

# CRYSTAL

A Peer Reviewed Journal of Complementary Medicine

(Quarterly)



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A Peer Reviewed Journal of Complementary Medicine

( Quarterly )

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## *From the desk of Editor*

Friends!

It's my immense pleasure to hand over you another dynamic issue of Crystal Journal. Your overwhelming response and feed back is encouraging us to work more hard for making this journal more readable & scientific.

Highlighting feature of this issue is Dr. Ramjee Singh, President of Central Council of Homoeopathy, Govt. of India, New Delhi has written about new dimensions & new scientific findings in his article "Role of Homoeopathic Medicine in oral sub mucus Fibrosis". As we know that oral sub mucus Fibrosis is often neglected by surgeons & patients as well... OSMF is pre cancerous state & ignorance towards it proves fatal but correct Homoeopathic management prevents further growth & prevents oral cancer.

Studying Homoeopathy and medicine through Repertory is a powerful concept. We could see numerous symptoms enlisted under different clinical conditions, also in our materia medica hundreds of thousands of symptoms have been noted. So it's quite difficult to collaborate knowledge of modern medicine and Homoeopathic materia medica. It's Dr. Rajkumar Patil who tried to bridge the gap between Modern science & Holistic science in his article "study of respiratory symptoms through Kent's Repertory".

Homoeopathy fraternity should be thankful to Dr. Constantine Hering for introducing Ophidia group to Homoeopathy. Snake poison proves fatal to human being; but after its potentisation gives rational cure to suffering humanity, Dr. Girish Dhadphale, in his article "Study of the efficacy of Homoeopathic Medicines from ophidia group in management of Hemorrhagic disorders presents other aspects of the ophidia group.

Homoeopathy often blamed by modern science for its limitations especially in emergency cases such as in cases of burn. Dr. D.B. Sharma's clinical trial of Homoeopathic ointment in the treatment of Burns helps us to stand firmly against any established science with its evidence base work.

Today's ambitions & competitive life make human being more stressful and many a time it is costing in development of psychosomatic illness such as migraine Dr. Mahadeo Aage put forth usefulness of Robin Murphy's Repertory in the treatment of Migraine.

Bronchial Asthma becoming major issue in today's medical practice. Industrialization, deforestation, pollution causes harm to ecology. People at extreme of ages are more prone to develop bronchial asthma Dr. Shrikant Kashikar conducted clinical trial by using ayurvedic medicine bhallatka parpati in management of bronchial asthma. This article gives us effectiveness of bhallatka parpati in cases of bronchial asthma.

A new dimension of Ayurvedic medication in oligozoospermia with spermatogenetic effects of kshirvidari by Dr. Uttamrao Mahajan is earmarked by his clinical study.

A study of the effect of planned teaching to elderly and their family on nutritional intake of the elderly is a promising article given by Mrs. Minal Rane from the department of Nursing science a paramedic & equally important branch of health care system.

Few clinical case studies on hepatomegaly in children, suppression, acne vulgaris, PTSD in children and a case of Psoriasis are worth reading here.

Award of Padmashree to two stalverts of Homoeopathy is great news to be acknowledged. Dr Jugal kishore was given the award posthumously and Dr Mukesh Batra received the same in person for the outstanding contribution to Homoeopathic System.

We are trying to make a balance between the articles and research papers to be published from different departments of AYUSH system of medicine.

We appeal to the authors to kindly follow & adhere the guidelines regarding how to write the articles and research papers in a peer reviewed journals.

Let me end on the note that proper application of the sciences is an ultimate goal of the education. Let us all try for it....!

**Dr. Eswara Das**



# Role Of Homeopathic Medicine In Oral Submucous Fibrosis



**Dr. Ramjee Singh**<sup>\*1</sup>, Dr. S. S. Kulkarni<sup>2</sup>,  
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## ABSTRACT:

Oral sub mucosal fibrosis is today's prevalent disease which spreading rapidly & affecting most of the adult population of the society. Sub mucosal fibrosis is an insidious process of tropical disease, in the sub mucosal layers of the oral cavity and sometimes in the pharynx. The study was carried out to assess the efficacy of Homoeopathic medicines in the oral sub mucous fibrosis. For the 30 cases were selected on the basis of symptoms found to be more common due to use of Gutakha, Chewing Tobacco, Betel Nut, Pan Masala, and Spicy food.

**Results:** If oral sub mucous fibrosis treated with Homoeopathic medicines in primary stage (stomatitis, vesicles, muscosal ulcers, burning pains) it may prevent the development of case into further complications.

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## KEYWORDS:

Oral sub mucus fibrosis, Homoeopathic medicines, Gutkha, Tobacco, Pan Masala, Stomatitis.

---

**INTRODUCTION:** "It is progressive collagen diseases in which fibrous band formed beneath the oral mucosa and it is characterized by an abnormal accumulation of collagen fibers in oral sub mucosal".

Sub mucosal fibrosis is an insidious process of tropical disease, in the sub mucosal layers of the oral cavity and sometimes in the pharynx.

There are various physical agents which affect the mucous membrane of oral cavity. Apart from the causative agents, intensity and gravity of developing pathology, the sensitivity and vitality of the individual, also plays an important role in bringing about this disorder.

This disease is unknown etiology, but affects primarily the fauces & soft palate. Pt is usually young adult. The disease begins with formation of repeated vesicular eruptions. Characteristically there is an inability to eat pungent tasting food. As the fibrosis advances, the pillars take on a characteristic white appearance & opening of the mouth can be severely limited.

## Causes:

This disease is of unknown etiology but there are many predisposing factors which are helping in this formation of oral sub mucosal fibrosis. Causative predisposing factors are:

**1. Addiction:** Chewing Tobacco, zarda, chewing

betel nuts, chewing pan masala, smoking "bidis" or cigarette".

**2. Food habits:** Eating highly spicy food, pungent food, high chilies, chinese food.

**3. Nutritional deficiencies:** Deficiency of Vit-A, Vit-B complex, Iron deficiency.

**4. Infectious agents:** Candidia- only an association, HSVI.

**5. Carcinogens:** A Tobacco carcinogen, polycyclic aromatic hydrocarbons, N-nitrosomonicotine, Nicotine-Nitrosation occurs by salivary enzymes.

## Clinical Features:

1. Onset starts with burning sensation in oral mucosa; pt is unable to eat pungent tasting food, but no subjective loss of taste, but repeated formation of vesicular eruptions.

2. As the fibrosis advances; the pallor takes on a characteristic white appearance.

3. Gradually there is formation of symmetrical fibrous in sub mucosa of cheek, lips floor of mouth etc. with gradual loss of elasticity.

4. Then develops trismus: "It denotes inability to open the mouth due to acute or temporary fixation of temporo-mandibular joint following spasm of muscles of mastication". It develops because, "there is formation of fibrous bands beneath the oral mucosa and progressively these bands contracts so ultimately opening of mouth is

severely limited along with the movement of the tongue. And difficulty in swallowing or blowing actions.

5. Repeated blisters and ulceration of oral mucosa.

6. Intense mucous paleness with typical "Grained marble" aspect accompanied by intense tongue depapillation.

7. If more progressive then lead to deafness.

#### **Homoeopathic Therapeutics:**

**ARSENICUM ALBUM:** Arsenic produces destructive inflammation in every part of the body, where mucous membrane is found, but through the solar plexus. It especially centers upon the gastro - intestinal mucous membrane, affecting particularly the mouth, producing congestion, destructive inflammation, tending to malignant ulcers, the affected inflamed parts are in general universally red, & becomes soft & pulpy, also having small spots of extraverted blood on the inner surface of the mucous membrane or immediately beneath it & thick tenacious exudation famed constituting a false membrane. (In mouth gangrenous apthous which burn like fire malignant ulceration of the mouth with irregular jagged edges).

**NUX VOMICA:** Tongue is clean in first half and coated posteriorly. Sometimes it is red and shining, but posteriorly coated with deep fur. Small apthous ulcer in the mouth and throat with putrid smell, bloody saliva runs at night, spits coagulated blood, Fetid, putrid and cadaverous smell from mouth principally after a meal, when fasting, in morning. Great dryness of mouth and tongue, especially after midnight. Ulcers of fetid smell, painful blisters in mouth, tongue, palate. Inflammatory swelling of palate, throat and gums with difficult deglutition. Nocturnal salivation, bloody saliva. Tongue dry, cracked at edges, brownish and blackish. Great heaviness of tongue with difficulty of speech, and sensation when speaking as if tongue had becomes thicker. Frequent sour or bitter eructation.

**LYCOPodium:** Dryness of mouth without thirst, with tension of the part, the tongue heavy and speech indistinct. Great dryness of mouth and tongue, especially after midnight. Ulcers of fetid smell, painful blisters in mouth, tongue, palate. Inflammatory swelling of palate, throat and gums with difficult deglutition. Nocturnal salivation, bloody saliva. Tongue dry, cracked at edges, brownish and blackish. Great heaviness of tongue with difficulty of speech, and sensation when speaking as if tongue had becomes thicker. Frequent sour or bitter

eructation.

**MERC SOL:** Permanent damage of the structures often occurs, such as garies with all its accompanying symptoms. Necrosis of the jaw has often been produced by mercury. Mercurial nodes, it is said, precede the ulcers & the destruction of tissue proceeds from without inward. They most frequently are seated in the spongy bones putrid smell from the mouth. Bluish coloured excoriation, inflammatory swelling inside the mouth. Burning pains vesicles, blisters, aphthae, ulcers in the mouth. Stomacea, sensation of dryness in mouth and palate. Accumulation of tenacious mucous in mouth. Profuse discharge of excessively fetid saliva, which is bloody sometimes. Tongue moist coated with white or thick or brown or blackish mucous. Hardness, inflammatory swelling and ulceration of tongue with shooting pains. Longitudinal furrow on tongue, pricking pain in the tip of tongue.

**SULPHUR:** Dryness heat and burning sensation in mouth; in morning with moist tongue. Great dryness of palate with much thirst, obliged to drink much. Accumulation of saliva in the mouth, mixed with blood even after eating. Fetid smell from mouth especially in morning or evening or afternoon meal. Vesicles, blisters and aphthae in mouth, on tongue with pain of excoriation when eating. Exfoliation of membranes of mouth. Swelling, burning pain and inflammation of tongue for 3 days. Tongue is dry rough and cracked of colour of white coated covered with brownish thick viscid mucous. Stuttering when speaking. Accumulation of salty mucous in the mouth with bitter taste.

#### **MATERIALS AND METHODS:**

Homoeopathy is based on the individualization of the patients as well as of the drugs. The individuality of a human being is manifested through his personality, attitude & these in turn best expressed through mentality, likes & dislikes. Thus man can be studied through mental as well as physical general symptoms. The best way of understanding a diseased individual is through proper case taking, when the physician is acquainted with the tools i.e. remedies, he can match the symptoms of the diseased individual with those of indicated remedies & finally select one which is most similar in appropriate potency & wait for desired result.

Here 30 numbers of patients in the age group 15-45 were selected.

**Inclusion criteria-**

In age group of 15-45 yrs.

Both sexes.

Showing symptoms of oral sub mucous fibrosis.

Showing evidence of symptoms due to use of tobacco, gutkha, betel nut, pan masala, spicy chilly food.

**Exclusion criteria-**

Below age of 15 yrs. & above 45 yrs.

Who have developed complications of oral submucous fibrosis such as Ca tongue.

Who are having other major systemic disease like Cancer, Tuberculosis, Diabetic, Asthma, HIV & AIDS.

Complaints developed due to smoking only.

**OBSERVATION AND ANALYSIS:**

The study was done on 30 patients suffered with complains of oral sub mucus fibrosis. The data analyzed after the period of 10 months is as follows:

**Age incident-** 30 cases were taken out of which 18 patients i.e.60.00% were from the age group 26-35 yrs. While 10 patients accounting 33.33% were from the age group 36-50 yrs & 2 patients belongs to 15-25 yrs accounting 6.67% of the whole sample size.

Age in Yrs.	Number of patients	%
15 to 25	02	6.67
26 to 35	18	60.00
36 to 50	10	33.33
<b>TOTAL</b>	<b>30</b>	<b>100.00</b>

For reducing the frequency of attacks, shortening the duration of the episodes & for sustained relief; medicines selected on the basis of constitution are found to be more effective.

It is also seen that in certain cases, that in spite of the maintaining cause like continuation of same habit, though in lesser amount for some time, the properly selected. Homoeopathic medicines have brought about an improvement; in general well being of the patient & thus immunity has improved against the disease. But due to continuation of habit, burning pains in mouth remains or sometimes increases.

If oral sub mucous fibrosis treated with

Homoeopathic medicines in primary stage (stomatitis, vesicles, mucosal ulcers, burning pains) it may prevent the development of case into further complications.

During treatment, for repeated ulceration & burning sensation in oral cavity, remedy 'Ars. Alb' is required to use most of the time for relief. Also for pains in retromolar region 'Rhus Tox' 'Hep Sulph' 'Causticum' 'Sulphur' given good results.

The intercurrent remedies like Thuja, Sulph, Rhus Tox, Cortison helps to improve the case.

**Sex incident-** In the whole sample size total 20 patients were male accounting 66.67% while 10 cases were Females accounting 33.33%.

Sex	Number of patients	%
Male	18	60.00
Female	10	33.33
<b>TOTAL</b>	<b>30</b>	<b>100.00</b>

Among the 30 subjects 'Ars Alb.' relieved burning sensation in mouth in 36.67 %, Sulphur in 26.67 % subjects; Thuja - 23.33%, Caustium - 13.33%, Rhus Tox- 26.67% improved trismus in subjects.

The lower nutritional status & anemia, causes an obstacle for improvement of subjects.

**Results-**

**Improved:** Symptoms recurring or any one of the major presenting complaints persisting for less than 2 months before the end of study. Total no. of patients improved were 25 i.e. 83.33%.

**Not improved:** Symptoms of presenting complaints never totally relived and symptoms still persistent. 5 patients were not shown any improvement accounting 16.66%.

**DISCUSSION:**

The study was pointed out the potential of Homoeopathic Medicines in the topic selected since the sample size was rather small & the study time was only spread over ten months, it is not possible to make a convincing statement regarding the total effectiveness of homoeopathy. Further study with more number of samples & a longer duration of study is required to establish this fact more convincingly.

**CONCLUSION:**

Oral submucous fibrosis is today's most

prevalent disease. Chewing of tobacco, gutakha, betel nut etc. predominantly affects the mucous lining of oral cavity. The predominant first reaction seen is allergic inflammation of oral mucosa i.e. aphthous. Because of the sustained effect of the pollutants, a state of chronic disease develops with the pollutants acting as a maintaining cause. In the treatment, medicines selected on totality of symptoms are found effective for presenting phase.

#### **CONFLICT OF INTEREST:**

We declare that the research involved in the above manuscript has been carried out at an educational institute as a part of dissertation work. We did not receive any funds that could influence our work. We also state here that the institute where we are working have not paid us any honoraria, consultancy fees and the findings of this study have not been submitted as a part or as a whole to the patenting authorities of any country.

#### **ACKNOWLEDGEMENT**

We express our deepest gratitude towards Shri. Jaidatta Kshirsagar, Minister of Public Works Department (Undertaking), Maharashtra State & Secretary, Adarsh Shikshan Sanstha, Beed & Dr. Arun Bhasme, our Ph. D. Guide for Research & Principal of Sonajirao Kshirsagar Homoeopathic Medical college, Beed for their immense support & encouragement in this research work.

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 Fibrin producing factors in OSF - Indian journal of

### **Founder of Homoeopathy Dr. Samuel Hahnemann's 257<sup>th</sup> Birth Anniversary Celebrated in Sonajirao Kshirsagar Homoeopathic Medical College, Beed (M.S.)**

#### **Beed (Correspondent):**

257<sup>th</sup> Birth anniversary of Dr. Samuel Hahnemann, Founder of Homoeopathy, celebrated at Sonajirao Kshirsagar Homoeopathic Medical College, Beed (M.S.) under the guidance of Principal Dr. Arun Bhasme on 10<sup>th</sup> April 2012.

On this auspicious occasion Dr. B. N. Golekar, Vice-principal Paid tribute and garland to the portrait of Dr. Hahnemann. Dr. Mahendra Gaushal, P.G. Coordinator welcomed the gathering & gave enthusiastic speech & encouraged student for studying Homoeopathy more seriously.

In the presidential address Dr B.N. Golekar, Vice Principal, guided & focused on the various aspects of struggling life of Master Hahnemann & his substantial contribution to the field of Medicine by discovery of Homoeopathic science. Emeritus Professors Dr. Mrs. Meena Bhasme, P.G. In-charge, Dr. B. B. Mote, Dr. Mahendra Gaushal, Dr. Ajay Kulkarni, Dr. D. A. Joshi, Dr. H. M. Dungarwal, Dr. Rajiv Unhale, Prof. R. S. Hange, all teaching staff, P.G. Students, Interns & UG Students were present for this grand celebration. Dr. Ajay Kulkarni, PG Co-coordinator proposed Vote of thanks.



# Study of Respiratory Symptoms through Kent's Repertory



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## Abstract

Respiratory complaints are more common in general practice, out of 10 patients at least 4 of them were suffering from respiratory symptoms. Thus there is real need for study respiratory symptoms through Kent's repertory.

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**Key words :** Respiratory system, Kent's repertory

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## Introduction

The simple respiratory symptoms, often complicates to sinusitis trachitis, bronchitis pneumonia pleurisy Chronic bronchitis Asthma COPD and to words the irreversible pathology, if not attended properly in the initial stage. Respiratory diseases are one of the commonest problems found in day to day practice. Therefore took take a detailed study and interest in this subjects and found it so bearer deep traumatic, psychological allergic suppressed disorder (skin & emotion) at genetic child hood younger, widowers and menopausal age level.

Repertory is essential an index may be advantageously used as such for discovering particular symptoms, as well as grouping remedies; it is well related to Materia medica & Organon. Kent's repertory has proved its efficacy in selecting the similinum. This repertory is useful in acute as well as chronic disease. The searching process of rubrics is easy.

It is found even the so-called third grade remedies have shown wonderful result when carefully selected after proper analysis and evaluation of symptoms. This endeavor, aimed at showing the proper remedies for respiratory symptoms.

Hahnemanns warned two hundred years ago, - Methods of driving symptoms deeper in the false belief that a cure has been established in aph. 201, he writes when the human life force is burdened with a chronic disease that it cannot overwhelm with its own powers, it obviously decides to form a local malady on a given external part.... not indispensable to life..... to alloy the internal malady that threatens to annihilate vital organ and rob the patient's life.....

The local malady always remains nothing more than a part of the total disease shifted on to a more harmless location of the body in order to allay the internal suffering.

If the local symptoms is topically annihilated (by a physician who is of the opinion that he has there by cured the whole disease) nature makes up for this by awakening the internal suffering and rest of the symptoms that already existed and heightening the disease.

The stronger the suppressive treatments the more the internal symptoms will be aroused. This should be a lesson to the practitioner and patient alike not to mix allopathic and Homoeopathic prescriptions mistakenly believing that this will provide "The best of both worlds".

Unfortunately suppression in our era is far worse than in Hahnemann's time, when lack of hygienic and sanitation. The major factor causing disease today suppression is the major cause because it is so. Widespread and allopathic method have become so effective much stronger methods are now used such as Radiation, chemotherapy and powerful broad spectrum, antibiotics.

The result is to make the Homoeopathic job more difficult. Most patients comes to us with lifelong suppression, beginning with antibiotics in infancy the symptom picture is muddled by the lack of symptoms due to suppression and the patient has to maintain faith in the homoeopath while enduring the return of the suppressed symptoms, following Hering's law.

Homoeopathy believes in psychosomatic causes of disease suppression of emotion is responsible for all



sorts of ailments like Psychotic, psychoneurotic and psychosomatic problem to today by identifying the emotional side of totality and the nature of suppression. The Homoeopathic physician can select a Similimum remedy.

### **Rubric taken from Kent's repertory; -**

Chapter: respiratory:

Accelerated  
Arrested  
Asthmatic  
Deep  
Difficult  
Gasping  
Hot breath  
Impendent  
Imperceptible  
Intermittent  
Irregular  
Loud  
Moaning  
Painful  
Paroxysmal  
Rattling  
Sighing  
Slow  
Snoring  
Sobbing  
Stertorous  
Stridulous  
Vehement  
Wheezing  
Whistling

### **METHOD & MATERIAL:**

#### **Source of Data**

The sources of data were the cases that have been taken for study from our college hospitals.

#### **Method of collection of data-**

Clinical history

All the patients were subjected based do the inclusion criteria

Clinical presentation

Clinical examination

All cases were recorded and processed on the standardized case record

Total of 30 cases were selected from the OPD, the samples were divided randomly into high and low potency groups.

The follow-up criterion is to study the manner and rate of response of symptoms in both the groups.

In most of the cases potency were increased from low to high to find out the speed of improvement and duration of period of relief.

#### **Inclusion criteria-**

All patients with respiratory complaints were included fir the study.

Patient of either sexes have been taken.

The duration of study for each case has been kept for 6 12 months unless the patient shows dramatic response before the scheduled time.

In this study we have considered potencies up to 30c as lower potency and potencies 200 c and above as higher potencies.

#### **Exclusion criteria-**

All patients with old age above 80 years were excluded for the study.

Patients having developed pathology were excluded.

Patients with major metabolic disorder were excluded.

Patients below 10 years of age were excluded.

### **OBSERVATION & RESULTS:**

**Observation:** 30 patients with respiratory complaints from age group 10 to 80, belonging to both sexes were under observation for the period of 12 months, related to the study topic.

**Result :** Result were analyzed after keen observations, repertorisation (where necessary) discussions with experts & according to statistical methods. And we came to the conclusion that:

Males (41-50 yrs) were more sufferer than females.

Married couples were more sufferer than unmarried.

In case of occupation Housewife and students were more prone to infection.

Arsenic album and phosphorus was bound to be more effective in case of respiratory distress.

### **DISCUSSION:**

The case material taken for study in this work has been drawn after extensive practice based on integrated methodology. They represent a wide spectrum of homoeopathic medical practice this spectrum covers the acute diseases caused by acute miasm and the acute exacerbation encountered in the course of management

of chronic diseases, the chronic diseases caused by chronic miasms.

In the investigation of these cases the scope of enquiry has been enlarged to such an extent that almost all the data collected could be utilized for imparting objectivity to the totality. The data processing constitution of totality and the management of the cases have been achieved by integrated methodology keeping in view the scope of repertory in the respiratory system.

Since the patient was studied as an individual and the disease he suffered from was perceived as an evolutionary totality, so that the natural and artificial diseases portraits could be compared for their similarity for the successful application of the law of similar.

#### **SUMMARY AND CONCLUSION:**

Following are findings of the study, -

1. The prevalence of constitutional effectiveness of respiratory complaints are more in males 17 [56.6%] than in females 13 [43.4%]
2. Prevalence of effectiveness of respiratory complaints is found more frequently in the age group of 41-50 years and by occupation it is more in the housewives and students
3. High potency i.e. 200 seems to be effective in majority of 27 cases than 30 potency, which was found useful in 3 cases.

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### **Posthumous Padmashree Award to Late Dr Jugal Kishore & Padmashree Award to Dr Mukesh Batra announced.**

New Delhi (Correspondent):

Late Dr Jugal Kishore, Ex-President of Central Council of Homoeopathy, New Delhi is posthumously awarded the prestigious Padmashree award while Dr Mukesh Batra, a famous & dedicated Homoeopath from Mumbai is also awarded the Padmashree for his outstanding contribution to Homoeopathic system of medicine.

Every year prestigious Padma awards like Padmashree, Padmabhushan and Padmavibhushan are declared by Government of India on the auspicious occasion of the republic day of India.

This year two Padmashree awards are declared to Homoeopaths viz to Dr Jugal kishore, posthumously, who passed away on 23<sup>rd</sup> July 2011 at the age of 96 and to Dr Mukesh Batra for his stupendous work for Homoeopathy.

“The award of Padmashree to Dr Jugal Kishore and Dr Mukesh Batra is a great honor for Homoeopathy....! It is a moment of great happiness for all Homoeopathic fraternity” said Dr Arun Bhasme, Vice President, Central Council of Homoeopathy, New Delhi. Further he added that it was Dr K G Saxena, a senior mentor of Homoeopathy from New Delhi who received first Padmashree award among Homoeopaths after the Independence, then another legend of Homoeopathy Dr Kalyan Banerjee from the National Capital carved his name on the award of Padmashree last year.

# Study Of The Efficacy Of Hom. medicines From Ophidia Group In Management Of Haemorrhagic Disorders



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## INTRODUCTION -

Despite the fact that the snake claims more victims than an epidemic of Cholera, no devout Indian would ever commit the sacrilege of raising a hand against it as one of the thirty- three gods in the Indian pantheon. An object of reverence, the people place offerings of milk outside his hole. Its entry in the house is considered a divine blessing. All religions abound in myths and legends around this most ancient creature. The healing staff of Aesculapius shows the serpent wound around its length. This low winding, sleek and shiny creature, with no limbs to support, crawls along the earth in the dark corners of forests. Everything in this earthbound creeper centres on swallowing. The snake neither eats nor bites, it envelopes its victim and swallows it whole. Man lives at an uneven level of sensitivity and passion. A specific time comes when he feels intensely, expresses fully and produces Mighty results. One such man was Hering who transformed the deadly snake venom of surukuku snake into a healing bowl of ambrosia. Had Hering done nothing else, the world would yet owe him an overlasting gratitude. Snakes have always fascinated mankind and have posed an enigma to researchers.

## AIM AND OBJECTIVES -

### Aim:

To study the utility of Ophidia group remedies in hemorrhagic disorders.

### Objectives:

- To study Ophidia group remedies.
- To study the clinical utility of Ophidia group medicines in hemorrhagic disorders

## METHODOLOGY (MATERIAL AND METHODS) -

### Type of study:

Pilot project; Clinical; Non-comparative Study. The first part was theoretical study & second part was experimental/clinical study & it included thirty cases.

### Case Definition:

The case of hemorrhagic disorder means complaints of bleeding, which are non traumatic, from all age groups on the basis of constitutional factors, general tendencies or family history.

### Study Design:

Case proforma was formed by taking in to account all the necessary details of the individual case and required follow-ups. The study was conducted for the period of 15 months.

### Sampling Procedure:

All the 30 cases fulfilling the norms were taken

for the study.

### Selection of the Remedy:

The remedy selection was based on detailed case taking & was strictly individualistic.

### Dose and Strength of the Remedies:

Potency selection was according to rules of Posology as per 6<sup>th</sup> edition of Organon of Medicine

### Preparation and Administration of Remedies:

The medicines were bought from standard pharmacies, manufactured in accordance with standard homoeopathic pharmacopoeia.

### Inclusion Criterias:

The cases which fulfilled the standards as per case definition were included.

### Exclusion Criteria:

The cases in which hemorrhage was due to trauma & Surgery were excluded

### Criterias of Assessment:

The patients under treatment were observed carefully and progress was recorded each time. Patients were assessed on the basis of their complaints at general & particular level.

### Criteria of Follow Up:

The patients were followed up for 15 months and as and when any acute complaints appeared.

**Investigations:**

Haemogram, serology Widal test, was done & as per need of case necessary investigations were done.

**Sources of drugs -**

The poison taken from the snakes. Chemically, the snake poisons are cyanhydrates of soda and other salts. Alcohol is a natural solvent and an antidote for these poisons.

**Medicinal value of snake poisons -**

1. Cobra poison used to relieve pain due to neural leprosy.
2. In Ayurvedic medicine snake venom is used as antidote in the form of certain Rasas against Tuberculis.
3. Viper venom used as hemostat. Used in hemophilia, during major surgery, to stop hemorrhages.
4. Poison of Rattlesnake is used as medicine for epilepsy, nerve exhaustion.
5. Certain snake venoms are used as a local agent to treat rheumatism, inflammation of joints.

**Important Homoeopathic Remedies of the Snake Group -**

1. Lachesis trigonocephalus - surukuku snake
2. Naja tripudians - cobra venom
3. Elaps corallinus - coral snake
4. Crotalus horridus rattlesnake
5. Crotalus cascavella - brazilian snake
6. Cenchris contortrix - copperhead snake
7. Bothrops lanciaolatus - yellow viper
8. Vipera berus - german viper
9. Vipera torva (german viper)
10. Vipera communis (common viper)
11. Vipera jedi
12. Hydrophis cyanocintus - sea snake
13. Toxicophis - Moccasin snake
14. Clotho arictans
15. Ophiotoxinum

**Characteristics of Ophidia Group -**

**Constitution:** Haemorrhagic constitution, skin shows purple or mottled appearance. They are very much restless people. Face is sickly, pale, anxious, bloated, dark, red or bluish.

**Miasm:** Syphilitic & Tubercular background

**Temperament:** Melancholic

**Diathesis:** Hemorrhagic

**Thermal relation:** All ophidians are hot patients (except Elaps & Naja which are chilly)

**Ailments from:** Fright, jealousy, alcoholism, Onanism, loss of vital fluids, suppressed menses, physical trauma. Bad effects of poisons, long lasting grief, disappointed love, vexation, summer and spring.

**Sphere of action:** Nerves esp. pneumogastric and spinal accessory, cellular tissues, skin, circulation, CVS, brain,

liver, glands, throat, muscles, etc

**Patho-physiological Action -**

**1. Neurotoxic venom** Muscular weakness & paralysis. It acts primarily on the motor nerves.

**2. Vasculotoxic venom** Enzymatic destruction of cell walls and coagulation disorders.

**3. Myotoxic venom** Generalized muscle pains followed by myoglobinuria.

**4. Haemolytic venom** Break down of the RBC's separating plasma and haemoglobin

**Characteristic Mental Symptoms -**

Anxiety, mental excitement and fear. Hallucinations are regularly seen. Loquacity, compelled to talk continuously, jump from one topic to the other without any connection. Suspicious, fear of being poisoned, refuse the medicines offered, suspicious because of survival instincts. Fear, of disease and death. Religious Insanity, religious melancholy and clairvoyance. Delirium, muttering like when drunk. Fastidious, hurried tendency Irritable & Quarrelsome Competitiveness & attractiveness Double standards, ophidians are known to have two sets of rules one for themselves and the other for others because of egotism and jealousy. Hallucinations, delusions, insanity, delirium. Greedy, jealous, quarrelsome, malicious, always playing dirty tricks. Active, Ophidians have an active memory and a very striking nature.

**Characteristic Physical Symptoms -**

Haemorrhagic diathesis, dark red and oozes profusely from every orifice of the body. Dark spots appear on the body and blood settles into ecchymoses. Thus a mottled, purple appearance. All ophidians are left sided (except Crotalus & Elaps) Pains go from left to right (except Crotalus & Elaps) Gangrene, Decomposition of blood with death of tissue. Ulcers bleed black blood, which soon coagulates and looks like charred straw. Congestive pains are felt in the head. Gums bleed easily and blood is seen around the teeth. Hematuria is very often seen. Septicemia, Patient exhibits symptoms like that of septicemia. Hypersensitiveness, especially of slight noise or touch, to motion to cover. The mere touch of a finger or hand is unbearable, cannot wear tight clothes and tight bandages around neck and waist. Debility and prostration leads to collapse Inflammation of cellular tissue, effusion of inner organs and septicemia Paralysis, There is torpidity, numbness, twitching and fornications. Constrictiveness, the ophidians have constrictiveness or



choking sensation due to the irritation of pneumogastric. Dryness of the skin, inability to sweat. Discharges, The discharges of ophidians are very offensive, profuse, bloody and dark. Suppression of these discharges gives rise to the complaints. Periodicity of complaints seen during spring, before and after menses. Craving - alcoholic drinks, cold drinks and oysters

### General Modalities

**Aggravation:** Morning, asleep, noise, jar, suppression of discharges, summer, touch, night. **Amelioration:** When awake, cold, appearance of discharges.

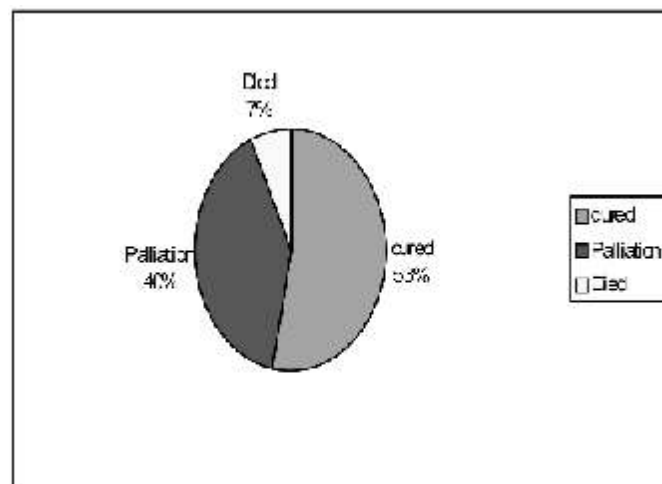
### Clinical Conditions -

Angina, Asthma, Alcoholism, Boils, Carbuncles, Cardiac Asthma, Ciliary Neuralgia, Cough, Diphtheria, Endocarditis, Gangrene, Haemorrhage, Haemorrhoids, Heart Hypertrophy And Valvular Affections, Jaundice, Laryngitis, Lockjaw, paralysis, Puerperal Fever, Phlegmasia Alba Dolens, Polyneuritis, Purpura, Quinsy, Skin Affections, Ulcers, Varicose Veins, Vertigo

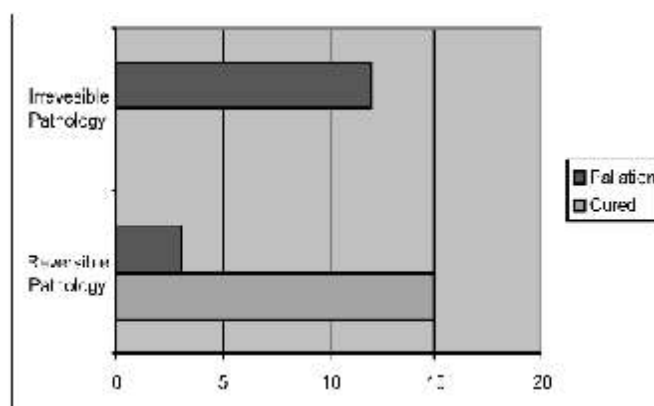
### OBSERVATION AND ANALYSIS -

We have dealt with various cases of Haemorrhage from various organs in different diagnostics pathologies. The cases were acute, chronic and some acute complaints on chronic pathologies. The amount of Haemorrhage/bleeding differs from case to case. Even the pathologies were of different types, some with reversible and some with irreversible pathologies. All cases were treated according to their totality and constitutional remedy. All cases are belonging to Ophidia group medicines. The diagnosis of cases include varicose veins bleeding, ulceration bleeding, unhealthy wound bleeding, epistaxis, haematemesis, haemoptysis, bloody sweating, genitals, menstrual bleeding DUB, haematological disorders etc. In acute complaints of haemorrhage the remedy is introduced and repeated frequently. In this cases haemorrhage stops after one to two days after starting the treatment. These remedies not only checked the bleeding but also cured the cases. As in case of septicemia after the brain surgery, acoustic neuroma the patient had fever for continuous one month. It never came below 100 F but after starting Croto. h on second day only it came to only 99 F. Along with fever toxicity, bleeding from rectum, concealed bleeding in finger tip also checked. In chronic cases the amount of bleeding was not too much but it was consistent. In case of bleeding piles which was chronic but consistent Lachesis administered as constitutional remedy in single dose. It started working within week. The bleeding was not that much frequent after it, even the quantity of blood was also reduced. Along with these complaints associated complaints are also reduced. In cases where complaints are intermittent or even acute on chronic the bleeding was consistent. But after introducing the remedy the bleeding was reduced, like in case of haematuria in chronic cystitis

elaps was given. And after it haematuria reduced. Total 30 cases were taken and follow up taken for 15 months.



The cases were with mixed reversible and irreversible pathologies in all the cases which are having reversible pathologies level of cure is high up to 100%. These cases are both acute and chronic in nature or having both types of bleeding either frank or concealed bleeding. Acute manifestation of chronic disorder was also treated immediately on the basis of acute totality. In cases of irreversible pathologies the medicine was administered according to totality and posology. The bleeding stopped after medicinal action but as the main cause of the bleeding is pathology developed in organ which is irreversible, the bleeding was relapsed. As in case of haemoptysis due to lung CA after medicine haemoptysis stopped. He gave follow up for 6 months, bleeding was reduced and minimal but he died because of metastasis in brain. Similarly in cases of congenital disorder there is no cure only the severity and frequency of bleeding was reduced. In case of Christmas disease need for blood transfusion was reduced. Earlier he was given B.T. every one month but after receiving the treatment in 6 months, only 2 times BT given. He died due to haemolysis and multiorgan failure.



In all the cases major drug used is Lachesis

In acute cases Chrotalus. It is used more times than other drugs.



Medicine	Cases
Lachesis	15
Crotalus h	9
Naja	2
Elaps	2
Bothrops	1
Vipera	1

## CONCLUSIONS -

Ophidia medicine, Haemorrhage and haemorrhagic disorders are studied thoroughly in 2 years. Various cases have been taken to prove the relation of various types of bleeding with snake poison medicines. The constituent of snake poison are fibrinolysins, proteolysin, Haemolysins, thromboplastin, neurotoxin, cardiotoxin etc. all these causes haemorrhage in their crude form. Vipers contain these enzymes of haemolysis very much in amount so cause bleeding profusely. The medicines which are made from these vipers & the medicines of Ophidia group which showed the major bleeding and haemorrhagic disorders are -

1. Lachesis 2. Crotalus H 3. Vipera 4. Elaps.

1) Lachesis is the main drug for bleeding in any disorder. Lachesis can be used in acute or chronic disorders, which accompany bleeding. The Lachesis can be given on the basis of generals and mentals. It has wide spectrum of action.

2) The drug Crotalus h is also used for bleeding disorders but more in acute cases. It is used where putridity, gangrene or necrosis occurred and bleeding out of it.

These two remedies are used for checking bleeding majorly.

3) Vipera and Elaps are also having hemolytic enzymes but the spectrum of action is not that much wide as Lachesis.

4) Naja also used for bleeding but specifically in respiratory pathologies. Even Bothrops is also used in cerebral bleeding.

5) The remaining Ophidia group medicines are rarely used for bleeding. Thus the Ophidia group medicines are helping in treating hemorrhagic disorders.

An effort has been made to co-relate the multi-

dimensional aspect of haemorrhage with clinico-pathological aspects. Thus an overview of very dynamic, the therapeutic agent in Homoeopathic Materia Medica in the treatment of Haemorrhagic disorders is taken into account to restudy its efficacy. As results show maximum number of cases with favorable results, thus Homoeopathic Medicines can effectively relieve haemorrhagic disorders.

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## Homage to Dr P Banerjee:

New Delhi (Correspondent):

Dr P Banerjee Member Central Council of Homoeopathy, from Faizabad U.P. passed away on 11.05.2012 due to his long standing sickness.

President Dr Ramjee Singh, Vice President Dr Arun Bhasme, Secretary Dr. Lalit Verma, Members of Executive Committee and all staff members have paid homage to Dr P Banerjee Executive Committee meeting held on 28.05.12 and prayed that the departed soul be rested in peace.

# A randomized double blind clinical trial of Homoeopathic ointment in the treatment of Burns.



Dr. D. B. Sharma<sup>\*1</sup>, Dr. J. D. Patil<sup>2</sup>, Dr Vipul Gandhi<sup>3</sup>,  
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First aid is the administration of emergency assistance to individuals who have been injured. Homeopathic medicines are fast to act in these conditions. In serious conditions, if homeopathic medicines are used in conjunction with conventional first aid procedures, the risk of long-term damage from an injury can be significantly reduced and the healing process can be noticeably enhanced. Homeopathic medicines are helpful in preventing infection, pain relief and bleeding control. They act best in burns, nerve pains, fast healing of cuts and for fracture of bones. Homeopathic needs individualization for chronic diseases, but for cuts, burns and fractures, all need a similar stimulus to heal their injury.

## CLINICAL STUDY PROTOCOL

Drugs under evaluation	:	Cantharis, Calendula, Echinacea, Urtica urens
Formulation	:	Ointment for Local application
Dosage	:	Ointment application 4 times a day
Inclusion criteria	:	Second & Third degree Burns
Duration of treatment	:	8 days
Important observations	:	healing process of burnt wound.

## Introduction:

First aid is the administration of emergency assistance to individuals who have been injured. Homeopathic medicines are fast to act in these conditions. In serious conditions, if homeopathic medicines are used in conjunction with conventional first aid procedures, the risk of long-term damage from an injury can be significantly reduced and the healing process can be noticeably enhanced.

Homeopathic medicines are helpful in preventing infection, pain relief and bleeding control. They act best in burns, nerve pains, fast healing of cuts and for fracture of bones. Homeopathic needs individualization for chronic diseases, but for cuts, burns and fractures, all need a similar stimulus to heal their injury.

## Types of Burns

### Superficial Burn (First Degree)

A first degree burn involves only the top layer of skin. The skin is red and dry and usually painful and heals in 5-6 days without any permanent scarring.

**Aconite, Cantharis, Urtica Urens, Sol**

### Partial-Thickness Burn (Second Degree)

A second degree burn involves the top layers of skin. The skin is red with blisters that may open and weep clear

fluid, giving the skin a wet appearance. The area may also appear mottled and heals in 3-4 weeks, scarring may occur.

**Arnica, Cantharis, Carbolic Acid,**

**Rhus Top Hepar Sulphuris Calcareum:**

Full-Thickness Burn (Third Degree)

A third degree burn destroys all layers of skin and any or all of the underlying structures. The burn appears charred with the tissues underneath sometimes appearing white. This type of burn can be extremely painful or relatively painless if the burn destroys the nerve endings. This burn is critical and requires immediate medical attention.

**Arnica, Arsenicum, Calendula, Carbolic Acid, Causticum, Hypericum.**

## Objective:

To see the efficacy of Homeopathic ointment in the treatment of patients afflicted with second and third degree burns.

## Patients & Methods:

### Design of study

A randomized double blind study

### Study population

Sample size 30 approximately 6 mth trial.

Patients afflicted with second and third degree

burns

### **Inclusion Criteria**

Sex : Both the sexes

Age : 18-65 yrs old

Patients afflicted with second and third degree burns.

Patients who have given their informed consent.

Patients with metabolic disorders.

Patients with trauma associated burns.

### **Exclusion Criteria**

Above 40% burns

Children below 12 years are excluded

HIV positive patients

Pregnant patients.

### **Withdrawal & dropouts**

Criteria for failure:

Development of infection in the wound

Change in body temperature

Hypotension

Neutropenia or Neutrophilia

Thrombocytopenia

Renal failure.

Conversion of partial thickness to full thickness burns.  
Sudden separation of eschar from subcutaneous tissues and degeneration of the wound with the appearance of new eschar.

Criteria for withdrawal:

On biopsies at regular intervals, the specimen should be examined for histological evidence of bacterial invasion and quantitative microbiologic cultures. The presence of  $> 10^5$  viable bacteria per gram of tissue is highly suggestive of invasive infection and increases risk of sepsis.

Histopathological evidence of invasion of viable tissue by microorganisms is a more definitive indicator of infection.

A blood culture positive for the same organism seen in large quantities in biopsied tissue.

Pneumonia

Suppurative Thrombophlebitis

Endocarditis

Intra abdominal infection

### **Study treatments**

Drugs- Patients will receive the following treatments.

Test group - will receive ointment for local application containing mother tinctures of cantharis, calendula, urtica urens and echinacea prepared in petroleum jelly

base.

Control group- will receive local application of cantharis ointment.

Dosage regimen & duration of treatment: The dosage regimen is as follows. The ointment will be applied 4 times a day on the afflicted burnt part for 8 days.

1mm thick film of the ointment should be applied on the wound, so as to cover the burnt surface.

The dosage regimen is as follows. The ointment will be applied 4 times a day on the afflicted burnt part for 8 days.

Concomitant treatment - Other medications like antibiotics analgesics anti inflammatory agents etc. to be mentioned in the case report form. Any concomitant treatment taken by the patient shall be recorded in the case report form.

Administrative matters- Approvals

Hospital authorities- The consent for conducting the trial will be obtained from the managing director of the hospital.

Ethics committee- In performing this study both the investigator and Dr. D.Y. Patil Homoeopathic Medical College & Research Centre endorse as a minimum the standards for conduct of clinical research activities as set forth in the declaration of Helsinki.

The investigator will obtain and document informed consent from each subject in this study. Informed consent should be obtained in accordance with the Drugs And Cosmetics Act, 1940.

Further it is understood that consent is a matter solely within the realm of investigator - patient relationship and not subject to the influence of sponsor.

Written notification of approval of the study must also be obtained from an ethical committee or peer reviews board prior to commencement of the study and will include date of approval and signature of chairman.

Manufacturing Unit- FDA approval of the ointment prepared by the manufacturing unit whose efficacy is going to be tested.

Initiation meeting - The monitor will meet the investigator and co-investigator at the hospital and protocol will be discussed in detail. The investigator as well as the monitor for smooth functioning of the trial will point out the possible practical difficulties during conduction of trial. The monitor will also discuss the conduction of trial from enrollment of patients, dispensing the drugs, data entry in the case report form, follow up with the patients and completion of trial.

## **Trial Supplies**

Study materials-The investigator will be supplied with following material for initiation and conduction of trial.

Protocol

Case report form

Checklist of inclusion and exclusion forms

Test drug

Informed consent form

Patient information sheet.

## **Study Drugs-**

The study medication will be provided by the sponsor.

Case report forms and stationary items-Case report form and all stationary will be provided by the sponsor. Laboratory forms and containers for blood and urine collection, biopsy taking instruments and reports of the same will be provided by the hospitals laboratory.

Study drugs and supplies accountability- Drug dispensing: Ointment will be dispensed at the hospital.

Drug accounting :

The investigator will be responsible for accounting of clinical supplies according to local practice.

Under no circumstances will the investigators supply investigational drug to other investigators or hospitals or allow the investigational drug to be used other than as directed by this protocol without prior authorization by Dr. D.Y. Patil Homoeopathic Medical College & Research Centre Pimpri.

At the end of study or during the monitors visit all undispensed ointments will be checked and any discrepancies must be resolved. When a satisfactory resolution has occurred the unused ointment will be returned to Dr. D.Y. Patil Homoeopathic Medical College & Research Centre Pimpri.

## **Study records**

Patients enrollment log: Patient enrollment log will be maintained in the master file to maintain the confidentiality of patient. One master file shall be with the investigator and other with the sponsor.

Informed consent form:The written informed consent of the patient should be obtained on the prescribed forms duly signed by patient the investigator and a witness and should be kept with the patients record details.

Source documents: All hospital records, laboratory reports and clinical examination sheet of the patients enrolled into the study will be maintained in the master

file.

Case report from the monitor will enter the data from the source documents on to the case report form.

Receipts and disposal of trail supplies: Logs of the entire trial supplies to be maintained by the investigator in the master file.

Trial file- All critical documents related to the trial from initial proposal to final closeout shall be maintained in the master file.

## **Monitoring**

Frequency and Agenda- The Dr. D.Y. Patil Homoeopathic Medical College & Research Centre Pimpri monitoring cell will monitor all aspects of the study. The investigator agrees to allow the monitoring cell to have access to case record form drug supplies and drug inventory. Monitoring frequency will be once in 8 days.

Close out meeting / site closure:

After the study is completed a close out meeting will be arranged and the accountability of following trial supplies shall be done.

Unutilized study medication

Returned study medication

Case report form

Source documents.

Trial Supplies accounting- All study medication supplied for the trial shall be accounted.

Record preservation and archiving: The investigator will retain a copy of all case report forms in accordance with the local regulation.

The investigator is recommended to contact Dr. D.Y. Patil Homoeopathic Medical College & Research Centre Pimpri before disposing any study records.

## **Report writing and publication.**

Authorship-Investigator, co-investigator and research workers who contribute significantly to the study will be eligible for authorship of the study.

Publication-The sponsors are free to publish the trial research anywhere. The investigators are also free to publish their results but it is expected that any publication will as a matter of courtesy be submitted to Dr. D.Y. Patil Homoeopathic Medical College & Research Centre Pimpri for review and comment, sufficiently early to allow consideration of such consent by the investigator prior to publication.

Investigators consent / Agreement-I have read the protocol and I agree to conduct the study as described in it and in compliance with good clinical practice the

declaration of Helsinki ad rules and regulations of this country in force at present.

### URTICA URENS

**Full Name** : Urtica Urens  
**Kingdom** : Plant Kingdom  
**Family** : Urticaceae  
**Method of Preparation of O** : Urtica Urens in course powder-100g

Purified water - 500 ml

Strong alcohol - 537 ml.

**Class** : IV

A remedy for agalactica and lithiasis profuse discharge from M.M. (Mucous Membrane).

It is used for 1<sup>st</sup> degree Burns and Scald.

**Action** : Agent produces burning stinging pains and inflammation with fornication of skin which are followed by vesicular eruption containing bloody serum.

**Indication** : Used in 1<sup>st</sup> degree burns.

**Drug relationship** : Antidote to Apis

### CALENDULA

**Full Name** : Calendula Officinalis  
**Family** : Compositae  
**Part Used** : Fresh flowering tops and leaves.  
Moisture content of fresh flowering top and leaves is 600 ml./solids.

**Kingdom** : Plant Kingdom

**Class** : Class I (old method)

**Method of Preparation of O**: The pulp of the part used is taken. To this pulp add equal amount by wt of strong alcohol and keep this in a cork stoppard bottle and this bottle in kept in dark, cool dry place for 8 days. After 8 days the solution is decanted and then filtered through a new linen cloth into another bottle and labeled.

**Action**: A most remarkable healing agent applied locally useful for open wound and unhealing wounds. Promotes healthy granulation and rapid healing by first intention had remarkable power to produce local endatia and helps to make acrid discharge healthy and free. It relievers pain and soreness and favours Phagocytosis and healing.

**Indications**: 1) It is used for burns and wounds where it prevents suppuration and promotes healthy granulation of tissue.

2) Abrasion, cut, Kite wound lacerated wound, Burns, Carbuncles and other wound.

**Drug relation** : Antidote : Chelidonium, Rheum.

Complimentary : Hepar. Sulp.

Compatible : Arn, Arsalb, Bry, Nit. acid, Phos.

### ECHINACEA

**Full Name** : Echinacea Angustifolia

**Source** : Plant Kingdom

**Family** : Compositae

**Part Used** : Whole plant

**Preparation of Mother Tincture** :

According to class IV

**Clinical Action**: This agent produces warmth and tingling of the parts over which it passes. The flow of saliva is augmented and secretion from glands in general are stimulated and digestion is improved, defective metabolism is corrected and nutrition is improved metabolism is corrected ad nutrition is improved under its influence. Large doses produce a drowsiness with mental dullness and severe headache. There is general lassitude with aching, alternate chills and flashes of heat over the body. Skin takes on an unhealthy condition.

**Indication**: -Burns- Blood poisonings

- Septic conditions
- Bites of poisonous animals
- Lymphangitis
- Erysipelas
- Gangrene
- Snake bites
- Venomous Infection.

**Drug Relationship** : Compare - Ars, Lach, Rhus, Tox, Hepar, Arnica, Calendula, Bellis, Anthracinum.

### CANTHARIS

**Full Name** : Cantharides Vesicatoria

**Source** : Animal Kingdom

**Family** : Cantharidae

**Part Used** : The whole dried animal.

**Active Principle**: Cantharidine

**Preparation of Mother Tincture**: According to Class IV

**Pharmacologic Action**: The immediate pharmacological action of cantharidin is irritability of the capillaries rendering the passage of nutritive fluids through them less difficult. This is most marked in the capillaries of kidneys. The increase of Blood sugar coincident with the glomerular nephritis appears to be a valuable observation.

**Clinical Action** : This power drug produces a furious disturbance in the animal economy, attacking the urinary and sexual organs exp. perverting their function and setting up violent inflammation and causing frenzied



delirium simulating hydrophobia s/o puerperal convulsions. Produces most violent inflammation of whole GI Tract esp. lower bowel. Over sensitiveness of all parts Irritation, Raw, burning Pains. Haemorrhages. Intolerable, Constant Urging to urinate is most char. Gastric, hepatic and abd. c/o < by drinking coffee. Increases secretion of mucous memb. Tenacious mucus.

**Indication:-** Burns

- Convulsions
- Gangrene
- Nephritis
- Nephrolithiasis
- Pyelitis
- Gonorrhoea
- Kidney troubles
- Neuralgia
- Skin affection.

**Drug Relationship** :Antidote- A c o n i t e , Camphora, Pulsatilla

Compare- Apis, Staph, Ars, Merc C, Bell. Cann. Sativa.

## CONCLUSION

Out of 30 patients enrolled in the study 60% of the patients with 2<sup>nd</sup> and 3<sup>rd</sup> degree Burns came with flam injury (i.e. clothing caught on fire) and 40% of the patients were of scald injury (i.e. exposure to hot fluid or steam). 80% patients were adults and 20% children.

Both the creams (i.e. Test Cream and Standard Cream of cantharis) were applied 4 times with 1mm thickness.

Homoeopathic test cream containing urtica urens, cantharis, calendula and echinacea provide statistically better than standard cream in following aspects:

- a) Complications of infection/conversion were more in the parts where standard cream was applied.
- b) Fever and change in appearance of the wound was more pronounced in standard cream application.
- c) Test cream was extremely easy to apply and it minimized the pain for the patient during application as compared to the standard cream.

## ACKNOWLEDGEMENT

We would like to express our deep gratitude to Dr P. D. Patil, Chancellor, Dr D.Y. Patil Vidyapeeth, Pimpri, Pune for providing us the infrastructure and conducive environment to take up this research.

We would like to express our very great

appreciation to Dr Arun Bhasme, Vice President Central Council of Homoeopathy, for his valuable and constructive suggestions during the planning and development of this research work. His willingness to give his time so generously has been very much appreciated.

## Release of Crystal, a Peer Reviewed Journal by Medical Education Minister Hon. Dr. Vijaykumar Gavit

Nanded (Correspondant):

An issue of a peer reviewed journal CRYSTAL (Jan - Mar 2012) which was dedicated to the Indian Medicine & Homoeopathy was released by the auspicious hands of Minister for Medical Education Dr Vijaykumar Gavit, Maharashtra state, on the occasion of Inauguration of AROGYAMELA 2012 held at Nanded, Maharashtra on 12.05.2012

The programme was presided over by Minister of State, Medical Education Shri D.P. Savant and Member of Parliament Shri Bhaskarrao Patil Khatgaonkar, MLA Shri Omprakash Pokarna, MLA Shri Vasantrao Chavan, Director of DMER Dr Shingare & Dr. Kuldeepraj Kohli, Director, Directorate of Ayurved and Pro-Vice Chancellor of M.U.H.S. Nashik Dr Rajderkar were present among the guests of honour.

Quarterly journal CRYSTAL is a brainchild of Principal Dr Arun Bhasme while Homoeopathic consultant to Government of India Dr Eswar Das is Editor in Chief and Dr Mahendra Gaushal, Co-ordinator of Department of Postgraduate Education Sonajirao Kshirsagar Homoeopathic Medical College, Beed, is working as an executive Editor of the journal.

“The Journal is aimed to publish research papers from various departments of AYUSH system i.e. Ayurved, Yoga, Unani, Siddha, Homoeopathy & others system of medicines. There is a scarcity of such journals for complementary medicine and seeing this journal has come into existence” said Dr Arun Bhasme.

‘AROGYAMELA 2012’ a national event sponsored by Department of AYUSH, Government of India was successfully organized at Nanded. Considering a long time need of a peer reviewed journal we grab the opportunity to release the issue of crystal journal by the hands of the ministers added Dr Arun Bhasme.

Dr Arun Bhasme, Dr Narwadkar, Dr Mahendra Gaushal, Dr Hansraj Vaidya, Dr S.N. Patil, Dean Ayurved College Nanded Dr Khati were present at the time of release. This programme was compared by Dr Jatved Pawar.

# To Assess the Utility of Robin Murphy's Repertory in the Treatment of Migraine



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## ABSTRACT:

Headache is such a common complaint and can occur for so many different reasons that its proper evaluation may be difficult. Headache is one of the most frequent neurological symptoms but it is seldom associated with significant neurological diseases unless accompanied by other symptoms or neurological signs. Thus there is a real need for study on Migraine and the remedy which helps in treating the Migraine with the help of Murphy's Repertory

## KEYWORDS:

Migraine, Murphy's Repertory, Homoeopathic therapeutics.

## INTRODUCTION:

Migraine: - A paroxysmal disorder characterized by unilateral throbbing headaches and vomiting, often preceded by visual, sensor or speech disturbances and less frequently by giddiness or motor symptoms.

It has been estimated that the life not prevalence of migraine is about in female 20% and male 6% over 90% of migraine first attack at the age of 40 yrs old Headache is such entity that no one in this world can really escape from its hydra headed effect one or the other day one has to suffer with this malady.

Headache posses certainly the commonest probably the most ambiguous and sometimes the most difficult clinical problem in medicine the term headache should encompass all aches and pains located in head but in common language its application is restricted to unpleasant sensation in the region of cranial vault and it represents one of the most frequent human discomforts, so it an attempt to treat these discomfort individuals having the same malady with varied intensities sensations and locations.

## COMMON HEADACHE AND FACIAL PAIN SYNDROMES:

Migraine

Cluster headache

Tension headache

Raised intracranial pressure

Benign paroxysmal headache

Trigeminal neuralgia

Post herpetic neuralgia

## CLASSIFICATION BY AETIOLOGY AND PHYSIOLOGY

- a. Bilious Headache
- b. Gastric or Dyspeptic Headache
- c. Reproductive System Headache
- d. Nervous Headache
- e. Congestive Headache
- f. Constipation Headache
- g. Anaemic Headache
- h. Sinus Headache
- i. Nerve Reflex Headache
- j. Eyestrain Headache
- k. Uremic Headache

## About Robin Murphy's Homoeopathic Medical Repertory:

An urgent and constant need was strongly felt by professionals for a repertory which could meet the place of development of modern pathology and internal medicine. This need was fairly and squarely met by the emergence of Homoeopathic medical Repertory authored by Robin Murphy.

Robin Murphy has a great interest in medical alchemy, the Egyptian medicine. He found Hahnemann's work has a great similarity with Paracelsus work as well as Egyptian medicine. He has tired to correlate the three philosophical principles of Paracelsus sulphur, mercury and salt with psora, syphilis and sycosis, the miasmatic theory of Hehnemann. Not only has that he also believes that the doctrine of vital force is taken from Archeus principles of Egyptian medicine. He states that "The root

of Homoeopathy was alchemy and that came from Egypt.”

### **Adaptability**

This repertory can be used for all types of cases.

- 1] Where generals are prominent
- 2] Where clinical symptoms/diagnosis is available.
- 3] Pathological generals/ constitutions are available.
- 4] Where complete symptoms are available.

Methods of repertorization

- 1] Generals to particulars
- 2] Complete symptoms.
- 3] Pathological generals, causation and concomitant.
- 4] Clinical rubrics and modalities

### **HOMOEOPATHIC THERAPEUTICS:**

For the selection of remedy in every case patient has to study individually in detail there are no disease specific medicine in homeopathy.

Following are the few medicines which are commonly indicated in migraine.-

**Argentum nitricum-** Anxious or remorseful weeping, intense concern for health, avoidance of difficult situations or anxiety arousing or deals, and anticipatory hurriedness are the usual manifestations in thought and behavior, overall the patient appears sympathetic and open to communication.

**Belladonna [Atropa belladonna]-** Intense migraine headaches derive from the over sensitivity and are made worse by any movement, especially of the eyes, any jar noise, current of air, bright light or sunshine intensify the pains, they also worsen on washing the hair and on lying down and increase in the afternoon > applying pressure and cold applications, from the neck and occiput to the forehead and are likely to manifest in the right temple and above the right eye.

**Aurum Metallicum** Aurum Metallicum is the remedy of choice in depressed, burdened individuals who can have a serious, profound air and tend to show integrity in face of their responsibilities.

**Nux -Vomica** Nux-vomica is suited to ambitious, easily offended patients who tend to crave stimulants and are adversely affected by them. They are also sensitive to all external impressions such as light and sunshine, noise, and odors

**Natrum Muraticum-**Migraine headaches may be caused especially by grief or from exposure to the sun pains more commonly occur in the time and after the menstrual period, are worse between the sun-intensive

hours of 10.00 am to 3.00 pm and are aggravated by noise.

**Lachesis Muta** Migraine headaches typically manifest in waves of pain, there are pressive pains at the root of the nose and pressure and burning on the vertex or the right side of the head.

**Ignatia Amara** Ignatia Amara is indicated in sensitive patients after experiences of grief and disappointment when the patient submerges the burdensome feelings, is solitary and taciturn. Headache may come on from troublesome emotions.

**Gelsemium [Gels]-**Gelsemium is another remedy which has a headache commencing with blindness, and especially is it a remedy for headaches due to eye strain.

**Silicea - [sil]-**Silicea is a very useful remedy in headache but one not very often used when a patient with a headache has her head tied up with a towel or handkerchief it will probably indicate one of two remedies.

**Phosphorus** Headache relieved by cold application and aggravated in a warm room and by warm applications. Sense of coldness in the base of brain.

### **MATERIALS AND METHODS:**

#### **1) Sample Size-**

Total 30 cases were selected from OPD and IPD of our college & hospital.

#### **2- Diagnostic Criteria:**

Symptoms expression like headache, headache with vomiting and nausea or both (common migraine)

Lab investigation as and when needed.

Ophthalmic, ENT opinion

#### **3) Inclusion criteria-**

Subjects in all age group

Both male and female subjects

The subject suffering from headache, one or both side headache, headache with vomiting and nausea (common migraine)

#### **4) Exclusion criteria-**

Neurological complicated cases

Hysterical cases

Subjects with complication of ophthalmic and/or ENT conditions

#### **5) Materials-**

-The study documents were related to different sources from

Books

Journals

Computer

Website & internet  
Patients  
Homeopathic medicines  
Murphy's Repertory.

Total 30 numbers of cases were taken up for data study for determination of effectiveness of homeopathic drug selected on the rubrics given in Murphy's Repertory.

#### **6) Methodology-**

- 1] All the cases were recorded in view of studying the person in the background of the present illness.
- 2] All the cases followed by the description of the personal history, past history, family history.
- 3] The life space or mental aspect of the patient along with the interpersonal relationship, habit's mode of living and behavior were considered according to the case.
- 4] The past history and family history had been considered in all the cases to evaluate the miasmatic block.
- 5] The miasmatic inheritance was studied in each and every case on the basis of past history, family history and present complaints.

#### **OBSERVATION AND ANALYSIS:**

There were a total number of 30 cases taken up at random for the study. Some are acute and other are acute exacerbation of chronics.

The prevalence of the migraine is more in males than in females.

Prevalence of migraine is found more in the age group 21-30 years more in housewife.

Constitutional, deep acting remedies like, Arsenic album, Aurum met, Belladonna, Calcarea carb, Lycopodium, Nux vomica, Platina, Phosphorus are more effective in the treatment of migraine.

200 potency seen to effective in majority of the cases. 1 m potency was used and found effective in follow ups of the cases where they were needed.

The statistical scale used for the assessment of the treatment also showed significant improvement after treatment. out of 30 patient more than half patients got improvement to cases were not improved by the treatment, while too cases were discontinued the treatment.

With treatment, dietary management, and avoidance of triggering factors also helps in treating the cases.

Majority of the case of Migraine showed improvement after the treatment.

#### **SUMMARY AND CONCLUSION:**

Migraine is the leading causes for the absenteeism from work. Most of these cases are seem to be having various predisposing factors, which is acting upon the case; these factors are responsible to develop the susceptibility to migraine. This study was conducted to prove the efficiency of the treatment for successful management of migraine and arrive at a profile of homoeopathic remedies frequently indicated. In such condition an attempt was made to study the various factors influencing the migraine.

A Migraine is a physical event which may also be from the start or later become an emotional or symbolic event. A migraine expresses physiological and emotional means, it is the prototype of psycho-physiological reaction. To understand, it demands a convergence of thinking which must be based, simultaneously, both in neurology and on psychiatry finally migraine cannot be conceived as exclusively human reaction, but must be as from of biological reaction specifically tailored to human means and human nervous system.

#### **CONFLICT OF INTEREST:**

We declare that the research involved in the above manuscript has been carried out at an educational institute as a part of dissertation work. We did not receive any funds that could influence our work. We also state here that the institute where we are working have not paid us any honoraria, consultancy fees and the findings of this study have not been submitted as a part or as a whole to the patenting authorities of any country.

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## **Dr. Arun Bhasme Honoured by Dr. Hahnemann Jeevan Gaurav Puraskar at Mumbai**

**Mumbai (Correspondent):** 'Demands of Homoeopathic system will be solved on top priority' announces Hon.Dr. Vijaykumar Gavit, Minister of Medical Education, Maharashtra state, on occasion of distribution of Hahnemann Jeevan Gaurav Puraskar program held at Mumbai.

Minister of Public Works Department (Undertaking) Shri. Jaidatta Kshirsagar has presided over the function and guest of honour were Dr. Arun Jamkar, Vice-Chancellor, Maharashtra University of health Sciences, Nashik, MLA Shri. Kalyan Kale, MLA Shri. Rambhau Kadam, MLA and Ex Minister Shri Prakash Mehta & Ex Minister Dr. Shobha Bachav.

In continuation of his announcement Hon. Dr. Vijaykumar Gavit added to his valued speech that perusal will be taken of the Homoeopathic demands as proposed by Shri. Jaidatta Kshirsagar, Dr. Arun Bhasme and Dr. Bahubali Shah like establishment of separate department for Homoeopathy, absorbing Homoeopathic doctors in Government jobs and giving equal opportunity in National Rural Health Mission, establishing an Homoeopathic institute on the basis of National Institute of Homoeopathy, Kolkata in Maharashtra state etc. Minister Dr. Gavit assured to take decision after having a serious thought over the Homoeopathic demands.

Maharashtra Council of Homoeopathy, Mumbai has felicitated to those who have contributed greatly to Homoeopathic education & Research by giving a Shawl & a Certificate of honour in Yashwantrao Chavan Pratishthan, Mumbai. Among recipients of the honour were Dr. Arun Bhasme, Dr. Prafulla Vijaykar, Dr. Bhausahab Zite, Dr. Rajni Indulkar, Dr. M. P. Arya, Dr. Bahubali Shah, Dr. D. K. Patil and Posthumously awards were received by Dr. V. R. Kavishwar on behalf of Late Dr. Babasaheb Kavishwar, Dr. Mrudula Bhatia on behalf of Late Dr. Anil Bhatia and Dr. Prakash Nandurkar on behalf of Late Dr. N. Z. Nandurkar.

Minister Shri. Jaidatta Kshirsagar, in his Presidential address elaborated the utility of Homoeopathy and its scope from 18<sup>th</sup> century to 21<sup>st</sup> century, also underlined the need to establish a new department for Homoeopathy and further quoted to enhance the budget for Homoeopathy on government level.

Dr. Arun Bhasme in his speech to the felicitation has thanked Maharashtra Council of Homoeopathy and explores many facts about Homoeopathic revolution of last 40 years.

On this occasion MLA Shri Kalyan Kale, MLA Shri Rambhau Kadam, Ex Minister Smt. Shobha Bacchav, Dr. Rajani Indulkar has expressed their views. The introduction of the program was given by President of Maharashtra Council of Homoeopathy, Mumbai Dr. Bahubali Shah, Dr. Priya Mahindre elaborated the Homoeopathic demands at length, Dr. Ajit Funde, member of Maharashtra Council of Homoeopathy, Mumbai has given detailed information about Dr. Hahnemann Jeevan Gaurav Puraskar and welcomed all the Chief guests. Dr. Dinesh Bacchav, member of Maharashtra Council of Homoeopathy, Mumbai gave votes of thanks on this occasion. Dr N. S Kachkure, Vice President MCH and Dr Manish Patil, Dr Rajkumar Patil, Dr Satish Zadpe, Dr G.P Titare Deputy Director of homoeopathy were present. The program was crowded by all heads of Medical Institutes, Presidents, Secretaries, Principals of the colleges along with teaching staff and doctors.



# Clinical Evaluation Of Bhallatka Parpati In The Management Of Bronchial Asthma (Tamaka Swasa)



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## ABSTRACT:

**AIMS** To study the efficacy of **Bhallatka Parpati** in Bronchial asthma( Tamaka swasa) and to develop evidence based support for the efficacy of **Bhallatka Parpati** in Bronchial asthma( Tamaka swasa)**OBJECTIVES-** **Primary Objective** is to assess the clinical efficacy of **Bhallatka Parpati** in the management of Bronchial Asthma (Tamaka shwasa) and **Secondary Objectives** is to assess the clinical safety of **Bhallatka Parpati** in the patients of Bronchial Asthma (Tamaka swasa). **STUDY DESIGN-** The study design set for the present study is “**Randomised open labeled prospective study**”. The study was done in single group. The patients were selected from our Hospital attached to our institution. Study was conducted on 30 diagnosed patients of Bronchial asthma (Tamaka swasa) using Chief Complaints & Nidana panchak. All the patients were given abhyanga (Bala taila) & nadiswedan(Dashmoola kwatha) & Sukhasarak churna-5 gm at night only for 3 days prior to study entry. Baseline assessment was done after Selection of patient as per inclusion & exclusion criteria. Primary assessment for the effect of drug was done on 14th day and then Follow up was taken every 14<sup>th</sup> day for the assessment of drug compliance, assessment of ADRs & issue of trial drug (for 12 weeks). Final assessment was done on 12<sup>th</sup> week. Later the results were analyzed with the help of Pairedt Test & Fisher exact test.

**RESULT-** Oral administration of **Bhallatka Parpati** is found to be statistically extremely significant in relieving chief complaints of Bronchial asthma (Tamaka swasa) in patients who had received karma chikitsa in the form of Urahprushtha abhyanga nadiswedan & anuloman chikitsa prior. **CONCLUSION-** No adverse effect is seen during or after the treatment. So Bhallatak Parpati is safe in the patients of Bronchial asthma and the treatment is extremely significant as it improves PEFR value.

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**KEY WORDS:-** **Bhallatka Parpati** , Bronchial Asthma(Tamaka swasa).

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## INTRODUCTION:

Ayurveda, the science of life is the supreme theory with unerring factors based on Tridosha and Panchabhautic principles.

Over the centuries, the etiology of a particular disease has been enrolling wide number of factors rendering incurable status to that disease. **Tamaka swasa** is the disease of such status which is though manageable at the early onset, still not curable at the chronic stage (after 1 year duration), as the term '**Yapya**' suggests to its prognosis.

Swasa goes with the svasa (prana) is the oldest misbelief for the disease from centuries ago. In this condition the predominant dosha kapha causes obstruction in the pranavaha strotas, thereby disturbing the movement of vata. Consequently vata is aggravated & its pratilomgati takes place, which results in

Swaskashtata. Pranavaha strotas, annavaha strotas & udakavaha strotas are also involved in Tamaka swasa, a condition, which in modern parlance is known as **Bronchial asthma**.

Swasa, a disease of antiquity, was considered for treatment ever- since it originated. In Vedic period the efforts started to keep the respiration unimpaired through Prayers and Mantras. Later, in Samhitas the treatment methods were elucidated.

In an attempt to combat disease & to ascertain the therapeutic and Rasayana effects in the asthmatic attacks a safe and scientifically approved drug “**Bhallatka Parpati** ” is considered for research.

## MATERIALS AND METHODS:

**Bhallatka Parpati** - was prepared according to the method mentioned in Kayachikitsa Vol I by Vd.Y.G.Joshi 4<sup>th</sup> edition 2009

**Definition:-**It is a solid powder preparation made with the ingredients in the Formulation composition given below.

Sr. no	Ingredients	Botanical names	Part used	Quantity
1	Bhallataka	Semicarpus Anacardium	Taila	1part
2	Yashodhup	Shorea robusta	Niryas	3parts

API Vol.I part six page 137/138

API Vol I part two page 31/32

Dose: 250 mg TDS

Anupana -Luke Warm water.

The drug was dispensed in capsules of 250 mg capacity for exact drug dispensing.

#### **Treatment Schedule:-**

**Dose** : 250mg thrice daily

**Dosage form:** Powder

**Route of Administration:** Oral

**Time of Administration:** Twice a day after food (Kala)

**Anupana** : Lukewarm Water

**Packing form:** 250 mg capsules

**Duration of therapy:** 6 weeks

**Duration of Study:** 12weeks

**Follow-up** :( With drug administration) every week.

(Post treatment) - (12week) & if required more.

#### **INCLUSION CRITERIA:**

1. Patients of either sex with age between 18 to 60 years.

2. Patient with stable Bronchial Asthma (Tamaka Swasa) (as per **WHO GINA Guideline**) for at least 6 weeks prior to study entry.

3. Positive test of reversibility:

Symptomatic patients - an improvement of 60 L/min or =20% in PEFr, 10 minutes after the inhalation of 200 mcg of Salbutamol.

Asymptomatic patients - 60 L/min or =20% fall in PEFr by provocation with 5-10 minutes of physical exercise, followed by reversal upon inhalation of 200 mcg of Salbutamol, when assessed after 10 minutes.

4. Patient willing and able to participate for 16 weeks.

#### **Exclusion Criteria**

1. Patients with PEFr < 50% and/ or FEV1 < 50%

of the predicted value.

2. Patients with evidence of malignancy.

3. Patient with poorly controlled Diabetes Mellitus (HbA1c > 10%).

4. Patients with poorly controlled Hypertension (i.e. Systolic > 160 mm of Hg and Diastolic = 100 mm of Hg)

5. Patients on prolonged (= 6 weeks) medication with corticosteroids, bronchodilators, mast cells stabilizers, antidepressants, anticholinergics, etc. or any other drugs that may have an influence on the outcome of the study.

6. Patients suffering from major systemic illness necessitating long term drug treatment (Rheumatoid arthritis, Tuberculosis, Psycho-Neuro-Endocrinal disorders, etc.)

7. Patients who have a past history of Atrial Fibrillation, Acute Coronary Syndrome, Myocardial Infarction, Stroke or Severe Arrhythmia in the last 6 months.

8. Symptomatic patients with clinical evidence of Heart failure.

9. Patients with concurrent serious hepatic disorder (defined as Aspartate Amino Transferase (AST) and/ or Alanine Amino Transferase (ALT), Total Bilirubin, Alkaline Phosphatase (ALP) > 2 times upper normal limit) or Renal Disorders (defined as S. Creatinine > 1.2mg/dL), Severe Pulmonary Dysfunction, or any other condition that may jeopardize the study.

10. Smoker/alcoholics and/or drug abusers.

11. H/o hypersensitivity to the trial drug or any of its ingredients.

12. Patients who have completed participation in any other clinical trial during the past six (06) months.

13. Pregnancy or lactating women.

14. Any other condition which the Principal Investigator thinks may jeopardize the study.

#### **Withdrawal Criteria**

a) The participant may be withdrawn from the trial if

1) He / She develops any serious adverse effect (necessitating hospitalization) OR

2) There is non-compliance of the treatment regimen (minimum 80% compliance is essential to continue in the study).

#### **METHODS OF ASSESSMENT:-**

1. Visual Analog Scale for chief complaints.

2. PEFr value.

3. Asthma Control Questionnaire.

4. Saint George's Respiratory Questionnaire (SGRQ-C).

## RESULTS:

### 1) Clinical Parameters:

Symptoms	N		Mean	S.D.	S.E.	't' value	P	Result
Breathlessness	30	BT	40.83	15.374	2.807			
		AT	13.33	14.284	2.608	11.000	<0.0001	ES
		FU	9.16	13.901	2.538	13.321	<0.0001	ES
Paroxysm of breathlessness	30	BT	48.33	11.244	2.053			
		AT	30	10.171	1.857	8.930	<0.0001	ES
		FU	28.33	8.644	1.578	10.770	<0.0001	ES
Wheezing	30	BT	35.83	24.286	4.434			
		AT	12.5	14.309	2.612	6.513	<0.0001	ES
		FU	9.16	13.901	2.538	6.728	<0.0001	ES
Cough	30	BT	41.66	23.057	4.210			
		AT	4.16	11.528	2.105	9.127	<0.0001	ES
		FU	3.33	8.644	1.578	9.336	<0.0001	ES
Expectoration of sputum	30	BT	22.5	21.122	3.856			
		AT	1.66	6.343	1.158	5.767	<0.0001	ES
		FU	1.66	6.343	1.158	5.221	<0.0001	ES
Tightness in the chest	30	BT	38.33	20.483	3.740			
		AT	15.83	17.960	3.279	5.137	<0.0001	ES
		FU	14.16	15.652	2.858	5.706	<0.0001	ES
Worsening of breathlessness in night	30	BT	29.16	20.848	3.806			
		AT	9.16	13.901	2.538	5.757	<0.0001	ES
		FU	6.66	14.582	2.662	5.572	<0.0001	ES
Awakening in the night	30	BT	23.33	18.492	3.376			
		AT	5	10.171	1.857	5.809	<0.0001	ES
		FU	5	10.171	1.857	5.117	<0.0001	ES

### Effect on St George's Respiratory Questionnaire Total score by paired 't' test

Follow up	Mean	S.D.	S.E.	t value	P value	Result
0 day	25.75	3.460	0.6317			
84 <sup>th</sup> day	23.18	2.783	0.5082	7.485	<0.0001	Extremely significant
16 <sup>th</sup> week	22.66	2.112	0.3856	7.115	<0.0001	Extremely significant

### Effect on Asthma Control Questionnaire score by paired 't' test

Follow up	Mean	S.D.	S.E.	t value	P value	Result
0 day	1.842	0.4593	0.08386			
84 <sup>th</sup> day	0.8107	0.2920	0.05331	11.813	<0.0001	Extremely significant
16 <sup>th</sup> week	0.7953	0.3136	0.05725	11.087	<0.0001	Extremely significant

### Effect on PEF value by paired 't' test

Follow up	Mean	S.D.	S.E.	t value	P value	Result
0 day	234.67	34.289	6.260			
84 <sup>th</sup> day	247.33	29.645	5.412	5.345	<0.0001	Extremely significant
16 <sup>th</sup> week	247.33	30.646	5.595	5.641	<0.0001	Extremely significant

### DISCUSSION:

It is seen from present study that **Bhallatka Parpati** shows highly significant results in clinical Parameter as well as Objective Parameters when analyzed with the help of Pairedt Test & Fisher exact test.

### CONCLUSION:

1. Oral administration of **Bhallatka Parpati** is found to be satistically extremely significant in relieving chief complaints of Bronchial asthma (Tamaka swasa) in patients who had received karma chikitsa in the form of abhyanga nadiswedan & anuloman chikitsa prior.

2. No adverse effect is seen during or after the treatment. So **Bhallatka Parpati** is safe in the patients of Bronchial asthma.

3. The treatment is extremely significant as it improves PEF value.

4. It shows extremely significant results in parameters like Asthma control questionnaire, St. George Respiratory Questionnaire.

5. The treatment is effective because it acts as kapha-vatashamaka, Deepan, Pachan.

6. Bhallataka is also a rasayana so it has an added advantage.

7. Some patient (3) complained of constipation which was alleviated by intermittent use of Sukhasaraka Churna.

Therefore we can conclude that **Bhallatka Parpati** shows significant results when it is administer with Urahprushtha abhyanga-nadiswedan, Vatanuloman chikitsa as purvakarmas.



# A clinical study on spermatogenic effect of kshiravidari (*Ipomea digitata* Linn) in oligozoospermia



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## Abstract

In the present clinical study, total 65 patients of oligozoospermia (<40 mil/ml - three successive weekly semen analyses) were managed in two groups viz. study (Kshiravidari) group (n=35) and placebo group (n=30). In Kshiravidari group, Kshiravidari (*Ipomea digitata* Linn.) tuber was administered in the tablet form (each 500 mg) in a dose of 6 gm per day in divided doses, and in placebo group, Bhrista Godhuma Churna (fried wheat powder) in capsule form [4 capsules / day (each 500 mg)] was administered, in both therapy with milk as Anupana. In both the groups, therapy was given for one and half month (45 days), further 45 days of follow-up. Semen examination was carried out after completion of therapy i.e. on 45<sup>th</sup> day. During follow up period semen examination was done 15 days after completion of therapy i.e. on 60<sup>th</sup> day. Clinical study has shown that Kshiravidari (*Ipomea digitata* Linn.) increases the sperm count (mil/ml) (mild to moderate degree) and also total sperm count (mil) in patients of oligozoospermia. This proves Vrishya property of Kshiravidari as potent spermatogenic agent. However, due to the increase in the viscosity and liquefaction time, the drug decreases the RLP (Rapid Linear Progressive) and SLP (Slow Linear Progressive) motility (%), and simultaneously increases the NP (Non-Progressive) and IMM (Immotile) motility (%) of sperm.

**Keywords:** Male infertility, Oligozoospermia, Kshiravidari, *Ipomea digitata* Linn.

## Introduction:

The inability to procreate i.e. infertility is seldom, if ever a physical debilitating disease. But, it may, however, severely affect the couples psychological harmony, sexual life and social function. Infertility, defined as the inability to conceive after at least one year of unprotected intercourse, affects about 15-20% of couples and in 40% of these cases male factor is identified as main cause of infertility<sup>(1)</sup>

Oligozoospermia is the seminal disorder in which sperm count is below 40 mil/ml<sup>(2,3,4)</sup> Sperm count in healthy male ranges widely between 5 million to 170 Million sperm cells / ml, but datas from 15 publications in men with proven fertility showed a mean value of sperm concentration of 76 = 18.6 and mean normal range of 40-140 mil/ml is confirmed<sup>(5)</sup>. So, this author has also accepted the lower limit of normal sperm count as 40 million/ml, below which it would be considered as oligozoospermia.

Oligozoospermia (Kshinashukra) is a doshabalapravritta, Krichhrasadhya disease of Shukravaha Srotas<sup>(6)</sup>, which is manifested clinically as

"Na cha Garbham Jayate" (infertility)<sup>(7)</sup>

Samprapti of Kshinashukra (oligozoospermia) is not mentioned in classics separately. But it is mentioned that vitiation of Vata and Pitta dosa are responsible for Manifestation<sup>(6)</sup>

After review of literature regarding management of oligozoospermia with single drug (herb), Kshiravidari (*Ipomea digitata*, Linn.) has been selected. It is stated in Ayurveda classical texts that "Shukrakarikriya"<sup>(8)</sup> and "Upachaya"<sup>(9)</sup> method of management has to be carried out in case of subnormal quality of shukra (semen) (oligozoospermia) i.e. Shukarvardhaka measures (enhancement of spermatogenesis) with drugs having madhura rasa, guru-Snigdha Guna, Vrishya, Shukravaradhaka, Balya and Rasayana Properties<sup>(10)</sup>. Kshiravidari fulfills the criteria and hence the drug was chosen for the study.

Kshiravidari (*Ipomea digitata*, Linn.) has already undergone both pharmacological and clinical study with special reference to its Vajikarna effect by **Acharya RN (1966)**<sup>(11)</sup>; which was conducted on a small sample (n=7) with positive outcome on seminal parameters in infertile



males. So, this drug was taken up to ascertain its spermatogenesis property with controlled study in large sample of oligozoospermia patients.

### **Aims and Objectives:**

The present clinical trial was carried with following aims and objectives :

To evaluate the effect of Kshiravidari (*Ipomea digitata* Linn.) on various seminal parameters with special reference to the management of oligozoospermia.

### **Patients and Methods:**

#### **Study Design-**

Present study was single blind, controlled, clinical research at OPD level with appropriate sample. The patients included in the clinical trial were randomly divided into two groups namely -

#### **A. Study Group (Kshiravidari Group)**

#### **B. Placebo Control Group (P C Group)**

Established cases of oligozoospermia from vajikarana unit of Kayachikitsa department, (PMT's Ayurved College, Shevgaon Dist. Ahmednagar) as well as cases referred by other physicians of other departments were included in this study. Such oligozoospermia patients selected were randomly assigned either into study or placebo control group.

#### **Inclusion criteria of patients to Study group and Placebo Control Group-**

1. Infertile male patients whose sperm concentration was below 40 mil / ml in average of three successive weekly semen analyses were included in present study <sup>(2, 3, 4)</sup>. Apparently healthy male patients between age group of 21 to 50 years were selected irrespective of race, caste, religion etc.

#### **Exclusion criteria of Study group and placebo Control group-**

1. Accessory sex gland infection, testicular maldescent, previous reproductive organ surgery, STD was excluded.

2. Patients categorized under azoospermia were excluded

3. Past history of mumps, orchitis, trauma, addictions, acute febrile illness were taken into account.

4. Diabetes, thyroid disorders, tuberculosis, vascular diseases, and any longstanding infection were taken into consideration.

#### **Laboratory investigations-**

All patients conforming to above said criteria

were included in the study and subjected to thorough physical and genital examination. In all the groups i.e. / study, placebo control group patients were subjected for hematological such as Hb%, TC, DC, PCV, ESR; urine routine examination such as albumin, sugar, microscopic examination; examination of biochemical parameters such as FBS, serum cholesterol, serum urea, serum creatinine, serum total protein, serum albumin, serum globulin and A/G ratio and other investigations (if and when required) were carried out to rule out major pathological conditions.

History and relevant data was recorded in a detailed research / clinical proforma which were specially prepared for this study by incorporating the all aspects of the present disease on Ayurvedic and modern parlance.

#### **Interventions-**

#### **Drug, Dosage, Duration, diet:**

#### **(A) Study group (Kshiravidari Group)-**

In this group, 35 patients of oligozoospermia were administered tablets (each 500 mg) of Kshiravidari (*I. digitata* Linn.) tuber (authenticated at Department of Dravyaguna, PMT's Ayurved College, Shevgaon which was prepared in Pharmacy of PMT's Ayurved College, Shevgaon in a dose of 6 gm/day in divided doses with milk<sup>(12)</sup> as Anupana for a period of 45 days.

#### **(B) Placebo Control group**

In this group, 30 patients of oligozoospermia were administered placebo capsule of Bhrista Godhuma Churna (fried wheat powder) 4 capsules / day with milk<sup>(12)</sup> as Anupana for a period of 45 days.

All the patients registered in the study were advised to follow normal routine diet.

#### **Criteria of assessment of effect of therapy-**

Assessment of effect of therapy on oligozoospermia patients was done on the basis of seminal parameters

#### **Assessment of Seminal Parameters-**

Assessment of effect of therapy was done on the basis of seminal parameters observed before and after completion of therapy. Patients of study group were subjected to semen analysis after completion of drug administration and was repeated on 60<sup>th</sup> (i.e. 15 days after the drug withdrawal) day and 90<sup>th</sup> day of therapy (viz. 45 days after withdrawal of drug).

#### **Semen analyses-**

Semen analysis of patients was carried out by the

scholar himself as per the recommended standards of semen examination by **WHO (1993)**<sup>(13)</sup> for diagnosis and assessment of effect of therapy, in Vajikarana laboratory in the Department of Kayachikitsa, PMT's Ayurved College, Shevgaon.

Examination of following parameters of semen sample was carried as per the guidelines of **WHO (1993)**<sup>(13)</sup>

1. Appearance
2. Liquefaction time
3. Volume
4. Viscosity
5. pH
6. Sperm count
7. Sperm motility
8. Sperm morphology
9. Sperm viability

#### **Follow-up of Treatment**

1. In study group, patients were put on placebo capsules for next 45 days for further follow-up, after withdrawal of the drug.

2. Semen analysis during follow-up period: Semen analysis of the study group was carried out at regular interval (60<sup>th</sup> and 90<sup>th</sup> day of therapy) during follow up period.

#### **Assessment of Overall Effect of Therapy:**

After assessing seminal parameters before and after the treatment, patients have been graded into five groups to assess the overall efficacy of the therapy as shown below:

**Conceived** - Oligozoospermia patients who after treatment whose wives conceived.

**Complete remission** - Improvement in percentage of sperm count >100%

**Markedly improvement** - Improvement in percentage of sperm count between 51-100%.

**Improved** - Improvement in percentage of sperm count between 25-50%

**Unchanged** - Improvement in percentage of sperm count <25%

#### **Statistical Analysis:**

The obtained clinical and seminal data was analyzed using sigma Stat<sup>®</sup> statistical software. The values were expressed as mean ± SEM (standard error of mean). The data were analyzed by paired 't' test. A level of  $p < 0.05$  was considered as statistically significant. Level of significance was noted and interpreted accordingly.

#### **Observations:**

80 infertile males with oligozoospermia were registered in the study, out of which 65 patients completed the whole course of study, in which 35 patients were belonging to study group while 30 were in placebo control group; and 15 patients of oligozoospermia enrolled in this study left the therapy in between.

Analysis of data obtained in the clinical study showed that most of patients of oligozoospermia groups (Kshiravidari and placebo group) were between the age of 21-40 years (90%); belonging to Hindu religion (86.25%); middle class (38.75%); secondary level education (62.50%); labourers (47.5%); exposed to occupational heat (35.5%) cases of primary infertility (81.25%); Prakriti was Vata-pitta (41%); had Madhyama Sara (67.5%); has Rajasa Manasika Prakriti (70%); were mentally tense (45%); mentally depressed (5%)

In oligozoospermia groups, maximum patients were using cotton undergarments (85%); which was tight (50%); had habit of warm water bath (37.5%); were addicted to tobacco items (56.25%); had history of unprotected sex life with duration of 1 to 5 years (52.5%); were unaware of fertility period (55%); were sexually unhappy (23.75%); 15% patients complained of Klaihya and 23.7 % had coital difficulties.

#### **Genital Examination Findings:**

Among oligozoospermic patients, in majority, testicular size was between- 4-16 ml in 66.25% and 60.25% patients on right and left side respectively; testicular consistency was soft on both sides in 11.25%; varicocele was present on both sides in 3.75% patients; in 15% patient's varicocele was detected on left side.

#### **Results:**

The effect of both therapies on various semen parameters are as follows:

#### **Effect on Sperm Count (Mil/MI) and Total Sperm Count (mil):**

The sperm count (mil/ml) was increased by 66.59% after one and half month ( $p < 0.050$  in Kshiravidari group ( $n=30$ ), while it was decreased by 6.08% in placebo group ( $n=30$ ). During follow-up period, in Kshiravidari group, sperm count was further increased by 91.79% ( $p > 0.05$ ) and 31.47% ( $p > 0.05$ ) at the end of second month ( $n=18$ ) respectively in patients of oligozoospermia.

Total sperm count per ejaculate (million) was increased by 476% with Kshiravidari therapy ( $p < 0.001$ )

(n=30); whereas with placebo therapy (n=30), it was decreased by 3.15% after 45 days of therapy. During follow-up study, total sperm count at the end of second month was further increased by 32.34% ( $p>0.05$ ) (n=18), which was further increased by 20.36% at the end of third month ( $p>0.05$ ) (n=18) in Kshiravidari group.

On the basis of the above data it may be stated that Kshiravidari therapy provided better and statistically significant ( $p<0.05$ ) improvement in sperm count and total sperm count ( $p>0.001$ ) in comparison to placebo therapy in patients of oligozoospermia (after 45 days of therapy).

#### **Effect on Motility (%):**

In Kshiravidari group, at end of one and half month of therapy, RLP motility was decreased by 18.62% ( $p>0.05$ ) (n=33); where as in placebo group it increased by 0.95% ( $p>0.05$ ). It was further decreased by 41.68% and 33.67% at end of second month (n=18) and third month (n=18) respectively during follow-up ( $p<0.002$ ) in study group.

At end of one and half month (n=33), SLP motility was decreased by 33.09% in Kshiravidari group and 11.57% in placebo group. The decrease in SLP motility in both therapies was statistically insignificant. At end of second month (n=18) and third month (n=18) SLP motility was decreased by 46.04% and by 49.94% ( $p>0.05$ ) in study group.

It is evident that Kshiravidari decreased the RLP and SLP motility in comparison to placebo therapy. At end of one and half month, NP motility was decreased by 4.38% in Kshiravidari group (n=33) and same was increased by 14.32% in placebo group (n=27). During follow up period, in Kshiravidari group, at the end of second month (n=18) and third month (n=18), it was decreased by 6.80% ( $p>0.05$ ) and 73.22% respectively ( $p<0.05$ ).

At end of one and half month, IMM spermatozoa was increased by 13.57% with Kshiravidari treatment (n=33) ( $p<0.05$ ) and by 7.6% with placebo therapy (n=27). In Kshiravidari group, it was further increased by 19.34% and 16.43% ( $p>0.05$ ) at the end of second (n=18) and third month (n=18) during follow-up period.

With the above description it can be concluded that Kshiravidari therapy decreased and increased the NP and IMM motility of spermatozoa respectively in comparison to placebo therapy.

#### **Effect on Total Abnormal Count of Sperm (%),**

#### **Liquefaction Time (min.), Viscosity (grade), Volume (ml) of Semen and Sperm Vitality (%):**

At the end of one and half month, there was an increase in total abnormal forms of sperm by 13.15% with Kshiravidari treatment (n=29) ( $p<0.05$ ), whereas in placebo group (n=26) the same was minimally increased by 0.74%. During the follow-up study, at end of second month (n=15) and third month (n=17), it was increased by 10.65% and 21.19% ( $p<0.001$ ) respectively in study group.

At the end of one and half month, Kshiravidari (n=34) increased viscosity of semen by 29.03% ( $p>0.05$ ) and decrease of 5.56% in placebo group (n=30) was recorded. In follow-up period, at the end of second (n=18) and third month (n=18), it was increased by 210.66% and 75.95% ( $p<0.002$ ,  $p<0.01$ ) respectively in study group.

After completion of therapy, it was observed that volume of semen was increased by 12.07% in Kshiravidari group ( $p>0.05$ ) (n=34) and 12.34% in placebo therapy (n=30). During follow-up study, on 60th day (n=18), it was increased by 8.36% and which was decreased by 13.06% by the end of third month (n=18) ( $p>0.05$ ) in study group.

After completion of course of drug administration, viability of sperm was increased by 15.09% with Kshiravidari therapy (n=34) ( $p<0.05$ ) and was decreased by 9.20% in placebo group (n=25). During follow-up period, on 60th day (n=14) and 90th day (n=17), it was further increased by 14.50% and 2.12% ( $p>0.05$ ) respectively in Kshiravidari group.

In short, Kshiravidari therapy increased total abnormal forms, liquefaction time, viscosity, volume of semen and viability of sperm in comparison to placebo therapy after 45 days.

#### **Effect on Body Weight and certain laboratory parameters:**

Even bodyweight was increased significantly in patients of oligozoospermia by the end of 45 days therapy with Kshiravidari and end of follow-up period i.e. 90 days. Kshiravidari insignificantly increased the serum total protein and serum globulin with 45 days of therapy in oligozoospermia patients.

#### **Overall Effect of Therapies:**

As all the patients enrolled in the study were oligozoospermic, overall effect of therapies was assessed on the basis of change in sperm count and conception by the female partners of the patients.

In Kshiravidari group, 8.57% conception was reported, while in placebo group no conception was reported. Complete remission i.e. improvement in sperm count by >100%, was observed in 17.14% patients in study group; whereas 3.33% in placebo group. Markedly improvement i.e. improvement in sperm count between 51-100% was recorded in 11.42% patients in Kshiravidari group and 36.66% in placebo group. Improvement i.e. improvement in percentage of sperm count was between 25-50%, in 25.71% in study group and 30% in placebo therapy. Unchanged i.e. improvement in percentage of sperm count <25%, was found in 40% in Kshiravidari group and 30% in placebo therapy.

In this way, Kshiravidari provided better improvement in conception and sperm count in comparison to placebo therapy.

### Discussion:

Probable mode of action of Kshiravidari (*Ipomea digitata* Linn.) on results obtained in various semen parameters are as follows:

Kshiravidari possesses madhura Rasa (Pradhana Rasa - Madhura Rasah Shukrabhivardhanah<sup>(14)</sup>), Guru and Snigdha Guna, Madhura Vipaka and Sita Virya (Shukrakaga<sup>(15)</sup>)<sup>(10)</sup>. It has Virjyavaradhaka and Vrishya Properties (16). All these factors might have synergistically acted and have brought improvement in sperm count and total sperm count in patients of oligozoospermia. In oligozoospermia/ Kshinashukra, Vata-Pitta Dosa are the main culprits<sup>(6)</sup>. The drug might have helped in Vighatana of Samjprapti of the disease. Previous study carried out by **C Acharya RN (1966)**<sup>(11)</sup> has also shown significant improvement in sperm count in patients of Shukradusti (male infertility). This proves the spermatogenic effect of Kshiravidari (*Ipomea digitata* Linn.) in patients of oligozoospermia/ Kshinashukra.

Kshiravidari increased the viscosity of semen insignificantly at the end of one and half month. Moreover, Kshiravidari increased the viscosity of semen remarkably during follow-up period also (at the end of second and third month). Pijccilatva (viscosity) is the quality of Kapjha Dosa<sup>(17)</sup>. Kshiravidari possesses all the qualities which enhance the Kapha Dosa also. Because of Madhura Rasa, Guru and Snigdha Guna, Kapjhavriddhikara properties and high starch content<sup>(18)</sup> of Kshiravidari might have increased the mucous content of semen, because of which semen became viscous<sup>(19)</sup>.

In patients of oligozoospermia, Kshiravidari has gradually reduced the RLP and SLP motility during therapy. Kshiravidari therapy has not shown positive effect in improving the RLP and SLP motility. This effect can be explained due to simultaneous increase of the viscosity and liquefaction time of semen. It has been proved that hyperviscosity of semen bears negative impact on motility of the spermatozoa (20). Even on NP and IMM motility also Kshiravidari did not show any positive effect. Because, Kshiravidari decreased the RLP and SLP motility; on the other way, it has increased the NP and IMM motility. Negative effect of Kshiravidari on motility of sperm can be attributed to the Guru and Snigdha Guna and Shita Virya of Kshiravidari. This shows the motility inhibiting property of Kshiravidari. This shows the motility inhibiting property of Kshiravidari (*Ipomea digitata* Linn.)

However, in-vitro study with 50% ethanol extract of Kshiravidari (*Ipomea digitata* Linn.) did not show any spermatozoa motility enhancing property when studied in the concentration of 0:1 to 0.4 mg per ml of semen. Fresh juice of Kshiravidari enhanced motility of spermatozoa when added to in-vitro in the concentration of five me per ml of semen<sup>(21)</sup>.

Even Kshiravidari increased the total abnormal count through out the period of study, which was not desirable, as morphology of sperm is one of important qualities of semen which determines the overall fertility potential of semen.

The prostatic and epididymal contributions to the semen usually do not exceed 1ml. Semen volume is main functional activity of seminal vesicles<sup>(22)</sup>. The drug Kshiravidari might have hampered the function of seminal vesicle. There by moderate reduction in seminal volume was observed. Kshiravidari possesses Kaphakara and Viryavardhakti properties which help in increasing the quantity of semen, however this increase doesn't seem to be long lasting as is evident from the decrease of semen volume during follow-up.

Kshiravidari has increased the vitality of sperm. It shows that it has increased the number of live sperm cells, which may be correlated and attributed to the Rasayanat<sup>(23)</sup> property of Kshiravidari. This fact is supported by the in-vitro study by **Jagetiya and Baliga (2004)**<sup>(24)</sup> showed that *Ipomea digitata* extracts demonstrated direct scavenging of NO and exhibited significant activity. This shows that Kshiravidari



possesses antioxidant property which may decrease the level of "stress" on testis and there by increasing the vitality of sperm.

## Conclusion

Kshirvidari increases the sperm count and total sperm count (mild to moderate degree) in patients of oligozoospermia. It increases the viscosity and liquefaction time, resulting in decrease in RLP and SLP motility and simultaneously increase the NP and IMNI motility of sperm. Three patients were able to impregnate their partners within total of 45 days of duration of follow-up period.

Moreover, the drug Kshiravidari has not manifested any physiological or psychological untoward effects in the patients studied. Thus Kshiravidari a herbal drug may be very useful in treatment of oligozoospermia. So also is a good Vajikara drug. However, further experimental studies are recommended to find out the exact mode of action of this drug.

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## **6 Days CME on Research Methodology for AYUSH Teachers**

### **Nashik (Correspondent):**

Maharashtra University of Health Sciences, Nashik conducted 6 Days CME on Research Methodology for AYUSH Teachers from 22<sup>nd</sup> to 27<sup>th</sup> May 2012. This CME was sponsored by Rashtriya Ayurved Vidyapeeth, Department of AYUSH, Govt of India. An objective of this CME was to motivate teachers of Ayurved, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) for conduct research of international standards.

This CME was innagurated by Hon'ble Vice-Chancellor, Prof Dr. Arun Jamkar. Other dignitaries, Hon'ble Pro-Vice Chancellor Prof. Dr. Shekhar Rajderkar, Hon'ble Registrar, Dr. Adinath Suryakar, Vice President of Central Council of Homoeopathy & Dean of Homoeopathic Faculty of MUHS, Nashik Dr. Arun Bhasme and Director of UDIRT Department, Prof. Prabhakar Kullahali were present.

Participant AYUSH teachers from across the country, representative of Karnataka, Andhra Pradesh, Gujrat and Chhattisgarh, were presents for this CME.

Hon'ble Vice-Chancellor, Prof Dr. Arun Jamkar has given successful stories of AYUSH discipline and given the statistical information about the efficacy of this system.

Dr. Arun Bhasme has given the status of Homoeopathy around the world about Education and Research in his speech.

During this 6 days CME eminent guest faculty from all over country, Dr. Yamini Bhushan Tripathi, (Uttar Pradesh), Dr. B. Ravishankaran (Karnataka), Dr. A. S Baghel (Gujrat) shared their knowledge with participants.

From Maharashtra, Prof.Dr.Arun Jamkar, Hon. VC MUHS,Nashik, Dr.Shekhar Rajderkar, Hon.Pro.VC MUHS, Nashik, Dr. Pradip Awale, Dr. Yogini Kulkarni, Dr. Tanuja Nesari, Vd. Doiphode Vijay, Dr. Dhananjay Sangale, Dr. Sharma D.B, Dr. Aruna Patil, Mr. R.S. Kulkarni, Dr. Pradeep Borle, Dr. Yamini Bhushan, Dr. Jayshree Joshi, Dr. Nutan Nabar, Dr.Chhaya Godse were invited for the CME.

During this CME need and scope of supportive Research Methodology for strengthening AYUSH faculty was discussed in detail. Participants were benefited with knowledge update regarding International AYUSH Research.

At the end of CME motivated AYUSH teachers were felicitated with certificate from Hon'ble Vice-Chancellor, Prof. Dr. Arun Jamkar.

This CME was coordinated by Department of AYUSH, MUHS Nashik. Entire active staff was involved in this event for making successful and memorable.

In this year university is planning to conduct second CME for AYUSH Teachers.

Dr. Pradip Awale, Co-ordinator anchored the program & Mr. Devanand Dangare expressed Vote of Thanks.

# Double Blind Placebo Controlled Clinical Trials Of Homoeopathic Medicines In Warts



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## Abstract:

Wart is one of the most common dermatological disorders. It is easy to treat with conventional line of treatment but it often has relapses. In this study keeping in view the possibility of spontaneous remissions in warts it is desirable of placebo controlled double blind clinical trials wherein the Cross over design was undertaken in which the subjects were given both drug and the placebo. In this study total numbers of 60 cases were screened wherein 43 cases were included while 37 were excluded from the study. All the cases were given pre-coded (Thuja, Ruta, Dulcamara, Nitric acid, Causticum) drugs or pre-coded placebo at random for a period of 15 days. It was observed that 63.6% cases improved with active drug and 36.36% cases improved with placebo in the study. This clearly indicates that the homoeopathic drugs definitely possess power to cure warts.

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**Keywords:** Warts, Double blind clinical trials, Homoeopathic Medicines

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## INTRODUCTION:

**Wart** is one of the common dermatological disorders caused by DNA viruses, which grow in the epidermis. The source of infection is other infected individuals and the disease is transmitted by direct or close contact. It has very low infectivity; a casual contact with an infected individual is unlikely to result in the disease. The virus enters into the skin through minor or microscopic injuries. Clinically the lesions are asymptomatic and manifest in different forms, have irregular verrucous surface and keep on growing slowly. The number of warts varies from single to several hundred. The individuals with depressed cell-mediated immunity due to treatment with immunosuppressive drugs, Hodgkin's disease, malignant lymphomas and lymphocytic leukaemia are more likely to have a large number of warts. The different varieties of warts include the following:

**Common Warts or Verruca Vulgaris:** These are characterized by firm, skin colour papules of various sizes with verucous surfaces and can occur on any parts of the body but are most commonly present on the dorsum of the hands and fingers.

**Plain Warts or Verruca Plana:** It presents as skin colored, slightly raised flat -topped papules and are usually present on dorsum of hand and face.

**Filiform Warts:** These are finger like projections with irregular surface and are usually seen on the neck, face and scalp.

**Plantar warts:** These are found on any part of the sole. The lesions are occasionally painful. The warts present as skin colored well defined areas in the sole with irregular surface.

**Genital warts:** These warts are usually transmitted through sexual contact. These are present as fungating masses of verucous tissue. They usually present on glans penis, corona, mucosal surface of prepuce and occasionally on the urinary meatus in males and the vulva and vaginal openings in the females.

## METHODOLOGY:

**Aim & Objectives:** To evaluate the efficacy of selected homeopathic drugs found useful in the treatment of warts in open clinical trials using control trial.

**Material & Methods:** A problem oriented performa having provision of recording all the symptoms pertaining to warts and the person as a whole was designed and used in the trials. The duration, size, number, sensations in the warts in respect of each case was recorded on this performa. All the cases were diagnosed and assessed clinically.

**Study Design:** Placebo controlled double blind clinical

trials wherein the cross over design was undertaken in which the subjects were given both drug and the placebo.

#### Inclusion Criteria:

All age group

Cases of Verruca Vulgaris, Verucca Plana, Verruca filiformis, Verucca plantaris and Verruca genitalis.

#### Exclusion Criteria:

Cases on immunosuppressive drugs

Cases having active treatment for other diseases.

**Criteria of Assessment:** Patients were followed up on fortnightly basis and the decrease in the size, number and altered or diminished sensations in the warts of each case was recorded.

**Plan of treatment:** Total duration of the study was one year. Total number of 60 cases [40 Males, 20 Females] having different types of warts were registered. Results of 43 Cases [30 Males, 13 Females] were analyzed and 17 cases were dropped out.

All the cases were given pre-coded (Thuja, Ruta, Dulcamara, Nitric acid, Causticum) drugs or pre-coded placebo at random for a period of 15 days. The pre-coded

drugs of 30 potency were given in TDS dose, 200 potency was used in BD doses and 1M potency was used in OD doses.

#### Prescribing indication used:

**Ruta** was used for smooth warts on face and palms and plantar warts having soreness.

**Dulcamara** was given for plain fleshy warts on face and hands.

**Nitric acid** was used for common warts having cauliflower like appearance, hard, large and bleeding easily.

**Causticum** was used for small as well big warts over hands and peri ungual region.

**Thuja** was used in all other cases of warts having different types and locations, irrespective of any constitutional indications.

#### OBSERVATIONS & ANALYSIS:

After decoding the experiment the details of the responses received are as under:

#### Results after decoding the treatment

Cases	Total	100%	Active Drug Group	Resp. in %	Placebo Group	Resp. in %	Drug Plac. Group	Resp. in %	Only Plac.	Resp. in %
Verruca Vulgaris	21	18	10	55.56	8	44.44	7	38.89	1	5.56
Verruca Vulgaris	07	04	03	75.00	1	25.00	1	25.00	0	0.00
Verruca Vulgaris	05	03	02	66.67	1	33.33	0	0.00	1	33.33
Verruca Vulgaris	10	08	06	75.00	2	25.00	2	25.00	0	0.00
<b>Total</b>	<b>43</b>	<b>33</b>	<b>21</b>	<b>63.64</b>	<b>12</b>	<b>36.36</b>	<b>10</b>	<b>30.30</b>	<b>2</b>	<b>6.06</b>



## DISCUSSION:

1. 63.6% cases improved with active drug and 36.36% cases improved with placebo in the study. The improvement indices of active drug group are far better than the placebo group which clearly indicates that the homoeopathic drugs definitely possess power to cure warts.
2. In this research study design, each case was initially given a drug code in 30 potency which could be either active drug or placebo. If the case did not improve with this code, the next code of 200 potency was given which could again be either active drug or placebo. Therefore it was found after decoding, that some cases who were initially on active drug code in 30 potency received placebo in the next drug code of 200 or 1 M potency or vice versa.
3. Among 36.36% improved cases under the placebo group, it was found that 30.30% received an active drug in the preceding drug code and therefore this could be attributed to carry over effects of active drug. Only 6 % improved cases under placebo group were found to be only on Placebo throughout the trial period. This observation is very significant.

## CONCLUSION:

The findings of earlier open studies and common belief that homoeopathy has a curative role in the treatment of warts is re-established in this study.

## CONFLICT OF INTEREST:

We declare that the research involved in the above manuscript has been carried out by us & we did not receive any funds that could influence the work.

## ACKNOWLEDGEMENT:

We would first like to thank Dr Arun Bhasme for all the help and guidance given to me. We would like to acknowledge a deep sense of gratitude to all our patients for their enthusiasms and profound corporation in completing the above study. We would also like to thank all students who had helped us in this project.

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### Principal Dr. Arun Bhasme Homoeopathic Gold Medal Awarded

#### Nashik (Correspondent):-

On the occasion of 11<sup>th</sup> Convocation Ceremony of Maharashtra University of Health Sciences, Nashik, Principal Dr. Arun Bhasme Homoeopathic Gold Medal is awarded by the auspicious hands of Hon'ble Dr. Arun Jamkar, Vice Chancellor of Maharashtra University of Health Sciences, Nashik to the two students, one from Ahmednagar Homoeopathic Medical College, Ahmednagar, Mr. Shaikh Mahjabin Salar and another student from YMT Homeopathic Medical College, Khargar, Ms. Sanghavi Neha Hasmukh, while Dr. K. Mohandas, Vice Chancellor of University of Health Sciences, Kerala State was the guest of honour for the said program. Every year Principal Dr. Arun Bhasme Homeopathic Gold Medal is given to the final year BHMS candidate who scores highest marks in the subject of Repertory at state level and the medal is given in the University convocation ceremony every year.

This year this medal is awarded to above said students for scoring equal highest marks in the subject of Repertory.

Dr. Sunildatta Chaudhari, from Jalgaon an eminent Homoeopath who is a proud MD (Hom.) Alumni of Sonajirao Kshirsagar Homoeopathic Medical College, Beed has instituted this Gold Medal.

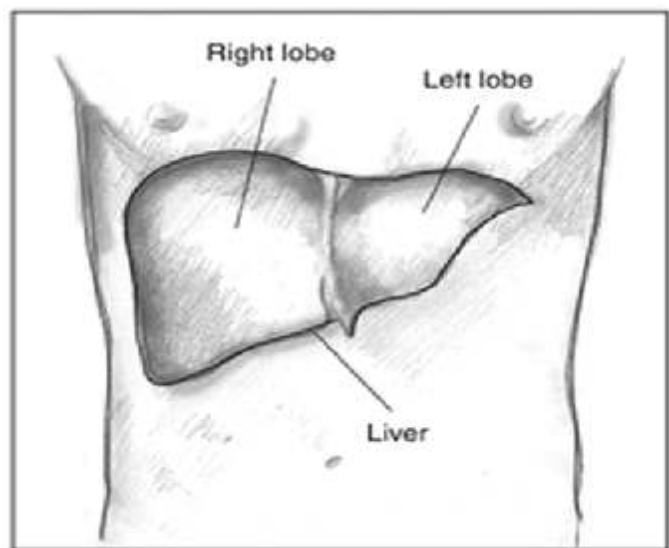
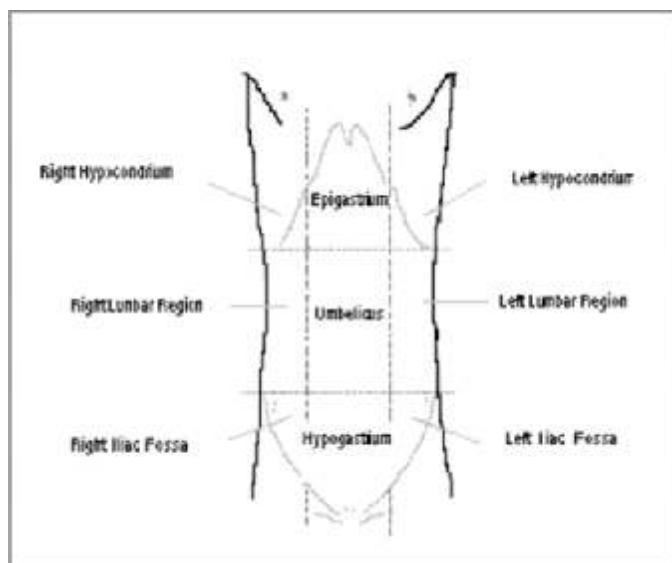
# Clinical Approach to Hepatomegaly in children & It's Homoeopathic Management



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For the purpose of describing the location of viscera, abdomen is divided into nine regions by four imaginary planes, two horizontal planes and two vertical.



## What is Hepatomegaly?

In medical term, Hepatomegaly means enlargement of liver.

Liver enlargement is the indication of liver disease.

Hepatomegaly is a physical sign noted on abdominal examination that is present in various diseases. Beside the size and shape of the liver, consistency & character of the surface & palpable margin should be evaluated for the assessment of Hepatomegaly.

Palpability of liver does not always indicate enlargement of liver. Because in normal children liver is palpable 1 cm below the costal margin and in infants it may be felt up to 2 cm below the rib margin, because costal angle is narrow. It only reflects the relation of the liver to adjacent structures.

## Causes of Hepatomegaly:

### Infective :

- Hepatitis
- Amebic Liver abscess
- Pyogenic Liver abscess
- Typhoid
- Tuberculosis
- Hydatid cyst

### Hematological :

- Sickle-cell disease
- Thalassemia

### Malignancy :

- Leukemia
- Lymphoma

### Metabolic :

- Glycogen storage disease
- Wilson's disease
- Galactosemia
- Mucopolysaccharidoses

### Drug induced hepatitis :

- INH
- Methyldopa

### Pathogenesis of Liver Enlargement:

The liver may be enlarged due to any of following causes:

- Inflammation,
- Infiltration: fatty, cellular.
- Storage of metabolite,
- Congestion,
- Kupffer's cell hyperplasia.

### Diagnosis:

Diagnosis is determining nature of disease. It is necessary for knowing the prognosis means the course of disease.

### Evaluation of the Hepatic Enlargement:

Assess if the liver is just palpable or is actually enlarged. Determine if the enlargement is due to organic cause. And also nature & severity of the illness responsible for it.

A good medical history, physical examination, interpretation of the associated clinical manifestation and use of investigation and ultrasonography are helpful for a correct diagnosis in most cases of hepatic enlargement.

### Homoeopathic Management:

#### Controlling and reversing the underlying disease process:

Homoeopathic medicines have proven their efficacy in all sought of liver conditions and help by reviving the liver cells and helping in restoring their function back to normal. It helps by increasing patients immune response thus reducing the virus load and improving the overall health of liver.

If homoeopathic treatment is sought early it helps in preventing the progress of disease and preventing any complications (Liver failure, cancer) from occurring, which are usually associated with the disease.

We advised our patients with diet charts, exercise schedules and guide them how to modify their lifestyle so that better results can be achieved.

Our medicines can be started with conventional treatment depending upon the disease state and case.

Homoeopathic medicines if taken under proper guidance from a well-qualified professional are extremely safe and have no side effects.

Homoeopathic medicines are prescribed on the basis of therapeutics. Homoeopathic medicines are indicated according to causes of Hepatomegaly. For e.g. in case of Hepatitis **BRYONIA**, **CHELIDONIUM MAJUS**, **CARDUUS MARIANUS**, **MERC**, **PODOPHYLLUM**, **NAT SULPH** are commonly indicated remedies.

**Bryonia:** When there are stitching pains in the right hypochondriac region, Bryonia is the first remedy to be thought of, though for these pains we have other remedies, such as Chelidonium and Kali carbonicum. Under Bryonia the liver is swollen, congested and inflamed; the pains in the hypochondriac region are worse from any motion, and better from lying on the right side, which lessens the motion of the parts when breathing. Acts on all serous membranes and the viscera they contain. The general character of the pain here is produced is a stitching, tearing; worse by motion, better rest. Vomiting of bile and water immediately after eating. Liver region swollen, sore, tense. Burning pain, stitches; worse, pressure, coughing, breathing. Tenderness of abdominal walls.

**Chelidonium Majus:** A prominent liver remedy. It is good remedy for liver disorders. The jaundiced skin, and especially the constant pain under inferior angle of right

scapula, is certain indications. Congestion of liver, burning weight in the liver and stomach. Painful liver diseases. Disturbed liver following malaria. Bilious complication during gestation.

**Carduus Marianus:** The action of this drug is centered in the liver and portal system causing soreness, pain, jaundice. Pain in region of liver. Nausea; retching; vomiting of green, acid fluid. Hemorrhages especially connected with hepatic disease.

**Mercurius:** Every organs and tissue of the body is more or less affected by this powerful drug. Tendency to formation of pus, which is thin, greenish, putrid. All Mercury symptoms are worse at night. Liver enlarged; sore to touch, indurated. Jaundice

**Nat Sulph:** A liver remedy especially indicated for the so-called hydrogenoid constitution, where the complaints are such as are due to living in damp houses, basements. Hepatitis; icterus and vomiting of bile; liver sore to touch, with sharp, stitching pain; cannot bear tight clothing around waist.

**Podophyllum:** It is especially adapted to persons of bilious temperament. It affects chiefly liver, duodenum, small intestines. The Podophyllum disease is a gastro-enteritis with colicky pain and bilious vomiting. Liver region painful, better rubbing part.

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HOMOEOPATHIC Materia Medica & Repertory by William Boericke.

[www.homoeocure.com](http://www.homoeocure.com)

[health.hpathy.com](http://health.hpathy.com)

## UPCOMING EVENTS

### Kolkata:

#### 18<sup>th</sup> All India Homoeopathic Congress 2012

Organized By: The Homoeopathic Medical Association of India.

Venue: Science City Auditorium, Convention Center, Kolkata.

Delegation Fees: Rs. 2500/-, For Students: Rs. 2000/-, For Accompanying Person Rs. 2000/-

For Details Contact: HMAI, 108/6, S.N. Banerjee Road, Kolkata- 700 013, Ph.: 09831 113 383/ 09433589724, Mail [hmai2012@gmail.com](mailto:hmai2012@gmail.com), [hmai\\_wbstbranch@rediffmail.com](mailto:hmai_wbstbranch@rediffmail.com)

# A Case Of Suppression



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## ABSTRACT:

A male child aged 10 yrs. consulted me in college OPD Dated on 03/11/2011, with

- Bluish discoloration of gums and lips, with pain in lips, since 3 yrs, and 3 months respectively,
- less often abdominal colic.

Allopathic treatment is taken for same without major relief, most important here to note that it all happens after the treatment of skin eruption before 4 yrs.

Suppression can be revert with homoeopathy, is illustrated with this case.

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## CASE HISTORY:

### Presenting complaints:

Bluish discoloration of lips and gums with pain in lips, since 3 yrs

Pain in lower lip is more than upper lip, since 3 months.

Colicky pain in abdomen occasionally & radiating to all parts of body > doubling up

### History of presenting complaints:

Bluish discoloration of lips and gums with pain in lips, since 3 yrs

Pain in lower lip is more than upper lip, since 3 months.

Colicky pain in abdomen occasionally & radiating to all parts of body

Chattering of teeth in sleep, since 15 days.

Salivation in mouth sleep in. saliva spit during talking.



### Life space:

Patient is the 2<sup>nd</sup> child of his parents. He is in the 4<sup>th</sup> std. He was apparently healthy before 4 yrs. He had developed the skin eruption before 4 yrs. He was treated with allopathic medicaments, after that slowly without any other causes, and events, progressively bluish discoloration of gums and lips with pain, developed.

### Past history:

Patient had skin eruption which was treated allopathic medicaments, before 4 yrs.

### Family history:

Father: Appendicitis

### GENERALS:

#### Physical generals:

Appetite: decreased.

Desire: milk and milk products, fruits

Aversion: not specific.

Thirst: 3 glass/ day.

Thermal reaction: Hot

Fanning desire in all season.





Heat can't tolerate.  
 Bath- cold water in summer and lukewarm water in winter.  
 Covering- least.  
 Abdomen: less often pain in abdomen.  
 Stool: regular, morning once.  
 Urine: yellow, clear.  
 Perspiration: all over the body, and palms.  
 Sleep:  
 Position: Sleeps on abdomen, then only he sleeps.  
 Dreams: not specific.

### Mental generals:

Playful; weakness of memory;

### EXAMINATION:

All parameters within normal limit.

### CASE PROCESSING:

Diagnosis of the Disease: bluish gums and lips-? Lead poisoning

Diagnosis of the phase of the disease: chronic progressive miasmatic.

Diagnosis of the patient as a person:

Playful, Hot, Thirstless, Sleeps on abdomen and Serrated teeth. Open mouth

Diagnosis of the miasm: all 3 miasms, syco-syphilis is dominant.

Susceptibility: Moderate to high.

Diagnosis of the remedy and potency: Medorrhinum 1M (Single dose)

Followed by Plb.met 30

### REPERTORIAL CHART:

	Lach	Lyco	Medo	Plb	Apis	Canth	Con	Merc	Psor	Sil	Syph	Tric	Carb
Weighted	12	12	12	12	12	12	12	12	12	12	12	12	12
Subsequent	12	12	12	12	12	12	12	12	12	12	12	12	12
Subsequent	12	12	12	12	12	12	12	12	12	12	12	12	12
OPEN, mouth	1	1	1	1	1	1	1	1	1	1	1	1	1
PRUNED, desire to CH	1	1	1	1	1	1	1	1	1	1	1	1	1
SLEEP, POSITION DURING SLEEP: LYING ON ABDOMEN	1	1	1	1	1	1	1	1	1	1	1	1	1
PLAY, desire to, playful	1	1	1	1	1	1	1	1	1	1	1	1	1
ERUPTIONS, General: suppurated	1	1	1	1	1	1	1	1	1	1	1	1	1
DISCOLORATION bluish gums	1	1	1	1	1	1	1	1	1	1	1	1	1
DISCOLORATION bluish lips	1	1	1	1	1	1	1	1	1	1	1	1	1
SERRATED, teeth	1	1	1	1	1	1	1	1	1	1	1	1	1

### Repertorial result:

Lach, lyco, medo, plb.met, apis.mel.

### FOLLOWUP:

#### Follow up on 15/11/11-

New eruption appear on both extremities, moist and oozing the discharge, sticky.

Patient complaints of hard stool- and pain during defecation.

Mentally feeling fresh and chattering of teeth and salivation in sleep decreased.

Discoloration of gums and lips-SQ.



Sac Lac 4-0-4 for 15 days

#### Follow up on 02/01/12-

Eruptions with discharge progressively increased.

Patient complaints of hard stool pain during defecation. SQ.

Bluish discoloration of gums and lips-SQ.

Based on new symptoms appear after 1 st prescription.

Hard stool,

Sleeps on abdomen,

Teeth serrated.

Plb met 30 (3 doses)

Sac Lac 4-0-4 for 15 days

#### Follow up on 11/02/12-

Eruptions increased with discharge from it.

Now stool is soft, regular.

Patient's parents narrated that patient salivation is decreased completely.

Chattering of teeth decreased,

Appetite is increased than previous.

Sleep- good

Mentally feeling fresh than earlier.

Sac Lac 4-0-4 for 10 days

**Follow up on 23/02/12-**

Eruptions with sticky discharge- itching < night.

Discoloration of lips slightly improved.

Physical generals and mental generals improved.

Sac Lac 4-0-4 for 15 days

**Follow up on 07/03/12-**

Eruptions start decreasing.

Discoloration of lips slightly decreasing

Physical and mental generals improved.

No fresh complaints.

**Follow up on 23/03/12-**

Eruptions decreased.

No new eruptions appeared.

Physical and mental generals improved.

Bluish discoloration of lips and gums progressively decreased.

Still patient is under the observation and follow up.



**DISCUSSION:**

Patient is having the bluish discoloration of gums and lips, causes are numerous may be lead poisoning, metabolic disorder, chronic tobacco and alcohol addiction etc. but patient is not having of tobacco and alcohol, habit so, main cause is metabolic disturbance.

So, patient having history of suppressed eruptions after that bluish discoloration slowly develops. So we called it suppression which can revert back by Homoeopathic medicines. And elimination of toxins in the form of eruptions occurred on extremities of patient in previous pictures, we may call it 'exteriorization'. It is not possible in other systems of medicines- like allopathy.

Here in this case Nosode is used as 1<sup>st</sup> prescription, symptoms are pointing towards partial pictures of the constitutional remedies but no one remedy completely fits into the case. No clear indication is going toward the similimum and patient is having inherited stigma from parents- so, I have choose the medorrhinum 1m single dose, after the Nosode has done it all it can do, the symptoms will point more clearly toward a constitutional remedy, and in the 1<sup>st</sup> follow up the eruption comes out on extremities and and original picture comes for which plb.met.is the similimum.

**CONCLUSION:** In homoeopathy we can revert the process of suppression, and we can stop the further deterioration of patient's health. Here we are removing the hereditary stigma from patient, which inherited by patient from his parents. Nosodes may also be used as a method to protect children from the effects of the miasm they have inherited through their parent.

**Late Smt. Kesharbai Kshirsagar  
Memorial Gold Medal Award**

**Nashik (Correspondent):-** Eleventh Convocation Ceremony of Maharashtra University of Health Sciences, Nashik was celebrated at the auditorium hall with full of its colours on 26/04/2012. Late Smt. Kesharbai Kshirsagar memorial Homoeopathy Gold Medal awarded in memory of mother of Shri. Jaidatta Kshirsagar, Minister of Public Work (P.U.) Maharashtra State, Late Smt. Kesharbai Kshirsagar alias Kaku for the women candidate who scores highest marks in the four years of BHMS degree examination.

This time the gold medal is grabbed by Ms. Mane Aparna Dayanand of Venutai Chavan Homoeopathic Medical College, Kolhapur. The medal has given by the auspicious hands of Hon'ble Vice Chancellor of Maharashtra University of Health Sciences, Nashik Dr. Arun Jamkar while Dr. K.Mohandas, Vice Chancellor of University of Health Sciences, Kerala State was the guest of honor for the convocation ceremony. Minister Shri. Jaidatta Kshirsagar, Beed, Shri. Ravindra Kshirsagar, Chairman, Gajanan Co-operative Sugar Factory, Rajuri (N), Dr. Bharatbhushan Kshirsagar, Ex. Mayor, Beed, Dr. Deepatai Kshirsagar, Mayor, Beed Municipal Council, Shri. Sandip Kshirsagar, Chairman, Health & Education Department, ZP Beed, Principal Dr. Arun Bhasme & Vice Principal Dr. Mahesh Golekar have congratulated the candidate who received the prestigious gold medal.

# Utility of Biomedical Instrumental Parameters in Homoeopathic Therapy for Depression



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## Introduction

A disturbance of mood, either mental depression or mania is the fundamental abnormality of an affective disorder. The most obvious difference between non living and living things is that the later move, responds to their environment and show changes in their body functions. These properties of living things in general sense are called behavior.

In animals & human beings the behavior is controlled by the Nervous system. Neurology is a specialised branch of medicine in which nervous system is studied & its diseases are treated. The behaviour of Organism is studied within various fields of psychology. The experimental Psychologist studies the behaviour of men and animals by observing them in experimental situations. The way in which Physical stimuli are perceived by men in studies in a speciality called Psychophysics. The interaction between environmental stimuli & Physiological functions of the body is studied in the field of Psychophysiology. Clinical Psychologists as well as psychiatrists deal with the study & treatment of abnormal (Pathological) behavior. Behavior is considered abnormal if it interferes substantially with the well-being of the individual and with his interaction with society.

## Homeopathic Key

Subjective symptoms, causation, Mental & Physical general, Thermal modalities, < & >, Desires & aversions, sequel, Miasm.

## Diagnostic criteria for Depression:

Depressed mood most of the day, Markedly diminished interest in almost of the day, Significant weight loss or weight gain, Insomnia & hypersomnia, Fatigue or loss of energy, Feeling of worthlessness or excessive guilt, Diminished ability to think or concentrate or indecisiveness, Recurrent thoughts of death or suicide, a specific plan for suicide or an attempt of suicide.

## Biomedical Engineering aspect:

It is well known fact that human body is Bio-chemico-electro-thermo- hydraulic - pneumatico- physico - magnato- mechano - dynamically engineered Machine.

Another well known fact that human body is a source of various bio-potential signals, which are most useful during physiological, clinical & therapeutic biological activities of living body.

These signals can be picked up from the surface of the body or from within the body. These signals are used as parameters in various biomedical studies.

The branch of science that includes the measurement of physiological variables and the parameters is known as Biometrics.

Bio-medical Instrumentation provides the tools by

which these measurement can be achieved.

The Interdisciplinary researches in all health care systems with the help of Biomedical engineering is the need of present day.

## Biomedical devices used in studies of diseases like Depression:

## BSR & GSR Biofeedback Machines Psycho-physiological Measurement :

As we know that many body functions are controlled by autonomic nervous system eg. Heart rate, Blood pressure, Salivation & perspiration etc.

This part of the nervous system normally cannot be controlled voluntarily but is influenced by external stimuli & emotional states of the individual. By observing & recording these body functions, insight into emotional changes which cannot be measured directly can be obtained.

## Utility of Bio Medical Instruments GSR & BSR Bio Feedback Machine

**Meaning of Feedback:** Return of part of a system's output to its source. Return of the information about a product.

**Galvanic:** Galvani, A physician and Anatomist (1737-



1798), who has first demonstrated that most of the Physiological processes were accompanied with electrical charges. This discovery formed the basic of explanation of the action of living tissue in terms of Bio-electrical potentials. It is now a well established fact that the human body which is composed of living tissues can be considered as a power station, generating multiple electrical signals with major two internal sources, namely muscles and nerves. The current involved in bioelectricity are unlike the currents involved in electronics. Bio electric currents are due to positive & negative ion movement within a conductive fluid



Figure shows a block diagram of a device that allows the Simultaneous measurement, or recording of both the BSR and GSR

Here a current generator sends a constant dc current through the electrodes. The voltage drop across the basal skin resistance, typically on the order of several kilohms to several hundred kilohms, is measured with an amplifier, and a meter that can be calibrated directly in BSR values. A second meter, coupled through an RC network with a time constant of about 3 to 5 seconds, measures the GSR as a change of the skin resistance of from several hundred ohms to several kilohms. The output of this amplifier can be recorded on a suitable graphic recorder. A measurement of the absolute magnitude of the GSR is not very meaningful. The change of the magnitude of the GSR depending on the experimental conditions and its latency (the time delay between stimulus and response), is used to study emotional changes.

Instead of the change of the skin resistance, the change of the skin potential has been used sometimes. This is actually a potential difference of between 50 and 70 mV

that can be measured between non polarizing electrodes on the palm and the forearm and that shows a response to emotional changes.

For Biomedical interest the bioelectrical signals which are often recorded are produced by the coordinated activity of large group of cells, in this type of activity such synchronized excitation of many cells, the charges tend to migrate through the body fluids towards the yet unexcited cell areas, such migration of free charge has an electric current & hence gives a potential difference between various parts of the body. Including its outer surface, such difference in the potential can be picked up by placing the electrodes (conducting plates) at any two points on the surface of the body and measured with the help of GSR Bio-feedback instrument. Such potential gave valuable and highly significant information during Homoeopathic remedial reaction in the body.

### Electro dermal Activities

[Galvanic skin Response Measurement]

It was measured in two ways

A. BSR - Basal Skin Response

B. GSR - Galvanic skin Response

Measure of the average activity of the sweat glands and is a measure of phasic activity (the higher and lower states) of these glands.

Ø Baseline value of skin resistance given by BSR

Ø Activities of sweat glands is given by GSR

### Procedure of GSR Measurement

It is generally measured at the palms of the hand, where we have the highest concentration of sweat glands. Through amplifying unit can be recorded on suitable graphic recorder or can be connected to display unit to show colour bands to the variation of the colour bands are optioned from very dark red colour bands to comparatively lighter then after yellow pale green then green bands upto dark, green & up to concentrated olive green colour bands as variation in emotional state takes place.

**Conclusion** The state of grief & anxiety and stage of recovery can be understood by these Biomedical Instruments before, during and after Homoeopathic Similimum.

### Acknowledgement

My sincere thanks to Dr Arun Bhasme, Principal Sonajirao Kshirsagar Homoeopathic Medical College, Beed for his constant encouragement in my work. I am grateful to Dr Thornton Streeter (UK) for his untiring

support in my all Biomedical Engineering projects. I am immensely thankful to Dr Arvind Kothe, Principal, MHMC, Goa for his constant inspiration and curious inquiry about my work.

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# Acne Vulgaris And Its Homoeopathic Treatment



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## Introduction:

**Acne vulgaris** (or **cystic acne**) is a common human skin disease, characterized by areas of skin with seborrhea (scaly red skin), comedones (blackheads and whiteheads), papules (pinheads), pustules (pimples), Nodules (large papules) and possibly scarring. Acne affects mostly skin with the densest population of sebaceous follicles; these areas include the face, the upper part of the chest, and the back. Severe acne is inflammatory, but acne can also manifest in non-inflammatory forms. The lesions are caused by changes in pilosebaceous units, skin structures consisting of a hair follicle and its associated sebaceous gland, changes that require androgen stimulation.

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Acne occurs most commonly during adolescence, and often continues into adulthood. In adolescence, acne is usually caused by an increase in testosterone, which people of both genders accrue during puberty. For most people, acne diminishes over time and tends to disappear or at the very least decrease after one reaches one's early twenties. There is, however, no way to predict how long it will take to disappear entirely, and some individuals will carry this condition well into their thirties, forties, and beyond. Some of the large nodules were previously called "cysts" and the term nodulocystic has been used to describe severe cases of inflammatory acne. The "cysts," or boils that accompany cystic acne, can appear on the buttocks, groin, and armpit area, and anywhere else where sweat collects in hair follicles and perspiration ducts. Cystic acne affects deeper skin tissue than does common acne.

Aside from scarring, its main effects are psychological, such as reduced self-esteem and in very extreme cases, depression or suicide. Acne usually appears during adolescence, when people already tend to be most socially insecure. Early and aggressive treatment is therefore advocated by some to lessen the overall long-term impact to individuals.

## Terminology:

The term acne comes from a corruption of the Greek (akm ), literally "point, edge", but in the sense of a "skin eruption" in the writings of Aetius Amidenus. Used by itself, the term "acne" refers to the presence of pustules and papules. The most common form of acne is known as acne vulgaris, meaning "common acne". Many teenagers get this type of acne. Use of the term "acne vulgaris"

implies the presence of comedones.

The term "acne rosea" is a synonym for rosacea, however some individuals may have almost no acne comedones associated with their rosacea and prefer therefore the term rosacea. Chloracne is associated with exposure to polyhalogenated compounds.

## Signs and symptoms:

Typical features of acne include: seborrhea (scaly red skin), comedones (blackheads and whiteheads), papules (pinheads), pustules (pimples), nodules (large papules) and, possibly scarring. It presents somewhat differently in people with dark skin.

## Scars:

Acne scars are the result of inflammation within the dermis brought on by acne. The scar is created by the wound trying to heal itself resulting in too much collagen in one spot. Physical acne scars are often referred to as "Icepick" scars. This is because the scars tend to cause an indentation in the skin's surface. There are a range of treatments available. Although quite rare, the medical condition Atrophia Maculosa Varioliformis Cutis also results in "acne-like" depressed scars on the face.

Ice pick scars: Deep pits, which are the most common and a classic sign of acne scarring.

Box car scars: Angular scars that usually occur on the temple and cheeks, and can be either superficial or deep, these are similar to chickenpox scars.

Rolling scars: Scars that give the skin a wave-like appearance.

Hypertrophic scars: Thickened, or keloid scars.

## Pigmentation:

Pigmented scars is a slightly misleading term, as it suggests a change in the skin's pigmentation and that they

are true scars; however, neither is true. Pigmented scars are usually the result of nodular or cystic acne (the painful 'bumps' lying under the skin). They often leave behind an inflamed red mark. Often, the pigmentation scars can be avoided simply by avoiding aggravation of the nodule or cyst. Pigmentation scars nearly always fade with time taking between three months to two years to do so, although can last forever if untreated.

A case of cystic acne on Face & Trunk



Different types of Acne Vulgaris: A: Cystic acne on the face, B: Subsiding tropical acne of trunk, C: Extensive acne on chest and shoulders.

Causes:

Acne develops as a result of blockages in follicles. Hyperkeratinization and formation of a plug of keratin and sebum (a microcomedo) is the earliest change. Enlargement of sebaceous glands and an increase in sebum production occur with increased androgen (DHEA-S) production at adrenarche. The microcomedo may enlarge to form an open comedone (blackhead) or closed comedone (milia). Comedones are the direct result of sebaceous glands' becoming clogged with sebum, a naturally occurring oil, and dead skin cells. In these conditions, the naturally occurring largely commensal bacterium *Propionibacterium acnes* can cause inflammation, leading to inflammatory lesions (papules, infected pustules, or nodules) in the dermis around the microcomedo or comedone, which results in redness and

may result in scarring or hyperpigmentation.

Hormonal activity, such as menstrual cycles and puberty, may contribute to the formation of acne. During puberty, an increase in male sex hormones called androgens causes the follicular glands to grow larger and make more sebum. Use of anabolic steroids may have a similar effect. Several hormones have been linked to acne: androgens testosterone, dihydrotestosterone (DHT) & dehydroepiandrosterone sulfate (DHEAS), as well as insulin-like growth factor 1 (IGF-I).

Development of acne vulgaris in later years is uncommon, although this is the age group for rosacea, which may have similar appearances. True acne vulgaris in adult women may be a feature of an underlying condition such as pregnancy and disorders such as polycystic ovary syndrome or the rare Cushing's syndrome. Menopause-associated acne occurs as production of the natural anti-acne ovarian hormone estradiol fails at menopause. The lack of estradiol also causes thinning hair, hot flushes, thin skin, wrinkles, vaginal dryness, and predisposes to osteopenia and osteoporosis as well as triggering acne (known as acne climacterica in this situation).

#### Genetic:

The tendency to develop acne runs in families. For example, school aged boys with acne often have other members in their family with acne. A family history of acne is associated with an earlier occurrence of acne and an increased number of retentional acne lesions.

#### Psychological:

While the connection between acne and stress has been debated, scientific research indicates that "increased acne severity" is "significantly associated with increased stress levels." The National Institutes of Health (USA) list stress as a factor that "can cause an acne flare." A study of adolescents in Singapore "observed a statistically significant positive correlation [...] between stress levels and severity of acne." It is also not clear whether acne causes stress and thus perpetuates itself to some extent.

#### Infectious:

*Propionibacterium acnes* (P. acnes) is the anaerobic bacterium species that is widely concluded to cause acne, though *Staphylococcus epidermidis* has been universally discovered to play some role since normal pores appear colonized only by P.acnes. Regardless, there are specific clonal sub-strains of P.acnes associated with normal skin health and others with long-term acne problems. It is as yet inconclusive whether any of these undesirable strains

evolve on-site in the adverse conditions or are all pathogenically acquired, or possibly either depending on the individual patient. These strains either have the capability of changing, perpetuating, or adapting to, the abnormal cycle of inflammation, oil production, and inadequate sloughing activities of acne pores. At least one particularly virulent strain, though, has been circulating around Europe for at least 87 years. In vitro, resistance of P. acnes to commonly used antibiotics has been increasing, as well.

#### Diet:

A high glycemic load diet is associated with worsening acne. There is also an association between the consumption of milk and the rate and severity of acne. Other associations such as chocolate and salt are not supported by the evidence. However, products with these ingredients often contain a high glycemic load.

#### Diagnosis:

There are multiple grading scales for grading the severity of acne vulgaris three of these being:

Leeds acne grading technique: Counts and categorises lesions into inflammatory and non-inflammatory (ranges from 0 to 10).

Cook's acne grading scale: Uses photographs to grade severity from 0 to 8 (0 being the least severe and 8 being the most severe).

Pillsbury scale: Simply classifies the severity of the acne from 1 (least severe) to 4 (most severe).

#### Differential Diagnosis:

Keratosis pilaris

Rosacea

Chloracne

IN MODERN MEDICINES THE MANAGEMENT IS DONE BY:-

#### Medications:

Benzoyl peroxide, Antibiotics, Hormones, Topical retinoids, Oral retinoids, Anti-inflammatories.

### Procedures

**Dermabrasion, Phototherapy, Photodynamic therapy, Laser treatment**

#### Surgery:

For people with cystic acne, boils can be drained through surgical lancing.

#### Alternative medicine:

Tea tree oil (melaleuca oil) has been used with some success, where it is comparable to benzoyl peroxide but

without excessive drying, kills *P. acnes*, and has been shown to be an effective anti-inflammatory in skin infections

Aloe vera: there are treatments for acne mentioned in Ayurveda using herbs such as Aloe vera, Neem, Haldi (Turmeric) and Papaya. However, scientific evidence for the cosmetic effectiveness of aloe vera is limited and when present is frequently contradictory.

#### HOMOEOPATHIC MANAGEMENT:-

Proper and detailed case taking is done.

Case processing is done:-

- Diagnosis of disease.
- Diagnosis of miasm.
- Diagnosis of phase of disease.
- Totality of symptoms.
- Analysis of symptoms.
- Evaluation of symptoms.

Reportorial totality is considered. Final selection of remedy is done

#### SOME IMPORTANT HOMOEOPATHIC MEDICINES:-

Aloe Vera, Calendula, Berberis Aquifolium, Kali-Brom, Echnicea, Graphites, Sulphur, Psorinum, Belladonna, Calcarea Carb, Nat-Mur, Phos, Arsenic, Lachesis.

But cure is possible only by a constitutional simillimum.

Some cases of Acne cured homeopathically:

BEFORE



AFTER



BEFORE



AFTER



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#### UPCOMING EVENTS

##### Vadodara:

##### Vadodara Homoeopathic Seminar with Dr. Farokh J. Master

State level Homoeopathic seminar is being organized by Center for advanced studies in Homoeopathy (C.A.S.H.), New Delhi on July 8<sup>th</sup> 2012 at Vadodara, Gujarat.

Venue: Prof. C. C. Mehta Auditorium, General Education center, The Maharaja Saiyarájirao University, Baroda, Vadodara 390 002, Gujarat.

Theme: How to be a successful prescriber

Topic: Learning & Practicing Homoeopathy in Hahnemannian way.

How to solve difficult cases with ease.

Acute prescription in Homoeopathy.

Analysis of rubrics of Mind & its application.

Supported by B. Jain pharmaceuticals & RADAR OPUS Homoeopathic Software.

Delegation Fees: Rs. 325/-

Contact Person: Mr. Jignes Patel, Mob. 09825 511 630/ 09722 227 484 Mr. Abhijeet Madgaonkar, Mob. 09372 632 363 For details please contact: Dr. Ashish, Center for advanced studies in Homoeopathy (C.A.S.H.), - 1921/10, Chuna Mandi, Paharganj, New Delhi 110 055, Tel. 011 45671000, Mob. 09310 845 809, Mail ashish@bjain.com

##### Ghazipur:

##### 8<sup>th</sup> Homoeofriends Scientific Seminar & Award ceremony:

Venue: Vivah Mandap, Ramleela maidan, Lanka, Ghazipur, U.P.

Delegate Fees: Rs. 500/- & Rs. 400/- for Students.

Contact: Dr. Manjulendra Pratapsingh, Mob. 09532 933288, Mail dr\_mpsingh45@yahoo.com

Dr. M. D. Singh, M.D. Homoeo Lab., Mob. 09415 861781 Dr. G. P. Singh, Phullanpur, bypass road, Ghazipur, U.P. Mob. 09415805741 Dr. Virendra Pratapsingh, J.K. Homoeo Agency, Singh Katra, Rauza, Ghazipur, Mob. 08574 782 088, Mail-vijendrapratap44@gmail.com



# Post Traumatic Stress Disorder in Children



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Post-traumatic stress disorder (PTSD) is a relatively recently recognised condition although it has probably long been in existence. It was first officially recognised as a syndrome in the 1980s and was grouped with the anxiety disorders. Three main constellations of symptoms were described:

distressing and recurring recollections of the trauma  
avoidance of stimuli associated with the trauma  
increased physiological arousal

In day to day practice clinicians are most likely to see PTSD following abuse, life-threatening illness, or road traffic accidents. It is normal for children to respond to trauma with distress. However once the danger has passed such children should slowly return to normal. In PTSD the symptoms persist with intrusive images of the event as if they are re-experiencing it, or there is marked avoidance behavior or significant physiological arousal. Much of the literature is based on adults but it is likely that there will be more descriptions of PTSD in childhood in the near future.

To memorize all the key signs of PTSD, psychiatrists suggest the following mnemonic:

## **PTSD Mnemonic**

**E** Event/experience (threatening to life or physical integrity of self or others)

**R** Re-experiencing (flashbacks, nightmares etc)

**A** Arousal (anxiety, startle, hypervigilance, irritability)

**A** Avoidance (of things, places, images etc. reminiscent of event)

**D** Duration of plus one month

## **CAUSES:**

Adult studies have suggested that there may be a genetic vulnerability to the development of PTSD, while three factors may mediate the development of PTSD in children:

The severity of the trauma

Trauma related parental distress

Temporal proximity to the traumatic event.

The causes are different at different ages. Children may get acutely stressed after witnessing natural calamities

(earthquakes, floods etc) and the damage there of (building collapses, dead bodies and cattle floating in water). Today with all pervasive Television it can affect even children living on the other side of the world.

Acts of terrorism like the Sept 11, 2001 crash of World Trade Centre at New York (October poll on growing well website shows that of all mothers who voted as high as 76%, said that their children were badly affected by seeing it on TV). Religious riots and bombing in Mumbai in 93-94 also affected children. So too, witnessing an accident, especially in which a friend or relative is involved.

Disharmony between parents, acts of violence and divorce leads to guilt and stress in a child.

A child may get severely stressed if beaten by a teacher and find it difficult to overcome it.

A child who is sexually assaulted is left with an indelible stressor.

Studies have shown that emotionally arousing events cause stress-related hormones such as adrenaline to be released by the brain's amygdale, which is involved in emotional learning and memory. PTSD may develop when the event is so emotionally powerful, and so much adrenalin is released, that the "gain-switch" is set too high. Then, each time the traumatic experience is recalled; the amygdale releases yet more hormones & intensifies the stressful memories even more.

## **HOW DO CHILDREN REACT TO STRESS?**

Reactions to stress differ. One may be either anxious, depressed or develop a physical symptom. Some children may stop eating, others may start stammering after having spoken normally all life. Others may (re)start bedwetting or encopresis. Grown up kids may resort to smoking.

Common psychological symptoms are fear (of facing the stressor again); anger (frustration); guilt or shame (over helplessness). Reactions to acute stress may be confusion, lack of sleep, inability to concentrate, nightmares etc.

## **WHAT EXACTLY DO CHILDREN FEEL?**

They generally become "hyper"-startle at the slightest stimulus, thoughts intruding the activity going on, sleep problems, nightmares, dreams about the event and hyper



alertness (Mom! The building is shaking - in the aftermath of an earthquake) or (Mom, look at that man with beard). The symptoms are aggravated by events reminding one of the stressor event. Sometime the symptoms arise after a long time like child sexual abuse manifesting after marriage.

#### **HOW IS IT TREATED?**

In practice this involves a combination of parental counseling, cognitive behaviour therapy, and medication for symptomatic relief. Family support matters a lot. Avoidance or telling a child NOT to watch it on TV or cut out gruesome pictures from newspapers does not help.

#### **MANAGING PTSD IN CHILDREN:**

Safety of Family and people you know. Parents should offer immediate reassurance by letting the child know that people closest to him are fine. Even though obvious, count out members of immediate family like -Mother, father, brothers and sisters-are all safe. This is essential even if you are nowhere near the site of the tragedy or act of violence. Child is disturbed as he/she feels this may threaten immediate surroundings. Next, reassure your child about other relatives-Grandma and Granddad, for example. Repeating the list of near and dear ones who are all right will be comforting not only for your child but for you as well. If possible, let the child talk to them on phone.

**Daily Routine:** Maintaining daily routine is the best way to convey to your child that all is fine. A regular routine always gives children a sense of security.

**Details of events:** It is advisable to turn off the television for the sake of young children, if they are around. It is equally important to catch unfolding events. To balance both, if your children are watching, make sure that you sit with them, to help explain what is happening and anticipate and answer their questions.

**Security Shield:** Tell your child that the police, law abiding citizens and the Government are ensuring safety of every one.

**Positive Thinking:** If your child knows that there has been violence or thousands have died in an earthquake or that a plane has crashed or a building has collapsed, you must reassure him that almost all the other planes and buildings are still completely safe. He must be told that such bad events only happen in very few places.

**Control Your emotions:** Even very young children are acutely aware of the emotional state of their parents. You don't have to hide your emotions; It's fine to let your children know that you are upset and sad, but make it clear that you're not upset with *them*, and try to be as calm and reassuring as possible. A hug at such a time is as comforting for you (knowing that your child is safe in your arms) as it is for your child.

**Patience:** If exposed to a tragedy, you must expect that

your children, no matter how young, will show signs of distress-either in the form of fussiness, fear, nightmares or tantrums. These are normal reactions and you should be ready to deal with them with understanding and patience.

#### **HOMOEOPATHIC APPROACH:**

**Homeopathy** can help, both through first aid and deeper constitutional care.

**Aconite-** is a wonderful remedy for panic attacks, with intense restlessness and fear of death.

**Arnica-** is a remedy for shock, concussion and bruising. It can still work even weeks or months after the original event.

**Natrum sulph** -is for head injuries with long-lasting after effects, such as headaches.

**Ignatia-** is a remedy for intense emotional shock and grief with a sense of disbelief.

**Natrum mur** - is a grief remedy for those who try to contain their emotions and put on a brave face, finding it hard to confide in anyone.

**Staphysagria** -is a remedy for physical effects of suppressed anger, ailments from reserved displeasure.

**Opium** is a remedy for ailment from fright an old fright.

**Arsenic alb-** anxiety felt after trauma with insecurity, restlessness and marked prostration.

**Aurum met-** people who become seriously depressed after traumatic stress.

#### **References:**

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Lectures on

Homoeopathic Materia Medica by Dr. J. T. Kent

Internet Sites: Hpathy.com

Homeodoc.blogspot.in

### **UPCOMING EVENTS**

**Dr Vijayakar's Camp for Mentally Retarded children on 12 Aug. at Beed**

**Beed (Correspondent):**

Camp arranged for mentally retarded children at Sonajirao Kshirsagar Homoeopathic Medical collage, Beed on 12 Aug. 2012. Eminent Homoeopath Dr Prafful Vijayakar from Mumbai will examine the patients said Dr Arun Bhasme.

# A Case Of Psoriasis



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## ABSTRACT:

A 5 ½ years old girl came on 09/09/2010 with Psoriatic Eruptions all over body especially on scalp and back since 4 years. There were severe itching and burning with scaling over eruptions. Previously, she had taken allopathic medicines without relief.

## CASE HISTORY:

### Presenting complaints:

Psoriatic eruptions all over body mainly on scalp, face, abdomen and back. Intense itching till bleeding with burning and scaling of the skin. Complaints are aggravated especially at night.



### History of presenting complaints:

There were small, multiple eruptions 2-3 months after birth on scalp. But since 2 years, the eruptions increased in size and spread all over body with much swelling and itching. Later on, they left the case as hopeless.

### Personal History:

Patient belongs to middle class family. Her parents are farmers living in rural area. She is living with her maternal uncle with mother since 3 and half years as mother is separated from her father because of family quarrels. She was unable to take admission in school due to her

complaints as eruptions were looking too ugly.

**Family History:** No major illness in family.

### History of Treatment:

They consulted to allopath when the complaints started who prescribed medicines and some local applications which gave temporary relief.

## GENERALS:

### Physical generals:

Appetite - Takes two times adequate meal  
Bowel habit - Regular  
Thirst - Moderate, 4-5 glass per day  
Desire - Rice+ and Sour+  
Aversion - Not specific  
Urine - Normal  
Sleep - Disturbed due to itching  
Dreams - Not specific  
Sweat - On exertion  
Thermal - Sensitive to heat

### Mental Generals:

The baby is very obedient and mild in nature. Does not demand for anything, easily get dominated. Does not harm to any one, very quiet natured.

### Maternal history during pregnancy:

There were constant quarrels with in-laws throughout pregnancy. Her husband used to beat her so many times. She was always getting very much angry but became helpless in that situation. Her anger got suppressed with much humiliated feeling. There was constant weeping throughout pregnancy with much anger. She used to come at her parents during such conditions.

## EXAMINATION:

All physical parameters were within normal limits.

**DIAGNOSIS:** Plaque Psoriasis

### MIASMATIC DIAGNOSIS:

It covers all the three miasms with dominant psora and syphilis.

## TOTALITY OF SYMPTOMS:

Mild, yielding in nature.  
Maternal history shows indignation and mortification feeling.  
Psoriatic eruptions all over body.  
Itching and burning with scaling of eruptions.  
Aggravation at night.  
Desire for sour and rice.

## Reportorial way for selection of remedy

From the above information the following rubrics had taken from complete repertory,  
Mind Ailments from, anger vexation, suppressed, from  
Mind- Ailments from, mortification, humiliation, chagrin, indignation with  
Mind Mildness  
Mind Yielding disposition  
Food and drinks Rice desire  
Food and drinks Sour, acids, desire  
Gen. Night nine pm five am Agg.

## Repertorisation chart -

Remedy Name	Staph	Lyc	Puls	Staph	Lyc	Puls	Staph
Totally	14	11	11	10	3	3	3
Symptom Covered	7	5	4	3	3	3	3
[C] [Mind] Ailments from Anger, vexation, Suppressed, from	3	3		2	2		1
[C] [Mind] Ailments from Mortification, humiliation, chagrin, Indignation, with	4						
[C] [Mind] Mildness	1	2	3	3	2	2	2
[C] [Mind] Yielding disposition	1	3	3	1	1	1	1
[C] [Generates] Food and drinks Rice Desire	2				1		
[C] [Generates] Food and drinks Sour, acids Desire	1	1	2	2	2	2	2
[C] [Generates] Night, near p.m. five a.m. Agg.	2	2	3	2	2	3	3

## Reportorial result

STAPHISAGRIA 14/7, LYCOPODIUM 11/5, PULSATILLA 11/4

Now according to totality of symptom and the indignation and humiliated feeling more marked in STAPHISAGRIA. Also the confirmatory rubric Psoriasis children in Staph. is for 3 marks in Synthesis Repertory, I selected STAPHISAGRIA 30, 3 DOSES at 15 minutes interval on 9 Sept. 2010. And given SL for 15 days.

**Follow up on 4 Oct 2010** Scaling over eruptions reduced pinkish appearance of skin. Itching increases.

S.L. FOR 20 DAYS.

**Follow up on 27 Oct 2010** Itching reduced eruption over scalp as it is, eruption over trunk increases in size. Sleep normal.

S.L. FOR 20 DAYS.



1. **Follow up 16 Nov. 2010** No itching, eruption reduced in size



S.L. FOR 2 MONTHS.

1. **Follow up on 1 April 2011-** No complaint only white discoloration over abdomen and back.

Coryza, cough with white expectoration.







S.L. FOR 1 MONTH.

**Follow up 24 May 2011** Small eruptions over scalp, other eruption became normal



S.L. FOR 1 MONTH

**1.Follow up 20 June 2011-** small eruptions over scalp, no other eruptions. STAPHISAGRIA 200 single dose given.

S.L. FOR 2 months.

**2.Follow up on 24 Aug.2011** No eruptions over scalp. No other eruptions over body. No any other complaint.



S.L. FOR 1 month.

### DISCUSSION

The eruptions first starts over scalp and then spread all over body. During the course of treatment initially the eruptions over abdomen and back increases but itching reduced and sleep was normal. Latter on gradually the eruptions over trunk reduced and lastly scalp eruption remains from which the diseases was started. After increasing the potency latter on all the eruption became normal without any complaint.

In this case along with the symptoms of the patient, the mother's history during pregnancy played good role in treating the case. Here the cause of the diseases is the disturbed mental health of mother during pregnancy. The medicine is selected mainly on the mental and physical generals given good result in complicated chronic disease.

### CONCLUSION

The homoeopathy offers the good treatment for Psoriasis. Along with the mental and physical generals, mother's mental condition during pregnancy played important role in selection of homoeopathic remedy when the disease is of congenital origin.

# A study of the Effect of Planned teaching to elderly and their family on nutritional intake of the elderly



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## **ABSTRACT:**

### **Introduction to the study:**

The major concern is the rise in the world population of the aged and the multi disciplinary problems they face in relation to poor nutritional intake. Under nutrition is a major cause of nutritional and non nutritional illnesses and injury in the elderly. Elderly people themselves and relatives concerned about their welfare would benefit from increased awareness and improved understanding of the principals of good nutritional practices of the elderly.

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### **Statement of the problem:**

"A study of the Effect of Planned teaching to elderly and their family on nutritional intake of the elderly."

### **Objectives of the study:**

1. To identify the factors affecting the nutritional intake of the elderly.
2. TO determine the nutritional intake of the elderly before and after planned teaching.
3. To study the relationship between nutritional intake and selected variables (Gender, marital status, per capita family income)

### **Research Approach:**

A descriptive evaluative approach was used.

### **Setting:**

Maharashtra Housing Board Colony, Malad, Mumbai.

### **Sample and sampling technique:**

The sample consisted of 50 elderly subjects of the Malvani slum community. It was a purposive sampling technique, which was selected according to the predetermined criteria.

### **Tool and Technique:**

The tool and technique ware the structured interview schedule for general information and to find out the factors affecting the nutritional intake of the elderly.

Observation tool for recording the type and amount of food consumed with each meal for seven consecutive days before and after planned teaching.

### **Validity and reliability:**

The tool was tested for content validity and reliability. Using test and retest methods to test the

reliability of the tool. The reliability was found 0.99.

### **Data collection process:**

The data was collected from 8am to 6pm daily from 15 days. Interview before teaching at home took 20 to 25 minutes. Before and after teaching direct, observations at home and 24 hours recall method was used to obtain information about daily consumption of food for seven consecutive days. Cooked and raw food items were weighed combine with standard measures. Same measurements were used before and after teaching. An average calories of one dietary cycle (Seven consecutive days)was taken for each meal for further analysis.

### **Data analysis:**

The data was analyzed in terms of frequency and percentage and was in the form of table and graphs. To find out the significance of planned teaching, the paired't' test was used as a statistical test. To find out relationship between nutritional intake and selected variables, the ANOVA test was used.

### **Findings of the study:**

- Mean age of the sample was 66.16 years
- There were more female elderly in the sample i.e.72 percent
- 63.8 percent female elderly were detected as widows
- 62 percent elderly had loss of body weight and 34 percent did not know about their change in body weight and 4 percent of the elderly neither gained nor lost their body weight.
- According to body mass index, 22 percent elderly were seriously malnourished, 40 percent



indicated urgent need to focus on nutrition to prevent from serious malnutrition and 30 percent elderly were just below the average, if not taken care of may develop malnutrition in a very short period.

- It was found that 40 percent elderly nutritional intake were reduced due to heart burn, 52 percent ate less due to flatulence, loss of teeth and chewing difficulty were 60 percent, 40 percent ate less due to loneliness and isolation, 40 percent elderly were effected due to lack of encouragement & feeling uselessness.

- **Before planned teaching total mean caloric intake was 913.94 kcal and post planned teaching it was 1184.83 kcal.**

- Nutritional intake of the elderly was improved after planned teaching. It was tested with 't' test and found to be statistically highly significant.

- Relationship between nutritional intake and three variables such as gender, income, and marital status, the test (ANOVA) was statistically insignificant.

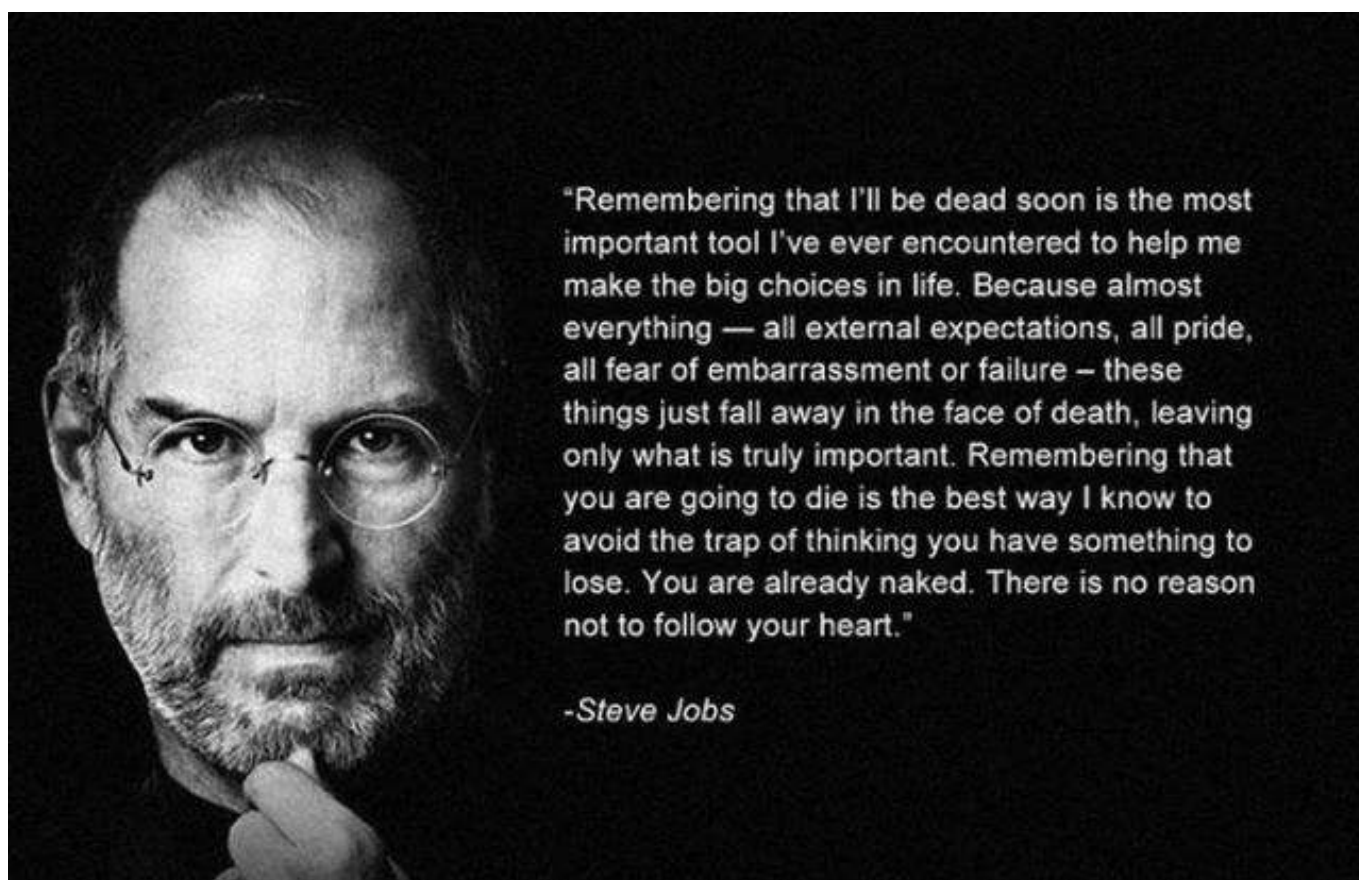
## Conclusions:

On the basis of the findings of the study the following conclusions were drawn:

The Presence of various factors had reduced the nutritional intake of the normal elderly. Caloric intake of the elderly were less than two third of the requirement, but after planned teaching, it was more than two third of the requirements. There was positive influence of planned teaching on the majority of the elderly thus the nutrition education proved as an effective step in improving and maintaining the nutritional status of the elderly.

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➡ Dr. Arun Jamkar, Vice-Chancellor, MUHS, Nashik during lamp lightening on occasion of Inauguration of AYUSH CME, seen: Dr. Shekhar Rajderkar, Pro Vice-Chancellor, MUHS Nashik, Dr. Adinath Suryakar, Registrar, MUHS, Nashik Dr. Arun Bhasme, Dean, Faculty of Homoeopathy, MUHS, Nashik, Prof. Prabhakar Kulhadi & Dr. Pravin Awale.





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