

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Posology and Homoeopathy

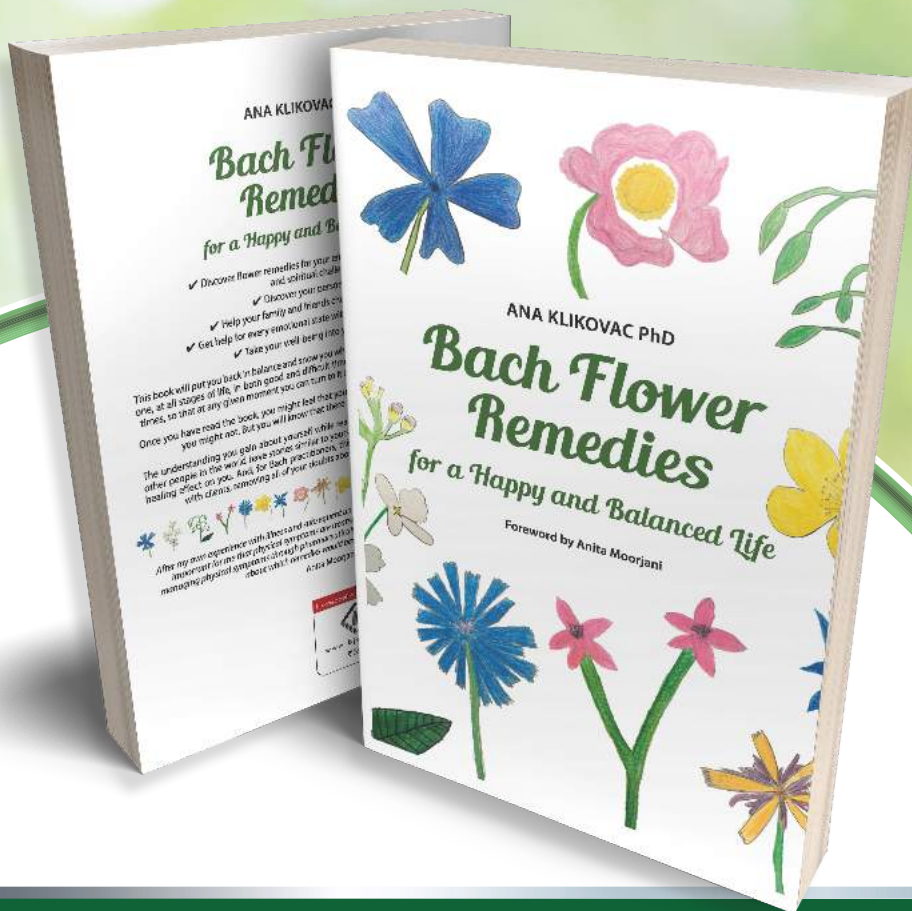
- A clinical observational study on efficacy of Vanadium metallicum 6c in increasing the haemoglobin concentration, mean corpuscular volume and serum ferritin in iron deficiency anaemia
- Perceiving individual disease, simillimum and the posology: a case study on benign paroxysmal positional vertigo
- Fifty millesimal potencies - an overview



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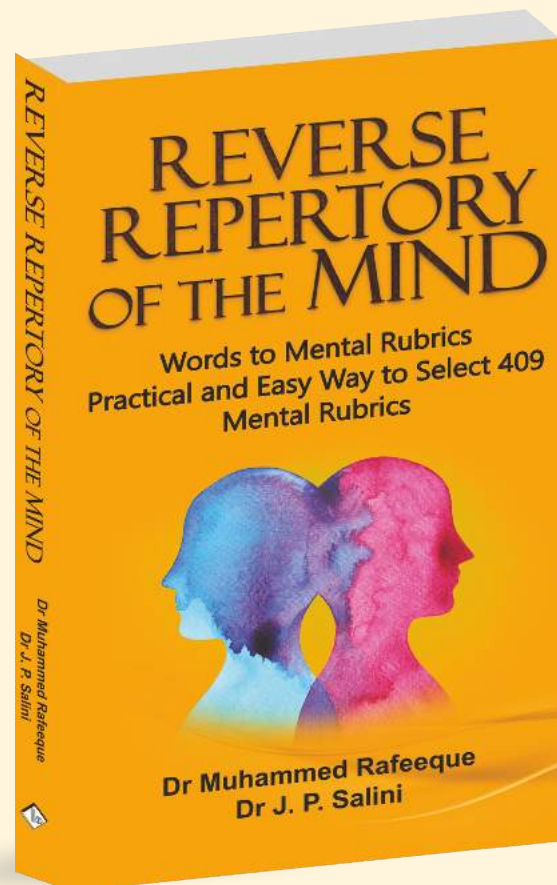


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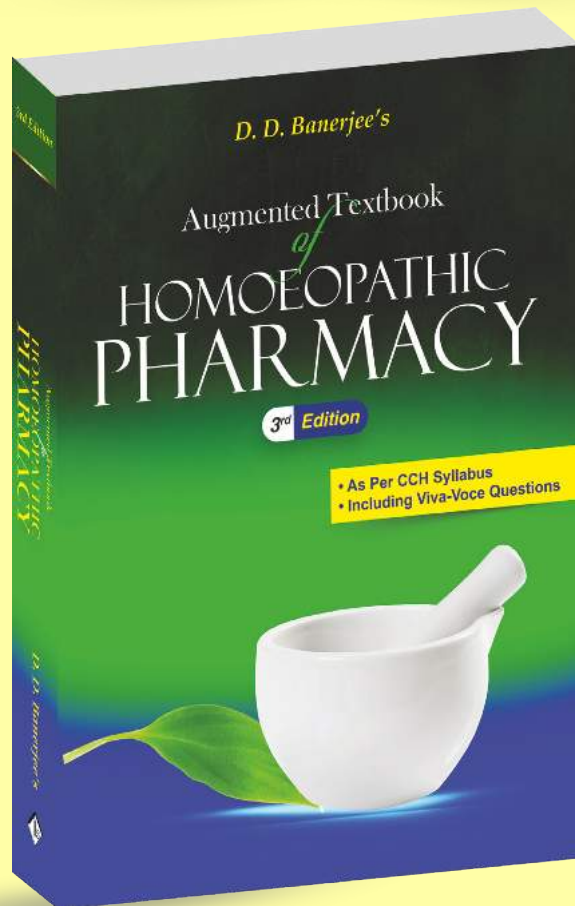
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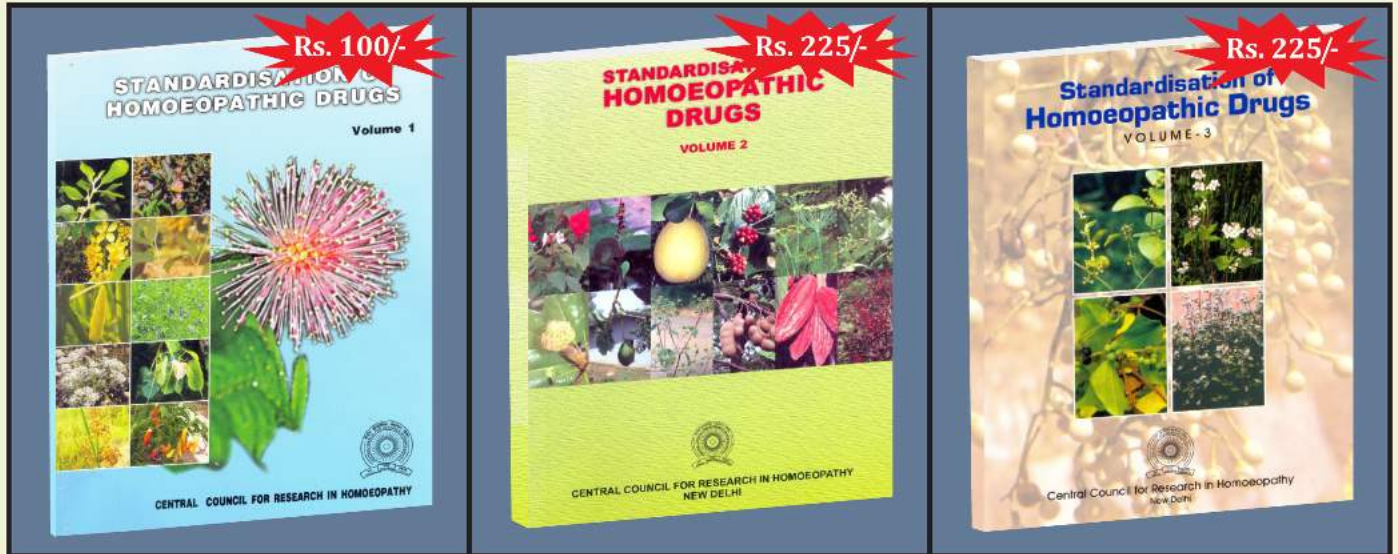
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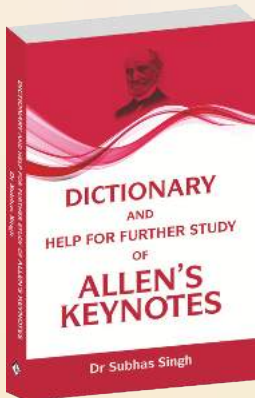
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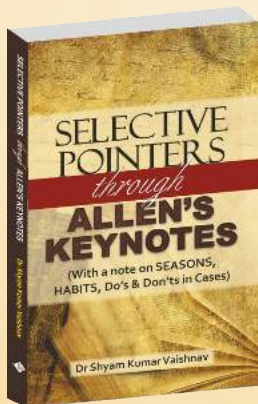
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- Keeping into consideration, the difficulties faced by readers in reading and understanding the vocabulary used in Allen's Keynotes, the author has come up with this dictionary of Allen's Keynotes.
- The author has done his best to provide the word meanings to all the difficult terminologies and nomenclature used in Allen's Keynotes.
- the related symptoms of all medicines have been placed together. The Keynote symptoms have been placed under different chapters and sub-chapters.
- word meanings to some of the selected words, terms, and nomenclatures used in Allen's Key Notes are given.
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- the unrelated but similar-sounding symptoms are clubbed at one place, to make comprehension and learning of Allen's keynote easier.
- Arrangement of relationship in different headings.

ISBN: 978-81-319-1381-9 | ₹ 499 | 440 pp

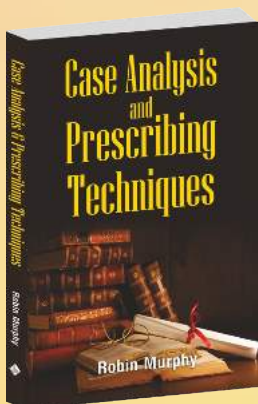
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- This book is to provide an answer to the vexed question "How shall I get a remedy quickly in a particular group of population & without much effort?"
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- Its easy for comprehension and also quick for reference and prescription.
- The THUMB RULE section gives a different perspective of learning making the reader ponder and go to the depth of Allen's Keynotes.
- Emphasis had been on dividing age groups, gender groups& even on pediatric remedies, a list of drugs has been incorporated for the convenience of students, PG scholars, and the physicians.

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Case Analysis & Prescribing Techniques By Robin Murphy



- The author has taken a point-by-point approach to case-taking, punctuated by general discussions of the related topics.
- He has given invaluable tips, making it somewhat revolutionary compared to accepted concepts disclosed and applied in the earlier case-taking guidelines.
- several cases are analyzed throughout the book with discussions and follow-up. This book contains the transcripts of seven, 95 minute audiotapes. There is student-teacher dialogue clearing queries.
- The book also guides about potency selection.

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Dear Readers,

“Small stimuli encourage life activity, strong stimuli tend to impede it and very strong stimuli are apt to stop or destroy it.” Strychnine, Arsenic, Phosphorus, etc. are strongest poisons when given in large doses, but if given in small doses, these are most valuable tonics. Master Hahnemann, originator of the science of attenuation of drugs, has resolved the topic of posology notwithstanding all endeavours of homoeopaths.

Homoeopathic posology represents the accumulated clinical experiences and interpretation of all careful prescribers since the times of Hahnemann. A proper understanding of the dynamic concept of disease of susceptibility and of remedy reaction is essential for an intelligent grasp of this most important aspect of homoeopathic practice. The ever-changing kaleidoscopic picture presented by homeopathic posology contrast well with the firm application of the law of Similars. The latter represent the fundamental unalterable principles i.e. the former the rules that have been evolved out of the accumulated clinical experience, ever subject to modification in the light of subsequent experience. A perusal of the organon through its additions enables one to understand how even Hahnemann was all the time modifying and changing his ideas of posology in the light of its clinical experience.

Dr Elbert Guernsey wrote in his *Homoeopathic Domestic Practice*, “In domestic practice the lower attenuations may be used with much greater safety than the higher.” But a word of warning given by Dr Shepherd is not out of place to mention here “let me impress on the lay people that the high potencies are not for them to play with. Knowledge of metaphysics, mental philosophy and logic is necessary before one can hope even humbly to understand their action from a distance. I have been horrified at some people who after reading a book or two on materia medica while they are

still in a state of mental indigestion, start to throw their weight about and begin to treat their friends and acquaintances with repeated doses of high potencies, frequently changing the remedies every few days in their foolish ignorance and vain glory. They do more harm to the cause of Homoeopathy than they kept to the ordinary run of house hold remedies.” (Dr D. Shepherd – *Magic of the minimum Doses*). The question of potency rests to the judgment of the practitioner, his skill and knowledge, nature of the patient, and nature of the medicine.

A Quick Word on Issue Content:

This issue of “*The Homoeopathic Heritage*” is an attempt to describe the relationship between posology and homoeopathy through different case studies and research papers.

The peer reviewed articles of this issue include a clinical observational study on efficacy of *Vanadium metallicum 6c* in increasing the haemoglobin concentration, mean corpuscular volume and serum ferritin in iron deficiency anaemia by Mr *Shreyank Kotian*, Dr *Deepa Pais*, and “perceiving individual disease, simillimum and the posology: a case study on benign paroxysmal positional vertigo” by Dr *Yogesh D Niturkar*. The research review articles were fifty millesimal potencies - an overview by *Aditya Pareek*, *Nitika Pareek*, *Chaturbhujay Nayak*, homoeopathic posology: outlook of different stalwarts by Dr *Surabhi Khatta*, Dr *Neeraj Srivastava*, and the concept of susceptibility in homoeopathy – stalwart’s views by Dr *Riswana A*. A wonderful research paper on a study to assess the efficacy of *Sangunaria nitrica 30* in acute rhinitis using rhinitis control assessment test scale is given by Dr *Uma Shenbagakumar*, Dr *M K Kamath*. The feather in cap of this issue is an excellent case series on sinusitis treated with homoeopathic biochemic medicine by Dr *Anupam Kumar*, Dr *Gitanjali Mathur*. Subjective articles include homoeopathic posology (quantity of doses), “HOW MUCH” important is this by Dr *Tamara Afroza*, Dr *Biswajit Bera*, a narrative review on different aspects of homoeopathic posology by Dr *Poulamy Singha Roy*, Dr *Sal-*

eema Naaz Tabassum, Dr *Siddharth Kumar Das*, Dr *Trishita Basu*, posology and homoeopathy by Dr *Goutam Das*, homoeopathic posology on the purview of susceptibility by Dr *Alok Nath Shaw*, Dr *Rajat Chatterjee*, Dr *Rup Nandi*, posology and homoeopathy by Dr *Jaspreet Kaur Kapoor*, an insight into evolution of homoeopathic posology and its relevance by Dr *Siddhartha Pal*, Dr *S. Seetha Lakshmi*, comparison among the homoeopathic drugs which have a supplicative tendency by Dr *Suman Samanta*, Dr *Supriya Pramanik*, Dr *Prabin Kumar Shaw*, and vitamin-D deficiency an lifestyle disorder and its homoeopathic approach by Dr *J. Senthilkumar*, Dr *M. Prabhu*, and Dr *B.A. Vetriuelan*. A special article for COVID-19 section was given by post COVID-19 syndrome and homoeopathy by Dr *Shweta Tiwari*.

Thus, the fundamentals of homoeopathic posology are represented in the trinity of a single remedy, minimum dose and minimum repetition. The only rule, which can be laid down with safety, is to repeat the dose only when improvement ceases. Young practitioners and many old ones too, give too many doses, repeat too frequently, and change remedies too often. They give no time for reaction. They get doubtful, or hurried, or careless and presently they get “rattled” if the case is serious. Then it is “all up with them,” until or unless they come to their senses and corrects their mistakes. Sometimes such mistakes cannot be corrected and a patient pays the penalty with his life. It pays to be careful and “go slow” in the beginning; then there will not be so many mistakes to correct.

At last, once again, we are obliged all our authors and readers for their contribution to the journal. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homoeopathy360.com for more information and opportunities related to homoeopathy.

Dr Yashika Arora Malhotra

hheditor@bjain.com

Note: *The Homoeopathic Heritage* is now a peer reviewed journal since January 2013. All the articles are peer reviewed by the in-house editorial team and selected articles from each issue are sent for peer review by an external board of reviewers and those articles are distinctly marked with a stamp of ‘peer reviewed’. For inclusion of articles in peer review section, kindly send your articles 3-4 months in advance of the said month. Send your articles at hheditor@bjain.com.

Call for papers for the upcoming issues:

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“Posology in acute emergency - how much to give? And how often?”



Editor's desk

Introduction

This is a very difficult area because there is no clear-cut mention about the above situation in different editions of *Organon of Medicine* or *The Chronic Diseases*, hence we lack general guideline.

In day to day practise, in any semi-acute condition, “take the indicated remedy in a 30C potency 3 or 4 times a day for two or three days.”

Dispensing the medicine can be done, either by 5 cup method (link: <https://www.youtube.com/watch?v=P7w72Zxv5pc>) or drop one or two pellets of the remedy into a small bottle of mineral water (pour some of the water off the top first for the sake of succussion), succuss (pound the bottle into your opposite palm) five times before each dose; a dose is a sip; or, pour water into a disposable cup, drop a remedy pellet in, and stir vigorously with a plastic spoon or straw before each dose, and then sip. There is no need to wait for the pellets to melt before dosing.

The above method is not so easy, there can be many if's and but's as follows:

1. If after an hour or two there

is no indication that the remedy has had any effect whatsoever, and patient is having active symptoms, it's probably either the wrong remedy or too low a potency. If one is pretty sure about the right remedy and it's not working, try going up to 200 C. If the complaint is recent and intense, the correct remedy should work within half an hour and maybe even in less than 15 minutes.

2. There is no hard-and-fast rule about when one will start feeling better, other than what is mentioned about recent and intense. In such cases, improvement can be felt within minutes. For example, one dose of *Apis mellifica* 30 C for a painful boil may show no improvement until the next day.
3. Stop repeating the remedy if improvement starts within few minutes.
4. The homoeopathic remedy is like the ignition key that starts the scooter, there's no need to start the scooter again if it's moving. Once the improvement stops in the case, repeat the remedy.
5. If the remedy chosen shows only slight improvement, continue the dose three or four times a day. Always succuss the bottle five times before each dose or stir the cup before taking a sip.
6. As stated earlier, if the complaint has come suddenly, one should see the remedy works fast.
7. If the disease is very acute, do not wait for 24 hours

after a taking a dose to see if it's going to work. Here, maximum time that one can wait is 15 minutes, especially if it's a recent occurrence, as in, just happened. Try the 30 C first! Don't give high potency right off, unless one has some reason to believe that a 30C won't even touch the case. More often than not, a 30C will cover any acute case; so, don't be afraid to start with it and see what happens; but, if nothing happens, one always have got 200 C up to CM.

8. On the other hand, if it's something sudden and severe like an injury or food poisoning, give 30 C, and one should fully expect that in 20 minutes or less, the patient is going to find out if it's the right remedy or not! If not and there was another remedy in consideration, give a dose of that.
9. Let's take an example of injury. Within 15 minutes, some relief should be felt, maybe only in the sense of feeling relaxed and centered. That's enough of a sign that the remedy was correctly chosen, and is working, thus the physician simply needs to wait.
10. Let's discuss a case of influenza since 2 weeks. One cannot expect the patient to be better in 15 minutes! This situation is better suited to the “3 or 4 times a day for 2 or 3 days” guideline. Here is a range of responses got from people who have been helped in this way: “In 6 hours, my sore throat was better!” “By the next day, I knew I was getting better.” “I only took one dose, be-

cause I forgot to take the remedy after that, and the next day I was better anyway!"

11. While prescribing a remedy, it's very important to note that one should not give a dry dose, always give in wet doses, either 5 cup method or plussing method.
12. This protects the physician from accidental "provings" (a kind of aggravation) and accidentally antidoting the previous dose. But again, if patient has improved from the first dose?
13. If patient's symptoms get worse (aggravation) after

taking a remedy, don't be in despair. This happens several times. It only means that the potency was higher than necessary, but the good news is that this is almost always a sign that the remedy chosen was correct and an improvement is sure to follow. Just make sure to stop dosing! Give the case about half an hour to settle down and don't repeat the remedy unless an improvement follows and then relapses. Don't repeat the remedy during an aggravation, the aggravation is a sign that the remedy has acted, which is all one can ask of a remedy! Meanwhile, if an

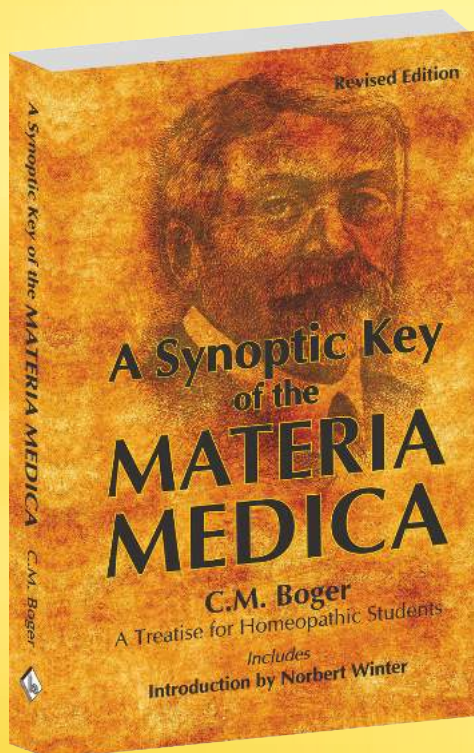
aggravation is troublesome and distressing, one should antidote it.

14. The wrong remedy: The wrong remedy generally will do absolutely nothing, i.e. one has to check the case paper again and make another choice. However, sometimes the wrong remedy may cause an unsettling feeling, not the same as when the right remedy causes a temporary worsening (aggravation) of the symptoms in the case.



A Synoptic Key of the Materia Medica

C. M. Boger



- This book can be considered as a key to homeopathic materia medica. It is a wonderful book for bed-side prescription as well as for quick revision.
- An introductory note by Norbert Winter delineating the utility and structure of the book making it easier for the readers to understand the practicality of this work.
- The original supplemental reference table has been maintained.
- Each remedy is presented in concise and clear words, at a glance the remedy and its sphere of action.
- The repertory is too instructive in its own way and many hints can be gathered from its unusual layout.

ISBN: 978-81-319-0007-9 | ₹ 345 | 528pp

Homoeopathic posology (quantity of doses), “HOW MUCH” important is this?

By Dr Tamara Afroza, Dr Biswajit Bera

Abstract: From the very beginning, young practitioners and many old ones too, for that matter, give too many doses and repeat too frequently, and also change remedies too often. They give no time for reaction of medicines, especially in case of chronic diseases; maintaining the principles of homoeopathy. They get doubtful, or hurried, or careless, or even get “rattled” if the case is serious. Then it is “all up with them,” until or unless they come to their senses and correct their mistakes. Sometimes, such mistakes cannot be corrected and a patient pays the penalty throughout his life. It pays to be careful and “go slow” in the beginning; then there will not be so many mistakes to correct. One should examine the case carefully and systematically, select the first remedy and potency with care, give the first dose if the single dose is decided upon, and then watch results. If the remedy and its dose is right, it will surely show results.

Keywords: Posology, minimum dose, homoeopathy.

Abbreviations: Aphorism (§), *Organon of Medicine* (OOM), homoeopathic posology (H.P).

Introduction^[1-3]

The term ‘posology’ originates from the Greek word, ‘posos’ meaning how much and ‘logos’ meaning study or discourse. The study of the doctrine of these doses is known as ‘posology.’^[1] The 6th edition of ‘*Organon of Medicine*’ was translated into English and published by Dr William Boericke, 78 years after the death of Hahnemann, in 1921.^{[2][3]} The most important changes from the 5th edition, in relation to posology include modified guidelines on dosage and repetition and method of dynamisation.^{[2][3]} Hahnemann from very early came to entertain a strong aversion to the polypharmacy that prevalent in his time. In the essay, “are the obstacles to simplicity and certainty in practical medicine insurmountable?”, one of his main points was the impossibility of obtaining definite results, unless remedies were given singly.^[3] Our ‘Master Hahnemann’s only objection to local applications arose from their failing in most cases to cover the totality of the symptoms. When

the affection was local from the first, or had become so secondarily, he was entirely in favour of the topical use of the indicated remedy, and this dose far more substantial than those he recommended for internal administration’.^[3]

He also emphasised the administration of the similar remedy should be given rarely. He never repeated the dose until the action of the former remedy ceased. The single dose as well as the single medicine continued to be his ideal for many years thereafter. The similar remedy needs to be administered constitutionally, singly and rarely.^[3]

Discussion^{[1],[2],[4-8]}

• *What does homoeopathic posology mean?*

A homoeopathic ‘dose’ means the particular preparation of medicine used, the quantity and form of that preparation as well as the number of administration of the medicine. In short, homoeopathic ‘dose’ includes potency, quantity, form,

and number of administration of the medicine.^{[1][2]}

• *Facts should keep in mind about doses:*

The old school believes in administration of crude medicines, which do more harm than good. Two German scientists, **Prof. Arndt**, an eminent biologist, and **Prof. Schultz**, a leading pharmacologist, have studied the opposite effects of drugs and have laid down their findings in what is called **Arndt-Schultz law** of pharmacological action. According to Arndt-Schultz law, “small stimuli encourage life activity, strong stimuli tend to impede it and very strong stimuli are apt to stop or destroy it.”^{[2][4]}

Dr Hahnemann was originator of the science of attenuation of drugs. After having learnt the effect of crude drugs described on irrational basis in the treatment of diseases, he found out the truth in medicine. His experiment with Peruvian bark led him to enunciate famous action, “*similia similibus curentur*”.

He found that crude drug applied on the law of similars resulted in violent reactions. His ever-searching mind thought that of reducing the drug substance which gave him surprising result. Encouraged by this experiment, he established his theory of minimum dose and drug dynamisation.^{[2][5]} The fundamentals of H.P are represented in the trinity of : a single remedy, minimum dose, and adequate repetition.^{[2][6]}

Master Hahnemann in his '*Organon of Medicine*' stated that a single, simple remedy should be given at a time. He also advised not to give one remedy for one set of symptoms and another remedy for another set of symptoms in the same individual (§ 272). It is wrong and useless to administer a complex means while single means suffice (§ 273). If a single medicine is given strictly on homoeopathic principles, it renders efficient aid by itself alone (§ 274).^[2]

• *What are the possible types of doses :*

1. **Maximum dose:-** It is the maximum or largest possible amount of medicine, which can be taken at a time by an adult, not harmful to human life.^[1]
2. **Lethal or fatal dose** (also known as toxicological or narcotic dose): – It is such amount of dose, which can cause death of living being. The fatal dose of different substances may be different, which depend upon their toxicity.^[1]
3. **Booster dose:** – A subsequent dose given to enhance the action of initial dose.^[1]
4. **Fractional or refractive or divided dose:** – It is fraction of a full dose, which is to be taken at short intervals.^[1]
5. **Physiological dose:** – Physiological dose stimulates the normal physiology or

functions of the different organs or systems of our body, hence the symptoms thus appearing are known as physiological symptoms.^{[1][7]}

6. **Minimum dose:** – “It is that dose which is sufficient to overpower and annihilate the disease and capable of producing slight homoeopathic aggravation scarcely observable after its ingestion.” (§.280). It is that amount of medicine, which is though smallest in quantity produces the least possible excitation of the vital force, and yet sufficient to effect the necessary changes in it (§.246)^[2]. It is not capable of producing symptoms when used therapeutically; and causes only slight aggravation (temporary) or intensification of already existing symptoms but never produces new symptoms.^[7]

• *How doctrine of dosage is accompanying with law of mutual action & third law of motion:*

The homoeopathic doctrine of dosage, like the law of cure, was based upon the discovery of the opposite action of large and small doses of medicine. It is another application in medicine of, the Law of Mutual Action - the third Newtonian law of motion- “Action and Reaction are Equal and Opposite.” Everyone at all acquainted with the action of drugs knows, for example, that Ipecac in large doses causes nausea and vomiting and in small doses, under certain conditions, will cure the same; that Opium in large doses will cause a deep sleep or narcosis, arid in small doses, under certain, conditions, will cure the same.^{[1][7]}

• *Advantages of applying small dose in Homoeopathy:*

The homoeopathic dose, therefore,

is always a sub-physiological or sub-pathogenetic dose; that is, a dose so small as not to produce pathogenetic symptoms; for we desire, not to produce more symptoms, but only to remove and obliterate symptoms already existing. It must also be given in a dose so small that it does not produce a severe aggravation of the already existing symptoms.^{[1][7]} The success of homoeopathic treatment depends to a great extent on the correct selection of the potency and the requisite potency should be selected considering the susceptibility of the patient.^[8]

Discussion^{[2][7][9-15]}

Master Hahnemann in § 152 of the *Organon of Medicine*, has given explicit directions of how the choice should be made from among the drugs which exhibit effects stimulating those of the whole disease picture in hand, and how the final differentiation depends upon the individualistic or peculiar symptoms. The interpretation of what constitute the striking or the singular symptom is left to the physician and his judgement, but it is elucidated through the seven considerations, i.e. quis (changes of the temperament and personality of the patient), quid (nature and peculiarities of the disease), ubi (seat of the disease), quibus auxiliis (concomitant symptoms), cur (cause), quomodo (modalities), quando (time modality).^{[2][9][10]} Understanding of the rule that govern the selection of the dose and its repetition is possible only if the physician has a firm understanding of susceptibility and remedy reaction and a good acquaintance with the law of dynamics^[11]. The disease causes are limited to show their ability, i.e. to cause any changes in health to certain states and conditions which is called susceptibility.^[12] There are five considerations that influence

in the choice of the dose including the susceptibility of the patient; the seat of the disease; the nature and intensity of the disease; the stage and duration of the disease; the previous treatment of the disease.^[7] In order to cause a mild, certain and permanent cure, in regard to the selection of the remedy, according to Hahnemann, resolves itself into a purely empirical act, an almost mechanical comparison of the drug symptoms with the disease symptoms and the medicine found to be similar with respect to symptoms of the disease is the most appropriate, the most homoeopathic remedy. But it is not true that all the symptoms are of equal importance in guiding the selection of the medicine; as described in §153 of *Organon of Medicine*, that it is the most striking, singular, uncommon, peculiar, or characteristic symptoms of the disease that are to be kept chiefly and most solely in view.^[13] Homoeopathic treatment is not only distinguished by its simple evolution from facts, but also by its simple exhibition of methods of cure. Homoeopathy does not necessarily mean a small dose, as it is often erroneously supposed to do; the term is intended to designate a certain relation of medicine to disease, not a certain quantity of the medicine. The small doses administered in harmony with the law of homoeopathy prove to be efficient because: firstly, they are exactly suited to the exalted susceptibility of the diseased part, secondly, they act directly on the part which requires to be influenced and thirdly, because only one remedy being administered at a time, its action not interfered with other drugs.^[14] Homoeopathic selection is not enough for a gentle cure. But the smallness of the dose is equally important.^[15]

Conclusion^{[6][15-16]}

A fatal error prevails in many quarters, for example, increasing the size of the dose makes it more homoeopathic. It is not clearly evident that the attenuation should be similar to the plane of the perversion, i.e. the disorder in the economy. Increasing the degree of the potency may hasten the cure, but it often increases the aggravation; diminishing the potency diminishes the homoeopathicity, and if the quantity of the drug is increased, the relation departs from the similar to dissimilar, hence loses the curative power.^[16] The smaller the dose of a truly indicated medicine, the more gentle remedial effect is produced.^[15] The simillimum is the most similar remedy corresponding to a case, covering the true totality of the symptoms and always curative. Also, in incurable cases, it is the best possible palliative remedy. The selection of the simillimum involves its administration singly, without admixture of any other medicinal substance. Alteration or rotation of remedies sometimes leads away from accurate and definite knowledge of drug effects, and sooner or later leads to polypharmacy.^[6]

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Sinusitis treated with homoeopathic biochemic medicine: a case series

By Dr Anupam Kumar, Dr Gitanjali Mathur

Abstract: Sinusitis is defined as an inflammation of nasal mucosa and paranasal sinuses for at least 12 weeks which may cause nasal blockage or congestion, mucous discharge, facial pain or pressure, and/or impaired smell. Several factors have been found to contribute to the disease, namely, insufficient ciliary motility, allergy, asthma, bacterial infection, and more rarely, morphological anomalies, immune deficiencies. Various studies have demonstrated the beneficial effect of homoeopathic treatment in cases of sinusitis. Homoeopathic approach as per the totality of symptoms has given significant results in this area as well as a few commonly therapeutically indicated medicines also have given good results.

Keywords: sinusitis, methodology, case series, homoeopathy.

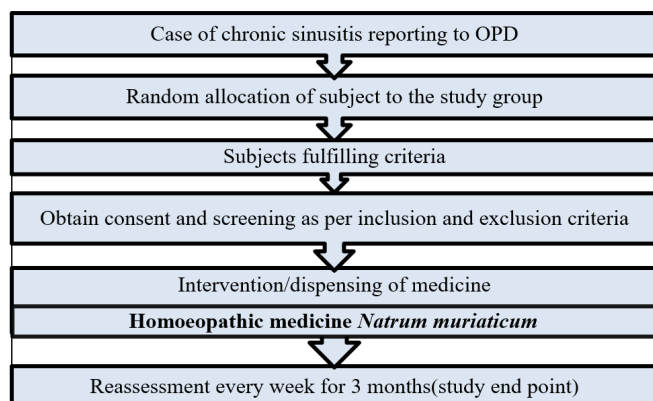
Abbreviations: sinonasal outcomes test (SNOT-22), outpatient department (OPD), paranasal sinuses (PNS), thrice a day (TDS)

Background: When a person has a cold or a blocked nose, the sinus opening also gets blocked. The mucus, thus, remains in the sinus cavity, leaving the rest of the lining dry. As mucus accumulates, it may lead to swelling and pus in the neighbouring areas of eyes and brain.^[1,2]

Methodology

Study design:– A randomised open labelled clinical study.

Brief of procedure –



Outcome Assessment:

According to the scores obtained from the SNOT-22 scoring method, following formula was applied after calculating before and after scores.

$$\frac{\text{Baseline score} - \text{Score at the end}}{\text{Baseline score}} \times 100$$

Marked improvement	Moderate improvement	Mild improvement	Not significant	Status quo
75%-100%	50%-74%	25%-49%	<25%	0%

Outcome Assessment table

ANALYSIS AND EVALUATION: On the basis of inclusion/exclusion criteria because of predefined homoeopathic medicine.

SINUSITIS CASE SERIES: Five cases of sinusitis treated with single predefined homoeopathic biochemic medicine are presented. Sinusitis was assessed using SNOT 22 (sino nasal outcome tool) score.^[3]

Case 1:

A 36 years old married male patient, came to OPD (OPD reg.no. 10521;dated – 16/11/18) with complaints of sneezing with watery nasal discharge since 6 months. Patient was apparently well 6 months back then gradually he started developing complaints of coryza, nasal discharge, redness of eyes and itching in the nose, with heaviness in the forehead and abdomen.

Location	Sensation	Modalities	Concomitants
<ul style="list-style-type: none"> Sneezing in morning with nasal obstruction and watery nasal discharge. Redness of eyes. 	Itching in the nose.	Aggravation - in summers	<ul style="list-style-type: none"> Heaviness in forehead. Sour eructation with mild pain in abdomen aggravated by pressure.

Presenting Complaints

CHARACTERISTIC PHYSICAL GENERALS:

- Thermal reaction (relation to heat and cold): hot patient
- Desires/craving:- salty food
- Aversion/dislikes:- sweets
- Thirst:-thirstlessness, without desire to drink.

- Tongue:-coated tongue.

PAST HISTORY: operated for sinusitis 5 years back, at the age of 25 years.

FAMILY HISTORY: father – asthmatic.

LABORATORY INVESTIGATIONS:
X-Ray PNS (16/11/18):- Revealed frontal and maxillary sinusitis.

PRESCRIPTION: Date: 16/11/18

Natrum muriaticum 6X/ 4 tablets / TDS/ for 07 days

ADVISE: (supportive dietary advice and accessory measures for management.)

- Take steam inhalation.
- Avoid cold and sour food from the diet.

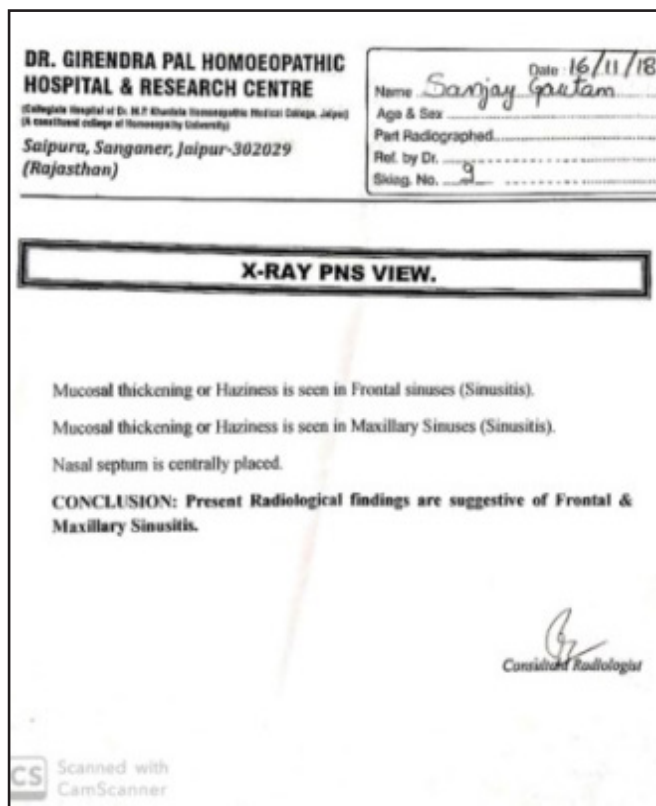
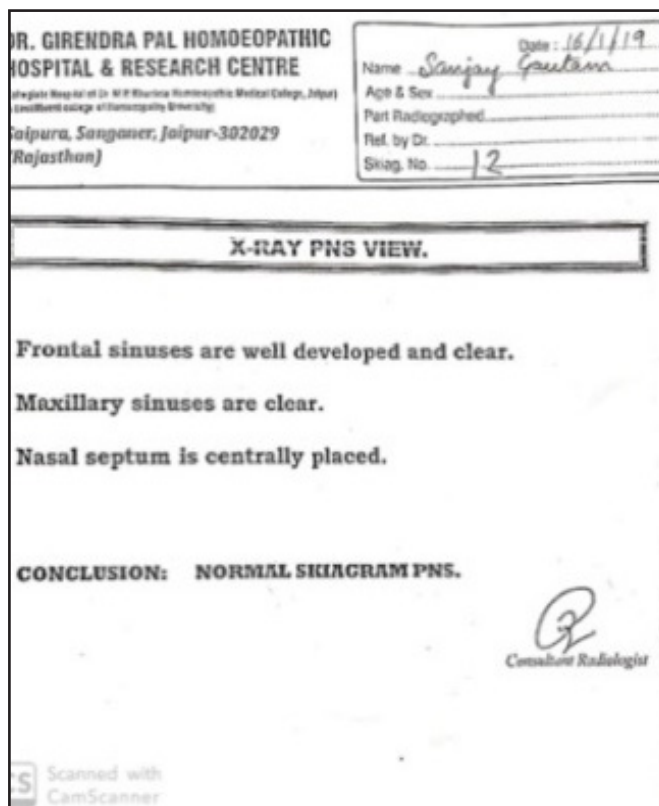
FOLLOW UP:

DATE	SYMPTOMATOLOGY	PRESCRIPTION
24/11/18	Sneezing in morning present. Watery nasal discharge reduced. Redness of eyes slightly reduced.	<i>Natrum muriaticum</i> 6X / TDS / 14 Days.
09/12/18	Sneezing in morning gets reduced. Slight relief in nasal discharges. Itching inside the nose.	<i>Natrum muriaticum</i> 6x / TDS / 7 days
17/12/18	Itching in the nose reduced. Redness of the eyes becomes normal. Nasal discharges present.	Rubrum 30 / TDS / 7 days.
24/12/18	Sneezing in morning present but reduced. Nasal discharges reduced.	Rubrum 30 / TDS / 7days.
02/01/19	No Pain in abdomen. Relief in Sneezing and nasal discharges.	Rubrum 30 / TDS / 14days.
16/01/19	Redness and Itching in nose, eyes becomes normal. Relief in all the complaints. X-Ray findings- Normal Skiagram PNS	Rubrum 30 / TDS / 7days.

Result – Marked Improvement

Pre Score – 90

Post Score – 50



Case 2:

A 28 years old married male patient, came to our OPD (OPD reg.no.10974; dated – 17/11/18) with complaints of

watery nasal discharges, sneezing, and cough without expectoration since 8 months. Patient was apparently healthy 8 months back. Before that, he suffered from pneumonia

and took allopathic medicine, after which he suffered from coryza for which also he took allopathic medicines giving relief in coryza but cough started.

PRESENTING COMPLAINTS:

Location	Sensation	Modalities	Concomitants
<ul style="list-style-type: none"> Sneezing with watery nasal discharges, Cough without expectoration. 	Itching inside the nose.	Aggravation- By dust, in winters, in morning and evening. Amelioration - in summers.	Burning in throat.

CHARACTERISTIC PHYSICAL GENERALS:

- Thermal reaction(relation to heat and cold): hot patient.
- Desires/craving:- salty food
- Intolerance to:- sunlight
- Thirst:- drinks 3-4 litres of water a day, in every 15 minutes interval.

• Tongue :- mapped.
 FAMILY HISTORY: Father – asthmatic
 LABORATORY INVESTIGATIONS:
 X Ray PNS (17/11/18):- Revealed frontal and maxillary sinusitis.

PRESCRIPTION:
 Date: 17/11/18

Natrum muriaticum 6X /4 tablets/ TDS/ For 7 days
 ADVISE (Supportive dietary advise and accessory measures for management.)

- Avoid cold and sour food from the diet.
- Take steam inhalation.

CASE SERIES

FOLLOW UP:

DATE	SYMPTOMATOLOGY	PRESCRIPTION
23/11/18	Sneezing present. Slight relief in cough. Pain in facial region slightly decreases. Frequency of sneezing reduced.	<i>Natrum muriaticum</i> 6X / TDS / 7 Days
09/12/18	Watery nasal discharge becomes reduced. Facial pain present but mild. Nasal discharges stopped.	Rubrum 30 / TDS / 14 Days <i>Natrum muriaticum</i> 6X / TDS / 7 days
17/12/18	Facial pain becomes mild.	Placebo 30 / TDS / 7 days.
24/12/18	Slight relief in nasal obstruction. Relief in sneezing also. Cough relieved.	Placebo 30 / TDS / 7 days.
02/1/19	Watery nasal discharges stopped. Nasal obstruction becomes reduced. No sneezing.	Placebo 30 / TDS / 7 days.
10/1/19	Nasal discharges absent. X-Ray findings -Normal Skiagram PNS	Placebo 30 / TDS / 7 days.

Result – Marked improvement

SNOT Pre Score – 85

SNOT Post Score – 50


DR. GIRENDRA PAL HOMOEOPATHIC HOSPITAL & RESEARCH CENTRE
(College Hospital of Dr. M.P. Kharia Homoeopathic Medical College, Jaipur)
(A constituent college of Homoeopathy University)
Saipura, Sanganeer, Jaipur-302029
(Rajasthan)

Date: 17/11/18
 Name: Hazaril Choudhary
 Age & Sex: _____
 Part Radiographed: _____
 Ref. by Dr. _____
 Skiag. No. 11

X-RAY PNS VIEW.

Mucosal thickening or haziness is seen in Frontal sinuses (Sinusitis).
 Mucosal thickening or haziness is seen in Maxillary Sinuses (Sinusitis).
 Nasal septum is centrally placed.

CONCLUSION: Present Radiological findings are suggestive of Frontal & Maxillary Sinusitis.


 Consultant Radiologist


DR. GIRENDRA PAL HOMOEOPATHIC HOSPITAL & RESEARCH CENTRE
(College Hospital of Dr. M.P. Kharia Homoeopathic Medical College, Jaipur)
(A constituent college of Homoeopathy University)
Saipura, Sanganeer, Jaipur-302029
(Rajasthan)

Date: 31/12/18
 Name: Hazaril Choudhary
 Age & Sex: _____
 Part Radiographed: _____
 Ref. by Dr. _____
 Skiag. No. 17

X-RAY PNS VIEW.

Frontal sinuses are well developed and clear.
 Maxillary sinuses are clear.
 Nasal septum is centrally placed.

CONCLUSION: NORMAL SKIAGRAM PNS.


 Consultant Radiologist

Case 3:

A 55 years old married male patient, came to our OPD (reg.no.12501;on-04/01/19) with complaints of watery nasal discharges, throat pain and

sneezing. Patient was apparently healthy 6 months back. That time he suffered from recurrent headache and took allopathic medicines and after that he suffered from coryza

for which he also took allopathic medicines which gives relief in coryza but dyspnoea and cough started.

PRESENTING COMPLAINTS:

Location	Sensation	Modalities	Concomitants
<ul style="list-style-type: none"> Sneezing, watery nasal discharges, and throat pain 	Itching inside the nose.	Aggravation - By dust, in winters, in morning and evening.	Pain in abdomen and Headache.

CHARACTERISTIC GENERALS:

PHYSICAL

FAMILY HISTORY: Father – asthmatic

Natrum muriaticum 6X/ 4 tablets/ TDS/ For 7 days

- Thermal reaction (relation to heat and cold): hot patient
- Desires/craving:- salty food
- Intolerance to:- cold air
- Tongue :- white coated.

LABORATORY INVESTIGATIONS:
X Ray PNS (4/1/19):- Revealed left maxillary sinusitis.

ADVISE (Supportive dietary advise and accessory measures for management.)

PRESCRIPTION:
Date: 04/01/19

- Avoid cold and Sour food from the diet.
- Take Steam inhalation.

FOLLOW UP:

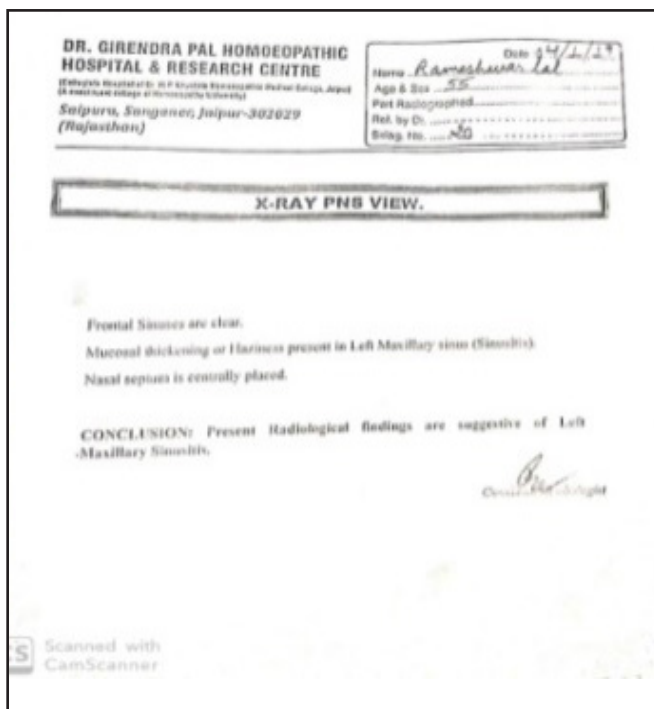
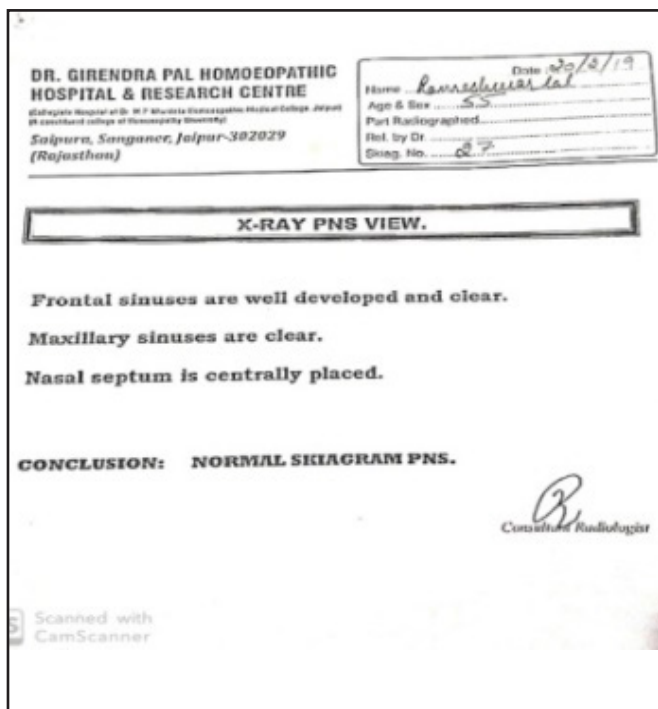
DATE	SYMPTOMATOLOGY	PRESCRIPTION
11/01/19	Nasal obstruction present. Slight relief in dyspnoea. Headache slightly decreased.	<i>Natrum muriaticum</i> 6X / TDS / 7 Days
20/01/19	Relief in dyspnoea. Nasal obstruction reduced.	<i>Natrum muriaticum</i> 6X / TDS / 7 Days <i>Natrum muriaticum</i> 6X / TDS / 7 days
28/01/19	Headache present but mild. Dyspnoea relieved. Slight reduction in nasal obstruction.	Placebo 30 / TDS / 7 days. Placebo 30 / TDS / 7 days.
05/02/19	Nasal discharges stopped. Headache and abdominal pain becomes mild.	
13/02/19	Slight relief in nasal obstruction. Dyspnoea relieved. Nasal obstruction becomes reduced.	Placebo 30 / TDS / 7 days.
20/02 /19	No Dyspnoea. Nasal discharges absent. X-ray Findings- Normal Skiagram PNS	

CASE SERIES

Result – Marked improvement

SNOT Pre Score - 45

SNOT Post Score – 20



Case 4:

A 35 years old married female patient, came to our OPD (OPD reg.no. 11614; dated – 4/2/19) with complaints of sneezing, with watery

nasal discharge and headache since 6 months. Patient was apparently well 1 year back. At that time, she suffered from allergic bronchitis for which he took allopathic medicines

which was recovered at that time but now he suffered from other symptoms.

PRESENTING COMPLAINTS:

Location	Sensation	Modalities	Concomitants
• Sneezing with watery nasal discharge.	Lethargic feeling.	Aggravation- in morning. Amelioration- in daytime.	Constipation – stool not completely evacuated. Buzzing in the ears.

CHARACTERISTIC PHYSICAL GENERALS:

- Thermal reaction (relation to heat and cold): hot patient
- Desires/craving:- salty food and sweets.
- Intolerance to:- warm food.
- Perspiration:- profuse, yellow, foul swelling.

low, foul swelling.

- Tongue: white coated

FAMILY HISTORY: Mother died of tuberculosis.

LABORATORY INVESTIGATIONS: X-Ray PNS (4/2/19):- Revealed left maxillary sinusitis

PRESCRIPTION:
Date: 04/2/19
Natrum muriaticum 6X/ TDS/for 07

days

ADVISE :(Supportive dietary advise and accessory measures for management.)

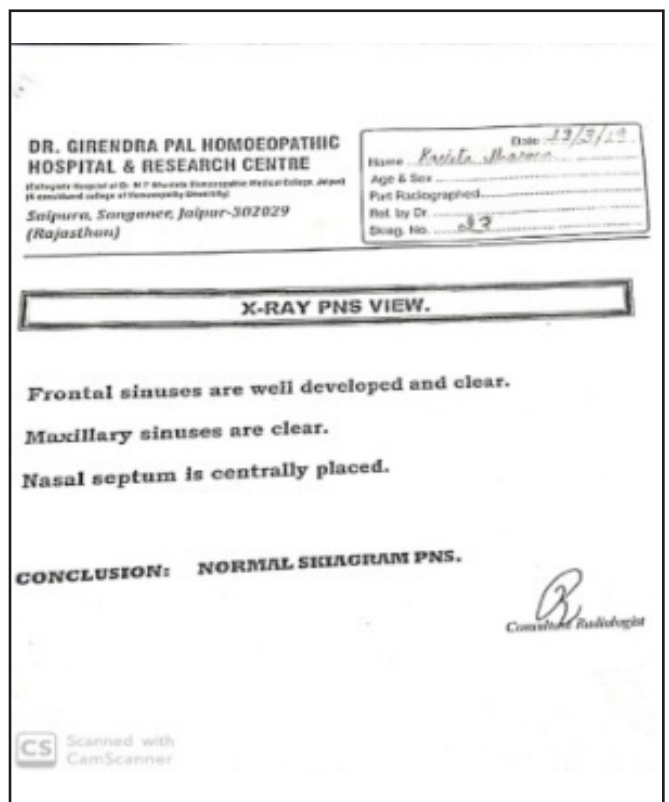
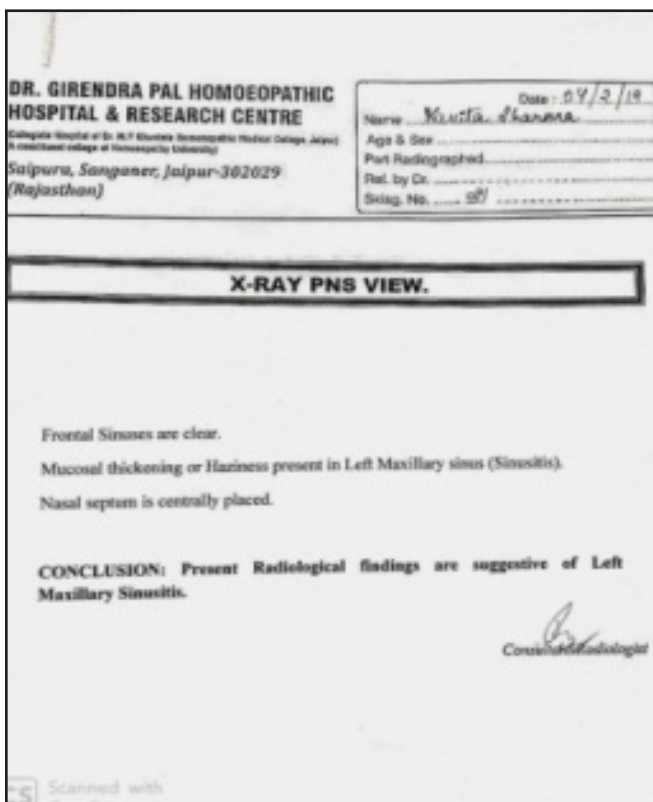
- Avoid cold and sour food.
- Take steam inhalation

FOLLOW UP:

DATE	SYMPTOMATOLOGY	PRESCRIPTION
11/2/19	Sneezing present. Watery nasal discharge slightly reduced. Constipation, present.	<i>Natrum muriaticum</i> 6X / TDS / 7 days.
18/2/19	Heaviness in the head reduced. Stool passes out without much straining. Nasal discharges reduced.	Rubrum 30 /TDS / 7days
25/2/19	Drowsiness relieved.	Rubrum 30 /TDS / 14 days
5/3/19	Staus quo.	<i>Natrum muriaticum</i> 6X / TDS/7days.
12/3/19	Headache relieved. Relief in constipation. Watery nasal discharges not present.	Rubrum / TDS / 7 days.
19/3/19	Sneezing also relieved. Relief in the general conditions of the patient. X-Ray findings- Normal Skiagram PNS	Rubrum 30 / TDS / 7 days

Result – Marked improvement

Pre Score – 60 , Post Score –30



CASE SERIES

Case 5:

A 32 years old married female patient, came to our OPD (OPD reg.no.11958; dated – 15/2/19) with complaints of nasal obstruction,

sneezing with watery nasal discharge since 7 months. Patient was apparently well 7 months back. At that time, she only suffered from coryza for which she took allopathic

medicines due to which coryza suppressed but urticaria appears on whole body with itching and recurrence of coryza was also there.

PRESENTING COMPLAINTS:

Location	Sensation	Modalities	Concomitants
<ul style="list-style-type: none"> Nasal obstruction along with sneezing and watery nasal discharge since 7 months. Pain in forehead. Heaviness on face. 	<ul style="list-style-type: none"> Itching in the nose. Throbbing pain in forehead. 	Aggravation- in morning, at the time of farming.	<ul style="list-style-type: none"> Burning in throat, sour eructation. Urination by Sneezing. Backache. Aggravation- by bending forward, motion.

CHARACTERISTIC PHYSICAL GENERALS:

- Thermal reaction (relation to heat and cold): hot patient
- Desires/craving:-sour things
- Aversion/dislikes:-tomato
- Intolerance to:- hot food
- Tongue in the middle of

tongue:- white coated

- Stool (character and frequency):- hard stool with much straining.

FAMILY HISTORY: Father- hypertensive

MENSTRUAL HISTORY:- Early menses. Dark red, itching during menses. Leucorrhoea, foul smelling.

Obstetric history: G₂P₂A₀

LABORATORY INVESTIGATIONS: X-Ray PNS(15/2/19) – Revealed left maxillary sinusitis.

PRESCRIPTION:

Date: 15/2/19

Natrum muriaticum 6X/ TDS/ 07 Days

ADVISE:- Avoid taking cold, sour and extra salt in the diet.

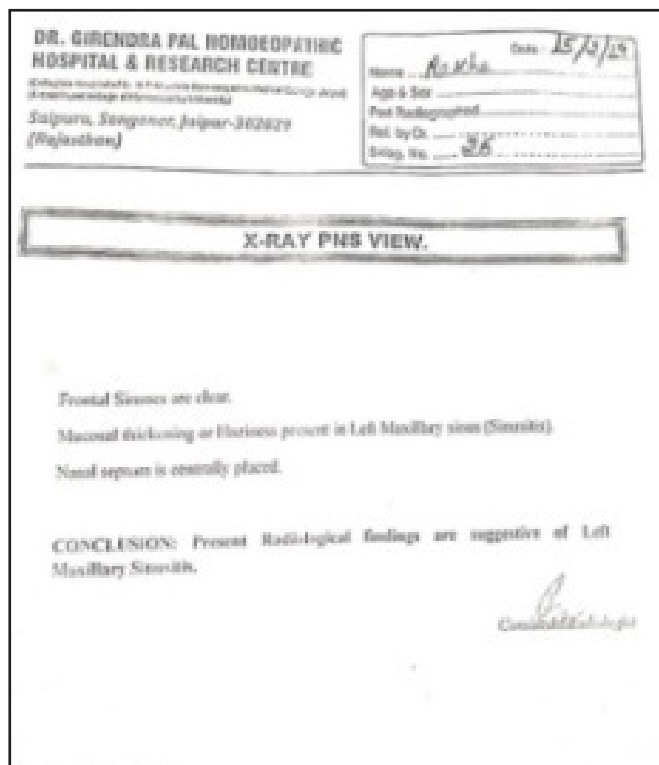
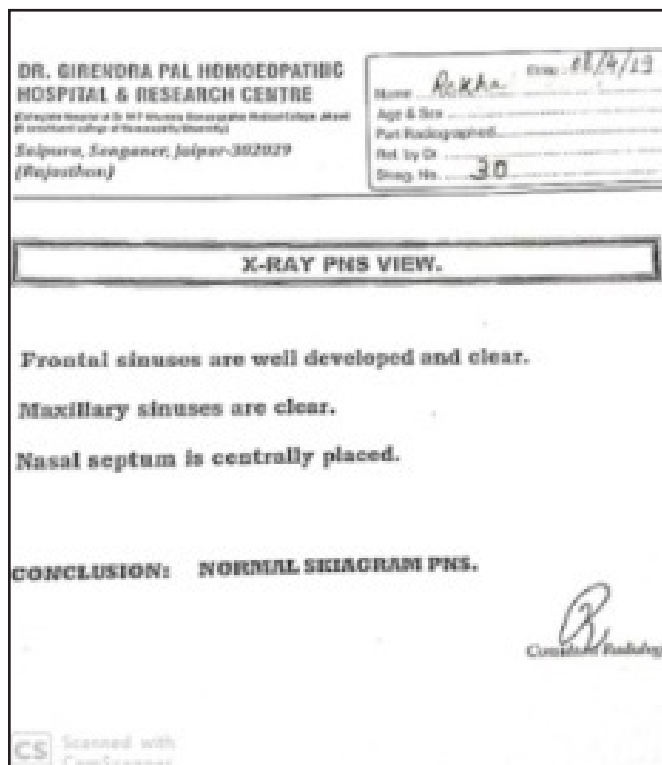
FOLLOW UP:

DATE	SYMPTOMATOLOGY	PRESCRIPTION
22/2/19	Itching inside the nose present but sneezing reduced. Watery nasal discharge present.	<i>Natrum muriaticum</i> 6X / TDS/ 7days
2/3/19	Itching with thick nasal discharges slightly reduced, but nasal obstruction present. Relief in hard, straining stool as well. Status quo.	Rubrum 30 / TDS/14days
16/3/19	Itching reduced.	<i>Natrum muriaticum</i> 6X / TDS/ 7days
23/3/19	Nasal obstruction reduced. Slight heaviness feeling on the face.	Rubrum 30 / TDS/ 7days
30/3/19	Relief in heaviness on face. Nasal discharges absent. Headache present with nasal obstruction.	<i>Natrum muriaticum</i> 6X / TDS/ 14 days
8/4/19	Nasal obstruction relieved. Headache also relieved. X-Ray findings- Normal Skiagram PNS	Rubrum 30 / TDS/ 7days

Result – Marked improvement

Pre Score - 55

Post Score –20



Conclusion

Natrum muriaticum assumes the natural homoeopathic remedy for sinus infections when sneezing, fluent nasal discharge, with pressure in the nose accompanies with sinus inflammation.^[4,5,6]

In this study 34 cases were taken by random allocation sampling methods. Paired sample t-test result, to assess the effect of homoeopathic medicine on sinusitis post treatment compared to pre treatment by SNOT – 22 score analysis. Lower score indicates sinusitis improved by *Natrum muriaticum*.

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“Perceiving individual disease, simillimum and the posology: a case study on benign paroxysmal positional vertigo”

By Dr Yogesh D Niturkar

Abstract:

Introduction: Benign paroxysmal positional vertigo (BPPV) is an inner ear disorder in which any positional change of head leads to sudden vertigo, i.e. a feeling that the room is spinning. The impact can range from a mild annoyance to a highly debilitating condition, and can affect risk of function, safety, and fall. The sense of losing equilibrium can result into medical shopping by the “SICK” for the sake of “CURE.” The below mentioned case demonstrates the scope of homoeopathy against the allopathic mode of treatment by a physician and an ENT specialist showcasing the journey of patient from IPD to OPD without any sigh of relief.

Keywords: audiology, BPPV, Phosphorus, simillimum, susceptibility, posology.

Abbreviations: BPPV - Benign paroxysmal positional vertigo, IPD – inpatient department, OPD – outpatient department, ENT – ear, nose, throat, Fr – frequency, M.A. – Master of Arts, Tab. – tablet, sos - si opus sit, ICD – International Classification of Diseases, O/E – on examination.

Introduction

Benign paroxysmal positional vertigo (BPPV) is the most common peripheral vestibular end-organ disease. It is characterised by a sudden, transient gyratory sensation which is accompanied by characteristic nystagmus. Symptoms are provoked by positional changes of the head with respect to gravity and can range in severity from mild dizziness to debilitating episodes that may induce nausea or vomiting, and significantly hinder daily functioning. ^[1] BPPV has psychosocial consequences in terms of medical consultations, interruption in daily activities, sick leaves (work absenteeism). The association between BPPV and depression, anxiety and diminished quality of life has been shown in several studies. ^[2]

BPPV and its underlying psychosocial consequences can be managed with homoeopathic treatment. It needs perceiving of the

individual disease, selection of the simillimum on the basis of totality of symptoms and administering the medicine in the required dosage. The selection of the dose is as much an integral part of the process of making a homoeopathic prescription as the selection of the remedy, and often quite as important. According to Jahr, in a given case, where the symptoms are not clearly developed and there is an absence or scarcity of characteristic features; or where two or three remedies seem about equally indicated, susceptibility and reaction may be regarded as low. We give, therefore, the remedy which seems most similar, in a low (third to twelfth) potency. But, when most symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case, we give the high potencies - thirtieth, two hundredth, thousandth, or higher, according to the prescriber's degree of confidence and the contents of his medicine case. [3]

Background: Patient went to allopathic physician for her complaints

of vertigo. The physician admitted her for 24 hours observation in order to evaluate her hypertension and vertigo. She was discharged from the hospital with routine prescription which didn't give any relief to the patient so she consulted to an ENT specialist. Audiology was done and the case was diagnosed to have BPPV. Now the case was diagnosed but the treatment was not helping. Patient did her medical shopping from 13/4/18 to 24/4/18 without any relief and finally she stopped allopathic medicines and opted for homoeopathic treatment. After going through the brief history of her complaints and the allopathic prescriptions, physician decided to take her chronic case along with the acute case, in order to understand remedy relationship and the need of a deep acting constitutional remedy.

Case study

Preliminaries: Date: 24/04/18 ▶ Name: CBR ▶ Age: 47 years ▶ Gender: Female ▶ Religion: Hindu ▶ Education: MA ▶ Occupa-

tion: House wife ► **Marital Status:** Married ► **Husband:** Private tuition Teacher ► **Diet:** Veg ► **Children:** No issue
 ► **Address:** Sitaram Nagar, Latur ► **Native:** Hyderabad

Chief Complaint:

Location	Sensation	Modalities	Accompaniments
Ear→Inner→semicircular canals of the vestibular labyrinth Onset: Since 10 days Fr: Daily Intensity: Moderate Duration: Till the effect of allopathic medicine or till she takes rest Pace: Status quo	Vertigo as if everything around her is moving ² No tinnitus No deafness No vomiting/nausea	< Morning ² < Head movement ² < Standing or sitting posture ² even without any head movement > By rest ³ > Head at standstill ³ > Closing/opening eyes ³	Fear of being alone ³

► **Family history (F/H):** Father, mother and brother - hypertension

► **Past history (P/H):** hysterectomy, hypertension

Physical generals: ► **Appearance:** stocky ► **Perspiration:** normal ► **Appetite:** normal ► **Cravings:** milk products²
 ► **Aversion:** onion² ► **Thirst:** normal ► **Sleep:** normal ► **Dreams:** anxious feels better after waking³ ► **Stool:** normal ► **Urine:** normal ► **Sexual function:** normal ► **Thermal state:** chilly

Life space: Patient is from Hyderabad and belongs to a well to do family. Her childhood and educational period was uneventful. Parents were well educated and provided everything as per the need of the hour. Since childhood she used to be anxious on small issues. She played only with her siblings and had preferred to be within her comfort zone. After completing

her M.A., she got married. Her husband is private tuition teacher. Ten years back, they came to Latur with reference of a friend and started private IIT foundation tuition classes. Within a short span, her husband became famous and a known figure in Latur. Patient occasionally helps her husband in administration work. She prefers to be at home with minimum

socialisation. She is health conscious and gets worried with minute ailments. She is calm, emotional, and shy by nature. She likes reading and watching television serials. She took lots of treatment for her infertility but later on stopped it as she didn't conceive. Patient and her husband accepted the fact and moved ahead in their life. Occasionally, patient becomes emotional on not having a

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DISCHARGE CARD

Under Care of Doctor: Dr. S.K. Kantale (DM)
 Referred by: _____
 Name of Patient: Mrs. C. Dharti
 Address: Sitaram Nagar, Latur
 Age / Gender: 47 / F
 IPD No.: 37621 MLC No.: _____
 Date of Admission: 12-4-18 Date of Discharge: 14-4-18
 Discharge / A.M.A. Discharge / On request Discharge/Transfer to Higher Centre
 Clinical Diagnosis: HTN, Giddiness, Vertigo, Chest pain, Tinnitus

Clinical Summary & Treatment Given.

HTN
 Giddiness
 Vertigo
 Chest pain
 Tinnitus

Rx:
 - 3 Rinnit 200
 - 5 Vertin 16
 - 7 Tigat 40
 - 10 Prolomet AM 50

Discharge card

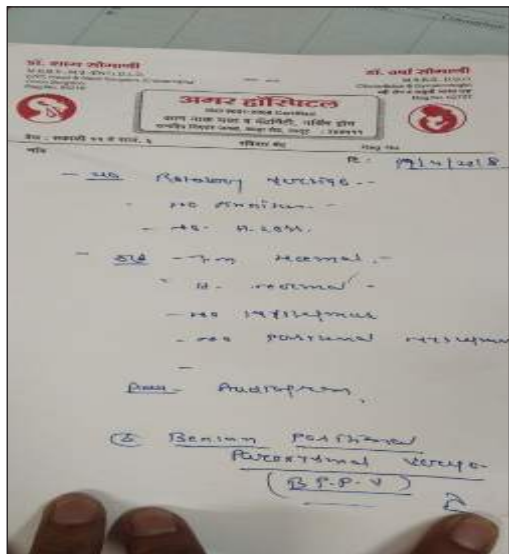
Dr SK (DM)
 DOA: 13/4/18
 DOD: 14/4/18
Clinical diagnosis:
 HTN
 Giddiness?
 Vertigo
 Chest pain
Prescription
 Tab. Vertin 16
 Tab. Tigat 40
 Tab. Prolomet AM 50



child but later on neglects about it.
Examination findings: General appearance: Short stature, stocky built, well dressed in a typical south Indian attire. Afebrile, pulse: 84/

min, blood pressure: 130/80 mm Hg, weight: 58 kg.
 No nystagmus.
 Romberg's test: positive

Systemic examination (S/E): Central nervous system: Nothing abnormal detected. Cardiovascular system: normal. Respiratory system: clear. Per abdomen: soft.

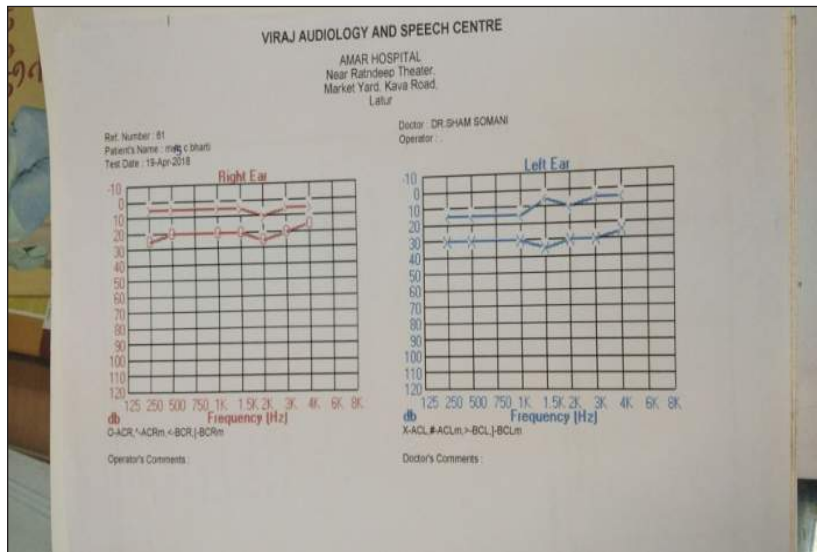


Dr SM (ENT)
 Date: 19/4/18

Clinical diagnosis:
 BPPV

Prescription Tab.
 Vertin 16

SOS - Tab. Stemetil
 5mg (if vertigo increases)



Audiology report:
 Normal

Case processing

- **Disease diagnosis:** benign paroxysmal positional vertigo (BPPV) ICD- 10 CM: H81.10^[4]
- **Hahnemannian classification of disease:** acute^[5]
- **Miasmatic considerations:** Acute: psora: functional pathology and at mind level fear of being alone as a mental

- concomitant, anxiety; **Chronic:** sycosis: anxiety, indolence, reserved nature, infertility, and hypertension.
- **Susceptibility:** moderate
- **Sensitivity:** high
- **Correspondence:** total: simillimum
- **Potency:** 200 (functional

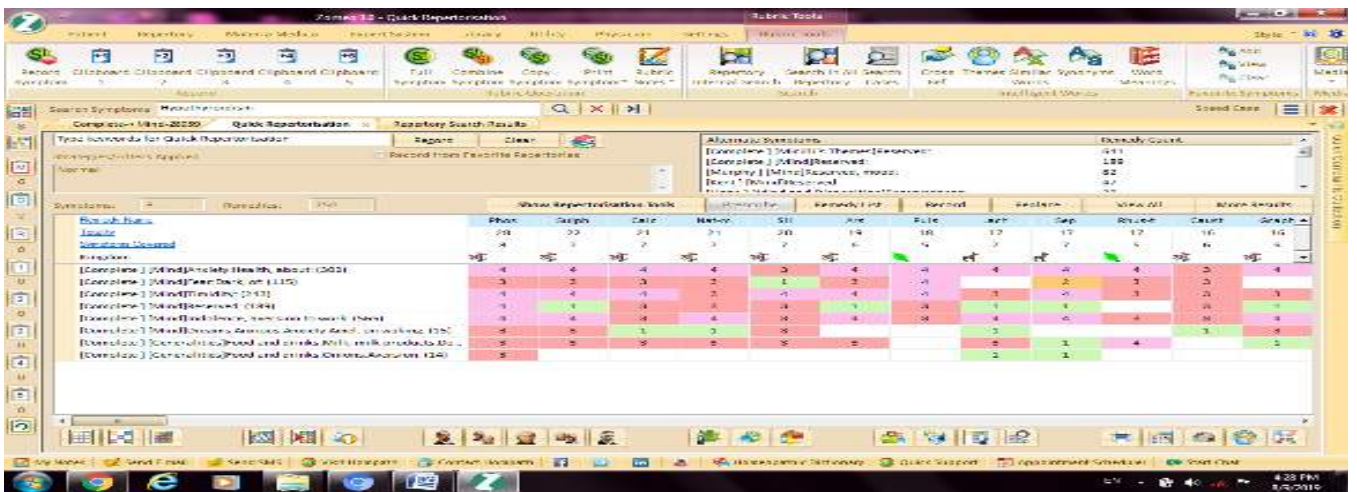
- pathology and moderate level of susceptibility)
- **Repetition:** infrequently^[6]
- Repertorial totality of symptoms

Acute:



Phosphorus: 11/3 (Chilly), *Pulsatilla nigricans* 10/3 (Hot), *Causticum*: 9/3 (Chilly)

Chronic:



Phosphorus: 28/8 (Chilly), *Sulphur*: 22/7 (Hot), *Calcarea carbonicum*: 21/7 (Chilly)

Phosphorus was a well indicated remedy in this case as it was predominantly covering sector and dispositional totality, i.e. acute and chronic. The final selection of remedy is *Phosphorus*. The confronting question was whether to give *Phosphorus* in a single dose or repeated doses. The below mentioned conceptual understanding helped to select the appropriate dosage:

- Acute was having a striking and characteristic mental concomitant.
- Pathology of acute disease was functional with reversible nature having psora as dominant miasm, whereas the nature of chronic disease was of sycosis

- (fundamental miasm)
- Overall reactivity at mind and body was seen.
- Susceptibility was of moderate degree.
- Sector totality was same in spite of allopathic medication, i.e. there was no suppression.
- General vitality was good.
- Correspondence (simillimum) at acute and chronic level was total.
- *Phosphorus* is having a tendency to increase vitality or any genuine stimulation of function.¹⁷¹

Therefore, based upon this understanding first prescription was given *Phosphorus* 200/single dose

at bedtime and awaited reaction. Patient was called after 8 days.

Follow up: 2/5/18: No vertigo. No fear of being alone. No complaints. She was going out of station to attend marriage at her native place. As she was going alone and will stay there for 1 month, she was having anxiety about recurrence of complaints. Patient complimented by saying, "Doctor you have restored my balance." O/E – Blood pressure: 110/80 mm Hg. Romberg's test - negative.

Action: *Phosphorus* 200/single dose once in 15 days.

6/6/18: No complaints. O/E – nothing abnormal detected. **Action:** Placebo.



Conclusion

Homoeopathy is having scope in the management of functional diseases with reference to BPPV where allopathic treatment seems ineffective. The selection of homoeopathic dose as per the sector and dispositional totality enhances better patient outcome.

Acknowledgement: Author would like to acknowledge Dr Sunil Bhalinge for his expert opinion on correlation between simillimum and the repetition strategy in acute case.

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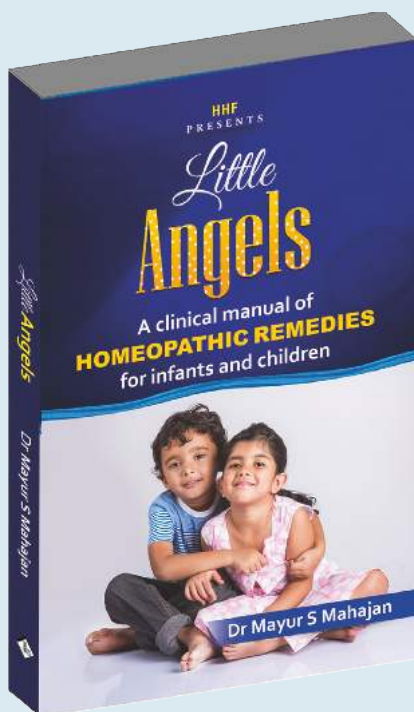
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Fifty millesimal potencies - an overview

By Aditya Pareek, Nitika Pareek, Chaturbhujaya Nayak

Abstract: Fifty millesimal potencies are a radical and remarkable innovation by Hahnemann in his final years. However, due to their delayed publication and circulation, there has been some reluctance by the homoeopathic fraternity for their large-scale use. This paper explores the origin of this new scale of potencies; presents the discrepancies in their nomenclature and an overview of the advantages and limitations of their use. A study of the success stories of stalwarts who had employed this scale in their clinical practise makes a case for their wider promotion and use by the pharmaceutical industry as well as practitioners of homoeopathy.

Keywords: Fifty millesimal potencies, Q potencies, LM potencies, 6th edition of *Organon of Medicine*, merits, limitations

Abbreviations: LM potency – fifty millesimal potency

Introduction

It was in the process of re-learning, re-proving, re-checking and evolving that Hahnemann discovered the fifty-millesimal potencies. As Hahnemann learnt more about the vitality and the action of dynamised drugs became clearer with use – he felt certain developmental needs in the process of dynamisation. As it is said, “necessity is the mother of invention”, so was the case with fifty millesimal potencies. There were several practical ‘necessities’ that indicated a need to work further on improving the action of dynamised medicines in terms of depth of action, absence of aggravation, shortening the time taken for action and an earlier possibility of changing the medicines. The question of dose, repetition of remedy and even succussion were issues already discussed in Hahnemann’s articles and essays, during the last ten years he lived in Germany. This article aims to provide a quick overview of various facets of fifty millesimal scale of potentiation.

NOMENCLATURE

Currently, there are several names

used for fifty millesimal potencies. This variation is not just between countries and regions but also within countries. This is also the case with the symbols used to denote it.

The two commonly used names are “LM potency” and “Q potency”.

LM potency

This is the most commonly used name in the Indian sub-continent and Latin America. This was popularized by Rudolf Flury of Switzerland. In Roman numerals, the numeral ‘L’ stands for 50 and the numeral ‘M’ stands for 1000. However, this name is technically incorrect as ‘LM’, when written together, indicates 950 and not 50,000.

Q potency

‘Q’ stands for “quingenta milia” in latin which means 50,000 (Quingenta stands for fifty and milia stands for thousand). Thus, this name is technically correct. However, in the Indian sub-continent, ‘Q’ is incorrectly used to denote mother tinctures. The correct way to denote mother tinctures is to use ‘φ’ (phi).

Other terms used to denote fifty

millesimal potencies in early homoeopathic literature:

Divisions infinitesimals

This was the term used when fifty millesimal potencies were mentioned for the very first time in a letter written by Hahnemann’s wife Melanie to Boenninghausen in French in the mid 1850s.²

New dynamisation method

This term was used when Hahnemann first referred to fifty millesimal potencies in the 6th edition of *Organon of Medicine*. The first such mention is in footnote 1 of aphorism 132.

HISTORY OF FIFTY MILLESIMAL POTENCIES

The history of fifty millesimal potencies can be best understood in two parts:

- Before publication of the 6th edition of *Organon of Medicine* (19th century)
- After publication of the 6th edition of *Organon of Medicine* (20th century)

Before publication of 6th Edition of *Organon of Medicine*

There is consensus among homoeopathic historians and researchers who have studied Hahnemann's practice in Paris that his new method of potentisation was only known to him and his wife, Melanie. He did not make the method public and was intending to do so only in the 6th edition of the *Organon of Medicine*.

The communication he had with Boenninghausen through letters in the year 1853 in the last few weeks of his life indicated that there was something very significant he intended to bring to the world with the 6th edition of the *Organon of Medicine*. He even sent Boenninghausen two cases attached to this letter. However, Boenninghausen was unable to personally clarify the changes intended before Hahnemann's death. Boenninghausen in his subsequent writings praised higher dilutions but never wrote anything directly about Q potencies.²

However, in one of his later articles, he clearly mentions:

"The immortal Hahnemann, in the last years of his life, had accordingly for some time followed, in the preparation of his remedies and in his doses, a method different from that which he had recommended to the public in his former works; the modifications then introduced he intended to publish to the world in the last edition of his *Organon*."

After the publication of the 6th edition of *Organon of Medicine*:

The 6th edition of *Organon of Medicine* was translated by William Boericke and Richard Haehl. William Boericke's translation was published by 'Boericke and Tafel' whereas Richard Haehl's edition was published by Willimar Schwabe in 1921.

However, the publication of the 6th edition did not bring the LM potencies to the forefront. Neither Boericke nor Haehl refer to the significance of this new method in the introduction to their respective editions. Astonishingly, for upto 20 years after the publication of the 6th edition, LM potencies did not gain spotlight.

The credit of re-discovering the LM potencies goes to the swiss physician, Dr Rudolf Flury.² He made his own medicines in LM potencies as no manufacturer prepared such potencies and used only LM potencies in his practise. He presented numerous papers on the method of their preparation, use and clinical success.

PREPARATION

A detailed description of how Hahnemann made the Q- potencies can be found in aphorism 270 of the 6th edition of *Organon of Medicine* with the relevant footnotes -"in order to best obtain this development of power, a small part of the substance to be dynamized, say one grain, is triturated for three hours with three times one hundred grains sugar of milk up to the one-millionth part in powder form. One grain of this powder is dissolved in 500 drops of a mixture of one part of alcohol and four parts of distilled water, of which one drop is put in a vial. To this are added 100 drops of pure alcohol and given one hundred strong succussions with the hand against a hard but elastic body. This is the medicine in the first degree of dynamization with which 500 small sugar globules which can absorb one drop of the medicine may then be moistened and quickly spread on blotting paper to dry and kept in a well corked vial with the sign of (I) degree of potency. Only one globule of this is taken for further

dynamization, put in a second new vial (with a drop of water in order to dissolve it) and then with 100 powerful succussions. With this alcoholic medicinal fluid globules are again moistened, spread upon blotting paper and dried quickly, put into a well-stoppered vial and protected from heat and sun light and given the sign (II) of the second potency & so on."⁵

DISPENSING AND ADMINISTRATION

The medicine is dispensed by taking one poppy seed pellet and placing it in a 100 ml bottle. The bottle is then filled to the neck with purified water and 15 drops of rectified spirit are added. The bottle is succussed ten times and provided to the patient. The patient is advised to give 10 downward strokes to the bottle against the palm of his hand or a leather-bound book. The number of succussions, is adjusted to the sensitivity level of the patient, typically 4 to 10 times. The patient is supposed to pour one teaspoon from the bottle into a cup with 100ml water, stir it well and take one teaspoon (5ml) as the daily dose. The patient begins with LM1, typically for 2 weeks then moves on to LM2, then LM3.

Dr Hari Mohan Choudhary, one of the stalwarts of Homoeopathy in India, has mentioned the following procedure for dispensing and administration of fifty millesimal potencies:

"Fill up 3/4th parts of the 4 oz. vial with purified or distilled water. Put therein 15 to 20 drops of alcohol for preservation. Put 7 equal marks on it. Now put therein only one No. 10 globule of 1st potency (LM/1) or 2nd or 3rd potency (i.e. , LM/2 or LM/3) of your selected medicine, crushing it with sugar of milk. Now this

medicinal solution is ready for use. The aforesaid medicinal solution of 7 doses of the lowest degrees of dynamization is to be well succussed 8, 10 or 12 times as necessary, before use. Then take one dose in a clean glass and put again 4 oz of pure drinking water in it and stir it well with a tea-spoon. Then take one dose (one or several tea-spoonfuls) out of it. This is the first dose. Throw away the rest. All subsequent doses are to be taken in this way."

However, there is still no unanimity among homoeopathic physicians about the most suitable method for dispensing and administering the fifty millesimal potencies. Dr Ramanlal Patel, one of the foremost authorities on this subject in India has mentioned the following possible methods:

1. Preparation of one dose in 2 grains of sugar of milk using 2 pills (no. 10) of selected potency of medicine in cases of chronic diseases.
2. Dissolve 1 or 2 pills of selected medicine in one ounce of water and ask the patient to take a teaspoon at prescribed interval.
3. Dissolve 2 pills of selected potency in one ounce of water and ask the patient to take half ounce in the morning and half ounce in the evening after stirring in cases with no immediate danger.

MERITS OF FIFTY MILLESIMAL POTENCIES

1. No violent reaction is produced by Vital force following the administration of medicine.⁹
2. Quick Action.
3. Repetition is possible and recommended.⁵
4. Can be safely used in hyper sensitive persons.¹⁰
5. No worry of over dosing.⁹

6. As the action is quick, medicine selection can be judged in a much lesser time.
7. No antidote is required if the medicine is wrongly administered.⁵
8. Poisonous medicinal substances can be used safely in this scale and can be repeated without fear of toxicity.⁵

LIMITATIONS OF FIFTY MILLESIMAL POTENCIES

The below mentioned limitations have been experienced by the authors in their clinical practice.

1. Patients' compliance is poor and challenging.²
2. Limited medicines are readily available in fifty millesimal potencies with manufacturers.
3. Limited fifty millesimal potencies are readily available.
4. Amount of water needed to be dissolved with medicine and number of succussions needed is still not well established.
5. There is no clarity on how to administer intercurrent remedies using fifty millesimal scale as may be needed in treatment of multi miasmatic cases.

RECEPTION BY FRATERNITY – STALWARTS' VIEWS

Adolf Voegli (1898-1993): He was one of the important patrons who popularized LM potencies. He stated, "In thousands of tests, I had to convince myself that the 50 millesimal potencies achieve much stronger and longer lasting curative effects than the centesimal potencies." He called them "insubstantial biological energy units".²

Jost Kunzli (1915-1992): He was a very influential teacher and practitioner in Europe.

He greatly patronised the Q potencies. He increased the Q potency by 2 stages when treating the chronic patients. In his articles published in homoeopathic journals, he also mentioned other application methods, such as giving one globule of the indicated medicine on the tongue.

Mathias Dorsci: In chronic diseases, he gave the LM6 for 5 weeks and then switched over to LM12, followed by LM30 potency. He always started with LM6 and used to give 5 drops on the tongue. However, he admitted that it was impractical for many of his patients.²

Pierre Schmidt: He used Q potencies only with patients who were also using allopathic drugs, for example, anti-epileptics.

Tyler and Borland: M L Tyler and Weir Borland, the famous physicians at the Royal London Homoeopathic Hospital, felt that Hahnemann's new method of potentisation was being misinterpreted. According to them, Hahnemann was only trying to explain the "plussing method" of the centesimal potencies.²

RESEARCH UPDATES

A number of good quality research papers related to the use of fifty millesimal potencies have been published, a few of which are mentioned below.

- A clinical review of cases over 15 years by A Brazilian group of doctors headed by U C Adler concluded the use of LM potencies to be the more efficient method;
- A multicentric exploratory clinical study conducted by CCRH concluded that LM potencies are more effective than centesimal potencies in pain management of cervical spondylosis;

- Another placebo controlled randomized trial conducted by CCRH revealed that LM potencies were more effective than placebo in managing haemorrhoidal pain;
- A multicentric RCT conducted by CCRH revealed LM potencies to be as effective as centesimal potencies in symptomatic uterine fibroids;

THE WAY AHEAD

- Standardisation of the preparation and administration of fifty millesimal potencies.
- Manufacture of a wider range of medicines;
- Proving of medicines in fifty millesimal potencies vis-a-vis conventional provings;
- Efficacy of homoeopathic medicines in centesimal scale vis-a-vis fifty millesimal scale in different clinical conditions.
- Addressing the above issues will ensure wider popularity and use of fifty millesimal potencies among homoeopathic physicians.

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A narrative review on different aspects of homoeopathic posology

By Dr Poulamy Singha Roy, Dr Saleema Naaz Tabassum,
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Abstract: Homoeopathic posology is the doctrine of doses of homoeopathic medicine. In homoeopathy, potentised medicines are used following the law of *similia similibus curentur*. The principle, the remedy, and the dose are three essential elements of this system. This article discusses the various concepts of homoeopathic posology, types of doses, and administration of doses.

Keywords: Homoeopathy, posology, potency, the doctrine of dose, repetition of dose.

Introduction

Posology originated from the Greek word 'posos' – mean how much, and 'logos' – mean study. By posology, we mean the science or doctrine of dosage¹. Homoeopathic posology includes potency, quantity, form, and number of administration of the medicine. The selection of the dose is as much an integral part of the process of making a homeopathic prescription as the selection of the remedy, and often quite as important. A well-selected remedy may fail utterly, or even do injury, because of the wrong dosage. Dose, as well as a remedy, must be adjusted to the patient's need¹.

Various concepts about homoeopathic posology:

Hahnemannian concept:

- **Discussion about posology in Hahnemann's *Organon of Medicine*:**

The more Hahnemann became convinced of the dynamic nature of the disease, the more he sought the dynamic place in medicine, and the more beneficial he found the administration of the *similia*².

- **Doses in different actions**
Aphorism 112- Here Hahnemann discussed, large doses produced primary action

at the end which is the exact opposite in nature³.

- Aphorism 130- Hahnemann advises here to give a single dose in drug proving to obtain the effect in primary activities as well as secondary action³.
- **Doses in relation with drug proving**
- Aphorism 131- Hahnemann says here, if we give multiple doses during drug proving then we will not be able to get a clear picture³
- Aphorism 137- Hahnemann compares here effects of moderate and large doses. Moderate doses will give the symptoms in the pure form whereas large doses will give the symptoms in an intermingled way.³
- Aphorism 128- Give daily from four to six very small globules of 30th potentized dilution of such a substance, moistened with little water, on an empty stomach, to the experimenter³.
- **Doses concerning homoeopathic aggravation**
- Aphorism 159- Hahnemann says the shorter the dose, the shorter the amplitude of homoeopathic aggravation.³
- Aphorism 160- "As the dose homoeopathic remedy can

scarcely ever be made so small that it shall not be able to relieve, overpower, indeed cure and annihilate the uncomplicated natural disease of not long-standing is analogous to it."³

- Doses about chronic diseases
- Aphorism 161- Hahnemann advises to give smaller to gradually higher doses with renewed dynamisation. Such will increase the original symptoms towards the end of the recovery.³
- **Strength of doses in homoeopathic use**
- Aphorism 275- If we give too large doses be it homoeopathically chosen for the morbid state, it will only be injurious to one health.³
- Aphorism 276- Larger doses with higher potencies causes more harm to the morbid state.³
- Aphorism 277- Larger doses will only reduce the degree of minuteness appropriate for the gentle remedial effect.³
- Aphorism 278- Degree of minuteness can only be achieved by pure experiment, careful observation, and accurate experience.³
- Aphorism 279- "The dose of the homoeopathically selected remedy can never be prepared

so small that it shall not be stronger than the natural disease, and shall not be able to overpower, extinguish and cure it".³

- Aphorism 285- "The diminution of the dose essential for homoeopathic use, will also be promoted by diminishing its volume."³
 - Aphorism 286- Effects of homoeopathic dose of medicine will increase more if there is greater the quantity of fluid.³
 - **Discussion about posology in Hahnemann's Chronic Diseases:**
 - If an antipsoric remedy is given in large dose, although it was selected correctly, was too great and caused the fear that no cure could be effected through it, the large dose will establish a disease which in some respect is similar, but even greater and more troublesome.⁴
 - Hahnemann advises to antidote these large doses when it is known and if not known, then give another antipsoric medicine as suitable as possible to the symptoms and this is a very moderate dose.⁴
 - Repetition of doses: ⁴
1. Give one remedy at a time—the one most clearly indicated by the totality of symptoms.
 2. Give it preferably at first in a medium potency with a tendency to go higher.
 3. So long as improvement shows itself, do not change the remedy, and better also, do not repeat the dose. Learn to wait, for so long as the disease does not progress any further, after giving the medicine, there is no danger in waiting, not until new indications appear.
 4. In acute diseases, the doses may have to be repeated

frequently, according to the intensity and severity of the case; as a rule, every hour or two is often enough, and in most acute, as often as every five to ten minutes may be necessary, but all medication should cease with commencing improvement.

Dr. Stuart M Close¹:

- **Choosing of potency-** The cure may be much accelerated by selecting the potency or dose appropriate to the individual case.
- Five considerations influence us in the choice of the dose:**
1. **The susceptibility of the patient-** The more similar the remedy, the more clearly and positively the symptoms of the patients take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency required.
- Generally speaking, susceptibility is greatest in children and young, vigorous persons, and diminishes with age.
 - The higher potencies are best adapted to sensitive persons of the nervous, sanguine, or choleric temperament; to intelligent, intellectual persons, quick to act and react; to zealous and impulsive persons. Lower potencies and larger and more frequent doses correspond better to torpid and phlegmatic individuals, dull of comprehension and slow to act.
 - **Susceptibility is modified by habit and environment.** It is increased by intellectual occupation, by the excitement of the imagination and emotions, by sedentary occupation, by long sleep, by an effeminate

life. Such persons require high potency.

- **Susceptibility is modified by pathological conditions.** In certain terminal conditions the power of the organism to react, even to the indicated homoeopathic remedy, may become so low that only material doses can arouse it.
 - **Susceptibility is modified by habit and environment.** People who are accustomed to long and severe labour out of doors, who sleep little and whose food is coarse, are less susceptible. Idiot, imbeciles, and the deaf and dumb have a low degree of susceptibility, as a rule.
2. **The seat of the disease.**
 3. **The nature and intensity of the disease.**
 4. **The stage and duration of the disease.**
 5. **The previous treatment of the disease.**
- **Repetition of the dose:**

The only rule which can be laid down with safety is to repeat the dose only when improvement ceases.

H. A ROBERTS²:

Roberts advises that if the symptoms are very similar, we can go with higher potency. The less sure we are of our similarity, the lower our potencies. As a rule, when there is pathology, medium or high potencies may be dangerous.

Robert relates doses with the susceptibility of the people.

- **Laws were given by Robert² :**
- **The law of quantity and dose-** It states that the quantity of the drug required is in inverse ratio to the similarity.
- **Law of dosage-** The remedy, must be similar in quantity and quality to the dose of the

morbific agent, which caused the disease.

- **The law of quantity-** The quantity of action necessary to effect any change in nature is the least possible. The decisive amount is always a minimum, an infinitesimal.
- **The law of quality-** It is inversely proportional with quantity.
- **The law of use-** The dose and quantity that will thoroughly permeate the organism and make its essential impress upon the vital force is that which will affect the functional sphere of the individual.
- **The law of repetition for proving-** Never repeat the dose while symptoms are manifest from the dose already taken. And this law also applies in the case of the law of cure.

Dr J. T. Kent⁵:

- Octaves of potency in the series of degrees: "I have settled upon the octaves in the series of degrees as of 30th, 200th, 1M, 10M, 50M, CM, DM, and MM. Many of my patients' records indicate that the patient has steadily improved after each potency, to the highest, with symptoms becoming fainter, and he grows stronger, mentally and physically."

Conclusion

Treating a patient homoeopathically by giving the proper dose is not a new idea but to date, there exists confusion as to what should be the right dosage and the potency for any case. Various concepts and explanations have been given by various stalwarts to resolve this problem. Some general guidelines of dose and potency have been developed from their concepts.

If one thoroughly follows the guidelines then he/she will surely be successful.

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Homoeopathic posology: outlook of different stalwarts

By Dr Surabhi Khatta, Dr Neeraj Srivastava

Abstract: In homoeopathy, there is always a tug of war between different physicians about the selection of potency and dose. It has been always a topic of debate that which potency is best suitable in a particular case. This article represents a sincere effort to clear the concept of homoeopathic posology as per the viewpoint of different homoeopathic stalwarts.

Keywords: Posology, stalwarts.

Introduction

The term, posology originates from the Greek term 'posos' and 'logos'. Poso, means how much how much but in the science, it means doctrine of doses. Logos means discourses or study. It is an important division of pharmacology. Paracelsus said that, "all things are poisons, for there is nothing without poisonous qualities. It is only the dose which makes a thing poison" Potentization is the process which makes homoeopathy different from other system of medicines Posology is the doctrine of doses of medicine. Homoeopathic posology is based on the discovery of the opposite action of large and small doses of medicine. It is another application of third Newtonian law of motion 'action and reaction are equal and opposite'.¹

Homoeopathic posology

The fundamentals of homoeopathic posology are represented in the trinity of:

1. **Single remedy** – The fundamental principle of homoeopathic practise is selection of a remedy according to law of similars. It is obvious that at a given point of observation out of a number of similar remedies only one remedy can be exactly similar

to a case.²

2. **Minimum dose** – Minimum dose is that amount of a medicine, though smallest possible quantity, that produce a gentle remedial effect and the least possible excitation of the vital force, and yet sufficient to effect the necessary change in it.³ Minimum force is sufficient to disturb as well as to restore balance. Hahnemann in his initial application of the law of similars employed remedies in crude state and in large doses. When he found that severe aggravation invariably preceded amelioration, he embarked on the classical experiment of progressive reduction in the dose. This led to the discovery of potentisation which has enabled the release of potential drug-energy in a form suited to cure.²

Dose can be selected on the basis of potency selection as discussed below²:

• **High potency** – Potencies above 200C are termed as high potencies.

- When the mental generals in a case are predominant.
- When the simillimum remedy is close to the individualised picture of the patient.

- Acute illness with changes in vital organs and poor response to the medium potencies even when the remedy is correct according to the case.
- Allergy to chemicals or drugs, such cases need same chemical or drug administered in high potency.
- Cases which no longer responds to lower potencies, indications remaining the same.
- Reaction, poor. High potency nosode can be given in this state.

• **Medium potency**

- The medium are the only potencies that can safely be employed in the hypersensitive type of patients. It should be a general rule to commence the treatment with 30th potency to avoid probability of an aggravation.

• **Low potency** - Potencies below 30C are termed as low potencies.

- Hypersensitive patients.
- The cases in which symptoms of the disease predominate, indicating gross advanced pathological changes in the tissues and organs.

- Organopathic remedies which are not properly proved and are generally employed for particular effects in a definite sphere.
 - Biochemic remedies mostly given in low potencies.
2. **Minimum repetition** – It comes under the domain of second prescription, the one that is made after the first that has acted.
- *Acute cases*: The action of a remedy is known to exhaust early. Here, frequent repetitions are indicated. As the response is obtained the frequency is cut down progressively so that the dose tapers gradually.
 - *Chronic cases*: Repetition should be reserved for cases in which single-dose stimulation has failed or is considered to be insufficient.
 - The return of the symptoms that have disappeared under the action of the remedy.

Concept of homoeopathic posology according to Stuart Close³

The homoeopathic doctrine of dosage, like the law of cure, was based upon the discovery of the *opposite action of large and small doses of medicine*. It is another example of application of the law of mutual action in medicine, i.e. the third Newtonian law of motion – “action and reaction are equal and opposite.”

There are five considerations that influence the choice of the homoeopathic dose, i.e. susceptibility of the patient, seat of the disease, nature and intensity of the disease, stage and duration of the disease and previous treatment taken.

1. Susceptibility of the patient

- Age – Maximum in a child and

decreases gradually as age progresses

- *Temperament and constitution*
 - High potencies – to sensitive individuals having nervous, sanguine or choleric temperament.
 - Intellectual persons who are quick to act and react.
 - Zealous and impulsive persons.
 - Medium potencies – to oversensitive patients, who prove any medicines given to them.
 - Idiosyncratic patients.
 - Low potency – to sluggish, coarse-fibred individuals having gross habits.
 - Torpid, phlegmatic persons who are slow to act and dull to comprehend.
- *Habit and environment*
 - High potencies – Intellectual occupation.
 - Bad effects of excitement from imagination and emotions.
 - Sedentary occupation.
 - Low potencies – Physical labour occupation.
 - Sleepless individuals.
 - Exposure to liquor and tobacco.
 - People associated with chemicals, drugs and perfumes.
 - Idiotic, imbecile, deaf and dumb people.
- *Pathological condition* – In terminal cases, where gross pathological changes are present material doses or low potencies of medicines should be given.

2. The seat of the disease

- High potencies and medium potencies – Functional changes.
 - Low potencies – Pathological and irreversible changes.
3. **The nature and intensity of the disease**
- High potency – acute diseases with marked intensity.
 - Low potency – chronic diseases.
4. **Stage and duration of the disease**
- High potency – diseases with short duration.
 - Low potency – diseases with longer duration, terminal stage.
5. **Previous treatment of the disease**
- Low potency is commonly prescribed in such cases where previous treatment with other drugs has been done.

Homoeopathic posology by Herbert A. Roberts⁴

According to him, homoeopathic posology is based on certain laws like:

- **Law of dosage** - The law might be stated as “the curative dose, like the remedy, must be similar in quantity and quality to the dose of the morbid agent, which caused the disease.”
- **The law of quantity and dose** - The quantity of the drug required is in inverse ratio to the similarity.
- **The law of quantity** - The quantity of action necessary to effect any change in nature is the least possible. The decisive amount is always a minimum, an infinitesimal.
- **The law of quality** - The quality of the action of a homoeopathic remedy is determined by its quality, in the inverse ratio.
- **The law of use** - The dose and quantity that will thoroughly

permeate the organism and make its essential impress upon the vital force is that which will affect the functional sphere of the individual.

- **The law of repetition** - Never repeat the dose while symptoms are manifest from the dose already taken in cases where proving of the drugs to be done. Never repeat the remedy as long as it continues to act, where it has to be given in patients with the disease.
- He advises that if the symptoms are very similar, one can go as high as he wishes. The less sure one is of similarity, the lower must be the potency. As a rule, when there is pathology, medium or high potencies may be dangerous.

The concept of dose according to Arndt and Schultz,

- “Small doses stimulate, medium doses paralyse and large doses kill”.⁴

Selection of dose and potency according to Jahr,

- Where the symptoms are not clearly developed and there is an absence or scarcity of characteristic features; or where two or three remedies seem about equally indicated, susceptibility and reaction may be regarded as low and low (third to twelfth) potency should be given. But, when most of the symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case, high potencies should be given - thirtieth, two hundredth, thousandth, or higher. *‘The finer, more peculiar and more characteristic symptoms of the remedy appear in a case, the higher the degree of susceptibility and the higher the*

potency.’³

Views of James Tyler Kent,⁵

- “When the simillimum is found, the remedy will act curatively in a series of potencies. If the remedy is only partially similar, it will act in one or two potencies and then the symptoms will change and a new remedy will be required.”
- *“It is well to realize that you are dealing with razor when dealing with high potencies.”*

Conclusion

- Homoeopathy is based on the concept of individualisation where the application of dose and potency is an important part of prescription. Homoeopathic posology is about the doctrine of doses that how much in either quantity or quality the medicines could be given to the patients. There are different views of homoeopathic stalwarts regarding the selection of potency according to individual picture of the patient. One can conclude that in term of dose, medium to low potencies is one of the safest ways to commence the homoeopathic treatment with. High potencies also may be given in certain conditions. The potency selection is based on various factors which needs to be look out in every case during case taking/anamnesis. However, during follow up/catamnesis the criteria for the selection of potency has to be re-analysed. A careful circumspection on behalf of the physician himself is an integral part of the basis of homoeopathic posology.

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Posology and homoeopathy

By Dr Goutam Das

Abstract: This article deals with the study of *Homoeopathic Posology*, on the light of the teaching of *Organon of Medicine and Homoeopathic Philosophy*, about the *homoeopathic therapeutic doses, choice of the potency, repetition of doses, effect of the remedy, law of doses* are also expressed in this article.

Keywords: Posology–definition–physiological–therapeutic–pathogenetic–action of the drugs–homoeopathic therapeutic doses–choice of potency–repetition of doses–effect of the remedy–law of doses.

Introduction:^[1 p183]

There are three essential elements of Homoeopathy are the *principle, the remedy and the dose*. And the three are of equal importance.

- It is as unreasonable to expect to cure all cases with any two or three potencies as it is to expect to cure all cases with any two or three remedies.
- A well selected remedy may fail or even do injury, because of wrong dosage.
- Dose as well as remedy must be adjusted to the patient's need.

Definition:^[2 p183]

'Posology' came from the Greek word 'posos' means 'how much' and 'logos' means 'science'. Posology is the doctrine of the 'science of doses', which teaches us about the selection, administration and repetition of the doses.

Science of Doses:^[3 p184]

The homoeopathic doctrine of dosage, like the law of cure, was based upon the discovery of the *opposite action of large and small doses of medicine*.

- It is another application in medicine of the Law of Mutual Action – the third Newtonian law of motion – “action and

reaction are equal and opposite.” Although the physiological antagonism between large and small doses is an illustration of the homoeopathic law of posology:

- The use of drugs in “physiological doses” has nothing to do with their homoeopathic use, because *homoeopathic remedies are never used in physiological doses*.

Physiological, therapeutic and pathogenetic action of the drugs:^[4, 5, 6 pp185, 186, 186]

Clearly understand of the subject that a distinction be made between three terms, *physiological, therapeutic, and pathogenetic*, used by the two schools of medicine to express the nature of the action of the drugs.

The word “*physiological*” as currently used in medicine in relation to drug action and dosage is misleading and inaccurate.

- The word is suggestive of something normal and healthy.
- It's use tends the fact that the kind of drug action is essentially a *toxic* action and therefore really painful and injurious.
- The “*physiological action*” of a drug is not its *therapeutic or curative action*.
- It is exactly the *opposite of a curative action, and is never*

employed in homoeopathic practice for therapeutic purposes.

The word “**pathogenetic**” (Gr., *pathos*, suffering, and *genesis*, origin, “producing suffering”) as properly describing the character of such drug action:

- The “suffering” of the organism produced by the drug is expressed in symptoms, which are the language of disease.
- In homoeopathic parlance, therefore, these are termed “*pathogenetic symptoms*,” a term which is preferable because it is accurate and truthful.

Therapeutic means curative, healing, alleviating:

- A *pathogenetic action is never curative*.
- The action of a drug may be *pathogenetic (toxic), or therapeutic (curative)*, depending upon the *size and strength of the dose, the susceptibility of the patient and the principle upon which it is given*.

In the homoeopathic treatment of disease a drug is never given for its pathogenetic action.^[4 p186]

- *Pathogenetic doses may be given, however, for experimental purposes to a healthy person,*

in making what are called provings.

- In treating disease homoeopathically the object is not to produce symptoms but to remove them.
- By means of the similar remedy in the minimum dose it is possible to do this in a direct manner without producing symptoms.

Homoeopathic therapeutic dose:^[7 p188]

Homoeopathy requires in proper amount, but in the proper direction and proper time.

The homoeopathic dose, therefore, is always a sub-physiological or sub-pathogenetic dose:

- That is, a dose so small as not to produce pathogenetic symptoms.
- For one desires, not to produce more symptoms, but only to remove and obliterate symptoms already existing.
- It must also be given in a dose so small as not to produce a severe aggravation of the already existing symptoms.

Choice of the potency:^[8 p191]

Five considerations influence us in the choice of the dose:

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. The previous treatment of the

disease.

Susceptibility of the patient:^[9 p192]

According to Jahr,

1. Where the symptoms are not clearly developed and there is an absence or scarcity of characteristic features; or
2. Where two or three remedies seem about equally indicated, susceptibility and reaction may be regarded as low (third to twelfth) potency.

But when the symptoms of a case clearly indicate one remedy, whose characteristic symptoms correspond closely to the characteristic symptoms of the case, we give the high potencies – thirtieth, two hundredth, thousandth, or higher, according to the prescriber's degree of confidence and the contents of his medicine case.

Dr Stuart Close advice that the finer, more peculiar and more characteristic symptoms of the remedy appear in a case, the higher the degree of susceptibility and the higher the potency.

Susceptibility is modified by age:^[10 p194]

Generally speaking:

- Susceptibility is greatest in children and young, vigorous persons and diminishes with age.
- Children are particularly sensitive during development, and the most sensitive organs are those which are being developed.
- Therefore the medicines which have a peculiar affinity for those organs should be given in the medium or higher potencies.

Susceptibility is modified by constitution and temperament:^[11 p194]

The higher potencies are best adapted to;

- Sensitive persons of the nervous, sanguine or choleric temperament.
- Intelligent, intellectual persons, quick to act and react.
- To zealous and impulsive persons.

Lower potencies and larger and more frequent doses correspond better to;

- Torpid and phlegmatic individuals.
- Dull of comprehension and slow to act.
- To coarse fibered, sluggish individuals of gross habits.
- Who possess great muscular power but who require a powerful stimulus to excite them.
- Large amount of stimulants like whiskey, and show little effect from it.
- When ill they often require low potencies or even, sometimes, material doses.

Susceptibility is modified by habit and environment:^[12 p194]

It is increased by;

- Intellectual occupation.
- By excitement of the imagination and emotions.
- By sedentary occupations.
- By long sleep.
- By an effeminate life.
- Such persons require high potencies.

Susceptibility is modified by pathological conditions:^[13 p194]

Pathological conditions	Susceptibility
Valvular heart disease	Digitalis no effect is produced by any potency.
Intercurrent reaction remedies.	Given in potentiated form and small doses, resort to the crude drug and increase the dose to the point of reaction.
Intercurrent remedies.	In high potency - Laurocerasus, Carbo vegetabilis, Tuberculinum, Medorrhinum were given.

Susceptibility, Habit and Environment: [14 p199]

<i>Habit and environment</i>	<i>Susceptibility and potency</i>
<i>Long and severe labour out-of-doors, who sleep little and whose food is coarse.</i>	<i>Less susceptible, require low potencies.</i>
Continual influence of drugs, such as tobacco workers and dealers.	Require <i>low potencies</i> .
<i>Particular drug influence.</i>	<i>High potency of the same, best antidote.</i>
<i>Idiots, imbeciles and the deaf and dumb.</i>	<i>Low degree of susceptibility.</i>
Crude drugs of allopathic, homoeopathic or "bargain-counter" prescription.	Require <i>high potencies</i> .
Low potencies when <i>exhausted</i> .	Require <i>high potencies</i> .
For antidote.	High/low vice versa.

The question is entirely one of susceptibility: [15 p201]

One must learn how to judge the degree of susceptibility as homoeopathic prescribers.

- By *constitution, temperament, degrees of his susceptibility as modified by the character and stages of his disease and by previous treatment.*
- At one stage he may need a low potency, as already pointed out, and at another a high potency.
- As, for example, that the *lower preparations* should be used in chronic disease with tendency to disorganization of tissues and in acute disease.

Repetition of doses: [16 p202]

The only rule which can be laid down with safety is to *repeat the dose only when improvement ceases. To allow a dose, or a remedy, to act as long as the improvement produced by it is good practice.*

- One of the most difficult things is to *learn to wait needs wisdom, courage and patience.*

Effect of the remedy: [17 p205]

- First to be determined whether the remedy has *acted at all or not.*
- If it has *not acted*, we have next to determine whether the failure to act is due to an *error in the*

selection of the remedy, or to the selection of the wrong potency of the remedy.

- If, in carefully reviewing our symptom-record, we find the *remedy rightly chosen.*
- We *change the potency to a higher or lower potency*, as circumstances may require, after a reconsideration of the patient's degree of susceptibility.

Upon the character of those changes depends the further course of action. A remedy shows its action:

1. By producing new symptoms.
2. By the disappearance of symptoms.
3. By the increase or aggravation of symptoms.
4. By the amelioration of symptoms.
5. By a change in the order and direction of symptoms.

The law of dosage: [18 p208]

The right dose must and can be nothing else than that amount of the indicated quality (or remedy) which is equal to the amount of the force of the cause of the disease, and qualitatively runs counter to its course and motions."

- We possess thus, in the very dose, or *quantity of the morbid cause, the measure for the quantity of the dose of the drug to be used."*

(and vice versa).

- How then are we to measure these quantities!
- The law of similars or equivalent actions reveals the answer, and mechanical potentiation according to scale gives the unit of measurement.
- The real and efficient quantity of the morbid cause necessary to produce the disease *cannot be greater than the quantity of the medicine necessary to cure it!*

Conclusion: [19 p210]

This conception, as a logical conclusion, enables us to put the matter upon an experimental basis and draw further conclusions as to the size of the dose.

"Low potencies acted best in acute diseases."

- In the *grosser type of the individual and his lower degree of susceptibility*, as well as the *lower grade of his disease process*; he required a *grosser, more material, and lower form of a remedy to cure him.*

Infants and aged persons being of low vitality and feeble reactive powers, required low potencies for their cure:

- Have seen curative effects of *high potencies in the aged as in the young*, when both the remedy and the potency were indicated.

Again one must individualise:

- *Low potencies* will not cure all acute diseases, all infants, nor all aged persons.
- Nor will *high potencies* cure all forms of disease in all persons.
- All potencies are required for

the cure of disease, and *any* potency may be required in any given case.

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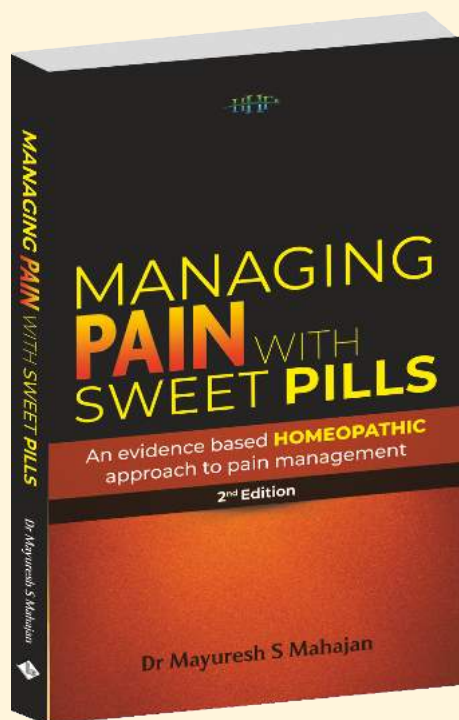
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MANAGING PAIN WITH SWEET PILLS

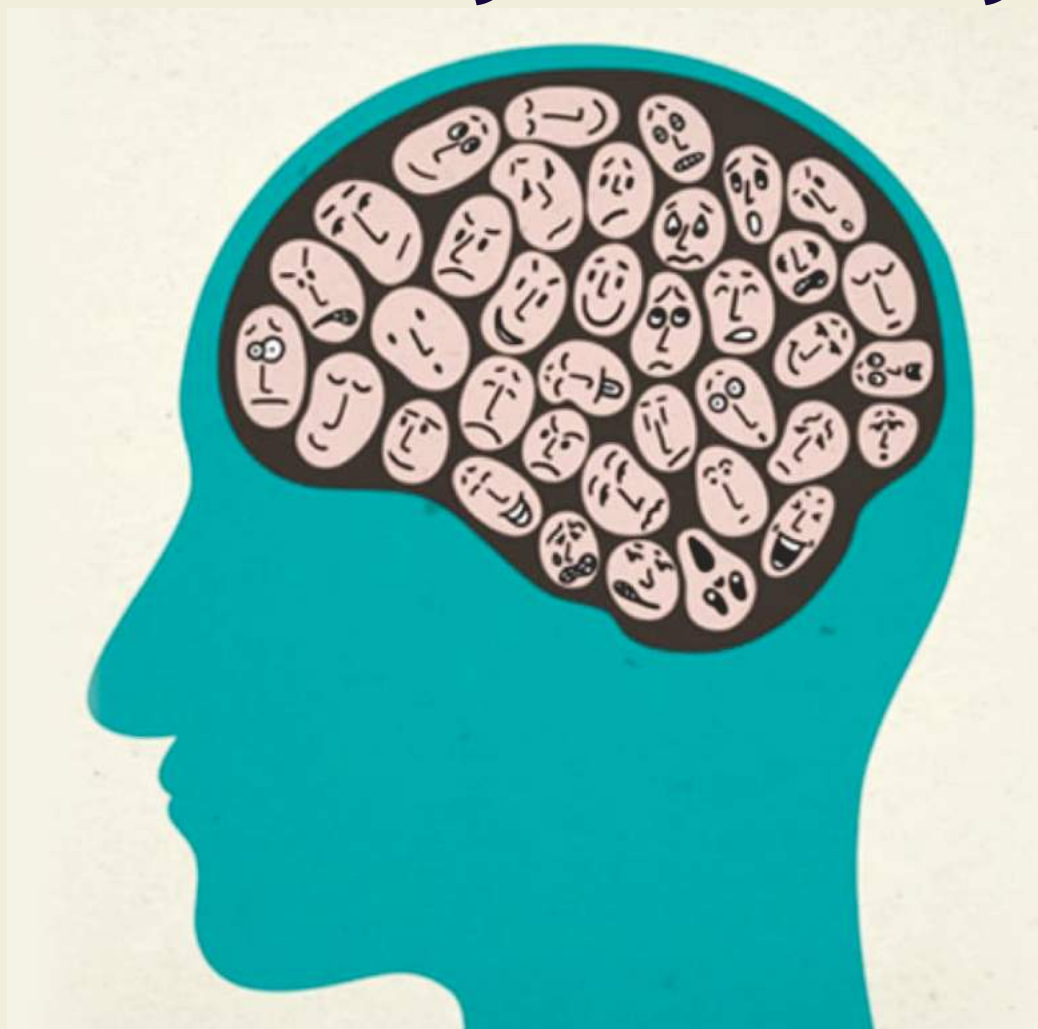
Dr Mayuresh S Mahajan



- The author has compiled his experience and knowledge with reference to the pain of the patients in context with their psyche or the emotional understanding.
- The book is meant to help with recognizing pain in its diversity and the process of reaching the similimum based on the symptom of pain.
- In this book, the author has tried to decipher and direct prescribing remedies based on differentiation of pain among the different remedies stated in Materia Medica.
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Homoeopathic posology on the purview of susceptibility

By Dr Alok Nath Shaw, Dr Rajat Chatterjee, Dr Rup Nandi

Abstract: Posology is the integral part of homoeopathic drug selection, in various conditions the selection of exact dose and its repetition depends. The most important condition is susceptibility of the patient which indicates the posology for annihilation of the disease symptom and establishing cure. Stalwarts in homoeopathy have denoted the need to understand the susceptibility in order to choose exact posology.

Key words: Homoeopathic posology, susceptibility, Hahnemann, posology.

Introduction

Posology is one of those topics in our literature that though being frequently discussed in academic set up but mostly gets ignored when it comes to bedside. When we are in clinics, we mostly go by whims or by tradition instead of giving importance to it. This is the most frequent scenario in selection of potency and doses. This paper is the outcome of our effort to understand the fundamental concepts behind the susceptibility and posology more importantly its proper and judicious application at bedside.

Word Meaning:

The term 'posology' originated from the greek word- 'posos' means how much and 'logos' means discourse. Posology is the doctrine of doses of medicine.

Relation with organon and pharmacy:

Posology in relation to organon – quantum of thrust

Posology in relation to pharmacy – quantity of doses

Posology in relation to 5th edition of *Organon of Medicine* – 'medicament c la gouttee' (centesimal scale)¹

Posology in relation to 6th edition of *Organon of Medicine* – 'medicament a globule' (50 millesimal scale)¹

5 points to be considered in the

choice of the dose:

The susceptibility of the patient

The seat of the disease

The nature and intensity of the disease

The stage and duration of the disease

The previous treatment of the disease

Spectrum of health, disease, susceptibility and posology:

The spectral concept of health emphasizes that the health of an individual is not static; it is a dynamic phenomenon and a process of continuous change, subject to frequent subtle variations. What is considered maximum health today may be minimum tomorrow?

That is, a person may function at maximum levels if health today, and diminished levels of health tomorrow. It implies that health is a state not to be attained once and for all, but ever to be renewed. There are degrees or "levels of health" as there are degrees or severity of illness.

So it can be easily said that a spectrum means a spark of light, which is easily diversion from one corner to other, like that susceptibility is modified in different condition or state.²

Stuart Close's View:

According to Close-

*"Susceptibility is one of the fundamental attributes of life. Upon it depends all functioning, all vital processes, physiological and pathological. Digestion, assimilation, nutrition, repair, secretion, excretion, metabolism and catabolism, as well as all disease processes arising from infection or contagion depend upon the power of the organism to react to specific stimuli."*³

CURE

When a homoeopathically selected medicine is administered to a sick person, the disappearance of the symptoms and restoration of the patient to health represents the reaction of the susceptible organism to the impression of the curative remedy.



SUSCEPTIBILITY



PROVING (SYMPTOMATOLOGY)

When we give a drug to a healthy person for the purpose of making a homoeopathic "proving" or test, the train of symptoms which follows represents the reaction of the susceptible organism to the specific irritant or stimulus administered.

MORBID SUSCEPTIBILITY AND HEALTHY SUSCEPTIBILITY

One must also predicate a state of normal susceptibility to remedial as well as toxic agencies, which it is the duty of the physician to conserve and utilise. No agent or procedure should be used as a therapeutic measure which has the power to diminish, break down or destroy the normal susceptibility or reactivity of the organism, because that is one of the most valuable medical assets we possess. Without it all our efforts to cure are in vain. To use agents in such a manner or in such a form or quantity as do diminish, impair or destroy the power of the organism to react to stimuli, is to align ourselves with the forces of death and disintegration.³

Susceptibility as a state may be increased, diminished or destroyed. Either of these is a morbid state which must be considered therapeutically from the standpoint of the individual patient. Morbid susceptibility may be regarded as a negative or minus condition – a state of lowered resistance. The problem is one of adjustment to conditions. The point to be kept in mind is to recognise and conserve normal susceptibility in all our dealing with the sick and to do nothing to impair it.³

REACTION TO THE MEDICINES

He says that the kind and degree of reaction to the medicines depends upon *the degree of susceptibility* of the patient, and that the kind and degree of susceptibility, in any particular case or patient, depends largely upon how the case is handled by the physician; for it is in his power to modify susceptibility. **Indeed, this power to modify susceptibility is the basis of the art of the physician.**⁴

If the physician knows how to modify susceptibility in such a way as to satisfy the requirements of the sick organism and bring about

a true cure, then is he a physician indeed; *since cure consists simply in satisfying the morbid susceptibility of the organism* and putting an end to the influx of disease-producing causes. To accomplish this he must know that susceptibility implies and includes affinity, attraction, desire, hunger, need; that these all exist and express themselves normally as stated and conditions in every living being; but that they may become morbid and perverted and so causes disease, suffering and death. He knows also that susceptibility implies the existence of the wherewithal to satisfy susceptibility; to supply need, hunger, desire, affinity, attraction, and he knows how and where to find the necessary modifying agents. (cure)⁴

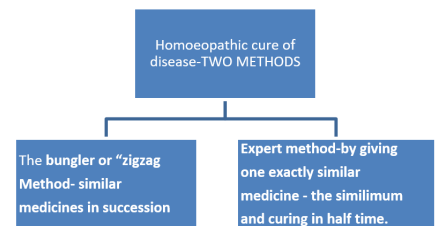
SUSCEPTIBILITY MORE TO HOMOGENEOUS OR SIMILAR STIMULI- It is a well-known fact that the living organism is much more susceptible to homogeneous or similar stimuli than to heterogeneous or dissimilar stimuli.⁵



Thus **cure is in satisfying the morbid susceptibility which constitutes disease.** As hunger demands food, so disease demands medicine. But the demand is always consistent with the universal law. It is for the **symptomatically similar medicine, because that is the only thing that really satisfies the susceptibility.**⁵



This morbid susceptibility which constitutes disease may exist toward several different medicines, the **degree of susceptibility to each depending upon the degree of symptom similarity; but the highest degree of susceptibility exists toward the most similar – the similimum** or equal.⁵



The “law of the least plus” should never be forgotten: - “the quantity of action necessary to effect any change in nature is *the least possible*”.⁵

ELIZABETH WRIGHT'S VIEW

- **The degree of susceptibility of the patient influences potency selection –**
 - a. Certain persons are over-sensitive (often owing to improper homoeopathic treatment) and they will prove any remedy you give them; they require, therefore medium, low potencies.⁶
 - b. Other patients are very sluggish (often owing to much allopathic drugging). These will often take a very high potency to get any action at all or they may need a low potency repeated every few hours until favourable action sets in.⁶
 - c. A third type of patient is the feeble one where the vital force is easily overwhelmed. Repetition is the greatest danger here. Actually sick, robust patients will stand repetition of high potencies until favourable action commences, although the ideal is the single dose.⁶
 - d. Some individuals have idiosyncrasies even to homoeopathic potencies of certain substance. Some degree of idiosyncrasy to a remedy must be present or the patient will not be sensitive

enough to be cured, but where this is extreme the law of medium potencies should be preferred.⁶

SUMMARY OF FACTORS MODIFYING SUSCEPTIBILITY

Susceptibility modifies by certain factors, which are as follows –

1. Age - infant and young adult: susceptibility is higher; old age – low.
2. Occupation – intellectual – high; manual worker – low
3. Constitution and temperament – a. nervous, sanguine, intellect – higher
b. torpid, phlegmatic, sluggish – lower
4. Habit, environment - a. emotional, excitement, imaginary – high
b. dull, coarse – low
5. *Idiosyncratic person* – very high
6. Drug user – low
7. Idiotic, imbecile, deaf, dumb – low
8. Pathological condition –
 - a. Chronic disease with irreversible pathological change – low
 - b. Chronic disease with early reversible change – high
 - c. Acute disease with rapid course – high
 - d. Acute disease with slow course – low.³

CLINICAL APPLICATION OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICES:

A. POTENCY SELECTION IN FIRST PRESCRIPTION - MASTER HAHNEMANN –

- If a cure is to follow, the first small doses must likewise be again gradually raised higher, but less and more slowly in

patients where considerable irritability is evident than in those of less susceptibility, where the advance to higher dosage may be more rapid. - § 281. (dose)⁷

- What is the most suitable degree of minuteness of the dose or how small must be the dose of each individual medicine homoeopathically selected for a case of disease to effect the best cure? Pure experiment, careful observation of the sensitiveness of each patient and accurate experience can alone determine this in each individual case. - § 278 (dose)⁷
- Parts in the organism that are already affected, highly irritated are excessively susceptible to similar stimulus. - 282 of 5th edition⁷
- One may slightly modify Jahr's advise by suggesting; the clearer and more positively the finer, more peculiar and more characteristics symptoms of the remedy appear in a case, the higher the degree of susceptibility and the higher the potency.⁷
- Susceptibility of the patient, this is generally and rightly regarded as the most important guide in the selection of the dose.⁷
- The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency required.⁷

B. POTENCY SELECTION IN SECOND PRESCRIPTION –

This is the most important part of our paper as this is the area where most of the time we end up prescribing by the routine than the rules. Here in second prescription when ever

patient is no more improving on potency after initial improvement, one changes routinely to the next higher potency. Rarely do one thinks of prescribing lower potency after the medicine stop working in a given potency. Following are some illustrative examples from the works of the stalwarts itself-

MASTER HAHNEMANN

IN CHRONIC DISEASES (vol. one, page 127, footnote) –

“If it, e.g; has first been given in the 30th potency, it will now be given in perhaps the 18th, and if a repetition should be again found serviceable and necessary, it might afterwards be given in the 24th, and later perhaps also in the 12th and 6th, etc; if, e.g; the chronic disease should have taken on itself an acute character. A dose of medicine may also have been suddenly counteracted and annihilated by a grave error in the regimen of the patient, when perhaps a dose of the former serviceable medicine might again be given with the modification mentioned above.”⁷

Similar reference is also mentioned by R. E. DUDGEON in the appendix to *Organon of medicine*, 5th edition- Aphorism- 287, second note (a)⁸

“This allusion to the employment of dilutions beyond the 30th occurs first in the 5th edition. In the earlier parts of the 2nd edition of the Chronic Diseases nothing is said about dilutions beyond the 30th, which is recommended as the normal dose except when the medicine is repeated, when less diluted preparations are advised. Thus after the 30th, then the 24th, then the 18th, then the 12th, 6th, and so on. But in the preface to the 3rd part of the Chronic Diseases, published in 1839, there is an approving allusion to the 50th dilution. In this passage Hahnemann departs from the caution he gave in

his letter to Dr. Schreter, of the 13th September, 1829: I do not approve of your potentizing the medicines higher (as, for instance, up to thirty-six and sixty). There must be some limit to the thing; it cannot go on to infinity. By laying it down as a rule that all homoeopathic remedies be diluted and potentized up to thirty, we have a uniform mode of procedure in the treatment of all homoeopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools⁸.

JAMES TYLER KENT

Some similar glimpses are also seen on the keen study of the practise of Kent as well. Following is an example of a case from the KENT LESSER WRITINGS⁹ -

“Case – Mrs. J.s; aged about 28 years.

A case of tubercular glands of the neck – some have suppurred. Surgeon said she must have an operation, immediately. Pt. is not sensitive to cold. Thirst for cold water. Has always worked actively.

April 24, 1905 – **Tuberculinum (Tuberc.) 10M (10M= 10000)**.

May 9 – No new symptoms

Breath fetid odor.

Sensitive to cold.

Feet , “ cold as ice” in cold weather. Gland under the chin gives sensation of softening in the center – **Tuberc. 10M**.

June 1. Improvement , PL

June 30. Feels very good- **Tuberc. 10M**.

Aug 8, Sept. 20, Dec. 20 – **Tuberc. 50M (50M= 50000)**

May 15, 1906 – Pregnancy developed in July. Has had no medicine since Dec. Glands enlarge again. Perspiration and chilliness. – **Tuberc. CM (CM= 100000)**

June 13 – Sme evidence of

improvement- **Tuberc. CM**.

Oct. 20 – **Tuberc. MM (MM= 1000000)**

Dec. 17 – Lumps becoming smaller.

Feb. 2, 1907 – **Tuberc. MM**.

March 12 - Lumps increase in size, from cold, Two weeks ago. Sore sensation when turning neck – **Tuberc. 10 M**.

April 11 - Sore lumps in neck. Feet swelling. Headache constantly. Appetite poor. Tuberc. 10m.

April 15 - Feet and ankles painful swelling . > when feet elevated. Red spots swollen. Rheumatic condition. Weak, walking difficult. Perspiration as soon as sleeps, continues until midnight. Cough at night. Sleepy. Headache constant. Hands cold . > when quiet and can recline. Appetite poor; so thirst. Never fond of meat. Fond of milk and eggs – **Calcarea carb (Calc. c) 10M**

May 15 – sac lac

June 13 – improving – **Calc. c. 10M**

July 20 – Tubercle in neck improved. All symptoms improved.- Tuberc. 50m, four powder.

Oct. 4 – **Tuberc. 50M**.

Jan 23, 1908 – Feels well; some old lumps in neck; face good appearance; gaining flesh. – **Tuberc. 50M**.

Later report says she is in good health with no lumps in the neck⁹.”

The above examples clearly define that, while selecting the potency, there is no fixed rule or criteria, it solely depend on the susceptibility of the patient, seat of the disease, nature of the disease, duration of the disease, lastly economy of the patient. There is no particular potency for a particular drug.

Homoeopathy knows that a cure can only take place by the reaction of the vital force against the rightly chosen remedy that has been ingested, and that the cure will be certain and rapid in proportion to the strength with which the vital force still

prevails in the patient.

Conclusion

R. E. DUDGEON rightly said that, Life may be said to consist of the phenomena resulting from the action of certain powers or stimuli upon a certain SUSCEPTIBILITY, THE BALANCE OF WHICH CONSTITUTES HEALTH, AND THE LOSS OF THIS BALANCE, and DISEASE. Homoeopathic posology in many a way is directly depends upon susceptibility. Unless one understands the susceptibility, the choice of remedy may be correct but choice of exact posology will surely differ resulting in failure.

“Without susceptibility all our efforts to cure are in vain” –Stuart Close.³

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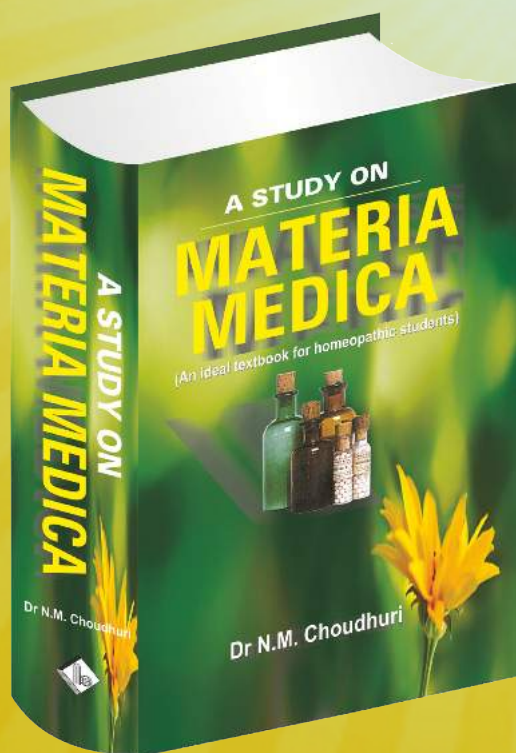
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Posology and Homoeopathy

By Dr Jaspreet Kaur Kapoor

Abstract: The term posology is derived from the greek and **posos** meaning **how much** (DOSE) and **logos** meaning **study or discourse**. Posology is defined as the doctrine of dosage. By dose, one means the quantity of the medicine to be taken at one time. Having selected a remedy in accordance with the principles of similia, then comes the most important question of its administration, as to the selection of dose, potency, and the interval at which it may need any repetition.

Key words: Posology, dose, potency, repetition, susceptibility, constitution

Introduction

DEFINITION OF POSOLOGY

Posology means the doctrine of doses of medicine. The terminology of “dose” is derived from the greek word “dosis” which means ‘a giving’ the quantity of a drug or other therapeutic agent to be taken or applied all at a time or in fractional amounts within a stated period of time.¹

DEFINITION OF HOMOEOPATHIC POSOLOGY

A homoeopathic “dose” means the particular preparation of medicine used, the quantity and form of that preparation as well as the number of administration of the medicine.¹

In short, homoeopathic dose include potency, form, quantity and number of administration.¹

The study of doctrine of these doses is known as “posology”.¹

After selecting a remedy in accordance with the principles of similia, then comes the most important part of its administration, as to the selection of **potency, dose** and interval at which it may need any **repetition**.²

But this can only be done if the homoeopathic physician is well acquainted with the fundamental laws of pharmaceutics, i.e. source of homoeopathic drugs and the process in which they are prepared and used in sickness.²

SELECTON OF POTENCY¹

It is one of the important task after selection of medicine. It has been shown experimentally that in spite of the correctly selected medicine on the basis of totality of symptoms, it will not act curatively unless given in proper potency.

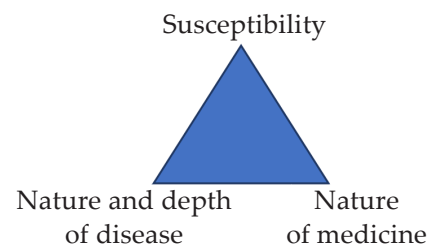
Broad division of potency:-

1. Low :-potency below 30

2. Medium :- potencies between 30 -1M

3. High :- potencies above 1M

Following points will help in selection of potency:



Nature and depth of disease
Nature of medicine

Nature of

1. SUSCEPTIBILITY: -¹

It is the only guide for the selection of potency. MORE THE SUSCEPTIBILITY HIGHER THE POTENCY, LESS THE SUSCEPTIBILITY LOWE THE POTENCY. For this the physician must be qualified through the knowledge of allied subjects and must be unbiased. Following points effects susceptibility: -

a) AGE:

Child and young require higher potency because of lesser wear and tear of tissues and organs because of high susceptibility.

Old people require medium or lower potency because of more wear and tear of tissues and organs because of low susceptibility.

b) SEX:

Females and males those are under less stress, worries and anxieties, their nervous system are generally quiet in nature and having moderate degree of susceptibility they require medium potency.

Females and males of irritable, sensitive nature, having high susceptibility require high potency.

c) Habit and environment:-¹

Higher potencies are best adapted to	Lower potencies are best adapted to
<ol style="list-style-type: none"> 1. Persons engaged in high intellectual and mental work. 2. Sedentary occupation. 3. Excitement of the imagination and emotions. 4. Long sleep. 5. An effeminate life. 	<ol style="list-style-type: none"> 1. Person engaged in physical labour without much mental exertion. 2. Druggists, perfumers, chemical workers. 3. Idiots, imbeciles and the deaf and dumb. 4. Who sleep less. 5. Whose food is coarse

d) Constitution and temperament:-¹

High potency are best adapted to	Low potency are best adapted to
<ol style="list-style-type: none"> 1. Sensitive person of nervous, sanguine and choleric temperament. 2. Intellectual persons, quick to act and react. 3. Zealous and impulsive. 	<ol style="list-style-type: none"> 1. Torpid and phlegmatic individuals, dull of comprehension and slow to act. 2. Coarse fibred, sluggish individuals of gross habits. 3. Those who possess great muscular power but require a powerful stimulus to excite them

2. NATURE AND DEPTH OF THE DISEASE:-1

HIGH POTENCY	LOWER POTENCY
<ol style="list-style-type: none"> 1. Acute disease with no structural change. 2. Acute manifestation of chronic disease at the beginning of organic change or at functional level. 3. Chronic diseases without organic changes. 4. Primary manifestation of psora, syphilis and sycosis. 5. Previously treated with crude homoeopathic or allopathic medicines. 6. Dynamic pathology. 	<ol style="list-style-type: none"> 1. Acute disease with low vitality. 2. Acute manifestation of chronic disease with organic changes. 3. Chronic disease with organic changes. 4. Secondary manifestation of psora, syphilis and sycosis. 5. Difficult and incurable diseases require low potency to avoid the aggravation. 6. Organic pathology.

3. NATURE OF MEDICINE: -1

- Nosodes : - it should be given in high potency
- Some medicines work best in lower potencies example: - *Crataegus oxyacantha Q*
- Some medicines are reputed to vary with their potency example:- *Hepar sulphuricum*.
- Great care should be taken for the selection of potency of deep acting medicines.

SELECTION OF DOSES: -

Dose means the quantity of medicine required to produce a direct effect on the human body both in state of health and disease. In order to produce this effect, fixation of quantity of the drug is required which can be

determined by experience or experiments.

As a rule, the dose varies according to the age, temperament, and state of health of individuals.

Master Hahnemann says, 'the suitability of a medicine for any given case of disease does not depend on its accurate homoeopathic selection alone, but likewise on the proper size, or rather smallness of the dose.' According to the Master, the dose should neither be too large nor too strong if it is quite homoeopathic in its selection.

Master Hahnemann says, "A medicine whose selection has been accurately homoeopathic must be all the more salutary the more its dose is reduced to the degree of minuteness appropriate for a gentle remedial effect."²

SUBJECTIVE

Some doses are of various types: -³

1. **MAXIMUM DOSE:** - It is the maximum or largest quantity of medicine, not harmful to human life.
2. **FATAL DOSE:** -It is known as toxicological or narcotic dose. It

is such amount of dose, which can cause death of living being. The amount of drug depends on the toxicity of the substance.

3. **DIVIDED DOSE:** - It is fractional dose, after dividing from big dose, which are taken at short interval.

4. **MINIMUM DOSE:** - The quantity of medicine which is though smallest in quantity, produces the least possible excitation of the vital force. It is sufficient to effect the necessary changes in it.

APPROXIMATE DOSE OF HOMOEOPATHIC MEDICINES:-³

	ADULTS	CHILD	INFANT
	(above 14 years)	(3 to 14 years)	(Up to 2 years)
Powders	1 grain	½ grain	¼ grain
Tinctures	1 drop	½ drop	¼ drop
Pills	2 pills	1 pill	½ pill
Globules	4 globules	2 globules	1 globule

REPETITION OF DOSE: -¹

Factor which are responsible for the repetition of dose are: -

Condition and progress of the patient



Nature of disease Nature of remedy

1. CONDITION AND PROGRESS OF THE PATIENT: -¹

- a. Perceptible and continued progress of the improvement contraindicates repetition (section 245, 5th edition).
- b. Repeat the dose only when improvement ceases.
- c. Repetition may be continued till either recovery ensues or different groups of symptoms arise, and thus, demands a different remedy (Section 248, 5th edition).

2. NATURE OF THE DISEASE: -¹

A. ACUTE DISEASE:-

- a. As per 5th edition (in centesimal scale):- In acute disease repetition may be 24 hourly, 12

hourly, 8 hourly, 4 hourly. In most acute case, every hour, as often as every 5 minute.

- c. As per 6th edition (in 50 millesimal scale):- In acute disease, every 2, 3, 4 or 6 hourly repetition can be done in urgent cases repetition can be done every hourly.

B. CHRONIC DISEASE: -

- a. As per 5th edition (in centesimal scale): - Repetition should be every 14, 12, 10, 8 , 7 days. Lower potency can be repeated frequently in chronic diseases.

- b. As per 6th edition (in 50 millesimal scale):- Large doses and repeated doses were advised by Master Hahnemann.

3. NATURE OF REMEDY :-¹

A. POTENCY :-

- a. Medicines in lower potency :- frequently repetition
- b. Medicines in higher potency: -not frequently repeated.

B. DURATION OF ACTION:-

- a. Deep acting remedy:- Medicines obtained from elements, compounds (inorganic and organic), minerals and nosodes have longer duration pf action

hence repeated less frequently.

- b. Short acting remedy:- Medicines obtained from vegetable and animal sources have shorter duration of action and can be repeated frequently.

Conclusion

From the above description, it is clear that not only reaching the most simillimum medicine can cure the case unless until given in proper quantity and quality (potency).

All these three points together reach to the goal of cure, for this one must be clear about all the concepts of homoeopathy, susceptibility, nature of diseases (pathology and practice of medicine), nature of medicine (source). With this knowledge, one can easily reach towards the mission of physician as stated by Master Hahnemann in Aphorism no. 1.

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An insight into evolution of homoeopathic posology and it's relevance

By Dr Siddhartha Pal, Dr S. Seetha Lakshmi

Abstract: Homoeopathy is a simple system of medicine, based on the use of potentized medicines following the law of similia, law of simplex and law of minimum. It is the science of determining and understanding of dosage. This article highlights the historical development and evolution of posology and unfolds the points as described by various stalwarts which has to be kept in mind while choosing potency and repetition.

Key words: Homoeopathy, posology, potentisation, repetition, susceptibility.

Abbreviation: C: centesimal potency; LM: 50 millesimal potency; MMP: Materia Medica Pura

Introduction

Posology is the study of **law of dosage**. Dose is defined as the least quantity of substance required to affect a change in nature. The term "posology" originates from *greek words 'posos' meaning 'how much' and 'logos' meaning 'study'*. A homoeopathic dose means the potency, quantity and form of medicine as well as repetition. Potentisation involves a series of systematic processes - succussions or trituration. In *the words of Dr Stuart Close*, "homoeopathic potentisation is a **mathematico-mechanical process for the reduction, according to scale, of crude, inert or poisonous medical substances to a state of physical solubility, physiological assimilability and therapeutic activity and harmlessness, for use as homoeopathic healing remedies.**"^{1,2}

GENERAL LAWS APPLIED IN POSOLOGY:³

1. **The law of dosage:** The law might be stated thus that the curative dose, like the remedy, must be similar in quantity and quality to the dose of the morbid agent, which caused the disease.

2. **The law of quantity and dose:** The quantity of the drug required is in inverse ratio to the similarity.

3. **The law of quantity:** The quantity of action necessary to effect any change in nature is the least possible. The decisive amount is always a minimum, an infinitesimal.

4. **The law of quality:** The quality of the action of a homoeopathic remedy is determined by its quantity, in the inverse ratio.

5. **The law of use:** The dose and quantity that will thoroughly permeate the organism and make its essential impress upon the vital force is that which will affect the functional sphere of the individual.

6. **The law of repetition (for proving):** Never repeat the dose while symptoms are manifest from the dose already taken.

7. **The law of repetition (for cure):** Never repeat your remedy so long as it continues to act.

TYPES OF DOSES:^{1,3}

• **Physiological dose:** A dose of drug empirically selected of sufficient quantity and strength so as to produce predetermined

effect or a group of symptoms. For e.g. physiological dose of belladonna is one which is sufficient to produce dilatation of pupil, dryness of mucus membrane, flushing and turgescence of skin. This is the quantity of medicine, which could be administered with safety.

- **Pathological dose:** Quantity of medicine capable of producing pathological change in the tissues of the organism, i.e. biochemical changes, biophysical changes.
- **Toxic dose** – Dose which produces toxic effects upon the organism.
- **Lethal dose** – Dose which produces deleterious effect upon the organism even death.
- **Therapeutic dose** – Least quantity of medicine required to effect a cure or palliation.
- **Minimum dose** – Minimum dose which is otherwise known as the sub physiological or homoeopathic dose can be defined as the quantity of medicine required to produce a scarcely perceptible homoeopathic aggravation. According to Dr *Stuart*

Close, minimum dose is a dose which is not capable of producing symptoms when use therapeutically. Minimum dose is also known as the infinitesimal dose.

EVOLUTION OF POTENTISATION:^{2,4,5,6}

- **1786:** No prevailing concept of potentisation. Hahnemann has mentioned in his work, “*On the nature and treatment of Venereal Disease*”, for very sensitive patients suffering from it, he used to prescribe 1 grain of soluble mercury, while others usually required 60 grains of soluble mercury.
- **1790:** Cinchona bark was taken up by Master Hahnemann 4 drachms twice daily for experimentation after going through *Cullen’s Materia Medica*.
- **1796:** In the “*Essay on a New Principle*”, Hahnemann introduced the concept of optimal dose.
- **1796-1797:** No marked reduction in dosage of medicines seen. He prescribed 4grains of *Veratrum album* for colicodynia, 5 grains of *Ipecacuanha* and 4grains of *Nux vomica* for cases of asthma.
- **1798:** Prescribed usual doses but has reduced the quantity in comparison to his other fellow-mates for preventing the violent action of remedy.
- **1799:** For the first time he spoke about dilutions. The hint to this has been found in the translation of second part of Edinsberg Dispensatorium. During this period, Boerhaave used to prescribe *Silver nitrate* in doses of 2grains along with breadcrumbs and sugar, but Hahnemann considered this dosage to be too strong and advised for dilution. It is also mentioned in the “Apothecaries Lexion” - the use of *Sabina* in small doses; *Hyoscyamus niger* being prescribed in 0.001-0.002 gram of concentrated juice in solution; *Stramonium* given as 100th/1000th part of grain of concentrated juice.
- **1800:** *Arsenicum album* prescribed as [1/10,000,000]th part of the original solution of remedy.
- **1801:** First time detailed description about dilutions and its preparation was stated in his treatise on scarlet fever- here *Belladonna* in serial dilution of [1/24,000,00]th part was used as prophylactic. Mentioned about the process of succussion.
- **1802:** *Veratrum album* was used in [1/2000]th part of a grain whereas *Mezereum* was used in [1/4,00,000]th part of a grain.
- **1805:** Makes this discovery as foundation stone in the “*Medicine of Experience*”.
- **1812-1815:** Prescribed *Arnica montana* in 18th and *Nux vomica* in 9th centesimal potency.
- **1816-1822:** Started use of 30C potency in place of mother tinctures.
- **1825:** Hahnemann says these are not mere dilutions but “dynamisation/ potentisation”.
- **1826:** Described in MMP under *Thuja occidentalis* the entire process of trituration and succussion.
- **1827:** Representing the potentisation process in his article, “How can small doses of such very attenuated medicine as Homoeopathy employs still possess great power?”
- **1829:** The idea had been incorporated as hints in 278, 4th edition- footnote 2.
- **1829-1833:** Started prescribing medicines in small doses of 1grain in 2C/ 3C but gradually increases potency- mentioned in Volume 1, Introduction of “*The Chronic Diseases*”. In the mean time he also embraced the use of olfaction method. Sniffing of single medicated globule of 30th potency.
- **1833:** Finally incorporated succussion and trituration in 269 of 5th edition of *Organon of Medicine*.
- **1838:** “*Dynamisation is not mere dilution*”- mentioned in preface to 5th volume of *The Chronic Diseases*. Hahnemann’s earlier advice was to not repeat a dose due to fear of aggravation, but later he understood that this problem can be overcome by slightly increasing the power of the previous dose by potentisation.
- **1839-1843:** Hahnemann saw that daily repetition is causing problem with weak and sensitive patients. Even after olfaction method, this problem was faced. This led to the invention of 1/50,000 dilution, i.e. LM potency.

FACTORS THAT LED HAHNEMANN TO ARRIVE AT THE CONCEPT OF MINIMUM DOSE:⁴

- Hahnemann observed that medicines exhibited greater strength when given in dilution than in dry state.
- He observed the greater power of medicine when given in divided dose than given at once.
- Hahnemann observed an increasing power of medicine by a thorough admixture of vehicle by means of succussion.
- Desire to evade prescription of apothecaries who tried legal proceedings against Hahnemann for invading upon

their privileges for dispensing medicines.

- To avoid aggravation of disease when given in large doses.

SELECTION OF POTENCY AND DOSE:¹

For determining the potency and dose one should **assess the susceptibility of the patient**. While assessing susceptibility one should bear in mind the modifying factors like age, habits, environment, pathological conditions, seat, character and intensity of disease and previous abuse of medicine. Susceptibility can also be assessed by Jahr's law.

1. **Age:** Susceptibility is greatest in young vigorous persons and in children and it diminishes with age. Children are particularly sensitive during development and most sensitive organs are those, which are being developed. So children respond more to higher potencies.
2. **Constitution and temperament:** High potencies are adapted to nervous, sanguine choleric temperament, to intelligent, intellectual persons, quick to act, and react and to zealous and impulsive patients. Lower potencies and more frequent dose correspond to torpid and phlegmatic individuals, coarse fibred, sluggish individuals of gross habits and to those of great muscular power who require powerful stimuli to excite them.
3. **Habit and environment:** Susceptibility is increased by intellectual occupation, by long sleep and effeminate life. Therefore potencies are required for them. Persons exposed to continuous influence of drugs such as tobacco workers and dealers, distillers, brewers, all connected to liquor and tobacco trade, druggist, perfumes, chemical workers etc. are less susceptible and require low potencies. Idiots, imbeciles, deaf and dumb have low susceptibility hence require low potencies.
4. **Pathological conditions:** In certain terminal conditions the power of organism to react even to indicate homoeopathic remedy is low so material doses will be needed. This may be due to existence of gross pathological lesions, long existent exhausting chronic disease or much previous treatment. If the grade of disease is low, the power of reaction is low; the remedy must be given in low potencies.
5. **Seat, character and intensity of diseases:** In certain malignant rapidly fatal diseases like Cholera, the susceptibility is low, so it requires material doses or low potencies. Disease characterized by diminished vital activity, torpor, collapse and deficient vital reaction require low potencies and those with increased vital action require high potencies.
6. **Previous abuse of medicines:** Due to this we may find that the patient is not at all sensitive even to the indicated remedy. Then all medication has to be ceased for few days. Then carefully regulate the diet and regimen. Hahnemann recommends the administration of opium in one of the lowest potencies every 8th or 12th hour until some signs of reaction are perceptible. By this means susceptibility is increased and new symptoms of disease are brought to light. *Carbo vegetabilis*, *Laurocerasus*, *Sulphur* and *Thuja occidentalis* are other remedies, which serve to arouse the organism

to reaction so that indicated remedies will act.

Jahr's Law: "The more similar the remedy, the more clearly and positively the symptoms of the patient, take on the peculiar and characteristic form of the remedy, the greater is the susceptibility to that remedy and higher is the potency required".

Stuart Close modified Jahr's advise by saying the clearer and more positive the finer, more peculiar and more characteristic symptoms of the remedy appear in a case the higher the degree of susceptibility and the higher the potency.

DIRECTIONS GIVEN BY VARIOUS STALWARTS:

- **According to Stuart Close**, there are three necessary requirements for the action of infinitesimal dose- "The development of special virtues of medicine by the process of potentisation", "The increased susceptibility to medicinal impression produced by the disease" and "The selection of symptomatically similar remedy".¹
- **Gordian knot of homoeopathy:** Posology became a subject of much misunderstanding, discussion controversy in the earlier days of homoeopathy. On this subject the profession was divided into two opposing camps. Hahnemann at one time in despair of bringing his followers to an agreement proposed that one should treat all the cases with thirtieth potency. Later each person adopted the dosage according to his convictions. The materialistic minded restricted themselves to the crude tinctures and triturations of very low dilution ranging from 1x to 6x. Other

ranged from 3 to 30 potency while some other small class inclined to metaphysical ideas, using only the highest potencies ranging from 200 to millionth. As physicians differed in their ideas this topic came to be regarded as the Gordian Knot to be cut by each individual as best as he could with the instruments at his disposal. *Stuart Close has commented that this decision should be open to every practitioner and that each man should be competent, willing and ready to use any potency or preparation of indicated remedy.* If he confines himself to one or two potencies, be they low medium or high he is limiting his own usefulness and depriving the patient of valuable means of relief and cure.¹

- **According to H.A.Roberts**, the law of dosage could be summarized to 3 fundamental laws. (1) Law of least action and quantity. (2) Law of quantity and dose. (3) Law of quality. Infinitesimal dose is one, which is so small as not to produce too much aggravation of the symptoms already present and never large enough to produce new symptoms.³
- **Nash** was also strongly in favor of medium and high potencies.⁷
- **Carroll Dunham** in *Science of Therapeutics* says that the most vigorous opposition from old school as well as chief ground of division among the homoeopaths was upon the question of infinitesimal dose. He states in favor of infinitesimal dose and concludes that there are many evidences in chronic disease that many medicines have acted in very large doses.⁸
- **Richard Hughes** in his *Pharmacodynamics* says "My own experience of such

dilutions as 6th and 12th and of the 30th is such as to make me join with unquestioning acclamation in their praise. I have no practical knowledge of the 200th, but if I had no other fact before me than their constant use by scientific and successful a physician as Carroll Dunham I should be content to acknowledge their legitimacy." Richard Hughes has stated that he has nothing to say in favour of high potencies as we have no evidence that can be brought before us to prove that we actually develop power as we go on attenuating. Moreover, there is no material particle of the drug beyond 12C. Preparation of 1000th and beyond according to Hahnemann's directions are simple impossibilities, for it will require lot of time, labour and cost.⁹

- **James Tyler Kent** in his lesser writings says that there is difference in the activities of a given remedy in the 30th and 10M upon the same constitution. Very high potencies seldom require repetition in chronic disease in severe acute disease several doses in quick succession needed. It is better to begin lower and go higher and higher. Medicines to be given in series of octave potencies. A deep acting chronic remedy should seldom be given in the midst of a paroxysm or exacerbations but at close of it.¹⁰

Conclusion

Science has failed to explain Homoeopathy because it still lacks in the essentials to explain its process. Therefore homoeopathy remains enigmatic to the scientific community. The discovery of relativity theory and quantum theory in the 20th century ceased the classical concept of solid substances

of Newtonian model. It was thus with the discovery of quantum theory, the interconnectedness of the dynamic universe and the nano-particles that modern physics has come to some strikingly similar conclusions that Hahnemann had already observed and said over more than 200 years earlier.

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Post COVID-19 syndrome and homoeopathy

By Dr Shweta Tiwari

Abstract: COVID-19 has impacted the world immensely. Although most of its victims recover in few weeks without any sequel or after suffering, there are some people around the world who are facing long term aftereffects of COVID-19. These effects may last from few weeks to many months. This article reviews all aspects of these aftereffects of COVID-19 and highlights the role of homoeopathy in managing these effects.

Key words: COVID-19 syndrome, cohort study, palpitations, autoimmune diseases, multisystem inflammatory syndrome, post-traumatic stress disorder (PISD), thromboembolism.

Abbreviation: post-traumatic stress disorder (PISD), coronavirus disease 2019 (COVID-19)

Introduction

A group of people who are been infected with COVID-19 virus are experiencing diverse symptoms for many weeks to months after recovering from the COVID-19 illness. These symptoms are being referred as post-COVID-19 syndrome or long-COVID. This syndrome consists of symptoms similar to COVID-19 illness or residual symptoms of treatment and hospitalisation. Not only those with severe COVID-19 illness are experiencing these symptoms but many people with mild symptoms or asymptomatic patients are also experiencing these symptoms. The symptoms in post-COVID-19 syndrome ranges from mild symptoms like malaise, fever, headache to multisystem inflammatory syndrome or autoimmune diseases.

According to a cohort study, at 6 months after acute infections, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patient who was more severely ill during their hospital stay had more severe

impaired pulmonary diffusion capacities and abnormal chest imaging manifestation and are the main target population for intervention of long-term recovery.⁽¹⁾

DESCRIPTION

Clinical presentations of post-COVID-19 syndrome⁽²⁾

Subacute COVID-19/ Long COVID

People who are experiencing different combinations of following symptoms from week 4 to week 12 after first being infected by COVID-19, are said to have long COVID or sub-acute COVID-19.

Following are the symptoms in long COVID-19:

- Severe weakness
- lack of appetite
- dullness of mind
- difficulty in concentration
- anxiety and sadness
- lack of sleep
- headache
- fever
- loss of smell and taste

- vertigo or dizziness especially on standing
- palpitation
- cough
- dyspnoea or shortness of breath
- chest pain
- joint pain
- muscle pain
- thromboembolism

Post-traumatic stress disorder (PTSD): COVID-19 disease has impacted badly the mental health of many people around the globe, particularly to people who had very severe form of it and required hospitalisation or who lost their loved ones due to this. This manifests in the form of anxiety attacks, various fears, sleeplessness, apathy, palpitation, etc.

Symptoms due to multiorgan involvement: symptoms like swelling on various parts of body and reduced function of organ involved are also being experienced by few patients after COVID-19 illness. This is due to inflammatory involvement of multiple organs like lung, kidney, brain, heart by COVID-19 virus. It is still unknown that how long this condition persists

or if it could lead to any chronic illness or not.

Management of post-COVID-19 syndrome: Along with treatment, a few lifestyle modifications can help in managing this condition more effectively. These include:

Daily exercise or yoga: Some kind of physical exercise helps in getting rid of many physical and mental symptoms. It increases oxygen levels in body and improves stamina. Daily practise of yoga improves sleep and makes the person calmer.

Meditations: Daily practise of meditation helps in relieving anxiety and other stress related symptoms.

Healthy diet: Diet plays very important role in recovering any kind of illness. A balanced home cooked food help in recovering from post- COVID symptoms quickly. Protein rich foods, green leafy vegetables, vitamin-C rich fruits and vegetables, seasonal fruits, unsaturated fats or oils should be included in diet.

Stay hydrated and limit sugar and salt: Taking plenty of fluids help in getting rid of post-COVID weakness. Excess sugar and salt intake should be restricted as it affects immune system badly.

Homoeopathic treatment of post-COVID syndrome

Homoeopathy can play an important role in the treatment of various conditions relating to aftereffects of COVID-19 infection. In homoeopathy, many medicines are available which covers post-COVID symptomatology and can be proved greatly beneficial.

Indications of some of homoeopathic medicines for post-COVID syndrome ^(3,4)

1. **Kalium phosphoricum:** One of the greatest nerve remedies. Prostration. Weak and tired. Mental and physical depression are wonderfully improved by this remedy. Headache. Sleeplessness. Night terrors.
2. **Phosphoricum acidum:** Suited to persons who have become debilitated by violent acute disease. Listless, apathetic especially if there is debility and emaciation. Headache. Diarrhoea. Cough. Chest weakness. Low types of fever.
3. **Carbo vegetabilis:** For the bad effects of exhausting diseases; cachectic person whose vitality has become weakened or exhausted. Weakness of memory and slowness of thoughts. Diarrhoea after eating and drinking. Desire to be fanned constantly. Pale face covered with cold sweat.
4. **Kalium carbonicum:** Great weakness, chilliness, and stitching pain in various part of body. Full of fear and imagination. Anxiety felt in stomach. Headache. Swelling over the upper eyelids, like little bags. Sweat, backache, and weakness are characteristic of this remedy.
5. **Chininum arsenicosum:** A general tonic for weariness and prostration. Weak limbs. Cold hands and feet, knees, and limbs. Great anxiety. Vertigo worse looking up. Dull heavy headache. Palpitation. Shortness of breath. Must have open air. Sleeplessness.
6. **Gelsemium sempervirens:** General depression. Weakness and trembling of tongue, hands, legs, of the entire body. Headache preceded by blindness. Vertigo spreading from the occiput. Great heaviness of eyelids. Lack of muscular coordination. Chill without thirst.
7. **Coca:** Want of breath. Haemoptysis, with oppression of chest and dyspnea. Violent palpitations. Physical and mental exhaustion.
8. **Arsenicum album:** Anxious, fearful, and restless. Great prostration and fainting. Great thirst for cold water. Burning pain > by heat, hot drinks, hot applications. Fear of death. Attacks of anxiety at night driving out of bed < after midnight. Diarrhea. Breathing, asthmatic, unable to lie down for fear of suffocation.
9. **Psorinum:** Great weakness and debility remaining after acute diseases. Appetite will not return. Sleeplessness. Profuse perspiration after acute diseases with relief of all suffering. Dyspnoea < open air. Cough with green sputum. Diarrhoea offensive. Headache preceded by dimness of vision.
10. **Avena sativa:** Best tonic for debility after exhausting diseases. Inability to keep the mind on any one subject. Sleeplessness. Nervous exhaustion. ⁽⁴⁾

Conclusion

Homoeopathy has wide range of medicine that can be highly effective in management of symptoms of post-COVID. Homoeopathy can be proved a simple and easy way to manage these conditions.

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Abbreviations used:

< - Aggravation.

> - Amelioration.

Post-traumatic stress disorder (PTSD)

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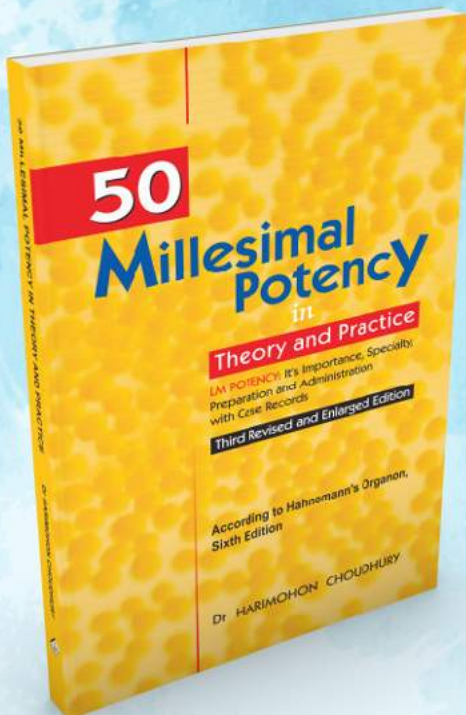
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MILLESIMAL POTENCYⁱⁿ

THEORY & PRACTICE



- This book presents the whole history of LM scale, its necessity, mode of preparation and administration etcetera, in a very simple and lucid manner.
- At each step, guidelines by Dr Hahnemann have been quoted to show the authenticity of the author's views. The author also touches upon various general topics on homeopathic philosophy such as the need for single medicine, the selection of potency, and repetition of the medicine etc.
- At the end the author has given two cases of Dr Hahnemann treated with LM potencies and also presents many of his own cases.

ISBN :9788131903445 | ₹297 | 106 pp



A clinical observational study on efficacy of *Vanadium metallicum* 6c in increasing the haemoglobin concentration, mean corpuscular volume and serum ferritin in iron deficiency anaemia

By Mr Shreyank Kotian, Dr Deepa Pais

Abstract:

Background: Anaemia in young adults is a common phenomenon which leads to complications among adolescents affecting their daily activities. **Objective:** The objective was to evaluate the efficacy of Homoeopathic remedy, *Vanadium metallicum* 6c in increasing the haemoglobin concentration, mean corpuscular volume and serum ferritin in cases of iron deficiency anaemia. **Materials and methods:** Young adults between the ages of 18 to 25 with haemoglobin levels ≤ 12 g% and ≥ 8 g% were investigated for IDA by measuring serum ferritin and MCV levels. *Vanadium metallicum* 6c was prescribed for 4 weeks after which the investigations were repeated. **Results:** 25 females were identified to have low haemoglobin levels. Symptomatic improvement with mean haemoglobin levels increasing from 11.612g% to 11.944 g% and MCV from 80.71fL to 81.80fL was seen after treatment. Serum ferritin levels showed an average decrease from 41.054 ng/dl to 35.649ng/dl. **Conclusion:** *Vanadium metallicum* can be used to treat symptoms and increase Hb levels in IDA but should be used in caution when serum ferritin levels are below par

Key words: *Vanadium metallicum*, haemoglobin, homoeopathy, iron deficiency anaemia, serum ferritin

Abbreviation: Hb- haemoglobin, IDA – iron deficiency anaemia, MCV – mean corpuscular volume, WHO - World Health Organization, OPD – outpatient department, SPSS - statistical package for the social sciences.

Introduction

Nutritional anaemia is one of the most prevalent micronutrient deficiencies among young adults in India. Studies shows that up to 33.4%⁽¹⁾ of individuals between the ages of 18 to 25 years have been recorded with mild to moderate anaemia due to nutritional deficiency. The prevalence of nutritional anaemia worldwide is estimated to be around one billion people with iron deficiency.⁽²⁾

The World Health Organization defines anaemia as blood haemoglobin values of less than 13 g/dl in men and 12 g/dl in women⁽³⁾. The severity of anaemia is measured by the patient's haemoglobin/haematocrit level. The mean corpuscular volume is the measure of the average red blood

cell volume.

Iron is one the important micronutrient that plays a major role on cellular growth and differentiation, oxygen binding, transport and storage, enzymatic reactions, immune function, cognitive function, mental and physical growth etc. Iron deficiency anaemia is characterised by a defect in haemoglobin synthesis, resulting in hypochromic and microcytic red blood cells.⁽⁴⁾

Anaemia is associated with fatigue, general malaise, inability to work and decreased concentration.⁽⁵⁾ It has a noticeable effects on learning, cognitive function, behavior, attention and regular activities of young students⁽⁶⁾. According to World Health Organization (WHO), anaemia is a major public health

problem and indicator of poor nutrition and health, which is at its peak in South-East Asia, Eastern Mediterranean and African Regions.⁽⁷⁾

Homoeopathic remedy, *Vanadium metallicum* 6C, is a remedy prescribed for Anaemia for its action predominantly on the haemoglobin. The main function of Vanadium is that of an Oxygen carrier and has a prominent action on anaemia, especially with emaciation of the patient.⁽⁸⁾

This study was conducted to understand the efficacy of this medicine using the main biomarkers of iron deficiency anaemia with both diagnostic and prognostic value.

AIMS AND OBJECTIVES

The main objective of the study was to evaluate the efficacy of

homoeopathic remedy *Vanadium metallicum* 6c, in increasing the haemoglobin concentration, mean corpuscular volume and serum ferritin in cases of iron deficiency anaemia among young adults.

Materials and Methods

The following study was a clinical observational study that was carried out in the outpatient department of a homoeopathic hospital in Mangaluru, Karnataka, India and its peripheral OPDs. Patients between the age of 18 and 25, who attended the outpatient department with complaints of fatigue, recurrent infections, decreased appetite and signs like pallor, and those who had come with reports of below par haemoglobin levels were considered for the study. The inclusion criteria for this study were young adults between ages 18 to 25, both male and female, with haemoglobin levels below normal standards,⁽³⁾ i.e. less than or equal to 12g% in females and 13g% in males.

Individuals who were under treatments such as iron supplementation, patients who underwent intravenous administration of iron preparation or administration of erythropoiesis stimulation agents or blood transfusion within 3 months before screening were also not considered for the study. Those diagnosed with other systemic illness like diabetes, hypertension, thyroid disorders, tuberculosis, etc., are severely malnourished individuals, severely anaemic patients. Cases with excessive menstrual bleeding or menorrhagia were also excluded from this study.

With 95% confidence level and 80% power, the sample size required for the study was 25 with reference to ⁽⁹⁾ and was calculated using the formula $N = Z\alpha^2 Pq / E^2$, Where, $Z\alpha$

= 1.96 at 95% confidence level, $P = 80$, $q = 100 - P$, $E =$ relative precision 20% (80% power)⁽¹⁰⁾. Purposive sampling (non random sampling) was done.

The study was conducted after obtaining the ethical approval from the Institutional Ethics Committee.

The proposed intervention was Rx VANADIUM METALLICUM 6C procured from good manufacturing practise (gmp) certified homoeopathic pharmaceutical unit which was repeated in a frequency of 4-0-4 for four weeks. The respondents were asked to have minimal change in their regular pattern to remove the confounding factors overlapping the action of medicines.⁽¹¹⁾

Detailed case history was taken as per the proforma which was used after its validation of the questionnaire by face validity. Haemoglobin concentration and mean corpuscular value of all the respondents was investigated and recorded. Those who satisfied the inclusion and exclusion criteria were included in the study and their blood sample was sent for Serum Ferritin analysis and recorded.

Those patients who were prescribed homoeopathic medicine *Vanadium metallicum* 6c 4-0-4 were observed for four weeks. All the cases were monitored and follow-up was taken at the end of 4th week along with all the investigations.

STATISTICAL ANALYSIS

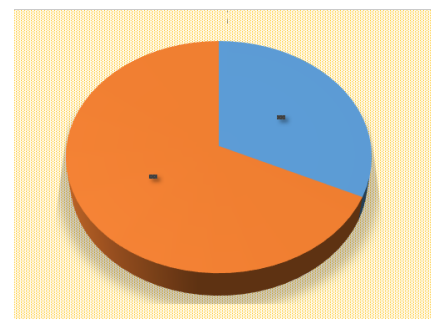
Data analysis was done by STUDENTS PAIRED T-TEST. A statistical package SPSS vers.23.0 was used to do the analysis where $p < 0.05$ was considered as significant.⁽¹⁰⁾

RESULTS:

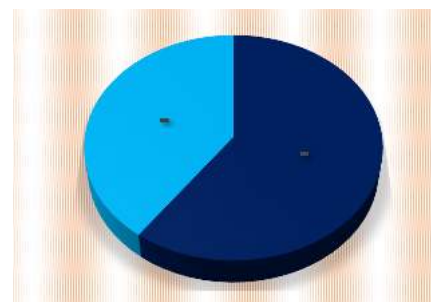
Respondents who satisfied the

criteria were included in study. 52 total individuals, 42 females and 10 males with complaints of fatigue, weakness and other constitutional symptoms of Iron deficiency anaemia who had visited the OPD were screened with haemoglobin levels and other inclusion and exclusion criteria. Unfortunately no males could satisfy any of the inclusion and exclusion criteria. Hence, 25 female subjects within the age group of 18 to 25 years were considered for the study.

The past treatment history was obtained from the subjects and it was understood that majority of them (80%) had been taking or had taken homoeopathic medicines and 36% of them were taking allopathic medicines for the presenting complaints.



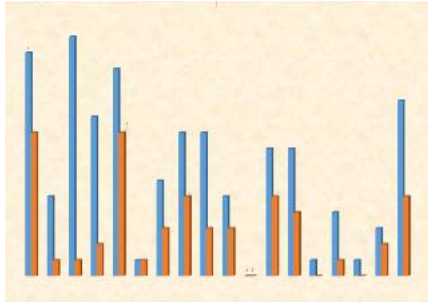
It was seen that the family members (1st degree relatives) of 32% respondents had similar symptoms/presentation in their life time (figure 1)



We could see that 60% of the respondents were staying in hostel and 40% of the respondents were

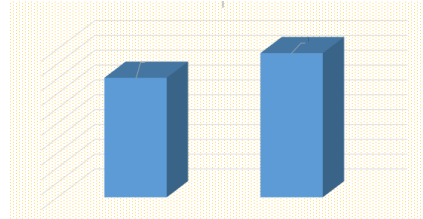


staying with their families. (figure 2)

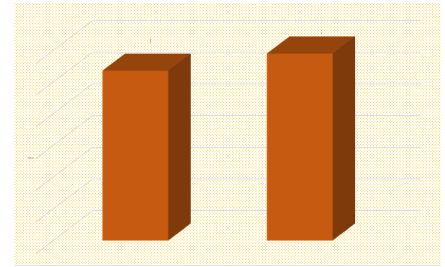


Symptomatic improvement was seen in majority of respondents with the intensity decreasing to a higher degree or even up to complete absence of symptoms after the treatment. Number of individuals having symptoms of pallor decreased from 14 individuals to 9. A drastic decrease in patients with fatigue decreased from 15 individuals to only 1 individual, thus helping in increasing the

physical strength of the individual. Regular infections in respondents were also decreased after treatment. The change in number of individuals suffering from other symptoms may be seen in figure 3 above.



After treatment with *Vanadium metallicum* 6c in frequent doses, the mean haemoglobin concentration among the 25 respondents increased from 11.612 g% to 11.944g% after 4 weeks as seen above in figure 4. This increase was found to be statistically very highly significant ($p < 0.001$) (table 1)



The average increase in mean corpuscular volume before and after treatment was seen from 80.72 fL to 81.8fL as seen in figure 5

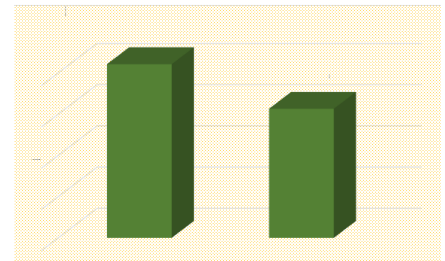


TABLE 1 – VALUES BEFORE AND AFTER TREATMENT WITH VANADIUM METALLICUM 6C

	Before		After		Mean difference	t	p
	Mean	SD	Mean	SD			
Haemoglobin	11.612	0.93	11.944	0.918	0.302+/-0.421	3.943	<0.001 vhs
MCV	80.72	6.674	81.80	6.245	1.08+/-1.47	3.674	<0.001 vhs
Serum Ferritin	41.054	27.818	35.649	28.136	5.405+/-8.568	3.154	0.004 hs

However, as seen in fig.6 above, there was a gross decrease in the serum ferritin levels from a mean value of 41.054 ng/dl to 35.649ng/dl. This decrease was seen in in majority of individuals after a month of treatment with *Vanadium metallicum* 6c was found to be statistically significant

Discussion

After in-depth literature review, this is the first study done on iron deficiency anaemia using the homoeopathic remedy *Vanadium metallicum* (as per author’s review). Although *Vanadium metallicum* is a commonly prescribed remedy for

the treatment of anaemia to improve the haemoglobin levels, no study has been done with this remedy to give a scientific explanation of the treatment. Although there have been numerous studies that have been done on Iron deficiency anaemia using other commonly utilized remedies such as *Ferrum metallicum*, *Ferrum phosphoricum* (12) which has shown great results with scientific proof that aided homoeopathic physicians in their practice.

This study was done on young adults as individuals in this age has a higher prevalence of iron deficiency anaemia with relation to their compromised eating habits

with nutritional value and their constant academic/ occupational stress .

We could see that 60% of the individuals were residents of hostel and only 40% of them stayed with their families. Although in hostel there is a provision of regular meals, eating habits and the nutritional values of food in hostel will differ when compared to the home cooked meals.

Drastic decrease in dizziness which was in 20% of the subject, was found only in 4% of the subjects after the remedy. Fatigue also reduced from 60% of the subjects to only 4% after

the treatment. Factors like lack of concentration was reduced from 40% of the subjects to 8%. *Vanadium metallicum* has hence shown its efficacy in treating the general symptoms, which is a good sign, homoeopathically.

Increase in haemoglobin concentration was seen in majority of individuals, but minimal. Even though the mean corpuscular volume change was minimal, the increase was statistically significant ($p < 0.001$)

Although, unexpectedly, there was a decrease in serum ferritin seen in majority of individuals after a month of treatment. Increase in serum ferritin was seen in only 3 individuals which also were, minimal. Since there was no much change in diet and regiment in this one month, the physiological increase was also not seen in these patients

The limitations of this study include a small sample size, i.e. only 25 subjects and absence of a control group. Duration of this study was limited to one month as the dietary changes were contraindicated, hence a longer duration would be ethically wrong when treating a patient without general management.

However, further studies with a larger sample with inclusion of both sexes would give a broader explanations with more clarity in results. Inclusion of a placebo- controlled group with randomization of subjects will remove the effect of any confounding factors that has affected the study. Haematological studies are better studied over a longer duration to get clarity in results with respect to its physiological functions.

Conclusion

Vanadium metallicum can be used as a therapeutic agent in improve the common general symptoms and haemoglobin levels in cases of anaemia but should be used in caution when treating diagnosed cases of iron deficiency anaemia with low serum ferritin levels.

CONFLICTS OF INTEREST

None declared.

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Comparison among the homoeopathic drugs which have a suppurative tendency

By Dr Suman Samanta, Dr Supriya Pramanik, Dr Prabin Kumar Shaw

Abstract: Suppuration is a kind of inflammation mostly due to bacteria (methicillin resistant staphylococcus aureus) comprises the making of large amount of pus. The chemotoxins which are liberated by bacteria result in a dense accumulation of neutrophils which undergo autolysis results in tissue destruction. The tissue damage resolution does not occur and causes fibrous scarring.

The suppurative tendency is inherent or acquired tendency of the organism in homoeopathy rather than surgical disease. The individualistic approach and constitutional medicines eradicated the conditions effectively. Medicines are well mentioned in different source books and homoeopathic repertories of homoeopathy. It should be treated by dynamic medicine avoiding treatment based upon local symptoms.

Keywords: Suppuration, homoeopathy, constitutional medicine, susceptibility.

Abbreviations: IL – interleukin, TNF – tumour necrosis factor, WBC – white blood cell

Introduction

Suppuration which comes from French word ‘suppuration’ or directly from Latin word ‘suppurationem’.^[1]

The process of abscess formation is known as suppuration. When acute bacterial infection is accompanied by intense neutrophilic infiltrate in the inflamed tissue, it results in tissue necrosis. A cavity is formed which is called an abscess and contains purulent exudate or pus causes suppuration. An abscess may be discharged to the surface due to increase pressure inside or may require drainage. Due to tissue destruction, resolution does not occur but instead healing by fibrous scarring takes place.^[2]

Some of the common examples of suppuration:

- **Boil or furuncle** - an acute inflammation via hair follicle in the dermal tissue.^[2]
- **Carbuncle** - it is seen in untreated diabetes and occurred as a loculated abscess in the dermis and soft tissues of the neck.^[2]

- **Chronic abscess** - It is more insidious during its formative existence; slower in its course, little or no pain and no discoloration of the integuments. They are very apt to remain stationary for years and sometimes never discharge but gradually become reabsorbed.^[3]
- **Cold abscess** - It is also known as lymphatic abscess. It occurs with but few if any premonitory symptoms and usually unaccompanied by pain at any time. Cachectic individuals, scrofulous individuals are particularly prone to it and they have a large fluctuating tumor appearing suddenly in groin, axilla or iliac fossa. The contained fluid is thin, purulent, offensive matter.^[3]
- **Diffused Abscesses** - They are such as occur in the cellular tissue after erysipelas and inflammation and extend rapidly in all directions forming sinuses and burrowing to a great extent.^[3]
- **Fistula** - It is a canal leading from the skin into the abscess. From some cause, the abscess after operating either by knife or spontaneously, sometimes refuses to close up. This causes may be the presence of foreign body, as a piece of bone or the constant passage of irritating discharges through a wound. Whatever the cause may be, a canal is formed, permanently open, which eventually has the sides converted into fibrous material and is a source of constant annoyance.^[3]

CAUSATIVE AGENT:

The most common bacterial organisms which are responsible for suppuration^[4]

- Staphylococcus aureus
- Streptococcus pyogenes
- Mycobacterium tuberculosis and atypical mycobacterial infection
- Fungal infection, a kerion
- Viral infection, for example

- herpes simplex

- Infestations or parasitic infections

Suppuration may affect healthy people in the following circumstances.

- Metabolic syndrome and obesity

- Smoking, diabetes, immune compromise, intravenous drug users

PATHOPHYSIOLOGY OF SUPPURATION [5] –

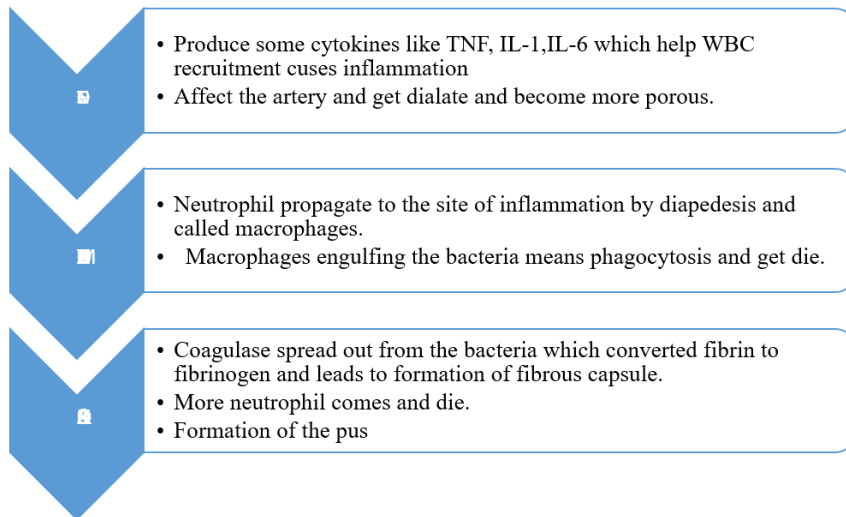


Figure 1: Process of suppuration

SIGN AND SYMPTOMS OF SUPPURATION [6] –

Symptoms of suppuration – There is throbbing pain at the site of suppuration, which caused due to pus or pressure on the nerve ending by the pus. Fever with or without chill, rigors can be present.

Signs of suppuration –

- Heat
- Redness
- Pain
- Swelling
- Fluctuation
- Loss of function

MANAGEMENT:

Surgical treatment–Incision and drainage under general or local anesthesia because the presence of infection and pain.

WHY WE SHOULD CHOOSE HOMOEOPATHIC TREATMENT FOR SUPPURATIVE TENDENCY?

Homoeopathy is one of the most popular holistic system of medicine. The selection of remedy is based upon the theory of individualisation and symptoms similarity by using holistic approaches. As we know this is very common in day to day life to have continual suppurative tendency to abscess or boils which cannot be completely eradicated (i.e. it recurs again and again) by surgical means or allopathic treatment procedure but in case of homeopathic treatment we can eradicate this condition by constitutional medicine by help of symptoms similarity. This the only way through which a state of complete health can be regained by removing all the sign and symptoms from which the patient is suffering. The aim of homoeopathy is not

only to treat the suppuration but also to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned from our knowledge of materia medica, there are some leading remedies which are very helpful to treat the suppuration that can be selected on the basis of cause, sensations and modalities of the complaints along with the comparison of different repertories. [7]

Therapeutics indication – There are some medicine which are very useful to treat the suppuration effectively. These medicines are discussed here with indications.

- ***Aconitum napellus*** [8, 9, 10]: Red, shining, hot swellings; violent pains.

Boil highly inflamed; fever with dry, hot skin.

In hyperaemia, congestion not after exudation has set in.

Associated with physical and mental restlessness, fright, is the most characteristic manifestation of *Aconite*.

- ***Anthracinum***[8, 9, 10, 11]: In carbuncle, malignant ulcer and complaints with ulceration, sloughing and intolerable burning.
- *When Arsenicum album or the best selected remedy fails to relieve the burning pain of carbuncle or malignant ulceration.*

Carbuncle; with horrible burning pains; discharge of ichorous offensive pus.

Malignant pustules; black or blue blisters; often fatal in twenty-four or forty-eight hours

- ***Arnica montana***[8, 9, 10, 11]: Tendency to small, painful boils, one after another, extremely sore.

Compound fractures and their profuse suppuration

Concussions and contusions, results of shock or injury; without laceration of soft parts; Prevents suppuration and septic conditions and promotes absorption.

Crops of small boils, which are very painful and sore to touch.

- **Arsenicum album**^[8, 9, 10, 11]: when an abscess threaten to become gangrenous; great debility, parts burn like fire.

Great burning; relieved by heat; great restlessness, lancinating pain.

Ulcer on the heel with bloody pus.

- **Belladonna**^[8, 9, 10, 11]: Bright redness, especially radiating redness; much burning; part feel dry and hot.

Decided aggravation from slight jar.

Mammary, hepatic or rather glandular abscesses.

Boil on shoulder.

Painful blister containing water on the sternum.

- **Bryonia alba**^[10]: In the beginning when the part is very pale and hard.

- **Calcarea carbonicum**^[8, 9, 11, 12]: There is a pyaemic state, in which there are abscesses in deep muscles. Abscesses deep in the neck, deep in the thigh, in the abdomen.

Eradicates predisposition to boils.

Blood-boils: appear on head, neck and shoulders, or on thigh instead of his asthma, during new moon; on both cheeks in front of ears; on right knee, can press out quantity of pus.

In *Kent's Materia Medica*, under the remedy **Calcarea carbonicum**, it is mentioned:

*There are times when Silicea is indicated and the abscess is in such a dangerous place that if Silicea is given the result that naturally belongs to the spreading of that abscess is dangerous; in such an instance the surgeon must be called to drain the abscess in a safe manner, even when we know that if that abscess was located in a safe place, it would be far better for that patient to have the remedy he needs.*¹²

- **Calcarea sulphuricum**^[9]: Suppurative processes come within the range of this remedy, after pus has found a vent.

Painful abscesses about the anus in cases of fistula.

Suppurating stage of tonsillitis, when abscess is discharging.

Yellow, purulent crusts or discharge.

- **Fluoricum acidum**^[8, 9, 11]: Dental fistula, with persistent bloody, salty discharge.

Lachrymal fistula.

Frequent small boils; carbuncles.

Periosteal abscess.

- **Hepar sulphuricum**^[8, 9, 10, 11]: The slightest injury causes suppuration

In diseases when suppuration seems inevitable, *Hepar sulphuricum* may open the abscess and hasten the cure.

Abscess of the axillary gland.

Buboes, abscesses of the inguinal glands.

May be given in high potency to prevent suppuration before the opening of an abscess, particularly when there is throbbing.

Pus which may be bloody smells like old cheese.

- **Lachesis mutus**^[8, 9, 10, 11]: Boils, carbuncles, ulcers

with intense pain; malignant pustules; decubitus; dark, bluish, purple appearance; tend to malignancy.

After the pus has formed parts of purplish hue; gangrenous,

Worse after sleep.

- **Mercurius solubilis**^[8, 9, 10, 11]: Suppuration of lungs, after haemorrhages of pneumonia.

In bone diseases, pains worse at night; glandular swellings with or without suppuration, but especially if suppuration be too profuse.

Cold swellings; abscesses, slow to suppurate.

When the pus is coming out and is scanty or after pus has formed (never to be given before the formation of pus).

Pain is throbbing, burning, stinging, bloody pus.

- **Phytolacca decandra**^[8, 9, 11]: Mammary abscess; fistulae, gaping, angry ulcers; pus sanious, ichorous, foetid; unhealthy.

Breast, shows an early tendency to cake; is full, stony, hard and painful, especially when suppuration is inevitable

Tumefied breast neither heals nor suppurates, is of a purple hue and "hard as old cheese".

Hastens suppuration.

- **Secale cornutum**^[8, 9, 11]: Boils-small, painful with green contents, mature very slowly and heal in the same manner; very debilitating.

Carbuncles; extensive ecchymoses.

The skin feels cold to the touch, yet the patient cannot tolerate covering; icy

coldness of extremities. Very old, decrepit, feeble persons.

- **Silicea terra**^[8, 9, 10, 11]: Small wounds in skin heal with difficulty and easily suppurate.
- Small wounds suppurate profusely.
- Suppuration of skin and cellular tissues beneath it.

Boils come in crops; tendency to boils; leave indurations.

Abscesses speedily point, but secretion of pus is too scanty.

Very useful when fistulous opening has formed.

In chronic abscess when discharge is tardy, *long-continued*.

- **Sulphur**^[8, 9, 10, 11]: Boils: coming in crops in various parts of the body, or a single boil is succeeded by another as soon as first is healed.

Suppuration: pus thin, black, putrid.

Abscesses: pus yellow, offensive, full of air bubbles.

- **Tarentula hispanica**^[8, 9, 10, 11]: Anthrax; carbuncles; atrocious pains.
- Syphilitic buboes, painful boils, all kinds of abscesses where pain or inflammation predominates.

Carbuncle as large around at its base as a silver dollar, apex studded with small openings on side of chest; no pus discharging; intense burning and stinging extending to mamma and down arm; had not slept for forty-eight hours.

Worse from slightest touch

Sloughing carbuncle, Great prostration.

Complaints are continually

relapsing; seems to get almost well when disease returns.

- **Tuberculinum**^[8, 9, 11]: Crops of small boils, intensely painful, successively appear in the nose; green, foetid pus.

When with a family history of tubercular affections, the best selected remedy fails to relieve or permanently improve, without reference to name of disease.

Emaciation rapid and pronounced; losing flesh while eating well.

Symptoms ever changing; ailments affecting one organ, then another - the lungs, brain, kidneys, liver, stomach, nervous system - beginning suddenly, ceasing suddenly.

REPORTORIAL DISTRIBUTION OF SUPPURATION IN THE REPERTORY OF THE HOMOEOPATHIC MATERIA MEDICA BY J. T. KENT^[13]:

CHAPTER: HEAD

ABSCESS: *Calc., hep., lyc., merc., sil*

ERUPTION, suppurating : *Ars., bar-m., calc-s., cic., clem., graph., hep., lyc., mez., psor., rhus-t., sep., staph., Sulph., vinc.*

CHAPTER: EYE

FISTULA of the cornea : *Sil.*

lachrymalis : *Agar., apis., arg-n., aur-m., brom., Calc., chel., Fl-ac., hep., lach., lyc., mill., nat-c., nat-m., nit-ac., Petr., phyt., Puls., Sil., stann., sulph.*

discharging pus on pressure : *Puls., sil., stann.*

suppurating: *Calc., Puls.*

CHAPTER: EAR

ABSCESS behind (See Boils, suppuration) : *Anan., Aur., bar-m., caps., carb-an., kali-c., nit-ac., phys., Sil.*

every two weeks ear gathers and discharges : *Iris.*

below : *Nat-h.*

in meatus : **Calc-s., crot-h., Hep., mag-c., puls., Sil.**

menses, during : *Puls.*

ERUPTION:boils : *Kali-c., sil., spong., sulph., syph.*

INFLAMMATION, suppurative : *Arn., caps.*

SUPPURATION, middle ear : *Am-c., bar-c., Calc-s., calc., caps., carb-an., carb-v., caust., Hep., hydr., Kali-bi., kali-p., lyc., Merc., nat-m., olnd., puls., sil., spong., stann., sulph.*

behind ear : *Kali-c., nit-ac., phyt.*

in front of ear : *Merc*

CHAPTER: NOSE

ABSCESS: *Calc., Hep., lac-c., lach., merc., Sil., still.*

at root : *Puls.*

CHAPTER: FACE

ABSCESS : *Anan., bell., Hep., kali-i., Merc., phos., sil.*

antrum : *Kali-i., lyc., merc., mez., Sil.*

jaw : *Ars., phos.*

lip : *Anthr.*

upper : *Bell.*

parotid glands : *Ars., lach., lyc., phos., phyt., rhus-t., Sil.*

submaxillary glands : *Calc., hippoz., kali-i., lach., phos., sil.*

ERUPTION, tubercles, suppurating : *Fl-ac., nat-c., sil.*

INFLAMMATION: Parotid Gland:

suppuration, with : *Ars., Brom., bry., Calc., con., Hep., lach., Merc., nat-m., phos., Rhus-t., Sil., sul-ac.*

SUPPURATION of lower jaw :Phos.

CHAPTER: MOUTH

ABSCESS, Gums: Alum., am-c., aur., bufo., eupho., hecla., hep., jug-r., lach., merc., petr., phos., plb., sil.

frequently recurring : Bar-c., calc., Caust., hep., lyc., nux-v., sil., sulph.

sensation of : Am-c.

BOILS, Gums : Agn., anan., arn., aur., carb-an., carb-v., caust., chel., eupho., jug-r., kali-chl., kali-i., lac-c., lyc., merc., mill., nat-m., nat-p., nat-s., nux-v., petr., ph-ac., phos., plan., plb., Sil., staph.

small, near left upper canine, painful to touch : Agn

FISTULA, Gums : Aur-m., aur., bar-c., calc., canth., Caust., coch., Fl-ac., kali-chl., lyc., mag-c., nat-m., nit-ac., petr., phos., Sil., staph., sulph.

near upper right canine : Fl-ac.

upper incisors : Canth

SUPPURATION, Gums : Am-c., canth., carb-an., carb-v., caust., hep., lach., merc., mez., nat-s., petr., phos., puls., Sil.

Tongue :Canth., carb-ac., lach., merc-c., merc.

VESICLES, suppurating :Phos.

VESICLES, Tongue, suppurating : Mag-c.

CHAPTER: TEETH

ABSCESS of roots : Am-c., bar-c., calc., canth., caust., eupho., hecla., Hep., lach., lyc., merc., petr., phos., plb., Sil., sulph.

CHAPTER: THROAT

SUPPURATION, tonsils : Aesc., alumn., am-m., anac., anan., apis., aur., bar-c., Bar-m., bell., calc-s., calc., canth., cham., cub., cupr., cur., daph., guai., Hep., ign., kali-bi., lac-c., lach., lyc., manc., merc-c., merc-i-f., merc-i-r., Merc., phyt., plb., sabad., sang., sep., Sil., sulph.

right : Bar-c., lyc.

left :Lach.

CHAPTER: EXTERNAL THROAT

ABSCESS : Cham., Hep., kali-c., ka-

li-i., lach., lyc., Merc., nit-ac., phos., psor., sep., Sil., sul-ac., sulph.

FISTULÆ :Phos., sil.

SWELLING, Cervical glands, suppurative :Calc., cist., hep., lith., Merc., nit-ac., Sil., sulph., tub.

CHAPTER: ABDOMEN

ABSCESS in walls :Hep., rhus-t., sil., sulph.

Inguinal region :Hep., merc., sil., syph.

Liver :Fl-ac., Hep., kali-c., lach., lyc., Merc-c., nux-v., Sil., ther.

Spleen: Hippoz.

FISTULÆ inguinal glands :Hep., lach., phos., sil., sulph.

SUPPURATION, inguinal glands : Ars., aur., bar-m., bufo., carb-an., chel., crot-h., Hep., Iod., kali-i., Lach., Merc., nit-ac., phos., sil., sulph., thuj.

CHAPTER: RECTUM

ABSCESS :Calc-s., calc., hep., merc., sil., syph., thuj.

just below the coccyx : Paeon.

perineum :Hep., merc., sil.

HÆMORRHOIDS, suppurating : Anan., carb-v., hep., ign., merc., Sil.

CHAPTER: BLADDER

SUPPURATION (See Urine): Canth., sars., ter.

CHAPTER: KIDNEY

ABSCESS :Ars., hep., hippoz., merc., sil.

INFLAMMATION, suppurative :Ars., hep., hippoz., merc., sil.

CHAPTER: PROSTATE GLAND

SUPPURATION: Hep., Sil.

CHAPTER: GENTIALIA MALE

SUPPURATION, prepuce, under the : Caps., Cinnb., cor-r., hep., jac., jug-r., lyc., Merc-c., merc., nit-ac., sep.

Testes :Phyt.

CHAPTER: GENTIALIA FEMALE

ABSCESS :Hep., kali-p., merc., nit-ac., sep., sulph.

ovaries : Bell., crot-h., hep., lach., merc., plat., psor., sil.

left :Lach

FISTULA, vagina :Asar., Calc., carb-v., caust., lach., lyc., nit-ac., puls., Sil.

CHAPTER: CHEST

SUPPURATION of lungs (See Abscess)

ABSCESS

Axilla : Am-c., apis., ars., bell., bufo., cadm., calc-s., calc., cedr., coloc., crot-h., Hep., kali-bi., kali-c., lac-c., merc-i-r., Merc., nat-m., nat-s., Nit-ac., petr., ph-ac., prun-s., Rhus-t., sep., Sil., sulph., thuj.

Lungs: Calc., crot-h., Hep., hippoz., kali-c., kali-n., kali-p., lach., led., lyc., mang., merc., Phos., plb., psor., puls., sep., Sil., sul-ac., sulph., tub.

left :Calc.

Mammæ : Apis., bell., bry., bufo., camph., cist., crot-h., graph., Hep., kreos., lach., Merc., Phos., Phyt., sars., Sil., Sulph., tarent-c.

threatening, on old cicatrices : Graph., Phyt.

nipples : Cast-eq., cham., merc., sil.

INDURATION, Mammæ, abscess, after :Con., graph.

PAIN, Axilla, in scar of an old abscess :Thuj.

PAIN, stitching, heart, suppurative deep in chest :Phos.

CHAPTER: BACK

ABSCESS : Asaf., hep., iod., lach., mez., ph-ac., sil., staph., sulph., tarent-c.

Cervical region :Lach., lyc., petr., ph-ac., psor., sec., sil., tarent-c.

old cicatrices : Sil.

Lumbar region :Calc-p.

psoas :Ars., cupr., ph-ac., sil., staph., symph., syph.

ERUPTIONS, pimples, suppurating :Chlor., kali-bi.

ERUPTIONS, pimples, Cervical region, flattened, suppurating :Calc-p., nat-c.

FISTULÆ :Calc-p., hep., ph-ac., Phos., Sil., Sulph.

CHAPTER: EXTREMITIES

ABSCESS, joints :Calc-p., *hep.*, *merc.*, *phos.*, *sil.*

tendons :*Mez.*

Upper limbs : *Anan.*, *sil.*

gangrenous : *Anan.*

wounds, after dissecting : *Ars.*, *lach.*, *sil.*

Upper arm : *Agar.*

deltoid : *Agar.*

Elbow : *Crot-h.*

Forearm : *Plb.*

Hand : *Anan.*, *lach.*

back of : *Plb.*

palm : *Ars.*, *cupr.*, *fl-ac.*, *sulph.*

Fingers : *Fl-ac.*, *hep.*, *lach.*, *mang.*

Lower limbs : *Anan.*, *chin.*

psoas : *Arn.*, *asaf.*, *chin.*, *cupr.*, *ph-ac.*, *sil.*, *staph.*, *sulph.*, *symp.*, *syph.*

Nates : *Carb-o.*, *sulph.*, *thuj.*

Thigh : *Hep.*, *lach.*, *Sil.*, *tarent.*

Knee : *Bell.*, *calc.*, *guai.*, *hep.*, *hippoz.*, *iod.*, *ol-j.*, *Sil.*

gonarthrocace : *Ars.*, *Calc.*, *iod.*, *Sil.*

Leg : *Sulph.*

calf : *Chin.*

Ankle joint : *Ang.*, *guai.*, *ol-j.*, *sil.*

Foot : *Merc.*, *sil.*, *tarent.*

heel : *Am-c.*, *ars.*, *lach.*

Toes : *Cocc.*

CHILBLAINS, Feet, suppurating : *Lach.*, *sil.*, *sulph.*

CONTRACTION, Thigh, hamstrings, abscess, after : *Lach.*

ERUPTION, elbow, vesicles, suppurating : *Sulph.*

ERUPTION, Hand, pimples, suppurating : *Anac.*, *elaps.*

ERUPTION, lower limbs, pustules, suppurating : *Con.*, *thuj.*

ERUPTION, foot, vesicles, suppurating : *Con.*, *graph.*, *nat-c.*, *sel*

FELON, suppurativestage : *Calc-s.*, *Hep.*, *Sil.*

SUPPURATION, elbow (See Ab-

sc) : *Dros.*, *tep.*

Forearm : *Lyc.*, *plb.*

Fingers : *Bor.*, *mang.*

nails (See Felon)

around : *Con.*, *ph-ac.*

under : *Form.*

of first finger : *Calc.*, *nat-s.*

after vaccination : **Thuj.**

Hip (See Hip Joint Disease) : *Ars.*, *asaf.*, *asar.*, *aur.*, *calc-p.*, *calc-s.*, *calc-sil.*, *calc.*, **Chin.**, *graph.*, *hep.*, *merc.*, *ph-ac.*, *puls.*, *rhus-t.*, *sep.*, **Sil.**, *staph.*, *stram.*, *sulph.*

Knee : *Hippoz.*, *iod.*

Ankle : *Arn.*, *hep.*

Foot : *Rhus-v.*, *sec.*, *vip.*

scurf : *Sil.*

Sole, sensation of : *Calc.*, *kali-n.*, *lyc.*, *prun-s.*, *spig.*

heel : *Berb.*, *bor.*, *fago.*

Toe, under nail of left great toe : *Caust*

CHAPTER: SKIN

ERUPTIONS, crusty, suppurating : *Ars.*, *plb.*, *sil.*, *sulph.*

ERUPTIONS, herpetic, suppurating : *Ars.*, *bell.*, *cadm.*, *cic.*, *clem.*, *cocc.*, *con.*, *cycl.*, *dulc.*, *hep.*, *jug-c.*, *led.*, *lyc.*, *mag-c.*, **Merc.**, *nat-c.*, *nat-m.*, *petr.*, *plb.*, *puls.*, **Rhus-t.**, *sars.*, **Sep.**, *sil.*, *spig.*, *staph.*, *sulph.*, *tarax.*, *thuj.*, *verat.*, *viol-t.*, *zinc.*

ERUPTIONS, pocks, suppurating : *Bell.*, *merc.*, *sulph.*

ERUPTIONS, suppurating : *Alum.*, *am-c.*, **Ant-c.**, *ant-t.*, *apis.*, *ars.*, *bar-c.*, *bell.*, *bor.*, *cadm.*, *calc-s.*, *calc.*, *carb-s.*, *carb-v.*, *caust.*, **Cham.**, *chel.*, *cic.*, *clem.*, *cocc.*, *con.*, *croc.*, *cycl.*, *dulc.*, *euphr.*, **Graph.**, *hell.*, *hep.*, *jug-c.*, *kali-c.*, *kali-s.*, *lach.*, *led.*, **Lyc.**, *mag-c.*, *mang.*, **Merc.**, *mur-ac.*, *nat-a.*, *nat-c.*, *nat-m.*, *nat-p.*, **Nit-ac.**, *nux-v.*, *olnd.*, *par.*, **Petr.**, *ph-ac.*, *phos.*, *plb.*, *psor.*, *puls.*, **Rhus-t.**, *samb.*, *sars.*, *sec.*, **Sep.**, **Sil.**, *spig.*, *squil.*, *staph.*, *sulph.*, *tarax.*, *thuj.*, *verat.*, *viol-o.*, *viol-t.*, *zinc.*

ERUPTIONS, tubercles, suppurating : *Am-c.*, *bov.*, *caust.*, *fl-ac.*, *kali-bi.*,

nat-c., *nit-ac.*, *sil.*

ERUPTIONS, vesicular, suppurating : *Am-m.*, *aur.*, *bov.*, *calc.*, *carb-v.*, *graph.*, *mag-c.*, *nat-c.*, *nit-ac.*, *petr.*, *phos.*, *puls.*, *ran-b.*, *ran-s.*, *rhus-t.*, *sars.*, *sulph.*, *vip.*, *zinc.*

EXCRESCENCES, condylomata, suppurating : *Thuj.*

ULCERS, suppurating : *Acon.*, *am-c.*, *ambr.*, *anac.*, *ant-c.*, *ant-t.*, *arg-m.*, *arn.*, *ars-i.*, **Ars.**, **Asaf.**, *aur.*, *bar-c.*, *bell.*, *bov.*, *bry.*, *calc.*, *canth.*, *caps.*, *carb-an.*, *carb-s.*, *carb-v.*, **Caust.**, *cham.*, *chel.*, *chin.*, *cic.*, *clem.*, *cocc.*, *con.*, *croc.*, *dros.*, *dulc.*, *graph.*, *hell.*, **Hep.**, *hyos.*, *ign.*, **Iod.**, *ip.*, *kali-ar.*, *kali-c.*, *kali-n.*, *kali-s.*, *kreos.*, *lach.*, *led.*, *lyc.*, *mang.*, **Merc.**, *mez.*, *mur-ac.*, *nat-c.*, *nat-m.*, *nat-p.*, *nit-ac.*, *nux-v.*, *petr.*, *ph-ac.*, *phos.*, *plb.*, **Puls.**, *ran-b.*, *ran-s.*, **Rhus-t.**, *ruta.*, *sabad.*, *sabin.*, *sars.*, *sec.*, *sel.*, *sep.*, **Sil.**, *spig.*, *spong.*, *squil.*, *staph.*, *sul-ac.*, **Sulph.**, *thuj.*, *viol-t.*, *zinc.*

WARTS, suppurating : *Ars.*, *bov.*, *calc.*, *caust.*, *hep.*, *nat-c.*, *sil.*, *thuj.*

CHAPTER: GENERALITIES

ABSCESSSES: *Anan.*, *ant-c.*, *ant-t.*, *anthr.*, *ars-i.*, *ars.*, *asaf.*, *bar-c.*, *bry.*, **Calc-i.**, **Calc-s.**, *calc.*, *caps.*, *carb-v.*, *cic.*, *cocc.*, *con.*, *croc.*, *crot-h.*, *dulc.*, *guai.*, **Hep.**, *kali-c.*, *kali-chl.*, **Lach.**, *mag-c.*, **Merc.**, *mez.*, *nat-c.*, *nat-m.*, *nit-ac.*, *nux-v.*, *olnd.*, *paeon.*, *petr.*, *puls.*, *pyrog.*, *sec.*, *sep.*, **Sil.**, *staph.*, *stram.*, *sulph.*, *tarent-c.*

burning : **Anthr.**, **Ars.**, *pyrog.*, **Tarent-c.**

recurrent : *Pyrog.*, *syph.*

glands : *Bar-m.*, *bell.*, *brom.*, **Calc-s.**, **Calc.**, *canth.*, *carb-v.*, *cist.*, *coloc.*, *crot-h.*, *dulc.*, *guai.*, **Hep.**, *hyos.*, *ign.*, **Kali-i.**, *kreos.*, *lach.*, *lyc.*, **Merc.**, *nit-ac.*, *petr.*, *phos.*, *pyrog.*, *rhus-t.*, *sars.*, *sep.*, **Sil.**, *squil.*, *stram.*, **Sulph.**, *syph.*, *tub.*

CONVULSION, suppuration, during : *Ars.*, *bufo.*, *canth.*, *lach.*, *tarent.*

FISTULÆ of glands : *Phos.*, *sil.*, *sulph.*

SUPPURATION (See Abscess):

WOUNDS, suppurating (See Skin, Unhealthy):

UNHEALTHY: Alum., am-c., *apis.*, *bar-c.*, *bar-m.*, **Bor.**, *bufo.*, calc-s., **Calc.**, caps., **Carb-s.**, *carb-v.*, **Caust.**, **Cham.**, chel., clem., con., croc., crot-h., *fl-ac.*, **Graph.**, ham., hell., **Hep.**, kali-c., **Lach.**, *lyc.*, mag-c., *mang.*, merc., mur-ac., nat-c., nat-p., nit-ac., nux-v., **Petr.**, ph-ac., *phos.*, plb., **Psor.**, puls., **Rhus-t.**, *sars.*, *sep.*, **Sil.**, *squil.*, *staph.*, still., *sulph.*, tarax., *tar-ent.*

Conclusion

According to Hahnemann “No external malady can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism”.^[7]

In “The Guiding Symptoms of Our Materia Medica” under the remedy *Anthracinum*, Dr Hering says: “To call a carbuncle a surgical disease is the greatest absurdity. An incision is always injurious and often fatal. A case has never been lost under the right kind of treatment, and it should always be treated by internal medicine only.”^[8]

It should be treated internally by dynamic medicine even in the treatment of abscesses. In homoeopathy, the local symptoms proper aren't considered but one considers the patient as a whole.

So the aim of homoeopathy is not only to treat the suppuration but also to address its underlying cause and individual susceptibility. By the help of constitutional treatment, one can eradicate the continual tendency to suppuration as per guideline said by Dr Samuel Hahnemann in *Organon of Medicine*.

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The concept of susceptibility in homoeopathy – stalwart’s views

By Dr Riswana A

Abstract: “The hurdle comes for the selection of the potency which is so great that each and every homoeopath differs, from Hahnemann to the present generation. So, the potency problem has become a subject of controversy” quoted by a great stalwart Dr R. P. Patel, clearly provides the importance of understanding susceptibility in homoeopathic cure. The author is intending to work on the various stalwarts views about concept of susceptibility in homoeopathy.

Keywords: Susceptibility, potency, high, low, medium

Abbreviations: IL – interleukin, TNF – tumour necrosis factor, WBC – white blood cell

Introduction

Homoeopathy, a holistic system, which considers and treats the patient as a whole. A homoeopathic medicine is selecting after the individualising examination of the case and based on the symptoms, hence enhance a permanent cure to the suffering humanity. But the real challenge for a homoeopath begins after finding out the similimum-choosing the proper potency for the individual for the permanent cure in rapid, gentle, reliable, and harmless as well as in the shortest way. For the selection of potency, one needs to analyse the susceptibility of the individual. Let’s see how homoeopathic stalwarts define the concept of susceptibility in homoeopathy.

Samuel Hahnemann’s view⁽¹⁾

In aphorism 31 of *Organon of Medicine*, he has mentioned, “the inimical forces, partly psychical, partly physical, to which our terrestrial existence is exposed, which are termed morbid noxious agents, do not possess the power of morbidly deranging the health of man unconditionally ; but we are made ill by them only when our organism is sufficiently disposed and susceptible to

the attack of the morbid cause that may be present and to be altered in its health, deranged and made to undergo abnormal sensations and functions, hence they do not produce disease in everyone, nor at all times. The susceptibility is the predisposing and most fundamental and determining cause for becoming sick and for being protected from sickness and it is influenced by precipitating events or stressors.

J. T. Kent’s view⁽²⁾

Disposition and susceptibility are the cause of diseases that allow noxious agents to change health of man and begin disease. Susceptibility underlies all contagion and all cure. We have more power over human beings with drugs than disease cause, for a man is only susceptible to natural diseases upon a certain plane but we can change potencies of drugs to suit different planes. Susceptibility ceases when changes occur in the economy that bar out any more influx.

H. A. Roberts view⁽³⁾

Everything that has life is more or less influenced by circumstances and environment. The reaction of organism to external and internal

influences. The quality of the action of a homoeopathic remedy is determined by its quantity, in inverse ratio. Again, this is a problem of the susceptibility of the patient and the similarity of the drug. The closer the relationship between the disease symptoms and the drug symptoms, the greater the susceptibility and, consequently, the higher the potency required. Patient may be susceptible to number of remedies , but the greatest susceptibility is manifest in the most similar The power of assimilation and nutrition is one of the phases of susceptibility.

Stuart Close’s view⁽⁴⁾

The general quality or capability of the living organism of receiving impressions the power to react to stimuli. Susceptibility is one of the fundamental attributes of life. The kind and degree of reaction to medicines depends upon the degree of susceptibility of the patient. The physician knows how to modify susceptibility in such a way as to satisfy the requirements of the sick organism and bring about a true cure; cure consists simply in satisfying the morbid susceptibility of the organism. The degree of susceptibility to each medicine depending upon the degree of symptom similarity: but the

highest degree of susceptibility exist towards the most similar –the simillimum, or equal. A dose that would produce no perceptible effect upon a well person may cause a dangerous or distressing aggravation in a sick person.

Susceptibility as a state may be increased, diminished or destroyed. Susceptibility varies in different individuals according to age, temperament, constitution, habits, character of diseases, and environment. The susceptibility of an individual to a remedy at different times also varies. Idiosyncrasy may exist as a modifying factor. Homeopathicity must always be considered.

It is important to understand and analyse susceptibility which depends on various criteria like age, sex, geographical area, socio-economic conditions, constitution, and temperament, nature and depth of the disease, structural changes, various suppressions, vitality, mental and physical reactions to environmental stimuli, etc. and these factors modifies the nature of susceptibility of a person.

R. E. Dudgeon's view⁽⁵⁾

The susceptibility combined with the morbid influence and cause the disease, which in its turn formed a susceptibility for medicinal action, and these two latter in union formed the medicinal disease, which was easily expelled by the organism, and the harmony of the affected organ or system with the general organism, which had been interrupted by its presence, was restored by its ejection.

There can be no normal dose for all medicines, for all diseases and for all patients, for medicines differ vastly among themselves in respect to power, diseases in point of intensity, and patients in point of susceptibility for medicinal impressions.

M. L. Dhawale's view⁽⁶⁾

Susceptibility is an inherent capacity in all living things to react to stimuli in the environment and represents a fundamental quality that distinguishes the living from the non-living. A homoeopathic physician has to accurately assess the susceptibility in a patient before he selects the right potency. Any error in this is immediately reflected in a poor response or in an exaggerated response even though the remedy has been correctly selected. The closer the similarity a remedy bears to the picture presented by the patient, the higher is the potency, provided no specific contra-indications to the use of high potencies exist in the case.

A prescription that is predominantly determined by the mentals in a case, gives best results when higher potencies are employed.

When a remedy is prescribed on poor indications or only for a particular effect, the potency that act best is the one in the lower range, at times even the mother tinctures. For this purpose, potencies beyond 30 should not ordinarily be used.

In acute illness affecting vital organs, a differing response is seen according to the potency employed:

1. High potencies frequently repeated lead to crisis
2. Medium or low potencies with frequent repetition lead to lysis.

Ajit Kulkarni's view⁽⁷⁾

Susceptibility denotes the capacity of an individual to react to any form of stimulus. It is due to this susceptibility that an individual casts out variable expressions. It is by dint of this susceptibility that an organism reacts when a disease attacks the system. A homoeopathic physician will have to match the drug and the patient not only at the level of expression but also at the susceptibility level. In other words, the potency

must be consistent with the degree of sensitivity and susceptibility that calls for the medicine.

High susceptibility is appreciated on the basis of availability of characteristic expressions. The system will display an increased activity, a large number of modalities, characteristics and concomitants. In moderate susceptibility, the system throws up expressions moderately, the functional overlay diminishes and structural changes step in; the overall impression being moderate. Low susceptibility exhibits morbid susceptibility; the morbid influence takes the upper hand using the immunity at the low ebb; the system has not the capacity to exhibit characteristic individual expressions and cannot prevent the organic changes.

C. Dunham's view⁽⁸⁾

The living organism possesses a susceptibility to the action of certain general stimuli, such as light, heat, electricity, aliment, atmospheric air, etc. But these stimuli are continually varying in proportion, or, in other words, the relative susceptibility of the organism is continually changing.

S. P. Dey's view⁽⁹⁾

The success of homoeopathic treatment depends to a great extent on the correct selection of the potency and the requisite potency should be selected according to the susceptibility of the patient. Medicines will be able to effect cure only when they will be of the susceptibility from which disease has originated. In acute diseases, the susceptibility generally remains high, because no organic changes affected.

E Shaddel M D's view⁽¹⁰⁾

Pathogenesis of acute disease-two determining factors in an affliction by a disease: the morbid agent

power and the susceptibility of patient when confronting with the pathogen. The specific susceptibility indicates the quality of vital force and some particular pathogen lacking enough power to engage other people can cause a disease with this specific susceptibility.

George Vithoukas's view⁽¹¹⁾

Most of the disease agents which we are exposed to, the vital force tries to recover without noticeable symptoms. Disease is a result of a morbid stimulus which resonates with the particular level of susceptibility of the organism. Throughout the life, a person remains on a certain level of susceptibility and it can be changed by a major influence and if the person is not treated by homoeopathy, will move to the new level. Nature of susceptibility is mostly hereditary, but it can also be acquired and influenced by strong infectious diseases and previous treatments, as well as vaccination.

R P Patel's view⁽¹²⁾

If in future the selection of potency corresponding with the law of similars in homoeopathy is synchronised then all diseases can be tackled with success and the life of the patients can be prolonged till old age claims reluctant victims. The hurdle comes for the selection of the potency which is so great that each and every homoeopath differs, from Hahnemann to the present generation. The potency problem has become a subject of controversy and a headache to aspiring students. He says there are no hard and fast rules for potencies, from authenticated authors and literatures he had drawn the following conclusions regarding potency selection.

General rules to be followed:

1. The susceptibility of the patient :

- a. Similar symptoms : high
 - b. Age :
 - Children – high
 - Senile – low
 - c. Temperaments :
 - Intellectual – high
 - Nervous – high
 - Irritable – high
 - Backward – low
 - Fearful – low
 - d. Habits :
 - Drinking, smoking, food – low
 - e. Drugs :
 - Crude – high potency of the same drug – tautopathic way
 - f. Reaction in pathological conditions : low
 - g. Oversensitive : low
- 2. The seat of the disease :**
- a. Acute and rapid : low
 - b. Pathological (organs) : low
 - c. Sluggish reaction : high
 - d. Mental symptoms : medium and high
 - e. Physiological disturbances : low and medium
- 3. Stage and duration of the disease :**
- a. Low vital reaction : low
 - b. Terminal cases : low
 - c. Of long duration – depending on pathology : low, medium
 - d. Active vitality : high
 - e. Acute condition : medium
- 4. Nature of the disease or magnitude of the disease**
- a. Rapid, low vitality : low and repetition
 - b. Chronic : high and infrequent repetition
- 5. Previous treatment by drugs**
- High potency of the same drug if it was given crude or antidote or give

indicated medicine.

6. For palliation :

- a. Terminal cases : low
- b. Pathological conditions – terminal : low
- c. Incurable cases : low

7. Action of various drugs :

- A. a. Acute medicines : medium and high
- b. Chronic medicines: high
- c. Some medicines act only in crude form, i.e. Q
- B. Nosodes : high
- C. Constitutional drug: high and infrequent repetition
- D. Dual action remedies and potencies
 - a. *Silicea terra*: low promotes suppuration, high aborts
 - b. *Hepar sulphuricum* : low promotes suppuration, high aborts
 - c. *Kalium carbonicum*: low or medium heal lesions, high breaks up healed lesions

Conclusion

Remedy, potency and dosage are necessarily involved in the operation of prescribing. In general it may be stated that any curable disease may be cured by any potency, when the indicated remedy is administered; but that the cure may be much accelerated by selecting the potency appropriate to the individual case.

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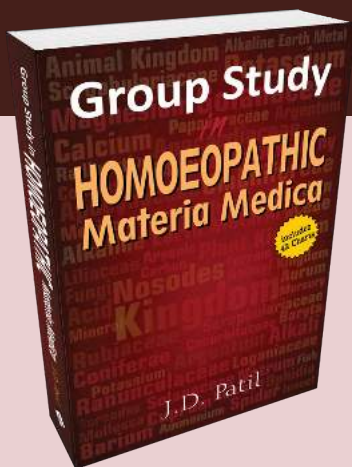
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Group Study in Homoeopathic Materia Medica

Dr J. D. Patil



- Features of new groups in the Plant, Animal, and Mineral kingdom have been included.
- Nosodes and Sarcodes have been discussed.
- Features Bach flower remedies.
- Exciting and enriching knowledge of homoeopathic remedies has been explained group wise.
- Gist of each group encompassed in a concise yet comprehensive schematic diagram. Flow charts have been included so as to simplify the study.

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A study to assess the efficacy of *Sanguinaria nitrica* 30 in acute rhinitis using rhinitis control assessment test scale

By Dr Uma Shenbagakumar, Dr M K Kamath

Objective: A study to assess the efficacy of *Sanguinaria nitrica* 30 in acute rhinitis using *rhinitis control assessment test scale*

Material and methods: A prospective observational study was conducted on 29 cases of acute rhinitis, attending to OPD and peripheral centers of Father Muller Homoeopathic Medical College Hospital, Mangalore. Diagnosis was based on the clinical presentation; patients were prescribed a single dose of *Sanguinaria nitrica* 30 depending upon the symptom similarity. *Rhinitis control assessment test scale* was used for statistical analysis.

Result: The study showed that males are most commonly affected. And the most common age group affected was 18 – 27. The values of *rhinitis control assessment test scale* were compared before and after the treatment with *Sanguinaria nitrica* 30. Statistical analysis showed they were highly significant, with the 'p' value being less than 0.0001.

Conclusion: This study adequately demonstrates the effectiveness of homoeopathic remedy *Sanguinaria nitrica* 30, in the treatment of acute rhinitis.

Keywords: homoeopathy, acute rhinitis, rhinitis control assessment test scale, *Sanguinaria nitrica*, paired 't' test.

Abbreviations: OPD – outpatient department., RCAT - *Rhinitis control assessment test*

Background

Acute rhinitis is an acute inflammation of the nasal mucosa, caused due to viral, bacterial, irritant varieties. (1) Acute rhinitis is the most common condition affecting about 10% to 30% of adult and 40% children. Prevalence of the disease is marked in all age groups, especially in children it's more marked. (3) Viral acute rhinitis which is also known as common cold or coryza caused by adenovirus, picorna virus, coxsackie virus. The infection is usually obtained through airborne droplets. (2) Acute bacterial rhinitis, it's a non-specific infection, it may be either primary or secondary. Primary bacterial acute rhinitis is seen in the children and is caused due to the pneumococcus, streptococcus, and staphylococcus. Secondary acute bacterial rhinitis is the result of bacterial infection supervening acute viral rhinitis. (1), (4) Irritant

bacterial rhinitis occur mainly due exposure to the dust, smoke, polluted environment, irritating gases. (1) Homoeopathy has great scope in treating acute rhinitis. The scope of homoeopathy doesn't lie in treating the causative agent or its ultimate, but in treating the actual morbid vital process by method of individualisation.

***Sanguinaria nitrica*:** Common name: Nitrate of sanguinarine. Formula: $(C_{10}H_{14}NO_4) NO_3$. Molecular weight: 394.00

This remedy is proved by Owens. J. H. Clarke in his third volume of *A Dictionary of Practical Materia Medica* in page 1086 describes *Sanguinaria nitrica* under NOSE for Nasal Congestion, constant itching of the nose with burning sensation, crust formation in the alae nasae, loss of smell, coryza with chilliness. Lacrimation and headache associated.

Dr William Boericke(5) writes about *Sanguinaria nitrica* in his *Materia Medica* as follows -

NOSE - Feels obstructed; profuse, watery mucus with burning pain; enlarged turbinate at beginning of hypertrophic process; secretion scanty, tendency to dryness. Small crusts which bleed when removed. Post nasal secretion adherents to nasopharynx, dislodged with difficulty. Dry and burning nostrils, watering of nose, with pressure over the root of the nose, nostrils plugged with thick, yellow, bloody mucus. Sneezing. Rawness and soreness in posterior nares.

Aim and objective:

To assess the efficacy of *Sanguinaria nitrica* 30 in acute rhinitis using rhinitis control assessment test scale.

Material and methods:

Source of data: This study was conducted on patients of OPD of



Fr Muller Homoeopathic Medical College and Hospital, Mangalore.

Period of Study: The study was carried out from November 2018 to April 2019.

Sample size: 29 cases of acute

rhinitis were selected as per the set criteria.

Type of study: Prospective observational study, without controls.

Remedy prescribed: *Sanguinaria nitrica* 30 was prescribed to the

patients depending upon the symptom similarity. One dose, EMES for a week.

Evaluation of outcome: *Rhinitis control assessment test scale* was used for statistical analysis.

RHINITIS CONTROL ASSESSMENT TEST SCALE 7

1. During past week, do you often have nasal congestion?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

2. During past week, how often do you sneeze?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

3. During past week, how often do you have watery of eyes?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

4. During past week, to what extent do your nasal or allergy symptoms interfere with your sleep?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

5. During past week, how often did you avoid any activities (for examples visiting a house with a dog or a cat, gardening) because of your nasal or other allergy symptoms?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

6. During past week, how well were your nasal or allergy symptoms controlled?

NEVER	RARELY	SOMETIMES	OFTEN	EXTREMELY OFTEN

Scoring: 5 – never 4 – rarely 3 –sometimes 2 –often 1 –extremely often. Maximum score 30.

Selection Criteria

- Age group 5-60
- Both sexes
- Patients giving consent to

- participate in study
- All the newly reporting cases of acute rhinitis.
- Already registered patients

with new acute complaint that is presenting with the signs and symptoms of acute rhinitis

Exclusion criteria -The cases without



proper follow up were excluded

OBSERVATION AND RESULTS

According to the study, age group

of 18 – 27 years were commonly affected which is about (34.48%) with 10 cases, followed by age group of 58-67 which has 7 cases (24.13%). 5

cases (17.24%) belonged to 38 -47 age group, 28 – 37 age group presented with 4 cases (13.79%) and 48 – 57 age group with 3 cases (10.34%)

Table 1: Distribution of study subjects based on their age group

AGE GROUP	NUMBER	PERCENTAGE%
18 -27	10	34.48%
28 -37	4	13.79%
38 -47	5	17.24%
48 -57	3	10.34%
58 -67	7	24.13%

It was also observed that in this study that males were more com-

monly affected with the disease that is about 51.72% (15 cases) than fe-

males, with cases of about 48.27% (14 cases).

Table 2: Distribution of study based on sex

SEX	NUMBER	PERCENTAGE%
MALE	15	51.72%
FEMALE	14	48.27%

Table 3: Rhinitis control assesment test scale before and after treatment

Maximum Score: 30

Case no	Score – Before	Score – After
1	16	24
2	19	26
3	16	25
4	18	26
5	18	27
6	22	26
7	21	26
8	16	24
9	16	18
10	20	25
11	14	23
12	17	25
13	19	26
14	17	20
15	15	24



16	17	24
17	15	25
18	14	25
19	13	26
20	10	26
21	13	24
22	12	23
23	14	25
24	13	26
25	10	21
26	15	26
27	12	24
28	14	25
29	15	26

SCORE (0-30)	BEFORE	PERCENTAGE%	AFTER	PERCENTAGE%
0 -5	0	0%	0%	0%
6 -10	2	6.66%	0	0%
11 – 15	13	43.33%	0	0%
16 – 20	12	40.00%	1	3.33%
21-25	2	6.66%	17	56.66%
26 -30	0	0%	11	36.66%

A total of 29 cases were taken for the study based on the selection criteria and all are subjected to fill the RCAT scale questionnaire before and after seven days of *Sanguinaria nitrica* 30 one dose EMES.

Calculation of mean:

	Before	After
Mean value	15.55	24.58

Calculation of mean difference: before and after assessment of RCAT scale is 9.03

Statistical Evaluation – Paired ‘t’ Test:

- PAIRS = BEFORE with AFTER (PAIRED)
- Confidence Interval Level 95% = 1.96

Paired Sample Statistics:

Pair	Mean	N	Std. Deviation	S.E. Mean
Before	15.55	29	41.61	7.73
After	24.58	29	20.69	3.84

Paired Samples Correlations:

		N	CORRELATION	SIG.
Pair	BEFORE AND AFTER	29	20.06	.337

Paired Sample Test:

Pair	Pair Difference					t	df	sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Before -After	20.065	31.15	5.79	-2.253	+4.253	4.135	28	.000000

Conclusion

The calculated 'p' value is less than 0.0001. This is considered to be extremely statistically significant.

Result

The study showed that males are most commonly affected. And the most common age group affected was 18 – 27. The values of rhinitis control assessment test scale were compared before and after the treatment, with *Sanguinaria nitrica* 30. Statistical analysis showed they were highly significant, with the 'p' value being less than 0.0001.

Conclusion

This study adequately demonstrates the effectiveness of homoeopathic remedy *Sanguinaria nitrica* 30, in the treatment of acute rhinitis.

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Vitamin-D Deficiency an lifestyle disorder and its homoeopathic approach

By Dr J. Senthilkumar, Dr M. Prabhu and Dr B.A. Vetrivelan

Abstract: Vitamin D deficiency occurs when people do not have an appropriate dietary intake or exposure to UVB rays. Symptoms may include muscle weakness, bone fragility, fracture of bone and fatigue. Complications may leads to rickets in children and osteomalacia, osteoporosis in elderly.

Keywords: vitamin D deficiency, homoeopathy.

Abbreviations: ultraviolet B(UVB), highly active antiretroviral therapy(HAART), parathyroid hormone(PTH), milligram(mg), international unit(IU), Acquired immunodeficiency syndrome (AIDS).

Introduction

The natural form of vitamin D, cholecalciferol or vitamin D₃, is formed in the skin by the action of UV light on 7-dehydrocholesterol, a metabolite of cholesterol. Few foods contain vitamin D naturally and skin exposure to sunlight is the main source.⁽¹⁾ Vitamin D is

a fat-soluble vitamin. There are two chemical forms of vitamin D; ergocalciferol (vitamin D₂) and cholecalciferol (vitamin D₃). Ergocalciferol is present in food. Cholecalciferol is synthesized in the skin on exposure to sunlight from 7-dehydrocholesterol.

to 25-hydroxy vitamin D (25(OH)D), which is further hydroxylated in the kidneys to 1,25-dihydroxyvitamin D (1,25 (OH)₂D), the active form of the vitamin. 1,25 (OH)₂D activates specific intracellular receptors which influence calcium metabolism, bone mineralisation and tissue differentiation.⁽¹⁾

Physiology

Vitamin D is converted in the liver

Functions

Table showing functions of vitamin D⁽²⁾

Intestine	Promotes intestinal absorption of calcium and phosphorus.
Bone	Stimulates normal mineralization, enhances bone reabsorption, affects collagen maturation.
Kidney	Increases tubular reabsorption of phosphate, variable effect on reabsorption of calcium.
Other	Permits normal growth.

Causes

Reduced skin synthesis:

Sunscreen use- absorption of UVB radiation by sunscreen

Skin pigment- absorption of UVB radiation by melanin

Aging- reduction of 7-dehydrocholesterol in the skin

Skin grafts for burns- reduction of 7-dehydrocholesterol in the skin

Decreased bioavailability

Malabsorption- reduction in fat absorption

Obesity- sequestration of vitamin D in body fat

Increased catabolism

Anticonvulsants, glucocorticoids, HAART (AIDS treatment) and antirejection medications

Breast feeding

Poor vitamin D content in human milk

Decreased synthesis of 25-hydroxyvitamin D

Liver failure

Increased urinary loss of

25-hydroxyvitamin D

Nephrotic syndrome

Decreased synthesis of 1,25-dihydroxyvitamin D

Chronic kidney disease⁽⁹⁾

Clinical features

Vitamin D deficiency leads to *rickets*, which is usually seen in young children between the age of six months and two years.

At birth, neonatal rickets may present as '*craniotabes*'.

In the first few years of life there may

be *widened epiphyses* at the wrists and beading at the costochondral junctions, producing the '*rickety rosary*', or a groove in the rib cage (*Harrison's sulcus*).

In older children, lower limb *deformities* are seen.

A '*myopathy*' may also occur.

'*Hypocalcaemic tetany*' may occur in severe cases.

In adults, vitamin D deficiency may result in *osteomalacia*.

Adult osteomalacia produces vague symptoms of bone or *muscle pain and tenderness*.

Pathological fractures occur. Occasionally a marked proximal myopathy leads to a characteristic '*waddling*' gait.

Deformity is uncommon. In modern practice many cases are detected biochemically in high-risk patients, especially the elderly and those with gastrointestinal disease or surgery, before clear symptoms are present. Occasionally, tetany or other hypocalcaemic features may occur.⁽⁴⁾

Investigations

- **Increased serum alkaline phosphatase**, indicating increased osteoblast activity, is the most common abnormality.
- **Plasma calcium** is usually normal, in association with secondary hyperparathyroidism and a raised PTH, but may be low in severe cases.
- **Serum phosphate** may be low, owing to increased PTH-dependent phosphaturia, though this is variable.
- **Serum 25OHD** is usually low. Serum 1,25(OH)₂D levels are also usually low.
- **X-rays** are often normal in adults, but may show defective mineralization, especially in the pelvis, long bones and the ribs, with pseudo fractures or

'looser's zones'- linear areas of low density surrounded by sclerotic borders.

- **Iliac crest biopsy** with double tetracycline labelling is occasionally necessary if biochemical tests are equivocal.
- **Serum fibroblast FGF-23** is sometimes elevated in tumour-associated osteomalacia.⁽⁴⁾

Prevention and treatment

- Treatment should be directed towards correction of the cause where possible, with increase in vitamin D intake and sunlight exposure.
- Calcium and vitamin D. Daily intakes of 700-1000 mg of calcium and 400-800 IU of vitamin D are recommended. In those with low dietary calcium intake and at risk from vitamin D insufficiency, calcium and vitamin D supplement should be advised.
- Gentle exercise in the elderly may reduce the risk of falls and improve the protective responses to falling.
- Smoking cessation. Smoking is associated with lower bone mineral density and increased fracture risk. Alcohol abuse should be avoided.
- Physiotherapy and assessment of home safety are helpful. Hip protectors do reduce fractures in the elderly in residential care.
- Monitoring of serum calcium, alkaline phosphatase and renal function should be undertaken regularly to screen for hypercalcaemia. Normalisation of alkaline phosphatase is a good measure of healing.⁽⁴⁾

Vitamin D deficiency in repertory MURPHY'S REPERTORY

Children - EMACIATION - rickets, with

BELL. *Kali-p.*

Children - RICKETS, rachitis

am-c. arg-met. ars. **ASAF.** bar-c. *Bell.* bufo **CALC. CALC-P.** caust. cic. con. *Ferr.* *Ferr-i.* ferr-m. *Ferr-p.* *Guaj.* hecla hed. *Hep.* iod. *Ip.* iris *Kali-i.* *Lac-c.* *Lyc.* **MERC.** mez. *Nit-ac.* nux-m. *Ol-j.* op. petr. *Ph-ac.* **PHOS.** plb. *Psor.* *Puls.* rhod. *Rhus-t.* ruta sacch. sanic. *Sep.* **SIL.** *Staph.* *Sulph.* tarent. ther. thuj.

Children - RICKETS, rachitis - curvature, especially spine and long bones

CALC.

Children - RICKETS, rachitis - curve, tendency to

Calc-p.

Children - RICKETS, rachitis - soften or bend, disposed to

Ferr.

Diseases - OSTEOPORUS, brittle bones

bufo *Calc.* calc-f. **CALC-P.** carc. sil. symph.

Bones - PAIN, bones

abies-n. acon. *Agar.* agn. am-c. am-m. anac. *Arg-met.* arn. ars. ars-i. **ASAF.** *Aur.* bar-c. bell. *Berb.* bism. bry. *Calc.* *Calc-p.* calc-s. cann-s. canth. *Caps.* carb-an. carb-v. carbns. caust. *Cham.* chel. *Chin.* chinin-s. choc. cic. *Cinnb.* clem. *Cocc.* colch. *Coloc.* *Con.* *Cupr.* cycl. dig. dios. dros. dulc. **EUP-PER.** euph. ferr. *Fl-ac.* glon. graph. guaj. hell. *Hep.* ign. iod. **IP.** kali-bi. kali-c. kali-s. kreos. lach. led. *Lyc.* *Lyss.* mag-c. mag-m. mang. **MERC.** merc-i-f. *Mez.* nat-c. nat-m. **NIT-AC.** olnd. op. petr. **PH-AC.** *Phos.* plb. **PULS.** ran-s. *Rhod.* *Rhus-t.* **RUTA** sabad. *Sabin.* samb. *Sars.* sec. *Sep.* *Sil.* spig. spong. *Staph.* still. stront-c. *Sulph.* teucr. ther. thuj. valer. verat. viol-t. zinc.

Bones - CURVATURE, of bones
am-c. asaf. bell. **CALC. CALC-F.**

HECLA hep. lyc. *Merc.* nit-ac. *Phos.* puls. rhus-t. sep. **SIL.** staph. **SULPH.**

Bones - CURVATURE, of bones - curving, and bowing of

Calc. Calc-p. HECLA lyc. *Sil.*

SYNTHESIS REPERTORY 9.0

GENERALS - BONES; complaints of - porous

phos.

EXTREMITIES - PAIN - Bones

agar. ang. *Arg-met. Arn. Ars.* ars-s-f. **ASAF.** *Aur.* bamb-a. *Calc. Calc-p.* carb-v. caust. *Cham.* chin. choc. cinnb. *Cocc. Colch. Con. Cupr. Dros.* **EUP-PER.** *Ferr. Fl-ac.* gels. graph. *Guaj. Hep. iod. Ip. kali-c. Kali-i.* lach. *Led. Lyc.* mag-s. mang. **MERC.** *Merc-i-f.* mez. mur-ac. nat-m. nat-ox. **NIT-AC. NUX-V.** ozone **PH-AC.** *Phos.* phyt. plut-n. positr. pot-e. **PULS. PYROG.** *Rhod. Rhus-t. RUTA Sars.* *Sep. Staph. sul-i. Sulph. Syph. tarent. ther.*

EXTREMITIES - PAIN - Bones - fractures; in old

bamb-a. symph.

GENERALS - RICKETS

am-c. arg-met. *Ars. ASAF. Bell. CALC. Calc-p.* con. *Ferr. Ferr-i.* ferr-m. ferr-p. *Guaj. hecla hed. Hep. iod. Ip. Kali-i. lac-c. Lyc.* mag-c. mag-m. **MERC.** mez. *Nit-ac. nux-m. Ol-j. op. Ph-ac. PHOS.* pin-s. *Psor. Puls. Rhus-t. ruta sacch. sanic. Sep. SIL. Staph. Sulph. tarent. ther. thuj. thy.*

GENERALS - BRITTLE bones

Asaf. bufo Calc. carc. Lac-ac. LYC. MERC. Ph-ac. phos. **SIL. SULPH. Symph. syph. thuj. thy.**

GENERALS - OSTEOPOROSIS

arg-met. bacls-7. calc-f. cortico. cortiso. dys. fl-ac. morg-p. palo.

GENERALS - OSTEOPOROSIS - old people; in

germ-met.

BACK - CURVATURE of spine

acon. agar. ant-c. **ASAF.** aur. bar-c.

Bar-m. bell. bry. CALC. CALC-F. calc-i. Calc-p. CALC-S. Carb-v. carbn-s. caust. cic. clem. coloc. Con. dros. dulc. ferr-i. hecla hep. ip. kali-c. lach. Lyc. Merc. MERC-C. mez. nat-c. nat-m. op. PH-AC. Phos. plb. psor. Puls. rhus-t. ruta sabin. sep. SIL. staph. SULPH. syph. tarent. ther. thuj. tub.

BBCR REPERTORY

HEAD - External - enlarged (rickets, hydrocephalus, etc.)

Apis bar-c. CALC. Calc-p. coloc. hell. op. SIL. Sulph.

HEAD - External - enlarged (rickets, hydrocephalus, etc.) - body, with weak

Sil.

BONES - Fracture - disposition to

MERC.

BONES - Porous

Phos.

BONES - Curvature, curve, deformed, etc., rachitis

am-c. **ASAF.** bar-c. **BELL.** bufo **CALC. Calc-p.** caust. cic. **FERR. HEP.** iod. ip. **LYC. MERC. Mez. NIT-AC.** petr. **PH-AC. PHOS.** plb. **PULS.** rhod. *Ruta SEP. SIL. Staph. SULPH.* ther. thuj.

Therapeutics

Asafoetida

Darting pain and caries in bone. Periosteum painful, swollen, enlarged. Tearing stitches in upper arm and forearm down to tips fingers. Pain as of splinter sticking in right fibula.⁽⁷⁾

Belladonna

Arms benumbed and painful. Pressure, with sharp pains in the carpal and metacarpal bones. Frequent dislocation of the joints of the fingers. Bending of the knees and of the feet in walking.⁽⁷⁾

Calcarea carbonica

Defective formation of bone. Late learning to walk, because the legs are so weak. Open fontanelles. Emaciated children, with big head and big belly. Malnutrition. Weakness of ankle in children, turn inward, while walking. Tired of short walk.⁽⁹⁾

Calcarea phosphorica

Fontanelles remain open too long. Cranial bones soft and thin.⁽⁶⁾ Neck too thin and weak to support head. Rickets.⁽⁷⁾

Phosphoricum acidum

Weak. Tearing pains in joints, bones and periosteum. Great debility. Pains at night. as if bones were scraped. Stumbles easily and makes missteps. Rachitis.⁽⁶⁾

Phosphorus

Joints; stiff, with little pain sprains; easily dislocated; weak spells in joints, aggravation exertion. Bone fragility. Ankles; as if to break; easy dislocation. Tottery; stumbles easily. Joints suddenly give way. Knees cold; in bed.⁽⁹⁾

Silicea terra

Scrofulous rachitic children; with large head, open fontanelles; slow in walking, and wasted in body especially legs. Emaciation. Malnutrition. Weak ankles and feet.⁽⁹⁾

Sulphur

Nutrition is affected on account of defective assimilation, in spite of voracious appetite, the patient emaciates. Fontanelles remain open too long. Curvature of spine.⁽⁹⁾

Symphytum officinale

Injuries to cartilages; periosteum;

with excessive pain. Comminuted fractures. Non-union of fractures.⁽⁹⁾

Lycopodium clavatum

It affects the nutrition; due to weakness of digestion. Stiff back. Emaciation about the neck. Curvature and caries of bones. Emaciation of one hand and one leg. Toes bend when walking.⁽⁹⁾

Conclusion

Thus, vitamin D deficiency can be treated by proper dietary supplements and sun exposure. Homoeopathic medicine works by initiating the body's inherent reaction, which then stimulates the body to heal by itself. The weak and brittle bones due to demineralisation can be effectively treated using homoeopathic medicines.

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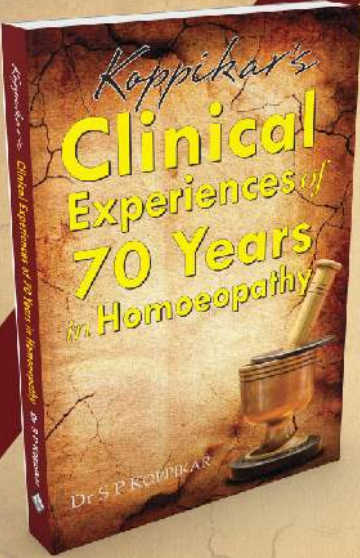
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Homage to Dr Prafull Vijayakar and
Dr Anwar Amir Ansari on their
unexpected demise*

Dr Prafull Vijayakar, the legendary homoeopath, passed away at 6.20 pm on 17.12.2020. He was the master of "cure for the incurables" and was practising medicine since 1974. After his training as a physician, he started out as medical doctor in a hospital. He soon turned with heart and soul to classical homeopathy – **Predictive Homoeopathy**. Dr Prafull Vijayakar was not only a popular homoeopath and a gifted prescriber; his reputation as a scholar and lecturer was impeccable. Dr Vijayakar with his powerful orator ship has won many laurels in all his seminar lectures. He was really a torchbearer and a genius master in homoeopathy.



We will also miss our beloved, renowned homoeopathic physician, Dr Anwar Amir Ansari, from Mumbai who passed away unexpectedly on 19th July, 2021. Beside being a part of B Jain family, he was a great homoeopath who achieved great heights in the field of homoeopathy and brought new perspectives in our field.



*May God give courage to all
the family members, friends and
homoeopathic fraternity to bear this
irreversible loss and rest in peace to
these noble departed souls.*

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