



RATIONAL PHYSICIANS

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



IIHP Hyderabad National Scientific Seminar
10 & 11 February 2024
Massive & A Grand Success

● OPPOSITIONAL DEFIANT DISORDER

● ADHD: INTEGRATED MANAGEMENT

● H'PATHY IN CROHN'S DISEASE

● H'PATHY IN NEPHROTIC SYNDROME

● INTERLEUKIN 1 AND TNF ALFA IN ASTHMA

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KEY NOTES

The Editorial

Dr Sudhanshu Arya
Managing Editor

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This issue will reach in your hands just a few days prior to the Hahnemann Day, a day for the renewal of our Hahnemannian vows. While World Homoeopathy Day is being celebrated at Delhi in a grand manner with the president of India expected to inaugurate the celebrations at the biggest convention ground in the capital city, Hahnemann day celebrations at national and unit level must be carried out with fervour and aplomb. Our article on this day from Dr Mujumdar in Hahnemannian Gleanings urges us to review our achievements and aspirations in the field of homeopathy.

The National Scientific Seminar held in February at Hyderabad was massive and very impactful for students, thanks to IIHP teams. Some of our units are working more actively than others. We would love to see more and more units to work for the benefit of the common homoeopathic physician and general masses.

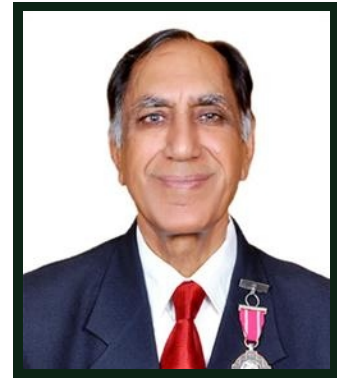
The team that took charge at Panchkula in February 2023 has completed one year, seemingly successfully. With just one more year to go a new team will take care of affairs at IIHP central executive level. We wish to organise another impactful national seminar and want everyone down the line to plan and work for the success of it. We are looking forward to all the regional teams to come up with ideas and proposals for the next national seminar. At the same time we want you to think about the new team and promote right people for it.

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

Dr Sudhanshu Arya

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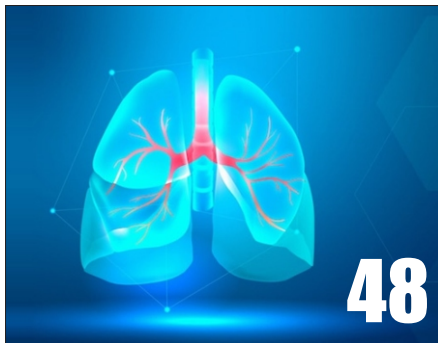
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Be a Passionate Homoeopath

Most respected colleagues,
Greetings from IIHP!

At the very outset, I thank all the team members of IIHP to organize 2 days National Scientific Seminar of Homoeopathy, at Hyderabad on 10th and 11th February 2024.

Friends, it gave me an immense pleasure and satisfaction, to see the number of delegates came to attend that event. The reason for my satisfaction and happiness, was the passion of learning and propagating our system, Homoeopathy. I am sure the future of those students and practitioners is definitely bright who do hard work with passion and dedication. This was phenomenal in the Seminar, which everyone has witnessed.

Dear friends! Actually this is what is required everywhere, wherever are homoeopaths. We need to study hard, because homoeopathy is not that easy as many of us think. I can quote the statement of Socrates, who said, "The only thing I know is that I know nothing, and i am no quite sure that i know that." The more we study, the more we know, what we did not know earlier. So to practice homoeopathy, if we have thorough knowledge of the system, we can do justice with our patients.

Many a times it happened with me after reading something from the books, ohhh, if I were knowing this earlier, I could have saved the life of so and so patients. But it is unavoidable, we can't know everything, we can't read everything, we can't memorize everything. The only thing we can do is, we can regularly keep on reading and learning. It is the only way to get good acquaintance with the subjects. It is very important, to keep in touch with the books- the source books in particular. Who reads, he leads, is the famous quotation. We know that knowledge is power. And the ignorant person is blind. He is like a person in the sea, without compass, who does not know, which direction he should move to.

Therefore, we should cultivate the habit of reading. The habit of learning. There is no particular age to learn. We can start at any age. Dr. Hahnemann was busy with his experimentations at the age of 88 years. We should not stop reading and learning. The moment we stop learning, we start decaying. Knowledge is not static. Its like a ball we through upwards. It keeps going up, until it has force to go upwards. A point comes when it does no go high, it stops at one point, and then it starts falling down. This is what is happening with all of us. If we don't read or revise any subject, we start forgetting it and finally it all together goes out of our mind.

So to be mentally active we need to read the subjects repeatedly. It not only makes and keeps the things fresh in our mind, rather every time we learn something new from the same book, which we missed in our previous readings.

Fortunately, I had been associated with late Dr. R.P Patel of Kottayam (and Vadodara also), where I used to go to him every month for more than 2 years. He used to say to me Dr. Tanvir I have studied Organon of Medicine for more than 5000 times. This passion had made him the great cancer healer.

Similar passion I have seen in Dr. LM Khan of Kolkata, when I visited him in his office in NIH, I was surprised to see more that 10-15 copies of Organon of Medicine on his table. When I opened them after getting his permission, I saw all the copies were underlined with different colors and there were many notes written on the sides of the paper.

These two great teachers made me to complete my MD's in all the basic 3 subjects of Homoeopathy- MM, Organon and Repertory and then Ph.D. After doing all this, many a times I get stuck with many of my patients. I find many difficulties, sometime even in selecting medicines for acute cases also.

Friends! The whole purpose of discussing all this is to make everyone active in reading and learning Homoeopathy. The more we learn, the better we deal with the patients, the best life style we can give to the patients and to ourselves!

As I had said in Hyderabad Seminar also that, we all Homoeopaths are sent here in this world for the higher purpose of our life, i.e. to serve the suffering humanity. We can fulfill this objective only, if we do justice with our patients, which requires knowledge.

So it is my sincere advice and humble request to all of my readers to make the habit of reading and learning. At the end of my discussion, I request all of my National Vice- Presidents of all the 5 zones to talk all the State Presidents of your respective states to hold regular CME's, State Conferences and share the experiences with our colleagues. The report of these events should be sent to the centre so that we can put it on our website for the reference of others also. Kindly take it very seriously. Because IIHP is known for high academic platform.

With hese words, I thank you all for working for Homoeopathy.

With warm regards.

A small servant 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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December 16 and 17, 2023, Mumbai

World Conference - Integrative Medicine in Palliative Oncology



The international Conference on the role of Integrative Medicine in palliative oncology using AYUSH based therapies including Homeopathy, Yoga, Anthroposophic medicine as supportive care in palliative stages of cancer was held in Mumbai on the 16th and 17th December 2023 at the Saifee Hospital and Tata Memorial Hospital. The conference was organized by Indian Homeopathic Medical Association South Mumbai Chapter in collaboration with International integrated Oncology Training Program, National Association of Palliative care integrative medicine in AYUSH (NAPCAIM), Department of CAM Saifee Hospital and Virar Homeopathic Medical College. There were 3 nation participation including Germany, Switzerland, and Dubai.

The conference was held on two days, first 16th December was the research meet and 17th December the plenum day having key note invited speakers. On both the days participants presented their clinical experience as oral and poster presentations on the scope of AYUSH based therapies in palliative oncology. The entire theme of the conference was highlighting the integrated approach having natural medicine along with conventional medicine addressing current challenges and advances in palliative oncology.

Dr Ravi Doctor chair of the conference along with Dr Hardik Ajmera Director Saifee Hospital welcomed the participants with the talk on importance of research-based methodologies as integrative medicine in palliative oncology

In this event Dr. Tanvir Hussain, National President IIHP and Dr. Nayeem Unnisa were invited to present their research papers on oncology, which were highly appreciated. The other participants also presented their clinical experience as oral and poster presentations on the scope of AYUSH based therapies in palliative oncology.

NEWS & UPCOMING EVENTS



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The highlight of this conference was how Homeopathy works in clinical palliative oncology, pain management, immune-modulation using viscum album therapy, early palliative care in general practice, yoga in cancer, music therapy and an experience sharing by cancer survivors. For the first time 10 cancer survivors narrated their stories of the challenges they faced when they were battling the disease and how systems like Homeopathy, psychotherapy, viscum therapy helped them not only cope with their disease but enhanced their physical and psychological quality of life during and post cancer treatments at the prestigious Tata Memorial Hospital & Research Centre, Mumbai.

Today we stand at crossroads trying to establish AYUSH and alternative systems of medicine as a standardized care in palliative oncology. Such awareness and open platforms of discussions help create a collaborative effort to establish application of new methods of care.

Report by Dr Nayeem Unnisa Begum

January 13-15, Dubai, UAE

2nd AYUSH International Conference and Exhibition



This conference was organized in Dubai World Trade Centre from January 13th to 15th in Dubai. It brought together practitioners of traditional and complementary systems of medicine like Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy. The event was held in conjunction with the Ministry of Health, Abu Dhabi, Dubai Health Authority, Indian Consulate and Science India Forum. Along with other organizations, IIHP was also the Conference Partner, which significantly contributed to the success of the event. **Organizing Committee Secretary:** Dr. Sreelekha; **Technical Committee Head:** Dr. Vaneeta Shahani; **Conveners:** Dr. Halowine Coelho and Dr. Sinsen Joseph and **Coordinators:** Dr. Alphonse D'Souza and Dr. Ritu Manchanda.

In this event many resource persons from IIHP presented their papers. Dr Mahesh Pagadala, National Finance Secretary IIHP; Dr Rashid Akhter, President UP State Branch of IIHP; Dr Zameer F Refai; Dr Sana Tanvir Hussain; Dr Sameer Chaukar presented their oral presentations. Apart from them Dr Santhosh Kumar from Abu Dhabi, our Mission Director of IIHP; Dr Ehab Makki and many other IIHP members also presented their papers, which were highly appreciated. Dr Tanvir Hussain, National President of IIHP was specially invited to chair the scientific session.

Report by Dr Nayeem Unnisa Begum – based on inputs from Dr Tanvir Hussain and Dr Mahesh Pagadala

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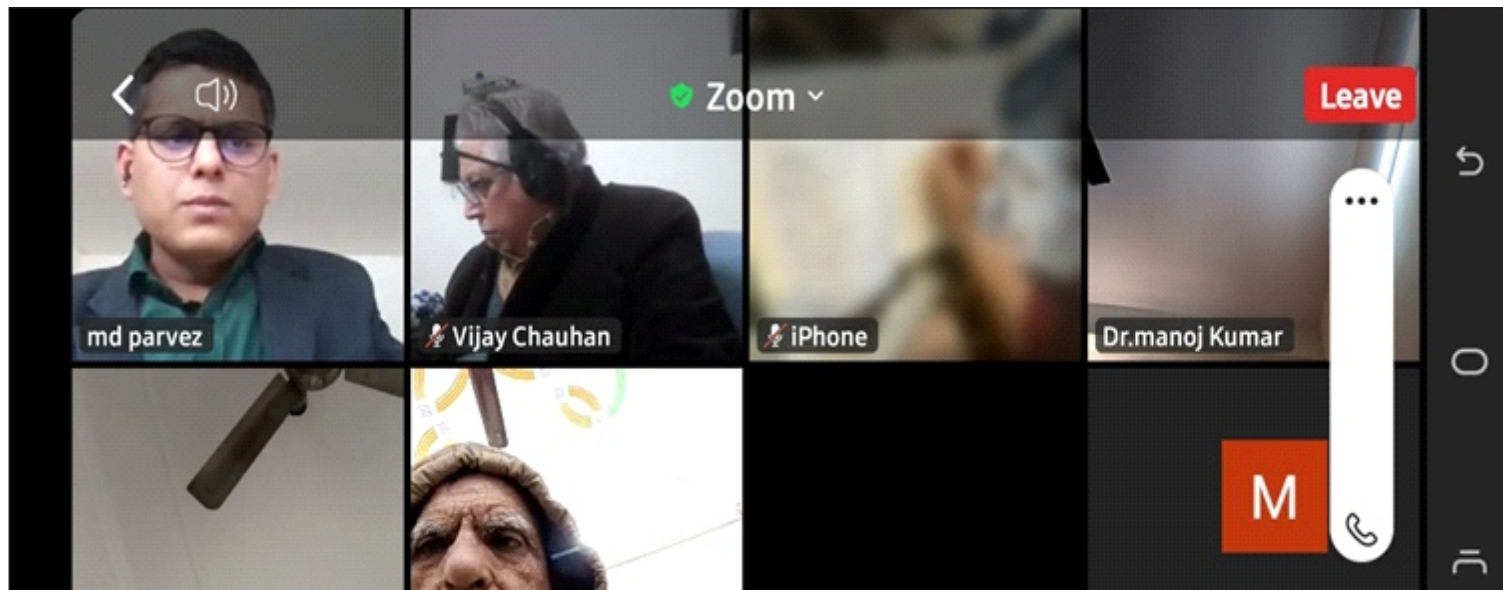


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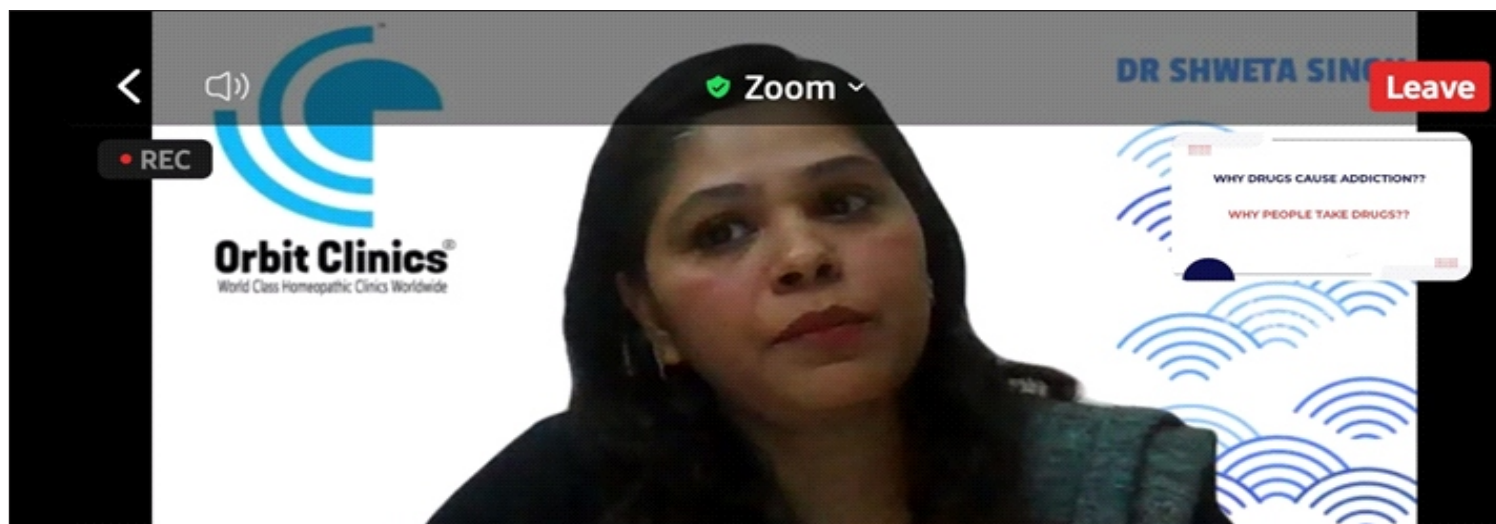
Delhi State Branch programmes

IIHP Delhi state branch has been actively pursuing academic programmes for the benefit of homoeopathic physicians. It has organised CME's every month of this year so far.

IIHP Delhi State Branch organised a CME on **21/01/24. Sunday** at Dr B R Sur Homoeopathic medical college and hospital, Moti Bagh, New Delhi with Dr MD Parvez, (BHMS. Director at Raza Health care, and Ex- Faculty at Impact Paramedical and Health Institute.) as speaker on the topic **SOMATOFORM SYMPTOMS DISORDER**.



IIHP Delhi State Branch organised it's February Month CME as a Webinar on 27/02/24 Tuesday with Dr Shweta Singh [President DHMA] as speaker on the topic **Decoding Alcohol Addiction & Exploring the Homoeopathic Approach to Recovery**.



IIHP Delhi State Branch organised a WEBINAR on Physiological and Psychological Aspects of SLEEP ISSUE By Dr Sakshi Gupta (Organising Secretary DHMA) on **26 March 2024 (Tuesday)**



February 10 and 11, 2024

IIHP National Scientific Seminar, Hyderabad



“IIHP National Homoeopathic Scientific seminar at Hyderabad”

In association with Homeopathic medical colleges of Telangana state

With technical support by central council of Research in Homoeopathy

Venue: Sri Satya Sai Nigamagamam Hall, Srinagar colony, Hyderabad

Date: 10th and 11th February 2024.

Theme of the conference: To facilitate budding Homeopaths practice Homeopathy with confidence

Type of article: Conference report

Abstract.

Indian Institute of Homoeopathic Physicians is an outstanding Organization known for initiating scientific innovative. With a visionary foresight towards quality Homoeopathic Education, the plan was conceived by IIHP to organize a national level academic event for the benefit of students of Homoeopathic Medical Colleges in the country. The decision to this effect was taken on 25th June 2023, when Dr syed Tanvir Hussain the National President of IIHP was invited to a state Seminar as a resource person, organized by IIHP Telangana state Branch at Hyderabad.

As a part of academic enrichment, National Homoeopathic scientific seminar was organized on 10th and 11th

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February 2024 in association with Homeopathic medical colleges of Telangana state with technical assistance from central council of research in Homoeopathy. Featuring over 1500 delegates registered for the conference, the highest number ever since the inception of IIHP (75 years) promised a remarkable platform for exchange of knowledge and expertise by Homeopathic practitioners from all over India and abroad.

The entire theme of the conference was to benefit students of Homoeopathic Medical Colleges in the country by highlighting evidence based homeopathic practice.

The marvelous journey of this scientific seminar would be incomplete without the unconditional support rendered by Dr. M A.Roa ji who is so visionary and dynamic leader of IIHP and instrumental in making the event resounding success

Thanks to all Homoeopathic Medical Colleges in Telangana who came forward to support and nurture the vision of IIHP.

Key words. Homoeopathy, scientific seminar report, Academic excellence, CCRH.

INTRODUCTION:

Indian Institute of Homeopathic physicians is one of the oldest recognized professional Organizations established for the welfare of qualified Homoeopathic graduates. Ever since its inception, it has been striving hard with untiring efforts to bring scientific validity to Homeopathic system of medicine. Under the able and dynamic leadership of late Padmashri Dr. K.G.saxana ji and late Dr G.L.N.Shastry ji, the two Visionaries, the Organization is always in the forefront to uphold the dignity of Homeopathic profession in India and abroad. Late Padmashree Dr K. G. Saxena ji was instrumental in getting recognition to Homoeopathy in India.

The seminar was well attended by various faculties, undergraduate, posts graduate scholars, students in doctoral programs, CCRH Scientist, Homeopathic practitioners, speakers from all over India and abroad, delegates from conventional medical stream to name a few. Prof. Dr. Muthyala Ramaiah from Minnesota University USA and Dr. Anwar Khursheed Royal Protocol Physician at Riyadh, Saudi Arabia made their presence at the event to understand the strengths of IIHP in promoting Homoeopathy.

Event Highlights 10 Feb 2024

Pre-inaugural Session:

Dr Praveen Jain:

Dr. Praveen Jain a well-known Physician from Mumbai was one of the Keynote speakers, initiated first Scientific session. His topic for deliberation was "Geno CARE- Transforming Genetic Disease Care with Homoeopathy. Approach to Duchene Muscular Dystrophy (DMD)"

He dealt extensively by highlighting critical areas in managing genetic disorders through Homeopathy which rated the summit and threshold of homeopathic success in genetic diseases.

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INAUGURAL CEREMONY:

The unique inaugural function was graced by - Sri Sri Sri Tridandi Shreemannarayana Ramanuj Chinna Jeeyar Swami garu as Chief Guest.

A spiritual awakening to the scientific ceremony marked the holy beginning of this event, accompanied by the divine blessings from His Holiness. The other dignitaries on the dais were **Dr. Syed Tanvir Hussain** IIHP National President, **Dr. Jupally Rameswar Rao** Chairman of My Home Group and JIMS, Padmashri **Dr. V. K. Gupta** President of Honor IIHP, **Dr. M. A. Rao** Immediate National Past President and Chief Advisor to this Seminar, **Dr. Lingaraju** Chairman of the Organizing Committee and Principal, JSPS Homeopathic medical college. Hyderabad, **T. Krishnamacharya swamy** JIMS HMC IIHP, **Dr. Sudhanshu Arya** National Secretary General IIHP, **Dr. Mahesh Pagadala** National Finance Secretary P, **Dr. R.V. Gayatri Devi** Chairman IIHP Women Cell, **Dr. Madhu Varanasi** President Greater Hyderabad Chapter of IIHP, **Dr. M. N. Raju** President IIHP Telangana State Branch.

The inaugural function was started with an Invocation song by students of Dev's Homoeopathic medical college, lead by Dhruv Shank Chamundeshwari.

Dr. Madhu Varanasi. President of IIHP Greater Hyderabad Chapter extended a warm welcome. The welcome was followed by presentation of floral bouquets to the dignitaries on the dais and lighting of the traditional lamp and floral tribute to Dr. Samuel Hahnemann and late Padmashree Dr. K.G. Saxena.

Dr. Syed Tanvir Hussain National President IIHP gave his Presidential address followed by address by other dignitaries on the Dias. The highlights of the inaugural function were, felicitation of Padmashree Dr. V.K. Gupta and Dr. Niranjana Mohanty with Living Legends and Master Healer Award.

Sri Sri Sri Tridandi Ramanuja Chinna Jeeyar Swami ji, the Chief Guest of the function dealt on divine and scientific nature of Homoeopathy. The audience were spell-bound hearing his in-depth knowledge in Homoeopathy and medical sciences. Later Swamiji showered his blessings on the Seminar and its participants. Dr. Rameswar Rao Chairman of JIMS and My Home group, who was guest of honor for the function spoke at length on the promotion of Homoeopathy. Later he was felicitated with Samajik Seva Ratna Award for his outstanding contribution for the promotion of Homoeopathy and Rural Health care.

Swami ji was felicitated with shawl, shریف and a memento by the IIHP President of Honor and National President.

The inaugural program was beautifully compered by Dr. Vaidehi, Dr. Annapoorna and Dr. Priyadarshini.

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ARENA OF SPEAKERS: on 10-2-2024

- Dr. NIRANJAN MOHANTHY** - Auto Immune Disorders and Homoeopathy with special reference to Psoriasis.
- Dr. E.S. RAJENDRAN- Homoeopathy** – The Nano Quantum Medicine in Epigenetics. Dr. SANJAY MODI- Relevance of Organon for today's generation
- Dr. MUKTINDER SINGH-** Homoeopathic understanding of Dependent personality disorder with Rubrics, cases and Materia Medica
- Dr. SYED TANVIR HUSSAIN-** Nip the Evil in the Bud – Homoeopathy in Pre-cancerous conditions.
- Dr. DEEPAK SHARMA-** A Clinical Journey – 29 years of Homoeopathy in Oman
- Dr. RASHEED AKHTAR-** For today's generation, few guidelines from Organon of Medicine before making Totality of Characteristic Symptoms and a Case report.
- All the distinguished Speakers who floored their sessions on first day were felicitated with mementos as a mark of their outstanding contribution by Dr. Syed Tanvir Husain National president IIHP and the dignitaries who chaired the sessions. All the CEC members of IIHP, who were there in person, were warmly felicitated.**
- Dr. KAUMUDI PADMAMALA** compered **THE MEDI- QUIZ** for the students of various Homoeopathic Medical Colleges sponsored by Dr. Noman Siddiqui in fond memory of his late grandfather Dr Baderuddin Siddiqui a veteran Homoeopath of Homoeopaths of Hyderabad.
- Students from JSPS Govt Homoeopathic Medical College, JIMS Homoeopathic Medical College, MNR Homoeopathic Medical College, HAMSA Homoeopathic Medical College, DEVS Homoeopathic Medical, GURUNANAK Homoeopathic Medical College, BVVS Homoeopathic Medical College-Bagalkot, A.M.SHEIKH Homoeopathic Medical College-Belgaum , K B ABHAD Homeopathic medical college- Chandwad Nasik, CHANDIGARH Homoeopathic Medical College, Dr Maalakareddy Homoeopathic Medical College-Kalaburagi took active part in the scientific Sessions.

ARENA OF SPEAKERS: on 11-2-2024

Prof. Dr. Gorantla Chandrasekar conducted the proceedings on the second day. The following Resource persons presented their papers.

- Dr. SANTHOSHKUMAR- A New Horizon :** Arsenic Album LM Potency in Pediatric Asthma and Cytokine Dynamics
- Dr. SHASHIKANT TIWARI- Boger's Repertory** – its Clinical application.
- Dr. ZAMEER REFAI-** Inspire to Heal. Success stories in advanced and incurable challenges.

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Dr. NAVIN PAWASKAR- Efficacy of Individualized Homoeopathy in Acute Viral Hepatitis – a Retrospective Descriptive Study.

Dr. M. RAMAIAH- Rare Diseases – a challenge to world health.

Dr. SAMIR CHAUKKAR- Role of Abuse in Pregnancy leading to Autism.

Dr. NAYEEM UNNISA BEGUM- An insight to evidence-based Homoeopathy – through case studies.

Dr. G. CHANDRASEKHAR- Psychiatry and Homoeopathy

Dr. HIMA BINDU- CCRH

Dr. KIRANMAYEER.G.R. CCRH

All the speakers who floored their sessions on second day were felicitated with mementos as a mark of their outstanding contribution.

ACKNOWLEDGEMENT:

At the end of the Seminar, Dr Mahesh Pagadala National Finance Secretary proposed the vote of thanks. Expressing his gratitude to all the Members of the Organizing Committee, CEC Members, Telangana state branch, Greater Hyderabad Chapter for their outstanding support in making this event a great success.

Dr. M N Raju of TS, Dr Madhu Varanasi of Grtr Hyd, Dr. Satish Krishna, Dr. Nomaan Siddiqui, Dr. Srikanth, Dr. Venkat Narayana, Dr. Bhaskar, Dr. Shailendra, Dr Samiyuddin . Dr V Padmaja Rao, Dr HariKrishna Ch and all others for their timeless hard work and support.

SPONSORS:

He also thanked all the Directors, Principals, and faculty members of all Homoeopathic Medical Colleges in Telangana and outside Telangana for their wholehearted support. He has expressed his sincere thanks to all those Homoeopathic Pharmaceuticals and Stores for helping the event by putting up with their companies' Stalls. He expressed his gratitude to all those who have contributed directly or indirectly for the success of this great event.

The participants of this two-day mega event appreciated the Akanksh Caterers for providing timely excellent delicious food and high tea on both the days. Overall, it was indeed a gala event with loads of take home message for all.

Conflict of Interest: There is no conflict of interest to be declared

To conclude:

With the success of Homeopathy in preventing and treating global covid-19 pandemic , a revolutionary vision and a new paradigm in the process of healing mankind has begun , Homoeopathy is now perceived as an advanced medical science than merely as a complementary and alternative medicine.

Under the able leadership of shri Narendra Modi Ji Ayushman Bharat Yojna is facilitating AYUSH system of medicine way forward as Holistic health and revitalizing the scientificity of Homeopathy.

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Acknowledgement:

It's an honor and a privilege for compiling the report under the able guidance of
Dr. MA. Rao ji Immediate National past President and Chief Advisor to this Seminar
Dr Syed Tanvir Hussain ji National President IIHP ,
Dr. Sudhanshu Arya Ji National Secretary General IIHP
Dr. Mahesh Pagadala Ji National Finance Secretary IIHP

Report by

Dr Nayeem Unnisa Begum.

MD (Homeo) MATERIA MEDICA Professor & Head, in practice of Medicine

February 25, 2024 – at Visakhapatnam



IIHP - VISAHA DISTRICT UNIT (A.P state) President Dr. P.Raghavendra Rao reporting to you, our regular bi-monthly CME programme & General body meeting conducted on 25th February 24 at BAI Hall, Visakhapatnam. We solemnly observed a memorial service to honour the memory of the esteemed President of Honour, IIHP-A.P state Dr.KVA Padmanabham ji, International Homoeo Consultant, a teacher, mentor, guide to many students, doctors in India. Mourning and deep hearted speeches, witness to our beloved guruji.

Later our doctors Dr.V.Hema Latha, Dr S.Ananda Rao, Dr.BV Abhilash, Dr.Sivakanthi, Dr.Mallikharjun, Dr.Raja Srikanth given lectures about Bowel Nosodes, which is headed by Dr.BS Venkateswara Rao.

Later Dr G.Rajendra Prasad dealt about Acute Fevers and Pains as a part of Dr KVA Padmanabham ji memorial lectures.

Our commitment to continuous medical education is unwavering, to ensure ongoing professional development and knowledge dissemination. Later we discussed about the Hahnemann's Birthday Celebrations in April 2024.

Reported by,

Dr.P.Raghavendra Rao, President, IIHP-Visakha unit.

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April 10 and 11 2024

World Homoeopathy Day at Delhi

Ministry of Ayush
Government of India

WORLD HOMOEOPATHY DAY-2024

Theme : Empowering Research, Enhancing Proficiency
A Homoeopathic Symposium

10th & 11th April 2024 | Yashobhoomi,
Dwarka, New Delhi

Under the aegis of Ministry of Ayush, Govt. of India

Organised by:

Central Council For Research In Homoeopathy
National Commission Of Homoeopathy | National Institute Of Homoeopathy

Supported by:

INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

Ministry of Ayush
Government of India

World Homoeopathy Day 2024

Empowering Research, Enhancing Proficiency :
A Homoeopathic Symposium

10th & 11th April, 2024 | Yashobhoomi,
Dwarka, New Delhi

Ministry of Ayush, Govt. of India

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Highlights

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- Panel Discussions
- Exhibitions

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10th April is master Dr Hahnemann's birthday celebrated every year by all the homoeopaths world over. For many years we have seen his birthday being celebrated as World homoeopathy Day with a grand celebration at the famous Vigyan Bhawan but this year homoeopaths have gone ambitious and this event is being organized at the newly launched venue of Yashobhumi with grand space dedicated to the conference and exhibition. To top it all the president of India, Shrimati Draupadi Murmu ji is invited to inaugurate the grand celebrations. This year it is a joint effort of Central Council for Research in Homeopathy, National Commission of Homoeopathy and National Institute of Homoeopathy under the aegis of the Ministry of Ayush, Government of India. This programme is supported by Indian Institute of Homoeopathic Physicians and Homoeopathic Medical Association of India. Theme of the programme is – Empowering Research, Enhancing Proficiency: A Homoeopathic Symposium. During this event there will be presentations, panel discussions and an exhibition too. It is a programme lasting 2 days – 10th and 11th April 2024. Registration for participation has been availed by a lot of homoeopathic physicians from all over India and other places.



#1 Association of Homoeopaths

Indian Institute of Homoeopathic Physicians

IMPORTANT

Attention Contributors

From the March 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]

LETTERS TO THE EDITOR



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PhotoCredit: FarhanAbas@www.unsplash.com



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ROAD MAP July - September 2024 Issue

The editorial team of the Rational Physicians solicits advertisements, articles, news and photos related to homoeopathy to be published in the forthcoming issue to be released in July 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
01.06.24**

For the July - September 2024 Issue

A Case of Nocturnal Enuresis

Dr Deepti Yesade

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Introduction

Bed wetting is common problem in children up to age of 5yrs. Toilet training takes pace from 2yrs to 5yrs. But some children though they get toilet train they are unable to control urine during sleep. Here is such a case successfully treated with homeopathy.

Keyword

Enuresis, Monosymptomatic/Nonmonosymptomatic, Urinary tract infection, psychological stress, homeopathic key notes, sepi

According to National Library Of Medicine, Enuresis refers to the involuntary loss of urine during sleep that occurs at least twice a week in children older than 5 years of age (or the developmental equivalent) for at least 3 months, and it is the most common urologic complaint in paediatric patients. Primary enuresis is that which occurs in a child who has not been dry for at least 6 months, whereas secondary enuresis is the one that has an onset after a period of nocturnal dryness of at least 6 months. Also, the enuresis is classified as monosymptomatic or non-monosymptomatic, with the latter correlating with daytime incontinence or other lower urinary tract symptoms like urgency. This activity reviews the definition, pathophysiology, evaluation, and management of enuresis and reviews the role of the inter-professional team in identifying and managing patients with this condition.

Nocturnal enuresis is not a benign disorder; it has severe repercussions for the child and the family. Children are often punished and are at risk for physical and emotional abuse. Many children become isolated, lack self-esteem, and have poor academic performance. This activity highlights a detailed understanding of this very common yet misdiagnosed condition.

Aetiology

Enuresis is considered a multifactorial entity with a strong genetic component that may be influenced by comorbidities and immaturity of the central nervous system bladder control mechanisms. Although specific genes remain unidentified, studies suggest that inheritance of the condition is in an autosomal dominant pattern with 90% penetrance. Studies show a 44% chance of enuresis in children with one affected parent and 77% in those with two affected parents.

Once thought to play a causal role, psychological or psychiatric factors are now considered to be either a consequence of enuresis or comorbidity.

Other Conditions associated with nocturnal enuresis include:

- | | |
|-----------------------|-----------------------------|
| •Constipation | •Diabetes insipidus |
| •Urethral obstruction | •Disorders of sleep arousal |
| •Ectopic ureter | •Small bladder capacity |
| •Cystitis | •Overactive bladder |

Epidemiology

The prevalence of enuresis is similar across cultures. The prevalence varies with age, with 15% of 7-year-olds, 10% of 10-year-olds, 2% of adolescents, and 0.5 to 1% of adults being affected by the condition. Enuresis is more common in boys when compared to girls, with a ratio of 3 to 1, but this difference tends to decrease after age 10.

Homeopathic Approach

Homeopathy believes in Similia Similibus Curenture. Master Hahnemann in his book Organon of Medicine, 6th edition If the physician clearly perceives what to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease indication), if he clearly perceives what is curative in medicines, that is to say, in each individual medicine (knowledge of medicinal powers), and he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue

Case

A boy 6yrs old came to my office with his parents with the complaint of passing urine during sleep in afternoon also during night sleep also.

On detailed case taking

Mother got conceived him through IVF after 4yrs of marriage.

Mother 'mental history during pregnancy: Work pressure during last trimester. Fear of losing job

As placenta was anterior side so unable to see baby's fingers during USG so had fear whether baby will be born with less number of fingers

Birth history: cord was around the neck, so labour was induced at the end of nine month baby was delivered through C section. Birth weight 3.3.kg, milestones proper, all vaccination according to age given started speaking at age of 2.5yrs

Past history:

A) Frequent urinary tract infection

1. At age of 18 months was treated with antibiotics -there was fever as child was not passing urine and crying while urination

2 at the age of 2.5yrs treated with antibiotics

3 at the age of 4.5yrs treated with antibiotics

B) Frequent cold and cough from 1yr to 2yrs as he was going to baby sitter treated with allopathic medicines

C) Astigmatism detected at age of 2yr

Family history

Father is having diabetes mellitus since 5yrs on oral hypoglycaemic agent

Mother don't have any health issue but overweight

Younger brother is 2.5yrs old and had febrile convulsion

Paternal grandfather died because of MI, grandmother died due to old age

Maternal grandfather is having hypertension, grandmother having diabetes and hypertension

Personal History

Appetite: Eat little at a time frequently

Desire: Fish+, rice, chicken, mutton, egg+, strawberry, pomegranate, apple, milk, curd+

Aversion: not specific

Thirst: Ok, drink water half to full glass at time regularly

Urine: Strong odour++ , yellow

Passing large quantity in night especially before 3am

Bowels: Regular, stool soft yellow-brown

Perspiration: On head especially while playing

Sleep: sound deep

Relation with heat cold: Ambithermal

Tongue: Moist -deep furrow in between

Behaviour: most of time quiet but sometimes become impulsive, hits sometimes to classmate or younger brother but says sorry

Good in studies but sometimes confusion in mirror image

Remedy selected: Sepia on the basis of key notes

1. Enuresis: bed is wet almost as soon as the child goes to sleep; always during first sleep
2. Urine: foetid so offensive must be removed from the room

Prescription: Sepia 30 for 3 days in water

Dissolve 3 tablets in 3 tablespoon of water; 1spoon at a time three times a day for 3 days followed by sac lac 3times a day for 8 days

1st follow up

Strong smell of urine totally stopped

No passing of urine in diaper both in afternoon and night since 3 days

Thirst and Appetite improved

Prescription: Saclac for 8 days

2nd follow up

Only one time passed urine during sleep in night

Prescription: Saclac for 8 days

3rd follow up:

Whole week no bedwetting during sleep both in afternoon and night

Prescription: Saclac for 15 days

References:

1 PubMed: Nocturnal enuresis in children--how to diagnose, how to treat?] [Grzegorz Paruszkiewicz](#)

2 Organon OF Medicine 6th edition by Samuel Hahnemann

3 Keynotes with Nosodes by H.C.Allen



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LYCOPODIUM CLAVATUM

A Comprehensive Study.

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Image Credit: https://en.wikipedia.org/wiki/File:Lycopodium_clavatum_151207.jpg

I. INTRODUCTION

It's a Greek name – Lyco = wolf, and podos = foot. The spores of Lycopodium are shaped like wolf's paws. Hence, the other names of Lycopodium –

- Wolf's claws
- Fox's tail
- Lamb's tail
- Club moss

It was proven by Hahnemann.

It belongs to the vegetable kingdom, and is a plant remedy. It lies between the mosses and ferns.

Remedy is prepared from the spores that are also known as “Vegetable Sulphur” (due to its property for producing stage lightning in theaters).

It is ranked in the central trio of Calcarea Lycopodium Sulphur, around which all the rest of our materia medica can be grouped (J. H. Clarke).

The old-school physician used Lycopodium as “inert” coating for pills and as drying powder to treat hair conditions like plica polonica.

It is interesting to compare the botanical characteristics of the plant with the basic personality of the person who needs it. (Doctrine of signature)

· Lycopodium is a moss of dry and thin growth, preferring dry forests.

· It grows to a length of 3.5 feet but creeps shyly and slowly along the ground.

· Their spores repel water. (Hence their use as a drying powder)

· Spores germinate slowly. They grow only after 6-7 years and reaches maturity with the ability for reproduction only after 12-15 years.

· The spores are extremely hard and burn with a bright flash when ignited.

Thus, the living dynamis of herb expresses itself the tendencies of

· **DRYNESS**

· **SLOWNESS**

· **HESITANCY IN GROWTH AND REPRODUCTION**

· **HARDNESS WITH HIDDEN FIERY QUALITY**

I. ONTOGENIC & PHYLOGENIC VIEW-POINT

In order to understand the essence of an object of nature, it must be looked at in its developmental stages throughout time and times, in its phylogenetic (evolutionary) and ontogenetic (course of development) perspective.

The portrait of *Lycopodium* represents a grandiose picture of backward development; of regression through millions of years in which, the drive for evolution in ontogenesis and phylogenesis appears to be held in.

Lycopodium has many varieties spreading over all continents. It has 11 main and 40 subspecies in all zones of Earth, with *Lycopodium clavatum* being the most common variety. It is one of the oldest plants in the history of our planet, and may even be THE oldest surviving plant.

Two hundred million years ago, in the carboniferous age, air contained a great deal of CO₂ because of the enormous amount of volcanic eruptions of this period. At that time, *Lycopodium* was a mighty tree forming enormous forests with Ferns and Equisetum. It reached a height of 150 feet, had giant leaves and was anchored in soil with mighty roots.

Today, however, *Lycopodium* is a tiny, delicate plant. During this process of retrogression – as if the plant has been weaned from its most important source of nourishment (carbon of CO₂) – it has lost the ability to assimilate carbon altogether. The plant now needs symbiosis with a saprophytic fungus to produce chlorophyll for synthesizing carbohydrates from CO₂. Hence, the process of assimilation shows weakness. At the same time, there is great slowness of growth and further difficulties in propagation.

The spores of *Lycopodium* have capsules, and inside the capsule, there are gametes (and therefore, the whole future plant). This capsule is in a crystalline form and is of great hardness.

Once a mighty tree with an enormous trunk, the plant now winds snake-like reaching a length of 10 meters along the ground. From its miniature stem there ascends tiny branches whose growth always favor one side. The branches are covered with scale like leaves that develop

very slowly. This plant requires coolness to develop and thus, it favors the shade of woods, thickets, barren and solitary places. The plant does not develop directly from its spores but goes through an asexual phase from which, the spores originate. These spores remain sterile in most instances and only a few germinate. If they develop, they need 6-7 years until the leaves appear and for its whole development, the plant needs 10-20 years (the time taken for a tree to grow its fullest size!). Even the few germinating spores need the presence of a saprophytic fungus to bring about spermatogenesis.

Thus, we see here, a basic and most outstanding characteristic of *Lycopodium* in:

CONTRARINESS

ENORMOUS SLOWNESS OF DEVELOPMENT WEAKNESS

Lycopodium, thus, exhibit a contrariness in all its characteristic manifestations:

From an enormous tree to a crouching tiny plant.

From powerful vitality to the greatest vegetative weakness.

Yet, despite such enormous weakness, there is an astonishing persistence and tenacity of survival through millions of years.

Contrariness characterizes the change of locality from right to left. Improvement through cold and desire for cool air in general, at the same time, great tendency to catch cold, and desire for warm foods and water and warmth of bed.

Improvement from motion and movement, but because of weakness again there is desire to lie down.

Ravenous hunger but satiety after a few bites.

Increased sexual desire with impotency.

Great hypersensitivity to all senses and organs along with numbness.

Alternating muscle contraction (like movement of the nostrils in dyspnoea).

Strong mind with weak body.

Great hilarity and deep depression.

Laughter without reasons with crying spells.

Desire for solitude, but wants someone in the next room.

Suspicion and manipulation with sentimental sensitivity (cries when thanked!).

Lack of self confidence, full of fears, and cowardice, yet anger, arrogance, and dictatorial behavior.

Such contrariness grows out of a lack of stability. Lack of stability is due to lack of vitality. Lack of vitality leads to slowing down of all vital processes.

- Slow carbohydrate metabolism leads to hypoglycemia.
- Slow fat metabolism leads to loss of weight and leanness.
- Slow protein metabolism leads to increased formation of urates resulting in gout, renal stones, and the characteristic red sediments in urine.
- Slow cholesterol metabolism is expressed through formation of gall bladder stones.
- The mucus membrane functions in a sluggish way tending toward dryness.
- There is also sluggishness in the functioning of the tonsils that leads to plug formation with consequent tendency towards tonsillitis.
- The resolution of pneumonia is delayed.
- Sexual potency decreases.
- In girls, the start of the period and the development of breasts are delayed.
- All pathological processes have a tendency towards slowing down and chronicity, and even slow disposition becomes a hereditary trait.
- The thought processes are delayed – memory and concentration are weakened almost to the point of confusion in daily activities. Yet, he is capable of speaking about abstract themes or is able to speak in public even though he is afraid. Such a mental condition produces lack of confidence, anxiety, melancholia, and hypochondriacal mood. All of these, is covered up by an outward overcompensation of intolerance to contradiction, dictatorial, quarrelsome, and obstinate behavior. The over-sensitiveness and irritability of Lycopodium desires solitude, but with his feelings of insecurity, desires someone to be present in the next room.

The dreams reported by the provers of Lycopodium are dreams of fears, reflecting the threat to vitality. There are also amorous dreams where the sexual drive appears in a compensatory form.

III. A STUDY OF THE CHEMICAL COMPOSITION OF LYCOPODIUM

The physiological and medicinal properties of the potentized spores of Lycopodium are derived from the contents of the spores.

The oily contents of the spores consist of a mixture of 5 fatty acids:

- 1.Oleic acid
- 2.Palmitic acid
- 3.Linoleic acid
- 4.Stearinic acid
- 5.Myristic acid

The alkaloids are present in the herbal part of the plant and are not used homoeopathically. The entire action of Lycopodium, therefore, is dependent upon the action of these 5 fatty acids.

The effects of fats and fatty acids upon the liver and the secretion of bile are generally well known. Hence, the proving of Lycopodium is actually a “Micro-toxicological liver test”, i.e., a disturbance of the many functions of liver. The potentized fatty acids, as contained in the spores of Lycopodium, has an effect upon the entire fat metabolism, a disturbing one in the proving and a curative/regulative one in disease.

Physiology: Among the 24 known fatty acids in the organism, the five fatty acids present in the spores of Lycopodium are exactly those, which are most important for the metabolism of fat. These are present as triglycerides – as neutral fats, making up to 10-23% of the body as a whole.

For the absorption of fatty acids, secretion of bile is essential. The liver assimilates the fatty acids from the blood within minutes transforming them into glycerides and phospholipids.

Weakness: As an organ for assimilation of fats and formation of glycogen, the liver becomes the most important organ of the body and the second most important storehouse of glycogen, next to muscle. Glycogen provides energy to the body and any disturbance in the process of formation of glycogen must lead to loss of physical energy, a symptom highly characteristic of Lycopodium. Fat metabolism also extends to the lipids especially the phospholipids, thus reaching deep down to the roots of life, and thereby, explaining the hereditary disposition of Lycopodium.

Brain: Phospholipids such as lecithin and cephalin are necessary for brain and nerve activity, which are both strongly influenced by Lycopodium.

Pneumonia: The lipid-protein complexes are of importance for membranes of the alveoli of lungs. They are essential for the preservation of their elasticity and prevention of collapse – hence the use of Lycopodium in pneumonias and pneumonias with delayed resolution.

Endocrine: Cholesterol is rich in linoleic acid. Cholesterol is necessary for the synthesis of steroid hormones in the ovaries and testes. Thus, the affinity of Lycopodium to these endocrine glands.

Disposition: Liver is important for protein metabolism leading to formation of urea, uric acid, creatine, and creatinine. Thus, explaining the rheumatic, gouty, and arthritic disposition of Lycopodium patients.

Afternoon: The glycogen content of liver and the blood sugar level are at their lowest point in the afternoon hours, which is the typical time of aggravation for Lycopodium. Gross hypoglycemia leads to symptoms such as ravenous hunger, and desire for sweets.

Easy satiety: insufficient digestion of carbohydrates leading to fermentation gives rise to the typical disposition of being quickly satisfied despite being hungry.

Conclusion: Therefore, the combined effect of Lycopodium upon the liver (main organ for metabolism) and upon the metabolism of fat – carbohydrate – protein, explains why Lycopodium is one of the most deeply acting polycrests of our HMM.

IV. PSYCHODYNAMICS AND PSYCHOSOMATICS

Source books have described Lycopodium personality as:

PERSONS OF KEEN INTELLECT WITH WEAK MUSCULAR POWER & DRY TEMPERAMENT WITH DARK COMPLEXION

Here, there is a basic difference between the mental and vital functioning of the person with preponderance of mental prowess over the vitality that results in DRYNESS decrease glandular and lymphatic activity altered liver and adrenal functioning **DARK COMPLEXION.**

Liver and adrenal malfunctioning also causes lowering of general tone **WEAK MUSCULAR POWER/ GENERAL WEAKNESS/ DEBILITY/ LACK OF VITAL HEAT.**

Sometimes, in cases of Lycopodium, there is a pendulum like swing between intellect on one hand and vital functions on the other. Permanent prevalence of one leads to depression of the other. For example, robust people are usually less active mentally; and mentally active individuals have more often muscular weakness with frail vitality.

Lycopodium presents the picture of a person who is mentally active (the cerebral type) with its resulting depressed activity of the vital functions. This depressed activity is seen from head downwards to the reproductive centers.

**AGGRAVATED FROM ABOVE DOWNWARDS
WEAK CHILDREN WITH WELL-DEVELOPED
HEADS BUT PUNY SICKLY BODIES**

Lycopodium also produces and cures a **STATE OF EMACIATION OF UPPER PART WITH A SEMIDROPSICAL CONDITION OF LOWER PARTS**

Generally, children have tremendous stores of vitality and regenerative power with proportionately low intellectual activity. On the other hand, older patient has high intellectual power with low vitality and low regenerative power. Therefore, Lycopodium affects more heavily children and older people because of its great imbalance between intellect and vital power –

THE EXTREMES OF LIFE

Those children who have less amount of vitality and regenerative power are hampered in their formative and growth processes. Thus, Lycopodium is most helpful for **INTELLECTUALLY KEEN CHILDREN WITH HIGH NERVOUS TENSION WHO ARE PHYSICALLY WEAK.**

Children having **LYMPHATIC CONSTITUTION** (depressed glandular activity) with tendency to catch cold.

The adult who needs Lycopodium will reveal a condition, which in normal development would be reached but with more advanced years. Therefore, he appears **PREMATURELY AGED
EARLY GREYING OF HAIRS
EARTHY DARK COMPLEXION
DEEPLY FURROWED FACE
THIN, WITHERED
FULL OF GAS**

From the evolutionary aspect, the sense of physical weakness during the early formative years results in a feeling of inferiority and insecurity. Hence, we have in Lycopodium, **FEELING OF INSECURITY AND LACK OF SELF CONFIDENCE.**

There is always a tendency to compensate for one's weakness by relying more on one's potential strength. Hence, more the physically inferiority complex, more pursuance of intellectual endeavors that is many a times carried to such an extent that it results in "bookworm" or "brooding introvert" personality. Lycopodium engages in an occupation that requires maximum of sitting and minimum of outdoor works. Such a mode of living slows down the general and especially portal circulation resulting in **INDIGESTION DUE TO LIVER DISTURBANCES AND REDUCED INTESTINAL MOTILITY** (Flatulence, Eructations, Gas, Colics, Constipation, Hemorrhoids, etc.)

Nature attempts to compensate are expressed in the modalities:

**BETTER FROM MOTION
CRAVING FOR AND BETTER FROM OPEN AIR
AVERSION TO AND WORSE FROM TIGHT CLOTHING.**

Disturbance of liver and digestive function combined with the characteristic lack of physical exercise results in accumulation of metabolic toxins. This is expressed in uric acid diathesis and kidney and urinary symptoms **NON-ELIMINATIVE LITHEMIC.**

The lowered functions of the adrenal's accounts for the **LOSS OF HAIR
BALDNESS
DARK COMPLEXION
FEELING OF WEAKNESS
EXHAUSTION**

It is also associated with a relative or absolute vagotonia, which is expressed in intestinal spasticity, slow pulse rate, and vascular hypotension. The circulatory inadequacy is expressed in **LACK OF VITAL HEAT
AGGRAVATION FROM WARM AIR
AGGRAVATION IN WARM ROOM
BETTER IN OPEN AIR**

During sleep, the parasympathetic activity through the vagus nerve prevails and blood pressure falls. Therefore, **WORSE AFTER SLEEP** as sleep tends to

aggravate temporarily the vascular imbalance. The drying up of gonads results in **IMPOTENCY & STERILITY.** In more advance states, we have a Lycopodium person who is devoid of vital resistance; he is exhausted and withered, appearing old regardless of his biological age. Hence, here we have **TENDENCY TO SLOWLY PROGRESSING DISEASES
A STATE OF GENERAL ATONY
MALNUTRITION
CANCEROUS GROWTH
CACHEXIA**

TUBERCULOUS CONDITIONS...(a personality type who over-reaches himself in pursuit of his mental efforts is characteristic of tubercular make-up.)

The quality of the personality shows two distinct characteristics:

1. The finer nature, and
2. Less inner resources.

The fine natured ones are usually **SHY/ TIMID/ CAUTIOUS/ MILD/ SUBMISSIVE.** They withdraw from the crowd and diligently concentrate upon their mental efforts. They also have philosophical leanings and in their own way attain the highest goals of spiritual efforts. The outer weakness turns into inner light and strength.

The other Lycopodium simply seclude themselves from company **AVERSION TO COMPANY**, and they fall into narcissistic self-centeredness. Therefore, a neurotic personality ensues

**GENERAL APPREHENSION
FEAR OF BREAKING DOWN UNDER STRESS
MELANCHOLIC DEPRESSION
OVERSENSITIVENESS
EGOTIST + SELFISH OFFENDED EASILY
INTOLERANT & QUARRELSOME
UNABLE TO ENDURE OPPOSITION
HAUGHTY
DOMINEERING
OVERBEARING IN THEIR CONDUCT
MISTRUSTFUL
MISERLY
GREEDY
ENVOIOUS
MALICIOUS**

They usually suffer from the **CONSEQUENCES OF ANGER, VEXATION, AND MORTIFICATION.**

The insecurity of a person who has learned to rely more upon careful deliberation and scrutiny rather than physical strength will lead to **CONSCIENTIOUS ABOUT TRIFLES**. But underneath this deception there is choleric temper, which is frequently given sudden outburst in a person who is devoid of self-control.

A person under great mental and physical strain, who is losing the support of a failing vitality is headed towards exhaustion and prostration, and so we have **FATIGUE FROM ANY INTELLECTUAL EXERTION**
INCAPABLE OF MENTAL LABOUR
WEAKENING OF MEMORY
CONFUSED THOUGHTS
WRONG SPELLING OF WORDS AND SYLLABLES
STUPEFACTION AND DULLNESS
FAILING BRAIN POWER
PHYSICAL AND MENTAL IMPOTENCY.

V. KEYNOTES

Lycopodium keynotes are very peculiar and pronounced, without any preference but solely in order of their appearance, they are –

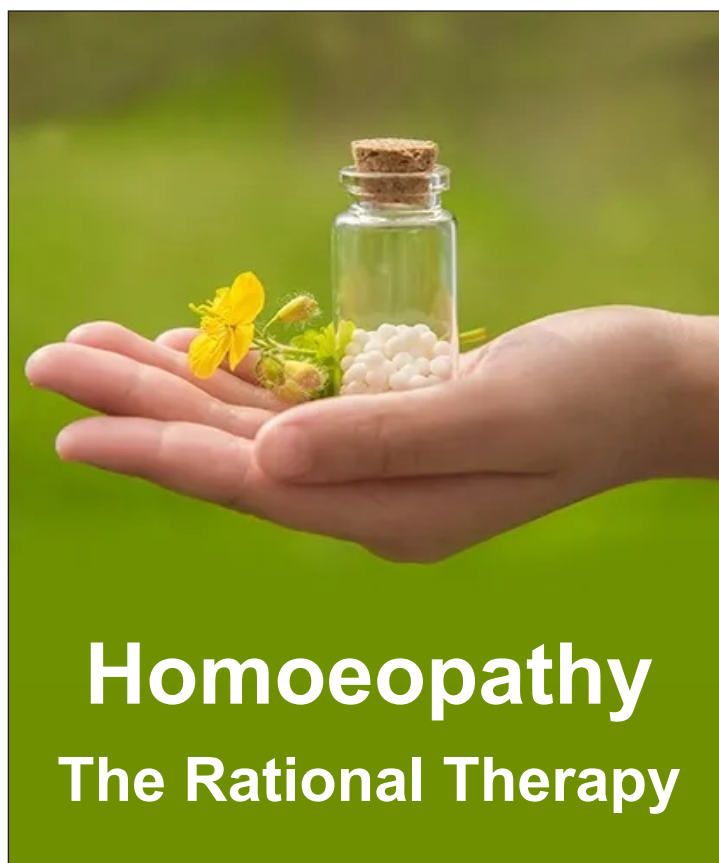
1. **AGGRAVATION** 4 – 8 pm. (< 4-6, > at 8, gone at 9).
2. **RIGHT TO LEFT SIDED AFFECTION OF ANY PART OF THE BODY.**
3. **AMELIORATION BY UNCOVERING** (esp. headache) [Opp. Silica].
4. **AMELIORATION BY WARM DRINKS AND AGGRAVATION FROM COLD FOOD AND DRINKS** (not restricted to gastric complaints only).
5. **FAN LIKE MOVEMENT OF THE ALAE NASI** (esp. in cerebral, pulmonary and abdominal complaints).
6. **HALF OPEN CONDITION OF THE EYES DURING SLEEP** (esp. in children) [Loosvelt].
7. **SUDDENNESS; SUDDEN FLASHES OF HEAT, LIGHTNING LIKE PAINS, SUDDEN SATIETY.** (Pains and symptoms come and go suddenly like Belladonna).
8. **SENSATION AS IF THE HANDS WERE IN THE BODY CLUTCHING THE ENTRAILS** (Belladonna).
9. **RESTLESSNESS, > MOTION/MOVEMENT.**
10. **RIGHT FOOT HOT, LEFT FOOT COLD.**
11. **BURNING PAINS > HEAT. BURNING LIKE HOT COALS BETWEEN SCAPULAE. BURNING AND STINGING IN BREASTS.**
12. **DRYNESS OF PARTS OF MUCUS MEMBRANE;** of vagina, skin, palms, etc.

Lycopodium, thus represents, the trend of intellectual imbalance at the cost of atrophying emotional life and

vital functions. These persons are, usually, introverted, often asocial, outwardly haughty and domineering, but inwardly unsure of themselves. They are full of fears and feelings of inferiority. Irritability and impatience are the expressions of this imbalance.

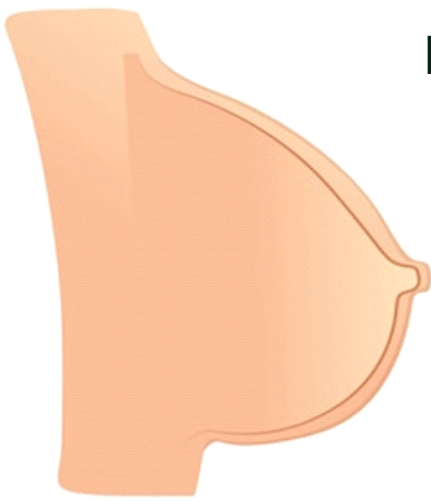
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Homoeopathy

The Rational Therapy



DRUG INDUCED HYPERPROLACTINEMIA

A Case Of Artificial Chronic Disease

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Abstract : Prolactin is a protein hormone having 199 aminoacids with a molecular weight of 23000 daltons. Hyperprolactinemia is a common endocrine disorder of reproductive women. It has many causes both physiological and pathological, as well as pharmacological causes. Many drugs increase prolactin levels in both males and females. Women are more sensitive to hyperprolactinemic effects of drugs. Drugs which induce hyperprolactinemia include antipsychotics, antidepressants, H₂ receptor antagonists, prokinetics etc. Hyperprolactinemia leads to amenorrhea in reproductive age women leads to infertility.

Keyword: pharmacological causes, H₂ receptor antagonists, artificial chronic diseases, pseudo chronic diseases, amenorrhea, infertility.

Introduction Prolactin is synthesized and released by the lactotrophs located in the anterior pituitary gland. Prolactin secretion from the anterior pituitary is under the inhibitory control of dopamine. Dopamine is produced in arcuate nucleus of hypothalamus and is released in the portal hypophyseal vessels. Hyperprolactinemia is commonly due to pituitary adenomas.

Normal plasma levels of prolactin is 1-20ng/ml.

Causes of hyperprolactinemia

1. Physiological causes – stress, exercise, pregnancy, stimulation of nipples, sleep.
2. Hypothalamus and pituitary- craniopharyngioma, tuberculosis, pituitary adenomas,
3. Neurogenic causes – chest wall lesions, empty sella syndrome, spinal cord lesions
4. Drugs – alprazolam, ranitidine, isoniazid etc.

Most of the drugs lead to increase in prolactin levels primarily removing inhibitor pathways or directly by stimulating lactotroph cells. Clinical features of hyperprolactinemia include

Oligomenorrhea, amenorrhea, galactorrhea, infertility and recurrent abortions

Case

A female patient of age 29yrs came with complaints of amenorrhea. Her menses were irregular once in 3 months, scanty flow. Her CBP, THYROID PROFILE, USG pelvis is normal. She has gastric complaints also for which she is using allopathic medications. Based on totality drugs like puls, sepia, phos are given for menstrual irregularities but no marked improvement. Menses appearing once in 2 or 3 months.

As no marked improvement in complaints she was advised to check prolactin levels. Her prolactin levels were >200ng/ml. immediately she was advised to undergo MRI, which came as normal, suggesting hormonal correlation. On restudying the case I want to check the drugs used by her for gastric complaints. As part of treatment of GERD, indigestion, acidity gastroenterologists prescribed proton pump inhibitors, prokinetics, H₂ blockers etc. these drugs increase prolactin levels in women of reproductive age and causes amenorrhea.

she used drugs like-Esotrend-LS, **BACLOFEN, ACOGUT**

Esotrend is used for GERD complaints-side effect of it is amenorrhea.

ACOGUT used in treatment of indigestion, bloating etc. –side effect of it is, it increases prolactin levels.

As soon as she stopped taking above medicines her prolactin levels came down to 14.60 within one month and her menses also became regular after that.

DISCUSSION: Drugs are common cause of hyperprolactinemia. It leads to amenorrhoea, infertility in young reproductive age girls. Prescribing any antipsychotics, H₂ receptor antagonists increases prolactin levels, and causes amenorrhoea and infertility in young reproductive age women.

Hahnemann classified drug induced conditions as artificial chronic diseases² and explained in 74 aphorism as

Among chronic diseases we must still, alas! reckon those so commonly met with, artificially produced in allopathic treatment by the prolonged use of violent heroic medicines in large and increasing doses, whereby the vital energy is sometimes weakened to an unmerciful extent...

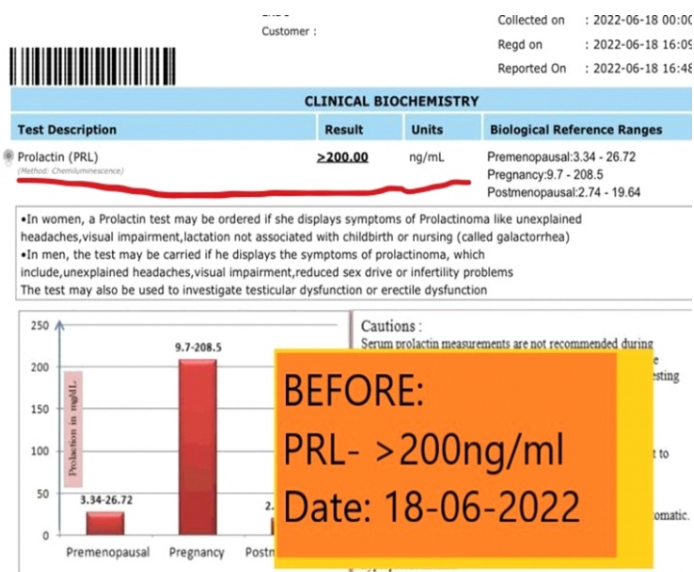
The result of such diseases may be

1. The vital energy may be so weakened that they lead to death of the patient
2. If vital energy be not completely overpowered, it is gradually deranged in such a way that gross structural and permanent functional changes are produced in living body in order to preserve the organism from complete destruction of life by destructive drug forces.

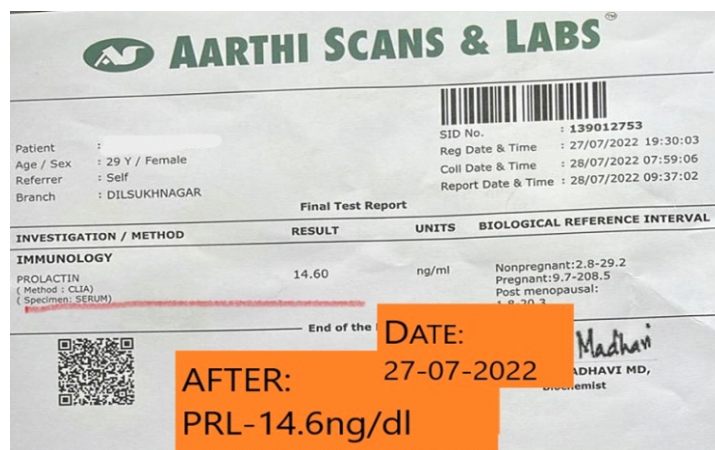
Conclusion: In these drug induced hyperprolactinemia, withdrawal of offending drug improved the patient. Her menses became regular.

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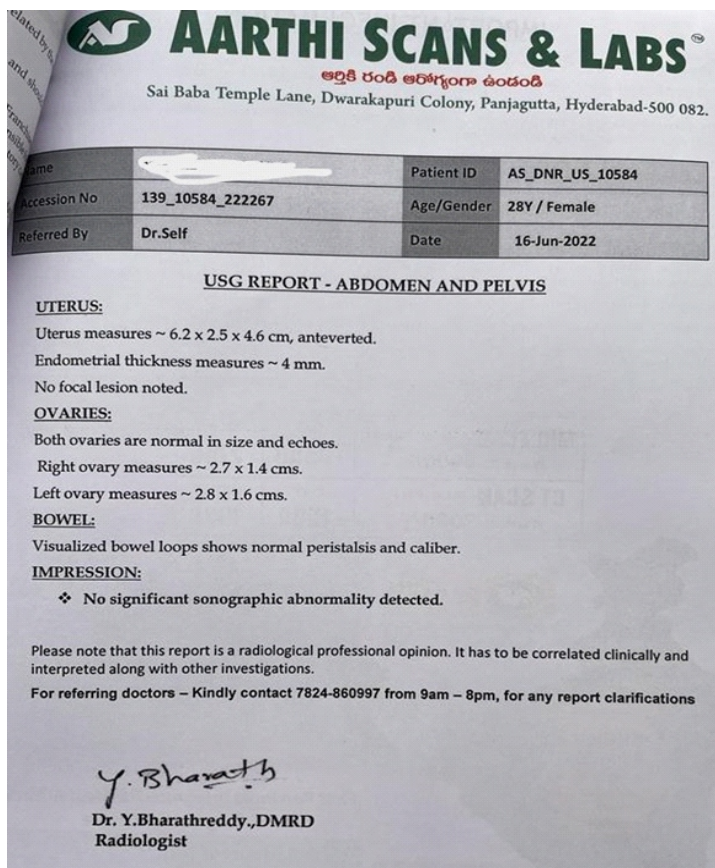
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1- PROLACTIN LEVEL -BEFORE TREATMENT



2- PROLACTIN LEVELS-AFTER TREATMENT



3- NORMAL USG SCAN REPORT

Name	I. BHARATHREDDY	Patient ID	AS_DNR_MR_10967
Accession No	139_10967_222987	Age/Gender	28Y / Female
Referred By	Dr.Self	Date	23-Jun-2022

MRI REPORT - SELLA

TECHNIQUE:

T1 FS Coronal & Sagittal, T2W Sagittal & Coronal

OBSERVATION:

Pituitary is normal in height (8mm) with a superior convex bulge involving right half of the pituitary and at the site of pituitary stalk.

Posterior pituitary bright spot is maintained.

No focal lesion seen in pituitary in T1 and T2 images.

No widening / erosion of sella seen.

Optic chiasm and infundibulum are normal.

Suprasellar cistern shows normal signal intensity.

No focal lesion seen in hypothalamus.

IMPRESSION:

- Pituitary is normal in height (8mm) with a superior convex bulge involving right half of the pituitary and at the site of pituitary stalk - suggested hormonal correlation and dynamic contrast study of the sella to rule out pituitary microadenoma.

For any report clarifications, doctors can contact 7824-860997 from 9am - 8pm.

Dr. Y. Bharathreddy, DMRD
Radiologist

4- NORMAL - MRI REPORT

Role of Abuse in Pregnancy Causing Autism

Prof - Dr Samir Chaukkar MD Hom

Dean - Dr Batra's Academy Mumbai



Image Credit: <https://www.freepik.com>

Abstract: The state of the mother during the pregnancy is one of the most important factors that help in understanding a child. All the physical and emotional changes experienced by a woman during the pregnancy cast a big influence on the child. During this period, the child himself has not seen the world, but he/she is feeling, perceiving or sensing it through the mother. Hence, it is essential to understand how the mother thinks, feels, perceives and senses herself in the pregnancy period and the world around her. This can be recognized by the smallest of change in the nature, behaviour, unusual dreams, fears, thoughts, emotions of mother, any alteration in the desire or aversion for food substances, any particular illness during this period etc. So we know that even in the absence of physical damage to the mother, extreme stress during pregnancy is harmful to the offspring. These mechanisms, however, are not known to specifically induce autism or be a major contributor to autism. Also, Intimate Partner Violence is just one thing that can cause extreme stress, many other injuries, illnesses, events might also cause similar stressful influences on the foetus.

I have observed this in families with both abusive backgrounds and nurturing backgrounds where

education and financial factors played a significant role. Chaotic, abusive behaviour can affect the outcome of children born with autism. After a detailed case taking of the autistic child and also enquiring the circumstances of the pregnancy and finding out the type of abuse whether physical, emotional or sexual with associated fear and fright and also anger and sadness and after repertorising these emotions we come to the Constitutional Remedy that covers the state of the child and mother. Hence Homeopathy plays an important role in mitigating the stress experienced by the mother as well as the child in intra uterine life and after birth help him or her to handle the stress in a positive manner and not develop pathologies that are irreversible or not amenable to treatment.

Case of Adult Autism

Case of 2021- Verbatim of the Mother

His most challenging issue is his rigid routines like driving him to McDonalds and few other shops every morning little after sunrise. He spends his all day watching cartoons from different tablets at the same time and TV has to be on as well.

Second most important issue his picky eating. Started after he started cows milk. He eats only fries, sweets, chocolate, bread ,corn, crisps. No cooked meal no soups no protein. He also like ice, ice cream, salty chips and fries

Third one is his colon issue. He goes to toilet every half an hour and there is little defecation but takes him 2-3 minutes to get it out. I have to give him laxatives otherwise he screams with pain when discharging .It started after we moved to another city and permanently left his childhood house which he cried to go back for years.

Fourth one is his being very withdrawn, not talking or engaging with others.

His perception is very good. He is able to talk but doesn't prefer. He learned to read and write by himself and can read and write in English, knows many words in English even some phrases . He has a little difficulty articulating words and some times gets discouraged and gives up talking because other persons don't understand him
He is sensitive to disapproval and criticism. He becomes agitated and takes a while to calm down. He feels better when he is praised and shown affection.

His regression started when he was 6 months old. We moved to a very dark and moldy place I cried and didn't want to stay there at first day ,but his father insisted. He never was able to sleep there throughout the night always on and off sleeping.

He likes being around people, likes being praised, affection He is usually happy easy going cares when I cry tries to help me. He is kind of afraid my anger and gets very quiet and even panicky when I am angry. I probably caused him trauma by shouting in anger.
He can entertain himself by watching cartoons all day
He is withdrawn doesn't reply to hello mostly smiling but doesn't engage with others


He gets very upset when I criticize him or when I am upset .He gets anxious makes few noises but doesn't go any further than that. When mother is angry or when he receives lots of love and affection from mother his mood changes. When and on what occasions do you feel frightened or anxious. He fears dogs ,his father leaving him, when mother is upset angry.

When pregnant we had to stay at mom's house, she always complained to the other family members about me and nagged me about sleeping too much,I was very sleepy during pregnancy, I once wanted to leave the house, eventually she asked us to move out when I was 8 months old pregnant.My both parents were very negative, nagging and disapproving, critical always.Favoring my younger brother because he was a boy and sent me away for a year when I was 7 ,so I felt unwanted, a burden, unworthy.And my grandmother took her side ,she got very angry with me, reprimanded me. I said if this child comes to this earth with any problems it's on you. Eventually she asked us to move out when I was 8 months old pregnant.

Core Feeling of the Case

- Forsaken Feeling
- Deserted
- Despised- looked down upon
- Abandoned
- Repudiated- you cant do it, treated badly, you are not a part of us- just like a leper
- Thrown out, left on own
- Unwanted feeling
- Separation Conflict
- Out cast feeling

Rubrics selected



	hura	vanil	phos	sep	verat	car
1	2	3	4	5	6	
8	5	5	5	5	5	5
9	10	8	6	6	5	

1. Clipboard 1

- 1. MIND - AILMENTS FROM - grief (96) 1
- 2. MIND - FORSAKEN FEELING (191) 1
- 3. MIND - FORSAKEN FEELING - isolation; sensation of (77) 1
- 4. MIND - DELUSIONS - despised; is (21) 1
- 5. MIND - DELUSIONS - repudiated; he is - relatives; ... (6) 1
- 6. MIND - DELUSIONS - unfortunate, he is (13) 1
- 7. MIND - DESTRUCTIVENESS (71) 1
- 8. MIND - UNFORTUNATE, FEELS (35) 1

- **Hura Brasiliens 30** one dose was given along with placebo for one month

- **Follow up after 1 month**

- His obsessions are better 75% but still rigidity of thoughts. He has started interacting with the mother and also others. His irritability and violence is better now not hitting himself or others. Screaming has stopped completely, he has become more calm. Stools better, no pain no screaming now. Sleep is much better and refreshed, no night mares.

- **Prescription- Hura B 30** one dose and placebo for two months

- His obsessions are better but rigidity of thoughts and actions. Interactions better and more calm , composed. No irritability and violence and screaming. Stools are ok. Sleep is ok and refreshed

- **Prescription- Placebo for 3 months**

After 6 months


- He is calm now. Interested in interacting with people. Can go out on his own for groceries. Irritability and violence is completely better. Rigidity of thoughts and ritualistic behavior much better. Sleep much better refreshed. Appetite and over all health much better

- **Prescription- Placebo for 3 months**

He is still under my care

Conclusion

Thus we see that the effect of abuse on the mother has damaging effects on the unborn foetus and can lead to various birth anomalies and also learning and behavioural deficits in the child. Homeopathy has an excellent scope in autism and if we get a positive history of trauma or abuse in the mother during pregnancy we can surely get to the similimum and heal the child of autism



#1 Association of Homoeopaths

Indian Institute of Homoeopathic Physicians

Oppositional Defiant Disorder

(Opposition Defiant Disorder–ICD10-F91.3)

Prof Dr Vijay Chauhan



Image Credit: <https://www.freepik.com>

Introduction:

Opposition Defiance disorder is a type of Conduct disorder, usually occurring in younger children, primarily characterized by disobedient, defiant and disruptive behaviour that does not include delinquent acts or the more extreme forms of aggressive or dissocial behaviour

Definition:

The Oppositional Defiant Disorder (ODD) is a childhood behaviour problem characterized by aggressiveness, tendency to purposefully irritate others and disobedience to elders.

Aetiology:

Exact cause is unknown, however following are the risk factors;

- a. Age: commonly under the age of 12 years
- b. Sex: males predominate
- c. Temperament; Children who are aggressive or temperamental
- d. Genetic predisposition; Biological parent who was a career criminal and very severe ODD

e. Family life:

More likely in dysfunctional families (domestic violence, poverty, poor parenting skills, substance abuse).

f. Intellectual disability:

Child with intellectual disability is prone to ODD

g. Precipitating cause:

Stressors include; Birth of a sibling, a divorce, death in family may cause child to act out

Co-morbidity:

- a. Conduct disorder
- b. ADHD.

Clinical Feature:

A. Younger Children (3-7 Years):

- a. General defiance of adults wishes
 - b. Disobedience of instructions
 - c. Angry outbursts
 - d. Temper tantrums
 - e. Physical aggression to siblings and peers
 - f. Destruction of household things; throwing things in hand
 - g. Arguing
 - h. Blaming others for things that have gone wrong
- Tendency to annoy or provoke others

B. Middle Childhood (8-11 Years):

As the child now spending more time outside the home. They imbibe other behaviour patterns. These include:

- a. Swearing
- b. Lying about what they have been doing
- c. Stealing others belongings outside home
- d. Persistent breaking rules
- e. Physical fights
- f. Bullying other children
- g. Being cruel to animals
- h. Destruction of property- setting fire

C. Adolescence (12 -17 years):

In this age group more antisocial behaviours are added:

- a. Becoming cruel to animals
- b. Hurting other people
- c. Assault
- d. Robbery using force
- e. Vandalism
- f. Breaking and entering houses
- g. Stealing from cars
- h. Driving and taking away cars without permission
- i. Running away from home
- j. Truancy from school
- k. Misusing alcohol and drugs

Note: These adolescent features consisting with antisocial behaviour pattern is excluded from the diagnosis of ODD. These were dealt previously under 'Adolescent Delinquency', which is now a day kept under the diagnosis of 'Conduct Disorder'.

Diagnosis:

For the young children there is a list of eight symptoms which are essential for 'Opposition Defiance Disorder'. These include:

A. Irritability Cluster:

1. Loses temper easily
2. Easily gets annoyed
3. Often angry and resentful.

B. Argumentative Cluster:

4. Argues with authority figures
5. Defies or refuses to comply with requests from authority figures
6. Often deliberately annoys others.
7. Blames others for his or her mistakes or misbehavior. (Repertory ref - See Reproaches others)

C. Vindictive Cluster:

8. Has been spiteful or vindictive (Resentful)

Diagnosis:

For at least 6 months, shows defiant, hostile, negativistic behaviour (4 or more of the above)

ODD Severity scale:

a. Mild: Symptoms are confined to only setting (e.g. at home, at school, at work, with peers).

b. Moderate: Some symptoms are present in at least two settings.

c. Severe: Some symptoms are present in three or more settings

Complications:

Some children with ODD progress to develop conduct disorder (Previously known as Adolescent delinquency) Child will grow as dysfunctional adults.

Prognosis:

If Traits persist beyond 18 years subject is having 'Antisocial Personality Disorder'.

Predominant Miasm:

Miasmatic Markers:

- a. Anger points to Sycotic miasmatic trait.
- b. Argumentativeness and defiant behaviour points to Sycotic miasmatic trait.
- c. Vindictiveness points to Sycotic miasmatic trait.

Inference:

- a. ODD features in young children have predominant 'Psoric' phase and resolve as child grows.
- b. If ODD features persist in middle childhood- they point to Psoro-sycotic miasmatic domain.
- c. When these features are present in adolescent – they point to 'syco-syphilitic miasmatic domain.

Prognosis on the basis of Miasmatic point of view:

-Sycotic Miasmatic preponderance points to a bad prognosis.

Hahnemannian Classification of Behaviour Disorder for Conduct Disorder:

-Opposition Defiance Disorder belongs to the Axis of Purely Psychogenic Cluster

Therapeutic Aim:

-Treat to correct the behaviour.

Management plan:

Treatment is multi-faceted and depends on the severity of disorder and factors contributing to it. It includes;

Parental education:

How to communicate and manage the child includes Self Care Measures as under:

- a. Give effective timeouts.
- b. Avoid power struggle with child.
- c. Maintain your calm when child argues.
- d. Compliment good behaviour and constructive activities of child.
- e. Always permit the child with some amount of control with suitable choices.
- f. Curtail the behaviour pattern that can result in reinforce unwanted behaviour in child.
- g. Encourage family activities together.
- h. Model the behavior which needs to be inculcated in child.
- I. Get support from spouse and child's teachers as they have more influence on child.

Functional family therapy:

-The whole family members are guided in improving communication and problem solving skills.

Cognitive behaviour therapy:

-It is aimed to help the child to control their thoughts and behaviour.

Social training:

-Child is taught social skills i.e., how to have a conversation or play cooperatively with others.

Anger management:

The child is taught and trained in recognizing the signs of their growing frustration and given a range of coping skills, designated to diffuse their aggression. Apart from this they are also imparted relaxation techniques and stress management skills.

Encouragement:

Child is encouraged to excel in their particular talents i.e. sports, etc, which helps to build self-esteem.

Remedy workup:**Important Repertorial rubrics for ODD (Radar):****A. Irritability Cluster:**

1. Mind - Anger - beside oneself; being
2. Mind - Anger - children; in
3. Mind - Anger - contradiction; from
4. Mind - Anger - easily
5. Mind - Temper Tantrums
6. Mind - Offended, easily - children; in

B. Argumentative Cluster:

1. Mind - Quarrelsome - children; in
2. Mind - Disobedience - children, in
3. Mind - Reproaching others
4. Mind - Obstinate - children
5. Mind - Obstinate - children - annoy those about them
6. Mind - Mocking
7. Mind - Audacity

C. Vindictive Cluster:

8. Mind - Insolence - children, in
9. Mind - Behavior Problems - children; in
10. Mind - Grimaces - children; in
11. Mind - Rudeness - children; of naughty
12. Mind - Defiant
13. Mind - Speech - offensive

Single Drug Rubrics (Radar):**A. Irritability Cluster:**

1. Mind - Anger - children; in:
CHAM.

2. Mind - Temper Tantrums:
Cham.

3. Mind - Offended, easily - children; in:
tub.

B. Argumentative Cluster:

4. Mind - Obstinate - children:
TUB.

5. Mind - Obstinate - children - annoy those about them:
Psor.

6. Mind - Audacity:
IGN.

C. Vindictive Cluster:

7. Mind - Behavior Problems - children; in:
Tub.

8. Mind - Grimaces - children; in:
carc.

9. Mind - Defiant:
CAUST.

10. Mind - Speech - offensive:
lyss.

Reportorial Chart for top ten remedies:

S.	Remedies	Total	Nux-v.	Lyc.	Cham.	Tub.	Merc.	Verat.	Cina	Carc.	Staph.	Bell.
No	Rubrics	Drugs	10/16	9/16	9/15	9/14	8/10	7/12	7/10	7/8	7/8	7/7
A.	Irritability Cluster:	A/6	A-5/6	A-4/6	A-3/6	A-4/6	A-3/6	A-2/6	Q-2/6	A-1/6	A-2/6	A-2/6
1	Mind - Anger - Beside Oneself; Being	18	3	1	-	-	1	2	-	-	-	-
2	Mind - Anger - Children; In	34	1	2	3	1	1	-	2	1	1	1
3	Mind - Anger - Contradiction; From	51	2	3	-	1	1	2	-	-	-	-
4	Mind - Anger - Easily	52	3	3	3	-	-	-	-	-	-	1
5	Mind - Temper Tantrums	16	1	-	2	1	-	-	1	-	1	-
6	Mind - Offended, Easily - Children; In	1	-	-	-	1	-	-	-	-	-	-
B.	Argumentative Cluster:	B/7	B-3/7	B-3/7	B-4/7	B-3/7	B-3/7	B-4/7	B-2/7	B-4/7	B-3/7	B-3/7
7	Mind - Quarrelsome - Children; In	7	-	-	1	-	-	-	-	-	-	-
8	Mind - Disobedience - Children; In	17	-	1	-	2	1	2	1	1	1	-
9	Mind - Reproaching Others	54	2	2	1	1	3	3	-	1	2	1
10	Mind - Obstinate - Children	32	1	1	2	3	-	-	2	1	-	1
11	Mind - Obstinate - Children - annoy those about them	1	-	-	-	-	-	-	-	-	-	-
12	Mind - Mocking	26	1	-	1	-	-	1	-	-	-	-
13	Mind - Audacity	30	-	-	-	2	1	1	-	1	1	1
C.	Vindictive Cluster:	C/6	C-2/6	C-2/6	C-2/6	C-2/6	C-1/6	C-3/6	C-2/6	C-2/6	C-2/6	C-2/6
14	Mind - Insolence - Children; In	4	-	-	-	-	-	-	-	-	-	-
15	Mind - Behavior Problems - Children; In	26	1	1	1	2	1	1	1	-	1	-
16	Mind - Grimaces - Children; In	1	-	-	-	-	-	-	-	1	-	-
17	Mind - Rudeness - Children; Of Naughty	9	-	-	1	-	-	-	1	2	1	1
18	Mind - Defiant	30	1	2	-	-	1	-	2	-	-	1
19	Mind - Speech - Offensive	1	-	-	-	-	-	-	-	-	-	-

Important Repertorial Remedies:

1. Nux vom.(16/10):
2. Lyc. (16/9):
3. Cham.(15/9);
4. Tub.(14/9):
5. Merc.(10/8):
6. Verat.(12/7):
7. Cina.(10/7):
8. Carc.(8/7):
9. Staph. (8/7)
10. Bell. (7/7):

Repertorial Remedy Therapeutics:

A. Miasmatic Remedy Cluster:

4. Tuberculinum Bovinum Kent (Tub.)-(A Nucleo-Protein, ANosode From Tubercular Abscess)- (14/9):

A deep acting miasmatic remedy.

S.	Remedies	Total	Tub.	Remarks
No	Rubrics	Drugs	9/14	
A.	Irritability Cluster:			Tuberculinum is best indicated where the argumentative and vindictive cluster symptoms predominate in cases of ODD.
2	Mind - Anger - Children; In	34	1	
3	Mind - Anger - Contradiction; From	51	1	
5	Mind - Temper Tantrums	16	1	
6	Mind - Offended, Easily - Children; In	1	1	
B.	Argumentative Cluster:			Mind: Irritable, especially when awakening. Fear of dogs. Animals especially. Desire to use foul language, curse and swear. Ref: Boericke Mat Med
8	Mind - Disobedience - Children; In	17	2	
9	Mind - Reproaching Others	54	1	
10	Mind - Obstinate - Child ren	32	3	
13	Mind - Audacity	30	2	
C.	Vindictive Cluster:			Mind: Seeks self -gratification. NEVER TRULY SATISFIED. Becomes irritable over daily circumstances. Cursing. Aggressive and malicious. Frustration. Children: Restless. Discontented. Obstinate. Irritable. Break your favorite things. Anger tantrums. Hyperactive. FEAR of dogs and CATS. Ref: Radar Keynotes
15	Mind - Behavior Problems - Children; In	26	2	

8. Carcinosinum (Carc.)-(8/7):

It predominantly covers the argumentative and vindictive cluster in moderation. Mind: Surges of passion, outbursts of emotion, expression, live life intensely. FASTIDIOUS, need for order and control over life. PRECOCITY. SYMPATHETIC. SENSITIVE to suffering of people, animals. Anxiety for others. Horrible things affect profoundly. Fears not to be accepted, not to be loved.

SENSITIVE TO REPRIMANDS, esp. in children. Ailments from rudeness, reproaches. Suppress their emotions, the hurt. Yielding, bearing all suffering without protest. Ailments from repression excessive parental control. EASILY OFFENDED, intolerant of contradiction, aversion to consolation.

S.	Remedies	Total	Carc.	Remarks
No	Rubrics	Drugs	7/8	
A.	Irritability Cluster:			Fears: high places, animals, dogs, failure (exams), thunderstorm. Anxiety about health (cancer); for others. Love thunderstorms (Sep). Sensitive to music, rhythm. Love dancing. Generalities: CONTRADICTORY AND ALTERNATING STATES. PAST/FAMILY HISTORY OF CANCER, DIABETES, TUBERCULOSIS. Food and drinks: Desire: Chocolate, sugar, fat, raw potatoes, spices, sweet and sour. Aversions: Fruit, potatoe s, milk, salt. Agg.: Eggs. Ref: Radar Keynotes
2	Mind - Anger - Children; In	34	1	
B.	Argumentative Cluster:			
8	Mind - Disobedience - Children; In	17	1	
9	Mind - Reproaching Others	54	1	
10	Mind - Obstinate - Child ren	32	1	
13	Mind - Audacity	30	1	
C.	Vindictive Cluster:			
16	Mind - Grimaces - Children; In	1	1	
17	Mind - Rudeness - Children; Of Naughty	9	2	

B. Constitutional Cluster Remedies:

1. Nux Vomica (Nux-v.)-(Poison-nut)-(16/0):

Nux vomica is representing all three clusters of ODD.

S.	Remedies	Total	Nux-v.	Remarks
No	Rubrics	Drugs	10/16	
A.	Irritability Cluster:			Mind: Dictatorial. Arrogant. IRRITABILITY. Sometimes kept inside. Weeping from anger. Impatient. Hurried. Cursing and scolding. Can become real aggressive. Violent impulses. Malicious. Cruel. Ref: Radar Keynotes.
1	Mind - Anger - Beside Oneself; Being	18	3	
2	Mind - Anger - Children; In	34	1	
3	Mind - Anger - Contradiction; From	51	2	
4	Mind - Anger - Easily	52	3	
5	Mind - Temper Tantrums	16	1	Mind: Oversensitiveness irritable, touchy. Never contented, never satisfied; become irritable, want to tear things, to scold. Cannot be contradicted or opposed. An uncontrollable state of irritability. Everybody displeases or does something to annoy him. Everybody that attempts to soothe only angers him; "the quarrels, reproaches, scolds, insults from jealousy, mingled with unchaste expressions; soon afterwards howls and weeps aloud." Ref: Kent
B.	Argumentative C luster:			
9	Mind - Reproaching Others	54	2	
10	Mind - Obstinate - Children	32	1	
12	Mind - Mocking	26	1	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	
18	Mind - Defiant	30	1	

2. Lycopodium Clavatum (Lyc.)-(Club Moss)-(16/9):

Lycopodium is the medicine which covers symptoms included in all three clusters of ODD. This is a classical constitutional similimum when the symptoms match.

S.	Remedies	Total	Lyc.	Remarks
No	Rubrics	Drugs	9/16	
A.	Irritability Cluster:			Mind: - Boasts. Haughty. Egotism. Love of power. Children: Bossy, dictatorial, rude at home. Timid at school; with strangers. Can also be generally timid, fearful. Intellectual interests. Ref: Radar Keynotes
1	Mind - Anger - Beside Oneself; Being	18	1	
2	Mind - Anger - Children; In	34	2	
3	Mind - Anger - Contradiction; From	51	3	
4	Mind - Anger - Easily	52	3	
B.	Argumentative Cluster:			Lycopodium, for example, is that they are very well behaved at school and very badly behaved at home. This comes about because children who need Lycopodium are in awe of those who are in authority and do their best to please them, but when they are around others whose authority they do not accept, they can become quite difficult, bossy, or even dictatorial. Remember the old saying that "familiarity breeds contempt"? We can see this occur in children who don't accept the authority of their parents but do accept that of the teachers. Ref: https://www.britishhomeopathic.org/g/charity/how-we-can-help/articles/children-and-teens/homeopathy-for-school-children/
8	Mind - Disobedience - Children; In	17	1	
9	Mind - Reproaching Others	54	2	
10	Mind - Obstinate - Children	32	1	
15	Mind - Behavior Problems - Children; In	26	1	
18	Mind - Defiant	30	2	

5. Mercurius: (10/8):

General features: The pathogenesis of Mercury is found in the provings of Merc. viv. and Merc. sol., two slightly different preparations, but not different enough to make any distinction in practice. Mind: A marked feature running all through is hastiness; a hurried, restless, anxious, impulsive disposition. Sudden anger with impulse to do violence. These impulses are leading features. The patient will not tell you about his impulses, but they relate to deep evils of the will, they fairly drive him to do something. Given a Merc. patient, and he has impulses that he tries to control, no matter what, Merc. will do something for him. (Ref; Kent's Lectures On Homöopathic Materia Medica)

S. No	Remedies Rubrics	Total Drugs	Merc. 8/10	Remarks
A.	Irritability Cluster:			Mind: Strong feelings inside, expressed with difficulty. Stammering. Have violent impulses, e.g. to strike or even kill, that frightens them. Tries to restrain them. Is ashamed about it. Children: Sensitive and closed, timid. Restless. Precocious. Act like grown-ups. Ref: Radar Keynotes
1	Mind - Anger - Beside Oneself; Being	18	1	
2	Mind - Anger - Children; In	34	1	
3	Mind - Anger - Contradictory; From	51	1	
B.	Argumentative Cluster:			
8	Mind - Disobedience - Children; In	17	1	
9	Mind - Reproaching Others	54	3	
13	Mind - Audacity	30	1	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	
18	Mind - Defiant	30	1	

C. Acute Phase Remedies:

3. Chamomilla (Cham.)-(German Chamomile)- (15/9):

Chamomilla is one of the best constitutional medicine which covers the basic aspect of ODD.

S. No	Remedies Rubrics	Total Drugs	Cham. 9/15	Remarks
A.	Irritability Cluster:			Mind: Whining restlessness. Child wants many things which he refuses again. Impatient, intolerant of being spoken to or interrupted; extremely sensitive to every pain; always complaining. Spiteful, snappish. Complaints from anger and vexation. Mental calmness contraindicates Chamomilla. Ref: Boericke Mat Med Mind: IRRITABILITY. Violent anger. Whining restlessness. Complaining. Bad temper. Snappish. Impatient. Quarrelsome. Intolerant of being spoken to or interrupted. Aversion to being touched, looked at. Capricious: ask for something, when given, throw it away. CHILDREN: Capricious (unpredictable)
2	Mind - Anger - Children; In	34	3	
4	Mind - Anger - Easily	52	3	
5	Mind - Temper Tantrums	16	2	
B.	Argumentative Cluster:			
7	Mind - Quarrelsome - Children; In	7	1	
9	Mind - Reproaching Others	54	1	
10	Mind - Obstinate - Children	32	2	
12	Mind - Mocking	26	1	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	
17	Mind - Rudeness - Children; Of Naughty	9	1	

Angry. Generalities: COMPLAINTS FROM ANGER, VEXATION. Ref: Radarkeynotes

6. Veratrum Album (Verat.)-(White Hellebore)-(12/7):

S. No	Remedies Rubrics	Total Drugs	Verat. 7/12	Remarks
A.	Irritability Cluster:			Veratrum album is predominantly covering the Argumentative cluster in reference to ODD. Mind: Frenzy of excitement; shrieks, curses. Cursing, howling all night. Ref: Boeric Mat Med Mind: RESTLESSNESS. Tremendous hyperactivity. Need for motion. Inquisitive. CRITICAL. Hardhearted. Cursing. Haughty. Never happy with SOCIAL POSITION. Feel they deserved better. Ref: Radar Keynotes
1	Mind - Anger - Beside Oneself; Being	18	2	
3	Mind - Anger - Contradictory; From	51	2	
B.	Argumentative Cluster:			
8	Mind - Disobedience - Children; In	17	2	
9	Mind - Reproaching Others	54	3	
12	Mind - Mocking	26	1	
13	Mind - Audacity	30	1	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	

7. Cina Maritima (Cina)-(10/7):

Mind: IRRITABLE, excited, frantic. Offended at slightest joke. CROSS. Uneasy. Dissatisfied. Has tantrums. Cries. Cannot be quieted. Capricious (Cham.). Indisposition to play. STRIKING, scratching, pinching his mother. Throw things away, directed at you (Tub.).

S. No	Remedies Rubrics	Total Drugs	Cina 7/10	Remarks
A.	Irritability Cluster:			Screaming, striking and biting. Disobedience. Not sensitive to punishment. TOUCHY (Ant -c.). Can't stand to be held or touched. Cannot bear to be looked at. Refuses hair combing or cutting. INDIFFERENCE, AVERSION TO BEING CARESSED, but wants to be carried, rocked. Restless, can't sit still. Impelled to touch everything. Violent screaming attacks at night, striking and kicking with hands and feet. Boring fingers into rectum or nose. Food and drinks: Desires: Capricious appetite. Sweets. Aversions: Mothers milk. Ref: Radar Keynotes
2	Mind - Anger - Children; In	34	2	
5	Mind - Temper Tantrums	16	1	
B.	Argumentative Cluster:			
8	Mind - Disobedience - Children; In	17	1	
10	Mind - Obstinate - Children	32	2	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	
17	Mind - Rudeness - Children; Of Naughty	9	1	
18	Mind - Defiant	30	2	

10. Belladonna (Bell.)- (Deadly Nightshade)-(7/7):

Generalities: Its influence is felt more in intelligent and plethoric persons who are jovial and entertaining when well, but violent when sick, therefore a great children's remedy. **Causation general:** Ill effects of hair cutting, head getting wet. Sun. Walking in wind or draft. Right sided symptoms. **Sphere of Action:** Its action upon the brain causes furious excitement and perversion of special senses. Its effects are sudden and violent. Sensitive to LIGHT, NOISE; JARRING. Convulsions commence in the arm.

S. No	Remedies Rubrics	Total Drugs	Bell. 7/7	Remarks
A.	Irritability Cluster:			Mind: Acuteness of senses. Excited ferocious; noisy; cries out. Talks fast; VERY RESTLESS. Spits on faces of other persons. - Fear of imaginary things. Perversity, with tears (children). Excitable, easily weeps. Quarrelsome. Tendency to dance, laugh, sing, whistle. Constant moaning. An angel when well and a devil when sick. Sits and breaks pins. Mental symptoms amel. taking light food. Patient lives in his own world. Ref: Phatak
2	Mind - Anger - Children; In	34	1	
4	Mind - Anger - Easily	52	1	
B.	Argumentative Cluster:			
9	Mind - Reproaching Others	54	1	
10	Mind - Obstinate - Children	32	1	
13	Mind - Audacity	30	1	
C.	Vindictive Cluster:			
17	Mind - Rudeness - Children; Of Naughty	9	1	
18	Mind - Defiant	30	1	

D. Causation based Specific Cluster:

9. Staphysagria (Staph.)- (8/7):

Mind: Ailments from INDIGNATION, MORTIFICATION, DISAPPOINTMENTS. Suppression of emotions, anger, grief.

S. No	Remedies Rubrics	Total Drugs	Staph. 7/8	Remarks
A.	Irritability Cluster:			History of abuse, incest. GENTLE, SWEET and MILD persons. Sensitive to rudeness. Unable to fight her own rights. Very considerate of others. Not demanding. SELFLESS. Never egotistical, harsh or proud. Suppressed anger can give outbursts of temper. ANGER WITH THROWING, usually not at persons. Trembling from anger. Later stage: excessive irritability, destructive. Very excitable. Fear high places. Generalities: Agg. ANGER, INDIGNATION, GRIEF, MORTIFICATION. Food and drinks: Desire: Sweets, milk. Aversion: Fat, milk. Ref: Radar Keynotes
2	Mind - Anger - Children; In	34	1	
5	Mind - Temper Tantrums	16	1	
B.	Argumentative Cluster:			
8	Mind - Disobedience - Children; In	17	1	
9	Mind - Reproaching Others	54	2	
13	Mind - Audacity	30	1	
C.	Vindictive Cluster:			
15	Mind - Behavior Problems - Children; In	26	1	
17	Mind - Rudeness - Children; Of Naughty	9	1	

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OK- 7/2/19-13/7/19-03/02/24.



Understanding The Crucial Role Of An Integrated Approach In Management Of Attention Deficit Hyperactivity Disorder

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ABSTRACT:

Attention Deficit Hyperactivity Disorder poses a challenge to the parents, educators, therapists and doctors. Patients often come to us for enhancing improvement after starting modern medicines. While modern medicines may provide symptomatic relief, Homoeopathy can address underlying imbalances and promote long term stability. This manuscript is an attempt to demonstrate that Integrating homoeopathy with modern medicines allows for a complementary approach to managing ADHD.

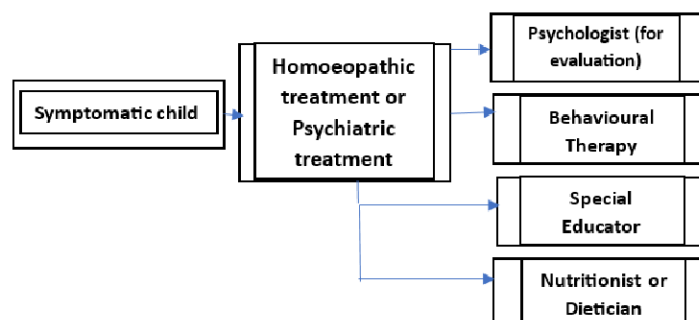
INTRODUCTION:

In this particular case, I saw this child exhibiting hyperactivity and behavioural challenges, referred to me by a psychologist for homeopathic treatment. Initially, I felt some apprehension upon reviewing the child's medical history, an old MRI report indicating hydrocephalus, a condition often associated with neurological complications.

Further investigations revealed that the hydrocephalus stemmed from congenital anomalies, potentially contributing to the child's mental and emotional

developmental setbacks. While paediatricians considered the hydrocephalus to be mild and non-urgent, the primary concern prompting the referral was the child's hyperactivity and related behavioural issues, which were causing distress for both parents and educators.

General Protocol For Approaching Adhd Cases:



CASE REPORT:

Master RSK

Age: 5.4 years

Gender: M

Date of consultation: 28.11.22

DIAGNOSIS: Posterior fossa anomaly (? Dandy walker syndrome anomaly) with ADHD

CHIEF COMPLAINTS:

1. Talkative-irrelevant talk. He would talk whatever came to his mind without any relevance. He would keep on talking about his school, imitate whatever was done in school etc.
2. Sitting tolerance- very poor, can hardly sit for 5 mins. He would just go out and wouldn't know to come back. He needed to be restrained and held where ever they would go. Then he would scream, and hit the mother and cry loudly till he was left free.
3. Always does contrary to what has been told.
4. Obstinate- keeps demanding, forgets after some time. Gets diverted easily.
5. At school- gets excited seeing kids and pulls them. Keeps roaming in and out of the class. Couldn't write, couldn't learn due to little attention span.
6. When angry- before used to throw things outside the window. Now, strikes others when angry.
7. He would get scared when scolded.
8. He would seek his mother's attention without allowing her to talk over the phone.
9. Fear- of cats, dark Sound sensitivities- closes ears immediately, gets irritated

BIRTH HISTORY:

Infertility, tried IUI for 6 months. Mother conceived by IVF.

FTLSCS. BCIAB. Birth weight- 2.5 kgs

NNJ at 6th day of birth

DEVELOPMENTAL MILESTONES- all are delayed

INVESTIGATIONS:

MRI (28.7.22)- S/O Communicating hydrocephalus. Thinned out corpus callosum.

(30.8.22)- B/L eye optic atrophy with hypoplastic inferior vermis with prominent cisterna magna

Infertility, tried IUI for 6 months. Mother conceived by IVF.

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INVESTIGATIONS:

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Thinned out corpus callosum.

(30.8.22)- B/L eye optic atrophy with hypoplastic inferior vermis with prominent cisterna magna

PAST HISTORY: Loose motions from 6 months age, off and on

FAMILY HISTORY: DM

TREATMENT HISTORY: On Acepta (Atomoxetine) 10mg since August 2022

PHYSICAL GENERALS:

1. Craving- sweets++, cold drinks++, ice creams+, Non veg++, egg++
2. Thermals- chilly

TOTALITY OF SYMPTOMS:

1. Hyperactive children
2. Contrary, disagreeable
3. Throws things away
4. Striking, hitting behaviour
5. Sensitivity to sounds
6. Delayed milestones
7. Desires: sweets
8. Desires: cold drinks
9. Desires: eggs

REPERTORIZATION

Remedy Name	Calc	Caust	Phos	Asa	Tub	Calc-p	Sil	Cham	Chin	Nuxv	Stram	Acon
Totality	18	14	18	16	15	13	11	15	15	11	14	11
Symptoms Covered	9	9	8	8	8	8	8	7	7	7	6	6
Kingdom												
[Murphy] (Mind)Hyperactive, children, (see Hurried, Restlessness...				2	3	1		2		1	3	
[Murphy] (Mind)Contrary, disagreeable, (see Irritable, Quarrelso...	1	2	1	2		3	1	3	1	2		1
[Murphy] (Mind)Throws, things away, (22)				1	2	1		2			1	1
[Murphy] (Mind)Sensitive, mental, oversensitive, emotional, (see...	2	2	3	2	3		3	2	3	4	1	3
[Murphy] (Children)Development, delayed or arrested, (30)	3	1	2			3	2		1			
[Murphy] (Food)Sweets, general, (see Sugar)Desires, (347)	2	1	2	3	2	1	1		3	1	2	
[Murphy] (Food)Cold, drinks, water)Desires, (157)	2	2	4	3	1		1	3	3	1		3
[Murphy] (Food)Eggs, general)Desires, (30)	3	1	1		1	1	1					
[Murphy] (Mind)Fears, phobias, general)Dark, (73)	2	2	4	2	1	1	1	1	1	1	4	2
[Murphy] (Mind)Fears, phobias, general)Dogs, of, (33)	2	2	1		2		1		3		3	1
[Murphy] (Mind)Sensitive, mental, oversensitive, emotional, (see...	1	1		1		2		2		1		

FOLLOW UPS:

Date	Totality	Remedy given
28.12.22	Dominant miasm tubercula	Tuberculinum 200 1 dose in 15 days
	Hyperactive children Contrary, disobedient Anger throws things away Angerstriking, hitting Cr- sweets, cold drinks, eggs Chronic hydrocephalus	CalcareaPhos200 1 dose a week
30.1.23	Sitting tolerance>> able to sit up to 3 hours Anger >> no throwing things/ striking behaviour	Ct all
1.3.23	Symptoms increased	Tuberculinum 200 1 dose in 15 days CalcareaPhos 200 1 OD once a week
28.3.23	>>	Ct all
28.4.23	Crying at suddemoises loud shrill noises	Ct all
20.6.23	Sitting tolerance up to 2 hours Sound sensitivity >> Selftalking increased	Tuberculinum 200 1 dose in 15 days Calcarea Phos 200 1 dose in a week Hyoscyamus 30 1 dose a day, for 5 d
24.7.23	At school roaming+ Disturbing kids Self-talk>>	Tuberculinum 1M 1 dose CalcareaPhos 200 1 dose weekly once
24.8.23	Better at school, selftalk better	Ct all
27.9.23	Doesn't like his mom to talk over the phone. Always seeks her attention.	Ct all
27.10.23	>>, when questioned giving relevantanswers, while before he would talk something not related.	Ct all
28.11.23	Much better. Sound sensitivity- Nil This month, Tb. Asept given only for 7 dayswas controlled een though he had sweets Anger>> Self-talk nil School sitting tolerance>> Does writing work	Ct all

EFFECT OF HOMOEOPATHIC TREATMENT:

	PROBLEM AREAS IN THIS CHILD	SYMPTOMS ALLEVIATED WITH HOMOEOPATHIC TREATMENT
1.	BEHAVIOURAL SYMPTOMS : <ul style="list-style-type: none"> troubling kids at school Aggression -striking, throwing things, screaming Obstinacy 	<ul style="list-style-type: none"> Irrelevant talk has come down. He talks but relevant to the questions asked and the circumstances. He is able to sit in school for full time. Aggression has come down. Obstinacy has come down.
2.	HIGHER FUNCTIONS : <ul style="list-style-type: none"> Hyperactivity- Poor sitting tolerance Speech- Irrelevant talk 	<ul style="list-style-type: none"> He is able to sit in the school as well as tuition full time. Speech- Irrelevant talk has come down, he speaks according to the circumstance and the question asked.
3.	SENSORY FUNCTIONS: <ul style="list-style-type: none"> Sensitive to loud sounds - immediately gets scared and closes ears. 	<ul style="list-style-type: none"> Sound sensitivity has come down.
4.	EVALUATION: Chronological age: 5.4 Social Age: 3.10 Developmental age: 4.3 Social quotient: 72 Developmental quotient: 80	Chronological age: 6.9 Social age: 5.7 Developmental age: 5.8 Social quotient: 85 Developmental quotient: 86

Note: I have used other supportive medicines like Calcarea Phos 6x, Kali Phos 6x, Brahmi Q, Passiflora Q as and when required.

REASONS FOR PRESCRIBING CALCAREA PHOS AS A CONSTITUTIONAL:

- The tubercular miasm is prominent.
- The subject is more delicate, neurasthenic.
- Diarrhoea is prominent than constipation.
- Both mental and physical activity are enhanced, though not sustained.
- Physical data is a characteristic concomitant to the mental disease.

REASONS FOR PRESCRIBING TUBERCULINUM AS AN ANTI MIASMATIC:

- This case has presented with congenital issues, which is the genesis for tubercular miasm.
- The expression on the physical and mental level is also tubercular.

DISCUSSION:

This case demonstrates the effectiveness of individualised Homoeopathic medicines in cases of attention deficit hyperactivity disorder and developmental disorders due to underlying congenital anomaly. This child was brought for Homoeopathy after starting Allopathic medicines for ADHD. Symptoms of problematic behaviour persisted after starting allopathic medication. Both medicines were continued to be given simultaneously. The fact that the patient remained stable even after the mother stopped the modern medicines intermittently for 3-4 weeks is noteworthy. This suggests that the homoeopathic treatment may have played a significant role in maintaining the patient's stability and managing the symptoms of ADHD. He is going to a normal school and doing well in academics and extracurricular activities. Treatment is still continuing.

CONCLUSION:

This case demonstrates the efficacy of individualised Homoeopathic medicine in ADHD. This case also demonstrates the suitable approach for selection of appropriate simillimum, as shown by the results. Also, this case highlights the role of Homoeopathy as a part of integrated approach in ADHD. This approach of complementing Homoeopathic treatment to modern medicine may have a beneficial impact on the overall adaptability of the child and enhance his functioning in all his areas of life.

A Study To Evaluate The Approach Of Homoeopathy In Management Of Crohn's Disease

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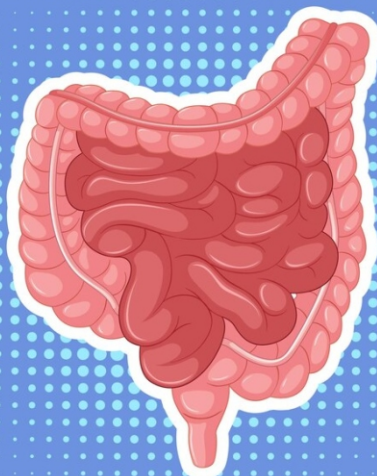


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ABSTRACT:

Inflammatory bowel disease (IBD) is increasing in India and other Asian countries and now a days India is on top among other southeast-Asian countries. Inflammatory bowel disease categories Crohn's disease and ulcerative colitis in it. Crohn's disease may affect any segment of the gastrointestinal tract. It has symptoms like abdominal pain, diarrhea (which may be bloody if inflammation is severe), fever, abdominal distension and weight loss. Treatment options for Crohn's disease in modern medicine have various side effects. Thus it is needed to develop safe and effective treatment. This article presents the treatment of crohn's disease in Homoeopathy. Improved understanding of some factors responsible like genetics, unhealthy diet and the immune system paved the path towards successful treatment through Homoeopathy.

KEY-WORDS:

Crohn's disease, Homoeopathy, Diet, Bowel disease, Inflammation.

INTRODUCTION:

Crohn's disease is a chronic inflammatory disease (CID)

of the gastrointestinal tract (GIT). Inflammation extends all the way through the intestinal wall from mucosa to serosa. Crohn's disease is a relapsing and remitting disease. Initially only a small segment of gastrointestinal tract may be involved, but crohn's disease has the potential to progress extensively.

Crohn's disease begins with crypt inflammation and abscesses, which progress to tiny focal aphthoid ulcers. These mucosal lesions may develop into deep longitudinal and transverse ulcer with intervening mucosal edema, creating a characteristic cobblestoned appearance to the bowel.

Segments of diseased bowel are sharply demarcated from adjacent normal bowel (called spik areas), hence the name regional enteritis.

I. About 35% of Crohn's disease cases involve the ileum alone (ileitis).

II. About 45% involve the ileum and colon (ileocolitis), with a predilection for the right side of the colon.

III. About 20% involve the colon alone (granulomatous colitis), most of with, unlike ulcerative colitis, spares the rectum.

ETIOLOGY:

I. Autoimmune disease: Bacteria in the digestive tract may cause the body's immune system to attack our healthy cells.

II. Genes: Inflammatory bowel disease (IBD) often runs in families. If we have a parent, sibling or other family member with Crohn's, we may be at an increased risk of also having it. There are several specific mutations (changes) to our genes that can predispose people to developing Crohn's disease.

III. Smoking: Cigarette smoking could as much as double our risk of Crohn's disease.

TYPES:

a) Ileocolitis: Inflammation occurs in the small intestine and part of the large intestine, or colon. Ileocolitis is the most common type of Crohn's disease.

b) Ileitis: Swelling and inflammation develop in the small intestine (ileum).

c) Gastroduodenal Crohn's disease: Inflammation and irritation affect the stomach and the top of the small intestine (the duodenum).

d) Jejunoileitis: Patchy areas of inflammation develop in the upper half of the small intestine (called the jejunum).

SYMPTOMS:

People with Crohn's disease can experience periods of severe symptoms (flare-ups) followed by periods of no or very mild symptoms (remission). Remission can last weeks or even years. There's no way to predict when flare-ups will happen.

- I. Abdominal Pain
- II. Chronic diarrhea
- III. A feeling of fullness
- IV. Fever
- V. Loss of appetite
- VI. Weight loss
- VII. Abnormal skin tags (usually on the buttocks)
- VIII. Anal fissures
- IX. Anal fistulas
- X. Rectal bleeding

DIAGNOSIS:

a) Blood test: A blood test checks for high numbers of white blood cells that may indicate inflammation or

infection. The test also checks for low red blood cell count, or anemia. Approximately one in three people with Crohn's disease have anemia.

b) Stool test: This test looks at a sample of our stool to check for bacteria or parasites. It can rule out infections that cause chronic diarrhea.

c) Colonoscopy: During a colonoscopy, our doctor uses an endoscope (thin tube with an attached light and camera) to examine the inside of our colon. Our doctor may take a tissue sample (biopsy) from the colon to test for signs of inflammation.

d) Computed tomography (CT) scan: A CT scan creates images of the digestive tract. It tells our healthcare provider how severe the intestinal inflammation is.

e) Upper gastrointestinal (GI) endoscopy: Our doctor threads a long, thin tube called an endoscope through our mouth and into our throat. An attached camera allows our doctor to see inside. During an upper endoscopy, our doctor may also take tissue samples.

f) Upper gastrointestinal (GI) exam: X-ray images used during an upper GI exam allow our doctor to watch as a swallowed barium liquid move through our digestive tract.

COMPLICATIONS:

I. Abscesses: Infected pus-filled pockets form in the digestive tract or abdomen.

ii. Anal fissures: Small tears in the anus (anal fissures) can cause pain, itching and bleeding.

iii. Bowel obstructions: Scar tissue from inflammation, fistulas or a narrowed intestine can block the bowel partially or completely. Waste matter and gases build up. A blockage in the small bowel or large bowel requires surgery.

iv. Colon cancer: Crohn's disease in the large intestine increases the risk of colon cancer.

v. Fistulas: IBD can cause abnormal tunnel-like openings, called fistulas, to form in the intestinal walls. These fistulas sometimes become infected.

vi. Malnutrition: Chronic diarrhea can make it hard for our body to absorb nutrients. One common problem in people with Crohn's disease is a lack of iron. Too little

iron can lead to anemia (low red blood cell count) when our organs can't get enough oxygen.

vii. Ulcers: Open sores called ulcers can form in our mouth, stomach or rectum.

DIET AND MANAGEMENT OF CROHN'S DISEASE:

It is very important that patients take care of their diet as it has a very important role. A few things aggravate the symptoms very markedly. Patients need to avoid those things. Primary among these foods happen to be milk and dairy products, spicy foods, processed foods and too much fat. Alcohol and smoking too aggravate the problem. Therefore, it is important that patients avoid these things. Low fat, less fiber and less lactose are three things to remember. Taking turmeric in natural form also helps as it is a natural anti-inflammatory spice.

TREATMENT IN HOMOEOPATHY:

A Holistic Approach

Crohn's disease is often an autoimmune disease, and homeopathy aims to treat the problem by moderating the immune system. With homeopathy the symptoms are not suppressed; instead, the cause is identified through the presentation of symptoms. Colitis treatment associated with Crohn's disease involves moderating the over-active immune system that prevents further aggravation of the inflammation. Steroids used in conventional treatment tend to suppress the symptoms of inflammation, and do not help resolve the underlying problem.

Individual Treatment:

Every individual who turns to homeopathy is treated according to their specific symptoms. Homeopathy works in synchrony with the body's natural restorative processes to treat a disease.

For example, a person who develops a risk towards Crohn's disease as a result of smoking needs to quit smoking while taking treatment for Crohn's disease, while a person genetically predisposed to develop the condition may require a separate set of medicines along with adequate lifestyle changes.

1. Merc Sol: There is too much blood in stools with tenesmus and other symptoms. There are frequent stools with blood being discharged almost every time. The patient sweats most of the time. There is a creeping sort of chilliness in the back.

2. Nux Vomica: The problem has occurred from living a high life. He is usually a go-getter and ambitious. As a consequence, alcohol, stimulants like tea and coffee, late night partying and other habits incident to modern lifestyle are part of his daily life. The patient is usually a chilly sort of patient who cannot tolerate cold. He is unusually angry and that too at trifles.

3. Arsenic Album: The predominant symptoms are the mental symptoms of anxiety and restlessness. The patient becomes restless, worried and anxious at the drop of a hat. Weakness is disproportionately more than the problem. There is increased thirst for water, though the patient takes a small quantity or a sip at a time.

4. Baptisia: There is low grade fever present along with other symptoms. Stools are very offensive, thin and watery. Another prominent symptom is the great muscular soreness all over the body as if bruised and beaten. Appetite is reduced or next to nil. At the same time, there is constant desire for water.

5. Phosphorus: There is intense thirst for cold water. The physical attributes of the patient are notable as he is usually tall and thin. He has copious diarrhoea. Stool is watery and profuse bleeding may be present. Patient feels too weak and more so after passing a stool.

6. Mercurius Cor.: Stomach: Incessant, green, bilious vomiting. Epigastrium very sensitive. Abdomen: Bruised sensation; cecal region and transverse colon painful. Bloated; very painful to least touch. Stool: Dysentery; tenesmus, not relieved by stool; incessant. Stool hot, bloody, slimy, and offensive, with cutting pains and shreds of mucous membrane.

7. Bryonia: Stomach: Nausea and faintness when rising up. Abnormal hunger, loss of taste. Thirst for large draughts. Vomiting of bile and water immediately after eating. Worse, warm drinks, which are vomited. Stomach sensitive to touch. Pressure in stomach after eating, as of a stone. Soreness in stomach when coughing. Dyspeptic ailments during summer heat. Sensitiveness of epigastrium to touch.

8. Podophyllum: It affects chiefly the duodenum, small intestines, liver, and rectum. Gastro-enteritis with colicky pain and bilious vomiting. Stool is watery with jelly-like mucus, painless, profuse. Gushing and offensive.

Stomach: Hot, sour belching; nausea and vomiting. Thirst for large quantities of cold water. Vomiting of hot, frothy mucus. Heartburn; gagging or empty retching. Vomiting of milk.

9. Carbo Vegetabilis: Distension of abdomen with eructations particularly indicates the Carbo Vegetabilis for Crohn's Disease. Moreover, this Homeopathic Remedy is especially needed for the cure of Crohn's Disease if diarrhea is from fat and heavy food. Feeling of a filled abdomen and tiredness is also the feature of Carbo Vegetabilis.

10. Nitricum Acidum: Indigestion and nausea from milk in cases of Crohn's Disease particularly indicate this Homeopathic Remedy. Painful Constipation also requires Nitric Acid for the cure of Crohn's Disease. The most important indication of Nitric acid is Crohn's Disease that turns into cancer. Rectal bleeding and weight loss in cases of Crohn's Disease are for the most part needed to cure with this Homeopathic Medicine.

11. Kalium Bichromicum: The Crohn's Disease that alternate with joint pains, in general, is curable with Kalium Bichromicum. In addition, ulcers and cancers in the case of Crohn's Disease can also effectively handle with this Homeopathic Remedy. This medicine helps to cure diarrhea of Crohn's Disease particularly in the morning drives out of bed, beer, summer.

CONCLUSION: In recent years it is noticed that inflammatory bowel diseases are increasing in South-East Asian countries. Treatment of Crohn's Disease according to the modern medicine has many side effects; therefore it is the need of the hour to look for the other options. In such condition, Homeopathy provides the best treatment with best medicines for curing the Crohn's Disease.

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Homeopathic Intervention In Nephrotic Syndrome

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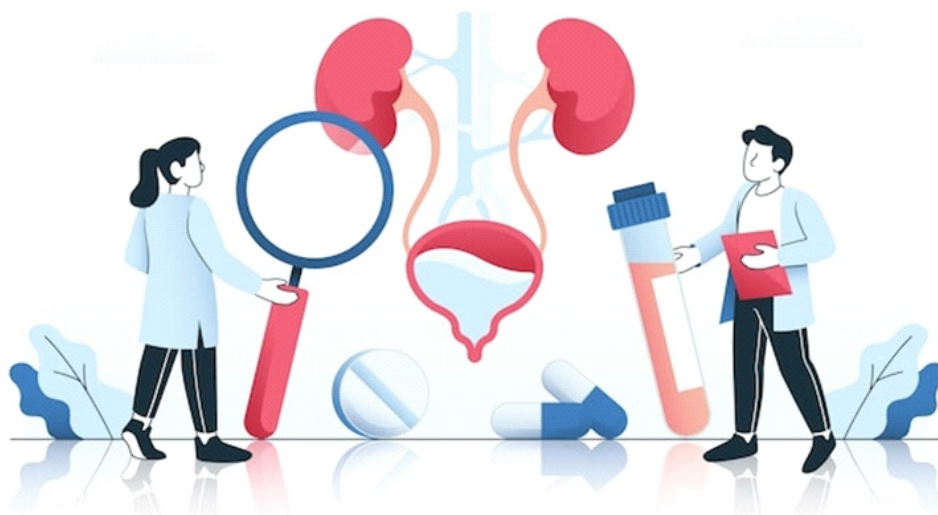


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Abstract

Nephrotic Syndrome is a kidney disorder characterized by increased permeability of the glomerular filtration barrier, leading to the leakage of proteins into the urine. This condition can affect people of all ages, but it is more prevalent in children. The paper explores a comprehensive case study where homeopathy was employed as an intervention for Nephrotic Syndrome where a 4-year-old male diagnosed with nephrotic syndrome, characterized by swelling on the eyes and face. Upon discovering high protein levels and cholesterol in urine, the patient was initially treated with Wysolone 20mg. Homeopathic treatment was introduced, leading to independence from steroids and the resolution of recurrent cold and cough symptoms, with no relapses reported in recent years. This case underscores the potential benefits of a holistic homeopathic approach in managing nephrotic syndrome and associated symptoms.

Keywords:

Nephrotic Syndrome, Homeopathic treatment, steroids

Introduction

Nephrotic Syndrome is a kidney disorder characterized by increased permeability in the glomerular filtration barrier, causing proteins to leak into the urine. The condition, marked by proteinuria, hypoalbuminemia, hyperlipidemia, and edema, can affect people of all ages, with a higher prevalence in children. The causes may include various underlying conditions affecting the kidneys. Common signs and symptoms encompass swelling, particularly around the eyes and face, along with elevated protein and cholesterol levels in urine. Complications may arise, such as infections and complications related to abnormal blood clotting. Homeopathy offers a promising scope in addressing Nephrotic Syndrome by providing individualized treatments that consider the unique symptoms, constitutional factors, and underlying causes, aiming to restore balance and stimulate the body's self-healing mechanisms. This holistic approach in homeopathy addresses not only the physical aspects but also the mental and emotional well-being of the patient.

Case Profile

A 4-year-old male presented with a diagnosis of nephrotic syndrome in July 2009. The initial symptoms included noticeable swelling around the eyes, face, and puffiness. A subsequent urine report indicated significant protein levels (3+), and cholesterol was measured at 334. The patient was prescribed T. Wysolone 20mg BD. The pediatrician diagnosed idiopathic nephrotic syndrome, and treatment continued until Wysolone was stopped on December 19, 2009. A follow-up urine test after 15 days still revealed protein in the urine, leading to the continuation of T. Wysolone at 10mg 1.5 BD and 20mg ALT daily.

Diet	Fussy for food as per mom as being child
Appetite	Good
Desire	NS
Aversion	NS
Thermal Reaction	Ambi nothing specific
Thirst	Normal
Stools	Normal
Urine	Normal
Perspiration	N.O, N.S
Sleep	Sound
Dreams	NS

Mental Generals –

Father has been working in the merchant navy since 1999, visiting home every 4 months and staying for 3 months. The patient feels sad but normal when the father leaves. The mother, a housewife, tends to scold for demands related to chocolates, music, etc., expecting them to be fulfilled promptly. The patient has no siblings and is pampered by the grandmother. The patient started going to nursery, and the teacher's remarks were good overall. The child is very nice to everyone, mixing well and being attentive in class. He excels in drawing and classwork, being careful and bold in answering questions. He enjoyed going to school, even expressing a desire to attend on holidays. As a child, he was very obedient, fun-loving, and easily mixed with new people, though occasionally cranky and obstinate for food or things. He feels nervous in the presence of new people and gets angry when things he asks for are not obtained. When scolded by his mother, he interprets it as a sign of love. His interests include cricket, football, creative games, clay work, drawing/painting, music, dance, traveling, long fast drives, and cycling. He has a desire to wear his liked dresses, such as jeans.

Introduction

Nephrotic Syndrome is a kidney disorder characterized by increased permeability in the glomerular filtration barrier, causing proteins to leak into the urine. The condition, marked by proteinuria, hypoalbuminemia, hyperlipidemia, and edema, can affect people of all ages, with a higher prevalence in children. The causes may include various underlying conditions affecting the kidneys. Common signs and symptoms encompass swelling, particularly around the eyes and face, along with elevated protein and cholesterol levels in urine. Complications may arise, such as infections and complications related to abnormal blood clotting. Homeopathy offers a promising scope in addressing Nephrotic Syndrome by providing individualized treatments that consider the unique symptoms, constitutional factors, and underlying causes, aiming to restore balance and stimulate the body's self-healing mechanisms. This holistic approach in homeopathy addresses not only the physical aspects but also the mental and emotional well-being of the patient.

Past History - NS

Family History

Grandmother – Respiratory complications

Case analysis – Totality of symptoms

MIND - AILMENTS FROM - home, leaving

MIND - DESIRES - chocolate

MIND - MUSIC - desires

MIND - ANSWERS - bold

MIND - ANGER - scolding, from

MIND - AILMENTS FROM - anger, from

MIND - OBSTINATE

MIND - FEAR - new people, of

MIND - COMPANY - aversion to

MIND - FUN - desire for

MIND - FAMILY - love of

MIND - MUSIC - aversion to

Selection of Remedy

Remedy	Reasons
Constitutional	Calc phos 200 – 2 doses Prescribed on the basis of constitution and clinical experience
Acute	Apis Mel 6c and Nat Sulph 6x Symptomatically

Miasmatic approach

Rubrics	Psora	Sycosis	Tubercular	Syphilis
AILMENTS FROM - home, leaving	X			
DESIRES - chocolate	X			
MUSIC - cesires	X			
ANSWERS - bold	X			
ANGER - scolding, from	X			
AILMENTS FROM - anger, from	X			
OBSTINATE	X			
FEAR - new people, of	X			
COMPANY - aversion to	X			
FUN - desire for	X			
FAMILY - love of	X			
MUSIC - aversion to	X			
DELUSIONS - scolded, thinks he is loved when	X			

Results

Mention month wise follow up progress

MONTHS	PROGRESS	PRESCRIPTION
1 st month	As patients was on tapering dose of wysolone so sympatic was ok but still puffiness on eyes/oedema wwere there too	Cal phos 200 1 st two dose sac lac given
2 nd month	Was improving sysmtomatically , like allergy, activeness food intake	Apis mel 6c specific and sac lac
3 rd month	Wysolon on tapering from 20mg to now 5mg alternate day	Apis mel 6c specific and sac lac
4 th month	Patient better	Apis mel 6c specific and sac lac
5 th month	Patient better	Apis mel 6c specific and sac lac
6 th month	Patient better	Apis mel 6c specific and sac lac
7 th month	Patient better	Apis mel 6c specific and sac lac
8 th month	Patient better	Apis mel 6c specific and sac lac
9 th month	Patient better	Apis mel 6c specific and sac lac
10 th month	Patient better	Apis mel 6c specific and sac lac
2010-2014	3 times relapse and supported with acute allopath. But in last 4years after medicine (earlier was continuous)	Apis mel 6c specific and sac lac
2014-2017	Absence of protein in urine indicates improvement in nephrotic syndrome Decreased frequency of cold and cough symptoms No usage of wysolone in the last 3 years Improvement in sun allergy and reduction in <u>stye</u> occurrences No current issues with nose and ear pimples or eruptions. The patient is symptom-free as of the last visit in August 2017	Apis Mel 6c discontinued, Nat Sulph 6x and Sac Lac (for Immunity)

Date	Prescription
Before Jul '09	Not specified
Jul '09 - 1st month	Calc Phos 200 (first two doses)
Aug '09 onwards	Apis Mel 6c and Nat Sulph 6x (symptomatically)
2010-2014	Apis Mel 6c continued (Patient was continuously better)
2014 - 2017	Apis Mel 6c discontinued, Nat Sulph 6x and Sac Lac (for immunity)

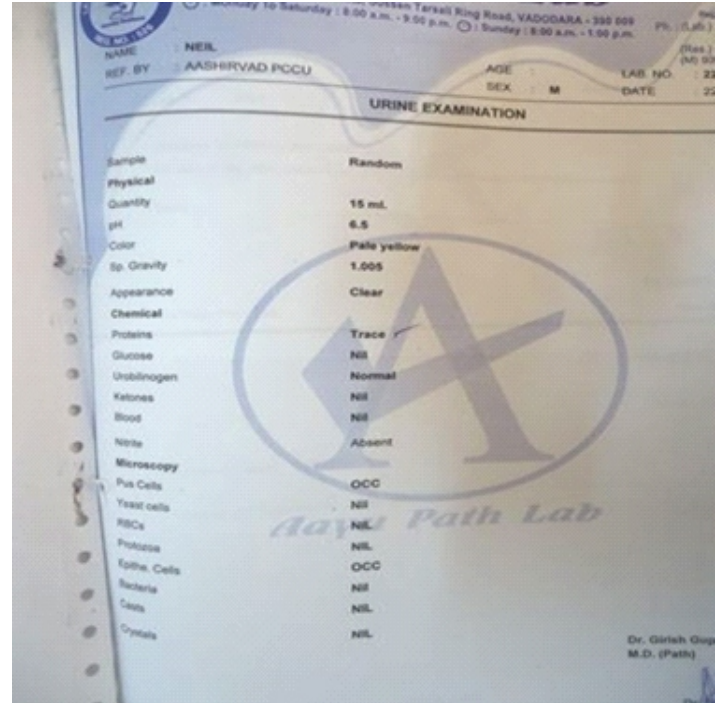
Discussion & Conclusion

The presented case involves a 4-year-old male diagnosed with nephrotic syndrome in July 2009, characterized by swelling, high protein levels, and elevated cholesterol. The conventional treatment initially involved Wysolone 20mg, which was later tapered off. Homeopathic intervention commenced with Calc Phos 200 in the first month, followed by Apis Mel 6c and Nat Sulph 6x symptomatically. The use of Apis Mel 6c continued from 2010 to 2014, ensuring sustained improvement, after which it was discontinued. The patient was then maintained on Nat Sulph 6x and Sac Lac for immunity until 2017.

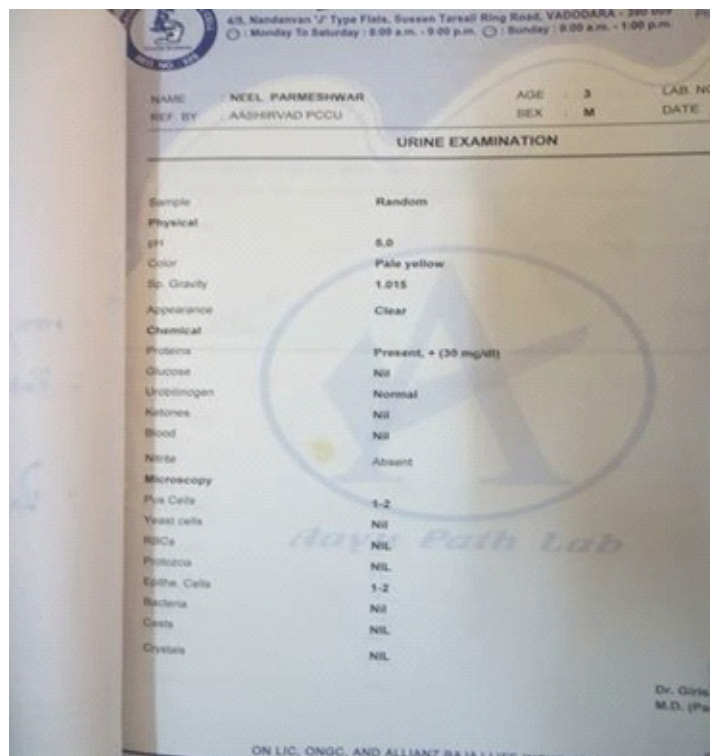
The case illustrates the successful management of nephrotic syndrome using a dynamic and holistic homeopathic approach. The individualized prescription, considering the patient's symptoms and constitutional factors, led to independence from steroids and resolution of recurrent symptoms. The discontinuation of Apis Mel 6c without relapses emphasizes the effectiveness of homeopathy in providing long-term relief. The choice of remedies tailored to the patient's

unique presentation showcases the potential of homeopathy in addressing complex conditions like nephrotic syndrome. Further research and documentation of such cases can contribute to the growing evidence of homeopathy's efficacy in renal disorders.

The transformation



Protein Traced



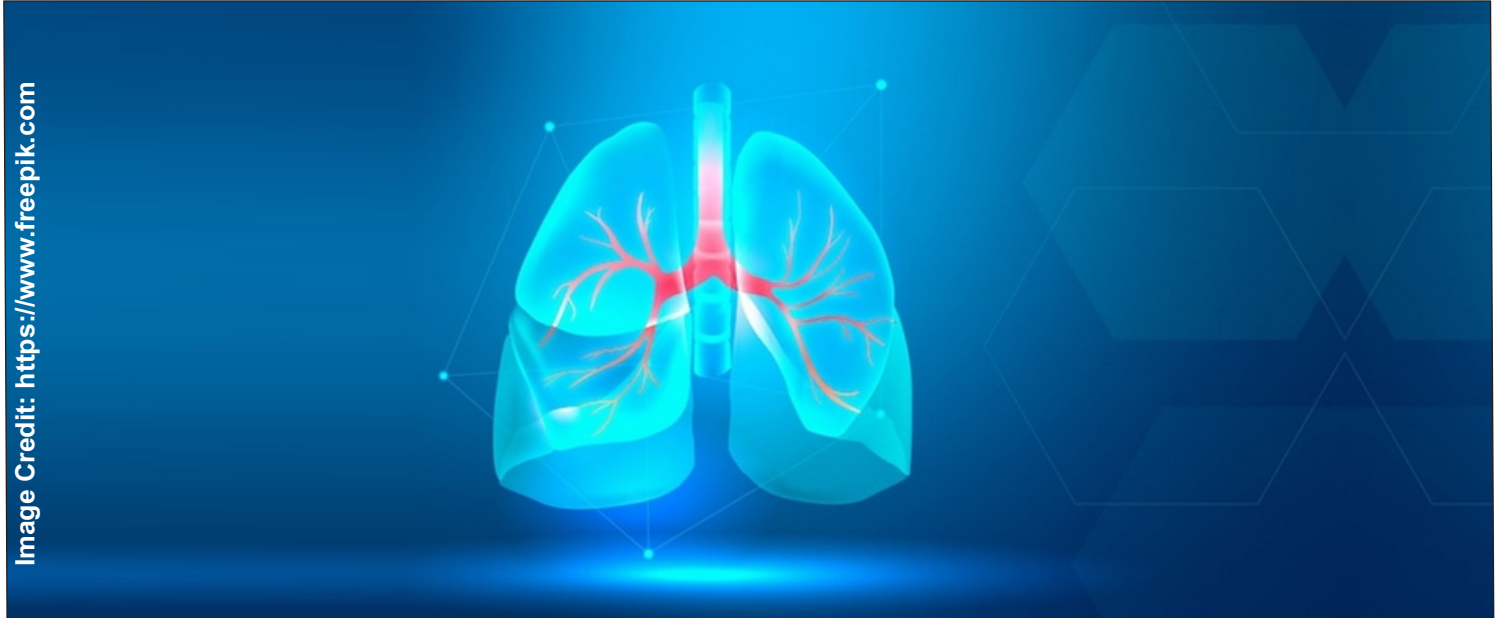
Normal report

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I take this opportunity to thank those who have helped and supported me personally & professionally during dissertation process.

Importance of Interleukin 1 And TNF Alpha In Asthma Pathogenesis

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Introduction

Asthma is a chronic disease characterized by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. Symptoms may occur several times in a day or week in affected individuals and for some people, become worse during physical activity or at night. "Asthma, in medical parlance, is a chronic inflammatory disorder of the airways in which many cells and cellular elements play a role, in particular, mast cells, eosinophils, T lymphocytes, macrophages, neutrophils, and epithelial cells."

In India, asthma is a commonly prevalent chronic disease. The disease's overall occurrence in India is estimated to be approximately 2-3%, with a higher incidence rate observed in urban regions (3.3%) as compared to rural areas (2%), as per the reports from Indian Council of Medical Research (ICMR). In 2019, a comprehensive study was carried out, which revealed that the incidence of asthma in India was 2.5%. Furthermore, the study showed its lesser occurrence in males than females (2.2% vs 2.7%).

Asthma has various risk factors, including genetics, environmental factors like allergen and pollution exposure, and lifestyle factors such as smoking and lack of physical activity. Studies have demonstrated that genetic factors may contribute to up to 60% of the risk of developing asthma. Children may develop asthma from viral respiratory infections like the common cold. Additionally, being exposed to certain substances, such as chemicals, dust, and fumes, at work can elevate asthma incidence in children, adults, and the elderly. Asthma control/management requires a combination of preventive measures, including reducing exposure to triggers, using medications, and adopting healthy lifestyle habits.

General overview of the pathophysiology of asthma:

Airway inflammation: Asthma's key feature is the inflammation of airways due to the abnormal accumulation of T-lymphocytes, neutrophils, and eosinophils, resulting in edema, heightened mucus production, and damage to epithelial cells.

Bronchoconstriction: Bronchoconstriction is the constriction of the airways that occurs when the smooth muscles surrounding them contract. Inflammatory mediators, including histamine, leukotrienes, and prostaglandins, trigger this response by causing the smooth muscles to contract.

Airway hyperresponsiveness:

Airway hyperresponsiveness occurs when the airways overreact to different stimuli like allergens, irritants, and physical activity. This is due to the increased airway smooth muscle sensitivity and the inflammatory cells' hyperresponsiveness.

Airway remodeling

When inflammation and bronchoconstriction persist, they can cause structural alterations in the airways, which results in goblet cell accumulation, smooth muscle mass expansion, and basement membrane hypertrophy. These modifications can result in long-term decline in pulmonary function and respiratory passage obstruction.

The airway remodeling results in asthma manifestations that predominantly include breathing difficulty, chest discomfort, cough, and wheezing.

Airway inflammation in asthma

Asthma-related airway inflammation develops due to the aggregation of macrophages, T lymphocytes, Mast cells, and eosinophils. In addition, the hyperactivation of growth factors, chemokines, cytokines and mediators of inflammation also trigger asthma in predisposed individuals.

In the development of asthma, inflammatory mediators trigger the inflammatory response in the respiratory passages. The structural, epithelial, and immune cells of the airways actively induce these inflammatory mediators. They work by attracting inflammatory cells to the site of inflammation, encouraging their activation and viability, and stimulating airway remodeling.

Among the inflammatory mediators involved in asthma, cytokines are of particular importance. Cytokines are small soluble proteins that act as messengers between cells, regulating immune and inflammatory responses.

Cytokines in asthma are produced by macrophages, mast cells, eosinophils, T lymphocytes, and other airway cells.

Asthma pathogenesis progresses with IL-13/IL-4 activity leading to eosinophilic infiltration, airway inflammation, mucus production, and airway hyperresponsiveness; IL-4 is mainly generated by mast cells and Th2 lymphocytes. The expression of multiple genes related to inflammation and remodeling is the outcome of the IL-13/IL-4 activity on epithelial cells, fibroblasts, and smooth muscle cells of the respiratory passages.

The effector cell/eosinophil survival and activation in asthma depends on IL-5 pathogenesis; IL-5 is generated by Th2 lymphocytes, epithelial cells, eosinophils, and mast cells. The cytokine binds to the eosinophil receptor and induces their activation and survival, ultimately leading to their recruitment to the airway.

TNF-alpha is a cytokine that promotes inflammation which is linked to the development of asthma and is generated via epithelial cells, T-lymphocytes, and macrophages. TNF-alpha interacts with a range of airway receptors, leading to the activation of genes that cause inflammation, apoptosis, and remodeling.

Interleukin-1

The cytokine group IL-1 triggers inflammation and is vital to the body's natural defense mechanisms. These cytokines are generated after tissue injury, infection, or stress via epithelial/dendritic cells and macrophages.

The mechanism of action of IL-1 involves attaching to its receptor on diverse cells, leading to the activation of genes that regulate inflammation, immunity, and the repair of tissues.

IL-1 consists of two variants: IL-1 α and IL-1 β . Despite being structurally similar and having separate genes, they differ in their function and secretion methods. Macrophages and epithelial cells produce IL-1 α , which is active even in its precursor form, anchored to the membrane, and released upon cellular damage or death. Activated macrophages mainly produce IL-1 β , which is active only in its mature form, released through the process of active inflammation.

Evidence indicates IL-1 attribution to the development of numerous disease conditions, including inflammatory bowel disease, psoriasis, gout, osteoarthritis, and rheumatoid arthritis. Research shows that blocking IL-1 activity can be a successful strategy in treating specific diseases like rheumatoid arthritis and systemic juvenile idiopathic arthritis.

Findings from various studies reveal the role of IL-1 in causing schizophrenia, depression, Alzheimer's disease, and other neuropsychiatric conditions. Research indicates that IL-1 stimulates microglia and astrocytes, leading to neuroinflammation and neuronal damage. Preclinical studies also suggest that blocking IL-1 activity could enhance executive function in depression and Alzheimer's disease.

IL-1's involvement in cancer pathogenesis has also been identified. Research demonstrates that IL-1 fosters tumor development and angiogenesis while it suppresses tumor cell apoptosis. However, studies have also shown that obstructing IL-1 activity in animal models of cancer can suppress tumor growth and metastasis.

Asthma pathogenesis and the role of IL-1

Asthma's pathogenesis correlates with the combined activity of the adaptive and innate immune systems. Asthma advances with IL-1 hyperactivity leading to the immune response. IL-1 can activate dendritic cells, which induce T cell-antigen interactions. This stimulation leads to the T cell activation/differentiation into Th2 cells, which are responsible for activating IL-13/4/5 cytokines, which have a pivotal role in the pathogenesis of asthma

IL-1 effectively induces Th2/dendritic cells and triggers the accumulation of IL-13/5/4. It also produces Th2 cells from the naive T-cells. It also activates eosinophils and their recruitment in airways adds to the pathogenesis of asthma.

MAPK and NF- κ B signaling pathways are activated by IL-1 β and IL-1 α , which results in the accumulation of CCL2, CCL3, CCL5, IL-6, TNF- α , and other proinflammatory cytokines in the respiratory passages; the NLRP3 inflammasomes are activated by IL-1 β and

IL-1 α , which eventually leads to further aggregation of neutrophils and IL-1 β in the respiratory passages. (30,31)

IL-1 β is capable of inducing hyperresponsiveness in the respiratory passages, which is a crucial attribute of asthma. This molecule does so by promoting mucus accumulation and smooth muscle contraction in the airways. IL-1 β can also promote the development of airway remodeling, a long-term consequence of asthma, by inducing the production of extracellular matrix proteins and fibroblast proliferation.

The activation of airway epithelial cell is initiated by IL-1 β / IL-1 α , which are essential contributors to the development of asthma. VCAM-1 and ICAM-1 adhesion molecules are induced by IL-1, leading to immune cell recruitment in patients with asthma. Additionally, IL-1 is capable of inducing the synthesis of mucins, resulting in excessive mucus accumulation in asthma. IL-1 can also promote the production of IL-8, thereby triggering inflammatory reactions. (34 - 36) IL-1 β /1 α , play a pivotal part in the development of asthma. This molecule activates immune cells, promotes inflammation, induces AHR, and contributes to airway remodeling. Additionally, IL-1 plays a crucial role in activating airway epithelium in asthma. Hence, targeting IL-1 and its signaling pathways might be a valuable therapeutic approach for managing asthma.

Tumor Necrosis Factor-Alpha

The pro-inflammatory cytokine (TNF-alpha) regulates inflammation and cell survival in the immune system. It is mainly synthesized by immune cells and macrophages. The activation of immune cells are followed by infection, injury, or stress. The eventual accumulation of natural killer cells, T cells, and B cells triggers asthma exacerbation; TNF- α belongs to a class of cytokines, which encompasses lymphotoxin- α , lymphotoxin- β , TNF- β , and other related proteins.

TNF- α participates in numerous physiological and pathological processes, including cell migration, differentiation, apoptosis, and proliferation. As far as the immune system is concerned, it acts as a crucial

mediator of inflammation and has an important function in preventing infections. It favors immune cell induction at the injury or infection site. The high accumulation of lymphocytes, neutrophils, and macrophages eventually adds to the pathophysiology of asthma exacerbation.

The abnormal TNF- α accumulation leads to the induction of a range of chronic conditions including asthma, psoriasis, rheumatoid arthritis, and Crohn's disease. The high expression of TNF- α also results in persistent inflammation and tissue damage.

Activated T cells, eosinophils, and macrophages in the airways produce TNF- α in asthma, leading to airway inflammation. This proinflammatory cytokine boosts eosinophil activation and migration and induces IL-13/IL-5 and similar cytokines. In addition, TNF- α induces muscle contraction and mucus production, leading to airway hyperresponsiveness.

The involvement of TNF- α in the development of asthma has been better understood through clinical trials assessing the effectiveness of anti-TNF- α therapies, including etanercept and infliximab. These medications demonstrated the ability to decrease airway inflammation, enhance lung function, and reduce the reliance on rescue medications in severe asthma patients. Despite these benefits, the response to anti-TNF- α therapy can vary, and some patients may not benefit from this treatment.

Role of TNF- α in the asthma paradigm

Airway epithelial cells respond to TNF- α by producing chemokines and adhesion molecules that attract and activate immune cells, ultimately leading to the development of inflammation. Moreover, TNF- α induces airway hyperresponsiveness (AHR) by inducing airway narrowing and bronchoconstriction via smooth muscle cell activation in the respiratory passages.

Direct modulation of airway smooth muscle cells is another process used by TNF- α which contributes to trigger the pathogenesis of asthma. By inducing the production of ROS in these cells, TNF- α activates the RhoA/ROCK pathway, which in turn leads to increased airway contraction and AHR. Additionally, TNF- α can result in fibrosis/airway remodeling by the activation of smooth muscle cells and extracellular matrix proteins.

Associations have been observed between asthma susceptibility and TNF- α SNPs. These SNPs can impact TNF- α expression and function, thereby influencing immune responses and promoting inflammation in the airways

Another significant pathway by which TNF- α contributes to the development of asthma is through TNF- α -induced oxidative stress. This occurs when TNF- α induces RNS/ROS in the immune cells and the airway epithelium. This can cause damage to tissues through oxidative stress, resulting in the induction of signaling processes engaged in inflammation/airway remodeling, which can lead to asthma progression.

TNF- α signaling modulation research has been actively pursued to find novel therapies for asthma. The effectiveness of anti-TNF- α therapies like infliximab and etanercept in reducing inflammation and enhancing pulmonary function in uncontrolled asthma has been established. However, their application is restricted due to potential adverse effects including malignancies and infections. Therefore, developing more precise therapies that can selectively modulate TNF- α signaling in specific cell types or pathways is necessary to improve asthma outcomes. (59-61)

Conclusions

To summarize, asthma-related airway inflammation is a complex process involving IL-1, TNF- α , and other mediators of inflammation. These cytokines are crucial in promoting airway inflammation, eosinophilic infiltration, mucus production, and airway hyperresponsiveness in asthma. Therefore, comprehending the role of these cytokines in asthma pathogenesis could provide new avenues for asthma treatment. However, more research should investigate their precise function in asthma and the effectiveness of anti-TNF- α and IL-1 therapies.



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THE AWARENESS



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Here is the editorial from the Hahnemannian Gleanings, November 1996 issue – written by Dr KP Majumdar. In this editorial he points out the problems of the health care system and how homoeopathy despite its superiority as a system and suitability for the masses suffers and remains overlooked by the people in power. The problem, even after so many years, remains the same. Our leaders homoeopathic and otherwise can learn a lot from this article to help homoeopathy overcome obstacles to its growth and in providing good healthcare to masses. He talks about the integrative approach too plus how a general practitioner is useful in achieving our goals.

Ever since Homoeopathy was introduced in India way back in 1839, it has steadily gained a strong foothold and increasing public recognition due to its intrinsic merits.

Homoeopathy is based on natural laws and there has been no change in its approach to disease. The Sick man is the central figure, and the entire evolution of disease as well as the therapeutic principles revolve round these basic considerations.

The awareness of the value of this system of therapeutics that we see today is due to its certain inherent qualities and to the many failures of the other systems to alleviate human suffering in spite of their so-called researches and sophisticated techniques.

It is common experience of everyone that a lot of harmful side-effects are produced by the modern drugs when they are used indiscriminately and in excessive dosages. These side-effects are often far more annoying than the troubles caused by the original disease. In addition to this, hypersensitive (allergic) states are created in patients as a result of strong medication. We very often see that the number of hypersensitive or allergic patients, who now suffer far more frequently than in the past, is on the increase. Regular use of anti-histamines and desensitizing drugs cause more harm than cure.

The western model of medical education and treatment is unsuitable for our country, as our ways of living and quality of life differ vastly from those in the West. Moreover, the entire therapeutic exercise is based on the ability to diagnose the disease; and in many cases this diagnostic procedure is long, cumbersome, and very expensive and thus unsuitable for our country.

In spite of this, more and more sophisticated hospitals are being planned. One can imagine the colossal amount of money required to run a well-equipped hospital of 500 beds. It has been calculated that with the same amount of money, 30 lakhs people of our country can be looked after and cared for throughout the year at the primary health centres. It is a fact that 75 to 80 per

cent diseases require neither sophisticated equipments to diagnose them nor highly skilled men for their treatment.

No doubt the so-called modern medicine has its virtues. It can quickly control the spread of a disease, check its growth and prove very useful in moribund situations. But then it has not succeeded in preventing the recurrence of disease. In fact, this is the main cause for seeking alternative treatment. Repeated strong medications weaken the defence mechanism of the host and thus one gets into the vicious circle of disease—treatment—relief—recurrence—treatment and so on.

Excessive specialization has again caused a great deal of difficulty. Where are the G.P.s? It was this class of physicians that developed bonds of friendship with their patients and served them as guide, Philosopher, and healer. The G.P. occupied a place in family life, and had an intimate knowledge of all members in the family. He was a better judge of the mental and emotional phases of his patients, and had a wonderful rapport with the family. As against this, the specialist sees the patients for just a few minutes and decides the line of treatment. He has no time to understand the sick man. In fact, the specialist should not entertain a patient unless the G.P. sends him with the necessary particulars.

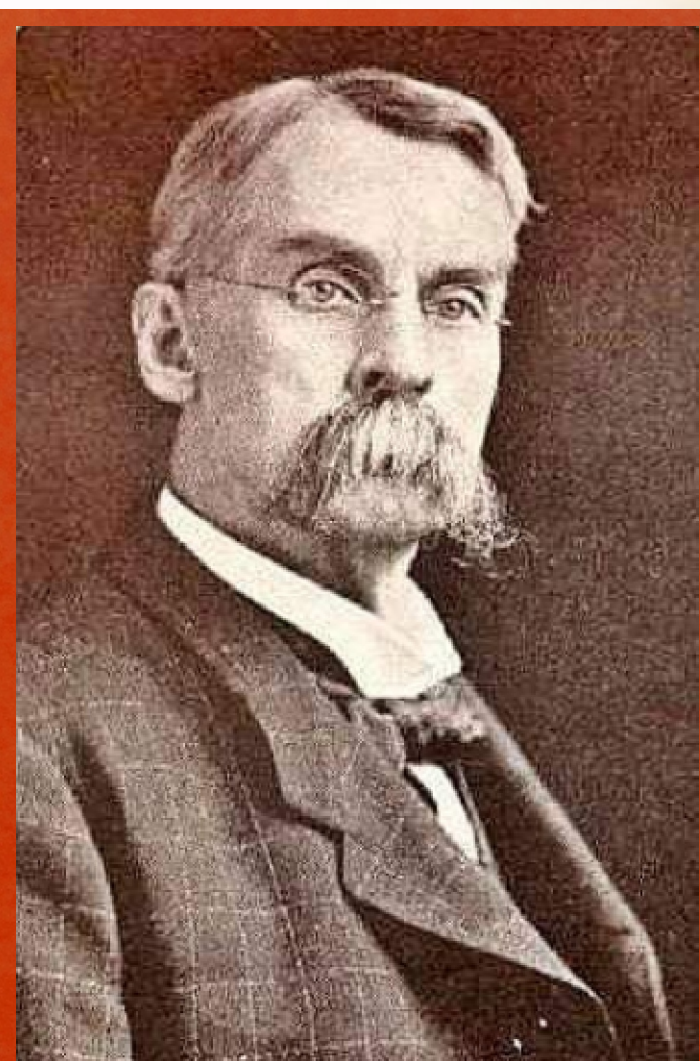
Non-availability of essential drugs at times causes grave problems. Today the medical profession is controlled by the pharmaceutical industry. The big houses have only one goal, i.e. profit. Their medical representatives know better therapeutics than the physicians. The physicians have no time to read even the literature and still they continue to prescribe the products. The result is that unnecessary medication takes place at the cost of poor patients.

Recently various media have also made medicine a lucrative business. Lay people follow them blindly and often land into trouble.

In spite of all these the so-called modern medicine still gets full recognition and care.

As against this, Homoeopathy has qualities that have stood the test of time. It is a therapeutic system for all natural diseases. The sick man being in the centre of the hub, the entire process of treatment revolves around him. It helps to strengthen the defence mechanism and raise the level of susceptibility of an individual, making him strong enough to fight the morbid processes gently and permanently.

We find that many cases are now referred by the practitioners of the so-called modern medicine to homoeopaths for a permanent cure, and the homoeopaths successfully do their duty. The faith of the so-called modern medicine in Homoeopathy is slowly growing and let us not fail it; let us work in unison for suffering humanity.



**Tributes to Dr J T Kent by IIHP
On his Birth Anniversary
31 st March [31.3.1849]**

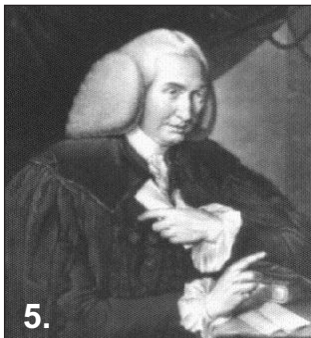
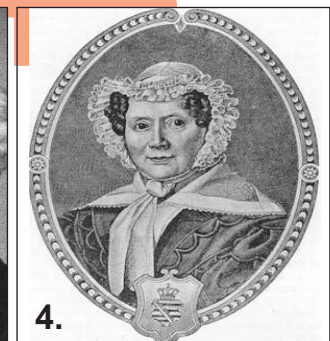
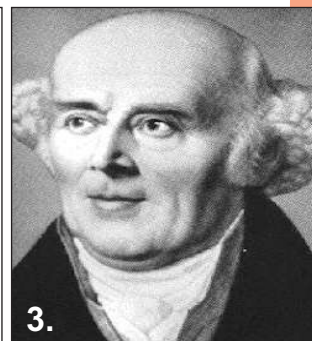
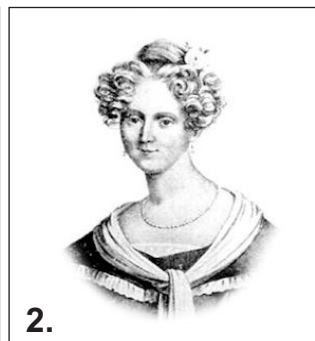
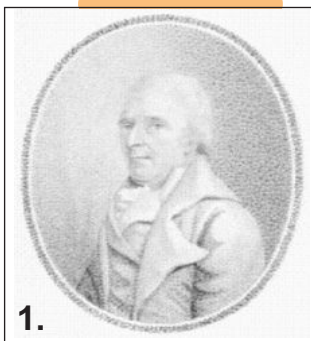
Identify these pics of persons related with the life of our master Dr. Hahnemann

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- A.** Dr. von Quarin
- B.** Baron von Brukenthal
- C.** Johanna Henrietta Leopoldine
- D.** Kuchler

- E.** Prince Schwarzenberg
- F.** Duke Ferdinand
- G.** Melanie d' hervilly

Previous Puzzle Keys

A	V	Q	E	R	W	T	H	Y	J	U	K	I	L	O	P	L	K
N	O	G	Z	I	L	K	H	M	B	N	V	A	Z	X	D	G	J
T	B	S	A	F	O	S	T	A	R	X	N	O	U	M	I	O	Q
I	M	X	M	Y	P	S	T	R	A	M	O	N	I	U	M		E
M	R	B	M	U	T	U	U	D	X	C	H	T	S	C	B	D	R
L	U	A	O	A	G	L	F	L	G	H	U	B	S	Z	W	O	T
A	M	M	N	Z	J	U	T	Y	P	Y	S	D	V	U	A	A	Y
R	M	N	I	A	L	C	Y	E	D	H	R	A	A	B	H	M	U
Y	U	Q	U	R	U	S	I	R	P	W	U	M	F	J	P	R	I
M	R	R	M	U	T	E	O	O	R	Q	U	R	G	R	L	Y	O
E	T	Y	C	Y	K	A	L	I	B	I	C	H	H	T	U	B	P
Z	A	U	A	H	A	I	S	P	W	I	C	H	M	Y	S	A	G
E	N	I	R	N	L	T	G	Q	A	J	S	S	Y	U	R	R	J
R	L	O	B	M	I	A	D	C	Y	D	F	M	R	O	A	C	K
E	Y	P	O	L	I	N	H	B	L	Z	E	E	U	P	P	M	L
U	U	M	V	P	O	G	J	M	K	R	R	N	K	T	E	U	G
M	T	K	E	O	D	I	C	A	C	I	R	T	I	N	H	T	S
A	W	L	G	R	F	V	J	S	E	O	U	M	L	K	N	R	C
H	E	G	P	E	T	R	O	L	E	U	M	U	Q	A	I	A	X
V	Q	H	D	H	S	L	Y	R	U	O	M	W	I	I	S	N	B



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Padmasri Dr. K.G. Saxena

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Inventor and Founder of Homoeopathy

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