सर्वे भवन्तु सुखिन:

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JOURNAL OF CLASSICAL HOMOEOPATHY

By Swathya kalyan Homoeopathic Medical College & Research Centre, Jaipur

Official Publication

www.swasthyakalyan.org

Who

RAJENDRA KUMAR SUREKA, SWASTHYA KALYAN HOMOEOPATHIC MEDICAL COLLEGE & RESEARCH CENTRE

What

737 PEOPLE

Where

INDIA (JAIPUR)

When

23 MARCH 2017

The largest epilepsy training session had 737 participants, and was achieved by Swasthya Kalyan Homoeopathic Medical College & Research Centre and Rajendra Kumar Sureka (both India), in Jaipur, India, on 23 March 2017.

World epilepsy day is celebrated every year on the second Monday of February

All records listed on our website are current and up-to-date. For a full list of record titles, please use our Record Application Search. (You will be need to register / login for access)

AIM AND SCOPE OF JOURNAL

Article writing allows the one to write down their own experiences & thoughts and use them to identify their future goals and aims. Writing an article facilitates the overall growth process apart from building up writing skills. Journal of Classical Homoeopathy is an international peer-reviewed journal with an aim to establish a scholarly forum through which aspects of homoeopathic medicine, their clinical application and researches related to homoeopathy are explored, discovered and discussed. This exchange of information will increase knowledge among readers, update the academicians, institutions & clinicians who demonstrate a high standard of accuracy within their work & are committed to bring homoeopathy at par with current scientific standards in medicine; encourages the upcoming individual researchers and promote clinical importance of homoeopathy within health sector.

The Journal of Classical Homoeopathy is a peer reviewed journal published annually by Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur, Rajasthan, India. It will be available in print format that will be disseminated via post or other means to subscribers. The journal shall soon be available in electronic format also.

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CHAIRMAN'S DESK

Message from Chairman

Dear Readers, I am delighted and honored to extend my warmest greetings to you all on the occasion of the release of the very first edition of our Swasthya Kalyan Homoeopathy Journal. This moment marks a significant step forward in our shared journey of promoting homeopathy as a vital and effective healthcare discipline.

The creation of this journal has been a labor of love, dedication, and collaboration. It is a testament to the collective vision and unwavering commitment of our faculty, students, and researchers towards advancing the field of homeopathy. As the Chairman of Swasthya Kalyan Group, I couldn't be prouder of the incredible work that has gone into this publication.

Homeopathy is not just a subject we teach; it is a philosophy that we live by. It is about holistic healing, patient-centered care, and a deep-rooted belief in the body's ability to heal itself. In this journal, you will find a treasure trove of insights, research, and case studies that not only demonstrate our expertise but also our passion for this remarkable field.

I want to take this opportunity to express my heartfelt gratitude to everyone involved in the creation of this journal. To the authors, editors, reviewers, and all the dedicated individuals who have contributed their time, knowledge, and expertise-your hard work and dedication shine brightly through these pages.

To our readers, both within and beyond the SKHMC community, I invite you to immerse yourselves in the rich content of this journal. Use it as a source of inspiration, knowledge, and reflection. Engage with the ideas and experiences shared here, and let them ignite your own passion for homeopathy.

As we embark on this exciting new chapter, let us remember that our journey is just beginning. The Swasthya Kalyan Homoeopathy Journal will continue to evolve, just as homeopathy itself evolves, adapting to the changing needs of our patients and the advances in medical science. I encourage all of you to actively participate, contribute, and make this journal a platform for the exchange of ideas and experiences.

In closing, I want to express my deep appreciation for the hard work, dedication, and enthusiasm that have brought us to this moment. Let us move forward with confidence, knowing that we have the power to shape the future of homeopathy and make a positive impact on the health and well-being of individuals and communities.

Thank you for being part of this incredible journey.

Warm regards,

Dr. S. S.Agarwal
Chairman,
Swasthya Kalyan Group

MANAGING DIRECTOR'S DESK

Message from Managing Director

Today, we stand on the precipice of history, poised to take a giant leap into the world of holistic healing and patient-centered care. I am absolutely thrilled to introduce you to the first edition of the Swasthya Kalyan Homoeopathy Journal, a groundbreaking initiative by Swasthya Kalyan Homoeopathic College & Research Centre (SKHMC).

In a world where the pursuit of well-being and holistic health is more crucial than ever, homeopathy emerges as a beacon of hope, offering personalized, natural, and profound healing. This journal isn't just a compilation of articles; it's a manifesto of our dedication to exploring the uncharted territories of this remarkable field.

What sets this journal apart is not just the wealth of knowledge and insights within its pages, but the passion and audacity that have driven us to bring it to life. It's a testament to the relentless spirit of innovation and curiosity that defines us at SKHMC.

I extend my heartfelt gratitude to the brilliant minds, the tireless editors, the diligent reviewers, and the relentless contributors who have poured their expertise, wisdom, and love into this publication. Your work is nothing short of revolutionary, and it's an honor to have you as part of our vibrant community.

As you delve into this treasure trove of wisdom, remember that the journey has only just begun. The Swasthya Kalyan Homoeopathy Journal is not static; it's a living, breathing entity that will grow, evolve, and transform with each edition. We invite you to be an active part of this evolution.

To our readers, I say this: Let the knowledge herein inspire you, let the case studies awe you, and let the research findings ignite the flame of curiosity within you. Use this journal as a springboard for your own exploration, and remember that you are part of a global community dedicated to making a difference in the lives of countless individuals.

Today, we embark on a journey of discovery, innovation, and healing. Let us embrace this opportunity with open minds and open hearts, ready to push the boundaries of what is possible in the world of homoeopathy.

Thank you for being part of this historic moment, and I eagerly anticipate the transformative impact that this journal, and each one of you, will have on the future of healthcare.

Dr. Sarvesh Agarwal
Managing Director, Swasthya Kalyan Group
Group CEO & VP, Rajasthan Hospital

CEO'S DESK

Message from CEO

I am deeply honored and delighted to pen down a few words for the inaugural edition of our esteemed research journal. As the CEO of Swasthya Kalyan Group, I am immensely proud to witness the remarkable journey that Swasthya Kalyan Homoepathic College & Research Centre (SKHMC) has embarked upon in the field of homeopathic medicine and research.

Homeopathy has always been a subject of great fascination and intrigue. It is a system of medicine that has withstood the test of time, offering holistic and individualized healthcare solutions to millions around the world. The dedication, commitment, and tireless efforts put forth by the faculty, students, and researchers at SKHMC are truly commendable.

This research journal represents not only a milestone in the history of our institution but also a testament to our unwavering pursuit of knowledge and excellence. The articles, studies, and research papers within its pages reflect the passion and expertise that are the hallmark of our college.

In today's fast-paced world, where evidence-based medicine is gaining prominence, homeopathy stands as a beacon of hope. The integration of traditional wisdom with modern research is crucial for its continued growth and acceptance. I believe that this journal will play a pivotal role in advancing the knowledge and practice of homeopathy, and I am confident that it will serve as a valuable resource for scholars, practitioners, and enthusiasts alike.

As the pages of this journal come to life, they not only reveal the culmination of countless hours of hard work but also signal the beginning of a new era in the field of homeopathic research. It is my hope that this journal will foster collaboration, innovation, and a deeper understanding of the principles that underlie homeopathic medicine.

I would like to extend my heartfelt congratulations to the entire team at SKHMC for this remarkable achievement. May this journal continue to flourish and inspire future generations of homeopaths to explore the uncharted territories of healing.Your contributions are invaluable, and I have no doubt that the impact of your research will reverberate far beyond the pages of this journal.

I look forward to witnessing the continued success and growth of SKHMC and the continued pursuit of excellence in the realm of homeopathic medicine.

Warm regards,

Shraddha Agarwal
Chief Executive Officer, Swasthya Kalyan Group
Consultant, Mahavir Jaipuria Rajasthan Hospital
Founder & Chief Image Consultant, Personage House
President, IMPA Jaipur Chapter
Vice Chairwoman, IWN Rajasthan

CAO'S DESK

Message from Dean & Chief Academic Officer

Dear colleagues, scholars, and practitioners,

It is with great pleasure and enthusiasm that the Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur is launching the inaugural issue of the **Journal of classical Homeopathy**. This landmark moment marks the culmination of dedicated efforts by our esteemed editorial team, reviewers, and contributors who have worked tirelessly to bring forth a platform that will contribute to the advancement of homeopathic research and practice. **The Journal of classical Homeopathy** aims to serve as a forum for rigorous academic exploration, critical analysis, and the exchange of innovative ideas within the realm of homeopathic medicine and related sciences. Our commitment is to foster an environment that promotes scholarly excellence and intellectual dialogue, bringing together researchers, clinicians, and academics not only from Rajasthan but from around the world. As our Swasthya Kalyan Homoeopathic Medical College & Research Centre embark on this academic journey, I invite all of you to engage actively with the journal of classical Homeopathy and submit your research, engage in peer review, and contribute to the enrichment of our understanding of homeopathy's role in healthcare. I also urge to the faculty to encourage their graduate, postgraduate and PhD students to submit their articles to this journal. Together, we can elevate the standards surrounding homeopathy, bridging the gap between tradition and evidence-based practice and popularise the speciality.

I extend my heartfelt gratitude to everyone who has been a part of this endeavour, and I eagerly anticipate the insightful contributions and thought-provoking discussions that the Journal of classical Homeopathy will undoubtedly foster.

Prof Arun Chougule, PhD, FAMS, FIOMP
Dean and Chief Academic officer
Swasthya Kalyan Group
Sitapura, Jaipur

EDITOR'S DESK

Message from Editor-in-Chief

Dear Homeopathic medical fraternity we are excited to introduce all of you with our very first issue of **Journal of Classical Homoeopathy by Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur.** There is no "I" in word Team, our editorial team has worked one's finger to the bone to bring this work to final shape and yes all have learned something new every day as the journey progressed and now you have in your hand hardcopy of journal. Thanks to all contributors.

Journal of Classical Homoeopathy will provide a unique platform for communication and advancement by vanguards of Homoeopathy for high quality work in our field. It's a new peer reviewed, broad scope journal published by Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur.

As per present senario internet is overflowing with medical journal and copious data within, most of which lack scientific exactitude thus making browsers doubtful about authenticity. We have started this journal with aim to bring forward evidence based studies in forefront, to provide undisputed data to readers, to bring proficiency in students of Homoeopathy and boost the growth of system. Journal of Classical Homoeopathy is altruistic publication where authors don't have to bear expenses for their bonafide work, however have to go through unbiased, scrupulous, meticulous reviews by experienced and skilled editorial team, work becomes classical indeed.

This journal covers all types of original articles, case reports, research and technical notes and reviews at both the basic and applied levels. The journal invites contributions from Homoeopathic faculty, practitioners, students, researchers across the globe. All submissions undergo a scrupulous, fair and prompt editorial peer review. Journal of Classical Homoeopathy provides all sort of research information available to readers at no cost.

We hope it will become an indispensable forum for the exchange of ideas and research developments for those working in the field of Homoeopathy. We look forward receive your submissions and also feel free to contact Editor in Chief for any queries or suggestions.

Prof. Dr. Yogeshwari Gupta
Editor-in-Chief

CONTENTS

MANUSCRIPT SUBMISSION GUIDELINES

Journal writing allows the one to write down their own experiences & thoughts and use them to identify their future goals and aims. Writing a journal facilitates the overall growth process apart from building up writing skills. Journal of Classical Homoeopathy is an international peer-reviewed journal aim is to establish a scholarly forum through which aspects of homoeopathic medicine, their clinical application and researches related to homoeopathy are explored, discovered and discussed. This exchange of information will increase knowledge among readers, update the academicians, institutions & clinicians who demonstrate a high standard of scientificity & accuracy within their work & are committed to bring homoeopathy at par with current scientific standards in medicine; encourages the upcoming individual researchers and promote clinical importance of homoeopathy within health sector.

JOURNAL DESCRIPTION AND FORMAT

- The Journal of Classical Homoeopathy is a peer reviewed journal published annually by Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur, Rajasthan, India. It will be available in print format that will be disseminated via post or other means to subscribers. The journal shall soon be available in electronic format also.
- Special issues(s) may be released to commemorate any special occasion(s).

GENERAL INFORMATION

- Manuscripts with insufficient originality, accuracy and transparency or with serious scientific or technical flaws will be rejected before forwarding it for formal peer-review. Manuscripts that are unlikely to be of interest to the Journal of Classical Homoeopathy readers are also liable to be rejected at this stage itself.
- A manuscript will be reviewed for possible publication with the understanding that it has not been previously published and is not before any other journal for consideration, or already accepted for publication elsewhere. If and when duplication is detected after publication the journal will be forced to retract such articles.
- All manuscripts received should be original work of author and/or duly acknowledged.
- Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format.
- Journal of Classical Homoeopathy accepts manuscripts written in British English.
- The authors must use International System of Units (SI) for measurement. For clarity if required, the corresponding non-SI unit may also be included in parentheses.
- Credit suppliers and manufacturers of equipment, drugs, and other brand-name must be mentioned in the manuscript within parentheses, giving the company name and primary location.
- Names of Homoeopathic medicines should appear in Italics. The binomial system of nomenclature and abbreviations should be used: e.g. ***Ars. alb., Nux.vom.,Rhus.tox.***. Potencies in Homoeopathic medicines are indicated as, e.g., 6x, 30c, 1M, 10M (or use units dH, cH, MK etc., where the method of dilution is specified).
- Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end

of the article. Do not include footnotes in the Reference list.

EDITORIAL PROCESS

- All papers submitted to Journal of Classical Homoeopathy will undergo peer-review process and will be reviewed by the concerned experts. The comments of the reviewers shall be conveyed to the authors for compliance/ comments. All accepted papers will be suitably edited before publication. However, the decision of the Editorial Board of Journal of Classical Homoeopathy regarding the publication of the article(s) or any other matter related to Journal of Classical Homoeopathy will be final.
- On submission, editors will review all submitted manuscripts initially for suitability before formal review.

The manuscript should comply with the Uniform Requirements of the International Committee of Medical Journal Editors (ICMJE): Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals- http://www.icmje.org/about-icmje/faqs/icmje-recommendations/

AUTHORSHIP & CONTRIBUTOR CRITERIA

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data
2. Drafting the article or revising it critically for important intellectual content
3. Final approval of the version to be published

Participation solely in the acquisition of funding or the collection of data or only general supervision of research done, does not justify authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript.

The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review.

Once submitted the order cannot be changed without written consent of all contributors. Journal of Classical Homoeopathy prescribes a maximum number of six authors for manuscripts, the number can be exceed depending upon the type of manuscript, its scope and number of institutions involved . The author should provide a justification, if the number of authors exceeds these limits.

CONFLICTS OF INTEREST

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented.

SUBMISSION OF MANUSCRIPTS

Authors can submit their manuscript at **editorskhmc@gmail.com**. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at **editorskhmc@gmail.com**. The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

I. TITLE PAGE FILE

The title page must be in a separate document and it must list the article title and the corresponding author's full name, degree, title, department, affiliation, mailing address, e-mail address and telephone number. It should also list the full name,

department, and affiliation (if more than one institution is involved, indicate individual affiliation by means of a superscript Arabic number) of every author and co-author.

This file should provide:

- The type of manuscript (original article, case report, review article, letter to editor, images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.
- The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article.
- Source(s) of support in the form of grants, equipment, drugs, or all of these.
- Acknowledgement, if any. One or more statements should specify
    1. Contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair.
    2. Acknowledgments of technical help and
    3. Acknowledgments of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
- Registration No. in case of clinical trial & where it is registered (name of registry & its URL)

II. BLINDED ARTICLE FILE

The main text of the article, beginning from abstract till references (including tables) should be in this file. The file must not contain any names of the authors, initials, name of the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the author's name. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Do not zip the files. Limit the file size to 1 MB. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

III. IMAGES

Submit good quality coloured images. Each image should be less than 2 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images
(Keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

IV. COPYRIGHT FORM

It is to be submitted in original format with the signature of all the contributors within two weeks of submission via courier, email as a scanned image. copyright form is attached at the end of guidelines and can be submitted online from the authors' area on e-mail id - **editorskhmc@gmail.com**

MANUSCRIPT PREPARATION

All manuscript submissions should be mailed on **editorskhmc@gmail.com.** The two separate word files must have font size 12 and Times new roman font type along with a margin of 1.5' inch on all sides. Author must use British English.

TYPES OF MANUSCRIPTS

ORIGINAL ARTICLES

These include randomised controlled trials, intervention studies, outcome studies, case-control series and surveys. The text of original articles

should not exceed 3500 words (excluding abstract, references and tables) and should be divided into following sections - abstract, key-words, introduction, material and methods, results, discussion and conclusion, references, tables and figure legends.

ABSTRACT

Abstract should be a short paragraph (around 300 words) and should not exceed beyond this limit. Abstract must be brief and informative. It should give the outline of the entire article without going into specifics and should be enticing for readers. Abstract should include purpose of the study, research problem(s) investigated, the basic design of the study, methods used, scope of the work, results and conclusion. Avoid abbreviations and references in the abstract. It should be in MS word document, using British English.

KEYWORDS

List 3 to 6 key-words which can identify the most important subjects covered in the paper. (They must be terms from the medical subject headings - MeSH - list of the index Medicus: PubMed mesh browser). Words should be written at the end of abstract in italics using font size 12 in Times new roman.

ABBREVIATIONS

Use standard abbreviations otherwise write the full term for each abbreviation at its first use. List nonstandard abbreviations used, with their expansions, in alphabetical order. Avoid abbreviation in the title of the manuscript and abstract. Keep abbreviations to a minimum. Explain in footnotes all non-standard abbreviations that are used in each table.

INTRODUCTION

Introduction is the first major division of article. In either case it should contain a concise statement of the background to the work presented. It should outline the scope, aim, general character of research. It must contain all the relevant and suitable references.

MATERIAL AND METHODS

It includes the study design; inclusion and exclusion criteria; sample size; intervention, data collection and tool used in the study. Give a detailed description of selection of the observational or experimental subjects (including controls). Clearly mention all inclusion and exclusion criteria.

Identify the methods, apparatus, and procedures in sufficient detail to allow other workers to reproduce the results. Reports of randomised trials should present information on all major study elements including the protocol, assignment of intervention, and the method of masking. Give references to established methods, including statistical methods. Provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations.

Ethics: evidence for approval by a local ethics committee (for both human as well as animal studies) must be supplied by the authors on demand. Written or oral informed consent must be obtained from each patient enrolled for the study.
Reporting guidelines for specific study design: (refer Table No. 1 on next page)

RESULTS

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Only summarise all important observation, do not repeat in the text all the data in the tables or figures.

REVIEW ARTICLE

An abstract and keywords are required. The text should be divided into sections by suitable headings. Tables and figures may be used as appropriate for the text. They should not be more than 3000 words.

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting Checklist-2016.pdf

Table No. 1 - Reporting guidelines for specific study design.

CASE REPORTS

The journal welcomes the interesting case reports and the case series.

TABLES

- Titles in the table should be short and self explanatory.
- Tables should not duplicate textual material and should be easily comprehensible.
- Tables should be numbered sequentially either throughout the article using Arabic numerals
- Place explanatory matter in footnotes, not in the heading. Font size for foot note should be 10.
- Provide a credit line in the footnote for all fully borrowed, adapted, and modified tables.
- For footnotes use the roman numerals.

FIGURES

- Upload the images in jpeg format. The file size should be within 1MB in size while uploading.
- All figures must be referred to in the text and consecutively in Arabic numerals in the sequence in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size.
- Each figure must be accompanied by a legend which should contain maximum 40 words using double spacing, with Arabic numerals and must explain in detail the contents of that figure and typed under the figures.
- Numerical data related with the graphs, scatter-grams or histograms on which they are based should also be mentioned.
- Unwanted areas from the photographs and figures should be cropped. All information that reveals the identity of the patient and the place of study must be masked.
- Written consent of the individual must accompany each of their photographs.
- If a figure has been published elsewhere, acknowledge the original source in references.
- Bar graph and graphs must be prepared using Microsoft excel and submitted as excel graph pasted in word.
- The journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

DISCUSSION

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); strengths and limitations of the study

(Study question, study design, data collection, analysis and interpretation); do not repeat in detail data or other material given in the introduction or the results section. New hypotheses may be stated if it is there.

CONCLUSION

- The author should conclude his/her findings accordingly. This section should not be the copy of abstract instead it should summarise the principal findings with wide implications.
- It should highlight the difficulties encountered during the study, new learning and uniqueness related with the study.

ACKNOWLEDGEMENT

Acknowledgement if any, then it must be mentioned at the end of the text immediately above the references.

REFERENCES

Include all references that have been cited in the text. Avoid more than 30 reference in one article. These articles generally should not have more than six authors.

When writing a reference list in Vancouver style:

- Include all references that have been cited in the text.
- Number all references.
- The list of references should appear as a consolidated list with references listed either alphabetically or sequentially.
- Arrange your list in the order in which the references appear in your text.
- If there are more than 6 Author's, list the first 6 Authors followed by "et al."
- Use official abbreviations for titles of journals (if available)
- Write the reference with an Arabic number in brackets after the citation.
- If you reference a source more than once, use the same number you used the first time you referred to that particular source.
- If you cite several sources in one sentence, cite them as (2-4) to refer to sources 2, 3 and 4 and (2-4, 8) to refer to sources 2, 3, 4 and 8.
- Reference must be mentioned even if the Author's name is stated in the sentence.
- Uniform requirements for manuscripts submitted to biomedical journals, published by international committee of medical journal editors, includes a list with examples of references https://www.nlm.nih.gov/bsd/uniform_requirements.html in the Vancouver style.

Thank you for planning to contribute an article to Journal of Classical Homoeopathy. Please read instructions carefully and observe all the directions given. Failure to do so may result in unnecessary delays in handling your article. Please include a brief letter indicating your interest in having your manuscript considered for publication in Journal of Classical Homoeopathy.

A clinical study to compare the role of Natrum muriaticum and Kali muriaticum in cases of sinusitis

Dr. Gitanjali Mathur
Assistant Professor, Department of Organon of Medicine,
Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India
Corresponding Author's E-mail : gitanjalimathur87@yahoo.in

ABSTRACT
Sinusitis is defined as an inflammation of the nasal mucosa and paranasal sinuses for at least 12 weeks which may cause nasal blockage or congestion, mucous discharge, facial pain or pressure, and/or impaired smell. Several factors have been found to contribute to the disease, namely, insufficient ciliary motility, allergy and asthma, bacterial infection, and more rarely, morphological anomalies, immune deficiencies. Various studies have demonstrated the beneficial effect of Homoeopathic treatment in cases of Sinusitis. Homoeopathic approach of totality of symptoms has given significant results in this area as well as some commonly therapeutically indicated medicines also has given good results.
Nat. mur. and *Kali. mur.* assumes the natural homoeopathic remedies for sinus infections when sneezing, fluent nasal discharge, tough, thick, sticky discharge, rubbery kind with pressure in the nose accompanies with sinus inflammation.

KEYWORDS
Sinusitis, Homoeopathic medicines, Natrum muriaticum, Kali muriaticum

ABBREVIATIONS
PNS- Posterior Nasal Septum, SNOT - Sino-Nasal Outcome Test, SPSS- Statistical Package for the Social Sciences.

AIM AND OBJECTIVES
Aim
To study the effectiveness of Homoeopathic predefined medicines - Natrum muriaticum and Kali muriaticum in the management of Sinusitis

Objectives
1. To compare the extent of improvement in management of sinusitis by predefined medicines- Natrum muriaticum & Kali muriaticum patients by using SNOT-22 Questionnaire as an assessment tool.
2. To assess the treatment modalities of Natrum muriaticum & Kali muriaticum in cases of sinusitis.

Study Design
Randomised, Open Label study.

INTRODUCTION
Sinusitis is the fifth most common disease treated with antibiotics. An estimated 134 million Indians suffer from chronic sinusitis, the symptoms of which include but are not limited to debilitating headaches, fever and nasal congestion and obstruction but there are several factors have been found to contribute to the disease. Schussler has contributed the Biochemic drugs to homoeopathy. Their use in homoeopathy is based on the observations made by him. He explained that a tissue remedy acted by meeting the requirements of the body for that particular salt.

MATERIALS AND METHODS

Study Setting
The present study has been undertaken at OPD/IPD of :
(a) Dr. Girendra Pal Homoeopathic Medical College, Hospital & Research Centre, Homoeopathy University, Saipura, Sanganer, Jaipur.

(b) Dr. Madan Pratap Khunteta Homoeopathic medical College, Hospital & Research Centre situated at Sindhi Camp, a constituent college of Homoeopathy university, Saipura, Sanganer, Jaipur.

Study Duration

The study has been undertaken for a period of 12 months out of which cases have registered in first nine months and follow up period of 3 months so that minimum six visits/observations has been obtained from the last case.

Selection of samples

To see the effect of two medicines one in group A and other in group B, mean difference in effect of Group A and Group B is 0.8
By taking the standard effect size = 0.8 at 90% is 34.
Assuming the dropout as 10%. The effective sample size for each group is 34 and total sample 68 cases.
Group A -Natrum muriaticum include 34 cases.
Group B -Kali muriaticum include 34 cases.

INCLUSION / EXCLUSION CRITERIA

Inclusion criteria

Following cases were included irrespective of their age, sex, caste, religion & duration of illness-

- Diagnosed cases of sinusitis indicating symptoms of selected drugs.
- Diagnosed cases of sinusitis who have taken treatment from other system of medicines, felt no relief & seeking homoeopathic treatment.
- Diagnosed cases of sinusitis who have taken treatment from other system of medicine, under control, but seeking homoeopathic treatment.
- Diagnosed cases of sinusitis coming directly for homoeopathic treatment.
- Patients with clinical &/or radiological findings suggestive of sinusitis.
- Patients having chronic or acute exacerbation of chronic sinusitis.

Exclusion criteria

- Females, who want to conceive, are pregnant or lactating.
- Cases with any other severe systemic disorder.
- Patient pursuing other treatment and are not willing to leave it.
- Cases that need surgical intervention.
- The cases requiring emergency treatment.
- Discontinuation of treatment in between / & cases without proper follow-up were excluded from the study.

Diagnostic Criteria

- Case taking
- Clinical examination
- Laboratory Investigations

Study design

A Randomized open label Comparative clinical study.

Allocation

Patient fulfilling the eligibility criteria were enrolled and arranged to receive either Natrum muriaticum Or Kali muriaticum by using randomization chart.

BRIEF PROCEDURE

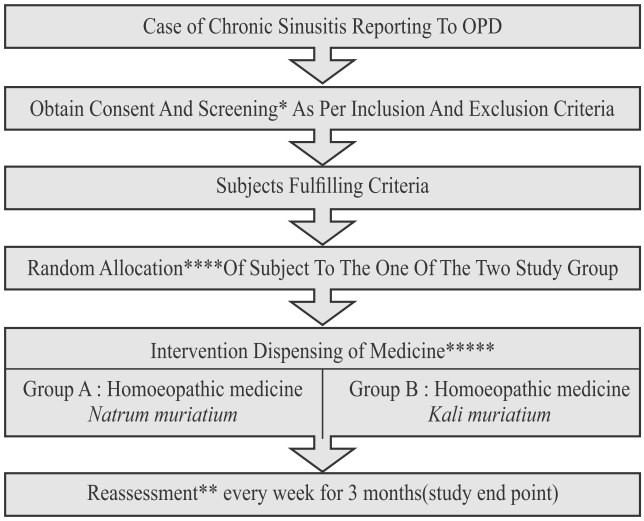

Figure 1. Brief Procedure

- Screening- As Per Inclusion and Exclusion Criteria
- Baseline assessment and reassessment
- Baseline Investigations (repeated after 3 months of treatment)
  - X-RAY(PNS)
- Random Allocation- As per the Randomization chart, patients has been divided randomly in to
  - **Group A :** Homoeopathic medicine Natrum muriaticum.

- **Group B :** Homoeopathic medicine Kali muriaticum.

1. The Homoeopathic medicines were procured from a good manufacturing practices certified company.
2. Case taking was done as per the guidelines laid down by Hahnemann in the 5th & 6th edition of Organon of medicine.
3. The patients enrolled in the study were not on any other pharmacological intervention.

INTERVENTION

Dispensing of medicine

- Name of Interventional drugs -
  A) Natrum muriaticum
  B) Kali muriaticum
- Potency and Dosage: Both the medicines were given in 6X potency
- Form - Tablets
- Route of administration- Oral
- Dispensing- This has been done by the hospital dispensary
- Repetition - TDS x 7 days
- Change of medicine/and or dosage, if required, was according to Homoeopathic principles and guidelines of Organon of Medicine 5th & 6th edition and Kent's 12 Observations

CO- INTERVENTION

- Dietary management
- Lifestyle modifications
- Breathing Exercises

SELECTION OF TOOLS

1. Detailed case taking proforma especially designed for the study
2. X-RAY.
3. SNOT-22 Questionnaire
4. Pre- defined medicine
5. Randomization chart

DATA COLLECTION

All the data related to the study was kept in the form of hard and soft copy.

Case Recording

- The cases were recorded according to the standard case format
- Adequate measures were undertaken to maintain the privacy of the patient and records concerned

OUTCOME ASSESSMENT

Following parameters were fixed according to the type of the response obtained after the treatment:

- WORSE - When there has been no improvement in condition of the patient and instead his/her complaints get worse in respect to SNOT-22 questionnaire[49] that was assessed in view of Homoeopathic aggravation, disease & medicinal aggravation. Counseling of patient was done accordingly; & if aggravation was continuous for more than 30 days then also considered as worse.
- DROPPED OUT -Patients discontinued the treatment during the course of study or showed poor compliance.
- Patient and physician perception of change after treatment based on SNOT-22 Questionnaire.

According to the scores obtained from the SNOT-22 scoring method, following formula was applied after calculating before and after scores. Refer Table No. 1

Baseline Score - Score at the end
Baseline Score × 100%

Marked Improvement	Moderate Improvement	Mild Improvement	Not Significant	Status Quo
75%-100%	50%-74%	25%-49%	<25%	0%

Table No. 1 Outcome Assessment

RESULTS

The cases were randomly allocated to two treatment groups. Refer Figure 2

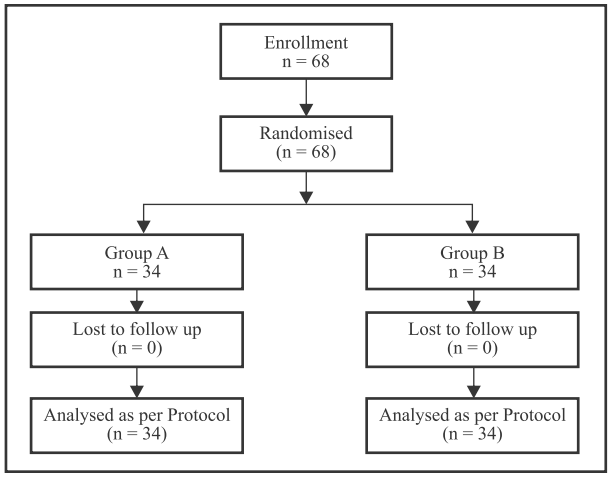

Figure No. 2 Treatment Groups

Participant flow Diagram

- Group A : Natrum muriaticum 6X - 34 cases
- Group B : Kali muriaticum 6X - 34 cases

Baseline characteristics of cases of Sinusitis in Group A and Group B

Variables	Total cases (n=68)	Group A (n=34)	Group B (n=34)
Age (in years)			
18-27	20 (30%)	13 (38.23%)	7 (20.58%)
28-37	22 (32%)	13 (38.23%)	9 (26.47%)
38-47	17 (25%)	5 (14.70%)	12 (35.29%)
48-57	7 (10%)	3 (8.82%)	4 (11.76%)
58-67	2 (3%)	0 (0%)	2 (5.88%)
Sex			
Female	23 (34%)	11(32.35%)	12(35.29%)
Male	45 (66%)	23(67.64%)	22(64.70%)
Area of Residence			
Urban	31 (46%)	15 (44.11%)	16 (47.05%)
Rural	37 (54%)	19 (55.88%)	18 (52.94%)
Type of Disease			
Frontal Sinusitis	19 (28%)	10 (29.41%)	9 (26.47%)
Maxillary Sinusitis	41 (60%)	21(61.76%)	20 (58.82%)
Frontal & Maxillary Sinusitis	08 (12%)	3(8.82%)	5 (14.70%)
Socio-Economic Status			
Upper	6 (9%)	3(8.82%)	3(8.82%)
Middle	47 (69%)	22(64.70%)	25 (73.52%)
Lower	15 (22%)	9(26.47%)	6(17.64%)

Table No. 3 Baseline characteristics of cases of Sinusitis in Group A and Group B

Group	Marked Improvement	Moderate Improvement	Mild Improvement	Status Quo
Group A	06 (17.64 %)	22 (64.70%)	06 (17.64%)	00
Group B	26 (76.47%)	06 (17.64%)	01 (2.94%)	01(2.94%)

Table No. 4 Result Obtained in Group A and Group B

STATISTICAL ANALYSIS

In order to accomplish the Objectives 2 and 3, two samples (Group A and Group B) each with size 34 were collected. The statistical tools used to achieve objectives are paired t-test and t-test for difference of two means for independent samples respectively. The analysis has been done on IBM SPSS 20.0. In this study sample size 68 is taken, degree of freedom (n1+n2 -1) is 67 and level of significance is ?= 0.05. Refer Table No. 5

Group A (N=34)	Before	After	Group B (N=34)	Before	After
Mean	51.794	38.35	Mean	31.794	29.74
SD	14.021	16.465	SD	14.556	9.209
SEM	2.405	2.824	SEM	2.496	1.579
t- Value	21.540		t- Value	12.737	
Df	33		df	33	

Table No. 5 Statistical Analysis - Paired Sample t- Test of Both Groups

(S.D. - Standard Deviation; SEM – Standard error of mean; df- degree of freedom)

Independent t - test indicated equal variances (F = 17.120, p = .000) df = 66. There is significant (p = .000) decrease in SNOT-22 score in cases of Sinusitis with Kali muriaticum (M = 38.35, S.D. = 16.465) than Natrum muriaticum (M = 29.74, S.D. = 9.209), t(66) = 2.664, p = 0.000, the mean difference between the groups being M = 8.618, SE = 3.235.

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Score	Equal variances assumed	17.120	.000	2.664	66	.010	8.618	3.235	2.158	15.077
	Equal variances not assumed			2.664	51.807	.010	8.618	3.235	2.125	15.110

DISCUSSION

A discussion on the interpretations derived from the study has been given below:

- **Age Incidence:** In this study it was observed that the maximum incidence of sinusitis was seen in the age group of 28-37 years i.e., 22 (32%) cases.
- **Sex Incidence:** In this study it was seen that cases of sinusitis were higher in Males i.e. 45 (66%) than in females.
- **Area of Residence:** In this study it was observed that maximum incidence of sinusitis were observed in Rural area i.e. 37 (54%) cases.
- **Socio-Economic Status:** In this study it was observed that among the cases of sinusitis, maximum cases were belongs to middle socio economic status i.e., 47 (69%) cases.
- **Pre dominant Miasm:** In this study it was observed that among the 68 cases of sinusitis 41 (60%) cases belongs to Psoric miasm.
- **Result obtained from Group A and Group B:** In this study it was observed that maximum cases of sinusitis treated with medicine in Group B (Kali muriaticum) shows Marked Improvement.
- **Type of Disease:** In this study it was observed that in cases of sinusitis, maximum number of patients had Maxillary Sinusitis i.e., 41 (60%) cases.
- **Presenting Complaints:** In this study it was observed that in cases of sinusitis, maximum number i.e., 39(58%) cases had Nasal Congestion in comparison to Watery Nasal discharge.
- **Statistical Analysis:** Paired sample t-test result, to assess the effect of homoeopathic medicine on Sinusitis post treatment (M = 29.74, S.D. = 9.209), compared to pre treatment (M = 81.53, S.D. = 13.931) by SNOT - 22 score analysis. Lower the Score indicate Sinusitis improved by Natrum muriaticum, difference of mean= 51.794, t (34) = 21.540, P =.005.

  Paired sample t-test result, to assess the effect of Kali muriaticum on Sinusitis Post treatment (M = 38.35, S.D. = 16.465) compared to pre treatment (M = 70.15, S.D.= 15.566) by SNOT-22 score analysis. Lower the score indicate Sinusitis improved by homoeopathic medicine difference of mean = 31.794, t (34) = 12.737, P = .005. It shows that both treatment modalities-Natrum muriaticum & Kali muriaticum medicines are effective in cases of Sinusitis. Independent t- test indicated equal variances (F = 17.120, p = .000) df = 66. There is significant (p = .000) decrease in SNOT-22 score in cases of Sinusitis with Kali muriaticum (M = 38.35, S.D. = 16.465) than Natrum muriaticum (M = 29.74, S.D. = 9.209), t(68) = 2.664, p = 0.000, the mean difference between the groups being M = 8.618, SE = 3.235. Therefore Kali muriaticum had improved SNOT-22 score in Sinusitis after treatment of 3 months with the mean difference of M = 8.618, SE = 3.235 as compared with Natrum muriaticum.

CONCLUSION

Through this study entitled **"A CLINICAL STUDY TO COMPARE THE ROLE OF NATRUM MURIATICUM & KALI MURIATICUM IN CASES OF SINUSITIS"**, various epiemiological, clinical observations have been made. 68 cases were studied with their character of discharge, Type of Sinusitis, etc. Kali muriaticum & Natrum muriaticum were prescribed randomly. From the results of this study, the conclusion can be drawn that individuals suffering from Sinusitis showed effective relief by Kali muriaticum. Kali muriaticum in 6x potency was proved to be more useful in the treatment of Sinusitis.

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Acute gastroenteritis and its homoeopathic therapeutics

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ABSTRACT
Acute Gastroenteritis is a common illness of pediatric age group. It is infections of the gastrointestinal tract caused by viral, bacterial or parasitic pathogens. These Infections are commonly related to the food borne illnesses. The most common clinical features of gastroenteritis are diarrhoea and vomiting, with associate systemic features such as abdominal pain and fever. The management of acute gastroenteritis in children include oral rehydration therapy, enteral feeding and diet selection, zinc supplementation, and additional therapies such as probiotics. Homoeopathy is an alternative medical science which based on similia similibus curetur means likes cure like and have a very effective role in the management and controlling the severity of the disease.

KEYWORDS
Gastroenteritis, Rotavirus, Diarrhoea, Vomiting, Homoeopathy, Arsenicum Album, Aloes Socotrina, Nux Vomica.

ABBREVIATIONS
ETEC - Enterotoxigenic Ecoli, ORS – Oral Rehydration Solution

INTRODUCTION
Gastroenteritis is infections of the gastrointestinal tract caused by viral, bacterial or parasitic pathogens. It is very common in children. Adults are susceptible when they ignore hygienic condition. Clinical manifestations of gastroenteritis are diarrhoea and vomiting, which sometime can also be associated with systemic features such as abdominal pain and fever. Diarrhoea is the commonest manifestation of Gastroenteritis where many of the infectious causes of diarrhoea is included. The term Gastroenteritis is more commonly used to denote infectious diarrhoea in public health settings, although several non-infectious causes of gastrointestinal illness with vomiting and/or diarrhoea are well recognized.[1]

Diarrhoea is second most common cause of death in under five child mortality disorders.[1]

Acute gastroenteritis remains a leading cause of post-neonatal under-five mortality in India contributing about 13% of under-five mortality. Rotavirus is the most important cause for severe gastroenteritis in paediatric age group. Studies in the last decade estimate the annual mortality due to rotavirus in India to be between 90,000 and 153,000. [2]

Death due to diarrhoea is decreased due to preventive rotavirus vaccination and improved management of diarrhoea, as well as improved nutrition of infants and children. Oral Rehydration plays an important role in the management and due to widespread media coverage and help of healthcare system the ORS therapy is now spreading like wildfire. Diarrheal illnesses in early age and especially repeated episodes in young children can leads to malnutrition, micronutrient deficiencies, and significant deficits in psychomotor and cognitive development.[1]

While the Swachh Bharat Abhiyan was launched to eradicate the practice of open defecation, it also looked at improving health indicators across India by encouraging the practice of safe sanitation. The Health of the Nation Survey conducted in 2016 by the Ministry of Health and Family Welfare reported that the overall health scenario in India saw significant improvement in the 26 years between 1990 and 2016. Diarrhoea, a major disease spurned by unsafe sanitation practices was a major cause of

death in India, contributing to an average of 15.5% of total deaths (1316 million) in India from 1990 to 2016. The states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh showed childhood mortality rates due to diarrhoea at severely high percentages between 50-60%, compared to the national average of 13%. [3]

AETIOLOGY

Gastroenteritis is the result of infection acquired through the fecal–oral route or by ingestion of contaminated food or water. Gastroenteritis is associated with poverty, poor environmental hygiene, and development indices. Entero-pathogens that are infectious in a small inoculum (Shigella, Escherichia coli, Campylobacter jejuni, noroviruses, rotavirus, Giardia lamblia, Cryptosporidium parvum, Entamoebahistolytica) can be transmitted by person-to-person contact, whereas others, such as cholera, are generally a consequence of contamination of food or water supply.[1]

In developing countries, EnterotoxigenicEcoli (ETEC) remains the most important bacterial cause of acute gastroenteritis in children, followed by Campylobacter, Salmonella, and Shigella. [4]

Rotavirus is a major cause of diarrhea related morbidity and mortality in children worldwide, of the 7 known serogroups (A-G), group A rotaviruses cause most human disease. Epidemiologic studies indicate that rotavirus is responsible for 6-45% of diarrheal illnesses requiring hospital admission in Indian children. Rotavirus infections usually affect young infants, and natural infections do not protect against re-infection or severe disease.[5]

Giardia and Cryptosporidium are the most common causes of Parasitic infections which remain yet another source of gastroenteritis in young children. Parasitic gastroenteritis generally presents with watery stools but can be differentiated from viral gastroenteritis by a protracted course or history of travel to endemic areas.[4]

CLINICAL MANIFESTATION

(a) Diarrhoea: Determine the duration of diarrhoea, the frequency and amount of stools, the time since the last episode of diarrhoea, and the quality of stools. Frequent, watery stools are more consistent with viral gastroenteritis, while stools with blood or mucous are indicative of a bacterial pathogen. [4]

(b) Vomiting: Determine the duration of vomiting, the amount and quality of vomitus (eg, food contents, blood, bile), and time since the last episode of vomiting.[4]

(c) Abdominal Pain: Determine the location, quality, radiation, severity, and timing of pain, based on a report from the parents and/or child.[4]

(d) Signs of Infection: Determine the presence of fever, chills, myalgias, rash, rhinorrhea, sore throat, cough, known immunocompromised status. These may indicate evidence of systemic infection or sepsis.[4]

(e) Appearance and Behavior: Elements include weight loss, quality of feeding, amount and frequency of feeding, level of thirst, level of alertness, increased malaise, lethargy, or irritability, quality of crying, and presence or absence of tears with crying.[4]

Physical examination can reveal relevant dehydration:

- **General:** Weight, ill appearance, level of alertness, lethargy, irritability.
- **HEENT:** (Head, Ears, Eyes, Nose and Throat) - Presence or absence of tears, dry or moist mucous membranes, and whether the eyes appear sunken.
- **Cardiovascular:** Heart rate and quality of pulses.
- **Respiratory:** Rate and quality of respirations (deep, acidotic breathing suggests severe dehydration).
- **Abdomen:** Abdominal tenderness, guarding and rebound, and bowel sounds; abdominal tenderness on examination, with or without guarding, should prompt consideration of diseases other than gastroenteritis.
- **Back:** Flank/costovertebral angle tenderness increases the likelihood of pyelonephritis.
- **Rectal:** Quality and color of stool, presence of gross blood or mucous.
- **Extremities:** Capillary refill time, warm or cool extremities.
- **Skin:** Abdominal rash may indicate typhoid fever (infection with Salmonella typhi), while jaundice might make viral or toxic hepatitis more likely; slow return of abdominal skin pinch suggests decreased skin turgor and dehydration.[4]

MANAGEMENT

Management depends upon the degree of dehydration and age of the patient. These usually decides that whether patient needs hospital

admission or not. The majority of patients can be treated in outpatients settings, hospitalization should be reserved for those requiring enteral or parenteral rehydration. Oral rehydration with hypo-osmolar fluids is standard first-line treatment. Other effective procedures include administration of probiotics (Lactobacillus GG, Saccharomyces boulardii), racecadotril and diosmectite as antidiarrheals and ondansetron reducing the intensity of nausea and vomiting. Antibiotherapy should be only considered in exceptional situations.[6]

HOMOEOPATHIC THERAPEUTICS

Homoeopathy is a rational art of healing based on the principle 'similiasimilbuscurentur' which is proved on healthy human beings by a scientific manner. Homoeopathic medicines increase the power of body to defend itself from any external influences. There is wide misconception that homoeopathic medicine works very slowly this is untrue in cases of diarrhoeal disorder and other acute infection where the course of the disease is itself from 4-7 days the prescription of similimum medicine can cure the patient as early as with in one day. There are some common indication of the frequently used homoeopathic medicines :

1. ALOE SOCOTRINA

Want of confidence in sphincter ani; urging to stool continuously worse immediately after eating, feeling of fullness and weight in the pelvis, with passage of urine, only hot flatus passes, giving relief, but burning in anus afterwards. Profuse watery diarrhea, accompanied by wind, containing lumps of jellylike mucus, looking like frog-spawn; diarrhoea driving out of bed very early in the morning; stools yellow, faecal, bright-yellow, bilious, great rumbling in bowels, escape of large quantities of offensive flatus, aggr. Mornings, in hot, damp weather, from overheating, after cold in a damp room, after chagrin. Stools yellow, faecal, aggr. after eating and drinking and then is hungry again, with desire for juicy things and aversion to meat, before stool violent urging, during stool tenesmus and discharge of much flatus, after stool faintness; agg. from midnight till nearly noon, waking him from sound sleep. Stool and urine escape together. Urging with intense griping, pinching pain across the lower part of abdomen, especially on right side, with sensation of a plug wedged between symphysis pubis and coccyx, before, during and after stool, amel. by passing offensive hot flatus, followed by extreme prostration, perspiration and chilliness. Hospital diarrhoea.[8]

General Aggravation: In early morning; during hot, dry, weather after eating or drinking; on standing or walking.[10]

General Amelioration: From cold water; during cold weather, from discharge of flatus and stool. [10]

2. ANTIMONIUM CRUDUM

White-coated tongue; diarrhoea after nursing, stools watery, profuse, with little hard lumps, or containing undigested food; foul flatus; cries when washed with cold water, amel. in warm water feverish heat; peevish and fretful.[8]

Stomach: Great desire to eat, but no strength to do it (child). Eructation tasting of the ingesta. Gastric and intestinal complaints from bread and pastry, acids, sour wine, cold bathing, overheating, hot weather. Constant belching. Gouty moves to stomach and intestines. Sweetish waterbrash. Bloating after eating. Stomach seems to be always overloaded. Vomiting worse eating or drinking without nausea or relief. Stomach is painful to pressure. Sweetish waterbrash. Vomiting, fearful with convulsions, which nothing can stop. Pork disagrees.[7]

General Aggravation: From drinking sour wine; in the heat of the sun; after eating (pork); at night; after bathing; from extremes of cold or heat; and from acids. [10]

General Amelioration: During rest; in the open air; and after a warm bath. [10]

3. ARGENTUM NITRICUM

Much loud flatus passing with the stools, which are dark-brown, green, like spinach flakes, watery, fetid; pains in the stomach after eating; child is very fond of sugar; relief of pain from belching up wind. [8]

Stomach: Belching accompanies most gastric ailments. Nausea, retching, vomiting of glairy mucus. Astringent sour or bitter vomiting. Flatulence, painful swelling of pit. Painful spot over stomach that radiates to all parts of the abdomen. Gnawing ulcerating pain, burning and constriction. Ineffectual effort at eructation. Alcoholic gastritis. Ulcerative pain in left side under ribs. Trembling and throbbing in stomach. Enormous distention.

Ulceration of stomach with radiating pain.[9]

General Aggravation: After eating candy or sugar; from drinking; from taking ice-cream; from cold food; from unusual mental exertion; and from emotion.[10]

General Amelioration: In the open air; from cold application; from cold bathing; and from pressure or tight bandaging. [10]

4. ARSENICUM ALBUM

Diarrhoea and vomiting; much thirst for cold water, but the drink is thrown off immediately; hot skin; great restlessness; stools dark green, dark watery, scalding, and offensive, with or without vomiting; coldness of the extremities; pale and cadaverous face; striking the head with the fist. [8]

General Aggravation: Periodically at night; after midnight (from 1 to 2 A. M.); on entering a cold place; from cold food or drinks; from rapid walking; from the use of milk; from cold; and when lying on the affected side, with the head low. [10]

General Amelioration: From external heat; when moving about: from warmth; from hot drinks; and from hot food. [10]

5. CALCAREA CARBONICUM

Fat children; infants with open fontanelles; involuntary, fetid, sour diarrhoea; gray, clay-like stools, frothy; thirst at night; bloated abdomen, with emaciation and good appetite; urine pungent, fetid, clear; muscles soft and flabby; head perspires, so as to wet the pillow. [8]

General Aggravation: In the morning; on awakening; from exertion of the mind; after eating; in cold and wet weather; from fasting; in the evening; after mid-night; from cold water; from washing; and during full moon.[10]

General Amelioration: From rubbing; from drawing the limbs up; whilst lying on the back; in the dark; in dry weather; and from lying on the painful side. [10]

6. CARBO VEGETABILIS

Where Bry. seems indicated and fails; rawness and chafing in children during hot weather; moist, offensive flatus; faeces escape with flatus.[8]

General Aggravation: In the morning; at night; before falling asleep; from the abuse of quinine and mercury; on rising from the bed; while walking in the open air; from butter, pork or fat food; from singing or reading aloud; and in warm, damp weather.[10]

General Amelioration: From eructations; from being fanned; in the open air; from loosening the clothing around the waist; and lying down.[10]

7. CHAMOMILLA

Stools watery or greenish, or like eggs beaten up, with the odor of rotten eggs, and are excoriating, aggr. towards evening; during dentition; moaning in sleep, with hot sticky sweat on forehead; child wants to be carried, is cross, feverish and very thirsty; milk thrown up is cheesy. [8]

General Aggravation: In the night; after breakfast; after suppressed perspiration; on getting warm in bed; in the evening; from anger; in open air; in the wind; and from eructations.[10]

General Amelioration: From being carried; from fasting; and in warm, wet weather.[10]

8. CHINA OFFICINALIS

Painless and undigested putrid stools; very copious, with much flatulence, which does not relieve, aggr. at night, after meals, every other day; craving appetite; great exhaustion; night-sweats; from its long continuance threatening hydrocephaloid; child stubborn, disobedient, longing for dainties. [8]

General Aggravation: At night; from the least draught of air; after drinking milk; every other day; from the slightest contact; from motion; after eating or drinking from walking; from motion; and from loss of fluids. [10]

General Amelioration: From hard pressure from bending double; and from lying down. [10]

9. CROTON TIGLIUM

Is a valuable remedy in diarrhoea, summer complaint, and skin affections, these may alternate with eachother. Feels tight all over. It is one of the antidotes to Rhus poisoning, as is evident from its wide and intense action upon skin and mucous surface, causing both irritation and inflammation, with formation of vesicles and mucous discharges. Has elective affinity for skin of face and external genitals. Burning in the oesophagus.[7]

Constant urging to stool, followed by sudden pasty discharge, which is shot out of rectum, of a dirty

green color and offensive; each stool seems to drain the child dry, but, not withstanding, very little prostration, passages every half hour, from morning till evening, none at night; aggr. from drink and food; colic amel. from hot milk. [8]

Passage of stools as soon as the patient eats, drinks, or even while eating.[8] Stools pouring out like water from a hydrant.[8]

General Aggravation: From every motion; after drinking; while eating or nursing; during summer; from fruit and sweetmeats; the least food or drink; from scratching; and from lying down. [10]

General Amelioration: From gentle rubbing; and after sleep.[10]

10. MAGNESIUM CARBONICUM

Gastro-intestinal catarrh, with marked acidity. Often used with advantage for complains arising in people who have been taking this drug to sweeten the stomach. Is frequently indicated in children; whole body smells sour, and disposed to boils. Broken-down, "worn-out" women, with uterine and climacteric disorders. With numbness and distension in various, parts and nerve prostration. Sensitive to the least start, noise, touch, etc. Affection of the antrum of Highmore. Effects of shock, blows, mental distress. Sense of numbness; nerve prostration; tendency to constipation after nervous strain; sensitive to least touch, it causes starting, or cold winds or weather or from excess of care and worry with constipation and heaviness. Intense neuralgic pains.[7]

Sour smell of the whole body; stools green, watery, frothy, sour-smelling, often with curds of milk, resembling the scum of a frog-pond; straining during stool, during which the child does not wish to be touched; night-sweats; sour vomiting with colic; lienteria of sucklings; extreme and rapid emaciation.[8]

General Aggravation: In the evening; at night; while standing; during rest; before and during menses; every third week; from milk; from warmth of bed; from change of temperature; and during pregnancy. [10]

General Amelioration: After stool; in warm air; and from walking in the open air. [10]

11. NATRIUM MURIATICUM

The prolonged taking of excessive salt causes profound nutritive changes to take place in the system, and there arise not only the symptoms of salt retention as evidenced by dropsies and oedemas, but also an alteration in the blood causing a condition of anaemia and leucocytosis.

Emaciation most notable in neck. Great liability to take cold. Dry mucous membranes.

Constrictive sensation throughout the body. Great weakness and weariness. Oversensitive to all sorts of influences. Hyperthyroidism. Goitre. Addison's disease. Diabetes. [7]

Chronic diarrhoea of children; marasmus, emaciation of neck, greasy appearance of face; longing for salt, salt fish; violent thirst with dry, sticky tongue; map tongue; herpes labialis; stools profuse, gushing, grayish, greenish, watery; ravenous appetite and still emaciation; child cross and irritable; slow in learning to walk.[8]

General Aggravation: In the morning; at night; from 10 to 11 A.M.; on lying down, especially on the left side; from the heat in general; from the heat of the sun; after abuse of quinine; during hot weather; at sea-shore; from mental exertion; and from noises. [10]

General Amelioration: By sweat; in the open air; from cold bathing; from lying on the right side; from pressure; from tight clothing; and while fasting. [10]

12. NUX VOMICA

Indigestible food, even when taken by the nurse, causes diarrhoea of child; stool frequent, small, painful, with fretfulness.[8]

Indigestion. Hiccough from overeating from cold or hot drinks. Sour taste and nausea in the morning after eating. Weight and pain in stomach, worse eating, sometime after. Flatulence and heartburn. Sour, bitter belchings. Ravenous hunger, especially about a day before an attack of dyspepsia. Region of stomach very sensitive to pressure. Epigastrium bloated with pressure as of a stone, Several hours after eating. Dyspepsia from drinking strong coffee. Difficult belching of gas. Nausea and vomiting with much retching. Nausea, better if he can vomit. Wants to vomit, but cannot. Violent vomiting, bilious, sour. Food lies like a heavy knot in stomach. Severe pain in stomach from injury, worse least food.[9]

General Aggravation: In the morning; soon after awaking; after mental exertion; after eating;

at 3 AM; from touch; at 10 or 11 AM; from noise; in cold weather; from anger; from lying down; from

uncovering; from liquors; after debauchery; from coffee; from over-eating; & use of purgatives. [10]

General Amelioration: In the evening; while at rest; in damp, wet weather; in a warm room; on covering; after stool; after discharging wind; from warmth; from hot drinks; from free discharges; and from loosening the garments.[10]

13. PODOPHYLLUM PELTATUM

Great desire for large quantities of water, but none for food; the head sweats much during sleep; gagging or empty retching, vomiting of green frothy mucus or of food; stools larger than could be expected from the amount of food taken; foul-smelling stools, profuse and gushing, each seeming to drain the patient dry, but soon he is full again; violent cramps of the feet, calves and thighs, prolapsusani after each stool from great weakness of rectum; the child lies upon the mother's lap or on a pillow, constantly moaning, eyes half closed, and rolling its head from side to side. The little Phos. acid. patient is playful and laughing, while a stream of liquid stool will overflow the diaper. [8]

General Aggravation: In the early morning; in hot weather; during dentition; after eating and drinking; while being bathed or washed; from overlifting or straining; during stool; and from motion.[10]

General Amelioration: From bending forward, from external warmth; from lying on the

abdomen; and by stroking or massaging the liver; and in the evening. [10]

14. PULSATILLA PRATENSIS

Long-continued diarrhoea fails to weaken the child a great deal; dark-yellow, undigested, very offensive stools, or of yellow water, with meal-like sediment, agg. night and morning, after eating; much flatulence, bloated abdomen; voracious appetite.[8]

General Aggravation: In a warm, closed room; towards evening; from warm things; from rich or warm food; from pork and pastry; from fruits; from lying on the left, or on the painless side; from heat; and during menses. [10]

General Amelioration: In the open air, from cold things; from lying on the painful side; from cold air or cool room; and from cold application.[10]

15. SULPHUR

Particularly in children of delicate parents; the discharges are slimy, brown, green, or white, often marked with slight streaks of blood; redness around the anus and excoriation between the thighs; hot palms and soles; dysuria; worse in the morning. [8]

General Aggravation: In the evening; after midnight in the early morning; at 11 A.M.; from warmth of bed; when standing; from touch; from bathing or washing; during rest; in changeable weather; during climacteric; after taking milk; periodically; from alcoholic stimulants; and in a closed room.[10]

General Amelioration: During motion; on walking; in dry, warm weather; from lying on the right side; from drawing up the affected limbs; and in the open air. [10]

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PCOS-why homeopathy can't be first line of treatment

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ABSTRACT
This article presents the holistic management of a case that necessitated treatment with homoeopathy for PCOS. So, why homoeopathy can't be First Line of Treatment for patients suffering from PCOS. Homoeopathy proved to be best mode for treating patients suffering from PCOS. Homoeopathy not only provide quick relief but also helps in treating various problems like irregular menstrual cycle, infertility etc. Homoeopathy is quite effective in nature and ideal methodology of treating PCOS, since it aims for treating disease from root instead of suppressing the symptoms. Various researches proved that approx. 92% cases were recovered with Homoeopathy whereas Allopathy treatment provides quicker relief but it's followed with several side effects as body is surviving on artificial stuff. In this review, the current status and possible future perspective will be discussed.

KEYWORDS
Polycystic ovarian syndrome, infertility, insulin resistance, ultra-low doses.

ABBREVIATIONS
DUB- Dysfunctional Uterine Bleeding, ESHRE- European society of human reproduction and embryology, FSH-follicle stimulating hormone, GI- glycemic index, IR- insulin resistance, IUF - in vitro fertilisation , LH - Leutinizing Hormone,OCP- oral contraceptive pills, PCOS- Polycystic Ovarian Syndrome

INTRODUCTION
PCOS (Polycystic Ovarian Syndrome) is one of the most common but complex, heterogenous, endocrine disorder. The underlying cause of PCOS is unknown & polygenic is suspected, as there is a well-documented aggregation of the disorder within families. The common symptoms include menstrual & androgenic features and common complications include Insulin Resistance and Infertility. PCOS is depicted by hyper-androgenism, polycystic ovaries, and anovulation. It increases the risk of insulin resistance (IR), type 2 diabetes, depression, obesity, and cardiovascular disease. Currently, there is no cure (permanent solution without side effects) for PCOS in Allopathy. However, homeopathy has a holistic approach to such cases which enables us to cure the hormonal imbalance, thus treating the symptoms, anovulation and infertility within minimal medicine.[1]

CLINICAL FEATURES
- Increasing obesity (abdominal obesity-50%cases)
- Menstrual abnormalities (70%, oligomenorrhoea, amenorrhea or DUB).
- Infertility
- Hirsutism, acne (70 %cases)
- HAIR-AN syndrome- in patients with PCOS is characterized by Hyperandrogenism, Insulin Resistance, Acanthosis Nigricans.
- Acanthosis nigricans (skin thickened, pigmented)- nape of neck, inner thighs, groin, axilla)[7]

DIAGNOSIS
Based on any 2 of the 3 following criteria which is based on ESHRE.
- Oligomenorrhoea/anovulation. (because of low FSH level)
- Hyperandrogenism- key feature (because high LH level)

- Polycystic ovaries. (ovary volume is increased> 10cm3)
- Polycystic ovary is seen in 20% of women. Not all women with polycystic ovary have PCOS.[10]

TREATMENTS

Allopathic Treatment: it is said that PCOS is not curable, only it needs to be managed to prevent the problems, combination of treatment has been given to meet the goal of cure such as

- Birth Control Pills – hormone therapy
- Diabetes
- Medications -Metformin
- Fertility medications
- Laparoscopy

Life Style Management

- Lifestyle modification: Lifestyle modification is the first line of treatment and it is known that even 5-10% weight loss has led to significant clinical benefits improving psychological outcomes, reproductive and metabolic features.[3]
- Lifestyle Management: Follow the sun cycle...that is to say, patient must be encouraged to work during the day and sleep at night![8]
- Weight loss: Minimizing Carb consumption, take plenty of fiber, healthy fats like Olive oil, eat enough protein, limit processed food and add sugars, regular exercises helps in losing weight for PCOS patients.
- Physical activity: Obesity is just the tip of the "ice berg" of major symptom syndromes.

  It has direct association with many syndromes like Diabetes, Hypertension, Insulin resistance, etc. (Mixed miasmatic states which are harder to treat). Obesity affects more or less every system of the body. Some of the complications associated with obesity are:
- Diet: PCOS patients are recommended to take low glycemic index (GI) diet like whole grains, nuts, seeds, fruits, starchy vegetables along with anti-inflammatory diet like berries, fatty fish, leafy greens, olive oil etc.[3,8]

HOMOEOPATHIC MANAGEMENT

It is possible to find in the Organon the highest wisdom and greatest foolishness according to the natural tendency of the reader." – August Bier.

I can't refrain from using the very famous quotation of August Bier in writing about the homoeopathic perception of PCOS. For homeopath, a cyst is a harmless extra growth in the body. Most of the time these extra growths can be reduced. In others they can be treated so that the functionality is maintained.

Homoeopath therefore, considers all these psychological factors apart from physicalfactors in selection of the suitable remedy which covers the patient as a whole. The rootcause of the malady, therefore, is also well taken care of leading to annihilation ofthe disease as these remedies remove the cause and not just the effect of the disease.

- Homoeopathy helps to restore Health on both mental and physical plane.
- Well indicated constitutional remedy on the basis of totality of symptoms works well.
- However, when the polycrest or constitutional remedies are not indicated or fail to relieve in the case, then the indigenous, rare, and other medicines could be considered. For example: Folliculinum, Gossypium, J. Ashoka etc. may be required at times in cases of prolonged amenorrhea. (Homeopathic literature CCRH) [9]

Homoeopathic Therapeutics

Although treatment of patient is totally based on individualization. Here I am discussing few mostly used homoeopathic remedies:-

- **Pulsatilla:** Patient is mild, gentle and having a weeping disposition. There is great changeability in characteristic of Pulsatilla patient. Usually she is hot, Pulsatilla girl suffers greatly at puberty during menses. Thirstlessness is associated with rest of the sufferings. Patient prefers cakes, pastry, and fat foods but also suffers badly from these types of food.
- **Calcarea Carbonicum:** Mostly females are chilly, fair, fatty with relaxed muscle fibers, she sweats profusely about her head and wet the pillow at night. Patient cannot digest milk and desires sweet, egg very much. Teenager girls shows defect in sexual growth with profuse mensuration and leucorrhoea.
- **Folliculinum:** I have seen a wonderful result with folliculinum. Specially if it is given 14 days

prior to ovulation. It causes dominance of one follicle which causes to ovulation. Patients who are on OCP pills since long this medicine is specially given.

- **Natrum Muraticum:** great dryness of mucus membrane is associated with all complains. Chronic diseases have their origin from long lasting sorrow, fear and anger. Patient is hot much like pulsatilla patient. Constipation is associated mostly with these patients. there is a great aversion to bread. Usually theses patient are introverted aversion company and dwells in past events and sometime intolerance to sun's heat.
- **Sepia:** sepia patient is tall, lean, thin, very weak and constipated. Indifference to loved ones. Patient is chilly, having a weeping disposition. She is extremely sad and introvert. She has a canine hunger, irregular menses. Feeling of bearing down sensation must cross the limbs to prevent it.
- **Janosia Ashoka:** indicated both in primary and secondary amenorrhoea. It is specially indicated for all type of menstrual irregularities.
- **Gossypium:** key note is tall constitution like Phosphorus along with this have female troubles esp. PCOD menses may be scanty or suppressed, menses are painful. There may be pain in ovaries which extends down to the limbs.[12,13]

DISCUSSION

PCOS is very complex and considered as serious health condition in case when mismanaged to determine health. Also, awareness of this disease is must because awareness helps public understand the criticality of this disease and consult doctor at early stage of disease. This has been seen that unhealthy lifestyle and stress is the main factor that causes hormonal imbalances in the body. Homoeopathy not only cures the disease from root but also ensure no other side effects from medication. With the help of the homeopathic medicines, one can restore and balance the vitality of the body for an overall well-being.

CONCLUSION

PCOS can be answered with homoeopathy taking the holistic concept, Individualization of case and ability to recognize miasmatic expression of disease based on pathological evolution and similarly recognizing miasmatic expression in terms of totality i.e picture of symptoms representing miasmatic totality. Whereas with Allopathy treatment many drawbacks been observed as per study like:

- The possible side-effects of these medicines can be nausea, vomiting, headache, mood swings, etc.
- With surgery, there are high recurrence rates of PCOS.
- Long term usage may lead to drug dependency, irregular periods and infertility.
- Obesity, Ulcers, Migraine, Heart attack, High BP (Hypertension) etc.
- In vitro fertilization (IVF) may increase the risk for multiple pregnancy (e.g., twins, triplets, quadruplets).
- Severe cases of polycystic ovary syndrome that do not respond to other therapies may be treated using a surgical procedure called laparoscopic ovarian drilling. Risks associated with the procedure include damage to the ovaries or fallopian tubes and the formation of scar tissue. Benefits of this procedure are not long lasting in all cases
- Diabetes and pre-diabetes
- Endometrial cancer

Early diagnosis and treatment can help reduce the risk for many of the complications and side effects. Women who have PCOS should receive regular medical care (including screening for diabetes, high blood pressure, and high cholesterol) and should maintain a healthy lifestyle by eating right and exercising regularly.

Number of papers been published by Dr. Khuda-Bukhsh and his collaborators that our highly diluted and ultra-low doses has the capacity to cure the diseased vital force. The homoeopathic drugs cause changes at the genetic and molecular level of humans, animals and plant beings. These homoeopathic drugs that are highly diluted which does not contain a single molecule of drug material. That's why our homoeopathic drugs don't causes any side affects as compared to allopathic drugs. So, homoeopathy should be First Line of Treatment for PCOS disease.

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Homoeopathic perspective for conduct disorder

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ABSTRACT
Conduct disorder is a common childhood psychiatric problem that has an increased incidence in adolescence. The primary diagnostic features of conduct disorder include aggression, theft, vandalism, violations of rules and/or lying. For a diagnosis, these behaviours must occur for at least a six-month period. Conduct disorder has a multi-factorial etiology that includes biologic, psychosocial and familial factors. The differential diagnosis of conduct disorder includes oppositional defiant disorder, attention-deficit hyperactivity disorder (ADHD), mood disorder and intermittent explosive disorder. Family physicians may provide brief, behaviorally focused parent counseling, pharmacotherapy and referral for more intensive family and individual psychotherapy.

KEYWORDS *Homoeopathy, Conduct Disorder, Psychiatric Problem*

ABBREVATIONS
ADHD - Attention-deficit hyperactivity disorder
IQ- Intelligence quotient

INTRODUCTION
Conduct disorders are characterized by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour, when at its most extreme for the individual, should amount to major violations of age-appropriate social expectations, and is therefore more severe than ordinary childish mischief or adolescent rebelliousness. Isolated dissocial or criminal acts are not in themselves grounds for the diagnosis, which implies an enduring pattern of behaviour.[1]

DIAGNOSTIC CRITERIA
A. Repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria in the past 12 months from any of the categories below, with at least one criterion present in the past 6 months : aggression to people and animals.

1. Often bullies, threatens, or intimidates others.
2. Often initiates physical fights.
3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
4. Has been physically cruel to people.
5. Has been physically cruel to animals.
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
7. Has forced someone into sexual activity. Destruction of property.
8. Has deliberately engaged in fire setting with the intention of causing serious damage.
9. Has deliberately destroyed others' property (other than by fire setting). Deceitfulness or theft.
10. Has broken into someone else's house, building, or car.
11. Often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others).
12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery). Serious violations of rules.
13. Often stays out at night despite parental prohibitions, beginning before age 13 years.
14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
15. Is often truant from school, beginning before age 13 years.

B. The disturbance in behaviour causes clinically significant impairment in social, academic or occupational functioning.
C. If the individual is age 18 years or older, criteria are not met for antisocial personality disorder.[2]

EPIDEMIOLOGY

Estimated prevalence rates of conduct disorder in United States range from 6 to 16 percent for males, and from 2 to 9 percent for females. Ratio of conduct disorder in males compared to females ranges from 4:1 to as much as 12:1. Conduct disorder occurs with greater frequency in the children of parents with antisocial personality disorder and alcohol dependence than in general population. The prevalence of conduct disorder and antisocial behaviour is associated with socioeconomic factors, as well as parental psychopathology.[3]

ETIOLOGY

A meta-analysis of longitudinal studies indicate that the most important risk factors that predict conduct disorder include impulsivity, physical or sexual abuse or neglect, poor parental supervision and harsh and punitive parental discipline, low intelligence quotient (IQ), and poor school achievement.

Parental factors

Harsh, punitive parenting, chaotic home conditions, divorce or persistence of hostility, resentment, and bitterness between divorced parents, child abuse may be the contributors to maladaptive behaviour. Sociopathy, alcohol dependence and substance abuse in parents are associated with conduct disorder in their children.

Genetic factors

A study of more than 6,000 male, female, and opposite sex twins found that genetic and environmental factors accounted for proportionally the same amount of variance in males and females.

Socio - cultural factors

Youth residing in geographic areas with greater

Psychological factors

Poor emotion regulation among youth is associated with higher rates of aggression and conduct disorder. Those children with greater degrees of emotion dysregulation exhibit higher level of aggression.

Neurobiological factors

Studies have reported that children with conduct disorder had decreased grey matter in limbic brain structures and in the bilateral interior insula and left amygdala compared to healthy controls.

Neurological factor

Aggressive children have significantly greater relative right frontal brain activity at rest compared with non aggressive children.

Child abuse and maltreatment

Evidence shows that children chronically exposed to violence physical or sexual abuse and neglect particularly at a young age off demo demonstrating aggression. Severely abused adolescents tend to be hypervigilant in some cases they misperceive benign situations as directly threatening and respond defensively with violence.

Comorbid factors

ADHD and conduct disorder are often found to coexist with ADHD often predicting the development of conduct disorder and not infrequently substance abuse central nervous system injury dysfunction or damage predispose a child to impulsivity which sometimes evolve into conduct disorder.

MANAGEMENT

Treatment options for conduct disorder are family therapy, behavioural modification and pharmacotherapy, often in combination. The clinician must assess the severity of the individual child's disorder and should refer the child and family to a subspecialist if any of the following conditions apply: there are concerns about safety, diagnostic behaviours escalate rapidly, psycho educational interventions are ineffective, there is conflicting information from multiple sources or many comorbid symptoms exist. substance abuse problems should be treated first with appropriate

interventions and rehabilitation.

Pharmacotherapy can be an adjuvant treatment for children who are highly aggressive, impulsive or have mood-disorder symptoms. No medications have been formally approved for conduct disorders in general, so medications are directed at specific symptoms. Symptom control may help the child participate in family or systemic interventions or treatments.[4]

HOMOEOPATHIC MANAGEMENT

Individualization must be kept in mind while forming totality. However, following rubrics can be used for the probable homeopathic management on the basis of diagnostic criteria.[5]

(Note- only 1st and 2nd grade medicines have been mentioned)

1. MIND: BRUTALITY—*A nac., Aur*
2. MIND: DESTRUCTIVENESS —*Tub.*
3. MIND: ESCAPE, attempts to- run away, to Bell., *Cupr., Mere., Verat.*
4. MIND: LIAR—MORPH., *Op.*
5. MIND: RUDENESS- children; of naughty—*Carc., Chin.*
6. MIND: KLEPTOMANIA— *Art. v,* ***Bell.****, Cur., Nux. v.,* ***Puls.****, Sulph.*

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Psoriasis and homoeopathy

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ABSTRACT
Skin disease with chronic inflammation and hyperproliferation is psoriasis. It is an autoimmune disorder.Papulo-squamous disorder which is manifested by papules submounted by scales. It typically has a relapsing, remitting course and is characterised by well-defined, erythematous, scaly plaques that target the scalp, nails, and extensor surfaces.

KEYWORDS
Auspitz sign, DLQI, Koebner Phenomenon, PASI, Psoriasis

ABBREVATIONS
DLQI - Dermatology Life Quality Index, HIV – Human Immunodeficiency Virus, HLA – Human leukocyte antigen, NSAID - Non-steroidal anti-inflammatory drugs, PsA - Psoriatic arthritis, PASI - Psoriasis Area Severity Index, PUVA - Psoralen plus ultraviolet-A radiation, UVB - Ultraviolet B

INTRODUCTION
Psoriasis is a chronic inflammatory hyper-proliferative skin condition that mostly affects the scalp and extensor surfaces and is distinguished by well-defined erythematous scaly plaques. It progresses in a relapsing and remitting fashion. In European people, the frequency ranges from 1.5 to 3%, although it is lower in African and Asian groups. Keratinocyte proliferation and an inflammatory infiltration are seen in the pathology.[1]

Psoriasis can appear at any moment after birth but commonly appears in the third decade of life. Thirty percent of those with the condition had a family history of psoriasis. The most likely mechanism of inheritance is multifactorial. Chronic T-cell-mediated inflammation within the psoriatic plaque is what causes psoriasis.[2]

ETIOLOGY
Flare-ups can be preceded by stress, viral including Human Immunodeficiency Virus (HIV), or bacterial disease. Smoking and alcohol can also make the condition worse.[1]

1. Autoimmune
2. Family History
3. Genetic Factors – Human leukocyte antigen (HLA) associated
4. Triggers- Scratch, Injury, Surgical wounds
5. Infection- Beta Haemolytic Streptococcal throat infection often precede guttate psoriasis
6. Anxiety, stress
7. Non-steroidal anti-inflammatory drugs (NSAID), Anti-malarial, Beta Blocker
8. Drug, medication
9. Sunlight, HIV

CLINICAL PRESENTATION
Most people with psoriasis have persistent lesions that are distinct and localised. Involvement that is extensive or widespread can affect up to 25% of individuals. Although spontaneous clearance is uncommon, inexplicable deterioration or improvement is frequently seen. The majority of psoriasis lesions are asymptomatic, although up to 20% of individuals may have itching.

People with generalised illness may have symptoms similar to exfoliative dermatitis, including lack of thermoregulation, increased protein catabolism, heart stress, and chills and shivering. Psoriatic arthritis (PsA) may occur in up to 30% of individuals. The small joints in the hands, foot, and spine most frequently experience oligoarticular or polyarticular asymmetric joint discomfort as a symptom. Larger joints, however, can be impacted.

The typical psoriatic lesion is an erythematous, narrowly defined plaque covered in loosely adhering, silvery scales. Acute lesions usually have a dewdrop-shaped guttate appearance and are tiny.

When the scale is taken off (Auspitz sign), pinpoint bleeding is seen. Any part of the body might be affected, although lesions usually show up on the elbow, knees, scalp, genitalia, and intergluteal cleft. The lesions can also develop in sunburned, scarred, or scratched skin, which is known as the Koebner response.

Involvement of the nails, including pitting, yellow-brown staining, and subungual hyperkeratosis, can be present in up to 50% of psoriasis patients and in the majority of people with PsA of the hands and feet.

Other exfoliative dermatoses are similar to exfoliative (erythrodermic) psoriasis. It can develop suddenly, as a result of a disease or medication reaction, or in response to steroid withdrawal.

Infection or recent use of systemic corticosteroids might trigger flare-ups. An uncommon variant of pregnancy related pustular psoriasis is called impetigo herpetiformis.[2]

Clinical presentation of different psoriasis are shown in Figure 1-5[2]

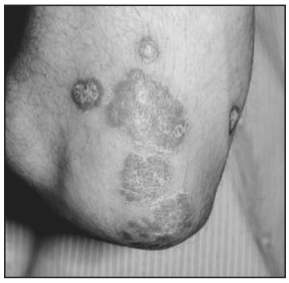

Figure 1-Plaque Psoriasis

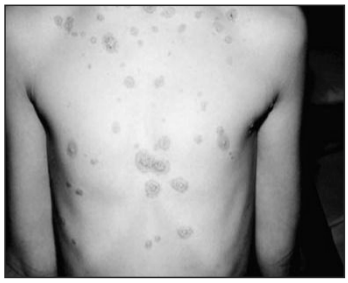

Figure 2-Guttate Psoriasis

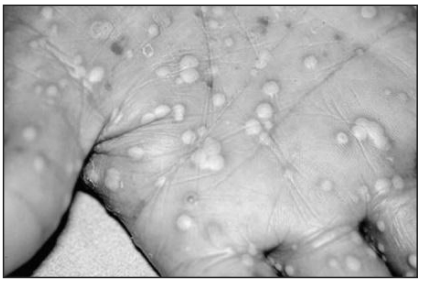

Figure 3-Pustular Psoriasis

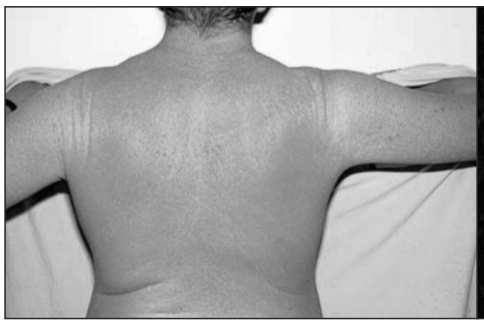

Figure 4-Erytherodermic Psoriasis

Figure 5-Nail Psoriasis

Figure-1- 5: Clinical presentation of different psoriasis [2]

DIAGNOSIS

In addition to swabs to rule out infection and contact with rheumatology if joints are affected, the diagnosis should be clinical. Additionally useful are disease effect scores such as the Dermatology Life Quality Index (DLQI). [1]

Psoriasis is mostly diagnosed by clinical examination. The primary cause of acute guttate illness is frequently preceding streptococcal pharyngitis. Psoriasis in the family might be useful. Lithium, antimalarials, blockers, NSAIDs, and statins are just a few of the drugs that have been linked to flares. A skin biopsy could be useful. A high erythrocyte sedimentation rate and a negative rheumatoid factor test are characteristic features of PsA patients. The articular cartilage may be relatively spared on X-ray images of the hands but may have subcortical cystic alterations.

Patients frequently link obesity, hypertension, and hyperlipidemia to the metabolic syndrome.[2]

TREATMENT

Psoriasis Area Severity Index (PASI) is used for assessing treatment effectiveness. Emollients and moisturisers can be employed.[3][4][5]Plaques can be reduced by topical treatments such as dithranol, tar, and vitamin D analogues (calcitriol, calcipotriol). Mostly for flexures, corticosteroids are only sometimes utilised. When treating moderate to severe psoriasis, phototherapy with UVB or PUVA is

helpful, but prolonged PUVA exposure entails a long-term risk of skin cancer.

Systemic medications e.g. Methotrexate, cyclosporin, and retinoids are effective but may have serious adverse effects. When previous therapies have failed, infliximab, etanercept, and adalimumab may be taken into consideration.[1]

HOMOEOPATHIC THERAPEUTICS

1. **Arsenicum Album** The skin has a shrivelled, unclean, scaly, and dry look.[7] The eruptions typically have severe scaling. In the eruption, there is a strong burning sensation that gets worse at night, in the evening, and with cold treatment. It gets better with warm application.[6]
2. **Arsenicum Iodatum** Large scales of skin exfoliate in psoriasis, leaving an exuding surface underneath.[7] Along with itching, there is a strong burning. Until it bleeds, the sufferer scrapes ferociously. Even though arsiod is a hot patient, localised heating improves skin complaints since psoriasis flares up in chilly weather.[6]
3. **Borax** On the skin, there is a cobweb-like feeling.[6] Dry skin.[7]
4. **Calcarea Sulphurica** The scalp, limbs, and back are the primary sites of the psoriasis outbreaks. The surrounding skin has lichenified and has a fiery red look. There might be an unpleasant discharge that is greenish-yellow in colour.[6] Unhealthy; cuts, wounds etc. would not heal.[7]
5. **Chrysarobinum** Psoriasis, particularly around the eyes and ears. There is thick crust along with the presence of intense itching. The lesions may become infected and develop into an eczematous area that has pustules and an acidic, unpleasant-smelling discharge.[6]
6. **Graphitis** The existence of psoriasis among fat, cold, and constipated people.[6] In skin folds there is rawness. Eruptions easily bleeding worse behind ear.[7]
7. **Mercurius solubilis** The existence of psoriasis in people with a history of gonorrhoea.[6] Skin is yellow, tender, excoriated, like raw meat. Moist crusty eruptions. Pimples around the main eruption. Itching at night in bed.[7]
8. **Psornium** Psoriatic eruptions go away in the summer only to reappear in the winter. The skin is oily, greasy, filthy, and rough. Usually, the afflicted areas are the groin, scalp, and nape of the neck. Eruptions itch intolerably, and the heat of the bed makes it worse. Intolerable itching worse heat of bed the patient scratches until it bleeds.[7] It is typically suggested when conventional treatments fail to provide relief or a long-term cure, or when sulphur seems to be suggested but does not provide relief. After poorly treated viral infections or prolonged grieving responses, psoriatic eruptions may appear. The patient smells like carrion and is exceedingly cold and hungry.[6]
9. **Sulphur** Skin complaints worse at night, in bed, scratching and washing.[7] When the sufferer scratches, the skin burns. An eruption's surrounding skin is excoriated. In the spring and during wet weather, psoriasis often grows worse. Psoriasis appears after any other skin condition has been treated locally.[6]

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Cinnamonum ceylanicum: A nutraceutical drug for life

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ABSTRACT
Cinnamon, due to its exotic flavor and aroma, is a key ingredient in the kitchen of every household. Cinnamomum ceylanicum is a widely utilized condiment for its therapeutic uses since ancient times. Many phytochemicals present in plants act as antioxidants and are utilized as health-protecting agents. Beneficial effects of cinnamon on stress-induced ailments have also been reported. It is now a widely used medicinal plant in homoeopathic practice also. Cinnamon is a coagulant and prevents bleeding and therefore it can be a promising therapeutic option in cases of haemorrhagic conditions. This article summarizes the pharmacological action of cinnamonum ceylanicum and its utilization in homoeopathic system.

KEYWORDS
Cancer, Cinnamon, Dalchini, Haemorrhage, Homoeopathy

ABBREVIATIONS
cm : Centimeter, HPLC : High-performance liquid chromatography, VEGFR2 : Vascular endothelial growth factor, subtype 2

COMMON NAMES
Canelle, Cinnamon, Dalchini, Kalmi, Zimmt [7]

INTRODUCTION
The Cinnamon (refer figure 1,2) [1] popularly known as Dalchini (Cinnamomum Ceylanicum), belongs to the family Lauracae. The main part of its tree which is used for the spice purpose is its bark. [2] Cinnamon is found widely in Sri Lanka and India. [7] As far as nutritional properties are concerned, cinnamon is known to be a very good source of iron, calcium and dietary fiber as well as manganese. There are various nutrients present in cinnamon such as sodium, carbohydrates, sugar, fatty acids, amino acids etc. It is an evergreen tree, 10-15 metres (30-50 feet) high with erect trunk, 30 to 45 cm in diameter, smooth, long, slender, ash-colored bark and numerous wide- spreading, declining branches. Many cells contain minute needles of calcium oxalate and starch grains.[7]

Figure- 1, 2 : Cinnamon Ceylenicum [1]

CHEMICAL CONSTITUENTS
Cinnamon consists of a variety of resinous compounds, including cinnamaldehyde, cinnamate, cinnamic acid, and numerous essential oils. [3] The presence of a wide range of essential oils, such as trans-cinnamaldehyde, cinnamyl acetate, eugenol, L- borneol, caryophyllene oxide, b-caryophyllene, L- bornyl acetate, E-nerolidol, a-cubebene, aterpineol, terpinolene, and a-thujene, has been reported.[4] Cinnamomum zeylanicum consists class of chemical compounds like aldehydes, alcohols, esters, phenols, acids, hydrocarbons and flavonoids. Cinnamaldehyde, methoxycinnamaldehyde, hydrocinnamic, benzaldehyde, vanillin, cumin aldehyde, benzenepropanal, citronellal are the aldehydes present in the bark essential oil of C.zeylanicum.[3]

PHARMACOLOGICALACTIVITY

The plant bears various properties that make them a topic of great importance and interest.

Antioxidant activity

Various extracts of cinnamon, such as ether, aqueous, and methanolic extracts have shown considerable antioxidant activities. A study of the inhibitory effects of cinnamaldehyde and other compounds of cinnamon on nitric oxide production revealed that cinnamaldehyde possesses potential activity against the production of nitric oxide as well as the expression of inducible nitric oxide. A study shows free radicals play a significant role in the pathophysiology of oxidative stress-associated diseases; therefore cinnamon has free radical scavenging activity.[4]

Anti-inflammatory activity

There are several flavonoid compounds (e.g., gossypin, gnaphalin, hesperidin, hibifolin, hypolaetin, oroxindin, and quercetin) that have been isolated and have anti-inflammatory activities. [4]

Antidiabetic activity

Anderson et al. isolated and characterized the polyphenol type-A polymers from cinnamon and found that these substances act as insulin-like molecules.[3] Following this characterization, a new compound from hydroxycinnamic acid derivatives named naphthalenemethyl ester, which has blood glucose-lowering effects, has been identified, further confirming cinnamon's antidiabetic effects.[4]

Anticancer activity

The aqueous extract and the fraction of cinnamon (procyanidins) from HPLC inhibit vascular endothelial growth factor subtype 2 (VEGFR2) kinase activity, thereby inhibiting the angiogenesis involved in cancer. Cinnamaldehydes have been synthesized and tested as inhibitors against angiogenesis, cinnamic acid as a potential anticancer agent! It has been used in large doses by the old school in cases of uterine cancer, and some success has been claimed for it.

Antihaemorrhagic activity

Cinnamon is a coagulant and prevents bleeding. Cinnamon also increases the blood circulation in the uterus and advances tissue regeneration.[4]

AYURVEDIC VIEW

It provides relief in sore throat, influenza, common cold and headache. It is also used as an expectorant and have antitubercular activity. It is a natural remedy in the case of rheumatoid arthritis. It provides relief in menstrual pain. A study says women should drink a cup of warm cinnamon water every day it helps in experiencing less pain during menstruation for a short duration. Dalchini is utilized for good digestion and possess anti-inflammatory properties. Reported studies also demonstrated the use of dalchini in neurodegenerative diseases like Alzheimer, Parkinson's diseases and, multiple sclerosis. [4]

HOMOEOPATHIC VIEW

Clinical- Haemorrhage, Hysteria, Menorrhagia, Metrorrhagia, Post Partum Haemorrhage, Diarrhea[10]

Constitution- Feeble, hysterical patient with languid circulation and lax tissues [8]

Key Feature - Haemorrhage which is bright red and clear, worse by any physical exertion.

ACCOUNTING SYMPTOMS

Nosebleed [10], haemorrhage from bowels especially after overexertion, haemoptysis. Haemorrhage during pregnancy, threatening miscarriage. Post partum haemorrhage.[10] Haemorrhage from uterus brought on by false step or strain in loin or overlifting: Menses lasting eight days longer than usual followed by leucorrhoea. Profuse flow of bright red blood with itching of nose and nightly restlessness.[5]

Patient is hysterical, forgetful, anxious. Nothing brings on the attack of hysteria more surely than talking. There is delusion that left side of body is diminished. The child wakes and screams until midnight. Canine hunger with nausea and debility when passing the meal hour. [5] There are hiccups

with want of appetite, diarrhoea and acidity of stomach.[10] This is aggravated after drinking water. Fever in evening. Transient heat with sweat. Nervous and typhoid fevers, with great impairment of digestion, vomiting, diarrhea and exhaustion.[5]
Cinnamonum is also used in cancer where pain and fetor are present. Best when skin is intact.[7]

CONCLUSION

Cinnamonum is an Indian drug of great clinical significance especially in the cases of hemorrhage and cancer. This herbal plant can be used in other spheres like gastro intestinal, heart and nervous system. It can also be used as a prophylactic measure for different diseases. The utility of this drug requires a further research to bring out its potential value in the treatment of suffering mankind.

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Effectiveness of individualized homeopathic medicines in the management of knee osteoarthritis.

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ABSTRACT
Osteoarthritis (OA) is the most common degenerative joint disease and a major cause of pain and disability in adult individuals. The etiology of Osteoarthritis A includes joint injury, obesity, aging, and heredity. The diathrodial joint is a complicated organ and its function is to bear weight, perform physical activity and exhibit a joint-specific range of motion during movement. During OA development, the entire joint organ is affected, including articular cartilage, subchondral bone, synovial tissue and meniscus. A full understanding of the pathological mechanism of OA development relies on the discovery of the interplaying mechanisms among different OA symptoms, including articular cartilage degradation, osteophyte formation, subchondral sclerosis and synovial hyperplasia, and the signaling pathway(s) controlling these pathological processes.

KEY WORDS
Osteoarthritis, Activity of daily living, Homoeopathy, Individualized Homoeopathic medicines.

ABBREVIATIONS
OA- Osteoarthritis, WHO- World Health Organization, NSAIDS- Non steroidal anti inflammatory drugs.

INTRODUCTION
Osteoarthritis (OA) is the most common slow, progressive degenerative joint disease, affecting the articular cartilage of the joints and ultimately causing its destruction leading to disability. The most commonly affected joint is knee. Pain is a major complaint compelling patient to seek medical advice. Incidence of the joint being disabled is consistent with the period of individual's suffering. There is steady rise in the prevalence of the disease, and in the near future, it is projected to rank second for women and fourth for men, in terms of years lived with disability.[1] Osteoarthritis affects more than 25% of the population over 18 years-old. Pathological changes seen in Osteoarthritis joints include progressive loss and destruction of articular cartilage, thickening of the subchondral bone, formation of osteophytes, variable degrees of inflammation of the synovium, degeneration of ligaments and menisci of the knee and hypertrophy of the joint capsule [2] Osteoarthritis (OA) is also defined as the most common musculoskeletal condition, a long-term chronic disease to affect synovial joints involving the thinning of cartilage in joints which results in bones rubbing together, creating stiffness, pain and impaired movement. [3]

Osteoarthritis is the most prevalent form of arthritis, with an associated risk of mobility disability (defined as needing help walking or climbing stairs) for those with affected knees being greater than that due to any other medical condition in people aged [4] 65. The societal burden (both in terms of personal suffering and use of health resources) is expected to increase with the increasing prevalence of obesity and the ageing of the community.

According to World Health Organization (WHO), Worldwide estimates are 8.6% of men and 18.0% of women over the age of 60 years have symptomatic osteoarthritis. Approximately 80% of those with

OA will have limitations in movement and 25% cannot perform their major activities of daily life.Twin and family studies show that genetic factors play a major role for hip and knee OA.[3].OA knee pain is usually worse going up and down stairs or inclines. Prolonged walking, rising from a chair, getting in or out of a car, bending to put on shoes and socks may be difficult [4]

The goals of the treatment of OA are to alleviate pain and minimize loss of physical function [5] Treatments vary widely, from alternative medicine, to lifestyle changes such as exercise and diet, to physical aids such as canes or braces, to medications such as acetaminophen, Non - steroidal anti-inflammatory drugs (NSAIDS), corticosteroids[3] Thus, in the conventional system of medicine, treatment serves as palliative rather than curative. Repeated & continuous use of these drugs will make dependency on these drugs. Whereas, Homoeopathy has a great scope in the treatment of OA because of its Dynamic, individual and holistic concept where individual is considered for the treatment and not the disease. Homoeopathy treats more effectively and successfully than any other systems. Homoeopathic treatment is more advantageous in management of knee OA and effective in preventing and remitting conditions associated with Osteoarthritis.

REVIEW OF LITERATURE

Definition: Osteoarthritis. (OA) is the most common form of arthritis, and is a major cause of morbidity, activity limitation, physical disability, excess health care utilization and reduced health-related quality of life.[6] Osteoarthritis is the clinical and pathological outcome of a range of disorders that results in structural and functional failure of synovial joints[7] It is also known as degenerative joint disease.[8] It is characterized by progressive joint failure in which all structures of the joint have undergone pathologic changes.[5]

EPIDEMIOLOGY

1. Osteoarthritis is the single most common cause of disability in older adults. Worldwide estimates are 8.6% of men and 18.0% of women over the age of 60 years have symptomatic osteoarthritis. Approximately 80% of those with OA will have limitations in movement and 25% cannot perform their major activities of daily life[3], [9] In Rajasthan, Arthritis with a prevalence of 8.42% reflects as most common musculoskeletal disease, according to a study conducted in Bikaner, a city of Rajasthan.[2] Osteoarthritis affects more than 32 million individuals in the United States. On the basis of the radiographic criteria for osteoarthritis, more 50% of adults older than 65 years are affected by the disease. Primary osteoarthritis is a common disorder of the elderly, and patients may present asymptomatic. Approximately 80-90% of individuals older than 65 years have evidence of radiographic primary osteoarthritis. In individuals older than 55 years, the prevalence of osteoarthritis is higher among women than among men.[10]Women are especially susceptible to osteoarthritis in the DIP joints of the fingers. Women also have osteoarthritis of the knee joints more frequently than men do, with a female-to-male incidence ratio of 1.7:1. Women are also more prone to erosive osteoarthritis, with a female-to-male ratio of about 12:1.

TYPES OF OSTEOARTHRITIS

Primary Osteoarthritis Primary OA is a chronic degenerative disease that is related to, but not caused by, aging. As a person ages, the water content of their cartilage decreases, thus weakening of the cartilage and making it less resilient and more susceptible to degradation. [1] Primary OA may be Localized and Generalized. [3]It is the most common subset of the disease and is diagnosed in the absence of a predisposing trauma or disease but is associated with the risk factors including age, female gender, obesity, anatomical factors, muscle weakness, and joint injury (occupation/sports activities).

Secondary Osteoarthritis Secondary OA tends to show up earlier in life, often due to a specific cause such as an injury or trauma and repetitive adverse loading of joints during occupation that requires, such as in farmers (hip OA), miners (knee OA), kneeling or squatting for extended amounts of time,

diabetes, obesity or competitive sports like professional footballers (knee OA). [3],[11]occurs with a preexisting joint abnormality. Predisposing conditions include trauma or injury, congenital joint disorders, inflammatory arthritis, avascular necrosis, infectious arthritis, Paget disease, osteopetrosis, osteochondritis dissecans, metabolic disorders (hemochromatosis, Wilson's disease), hemoglobinopathy, Ehlers-Danlos syndrome, or Marfan syndrome. (12)

ETIOLOGY

The daily stresses applied to the joints, especially the weight-bearing joints (eg, ankle, knee, and hip), play an important role in the development of osteoarthritis. Degenerative alterations in osteoarthritis primarily begin in the articular cartilage, as a result of either excessive loading of a healthy joint or relatively normal loading of a previously disturbed joint. External forces accelerate the catabolic effects of the chondrocytes and further disrupt the cartilaginous matrix.
[13,14,15,16]

Risk factors for osteoarthritis include the following
[17,18,19,20]

- Age
- Obesity [21,22, 23]
- Trauma
- Genetics (significant family history)
- Reduced levels of sex hormones
- Muscle weakness [24]
- Repetitive use (ie, jobs requiring heavy labor and bending) [25]
- Infection
- Crystal deposition
- Acromegaly
- Previous inflammatory arthritis (eg, burnt-out rheumatoid arthritis)
- Heritable metabolic causes (eg, alkaptonuria, hemochromatosis, Wilson disease)
- Hemoglobinopathies (eg, sickle cell disease and thalassemia)
- Neuropathic disorders leading to a Charcot joint (eg, syringomyelia, tabes dorsalis, and diabetes)
- Underlying morphologic risk factors (eg, congenital hip dislocation and slipped femoral capital epiphysis)
- Disorders of bone (eg, Paget disease and avascular necrosis)
- Previous surgical procedures (eg, meniscectomy)
- Diabetes mellitus [26].

OBESITY

Obesity increases the mechanical stress in a weight-bearing joint. It has been strongly linked to osteoarthritis of the knees and, to a lesser extent, of the hips. obesity may be an inflammatory risk factor for osteoarthritis. Obesity is associated with increased levels (both systemic and intra-articular) of adipokines (cytokines derived from adipose tissue), which may promote chronic, low-grade inflammation in joints.[27]

ADVANCING AGE

With advancing age come reductions in cartilage volume, proteoglycan content, cartilage vascularization, and cartilage perfusion. These changes may result in certain characteristic radiologic features, including a narrowed joint space and marginal osteophytes. However, biochemical and pathophysiologic findings support the notion that age alone is an insufficient cause of osteoarthritis. [28]

Trauma or surgery (including surgical repair of traumatic injury) involving the articular cartilage, ligaments, or menisci can lead to abnormal bio-mechanics in the joints & accelerate osteoarthritis. In individuals who have sustained significant joint injuries, the risk of post-traumatic osteoarthritis ranges from about 20% to more than 50% [29]

Valgus malalignment at the knee has been shown to increase the incidence and risk of radiographic progression of knee osteoarthritis involving the lateral compartment.[30]

GENETICS

A hereditary component, particularly in osteoarthritis presentations involving multiple joints, has long been recognized. [31, 32, 33] Several genes have been directly associated with osteoarthritis, [34] and many more have been determined to be associated with contributing factors, such as excessive inflammation and obesity.

PATHOGENESIS

The earliest changes of OA may begin in cartilage. The two major components of cartilage are type 2 collagen, which provides tensile strength and aggrecan, a proteoglycan. OA cartilage is characterized by gradual depletion of aggrecan, unfurling of the collagen matrix and loss of type 2 collagen, which leads to increased vulnerability. [5]

HISTORY

The progression of osteoarthritis is characteristically slow, occurring over several years or decades. Over this period, the patient can become less and less active and thus more susceptible to morbidities related to decreasing physical activity (including potential weight gain).

Early in the disease process, the joints may appear normal. However, the patient's gait may be antalgic if weight-bearing joints are involved. Reduced range of motion and crepitus are frequently present. Stiffness during rest (gelling) may develop, with morning joint stiffness usually lasting for less than 30 minutes. Initially, pain can be relieved by rest and may respond to simple analgesics. However, joints may become unstable as the osteoarthritis progresses; therefore, the pain may become more prominent (even during rest) and may not respond to medications. Pain is usually the initial source of morbidity in osteoarthritis, with the disease's primary symptom being deep, achy joint pain exacerbated by extensive use.

PHYSICAL EXAMINATION

Physical examination findings in patients with osteoarthritis are mostly limited to the affected joints. [35, 36, 37] Reduced range of motion and crepitus are frequently present.

Malalignment with a bony enlargement may occur. Most cases of osteoarthritis do not involve erythema or warmth over the affected joint(s); however, a bland effusion may be present. Limitation of joint motion or muscle atrophy around a more severely affected joint may occur.

Osteoarthritis of the hand most often affects the distal interphalangeal (DIP) joints but also typically involves the proximal interphalangeal (PIP) joints and the joints at the base of the thumb. Heberden nodes, which represent palpable osteophytes in the DIP joints, are more characteristic in women than in men. Inflammatory changes are typically absent or at least not pronounced.

CLINICAL FEATURES

The main symptoms of OA are pain and stiffness in joints, which can make it difficult to move the affected joint and to do certain activities.

The symptoms may come and go in episodes, which can be related to activity levels and even the weather. In more severe cases, the symptoms can be continuous.

Typical OA pain has the following characteristics

- Insidious onset over months or years.
- Variable or intermittent over time.
- Pain when using the joint, which may improve with rest. For some people, in the later stages of the disease, the pain may be worse at night. Pain can be localized or widespread.
- Swelling in and around the joint, especially after a lot of activity or use of that area.
- Joint stiffness, usually lasting less than 30 minutes, in the morning or after resting for a period of time.
- Feeling that the joint is loose or unstable.
- Mainly related to movement and weight-bearing, relieved by rest.
- Only brief (< 15 min) morning stiffness and brief (< 1 min) 'gelling' after rest.
- Usually only one or a few joints painful (not multiple regional pain).

Osteoarthritis symptoms can affect joints differently. For example:

- **Hands:** Bony enlargements and shape changes in the finger joints can happen over time.
- **Knees:** When walking or moving, a grinding or scaping noise. Over time, muscle and ligament weakness can cause the knee to buckle.
- **Hip:** Pain and stiffness in the hip joint or in the groin, inner thigh, or buttocks. Sometimes, the

pain from arthritis in the hip can radiate (spread) to the knees. Over time, inability to move hip

- **Spine:** Stiffness and pain in the neck or lower back. As changes in the spine happen, some people develop spinal stenosis, which can lead to other symptoms.

OTHER SYMPTOMS INCUDE

- Joint tenderness
- Increased pain and stiffness
- Joints appear slightly larger or more knobbly then usual
- Crackling sound in joints
- Limited range of movement
- Weakness and muscle wasting (loss of muscle bulk) Signs [11]
- Restricted movement due to capsular thickening, or blocking by osteophyte.
- Palpable, sometimes audible, coarse crepitus due to rough articular surfaces.
- Bony swelling (osteophyte) around joint margins.
- Deformity, usually without instability.
- Joint-line or periarticular tenderness
- Muscle weakness, wasting
- No or only mild synovitis (effusion, increased warmth).

DIAGNOSIS

The initial diagnostic goal is to differentiate osteoarthritis from other arthritides, such as rheumatoid arthritis. The history and physical examination findings are usually sufficient to diagnose osteoarthritis. Radiographic findings confirm the initial impression (see Workup), and laboratory values are typically within the reference range. A plain X-ray may show one or more of the typical features of OA. [3]Radiographic features, normal laboratory tests and synovial findings. [5] Osteoarthritis is typically diagnosed on the basis of clinical and radiographic evidence. [3,4,5,6,7] No specific laboratory abnormalities are associated with osteoarthritis**.**

DIFFERENTIAL DIAGNOSES

- Avascular Necrosis
- Fibromyalgia
- Gout and Pseudogout
- Ankylosing Spondylitis Imaging
- Imaging in Neuropathic Arthropathy (Charcot Joint)
- Lyme Disease
- Patellofemoral Arthritis
- Psoriatic Arthritis
- Rheumatoid Arthritis (RA)

HOMOEOPATHIC TREATMENT

Homoeopathy is “the medicine of likes” (as etymological 'homois' means like of similar-'pathos' meaning suffering). In other words homoeopathy is a method of curing the suffering of a person by the administration of the drug which has been experimentally proved to possess power of producing similar suffering in a healthy human being. It is specialized system of drug therapy and nothing more or nothing less. [38]There are a large number of medicines available in Homoeopathic Literature. Various medicines indicated for Knee Osteoarthritis are:

Bryonia alba

- It is one of the best homeopathic remedies for joint affection where the pain gets worse with movement and is relieved by rest. The pains are associated with swelling and stiffness of the joints with difficulty in climbing the stairs. The pains are worse from the slightest motion, better after rest, from pressure or by lying on the painful side.
- Knee stiff and painful.
- Joints red, swollen, hot, with stitches and tearing; worse on least movement. Every spot is painful on pressure. [39]

Calcarea carbonica

- It is indicated for arthritis with swelling and pain which gets worse when getting up from a seated position.
- The joints feel cold and painful. It is indicated for people who are obese and gets easily tired by exertion.
- Complaints are worse from cold and dampness, and weakness or cramping in the extremities.

Calcarea fluorica

- Chronic synovitis of knee joint. Worse- during rest, changes of weather. Betterheat, warm application. [39]
- There are stony hard nodes formed in the joint area, greatly reducing the mobility.

Causticum

- Tearing pain in joints.
- Contracted tendons.
- Burning in joints. Cracking & tension in knees, stiffness in the hollow of knee. [39]
- Joint pain with stiffness and a sensation of shortening of the tendons.

Colchicum Autumnale

- Arthritic pains in joints; Patient screams with pain on touching a joint or stabbing a toe.[40]
- Joint stiff & feverish; shifting rheumatism; pains worse at night. Knees strike together, can hardly walk (knock knees)
- Worse- motion, Better from stooping. [39]

Colocynth

- Cramp like pain in hip; lies on the affected side; pain from hip to the knee.
- Stiffness of joints & shortening of tendon.
- Pain in the left knee joint.[39]
- Cramping pain improved by pressure.
- Shooting pains, like lightning shocks, down the whole limb, left hip, left thigh, left knee, into popliteal fossa. [40]
- Better- warmth, hard pressure ∴

Formica Rufa

- Rheumatic pains; stiff and contracted joints.
- Especially right side; Rheumatism comes on suddenly and with restlessness. Sweat does not relieve.
- Complaints from over lifting. [39]

Pulsatilla Nigricans

- It is indicated for arthritis with muscle stiffness and cramping.
- Pains move unpredictably from one joint to another.
- It is useful when the hips and knees are affected.
- Symptoms are worse from warmth, and better from cold applications and open air Benzoic

Benzoic acid

- There is an associated crackling sound when the fingers are moved or if there are nodes in the area of joints.
- The urine is highly offensive in these people.

Rhus toxicodendron

- Hot, painful swelling of joints (osteoarthritis).
- Pain tearing in tendons, ligaments & fasciae.
- Soreness of the condyles in bones.
- Limbs stiff, paralysed. The cold fresh air is not tolerated; it makes the ski
- Painful. Tenderness around knee joint. [39]
- Lameness, stiffness & pain on first moving after rest, or on getting up in the morning, > by walking or continued motion. [40]

Guiacum

- Growing pains.
- Joint swollen, painful and intolerant to pressure, cannot bear heat.
- Arthritic lancinations followed by contraction of limbs.
- Worse- From motion, heat, pressure.[39]

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A case report of management of PCOS through single, individualized homoeopathic medicine

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ABSTRACT
Polycystic ovarian syndrome (PCOS) is an endocrine disorder and is very commonly found in day-to-day practice. Worldwide prevalence of PCOS ranges from 9% to 18% according to the diagnostic criteria used and from 3.7 to 22.5% in India. A manifestation of PCOS exerts a deep negative impact on psychological aspect of a female, ultimately deteriorating the quality of life. These cases are difficult to cure in contemporary system, providing symptomatic relief and unable to provide any effect on a female mental well-being and treatment is also very costly. Homoeopathy having a holistic approach tends to cure and good in managing such type of cases.

KEYWORDS
Homoeopathy, Hyper-androgenism, Polycystic ovaries, Polycystic ovarian syndrome (PCOS), Polycystic ovarian syndrome Questionnaire (PCOSQ), quality of life (QOL)

ABBREVATIONS
American Society for Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE), Polycystic ovarian syndrome (PCOS), Polycystic ovarian syndrome Questionnaire (PCOSQ), Quality of life (QOL), Ultrasonography (USG)

INTRODUCTION
PCOS is now considered to be a multifaceted disease with a variety of manifestations which affect not only child bearing age, but also adolescents and post-menopausal age.[1] PCOS women present irregular menstrual periods, infertility, increased growth of coarse facial and body hair, obesity, cystic acne. Not all symptoms are necessarily present in any one woman.[2]
The Rotterdam consensus is the most widely used diagnostic criteria accepted across Europe, Asia and Australia and was the definition used for the guideline.[3] In 2003, the Rotterdam (ESHRE/ ASRM) proposed that the diagnosis include two of the three criteria; Oligo / amenorrhea, Clinical and/or biochemical hyperandrogenism, Polycystic ovaries.4Health related quality of life can be assessed by PCOSQ consisting of 26 questions divided into 5 domains with 7-point scale in which 7 represents optimal function and 1 represents the poorest function.[2]
In the conventional medical system, metformin, oral contraceptives are used for symptomatic management. It reportedly reduced hyper-insulinaemia and hyperandrogenaemia, independently without any changes in body weight. In a large number of cases, it causes gastrointestinal intolerance in 30% (nausea, abdominal pain and/or diarrhea) of patients. Hence, there is a need to explore the possibility of its management with Homoeopathy.[5]
Following is a case of PCOS improved successfully with Homoeopathy.

MATERIALS & METHODS
A case of 23 years female suffering from irregular menses for 6 years with confirmed diagnosis of PCOS reported in the OPD of Swasthya Kalyan Homoeopathic Medical College & Research Centre, Jaipur, Rajasthan, was treated successfully within 7 months (Jan 2019- Aug 2019) by

individualised homoeopathic medicine *Ign. ama.*1M with repetition as per requirement.

RESULT

The improvement is evident from regularity of menstrual cycle, improvement in intermenstrual duration, from the ultrasonography reports and also from the change in PCOS-Questionnaire.

CONCLUSION

The case is under observation from the last1 year without recurrence of menstrual irregularity which suggests that successful improvement is achievable through individualised homoeopathic treatment.

CASE REPORT

A 23-year-old unmarried, Hindu female, of height 156 cm and weight 74 kg with the confirmed diagnosis of PCOS in the USG, reported in Outpatient Department (OPD) of Swasthya Kalyan Homoeopathic Medical College & Research Centre, on 17 January, 2019.

She complained of continuous menstrual bleeding for 10-15 days with inter-menstrual duration of 15-20 days every month on and off for 5-6 years. The Menstrual flow was dark colored with clots sometimes. LMP was 31 Dec 2018. She felt weight gain for 2 years. Hair growth increased on the chin since last4-5 months, also on the abdomen. She took homoeopathic treatment 2 years back but unable to take treatment regularly.[3] years ago (September 2016), there was no pathology in USG irrespective of the disturbance in the menstrual cycle. PCOS was diagnosed in USG in December 2018. (Refer figure 1) Menarche was at the age of 15-16 years old.

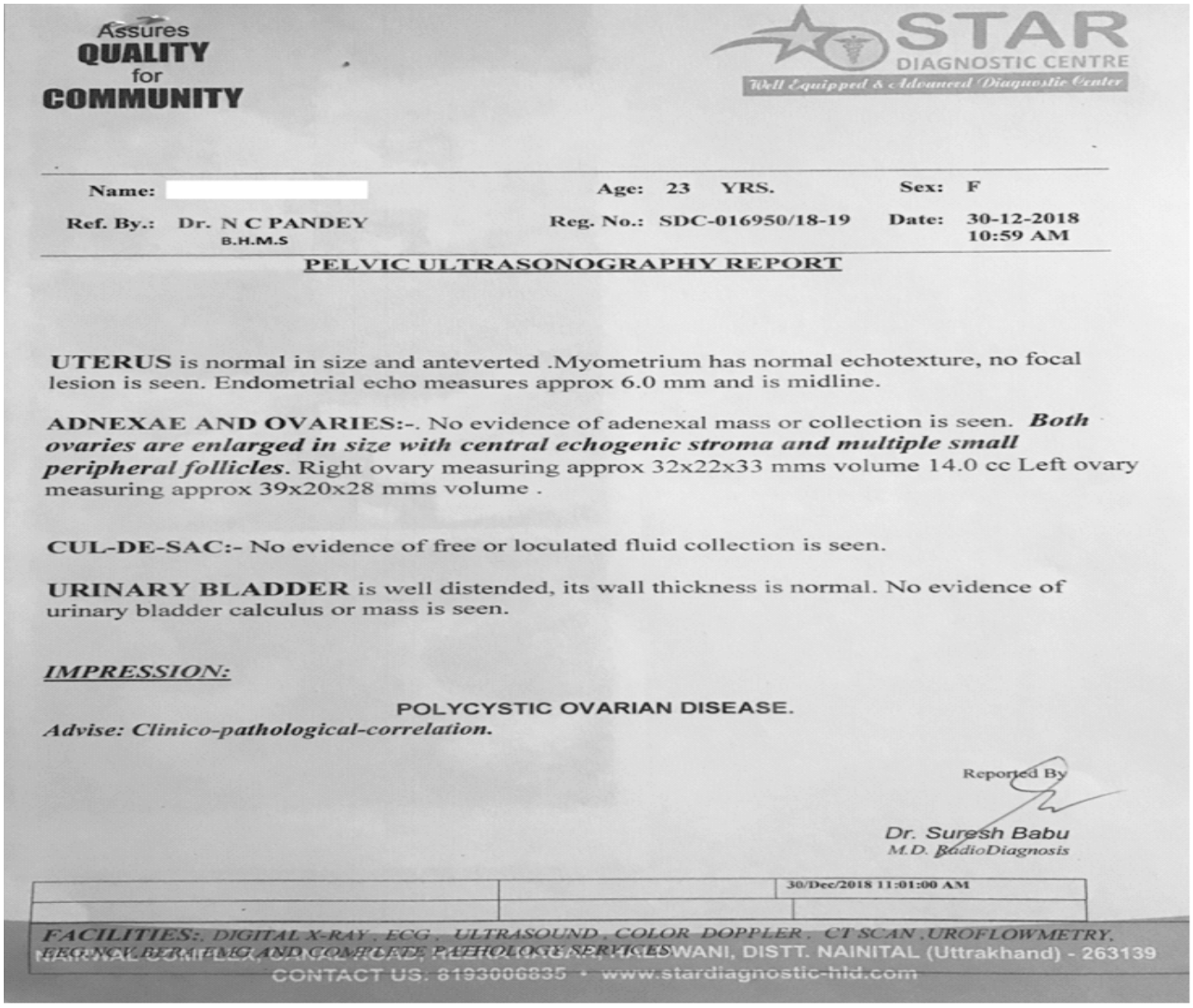
She got disappointment in love. She was very devoted to the other person and didn't get the same response as she expected and finally got separated 1 year back. She was very sad because of the broken relation. She had violent anger; on contradiction; tries to control but when explode, do violent activities like throwing clothes and destroying things, screaming and crying loudly; otherwise never cry. She has very caring, kind, helpful and childish in nature. Forgive easily because don't want to break any relation. Gets easily affected by slightest emotion and gets irritable for a year.

The patient was obese. She was vegetarian, her thermal was hot. Her appetite was good; 2-3 chapati at a time; 2 meals/ day and had desire for sweets, cheese+. She had habit of Tea; 2-3 cups/day. She had thirst of normal (quantity 2-3 lit/day).The tongue was moist, clean and pinkish. She had scanty sweat. Stool was soft, satisfactory. Sleep was 6-7 hrs/day; refreshing; lies on the abdomen while sleeping.

Findings on physical examination were weight 74kg, height156cm and BMI 30.4. (BMI> 30 - Obese). PCOSQ score was 105at the first visit (17/01/2019).Patient was advised for exercise, avoiding junk food and taking a balanced diet.

Following rubrics were considered for repertorisation : (Refer figure 2)

1 MIND-AILMENTS FROM-love; disappointed
2 MIND - ANGER - violent
3 MIND - BENEVOLENCE
4 MIND - WEEPING - cannot weep, though sad
5 MIND - CHILDISH behavior
6 MIND - ANGER - contradiction; from
7 GENERALS-FOOD & DRINKS-cheese-desire
8 FEMALE GENITALIA/SEX - MENSES - early, too



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Name: Age: 23 YRS. Sex: F

Ref. By.: Dr. N C PANDEY
B.H.M.S

Reg. No.: SDC-016950/18-19 Date: 30-12-2018
10:59 AM

PELVIC ULTRASONOGRAPHY REPORT

UTERUS is normal in size and anteverted .Myometrium has normal echotexture, no focal lesion is seen. Endometrial echo measures approx 6.0 mm and is midline.

ADNEXAE AND OVARIES:-. No evidence of adenexal mass or collection is seen. ***Both ovaries are enlarged in size with central echogenic stroma and multiple small peripheral follicles***. Right ovary measuring approx 32x22x33 mms volume 14.0 cc Left ovary measuring approx 39x20x28 mms volume .

CUL-DE-SAC:- No evidence of free or loculated fluid collection is seen.

URINARY BLADDER is well distended, its wall thickness is normal. No evidence of urinary bladder calculus or mass is seen.

IMPRESSION:

POLYCYSTIC OVARIAN DISEASE.

Advise: Clinico-pathological-correlation.

Reported By

Dr. Suresh Babu
M.D. RadioDiagnosis

30/Dec/2018 11:01:00 AM

FACILITIES: DIGITAL X-RAY , ECG , ULTRASOUND , COLOR DOPPLER , CT SCAN ,UROFLOWMETRY, PATHOLOGICAL, RADIOLOGICAL, HALDWANI, DISTT. NAINITAL (Uttrakhand) - 263139
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Figure 1: Ultrasonography before Treatment-30/12/2018

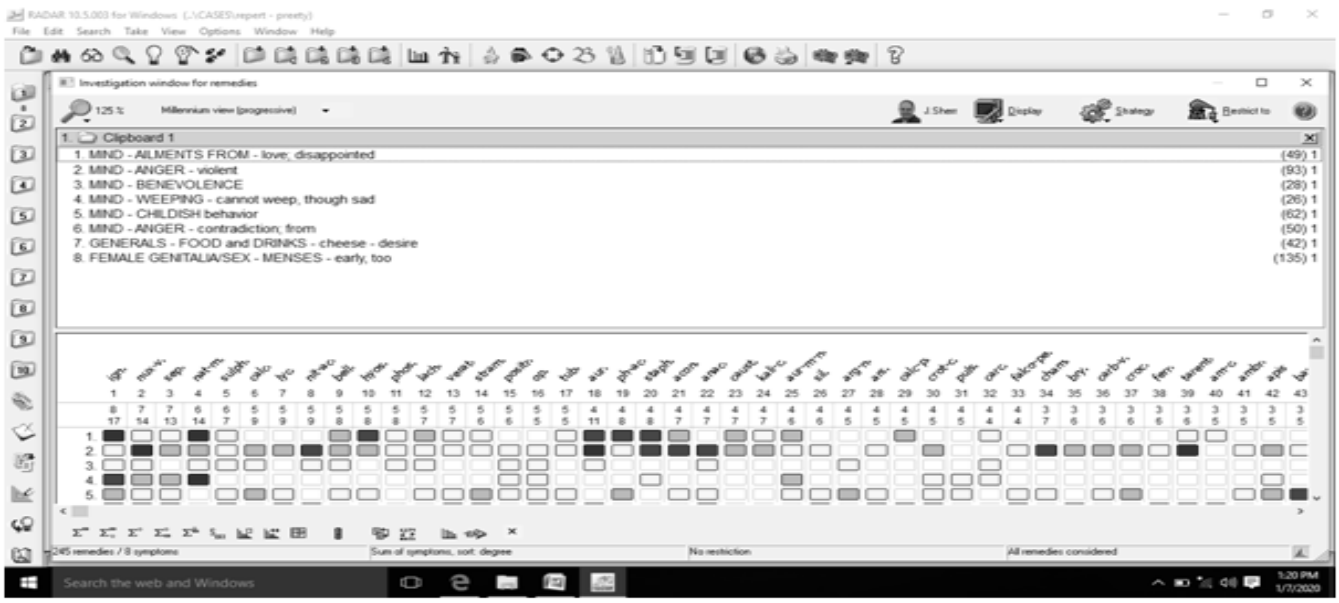


Figure 2: Repertorisation of the case

After analysis, evaluation and repertorisation by radar 10.5 using Synthesis Repertory and symptom similarity with medicines in Materia Medica, *Ign. ama.* was selected.

Justification: Ignatia Amara was selected as it covers the maximum totality of symptoms. Moreover, Ignatia Amara is very sensitive, emotional and shows a violent anger when explode, otherwise very kind, gentle and caring. Ignatia Amara show her extreme emotions6, be it, sadness, anger or joy. These all features were present in this patient.

Prescription: 17/01/2019 - Ignatia Amara 200/ 1 D/Stat, Rubrum 30 TDS / 15 days

Follow up: Refer Table No. 1

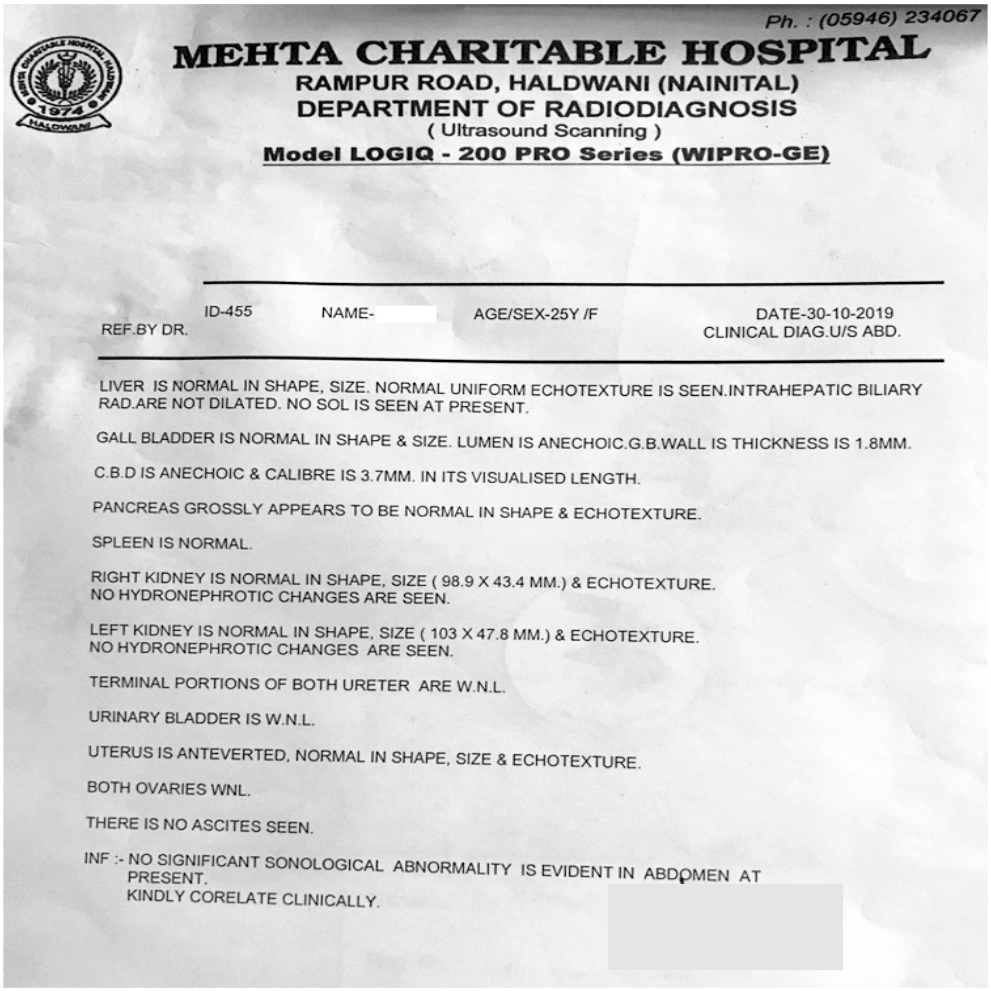
Table 1 : Follow up of the patient

DATE	SYMPTOMS	MEDICINE, POTENCY & DOSE	JUSTIFICATION
17/01/2019	LMP- 31/12/2018 for 12 days. profuse, clotted, dark red color **Weight- 74 kg.**	*Ignatia Amara* 200/ 1 D/Stat Rubrum 30 TDS / 15 days	*Ignatia Amara* was found to be most similimum as per the justification mentioned above.
01/02/19	Ongoing menses from 27/01/19 spotting 3-4 days followed byprofuse, clotted, dark red color menses. Menses appeared in 26 days. Weight- 73kg	Rubrum 30 TDS / 15 days	Earlier inter-menstrual duration was of 15-20 days. Menses occurred at 26 days this time. Improvement was detected, so Placebo was prescribed.
15/02/19	LMP- 27/01/19 for 14 days (spotting 4-5 days followed by clotted, bright red color menses.). Irritability is decreased. Weight- 72.5kg	Rubrum 30 TDS for 1 month.	Inter- menstrual duration improving. On considering this improvement Rubrumwas prescribed again.
15/03/19	LMP- 06/03/19for 9 days at 37 days interval (spotting 2 days followed by clotted, bright red color menses.). Weight- 72 kg	Rubrum 30 TDS for 1 month	Menses appeared on37 days interval. So again, Rubrum was prescribed.
18/04/19	LMP- 02/04/19for 12-14 days at 27 days interval. (spotting 4-5 days followed	Rubrum30 TDS for 1 month	Inter-menstrual duration
	byclotted, bright red color menses.). Weight- 72 kg		improving from 15-20 days to 27 days interval indicating improvement. So again, Rubrum was prescribed.

Patient had no menstrual irregularity till date 12/11/2021

16/05/19	Ongoing menses.(clotted, bright red color menses.). LMP- 08/05/19 after 21/04/19 Weight- 72 kg	*Ignatia Amara* 1M/ 1 D/ Stat Rubrum 30 TDS for 1 month	On detecting no improvement, higher potency was prescribed.
17/06/19	Ongoing menses(clotted, bright red color menses.). LMP-14/06/19; Menses occurred at 36 days interval. Weight- 70 kg	Rubrum 30 TDS for 1 month	Menses appeared in 36 days. So, Rubrum was prescribed.
18/07/19	LMP still 14/06/19; occurred for 10 days. Weight- 69 kg	Rubrum 30 TDS for 1 month	Menses didn't appeared in 34 days till date from last menses. So, Rubrum was prescribed.
19/08/19	LMP- 19/07/18; for 7 days. (profuse 4-5 days, clotted, bright red color) No violent tendency during anger. Advised for USG.	Rubrum30 TDS for 1 month	Menses appeared in 35 days & remained for only 7 days. So, Rubrum was prescribed.
Patient had no menstrual irregularity till date 12/11/2021			

Figure 3 : Ultrasonography after the Treatment



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REF.BY DR. CLINICAL DIAG.U/S ABD.

LIVER IS NORMAL IN SHAPE, SIZE. NORMAL UNIFORM ECHOTEXTURE IS SEEN.INTRAHEPATIC BILIARY RAD.ARE NOT DILATED. NO SOL IS SEEN AT PRESENT.

GALL BLADDER IS NORMAL IN SHAPE & SIZE. LUMEN IS ANECHOIC.G.B.WALL IS THICKNESS IS 1.8MM.

C.B.D IS ANECHOIC & CALIBRE IS 3.7MM. IN ITS VISUALISED LENGTH.

PANCREAS GROSSLY APPEARS TO BE NORMAL IN SHAPE & ECHOTEXTURE.

SPLEEN IS NORMAL.

RIGHT KIDNEY IS NORMAL IN SHAPE, SIZE (98.9 X 43.4 MM.) & ECHOTEXTURE.
NO HYDRONEPHROTIC CHANGES ARE SEEN.

LEFT KIDNEY IS NORMAL IN SHAPE, SIZE (103 X 47.8 MM.) & ECHOTEXTURE.
NO HYDRONEPHROTIC CHANGES ARE SEEN.

TERMINAL PORTIONS OF BOTH URETER ARE W.N.L.

URINARY BLADDER IS W.N.L.

UTERUS IS ANTEVERTED, NORMAL IN SHAPE, SIZE & ECHOTEXTURE.

BOTH OVARIES WNL.

THERE IS NO ASCITES SEEN.

INF :- NO SIGNIFICANT SONOLOGICAL ABNORMALITY IS EVIDENT IN ABDOMEN AT PRESENT.
KINDLY CORELATE CLINICALLY.

PCOSQ[2] scoring before & after the treatment

To what extent have you felt that growth of visible hair on your chin has been a problem for you during the last two weeks:									
S.No		Visits	A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
1	Growth of visible hair on chin?	V_{1st}	✓						
		V_{last}			✓				
During the past two weeks, how much of the time have you felt:									
			All of the Time (1)	Most of the Time (2)	A Good Bit of the Time (3)	Some of the Time (4)	A Little of the Time (5)	Hardly any of the Time (6)	None of the Time (7)
2	Depressed as a result of having PCOS?	V_{1st}				✓			
		V_{last}							✓
3	Concerned about being overweight?	V_{1st}		✓					
		V_{last}							✓
4	Easily tired?	V_{1st}		✓					
		V_{last}							✓
5	Concerned with infertility problems?	V_{1st}							✓
		V_{last}							✓
6	Moody as a result of having PCOS?	V_{1st}				✓			
		V_{last}							✓
In relation to your last menstruation, how much were the following issues a problem for you:									
			A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
7	Headaches?	V_{1st}			✓				
		V_{last}			✓				
8	Irregular menstrual periods?	V_{1st}	✓						
		V_{last}				✓			
To what extent have you felt that growth of visible hair on your upper lip has been a problem for you during the last two weeks:									
			A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
9	Growth of visible hair on upper lip?	V_{1st}		✓					
		V_{last}					✓		

During the past two weeks, how much of the time have you:									
			All of the Time (1)	Most of the Time (2)	A Good Bit of the Time (3)	Some of the Time (4)	A Little of the Time (5)	Hardly any of the Time (6)	None of the Time (7)
10	Had trouble dealing with your weight?	V_{1st}			✓				
		V_{last}							✓
11	Had low self-esteem as a result of having PCOS?	V_{1st}				✓			
		V_{last}							✓
12	Felt frustration in trying to lose weight?	V_{1st}		✓					
		V_{last}							✓
13	Felt afraid of not being able to have children?	V_{1st}							✓
		V_{last}							✓
14	Felt frightened of getting cancer?	V_{1st}					✓		
		V_{last}							✓
Over the last two weeks, to what extent the following issues have been a problem for you:									
			A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
15	Growth of visible hair on your face?	V_{1st}		✓					
		V_{last}				✓			
16	Embarressment about excessive hair?	V_{1st}						✓	
		V_{last}							✓
During the past two weeks, how much of the time have you been:									
			All of the Time (1)	Most of the Time (2)	A Good Bit of the Time (3)	Some of the Time (4)	A Little of the Time (5)	Hardly any of the Time (6)	None of the Time (7)
17	Worried about having PCOS?	V_{1st}						✓	
		V_{last}				✓			
18	Self conscious as a result of having PCOS?	V_{1st}			✓				
		V_{last}				✓			
In relation to your last menstruation, how much the following issues were a problem for you:									

			A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
19	Abdominal bloating?	V_{1st}		✓					
		V_{last}			✓				
20	Late menstrual period?	V_{1st}							✓
		V_{last}							✓
21	Menstrual cramps?	V_{1st}			✓				
		V_{last}			✓				
How much of the time during the last two weeks did you:									
			All of the Time (1)	Most of the Time (2)	A Good Bit of the Time (3)	Some of the Time (4)	A Little of the Time (5)	Hardly any of the Time (6)	None of the Time (7)
22	Feel like you are not sexy because of being overweight?	V_{1st}							✓
		V_{last}							✓
23	Feel a lack of control over the situation with PCOS?	V_{1st}					✓		
		V_{last}							✓
24	Feel a lack of control over the situation with PCOS?	V_{1st}				✓			
		V_{last}						✓	
25	Feel sad because of infertility problems?	V_{1st}							✓
		V_{last}							✓
To what extent has growth of visible body hair been a problem for you during the last two weeks:									
			A Severe Problem (1)	A Major Problem (2)	A Moderate Problem (3)	Some Problem (4)	A Little Problem (5)	Hardly any Problem (6)	No Problem (7)
26	Growth of visible body hair?	V_{1st}						✓	
		V_{last}				✓			

Table 2: Polycystic ovarian syndrome Questionnaire

	BEFORE TREATMENT	AFTER TREATMENT
TOTAL	74	148

DISCUSSION

In this case, the diagnosis of PCOS was confirmed according to the Rotterdam criteria, with the presence of hyperandrogenism and irregular menstrual cycles as well as polycystic ovaries on ultrasound. Patient presented peculiar and prominent psychological picture which leads to indicated medicine i.e.Ignatia Amara throughthe consultation of repertorisation and Materia Medica.

After administration of individualised homoeopathic medicine, the patient got cured in 7 months of Homoeopathic treatment, evidenced by absent PCO pathology in the USG and significant improvement of intermenstrual duration. A study by CCRH showed significant improvement in symptomatology and quality of life in PCOS females by Homoeopathic treatment but didn't show a significant difference in USG.[5]

Some studies report that PCOS women are exposed to severe psychological complaints. PCOS manifestations exerts deep negative impact on identity of a female leading to deterioration of quality of life.The depression and anxiety did not show a significant change after treatment with oral contraceptive pills (OCPs).[5]

Homoeopathy has wonderful results in the cases which have underlying psychological causations and peculiar psychological picture. This case also presents the prominent psychological disturbance which was relieved at the end of the treatment, thereby improving the quality of life. PCOS questionnaire (PCOSQ), which evaluates emotional aspects along with body hair, weight, infertility and menstrual problems, is very beneficial in assessing the quality of life in the cases of PCOS patients. There was a huge difference in the PCOSQ scoring at the end of the treatment of this case.

Many studies showed the effectiveness of homoeopathic medicines in the cases of PCOS.3,5 This case also shows the effectiveness of homoeopathic medicines and the significance of individualization in homoeopathy. Aim of homoeopathy is not only to treat PCOS but also to address its underlying cause, miasmatic background, individual susceptibility and to improve the quality of life.

CONCLUSION

PCOS is a very common disorder among reproductive females and has become one of the major causes of infertility at present. With its increasing prevalence there is a need of early diagnosis especially in young females to avoid the unwanted comorbidities and its complications. As mentioned above in the introduction, about the complications & various side effects caused by the conventional treatment and providing only symptomatic relief, there is a need for the exploration of a safe & a gentle treatment. Women with PCOS have expressed a strong desire for alternative treatment.

Every case has its own unique features and the underlying cause. So, there is a need to treat a PCOS female by considering her unique individualised features which can be only done by homoeopathy as the selection of prescription is totally based on individualization.

Homoeopathy emphasizes on the root cause of any disease. It is successful in correction of hormonal imbalance, regularizing menstrual cycles and improving quality of life in PCOS females by addressing the underlying cause. This case concluded the effectiveness of single, individualised homoeopathic medicine in PCOS. Non-recurrence of complaint in the past 1 year suggests that PCOS can be improved successfully through individualised homoeopathic medicine with lifestyle management.

Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

None declared.

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The ovarian pearls – Polycystic ovarian syndrome (PCOS): A case report

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ABSTRACT
Polycystic Ovarian Syndrome is a complex metabolic, endocrine, reproductive and psychosocial disorder that impacts quality of life of a female patient. This syndrome has a major impact on the psychosocial health of a woman as it causes menstrual abnormalities, infertility, obesity, hirsutism, hair loss, and facial acne. Approximately 5-10% of the female population in developed countries is affected, while the prevalence in India is 9.13%. The global prevalence of PCOS is on the rise and is showing a galloping increase in parallel with the rising prevalence of type 2 diabetes mellitus. A case of 26 years old female suffering from PCOS reported here was treated successfully within 9 months by a single individualisedhomoeopathic medicine *Puls*. 200, 1M with repetition as per requirement, The improvement is evident from regularity of menstrual cycle and also from the ultrasonography reports.

KEYWORDS
Hirsutism, homoeopathy, hyperandrogenism, polycystic ovaries, polycystic ovarian syndrome

ABBREVIATIONS
LMP – Last menstrual period, PCOD - Polycystic ovarian disease, PCOS - Polycystic ovarian syndrome, USG- ultrasonography

INTRODUCTION
PCOS is the acronym for polycystic ovarian syndrome. It is the most common endocrine disorder of women in their reproductive period manifested by irregular menstrual cycles and polycystic ovaries, excess unwanted hair and baldness, although not all patients have all these features. The term 'polycystic' means 'many cysts', and PCOS gets its name because of the clusters of small, pearl-size cysts in ovaries. These cysts are fluid-filled bubbles called follicles that contain eggs that have not yet been released because of the hormonal imbalance. Many women with PCOS demonstrate challenges to feminine identity and body image due to obesity, acne and excess of unwanted hair; also, infertility and long-term health related concerns that compromise the quality of life and adversely affect mood and psychological well-being. Some authors have shown that women who have PCOS are more prone to depression, anxiety, low self-esteem, negative body image and psychosexual dysfunction.[1]

Before the discovery of clinical ultrasonography (USG) in 1980, PCOS was known as Stein-LeventhalSyndrome after I.F. Stein and M.L. Leventhal, the first researchers to recognise an association between the presence of polycystic ovaries, signs of hirsutism and amenorrhea, in the year 1935. After women diagnosed with Stein-Leventhal syndrome underwent successful wedge resection of the ovaries, their menstrual cycles became regular, and they were able to be pregnant. As a consequence, a primary ovarian defect was thought to be the main culprit, and the disorder came to be known as Polycystic Ovarian Disease (PCOD). Further biochemical, clinical, and endocrinological studies revealed an array of underlying abnormalities. As a result, the condition is now referred to as polycystic ovarian syndrome; although it may occur in women without ovarian cysts and in recent times ovarian morphology is no longer an essential requirement for diagnosis.

The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by

gestational environment, lifestyle factors or both. Women who have PCOS are at an increased risk for cardiovascular disease, diabetes and pre-diabetes, endometrial cancer, heart attack, hypertension, high levels of low-density lipoprotein and low levels of high-density lipoprotein.

As per Rotterdam criteria, PCOS is defined as the presence of any two of the three features:

1. oligo/amenorrhoea: absence of menstruation for 45 days or more and/or <8 menses/year.
2. Clinical hyperandrogenism: Modified Ferriman and Gallwey Score of 6 or higher.
3. Polycystic ovaries: presence of >10 cysts, 2-8 mm in diameter, usually combined with increased ovarian volume of >10 cm [2], and an echo-dense stroma in pelvic ultrasound scan.[2] Acne Global Severity Scale score 1 and above.[3]

Following is a case of PCOS in reproductive age group treated successfully with Homoeopathy. Herinformed consent was taken.

CASE REPORT

A 26-year-old unmarried female of height 152 cm and weight 68 kg with a clinical history of irregular menses for 3 years reported her complaint of irregular menses and acanthosisnigricans. Her duration of cycle was 55-65 days. She also complained of abnormal hair growth on her face and abdomen and acne on face for 1 year. Apart from all these complaints, she was having thin and watery leucorrhoea for 2 years.

The patient was overweight at a young age and gained about 10 kg since the last year. The patient is working as a teacher in a school. She was conscious about her weight and had low self-esteem. She took allopathic medicines for 6 months to regularise periods but medications were not helpful as such. Subsequently, the patient opted for homoeopathic treatment.

On examination, she was obese, with a body mass index of 68/(1.52)2=29.42 kg/m2 Waist circumference was increased at 95 cm. She had hyperandrogenismwith hirsutism (Ferriman Gallwey score of 9), with Acne Global Severity scale of 2.

Investigations revealed normal fasting glucose, thyroid-stimulating hormone, prolactin and 17 hydroxyprogesterone levels. A pelvic ultrasound revealed polycystic ovarian disease (PCOD). Investigations for testosterone, follicle- stimulating hormone, luteinising hormone and dehydro-epiandrosterone - sulfate were not done.

She had undergone lower abdomen USG on 12/07/2021. Her last menstrual period (LMP) was on 03/07/2021 (after taking allopathic medications to regularize menses).

PAST HISTORY

She suffered from typhoid at the age of 16 years and took allopathic treatment for it with successful recovery.

FAMILY HISTORY

All family members are healthy and alive.

Physical generals

Appetite: increased, vegetarian diet Desires: sweets, fatty food

Stools: Tendency for constipation Perspiration: Scanty

Sleep: She prefers to sleep on left side

Thermal reaction: Hot

Mental generals

She appeared to be affectionate and cheerful. She does not like closed windows and wants to stay in the porch area of house mostly as she feels better there.

Her family lost huge amount of money to a fraud 3 years ago since then she became very stressed about family's financial situation. She even dropped her dream of further studies as her parents were not happy about her studying further and wants her to get married as soon as possible. (She weeps while narrating her symptoms)

First prescription and follow-up

12/07/21: Prescription – *Puls. nig.* 200/1 dose; Placebo for 30 days;

15/08/21: Menses appeared on time. Constipation is better.

Prescription - Placebo for 30 days

17/09/21: Menses are coming regularly. Quantity of flow slightly better. Sensation of heaviness of whole body: same.

Prescription- *Puls. nig.* 200/1dose; Placebo for 30 days

20/10/21: Her menses are coming regularly this time she experienced weakness in body during menses.

Prescription- Placebo for 30 days

23/11/21: Menses are coming regularly. Flow is scanty.

Prescription—Placebo for 30 days

26/12/21: Return of old complaints.

Prescription — *Puls. nig.*1M/1 dose; Placebo for30 days

11.01/22: There was relief in her menstrual and general symptoms. She had reduced weight also.

Prescription-Placebo for 2 months

12/03/22: Menses coming regularly. Now she had flow for 3 days. Sensation of heaviness was also better.

Prescription: Placebo for 15 days

The patient was advised to continue a strict regimen of regular exercise and healthy food with low glycaemic index. The patient who was in her teenage years was very much worried about her appearance, hence she was also given counselingperiodically to boost her morale and motivate her to maintain a healthy lifestyle.

She is currently under observation. Her menses are regular now and she is not having any trouble in day-to-day life with any ailment.

Reportorial totality of the case and laboratory investigations reports (before and after treatment) Refer figure 1, 2.

Repertorial Sheet

		Sum of symptoms (sort:deg)	
01.	FEMALE GENITALIA/SEX - TUMORS - Ovaries - cysts	1	31
02.	FEMALE GENITALIA/SEX - MENSES - short, too	1	105
03.	FEMALE GENITALIA/SEX - MENSES - ropy, tenacious, stringy	1	21
04.	FEMALE GENITALIA/SEX - MENSES - mucous	1	5
05.	FEMALE GENITALIA/SEX - LEUKORRHEA - thin	1	94
06.	MIND - AFFECTIONATE	1	71
07.	MIND - IRRITABILITY - menses - before	1	45
08.	MIND - AILMENTS FROM - money; from losing	1	13
09.	MIND - AIR; in open - amel.	1	32
10.	MIND - PLEASING - desire to please others	1	10

	puls.	plat.	nat-m.	phos.	sep.	calc.	lach.	rhus-t.	lyc.	carc.	mag-m.	croc.	sulph.	aur-m-n.	cocc.	nux-v.	bell.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	9	6	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4
	17	9	9	9	9	8	8	8	7	6	6	8	8	7	7	7	6
01.	-	2	-	2	-	-	2	2	1	1	-	-	-	2	-	-	1
02.	3	2	2	2	2	-	3	-	1	-	1	-	3	-	2	2	-
03.	2	2	-	1	2	-	1	-	-	-	1	3	-	-	-	-	-
04.	1	-	-	-	-	-	-	-	-	-	-	2	-	-	2	-	-
05.	3	1	2	2	2	2	-	2	2	-	2	-	2	-	2	-	1
06.	3	1	2	2	1	2	1	1	1	1	-	2	2	2	-	2	3
07.	2	-	2	-	2	1	1	-	2	1	1	-	1	2	1	2	-
08.	1	-	1	-	-	2	-	2	-	-	-	-	-	-	-	1	-
09.	1	1	-	-	-	1	-	1	-	1	1	1	-	-	-	-	1
10.	1	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	-

Figure 1 Repertorial Sheets[4]

LAB INVESTIGATIONS

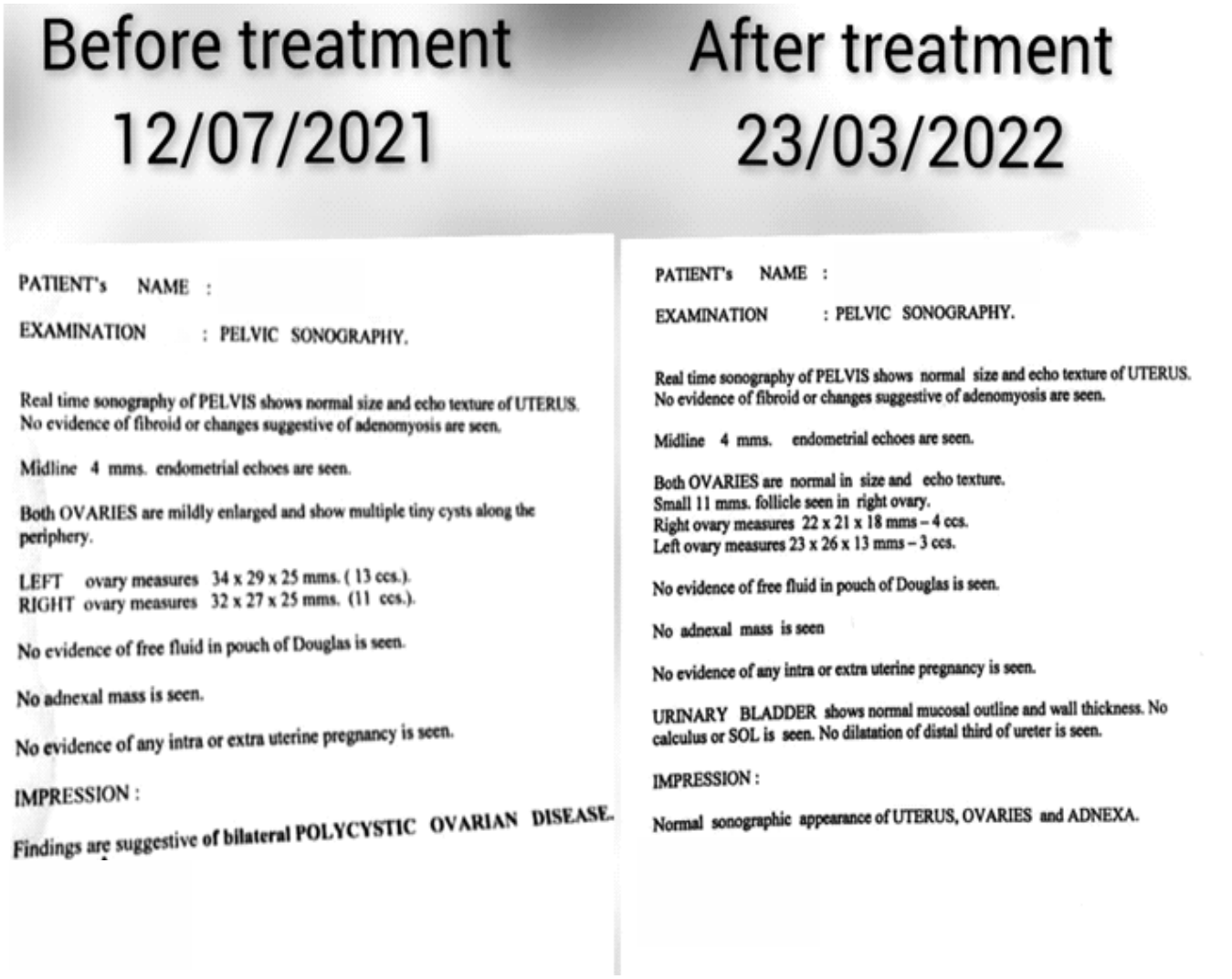

Figure 2 : Laboratory Investigation Reports

DISCUSSION

PCOS, however, seems to be related to an imbalance in a girl's hormones; is the most common hormonal reproductive problem in women of childbearing age.

The most important step is to diagnose the condition in time and provide proper treatment for PCOS so that it will help to reduce a girl's or young woman's chances ofhaving serious side effects later on.

CONCLUSION

Homoeopathy can take care of chronic hormonal syndrome in an individual, where allopathic hormone-related treatment or surgery is otherwise advised.

Non-recurrence of complaint in the subsequent follow-ups suggests that PCOS can be treated successfully through individualized homoeopathic.

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Toxicological symptomatology and its corroboration with proving record of Materia Medica Purausing Nux vomica as reference drug

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ABSTRACT
When we study same drugs in toxicology and materia medica, a question arises that in both cases same drug is administered in the body but in different doses and conditions so is there any relationship between the two types of symptoms. For this analysis we took Strychnos nux vomica which is commonly known as *Nux vomica* and poison nut as a reference drug which is a wonderful homoeopathic medicine having polycrest action on the human body. When taken in large doses, it causes poisoning and produces various toxicological symptoms but in moderate doses, it is widely used therapeutically for curing various diseases. In this study an extensive comparison is done by referring symptoms of *Nux vomica* from highly authentic book Materia Medica Pura by Master Samuel Hahnemann and internationally acclaimed toxicological books. The study explains how the toxicological symptoms of a drug are similar to the symptoms recorded during human drug proving and the only difference is of intensity and severity due to difference of doses which further endorses the "theory of human drug proving" and the "law of similia" given by father of homoeopathy Master Samuel Hahnemann. It also summarises the pharmacological action, toxicology and human drug proving and how they are related to each other which gives an idea about how the cases of toxicity and poisoning can be used in drug proving and clinical analysis of a drug.

KEYWORDS
Toxicology, Opisthotonos, Poisoning, Strychnos nux vomica, Drug proving

INTRODUCTION
Albrecht Von Haller was the first known person who felt the need of human drug proving and Master Hahnemann was the first to practically conduct drug proving on himself and his family and friends. By human drug proving, the pathogenetic powers of a medicine are investigated systematically and orderly [1]. In toxicology, we study the pathological symptoms produced by
a drug due to poisoning which can be accidental, suicidal or homicidal [2]. In this article we intend to compare the symptoms produced due to toxicity and drug proving to verify whether toxicological symptoms are corroborating with drug proving symptoms using Nux vomica as a reference drug.
Strychnos Nux vomica commonly known as Nux vomica or poison nut, belonging to the family Loganiaceae is a highly toxic plant and also a powerful homoeopathic medicine having diverse therapeutic and clinical applications. The toxicity is primarily due to the dried seeds known as Kuchla, which are tough, horny and slightly translucent internally without any odour, and have a bitter taste [3]. The total alkaloid content is 2.6%-3%, of which 1.5%-1.25% is strychnine, and 1.7% is brucine [4].

PHARMACOLOGICAL ACTION OF NUX VOMICA
Pharmacologically, strychnine and brucine have tremendous action on spinal cord and CNS. It mainly stimulates the anterior horn of spinal cord which causes muscle spasms, convulsions and great reflex excitability[5].

TOXICOLOGY OF NUX VOMICA
The presence of toxic alkaloids, strychnine and brucine makes the plant poisonous. These alkaloids are neurotoxic and compete to bind the glycine receptors on postsynaptic membrane in the spinal cord, brain stem, and higher centre. When taken in lethal doses, they induce convulsions of the central nervous system and death occurs through

respiratory or spinal paralysis or cardiac arrest. However, in low or moderate doses general poisoning symptoms appear such as agitation, restlessness, abnormal eye movements, photophobia, stiff joints, myalgia, dark urine and painful muscle spasms [4]. The usual fatal dose is 60 to 100 mg and fatal period is one to two hours[3].

HUMAN DRUG PROVING

Master Hahnemann was the first to prove this drug on human with the assistance of Fleming, Friedrich Hahnemann and Whale[6]. According to the basic principles of Homoeopathy and law of similia, a homoeopathic remedy can cure only that similar set of symptoms of a disease
which it produces in a healthy individual when administered experimentally. As Hahnemann has mention in aphorism 108 in the book organon of medicine that "There is, therefore, no other possible way in which the peculiar effects of the medicines on the health of individuals can be accurately ascertained"[7].

DRUG PROVING AND TOXICOLOGY

In toxicology, there is an intake of large doses called lethal doses of *Nux vomica* through various ways which can be accidental or non-accidental which causes different effects on different individuals and produce a variety of symptoms[2,3]. In drug proving, there is administration of moderate doses of the drug in a monitored environment and controlled fashion and all the changes observed in the body in terms of sign and symptoms have been noted. Drug proving is similar to toxicology only in terms of the substance taken but it differs from toxicology in the way of administration, amount of dose and environment.

METHODOLOGY

The primary research method for this study is literature review and comparative study of symptoms of *Nux vomica* mentioned in various toxicological books and Materia Medica Pura by Dr Samuel Hahnemann. An extensive comparison method was developed based on the published data and books to categorise symptoms produced during poisoning and symptoms and changes caused by same drug when administered in a monitored and controlled way and the following comparison is obtained. For comparison we only considered pathological symptoms produced either by toxicity or by drug proving so "No mental symptoms" given under *Nux vomica* in Materia Medica Pura are considered.

Due to lack of resources for drug proving and its rigorous process and also difficulty to find healthy individual and related ethical issues for proving symptoms we took inference from very old, ideal and authentic book "Materia Medica Pura" written by father of homoeopathy himself Dr Samuel Hahnemann. This book contains all proving symptoms recorded in a very accurate way without any change and in language of prover only along with the timeline of doses administered and appearance of symptoms in an extensive manner. For toxicology, we considered following internationally renowned books The Essentials of Forensic medicine and toxicology[2], Modi's Medical jurisprudence and Toxicology[3], Textbook of medical jurisprudence, forensic medicine, and toxicology[5]. These books are considered because of the accuracy and authenticity so that we can rely on and do our study accordingly.

Similarities : All pathological symptoms were compared and the following evidence regarding similarities with proving record of Materia medica Pura were found (Refer table 1).

S. No.	Toxicological Symptoms	Proving Symptoms
1	*Nux vomica* contains strychnine which stimulates all parts of CNS and particularly the anterior horn of spinal cord causing greatly increased reflex excitability [2].	*Nux vomica* acts upon brain, the organs of sense, the spinal nerve, the nerve of motion and sensation in both extremities, nerve going to genital organs, the pneumogastric nerve, the nerve which regulates the blood circulation, organs which are regulated by splanchnic nerve, the nerve themselves, the portal system, the liver spleen etc [6].

S. No.	Toxicological Symptoms	Proving Symptoms
2	Stiffness of muscles - muscles become so stiff and rigid that body is arched into opisthotonos, epmrosthotonos and pleurosthotonus position [2].	Spasmodic stiffness and inflexibility of limbs, spasms and convulsions of single muscles affecting various limbs in successions and depending on irritation of spine -tonic spasm as of electric shock, spasmodic jerking and stretching of whole body, opisthotonos, epmrosthotonos and pleurosthotonus position occasioned by noise contact strong light etc, the consciousness remains undisturbed. Stiffness of the limbs, with starting. Tension and stiffness uncovered [6].
3	Convulsions first clonic and then tonic. Stiffness of the neck and face and twitching of muscles follows. Strychnine produces excitation of all portions of the nervous system by increasing on going neuronal activity through blocking of post synaptic inhibitory influences, hence causes convulsions affecting all the muscles at a time. These are first clonic then become tonic as intervals become shorter and the paroxysms longer [2].	Spinal irritation, aching, tensive and burning pains, with painfulness of the vertebrae to the touch, paralytic sensation in the limbs, alternating with clonic spasms. Neuralgic affection of the spinal marrow and the sentient and motor nerves coming from the affected parts. Spasms of the dorsal muscles after a cold. Jerking in the facial muscles. Tingling in various parts of cheeks. Lockjaw with perfect consciousness. Sensation in the muscles of mastication and Jaws, as if lockjaw were coming on, or as if the jaws became closed, although their motion was quite easy. Darting pain in the teeth, with the jerking in the ear. Aching spasmodic pain from faces d own to the pit of the stomach, early in the morning. Spasms in the abdomen. Contractive clawing pain in stomach. Twitching of abdominal muscles under the skin. Spasmodic contraction of fingers. Cramp in the fingers. Jerking in the muscles of thigh. Frequent jerking and twitching in the flesh of the thigh. Tensive pain in the calves. Creeping in the calves. Cramp like contraction of the right foot. Sensation in the muscle of limbs as if something were moving to and fro in those parts, the pain is rather spasmodic than intense. Cramp like contraction of toes. Weakness, fits: Trembling of the limbs and palpitation of the heart. Tremulous sensation through the whole body, early in the morning [6].

4	Choking sensation in throat [5].	Aching stitching sore throat as if a plug were lost in the throat more felt between then during the act of deglutition [6].
5	Mouth covered with froth frequently stained with blood [5].	Frequent accumulation of saliva in mouth. Copious water flows out of mouth when stooping without nausea. Frequent discharge of water saliva from the mouth. Sanguinolent saliva. Expectoration of blackish almost coagulated blood [6].
6	Eyeballs- staring, prominent with dilated pupils [5].	Contraction of pupil (the first hour) dilatation of pupil with very slow breathing, photophobia, glistening, staring eyes. Dilatation of pupil during slow breathing [6].
7	Sense of suffocation which may end in asphyxia [5].	Tightness of chest, he is unable to get anything loose by cough. Sensation as if upper part of larynx were oppressed and narrowed by mucous which he has to hawk by spontaneous breathing. Oppression of breathing occasion a hawking. Shortness of breath, she is unable to inspire a sufficient quantity of air even when lying down, with quick pulse. Asthmatic constrictive sensation transversely through chest when walking or going upstairs. tightness of chest t when going upstairs as if his clothes were too tight, disappearing after sitting down. when clothes press tightly against the parts below the ribs, he is unable to breath when walking, the breathing becomes freer when the clothes are somewhat loosened, but if he takes off his clothes entirely the breathing becomes again oppressed. oppression of chest. anxiety in the chest. dilatation of pupil during slow breathing. clawing sensation in the chest a night when in bed, it feels contracted [6].
8	Reflex excitability oppressive sensation, concussion [2].	Excessive sensitiveness to open air. Liability to catarrhal sufferings from the least draft of air, such as shivering, chilliness, toothache, colic, etc. Erethism of the whole cerebrospinal and the ganglionic system-excessive sensitiveness of sight, hearing, smell, taste; all external impression of any kind, even contact, causing an of the whole nervous system, convulsions [6].

Table1- Similarities of pathological symptoms with proving record of Materia medica Pura.

Dissimilarities : Symptoms differed only in terms of intensity and severity due to intake of very moderate or low doses of drug during proving and large doses during toxicology. Toxicological symptoms appear more rapidly with high intensity and severity.

CONCLUSION

When we study the same drug in toxicology and Materia medica, a question appears in mind that in both cases same drug is being administered in the body but in different doses and conditions so is there any relationship between these symptoms. After carefully studying and comparing the symptoms of drug proving and toxicology, it was observed that prover symptoms which were produced by giving low doses in healthy individuals are almost similar to those present in toxicology literature. Only difference is that toxicological symptoms are of high intensity and severity and appear more rapidly due to intake of large doses. This gives conclusion that toxicological symptoms are corroborating with proving symptoms of *Nux vomica* given in Materia Medica Pura which is endorsing the theory of Drug Proving that is *"There is, therefore, no other possible way in which the peculiar effects of the medicines on the health of individuals can be accurately ascertained" and law of similia that is "Similia Similibus Curentur" which states that "homoeopathic medicines cure that similar set of symptoms which it produces in an healthy individual in crude form"* given by Master Hahnemann in the book Organon of Medicine and it also authenticates what we read in Materia Medica. It also implies that by studying the cases of toxicology we can get an idea about clinical use of that drug and also shows importance of toxicology in proving of the drugs. Further drug proving trials must be appreciated so that some new or same symptoms can be elucidated, and such comparisons can be done in more extensive manner. Such comparative studies should be encouraged for other homoeopathic drugs also to further authenticate the corroboration of drug proving and toxicology.

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Nil

CONFLICT OF INTEREST

There is no conflict of interest to declare.

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An Overview on Guttate Psoriasis with Its Constitutional Homoeopathic Treatment : A Case Report

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ABSTRACT
Psoriasis is an autoimmune disorder which appearsas a result of T-lymphocyte mediated immunological response. Psoriasis can have physical, emotional, social and psychological impacts on patient's life. There are multiple forms such as plaque, flexural,guttate, and pustular or erythrodermic. Guttate Psoriasis is a type of psoriasis which shows on skin as red, scaly, small, tear-drop spots. It is an autoimmune disorder which affects face, ears and scalp. There are three stages of guttate psoriasis, mild , moderate and severe based on the severity of lesions that covers the body and how much the interfere with daily life and activities.

KEYWORDS
Psoriasis, Guttate, Homoeopathy, Constitutional.

ABBREVIATIONS
Guttate Psoriasis (GD)

INTRODUCTION
Guttate psoriasis is mostly seen in children and young adults. GDshows for less than 30% of all cases of psoriasis.1GD is a distinct variant of psoriasis which is triggered mostly by streptococcal throat infection. Lesions occur with an appearance like small droplets and less frequently as psoriatic squamous papules generally manifesting after streptococcal infections.[2,3] GD is associated with HLA-Cw6 gene. As the infection regresses lesions also disappear. Lesions mostly appear on trunk, proximal part of extremities, face and scalp.Earlier there are shower of tiny red papules which appear over large area of skin surface one to two weeks after an episode of acute tonsillitis. Before the typical scale has had a chance to develop GD can be mistaken for a drug eruption especially in those people who had been given an antibiotic for the associated streptococcal infection. The only sign of diagnosis which is clinically approved is the characteristic psoriatic scaling which develops on surface of papules. [4]Psoriasis has a prevalence of ranging from 0.2% to 4.8%. The reported percentage of children suffering from GD ranges from 6.4% to 44%. Although GD usually is a self-limiting disorder, resolving within the onset of 3-4 months. The pathophysiology of psoriasis shows infiltration of the skin by activated T cells which stimulate the proliferation of keratinocytes. This dysregulation in keratinocyte turnover results in the formation of thick plaques. The histopathology of psoriasis shows psoriasiform reaction pattern which is defined as epidermal hyperplasia along with elongation of the rete ridges. There is hyperplasia of the epidermis, elongation of the dermal papillae, dilated superficial blood vessels, hypergranulosis, and parakeratosis.[5,6]
GD is known to have better prognosis than other types of psoriasis. It shows rapid involution and longer remission, but the clinical course of GD has rarely been studied.[7]In modern medicine there is no firm evidence that both antibiotics and tonsillectomy can manage the recurrent GD in the patient.[8]
However, this case study enlightens our knowledge regarding managing a case of GD through constitutional homoeopathic treatment through proper case taking according to the homoeopathic principles.

CASE STUDY
A 31 years old married male having wheatish complexion belonging from middle socio-economic status reported in OPD dated 5th January 2022 with complaint of red patcheswith itching all over the body especially on trunk and proximal part of extremities. Itching use to get worse after

scratching and increases gradually after slightest touch. Firstly, lesion appeared on trunk in form of reddish/blackish spots with itching. The lesions later spread from trunk to all over the body. The scaling of skin was also present.

Clinical Findings - Guttate Psoriasis on trunk and all over the body since 8-9 days. Scaling of skin along with itching and burning was present.

CLINICAL OBSERVATION

- Height - 5'8
- Weight - 66.7kg
- Pulse - 72/min
- Blood Pressure - 130/80mmHg
- Past /History - Nothing particular found
- Family/History - Nothing particular found

PHYSICAL GENERALS

Patient desired spicy things. His appetite and thirst was decreased and thermal reaction was hot. His sleep was sound and refreshing .The patient was having unsatisfactory stool, feels as if constipated and appeared as hard, knotty, dry as if burnt and difficult to come out. His perspiration was offensive.

MENTAL GENERALS

The patient was highly irritable on least trifles and easily angered especially when something is not done according to him. The patient was extrovert as he clearly stated all his symptoms without any hesitation.

ANALYSIS OF SYMPTOMS

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
• The patient was highly irritable on least trifles • Easily angered especiallywhen something is not done according to him. • Extrovert as he clearly stated all his symptoms without any hesitation.	• Appetite and thirst reduced • Desire: spicy things • Thermal reaction: towards hot • Stool: unsatisfactory stool, feels as if constipated and appeared as hard, knotty, dry as if burnt and difficult to come out. • Perspiration offensive	• Red patches with itching all over the body especially on trunk and proximal part of extremities • Itching use to get worse after scratching and increases gradually after slightest touch • The scaling of skin.

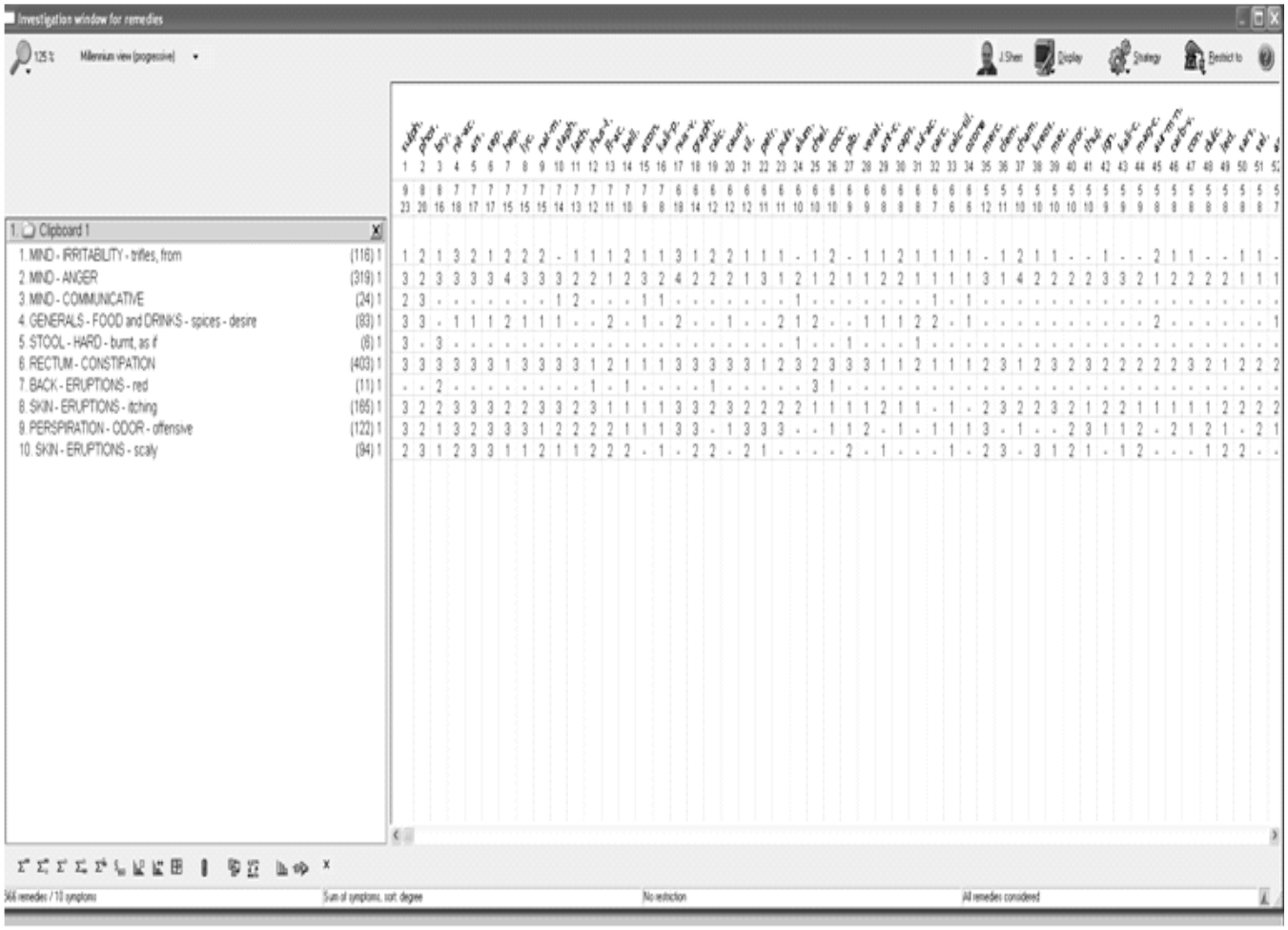
EVALUATION OF SYMPTOMS

- The patient was highly irritable +++
- Easily angered especiallywhen something is not done according to him.++
- Extrovert as he clearly stated all his symptoms without any hesitation++
- Desire: spicy things++
- Stool: unsatisfactory stool, feels as if constipated and appeared as hard, knotty, dry as if burnt and difficult to come out.++
- Perspiration offensive ++
- Red patches with itching all over the body especially on trunk and proximal part of extremities+++
- Itching use to get worse after scratching and increases gradually after slightest touch++
- Scaling of skin.++

TOTALITY OF SYMPTOMS

- The patient was highly irritable
- Easily angered especiallywhen something is not done according to him.
- Extrovert as he clearly stated all his symptoms without any hesitation
- Desire: spicy things
- Stool: unsatisfactory stool, feels as if constipated and appeared as hard, knotty, dry as if burnt and difficult to come out.
- Perspiration offensive.
- Red patches with itching all over the body especially on trunk and proximal part of extremities
- Itching use to get worse after scratching and increases gradually after slightest touch
- Scaling of skin.

REPERTORIAL TOTALITY



PRESCRIPTION

DATE	SYMPTOM	PRESCRIPTION
05.01.2022	Red patches all over the body especially on trunk with itching and burning along with scaling.Offensive perspiration. Advice – apply coconut on the eruptions. Wear soft and cotton clothes.	SULPHUR 200 C/ 1 dose

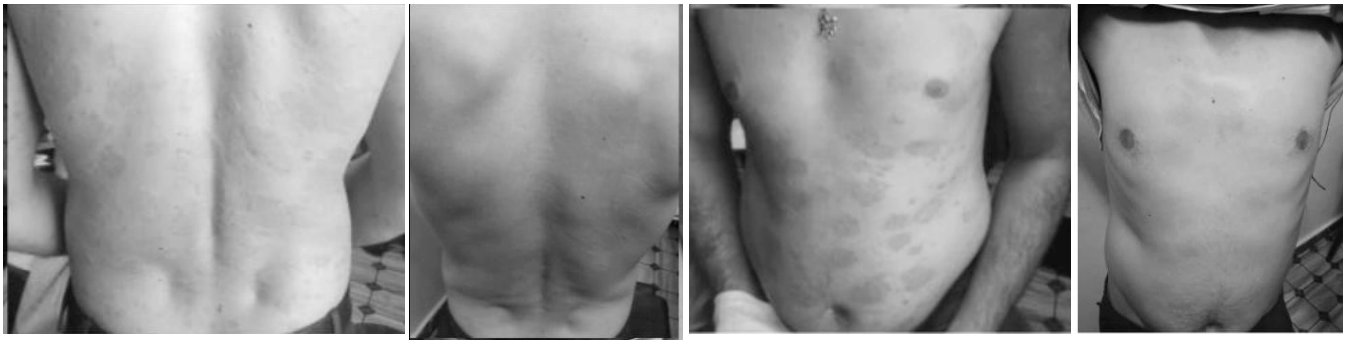
4 pills of SULPHUR 200C on 5th January 2022 was prescribed to be taken early morning empty stomach single dose after which placebo thrice in a day was given for 15 days and follow- up was taken after 15 days.

JUSTIFICATION FOR SELECTION

After proper analysis of the symptoms, totality was constructed. Repertorial analysis using Synthesis repertory (English) (0.9) RADAR 10 software was done. Phosphorus was selected on the totality of case and repertorization as it was covering maximum rubrics. 200 potency was given based on the susceptibility of patient and to avoid unwanted aggravations.

FOLLOW UP

DATE	SYMPTOM	PRESCRIPTION
20.01.2022	• Condition slightly aggravates. • Dryness and itching still present • Improvement in scaling • Stool slightly better in consistency, straining was present	Rubrum 30/TDS X15days
5.02.2022	• Red patches reduces in size from before , itching and dryness still present • Scaling not present • Stool better in consistency , stra ining sometimes present.	Rubrum 30/TDS X15days
20.02.2022	• Spots became circular in shape. • Itching increased but not relieved by scratching.	SULPHUR 200/ ONE DOSE / EMES Rubrum 30/ TDS X15 DAYS
04.03.2022	• Itching better than before, scratching not present. • Redness of the spots became less in intensity. • Scaling not present. • Stool once in a day, better in consistency • Appetite got improved	Rubrum 30/ TDS X15days
19.03.2022	• Improvement in itching, Spots reduced in size and colour intensity. • Appetite got improved.	Rubrum 30/TDS x15days
04.04.2022	• Itching and eruption became light all over the body. • Improvement in other symptoms	Rubrum 30/TDS x15 days
19.04.2022	• Improvement in symptoms • Few spots remained. • Stool better in consistency.	Rubrum 30/ TDS x15 days
03.05.2022	• Disappearance of circular spots • Slight itching present • Appetite improved • Stool satisfactory	Rubrum 30/ TDS X 15 days



Improvement In Characteristics symptoms of Guttate Psoriasis before and after treatment

CONCLUSION

Homoeopathic is an artistic system of medicine which treats the patient as a whole not just the disease. In this case patient improved symptomatically slowly after giving single dose of Sulphur 200. This case shows effective role of homoeopathy in treating guttate psoriasis. Patient showed improvement in the lesions which proved correct selection of similimummedicine after proper casetaking and repertorization.

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Foundation of Puranmal Phoola Devi Memorial Trust

1982
Swasthya Kalyan Hospital

1984
First PPP mode X-ray machine of Rajasthan at Amar Jain Hospital

1988
First private ambulance services of Rajasthan

1995
First Non Government private blood bank of Rajasthan

1996
Appreciation Certificate by Collector, Jaipur on 26th January 1996 for maintaining public peace & harmony

1997

1998
- First nuclear imaging services (Gamma Camera) of Rajasthan
- Awarded by Mayor of Jaipur for outstanding contribution in medical services in Jaipur city

2000
- First private nursing school of Rajasthan
- First component separator & platelets separation facility in Rajasthan

ISBTI Award for Best Blood Bank

2001
Awarded Cash Reward of Rs. 50,000 for blood donation awareness by His Excellency The Governor of Rajasthan on Republic Day Celebrations

2002
- **Swasthya Kalyan Homeopathic Medical College**
- SP Mandelia Award by Karnataka Health Minister for blood donation awareness

2005
- Constituting the first independent ethics committee of Rajasthan
- Started first AICTE approved paramedical course in Rajasthan
- Inauguration of Swasthya Kalyan Sitapura Campus
- Started publishing monthly Medic News Times

2013
- Rajasthan Innovation Centre
- Sevayatan Swasthya Kalyan Blood Bank
- Started publishing Rajasthan Swasthya Kalyan Health Times Hindi Edition

2015
- **MD (Homoeo) Materia Medica, Repertory, Pediatrics**

2016
MOU signed with Govt. of Rajasthan at Resurgent Rajasthan summit for Skill & Medical Education Complex

2017
- Started RAJASTHAN HOSPITAL a 350 bedded multispecialty hospital project

2019
- MOU signed with CCRH, New Delhi
- **MD (Homoeo) Practice of Medicine, Psychiatry, Pharmacy, Organon of Medicine**

2021
- MOU with NIA (National Institute of Ayurveda)
- MOU signed with Lincoln University College, Malaysia

2022
- **PhD (Hom) MM, Repertory**
- NABH accreditation to RHL

2023
MOU Signed with CCRH,New Delhi

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