



RATIONAL PHYSICIANS

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



1 Jan 1800 to 23 July 1880
Remembering
Dr Constantine Hering,
Father of Homoeopathy in USA

**STUDENTS OF HOMOEOPATHY
IIHP IS WORKING FOR YOU**

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- HOMOEOPATHY IN PCOD CASE
- PSEUDOCHRONIC DISEASE

- DR SOHAN SINGH: A REMINISCENCE
- LAW OF SIMILIA FROM INDIA

- BRONCHITIS: CLINICAL TRIAL
- FLAMBOYANT YOUNG GIRL

THIS IS
THE SIGN
YOU'VE BEEN
LOOKING FOR



JOIN THE INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

IIHP : The Professional Association of the Institutionally Qualified Homoeopaths

www.iihp.in

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KEY NOTES The Editorial

Dr Sudhanshu Arya
Managing Editor
homoeospan@yahoo.com

The first part of the winter is over and we have seen so many seminars and events take place in homoeopathy but more is yet to come in the remaining part of the winter. You can read about what has happened and participate in what is going to happen through our news and events pages.

In this issue under Phoenix Rising section we have an article by Dr Bhatia on rare remedies which in essence is his experience with sarcodes. I wonder despite being in existence for so many years why these medicines are remaining rare, for the lack of information or some other reason? There is a small book on sarcodes by Dr L M Khan but by and large these remain RARE medicines From Julion to Dasgupa to Nayak we have progressed inches only. More than animal sarcodes there is an unexplored world of plant sarcodes – nearly the entire materia medica of modern medicine.

IIHP is doing so much for the entire cross section of the homoeopathic community but I feel there so much more to be done. We are doing wonderful things for the students, for the clinicians and also researchers. Recently we saw 3 state seminars being organized under the banner of IIHP. The seminars in AP, MP and UP were organized in last 3 months and now another one is coming up at Hyderabad. It is a 2 days event and no one is supposed to miss it. Looking at the speakers and audiences I am happy that IIHP could provide an effective platform for clinicians and researchers to share their findings and new techniques through our seminars spreading the advances in the working of homoeopaths to a wider audience. The participation of students in these seminars is very encouraging but there is an urgent need to change the way students are being inducted into homoeopathy else due to lack of students lot of colleges are going to shut down.

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

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RATIONAL PHYSICIANS

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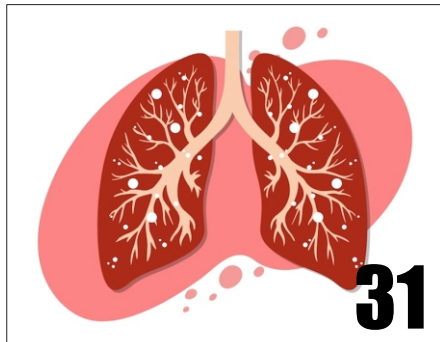
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Dedicated to Homoeopathy, Every Day

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Health through Homoeopathy

**10 & 11
FEBRUARY 2024
HYDERABAD**

National Homoeopathic Scientific
SEMINAR

BY

Indian Institute of Homoeopathic Physicians

www.iihp.in

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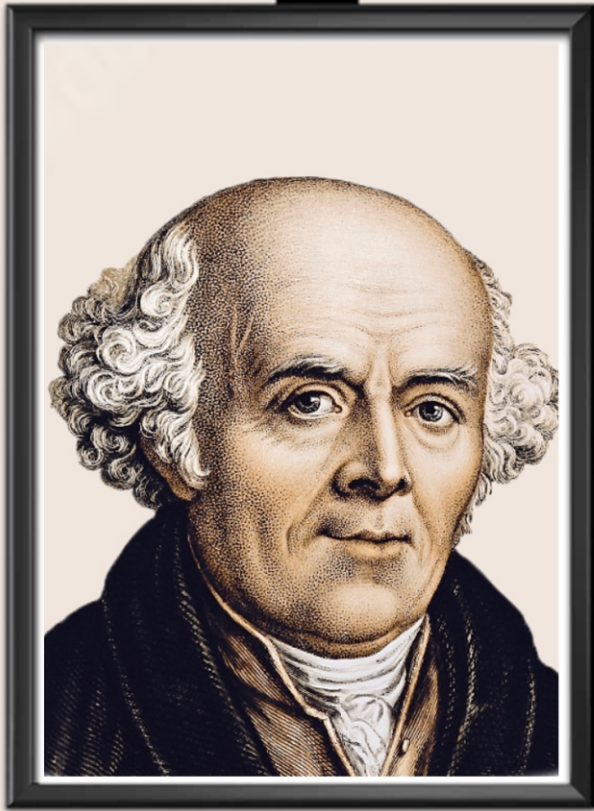
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Dr Madhu Varanasi

9966044111

Happy Marriage Anniversary

January 18th, 1835



Dr Samuel Hahnemann



Marie Melanie d'Hervilly





From the Desk of National President

True Practitioner of the Healing Art

Dear friends,
Greetings from IIHP!

I was thinking this time that, I should discuss about the True Practitioner of the Healing Art. As we all know that Homoeopathic system of medicine is getting popularity among the masses day by day in a very speedy way. We all have witnessed about it in the days of COVID pandemic, as how our beautiful Arsenic album has taken due care of humanity in those days.

Did you ever think that why only few of the homoeopaths are more successful and others are not? Why there are few homoeopaths about whom we say that if they prescribe for a patient, the patient will be better (of course it depends upon many factors also). It means they are true Practitioners of the healing art. Now who is a true practitioner? How one can be a True Practitioner? The answer to this question is given in the following details:

I. To prescribe for a patient suffering from any disease, the physician has to clearly perceive as to what is to be cured in the disease, that is to say, in every individual case of disease. It means, the knowledge of that particular disease is ought to be known by the physician. Though we do not prescribe for the nosological diagnosis but even then disease knowledge is of a great help in the following manner:

- It helps to classify the disease, if it is acute, chronic, iatrogenic etc. it gives an idea to approach the patient judiciously and to make a case taking format in the mind of the the physician.
- It also gives an idea about the disease, if it is curable or manageable. It helps to make the strategy as to whether one should opt a curative approach or palliative approach for the patient.
- If we know the common symptoms of the disease, we can differentiate the uncommon symptoms of the patient suffering from that particular disease. We need PQRS symptoms for the prescription.
- From the pathophysiology of the disease we can understand the real damage of the patient, which in many cases helps us to understand the underlying miasm also.
- It also helps to assess the susceptibility of the patient and therefore to select the potency of the indicated medicine.
- It also gives an idea about the prognosis of the patient.

So just knowledge of disease is so helpful. Diseases are our enemies, if we know the strength of our enemy we can fight with him with more strength and power.

After getting the detailed information from the patient, one makes the totality of the symptoms for prescription, as to what is to be cured in the disease.

II. Now, after knowing the disease, the physician should be well acquainted with the medicinal knowledge. He should be well versed with the pure symptoms produced by the medicines, on the provers. To know this, one should study the basic and authenticated *Materia Medica* first, before reading those in which the symptoms from the provers are missing and are written hypothetically. If the symptom of any medicine is tested and trusted, then that is the real gold coin and one should use that for the selection of our medicine. It will never deceive the physician.

III. Many a times it is not easily possible to memorise the symptoms of the medicines, so one should consult the repertory. But here I would like to warn the reader at two points:

- Many of the rubrics especially in the modern repertories are from doubtful origin. So beware of those rubrics. Before using them kindly check the source of them, as to who has added them in the repertory.
- Please for God sake do not interpret the rubrics of mind in a metaphoric way. That has no place in homoeopathy. There are many so called even the teachers also, who interpret the meanings of the rubric in their own-way, which has no base or detail in our basic *Materia Medica*.

IV. After selecting the medicine, one should know about the proper dose of the medicine, i.e. the selection of the potency. Regarding this Hahnemann has given instructions in the 6th edition of *Organon* in various aphorisms especially aphorism 246. He has advised us strongly the use of 50 Millesimal Potencies to avoid the undue aggravations of the patient's complaints. Not only that one can cut short the duration of the treatment by one half, one quarter, and even still less, also, after prescribing these potencies.

He says in the footnote to the aphorism no. 246, "What I said in the fifth edition of the *Organon*, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all that the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new altered but perfected method...."

Regarding the repetition of the medicine he says, "The same carefully selected medicine may now be given daily and for months, if necessary in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in the same way to higher degrees, (beginning according to the new dynamization method, taught herewith with the use of the lowest degrees)"

V. Finally a physician should know the obstacles in the way of recovery. These obstacles can be emotional issues, dietetic issues and many issues regarding the aggravating modalities etc. He should clearly note down and remove them so that the restoration may be permanent.

The physician who knows the above mentioned points i.e. I, II, III, IV and V, then he understands how to treat judiciously and rationally, and he is a true practitioner of the healing art.

Dear reader! As you are aware of the forth coming National Homoeopathic Scientific Seminar in Hyderabad, on 10-11 February, 2023, which is being organised by IIHP, so I strongly recommend you all especially the students and neophytes to please join us there to learn from the successful practitioners--- the practice of Homoeopathy.

Dr. Tanvir Hussain
National President IIHP
M.D. (M.M), M.D. (Organon of Medicine), M.D. (Repertory), Ph.D.
Dr. Tanvir's Homoeopathic Cancer Care Centre, Malerkotla, Punjab, India.

NEWS & UPCOMING EVENTS



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The month of September saw IHPians celebrate the birthday of its founder Dr K G Saxena in a big way all over India. Come October and the beginning of winters saw a lot of activity on the homoeopathic educational front with several seminars and CMEs taking place, at times simultaneously, in different parts of the country.

8th October 2023 Hyderabad - CME by IIHP Greater Hyderabad with Aster Prime Hospital



IIHP GREATER HYDERABAD chapter, conducted CME program on 8th at tourist plaza in association with aster prime hospitals - Report by Dr.Madhu Varanasi, President Greater Hyderabad chapter.

8th October 2023 Warangal - CME by IIHP Orugallu with Orugallu Homoeopathic Medical Association



IIHP Telangana state had Orugallu CME programs on date 8/10/2023 conducted by Orugallu team and in association with IIHP promoted by Dr M N Raju IIHP president Telangana state and his team.



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29th October 2023 Delhi - Medical Camp at Khirki Village by IIHP Delhi State Branch



A free homoeopathic medical camp was organized by the IIHP Delhi state branch at village Khirki in Malviya Nagar of New Delhi on 29th October. More than 120 patients were taken care of through a group of some 8 doctors headed by stalwart Prof Dr Vijay Chauhan. Officials of IIHP including Dr Geeta Mongia graced the occasion.

29th October Bhopal - IIHP MP State Seminar



Prof Dr M K Gupta joined IIHP around 2017 and since then has been relentlessly working for the establishment and spread of IIHP in Madhya Pradesh. Under his able guidance IIHP MP State unit organized a one day seminar at Bhopal on 29th October 2023. The kind of effort put in by the state unit is evident in the words of speaker Dr Mukhtinder Singh who found this seminar and its management of the international level. President Dr Narendra Pathak and his team deserve full marks for its organization.

NEWS & UPCOMING EVENTS



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29th October Chandigarh - Webinar with Prof Dr V K Chauhan

IIHP CHANDIGARH STATE BRANCH

Honouring the Vision of our National leadership
under Dr M A Rao Sir and Dr Tanvir Hussain

(F O L L O W I N G N A T I O N A L
M I S S I O N P R O G R A M M E)

Under its project "Webinar a month "

PRESENTS
FREE WEBINAR
TOPIC

"Phobic Disorders Of Children From Homoeopathic
Perspective "

DATE 29/10/2023
DAY SUNDAY
TIME -4.30 -5.30 PM

SPEAKER
DR.VK CHAUHAN
BHMS, MD (REPERTORY)
Renowned International
Speaker & Author

RSVP
DR KAVITA MITRA
PRESIDENT
9316136365
DR POONAM SHARMA
GENERAL SECY
9815478140

DR BS CHANDOK
NATIONAL ADVISOR
DRRAJNEESH GUPTA
NATIONAL SECY

ZOOM LINK WILL BE SHARED IN DUE COURSE

IIHP Chandigarh branch organized a webinar with Prof Dr V K Chauhan on 29th October on the topic 'Phobic Disorders of Children from Homoeopathic Perspective'. This was received by the audience very well.

NEWS & UPCOMING EVENTS



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5th Nov 2023 WWW - IIHP & OHMA Webinar with Dr Zameer F Refai



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



INTERNATIONAL WEBINAR

**On Sunday the 5th November 2023
from 7.30 pm to 9.30 pm (India
time)**

Topic

**UNLOCKING THE POWER OF HOMEOPATHY:
EXPLORING A HOLISTIC APPROACH
FOR PSYCHIATRIC ILLNESSES THROUGH
MATERIA MEDICA.**

Speaker



**Prof. (Dr.) Zameer F. Refai
M.D. (Hom); Ph.D. (Malaysia)**

Head of Department of Practice of Medicine
Faculty of Homeopathy
P. P. Savani University.

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

Prof Dr Zameer R Refai is a popular speaker Hits topic 'Unlocking the Power of Homoeopathy : Exploring a Holistic Approach for Psychiatric Illnesses through Materia Medica' was an unconventional topic but he gathered much appreciation for it. This webinar was organised jointly by IIHP and OHMA. Prof Dr Bhupinder Sharma moderated the show.



5th November 2023 Vijaywada - A P State Seminar



IIHP, AP state branch organised a state level seminar at Hotel Ilapuram, Vijayawada on 5th November, 2023. Dr VK Pankajakshan, state president presided. Organizing chairman Dr KRK Prabhakara Murty humbly welcomed the guests and delegates. Organizing secretary Dr Bhaskar presented the memorandum to state government through the AYUSH Commissioner of state. National vice president Dr K S Sivamurthy, Past presidents Dr Subba Rao, Dr Ramana Rao, hosting district president Dr Radharani, graced the inaugural season.

In the scientific sessions that followed, chaired by past president Dr Ramana Rao, the guest speaker from Bangalore Dr BD Patel, dealt with 1) Multi-dimensional approach to simillimum, 2) uncommon use of common remedies, 3) PCOD aggressive than cancer, in three lengthy sessions to the satisfaction of all the assembled. Other speakers within AP state, 1) Dr SKM Sastry elaborated on Nosodes. 2) Dr KS Sairam of Sullurpet, narrated his successful experiences in his rural Homoeo practice. 3) Dr BS Mohan of Amalapuram, dealt with 'Commanding Trust Of Patients In Digital Era' very nicely. 4) Dr Narendranadh of Guntur explained about 'Magic in case taking- key to miraculous cures' very fluently. Later a quiz programme was organized by host Dr KRK PRABHAKARAMURTY, in his inimitable style.

Seminar concluded with a rich vote of thanks by org secretary Dr Bhaskar Rao.

NEWS & UPCOMING EVENTS



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19th Nov 2023 Ludhiana – Punjab State Seminar



This seminar on 19th November is a show case of women power in IIHP. President IIHP Punjab State Dr Gurpreet Kaur and Secretary Dr Yadvinder Vasudeva who got elected only recently showcased their enthusiasm and prowess by organizing a one day seminar in the loving memory of Late Dr Ramakant Jagpal. The seminar was addressed by learned speakers Dr Tanvir Hussain and Dr H S Matharoo.

25th November 2023 – Hyderabad – Release of IIHP February National Seminar Brochure



NEWS & UPCOMING EVENTS



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NEWS & UPCOMING EVENTS



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Generally IIHP programmes are held on Sundays but this time it was Saturday to work in tandem with the medical colleges the IIHP team comprising of Former President and current International Coordinator Dr M A Rao along with Secretary General Dr Sudhanshu Arya, National Finance Secretary Dr Mahesh Pagadala, IIHP President Greater Hyderabad Dr Madhu Varanasi, Secretary Dr Satish Krishna, Treasurer Noman Siddiqui, Dr Prakash M Rao, Dr R V Gayathri and others visited several medical colleges to release the brochure of, and to invite them to, the forthcoming National seminar in February 2024 at Hyderabad

26th November 2023 – Delhi – CME by IIHP Delhi with Dr Himanshu Shekhar Tiwary



It was a programme organized by the Delhi state branch of IIHP in association with Dr Himanshu Shekhar Tiwary which turned out to be a very enlightening presentation on the Unknown history of Homeopathy.

NEWS & UPCOMING EVENTS



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26th November 2023 – WWW – Webinar by IIHP Chandigarh State Branch



IIHP CHANDIGARH STATE BRANCH

Honouring the Vision of our National leadership
under Dr M A Rao Sir and Dr Tanvir Hussain

(FOLLOWING NATIONAL
MISSION PROGRAMME)

Under its project "Webinar a Month"

PRESENTS
FREE WEBINAR
TOPIC

" ABDOMINAL PAIN TYPES AND IT'S MANAGEMENT "

**DATE 26/11/2023
DAY SUNDAY
TIME -4.30 -5.30 PM**

SPEAKER

DR. ASHA CHOWDHRY,
DELHI STATE AWARDEE
RETIRED PRINCIPAL
DR B R SUR HOMEOPATHIC
MEDICAL COLLEGE
PURSUING PHD

RSVP
DR KAVITA MITRA ROY
PRESIDENT
9316136365
DR POONAM SHARMA
GENERAL SECY
9815478140

DR BS CHANDOK
NATIONAL ADVISOR
DRRAJNEESH GUPTA
NATIONAL JT. SECY

ZOOM LINK WILL BE SHARED IN DUE COURSE

Dr Asha Chowdhary is a Delhi State Awardee Rtd Principal of Dr B R Sur Homoeopathic medical College who was the speaker of the webinar held on 29th November 2023 organized by the Chandigarh State Branch of IIHP. She spoke on the Abdominal Pain Types and its Management.

NEWS & UPCOMING EVENTS



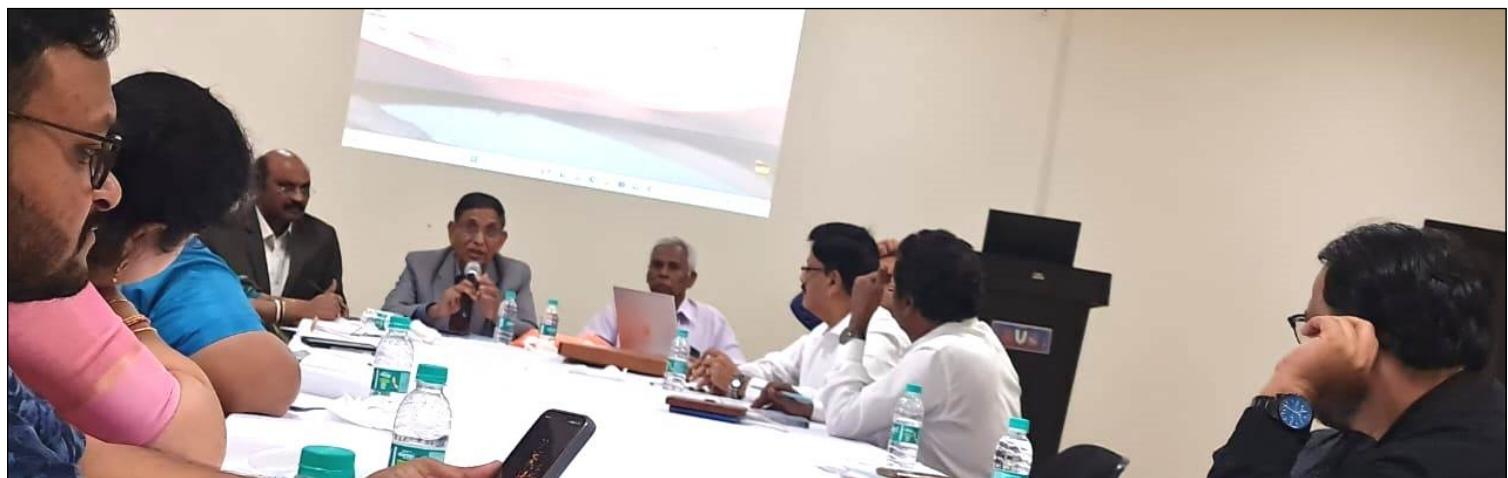
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26th November 2023 – Viskhapatnam – CME by IIHP Visakhapatnam

<p>Indian Institute Of Homoeopathic Physicians VISAKHA DISTRICT</p> <p>CME programme Sun 26th Nov'23 at 3pm</p> <p>BAI hall, 4th floor Hotel Tycoon Building, VIP Road Siripuram, Vizag</p>	<p>Topic: Post Covid Scenario - Our Speakers</p> <p>Dr B S Venkateswara Rao : My 3 favourite remedies</p> <p>Dr S Murali Krishna : Black fungus case</p> <p>Dr K Radhika : Vertigo case</p> <p>Dr S Ananda Rao : A case experience</p> <p>Dr G Rajendra Prasad : Respiratory Cases</p>	<p>Our Beloved Friend & IIHP Life Member</p> <p>Dr CHAKRAVARTHY Memorial QUIZ</p> <p>quiz masters Dr P Durga Devi Dr G Rajendra Prasad</p> <p>Dr M O S K Chakravarthy</p> <p>Please Participate</p> <p>Dr V Hema Latha cme convenor Dr P Raghavendra Rao President Dr Raja Srikanth Secretary Dr M Siva Kanthi Vice President Dr S Sudhakar Treasurer Dr B Sree Likhitha Ladies Representative Joint Secretaries Dr R Narmada Manasa Dr Ch Chandini Sree Dr V S Lakshmi pathi Raju Dr B V Abhilash</p>
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As part of National IIHP Mission programme, a one day CME was organised by IIHP Visakhapatnam specially for the benefit of the students of Maharaja Institute of Homoeopathic Sciences, Vizianagaram. AP state - Homoeo medical College students are attending these CME scientific sessions regularly organized by IIHP. Dr G Rajendra Prasad, Jt Sec South zone has been instrumental in organizing these events.

25th November 2023 - CEC Meeting at Hyderabad



A CEC meeting was organised at the JIMS premises. National President Dr Tanvir Hussain, interacted on line, with CEC members & Invitees because despite his best effort he could not make it to Hyderabad due to farmers unrest in Punjab. Dr M A Rao, Chief Advisor addressed & interacted with the members, about CEC matters & about upcoming National Scientific Seminar to be held on 10 & 11th Feb-2024 at Hyderabad.

NEWS & UPCOMING EVENTS




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10th Dec 2023 Agra – UP State Seminar



Right after his election to the post of the Joint Secretary Central Zone, Dr Rajendra Singh Tomar has been working for a state seminar at Agra and his determination made it happen on 10th December the very same year only. Dr Tomar as organizing chairman and his team of IIHP Agra contributed to the success of this event immensely along with his alma mater Vasundhara Raje Homoeopathic Medical College, Gwalior. Dr Tomar was instrumental in organizing a seminar in 2021 too at Agra. His rise in the homoeopathic world led to it being recognized by the very college that introduced him to homoeopathy. Dr R S Tomar and Dr Sudhanshu Arya both are alumni of the same college and both of them were awarded 'High Achiever' award by the management of the Vasundhara Raje Homoeopathic Medical College Gwalior. Among the learned speakers Dr Tanvir Hussain presented a case of acute renal failure where Creatinine level of the patient came down to normal from 10.48, only with Homoeopathy (without dialysis), Dr Muktinder Singh spoke about problems of the obedient children, Dr Jaswant Patil spoke about heart and lung disease management through homeopathy. Young speakers Dr Vivek Pandey spoke on the use of Organon while Dr Khushbu Gupta spoke about the relationship of mental stress and female disorders. This seminar was highly appreciated by one and all and led to the election of the UP State branch of IIHP. Dr Rashid Akhtar – President, Dr Vishnu Sharma – Secretary, Dr Praveen Gupta – Treasure. VP- Dr Ashok Varshney and Dr Kapil Sharma, Jt Secretary – Dr H Pal, Executive members – Dr Pawan Pareek, Dr Lubna Kamal, Dr Mohit Satsangi, Dr Rajiv Lochan, Dr Vijay Sisodia, Dr R N Kushwaha, Dr Vivek Pandey. Dr Pawan Pareek also given charge as Scientific Committee Chairman.

24th December 2023 Chandigarh - Webinar with Dr Harpreet




**IIHP
CHANDIGARH STATE BRANCH**

Honouring the Vision of our National leadership
under Dr M A Rao Sir and Dr Tanvir Hussain

**UNDER IT'S PROJECT
WEBINAR -A MONTH**

Presents highly educative talk on
**"CLINICAL APPLICATION OF
PERIODIC TABLES IN
HOMEOPATHIC PRACTICE "**

 **24 Dec 2023
Sunday**

**Timing
4.30 to
5.30pm**

Speaker
Dr Harpreet
BHMS
Fellowship Psychiatry
Practising since 2007

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IIHP Chandigarh state branch has been organizing a webinar per month for some time. This 24th December it organized a webinar on the topic 'Clinical Application of Periodic Tables in Homoeopathic Practice'. Speaker was Dr Harpreet who has a fellowship in Psychiatry.

NEWS & UPCOMING EVENTS



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26th December 2023 – WWW – Webinar with Dr Md Parvez by IIHP Delhi



IIHP Delhi State Branch organised a webinar on 26th December 2023 with Dr MD. PARVEZ (BHMS, Director at RAZA HealthCare and Ex- Faculty at Impact Paramedical and Health Institute). His topic was Delusion and Homoeopathy.

IMPORTANT

Attention Contributors

From the January 2024 issue we are going to create index and searchable database for the Rational Physicians articles. All the contributors are requested to provide Key-words [maximum 20] and a Summary [maximum 35 words] of the article separately along with the main article.

The e-mail for sending all communications and articles: homoeospan@yahoo.com
Just to ensure that your mail does not end up in spam folder please inform by the Whatsapp number 9719015216 as well [Dr Sudhanshu Arya – Managing Editor]

NEWS & UPCOMING EVENTS



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FORTHCOMING EVENTS

13-15 January 2024 – UAE – 2nd International AYUSH Conference and Exhibition

Organized By

SCIENCE INDIA FORUM (SIF)

WORLD AYURVEDA FOUNDATION
AN INITIATIVE OF VIJNANA BHARATI

Ministry of AYUSH
Government of India

2
DAYS LEFT
TO REGISTER

INTERNATIONAL
AYUSH CONFERENCE &
EXHIBITION DUBAI

13-15 JANUARY, 2024
DUBAI WORLD TRADE CENTER

The theme of this conference is 'Non-Communicable Diseases - Prevention and Management through AYUSH'. The event is expected to host over 100 exhibitor booths, which will enable AYUSH businesses to showcase their services and products to an array of attendees, delegates, and buyers. The goal of the conference is to bring to light AYUSH as an authentic and reliable healthcare system for the non-communicable chronic diseases. This event is organized by the Ministry of AYUSH in association with Science India Forum UAE, World Ayurveda Foundation, Global Homeopathy Foundation, National Ayurveda Students and Youth Association, and Vijnana Bharati, the event is expected to see a footfall of 100,000 people.

NEWS & UPCOMING EVENTS



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10-11 February 2024 – Hyderabad – National Homeopathic Scientific Seminar



Indian Institute of Homoeopathic Physicians
NATIONAL HOMOEOPATHIC SCIENTIFIC SEMINAR
HYDERABAD - 2024

In Association with
Homoeopathic Medical Colleges in Telangana
Technical Support by
Central Council for Research in Homoeopathy



10th & 11th February, 2024
Venue :
Sri Sathya Sai Nigamagamam Hall
Srinagar Colony, Hyderabad, Telangana State, India.

Organised by:
INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

Welcome to HYDERABAD

This programme is being organized by IIHP in association with Homoeopathic Medical Colleges in Telanga and Central Council for Research in Homoeopathy. Venue is Sri Sathya Sai Nigamagamam at Srinagar Colony Hyderabad.

This is an impressive two days programme which no one associated with homoeopathy should miss. For more details and registration visit the page <http://iihp.in/calendar.html> and download the brochure.

LETTERS TO THE EDITOR



Image Credit: <https://www.vecteezy.com/vector-art/1437744-vintage-typewriters-in-different-colors-set>. Artist: illustration4stock224427

PhotoCredit: FarhanAbas@www.unsplash.com



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

ROAD MAP **April - June 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 April 2024.

GUIDELINES

Kindly send all the material in soft copy to The Managing Editor, Rational Physicians

E-mail: homoeospan@yahoo.com

Please send images/tables/graphs /artwork separately from articles, with due credits & titles. Kindly include a list of 15-20 keywords related to the article and a small introduction to your article separately.

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 **01.03.24**

For the April - June 2024 Issue

Effectiveness of Homoeopathy in PCOD Case - Evidence Based Case

Dr. Anita Nanakram Chawla, Nashik

B.H.M.S., M.D. (Homoeo)

Nashik's 1st M.D. Homoeopath

Mobile: 9423926336

Image Credit: www.freepik.com



On 11-10-2015 at 12 noon, Miss. X. aged 15 Years, in 10th class, came along with her Maternal Aunty with following complaints.

Delayed Menses since 1 year.

Menarche – 13 years

LMP – 27/07/2015

Cycle of menses – 2-3 days / 45-60 days. This time, more delayed

Late, scanty, dark red, sticky

Earlier used to come in time, but it was scanty, dark red i.e. 2-3 days / 30-32 days

O/E:

PR: 88/min,

Temp: 98.4 0F,

Tongue: Dry+, Slight White

Past history: Measles – 10 years old.

Personal History:

- Desire / Aversion** - Not specific
- Thirst** - Appro. 2 – 2½ lit / day
- Menses** - late, scanty, dark red, sticky
- Thermal** - Hot
- Medium built

About his nature:

- Short tempered
- Cannot tolerate contradiction
- One and half year back, was failed in maths. Her Sir

said, 'You cannot pass in Maths'.

Before it, she used to get out of marks. She was disappointed by hearing these negative words from teacher.

- Since then, she does not get good marks what she has expected; and gets very less marks in Maths. Constantly thinks about Marks
- She used to like to do some activities but since few months she does not like it.
- Likes travelling
- Likes dance, singing songs

Investigation

USG of Abd (25/09/2015):

Rt Ovary - 4.4 x 2.0 x 2.1 cm Vol – 10 cc

Lt Ovary – 3.3 x 2.2 x 2.4 cm Vol – 9.4 cc

Both ovaries reveal increased central echogenic stroma & multiple small peripherally arranged follicles s/o polycystic ovaries.

Diagnosis – Polycystic Ovarian Disease

Homoeopathic Treatment

Lachesis 30 – three times in a day for 2 days

Indication of Lachesis

- Short tempered
- Cannot tolerate contradiction
- A girl used to love to be involved in activities, now for a couple months she doesn't like.

- Ailments from frequent disappointment as she gets less marks in examination
- Amusement desire
- Late, short, scanty, dark red, sticky

Follow up:

12/11/2015 –

Menses did not appear.

Treatment: Repeated Lachesis 30 – three times in a day for 2 days

20/12/2015 –

Menses had come on 16/12/2015

Flow was for 2 days, scanty, dark red, sticky

Treatment: Sac Lac given three times per day

22/02/2016 –

Menses had come on 09/02/2016

Flow - for 2 days, scanty, dark red, sticky

Treatment: Repeated Lachesis 30 – three times in a day for 2 days as not much improvement seen

22/02/2016 to 06/12/2016 Sac Lac given three times per day as menses appeared every month but flow was for 2 days

04/01/2017 –

Menses did not appear since 2 months.

Treatment: Repeated Lachesis 30 – three times in a day for 2 days

01/02/2017 –

Menses did not appear since 3 months.

Treatment: Lachesis 200 – three times in a day for 2 days

06/03/2017 –

Menses had come on 16/02/2015

Flow was for 2 days, scanty, dark red, sticky.

Treatment: Sac Lac given three times per day

06/03/2017 to 19/07/2018 Sac Lac given two times per day as menses appeared every month.

Flow was increased and required 2 pads per day, but flow was for 2 days.

13/09/2018 –

Menses did not appear since 2 months.

Treatment: Repeated Lachesis 200 – three times in a day for 2 days

12/10/2018 –

Menses did not appear since 3 months.

Treatment: Lachesis 1M – two times in a day for 2 days

15/11/2018 –

Menses had come on 17/10/2015

Flow was for 4 days, good flow, dark red, mild sticky

Treatment: Sac Lac given two times per day

15/11/2018 to 21/08/2018 Sac Lac given two times per day as menses appeared every month. Flow was good for 4 days.

Reports

Before Treatment

(01a USG of Abdomen)



Before Treatment

(01b USG of Abdomen)



Before Treatment

(01c USG of Abdomen)



Before Treatment
(02 USG Report)

REDMI NOTE 5 PRO MI DUAL CAMERA

MEDALL SPARK DIAGNOSTICS

Customer Name: M [REDACTED] Customer ID: YNH23717
 Age & Gender: 35Y/FEMALE Visit Date: 25/09/2015
 Ref Doctor: DR. VADGAONKAR POOJA. A.

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para-aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico-medullary differentiations are well maintained. No evidence of calculus or hydronephrosis. The kidney measures as follows

	Bipolar length (cms)	Pararenchymal thickness (cms)
Right Kidney	9.9	3.6
Left Kidney	9.9	3.7

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS measures 6.3 x 2.4 x 3.6 cm. It appears normal in size, shape and echotexture. Endometrial cavity is normal. ET measures 10.2 mm.

Right ovary measures 4.4 x 2.0 x 2.1cm Vol -10cc
 Left ovary measures 3.3 x 2.2 x 2.4cm Vol 9.4cc.

Both ovaries reveal increased central echogenic stroma & multiple small peripherally arranged follicles.

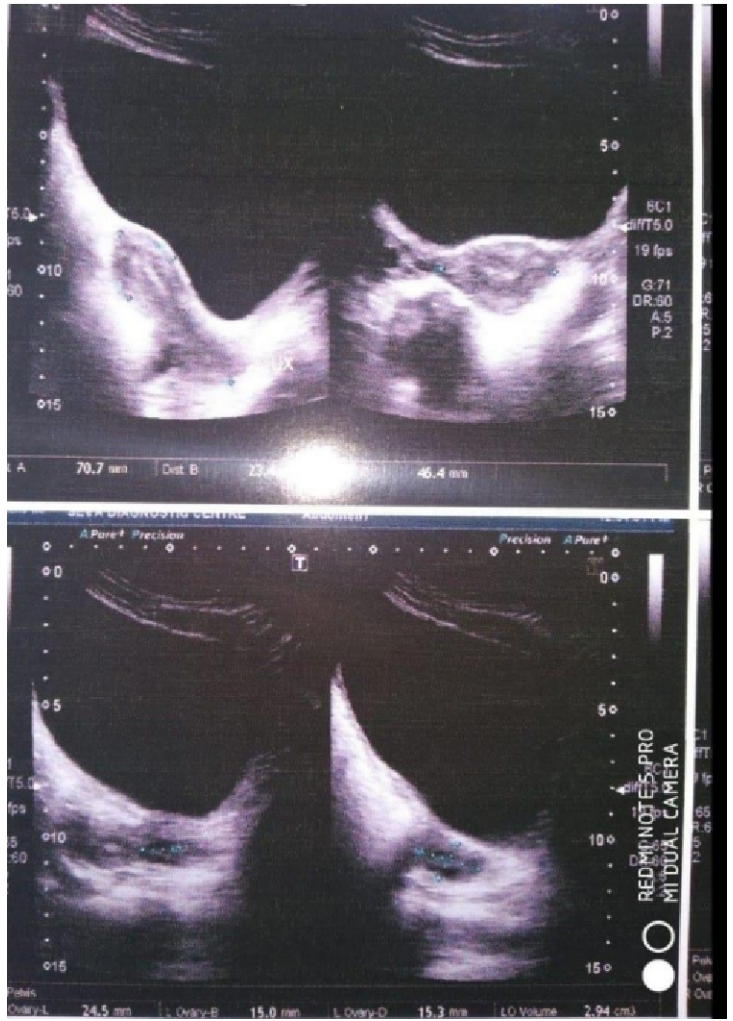
No evidence of any lesion in the bilateral adnexa.

No evidence of free fluid in POD.

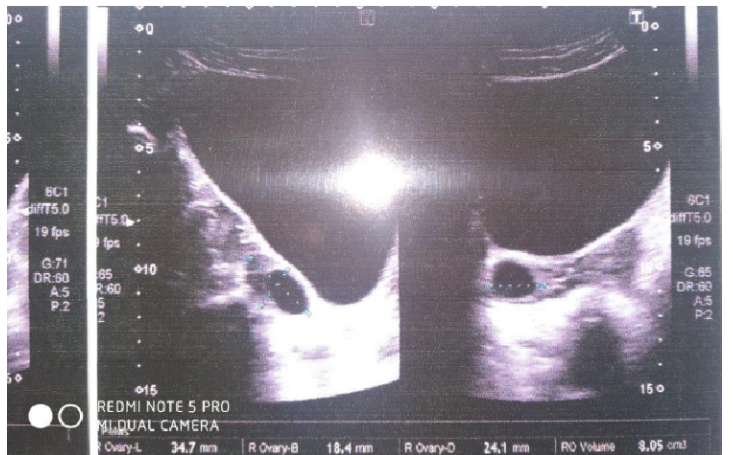
Impression:
 Both ovaries reveal increased central echogenic stroma & multiple small peripherally arranged follicles s/o polycystic ovaries.
 Suggest-clinico-hormonal correlation.

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After Treatment
(01b USG of Abdomen)



After Treatment
(01c USG of Abdomen)



Reports
After Treatment
(01a USG of Abdomen)

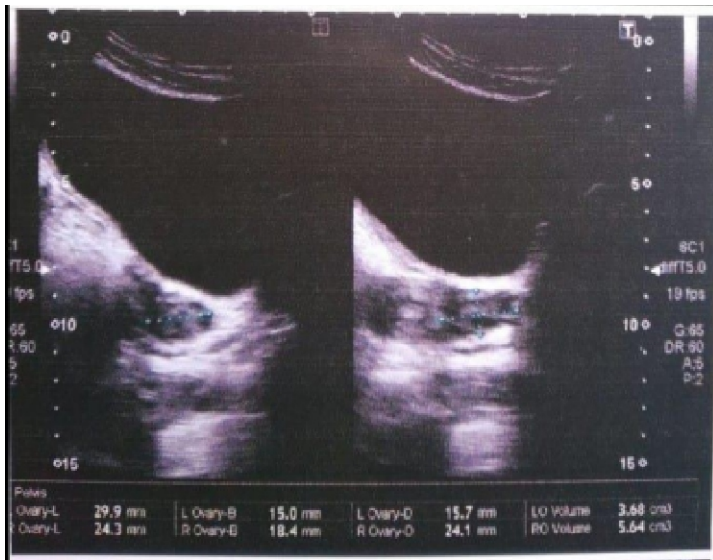
Dr. Ranjita Ashish Jadhav
 M.B.B.S., D.M.R.E.
 Radiologist & Sonologist
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 Tel.: 70398 86466 / 93729 9559
 Email: dranjita24@gmail.com
 Time: 8.30 am to 5.30 pm

03 Aug 2019 Study: ABD
 Name: MIS [REDACTED] 22 / F

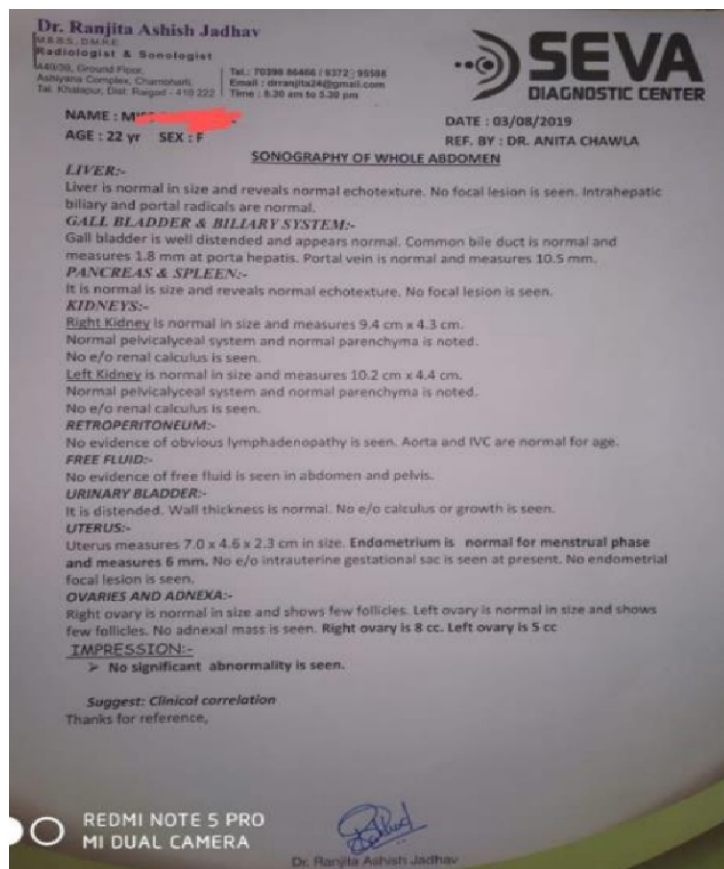
REDMI NOTE 5 PRO MI DUAL CAMERA

After Treatment
(01d USG of Abdomen)





After Treatment
(02 USG Report)



Meet Great People with IIHP

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An Epoch of Homoeopathy

Reminiscence by **Dr R V Gayathri Devi** Chairperson Women's Cell IIHP



Dr. Sohan Singh

Abstract:

Dr. Sohan Singh – An epoch of Homoeopathy Great people are always remembered through various mediums, by their works, achievements and service for the betterment of society, Dr. Sohan Singh sir is one of those great personalities, I am feeling honored to share my heartfelt words about my sir as a token of remembrance.

Few heard, few said, and few seen moments, leave a remarkable impact on an individual, one such is my experience with one of my medical teachers. To quote, "I have learnt that people will forget what you said, people will forget what you did, but people will never forget how you made them feel," this absolutely suits for Dr. SOHAN SINGH SIR. Let me tell you why I favored this quotation which very aptly goes for him. As fresher's for medical graduation it was with full of enthusiasm, excitement and with a small hidden fear of entering into anatomy lab. Previous day we had a small intro regarding next day's session i.e. dissection of cadaver i.e. dead body and we were told to get the instruments like scalpel handle, blade, toothed forceps, gloves, apron etc. for dissection.

Anatomy was always my favorite subject a fascination, some unknown curiosity, and for this one of the reasons, is my sir Dr. Sohan Singh, that arteries, veins, nerves, that magnificent arrangement of the Human structure have always caught my interest. He was the captain of our enthusiastic journey of exploration of Human Body.

Dr. Sohan Singh is a dedicated, passionate, loving, genuine person. He was born in Ravulapadu, Vijayawada. He graduated from Guduwada Medical College. He worked as a lecturer from 1971 to 2005. In January 2005 he got retired. He worked as a H.O.D. in Anatomy Department at J.S.P.S. Homoeopathic Medical College, Ramanthapur. He got married on September 17, 1972 to Thapi Vimala Garu. He has two children, one daughter and one son. Daughter is a M.Sc. graduate and unfortunately Son aboded in a road accident in Nanded, which shattered him for a period of time, but sir work never stopped, his service to Homoeopathy has actively doubled not only with his manpower but also at monetary levels which he donated on his son's name. Then he came up with the idea of building a block and donating it to J.S.P.S. Homoeopathic Medical College, Ramanthapur, a charity oriented Homoeopathy Hospital, DHARMAKIRAN GOVERNMENT HOMOEOPATHIC HOSPITAL, as a token of remembrance to his son. The name is a significant dedication to his very wife's grandfather whose name was Dharmakiran.

Every Sunday sir dedicated his service for all his patients in Vijayawada. He never missed even a single week, as he is so considerate about his patients who come from long distances for his treatment. He was very straight forward with his patients and there were many patients who used to come just to see him. He never missed a single day of college or hospital except for the 40 days when he was bedridden due to Sciatica.

He is one of the early life members of IIHP, He is an IIHPian enrolled by Dr.G.L.N Shastry garu in 1994 January. Along with this he was associated with many other Homoeopathic Medical Associations. in 1994 January.

He was elected as CCH member twice from Andhra Pradesh, in 1998 and in 2005.

He organized the AP Homoeopathic medical officers association (when Andhra Pradesh was a combined state) as president till his retirement.

He is a symbol of perseverance, consistency and passion towards his profession. Sir had impeccable interest in communism, photography and travelling, in fact he travelled entire India and had a dark room at his home to develop photographs, and distributed photos as a part of his habit of sharing memories, even today people fondly described this hobby of him, entangled with memories, this shows how much wholeheartedly sir did his every job.

Sir always believed that only hard work, consistency and perseverance makes a person. His daughter said an amazing line about sir "My father has a surgeon's hands", she described about how much inspiration she has received from her father in her life.

He was a great believer of time and its importance, he used to never waste his time and always used to utilize it in the service of others. He is known for his passion and philosophy; he has donated huge amount of funds to many Homoeopathic Medical Colleges. He even donated his provident fund, this shows how devoted he was towards the welfare of people.

His life was an example of discipline, service and many more philanthropic activities dedicated to J.S.P.S., Homoeopathic Medical College, Ramanthapur.

Life has to take many ways but teacher's presence makes us move in a right way. Sir not only taught us how to read subject but also he taught us how to read and go through the most difficult subject i.e. living life in our fullest potential. If we remember sir, the one thing which first strikes our mind is he being an epitome, a great part of our foundation laid on the bed rock of Medical sciences.

Few people live for themselves but few like our sir live for the sake of saving the lives of others, He will always be the example of a glorious journey of living a fulfilling life.

Some teachers teach lessons, but some leave a lifetime impression and he is one amongst those great personalities.

With this write up i submit my humble gratitude filled salutations.

"Great minds don't die, they live eternally with their thoughts, teachings and ideas"

Keep Your HOMOEOPATHY SHARP with IHP



Open Clinical Trial to Evaluate a Group of Useful Homoeopathic Medicines in Simple and Mucopurulent Chronic Bronchitis

M.Prakash Rao^{1*}, (Main author)

Jaya Gupta², Vikram Singh², Chaturbhuja Nayak²

Image Credit: www.freepik.com



Background: Chronic bronchitis is a condition associated with excessive tracheo-bronchial mucous production sufficient to cause cough with expectoration for at least three months in a year for more than two consecutive years. Simple chronic bronchitis is a condition characterized by mucoid sputum production. Mucopurulent chronic bronchitis is a condition characterized by recurrence of purulent sputum in absence of localized disease. The objective of present open trial was to evaluate a group of homoeopathic medicines efficacious in treating simple and mucopurulent chronic bronchitis.

Methods: Out of 216 cases enrolled in the study at Clinical Research Unit (T), Puducherry, 87 patients with simple and mucopurulent chronic bronchitis have completed two years of follow-up between October 2005 and March 2009. Patients were evaluated at the time of enrollment and every 3 months till 24 months for disease symptoms, pulmonary function test (PFT), X Ray Chest, sputum and blood investigations. The patients were treated with 14 pre selected trial medicines .

Results: The study population (n = 87) consisted of 66 males and 21 females. Mean age of patients was 35 + 12.9 yrs (range 20-50 yrs). Average duration of symptoms was 6 + 2.7 yrs (range 2-10 years). A total of 14 homeopathic medicines were prescribed after repertorisation on the basis of presenting signs and

symptoms of disease and characteristic symptoms. Significant improvement in symptom score was obtained from all medicines except Calc. carb. and Carbo veg. However, improvement in PFT parameters was not as marked as seen in symptom score. FEV1 improved significantly only with Arsenic album, Phosphorus, Silicea and Stannum met.

Conclusion: Interim results of the ongoing study show improvement in symptom scores and Spirometry findings following treatment with homeopathic medicines. This shows usefulness of these medicines in patients with simple and mucopurulent chronic bronchitis.

Keywords: open clinical trial; chronic bronchitis; homeopathy; phosphorus; arsenic album; silicea; stannum met. ; mucopurulent; expectoration; repertorisation; pulmonary function tests; chronic bronchitis symptom score.

***Address for correspondence:** Dr. M. Prakash Rao, (Email-drmprakashrao@gmail.com)

Introduction: Chronic Bronchitis is associated with excessive mucous production that causes cough and purulent expectoration for a period of not less than three months in a year consecutively for two or more years. As

classified in the International Classification of Diseases (ICD). 1 simple chronic bronchitis is a condition associated with mucous production and mucopurulent chronic bronchitis is a condition associated with purulent mucous production in the absence of localized suppurative disease. It is difficult to separate chronic bronchitis and emphysema as these are grouped together as chronic obstructive pulmonary disease (COPD) in most of the text books but chronic bronchitis with obstruction is classified separately in ICD 10 under item J41, J42, J44. 1 Therefore, it falls under exclusion criteria of this study. Moreover the presence of obstruction is assessed by forced expiratory vital capacity by spirometry in this study. The chronic bronchitis with obstruction has long history of cough and mucous production later followed by severe wheezing where as the asthma patients with chronic obstruction give a long history of wheezing with infrequent occurrence of productive cough.² Cigarette smoking, air pollution, occupations with exposure to organic or inorganic gasses, infections, familial and genetic factors contribute to the pathogenesis of chronic bronchitis. The clinical picture varies in severity of symptoms from simple chronic bronchitis without obstruction to severely obstructive airway disease with respiratory failure. Clinically a patient with predominant bronchitis will experience many episodes of respiratory difficulties; however with well planned management, recovery is achievable.

The WHO has identified homoeopathy as second mainly used system of medicine globally ³; for that reason the present study was undertaken to prove the effectiveness of a group of homoeopathic medicines in simple and mucopurulent chronic bronchitis. A group of 14 preidentified trial medicines, was selected after repertorising the diagnostic symptoms of the disease. But the similitum for each patient was determined, out of these trial medicines, on the basis of the individualizing symptoms of each patient.

Primary Objective

To carry out an open clinical trial of homeopathic medicines for the treatment of "simple and mucopurulent chronic bronchitis" to determine their therapeutic efficacy.

Secondary Objective

(a) To determine and verify the characteristic symptoms of the homeopathic medicines used.

(b) To ascertain whether homoeopathic medicines used during the study have any specific relation with any particular season or thermal changes.

© To assess the role of medicines in reversing pathological changes due to chronic bronchitis.

(d) To prevent relapse and thereby check progression of disease and its complications.

Material and Methods

Study Design

The study is an open clinical trial carried out at Clinical Research Unit (T), Puducherry. The patients were enrolled in the study from Oct. 2005 to Sept. 2008 after satisfying the inclusion criteria. The study protocol was in accordance with Helsinki declaration on human experimentation.⁴ Although medicines used in the study were homoeopathic pharmacopoeal preparations and no new drug was tried yet clearance was obtained from the Institutional Ethical committee of the Council. Consequently, each patient was made to understand about the study with the help of Patient Information Sheet printed in regional language and Informed Written consent was obtained. However, the patient was free to withdraw from the study at any time.

Inclusion criteria

- Patients presenting with chronic cough with excessive mucopurulent expectoration for at least 3 months in a year for more than 2 consecutive years.
- Recurrent attacks of chronic cough usually in winter months which steadily increases in severity and duration.
- Shortness of breath or tightness in the chest that is worse by exertion or mild physical exercise.
- X-Ray features with thickened bronchial walls manifested by tubular and tramline shadows and a generalize increase in broncho-vascular margins.
- Pathological investigations: Hb, TLC, DLC, ESR and Sputum for AFB to rule out infection with mycobacterium tuberculosis.
- Spirometry values of FEV₁ > 80% predicted

Exclusion criteria

Central air flow obstruction, pneumonia, left ventricular failure, pulmonary hypertension, bronchogenic carcinoma, persons who are sick enough to require oxygen therapy and hospitalization and persons with other co-morbid conditions were excluded.

Case recording

A comprehensive case record of the each patient in the specially evolved case recording proforma was maintained

Selection of medicine

Selection of the trial medicines was done by repertorising the nosological symptoms of Chronic Bronchitis⁵. Then the similitum was selected, from these pre-selected 14 medicines, on the basis of totality

of symptoms of each patient. The cases requiring other than trial medicines were excluded from the study and treated separately in the OPD by maintaining a separate record.

The selected trial medicines were Antimonium tartaricum, Arsenicum album, Bryonia alba, Carbo veg., Calcarea carb., Hepar sulph., Ipecacuanha, Lycopodium, Phosphorus, Pulsatilla, Silicea, Spongia, Stannum met. and Sulphur. These medicines were procured from M/S Sharda Boiron Laboratory Pvt. Ltd. Sahibabad, (U.P.), India. Each enrolled patient was given single dose of the selected medicine in 30 potency, 4 pills of 30 size, in empty stomach in the morning and the patient is advised to come for follow up visits as mentioned in protocols.

Treatment plan

As stated above, the homoeopathic similimum was selected, out of the 14 pre-selected medicines, on the basis of the individualizing symptoms of each patient and careful analysis and evaluation of the symptoms as per the organon of medicine⁶. All the subjects were followed up at two weeks interval for assessment. The improvement status of each patient was noted down in prescribed forms. To assess improvement in respiratory parameters, pulmonary function tests (PFT) were performed at the time of enrollment, at every 3rd month and at the end of the study (i.e. 24 months). In case there was no perceptible change (either worse or better), after one week of administration of the medicine, one dose of the same medicine was repeated in higher potency. If improvement was not found even after adequate repetition of the medicine in higher potencies, the investigator was allowed to change the prescription two times. A general supportive care was advised to patients such as, avoidance of smoking, environmental pollution; maintenance of nutritious diet and routine exercise.

Outcome assessment

On each follow up visit, an assessment of clinical success or failure was made depending on overall response. The chronic bronchitis index score was used to quantify the illness severity. Subjective assessment was done using Form C2 developed by the Council (Table 1). Evaluation of each subjective symptom in terms of score was done by attributing '0' score to disappearance (no symptom), and 1, 2, 3, 4, for different degrees of a given symptom. Intensity of the disease was graded into mild (score 10 to 15), moderate (score 16 to 31) and severe (score 32 to 40). The formula for calculating percentage of improvement is as follows:

$$\% \text{ of improvement} = \frac{\text{Symptom score at base line} - \text{Symptom score at completion of the study}}{\text{Symptom score at base line}} \times 100.$$

To find out the degree of improvement following criteria were adopted:

Marked improvement: > 75% of improvement in symptoms score from baseline score

Moderate improvement: 50 % to less than 75% improvement in symptom score from baseline score

Mild improvement: 25% to less than 50% improvement in symptom score from baseline score

Not significant improvement : 0 to less than 25% improvement in symptom score from baseline score

Worsened: An increase in symptom score from baseline score.

Statistical analysis

The data was analysed for various parametric and non-parametric variables using graph pad (Instant version 2)

Results

A total of 404 cases were screened at the research centre from Oct. 2005 to Sept. 2008, out of which 216 were enrolled in the study who satisfied the inclusion criteria.⁴ Fifty seven patients were excluded due to noncompliance with the study protocol. A total of 87 patients actually completed 2 years of follow up (as per provisions of protocol) by March 2009. Hence, the data of these 87 patients are presented in this article. The study population (n= 87) consisted of 66 males and 21 females. There were more males than females, male:female ratio being 3:1. Maximum numbers of patients were in 20 – 30 year age group followed by 30-40 and 40-50 year age groups. Mean age of patients was 35 + 12.9 yrs (range 20-50 yrs).

At the time of enrolment, average duration of symptoms was 6 +2.7 yrs (range 2-10 years). Males presented with shorter duration of symptoms than females.

Analysis of effects of the 14 trial medicines prescribed showed significant improvement in symptom score with all medicines except with Calc. carb. and Carbo veg. Improvement in symptom scores of most of the patients ranged between 66% and 100%. (Table 3)

The improvement in symptom scores of most of the patients ranged between 66% to 100%. Significant improvement was observed in symptom score after treatment. Most of the patients (n=64) had mild to moderate improvement.

A lesser number (n=14) showed marked improvement. Very few (n=9) patients did not improve. However,

improvement in PFT parameters was not as marked as seen in symptom score. FEV1, an objective measure of the degree of small airway obstruction, did not change significantly after treatment with medicines Antim. tart., Bryonia, Calc.carb., Carbo veg., Hepar sulph., Ipecac., Lycopodium and Spongia, (Table 2,3).

FEV1 improved significantly only with Arsenic album, Phosphorus, Silicea and Stannum met.. It barely reached significant level with Pulsatilla and Sulphur (Table 2,3, fig 1).

Discussion

The patients with simple and mucopurulent chronic bronchitis were enrolled from Oct 2005 to Sept 2008. A total of 404 cases were screened, of which 216 were enrolled in the study who fulfilled the inclusion criteria. Of the enrolled patients, 87 completed 2 years of follow up by March 2009. The data pertaining to those 87 patients has been analysed and presented in this study.

The study population (n = 87) consisted of 66 males and 21 females, showing male predominance. This result is consistent with epidemiological data on chronic bronchitis where prevalence of symptoms has been found to be more in males compared to females⁷

In the present study, a total of 14 homeopathic medicines were prescribed, which included: Antim.tart. (n=7), Arsenic album (n=9), Bryonia (n=5), Calcarea carb. (n=4), Carbo veg. (n=1), Hepar sulph. (n=4), Ipecac. (n=5), Lycopodium (n=6), Phosphorus (n=10), Pulsatilla (n=6), Silicea (n=9), Spongia (n=6), Stannum met. (n=10) and Sulphur (n=5). There is paucity of well documented data on the usefulness of homeopathic medicines in chronic bronchitis⁹. However, homeopathic medicines are extensively used for the management of respiratory disorders with gratifying results. Present study is the first of its kind to scientifically document the changes in symptoms and pulmonary functions over a period of two years following treatment with selected homeopathic medicines.

Chronic bronchitis is a chronic progressive disease associated with exacerbations and remissions. Pulmonary functions gradually deteriorate even when treated with allopathic drugs including bronchodilators, antibiotics and inhaled steroids. Repeated infections associated with bronchial hyper-responsiveness cause a rapid decline in vital capacity of the lungs. In the long run, these lead to airway remodeling resulting in irreversible loss of pulmonary functions. Hence, long term management of chronic bronchitis is directed at prevention of infection, decreasing inflammation and bronchodilation. Beneficial effect of homeopathic

medicines in our study could be due to one or more of the above mentioned mechanisms or as speculated due to their anti-allergic/anti-inflammatory effects causing reduction in airway inflammation¹⁰.

One of the secondary objectives of the study is to assess the role of the homeopathic medicines in reversing the pathological changes due to chronic bronchitis. Jones and Agusti¹¹ have stated that in the absence of other widely accepted and validated markers, the lung function measurements and especially the FEV1 has been used as global marker for all the pathological changes¹⁰. As has been pointed out above the FEV1 has shown an increase signifying the reversing of pathological process responsible for obstruction. This is encouraging because in modern system of medicine, it is still debated that whether the use of anti-inflammatory drugs or 7 smoking cessation is reversing the airway inflammation process. Only a few studies have been performed on direct assessment of airway inflammation¹².

However, improvement in PFT parameters was not as marked as seen in improvement of symptom score. The changes in FEV1, an objective measure of the degree of small airway obstruction are highly significant in patients prescribed with Silicea (p=0.001), Stannum met. (p=0.01), Ars.alb. (0.002) and Phosphorus (p=0.04). The improvement was moderate in patients who were prescribed Pulsatilla and Sulphur. With other medicines (Antim.tart., Bryonia, Calcarea carb., Carbo veg., Hepar sulph., Ipecac., Lycopodium and Spongia), improvement in FEV1 was negligible. This is also not unexpected as other studies have also reported improvement in symptoms without significant change in pulmonary functions¹³.

Conclusion

Interim results of the study show improvement in symptom scores of patients of simple and mucopurulent chronic bronchitis following treatment with a group of predetermined homeopathic medicines. These observations strongly suggest beneficial effects of these medicines in patients with simple and mucopurulent chronic bronchitis. However, the PFT parameters for some medicines do not seem to correlate with clinical improvement, the reasons are yet to be ascertained. The secondary objective of the study i.e. to prevent relapse and thereby check progression of disease and its complications, is also fulfilled as patients have improved and progression of disease is controlled.

Limitation of the study is that the follow up period of study is 2 years, to see the recurrence and some patients discontinue before 2 years, as and when they get relief.

As a result the number of patients who have complete follow up, becomes less. The second limitation of the study was that FEV1 > 80% ,is one of the inclusion criteria but patients with diagnostic symptoms of chronic bronchitis usually have FEV1 < 80%. Due to this reason, number of patients enrolled becomes less..

These observations need to be confirmed by studying a larger sample size with adequate number of patients. The validity of single dose of single medicine in specific potency and its effectiveness will be achieved by carrying out placebo controlled double blind studies

Acknowledgements

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Table 1 The base line assessment (Form C2)

↓ Symptom / Score	0	1	2	3	4
Chronic Cough	Absent		Present		
Severity		Mild (irritating)	Moderate (distressing)		Severe (spasmodic)
Paroxysms [duration]	Nil	1 hr to less than 6 hrs	6 hrs to less than 12 hrs	12 hrs to less than 18 hrs	18 hrs to less than 24 hrs
Expectoration					
Difficulty in raising		Easy		Difficult	
Quantity		Scanty		Copious	
		Thin		Thick	Lumpy/ in shape of balls
		Mucoid	Frothy		Purulent
		Transparent/ Translucent	White	Yellow	Greenish
Difficult respiration	Absent		Present		
	Absent	Heavy exertion		Mild exertion	With cough
Crackles	Absent		Present		
Total					
Total of symptom score: [10-40]					
Intensity of disease - MILD: 10 to 15 MODERATE: 16 to 31 SEVERE: 32 to 40					

Table 2 Changes in symptom score following treatment

S No.	medicine	Symptom score			
		Baseline	After treatment	% change	P value*
1	Antim. tart. (n=7)	28±3.91	9±7.7	67.8	0.001
2	Arsenic alb. (n=9)	29±4.35	7.5±6.1	74.1	<0.0001
3	Bryonia (n=5)	29±5	11±5	62.0	0.004
4	Calc. carb. (n=4)	28.2±6.8	13.5±12.2	52.1	NS
5	Carbo veg. (n=1)	32±0	0±0	0	NA
6	Hepar sulph. (n=4)	32±2.44	11.7±12	61.8	0.05
7	Ipecac. (n=5)	27±4	7.2±7.2	73.3	0.001
8	Lycopodium (n=6)	30.8±5.5	12.8±9.4	58.4	0.01
9	Phosphorus (n=10)	28.9±2.6	5.1±6.9	82.3	<0.0001
10	Pulsatilla (n=6)	29.3±2.8	4.5±5.2	84.6	<0.0001
11	Silicea (n=9)	28.3±5.2	4.2±4.9	85.1	<0.0001
12	Spongia (n=6)	28.5±5.7	12.1±14.3	57.5	0.008
13	Stannum met. (n=10)	29.6±3.7	3.6±2.5	87.8	<0.0001
14	Sulphur (n=5)	32±3.7	10.4±7.5	67.5	0.0005

(*P=<0.05 considered as significant)

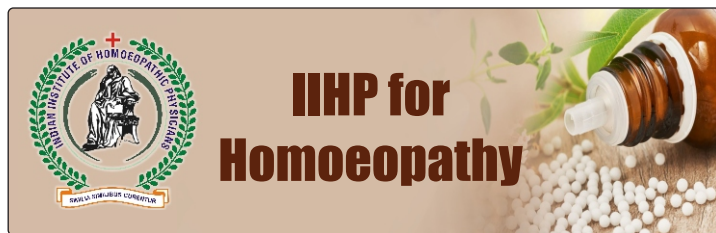


Table 3 Improvement status with medicines prescribed

S. No.	Medicine	No. of cases prescribed		Improvement status								
		Mild	%	Moderate	%	Marked	%	Total	%	Not improved	%	
1	Antim. tart.	7	4	57.1	1	14.2	1	14.2	6	85.7	1	14.2
2	Arsenic album	9	3	33.3	5	55.5	1	11.1	9	100	0	0
3	Bryonia	5	2	40	2	40	0	0	4	80	1	20
4	Calc. carb.	4	1	25	2	50	0	0	3	75	1	25
5	Carbo veg.	1	0	0	0	0	1	100	1	100	0	0
6	Hepar sulph.	4	1	25	0	0	2	50	3	75	1	25
7	Ipecac.	5	2	40	2	40	0	0	4	80	1	20
8	Lycopodium	6	1	16.6	3	50	0	0	4	66.6	2	33.3
9	Phosphorus	10	2	20	5	50	3	30	10	100	0	0
10	Pulsatilla	6	1	16.6	5	83.3	0	0	6	100	0	0
11	Silicea	9	3	33.3	3	33.3	3	33.3	9	100	0	0
12	Spongia	6	0	0	3	50	1	16.6	4	66.6	2	33.3
13	Stannum met.	10	1	10	7	70	2	20	10	100	0	0
14	Sulphur	5	2	40	3	60	0	0	5	100	0	0

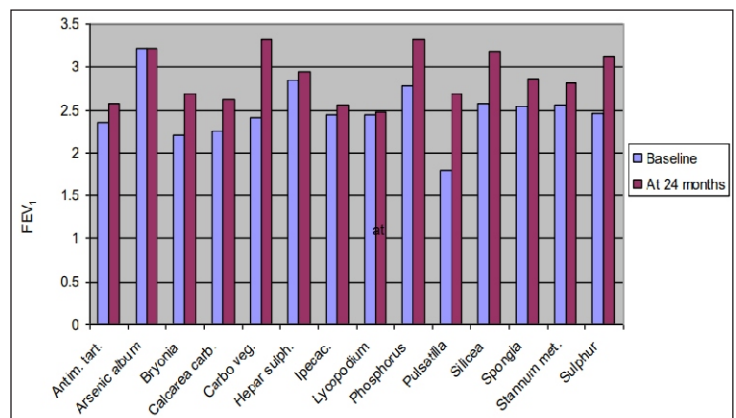


Figure 1 Changes in FEV1 after treatment

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Pseudochronic Disease & its Homoeopathic Analysis

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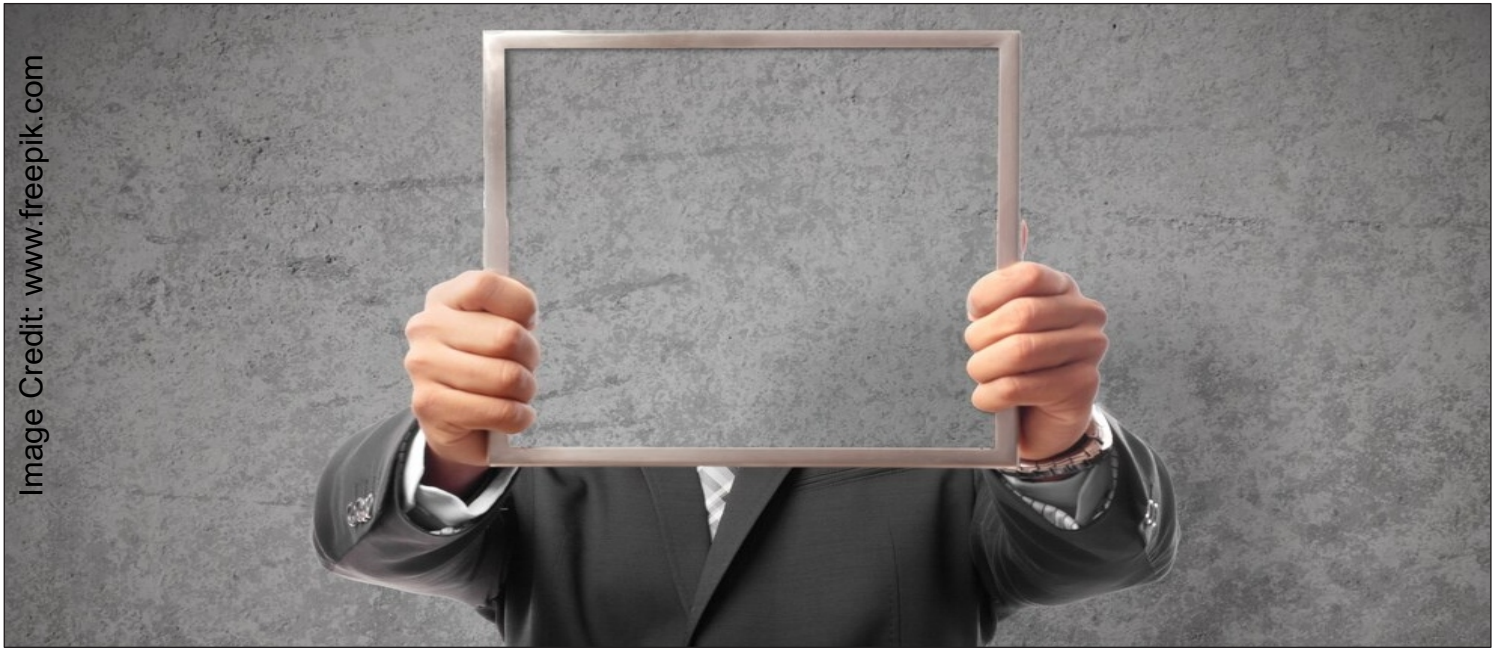
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Abstract

We are today living on the top of the volcano of the health problem in the form of lifestyle disorders, pseudo-chronic disease is related to life style disorders that can be better tackled with Homoeopathy through its Holistic approach .

The concept of pseudo chronic disease and artificial chronic diseases were first coined by Dr Samuel Hahnemann which makes Homoeopathy unique among the medical streams.

Pseudo chronic disease is the disease of modern world where we are living, a world of pollution of broad spectrum, addictions of innumerable addictable agents, modern living style devoid of adequate exercise , indulgence adequately in sugar & sodium rich diets, developing a habit of emphasizing on junk, chemical based food stuff, occupational problems & even many more, the list goes endless. These above causes contribute largely in the growing population diseases like Obesity, Diabetes mellitus, Hypertension, Low bone mineral density (osteoporosis, osteoarthritis) among the adult mass.

Key words: Pseudo chronic, Life style, Miasm, Holistic.

Introduction

Pseudo chronic disease, what is it?

Pseudo chronic diseases are inappropriately named true chronic disease, defined as –

“The unhealthy state of body and mind affected from external stimuli, environment or internal stimuli, for short or long period and disappear spontaneously under the appropriate mode without the administration of specific drug stimulus”. In certain specific level both pharmacological and surgical intervention are required not only to overcome the problem but also to arrest the consequential effects.

77-APHORISM--ANALYSIS: Organon of Medicine:- What it conveys:- (Pseudo chronic diseases)

“Those diseases are Inappropriately named pseudochronic disease in which persons incur who expose themselves continually to avoidable noxious influences, who are in the habit of indulging in injurious liquors or ailments, are addicted to dissipation of many kinds which undermine the health, who undergo prolonged abstinence from things that are necessary for the support of life, who reside in unhealthy localities, especially marshy districts, who are housed in cellars or other confined dwelling, who are deprived of exercise or

of open air, who ruin their health by overexertion of body or mind, who live in a constant state of worry. These states of ill health, which persons bring upon themselves, disappear spontaneously, provided no chronic miasm lurks in the body, under an improved mode of living, and hence they cannot be called chronic disease". They are rather pseudo-chronic diseases.

**TRUE CHRONIC & PSEUDO-CHRONIC DISEASE:-
Aphorism "78" Organon of Medicine, states:**

"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 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."

Chronic Diseases:- These are caused by chronic miasms and can be characterized by slow and gradual onset with imperceptible beginning with a long course of prodromal period and deranges the minutest structures but never takes suddenly the life of the patient.

True chronic diseases are of three types – Psora, Syphilis and Sycosis.

The sole pathological process of Psora is due to derangement in functional sphere of the human body (functional pathology).

The sole and basic pathological process of Syphilis is due to "underutilization of micronutrients".

Deformation → Destruction and lastly demise & failure.

The sole and basic pathological process of Sycosis is due to over utilization of micronutrients". Whereas in Sycosis, the pathological sequence is overutilization. → accumulation → deposition → localization → rapid cell duplication → irregular cell duplication → irreversible pathological condition and lastly FAILURE.

Comments on the Aphorism

Diseases inappropriately named chronic/pseudo chronic diseases.

Such diseases are wrongly labeled as the chronic diseases in which people are made chronically ill due to following:

continued exposure to avoidable noxious (injurious to health) influences, addiction, over-indulgence in things and acts, which undermine the normal health prolonged abstinence from things which are essential for sustaining life, residing in unhealthy dwellings like in marshy lands, in cellars and are confined to dingy places deprived themselves of exercise and open space undue exertion of physical and mental capacities lead a life, Full of worries and anxiety.

These are the things and acts, which people bring unnecessarily upon them, which can disappear on their own, if these are avoided and people live a healthy life style, provided, however, they do not carry the miasmatic load in their system. Such diseases cannot be called chronic diseases.

Clinical importance of pseudo chronic disease:-

Until the later part of 20th century, the main causes of morbidity and mortality in the entire world have been epidemic of communicable diseases including typhoid, cholera, small pox, diphtheria, influenza, etc. Although some of these diseases remain epidemic in third world countries, industrialization and progressive modernization of many communities have resulted in major improvements in housing, sanitation, water supply, nutrition, etc their by reducing the burden of disease.

The basic philosophy behind Hahnemannian concept of pseudo chronic diseases since 250 years ago was crystal clear. His concept was basically chronic disease is of true and false in nature. Pseudo chronic diseases though begin with life-style errors but they could lead to irreversible pathological changes if not corrected in time.

Beside with the discovery and availability of antibiotics as well as vaccines have radically changed the profile of many diseases. But extreme modernization and rapid urbanization gave birth to yet another most difficult, long lasting chronic problem known in homoeopathic parlance as "pseudo chronic disease".

Therefore patients are advised to adopt appropriate natural methods of management with natural life style in food habits, environmental condition and even adopting natural system of medication with as far as possible minimum medication i.e. preferably Homoeopathy.

Hahnemann had advised for a correction of the pseudo chronic disease characters first, and then followed by anti-miasmatic remedy in every individual case.

Conclusion:-

Today, we are living in an epidemic of non-communicable diseases. It is casting a big shadow in the health and economy of our country. Pseudo chronic diseases are basically life style related non-communicable diseases.

For example: Today almost 30% of the adults of global population are suffering from hypertension

Ex. – Lung diseases, Asbestosis - Asbestos minor, Black lung disease – Coal miner Skin diseases – Eczema, Urticaria, Sun burn, contact dermatitis, etc

The growing demand for Homoeopathic medicines in India and even abroad is an ample testimony of its role in health care delivery system especially in true chronic diseases, our approach to take care of the pseudo chronic related diseases on an individual typology system maintaining our prescription protocols is the take-home message of this .

Today's 1st protocol of treatment of any disease which ultimately will decide/lead to the effectiveness of the treatment by medication in preferably low and rational doses otherwise overmedication will automatically occur and there by the chances of appearance of iatrogenic diseases increasing extremely.

Dedicating the alcoholics, smokers, fast food (junk) eaters, with adequate exercise preferably under the morning/evening sun, and adequate supplementation of proper nutrition supplements and others as supportive therapy can provide a “BOOST” to the immune system.

The obstacle to cure (Aphorism 4 of Organon of Medicine) are removed and the path for the small dose of minutest medicine can be allowed to go obstacle-free, hurdle free in the good going to the world of cure.

Summary: The epidemic of infectious diseases which ruled and rained the world for over 10 decades with innumerable loss of precious human lives in mid- 19th century to mid-20th century were largely been combated with the use of antibiotics of different spectrum.

Today the disease burdens have been shifted from the era of “communicable disease to non- communicable disease”. Today, the doctors have to develop a vision to judge a patient from non-communicable disease point of view.

Those who do not get adequate exercise and exposure to open air and sun shine couch potatoes, busy executives, etc.

Those who are living a life so stressed and overworking with 2-3 different part time jobs, and too much of either physical or mental work and hence are moving towards the “burn out” syndrome.

It is of high clinical importance. It works as predisposing factors and reduces the immunity of the person there by making them vulnerable, susceptible to allergens, pollutants, infective agents. No bacteria, no pathogen

are supposed to enter and implant their foot-hold in the interior of the human anatomy unless host is susceptible.

These are all conditions that give rise to pseudo chronic diseases that could easily disappear once the life style is regularized with enough of rest and exercise, bad habits curtailed and they eat fresh food in a balanced diet.

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Homoeopathy The Rational Therapy

Law of Similia and its Indian Origin

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Lucknow



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Homeopathy:

Homeopathy is a system of medicine introduced and developed by a respected German physician, Samuel Hahnemann, at the end of the 18th century.

Recognizing that the whole person-mind, body, spirit-is affected when there is illness, homeopathy seeks to treat that whole person. The focus is not the diseased part or the sickness, rather the totality of the individual. Homeopathic medicines, or 'remedies', stimulate the body's self-regulating mechanisms to initiate the healing process.

When a person becomes ill, it is the whole that is sick including the body and mind. The body manifests symptoms of illness but it is not the origin of the illness. Upon death, the physical body remains, but it is no longer curable. That which is curable, the 'vital force' (or prana), has left the body. The origin of illness lies in the imbalance of the vital force. The symptoms expressed by the body, mind, and spirit are the manifestation of that imbalance. By matching the symptoms of illness with the appropriate homeopathic remedy, the vital force returns to balance. The symptoms disappear as the person heals.

Birth of Homeopathy:

In the year 1796, after six years of his experiment, Hahnemann published an article in Hufeland's Journal

Vol-II, (Parts 3 and 4, pages 391– 439 and 465 – 561) namely, "An Essay on a New Principle for Ascertaining the Curative Powers of Drugs and Some Examinations of the Previous Principles."

This lengthy and important essay was the first published result of Hahnemann's observations on a new principle of treating. He put forward his new doctrine of Similia Similibus Curantur in contrast to the age-old doctrine of Contraria Contrariis Curantur (opposite cures opposite). According to Richard Haehl: "1796 is the year of birth of Homeopathy."

Here we find the initial insights that emerged from all the hard labors of the previous years, in particular the early discoveries of the dual nature of disease and medicinal action. The doctrines of Homeopathy were attempted to be formulated, for the very first time by Hahnemann from his article "The Medicine of Experience" published in the year 1805 till the complete systematization of the principles and practice of the Homeopathic art of healing which was done with the publication of Hahnemann's Organon of Medicine in 1810.

The art of medicine was thus placed on a scientific footing when Hahnemann discovered the law guiding the selection of drug to cure diseases and the method of testing the positive action of each individual drug. The medicine of speculation which existed since time immemorial was changed into 'Medicine of Experience'.

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Law of Similia:

Law of Similia is one of the cardinal principles of Homeopathy. It is the cornerstone principle whose axiom in German is "Similia Similibus Curentur", which means "Let likes cure likes". Homeopathy actually derives its name from the Greek, homoeo=similar, and pathos=suffering. Through research and practice Hahnemann verified cure through the use of similars again and again.

A substance that can produce disease in a healthy person is used to elicit a healing response in someone presenting with a similar disease. Each person shows symptoms of the body and mind when they are sick. Some of these symptoms are common to that sickness, others are characteristic of that person in their sickness. The homeopathic practitioner matches the symptom picture of the best suited homeopathic remedy to the symptom picture of the person, with particular attention paid to those symptoms which are unique to the individual.

Law of Similia mentioned in 'Shrimad Bhagwat Mahapurana':

The recognition of law underlying cure is of ancient origin. No one knows when the first recognition of this law crept into use, but ancient Hindu manuscripts recorded its application.

Shrimad Bhagwat Mahapurana, Canto 1, SB 1.5, verse 33, says,

आमयो यश्च भूतानां जयते येन सुव्रता

तदेव याम्यहम द्रव्यं न पुनात् चिकित्सतिम्

"O good soul, does not a thing, applied therapeutically, cure a disease which was caused by that very same thing?"

Is this not the same thing which is said in Law of Similia? Hahnemann in Aphorism §26 of Organon of Medicine explains Law of Similia by stating that **"A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations."**

In simple words he said that when in a living being two similar diseases meet; the stronger disease automatically cures the weaker disease permanently.

It is thus evident that the hidden hypothesis mentioned in our ancient sacred text was scientifically established by Hahnemann but it is not known whether he was aware of its Indian source or not. Not only Indian scriptures but also some of the writings of Hippocrates mention the Law of Similia. Hippocrates sensed the possibilities of this law and applied it in some recorded cases. Hahnemann himself mentions that Bouldac wrote that rhubarb's purgative quality was the reason why it cured diarrhoea. Detharding said that senna cured colic because it produces a similar effect on the healthy individuals, and Stahl wrote that "the rule accepted in medicine to cure by contrariis is entirely wrong; on the contrary diseases are cured by means of medicines capable of producing a similar affection." From time to time all through the medical history this hypothesis was enunciated or demonstrated in greater or lesser degree.

But it was only Hahnemann who was so convinced by this law that he declared it to be universal or Nature's law of Cure and he developed the most complete and amazing system of healing the world has ever known i.e., Homeopathy which was entirely based upon it. It is therefore conclusive that Hahnemann stood tall like a constructive genius who's parallel there was none in European history of medicine.

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The Flamboyant Young Girl

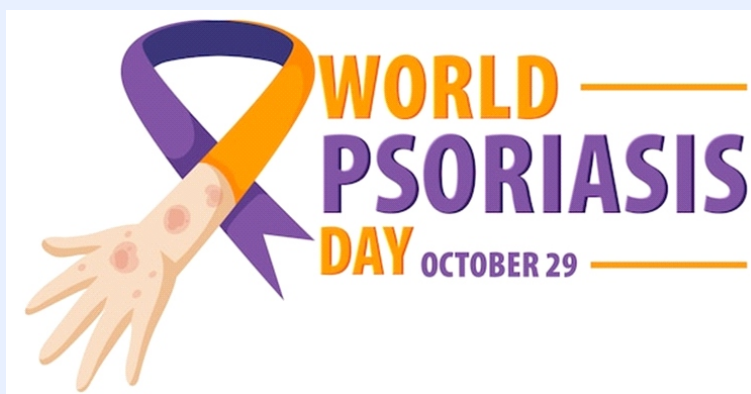
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About Dr Samir Chaukkar

Dr Samir Chaukkar is an international teacher and homeopath teaching and practising homeopathy in India and Abroad since last 30 years. He specializes in treatment of pediatric disorders like autoimmune disorders and also autism, adhd and learning and behavioural issues. He is at present attached to Dr Batra's Academy in capacity of Dean-Dr Batra's academy Mumbai. He was attached to YMT Homeopathic college, Navi Mumbai in Dept of Materia Medica in capacity of Professor. He has presented many research papers in various national and international conferences including Aus, Nz, Turkey, Brasil, UK, USA, Malaysia etc.

Ms Sweety , 7 years old girl came with her mother with palmo plantar psoriasis since 3 years. She stays with her father and mother and a younger sister. Father is working in a printing press and mother is a teacher by profession. Sweet was quite bubbly and jovial the moment she entered and after a few minutes of timidity hiding behind her mother, she came straight to me and started seeing what I was doing on my laptop. She asked me what are you doing? Do you have computer games on this, Do you have pokemon on this? What are you doing? Don't you get bored sitting here all day? Do you ever go out? I was shocked at the extrovertedness and audacity of this tiny tot. The mother said that please don't mind her attitude, she is like this with everyone be it someone she knows or stranger. I asked her tell me

more about her. The mother said that she has this problem of cracks and fissures since she was 3 years old and they have tried all kinds of treatments but in vain. They had also tried homeopathy from an eminent homeopath from South Mumbai but there was no result. One of my patients referred her to me. How did this Start? I asked the mother. She said that there are lot of fights verbal and sometimes physical between her and her husband and this child is a witness to these fights since 3 years. She sees and cries, many times hides sometimes intervenes. How can she describe her? The mother eyes sparkled at this question and she said Sweety is as her name, she is a very sweet girl, always likes to have fun, very jovial, mixes easily with others even strangers, everyone knows her in our society and we are known as her parents not she known as our daughter. she enjoys watching cartoons and would spend hours together watching her favourite cartoon pokemon. She is quite famous for her jolly nature humorous making jokes, imitating various characters in movies and advertisements even her teachers. She likes to have fun all time and likes travelling , mostly she would like to go to resorts and likes adventure games like roller coasters and giant wheels. She is not afraid of anything even heights. She is very talkative and keeps talking too much not listening to others. She is also an attention seeker and will sort to anything to attract attention towards herself. She is also jealous of her younger sister but will share her toys and dolls with

others. At the same time she is also very caring of others and will even apply balm on my head when im not well. She will also offer water or sometimes snacks to her father when he returns from office. She likes to be caressed and cuddled. She is very curious by nature always asking questions about everything. Many times even we don't know the answers to her questions. Sweety was dressed up quite gaudily with a rainbow hair band and a red lipstick and a very bright red flouroscent dress and matching shoes and even nail paint as if she has come for some function. I asked this to her mother and she said sweety like to wear nice branded clothes and puts on make up and sees herself in mirror. She is quite competitive as far as she looks and her studies too. She cries when someone gets even one mark more than her in exams. She is very intelligent and always stands first in all competitions and exams. She likes eating chocolates and sweets and also icecreams

Hobbies- dancing , music , playing , makeup

Her sleep was disturbed because of itching. Her apetite was also low and she had lost weight recently. She also had become irritable lately due to her complaints. He stamina was also low and she used to get tired easily.

By now there were two three remedies coming to my mind like Phos, Puls and Lachesis. But based on her desire for amusement and her competitiveness I ruled out Puls and Phos and gave her Lachesis 200 one dose

		lach.	phos	verat.	lyc.	suiph.
		1	2	3	4	5
		9	7	6	6	6
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2. Clipboard 2						
▶ 1. MIND - AILMENTS FROM - discords - parents; between one's	(17) 1	1	1			1
▶ 2. MIND - VIVACIOUS	(137) 1	3	2	2	1	1
▶ 3. MIND - CURIOUS	(39) 1	1	1	1	1	1
▶ 4. MIND - PLAYFUL	(28) 1	1				
▶ 5. MIND - ANTICS; playing	(30) 1	1	1	1	1	
▶ 6. MIND - COQUETTISH - too much	(16) 1	1	3	3	1	1
▶ 7. MIND - IMITATION, mimicry	(16) 1	1		1	2	
▶ 8. MIND - CARES, full of - others, about	(26) 1	1	1			1
▶ 9. MIND - AMBITION - increased	(72) 1	2	1	3	1	2

20/8/2023 First prescription **Lachesis 200** /3 doses followed by SL for 01 month

10/9/2023 Lesions were much better 80%, cracks and fissures better, itching better, sleep better, appetite improved, stamina better- **SL for one month**

20/10/2023 Lesions started again, cracks came back and itching increased she got less marks in her exams and she was very disturbed about it, cried for a whole day, again sleep affected – **repeated Lachesis 200/3 doses**

1/11/2023 Lesions are better more than 90%, itching better 90% sleep better, stamina better, moods are much better now- **SL for one month**





Experience With Lesser Known Drugs

Dr. Anil R. Bhatia

D.M.S. Bombay

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Image Credit: www.freepik.com

Homoeopathic practitioners generally depend on known polychrest remedies, with their reliable indications, with success. But occasionally, in certain cases, it may also happen that the polychrest remedies may not give the desired result. This is where the physician seeks help from medicines other than the polychrests. These may be the organ remedies, drugs of Hindoosthan, Bach's Flower remedies or certain lesser known drugs, their indications being mentioned in the various books on material medica.

These remedies are mostly described on the basis of clinical provings or are partially proved drugs. These are also certain medicines known as new remedies, which are less known and only partially proved.

In my experience of nearly twenty years of practice, I have used certain lesser known remedies and some of the new remedies with advantage. They were prescribed where the desired results were not attained with the polychrests or where the symptom-totality of the known polychrests could not be established.

Among the remedies which I have used successfully are D.N.A., O.A.N., Histaminum and Hypothalamus.

D.N.A. : During the last five years of my practice, I have seen about fifteen cases of retarded children. These children were between the age group of 6 month to 5 years and were either mongols or spastics.

The mongols were generally found to be mentally and physically retarded with their mental development much below the normal standards. Physically too, their growth was retarded. All these children were on allopathic drugs before they came to me and after treatment with Homoeopathy they could gradually withdraw these drugs (which were mostly anti-spastics). D.N.A. was prescribed when the polychrests or the indicated remedies failed to give the desired improvement within the time framework.

The indication of D.N.A. are:

- (i) Mongolism
- (ii) Physical & Psychological slowness
- (iii) Physical & Mental Backwardness
- (iv) Irritable
- (v) Lack of Concentration

(from Julian's Materia Medica of New Homoeopathic Remedies)

Many of these children did have a family history of mongolism of some sort of genetic disorder like late mental development, etc.

D.N.A. was prescribed in 1000 potency, once a week and in certain cases which were very advanced, thrice a week.

In spastics (most of them with myoclonic spasms, either since birth or after certain major illnesses like poliomyelitis, pneumonia, etc.) D.N.A. was given when the indicated remedies failed to give the desired results. There was a drastic reduction in the spasms and there was improvement in their mental retardation along with the physical growth. A couple of children have also started attending special schools for mentally retarded and spastic children and their comprehension power has gradually started developing.

In all these cases, D.N.A. was prescribed in 1000 potency, once a week and the treatment is still continuing.

D.N.A. was also prescribed in a couple of very interesting cases of repeated abortions. The question the might be asked is why D.N.A.? This was prescribed because the patient used to get repeated abortions between the second and fifth month, had obviously no other abnormality, as the investigations showed and did not respond to any type of treatment, either homoeopathic or allopathic. I thought that there might be some genetic abnormality and so prescribed D.N.A. once a week from the sixth week of her last pregnancy and continued till the 24th week. She delivered a female baby at full term by Caesarian section. The gynaecologist attending her did not want to take a risk and had done the C.S. on the due date, Not waiting for the pains to develop. Here, there was no indication of D.N.A. as mentioned above excepting that of the mentals which closely resemble that of Argentum nitricum.

Osteo-Arthritis Nosode : This drug, O.A.N. is one of the lesser known remedies which I have been using quite frequently since last ten years and have attained remarkable results. It is used mainly in osteo-arthritis of the major/large joints, especially where the degenerative changes in the joints have already taken place. This remedy in almost all the cases has brought the degenerative changes under control immediately and there was no further progress of the disease along with symptomatic relief.

The indications of the remedy, as mentioned in the Materia Medica by O.A. Julian and those clinically verified are:

Pain, swelling, tenderness of joints, usually knees , wrist, elbow, shoulders and lumbosacral spine.

Stiffness of joints.

Pain < motion > warmth < cold.

Cracking of joints on movement.

Change in gait.

X-ray of the joints show osteo-arthritic changes along with degenerative changes.

E.S.R. raised.

O.A.N. was prescribed in the 1000 potency, at the onset once a week and the interval was increased as and when improvement set in. In severe cases, it was given once a day.

Histaminum : I need not dwell on the characteristics or the properties or the action of histamine, as it is a well-known factor in allergy. The very nature of histamine will simplify the fact and the usage of this remedy, as it could be very well used in cases of unknown or non-specific allergies.

I have used Histaminum in cases of allergic disorders, especially of the upper-respiratory tract. Allergic rhinitis and allergic bronchial asthma are the two diseases where Histaminum has given excellent results. The main indications of this remedy are history of allergy to external stimuli, like dust, smoke, perfumes, sprays, etc., ordinarily of the naso-pharynx leading to rhinorrhea, sneezing, blockage of nose, cough, irritation of throat, and bronchospasms.

The indications mentioned in Julian's book are :

Dryness of throat with constriction.

Operation and constriction of chest with sensation of lack of air.

Cough-paroxysmal, choking with tickling in throat which prevents speech.

Persistent, dry, fitful cough coming from the throat or suprasternal cavity.

Yellow or white-yellow, or greenish-yellow sputum, tasting like cheese.

Irritation/itching of the nose.

Painful dryness of the nostrils.

Nose block on one or both sides.

Inspiration difficult, and painful in cold air.

Head cold, with blocked nostrils on one side and feeling of heart and prickling.

The other symptoms which were clinically proved are : Sneezing, paroxysmal, agg. Morning, on exposure to dust, smoke, etc.

Rhinorrhoea, discharge watery, copious, with redness of nostrils, irritation/itching nose and redness/itching and watering of eyes.

I have usually prescribed Histaminum in the 1000 potency and given it once a day in most of the cases and have attained excellent results in the symptoms/diseases mentioned above.

Hypothalamus : I have used this rarely mentioned remedy in a few cases of alopecia totalis, where the indicated polychrests had failed to give the desired results, and have brought excellent results with Hypothalamus.

These case had come with a total loss of hair from the head after taking allopathic treatment for nocturnal enuresis.

Mostly, they were prescribed anti-depressants, and in spite of taking the treatment there was no improvement whatsoever in bed-wetting; rather it had increased and produced an additional disease by way of alopecia totalis.


All these cases were constitutionally fitting into either Phosphoric acid or fluoric acid and were not producing the desired results with these remedies in spite of their being given in the very high potencies up to 50M and CM. Juliun has mentioned that the constitution of Hypothalamus is similar to that of both Phos. acid and Fluoric acid and the basis of my prescription of Hypothalamus was on this fact.

In these cases there was a total loss of hair from the head and there were no signs of hair follicles on the scalp. As the treatment continued, there appeared signs of hair follicles and growth of hair. In one case, the growth was total whereas in the other cases, there was a slow and gradual growth covering the whole scalp.

I had used Hypothalamus in the 1000 potency giving drop doses, 2 drops in 2 teaspoonfuls of water, 2 times a day.

In this way we can see that the lesser known remedies can be of great use in the treatment of chronic cases where the polychrest remedies, either because of the nature of the disease or because of the action of the drug, failed to completely cure/relieve the disease. If used with caution and with proper indications, these lesser known remedies are capable of bringing about a dramatic change in the disease process.

Thus there are many more new and less known remedies and they can be studied clinically as and when occasion arises by maintaining their data and matching them with the earlier recorded information.



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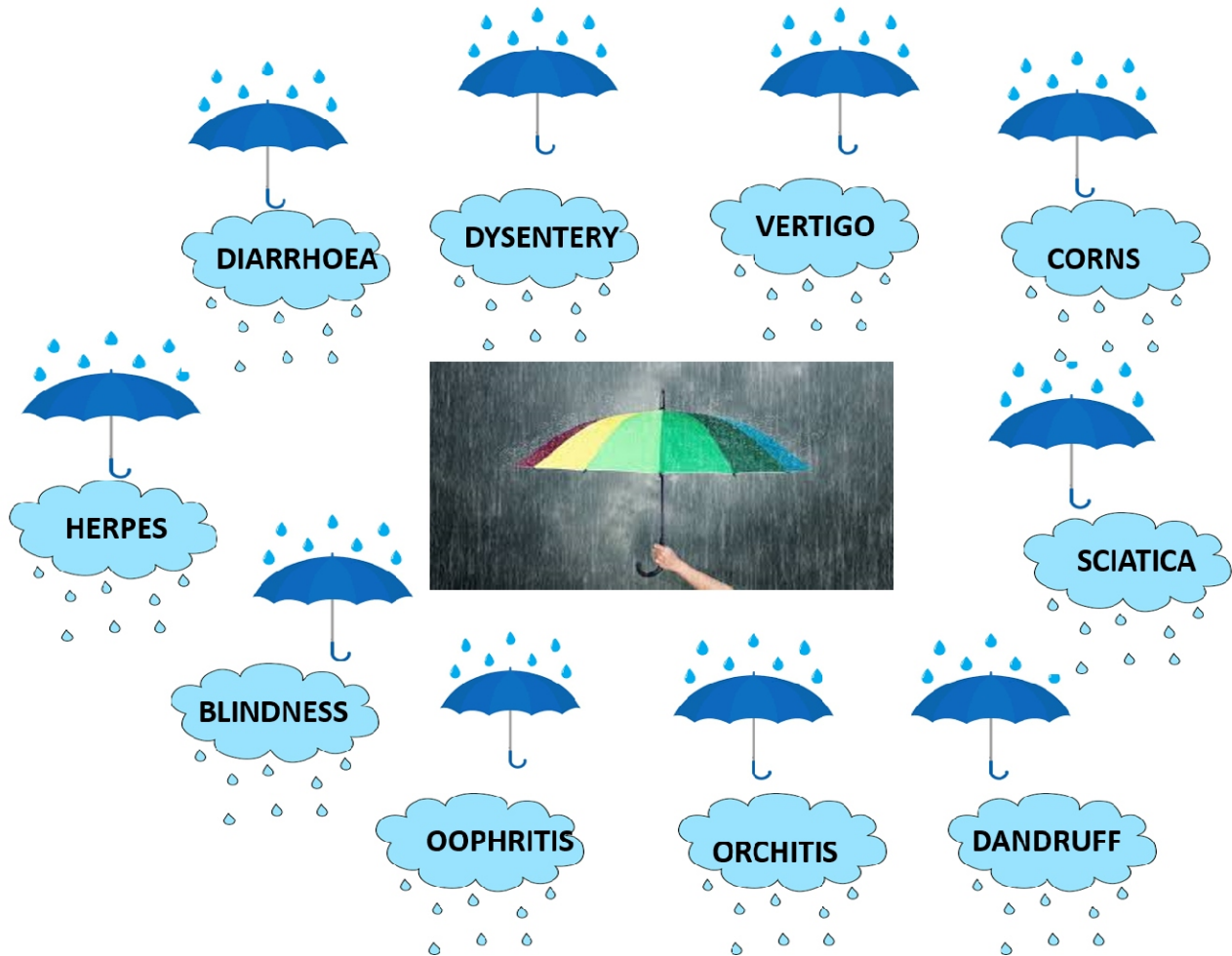
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M. D.

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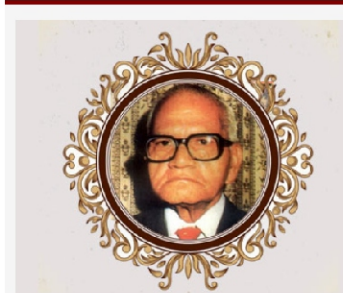
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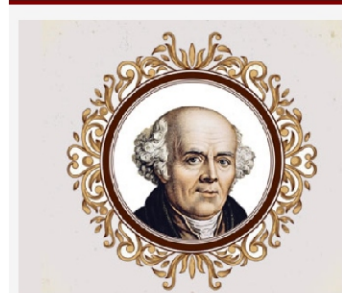


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