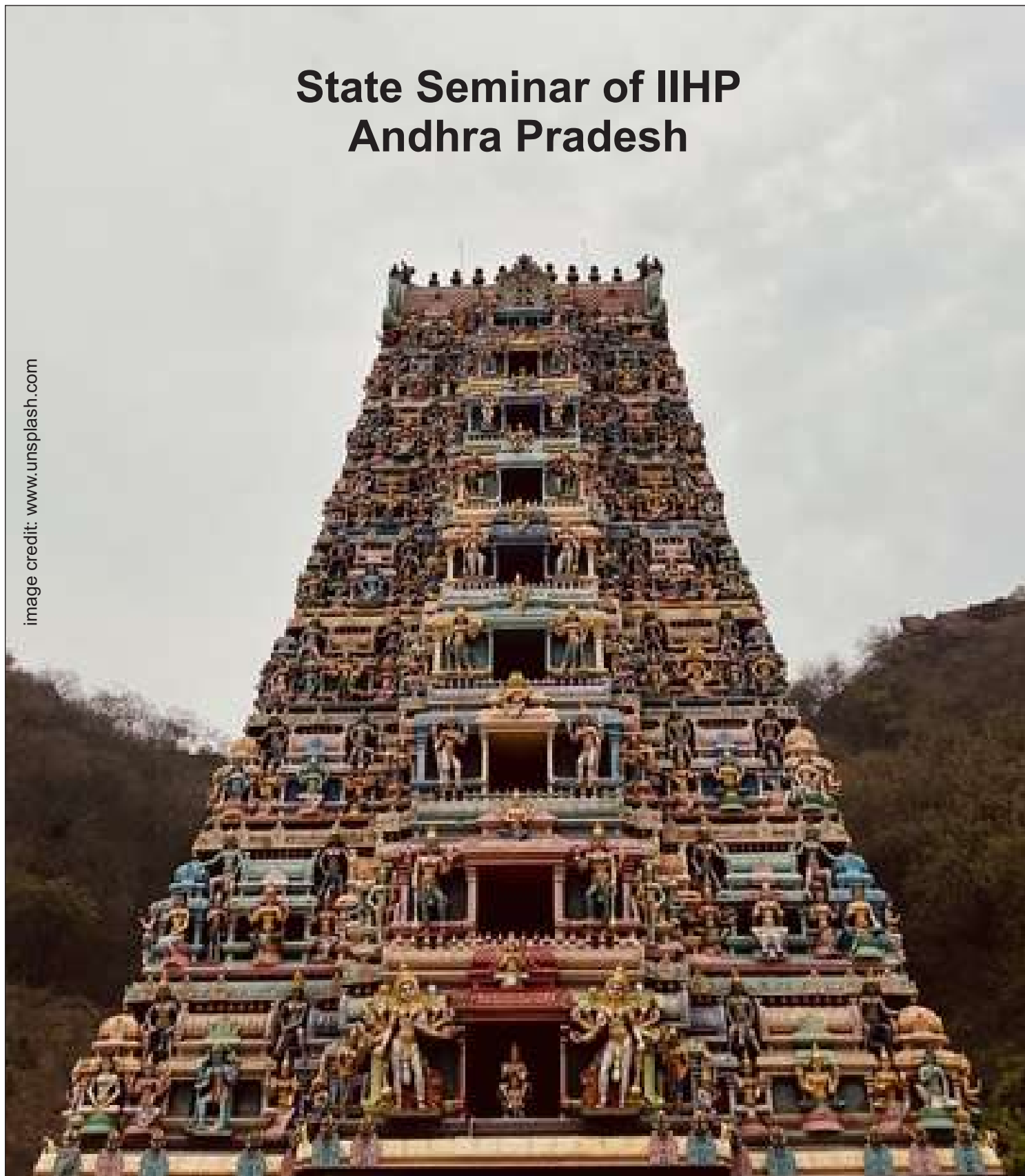
Under the able guidance of the national advisor Prof Dr M K Gupta, the M P State unit of IIHP is organizing a one day seminar at Bhopal on 29th October 2023. Kindly download the brochure from the IIHP Website page <http://iihp.in/calendar.html> and register for the event.



5 November 2023

## State Seminar of IIHP Andhra Pradesh

image credit: [www.unsplash.com](http://www.unsplash.com)



One day State Seminar at Vijayawada is being organized by the IIHP Andhra Pradesh State Unit at Vijayawada. Please contact state president Dr Pankajakshan for details - 9440183626

# NEWS & UPCOMING EVENTS



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10 December 2023

**IHP FOUNDER**  
DR. P.C. SAXENA  
IHP

**FOUNDER OF HOMOEOPATHY**  
SAMUEL HAHNEMANN

**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS**

## HOMOEOPATHIC WISDOM 2023

**[ Sunday  
10th of December 2023 ]**

***Venue : Hotel Radisson***  
Fatehabad Road, Agra  
★★★★★

Organized By :  
**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS**  
AGRA UNIT

VRHMC, Gwalior alumnus Dr Rajendra Singh Tomar has been active in organizing seminars for homoeopathy for long. December 2021 he organized an inter-state seminar for IIHP at Agra now he is joint secretary Central zone IIHP and Chairman Organizing Committee for the 10th December State seminar of IIHP UP at Agra. Kindly download the brochure from the IIHP Website page <http://iihp.in/calendar.html> and register for the event.



10-11 February 2024



HYDERABAD

## INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

## NATIONAL HOMOEOPATHIC SCIENTIFIC SEMINAR

IN ASSOCIATION WITH  
HOMOEOPATHIC MEDICAL COLLEGES  
IN TELANGANA



**10 & 11 FEB 2024**



**Sri Sathya Sai Nigamagamam hall  
Sri Nagar Colony, Hyderabad -  
500073**

Hardworking IIHPians have earned a reputation for IIHP as a highly professional and dependable organization in the field of homeopathy. This reputation has made the students and administration of Telangana homoeopathic medical colleges to approach IIHP for organizing a seminar for the benefit of homoeopathic students in the state. This has resulted in the planning and organization of a unique seminar to be held at Hyderabad in February 2024. The details shall be released in due course of time at IIHP website and IIHP social media channels.



PhotoCredit: FarhanAbas@www.unsplash.com



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

## ROAD MAP January - March 2024 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 2023.

### GUIDELINES

Kindly send all the material in soft copy to

The Editor, Rational Physicians

[homoeospan@yahoo.com](mailto:homoeospan@yahoo.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 01.12.2023 For the January - March 2024 Issue

# Serum Creatinine Can Be Reduced By Administering Homeopathic Medicines According To The Symptom Similarity: Case Study Analysis Of Chronic Kidney Disease (Ckd)

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Proffesor And Hod

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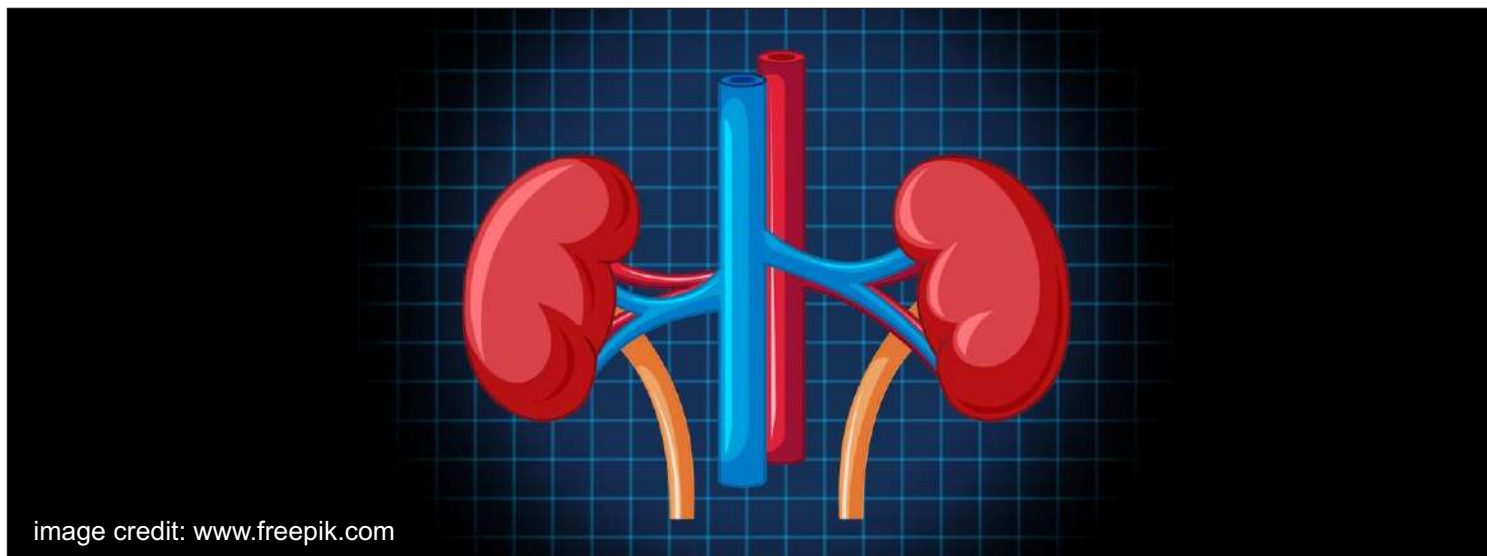


image credit: www.freepik.com

## ABSTRACT

**Background:** Over the past few decades, chronic kidney disease (CKD) with high serum creatinine has turned into an intensive clinical and epidemiological research globally. Even though the transparency provided by the Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines, there appears to be within the CKD with high serum creatinine. In this situation homeopathic symptomatic treatment can play a vital role in CKD with high creatinine.

**Methods:** Here cases of four patients with CKD and high serum creatinine are discussed, who were benefited by homeopathic treatment. The more common remedies administered in the treatment of CKD with high creatinine include: *Lycopodium clavatum*, *Apismellifica*, *Apocynum cannabinum*, *Aurum muriticum*, *Cuprum metallicum*, *Cantharis*, *Sarsaparilla*, *Glonoine*, *Serum anguillae*, *Berberis vulgaris*,... etc. This case study analysis of CKD emphasizes that a consideration of CKD symptoms with high serum creatinine, in addition to more constitutional symptoms, is important when Homoeopathically analyzing the cases.

**Results:** The positive effects of different Homeopathic medicines were clearly reducing serum creatinine during the treatment of CKD patients without hemodialysis in cost effective and most harmless way.

**Conclusions:** This case study analysis found that early and proper diagnosis, most appropriate selection of Homeopathic remedies and regular follow-up is important to cure the CKD with high serum creatinine.

**Keywords:** Chronic kidney diseases; serum creatinine; homeopathic remedies; hemodialysis; cost effectiveness.

## INTRODUCTION

Chronic kidney disease (CKD) is a general term for heterogeneous disorders affecting the kidney structure and function [1]. CKD is a worldwide public health problem. There is an increasing incidence and prevalence of patients with kidney failure requiring replacement therapy, with poor outcomes and high cost [2]. Creatinine is a chemical waste product in the blood that passes through the kidneys to be filtered and eliminated in urine. The chemical waste is a by-product of normal muscle function. The more muscle a person has,

the more creatinine they produce. Levels of creatinine in the blood reflect both the amount of muscle a person has and their amount of kidney function [1].

### 1.1 Chronic Kidney Disease

CKD is a condition characterized by a gradual loss of kidney function over time [2] due to change of its underlying aetiopathogenesis associated with high serum creatinine and low hemoglobin level. Although kidney disease infections now considered less important in the western world, but currently hypertension and diabetes are evidenced as the two major determinants of kidney disease [3]. Obesity, infections and low economic status are also responsible.

The burden of chronic kidney disease (CKD) is studied predominantly in high-income countries, mainly in terms of prevalence, quality of life, mortality, and kidney and cardiovascular complications. Even where results of large-scale national CKD screening programmes are available, many data sources report CKD estimates only for selected populations (limited by age group, geography, occupation,...etc),and for many countries there are no data for CKD epidemiology. The Global Burden of Diseases(GBD),Injuries, and RiskFactors Study is a major effort to collect and incorporate into one system all available data for 354 diseases and 84 risk factors from the published literature, Registries, vital registration systems, verbal autopsies, hospital records data,... etc. GBD applies comprehensive statistical modeling to produce comparable estimates of the burden at the global, regional, and national levels [4].

### 1.2 Serum Creatinine

Creatinine is a waste product that comes from the normal wear and tear on the muscles of the body. Everyone has creatinine in their bloodstream [5]. Healthy kidneys filter creatinine and other waste products from the blood. The filtered waste products leave the body through urine. Creatinine is produced from creatine. Approximately 2% of the body's creatine is converted to creatinine every day. If kidneys are not functioning properly, an increased level of creatinine may accumulate in your blood. A serum creatinine test measures the level of creatinine in your blood and provides an estimate of how well kidneys filter .A creatinine urine test can measure creatinine in urine. Most men with normal kidney function have approximately 0.6 to 1.2 milligrams/deciliters of creatinine. Women usually have lower creatinine levels than men because women on average have less muscle than men [1].

#### 1.2.1 Fast facts on chronic kidney disease

Here are some key points about chronic kidney disease:-

- common symptoms include blood in urine, high blood pressure, and fatigue;

- Causes include diabetes and specific kidney diseases, which includes polycystic kidney disease;  
- there is no cure for chronic kidney disease, which means treatment is focused on reducing symptoms;-  
- diagnosis commonly occurs after blood tests, kidney scans, or biopsy [6].

#### 1.2.2 Causes of chronic Kidney Disease

Diabetes—chronic kidney disease is linked to diabetes types 1 and 2. If the patient's diabetes is not well controlled, excess sugar (glucose) can accumulate in the blood. Kidney disease is not common during the first 10 years of diabetes; it more commonly occurs 15-25 years after diagnosis of diabetes [6].

Hypertension (high blood pressure) - High blood pressure can constrict and narrow the blood vessels, which eventually damages and weakens them throughout the body, including the kidneys. The narrowing reduces blood flow. If your kidneys' blood vessels are damaged, they may no longer work properly. When this happens, the kidneys are not able to remove all wastes and extra fluid from your body. Extra fluid in the blood vessels can raise your blood pressure even more, creating a dangerous cycle, and cause more damage leading to kidney failure[7].

Prolonged obstruction of the urinary tract, from conditions such as enlarged prostate, kidney stones and some cancers [8].

Pyelonephritis, a urinary tract infection within the kidneys, which can result in scarring as the infection heals. It can lead to kidney damage if it happens several times [9].

Kidney artery stenosis – the renal artery narrows or is blocked before it enters the kidney.

Certain toxins – including fuels, solvents (such as carbon tetrachloride), and lead (and lead-based paint, pipes, and soldering materials). Even some types of jewelry have toxins, which can lead to chronic kidney failure.

Fetal developmental problem – if the kidneys do not develop properly in the unborn baby while it is developing in the womb.

Systemic lupus erythematosus – an autoimmune disease. The body's own immune system attacks the kidneys as though they were foreign tissue.

Malaria and yellow fever – known to cause impaired kidney function.

Some medications – overuse of, for example, NSAIDs (non-steroidal anti-inflammatory drugs), and such as aspirin or ibuprofen.

Illegal substance abuse – such as heroin or cocaine.

Injury – a sharp blow or physical injury to the kidney(s) [10].

### 1.2.3 Clinical features of CKD

Signs and symptoms of chronic kidney disease develop over time if kidney damage progresses slowly. Signs and symptoms of kidney disease may include:

- nausea
- vomiting
- loss of appetite
- fatigue and weakness
- sleep problems
- changes in how much you urinate
- decreased mental sharpness
- muscle twitches and cramps
- swelling of feet and ankles
- persistent itching
- chest pain, if fluid build around the lining of the heart
- shortness of breath, if fluid builds up in the lungs
- high blood pressure(hypertension)that's difficult to control [11].

Signs and symptoms of kidney disease are often nonspecific, meaning they can also be caused by other illnesses. Because your kidneys are highly adaptable and able to compensate for lost function, signs and symptoms may not appear until irreversible damage has occurred

### Stages of CKD

CKD is defined as either kidney damage or GFR <60 ml/min per 1.73 m<sup>2</sup> for  $\geq$  3 months. Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies

Stage	Description	GFR(ml/minper1.73 m <sup>2</sup> )
1	Kidney damage with normal or increased GFR	$\geq$ 90
2	Kidney damage with mild decreased GFR	60to89
3	Moderate decreased GFR	30to59
4	Severe decreased GFR	15to29
5	Kidney failure	<15ordialysis

### Homoeopathic Aspect

Homoeopathy treats the patient as a whole extent, in the shortest, most reliable, and most harmless way [12]. This implies that homoeopathic medicine for chronic renal failure focuses on patient as a person as well as his pathological condition. The homoeopathic medicine for chronic renal failure are selected after a full individualize examination and case analysis, which includes medical history of patient, physical and mental constitution etc. A miasmatic tendency is also often taken into account for the treatment of chronic renal failure [13,14].

Homoeopathy carrying the holistic concept doesn't recognize renal failure as merely a disease related to the

kidney alone but always consider something prior to this sickness that is to say the morbid affection of life / vital force, the suffering of the dynamic; or the life principle of the organism due to which individual as a whole suffers. His suffering is made known to us through different perceptible sign and symptoms (characteristic symptom) which constitute not only the sole guide to the choice of the curative remedy, but also sometimes, it is very difficult to find individual single remedy which can cover the totality, due to paucity of characteristic symptoms or due to severe suppression of the disease or due to advanced pathological changes in the body. Hence, in this situation, one has to prescribe a medicine based on the present signs and symptoms and this is the condition where rare homoeopathic medicine has its important role to play which clears the pictures of disease and provides fastest possible recovery[15].

### 1.3.1 Miasmatic interpretation of chronic kidney disease

Kidney develops from within the intermediate mesoderm, early nephrons develop from induction of primary mesenchymal cells. It is most highly differentiated organ in the body. The kidneys are important for maintaining the body's internal balance, especially of water and minerals (sodium, potassium, chloride, phosphate, magnesium, sulphate,..etc.); acid base balance and removal of fuel or drug metabolites[22]. The kidneys also function as a part of the endocrine system and produce erythropoietin and calcitriol, thrombopoietin, renin and prostaglandin performing hemopoietic function, regulation of blood calcium level; regulation of blood pressure by regulating the volume of extracellular fluid and through renin-angiotensin mechanism [23].

Chronic kidney disease is defined as an abnormalityofkidneystructureorfunctionfor  $\geq$  3 months. The most common causes of CKD are diabetes mellitus, hypertension and glomerulonephritis.

Considering the end stage renal disease, it is essentially syco-syphilitic in nature owing to nature of the symptoms. However the developmental stages of renal failure involve different pathological changes and these changes will decide the miasmatic preponderance at that stage [18].

### § 78

The true natural chronic diseases are those that arise from a chronic miasm, which when left to themselves, and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings.

These are the most numerous and greatest scourges of the human race; for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication.

Depending upon the cause These mostly covers Sycotic & sometimes Syphilitic miasm in background.

## **METHODOLOGY**

### **1.3 Study aim**

The overall aim of this study was to determine the practice patterns for CKD with high serum creatinine and low hemoglobin patients by homeopathic symptomatic remedies without hemodialysis. This information should inform future service development and the design of a future prospective research study to evaluate the effectiveness, cost-effectiveness and appropriateness of chronic kidney management compared with hemodialysis for treating CKD with high serum creatinine patients. To make it clear that a chronic kidney patient can lead a normal life with low cost by homeopathic treatment without any hemodialysis.

### **1.4 Methods**

The case study of four patients with CKD and high creatinine from our observations are discussed, those whom were benefited by homeopathic treatment. The more common remedies administered in the treatment of CKD with high creatinine include:

Lycopodium Clavatum, Apis Mellifica, Apocynum Cannabinum, Aurum Muriticum, Cantharis, Sarsaparilla, Glonoine, Serum Anguillae, Berbaris Vulgaris,...etc. The patho-physiologies, diagnosis, review of CKD and serum creatinine are discussed. These case study analyses of CKD emphasize that a consideration of CKD symptoms with high serum creatinine, in addition to more constitutional symptoms, is important when homeopathically analyzing these cases.

## **2. PRESENTATION OF CASES**

### **Case Study-1**

A 57 years old person presented on June 20, 2017 with complaints of generalized swelling more on both legs and face for 7 months. The patient was too much weak and prostrated. He was also having breathing difficulty and some black pigmentation was also present here and there. Patient was hypertensive and used to take modern medicine. All the complaints had started after liver complain. Patient had no significant past history other than rheumatoid arthritis and family history was also not significant. His upper lip was cracked. His tongue was brown coated. Appetite was diminished with early satiety and empty stomach constant eructation, nausea, frequent vomiting, used to take a little water from time to time. Lower Abdomen was distended with

loud flatulence and grumbling, it was difficult to pass the gas. (21 ) .On Jun 6, 2017 his serum creatinine was 14.20 mg/dl. According to law of symptom similarity of homeopathy, without hemodialysis, the patient was treated by symptomatic homeopathic remedy LYCOPODIUM and then almost one month later, on July 8, 2017 his serum creatinine fall down 2.50mg/dl and on April3, 2018 his serum creatinine had fall down 1.50 mg/dl. LYCOPODIUM was repeated as needed for 6 months and considerable relief in symptoms and investigation reports were the outcome.

### **2.1 Case Study-2**

The case study begins with a 26 years old male, presented with a history of generalized weakness, nausea, reduced appetite and reduced urine output for two months. He had Sleep problems screaming in sleep, mental anxiety, muscle twitches and cramps, edema of the lower lids, swelling of feet and ankles, scanty urination Persistent itching, chest pain, shortness of breath, H/o high blood pressure (hypertension) that's difficult to control from 3 years back. He had low back pain for a long time that's controlled by analgesics. Family history was non diabetic and non hypertensive. His initial serum creatinine was 3.3 mg/dl on February 2, 2020 and it had come down to 2.1 mg/dl on August, 2020. According to law of symptom similarity of homeopathy, the patient was treated by homeopathic APIS MELLIFICA 200 was indicated thrice a day for week and then repeated if necessary. Patient had a remarkable change of serum creatinine and has been leading comparatively better life without hemodialysis from the starting period of treatment to till date.

### **2.2 Case Study-3**

A 63 years old elderly patient came to the clinic on April 4, 2017, who had chronic parenchymal renal disease, HTN with high serum creatinine and low hemoglobin for which he was treated conventional treatment with hemodialysis, but the problems of this patient were gradually become serious and that time he was also suffering from severe dyspnoea, puffiness of the face and pitting leg edema and other CKD symptoms.

On March 29, 2017 his serum creatinine was 11.5 mg/d. According to law symptom

similarity of homeopathy, this patient was treated by homeopathic remedy . ELSERUM which was given in and repeated as needed there was a considerable decline in fatigue and weakness sleep problems changed Renal function was better without hemodialysis, and then almost 7 months later, on October15, 2017 his serum creatinine had come down 5.56 mg/dl and on November 5, 2017 his serum creatinine had come down 2.9 mg/dl.

### 2.3 Case Study-4

On December 23, 2018, a 61 years diagnosed with CKD . He had developed hypertension several years earlier and was being treated with conventional medicine. The heart rate was 64/min, while the blood pressure was 146/90 mm Hg. His parents, grandparents, and brother had no kidney disease and heart disease. The patient was 164 cm tall and weighed 68 kg. H/o malarial fevers recurrent There was slight pitting edema in both legs and face. On December 24, 2018 the patient was being done serum creatinine by our advice. Laboratory report revealed a serum creatinine of 7.78 mg/dl. Next day patient came and was examined thoroughly both physically and mentally. his case taking according to law of homeopathic symptoms similarity was taken. Confirmed and noticed that patient was CKD with hypertensive. At that time, throbbing chest, anorexia, Nausea and vomiting, general weakness were belong in the patient. According to law of symptom similarity of homeopathy, the patient was treated by symptomatic (21) homeopathic medicine APOCYNUM is given there was a considerable fall down in serum creatinine 7.1 mg/dl and on September 25, 2020 his serum creatinine had fall down 4.92 mg/dl. Though there is no remarkable change of serum creatinine but patient has been leading better life without hemodialysis from the starting period of treatment to till date.

### 3. Results

The outcomes of these case studies clearly show the efficacy of the homeopathic drugs in CKD with high serum creatinine .The positive effects of different homeopathic medicines were clear in reducing serum creatinine during the treatment of CKD patients without hemodialysis with cost effectiveness and most harmless way.

### 4. DISCUSSION

On World Health Day, latest studies show ray of hope for patients of kidney failure and hypothyroidism through Homeopathy. According to the latest study, a positive impact has been noticed in Homeopathic treatment on a significant percentage of patients of kidney failure.

The chronic kidney disease study analyzed the records of 61 patients across two non-continuous months in 2018 and 2019. It found that by the third visit to the clinic, 50-58.3 per cent patients demonstrated an improvement in their serum urea and creatinine readings. "In the chronic kidney disease study, we found that two of the most clinically important readings in patients showed improvement. No currently available treatment is able to effect a reduction in serum urea and creatinine readings. This may turn out to be of immense

benefit to patients. Since these readings are a part of the decision-making process of whether to start dialysis or not, homeopathic treatment may help patients avoid the start of dialysis" said Dr Kalyan Banerjee, who was instrumental behind the study [20]. In this study, we only showed that serum creatinine was reduced gradually by selective homeopathic remedies which were selected according to law of symptom similarity. Homeopathic medicines along with conventional treatment not only repair the damaged kidneys but side by side it helps in maintaining the normal blood level and blood pressure [19].

### 5. CONCLUSIONS

When Homoeopathic management of CKD is done with an artistic use of the law of similia results obtained are marvelous These cases study analysis found that early diagnosis, most appropriate selection of Homeopathic remedies and proper follow-up is important to cure Chronic kidney disease with high serum creatinine. An advance pathological condition like Renal failure can be handled by the use of small remedies with marvelous outcomes. Constitutional remedies are much helpful when one considers the miasmatic background. Unfortunately, the repertorial use one should not forget to get the similimum for the pathological cases like CKD.

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# Anti-Microbial Resistance

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image credit: www.freepik.com

Figure : source: www.who.int  
Antibiotic Awareness Week is November 18-24, 2023.  
THEME-2023-“PREVENTING ANTI-MICROBIAL RESISTANCE TOGETHER”



“ONE OF THE FIRST DUTIES OF THE PHYSICIAN IS TO EDUCATE THE MASSES NOT TO TAKE MEDICINE”- William Osler-(1849-1919)-(Described as the father of Modern Medicine)

**Introduction:** Antibiotics are powerful, Life-saving medicines. Antibiotics are medicines used to prevent and treat bacterial infections and don't work against viruses that cause common cold, most coughs and sore throats, (even COVID-19, and Flu). If unprescribed antibiotics are taken OTC for treating Viral Infections, Antibiotic Resistance may develop, which means the antibiotics will not work properly when needed.

Also, there are common Side effects for the usage of antibiotics which include skin rash, diarrhoea, and yeast infections. Not all common ailments need antibiotics.

And overuse or the misuse of antibiotics has not only great effect on gut bacteria (good bacteria), but also damage kidneys. Indicated antibiotics need to be continued whereas unindicated antibiotics (usually self-prescribed) are to be discontinued

**Definition:** Antimicrobial resistance (AMR) – also known as drug resistance – occurs when micro-organisms such as bacteria, viruses, fungi, and parasites changes ways that render the medications used to cure the infections they are ineffective.

**Problem statement:** Going to the history, even before the discovery of penicillin by Alexander Fleming in 1928, Arsphenamine was the first antibiotic used in 1910 to treat Syphilis. The antibiotics, especially the penicillin revolutionised the treatment and everyone though that the solution for curing all the diseases is anti-biotics. So, They started using antibiotics for many ailments.

In recent times, because of using antibiotics without prescription, not completing the full course of antibiotics (usage of 2 days, instead of 5 days course, because the

symptoms subsided), sharing the antibiotics (if similar symptoms are seen in individuals), using antibiotics even for small ailments, there has been great increase in the ANTI-MICROBIAL Resistance (AMR) in various diseases.

**Incidence:** Antibiotic resistance is BECOMING one of the biggest threats. AMR occurs naturally, but misuse of antibiotics in humans and animals is accelerating the process. 5MILLION DEATHS AND APPROX- (2019) were associated with bacterial AMR and 1.27 million-are directly caused by AMR.

In recent times, because of using antibiotics without prescription, not completing the full course of antibiotics (usage of 2 days, instead of 5 days course, because the

- Antibiotic resistance leads to higher medical costs, prolonged hospital stays, and increased mortality. The world urgently needs to change the way it prescribes and uses antibiotics. Even with development of new medicines, antibiotic resistance will remain a major threat.

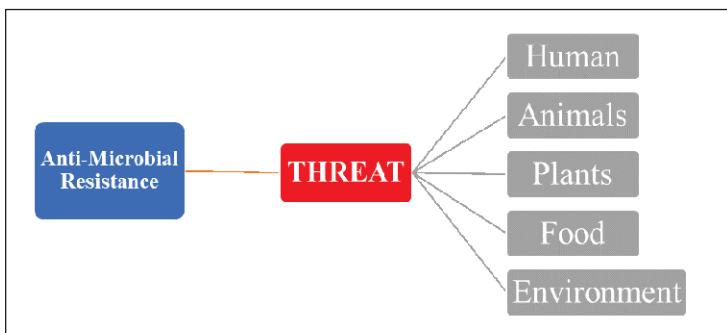


Figure : AMR-Different threats

## Viruses or Bacteria What's got you sick?

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Respiratory Infections	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Middle ear infection		✓		Maybe
Sinus infection		✓		Maybe
Strep throat			✓	Yes
Whooping cough			✓	Yes

\* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help patients feel better.



To learn more about antibiotic prescribing and use, visit [www.cdc.gov/antibiotic-use](http://www.cdc.gov/antibiotic-use).



### How does Antibiotic Resistance Spreads:

- Bacteria are everywhere. Some are good and help us, while some are harmful and cause illness in plants, animals and even humans.
- Antibiotic Resistance Germs find ways to survive, (because the prescribed duration of antibiotic course is not completed -instead of 5 days-stopping it for 2 days, because the symptoms subsided – and the organisms get partially weaker or when OTC antibiotics/ Self-Prescribed anti-biotics are used to treat other infections not caused by bacteria).
- These Antibiotic Resistance germs multiply and give “Resistance” phenomenon to new organisms.
- Because of the Antibiotic-Usage the Good bacteria in Gut get killed, and advantage is taken by the Resistance Organisms as the body cannot fight them back

### Prevention and Control

- Antibiotics, are to used only when prescribed by a certified health professional.
- Do not ask the doctor for antibiotics, when not prescribed.
- When using antibiotics, Complete the course as suggested by health professional
- Never share or use leftover antibiotics.
- Prevent infections by regularly washing hands regularly, preparing food in hygienic way, avoiding close contact with sick people.
- Prepare food hygienically, following the WHO Five Keys to Safer Food (keep clean, separate raw and cooked, cook thoroughly, keep food at safe temperatures, use safe water and raw materials) and encourage organic foods/ Organic farming -without the use of antibiotics for growth promotion or disease prevention in healthy animals.

### Effect of Homoeopathic studies -as a replacement to antibiotics/ Effectiveness against treating infections (As per HRI-Homoeopathic Research Institute Press Release-2022)

#### Study on upper respiratory tract infections

A large-scale French observational Study by EPI3 Survey, assessed homeopathic treatment was effective for musculoskeletal disorders, sleep, anxiety and depressive disorders, along with upper respiratory tract infections (URTIs). “This survey brings valuable information on the possible role of homeopathy in tackling the AMR problem.”

This study means that the use of homeopathy has a significant role and similar outcome as antibiotics or antipyretics / anti-inflammatory drugs consumption, and at 20% lower overall cost.

### Study on Escherichia coli diarrhoea in neonatal piglets

A study by Camerlink I, and team showed that “Homoeopathy is a great replacement to antibiotics in the case of Escherichia coli diarrhoea in neonatal piglets, published in journal “ Homeopathy 2010”

### Study on complicated urinary tract infections

Pannek J and team showed that antibiotics are not mandatory in the Treatment of complicated UTI in individuals having a chronic neurogenic lower urinary tract dysfunction (NLUTD). This study also showed there is a significant decrease of (recurrent) UTIs due to SCI, As published in International Journal of Urology,2018.



**Figure :** Students of Devs Homeopathic Medical College, wearing BLUE and in formation “A.A.W”



**Figure :** Students of Devs Homoeopathic Medical College, creating AWARENESS on AMR on Antibiotic Awareness Week

### HOW TO PARTICIPATE IN ANTIBIOTIC AWARENESS PROGRAMME:

1. Check CDC Website and go through the I.E.C Materials, patients education materials, training resources, health department resources , for effective communication and share it on social media
2. “PREVENTING ANTI-MICROBIAL RESISTANCE TOGETHER” is the theme for year 2023
3. TO RAISE AWARENESS-WEAR BLUE CLOTHES-SHARE PHOTOS ON SOCIAL MEDIA USING #WAAW #antimicrobialresistance #BeAntibioticsAware
4. CDC social media messages about Be Antibiotics Aware. Visit [@CDCgov](#), [@CDC\\_AR](#) on Twitter, and

CDC's [Facebook](#), [LinkedIn](#), and [Instagram](#) pages.

5. Can post social media message – like:  
“ Being #antibioticsaware = knowing that antibiotics aren't needed for many #sinus infections and some ear #i n f e c t i o n s . <https://bit.ly/3mWYGyV> #BeAntibioticsAware” to create awareness

### Abbreviations:

AMR-Anti-Microbial Resistance  
CDC-Centre for disease control and Prevention  
E. coli- Escherichia coli,  
OTC-Over the Counter  
GPs-General Practitioners  
IEC-Information, Education, Communication  
UTI-Urinary Tract Infection  
URTI-Upper Respiratory Tract Infections  
SCI-Spinal Cord Injury  
WAAW- World AMR Awareness Week  
WHO-World Health Organisation

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#1 Association of Homoeopaths  
**Indian Institute of Homoeopathic Physicians**

# Can abuse during pregnancy lead to Autism?

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Image Credit: [www.freepik.com](http://www.freepik.com)

The state of the mother during the pregnancy is one of the most important factors that helps in understanding a child. All the physical and emotional changes experienced by a woman during the pregnancy cast a big influence on the child. During this period, the child himself has not seen the world, but he/she is feeling, perceiving or sensing it through the mother. Hence, it is essential to understand how the mother thinks, feels, perceives and senses herself in the pregnancy period and the world around her. This can be recognized by the smallest of change in the nature, behavior, unusual dreams, fears, thoughts, emotions of mother, any alteration in the desire or aversion for food substances, any particular illness during this period etc.

Extremely high stress levels during pregnancy affect the fetus in at least two ways that have developmental consequences. First, they reduce uterine blood flow making less oxygen available, so the effects have been likened to the effects of smoking during pregnancy. Second, stress chemicals such as cortisone cross the placenta and as a result the stress is transmitted from the mother to the fetus. There is some evidence that this means that children can be born with Post-traumatic stress disorder or at least the physiology of PTSD. For

example, that they will have reduced volume of the hippocampus and that they will continue to be hyper-responders to stressors throughout their lives.

So we know that even in the absence of physical damage to the mother, extreme stress during pregnancy is harmful to the offspring. These mechanisms, however, are not known to specifically induce autism or be a major contributor to autism. It remains possible that in the presence of genetic factors, stress triggers some process that could manifest autism but "possible" here only means that such an event cannot be categorically ruled out in all cases... it doesn't mean that there is reason to believe this is a frequent scenario. Also, Intimate Partner Violence is just one thing that can cause extreme stress, many other injuries, illnesses, events might also cause similar stressful influences on the fetus. For example, accidental injuries causing considerable physical damage or the death of loving spouse might have similar effects on the uterine environment.

I have observed this in families with both abusive backgrounds and nurturing backgrounds where education and financial factors played a significant role. Chaotic, abusive behavior can affect the outcome of children born with autism.

In my experience I have seen many cases of kids with autism where the mothers of these kids during pregnancy and even during their childhood had an abusive background. This means that they were abused either as a child sexually or physically by someone in family or they were abused sexually, emotionally or physically by their spouses. Many of them had experienced severe parental discords in form of verbal abuses, physical violence towards their mothers by their alcoholic spouses. Many of them turned to smoking or drinking as a vent to this violence. Hence there was a multi factorial stress experienced by them all throughout the pregnancy. Many of these pregnancies were also unwanted pregnancies which were forced on them.

With a lot of cancer in these countries in every generation, I have found Carcinosis covering both the miasmatic state as well as the state of the mother and the child being covered.

### Case of Ms Begun, Istanbul, Turkey

#### Case 01.07.2019

Miss B. was diagnosed with Autism when she was 2 year old. She was absolutely normal till the moment when the mother decided to send her at her grandmother place ( villa on the seaside area) for 15 days. Miss B. was 13 months old. She didn't sleep and she was quite anxious. When mother came to pick her up she didn't react neither she showed any expression of happiness seeing her mother after so many days. Since that moment of her life she started doing some "odd gestures" and her behavior started regressing.

In general she is happy child, not aggressive. The aggressiveness towards herself started since a month when the mother gave her a probiotic. She is hitting her xxxmouth and face. Before the probiotic her sleep was around 10 hours now the duration is around 6 hours.

She likes music, She doesn't share her food and toys with other children. She is also quite jealous when mother picks up or cuddles another kid.

Milestones: teeth- early; Walking – 1 year

Aversion to milk, fruits

Gas pain( toilet 2 times in a day)

Discharges: smelly

Mothers history during pregnancy

Unwanted pregnancy, Husband was a drunkard very abusive physically and emotionally. She suppressed her anger, never expressed it, always cried alone never reacting. All nine months she was very sad and crying whole day.

	Miasmatic				
	1	2	3	4	5
MIND - AILMENTS FROM - grief	(96) 1	4	2	2	3
MIND - FORSAKEN feeling	(19) 1	2	2	3	2
MIND - AILMENTS FROM - disappointment	(53) 1	4	3	3	1
MIND - AILMENTS FROM - mental shock; from	(45) 1	2	1	1	1
MIND - DISCONCERTED	(4) 1	1			
MIND - INJUSTICE, cannot support - children; in	(21) 1	2	3	3	1
MIND - JEALOUSY	(92) 1	1	1	2	3
MIND - SHRIEKING - children, in	(85) 1	2		1	2
MIND - VIOLENT - deeds of violence; rage leading to	(38) 1	2			2
GENERALS - FOOD and DRINKS - milk - aversion	(130) 1	2	2	2	2
GENERALS - FOOD and DRINKS - fruit - aversion	(38) 1	3	1	3	3

**Remedy given:** Ignatia LM 0/1 twice a day for seven days followed by placebo

Follow up 16.08.2019

- The screaming is reduced 80%.
- She started observing the environment. Better connection with surrounding
- She started being free, she doesn't want to hold her while walking
- School: she is much better and less hyperactivity. She can focus on what teachers are talking
- Stimming is better 30%
- Stomach problem is over, she sleeps without any pain
- More social going next to other people looking at their faces and wants interaction wait for response from them

**Remedy given:** Ignatia LM 0/3 twice a day for seven days followed by placebo

Follow up 17.10.2019

- Sleep is very good
- Gas pain is over
- No aggressiveness
- She started interacting with the doctors during regular visits
- She started crying when mother scolds her
- Now she is showing emotions
- Sensitive to reprimands
- She started reacting to any noises and especially neighbors dog barking
- She started speaking some words

**Remedy given:** Placebo one month

Follow up 15.11.2019

- Sleep is much better
- She can hold her mothers hand and she started washing her hands and helping in kitchen
- She started making sentences
- Stereotypes like beating hand to hand are better
- Sensitive to reprimands

**Remedy given:** Placebo for three months

# Mental Health Assessment Survey during COVID-19 Related Lockdown

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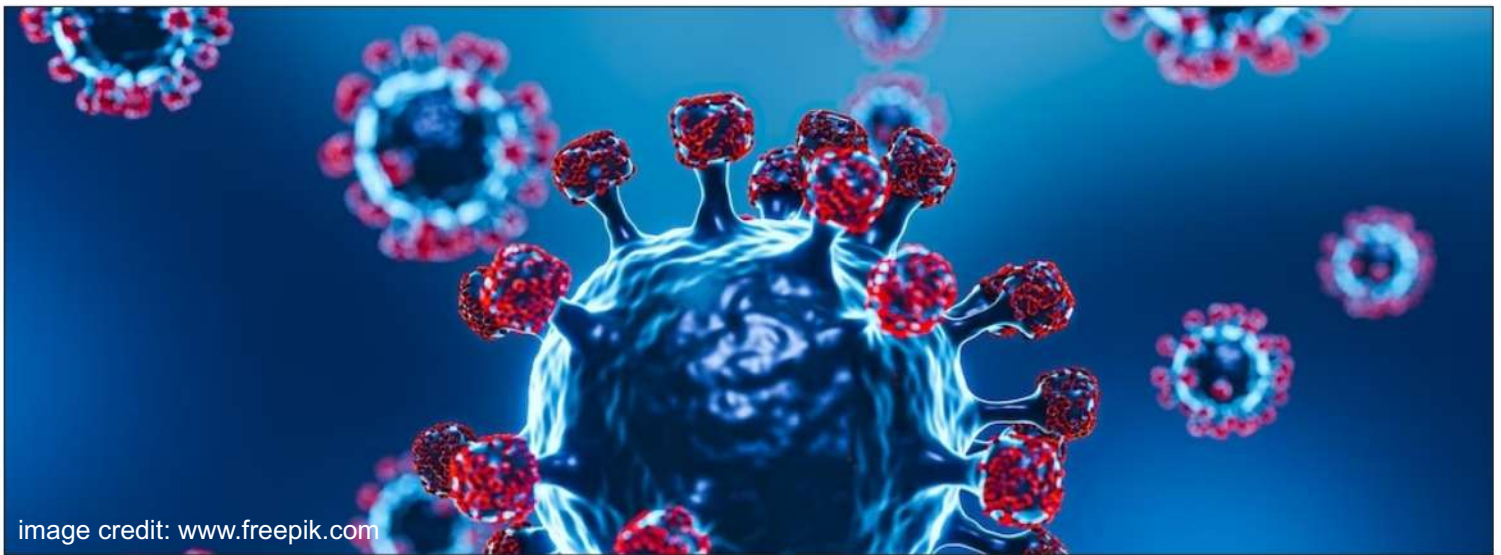
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### Abstract

**Background:** The COVID-19 pandemic and related lockdowns have significantly impacted the mental health of people globally. The mitigation strategies being used to counterattack the pandemic attributes a lot of unrest and stress in the masses leading to several mental health problems, including stress, anxiety, depression, and the associated Psychosomatic symptoms.

**Aim:** To assess the impact of COVID-19 related lockdown on mental health.

**Methods:** An online survey was conducted between June and August 2020 using an online survey tool called Survey Monkey. The survey comprised 55 questions, divided into four sections: demographic data, stressors, effect/response, and need felt. The data were collected using a Likert Scale and yes/no responses, it was analyzed using descriptive statistics.

**Results:** This survey had 1200 respondents, with a

completion rate of 54%. Females comprised 56.22% of the respondents. Most respondents were located in Maharashtra, 81.61%. Most respondents were graduates or postgraduates, and 19.58% were unemployed during the survey. The uncertainty of when the pandemic would end contributed to 44.31% and financial worries accounted for 28.17% of the distressing factors, while 54.10% of respondents experienced an increased workload.

**Conclusion:** The mental health of the population was found to be negatively affected by stressors such as fear of the unknown, financial insecurity, and job loss or unemployment. To address this, the mental health professionals, policymakers, and communities must work together to ensure that people have access to the necessary care and support during such difficult situations in the future.

**Keywords:** COVID-19, Mental health, Pandemic, Survey.

## Introduction:

On December 12, 2019, a group of individuals in Wuhan, China's Hubei Province, began showing symptoms of an unusual illness that resembled pneumonia. Standard treatments, however, were found to be ineffective in its treatment. This event marked the beginning of what would later become the COVID-19 global pandemic. The World Health Organization (WHO) announced the COVID-19 outbreak as a global concern for public health, in January 2020 (1). After more than 118,000 cases in 114 countries and 4,291 deaths, the WHO declared COVID-19 a pandemic (1). To combat the rapid rise of cases in India and to limit community spread, a national level "lockdown" was announced beginning on March 25, 2020 for 21 days, which was later extended up to May 3, 2020, with assurances that the general public's essential requirements would be met (2).

While lockdown might have been a significant and effective strategy to contain the increasing spread of the highly infectious SAR-CoV-2 virus, it also had some psychological impact on the population (3). Being placed under quarantine or isolation, regardless of the cause, including measures to contain an outbreak such as the Severe Acute Respiratory Distress Syndrome (SARS) in 2003, has been linked to considerable mental health issues ranging from anxiety, fear, depressive symptoms, sense of loneliness, sleep disturbances, and anger in the first few days of isolation, followed by symptoms of post-traumatic stress disorder and depression after discharge from the hospital (4). The history of isolation/quarantine measures can be traced back from the Black Death (1347) (5), early outbreaks of cholera (1817) (6), the 1918 influenza pandemic (7), and to the 2009 influenza (H1N1) outbreak, the first influenza pandemic of the twenty-first century (8). Although in the first wave of the COVID-19 pandemic, only some high risk groups like geriatric population, patients with chronic health conditions and compromised immune response were largely at risk of contracting the infection, the lockdown restrictions affected the entire population (9).

Quarantine and stay-at-home orders were associated with higher anxiety and depression symptoms, health anxiety, loneliness, psychosocial distress, and lower levels of life satisfaction amongst the adult population, according to Benke et al. (10). Every-Palmer et al. in their study found that 30% of the respondents had moderate to severe psychological distress, 16% reported moderate to high anxiety levels, and 39% reported low well-being (11). However, individuals with good relationship quality scored better on mental health measures for depression, anxiety, and sleep quality (12). The financial crisis was

another parameter that had an impact on the mental health of low-income and working class groups. Unemployed and low-income individuals had the highest mental health issues (13). Home-based telework, loss of income, financial problems, and family-work conflict negatively impacted an individual's mental health (14).

During the 2020 Munich Security Conference, Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), stated that the world is also fighting a "infodemic" in addition to a pandemic. The dissemination of false information, misinformation, and conspiracy theories has grown significantly since the rise of social media, and it has accelerated since the outbreak of the COVID-19 pandemic. This was especially concerning as it jeopardises public confidence in healthcare institutions and programmes. To address this issue, on June 29, 2021, WHO held its first Infodemiology Conference, bringing together experts from various political and scientific backgrounds to discuss the global impact and management of infodemics (15). Panic, depression, fear, and fatigue, in addition to the risk of infection, contributed to psychological distress and emotional overload. The spread of misinformation or rumours, in particular, might have a significant correlation with the emergence of anxiety in people of all ages (16).

The pandemic resulted in the lockdown, and the waves of unverified misinformation led to a gigantic, unprecedented crisis impacting the physical and mental well-being of individuals globally. To understand the impact of lockdown on people's mental health and to provide suitable recommendations based on the stress level score of individuals respondents were experiencing during the lockdown, an online survey was conducted. This survey aimed to provide data on the effects of the COVID-19 pandemic on mental health and guide global preventive response and recovery activities. Results from this study would help healthcare professionals, academicians, and policymakers in decision making in the future.

## Methodology:

This was an online survey conducted between June and August 2020 after an approval from the Ethics Committee. Using an online survey tool called the Survey Monkey this multiple choice questionnaire was built in the English language. It was an anonymous survey to reduce the hesitation and inhibition of the respondents. The data was collected through this survey to understand the impact of the COVID-19 lockdown on the mental health of people's mental health between June and August 2020.

There were 55 questions which were divided into four sections, (i) Demographic data: Preliminary details of location, age, educational qualification, profession (ii) Stressors: Factors that may be the possible stressors (iii) Effect / Response: Symptoms of mental disturbances in the area of emotions / mood / intellect / behaviour (iv) Need felt: Need for emotional help and comfort level with seeking professional help.

The questionnaire was a 5-point Likert Scale, and responses were marked from 1 to 5, where 1 point was assigned to denote the 'most positive change' experienced, and 5 points were assigned to represent the 'most negative change' experienced in response to the circumstance in general. Three points were assigned to a 'neutral' or 'no change' response. A respondent's level of the situation's negative impact on them was indicated by the sum of these scores for all their responses. Hence, those with lower scores were considered less stressed/ healthy, and those with higher scores were considered more stressed or less healthy.

A score between 20% to 39% was considered healthy, 40% to 59% was considered mildly stressed, 60% to 79% was considered moderately stressed, and between 80% to 100% was considered severely stressed.

The information collected from the survey was presented using descriptive statistics.

### Results:

In this survey, there were 1200 respondents with a 54% completion rate. Of the total respondents 56.22% were females. Geographically, most of them were located in the Indian state of Maharashtra (81.61%), followed by Karnataka (4.84%), Goa (2.42%), Gujarat (2.26%), and Telangana (1.94%).

Educational qualification of 47.62% respondents was post-graduation, followed by 45.63% graduates. 22.75% held jobs and worked from home, and 19.97% of the respondents were self-employed professionals and business people. Those working for the Essential services (healthcare / Police / Disaster Management / etc.) made about 17.99% of the respondents. 19.58% of the respondents were unemployed when responding to the survey. Most respondents (95.37%) lived in their own homes. 89.95% lived with their family, and 5.42% lived alone.

According to their financial situation, 59.39% of respondents stated they could survive for longer than six months if the lockdown persisted for an extended period. 12.43% of respondents reported that they could survive

for four to six months. 28.18% of respondents said it would be difficult to continue for longer than four months, and 15.61% said they could not afford to sustain for longer than two months.

**Table 1: Demographic data**

Characteristics	Sample	Respondents (%)
<b>Gender</b>	Female	55.86%
	Male	44.14%
<b>Location</b>	Maharashtra	81.61%
	Karnataka	4.84%
	Goa	2.42%
	Gujarat	2.26%
	Telangana	1.94%
<b>Educational status</b>	Post Graduated	47.41%
	Graduated Completed	45.64%
	12th class	6.4%
	Below 10th class	0.54%
<b>Profession</b>	Work-from-home jobs	22.75%
	Self-employed and Businessman	19.97%
	Essential services	17.99%
	Unemployed during survey	19.58%
	Homemakers	13.49%
	Students	5.69%
	Shop-owners	5.16%
<b>Stay</b>	<u>Were</u> living in their homes	95.37%
	<u>Were</u> living with family	89.95%
	Experienced comfortable stay	84.13%
	Living alone in their homes	5.42
<b>Financial status</b>	Could sustain for more than six months	59.39%
	Could not sustain for more than two months	15.61%
	Could sustain for four to six months	12.43%

Of the respondents, 44.31% were distressed because they did not know when this pandemic would end, and 41.27% were worried about the health and well-being of loved ones. Due to the suffering of the general population 31.22% of respondents were distressed, and financial worries accounted for 28.17% of the distressing factor.

27.91% of respondents feared of getting infected, 26.59% had a distress of remaining stuck at home due to lockdown. However, distress due to domestic violence or abuse was less than 2%. (Table 2). 54.10% of respondents experienced an increased workload while it had reduced for 19.57% of respondents.

Our survey found that the respondents made good use of their time due to working from home. 72.29% of respondents reported significant personal time during the pandemic, and 83.92% reported enjoying personal time.

**Table 2: Common stressors during the lockdown**

Stress Factor	% of respondents
Not knowing when this will get over	44.31%
Health and well-being of loved ones	41.27%
The suffering of people in general	31.22%
Financial worries	28.17%
Fear of catching an infection	27.91%
Remaining stuck at home due to lockdown	26.59%
Absence of domestic help workers	16.01%
Conflict with the family member	19.76%
Fear/worry of worsening of existing illness	11.51%
Absence from work	10.98%
Challenging to work from home	10.58%
Miscellaneous	9.26%
Managing children or old people	8.60%
No avenues for entertainment outside	7.41%
Limitations on buying essentials	6.88%
Being away from home	3.97%
Domestic violence or abuse	1.06%

Subjective distress, the most commonly experienced mental anguish, are listed in Table 3.

**Table 3: Psychological and physical distress during the lockdown**

Factors	Response	Respondents (%)
Feeling overwhelmed	Feeling overwhelmed	46.42%
	Not feeling overwhelmed	32.91%
	Neither	20.67%
More exhausted	More exhausted	44.26%
	Not more exhausted	37.58%
	Neither	18.16%
Difficulty in making a decision	Difficulty in making a decision	41.50%
	No difficulty in making a decision	46.10%
	Neither	12.40%
Difficulty in sleeping	Facing difficulty	41.50%
	Not facing difficulty	46.10%
	Neither	12.40%
Getting irritable	Become more irritable	41.24%
	Not become more irritable	37.42%
	Neither	21.34%
Feeling worried	More worried	39.90%
	Not more worried	43.40%
	Neither	16.70%
Feeling anxious	Feel more anxious	36.57%

	Not feel more anxious	48.81%
	Neither	14.62%
Feeling restless	Feeling restless	35.61%
	Not feeling restless	51.51%
	Neither	12.88%
Self-Doubt	Having self-doubt	21.30%
	Not having self-doubt	65.19%
	Neither	13.51%
Socially withdrawn	More socially withdrawn	20.99%
	Not socially withdrawn	63.75%
	Neither	15.26%
Confident level	Less confident	20.03%
	Not less confident	64.39%
	Neither	15.58%
Processing New information	Difficult	19.23%
	Not difficult	64.55%
	Neither	16.22%
Palpitation & breathless	Experiencing	16.38%
	Not experiencing	71.06%
	Neither	12.56%
Observable behaviour	Negative observation	16.38%
	No negative observation	83.62%
Old Troubles Resurfacing	Surfaced again	15.90%
	Not surfaced again	71.39%
	Neither	12.71%
Family Interpersonal Relationship (FIPR)	IPR with a family Difficult	15.58%
	IPR with a family Not difficult	67.89%
	Neither	16.53%
Frequent Headaches	Experiencing frequent headaches	15.27%
	Not experiencing	71.64%
	Neither	13.09%
Attitude towards therapy	Very comfortable	60.17%
	Slightly uncomfortable	30.26%
	Very uncomfortable	9.57%
Attitude towards seeking help if needed	Very comfortable	56.82%
	Slightly uncomfortable	22.73%
	Very uncomfortable	20.45%
Need emotional help	Yes	33.01%
	In some time	24.27%
	No	42.72%
Appetite	Experiencing a change in appetite	32.28%
	No change in appetite	51.20%
	Neither	16.52%
Able to relax	Difficult to relax	32.19%
	Not difficult to relax	50.85%
	Neither	16.96%
Mood	Moodier	31.80%
	Not moodier	50.08%
	Neither	18.12%
Panic	Feeling more panic	30.53%
	Not feeling more panic	51.83%
	Neither	17.64%
Interest levels	Less interested	30.53%
	Not less interested	54.69%
	Neither	14.78%
Aches and pains	Lots of aches and pains	26.71%
	Not having aches and pains	53.89%

	Neither	19.40%
Concentrate on tasks	Difficult to concentrate	24.17%
	Not difficult to concentrate	57.08%
	Neither	18.75%
Unusual nausea and indigestion	Experiencing yes	15.26%
	Not experiencing	73.29%
General interpersonal relationship	Negative impact	14.15%
	No negative impact	71.22%
	Neither	14.63%
Bladder bowel symptoms	Using the toilet more often	7.95%
	Not using the toilet more often	77.10%
	Neither	14.95%
Need for medicines	Need medicines more frequently	7.15%
	Not needed more frequently	85.21%
	Neither	7.64%
Substance abuse	Substance abuse	5.14%
	No substance abuse	86.33%
	Neither	8.53%
Already taking help	Yes	9.06%
	No	90.94%

Positive outcomes like gratitude, hope, enjoying doing things, and hobbies are listed in Table 4 with most of the respondents feeling more grateful (75.36%) and hopeful (72.97%) during the lockdown.

**Table 4: Positive outcomes of respondents during the lockdown**

Positive Outcomes	Response	% of respondents
Gratitude	Feel more grateful	75.36%
	I do not feel more grateful	9.70%
	Neither	14.94%
Hope	More hopeful	72.97%
	Less hopeful	12.09%
	Neither	14.94%
Enjoyable things	Stopped doing enjoyable things	28.14%
	Continued with enjoyable things	54.85%
	Neither	17.01%
Hobbies	Spending time with hobbies	51.04%
	Not spending time on hobbies	24.49%
	Neither	24.47%

### Discussion:

During the COVID-19 confinement, people were forced to adapt to new ways of living, working, and interacting with others (17). One of the most significant changes people have had to adapt to was the lockdown or stay-at-home orders implemented in many countries. While these measures were necessary to contain the spread of the virus, they also had a profound impact on people's mental health (18).

Wang et al. reported that over half of the participants indicated a moderate-to-severe psychological impact,

and nearly one-third expressed moderate-to-severe anxiety (19). Burke et al. found that quarantine was associated with stress and significant increase in symptoms of depression and anxiety (20). Similarly, as per Likert scoring, in our survey, about 26.99% respondents did not experience any stress, while 73.01% reported experiencing moderate to severe stress levels. Although this was mainly intended as a survey, the psychiatrist and psychologist team converted it into a rating scale and scored the respondents' responses to quantify their stress levels. At the end of the questionnaire, contact details were collected with their consent. Based on respondents' stress level scores, general and specific suggestions were recommended to improve their mental health. In addition, links to open-source resources on well-being and emotional health were shared, along with links to authentic government portals for reliable information gathering.

The pandemic-related stressors according to a study by Mamun et al. were high fear of COVID-19 infection and symptoms of insomnia (21). Additionally, the fear of COVID-19 caused psychological distress like depression, anxiety, and stress, negatively influencing life satisfaction and well-being (22). People also experienced high levels of fear and loneliness because of an alarming rise in rates of infection and (23). Fear of infection, mortality, loneliness, and poor health of close ones has impacted the population's mental health (24). Similarly, according to our survey about 44.31% of respondents were distressed because they did not know when the lockdown would end. The worry about the health and well-being of loved ones and people's suffering during the pandemic were amongst the other distressing factors in our survey. During the early phase of the pandemic, psychological illness like depression and suicidal ideation were prevalent.

In a three-day online study, Voitsidis et al. reported that the prevalence of sleep difficulties in their study was 37.6%, especially women and city residents who were more vulnerable to insomnia (25). In a systematic review and meta-analysis, the prevalence of insomnia in healthcare workers was 38.9% across five studies (26). In accordance with these studies, difficulty in sleeping was reported by 41.50% of respondents in our survey. The reduction in night-time sleep might be due to an increase in day-time napping and altered work and leisure schedules, and increased stress and anxiety related to the pandemic (27). Increased sensitivity to uncertainty, anxiety, loneliness, and depressive symptoms anticipated insomnia.

Apart from causing a disturbance in the mental health of the people, quarantine during the pandemic also had an impact on the physical well-being of the people. In a study by Parola et al., it was found that the quarantine had an impact on mental health of the people as it enhanced anxiety/depression, withdrawal, somatic complaints (physical symptoms without a medical explanation), aggressive, and rule-breaking behaviour (28). Moreover, chronic stress triggered physical symptoms, including headaches, sleeplessness, digestive issues, hormonal abnormalities, and fatigue during the pandemic (29). In our survey, aches and pains, frequent headaches, palpitation and breathlessness were among the physical symptoms experienced by the respondents during pandemic confinements.

Unsurprisingly, the lockdown had disrupted people's routines, created financial stress, and impacted their mental and physical health. Job loss was one of the leading financial problems associated with mental illness, as businesses had closed or reduced their operations, resulting in widespread layoffs and furloughs. Unemployment has been associated with a multitude of negative outcomes, including a fall in living standards and financial insecurity, feelings of shame associated with receiving welfare assistance, and the loss of significant social connections (30). Furthermore, a meta-analysis found that unemployment is associated with a variety of distressing symptoms, including depression, anxiety, and psychosomatic symptoms, as well as decreases in subjective wellbeing and self-esteem. According to the same study, unemployed people were 34% more likely to experience mental distress than the employed individuals (31). Similarly, 28.17% of respondents were stressed due to the financial crisis in our study.

The limitations of this study was that the questionnaire used in this survey was not validated. The data may be biased as most respondents were educated and financially stable. The type of data generated by this survey was descriptive in nature and additionally, the correlation between different groups with the level of psychological illness was not studied. Because the survey was conducted solely in English, it only managed to reach a segment of the population who were both proficient in the language and had access to the internet. This inevitably led to a restricted sample size.

The lockdown and social distancing measures implemented during the COVID-19 pandemic had a profound impact on mental health. The isolation, uncertainty, and disruption of daily life triggered anxiety, depression, and other mental health problems for many

individuals. During the lockdown, mental health professionals had seen a significant increase in people seeking help for anxiety, depression, and other mental health issues. Mental health providers, policymakers, and communities must work together to ensure access to the care and support they need during such challenging times. In future, a larger and more diverse sample of the population, spanning all strata using validated questionnaires should be conducted.

### **Conclusion:**

The COVID-19 associated lockdown and restrictions instilled a fear of the unknown amongst the general population. People were worried about the well-being of their kins and loved ones along with the fear of contracting the disease themselves. Financial instability was a key contributor for the increasing stress and its related outcomes majorly among the groups present in the lower socioeconomic section. Prioritising people's mental health and well-being through proactive psychological therapies is crucial as we navigate this epidemic and its aftermath. Drawing on lessons learned from previous outbreaks, we can better equip ourselves to manage the long-term mental health consequences of COVID-19. By taking a holistic approach that addresses physical, economic, social, mental, emotional, psychological, spiritual, developmental, and engaging activity needs, we can ensure that individuals have the support they need to thrive in such unprecedented challenges.

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# Hot Water Epilepsy in a Pregnant Woman: A Case Report

Dr. Navneet Bidani

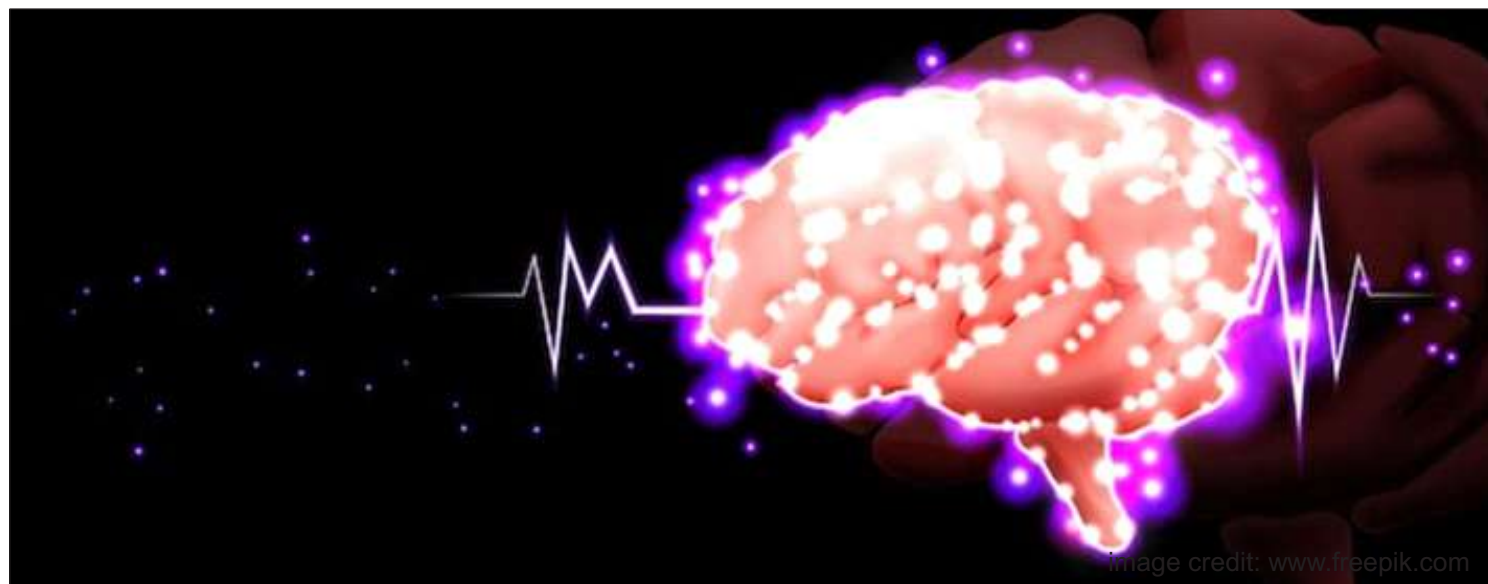
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## Abstract

Hot water epilepsy is a unique form of reflex epilepsy precipitated by the stimulus of bathing with hot water poured over the head. It is mostly seen in infants and children, with predominance in males. Unlikely, we present a 28-year-old pregnant woman with the incipient of reflex seizures triggered by pouring hot water over the head while having a bath during the gestation period and treated successfully with a constitutional homoeopathic medicine.

## 1. Case Report

A 28-year-old, three-month pregnant woman came to our clinic with the complaint of incipient seizures while having a bath by pouring hot water over the head since two months earlier. She had auras preceding her seizures. These auras were associated with feeling an epigastric sensation, staring, oral automatism, and followed by loss of consciousness. Post-ictal state was characterised by a severe throbbing headache and drowsiness. Seizures occurred twice a month and always during bathing. Till our consultation, she had four similar seizures. She had no spontaneous seizures before the onset of her reflex seizures. There was no family history of epilepsy and no past history of febrile convulsions, mental retardation, birth anoxia, or head trauma. Physical and neurological examinations were normal. Complete blood count, blood biochemistry, electrocardiography, interictal

electroencephalography (EEG), and magnetic resonance imaging also revealed normal findings.

Avoiding the seizures, short-lasting bathing with lukewarm water instead of hot water was recommended. One month follow-up, her seizures did not stop during regular bath. Hence, she was put on a homoeopathic treatment and she completely remained seizure-free in her entire pregnancy and even afterwards.

## 2. Case History

There was no significant past or family history, the only associated complaint that she mentioned was that of obstinate constipation, even with the help of laxatives, her bowels barely moved and her few stools were rock-hard.

Her mother was accompanying her and when asked about her nature she spoke, "She is dependable and responsible. She is punctual. She saves her money. But I don't think she is equipped to take care of herself." She said she do not know why she had no motivation. The very idea of choosing a career and making important life choices was "overwhelming."

When she had a busy day with lots of activities, she felt better. "I work well under pressure," she said.

Asked what was most important in her life, she said, "I haven't stopped to think about that. I don't have any idea. I guess I want everything to be calm and organized and not rushed. I want stability." She dislikes being pressured to make decisions.

Her level of disinterest was appalling. She had been vegetating—doing nothing—most of her life. She seemed literally not to care about anything. Clearly, she had been, and probably still was, depressed. But it was deeper than that. It was profound apathy. She was not at all excited about her pregnancy (or may be unable to express her joy or sorrow) even though the decision of having a pregnancy was mutual. Though I could not gather the reason behind her apathy but it was clearly visible. Her relationship with her husband is very good, he is very much caring and is quiet responsible.

Her childhood was quite good and without any significant history of any abuse or any depression.

**3. Observations:**

During the whole interview she sat at one place only without any movement. She neither moved any of her limbs nor showed any concern about the surroundings. Her speech was very slow and she talked with difficulty, saying that everything felt as though it was in slow motion, as in a dream.

**4. Repertorisation:**

I used the following rubrics:

**Radar - 10 (Murphy's Repertory)**

And the analysis that came after repertorisation was:

**Analysis**

**5. Prescription and Follow-up:**

She was given Opium 200 one dose and was asked for follow-up after 15 days. During her follow-up visit after 15

days she informed that for the first 2 days after the dose of Opium she had loose-motions but after that she again had constipation. There was no episode of epilepsy but she is feeling sleepier. There was no significant change in her mental symptoms. Sac Lac was continued for next 15 days.

During second follow-up visit she told that there was no epilepsy and her stools were better. Then she said "Dr. Will those epileptic fits would have caused any harm to the baby inside, I am worried?" This question confirmed that the prescription was right as she started showing her interest in the pregnancy; and was enjoying the joy of motherhood.

No other episode of epilepsy in the entire pregnancy and no more repetition of Opium. This is what we call, 'Wonders of Homoeopathy'. Her delivery was normal and she delivered a healthy baby boy.

**6. Discussion**

Hot water epilepsy (HWE) is a reflex epilepsy in which the seizures are provoked by contact with hot water over the head. To date, the patho-physiologic mechanism of HWE is not known clearly but apparently the thermoregulatory system, which is extremely sensitive to the rapid rise in temperature, seems to be detrimental.

HWE is mostly seen in the first decade of life, with cases more frequent among male than females (70%). However, some features of our patient such as the initiation age, gender, and additional existence of gestation were different from the literature. Because of this, our case is an unusual presentation of HWE.

The pattern of epileptic seizure which is seen in HWE consists of 67% complex partial seizure and 33% generalized tonic-clonic seizure. Interictal EEG studies are usually normal like in our case whereas ictal EEG usually shows focal epileptic activities and paroxysmal discharges characterized by secondary generalization.

HWE is known as benign and self-limited reflex epilepsy, only by avoiding hot water or long showers it may be sufficient to be seizure-free. However, approximately one-third of patients with HWE continue to have seizures even during regular baths. In these patients, a constitutional homoeopathic approach might be preferred as we did in our case.

## 7. Opium Personality

Typically opium is given to the type of person who exhibits extremes in their moods and behaviors, and these can be on either end of the spectrum. On one end is a sort of apathy towards life and a dulled sentiment towards pain in general. On the other end of the spectrum, opium is given to those who exhibit extreme hyperactivity to the extent where their sensitivity may even cause insomnia. As a result of the fact that opium may be helpful to people at both ends of the spectrum, there is a wide range of personality types that it may be helpful towards.

People may also turn to opium after extreme medical issues or life events such as recovering from a brain injury or paralysis occurring as a result of a stroke, or even those going through alcohol withdrawal or experiencing delirium. This goes to show that it is most useful in the extreme instances and therefore these make up the typical remedy profile that may very well be anything but typical in nature.

The conventional opium picture is one where one thinks of dimly lit rooms filled with fumes where people have smoked themselves into a stupor. They are only semi-conscious, are unable to stand firmly or talk coherently. They demonstrate a state of peace with great spoor and desire only to be left alone. They say that there is nothing wrong, that they are perfectly well and happy, have no pains or aches; want nothing and have no symptoms to report.

Observation reveals however that they have a high temperature, are covered with a scorching hot sweat, have a rapid pulse and are delirious. The face looks besotted, bloated, and purple; the eyes are glassy and the pupils contracted. The mind is in a state of confusion with occasional loquacity but in the main they only talk when aroused, a condition of general stupor in which the patient says nothing and does nothing prevails.

Notwithstanding the forgoing there is an alternative state of opposing symptoms which may even be present simultaneously in the same patient and includes:- mental sharpness and acuteness, intense sensitivity to pain both mental and physical, sleeplessness, inquietude, nervous excitability; anxiety, fear, fright, anger, rage, fury, propensity to jump out of bed and roll on the floor, mirth, hilarity, liveliness, diarrhoea, delirium, hallucination, spasms, convulsions, increased sensitivity to sound so that they can hear the distant sound of bells from a steeple or even the proverbial sound of a fly crawling up the wall.

An increased sensitivity can result in insomnia (sleeplessness) and narcolepsy (inability to sleep despite fatigue) with intermittent brief periods of sleep which are light, restless or easily disturbed. Hearing becomes so acute that they seem able to detect even the faint sounds of insects' movements or the crow of a cock from a great far off distance. They are sleepy but unable to sleep. The sound of their own breathing disturbs them. The bed seems so hot that they must jump out of it and roll on the floor to cool down. Breathing becomes very heavy and deep (stetorous) and may even become irregular or even momentarily stop (sleep apnea).

They also have convulsions in which the body is held in an abnormal posture with the head drawn back (opisthotonos) It usually involves rigidity and severe arching of the back, with the head thrown backward. If a person with opisthotonos lies on his or her back, only the back of the head and the heels would touch the supporting surface.

Any of these sleep conditions can pose a true disruption and even a danger to an individual's life and mental state. Opium often offers the relief that other solutions fail to provide. Taking opium in this capacity allows sleep to be regulated and continuous so that it is neither interrupted nor unusual in its occurrence.

In addition to increased sensitivity opium can benefit those sleep deprived individuals where insomnia is caused by a major life disruption, fear or trauma.

Finally for those who can't seem to get to sleep or stay asleep, opium offers an answer for a peaceful slumber. So called light sleepers who remain wide awake for a long time after going to bed with acuteness of all sensations, hearing especially; the least unusual noise will awaken and it is a long time before they can go to sleep again.

## 8. Bibliography

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# Liver Disorders and Homeopathy

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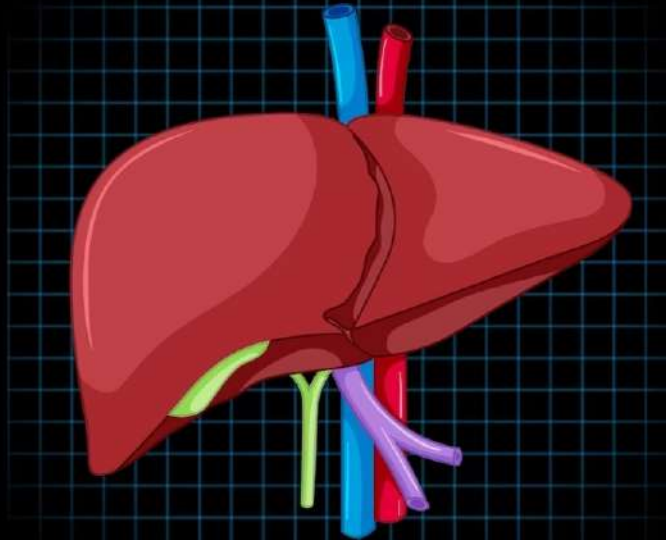


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Liver is the key part of our digestive system. It is the largest gland in our body and also one of the hardest-working organs in the body. It has a number of functions to perform. Apart from producing digestive juices and bile, it digests fats, stores glucose for future use, it is chiefly responsible for cleaning out toxins from the blood, it processes medicines, it produces proteins which help in the clotting of the blood, etc.

When the liver is not functioning properly, it can have serious health effects later because liver disease doesn't usually cause any symptoms until the damage is fairly advanced. Sometimes even with symptoms, the liver function tests come out to be normal. In Homeopathy, liver weakness is perceived through symptom patterns. We look for a nexus of symptoms coexisting to inform us of liver weakness. Even when there is no frank liver disease, we can infer the presence of liver weakness when these symptoms exist. Usually the commonest and probably earliest symptom of liver problem is indigestion. Here are 6 most obvious ways to know that the liver is weak or over taxed:

## DIGESTION

- Indigestion; gas; burping; bloating and distention
- Heartburn; bitter taste in mouth
- Frequent stomach upset

- Intolerance of fat
- Alternate diarrhoea and constipation
- Loss of appetite

## SKIN

- Jaundiced or yellow
- Itching without a rash or eruptions
- Tendency to bruise easily
- Spider naevi (small spider-shaped arteries that appear in clusters on the skin).
- Eruptions of all sorts, especially moist eruptions.

## EXTREMITIES

- Pain in right shoulder / scapula
- Swollen legs or ankles or pain in right knee / leg

## HEAD

- Headache in the morning esp. right-sided
- Headaches associated with nausea or indigestion.

## MIND

- Fear; Cowardice
- General anxiety and emotional insecurity.
- Unable to face confrontation
- Dullness; sluggishness in the morning.

## GENERALS

- Lack of energy; sudden drops of energy.
- Unrefreshed feeling in the morning
- Right-sided symptoms.

- Desire for sweets and alcohol; Intolerance of fats.
- Yellow sclera (the white part of eye)
- Frequent blocked nose with much mucous
- Dark urine
- Swollen and flabby abdomen due to fluid retention

When this complex is found in a patient, we will often find the correct constitutional remedy amongst the known liver remedies. Naturally, almost any constitutional remedy can cure a liver disorder if it is indicated in the case. The remedies listed below with their characteristic symptoms should be used only as hints toward the simillimum.

### **Therapeutics:**

The remedies for acute and chronic liver complaints can usually be found via constitutional information or via presenting symptoms. Here is the list of remedies and their characteristic symptoms in acute and in chronic liver disorders:

## **A. CHRONIC LIVER REMEDIES**

### **Lycopodium clavatum**

Liver disease with indigestion, bloating and flatus. Worse: 4-8 PM; Clothing; Touch; Fasting; After eating to satiety. Better: Warm drinks; Passing flatus. Mental: Anxiety, especially about health and profession. Dictatorial or controlling. Excessively sensitive or timid.

### **Chelidonium majus**

Any form of liver or gallbladder disease with marked pain. Right upper quadrant pain radiating to the right scapula. Worse from 4 AM (until 9 AM). Evening. Fats. Indignation. Better: Warm drinks. Heat. Eating. Lying left side with legs drawn up. Liver enlarged, vertically. Cirrhosis. Mentals: Nearly always irritable with the discomfort. Domineering.

### **Carduus marianus**

Inflamed liver, especially the left lobe, nearest the stomach. Worse lying on the left side; Center and tip of tongue is white but red about the edges. Characteristic of CARD-M. in chronic liver problems is the development of varicos veins on the legs as a result of obstruction of the portal system. These varices easily develop into ulcers and edema. If chronic hepatitis is associated with asthma the first choice remedy is CARD-M.

### **China officinalis**

Chronic or acute hepatitis with tremendous distension and bloating. Intolerant of any clothing. Anemia associated with liver disease. H/o fever (or malaria) or use of quinine. Liver: Enlarged liver, especially if accompanied by enlarged spleen. It is also indicated in gall stones. The abdominal complaints of CHIN patients are aggravated by eating fruits. The symptomatic picture of CHIN. partly resembles NUX-V. because of the irritability, partly LYC. and CHEL. because of the abdominal problems, and partly NAT-M. because of the sensitivity.

### **Magnesium muriaticum**

Liver weakness, hepatitis with fatigue and depression. Hepatitis of children. Liver diseases after parents' divorce. Pain felt in the right hypochondrium and usually extends to the back. Pressing pain in the liver < by being touched and relieved by lying on the side of the liver. During acute inflammation cannot lie on left side. During chronic complaints prefers to lie on left side. As a result of liver problems, MAG-M. can wake up totally unrefreshed in the morning. The liver problems can be associated with stubborn constipation. In MAG-M., all the complaints are aggravated from drinking milk and by sea air or sea water.

### **Natrium sulphuricum**

Acute and chronic hepatitis with severe nausea and bilious headache accompanied by vomiting. Sclerosing cholangitis in patients with inflammatory bowel disease. Jaundice, especially if accompanied by diarrhea. Asthma and hepatitis as concomitants. Depression, even suicidal thoughts. Ailments after grief.

### **Nux vomica**

Liver disease with fatigue, indigestion and mental strain. Diarrhea alternating with constipation with jaundice. Liver disease after frustrated ambition, anger, exhaustion. Irritability with liver disease.

### **Phosphorus**

Enlarged or inflamed liver; Fatty liver; Atrophy of liver; Cirrhosis; Chronic hepatitis; especially acute hepatitis with much vomiting. Hepatitis after exposure to toxins and solvents; liver disease after general anesthesia. Vomits liquid once it becomes warm in the stomach.

### **Sulphur**

Chronic hepatitis with jaundice, diarrhea and congested veins. Worse 11 AM. Diarrhea, worse in the morning, with jaundice. Mental: Much anxiety about the health.

### **Pulsatilla pratensis**

Chronic liver disease with marked indigestion. Intolerance for all fats and rich food.

### **Sepia officinalis**

Chronic hepatitis with weariness and drained feeling. Liver disease from suppressed vaginal discharge. Apathy and depression. Irritable with family.

### **Calcarea carbonica**

Chronic hepatitis and advanced liver disease with great fatigue. Ascites from atrophy of the liver. Cirrhosis.

### **Carbo vegetabilis**

Liver disease with horrible bloating and eructations. Unable to lie flat. Characteristic is that the pressure in the abdomen makes breathing difficult. This abdominal pressure is typically caused by flatulence, but can also be caused by swelling of the liver as a result of cancer or cirrhosis and because of ascites fluid in the abdomen. In

CARB-V., we commonly find the combination weakness + coldness + perspiration + the well-known desire for fresh air.

### **Cocculus indicus**

Hepatitis with nausea and faintness. Severe nausea from the thought or odor of food.

Worse: 12 AM. Painful distension of the abdomen. If there is a LYC. picture only around midnight, it could be COCC.

## **A. ACUTE LIVER REMEDIES**

In acute Liver affections or severe pathology, it is important to look for the remedy that fits best in with the acute symptoms. Terminal patients may need several remedies one after the other. The choice will depend on the intensity of suffering and on the changing symptoms.

### **Aceticum acidum**

These patients are terminally ill with ascites, extreme thirst and a pale face (possibly after surgery and anaesthesia). Ascites combined with severe anemia and debility. Characteristic of ACET-AC. is that they can't possibly lie on their back; they prefer lying on the abdomen, even with ascites.

### **Aesculus hippocastanum**

Congestion and swelling of the liver. Constipation from portal stasis and haemorrhoids.

### **Apis mellifica**

In liver disorders, APIS. is useful for both acute and chronic follow-up. Thirstlessness is this remedy's most characteristic symptom. It is associated with the swelling, oedema, ascites, or renal insufficiency. Usually, APIS. is warm blooded, feels hot, likes to uncover and prefers cold applications.

### **Apocynum cannabinum**

In cases of terminal liver disease, ascites and thirst (opp. Apis) and usually associated with haemorrhoids which are so painful that the patient can't sleep. Other indications for APOC. are ascites from cirrhosis of the liver in acute or chronic alcoholism; heart failure with hydrothorax; after hysterectomy for uterine cancer, when the patient develops ascites, oedema or haemorrhoids; amenorrhea with oedema; ascites with diarrhea; in renal insufficiency or nephrotic syndrome. Ascites or even anasarca in end-stage cirrhosis. Typically, the patient is rather chilly.

### **Aurum metallicum**

Cirrhosis and liver atrophy. Alcoholic liver disease.

### **Belladonna**

Rapid onset of hepatitis with high fever and red face.

### **Lactuca virosa**

Used in cases of end-stage liver disease with ascites. Tympanitic abdomen with loud rumbling.

### **Leptandra virginica**

Gastrointestinal bleeding associated with chronic liver disease. Disturbed menses with liver disease.

Liver: Swollen transversely. Cirrhosis.

### **Mercurius solubilis**

Liver swollen with intestinal weakness and diarrhea.

Worse: Lying on right side.

### **Myrica cerifera**

A specific liver remedy with much mucus secretion. Liver pains extending to either scapula.

Combined liver and heart disease.

### **Nitricum acidum**

Liver hugely swollen with stitching or stabbing pains. Chronic diarrhea and weakness. Intensely dark, scanty and offensive urine. Hepatitis with intermittent fever.

### **Podophyllum peltatum**

Acute or less often chronic hepatitis with horrible diarrhea and flatulence. Constant desire to rub the liver. Worse 5 AM or 7 AM. Loquacity during fever.

### **Ptelea trifoliata**

PTEL. is a very useful remedy, both in acute and in chronic hepatitis, where lying on the left side is impossible and the patient prefers lying on the right side. Hepatitis with heaviness and dragging sensation in the liver. Pain lying on the left side - hanging down sensation. The most characteristic symptom of PTEL. is that the complaints are ameliorated by sour things. During acute hepatitis, they can't eat or drink anything but acid drinks like certain lemonades. Lemons can relieve both the swollen abdomen and the liver pain. In hepatitis, they can also have pain in the extremities and most striking symptom is the chronic waking around 2 a.m. They can have urticaria with liver disease.

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# Phoenix Rising The Hahnemannian Gleanings

Dr Sudhanshu Arya – Managing Editor

I don't know how many of you are conversant with the story of the phoenix, the mythological bird that rises again from its ashes. With this issue of the Rational Physicians I can see and feel the story come alive before my eyes.

It must have been the early part of 1987 when I received some amount of money from Kolkata by the postman. I was shocked and disappointed to know that the publication of my favourite journal the Hahnemannian Gleanings had come to an end. In those days homoeopathic journals were scarce and this was the best. It was like losing a very precious and vital connection to the world of homoeopathy. 4 decades later, looking back at those awesome articles I feel the publishers were right when they said they are going to stop publication of this prestigious journal due to lack of quality articles.

As doctors our lives are embroiled with events of life and death everyday but how many times in our life do we come across with the revival and resurrection of dead? I feel happy and privileged to witness one such event in the revival of great homoeopathic journal the Hahnemannian Gleanings. Through the sheer wisdom and foresight of our president of honour Padmashri Dr V K Gupta ji and magnanimity of Dr D S Bhar, the managing director of the Hahnemann Publishing Company, Kolkata we are able to revive the old articles published in the above mentioned journal for the benefit of homeopathy. I feel this treasure trove of homoeopathic brilliance should not remain practically inaccessible in libraries but through the digital democracy of Internet should become source of information and inspiration to millions of people associated with homeopathy including homoeopaths.

I am sharing here the last editorial published in the December 1986 issue of the Hahnemannian Gleanings and it still seems relevant and inspiring even after 4 decades. It raised a question that is still not answered fully. We may have done so brilliantly as homeopaths in this recent pandemic of COVID-19 but there is a long way to go as far as homoeopathic prophylaxis is concerned. The inspiring stories of wisdom and success of homoeopathic prophylaxis are still not part of our text books of Preventive and Social Medicine. How many of our students know that the wisdom of Hahnemann gave remarkable results as prophylactic in cases of Asiatic Cholera. The endeavours and achievements of our own Dr Shastri in the cases of Encephalitis have remained unsung so far. Is there any proposal to include the story of Arsenic vs COVID-19 in the annals of preventive medicine? I understand the Vaccine industry will have an upper hand in the official circles through their strong propaganda and media support but are we presenting our case strongly enough to be heard and registered above this din?

# PROPHYLAXIS AND HOMOEOPATHY



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## The Hahnemannian Gleanings December 1986 Issue - Editorial by Dr K P Muzumdar

From a very early period of its history many workers in the field of medicine occupied themselves in search of absolute preventive medicine against disease.

One of the most successful and noted of them was Jenner (1798) who introduced vaccination as prophylactic against smallpox. The suggestion of Dr. Mason Gord for prevention of hydrophobia is well known. He observed that the dogs which suffered from distemper did not become rabid. So, he proposed that a person bitten by a rabid dog should be inoculated with the morbid discharge from the nose of a dog suffering from distemper. There has, however, not been much headway in the so-called modern medicine in respect of prophylactic treatment except by way of vaccination and inoculation.

The search for a medicinal prophylactic is almost exclusively limited to homoeopathy. The reason is that the principles of homoeopathic therapeutics embrace the science of analogy and the rules that guide a homoeopath in the selection of a remedy also lead him to discover a prophylactic.

Hahnemann was the first to discover the prophylactic property of a homoeopathic medicine. The efficacy and prophylactic virtue of Belladonna in scarlet fever are well known. It may be argued that it bears resemblance to the protective power of vaccinia of Jenner against smallpox. But Hahnemann used a Posteriori reasoning deduced from the observed facts in the use of



Belladonna while Jenner used a priori reasoning in the use of vaccinia.

Many workers contemporary to Hahnemann like Bock, Kramer, Hufeland, Wolf and others experimented with the discovery of Hahnemann and were fully satisfied with the results. The only other disease for which Hahnemann attempted to find out a prophylactic was Asiatic cholera. During the epidemic of Asiatic cholera in Europe he first recommended Cuprum met. 30 once a week. Later he advised Cuprum met. and Veratrum alb. alternately.

Hering (1830) suggested that the prevention of diseases might be found in their own morbid products. However, he did not put his idea to the test of experiments.

The subject of prophylaxis has not yet been sufficiently developed. If preventives on homoeopathic principles can be discovered for scarlatina and cholera, medicinal preventives for other diseases seem to be feasible on the same principles.

Many authorities have suggested preventive medicines for certain conditions based upon their personal experiences; but they have not been proved by controlled studies or statistics. Many homoeopaths follow the authorities with seeming success. Allan Sutherland also says that the efficacy of the suggested preventive medicines may be accepted even if they were not proved.

We, however, feel that controlled studies of preventive medicines should be conducted so that they can be used effectively and widely. Our government is spending crores of rupees for vaccines, yet they are in short supply. Homoeopathic prophylactics are sure to be cheaper than the vaccines. Why not the Central Council for Research in Homoeopathy explore the possibilities and conduct trials? It will be worth trying.



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# SHORT BIOGRAPHY ABOUT DR. BABU RAJENDRALAL DUTT

## I LOVE HOMEOPATHY



**Dr Babu rajendra Lal Dutt (1818-1889)**

Brought homeopathy in to light by curing dignitaries like  
pandit ishwar chandra vidhyasagar, raja sir radhakanta dev and many others.

Dr. Babu Rajendra Lal Dutt is a famous Indian homeopath from Calcutta. He was born in 1818 in the famous “Dutt” family of Wellington Square, Calcutta. Babu Rajendra Lal Dutt may be called “the father of Indian Homeopathy”. This immensely talented honest businessman came out highly successful in his trade and spent the benefit of it in various philanthropic works and homeopathy.

His clinical trials with homeopathic medicines have influenced many homeopaths all over the world. Dr. Babu Rajendra Lal Dutt invited Dr. Tonnere to Calcutta and helped him in establishing his practice at Calcutta. He played an important role in the establishment of the native homeopathic hospital and free dispensary. Because of some reasons, this dispensary did not run properly, hence Rajendra babu took up the task of practicing homeopathy himself, and proved his skill of prescribing.

The development of homeopathy in India started during this period. It was he who brought homeopathy into high esteem by curing celebrities like Pandit Ishwar Chandra Vidyasagar, Raja Sir Radhakanta Dev, and many noted personalities. Vidyasagar was suffering from a chronic disease which the allopaths could not improve a bit. But under the treatment of Rajenbabu, he recovered totally.

Rajendra Lal Dutt successfully cured many cases recommended by Vidyasagar. This, in turn, influenced Vidyasagar very much and he became an ardent follower of homeopathy. Rajendra babu was much successful in his homeopathic practice.

In the year 1863, he treated his relative of the royal family by the name Raja Sir Radha Kanta Bahadur. He was suffering from traumatic gangrene of the foot. At the request of the royal relative Rajendra, babu took on the task of curing him and within a few months of his treatment, Raja recovered from his illness in an impressive manner.

Rajendra Babu, as he is famously known by the general public, played a pivotal role in the conversion of Dr. Sarkar to homeopathy. Dr. Babu Rajendra Lal Dutt convinced Dr. Mahendra Lal Sarkar to investigate the homeopathic system. It is said that Rajendra babu was the neighbor of Dr. Sarkar and many cases that were termed as incurable by many leading allopathic practitioners as well as Sarkar, were cured and improved by Rajendra babu.

One friend of Dr. Sarkar handed over a copy of Morgan's philosophy of homeopathy to him and asked him to scrutinize the truth about the homeopathic system. Being a practical person Sarkar decided to find out the effectiveness of the homeopathic system with his clinical trials. He did them under the guidelines of Rajendra babu.

Dr. Sarkar was totally convinced and astonished by the efficacy of the homeopathic medicines in such cases where allopathic medicines could do nothing. Totally convinced by the beauty of the system of Hahnemann, Sarkar went through the entire homeopathic literature and converted to homeopathy.

Rajendra babu expired at the age of 71 years on June 5, 1889, leaving homeopathy in Bengal, on a firm, sound, and wide footing.

# Puzzle

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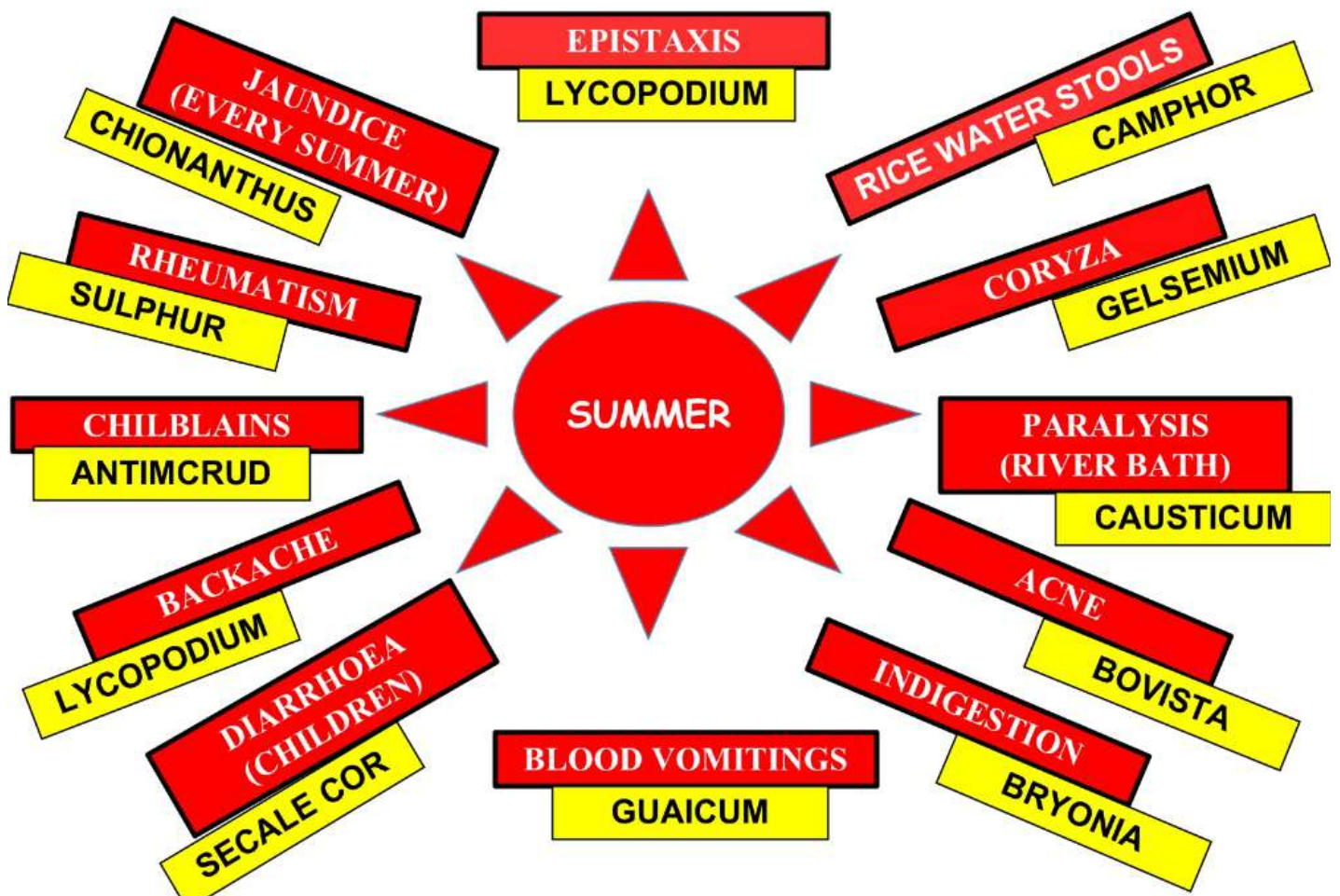
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Due to health issues

Dr Kaumudi A Padmamala was unable to contribute to the Puzzle.

## Keys to the Last Puzzle





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# Join Indian Institute of Homoeopathic Physicians

## APPLICATION FORM FOR LIFE MEMBERSHIP

To

The National Secretary General

Indian Institute of Homoeopathic Physicians

Dear Sir,

I would like to join in IIHP as a Life Member. I am here with furnishing my details for your perusal.

Name of the Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_ Regn. No. \_\_\_\_\_

Name of the Board / Registering Council \_\_\_\_\_

Name of the College \_\_\_\_\_

Mailing Address with PIN Code \_\_\_\_\_

Contact details : Land Line \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Introduced by : Dr. \_\_\_\_\_ Place \_\_\_\_\_

I am here with enclosing the Membership fees of Rs. 3000/- (Rupees Three Thousand only) by Cash / DD/ Cheque / Bank transfer towards Life Membership fees. All the cheques & DD's must be drawn in the name of "Indian Institute of Homoeopathic Physicians", payable at Nagpur

### IIHP Account details

Name of the Account : Indian Institute of Homoeopathic Physicians

Account Number : 34824686375 : IFSC Code: SBIN0009060 : Bank : State Bank of India

Branch : Coal Estate, Civil lines, Nagpur, Maharashtra

I here by undertake to abide by the Bye-laws, rules and regulations of IIHP

Signature of the Applicant

Signature of the introducer : \_\_\_\_\_

Date : \_\_\_\_\_

## READ MORE

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<http://iihp.in/membership.html>

**Why Join IIHP**

<http://iihp.in/why-join-iihp.html>

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