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DEPT OF PAEDIATRICS

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'SANKALP' 2025

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REVIEW ARTICLE ON CHILDREN'S LITERACY DIFFICULTIES – DYSLEXIA

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ABSTRACT:

Introduction: This review shows that difficulties with word-level decoding are separate from problems of reading comprehension. Different interventions are mandatory to support decoding and reading comprehension skills. To promote reading comprehension, attitudes which work directly on text comprehension approaches and on oral language skills are effective, with vocabulary teaching being a mostly important practice.(1) Objective: To review prevailing literature on children's literacy difficulties and early interventions. Methods: Appropriate studies and review articles were observed to evaluate the children's literacy difficulties and interventions. Data from various observational and longitudinal studies were considered, concentrating on literacy problems and early interventional outcomes. Results: The present review has concentrated on randomized trials assessing interventions that encourage language and literacy for delivery in mainstream school settings. Principal this work is the theoretical hypothesis that oral language is the basis for written language skills; this theory, embodied in the 'Simple View of Reading'. Conclusion: From the standpoint of research our understanding is straight-forward. If a child is poorly prepared to study to read and/or is feeling reading difficulties, a combined approach is vital. It may not matter who delivers an intervention; what matters more is that an evidenced-based intervention is selected that fits the child's extra needs and that the person providing it is accurately trained and supported.

KEYWORDS: Literacy difficulties, dyslexia, reading problems, Early interventions.

INTRODUCTION:

Dyslexia is a neurodevelopmental disorder with a likely genetic basis, and it is mostly established that more boys than girls are affected. The principal feature of dyslexia is a problem with word decoding, which in chance impacts spelling performance and the development of reading fluency. Dyslexia is persistent through the lifespan, and adult consequences are variable; even though some young people with dyslexia continue to a university education, others leave school with minimal qualifications. Most adults with dyslexia complain of slow reading, difficulties of spelling and problems with written expression. In addition, complications with

working memory, attention and organisation are repeatedly reported.[2] Evidence-based approaches to promote decoding involve training in letter knowledge, phoneme awareness and linking these during text reading.[1]

Background: There is a well-established relationship among literacy difficulties and early intervention. Though, the scarcity of clinical studies means guidelines of connection are not clear.[3]

PREVALENCE:

Children with reading disabilities are at increased risk for other psychiatric disorders. This additional risk was reported in both referred and epidemiological samples.[4]

The prevalence of difficulty in reading, written expression, and mathematics was 12.57%, 15.6%, and 9.93%, respectively. Dual logistic regression study showed that male gender, low birth weight, incidence of developmental delay, family history of poor scholastic performance, and syllabus were independently accompanying with SLD. It highlights the essential for early detection and remedial procedures for children with SLD[5]

The severity of the phonological problems in relation to age is an significant element of literacy outcome; children who have severe expressive phonological impairments at the time they start school are at specific risk for reading and spelling problems.[6]

PROBLEMS OF READING COMPREHENSION:

Several children with dyslexia have problems with reading comprehension, which are attributable to slow and incorrect word reading, leaving few responsive resources available for comprehension. Though, reading comprehension impairment can follow in the absence of poor decoding, telling that it is a distinct disorder. Definitely, the profile of reading comprehension impairment differences distinctly with dyslexia. These children (sometimes referred to as 'poor comprehenders') can decode and spell words perfectly but have complications understanding the meaning of what they read. Poor comprehends have been much minus studied than children with dyslexia and the condition is not well known by teachers. [2]

The difference between dyslexia and reading comprehension impairment is dependable with the simple view of reading. According to the simple understanding, reading comprehension skill is the product of decoding and listening comprehension. Therefore, there are three kinds of poor readers – those with poor decoding (dyslexia), those with poor listening comprehension (poor comprehenders) and those with impairments in both decoding and listening comprehension. Children who go into school with poor phonology are at risk of decoding difficulties; however children with larger language impairments are at risk of reading

comprehension difficulties. Children with clinically identified specific language impairment normally have pervasive reading disorders with both developments affected.[2]

Children with dyslexia displayed impairments of both verbal and figural fluency functions. While in comparison to non-dyslexic children no disturbances of concept formation were observed, problem solving seemed to be partially impaired.[7]

EARLY IDENTIFICATION OF CHILDREN AT RISK OF LITERACY PROBLEMS:

For many years, the importance of early identification and intervention for children with dyslexia was stressed. Therefore, much research was conducted to establishing precursors of dyslexia in the preschool years in international studies of children at family risk of reading problems. An alternative method to screening and assessment pioneered in the US is 'response to intervention'. This method, as its name suggests, involves monitoring the progress of a group of children through a programme of intervention rather than undertaking a static assessment of their current skills. Children who fail to respond to effective teaching, and they are readily identified using this method.[2]

The risk of literacy difficulties was greater in the group with speech and language difficulties, and these children displayed deficits in phoneme awareness at 6 years. In contrast, the literacy development of children with isolated speech problems was not significantly different from that of controls.[8]

INTERVENTIONS FOR LANGUAGE AND READING:

Hulme and Snowling (2009) have highlighted that a good starting point for developing an intervention is a causal theory. Within this view, the causes of a reading disorder offer the theoretical motivation for the design and content of an intervention; furthermore, the findings from an intervention study will provide a test of the causal theory. that the positive effects of training phonological awareness on reading skill provides a 'proof' of the causal role of phonological awareness in reading development.[1]

TREATING DYSLEXIA:

It is a good practice to confirm that interventions are systematic, well-structured and multi-sensory, and that they include direct teaching, learning and time for consolidation, with regular revision to take account of the predictable limited attention and learning difficulties of the child. For dyslexia, effective interventions should include training in letter sounds, phoneme awareness, and linking letters and phonemes through writing and reading from texts at the suitable level to strengthen growing skills.[2]

CONCLUSIONS:

Language and phonological skills are the basics of literacy development. Intervention programmes targeted to improve phonological skills and letter knowledge in at-risk children can be effective in stimulating decoding skills during the early years and also in poor readers at later stages of development.

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EFFICACY OF HOMOEOPATHIC CONSTITUITIONAL MEDICINE IN PAEDIATRIC HYDROCELE-A SINGLE CASE REPORT

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ABSTRACT:

Introduction: Paediatric hydrocele is a benign common condition seen by surgeons. In a healthy male neonate, the testicle is surrounded by a closed cavity; the tunica vaginalis of the scrotum. An abnormal collection of serous fluid within the tunica vaginalis or some part of processus vaginalis surrounding the testicles is termed as Hydrocoele. In many newborn cases, Hydrocoele disappears on its own within 1st year of birth; if it does not disappear, then it needs to be surgically removed, but the procedure has its own risks. In postnatal life, this is a potential space that should not communicate with the peritoneal cavity of the abdomen. However up to 60% of neonates have hydroceles. The natural history of PV is that of spontaneous closure due to poorly understood reasons. After 2 years of age, only 0.8% of males have a clinically palpable hydrocele and surgery is recommended for this group. The surgical techniques involve PV resection or closure at internal ring via open surgery or laparoscopically, whichever techniques used; Homoeopathy assures the dissolution of fluid and prevents the risks of surgery. Case presentation: A 2-year, 9 months-old boy with a painless Right sided scrotal enlargement (right-sided hydrocele of the cord; measuring 4.7X1.2 cm) presented at the outpatient department of SKHMC. Intervention: Based on the presenting totality and pathological diagnosis, Sulphur 200 with Rhododendron 200 were prescribed. Outcome: The scrotal enlargement disappeared within 2 months, which proved the usefulness of homeopathic management in the case of Hydrocoele. Conclusion: This case suggests that individualized homoeopathic prescription, guided by repertorization, may be beneficial in treating paediatric hydrocele.

KEY WORDS: Hydrocele, Homoeopathy, Paediatric age group, Rhododendron, Sulphur

INTRODUCTION:

A hydrocele is a fluid collection that may occur anywhere along the path of testicular descent.[1] Hydrocele occurs when there is an abnormal accumulation of serous fluid between the parietal and visceral layers of the

tunica vaginalis that surround the testicle;[2] it is usually caused by incomplete or late closure of the processus vaginalis.[3] In adults and adolescents, hydrocele is an acquired condition,[2] occurring due to venous and lymphatic obstruction caused by infection or trauma.[4] The occurrence rate of hydrocoele is 1% in adult males, mostly over the age of forty, and 4 7% in neonates.[5] In a majority of neonates, hydrocoele subsides spontaneously within a year; if this does not happen, treatment is required, usually in the form of surgery.[6] Homoeopathic treatment focuses on the patient as a person, as well as their clinical diagnosis.[7] Homoeopathic medicines are selected after a full individualizing examination and case analysis, which take into account several factors, including the medical history of the patient and their parents and the patient's physical and mental constitution A miasmatic tendency (predisposition/susceptibility) is also often taken into account.[8]

CASE REPORT:

Chief complaint:

Enlargement of the right side of the scrotum for the 2 months.

History of presenting illness:

A 2-year 9-month old male child reported to the outpatient department of the SKHMC on, February 6th 2025, with the complaint of painless unilateral enlargement of the scrotum (the right side). The child's parents had observed slight enlargement of the scrotum 2 months prior, which had gradually increased in size. Initially, there was no pain with a very minor difference in the size of the scrotum; the patient's parents did not think anything which was wrong. They consulted a urologist when the enlargement became prominent. The urologist advised surgery, but the parents refused surgery and consulted us for homeopathic intervention.

Patient as a person

The child was very restless, changing his position very frequently, even in his mother's lap. He was irritable; bites others when he gets angered and does not mingled with new people. His mother stated that he does not keep his things in place and likes to play with sand and water. His appetite and thirst were normal.

Medical and personal history

Phimosis

Family history

The mother had hypertension, diabetes mellitus at 3rd month of pregnancy. At the 7th month of pregnancy polyhydramnios and was treated for that before the patient's birth.

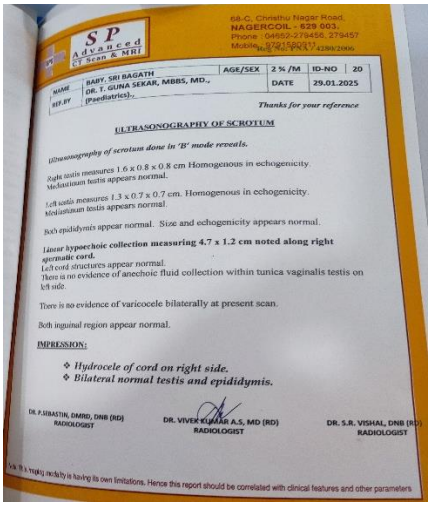
Clinical examination

1. Inspection: right side of the scrotum swollen; negative impulse on coughing, Phimosis
2. Palpation: no tenderness on pressure; positive fluctuation with no reduction
3. Transillumination test: Positive.

Diagnosis

1. Clinical: Primary hydrocele with Phimosis
2. The ultrasound report [Figure 1]: Showing linear hypoechoic collection measuring 4.7x1.2cm noted along right spermatic cord hydrocele dated January 29th, 2025)

[Figure 1]: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NAME: BABY. SRI BAGATH | AGE/SEX: 2 % /M | ID-NO: 20

REF.BY: DR. T. GUNA SEKAR, MBBS, MD., (Paediatrics) | DATE: 29.01.2025

Thanks for your reference

ULTRASONOGRAPHY OF SCROTUM

Ultrasonography of scrotum done in 'B' mode reveals.

Right testis measures 1.6 x 0.8 x 0.8 cm Homogenous in echogenicity. Mediastinum testis appears normal.

Left testis measures 1.3 x 0.7 x 0.7 cm. Homogenous in echogenicity. Mediastinum testis appears normal.

Both epididymis appear normal. Size and echogenicity appears normal.

Linear hypoechoic collection measuring 4.7 x 1.2 cm noted along right spermatic cord.

Left cord structures appear normal.

There is no evidence of anechoic fluid collection within tunica vaginalis testis on left side.

There is no evidence of varicocele bilaterally at present scan.

Both inguinal region appear normal.

IMPRESSION:

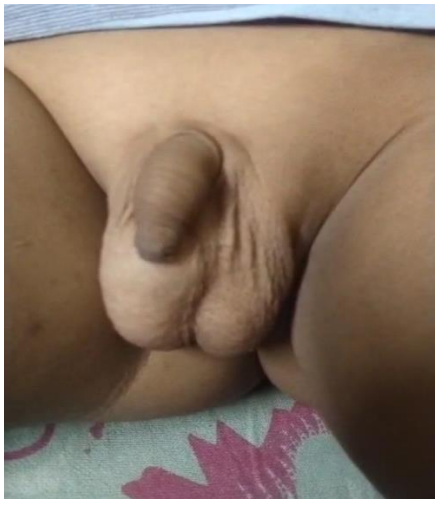
- *Hydrocele of cord on right side.*
- *Bilateral normal testis and epididymis.*

DR. P.SEBASTIN, DMRD, DNB (RD) RADIOLOGIST

DR. VIVEK KUMAR A.S, MD (RD) RADIOLOGIST

DR. S.R. VISHAL, DNB (RD) RADIOLOGIST

As in any imaging modality it is having its own limitations. Hence this report should be correlated with clinical features and other parameters



CASE ANALYSIS:

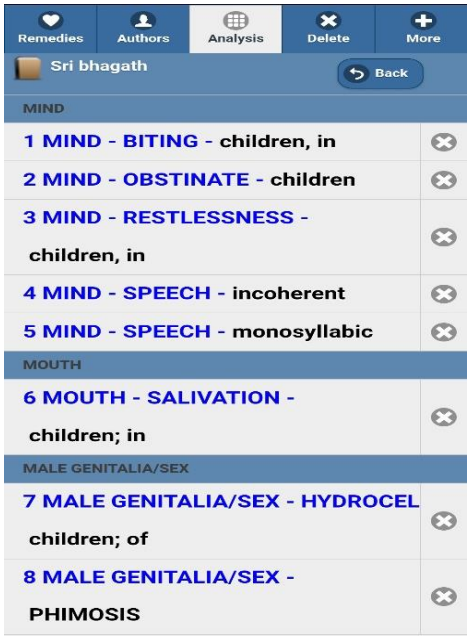
As the patient had very peculiar mental and physical symptoms and some peculiar pathological symptoms, he was analysed accordingly for framing the totality of symptoms [Table 1].

MENTAL SYMPTOMS	PHYSICAL SYMPTOMS	PARTICULARL PATHOLOGICAL SYMPTOM
Restlessness (+)	Salivation +	Scrotal swelling right side (+)
Biting others gets angry	Thermal – hot	Incoherent and monosyllabic speech
Obstinate (+)		Phimosis

Selection of repertory and repertorization:

Considering the above symptomatology, synthesis repertory was using, systemic repertorization was done. [9] The repertorization chart is given in

[Figure 2].



Remedies	∑Sym	∑Deg	Symptoms
ars.	6	8	2, 3, 4, 5, 7, 8
bell.	5	9	1, 2, 3, 4, 8
calc.	5	8	2, 3, 4, 7, 8
sulph.	5	8	1, 3, 4, 7, 8
merc.	4	8	3, 4, 5, 8
tub.	4	7	1, 2, 3, 8
hyos.	4	6	1, 2, 3, 4
nux-v.	4	5	2, 3, 5, 8
cupr.	4	4	1, 2, 3, 4
rhus-t.	3	9	3, 4, 8
lach.	3	6	1, 4, 8
cham.	3	5	2, 3, 4

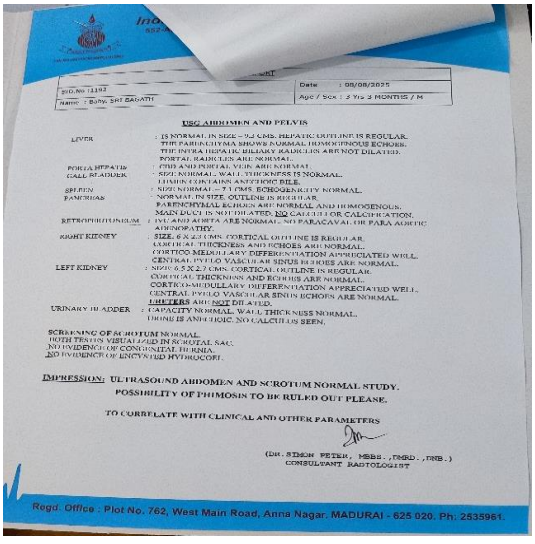
PRESCRIPTION WITH FOLLOW-UP:

The repertorial result showed that *Sulphur* covered 5 out of 8 symptoms with high gradings [Table 2]. Biting others gets angry [10] and restlessness [11] is keynotes of Sulphur. Hydrocoele (pathological symptom) are also

covered by Sulphur. [12] Therefore, according to the symptom totality, the child was prescribed Sulphur 1M one dose stat followed by Sac lac. The dose was repeated monthly basis. Rhododendron 200 was also prescribed as an intercurrent [13] remedy, as after more than 1 month, the pathological symptom (right hydrocele) [14] had not resolved.

After 2 months of treatment, an ultrasonography of the scrotum was advised (report on august 2025) [Figure 3], which showed a normal scrotal sac. The transillumination test was also found negative, and there was no tenderness on palpation. The patient's behaviour had also become mild, as informed by his mother The patient was asymptomatic.

[Figure 3]



USG ABDOMEN AND PELVIS

LIVER : IS NORMAL IN SIZE – 9.2 CMS. HEPATIC OUTLINE IS REGULAR. THE PARENCHYMA SHOWS NORMAL HOMOGENOUS ECHOES. THE INTRA HEPATIC BILIARY RADICLES ARE NOT DILATED. PORTAL RADICLES ARE NORMAL.

PORTA HEPATIS : CBD AND PORTAL VEIN ARE NORMAL.

GALL BLADDER : SIZE NORMAL, WALL THICKNESS IS NORMAL. LUMEN CONTAINS ANECHOIC BILE.

SPLEEN : SIZE NORMAL – 7.1 CMS. ECHOGENICITY NORMAL.

PANCREAS : NORMAL IN SIZE, OUTLINE IS REGULAR. PARENCHYMAL ECHOES ARE NORMAL AND HOMOGENOUS. MAIN DUCT IS NOT DILATED. NO CALCULI OR CALCIFICATION.

RETROPERITONEUM : IVC AND AORTA ARE NORMAL. NO PARACAVAL OR PARA AORTIC ADENOPATHY.

RIGHT KIDNEY : SIZE, 6 X 2.2 CMS. CORTICAL OUTLINE IS REGULAR. CORTICAL THICKNESS AND ECHOES ARE NORMAL. CORTICO MEDULLARY DIFFERENTIATION APPRECIATED WELL. CENTRAL PYELO VASCULAR SINUS ECHOES ARE NORMAL.

LEFT KIDNEY : SIZE, 6.5 X 2.7 CMS. CORTICAL OUTLINE IS REGULAR. CORTICAL THICKNESS AND ECHOES ARE NORMAL. CORTICO MEDULLARY DIFFERENTIATION APPRECIATED WELL. CENTRAL PYELO VASCULAR SINUS ECHOES ARE NORMAL. URETERS ARE NOT DILATED.

URINARY BLADDER : CAPACITY NORMAL, WALL THICKNESS NORMAL. URINE IS ANECHOIC. NO CALCULUS SEEN.

SCREENING OF SCROTUM NORMAL. BOTH TESTIS VISUALIZED IN SCROTAL SAC. NO EVIDENCE OF CONGENITAL HERNIA. NO EVIDENCE OF ENCYSTED HYDROCELE.

IMPRESSION: ULTRASOUND ABDOMEN AND SCROTUM NORMAL STUDY. POSSIBILITY OF PHIMOSIS TO BE RULED OUT PLEASE. TO CORRELATE WITH CLINICAL AND OTHER PARAMETERS

(DR. SIMON PETER, MBBS., DMRD., DNB.) CONSULTANT RADIOLOGIST

Regd. Office : Plot No. 762, West Main Road, Anna Nagar, MADURAI - 625 020. Ph: 2535961.

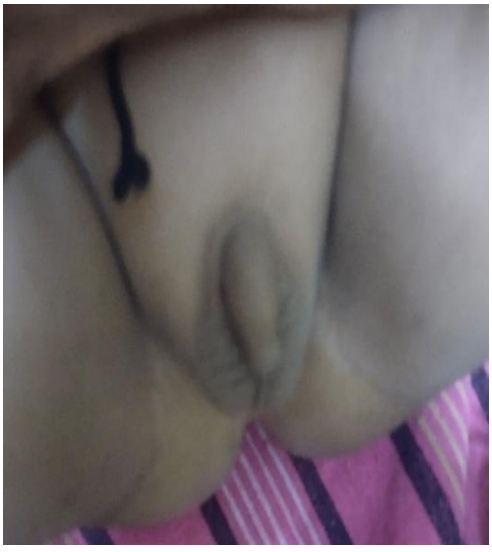


Table 2: Follow-up chart.

Date	Medicine	Symptoms
08/03/2025	Sulphur 1M/1dose Rhododendron-200	Swelling persists as same, speech not improved
12/04/2025	Sulphur 1M/1dose	Swelling of the Right side scrotum reduced, speech slightly improved
14/06/2025	Sulphur 1M/1dose	Swelling of the right side scrotum completely disappear, speech better than before

Date	Medicine	Symptoms
08/08/2025	Sulphur 1M/1dose	Swelling of the right side scrotum completely disappear, speech better than before

DISCUSSION AND CONCLUSION:

As the patient was a 2-years 9months old child, collection of symptoms was not easy, and totality with individualization was not possible. Moreover, Hydrocoele does not have many symptoms. Therefore, with the limited symptomatology, the present case identifies the usefulness of homeopathic medicines in the management of hydrocele in children. Sulphur 1M corrected the patient's behaviour and personality as well as the right Hydrocoele with the intercurrent use of Rhododendron 200 within 3 months. In a similar study by Basu, [15] a right-sided Hydrocoele was resolved by administering Rhus tox selected according to presenting individualization. This case also signifies the importance of homoeopathy in the management of Hydrocoele.

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CONFLICTS OF INTEREST: Nil

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SUCCESSFUL HOMEOPATHIC MANAGEMENT OF FUNCTIONAL ENCOPRESIS IN A CHILD: A CASE REPORT FOLLOWING CARE GUIDELINES

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ABSTRACT

Background: Encopresis, or fecal incontinence, is a distressing pediatric condition often associated with chronic constipation and psychosocial distress. Conventional management may require prolonged laxative use, behavioral therapy, and diet modification, yet relapses are common. Homeopathy, with its individualized holistic approach, may offer an effective alternative in such cases.Case Summary: A 6-year-old boy presented with involuntary fecal soiling for the past 2 years, associated with infrequent bowel movements, abdominal discomfort after eating, flatulence and social embarrassment. The diagnosis of functional retentive encopresis was made based on ICD-11 criteria after ruling out organic causes. Individualized homeopathic treatment with Lycopodium clavatum 200C was prescribed based on totality of symptoms, miasmatic background, and repertorization. Over 4 months of follow-up, the patient achieved complete resolution of symptoms without recurrence. Conclusion: This case highlights the potential role of individualized homeopathy in the management of functional encopresis, warranting further clinical research.

Keywords: Encopresis, Functional constipation, Fecal incontinence, Homeopathy, Paediatric gastroenterology.

INTRODUCTION

Encopresis, classified in ICD-11 (MD90.4 Functional encopresis), is characterized by repeated passage of feces in inappropriate places, whether involuntary or intentional, beyond the age of expected bowel control (≥4 years). It is subtyped as retentive (associated with chronic constipation) or non-retentive (normal stool consistency and frequency).

PATIENT INFORMATION

Age/Gender: 6-year-old male

Presenting Complaint: Involuntary passage of stools into underclothes, occurring 3–5 times per week for 2 years.

History of Present Illness: Initial episode followed an episode of painful defecation after passing a large, hard stool. Since then, he began withholding stools, resulting in constipation and intermittent soiling.

CLINICAL FINDINGS

General Examination: Healthy-appearing child; height and weight within normal range.
Abdominal Examination: Mild distension, palpable fecal mass in the left lower quadrant, no tenderness.
Perianal Examination: Normal anal tone, no fissures or skin tags.
Neurological Examination: Normal gait, reflexes, and perineal sensation.

DIAGNOSTIC ASSESSMENT

ICD-11 Criteria for Functional Encopresis (MD90.4) met:

1. Repeated passage of stools in inappropriate places.
2. Occurring at least once per month for ≥2 months.
3. Child is ≥4 years old.
4. Not attributable to another medical condition.

THERAPEUTIC INTERVENTION

Homeopathic Case Taking: Physical Generals: Desire for sweets, warm-blooded, tendency for afternoon aggravation. Mental Generals: Irritable when contradicted, lack of confidence in new situations, shy with strangers. Particulars: Fear of pain during stool, stool hard and difficult to pass, alternating with soiling.

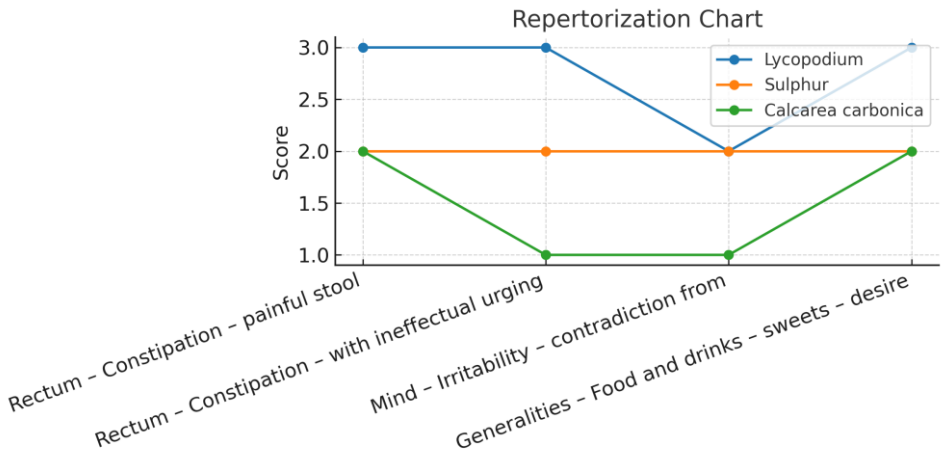

Figure 1: Repertorization chart showing remedy scores for selected rubrics.

FOLLOW-UP AND OUTCOMES

Over the 16-week follow-up, the child showed gradual improvement in bowel habits and complete resolution of symptoms.

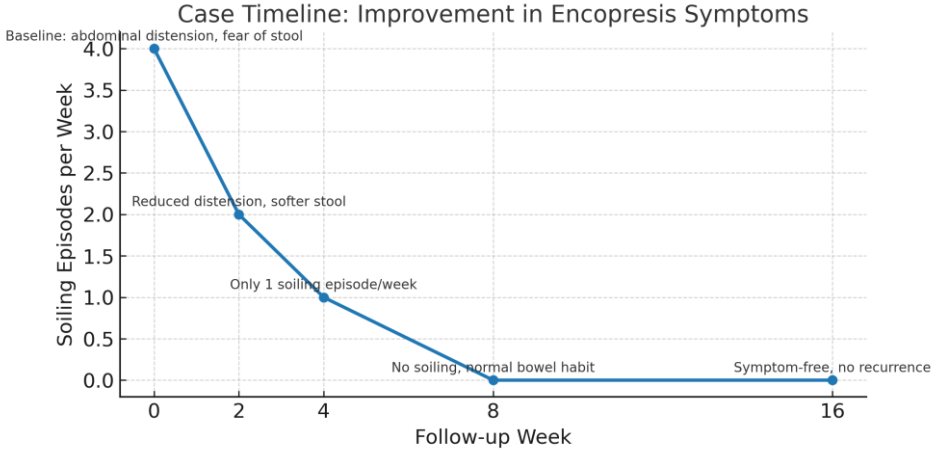

Figure 2: Timeline of symptom improvement showing reduction in soiling episodes per week.

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A CASE STUDY OF INFANTILE ECZEMA TREATED WITH HOMOEOPATHIC MEDICINE

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ABSTRACT:

Background: Infantile eczema (atopic dermatitis) is a common chronic inflammatory skin condition affecting infants and young children, characterized by dry, erythematous, and intensely pruritic skin patches. While conventional allopathic treatments, such as topical steroids, are widely used, they may lead to symptomatic suppression rather than a complete cure. Homoeopathy offers a distinct, holistic therapeutic approach aimed at addressing the patient's individual constitution without causing suppression. Methods: This report details the clinical case of a 10-month-old infant presenting with infantile eczema for a duration of six months. The patient's symptoms included severe itching, weeping lesions on the cheeks and behind the knees, and significant sleep disturbance. A detailed case-taking was performed, and based on the totality of symptoms, the homoeopathic remedy Natrum muriaticum in 0/3 potency was prescribed. The patient was monitored weekly to assess symptom changes and overall well-being. Results: Following the administration of Natrum muriaticum 0/3, a gradual but steady improvement was observed. The weeping lesions began to dry, the intensity of itching decreased, and the infant's sleep patterns improved within the first two weeks. By the end of one month of treatment, all skin complaints were completely resolved, and the skin appeared clear and healthy. No new lesions appeared during this period, and no adverse effects were reported. Conclusion: This case study demonstrates the successful treatment of chronic infantile eczema with the homoeopathic remedy Natrum muriaticum 0/3. The resolution of symptoms within one month, without the use of suppressive steroid therapies, highlights the potential of a constitutional homoeopathic approach for managing atopic dermatitis in infants.

INTRODUCTION:

Infantile eczema, or atopic dermatitis, is a prevalent and often distressing chronic skin condition affecting a significant number of infants and young children. Characterized by erythematous, dry, and intensely pruritic patches, its pathogenesis is understood to involve a complex interplay between genetic predisposition and environmental factors [1]. This interaction leads to a compromised epidermal barrier, thereby increasing the skin's susceptibility to irritants and allergens and resulting in a heightened inflammatory response. The clinical presentation is typically marked by eruptions on the face, scalp, and limbs, with a notable predilection for intertriginous areas such as the axillae and popliteal fossae. The therapeutic management of this condition presents a considerable challenge, often prompting parents to explore alternative and holistic approaches. This article examines the efficacy of homeopathic medicine as a gentle and individualized treatment modality for infantile eczema, focusing on its potential to provide sustained relief by addressing the underlying constitutional factors rather than merely suppressing symptomatic manifestations [2].

Homoeopathy can be defined as a system of therapeutics basing upon the law of similia, which states that a drug, capable of producing in a healthy person a diseases state exactly similar to that observed in a diseased person, acts as a curative agent if the disease is in a curable state [3]. It is an important system of alternative therapeutics and popular medicine in the world, especially in the Indian subcontinent. Approximately 200 million people take homoeopathic medicines on a daily basis across the world and almost 10% of the population in India use Homoeopathy. Homoeopathic treatment has been found to be very efficacious and cost-effective [4,5].

CASE PRESENTATION:

A one-year-old female patient presented with the complaint of eruptions on face, skin fold like neck, axilla, popliteal fossa since 3 days. Complaints are associated with fever for a day.

HISTORY OF PRESENTING COMPLAINTS:

The patient was well before three days, there after she came with the complaint of on face, skin fold like neck, axilla, popliteal fossa since 3 days, the complaints get aggravated when sweating and gets ameliorated by rubbing. she didn’t take any other system if medicine for this complaint.

PAST HISTORY: No relevant history

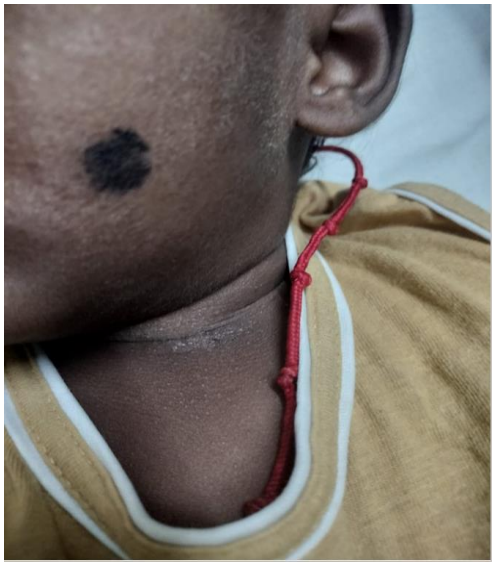
FAMILY HISTORY: Nothing relevant.

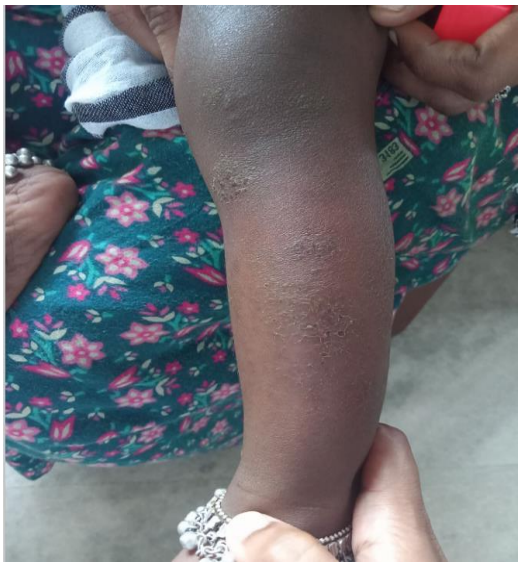
BIRTH HISTORY: Normal vaginal delivery, cried at birth

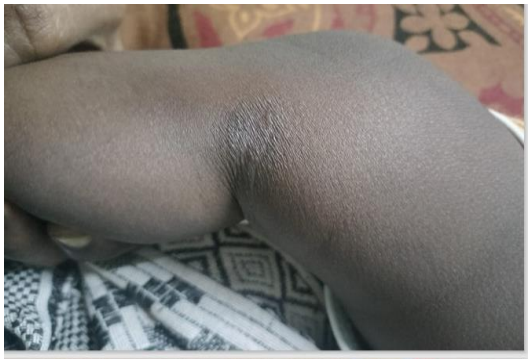
MILE STONES: normal development of milestones

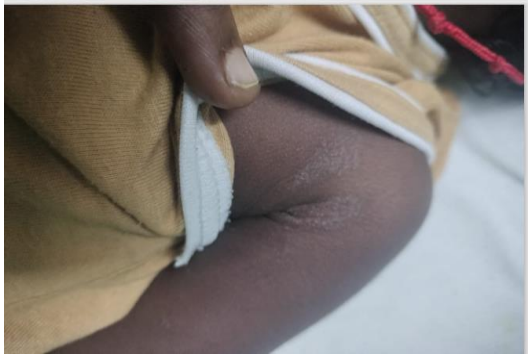
PHYSICAL GENERALS: no altered physical generals except hard stool.

BEFORE TREATMENT:









PRESCRIPTION:

R_X

Natrum muriaticum 0/3 1 dose in 10 ml aqua 10 drops Q 2 hourly stat.

JUSTIFICATION FOR PRESCRIPTION:

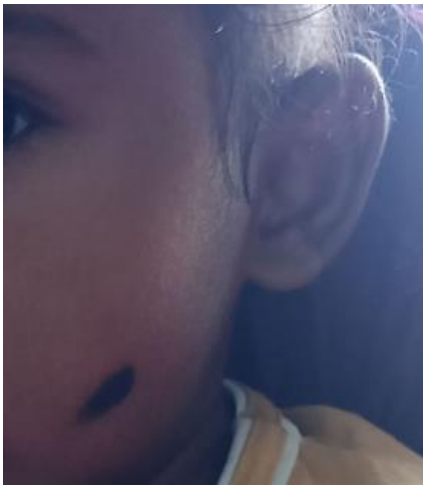
From the Aphorism 153 it is stated that in this search for a homoeopathic specific medicine. The more striking singular, uncommon and peculiar (characteristic) signs and symptoms of the case of the disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure.

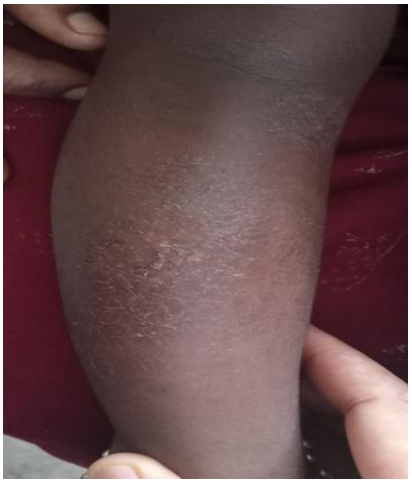
RESULT AND DISCUSSION:

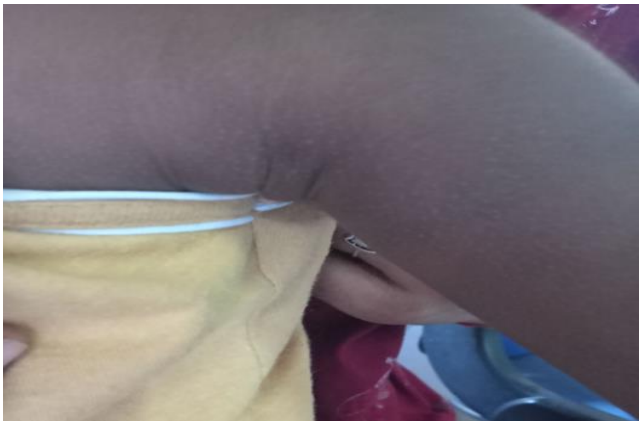
A one-year female child came with came with the complaint of on face, skin fold like neck, axilla, popliteal fossa since 3 days, the complaints get aggravated when sweating and gets ameliorated by rubbing. After the assessment of the patient and after symptomatic analysis natrum muriaticum in 0/3 potency was given as state and the patient was asked to come after one week.

Natrum muriaticum is indicated for dry eruptions especially on margins of hairy scalp and bend of the joints, itching starts after exertion [6]. In the upcoming week the symptoms got gradually reduced and after 3 weeks the complete eruptions in the face, popliteal fossa and axilla disappeared completely and only few eruptions persist in the leg of the child.

AFTER TREATMENT:







CONCLUSION:

In modern medicine, steroid therapy for a minimum period of one month is necessary for suppressing the skin eruptions. From this case it is clear that after administration of individualized medicine in homoeopathy the urine routine came to normal with in four weeks. This shows the superiority of homoeopathy .In this era of modern medicine ,there is an increasing chance of suppression of the symptoms due to the long term usage of steroids ,

Homoeopathic system of medicine is effectively used in curing skin eruption in a one-year-old child without suppression of the symptoms.

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A REPERTORIAL INSIGHTS INTO LACTATION: A COMPARATIVE ANALYSIS OF KNERR REPERTORY WITH OTHER REPERTORY

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ABSTRACT:

Background: Lactation related problems are prevalent and homoeopathy have unique reputation for treating it. Objective: Compare and analyse the repertorial approach to lactation-related symptoms in Knerr's Repertory with other prominent homeopathic repertories. Identify the unique features, strengths, and limitations of Knerr's Repertory in relation to lactation-related symptoms. Explore the clinical utility and applicability of Knerr's Repertory in managing lactation related issues in homeopathic practice. Methodology: Identification and collection of lactation-related symptoms from the selected repertories. Analysis of the data collected from the repertories, highlighting similarities, differences, and unique features of each repertory. Conclusion: Knerr's Repertory contains rubrics that cannot be found elsewhere in other repertories like Kent repertory, TPB, BBCR, making it a valuable resource for complex cases.

INTRODUCTION: The Homoeopathic Knerr Repertory is a valuable resource for homeopathic practitioners, offering a comprehensive and authentic guide to symptom analysis and remedy selection. It is a puritan repertory. They are called so because the purity of the language of the drug proving is maintained. They help us to refer the symptoms without much variations in the language of the provers. The "Stages of Life and Constitution" chapter provides rubrics related to various age groups, complexions, constitutions, temperaments, and diathesis, making it useful for constitutional prescription. The repertory follows Hahnemann's anatomical schema, with 48 chapters and 408 medicines [1]. In this article the unique rubrics from Knerr repertory were collected and comparison done with other reputed repertories.

RUBRIC HUNTING FROM KNERR REPERTORY [2]

Genitalia – Female -LACTATION:

- Aching, from cold, all over: **BRY**.
- Back, pain: **SIL**.
- breathing, suffocative attacks: CALC-P.
- cold, bad effects of taking: **BRY.**
- Eruptions: SEP.
- Head, hair falls out: NAT-M
- Headache, as if head would burst, from cold: **BRY**.
- Lochia, increased: RHUS-T., **SIL** - Mania: HYOS.
- Menses: CHIN., RHUS-T., SIL.
- Mammae, ache, after nursing, being empty, is obliged to compress with hand (See milk; also Nursing, Mammae): Borx.
- Pure blood flows every time child nurses: **SIL**.
- Distended, milk scanty, feels cold air readily, is cold, want of vital activity to secrete milk: **CALC**.
- induration of right, burning pain (mastitis): CON.
- painful: PHYT.
- sharp pain: **SIL**.
- swollen heavy from a cold: BRY.

LACTATION, milk,

- Absent or scanty:
- Absent; with suppressed lochia and fever: MILL.
- Absent, with stinging in mammae: SEC.
- Bloody: Bufo, CHAM.
- Blue: LACH.
- Ceased a few days after confinement: **Phyt**.
- Sudden cessation, in puerperal fever: VERAT-V. - Changeable, from alkaline to neutral or acid: CALC-P - Cheesy: Cham.
- Curdles, sour after being drawn: Borx.

- Disappeared within three weeks of delivery in six confinements: ASAF.
- Excessive, causes pain in left breast: Arund.
- Will not flow: SEC.
- Increased: Asaf
- Involuntary flow (galactorrhoea)
- Flow involuntary, coagulates: BORX.
- Flow involuntary, in women who are not nursing PULS.
- Metastasis to brain (epilepsy): AGAR.
- Metastasis to abdominal organs: BELL., Bry., PULS, Rhus-t.
- Oozing out: Bry.
- Milk left pink stain up on napkin (phlegmasia alba dolens): HAM.
- Too profuse, second day after confinement: **Phyt** - Too profuse, with hectic: CALC.
- Too profuse, in mania: HYOS.
- Too profuse for several days, causing prostration: PHYT.
- Too profuse, thin, watery: IOD.
- Too profuse, weakening: **CALC**.
- Too profuse, watery, child refuses it: CALC.
- mixed with pus: CHAM.
- Scanty, ten days after delivery: ASAF
- Scanty, with debility and great apathy: Ph-ac.
- Scanty, from fatigue: CAUST,
- Scanty, with emaciation: PLB.
- Scanty, from anxiety and night watching: CAUST.
- Scanty, mamma small: **CALC**.
- Scanty, in mastitis: MERC.
- Scanty, in metritis, from suppression of menses, or Getting feet wet: **PULS**.
- Smells like horseradish: Coch.
- Spoiled, child refused it (mastitis): **MERC**

- Has appearance of being composed of stringy masses and water: KALI-BI.

Suppressed

- after anger: CHAM.
- Suppressed, comes back in twelve to twenty-four hours: Lac-d.
- Suppressed from cold: **BRY, Dulc**
- Suppressed in puerperal fever: CHAM.
- Suppressed, with general heat: RHUS-T.
- Suppressed, in mastitis: BRY.
- Suppressed, suddenly; PULS.

Tastes bad: Borx.

Tastes bitter: **Cetr**, RHEUM.

Tastes disagreeable, nauseating, child will not nurse and cries much: CALC.

Tastes like horseradish: Coch.

Taste salty: Carb-an. Thick: Borx.

Thick, stringy: **Phyt**

Thin: CALC-P., Carb-an., Cham., LACH., Merc., Nux-v., SIL.

Thin, blue, after child has sucked awhile milk becomes natural in color: LACH.

Thin, watery, the true milk globule almost entirely absent: PULS.

Constant discharge of thin watery milk, for nine months, after child has been weaned: CON.

Watery, with great emaciation: PLB. yellow: RHEUM.

mouth (of mother), lips dry, parched, sore (See Mouth, Infants): **BRY**.

Sore: CHIN., HYDR., Lach.

Thrush: KALI-M.

Nipples, abraded, cracked or sore (See Mamma nipples)

- Phthisis: KALI-C.

- Stomach, cramp from nursing: Carb-an., Carb-v., Chin., Phos.
- Emptiness: Carb-an., Ign., Olnd., Sep.
- sweat: **CALC**.
- Temperament, mild, tearful, milk scanty: PULS.
- Toothache: CHIN.
- Uterus, sharp pain: **SIL**. - Vomiting, sweet: CALC
- weakness, and deterioration of health: CALC., CALC-P, CARB-V., CHIN., Lyc., PHAC., Phos., SIL., Sulph.

Weaning, to arrest flow: BELL., LAC-C., Urt.

- Complaints after: CYCL.
- Diarrhoea: Arg-n.
- Eruptions: **Dulc**.
- Mamma swell, feel stretched, tense, intensely sore: PULS.
- Mamma swollen, particularly left: BRY.
- Secretion continues: Carb-an., PULS.

KENT REPERTORY [3]

Chest, Pain, mammae: milk breasts, In: Kali- carb

Chest, Milk-

absent:

- Bad:
- Bitter: Rheum
- Blood with
- Blood
- Cheesy
- Child refuses mother's, milk:
- Disappearing:

Brain troubles, with: *Agar*.

Cold, after taking: Dulc, *Pulse*.

Excitement, after: Caust.

- Flowing:
- Increased:
- Menses before:

During

Suppressed

- Non pregnant women:

At puberty: *Puls*

- Stringy
- Suppressed
- Thick and tastes bad
- Thin

and blue:

and salty: Carb-an.

and watery:

Long after weaning: *Conium* -

Weaning, after:

- Yellow:

Chest -CRACKS of nipples:

RUBRICS FROM BOGER- BOENNINGHAUSEN CHARACTERISTICS AND REPERTORY(BBCR)[4]

AGGRAVATION AND AMELIORATION

- Lactation during: Alu. **Ant**-c., BRY. lyc., NUX-V., **Op**., *plat*., sep.

CHEST, Mammae,

- Congested with milk, with co-existent mental disturbances: Bell., stra.
- Cracks: **Caus**., Grap., **Sul**.
- Milk affected:
- Acid: Calc p

- Appearance of, without child-bearing, from suppressed menses, etc.
- Bitter and yellow (mother's): Rhe.
- Bloody: Buf.
- Curdled, cheesy, etc.: Bor., cham.
- Diminished, scanty, absent, etc.:
- emotions, affected by:
- escaping, running from breasts, galactorrhoea:
- galactorrhoea: Aco., Chin.
- menses, instead of: Rhus-t.
- obstructed flow:
- spoiled
- Milk, to suppress: Bor., Lac-c Supressed:
  Watery, thin etc
- Nodes, induration: suppressed, lactation with:
- Nursing, difficult: Bor.
- Weaning, effects of: Bell., bry., Calc-c., LAC-C., PUL.

RUBRICS FROM BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK **(BTPB)** [5].

CHEST,

- Milk bad
- Diminished
- Increased

COMPARISON OF SOME COMMON RUBRICS IN DIFFERENT REPERTORIES:

Symptom	**Knerr**	**Kent**	**BBCR**	**TPB**
Milk, absent or scanty:	Acon., Apis, ASAF. BELL., BRY., CALC., Carb-an., Card-m., CAUST., **CHAM**., CHEL., CHIN., COFF., Dulc., FORM., IGN., Jab., LAC-D., Lach., Merc., Mill., Nux-v., **Puls**., Rheum, Rhus-t., Samb., Sec.,Stict., Sulph., **URT-U.,Ust**., **ZINC**.	Acon., agn., apis, asaf., bell., bor., bry., **Calc**., carb-an., card-m., caust., coff., dulc., form., ign., lac-c., lac-d., lach., merc., mill., nux-v., puls., rheum., rhus-t., samb., sec., sulph., urt-u., ust., **Zinc**.	**Aco**., AG-C., asaf., bell., bry., CALC-C., **Caus**., cham., chel., chin., cocl., DUL., form., ign., iod., jab., kali-io., merc., merc-c., nux-m., pho., pho-ac., plb., **Pul**., **Rhus**-t., samb., sec-c., sep., sil., sul., urt-u., ZIN**.**	Agn., Bell., *Bry*., Calc. C., Camph., *Cham*., Chel., *Chin*, DULC., Phos., Pb., *Puls*., Rhus, Samb., Sec.C., *Sep*., Sul., *Ust*., Zinc

Milk Increased	increased: Asaf. involuntary flow (galactorrhoea): **BELL**., BRY., **CALC**., CHAM., Chim., CHIN., CON., IOD., Jab., KALI-I., Lac-c, LACH., LYC., PHOS., RHUS-T, SIL., Stram., URAN-N., Ustl	Increased: *Acon*., anan., asaf., **Bell**., *bor*., **Bry**., **Calc**., chin., con. Phos., **Puls**., *rhus-t.* stram. flowing: Acon., ant-t., *bell., bor., bry.,* **Calc**., cham., chin, con., *iod*., *kali-i.,* kreos., lac-c., *lach., lyc.*, nux-v., *phos., puls., rhus-t., sil.,* stann., staph., ust,	increased: Aco., asaf., BELL., bor. BRY., Calc-c., chin., con., iod. kali-io., lac-c., nux-v., pho., phyt., PUL., The, Rhus-t., stra., urt-u**.**	**Acon**., *Asaf*., BELL., *Bor*., BRY., **Calc. c.,** *Chin*., *Con*., Iod., Nux v., *Phos*., PULS., **Rhus**, *Stram*.
Bitter milk	Tastes bitter**:** **Cetr.,** RHEUM**.**	Rheum	Rheum	
Bloody milk	Bufo, CHAM	Bufo, *cham*., *phyt*.	Bufo	
Cheesy milk	Cham	Bor., cham., phyt	curdled, cheesy, etc.: Bor., cham	

Weaning	Weaning, to arrest flow: **BELL., LAC-C.,** Urt.	weaning, after: Con., puls	Weaning, effects of: *Bell., bry*., **Calc-c.,** LAC-C., PUL	

CONCLUSION:

Knerr's Repertory contains rubrics that cannot be found elsewhere in other repertories like Kent repertory, TPB, BBCR, making it a valuable resource for complex cases. It is also proven that Homoeopathic medicines are effective in treating pathological conditions of breast milk.

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HOMOEOPATHIC REMEDIES FOR WORM INFESTATION: INSIGHTS FROM BOERICK'S MATERIA MEDICA

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ABSTRACT:

Background: Paediatric worm infestations cause anemia and malnutrition. While conventional drugs work, they can lead to resistance and recurrence. Objective: To propose homoeopathy, based on Boericke's Materia Medica, as a safe, individualized alternative for treating children by addressing both the infection and susceptibility. Methodology: Homoeopathic remedies like Cina, Santoninum, Spigelia, and Teucrium are selected based on a child's unique symptoms (e.g., perianal itching, abdominal pain, irritability). Conclusion: This approach, by treating the "whole child," aims to provide lasting recovery and reduce relapse, offering a complementary strategy to conventional treatments.

INTRODUCTION:

Worm infestations, particularly soil-transmitted helminth infections such as Ascaris lumbricoides, Enterobius vermicularis, Trichuris trichiura, and hookworms, are among the most prevalent parasitic diseases affecting children in developing countries [1]. In the paediatric age group, these infestations contribute significantly to malnutrition, iron-deficiency anaemia, stunted growth, cognitive impairment, and recurrent gastrointestinal disturbances. Transmission is often facilitated by poor sanitation, contaminated food or water, and inadequate hygiene practices, making school-aged children a high-risk population [2].

Conventional treatments for worm infestations use synthetic anthelmintics like albendazole or mebendazole, which are effective but carry risks of side effects, drug resistance, and recurrence. This has spurred interest in safer, long-term, and preventive alternatives [3]. Homoeopathy, following the principle of "Similia Similibus Curentur," offers an individualized approach with remedies from texts like Boericke's Materia Medica. Remedies such as Cina, Santoninum, Spigelia, and Teucrium are used to treat symptoms like abdominal pain,

itching, irritability, and poor appetite [4]. This method targets the child's overall susceptibility, aiming for a lasting, holistic recovery rather than just treating the infection.

HELMINTHOLOGY [1,2]:

1. ASCARIS LUMBRICOIDES (ROUNDWORM):

Geographical distribution:

- Worldwide, but most common in tropical and subtropical regions with poor sanitation (e.g., South & Southeast Asia, Sub-Saharan Africa, Latin America).
- Affects rural and peri-urban areas where human faeces contaminate soil.

Mode of spread:

- Faecal–oral route via ingestion of embryonated eggs from contaminated soil, food, or water.

Diagnosis:

- Stool microscopy for characteristic golden-brown, thick-shelled, mammillae eggs.
- Occasionally adult worms passed in stool or vomitus.

2. ENTEROBIUS VERMICULARIS (PINWORM / THREADWORM):

Geographical distribution:

- Worldwide, common in temperate and tropical regions.
- Most frequent helminth infection in children, especially in crowded settings (schools, daycare).

Mode of spread:

- Faecal–oral route via contaminated hands, bed linen, clothing, toys.
- Autoinfection common (scratching perianal area → reinoculation).

Diagnosis:

- Perianal “cellophane tape” (Scotch tape) swab early morning to detect eggs.

3. TRICHURIS TRICHIURA (WHIPWORM):

Geographical distribution:

- Tropical and subtropical regions, especially Asia, Africa, South America, and the Caribbean. Strongly associated with poor sanitation and use of untreated human faeces as fertilizer.

Mode of spread:

- Faecal–oral route via ingestion of embryonated eggs in contaminated soil, food, or water.

Diagnosis:

- Stool microscopy for characteristic barrel-shaped eggs with bipolar plugs.

4.HOOKWORM (ANCYLOSTOMA DUODENALE & NECATOR AMERICANUS):

Geographical distribution:

- Widely prevalent in tropical and subtropical regions — Sub-Saharan Africa, Southeast Asia, India, Latin America, and Pacific Islands.

Mode of spread:

- Skin penetration by infective filariform larvae in contaminated soil.

Diagnosis:

- Stool microscopy for characteristic thin-shelled, oval eggs (cannot differentiate species morphologically).

HOMOEOPATHIC THERAPEUTICS IN WORM INFESTATION [5]:

1. **CHELONE (Snakehead)**

- Round and thread worms.
- It is an enemy to every kind of worm infesting the human body
- Tincture, in one to five drop doses.

2. CHENOPODIUM ANTHELMINTICUM (Jerusalem Oak)

- Oil of Chenopodium for hook-worm and roundworm.
- Characteristic pain in scapula is very marked.
- Third potency.
- Oil of Chenopodium for hookworm, 10 minim doses every 2 hours for 3 doses; also Carbon tetra-chloride.

3. CINA (Worm-seed)

- The Cina patient is hungry, cross, ugly, and wants to be rocked. ➢ Worms. (Sabad.; Naphth.; Nat. Phos) ➢ Third attenuation.
- For nervous irritable children, thirtieth and two-hundredth.

4. SANTONIN

- often preferable in worm affections; same symptoms as Cina; corresponding to the pain in shocks produced by Cina.
- Visual illusions, yellow sight; violet light not recognized, colours not distinguishable. ➢ Urine deep saffron colour. Spasms and twitching, chronic gastric and intestinal troubles ➢ sometimes removed by a single dose (physiological) of Santonin. Dahlke.

5. HELMINTOCHORTOS (Worm-moss)

- Acts very powerfully on intestinal worms, especially the lumbricoids.

6. CUCURBITA PEPO (Pumpkin Seed)

- One of the most efficient and least harm-full of taeniafuges.
- Dose. Tincture; the seeds are a valuable remedy for tape-worm. Scald the seeds and peel off the outer skins when softened, the green inner pulp being the part used.
- Dose: two ounces of seed, yielding one of pulp. May be mixed with cream and taken like porridge. Take in morning after twelve hours' fasting, and follow in two hours by castor oil.

7. CUPRUM

- Tape worm (colloidal Cuprum 3x).

8. CUPRUM ORYDATUM NIGRUM

- All kinds of worms, including tape-worms and trichinosis (according to Zoply's 60 years' experience)
- Cuprum orydatum nigrum 1x.

9. FILIX MAS - Male Fern (ASPIDIUM)

- Tapeworm
- For the expulsion of tapeworm, a full dose of ½ to 1 dram of the Oleoresin given in fasting.

10. ASPIDIUM ALHAMANTICUM (Pann)

- 3 doses, 2 grammes each, all in half hour, fasting in a glass of milk

11. GRANATUM (Pomegranate)

- A vermifuge for the expulsion of tapeworm Pelletierine (one of its constituents) ➢ An antihelminthic, especially for tapeworm.

12. KOUSSO - Hagenia Abyssinica (KOUSSO – BRAYERA)

- A Vermifuge-Nausea and vomiting.
- To expel tapeworm 1/2 oz. Mix with warm water and let stand 15 minutes; stir well and administer. May be preceded by a little lemon juice.

13. MALLOTUS-KAMALA

- An efficient remedy for tapeworm in 30-60 minims of tincture taken in cinnamon water.

14. TEUCRIUM MARUM VERUM --Cat-thyme (TEUCRIUM MARUM)

- Itching of anus, and constant irritation in the evening in bed. Ascarides, with nightly restlessness. Crawling in rectum after stool. First to sixth potency.

15. THYMOLUM - Thyme Camphor (THYMOL)

- Specific for hookworm disease (Chenopodium).

16. CARBON TETRACHLORIDE

- A remedy for Hookworms
- W. G. Smillie, and S. B. Pessoa, of Sao Paulo, Brazil, also have found carbon tetrachloride to be extremely efficient in removing hookworms.
- A single dose of 3 Cc given to adults has been proved to remove 95 per cent of all the hookworms harboured.

18. SPIGELIA ANTHELMIA - Pinkroot (SPIGELIA)

- Ascarides

19. SABADILLA - Cevadilla Seed. Asagræa Officialis

- Ascarides, with reflex symptoms (nymphomania; convulsive symptoms).

20. SULPHUR

- Itching and burning of anus.

21.FERRUM METALLICUM

- Iron Itching of anus, especially young children.

CONCLUSION:

As explored in this article, homoeopathy presents a holistic and individualized treatment option for paediatric worm infestations. By focusing on the child's overall susceptibility and constitutional symptoms rather than just the parasitic infection itself remedies such as Cina, Santoninum, and Spigelia aim to not only relieve the immediate discomfort but also to strengthen the child's internal resilience. This approach, as documented in Boericke's Materia Medica, may offer a promising path toward lasting recovery and a reduction in relapses, ultimately providing a safer, more sustainable way to manage this common health issue in children. Further research is warranted to validate the efficacy of these remedies in a clinical setting and to explore their role as a complementary or primary treatment for this widespread condition.

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TINEA VERSICOLOR AND HOMOEOPATHY – A CASE REPORT

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ABSTRACT

Introduction: Tinea versicolor is a fungal infection of the skin present superficially caused by Malassezia Species. Hyperpigmentation of the skin which is usually multiple, oval or round well demarcated patches on the back, neck, chest and abdomen region (especially upper part) it is also called as PITYRIASIS Versicolor. Usually it is not contagious. Case summary: A 13 years old Male Child Patient reported with Hyperpigmentation of skin in neck and chest region for one year. Patient Complaints of Small, Round and Multiple Discoloured patches on the neck and chest region (side). Patient had very mild itching on the patches while sweating. The Hyperpigmentation becomes more prominent after taking bath. Patient Complaints got aggravated by sweating. On Individualization the person as a whole, totality of symptom was taken. Evoked Scale Sign was used to access Hyperpigmentation of the skin and it was elicited. After complete Repertorization the patient was prescribed with medicine Silicea 30. Patient was prescribed medicine for one month. After first prescription the patient showed improvement. Patient on next follow up showed fading of the patches. Patient was relieved with the symptoms. Conclusion: Tinea versicolor is often chronic and recurrent disease, so patient as a whole to be treated it usually affects the patient's quality of life due to Hyperpigmentation of exposed areas of the body, which affect the patient mentally and physically. Here it is evident that Tinea versicolor can be treated successfully with Homoeopathy Medicines.

KEYWORDS: Tinea versicolor, Discolouration, Fungal, Evoked Scale Sign, Homoeopathy, Silicea.

INTRODUCTION:

Tinea versicolor is a fungal infection of the skin present superficially caused by Malassezia Species. Hyperpigmentation of the skin which is usually multiple, oval or round well demarcated patches on the back, neck, chest and abdomen region (especially upper part) it is also called as Pityriasis Versicolor. Usually it is not contagious.

CASE SUMMARY:

A 13 years old Male Child Patient reported with Hyperpigmentation of skin in neck and chest region for one year. Patient Complaints of Small, Round and Multiple Discoloured patches on the neck and chest region (side). Patient had very mild itching on the patches while sweating. The Hyperpigmentation becomes more prominent after taking bath. Patient Complaints got aggravated by sweating. On Individualization the person as a whole, totality of symptom was taken. Evoked Scale Sign was used to access Hyperpigmentation of the skin and it was elicited. After complete Repertorization the patient was prescribed with medicine Silicea 30. Patient was prescribed medicine for one month. After first prescription the patient showed improvement. Patient on next follow up showed fading of the patches. Patient was relieved with the symptoms.

DISCUSSION:

Complete Homoeopathic case taking with totality of symptoms was taken. Evoked Scale Sign was used to access Hyperpigmentation of the skin and it was elicited. Patient was prescribed with Silica 30 twice in a week after repertorization. Patient had returned after for the follow up showed fading of the patches. Patient showed evident improvement.

CONCLUSION:

Tinea versicolor is often chronic and recurrent disease, so patient as a whole to be treated it usually affects the patient's quality of life due to Hyperpigmentation of exposed areas of the body, which affect the patient mentally and physically. Here it is evident that Tinea versicolor can be treated successfully with Homoeopathy Medicines.

CASE HISTORY: A 13year old male child came on 20.05.2023 with Hyperpigmentation of skin in neck and chest region for one year. Patient came with complaints of

- Small, Round and Multiple Discoloured patches on the neck and chest region (side).
- Patient had very mild itching on the patches while sweating.
- The Hyperpigmentation becomes more prominent after taking bath.
- Patient Complaints got aggravated by sweating.

PAST TREATMENT HISTORY:

Patient has been taken Allopathy medications for last 6months but not much improvement.

MENTAL GENERALS:

Patient was born and brought up in Chennai. He is the youngest child of his family and has one Elder sister. He feels so difficult to concentrate on his studies. Wants to play all the time with his elder sister. Desires company.

PHYSICAL GENERALS:

Appetite: Reduced. 3 times a day

Stool: Constipated once in two days

Sleep: Disturbed due to overthinking.

Perspiration: Profuse

Other generals seemed to be normal.

OBJECTIVE SYMPTOMS:

Hyperpigmentation of skin in neck and chest region. Small, Round and Multiple Discoloured patches on the neck and chest region.

DIAGNOSIS:

Tinea versicolor

REPERTORIAL TOTALITY:

Remedy	Sil	Sep	Sulph	Lyc	Carb-v	Merc	Nat-m	Phos	Puls	Ars	Calc	Nux-v	Ph-ac
Covered	7	6	7	6	7	6	6	6	6	7	5	6	6
Totality	18	17	17	16	15	14	14	14	14	13	13	13	13
1.MIND, CONCENTRATION, d..	III	III	II	III	III	II	II	III	II	I		III	III
2.STOOL, HARD	III	III	III	III	II	II	III	III	II	II	III	III	II
3.PERSPIRATION, PROFUSE	III	III	II	III	III	III	III	II	II	III	III	II	III
4.SKIN, DISCOLORATION, pal..	II	II	III	III	II	II	II	II	III	II	III	II	I
5.SKIN, DISCOLORATION, sp..	III		II		I					I			
6.SKIN, ITCHING	III	III	III	III	III	III	III	II	III	III	II	II	I
7.GENERALITIES, PERSPIRAT..	I	III	II	I	I	II	I	II	II	I	II	I	III

Correlating with Materia Medica, patient covered most of the symptoms of Silicea with reference to repertory sheet above. Patient was prescribed with Silicea 30 twice in a week after repertorization. Patient had returned after for the follow up showed fading of the patches.

CONCLUSION:

Patient as a whole to be treated it usually affects the patient's quality of life due to Hyperpigmentation of exposed areas of the body, which affect the patient mentally and physically. On Individualization the person as a whole, totality of symptom was taken. Patient showed evident improvement. Here it is evident that Tinea versicolor can be treated successfully with Homoeopathy Medicines.

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HOMOEOPATHY IN THE MANAGEMENT OF ANXIETY DISORDER IN ADOLESCENT – A CASE REPORT

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ABSTRACT

Introduction: Social anxiety disorder and Panic Disorder comes under the broad classification of Anxiety Disorder. Anxiety disorder is so common in Paediatric age group due the environmental and social issues they face. The burden of anxiety disorder in adolescents is highly significant in India according to the statistics which was worsened more during the Covid Pandemic. Case summary: A 16year old male adolescent came to clinic on 29.04.2023 with episodes of anxiety attacks since 1 year on and off. Patient came with complaints of palpitations in chest, pulsations felt in heart, drenching sweat, pulsation in occiput region, legs, throat and abdomen, trembling fingers, campy nature in legs, during each episode of attack. The episodes are more than 3-4times in a week. Ailments started after covid isolation, insult from friends and bullying. Patient feels as if he lacks in confidence and fears about health with dreams of fantasy things. Patient doesn't want to write the board exams because of this anxiety. Patient who used get average marks even failed in the exams especially in Math and Physics. According to his view "the Covid isolation has bought me a fear to face strangers (who were none other than his classmates), palpitations to answer or have a direct conversation with teachers and friends. I totally get black outs at times when people are talking to me or when writing exams". This is what patient told on his own. The constant shaking of the legs and hands, obsession to keep his things clean and black outs during case taking was observed by the physician. Conclusion: In Adolescent age groups, along with reassurance and counselling in psychological diseases, a complete case taking with repertorization and our Homoeopathic remedies has made the patient to write the board exams and to gain confidence back. Thus, Anxiety disorder can be treated successfully with Homoeopathy is evident through this case report.

KEYWORDS: Social anxiety disorder, Panic disorder, DSM-5 Diagnostic criteria, Arsenicum album, Gelsemium.

INTRODUCTION:

Adolescents are the most vulnerable group for most of the psychological disorders due to hormonal, environmental and social factors. Generalized anxiety disorder, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social phobia (or social anxiety disorder) constitute anxiety disorders as per the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) criteria.[1]

CASE HISTORY:

A 16year old male adolescent came to clinic on 29.04.2023 with episodes of anxiety attacks in the past 1 year on and off. Patient came with complaints of

- Palpitations in chest,
- Pulsations felt in heart, drenching sweat,
- Pulsation in occiput region, legs, throat and abdomen,
- Trembling fingers,
- Campy nature in legs, during each episode of attack.

The episodes are more than 3-4times in a week.

PAST TREATMENT HISTORY:

Patient has been taken to psychologists for counselling and been under anti-depressant medications for last 6months but not much improvement.

AILMENTS FROM:

Ailments started after covid isolation, insult from friends and bullying.

MENTAL GENERALS

Patient was born and brought up in Chennai. Generally, a calm and silent person. Always had happy childhood with his sister. Father is strict with lots of rules at home. After the covid break in school patient has developed a loneliness since his sister went to higher studies. Break from school made him lose interest in studying. He spent most of the time in internet, comic books and overthinking about future. After the covid once he joined

school, he started developing the symptoms. Patient feels as if he lacks in confidence and fears about health with dreams of fantasy things. Patient doesn't want to write the board exams because of this anxiety. Patient who used get average marks even failed in the exams especially in Math and Physics.

According to his view "the Covid isolation has bought me a fear to face strangers (who were none other than his classmates), palpitations to answer or have a direct conversation with teachers and friends. I totally get black outs at times when people are talking to me or when writing exams". This is what patient told on his own.

PHYSICAL GENERALS:

APPETITE: Reduced. Feeling of gas inside stomach always.

SLEEP: Disturbed due to overthinking

SWEAT: Drenching during episodes of symptoms.

Other generals seemed to be normal.

OBJECTIVE SYMPTOMS:

The constant shaking of the legs and hands, obsession to keep his things clean and black outs during case taking was observed by the physician. Family Counselling with Reassurance for patient was given.

DIAGNOSIS:

Social Anxiety Disorder with Panic Disorder.

REPERTORIAL TOTALITY:

Unnamed case

Analysis August 14, 2025

Analysis uses 8 rubrics.

Complete Repertory 2024r1 © 2024 Roger van Zandvoort

	ars	calc	lyc	puls	sep	ambr	phos	ign	tub	plat	aur-m-n	nat-m	thuj	con	nux-v	plut-n	rhus-t	lach	merc	sulph	cact	cupr	nit-ac	sil	am-c	caust	hep
	18 8	18 7	19 6	17 6	13 6	12 6	11 6	10 6	9 6	17 5	16 5	15 5	15 5	14 5	14 5	14 5	13 5	13 5	13 5	11 5	11 5	11 5	11 5	10 5	10 5	10 5	1
229 Mind; Anxiety; pulsation, with	4	4	4	4	3	1	4	1	1	4	3	4	3	1	3	3	3	4	3	4	3	3	3	2	3	3	3
388 Mind; Confidence; lack, want of self	3	3	4	3	1	4	1	1	1		4	3	4	3	3	3	2	1	1	1	1	1	1	4	1	1	
31 Mind; Excitement, excitable; palpitation; with	1	1		1		1				3											3		3				1
159 Mind; Fastidious	3		4	4	1		1	1	1	4	3	3	3	4	3	4				3		1		1			2
41 Mind; Fear; strangers, of	1	1	1	1		1		2	1		2		3	3				1			3			1		1	
302 Mind; Mortification; ailments from, agg.	4	3	4	4	3	3	3	4	4	3	4	4	2	3	4	1	3	4	3	3	3	3	3	3	2	4	3
40 Extremities; Trembling; fingers	1	3			1	2	1			3		1			1	3	3		3				1		1		
38 Perspiration; Palpitation, during	1	3	2		4		1	1	1								3	3	3	2	1				3	1	1

Correlating with Materia Medica, patient covered most of the symptoms of Arsenicum album [2,3] with reference to repertory sheet above. Patient was prescribed with Arsenicum album 30 twice in a week after repertorization. Patient had returned after for the follow up, Gelsemium 30 was given in between especially during his exams.

CONCLUSION:

Patient was relieved with the symptoms. Patient Wrote and passed his board exams with good marks. Open communications, Family Counselling [4,5] and well Selected Homoeopathy Medicines can do wonders in psychological diseases especially in children and adolescents. It's always our responsibility to make them feel better as they are building the Future society stronger.

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HOMEOPATHIC MANAGEMENT OF PRIMARY INFERTILITY ASSOCIATED WITH POLYCYSTIC OVARIAN DISEASE: A CASE REPORT

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ABSTRACT

Background: Primary infertility affects approximately 10-15% of couples worldwide, with polycystic ovarian disease (PCOD) being one of the leading causes in women. This case demonstrates the efficacy of individualized homeopathic treatment in managing primary infertility associated with PCOD. Case Presentation: A 31-year-old female presented with primary infertility of 3 years duration along with irregular menstrual cycles and ultrasound findings consistent with PCOD. Following constitutional homeopathic treatment, serial follicular studies showed improved ovulation with follicular rupture, leading to successful conception. Conclusion: This case highlights the potential of homeopathic medicine in addressing both the hormonal imbalance and reproductive dysfunction in PCOD-related infertility.

KEYWORDS: Primary infertility, PCOD, homeopathy, follicular study,

INTRODUCTION:

Polycystic Ovarian Disease (PCOD) is a common endocrine disorder affecting 5-10% of women of reproductive age and is responsible for approximately 70% of anovulatory infertility cases. The condition is characterized by hormonal imbalances, irregular ovulation, and metabolic dysfunction. Homeopathic medicine offers a holistic approach by addressing the underlying constitutional disturbance and promoting natural regulatory mechanisms.

CASE PRESENTATION:

A 30-year-old married software engineer presented to the homeopathic clinic in January 2024 with primary infertility of 3 years duration associated with polycystic ovarian disease (PCOD). Her menstrual irregularities began at age 25, progressively worsening from normal 28-30 day cycles to highly unpredictable cycles ranging

from 35-65 days with scanty flow lasting only 2-3 days. She experienced significant weight gain of 10 kg over 5 years (58 kg to 68 kg, BMI 27.2), predominantly in abdominal and hip regions, despite multiple dietary interventions. Associated symptoms included persistent acne on face and back, mild hair growth on chin and upper lip, blackish greasy discolouration on neck, chronic fatigue and sleep disturbances due to anxious thoughts about fertility. Pelvic ultrasound showed bilateral enlarged ovaries with multiple small peripheral follicles pattern characteristic of PCOD.

Chief Complaint

Primary infertility for 3 years despite regular unprotected intercourse.

History of Present Illness

The patient's reproductive and metabolic dysfunction began insidiously at age 25 when her previously regular 28-30day menstrual cycles since menarche, gradually became irregular, initially lengthening to 35-40 days with concurrent weight gain of 3-4 kg over 12 months and mild acne development, symptoms initially attributed to work-related stress from her new software engineering position. Following her marriage in 2023, active conception and additional symptoms emerging including hair growth on chin and upper lip, accelerated weight gain (additional 4 kg), mood swings, sleep disturbances, and failure to conceive after 3 years of regular unprotected intercourse. By age 30 in January 2024, infertility with failed conventional treatments, progressive symptom worsening including highly unpredictable cycles, scanty menstrual flow, total weight gain of 10 kg, acne, hirsutism, metabolic dysfunction, chronic fatigue, sleep disturbances, and significant emotional impact including anxiety, depression, and social isolation, she sought homeopathic treatment.

Past Medical History

NAD

Personal History

- Diet: Irregular eating habits, preference sweet foods

Life space investigation

She was born full-term through normal delivery. She reached her motor milestones slightly later than average. She was shy on pre-school.

She was obedient and sincere but lacked confidence. Teachers often described her as hardworking but she is not talking to anyone and told she's shy. She feared failure and was very sensitive to criticism. She avoided competition due to fear of embarrassment. She attained menarche at 13 and had regular cycles.

She was married 2023. Despite a stable and loving relationship, she describes emotional inhibition in her marital intimacy. She feels shy, tense, and reserved during intercourse, though there is no aversion. She is extremely sensitive to cold, tires easily. She dislikes physical exertion.

Mental generals

- Wants to do things in a perfect manner
- Irritability especially before menses
- Fear of failure
- Fear of dark
- Aversion to work

Physical Generals

- Appetite increased
- Thirst: normal
- Stool: Dry stool
- Urine: normal
- Sweat: generalized
- Sleep: Difficult due to active mind
- Desire: sweets
- Aversion: Meat
- Bathing- warm water
- Likes covering while lying

General Examination

- Build: Moderately built, overweight
- Height: 158 cm
- Weight: 68 kg

- BMI: 27.2 kg/m²
- Vital Signs: BP: 120/80 mmHg, Pulse: 78/min, regular
- Skin: Mild acne on face, acanthosis nigricans on neck
- Hair: Male pattern hair growth on chin and upper lip

INVESTIGATIONS:

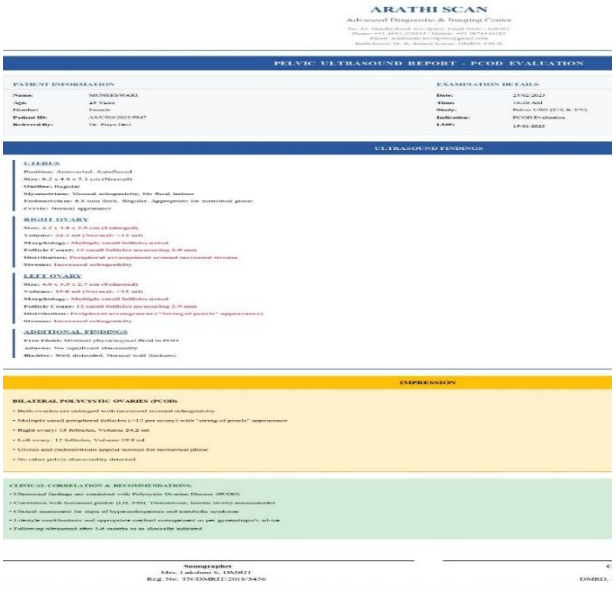
Before treatment

Right ovary measures about 4.2 *3.8*2.9 cm

Left ovary measures about 4.0 *3.5*2.7cm

IMPRESSION:

Both ovaries enlarged with increased stromal echogenicity


ARATHI SCAN

Advanced Diagnostic & Imaging Center

PELVIC ULTRASOUND REPORT - PCOD EVALUATION

PATIENT INFORMATION

Name: MUNEESWARI

Age: 25 Years

Gender: Female

Patient ID: AS/USG/2025/0047

Referred By: Dr. Priya Devi

EXAMINATION DETAILS

Date: 27/02/2025

Time: 10:30 AM

Study: Pelvic USG (TA & TV)

Indication: PCOD Evaluation

LMP: 15/01/2025

ULTRASOUND FINDINGS

UTERUS

Position: Anteverted, Axial load

Size: 8.2 x 4.8 x 5.1 cm (Normal)

Outline: Regular

Myometrium: Normal echogenicity, No focal lesion

Endometrium: 8.5 mm thick, Regular, Appropriate for menstrual phase

Cervix: Normal appearance

RIGHT OVARY

Size: 4.2 x 3.8 x 2.9 cm (Enlarged)

Volume: 24.2 ml (Normal: <12 ml)

Morphology: Multiple small follicles noted

Follicle Count: 10 small follicles measuring 2-8 mm

Distribution: Peripheral arrangement around increased stroma

Stroma: Increased echogenicity

LEFT OVARY

Size: 4.0 x 3.5 x 2.7 cm (Enlarged)

Volume: 19.8 ml (Normal: <12 ml)

Morphology: Multiple small follicles noted

Follicle Count: 12 small follicles measuring 2-9 mm

Distribution: Peripheral arrangement ("string of pearls" appearance)

Stroma: Increased echogenicity

ADDITIONAL FINDINGS

Free Fluid: Minimal physiological fluid in POD

Others: No significant abnormality

Bladder: Well distended. Normal wall thickness

IMPRESSION

BILATERAL POLYCYSTIC OVARIES (PCOD)

- Both ovaries are enlarged with increased stromal echogenicity
- Multiple small peripheral follicles (>12 per ovary) with "string of pearls" appearance
- Right ovary: 12 follicles, Volume 24.2 ml
- Left ovary: 12 follicles, Volume 19.8 ml
- Uterus and endometrium appear normal for menstrual phase
- No other pelvic abnormality detected

CLINICAL CORRELATION & RECOMMENDATIONS:

- Ultrasound findings are consistent with Polycystic Ovarian Disease (PCOD)
- Correlation with hormonal profile (LH, FSH, Testosterone, Insulin levels) recommended
- Clinical assessment for signs of hyperandrogenism and metabolic syndrome
- Lifestyle modification and appropriate medical management as per gynecologist's advice
- Follow-up ultrasound after 3-4 months or as clinically indicated

Sonographer

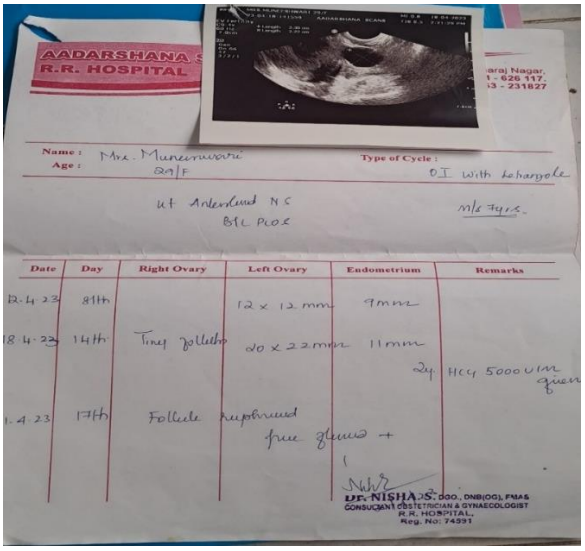
Mrs. Lakshmi V., DMRIT

Reg. No.: TN/DMRIT/2018/3456

DMRD.

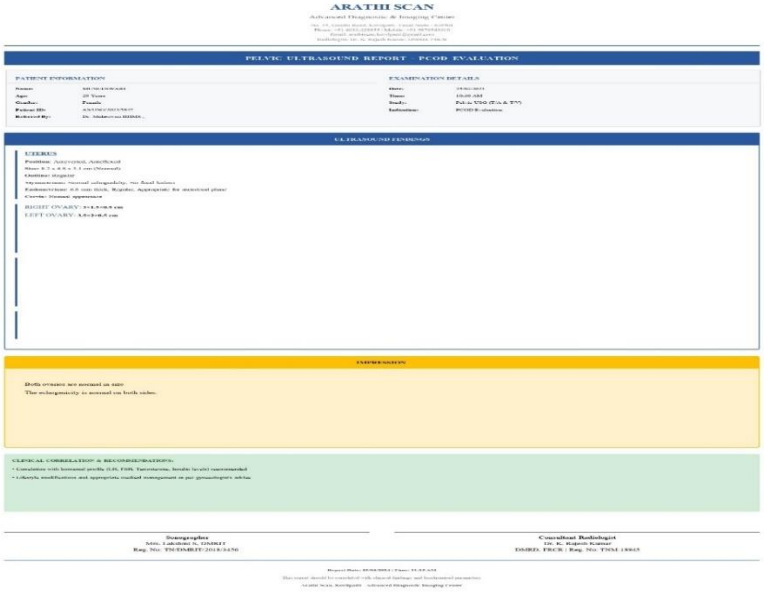
Follicular study shows that

Induced cycle



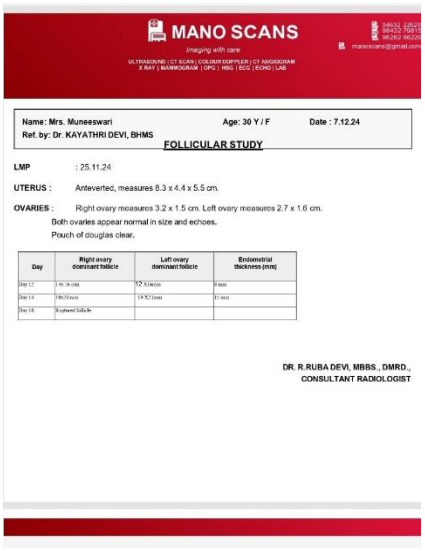
After treatment

Normal USG finding



Follicular study

18 th day -Follicular rupture + free flow without induction



MANO SCANS

Imaging with care

ULTRASOUND | CT SCAN | COLOUR DOPPLER | CT ANGIOGRAM
X RAY | MAMMOGRAM | OPG | HSG | ECG | ECHO | LAB

Name: Mrs. Muneeswari Age: 30 Y / F Date : 7.12.24
Ref. by: Dr. KAYATHRI DEVI, BHMS

FOLLICULAR STUDY

LMP : 25.11.24

UTERUS : Anteverted, measures 8.3 x 4.4 x 5.5 cm.

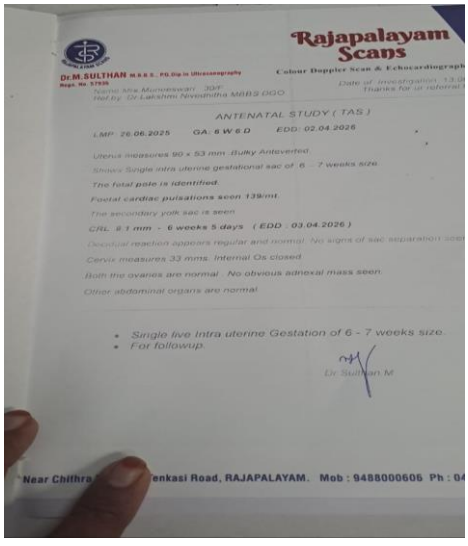
OVARIES : Right ovary measures 3.2 x 1.5 cm. Left ovary measures 2.7 x 1.6 cm.
Both ovaries appear normal in size and echoes.
Pouch of douglas clear.

Day	Right ovary dominant follicle	Left ovary dominant follicle	Endometrial thickness (mm)
Day 12	19.1X9 mm	12.5X6mm	9 mm
Day 14	18X7mm	19X11mm	11 mm
Day 16	Ruptured follicle		

DR. R.RUBA DEVI, MBBS., DMRD.,
CONSULTANT RADIOLOGIST

After treatment

Pregnancy report



Rajapalayam Scans

Colour Doppler Scan & Echocardiograph

Dr.M.SULTHAN M.B.B.S., PG.Dip in Ultrasonography

Name: Mrs.Muneeswari 30/F
Ref.by: Dr.Lakshmi Nivedhitha MBBS GGO

ANTENATAL STUDY (TAS)

LMP: 26.06.2025 GA: 6 W 6 D EDD: 02.04.2026

Uterus measures 90 x 53 mm .Bulky Anteverted.
Single intra uterine gestational sac of 6 - 7 weeks size.
The fetal pole is identified.
Foetal cardiac pulsations seen 139/mt.
The secondary yolk sac is seen.
CRL 8.1 mm - 6 weeks 5 days (EDD : 03.04.2026)
Decidual reaction appears regular and normal. No signs of sac separation seen.
Cervix measures 33 mms. Internal Os closed.
Both the ovaries are normal . No obvious adnexal mass seen.
Other abdominal organs are normal.

- Single live Intra uterine Gestation of 6 - 7 weeks size.
- For followup.

Dr.Sulthan.M

Near Chithra enkasi Road, RAJAPALAYAM. Mob : 9488000605 Ph : 04

TOTALITY OF SYMPTOMS

Wants to do all things in perfect manner

Fear of failure

Fear of dark

Irritable before menstruation

Aversion to work

Appetite: Increased

Stool: constipation, dry stool

Sleep: Difficulty falling asleep due to active mind

Desire sweets

Aversion meat

Irregular menses

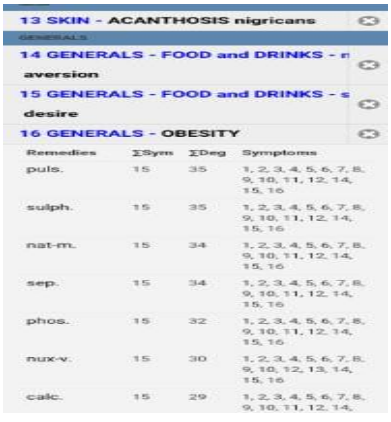
Menses late

Cyst in ovaries

Infertility

Gain in weight

REPERTORIAL CHART :



BASIS OF SELECTION:

Based on the patient's constitutional picture strongly indicated Calcarea carbonica. Fair complexion, chilly nature, Perfectionist, tendency toward weight gain, fear of darkness, late menses with scanty flow, sleeplessness due to the thoughts.

PRESCRIPTION

Rx

1. Calcarea carbonica 200 /2 D
2. B DISC 1-0-0
3. B PILLS 3-0-3

Homeopathic Prescription

Follow up	Inference	Prescription
After 1 month • Sleep better • stool but not satisfied • Menstrual cycle: Shortened from 50 days to 42 days • Weight loss After 3 months • Regular cycle (28-day cycle) • Further, weight loss • Improved work-life balance	Mild improvement	Rx 1. Calcarea carbonica 200/2 D 2. SL-1-0-1 For 2 months

• Increased libido and better intimate relationship • Black greasy discolouration present as same as before • Sleep better, slept without disturbance After 4 months • Cycles regular (30 days) with improved premenstrual symptoms • Reduction in greasy black discolouration on neck acne and hair growth on face • Emotionally and physically prepared for pregnancy	Moderately improved	Rx 1. Calcarea carbonica 200/2 D 2. Borax 6X /2-0-2

After 5 months	Improved	Rx 1. Calcarea carbonica 1m/2 dose 2. Borax 6X /2-0-2 3. B PILLS 3-0-3
After 6-12 months	Improved	Rx 1. Calcarea carbonica 1m/2 dose 2. Borax 6X /2-0-2 3. B PILLS 3-0-3 Rx 1. Borax 6x/2-0-2 2. B PILLS 3-0-3

DISCUSSION:

The strategic selection of Calcarea carbonica as the constitutional remedy. The integration of Borax 6X as a specific conception remedy. It is addressing conception-related anxiety and enhancing endometrial receptivity complemented Calcarea carbonica deep constitutional action. The systematic potency progression from 200C to 1M allowed for therapeutic response, beginning with functional improvement, progressing to metabolic regulation with sustainable weight loss of 5 kg, helps in complete restoration of reproductive function with regular ovulatory cycles documented through follicular monitoring shows from persistent anovulation to healthy dominant follicle development and rupture.

The patient's long-term follow-up showing maintained reproductive health through constitutional maintenance, and overall constitutional stability demonstrates the benefits of proper homeopathic treatment that works physical, physiological function. This case contributes to the growing evidence supporting homeopathic intervention in reproductive medicine and provides a model that can withstand scientific scrutiny and contribute to evidence-based homeopathic practice in fertility management.

CONCLUSION:

This case report demonstrates the efficacy of combining constitutional homeopathic treatment in managing primary infertility associated with PCOD. The use of Calcarea carb as the constitutional foundation combined with Borax 6X as a conception-specific remedy led to Complete restoration of ovulatory function from anovulatory PCOD to regular, healthy ovulation cycles, Successful natural conception.

LIMITATION:

- Single case report limits generalizability
- Individual variation in treatment response

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HOMOEOPATHIC APPROACH TO TREATING TYPHOID TONSILLITIS: AN EVIDENCE-BASED OVERVIEW

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ABSTRACT

Objective: To demonstrate the efficacy of individualized homeopathic treatment in a case of typhoid tonsillitis in an adolescent patient and to highlight the importance of proper case-taking in homeopathic practice. Materials and Methods: A 17-year-old male presenting with acute typhoid fever complicated by streptococcal tonsillitis was treated with homoeopathically selected remedy based on totality of symptoms. The case was analysed using Kent's repertorial method and miasmatic principles. Treatment outcome was monitored through clinical symptoms and laboratory parameters. Results: The patient showed remarkable improvement within 24 hours of starting Rhus toxicodendron 200C. Complete clinical recovery was achieved in 5 days with normalization of all symptoms. Laboratory parameters including Widal test became negative on follow-up. No adverse effects were observed during treatment. Conclusion: This case demonstrates the effectiveness of well-selected homeopathic remedy in treating complex infectious conditions when prescribed based on individualized totality of symptoms. The rapid recovery without antibiotics suggests the potential of homeopathy as a primary treatment modality in infectious diseases.

KEYWORDS: Homeopathy, Rhus toxicodendron, Typhoid fever, Tonsillitis, Case study, Infectious diseases, Adolescent health

INTRODUCTION

Typhoid fever remains a significant public health concern in developing countries, with an estimated global incidence of 11-20 million cases annually. [1] The disease, caused by *Salmonella typhi*, often presents with complications including secondary bacterial infections such as tonsillitis. In India, typhoid fever accounts for approximately 2% of all hospital admissions, with higher prevalence in the 5-25 age group. [2]

Conventional treatment relies heavily on antibiotics, but increasing antibiotic resistance poses serious challenges. [3] Homeopathy's individualized, low-risk approach offers a promising alternative, though clinical evidence in typhoid tonsillitis remains limited.

Homeopathy's individualized, low-risk approach offers a promising alternative, though evidence in typhoid tonsillitis is limited. This case demonstrates successful homeopathic management of typhoid fever with acute bacterial tonsillitis in an adolescent, highlighting classical methodology's role in achieving rapid, sustained recovery without conventional antimicrobials.

CASE PRESENTATION

Patient Information

A 17-year-old male student presented to the outpatient department of White Memorial Homoeopathic Medical College & Hospital on Feb 12 2024, with complaints of severe throat pain, high fever, and general weakness for 10 days.

Clinical Findings

Present Illness: The patient developed illness after drenched in rain while returning from school. Initial symptoms included mild throat discomfort and body ache, which rapidly progressed to severe throat pain with burning sensation, high-grade fever (103-104°F) with evening aggravation, and complete loss of appetite.

Characteristic Symptoms:

- Fever with delirium about home and school
- Thirst for small sips of warm water,
- Restlessness during fever,
- Throat pain better from warmth
- Symptoms worse from cold and in the evening Physical Examination:
- Temperature: 103.2°F, Pulse: 110/min, BP: 110/70 mmHg
- Bilateral tonsillar enlargement (Grade II) with congestion
- Cervical lymphadenopathy

- Coated white tongue with red edges and tip
- Appears toxic and dehydrated

Diagnostic Assessment

Laboratory Investigations:

- Hemoglobin: 11.2 gm%
- Total WBC: 12,000/cumm
- ESR: 45 mm/hr

Widal Test: TO - 1:160 (Positive), TH - 1:80 (Positive), Typhi DOT: Positive

Final Diagnosis: Typhoid fever with acute streptococcal tonsillitis

THERAPEUTIC INTERVENTION

Homeopathic Case Analysis

Totality of Symptoms:

1. Mental Generals: Delirium during fever with talks about familiar places and activities; anxiety about studies
2. Physical Generals:
   - Fever with marked evening aggravation (4-8 PM)
   - Thirst for warm water in small, frequent sips
   - Restlessness during fever, quiet when comfortable
   - Ailments from cold exposure (getting wet in rain)
   - General amelioration from warmth
3. Particulars: Throat pain with burning sensation, better from warm applications

Repertorial Analysis: Using Kent's Repertory, the following rubrics were selected:

- Mind: Delirium, talks of business, of home
- Generalities: Fever, evening, 4-8 PM

- Generalities: Cold, wet weather, ailments from
- Generalities: Restlessness, during fever
- Generalities: Thirst, small quantities, often, warm water
- Throat: Pain, burning, tonsils, amelioration warm drinks

Repertorial Result: *Rhus toxicodendron* emerged as the similimum with highest score covering all characteristic symptoms.

Miasmatic Analysis: Acute Psora with underlying Tubercular diathesis based on:

- Family history of tuberculosis (maternal grandfather)
- Tendency to recurrent throat infections
- Acute inflammatory response pattern Supportive Management:
- Warm gargles with salt water
- Steam inhalation
- Light, warm, easily digestible diet
- Adequate rest and hydration

FOLLOW-UP AND OUTCOMES

Timeline of Recovery

Day 1 (Feb 13, 20254:

- Temperature reduced to 101°F
- Throat pain decreased by 50%
- Patient more comfortable, able to take liquid food
- No delirium episodes observed Day 2 (Feb 14, 2024):
- Temperature: 99.8°F
- Significant improvement in throat pain

- Appetite returning, able to swallow solids
- General condition markedly better Day 3 (Feb 15, 2024):
- Temperature normalized (98.6°F)
- Minimal throat discomfort
- Good appetite and general well-being
- Medicine reduced to once daily Day 5 (Feb 16, 2024):
- Complete symptomatic recovery
- Normal physical examination
- Medicine discontinued

Follow-up (Feb 17, 2024):

- Patient completely asymptomatic
- Resumed normal school activities
- Repeat blood investigations: Normal
- Widal test: Negative

Outcome Measures

Primary Outcomes:

- Complete resolution of fever within 72 hours
- Resolution of throat pain and dysphagia within 96 hours
- Normalization of laboratory parameters within 1 week Secondary Outcomes:
- No adverse drug reactions
- No requirement for antibiotic therapy
- Return to normal activities within 1 week
- No recurrence of symptoms at 6-month follow-up

DISCUSSION

This case demonstrates the remarkable efficacy of individualized homeopathic treatment in managing complex infectious diseases. The rapid response to *Rhus toxicodendron* 200C validates the fundamental homeopathic principle of "similia similibus curentur."

Clinical Significance: Rhus toxicodendron was chosen for illness after cold, wet exposure, matching its mental and physical modalities and indications for ailments from dampness, overexertion, and wet weather. [4] Evening fever aggravation, restlessness, delirium about familiar activities, and thirst for frequent small sips of warm water confirmed the prescription.

Comparison with Conventional Treatment: Minimal response to 10 days of antibiotics contrasted with complete recovery in 5 days using homeopathy, consistent with evidence of its role in infectious disease management. [5,6]

Mechanism of Action: Though the mechanism of homeopathic potencies is debated, research points to possible immune modulation and cellular signalling effects. The rapid recovery in this case may reflect strengthened host defences and restored balance.

Miasmatic Perspective: The case showed acute Psora with Tubercular overlay, marked by family history and susceptibility to respiratory infections. The inflammatory pattern and tendency to suppuration indicate active miasmatic expression, warranting constitutional treatment.

Limitations: Even with study limitations, the striking recovery after homeopathy following antibiotic failure indicates strong therapeutic potential.

CONCLUSION:

This case report demonstrates that well-selected homeopathic remedies can effectively manage complex infectious conditions such as typhoid tonsillitis. The rapid recovery without antibiotics highlights homeopathy’s potential as a primary treatment option in the face of growing antibiotic resistance. While larger, controlled studies are needed to establish definitive protocols for typhoid fever, this case underscores the importance of individualized prescribing in homeopathy— selecting remedies based on the totality of symptoms rather than diagnosis alone. Such a personalized approach may offer sustainable and holistic solutions to modern healthcare challenges.

Clinical Implications:

- Homeopathy can be considered as primary treatment in typhoid fever cases
- Proper case analysis and remedy selection are crucial for therapeutic success
- Integration of homeopathic treatment may reduce antibiotic dependence
- Documentation of such cases contributes to evidence-based homeopathic practice

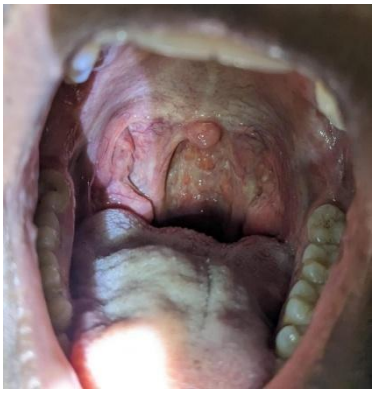
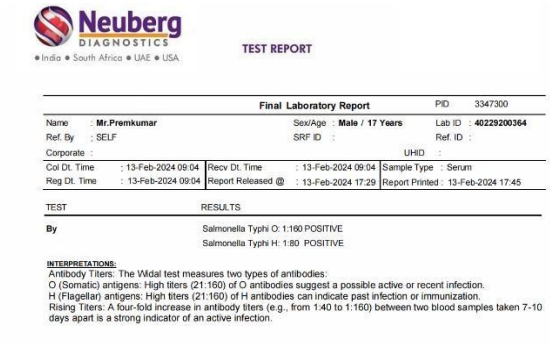


Figure 1 - Tonsil enlargement before treatment

Figure 2- After treatment



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TEST REPORT

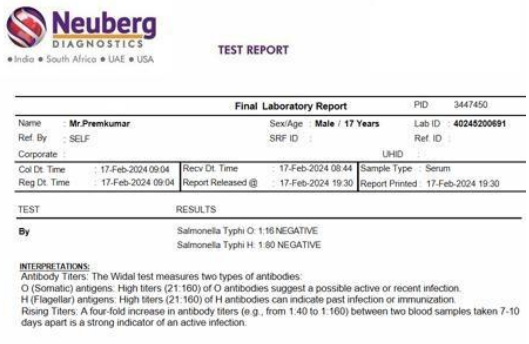
Final Laboratory Report PID 3347300

Name	: Mr.Premkumar		Sex/Age : Male / 17 Years	Lab ID	: 40229200364
Ref. By	: SELF		SRF ID :	Ref. ID	:
Corporate	:			UHID	:
Col Dt. Time	: 13-Feb-2024 09:04	Recv Dt. Time	: 13-Feb-2024 09:04	Sample Type	: Serum
Reg Dt. Time	: 13-Feb-2024 09:04	Report Released @	: 13-Feb-2024 17:29	Report Printed	: 13-Feb-2024 17:45

TEST	RESULTS
By	Salmonella Typhi O: 1:160 POSITIVE
	Salmonella Typhi H: 1:80 POSITIVE

INTERPRETATIONS:
Antibody Titers: The Widal test measures two types of antibodies:
O (Somatic) antigens: High titers (21:160) of O antibodies suggest a possible active or recent infection.
H (Flagellar) antigens: High titers (21:160) of H antibodies can indicate past infection or immunization.
Rising Titers: A four-fold increase in antibody titers (e.g., from 1:40 to 1:160) between two blood samples taken 7-10 days apart is a strong indicator of an active infection.

Figure 3 - Lab report - Before treatment



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TEST REPORT

Final Laboratory Report PID 3447450

Name	: Mr.Premkumar		Sex/Age : Male / 17 Years	Lab ID	: 40245200691
Ref. By	: SELF		SRF ID :	Ref. ID	:
Corporate	:			UHID	:
Col Dt. Time	: 17-Feb-2024 09:04	Recv Dt. Time	: 17-Feb-2024 08:44	Sample Type	: Serum
Reg Dt. Time	: 17-Feb-2024 09:04	Report Released @	: 17-Feb-2024 19:30	Report Printed	: 17-Feb-2024 19:30

TEST	RESULTS
By	Salmonella Typhi O: 1:16 NEGATIVE
	Salmonella Typhi H: 1:80 NEGATIVE

INTERPRETATIONS:
Antibody Titers: The Widal test measures two types of antibodies:
O (Somatic) antigens: High titers (21:160) of O antibodies suggest a possible active or recent infection.
H (Flagellar) antigens: High titers (21:160) of H antibodies can indicate past infection or immunization.
Rising Titers: A four-fold increase in antibody titers (e.g., from 1:40 to 1:160) between two blood samples taken 7-10 days apart is a strong indicator of an active infection.

Figure 4 - Lab report - After treatment

ACKNOWLEDGMENTS:

The authors acknowledge the patient and family for their cooperation and consent for publication. We thank the faculty and staff of White Memorial Homoeopathic Medical College & Hospital for their support in case documentation and management.

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HOMEOPATHIC APPROACHES TO MITIGATING THE IMPACT OF ENVIRONMENTAL TOXINS ON PEDIATRIC NEURODEVELOPMENT

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ABSTRACT:

Environmental toxins such as arsenic, lead, air pollutants and endocrine disruptors are linked to cognitive delays and behavioral issues in children. [1][2] Homeopathy employs the "law of" using highly diluted remedies to stimulate the body's self-healing. Emerging studies suggest benefit of key homeopathic remedies in toxin-exposed populations. Environmental toxins such as arsenic and lead are linked to neurodevelopmental issues in children. This review examines homeopathy as a potential intervention. Preliminary studies suggest that while Arsenicum album may mitigate arsenic toxicity and individualized homeopathy can reduce ADHD symptoms, other trials, such as one using Plumbum metallicum for lead poisoning, have shown no benefit.

KEYWORDS: Homeopathy, Pediatric Neurodevelopment, Environmental Toxins, ADHD, Endocrine Disruptors

INTRODUCTION:

Children's developing brains are especially vulnerable to environmental toxins. Epidemiological studies show that early-life arsenic and lead exposure are associated with reduced IQ and deficits in attention, memory and reasoning.[1] Similarly, air pollution (fine particulate matter, diesel exhaust, etc.) has been linked to neuroinflammation and adverse cognitive effects in children.[2] Endocrine-disrupting chemicals (e.g. bisphenol A, phthalates, PCBs) encountered in plastics and foods have also been correlated with attention and hyperactivity problems.[7] Conventional treatments for toxin-related problems (chelation, medications for ADHD, etc.) often focus on symptom management, can have side-effects, and may be impractical in low-resource settings. In this article we review relevant studies on homeopathic interventions for toxin exposures in pediatrics, propose possible remedies based on symptom profiles and miasmatic theory, and present illustrative case vignettes. The goal is a balanced assessment of homeopathy's potential in mitigating neurodevelopmental toxin effects.

REVIEW OF LITERATURE:

Published research on homeopathy and neurotoxic exposure is sparse but suggests potential avenues. Key findings include:

- **Arsenic (Arsenicum album).** Studies in India on arsenic-contaminated populations have shown promise. A randomized pilot study found that Arsenicum album 30C improved arsenic toxicity biomarkers and health reports compared to a placebo. [8] A long-term follow-up of individuals taking Arsenicum album 200C showed sustained improvement in symptoms and normalized liver enzymes and glutathione levels, suggesting it may help alleviate chronic arsenic toxicity. [3]

- **Lead (Plumbum metallicum).** Evidence for homeopathy in lead detoxification is not well-established. A double-blind, randomized controlled trial in adult workers found no significant difference between Plumbum metallicum 15CH and a placebo in reducing blood lead levels. [6] Animal studies, however, suggest that a high potency of Plumbum metallicum might partially restore enzyme function in lead-exposed rats. Rigorous paediatric data is currently unavailable. [9]

- **ADHD/Endocrine Disruptors.** While no trials have directly tested homeopathy for endocrine disruptor exposure, which has been linked to ADHD-like symptoms, [7] there is growing research on homeopathy for ADHD itself. A Swiss study found that individualized homeopathic treatment significantly lowered parent-rated ADHD scores compared to a placebo. [5] A more recent Canadian trial indicated that while homeopathic remedies alone were not superior to a placebo, the homeopathic consultation process itself contributed to a greater reduction in ADHD symptoms compared to usual care. [4]

- **Air Pollution.** There are no direct studies on homeopathy for the neurotoxic effects of air pollution. However, research exists on its use for related respiratory issues. For instance, a multicentre trial found that a complex homeopathic medicine reduced symptoms of recurrent paediatric upper respiratory infections and was associated with higher patient satisfaction. These findings suggest that homeopathy may help alleviate respiratory and inflammatory stress caused by pollution. [10,11]

In summary, limited evidence from trials and observational studies hints at benefit for Arsenicum album in arsenic exposure [3] and for individualized homeopathy in ADHD symptoms [4,5]. The lead trial suggests Plumbum 15cH alone is ineffective [6]. No controlled studies exist for endocrine disruptors or pollution-related cognitive issues. Thus, homeopathic applications remain largely empirical, guided by symptom similarity and miasmatic theory, pending further research.

PROPOSED HOMEOPATHIC REMEDIES AND INDICATIONS

Homeopathic treatment must be individualized by a qualified practitioner. The table below lists commonly considered remedies based on known toxin-related symptom profiles and homeopathic tradition. Potency ranges are general suggestions; actual potency/dosing should be tailored to the child's age, vitality, and response.

Remedy	Key Pediatric Indications (toxin-related)	Suggested Potencies
Arsenicum album	Anxiety, restlessness, digestive upsets, skin lesions or burning (from arsenic exposure); fatigue, irritability, "brain fog."	30C to 200C (e.g. weekly or monthly) [3]
Plumbum metallicum	Developmental delays, muscle cramps, or hyperactivity/impulsivity linked to lead exposure; abdominal pain or colic. (No RCT support; use with caution.)	200C to 1M, individualized choice
Hyoscyamus niger	Severe hyperactivity, impulsivity, mania-like behavior, especially with incoherent speech or hallucinations (sometimes used in toxic ADHD profiles).	30C (or higher if needed)
Stramonium	Violent or aggressive behavior, night terrors, extreme fearfulness, and attention deficits (often prescribed when fear and violence combine).	30C to 200C (depending on intensity)
Belladonna	Sudden high fever, convulsions or inflammation from acute toxic exposure; sensory hypersensitivity (light/sound irritability) often seen in pollutant-exposed children.	30C (acute) to 200C (subacute)
Nitricum acidum	Irritability, nightmares, concentration issues; skin eruptions or eczema that worsen behavior (sometimes used when plasticizers like BPA are implicated).	200C (every few weeks)
Antimonium tartaricum	Cough with rattling phlegm or respiratory distress from pollution/airborne irritants; chronic bronchitis or fatigue and cough, even without fever.	6C to 30C (low potencies for lungs)

DISCUSSION & CONCLUSION:

Homeopathy offers an individualized and gentle approach to address underlying susceptibilities to toxins in children, which is a key advantage over conventional treatments like chelation therapy that carry risks of side effects. For example, studies on *Arsenicum album* for arsenic exposure reported no adverse effects.

However, the evidence supporting homeopathy is mixed and has significant limitations. While some small-scale arsenic trials were positive, a larger trial for lead poisoning showed no benefit. Research into ADHD suggests that the positive outcomes may be linked to the in-depth consultation process rather than the remedy itself. Critics frequently highlight methodological flaws in homeopathic research, such as small sample sizes and lack of blinding, noting that more rigorous studies often show weaker results, suggesting a possible placebo effect.

Therefore, homeopathic treatment should be considered a complementary therapy, not a replacement for standard medical care. It is best used to support conventional approaches like nutritional and behavioral therapies and environmental controls for a more integrated and holistic treatment plan.

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11. Referenced within the same source as: Jong M, Buskin SL, Ilyenko L, Kholodova I, Burkart K, Weber S, et al. Effectiveness, safety and tolerability of a complex homeopathic medicinal product in the prevention of recurrent acute upper respiratory tract infections in children: a multicenter, open, comparative, randomized, controlled clinical trial. Multidiscip Respir Med. 2016; 11:19.

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INDIVIDUALIZED HOMOEOPATHIC TREATMENT OF BACTERIAL VAGINOSIS WITH PREDOMINANT MENTAL SYMPTOMS: A CASE REPORT OF ALUMINA PRESCRIPTION

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ABSTRACT:

Introduction: Bacterial vaginosis is the most common cause of vaginitis in reproductive-age women, with a prevalence of 29.2%. It often presents with grayish discharge, elevated vaginal pH. Methods: A detailed case taking was done using standardized case record format and then totality was erected, according to homoeopathic principles, after detailed repertorization and Materia Medica analysis, Alumina 200 was prescribed. Diagnosis was confirmed with Amsel's criteria for bacterial vaginosis**.** Results: Over seven months, the patient showed progressive improvement. Vaginal discharge reduced, emotional distress lessened, and menstrual irregularities improved. Alumina 200 was administered with placebo in cycles. By the end of the follow-up, reported significant well-being with no recurrence. Conclusion: Individualized homoeopathic treatment with Alumina proved effective in managing bacterial vaginosis with predominant mental symptoms, supporting the holistic principle of homoeopathy.

KEYWORDS: Bacterial vaginosis, Mental symptoms, Individualized Homoeopathic Treatment, Alumina,

INTRODUCTION:

Most widespread cause of vaginitis in women is bacterial vaginosis. Presentation includes raised vaginal ph (>4.5), vaginal discharge, and odor. [(1)(2)] The cause of this is unsure, it has been linked to an alteration in the vaginal microbes, lactobacillus. [(3)(4)(5)] Common symptoms include itching, a foul odor, and grayish leucorrhea. Risk factors include oral sex as well as unprotected sexual activity. [(6)(7)] One of the main health issues affecting reproductive women is the age ranging from 14–49 years, which has a total incidence rate of 29.2%. [(8)(9)] Notably, 50% of cases do not exhibit any symptoms. This might not be checked for because clinical guidelines differ in requirements. [(10)] Due to the broad spectrum and complexity of the microorganisms involved, the patho-physiology and etiological factor are not entirely understood. It involves the presence of a bio-film,

which is an organized collection of interacting microorganisms that has adhered to biological tissues. The clusters of gardnella vaginalis constitute the majority of the dense, well-organized, polymicrobial biofilm. [11] [12] [13] This case is unique, based on homoeopathic principles, a patient's prominent mental symptoms and its relation to bacterial vaginosis, along with its individualized homoeopathic therapeutic prescription of alumina, linking mind and body.

CASE DESCRIPTION:

PRESENTING COMPLAINT: the patient presented with persistent greyish vaginal discharge for the past 4 years, which was offensive, non-itchy**,** and occurred daily**,** often staining clothes. She reported that the offensiveness was relieved by cold water washing**.**

LIFE SPACE INVESTIGATION:

The patient being an only child, always quiet was cherished and raised in a protective environment, often treated like a princess by her family. She always did well and a topper in her academics, at 22 years, she got married and at first it was happy. Her husband being a navy officer would spend 8 to 9 months away from home and would only return home once, even during that time, he would always spend with his friends, drinking. She found out that he had an affair with his colleague and when checking his phone, she confirmed it. This hurt her a lot but still she didn't leave him, as his parents took care of her like a daughter, so she was confused on what to do and didn't want her children to be fatherless. Over time, she developed a strong sense of disinterest and even disgust toward physical intimacy, especially as he continued to force himself upon her during his visits. She later become emotionally unavailable, and would care only her children. She had a strong resentment and wished he would experience a terrible trauma and would only rely on her. Coincidentally, he met with an accident that left him paralyzed from the waist down, becoming entirely dependent on her. Although their relationship remained strained, his helplessness gave her a sense of control and emotional relief.

PHYSICAL GENERALS:

Appetite: Appetite diminished; reduced desire for food.

Stool: Hard, dry stool with a tendency toward constipation.

Sleep: Disturbed sleep, frequently wakes during night.

Menstruation: Menses scanty and irregular lasting only 1–2 days, accompanied by clots and abdominal pain.

Thermal reaction: Thermally hot, cold water applications for relief.

DIAGNOSTIC CRITERIA: AMSEL DIAGNOSTIC CRITERIA

Amsel's criteria are a clinical diagnostic tool commonly used to identify bacterial vaginosis. A diagnosis is confirmed when at least 3 out of the 4 following criteria are met:

1. Homogeneous, thin, grayish-white vaginal discharge
2. Vaginal ph > 4.5
3. Positive whiff test (amine odor test)
4. Presence of clue cells on microscopic examination [14]

In this case, the presence of greyish leucorrhoea, elevated vaginal pH (>4.5), and a positive whiff test fulfilled Amsel's criteria, confirming the diagnosis of bacterial vaginosis.

THERAPEUTIC INTERVENTION:

Regular follow- ups for 7months, improvement observed with alumina (table 1), selected through repertorization (figure 1).

Rep.	L.	Rubric	Lach. (18)	Sep. (17)	Graph. (16	Sil. (15)	Alum. (15)	Ars. (14)	Sulph. (14	Lyc. (14)	Nat-m. (14	Calc. (14)	Puls. (14)	Merc. (13)	Ign. (13)	Phos. (13)	Con. (13)	Carbn-s. (	Am-c. (12)	Arg-n. (12)	Petr. (12)	Nit-ac. (12	Cocc. (11)	Caust. (11	Aur. (11)
kent	A	Mind, irresolution	3	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	1	2	2	1	2	1	1
kent	B	Mind, despair	3	2	2	1	1	3	2	2	2	3	2	2	3		2	1	1	2	1	2	2	2	3
kent	C	Mind, quiet, quiet disposition	2	1		1	2			1			1		2						1		1		
kent	D	Stool, hard	3	3	3	3	3	2	3	3	3	3	2	2	2	3	2	3	3	2	2	3	2	2	2
kent	F	Genitalia female, menses, scanty	3	3	3	2	2	2	3	2	3	1	3	2	2	3	3	3	3	2	2	2	2	2	2
kent	G	Genitalia female, leucorrhoea, acrid, excoriating	2	3	3	3	3	3	2	3	2	2	3	3	1	3	2	3	2	2	2	3		2	1
kent	H	Genitalia female, leucorrhoea, copious	2	3	3	3	2	2	2	1	2	3	1	2		2	2	1	2	2	2	1	2	2	2

Figure 1: repertorial chart

ANALYSIS OF THE REPERTORIAL RESULT:

Alumina was prescribed after repertorization and Materia Medica analysis for its suitable mental and female complaints with the patient, and it also matches with thermal reactivity compared to other higher grade remedies.

Table 1: follow-up & outcome

Visit	Symptom changes	Therapeutic intervention
15/03/2024	Grayish vaginal discharge with staining of clothes. Feeling abandoned and revengeful, expressed as anger by refusing to look after her husband.	Alumina 200/2d, once every 15 days SL/28 d
13/04/2024	No change in symptoms. Absence of menses, copious vaginal discharge with occasional itching and reddish eruptions around labia	Alumina 200/2d, once every 15 days SL/28 d
19/05/2024	Vaginal discharge persists. Copious vaginal discharge with occasional itching and reddish eruptions around labia sense of abandonment resolved. Menses: 2-day cycle with intense abdominal pain. Staining absent; other symptoms persist.	Alumina 200/2d, once every 15 days SL/28 d
14/06/2024	Feels satisfied seeing her husband's suffering. Whitish, thin, watery vaginal discharge with mild itching and disappearance of eruptions. Menses: 2-day cycle with clots and lower abdominal pain.	Alumina 200/2d, once every 15 days SL/28 d
14/07/2024	Occasional watery discharge without itching and eruptions. Feels peaceful and enjoys time with her children. Menses: 1-day cycle with lower abdominal pain.	Alumina 200/2d, once every 15 days SL/28 d

10/08/2024	No watery discharge except just before menses. Peaceful mind with reconnection with her hobbies- classical dancing and painting	Alumina 200/2d, once every 15 days SL/28 d
01/11/2024	No recurrence of complaints.	No medications prescribed

CONCLUSION:

The significance of individualized homoeopathic prescribing based on the totality of symptoms, consisting of both mental and physical features, is demonstrated by the successful treatment in this case. After a detailed repertorial and Materia Medica analysis, *alumina* was selected as it matched the patient's characteristic physical symptoms, including persistent grayish leucorrhea and thermal modality, as well as the prominent mental state, which included feelings of abandonment, suppressed anger, and emotional detachment. *Alumina*'s depth and comprehensive action are reflected in the gradual and consistent improvement in the patient's psychological state and vaginal discharge over a six-month period. The remedy's constitutional efficacy is further supported by the absence of recurrence. This case highlights the value of treating chronic gynecological disorders with prominent mental symptoms by integrating classical homoeopathic principles with clinical observation.

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EPILEPTIC SEIZURES IN INDIVIDUALS WITH AUTISM SPECTRUM DIORDER: A SYSTEMATIC REVIEW OF PREVALENCE AND MECHANISMS

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ABSTRACT:

Autism Spectrum Disorder (ASD) is a neurological developmental disorder characterized by challenges in communication and social behaviour. ASD patients usually presents with comorbidities like epilepsy, cranial anomalies etc. The objective is to systematically review the literature on the prevalence and pathophysiological mechanisms of epileptic seizures in individuals with ASD. A comprehensive literature search was done and various studies published were reviewed including peer-reviewed articles reporting prevalence rates or mechanisms of epilepsy in ASD populations. Data was extracted and analysed. The prevalence of epilepsy in individuals with ASD ranges from 5% to 12.1%, with higher rates in those with intellectual disability or female gender. Mechanistic studies suggest that neurobiological pathways involving GABA/glutamate imbalance, and genetic mutations. Abnormal EEG patterns in ASD individuals with epilepsy, highlight underlying cortical hyperexcitability. The strong connection between epilepsy and ASD shows that they may share common brain-related causes rather than just occurring together by chance. Understanding how genetics, brain development, and chemical imbalances are connected can help in spotting risks early and creating more effective, personalized treatments. This approach can improve care and bring new hope for individuals living with both conditions.

KEYWORDS: Autism Spectrum Disorder, Seizures, Prevalence, EEG, GABA

INTRODUCTION: Autism is a serious developmental disorder of childhood characterized by an early onset of severe delays in social, communicative, and cognitive development. Seizure disorders have typically been

observed in between one quarter and one third of autistic subjects. Several reports have suggested that autistic individuals are at greater risk for developing seizure disorders, particularly in adolescence. The risk for developing seizures was highest during early childhood although it was also elevated during early adolescence [(1)].

BACKGROUND:

Epilepsy and autism often co-occur in genetic developmental and epileptic encephalopathies but their underlying neurobiological processes remain poorly understood, complicating treatment. Mechanisms linking epilepsy and autism include γ-aminobutyric acidergic (GABAergic) signalling dysregulation, synaptic plasticity, disrupted functional connectivity, and neuro inflammatory responses [(2).] Preclinical and clinical studies indicate that the different genetic causes of ASD and epilepsy may converge to perturb the excitation/inhibition balance, due to the dysfunction of excitatory and inhibitory circuits in various brain regions [(3)].

PREVALENCE:

Study which was conducted from 53 articles showing the prevalence of epilepsy in autistic individuals to be 10% and specifically, prevalence of epilepsy was 7% in autistic children and 19% in autistic adults [(4)]. The prevalence of epilepsy in ASD is higher than the prevalence of epilepsy in typically developing individuals and depends on age and gender and also the comorbid genetic, metabolic and intellectual abnormalities. According to a meta-analysis, autistic females are far more likely than boys to have epilepsy, with a relative risk of 0.549 ($p < .001$). Female gender is a significant risk factor.[(5)] Studies suggest that, in ASD, the prevalence of clinical seizures increases with age and that adults with ASD and epilepsy have greater behavioural and cognitive problem as well as elevated mortality[(6)]. Another study conducted examined 183 children with autistic symptoms and found that the age-specific incidence rates of seizures in this sample were between 3 and 28 times the rates for children in the general population. The subjects classified as totally autistic were at high risk of developing seizure from early childhood. The partially autistic children had an increased risk of seizures only up to age 10[(7)].

MECHANISMS:

Neuropathological Mechanisms of Seizures in ASD discusses two neuropathological mechanisms that have been described in ASD that can also cause epilepsy. Both mechanisms involve an abnormal reduction in inhibitory mechanisms of the brain. It is found that many disorders associated with ASD increase the excitatory-to-inhibitory balance by either reducing inhibitory circuits in the brain through a decrease in the inhibitory neurotransmitter γ-aminobutyric acid (GABA), or increasing excitatory circuits in the brain through

an increase in glutamate neurotransmission [8]. Adenosine, an endogenous anticonvulsant and neuroprotective neuromodulator of the brain, has been proved to affect the process of epilepsy and ASD. On one hand, it plays a crucial role in preventing the progression and development of epilepsy through adenosine receptor dependent and independent ways. On the other, its signalling, can not only regulate core symptoms but also improve comorbid disorders in ASD [9]. Imaging studies of individuals with ASD have found numerous brain areas, including the frontal cortex, striatum, hippocampus, amygdala, and unusually tiny densely packed neurons in the thalamus and cerebellum, are affected [10]. In 78.0% of cases the EEG recordings obtained during wakefulness and sleep were found to be abnormal, particularly during sleep. Paroxysmal slowing and epileptiform abnormalities were found in 28.4% of the subjects, which confirms the high percentage of abnormal polysomnographic EEG recordings in children with ASD. [11] Studies on EEG in people with autism have consistently revealed abnormalities, such as decreased alpha activity and increased slow wave (delta/theta) activity, notably in the frontal and temporal regions. It raises the possibility that cortical hyperexcitability and impaired neural communication are underlying characteristics of autism spectrum disorders. [12]

HOMOEOPATHIC PERSPECTIVE:

Children with autism spectrum disorder, including those with co-occurring seizure disorders, showed significant improvements with individualized homoeopathic treatment in the analysed case series. According to their symptom profiles, cases that presented with seizures were treated with individualized homoeopathic remedies. Notably, CALCAREA PHOSPHORICA was one of the main treatments for kids who had frequent seizures, and it had a good effect on both the frequency of seizures and behavioural difficulties. This holistic strategy supported the use of homeopathy in treating complicated neuropsychiatric presentations, such as ASD with epilepsy, by calming seizure activity in along with addressing the neurodevelopmental aspects of autism. [13]

CONCLUSION:

Epileptic seizures are notably more prevalent in individuals with Autism Spectrum Disorder compared to the general population, highlighting the need for integrated and individualized approaches to care. This systematic review brings to light the complex neurobiological, genetic, and environmental mechanisms underlying the co-occurrence of epilepsy and ASD. While conventional treatments offer symptomatic relief, they may not always address the unique sensitivities and holistic needs of individuals on the spectrum. Homeopathy, with its individualized and gentle therapeutic approach, presents a promising complementary pathway. More systematic research and well-designed clinical trials are needed to substantiate its role scientifically.

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HOMOEOPATHIC MANAGEMENT OF DUAL CYSTIC CONDITIONS IN A 19-YEAR-OLD: A CASE REPORT

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ABSTRACT

Fibrocystic breast disease is the most common benign lesion. Hormonal factors play a major role in development of this disease. Reports suggest that there is 50% risk of changing into malignancy; however, it is rare. Polycystic Ovarian Disease is the most common endocrine disorder in reproductive females. Articles report that there might be association between PCOD and fibrocystic breast disease due to hormonal imbalance. Case summary: A 19-year-old female patient came with complaints of severe pain in the breast with marked sensitivity to touch. She also complaints of increase in the intensity of breast pain during menses. This case report will include the management of coexisting pathologies as well.

KEYWORDS: Fibrocystic Breast, Homoeopathy, PCOD

INTRODUCTION:

Fibrocystic breast changes (FCCs) are oestrogen-dependent, benign breast lesions with prevalence of 70% to 90% in women aged 20 to 50 years. They present as tender breast nodules with cyclic worsening of symptoms during each menstrual cycle. FCCs do not pose a threat of changing into malignancy unless it is a proliferative lesion. During menstruation, symptoms worsen due to transient increase in oestrogen-to-progesterone ratio.[1]

Polycystic Ovarian disease (PCOD) is the most common endocrinal disease in women around the world.[2] It is characterized by hormonal imbalance manifested as oligomenorrhoea/amenorrhoea, hirsutism, acne, acanthosis nigricans, and morphologically as polycystic ovaries on ultrasound. International surveys report that current treatments are moderately effective in alleviating the symptoms and reducing long-term risks.[3] The hormonal levels in women with PCOD might contribute to the development of FCCs.[1]

PATIENT INFORMATION:

The 19-year-old complains of severe pain in both breasts for 1 year, with increased intensity for a month. She complains of heaviness in breast, worsening during menses. Pricking pain which increases on movement of her arms and by touch.

LIFE SPACE INVESTIGATION: She was born and brought up in Coimbatore, belongs to a well-settled middle-class family. She has fear of darkness, of future, of stage performance. Negative thoughts crowd her mind often. She and her parents are affectionate with each other. But she feels lonely, as her father is busy taking care of his ill mother.

PHYSICAL GENERALS:

Appetite: 3times/day	Micturition: 4-5 times/day	Sleep: good
Thirst: reduced	Stools: regular	Dreams: snakes, ghosts, dead people, death
Desire: spicy, salty	Perspiration: palms	Thermal: Hot

Menses: 30/2-3 days, bright red blood

Leucorrhoea: thick, before menses

Complaints: backache, heaviness of breast, vomiting during menses.

PAST HISTORY:

H/O Renal calculi.

EXAMINATION:

Both breasts:

Inspection: No redness, skin puckering, ulceration, nipple discharge, inversion of nipples, fissures, cracks.

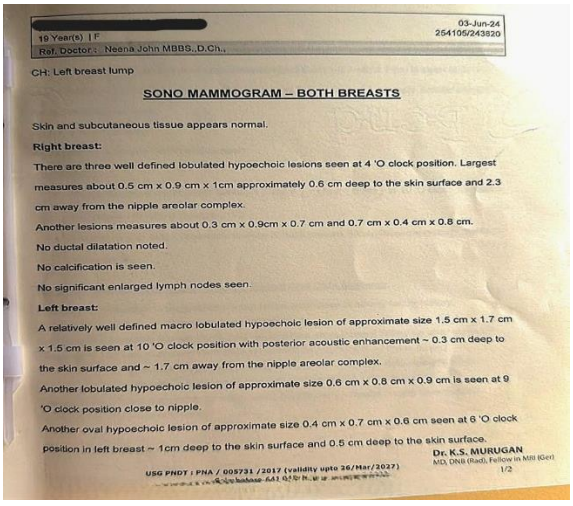
Palpation: Tenderness noted in all the quadrants. Hardness and lump-like lesions present all over the breast.

Warmth present. No axillary lymph-node involvement.

Abdomen: Nothing abnormal detected.

Skin: Acne over the face. No signs of hirsutism, acanthosis nigricans.

INVESTIGATION:



[redacted]
19 Year(s) | F
Ref. Doctor : Neena John MBBS.,D.Ch.,
03-Jun-24
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CH: Left breast lump

SONO MAMMOGRAM – BOTH BREASTS

Skin and subcutaneous tissue appears normal.

Right breast:

There are three well defined lobulated hypoechoic lesions seen at 4 'O clock position. Largest measures about 0.5 cm x 0.9 cm x 1cm approximately 0.6 cm deep to the skin surface and 2.3 cm away from the nipple areolar complex.

Another lesions measures about 0.3 cm x 0.9cm x 0.7 cm and 0.7 cm x 0.4 cm x 0.8 cm.

No ductal dilatation noted.

No calcification is seen.

No significant enlarged lymph nodes seen.

Left breast:

A relatively well defined macro lobulated hypoechoic lesion of approximate size 1.5 cm x 1.7 cm x 1.5 cm is seen at 10 'O clock position with posterior acoustic enhancement ~ 0.3 cm deep to the skin surface and ~ 1.7 cm away from the nipple areolar complex.

Another lobulated hypoechoic lesion of approximate size 0.6 cm x 0.8 cm x 0.9 cm is seen at 9 'O clock position close to nipple.

Another oval hypoechoic lesion of approximate size 0.4 cm x 0.7 cm x 0.6 cm seen at 6 'O clock position in left breast ~ 1cm deep to the skin surface and 0.5 cm deep to the skin surface.

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USG PNDT : PNA / 005731 /2017 (validity upto 26/Mar/2027)

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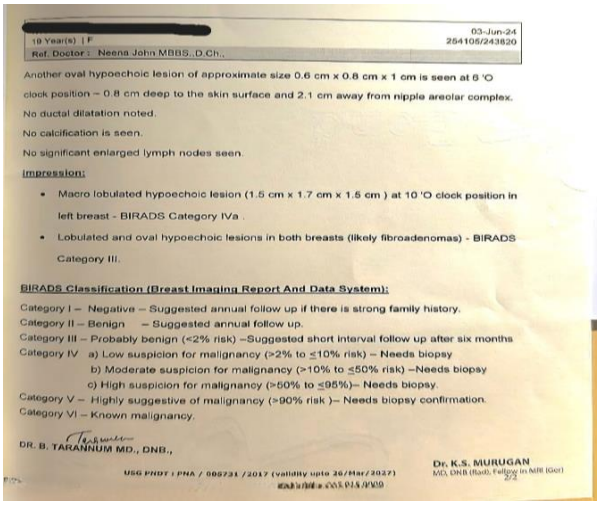

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19 Year(s) | F
Ref. Doctor : Neena John MBBS.,D.Ch.,
03-Jun-24
254105/243820

Another oval hypoechoic lesion of approximate size 0.6 cm x 0.8 cm x 1 cm is seen at 6 'O clock position – 0.8 cm deep to the skin surface and 2.1 cm away from nipple areolar complex.

No ductal dilatation noted.

No calcification is seen.

No significant enlarged lymph nodes seen.

Impression:

- Macro lobulated hypoechoic lesion (1.5 cm x 1.7 cm x 1.5 cm) at 10 'O clock position in left breast - BIRADS Category IVa .
- Lobulated and oval hypoechoic lesions in both breasts (likely fibroadenomas) - BIRADS Category III.

BIRADS Classification (Breast Imaging Report And Data System):

Category I – Negative – Suggested annual follow up if there is strong family history.
Category II – Benign – Suggested annual follow up.
Category III – Probably benign (<2% risk) –Suggested short interval follow up after six months
Category IV a) Low suspicion for malignancy (>2% to ≤10% risk) – Needs biopsy
b) Moderate suspicion for malignancy (>10% to ≤50% risk) –Needs biopsy
c) High suspicion for malignancy (>50% to ≤95%)– Needs biopsy.
Category V – Highly suggestive of malignancy (>90% risk)– Needs biopsy confirmation.
Category VI – Known malignancy.

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Figure 1-2: Mammogram of both breasts (before treatment)

PRESCRIPTION:

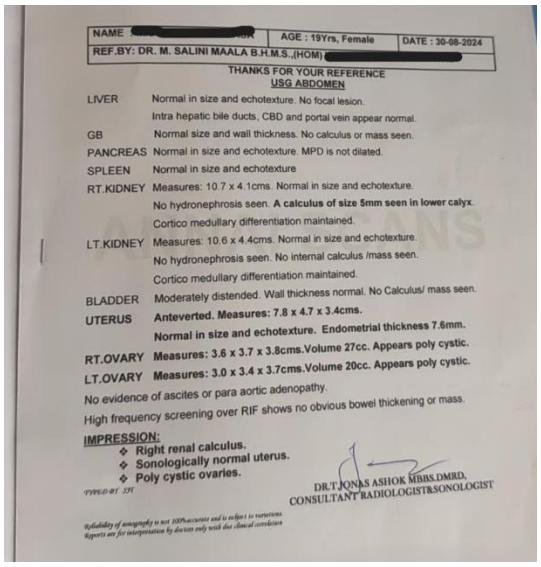
Based on totality of symptoms, *Natrum muriaticum 200C,* 1 dose, orally, was administered along with placebo.

A positive impact of counselling was given. Advised lifestyle and dietary modifications.

TABLE I: Follow-up

DATE	SYMPTOMS	PRESCRIPTION	JUSTIFICATION
15.06.2024	Totality of symptoms	*Natrum muriaticum 200C -1 dose* Placebo for 15 days	Based on totality of symptoms
06.07.2024 To	Breast pain-reduced. Mild tenderness. Generals: Normal	Placebo	Generals improved.

18.08.2024			
30.08.2024	For a week, Right loin pain. Burning micturition. (Figure: 3)	*Natrum muriaticum 200C* –1 dose *Hydrangea Q* (10^0 – 10^0 - 10^0) A/F	*NM 200* was prescribed to promote faster cure. *Hydrangea Q* to dissolve the renal calculi.
14.09.2024	Complaints of sneezing with watery coryza and lachrymation. A/F dust and smoke.	*Arsenicum album 30C* -1 dose	Acute prescription.
16.12.2024	Heaviness of breast. O/E Hardness of breast reduced.	Placebo *Hydrangea Q* (10^0 – 10^0 - 10^0) A/F	Generals improved.
15.02.2025	Improvement became standstill	*Medorrhinum 1M* –1 dose	Miasmatic-block removal.
15.03.2025	Breast pain reduced. Mild tenderness noted. Patient feels better.	Placebo *Hydrangea Q* (10^0 – 10^0 - 10^0) A/F	Generals improved.
07.06.2025	Breast pain during menses slightly present.	*Natrum muriaticum 1M* –1 dose *Hydrangea Q* (10^0 – 10^0 - 10^0) A/F	For rapid relief
09.06.2025	**Investigations done** **(Figure: 5-6)**	-	**Improvement seen.**



NAME [redacted] AGE : 19Yrs, Female DATE : 30-08-2024

REF.BY: DR. M. SALINI MAALA B.H.M.S.,(HOM) [redacted]

THANKS FOR YOUR REFERENCE

USG ABDOMEN

LIVER Normal in size and echotexture. No focal lesion.
Intra hepatic bile ducts, CBD and portal vein appear normal.

GB Normal size and wall thickness. No calculus or mass seen.

PANCREAS Normal in size and echotexture. MPD is not dilated.

SPLEEN Normal in size and echotexture

RT.KIDNEY Measures: 10.7 x 4.1cms. Normal in size and echotexture.
No hydronephrosis seen. **A calculus of size 5mm seen in lower calyx.**
Cortico medullary differentiation maintained.

LT.KIDNEY Measures: 10.6 x 4.4cms. Normal in size and echotexture.
No hydronephrosis seen. No internal calculus /mass seen.
Cortico medullary differentiation maintained.

BLADDER Moderately distended. Wall thickness normal. No Calculus/ mass seen.

UTERUS **Anteverted. Measures: 7.8 x 4.7 x 3.4cms.**
Normal in size and echotexture. Endometrial thickness 7.6mm.

RT.OVARY **Measures: 3.6 x 3.7 x 3.8cms.Volume 27cc. Appears poly cystic.**

LT.OVARY **Measures: 3.0 x 3.4 x 3.7cms.Volume 20cc. Appears poly cystic.**

No evidence of ascites or para aortic adenopathy.

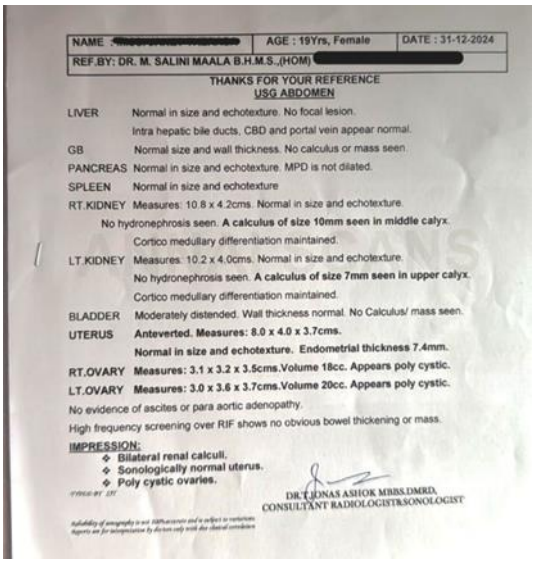
High frequency screening over RIF shows no obvious bowel thickening or mass.

IMPRESSION:

- **Right renal calculus.**
- **Sonologically normal uterus.**
- **Poly cystic ovaries.**

DR.T.JONAS ASHOK MBBS,DMRD,
CONSULTANT RADIOLOGIST&SONOLOGIST

Figure 3: USG-Abdomen (30.08.25)



NAME [redacted] AGE : 19Yrs, Female DATE : 31-12-2024

REF.BY: DR. M. SALINI MAALA B.H.M.S.,(HOM) [redacted]

THANKS FOR YOUR REFERENCE

USG ABDOMEN

LIVER Normal in size and echotexture. No focal lesion.
Intra hepatic bile ducts, CBD and portal vein appear normal.

GB Normal size and wall thickness. No calculus or mass seen.

PANCREAS Normal in size and echotexture. MPD is not dilated.

SPLEEN Normal in size and echotexture

RT.KIDNEY Measures: 10.8 x 4.2cms. Normal in size and echotexture.
No hydronephrosis seen. **A calculus of size 10mm seen in middle calyx.**
Cortico medullary differentiation maintained.

LT.KIDNEY Measures: 10.2 x 4.0cms. Normal in size and echotexture.
No hydronephrosis seen. **A calculus of size 7mm seen in upper calyx.**
Cortico medullary differentiation maintained.

BLADDER Moderately distended. Wall thickness normal. No Calculus/ mass seen.

UTERUS **Anteverted. Measures: 8.0 x 4.0 x 3.7cms.**
Normal in size and echotexture. Endometrial thickness 7.4mm.

RT.OVARY **Measures: 3.1 x 3.2 x 3.5cms.Volume 18cc. Appears poly cystic.**

LT.OVARY **Measures: 3.0 x 3.6 x 3.7cms.Volume 20cc. Appears poly cystic.**

No evidence of ascites or para aortic adenopathy.

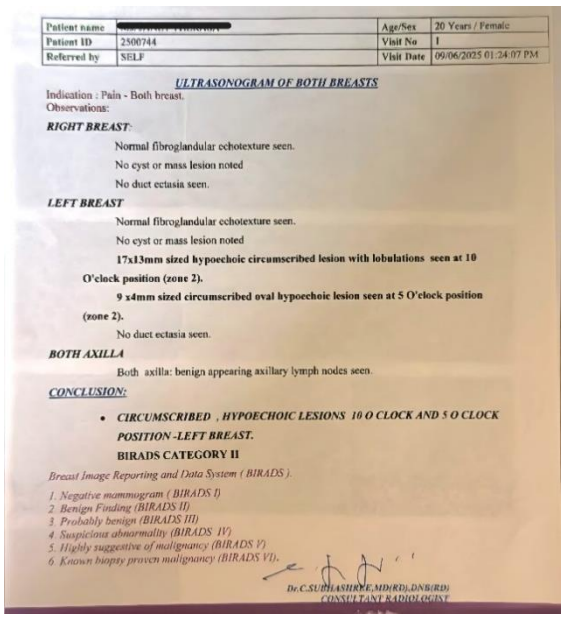
High frequency screening over RIF shows no obvious bowel thickening or mass.

IMPRESSION:

- **Bilateral renal calculi.**
- **Sonologically normal uterus.**
- **Poly cystic ovaries.**

DR.T.JONAS ASHOK MBBS,DMRD,
CONSULTANT RADIOLOGIST&SONOLOGIST

Figure 4: USG-Abdomen (31.12.25)



Patient name	[redacted]	Age/Sex	20 Years / Female
Patient ID	2500744	Visit No	1
Referred by	SELF	Visit Date	09/06/2025 01:24:07 PM

ULTRASONOGRAM OF BOTH BREASTS

Indication : Pain - Both breast.
Observations:

RIGHT BREAST:

Normal fibroglandular echotexture seen.
No cyst or mass lesion noted
No duct ectasia seen.

LEFT BREAST

Normal fibroglandular echotexture seen.
No cyst or mass lesion noted
17x13mm sized hypoechoic circumscribed lesion with lobulations seen at 10 O'clock position (zone 2).
9 x4mm sized circumscribed oval hypoechoic lesion seen at 5 O'clock position (zone 2).
No duct ectasia seen.

BOTH AXILLA

Both axilla: benign appearing axillary lymph nodes seen.

CONCLUSION:

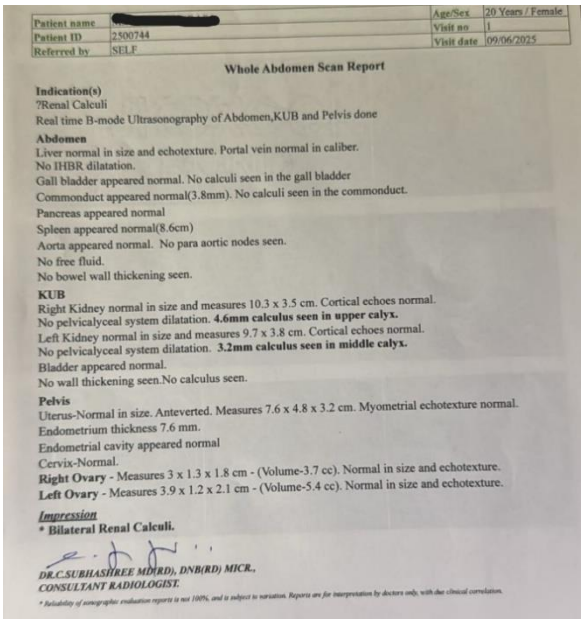
- ***CIRCUMSCRIBED , HYPOECHOIC LESIONS 10 O CLOCK AND 5 O CLOCK POSITION -LEFT BREAST.***

BIRADS CATEGORY II

Breast Image Reporting and Data System (BIRADS).

1. Negative mammogram (BIRADS I)
2. Benign Finding (BIRADS II)
3. Probably benign (BIRADS III)
4. Suspicious abnormality (BIRADS IV)
5. Highly suggestive of malignancy (BIRADS V)
6. Known biopsy proven malignancy (BIRADS VI).

Dr.C.SUBHASHREE,MD(RD),DNB(RD)
CONSULTANT RADIOLOGIST



Patient name	[redacted]	Age/Sex	20 Years / Female
Patient ID	2500744	Visit no	1
Referred by	SELF	Visit date	09/06/2025

Whole Abdomen Scan Report

Indication(s)
?Renal Calculi
Real time B-mode Ultrasonography of Abdomen,KUB and Pelvis done

Abdomen
Liver normal in size and echotexture. Portal vein normal in caliber.
No IHBR dilatation.
Gall bladder appeared normal. No calculi seen in the gall bladder
Commonduct appeared normal(3.8mm). No calculi seen in the commonduct.
Pancreas appeared normal
Spleen appeared normal(8.6cm)
Aorta appeared normal. No para aortic nodes seen.
No free fluid.
No bowel wall thickening seen.

KUB
Right Kidney normal in size and measures 10.3 x 3.5 cm. Cortical echoes normal.
No pelvicalyceal system dilatation. **4.6mm calculus seen in upper calyx.**
Left Kidney normal in size and measures 9.7 x 3.8 cm. Cortical echoes normal.
No pelvicalyceal system dilatation. **3.2mm calculus seen in middle calyx.**
Bladder appeared normal.
No wall thickening seen.No calculus seen.

Pelvis
Uterus-Normal in size. Anteverted. Measures 7.6 x 4.8 x 3.2 cm. Myometrial echotexture normal.
Endometrium thickness 7.6 mm.
Endometrial cavity appeared normal
Cervix-Normal.
Right Ovary - Measures 3 x 1.3 x 1.8 cm - (Volume-3.7 cc). Normal in size and echotexture.
Left Ovary - Measures 3.9 x 1.2 x 2.1 cm - (Volume-5.4 cc). Normal in size and echotexture.

Impression
*** Bilateral Renal Calculi.**

DR.C.SUBHASHREE MD(RD), DNB(RD) MICR.,
CONSULTANT RADIOLOGIST.

Figure 5-6: USG-both breasts and abdomen (09.06.25) (after treatment)

DISCUSSION:

We diagnose the above case as Fibrocystic breast disease, PCOD, and Renal calculi. Though investigations suggest likely Fibroadenoma, the clinical presentation typically points to FCCs. Through USG-abdomen, we could find cysts in ovaries and calculi in kidneys.

Today, we see adolescents suffering from hormonal imbalances due to lifestyle and dietary modifications. Treating such imbalances conventionally has challenges and side effects. OCPs regulate hormones and protect from developing FCCs, leaving side effects on its discontinuance. Metformin is commonly used for both FCCs and PCOD. [4,5] For PCOD, anovulatory-infertility or long-term maintenance treatment is given.[6] Along with medication, surgery is the most common method for renal calculi.[7]

Hence, conventional treatment uses many medicines for a single symptom. Whereas, Homoeopathy provides recovery holistically.

The Continuum of Unified Theory of Diseases' says that all pathological processes in life of person from birth to death form a continuum. When immunity is good, it drives away all acute diseases. When immunity succumbs, it enters a chronic stage of disease. At this stage, Homoeopathic medicines provide reversal order of cure and acute disease re-surfaces.[8]

In this case report, we see the return of old disease and appearance of acute disease. This shows a good sign of prognosis. Treating complex diseases, homoeopathically using constitutional medicines, improves the quality of life, thus proving its role in managing lifestyle diseases.

CONCLUSION:

This case provides light on efficient management of FCCs, PCOD, and Renal calculi based on the law of similar. Lifestyle and dietary modifications also play a significant role in returning to a normal life. Awareness regarding lifestyle diseases may be required for all school-going girls to lead a better adult life.

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A CASE OF IMPETIGO TREATED WITH HOMOEOPATHY

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ABSTRACT:

Impetigo is a contagious bacterial skin infection, most often caused by *Staphylococcus aureus* and occasionally by *Streptococcus pyogenes*. It is prevalent among young children and is characterized by vesicles or pustules that rupture to form golden-yellow crusts. This report describes the successful management of a 2-year-old boy who developed multiple itchy, sore-like eruptions with redness and serosanguinous discharge on the face, abdomen, and legs after consuming cashew apple. Conventional treatment had yielded no improvement. A detailed assessment of the patient's physical and mental symptoms—such as stubborn behaviour, disturbed sleep from nocturnal itching, dislike for covering, and craving for mother's milk—led to the prescription of *Mezereum* 1M, followed by placebo. Significant recovery was noted within 12 days, with resolution of discharge, reduction of itching, and healing of lesions. This case underscores the possible effectiveness of individualized homeopathic management in impetigo, offering a non-topical alternative with minimal side effects.

KEYWORDS: Impetigo, *Mezereum*, Homeopathic treatment, Paediatric dermatology, Case study

INTRODUCTION:

Impetigo is a common superficial bacterial infection of skin caused most often S. aureus, and in some cases by group A beta haemolytic streptococci. It is the most common skin infection of two to five years' age group of children are affected [(3)]. Around 162 million children worldwide are afflicted by this illness [(7)], and its prevalence is 12% worldwide. [(8)] With an incidence rate of 5.96%, almost 10 million school-age children are affected in India alone [(9)]. The primary lesion is a superficial pustule that rupture and forms a characteristic yellow-brown honey coloured crust. Lesion may occur on normal skin primary infection or in area already affected by another skin diseases secondary infection. [(1)]

BULLOUS IMPETIGO:

Lesion caused by staphylococci may be tense, clear bullae, and this less common form of the disease is called Bullous impetigo. It occurs 70% of cases. Blister are caused by the production of exfoliate toxin by S. aureus phage type II. This is the same toxin responsible for staphylococcal scalded- skin syndrome (SSSS), often resulting in dramatic loss of the superficial epidermis due to blistering. SSSS is much more common in children than in adults, however it should be considered along with toxic epidermal necrolysis and severe drug eruption in patient with widespread blistering of the skin. [(1)]

IMPETIGO CONTAGIOSA

It commonly affects the face of small children, but any site can be involved. It occur 30% of cases.It begin as transparent superficial small vesicles or pustules on an erythematous base that soon ruptures and form erosions and crusting (golden yellow crusts). If the lesion persists, central clearing can occur and may become confluent. Complication include cellulitis and post-streptococcal glomerulonephritis. [(2)]

CASE REPORT:

PRELIMINARY DATA:

Name**:** Master xxx

Age:2year

Sex: Male

Religion: Hindu

Address: Pathukani

Date: 6/6/2025

PRESENTING COMPLAINTS:

COMPLAINTS WITH DURATION	LOCATION	SENSATION	MODALITIES	CONCOMITANT
Eruption with itching in corner of mouth, nostrils, bilateral legs, abdomen since 2 weeks	skin	-Itching present -Soreness on scratching -watery discharge mixed with blood	Aliments from eating cashew apple -Itching < night	

HISTORY OF PRESENTING ILLNESS:

A 2- Year male child came with a complaint of eruptions with itching in corner of the mouth, nostrils, Bilateral legs, and abdomen after eating cashew apple since 2 weeks. The complaints started as soreness, itching leads to scratching there is a watery discharge mixed with blood while scratching. The patient took allopathic treatment for this complaint but there was no improvement.

LIFE SPACE INVESTIGATION:

Antenatal and birth history:

He was full term c-section hospital delivery with a baby weight of 2. 300kg.His mother was partial deafness, on her pregnancy she had a thyroid compliant. He had a normal milestone development.

The patient belongs to middle class family. His father was a farmer and his mother was a homemaker. His child was active, stubborn, his speech was not clear but can able to understand when spoken to him. His relationship with siblings was good. He was more attached to his mother and father, listened to whatever she says always clung to her. He was lean, with thin hair and a dark complexion.

PHYSICAL GENERALS:

The patient had decreased appetite; his thirst was good. Desire for mother's milk, murukku and pakkoda. his sleep was disturbed due to the itching at night. Aversion for covering. Drinking of warm water. Sweat was generalized all over the body. Thermal hot patient.

General examination

The patient was well-oriented, alert and cooperative. clinically mild pallor, no jaundice, cyanosis were observed. His weight-was 3kg Afebrile, ill-looking, pulse rate-98/min, respiratory rate-18/min, No lymphadenopathy, skin- sore like eruptions

Local examination

Skin-on inspection – Multiple sore like eruptions in nose, corner of mouth, bilateral legs and in abdomen with reddish discolouration, watery discharge mixed with blood. Itching present

CASE PROCESSING:

Diagnosis of diseases: Impetigo

Diagnosis of phase of diseases: Acute phase.

EVALUATION OF SYMPTOMS:

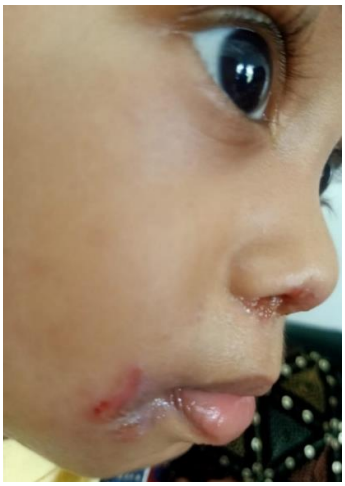
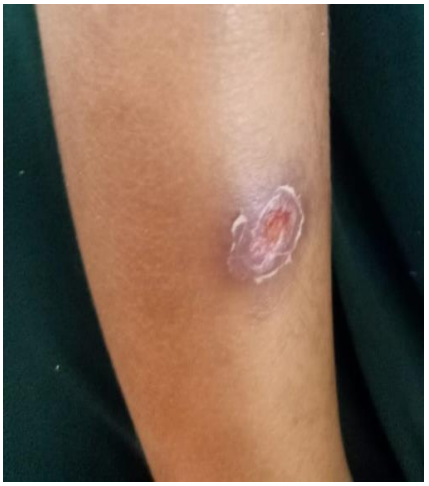
- Stubborn
- Active
- Yielding
- Desire magnetised
- Appetite decreased
- Aversion covering
- Sleep disturbed
- Desire mother's milk
- Hot patient
- Multiple Eruption with itching < night
- Soreness on scratching
- Watery discharge mixed with blood
- Aliments from cashew apple.

TOTALITY OF SYMPTOMS:

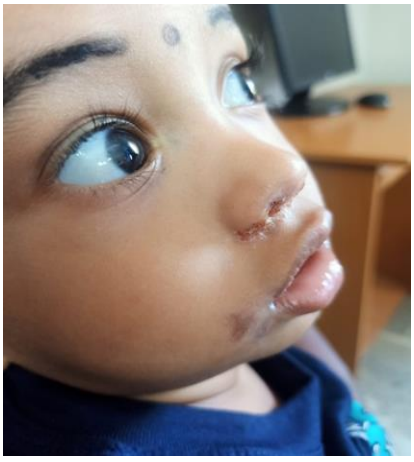
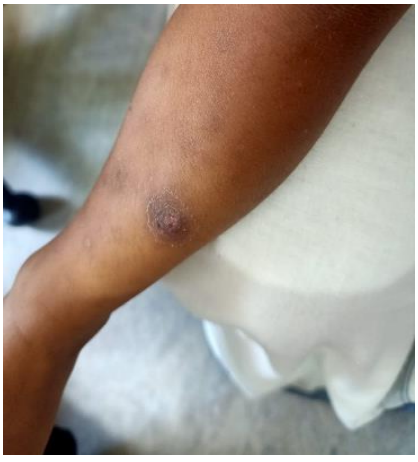
- Stubborn
- Active
- Desire magnetised
- Appetite decreased
- Aversion covering
- Sleep disturbed
- Desire mother's milk
- Hot patient

- Multiple Eruption with itching < night
- Soreness on scratching
- Watery discharge mixed with blood
- Aliments from cashew apple

BEFORE TREATMENT

AFTER TREATMENT

RESULT:

In this case study mezerenum 1M/ 1 dose was prescribed followed by blank pills and sacchram latus 7 dose. On 18/6/2025 the patient had better in sore eruption in hands, legs, nose. itching also got better. there was no watery discharge mixed with blood. It was prescribed as mezerenum 1M followed by blank pills and blank diskette thrice a day. A small number of publications have highlighted the effectiveness of homeopathic intervention in treating impetigo. This case study, which is supported by evidence, also

supports the use of homeopathy to treat impetigo without the use of topical or their negative side effects. [4,6]

CONCLUSION: The Mezereum contains Daphne toxin, a significant bioactive component derived from its bark, according to recent studies. This key active ingredient has anti-inflammatory, anti-HIV, anti-cancer, antifertility, neurotrophic, and cholesterol-lowering properties. [4,5]

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INDIVIDUALIZED HOMOEOPATHIC APPROACHES IN DYSMENORRHEA: A SYSTEMATIC REVIEW

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ABSTRACT

Background– Dysmenorrhea is a most common gynaecological disorder. It is of sufficient magnitude which is incapable to do day to day activities. It has two types such as primary and secondary dysmenorrhea. The incidence is about 65 to 90 percent of female. Individualized homoeopathic medicine give best results in treating dysmenorrhea. By embracing homeopathy as a complementary or alternative treatment option, healthcare providers can offer personalized care to individuals seeking natural and holistic approaches to menstrual pain relief. Objective- to review and synthesize the evidence on the efficacy of individualized homoeopathic medicine in managing dysmenorrhea. Results- This study contains 10 articles related to the topic. After analyzing the inclusion criteria, including randomized controlled trials, clinical trials, and case reports. Commonly prescribed homoeopathic remedies like Belladonna, Chamomilla, Cimicifuga, Cocculus indicus, Magnesium phosphoricum, Sepia, and Pulsatilla pratensis. Most studies have reported significant reductions in pain scores and improvement in quality of life. Comparative trials reported that individualized homoeopathic medicines were at least as effective as standard homoeopathic complexes or magnesium phosphoricum monotherapy. Conclusion- in this systematic review, individualized homoeopathic treatment appears to offer potential benefits in reducing pain and improving quality of life in women with dysmenorrhea. High-quality, large-scale randomized controlled trials are necessary to establish efficacy and inform clinical guidelines.

KEYWORDS: Dysmenorrhea, individualized homoeopathy, menstrual pain, primary dysmenorrhea, secondary dysmenorrhea, quality of life.

INTRODUCTION

Dysmenorrhea is characterized by painful menstruation that is severe enough to interfere with daily activities. The most common kind of pain is dull, aching, cramping, and it starts in the pelvis or lower abdomen and can spread to the back and thighs [(1)]. Dysmenorrhea can be classified as primary and secondary dysmenorrhea depends on the presence or absence of any underlying cause. The estimated

prevalence of dysmenorrhea is high ranging from 20% to 90 % of reproductive age group of women are more affected [2]. Primary dysmenorrhea is the name
for common menstrual cramps that come back over and over again and aren't due to other diseases. Cramps and pelvic pain with menstruation, with common causes such as heavy flow, passing clots, uterine fibroids or endometriosis. Menstrual cramps can have causes that aren't due to underlying disease [3] Homoeopathy act as a major role in treating dysmenorrhea and it is also used in many countries especially in high-income cities [4]

TYPES OF DYSMENORRHOEA

There are two types of dysmenorrhea such as primary and secondary dysmenorrhoea. Primary dysmenorrhoea is an unknown cause and it is not associated with any pelvic pathology. Whereas the secondary dysmenorrhea is always associated with any pelvic pathology such as pelvic inflammatory diseases, uterine fibroid, adenomyosis, endometriosis, etc [3]

PREVALENCE:

The rate of dysmenorrhea ranges significantly depending on the research literature. It is most common in young women, comprising 67% to 90% of those aged 17 to 24. Nearly half of all women experience it to some extent, while 15% experience discomfort severe enough to affect their routine and lead to school or work absences [4]

ETIOLOGICAL FACTORS:

The cause of primary dysmenorrhea is still unknown, but it is linked to the overproduction of uterine prostaglandins, especially PGF2a and PGF2, which leads to heightened uterine activity and also produce intense contractions. Prostaglandin levels in women experiencing painful menses peak during the initial two days of menstruation. Progesterone plays a role in regulating prostaglandin production. progesterone levels drop just before menstruation whereas prostaglandin levels rise. Since primary dysmenorrhea occurs in ovulatory cycles. It often begins shortly after menarche and responds to inhibiting ovulation. whereas secondary dysmenorrhea among young women can have various causes, including endometriosis, Pelvic Inflammatory Disease, fibroids, adenomyosis, intrauterine contraceptive devices usage, and cervical stenosis [4] It cannot be easily treated with conventional therapies. Non-steroidal anti-inflammatory drugs are the commonest drugs for its treatment, may cause some severe gastrointestinal side effects and are contra indicated for or intolerable by some women. Therefore, many women seek alternative therapies to cope with the condition. Most women self-medicate with over-the-counter drugs, whereas some use herbs or supplements [5]

HOMOEOPATHIC APPROACHES:

In reviewed articles and journals, some of the individualized homoeopathic remedies have given good result in managing dysmenorrhea such as Belladonna, chamomilla, cimicifuga, cocculus indica [6] magnesium phosphorica [7] sepia [9] Pulsatilla Pratensis [10]

CONCLUSION:

Homoeopathy shows potential results in improving pain and quality of life in women with dysmenorrhea. Individualized remedies based on totality of symptoms appear most beneficial. Further clinical trials are required to confirm these findings.

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THE ROLE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN AN INTEGRATIVE APPROACH TOWARDS FEMALE INFERTILITY: A SYSTEMIC REVIEW

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ABSTRACT

Infertility, the inability to conceive after 12 months of unprotected intercourse, 15% of all couples worldwide and their causes are largely related to the female. Although newer conventional treatments Assisted Reproductive Technologies (ART) have improved, yet many women ineffective. This review evaluates Complementary and Alternative Medicine (CAM) as a holistic, culturally appropriate, and individualized method of treating infertility. Focusing on Polycystic Ovary Syndrome (PCOS) and endometriosis to hormonal disturbances and decline due to age and explores into the psychosocial burden upon women, The inability of mainstream medicine to touch emotional and psychosocial dimensions specifically emphasizes the demand for integrative treatment. CAM modalities such as homeopathy, yoga, acupuncture, nutrition therapies, herbal medicine, and mind-body practices are increasingly being adopted for their role in stabilizing hormones, promoting reproductive health, lowering stress, and building emotional strength. Research indicates integration of CAM with mainstream fertility treatment might provide a holistic, individualized, and empowering journey to parenthood. This review highlights the important contribution of CAM to the solution of not just physiological infertility but also emotional and cultural aspects neglected in conventional medical practice.

KEYWORDS: female infertility, complementary and alternative medicine Yoga, acupuncture, homoeopathy, herbal medicine.

INTRODUCTION

Infertility, which the World Health Organization (WHO) defines as the failure to conceive after 12 months of regular unprotected sexual intercourse, occurs in approximately 15% of couples worldwide, while female aetiology contributes to about one-third of all cases. [2,10] The worldwide burden of infertility, ranging from 80 to 168 million individuals, is not only caused by biological factors but also

by environmental and lifestyle factors. [1] Infertility can bring about social ostracism, marital disharmony, and psycho-emotional trauma, especially for women, in most cultures. [1]

Since many women consider traditional fertility treatments to be expensive, emotionally draining, and frequently ineffective, interest in Complementary and Alternative Medicine (CAM) has grown. These treatments homeopathy, yoga, acupuncture, and nutritional therapy are a more holistic, culturally congruent means of coping with infertility [1,2,3,8].

CAUSES OF FEMALE INFERTILITY

Female infertility may result from hormonal, structural, or age-related problems:

•Polycystic Ovary Syndrome (PCOS): Occurs in ~8.7% of women worldwide and interferes with ovulation due to hormonal dysfunction and insulin resistance [5]

•Tubal and Uterine Factors: PID, fibroids, or injury from surgeries or infections (e.g., chlamydia) may obstruct fertilization or implantation of the embryo [5]

•Endometriosis: Occurs in 25–50% of infertile women and consists of endometrial tissue outside the uterus, leading to chronic pain, inflammation, and adhesions [2,5]

•Uterine Fibroids: Benign tumours may alter the uterine cavity or obstruct fallopian tubes, affecting implantation [5]

•Hormonal Disorders: Disorders of thyroid function, hyperprolactinemia, or luteal phase defect disrupt ovulation [2,5]

•Age-Related Decline: Fertility declines steeply after the age of 35 owing to declining quality of eggs and ovarian reserve. Biomarkers including AMH, FSH, and AFC are used to estimate this decline [2,9]

Whereas 20–35% are female-related, 25–40% are multifactorial, and 10–20% are unexplained [2]

EMOTIONAL AND SOCIAL IMPACT OF INFERTILITY:

Infertility not only influences physical health but also affects emotional well-being. Depression, anxiety, guilt, and self-deprecation are common among women when treatments don't work [1]. In India and other cultural backgrounds, where motherhood is much revered, women may receive blame, ostracism, and domestic tension [3].

Male infertility is a cause of shame, denial, and identity confusion. Yet men usually have no access to emotional support and are less prone to access it, hence exacerbating the problem [1].

Such severe emotional burden tends to push people towards CAM therapies, which provide not just corporeal support but also emotional and spiritual healing [8].

LIMITATIONS OF CONVENTIONAL MEDICINE:

Although there have been developments in ART, IVF, and hormone treatment, women complain of feeling unsupported or isolated from mainstream treatment systems [1]. These interventions tend to concentrate exclusively on biological success while ignoring the emotional, cultural, and psychological aspects of care.

Moreover, communication deficits between physicians and patients with respect to CAM use can result in lost opportunities for integrated care. This underscores the increasing demand for more holistic, personalized approaches [1].

NEED FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM):

The increase in CAM use in women with infertility is due to the demand for natural, less intrusive, and emotionally nurturing interventions. Numerous women believe that CAM therapies provide personal control, optimism, and congruence with cultural or religious principles [1].

CAM interventions not only seek to improve fertility but also mental well-being, lower stress, and establish a closer relationship between the patient and the healing process [1].

TYPES OF COMPLEMENTARY AND ALTERNATIVE MEDICINE:

1. Homeopathy

Homeopathy employs individualized remedies according to a woman's physical and emotional symptoms. Homoeopathic treatment tries to correct hormonal balance, normalize menstrual cycles, and enhance ovarian function, particularly in conditions like PCOS, endometriosis, or idiopathic infertility. Because of its holistic individualized and non-invasive, it finds an important place in CAM spectrum. CAM survey indicates that in several countries 20-40% of the infertile women have used CAM with homoeopathy being among the top 5 approaches. [1]

2. Yoga and Meditation

Yoga enhances circulation to reproductive organs, regulates hormones, and decreases stress. Techniques like asana, pranayama, and meditation have been beneficial in enhancing ovulation, diminishing anxiety, and IVF outcome yoga decreases emotional and psychological stress, anxiety, and depression, which during fertility treatment are usually intensified. Mind-body therapies like yoga promote mood, build emotional strength, and create empowerment feelings. [12]

3. Acupuncture

This classical Chinese method enhances hormonal balance, uterine blood flow, and endometrial receptivity. Acupuncture is also usually applied prior to and following embryo transfer to enhance IVF success. [9]

4. Nutritional and Dietary Therapy

An intake of high-fruit, high-vegetable, whole-grain, and healthy-fat vegetable, legumes, olive oil, and fish diet—like the Mediterranean diet—fosters fertility. Supplements such as folic acid, vitamin D, and CoQ10 support hormonal balance and egg quality. Genetically tailored nutrition according to metabolic requirements is a new trend. The diet consisting mainly of sugars, trans fats, and processed foods, and low in fiber, is associated with inflammation and hormonal disorders that affect fertility. [10]

5. Herbal and Supplement-Based Therapies

Herbs such as Vitex agnus-castus, Ashwagandha, and Maca root are employed to control hormones, manage oxidative stress, and enhance egg health. These are very common because they are naturally obtained and they have fewer side effects, although further research is necessary. [1]

6.Emotional wellbeing and stress management

One of the best strengths of CAM is its focus on mental and emotional healing. Women tend to feel heard, validated, and empowered more during CAM treatment than in traditional environments. [1,3,8] Methods such as yoga, acupuncture, and homeopathy provide relief from emotions and decrease the psychological distress that otherwise impairs fertility results.

CONCLUSION:

Female infertility is a multifaceted condition with physical, hormonal, emotional, and social underpinnings. Conventional medicine may treat many of the physiological factors, but it may not be as effective in bringing holistic, culture-friendly, and emotionally nurturing care. CAM bridges this gap by providing natural, individualized, and integrative treatments.

By integrating treatments such as homeopathy, yoga, acupuncture, nutrition, and herbalism with conventional reproductive care, health systems can present women with a more inclusive, empowering, and hopeful journey to parenthood.

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HOMOEOPATHIC APPROACHES FOR TREATING FALLOPIAN TUBE INFLAMMATION: A SYSTEMATIC REVIEW BASED ON PATHOLOGICAL SYMPTOM CATEGORIES.

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ABSTRACT:

Background: The fallopian tubes are essential for fertilization and the transport of embryos, and any damage to them can result in infertility, affecting approximately 30–40% of cases and significantly elevate the risk of ectopic pregnancy, a serious and potentially life-threatening condition. Salpingitis, resulting from bacterial infections, particularly sexually transmitted infections (STIs) like Chlamydia and gonorrhoea the lower genital tract. Methodology: A systematic review was conducted using studies published between 2000 and 2025 were screened using keywords such as “salpingitis”, “tubal infertility,” and “therapeutic interventions. Discussion: This study highlights the critical role of fallopian tube health in female fertility and revealed that homeopathy may offer a complementary approach, particularly in chronic cases with the help of pathological rubrics. Conclusion: While conventional treatments like antibiotics and surgery are effective in acute cases, they face challenges such as delayed detection and recurrence. Homeopathy presents a promising adjunctive option for chronic and recurrent cases, offering individualized, non-invasive care. However, the absence of robust clinical trials limits its validation.

KEYWORDS: Salpingitis, Homoeopathic therapeutics, Pathological rubrics.

INTRODUCTION:

The fallopian tubes are part of the female upper genital tract which provides the biological environment for successful fertilization and facilitates the subsequent movement of the conceptus to the endometrial cavity. However, when it is damaged, as with salpingitis, pyosalpinx, and hydrosalpinx, it may increase the risk of infertility and ectopic pregnancy, a life-threatening condition. In India, tubal factor is the leading cause of female infertility, accounting for 30–40% of cases due to obstruction [1]. The great

majority of such infections are caused by ascending spread of bacterial infections, particularly sexually transmitted infections (STIs) like Chlamydia and gonorrhoea. Symptoms vary from fever, abdominal pain, abnormal vaginal discharge and painful intercourse. It is a significant health concern, especially among women of reproductive age, and can lead to serious complications if left untreated. Homeopathy holds significant potential in managing both acute and chronic cases of salpingitis. Pathological rubrics refer to symptom categories in homoeopathic repertories that are based on diagnosed disease states or anatomical changes such as inflammation, ulceration. This helps to integrate modern pathological understanding with classical homoeopathic principles, allowing practitioners to match remedies more precisely [2].

OBJECTIVES:

To identify and categorize the pathological types, diagnosis of inflammation of fallopian tube.

To differentiate homoeopathic remedies for salpingitis with the help of pathological rubrics.

METHODOLOGY:

Methodology: A systematic review was conducted using studies published between 2000 and 2025 were screened using keywords such as “salpingitis,” “tubal infertility,” and “Homoeopathic treatment”

AETIOLOGY:

1.Sexually Transmitted Infections (STIs)-Chlamydia trachomatis and Neisseria gonorrhoea.

2.Postpartum Infections and Infections after Medical Procedures like IUDs.

3. Retrograde Menstruation.

4.Cervical Stenosis [4].

TYPE OF PATHOLOGY	DESCRIPTION
Acute Salpingitis	Characterized by congestion, oedema, and infiltration of neutrophils with fever, pelvic pain, and purulent discharge.
Chronic Salpingitis	Fibrous adhesions, lymphoplasmacytic infiltrate, and tubal scarring leading to infertility and ectopic pregnancy.

Hydrosalpinx	A complication of chronic salpingitis where the tube is blocked and filled with serous fluid from mucosal damage and tubal occlusion.
Pyosalpinx	Advanced infection where the fallopian tube is distended with pus. Often follows acute salpingitis and may rupture if untreated.
Tuberculous Salpingitis	Caused by *Mycobacterium tuberculosis*, leading to granulomatous inflammation, stenosis, and infertility. Common in endemic regions [1,2,4].
Salpingitis isthmica nodosa	Nodular thickening of the isthmic portion of the fallopian tube, often due to outpouching of the tubal epithelium into the muscular wall similar to adenomyosis [3].

DIAGNOSIS:

Physical examination is conducted to check for pain or tenderness in the lower abdomen.

Swollen lymph nodes may also indicate an underlying infection. Urine and blood tests to determine infection.

Vaginal culture for vaginal discharge and testing it for specific bacteria.

Ultrasound to investigate the pelvic organs to identify potential problems.

Hysterosalpingogram is used to identify blockages in your fallopian tube.

A laparoscopy is a surgical procedure and is considered as a gold standard for finding the fallopian tubes pathology [4].

LIMITATIONS AND CONSIDERATIONS:

Salpingitis often goes unnoticed in women due to mild or absent symptoms, delaying diagnosis and treatment. Antibiotic-resistant pathogens like *Chlamydia trachomatis* and *Neisseria gonorrhoeae* complicate management, and untreated cases can lead to infertility from fallopian tube damage.

Reinfection is common unless partners are treated, and severe cases may require emotionally and physically taxing surgery [5].

HOMOEOPATHIC INTERVENTIONS:

PATHOLOGICAL RUBRICS CONSIDERED

1.PHATAK-Fallopian tubes: Inflammation of(Salpingitis)[7].

2.BOERICKE-Female Sexual System-Tubes, Fallopian, inflammation(Salpingitis) [9].

3.SYNTHESIS-FEMALE GENETALIA-INFLAMMATION-Oviduct [8].

HOMOEOPATHIC THERAPEUTICS

APIS MELLIFICA- swelling, burning, and stinging pain in the pelvic region, often with a sensation of constriction. <touch>cold application. presence of scanty, yellowish vaginal discharge.

BRYONIA ALBA –Sharp, stitching pain in the lower abdomen or pelvis that worsens with movement.>Pressure and rest, and they may have a dry mouth or other signs of dehydration.

PULSATILLA –The person may experience a heavy, dull, or aching sensation in the pelvic area with mood swings and irritability with thick, yellow or greenish vaginal discharge, which worsens at night. Shifting pain and emotional variability.

MERCURIUS SOLUBILIS –Gonorrhoeal salpingitis, Pyosalpingitis, Intense pelvic pain with a greenish, foul-smelling vaginal discharge. The person may feel hot and sweaty with a sense of restlessness or agitation. Pain<Night

CHAMOMILLA –Severe pain with irritability, mood swings, and restlessness. Intolerance of any touch, and there may be colicky, cramping pains in the pelvic region.

SABAL SERRULATA- Pelvic cellulitis, puerperal fever, inflammation of uterus, ovaries and tubes. Pain radiated to legs. <2 and 7 p.m. Painful urination on next day.

CONIUM MACULATUM -A feeling of fullness or heaviness in the abdomen with sharp pains. >lying on painful side<walking.

SEPIA –Pelvic congestion, particularly in women with a history of menstrual irregularities and for painful intercourse. Feeling of heaviness or dragging in the pelvic region, with aching or cramping and great indifference.

LACHESIS MUTUS –Sharp, burning left-sided pelvic pain with a sensation of fullness or pressure with a tendency toward emotional instability. < pressure or tight clothing, > loosening or cold applications.

ARSENICUM ALBUM: Menses too profuse and too soon. Burning in ovarian region. Leucorrhoea: acrid, burning, offensive, thin. Pain as from red-hot wires; worse least exertion; cause great fatigue; better in warm room. Menorrhagia. Stitching pain in pelvis extending down the thigh.

CANTHARIS: Nymphomania, puerperal metritis, with inflammation of bladder. Menses too early, too profuse; black swelling of vulva with irritation. Constant discharge from uterus < by false step.

COLOCYNTH: Burning pain in ovary. Must draw up double, with great restlessness. Cystic tumours in ovaries or broad ligaments. Bearing down cramps, causing her to bend double.

EUPATORIUM PURPUREUM: Pain around left ovary. Threatened abortion. External genitals feel as though wet.

GELSEMIUM: Vaginismus. Pains pass up back and extends to back and hips. Aphonia and sore throat during menses. Sensation as if uterus were squeezed. Hydrosalpinx.

CHININUM SULPH: Violent shocks and squeezing in the abdomen, extending upwards from the umbilical region to the chest, with forcing pain in the direction of the groins with great heat [6,10,11,12].

CONCLUSION:

Salpingitis, driven by factors such as STIs, postpartum infections, and procedural complications, is a major cause of female infertility and ectopic pregnancy in India, highlighting the urgent need for timely diagnosis and comprehensive management. While conventional treatments like antibiotics and surgery are effective in acute cases, they face challenges such as delayed detection and recurrence. Homeopathy presents a promising adjunctive option for chronic and recurrent cases, offering individualized, non-invasive care.

Gap in research-Lack of empirical data: No peer-reviewed studies quantify cure rates or compare outcomes with conventional treatments.

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A CASE OF POLYCYSTIC OVARIAN SYNDROME CURED WITH HOMOEOPATHY

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ABSTRACT

Introduction: Polycystic Ovarian Syndrome (PCOS), a multigenic endocrine disorder of the female reproductive age group, [1] characterised by hyperandrogenism, ovulatory dysfunction and polycystic ovaries. With a present-day prevalence of 5% to 26%, the disease can be diagnosed with chronic anovulation, hyperandrogenism (clinical or biological), and polycystic ovaries. The symptoms include irregular menses, amenorrhea, menorrhagia, hirsutism, acne, skin pigmentation, alopecia, ovarian cysts. Conventional treatment for PCOS includes oral contraceptives and combination of metformin with low dose of low-dose spironolactone. Case report: A case of 23-year-old female patient presented with irregular menses with pain in lower abdomen, since 5 years. Diagnosis: The USG reports revealed Bilateral PCOS. Intervention: After a detailed case taking and analysis, the patient was administered with Natrium muriaticum 1M/ 1dose. Result: The complaints of the patient were completely relieved within a period of 20 months. Conclusion: This case report signifies the effectiveness of the Homoeopathic medicine Natrum muriaticum in the treatment of Polycystic Ovarian Syndrome.

KEYWORDS: Natrum muriaticum, Polycystic ovarian syndrome.

INTRODUCTION:

Polycystic Ovarian Syndrome (PCOS), a multigenic endocrine disorder of the female reproductive age group, [1] characterised by hyperandrogenism, ovulatory dysfunction and polycystic ovaries.[2] The disorder was initially described by Stein and Leventhal in 1935, with a present-day prevalence of 5% to 26%. [1] Based on the accepted guidelines, PCOS can be diagnosed with the presence of at least 2 of the following 3 criteria: chronic anovulation, hyperandrogenism (clinical or biological), and polycystic ovaries. Multiple comorbidities that are associated with PCOS include infertility, metabolic syndrome, obesity, impaired glucose tolerance, type 2 diabetes mellitus, cardiovascular risk, depression, obstructive sleep apnea, endometrial cancer, and metabolic dysfunction-associated steatoic liver disease (MASLD). [3,4,5]

The pathophysiology of PCOS is complex and multifactorial with aberrancies in ovarian steroidogenesis, insulin resistance, Anti Mullerian hormone (AMH), and Luteinizing hormone (LH) excess from dysfunction of the hypothalamic-pituitary-ovarian (HPO) axis. [6] Majority of women present with irregular periods but women with regular menses may have anovulation and PCOS. Young adolescent girls experience full range of symptoms from irregular menses, amenorrhea, menorrhagia, hirsutism, acne, skin pigmentation, alopecia, ovarian cysts. Other symptoms like anxiety, depression, thyroid problems and galactorrhea, may exist. Obesity or propensity to weight gain is a common feature, though it is not uncommon in non-obese women. [7]

The first-line treatment for women with symptomatic PCOS, specifically for issues such as menstrual irregularities, hirsutism, and acne, is a combined hormonal contraceptive. This can be administered as an oral contraceptive (COC), patch, or vaginal ring. [8] On the other hand, a combination of metformin and low-dose spironolactone has been found to be more effective in alleviating symptoms and improving medication compliance than either medication used separately.[9]

Homoeopathy, a holistic approach in the treatment of diseases with individualised medicines lends helping hands to women with endocrinological disturbances in a gentle and rapid mode of action. This case report elevates the significance of the effectiveness of Homeopathic management in the treatment of Polycystic Ovarian Syndrome.

CASE REPORT:

A case of 23-year-old female patient, presented with the complaints of irregular menses, once in 2 months with scanty and clotted nature, accompanied with pain in lower abdomen extending to the back, in the past 5 years.

History of presenting illness:

The patient complaints with an irregular, scanty and clotted nature of menses, with menses occurring once in 2 months for the past 5 years. The patient had approached a Gynaecologist for the above-mentioned complaints, and was advised to take USG, revealing Bilateral PCOS for which she was prescribed with Hormonal pills which she refused and approached to Homoeopathic treatment.

Personal History:

Marital status: Married since 1 year

Diet: Prefers Non-veg

GENERAL SYMPTOMS

PHYSICAL GENERALS:

Appetite-Good

Thirst-Increased

Stool-Occasional constipation

Urine-Normal.

Sleep-Sound sleep.

Sweat-Generalized

PHYSICAL EXAMINATION

Conscious/Unconscious- Conscious

General built up and nutrition-Well-built

Pallor: Nil

Icterus- Nil

Cyanosis-Nil

Oedema- Nil

Skin- Healthy

Blood pressure - 126/76mm of Hg

Pulse -70 /minute.

Temperature- 98.6 F

Resp.rate - 18 /minute

Others-good.

REACTION TO:

Sunlight aggravation- Skin burns

Desire-Fatty foods

Desire-Cold water

Desire –Fanning

THERMAL-HOT PATIENT.

LIFE SPACE INVESTIGATION:

The patient, born and raised in Tirunelveli, comes from an upper middle-class background. From a young age, she has been optimistic and deeply connected to her family. She prefers companionship over solitude and has always enjoyed spending time with friends. Academically, she performed at an average level but maintained close friendships and liked going out with them. Even during college, she had a strong bond with her peers.

About a year ago, she married a relative. However, prior to this marriage, she had been in a deeply emotional relationship with someone she loved intensely—more than anyone else. She shared everything with him and fought hard to marry him, but due to family opposition, the relationship ended. Believing she had moved on, she agreed to marry her relative and convinced herself she loved him.

Over time, she became emotionally conflicted, questioning whether she truly loved her husband, as she couldn't feel the same depth of affection she once had. Her former boyfriend has since married someone else, yet she continues to harbor feelings for him. To cope with these lingering emotions, she often spends time with friends and avoids dwelling on the past. Despite being married, she struggles to accept the reality of her situation and has not been able to engage in a physical relationship with her husband due to her unresolved feelings.

TOTALITY OF SYMTOMS:

Talkative

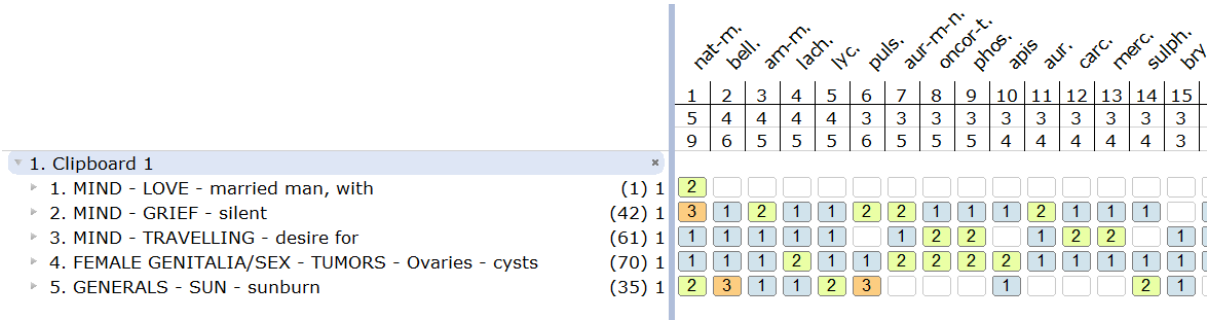
Brooding over past

Desire for travel

Disappointed love

Sunlight aggravation

REPERTORIAL CHART



Analysis of Repertorial chart:

Natrum muriaticum:

Thermal- Hot patient

Symptoms of grief is more marked on patient, though all symptoms are covered by Bell, Amm-m, Lyc, Lach. Loving married man is kind of unusual and PQRS of the patient, where the only remedy under that rubric is Nat-m.

Positive Natrum

Traditional view of Natrum is one pessimism and fixation upon past unhappiness. Whilst this is certainly one side of Natrum psyche, it is not the whole story. Majority of Natrum people resort to positive thinking to help them avoid the bad feelings inside. This positivity was an attempt to flee from past unhappiness and free from worthlessness.[10]

Belladona

It is more of an acute remedy where the patient is not so violent in nature.

Ammonium muriaticum

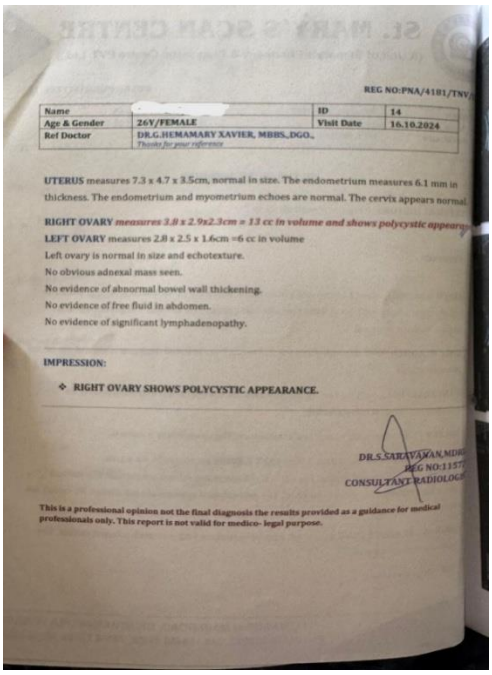
Thermal is chilly and patient is not melancholic.

PRESCRIPTION

Natrum Muriaticum 1M / 1D / M

Sac lac – Weekly once – M

Follow up:



REG NO:PNA/4181/TNV/

Name		ID	14
Age & Gender	26Y/FEMALE	Visit Date	16.10.2024
Ref Doctor	DR.G.HEMAMARY XAVIER, MBBS.,DGO., Thanks for your reference		

UTERUS measures 7.3 x 4.7 x 3.5cm, normal in size. The endometrium measures 6.1 mm in thickness. The endometrium and myometrium echoes are normal. The cervix appears normal.

RIGHT OVARY *measures 3.8 x 2.9x2.3cm = 13 cc in volume and shows polycystic appearance*

LEFT OVARY measures 2.8 x 2.5 x 1.6cm =6 cc in volume

Left ovary is normal in size and echotexture.

No obvious adnexal mass seen.

No evidence of abnormal bowel wall thickening.

No evidence of free fluid in abdomen.

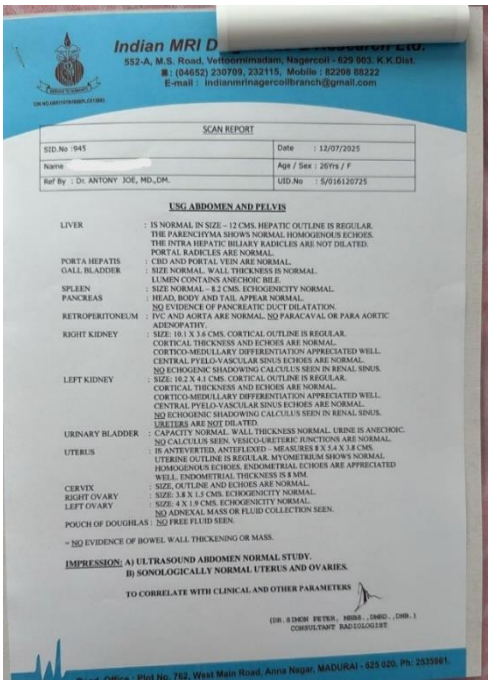
No evidence of significant lymphadenopathy.

IMPRESSION:

- **RIGHT OVARY SHOWS POLYCYSTIC APPEARANCE.**

DR.S.SARAVANAN,MD
REG NO:11577
CONSULTANT RADIOLOGIST

This is a professional opinion not the final diagnosis the results provided as a guidance for medical professionals only. This report is not valid for medico- legal purpose.



Indian MRI D
552-A, M.S. Road, Vettoonimadam, Nagercoil - 629 003. K.K.Dist.
☎: (04652) 230709, 232115, Mobile : 82208 88222
E-mail : indianmrinagercoilbranch@gmail.com

SCAN REPORT

SID.No :945		Date	: 12/07/2025
Name		Age / Sex	: 26Yrs / F
Ref By : Dr. ANTONY JOE, MD.,DM.		UID.No	: 5/016120725

USG ABDOMEN AND PELVIS

LIVER : IS NORMAL IN SIZE – 12 CMS. HEPATIC OUTLINE IS REGULAR. THE PARENCHYMA SHOWS NORMAL HOMOGENOUS ECHOES. THE INTRA HEPATIC BILIARY RADICLES ARE NOT DILATED. PORTAL RADICLES ARE NORMAL.

PORTA HEPATIS : CBD AND PORTAL VEIN ARE NORMAL.

GALL BLADDER : SIZE NORMAL. WALL THICKNESS IS NORMAL. LUMEN CONTAINS ANECHOIC BILE.

SPLEEN : SIZE NORMAL – 8.2 CMS. ECHOGENICITY NORMAL.

PANCREAS : HEAD, BODY AND TAIL APPEAR NORMAL. NO EVIDENCE OF PANCREATIC DUCT DILATATION.

RETROPERITONEUM : IVC AND AORTA ARE NORMAL. NO PARACAVAL OR PARA AORTIC ADENOPATHY.

RIGHT KIDNEY : SIZE: 10.1 X 3.6 CMS. CORTICAL OUTLINE IS REGULAR. CORTICAL THICKNESS AND ECHOES ARE NORMAL. CORTICO-MEDULLARY DIFFERENTIATION APPRECIATED WELL. CENTRAL PYELO-VASCULAR SINUS ECHOES ARE NORMAL. NO ECHOGENIC SHADOWING CALCULUS SEEN IN RENAL SINUS.

LEFT KIDNEY : SIZE: 10.2 X 4.1 CMS. CORTICAL OUTLINE IS REGULAR. CORTICAL THICKNESS AND ECHOES ARE NORMAL. CORTICO-MEDULLARY DIFFERENTIATION APPRECIATED WELL. CENTRAL PYELO-VASCULAR SINUS ECHOES ARE NORMAL. NO ECHOGENIC SHADOWING CALCULUS SEEN IN RENAL SINUS. URETERS ARE NOT DILATED.

URINARY BLADDER : CAPACITY NORMAL. WALL THICKNESS NORMAL. URINE IS ANECHOIC. NO CALCULUS SEEN. VESICO-URETERIC JUNCTIONS ARE NORMAL.

UTERUS : IS ANTEVERTED, ANTEFLEXED – MEASURES 8 X 5.4 X 3.8 CMS. UTERINE OUTLINE IS REGULAR. MYOMETRIUM SHOWS NORMAL HOMOGENOUS ECHOES. ENDOMETRIAL ECHOES ARE APPRECIATED WELL. ENDOMETRIAL THICKNESS IS 8 MM.

CERVIX : SIZE, OUTLINE AND ECHOES ARE NORMAL.

RIGHT OVARY : SIZE: 3.8 X 1.5 CMS. ECHOGENICITY NORMAL.

LEFT OVARY : SIZE: 4 X 1.9 CMS. ECHOGENICITY NORMAL. NO ADNEXAL MASS OR FLUID COLLECTION SEEN.

POUCH OF DOUGHLAS : NO FREE FLUID SEEN.

= NO EVIDENCE OF BOWEL WALL THICKENING OR MASS.

IMPRESSION: A) ULTRASOUND ABDOMEN NORMAL STUDY.
B) SONOLOGICALLY NORMAL UTERUS AND OVARIES.

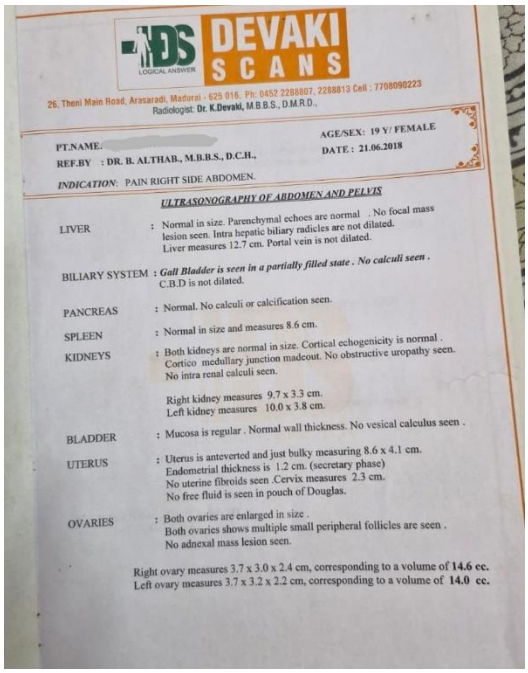
TO CORRELATE WITH CLINICAL AND OTHER PARAMETERS

(DR.SIMON PETER, MBBS.,DMRD.,DNB.)
CONSULTANT RADIOLOGIST

Prime Office : Plot No. 762, West Main Road, Anna Nagar, MADURAI - 625 020. Ph: 2535981.

After medication her menstrual cycles became gradually normal

Within 20 months of treatments her USG of abdomen and pelvis shown normal limits.



DS DEVAKI SCANS
LOGICAL ANSWER
26, Theni Main Road, Arasaradi, Madurai - 625 016. Ph: 0452 2288807, 2288813 Cell : 7708090223
Radiologist: Dr. K.Devaki, M.B.B.S., D.M.R.D.,

PT.NAME: AGE/SEX: 19 Y/ FEMALE
REF.BY : DR. B. ALTHAB., M.B.B.S., D.C.H., DATE : 21.06.2018

INDICATION: PAIN RIGHT SIDE ABDOMEN.

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER : Normal in size. Parenchymal echoes are normal . No focal mass lesion seen. Intra hepatic biliary radicles are not dilated. Liver measures 12.7 cm. Portal vein is not dilated.

BILIARY SYSTEM : ***Gall Bladder is seen in a partially filled state . No calculi seen .*** C.B.D is not dilated.

PANCREAS : Normal. No calculi or calcification seen.

SPLEEN : Normal in size and measures 8.6 cm.

KIDNEYS : Both kidneys are normal in size. Cortical echogenicity is normal . Cortico medullary junction madeout. No obstructive uropathy seen. No intra renal calculi seen.

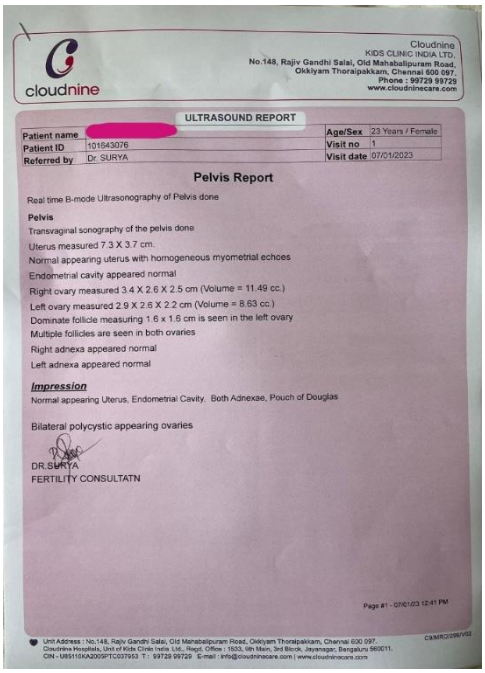
Right kidney measures 9.7 x 3.3 cm.
Left kidney measures 10.0 x 3.8 cm.

BLADDER : Mucosa is regular . Normal wall thickness. No vesical calculus seen .

UTERUS : Uterus is anteverted and just bulky measuring 8.6 x 4.1 cm. Endometrial thickness is 1.2 cm. (secretary phase) No uterine fibroids seen .Cervix measures 2.3 cm. No free fluid is seen in pouch of Douglas.

OVARIES : Both ovaries are enlarged in size . Both ovaries shows multiple small peripheral follicles are seen . No adnexal mass lesion seen.

Right ovary measures 3.7 x 3.0 x 2.4 cm, corresponding to a volume of **14.6 cc.**
Left ovary measures 3.7 x 3.2 x 2.2 cm, corresponding to a volume of **14.0 cc.**



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No.148, Rajiv Gandhi Salai, Old Mahabalipuram Road, Okkiyam Thoraipakkam, Chennai 600 097.
Phone : 99729 99729
www.cloudninecare.com

ULTRASOUND REPORT

Patient name		Age/Sex	23 Years / Female
Patient ID	101643076	Visit no	1
Referred by	Dr. SURYA	Visit date	07/01/2023

Pelvis Report

Real time B-mode Ultrasonography of Pelvis done

Pelvis

Transvaginal sonography of the pelvis done
Uterus measured 7.3 X 3.7 cm.
Normal appearing uterus with homogeneous myometrial echoes
Endometrial cavity appeared normal
Right ovary measured 3.4 X 2.6 X 2.5 cm (Volume = 11.49 cc.)
Left ovary measured 2.9 X 2.6 X 2.2 cm (Volume = 8.63 cc.)
Dominate follicle measuring 1.6 x 1.6 cm is seen in the left ovary
Multiple follicles are seen in both ovaries
Right adnexa appeared normal
Left adnexa appeared normal

Impression

Normal appearing Uterus, Endometrial Cavity. Both Adnexae, Pouch of Douglas

Bilateral polycystic appearing ovaries

DR.SURYA
FERTILITY CONSULTATN

Page #1 - 07/01/23 12:41 PM

Unit Address : No.148, Rajiv Gandhi Salai, Old Mahabalipuram Road, Okkiyam Thoraipakkam, Chennai 600 097.
Cloudnine Hospitals, Unit of Kids Clinic India Ltd., Regd. Office : 1533, 9th Main, 3rd Block, Jayanagar, Bangalore 560011.
CIN - U85110KA2005PTC037953 T : 99729 99729 E-mail : info@cloudninecare.com | www.cloudninecare.com

CMRO/096/V02

CONCLUSION:

This case report not only elevates the significance of Homoeopathic medicine, Natrum muriaticum in the treatment of PCOS, but also opens an insight into the positive picture of the remedy, which is rarely explored.

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SIGNIFICANCE OF MATERNAL HISTORY DURING PREGNANCY WHILE TREATING VERRUCCA VULGARIS IN CHILDREN WITH NATRUM MURIATICUM - A CASE STUDY

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[2] Prof & Research Guide, Dept of Homoeopathic Materia Medica, Kulasekharam,

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ABSTRACT:

Introduction: Verruca Vulgaris also commonly known as Cutaneous Warts is Caused by Human Papilloma Virus that affects the skin surface. In Paediatric cases it is difficult to take case. We can get only the physical symptoms and mental behaviour through actions because 90% of children are clinging and they have fear to express. So, in such kind of cases Maternal case taking is important through which we can get the constitution of child and select the Similimum. Mother during pregnancy has many symptoms which is not her symptoms which is present only during that stage, it is of baby's mental and physical expression. In this case which is of Psychosomatic in origin has been treated through mother case taking especially during pregnancy. Case Presentation: A 5years old, female she was a twin child. She came with the complaints of raised, gray colored, rough, painless warts on the both eyebrows. No itching, no discharge. A case study demonstrated the case taking in paediatrics and the importance of collection of symptoms during pregnancy. Homoeopathic medicine was selected with the collected symptoms and improvement has been noted with Natrum Muriaticum 200 / 1 dose. Intervention: A single dose of Natrum Muriaticum 200 was administered with follow up of over 6 months. No other concurrent medications were given during the treatment period. Conclusion: Maternal case taking during pregnancy plays a vital role to cure the complaints of children and through which Strong Motherhood and Safe childhood plays a key role.

KEYWORDS: *Behaviour, case taking, expression, homoeopathy, maternal, pregnancy, Psych somatization*

INTRODUCTION:

Verruca Vulgaris also commonly known as Cutaneous Warts is Caused by Human Papilloma Virus that affects the skin surface. They are mildly contagious. They are typically a benign lesion that rarely

have malignant transformation. They a appear as a rough, painless papules that can be Gray or Flesh Colores and are found on different areas of the body.

According to Homoeopathy it is of SYCOTIC MIASM. “Psycho” meaning Mind “Somatic” meaning Body has a connection with one another according to Dr. Hahnemann. In, Pediatrics age group collection of symptoms from MOTHER DURING PREGNANCY is important for homeopathic diagnosis and for finding out the SIMILIMUM.

A detailed case history is taken according to HAHNEMANN method-H/o presenting complaints, Family history, General physical examination, systematic examination. But This is a pediatric case so symptoms are collected from Mother with maternal symptoms during pregnancy. As of Mother’s mental state especially any peculiar symptoms, circumstances faced during pregnancy, physical generals (e.g.., salt food desires only during pregnancy) Mental general (e.g., Consolation aggravation) which is peculiar is taken.

Prevalence: Verruca vulgaris, also known as common warts, are very common, with an estimated 7-12% of the population affected worldwide. Prevalence varies, but it's particularly high in children and young adults, with school-aged children experiencing rates of 10-20%. The highest incidence is typically observed between the ages of 12 and 16 years.

NATRUM MURIATICUM:

Understanding of Natrum: Na^+

- Its atomic number is 11. So, it needs to give 1 electron or receive 7 electrons to become stable. That’s why Natrum’s are Dependent in nature.
- It has separate existence but doesn’t have separate identity that’s why natrum persons have Image conscious.
- No capacity to find his own nourishment and care. That’s why they have Nourishment and Metabolism disturbances prone to get Nutritional Disturbances due to effective assimilation. Tendency for Hormonal Imbalances.

Understanding of Muriaticum: Cl^-

- Its atomic number is 17. So, it needs 1 electron or give 7 electrons to become Stable. They come under Halogens. That’s why they have destructive nature like that of disinfecting property. In patient it is seen as Anger, Irritable, Defense mechanism- Suppression.
- They are Being Betrayed or Disappointed Grief about loved ones.

Understanding of Natrum Muriaticum: NaCl

- SPHERE OF ACTION: NUTRITION, MIND, GLANDS, SKIN

- Psych somatization.
- H/o, Betrayal, Disappointment
- Hot patient.
- Desire: Dry Fish. Salt

PATIENT INFORMATION:

CASE SUMMARY: A 5years old, female child she was a twin child. She came with the complaints of raised, gray colored, rough, painless warts on the both eyebrows. No itching, no discharge.

MATERNAL CASE TAKING: G3P3D4A0 She was one among the twin and she is the elder one. She was very active, but wants of support and fear of being alone. Gets anger for trifles. She had warts complaint during 6th month of pregnancy in face. But disappeared after delivery.

PAST HISTORY: This complaint was present at 2 years old too for which they underwent other modes of treatment which was suppressed.

MENTAL GENERLS: [TPR] Very affectionate, Stubborn child, Possessiveness, Wants love and care from mother. Angers easily, INTROVERTED. Consolation aggravation.

PHYSICAL GENERALS:

Appetite: Good hunger.

Thirst: Good prefers cold water.

DESIRES: Fish fry, PICKLES; THERMAL MODALITY: HOT PATIENT

HOMOEOPATHIC MANAGEMENT:

Duration of Treatment: 6 Months**.** Stopped with SACLAC.

Prescription: R_x 1. NATRUM MURIATICUM 200/1 DOSE/HS.

2. SACLAC 13 DOSES/ 0-0-1

- 2 weeks

BASIS OF PRESCRIPTION:

NATRUM [Na^+]

GENERAL UNDERSTANDING OF NATRUM:

1. Want of Love & care.
2. Dependent.
3. Defense Mechanism: Suppression
4. Possessiveness

CHLORINE [Cl^-]

GENERAL UNDERSTANDING OF CHLORINE:

1. Halogen
2. Being Betrayed
3. Independent
4. Anger
5. Hurt/ Humiliation

NATRUM MURIATICUM:

1. SPHERE OF ACTION: Nutrition, Mind, Glands, Skin
2. Psych somatization
3. H/O: maternal suppression during pregnancy
4. Thermal: Hot
5. In Repertory: Skin and Mind: Natrum Mur is indicated in many rubrics in 3+

FOLLOW UP IMAGES: BEFORE & AFTER TREATMENT:

PICTURE: Figure 1: shows Before Treatment. Figure 2: shows after 3rd month of medication, Figure 3: shows after 6th Month of medication.

RESULT AND DISCUSSION: In the above study, after going through the case and on reference with Materia Medica, Natrum Muriaticum covers the individual. And Patient was administered with 200h potency Proper Diet and regimen Is also advised. her case was prescribed on constitutional basis. They are documented through photography during every visit. Thus, MATERNAL HISTORY DURING PREGNANCY PLAYS AN VITAL ROLE IN PAEDIATRICS THROUGH WHICH WE CAN FINOUT THE CONSTITUTION OF CHILD FOR SELECTION OF SIMILIMUM.

CONCLUSION: On the subsequent follow-up there was improvement on the symptoms of the patients' complaints both Mentally and Physically. Potency is selected on the basis of Susceptibility and Homoeopathic Principles. Thus, WHILE TREATING PAEDIATRIC CASES MATERNAL CASETAKING PLAYS AN VITAL ROLE.

ACKNOWLEDGEMENT:

Throughout the case study, I am deeply grateful to Dr. C.R. Krishnakumari Amma, Professor & Research Guide, Department of Materia Medica, Sarada Krishna Homoeopathic Medical College & Hospital, Kulasekharam, Kanyakumari District, Tamil Nadu

DECLARATION OF PATIENT CONSENT: The Proper consent from the patient is made and had granted permission for the publication of the clinical date in the journal. The Patient and their Parents is aware that every attempt would be made to hide her identity, anonymity cannot be ensured. Her name and initials will not be published

SPONSORSHIP AND FINANCIAL SUPPORT: NONE

DISPUTES OF INTEREST: NONE DECLARED.

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SUCCESSFUL HOMOEOPATHIC MANAGEMENT OF INFANTILE INTERTRIGO: A CASE REPORT

Geerthipriya

PG Scholar, Dept of Practice of Medicine, Sarada Krishna Homoeopathic Medical College, Kulasekharam

ABSTRACT:

Introduction: Intertrigo is an inflammatory dermatosis occurring in opposing skin folds, frequently seen in infants due to moisture, friction, and microbial proliferation. Conventional therapies typically involve topical antifungal or antibacterial agents, but recurrence and side effects may occur. Homoeopathy, with its individualized prescription approach, offers a non-invasive alternative. Case report: A 2-month-old female presented with erythema confined to the neck creases, associated with itching, sticky discharge, and an offensive odour. No significant past medical history was reported. A comprehensive homoeopathic case-taking was conducted, emphasizing physical characteristics and individualizing features. Based on the totality of symptoms, Graphites was prescribed. Results: Within 15 days of initiating the homoeopathic treatment, the infant showed marked improvement and complete resolution of erythema, discharge, and odour. No recurrence was observed during the follow-up period. Discussion: The rapid and sustained improvement in this case suggests the potential role of individualized homoeopathic remedies such as Graphites in the management of infantile intertrigo. The prescription was based on characteristic symptomatology, in accordance with the principles of classical homoeopathy. While single-case outcomes cannot be generalized, they provide clinical insights warranting further investigation through larger studies. Conclusion: This case illustrates the successful resolution of infantile intertrigo with individualized homoeopathic treatment, highlighting the importance of remedy selection based on the totality of symptoms.

KEYWORDS: Graphites, Homoeopathy, Individualized treatment, Intertrigo, Infant.

INTRODUCTION:

Intertrigo also known as intertriginous dermatitis is a superficial inflammatory skin condition, derived from the Latin word inter (between) and terere (to rub). This affects the flexural surfaces, irritated by warm temperatures, friction, maceration, moisture and lack of ventilation. Infection with Candida species or other bacteria, viruses or fungi may worsen the condition. It is presented in all age groups, which affects predominantly axilla, under the breasts, perineum and abdominal folds. Rarely it affects the neck creases and interdigital areas. The constant friction between the skin folds produces

irritation, erythematous patch and inflammation. It also develops erosion, fissure, crust and weeping from the site. The moisture and sweat built up here gives an offensive odour. It is more common in persons with obesity, diabetes and bed ridden ones. Homoeopathy has a major scope in the treatment of skin conditions and intertrigo is also one among those. Here, we will see about how Graphites helped in the treatment of intertrigo in a two-month-old baby.

AIMS AND OBJECTIVES:

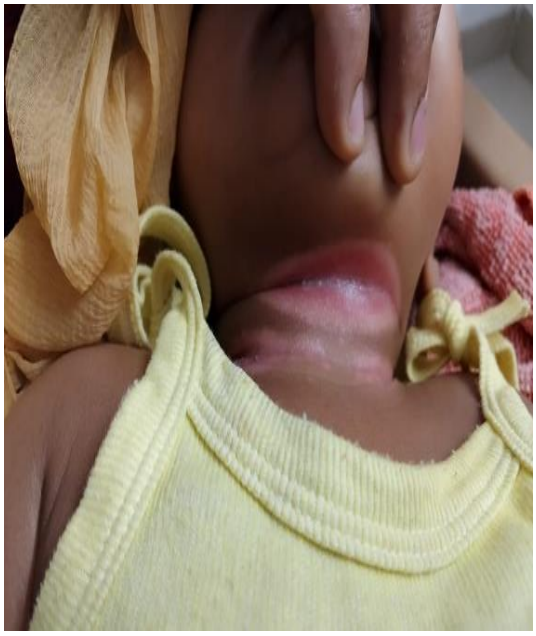
- To elucidate the homoeopathic approach in treating intertrigo, emphasizing the principles of individualization and selecting the remedy.
- To discuss the relevance of homoeopathy as a safe and effective therapeutic option for infants with skin conditions, shedding light on the importance of personalized remedies in homoeopathic practice.

CASE OPERATIVE PROCEDURE:

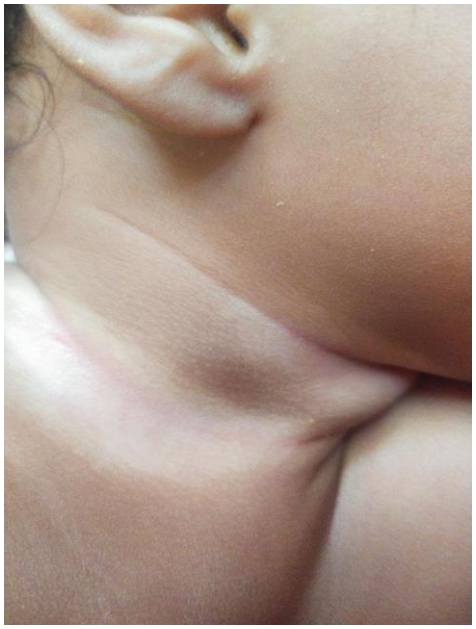
A two-month-old female baby, which was slightly obese, presented with the complaint of redness in the neck crease. The baby kept on rubbing the area, which indicates the presence of itching. There was sticky discharge, along with an offensive odour. The patient’s mother stated that this complaint started slowly and progressed for one month. There was no known cause for the case. After proper case taking and repertorization using BBCR, the remedy Graphites was selected. It was prescribed in 0/1 potency for four times a day. Within 15 days of starting the treatment, the baby showed remarkable improvement and complete cure of intertrigo.

DISCUSSION AND CONCLUSION:

The homoeopathic approach to this case was guided by the aphorisms 152 and 153, from Hahnemann's Organon of Medicine, emphasizing the importance to focus on the individual patient's characteristic and peculiar symptoms. This principle aligns with the core essence of homoeopathy, which seeks to treat the patient as a whole and select a remedy that matches the totality of the patient's unique symptom picture. The diagnosis of intertrigo in this baby was based on the characteristic presentation of symptoms in the neck creases. This intertriginous dermatosis is hampered by the unique conditions of the skin folds, such as moisture, friction, lack of ventilation and sweat. Satellite lesions may develop in case of Candida superinfections. It is also associated with other bacteria, viruses and fungi. High BMI people are more prone to get intertrigo. As in our case the baby is slightly obese, the chance of intertrigo is high. Repertorization with BBCR has been done, as per its peculiar presentation. Graphites was chosen based on its affinity for symptoms such as sticky discharge with offensive odour, which closely corresponded to the characteristic PQRS symptoms in this case. The given medicine is aimed at stimulating the body's inherent healing ability and restoring balance to cure the intertrigo.



Before picture (10/04/2023)



After picture (25/04/2023)

RESULT AND OBSERVATION:

- From the above given clinical snapshot, we can come to know the effectiveness of Graphites, which is a homoeopathic medicine in treating the intertrigo.
- The aphorisms 152 and 153 paved the way for cure with minimal symptoms, by emphasising on the importance of peculiar symptoms.
- By recognizing and prioritizing the most striking, peculiar and uncommon symptoms of the patient, we can find the most suitable remedy that closely matches the individual's unique condition.

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REVIEW ARTICLE ABOUT THE EFFECTIVENESS OF HOMOEOPATHIC MANAGMENT OF DEPRESSION IN POST MENOPAUSAL WOMEN

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ABSTRACT

Menopause is a period of changing role of women from reproductive to post reproductive age. It occurs due to decrease in level of oestrogen, which leads to multiple menopausal symptoms. Aim and Objectives: To study of the psychological problems associated with menopause and Efficacy of Homoeopathic simillimum medicine in management of cases of postmenopausal depression. Methodology: A comprehensive search was done to identify relevant literatures in databased such as Google Scholar. Result: Our finding in various articles, observational study, clinical study collectively providing evidence of the homoeopathic medicine managing all menopausal symptoms, effective also in postmenopausal depression Conclusion: With the help of Homoeopathy, we can bring the emotional balance in the equilibrium, on the level of soul, mind and body.The Homoeopathy system gives best results in case of Post menopause with the increased risk of depression.

KEYWORDS: Depression, Homoeopathic management, Menopause, Post menopause

INTRODUCTION:

Psychological problems and particularly depression is one of the common issues menopausal women face in the modern societies. Menopause is defined as the time of cessation of ovarian function resulting in permanent amenorrhea. According to the World Health Organization, 12 months of amenorrhea confirm that menopause. [(2)]It occurs at a median age of 51.4 years in normal women, and is a reflection of complete, or near complete, ovarian follicular depletion, with resulting hypo estrogenemia and high FSH concentrations. Etiology: Menopause occurs when the ovaries are totally depleted of eggs and no

amount of stimulation from the regulating hormones can force them to work. [4]

BACKGROUND:

Depressive mood disorders are prevalent mental health conditions affecting millions worldwide, with a higher incidence in females. [4][5]

The prevalence of depression symptoms among the peri- and post-menopausal women was 41.8%. Of all women, 23.2% were premenopausal and 56.9% were postmenopausal

Depression can lead to disability and affect interpersonal relations, career and social functions which can cost a high amount to health-care system. [2]

The Study of Women's Health Across the Nation followed 3,302 women, and the Seattle Midlife Women's Health Study followed 508 women. Both studies revealed a heightened risk for depression during the perimenopausal period and early postmenopausal years (up to 2 years postmenopausal), with the presence of hot flashes being an independent risk factor. Other factors have been identified as being associated with depression during the menopausal transition, including age, ethnicity (higher risk in African American and lower risk in Asian populations), low education, family history of depression, postpartum blues or depression, high body mass index, use of hormone therapy or antidepressants, history of premenstrual dysphoric disorder, cigarette smoking, stressful life events, and presence of vasomotor symptoms, reinforcing the complex, multifaceted aspect of depression during this period in women's life[7]

Depression is a common yet potentially serious symptom of menopause. It involves more than the occasional period of sadness and if not treated, can lead to more severe mental disorders and effect in quality of life. Women ages 45 to 55 are four times more likely to have depression than women who have not yet reached that stage in life. The main reason women, especially menopausal women are more likely to suffer from depression due to insomnia, night time hot flushes. It is a serious mental illness characterized by more than two weeks of extremely low moods that affect how a person feels, thinks and acts. [4]

The underlying reason for depression can be due to hormonal imbalance, especially the decreased level of estrogen. This hormone plays a big part in regulating brain functions, especially chemicals like serotonin and cortisol that influence mood. Decreasing levels of estrogen can also cause other physical and mental symptoms like hot flushes and anxiety. [8]

HOMOEOPATHIC MANAGEMENT

CONIUM MACULATUM–Depression during menstruation pregnancy and menopause. Excitement cause mental depression. Timid weak memory, afraid to be alone. Memory weak, unable to sustain any mental effort.

IGNATIA AMARA–Nervous debility during menopause. Women of sensitive, easily excitable nature, dark, mild disposition, quick to perceive, rapid in exudation. Rapid change of mental and physical condition, opposite to each other.

LACHESIS MUTUS–Very important during climacteric and for patients with a melancholic disposition. Sensation of tension in various parts cannot bear anything tight anywhere.

Flooding at climacteric and in pre-cancerous flowing.

PULSATILLA PRATENSI–Depression due to hormonal change. There is extreme tendency to cry and craving for sympathy, Fresh air, cold drink desire, weeps easily, Timid, irresolute. Morbid dread of the opposite sex.

SEPIA OFFICINALIS–Women experiencing exhaustion, apathy, and indifference, particularly when related to hormonal changes, such as during menopause or postpartum periods. Unusual bleeding during menopause, Hot flushes at menopause with weakness and perspiration. Symptoms travel upwards. Easy fainting. Ball like sensation in inner parts. Feels cold even in a warm room. Indifferent to those loved best. Averse to occupation, to family. Irritable, easily offended.Dreads to be alone.Very sad.[5][6]

AURUM METALLICUM - Used for severe depression with feelings of worthlessness, self- reproach, and suicidal thoughts

NATRUM MURIATICUM- Suitable for individuals who suppress emotions and experience symptoms such as sadness, sensitivity to criticism, and difficulty expressing grief. [9]

CONCLUSION:

In Post menopause all women have been a change in the state of mentally and physically is common condition due to hormonal changes. Homoeopathy Managing the condition of Postmenopausal Depression by an Individualized homoeopathic Medicine is selected based on Patient as a whole Mental, Emotional, Physical aspect of symptom collecting full picture of patient it helpful for selecting peculiar medicine to patient complaint.

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IMPACT OF HOMEOPATHY ON REPRODUCTIVE AND METABOLIC PARAMETERS IN WOMEN WITH POLYCYSTIC OVARY SYNDROME: A SYSTEMATIC REVIEW

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ABSTRACT:

Introduction: Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder that impairs reproductive and metabolic health. Many patients explore complementary and alternative medicine (CAM) options such as homeopathy, despite limited high-quality evidence[1]. Objective: To systematically evaluate the effectiveness of homeopathic medicines in improving reproductive and metabolic outcomes in women with PCOS. Methods: Databases searched included PubMed, PMC, Google Scholar, Indian Journal of Research in Homoeopathy, and Thieme, covering January 2000–August 2025. Randomized controlled trials (RCTs), quasi-experimental studies, case series, and case reports were included if they evaluated homeopathic interventions in PCOS[2]. Outcomes assessed were menstrual regularity, ovulation, pregnancy rate, metabolic markers, androgen levels, and adverse events. Results: A total of 12 studies met the inclusion criteria, comprising 2 pilot RCTs [3,4], 3 quasi-experimental studies [5,6,7], and 7 case series/reports[8,9,10]. Most studies reported improvements in menstrual cycle regularity, ovarian morphology, and/or hormonal profiles following homeopathic treatment. However, the evidence base was limited by small sample sizes, lack of blinding, heterogeneous interventions, and inconsistent outcome measures[15]. No large, multi-center RCTs were identified. Safety reporting was inadequate, though no serious adverse events were documented. Conclusion: While small-scale studies suggest potential benefits of homeopathy in PCOS, the evidence remains insufficient for definitive clinical recommendations. Well-designed, adequately powered RCTs are urgently needed to validate efficacy and safety.

INTRODUCTION:

Polycystic Ovary Syndrome (PCOS) affects 5–15% of women of reproductive age and is characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology[16]. The condition often leads to infertility, metabolic syndrome, and reduced quality of life. Conventional management includes hormonal contraceptives, ovulation induction agents, and insulin-sensitizing drugs[17].

However, due to perceived side effects or unsatisfactory outcomes, many women seek complementary and alternative medicine (CAM) approaches, including homeopathy[18].

Homeopathy operates on the principle of ―like cures like‖ and uses highly diluted substances to stimulate

the body's healing processes. Anecdotal reports and small clinicalstudies have suggested improvements in menstrual cycles, ovulation, and metabolic health in PCOS patients treated with homeopathic remedies[13,14].

Despite growing interest, the scientific evidence supporting homeopathy for PCOS remains unclear[15]. This review aims to systematically assess the available clinical data on homeopathic interventions in PCOS, focusing on reproductive and metabolic outcomes.

METHODS:

Search Strategy: Comprehensive searches were conducted in PubMed, PMC, Google Scholar, Indian Journal of Research in Homoeopathy, and Thieme from January 2000 to August 12, 2025. Search terms included: ―homeopathy AND PCOS‖, ―homoeopathy AND polycystic ovary syndrome AND randomized‖, ―homeopathic treatment AND PCOS AND case series‖.

Inclusion Criteria: Human studies evaluating individualized or fixed-remedy homeopathic treatments for women diagnosed with PCOS, reporting at least one reproductive or metabolic outcome. Eligible designs included RCTs, quasi-experimental studies, and observational case series/reports.

Exclusion Criteria: Non-human or in vitro studies; interventions combining homeopathy with herbal or Ayurvedic medicine without separate analysis; and studies lacking primary outcome data.

Data Extraction: Information was extracted on study design, population characteristics, interventions, comparators, outcomes, results, and adverse events.

Quality Assessment: RCTs were evaluated using the Cochrane Risk of Bias tool[19]; non- randomized studies were assessed using the ROBINS-I tool[20].

RESULTS:

Study Characteristics: Twelve studies met the inclusion criteria: 2 pilot RCTs[3,4], 3 quasi- experimental studies[5,6,7], and 7 case series/reports[8,9,10]. Sample sizes ranged from 10 to 120 participants; follow-up durations varied from 3 months to 1 year. Interventions included individualized homeopathic prescriptions (e.g., Pulsatilla, Sepia, Calcarea carbonica) and fixed protocols.

Reproductive Outcomes: - Menstrual Regularity: Most studies reported improvement in cycle regularity within 3–6 months of treatment[3,4],[8,9,10].

- Ovulation & Pregnancy: Limited evidence from one small RCT and two observational studies[5,9] suggested an increase in ovulation rates; pregnancy data were sparse and mostly anecdotal.
- Ovarian Morphology: Ultrasound follow-up in several studies [6, 8,10] showed partial or complete resolution of cysts in some participants, though not consistently.

Metabolic Outcomes:

- Three studies [5,6, 7] assessed insulin resistance (HOMA-IR) and fasting glucose, with mixed results. One quasi-experimental study[5] reported significant improvement in HOMA-IR after 6months of treatment, while others found no change.
- Serum levels decreased in some[6,7] but not all studies.

Safety:

- No serious adverse events were reported, but systematic safety monitoring was rare[15].

Quality of Evidence:

- Methodological limitations were common: inadequate randomization, lack of blinding, small sample sizes, and non-standardized outcomes.

-High heterogeneity precluded meta-analysis.

DISCUSSION:

This review found that homeopathic medicines may have potential to improve certain reproductive outcomes, such as menstrual regularity and ovulation, in women with PCOS [3,4,5]. Some studies also indicated possible benefits for metabolic markers [5,6, 7]. However, the quality of the available evidence is low due to methodological flaws and high variability in interventions and outcome reporting[15].

The lack of large, well-conducted RCTs makes it impossible to determine whether observed benefits are due to homeopathy itself, placebo effects, concurrent lifestyle modifications, or natural disease fluctuations[21].

Future trials should employ:

- Adequate sample sizes and statistical power
- Double-blind, placebo-controlled designs
- Standardized diagnostic and outcome measures[22]
- Longer follow-up periods
- Comprehensive safety monitoring

CONCLUSION:

Current evidence from small, low-quality studies suggests that homeopathy may offer benefits for menstrual cycle regulation and symptom relief in women with PCOS [3,4, 5]. However, there is insufficient evidence to recommend homeopathic treatment as a standard management option.Large-scale, high-quality RCTs are needed to clarify the role of homeopathic medicines in PCOS management, particularly with respect to reproductive and metabolic outcomes, safety, and cost-effectiveness.

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IMPACT OF MATERNAL EMPLOYMENT ON CHILD MENTAL HEALTH: PSYCHOSOCIAL PERSPECTIVES AND HOMOEOPATHIC CONSIDERATIONS – A NARRATIVE REVIEW

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ABSTRACT

Background: Maternal employment, now common worldwide, may influence child mental health through factors such as timing of return to work, childcare quality, maternal stress, and family support. Homoeopathy's individualized, holistic approach offers complementary support for children's emotional and behavioural well-being. Objectives: To examine psychosocial effects of maternal employment on child mental health and assess the potential role of homoeopathy alongside conventional care. Methods: A narrative review (2000–2025) of studies on maternal employment, child mental health, and homoeopathy was conducted. Relevant literature was thematically analysed to identify psychosocial factors and therapeutic roles. Results: Early maternal return to work is associated with greater behavioural and emotional issues, influenced by family and care quality. Individualized homoeopathic management with psychosocial support may reduce anxiety, build resilience, and improve coping. Conclusion: A combined strategy—addressing stressors, enhancing childcare, and integrating homoeopathy—can improve outcomes, though further paediatric research is warranted.

KEYWORDS: Homoeopathy, Maternal employment, Paediatric behavioural health.

INTRODUCTION:

Maternal employment has become a defining feature of modern family life worldwide. While increased workforce participation by mothers offers economic benefits and personal fulfilment, it also raises questions about its impact on child mental health and development. The dynamics involve psychosocial factors such as maternal stress, quality of childcare, family interactions, and socio-economic conditions. Complementing conventional perspectives, Homoeopathy offers individualized management approaches to support child mental wellbeing amid these challenges.

PSYCHOSOCIAL PERSPECTIVES ON MATERNAL EMPLOYMENT & CHILD MENTAL HEALTH:

- Research shows mixed but insightful findings regarding maternal employment and child mental health outcomes. Children whose mothers spend more time at home tend to exhibit fewer emotional and behavioural problems, including lower rates of depression, anxiety, and conduct issues[1]. However, maternal employment's effects vary depending on employment type, timing, and duration.
- Early return to work (within the first year postpartum) has been linked to increased externalizing behaviours and reduced prosocial behaviours in children, likely mediated by attachment disruptions and childcare quality [2].
- Part-time or later return to work is generally associated with fewer mental health problems and better social adjustment [2].
- The family stress model proposes that maternal employment can increase stress and role overload, potentially diminish maternal mental health and negatively impact child wellbeing [2].
- Conversely, the enhancement hypothesis suggests that employment may boost maternal self-esteem and social support, benefiting both mother and child" [2].
- Quality of alternative childcare and maternal sensitivity are key moderators influencing outcomes [2, 3].
- Maternal occupational hazards and psychological stress also negatively affect child cognitive and behavioural development, partly due to reduced maternal time and energy for supportive parenting[3].
- Overall, the relationship involves complex mediating and moderating factors including socio-economic status, family support, and maternal mental health.

LINKING MATERNAL EMPLOYMENT & CHILD MENTAL HEALTH THEORETICALLY:

The relationship between maternal employment and child mental health can be understood through multiple theoretical perspectives in economics, sociology, and developmental psychology. The household economics model focuses on the trade-off between time and money: while employment boosts family income to purchase resources like childcare, staying at home offers more direct parental time and emotional support. If increased earnings do not fully compensate for reduced parental attention, child mental health may suffer. Sociological frameworks add that maternal health mediates this relationship—according to the scarcity hypothesis, juggling work and caregiving can deplete time and energy, creating stress that negatively affects children. In contrast, the enhancement hypothesis suggests that multiple roles can increase self-esteem and social support, benefitting both mother and child. [4,5]

These theories generally agree that the link between maternal employment and child mental health is indirect and shaped by mediators such as maternal well-being and financial stability. Moderating factors, including the child's age and the timing of a mother's return to work, are also critical. Early return to work has drawn special attention due to its potential impact on attachment and sensitive developmental periods. This complexity highlights that maternal employment's influence on children depends on broader family, societal, and economic contexts, requiring nuanced approaches in both research and policy. [6,7]

CHALLENGES IN CHILDREN OF EMPLOYED MOTHERS:

Children of employed mothers may face several major health and behavioural issues, influenced by psychosocial and caregiving factors linked to maternal employment. Key challenges include:

- Increased behavioural problems: Studies show children of working mothers, especially with early return to work (within the first year postpartum), may exhibit more externalizing behaviour problems such as conduct issues, hyperactivity, and attention difficulties.
- Higher risk of infections and hospitalizations
- Nutritional concerns and malnutrition: Maternal employment has been associated in some settings with higher rates of child malnutrition, including stunting and underweight, possibly due to reduced breastfeeding duration and less direct feeding time.
- Mental health issues: There can be increased rates of anxiety, depression, and somatic complaints related to stress and changes in caregiving environment.
- Sleep disturbances and lower vaccination rates [8].

HOMOEOPATHIC CONSIDERATIONS IN CHILD MENTAL HEALTH RELATED TO MATERNAL EMPLOYMENT:

Homoeopathy offers a holistic and individualized approach that can support children experiencing emotional and behavioural challenges potentially related to maternal employment circumstances.

Individualized treatment: Homoeopathy considers the child's specific physical, emotional, and behavioural symptoms, aiming to restore balance and stimulate innate healing capacities.

Management of behavioural problems: Clinical evidence from child welfare and community mental health settings indicates Homoeopathy may improve conduct disorders, oppositional defiant behaviours, hyperactivity, and anxiety in children [9, 10].

Support for emotional resilience and stress coping: Remedies such as *Calcarea carbonica*, *Silicea*, *Lachesis*, and *Natrum muriaticum* are often indicated based on constitutional symptomatology including stress, fearfulness, irritability, or attachment disturbances [9, 10, 11].

Safety and suitability for children: Homoeopathic remedies are highly diluted and safe for paediatric use, without sedative or toxic side effects—a significant advantage in long-term management of developmental and mental health issues.

Complementary integration: Homoeopathy can be used alongside psychological counselling, behavioural therapies, and conventional treatments to enhance overall child mental health outcomes.

CONCLUSION:

Maternal employment impacts child mental health through multifaceted psychosocial pathways involving maternal time, stress, family dynamics, and childcare quality. The nature of employment, timing, and socio-environmental factors critically modulate outcomes. In this complex landscape, Homoeopathy offers a gentle, individualized, and safe complementary approach to support children's emotional and behavioural wellbeing. Tailored homoeopathic treatment, integrated with psychosocial support and family-centered care, may help mitigate mental health challenges arising in contexts of maternal employment stress and contribute to resilient child development.

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NON-BULLOUS IMPETIGO TREATED WITH HOMOEOPATHY: A CASE REPORT

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ABSTRACT

Background: Impetigo is a highly contagious superficial bacterial skin infection, most commonly affecting children. It is characterized by vesicular or pustular eruptions that rupture to form honey-colored crusts. Non-bullous impetigo is the more common form, usually caused by *Staphylococcus aureus* or *Streptococcus pyogenes*[1]. Homoeopathy, through individualized prescriptions based on totality of symptoms, offers a safe and gentle mode of treatment. Method: Individualized homoeopathic medicine was prescribed after case taking and repertorization, remedies selected based on the totality of symptoms. Result: A 2-year-old female child presented with multiple vesicular eruptions on the face for the past 3 days. She was clinically diagnosed with non-bullous impetigo. Based on the case totality, *Antimonium crudum* 0/3 (LM potency) was prescribed, followed by *Sulphur 200*. Conclusion: This article presents a documented case of non-bullous impetigo in a 2-year-old female child successfully treated with individualized homoeopathic remedies, prescribed after repertorization, with photographic evidence demonstrating clinical improvement. This case highlights the potential role of homoeopathy as a gentle, effective, and non-toxic treatment modality for impetigo, especially in children.

KEYWORDS Antimonium Crudum, Homoeopathic medicine, LM potency, Non-bullous impetigo, Repertorization.

INTRODUCTION:

Impetigo is a highly contagious bacterial skin infection, most common in children, and presents with vesicles or pustules that rupture to form honey-colored crusts[2]. Non-bullous impetigo, the most frequent type, is usually caused by *Staphylococcus aureus* and occasionally *Streptococcus pyogenes*. It accounts for up to 10% of pediatric skin problems globally, with

higher incidence in warm, humid climates and crowded living conditions[3]. Risk factors include poor hygiene, close contact with cases, and skin injuries. While antibiotics are the standard treatment, rising resistance has encouraged exploration of alternatives such as homoeopathy, which uses individualized remedies to stimulate natural healing. This report documents a successfully treated paediatric case with photographic evidence.

CASE REPORT:

History of Presenting Complaints:

A 2-year-old female child presented with vesicular eruptions on the face for the past 3 days, predominantly involving the nasal folds, preauricular areas, right ear, margins of the upper lip and forehead. The lesions were associated with intense itching, aggravating the child's

irritability; she resisted being touched and persistently scratched the affected areas. The eruptions discharged a whitish, odorless, sticky exudate that dried to form honey-colored

crusts. The onset followed bathing in a river two days prior to appearance of the lesions. The itching was aggravated by sun exposure and sweating and can't bear Heat. There was no history of insect bites, fever, chills, or food allergy.

Past History:

No any relevant history and all developmental milestones were appropriate for age.

Family History:

No relevant family history.

MENTAL GENERALS: Child is very irritable, cries due to itching and doesn't want to be touched.

LOCAL EXAMINATION:

Site: Forehead, Margins of upper lip, Folds of Nose and Preauricular area, extending to the pinna of the right ear.

Shape: Irregular.

Margins: Ill-defined

Surface: Covered with honey-coloured crusts. Discharge: Minimal, serous exudate under crusts. Tenderness: Mild tenderness on palpation.

Warmth: localized warmth present

TOTALITY OF SYMPTOMS:

1. Irritable child

2. Doesn't want to be touched
3. Ailments from Bathing in River
4. Eruptions on face with itching and sticky discharge
5. Honey coloured crust on the eruptions
6. Aggravation on sweating, Heat, Sun exposure

Remedy	Ant-c	Calc	Cic	Sep	Con	Mez	Rhus-t	Verat-v	Ars	Clem	Dulc	Ip	Acon	Arum-t	Bry
Totality	16	9	9	9	8	8	8	8	7	7	7	7	7	7	7
Symptoms Covered	5	3	3	3	3	3	3	3	3	3	3	3	2	2	2
[Complete] [Mind] Irritability:Children, in:Touch agg.:	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Skin] Eruptions:Impetigo:	4	3	3	3	3	4	3	1	3	1	3	1	0	4	0
[Complete] [Skin]Eruptions:Crusts, scabs:Honey colored, honey like:	3	0	3	0	0	3	0	0	0	0	0	0	0	0	0
[Complete] [Generalities]Sun:Agg.:	4	4	3	3	4	1	1	4	3	3	1	3	4	3	4
[Complete] [Generalities]Wet, getting:Agg.:Perspiration, during:	1	2	0	3	1	0	4	3	1	3	3	3	3	0	3

REPERTORIAL SHEET:

RESULT:

After repertorisation with Complete repertory, Antimonium Crudum covered the maximum number (5) with maximum marks (16). After referring homoeopathic materia medica, the prescription has been done. The duration of treatment was 10 Days. The Improvement in her Eruptions was seen after 3 days of Treatment.

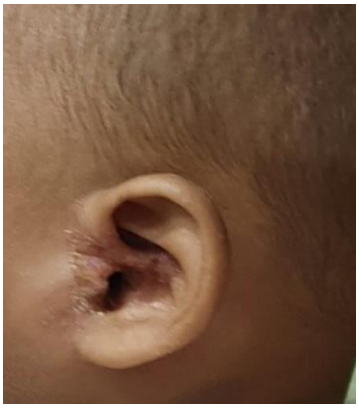
FIRST PRESCRIPTION ON 08.04.25

ANTIMONIUM CRUDUM 0/3 3DOSE (1X HS) FOR 3 DAYS

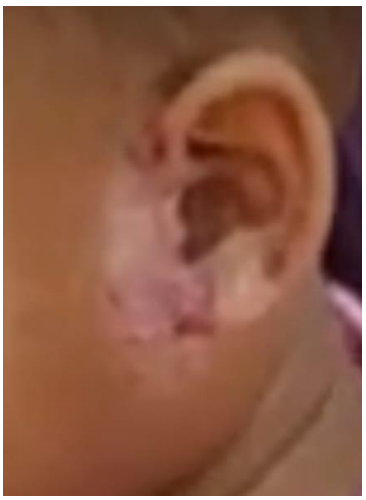
FOLLOW UPS:

S.NO	DATE	INFERENCE	PRESCRIPTION
1.	11.4.25	ERUPTIONS: ITCHING MUCH BETTER ERUPTIONS: DISCHARGES ABSENT NO NEW SYMPTOMS	SAC LAC 7D / 7 DAYS
2.	18.4.25	ERUPTIONS GOT CLEARED CHILD IS VERY COOPERATIVE NO NEW COMPLAINTS	SAC LAC 7D/ 7 DAYS SULPHUR 200/ 1D ON 8 TH DAY

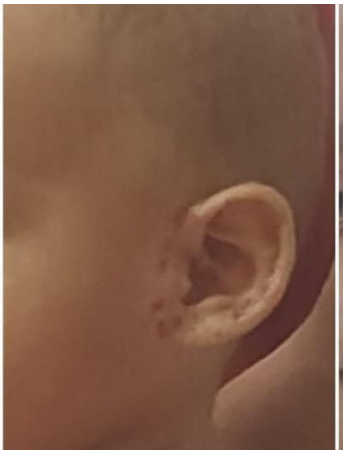
A. BEFORE TREATMENT ON 08.04.25



B. 1ST FOLLOW UP ON 11.04.25



C. 2ND FOLLOW UP ON 18.04.25



DISCUSSION:

Non-bullous impetigo is one of the most frequently encountered pediatric dermatological infections, primarily caused by *Staphylococcus aureus* and *Streptococcus pyogenes*. While conventional antibiotic therapy is the standard of care, emerging antimicrobial resistance, drug intolerance, and parental concerns regarding repeated antibiotic courses highlight the need for alternative therapeutic strategies. In this case, an individualized homoeopathic approach was employed, emphasizing the selection of a remedy based on the totality of symptoms rather than solely the pathological diagnosis.

The selected remedy, Antimonium crudum, corresponded well to the child's presenting picture — irritability, aversion to touch, eruptions with thick crust formation, aggravation from heat and sun exposure, and post-bathing onset[5]. The LM potency was chosen to ensure a gentle and sustained action, particularly suitable for a young child's sensitivity, Nature of disease to minimize aggravation. The administration schedule followed Hahnemannian principles, with observation of early improvement after three days, suggesting an appropriate similimum had been prescribed.

An anti-miasmatic prescription of Sulphur 200 at the end of treatment was aimed at reducing susceptibility to recurrence, as Sulphur is often indicated in chronic or relapsing cutaneous conditions and is recognized for its role in clearing latent psoric tendencies[8]. The rapid resolution of lesions, absence of spread, and lack of recurrence during follow-up reinforce the value of an individualized homoeopathic protocol in acute bacterial skin conditions[7].

Photographic documentation served as an objective adjunct to clinical assessment, substantiating the observed changes in lesion morphology and healing trajectory. This aligns with current recommendations for case documentation in complementary medicine, aiding reproducibility and transparency.

CONCLUSION:

This case illustrates that individualized homoeopathic management, guided by a detailed totality of symptoms and supported by repertorization, can lead to rapid and complete resolution of non-bullous impetigo in children, without the use of antibiotics. The use of LM potency in acute pediatric conditions proved safe and effective, with no observed adverse effects. An anti-miasmatic prescription may play a role in preventing recurrence. While antibiotics remain essential for severe or widespread bacterial infections, homoeopathy may serve as a complementary approach in mild to moderate cases, thereby helping to reduce overall antibiotic use and the risk of resistance.

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HOMOEOPATHIC MEDICINES – ASSET IN THE TREATMENT OF ACUTE RESPIRATORY ILLNESSES IN PEDIATRIC AGE GROUP: A CLINICAL STUDY

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ABSTRACT

Introduction: Acute respiratory illnesses (ARIs) are among the leading causes of childhood morbidity and mortality worldwide, accounting for 20–30% of outpatient visits and hospital admissions. Inappropriate use of antibiotics in ARI management contributes to antimicrobial resistance and adverse drug reactions. Homoeopathy offers an individualized therapeutic approach that may provide effective symptom relief without significant side effects. Aim: To analyse the efficacy of homoeopathic medicines in the treatment of Acute Respiratory Illnesses in Paediatric age group. Methods: A prospective clinical study was conducted over six months at the OPD, IPD, and Rural Health Centres of Sarada Krishna Homoeopathic Medical College, Tamil Nadu, India. Thirty paediatric patients aged 1–18 years with ARIs, not requiring emergency care, were selected via purposive sampling. Cases were assessed using standardized acute case sheets, repertorized via ZOMEO PRO software, and treated with individualized homoeopathic prescriptions. Outcomes were evaluated over two weeks using disease-specific assessment scales. Results: All 30 cases showed clinical improvement within three days of treatment. The preschool age group (4–6 years) was most affected (26.7%), and males predominated (53.3%). Common causative factors included drenching in rain (10%) and weather changes (10%). Acute bronchitis was the most frequent diagnosis (33.3%). Pulsatilla nigricans was the most prescribed remedy (20%), followed by Rhus toxicodendron (13.3%). Conclusion: Individualized homoeopathic medicines resulted in rapid symptom resolution in paediatric ARI cases, with the highest incidence observed in preschool-aged males and strong climatic associations. Given the limitations of antibiotic-based management, homoeopathy may be a viable complementary or alternative therapeutic option for non-emergency ARIs in children. Larger randomized controlled trials are recommended to validate these findings.

KEYWORDS: Acute respiratory illness, Paediatrics, Homoeopathy, Pulsatilla nigricans, Acute bronchitis, Alternate medicine

INTRODUCTION:

Acute respiratory illness (ARI) refers to a sudden onset of respiratory symptoms affecting the airways ranging from the nose to the lungs.[1] It is one of the commonest health problems in the paediatric age group, contributing significantly to childhood morbidity and mortality worldwide accounting 20 – 30% of outpatient visits and hospital admissions among children.[2] In children under five, the estimated global incidence of LRTIs is around 0.22–0.29 episodes per child annually, whereas the estimated global incidence of URTIs is 3–6 episodes per child annually. [3] According to India's National Family Health Survey-5 (NFHS-5), 2–4% of children under five years old experienced ARI symptoms in the two weeks before the survey. [4] The monsoon and winter seasons seem to have the highest incidence. [5] If not properly managed, ARIs can lead to serious complications, including acute respiratory distress, chronic lung damage or even death in severe cases [6]. In modern medicine, management typically involves symptomatic relief with antipyretics, decongestants, antihistamines, bronchodilators, antibiotics. [7] However, the overuse of antibiotics may lead to drug resistance, immune suppression and prolonged use of certain medications can cause gastrointestinal upset, allergic reactions, drowsiness, and changes in gut microbiota in children. [8] In this context, homeopathy offers an individualized approach and aims to enhance the body's natural healing response without causing significant side effects. This study was conducted to analyse and establish the efficacy of homoeopathic medicines in the treatment of Acute respiratory Illnesses in Paediatric patients. Additionally, this study reveals the commonest medicine and potency prescribed, predominant gender affected and influence of causative factors in paediatric cases with ARIs. This article is constructed based on PITCH guidelines for case series.

AIM AND OBJECTIVES:

Aim:

To analyse the efficacy of homoeopathic medicines in the treatment of Acute Respiratory Illnesses in Paediatric age group.

Objectives:

- To establish the clinical and therapeutic efficacy of homoeopathic remedies in the treatment of Acute Respiratory Illnesses in Paediatric patients through standard disease - specific questionnaires.

- To analyse the commonest age group, predominant gender and causative factors in occurrence of Acute Respiratory Illnesses amongst paediatric patients.
- To explore the commonly reported disease and frequently indicated homoeopathic medicine in the treatment of Acute Respiratory Illnesses in Paediatric age group.

METHODOLOGY:

Study Design:

This is a Prospective Clinical study conducted to analyse the efficacy of homoeopathic medicines in the treatment of Acute Respiratory Illnesses in Paediatric age group.

Study Population and Setting:

The cases for this study were selected from Out-Patient Department, In-Patient Department and Rural Health centres of Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari, Tamil Nadu, India.

Sample Size: 30 cases

Sampling technique: Purposive sampling

Duration of Study: 6 months

Inclusion Criteria:

- ✓ Patients presenting with Acute Respiratory Illnesses.
- ✓ Patient presenting Acute Respiratory Illness not requiring any serious medical emergency.
- ✓ Patients of both genders within the age group 1 to 18 years.

Exclusion Criteria:

- ✓ Patients with Acute Respiratory Illnesses requiring serious medical emergency.
- ✓ Patients who are undergoing treatment from other systems of medicine for Acute Respiratory Illnesses.
- ✓ Patients with chronic diseases and immune-compromised conditions.
- ✓ Patients below the age of 1 year and above the age of 18 years.

Brief Procedure:

- ✓ 20 cases reported in OPD, IPD and Rural Health Centres of Sarada Krishna Homoeopathic Medical Collegiate Hospital were screened for this study.
- ✓ Out of which, 15 cases satisfying the inclusion and exclusion criteria were taken into study.

- ✓ Detailed case taking was done. Symptoms with all the other necessary data were recorded in the standardized acute case sheet format of Sarada Krishna Homoeopathic Medical Collegiate Hospital.
- ✓ The totality of symptoms was constructed and repertorization was done using ZOMEO PRO Homoeopathic Software Version 3.0
- ✓ The Indicated medicine was prescribed in assistance with Homoeopathic Materia Medica. The potency was chosen according to the susceptibility of the patient and the repetition of dose was planned as per the homoeopathic principles.
- ✓ The cases were followed for 2 weeks. The symptomatic improvement was assessed and recorded using disease specific assessment scores/ scales checked before and after treatment in the subsequent follows up.
- ✓ The results based on the observations done were represented in the form of Tabular columns.

OBSERVATIONS:

TABLE 1. DISTRIBUTION OF CASES ACCORDING TO AGE

S. No.	Age Group	Category	Numbers of cases
1.	1 year to 3 years	Toddler	3
2.	4 years to 6 years	Pre school	4
3.	7 years to 10 years	Early School age	3
4.	11 years to 13 years	Early Adolescence	3
5.	14 years to 16 years	Middle Adolescence	1
6.	17 years to 18 years	Late Adolescence	1

TABLE 2. DISTRIBUTION OF CASES ACCORDING TO GENDER

S. No.	Gender	Number of Cases
1.	Male	8
2.	Female	7

TABLE 3. DISTRIBUTION OF CASES ACCORDING TO CAUSATIVE FACTORS

S. No.	Causative Factors	No. of Cases
1.	Drenching in rain	3
2.	Change of weather	3
3.	Drinking cold water	1
4.	Drinking cold drinks	1
5.	Eating cold food	1
6.	Exposure to cold air	1
7.	Bathing in Pond	1
8.	Playing in water	1
9.	Exposure to smoke	1
10.	Exposure to damp weather	1
11.	Humid climate	1

TABLE 4. DISTRIBUTION OF CASES ACCORDING TO DISEASES

S. No.	Diseases	No. of Cases
1.	Acute Bronchitis	10
2.	Acute Rhinitis	3
3.	Acute Tonsilitis	2

TABLE 5. DISTRIBUTION OF CASES ACCORDING TO MEDICINE PRESCRIBED

S. No.	Medicine Prescribed	No. of Cases
1.	Pulsatilla nigricans	6

2.	Rhus toxicodendron	4
3.	Kali sulphuricum	1
4.	Coccus cacti	1
5.	Arsenicum album	1
6.	Bryonia alba	1
7.	Natrum sulphuricum	1

RESULT:

All the 30 cases taken for this study improved within 3 days of time. The improvement in symptoms of all cases were assessed using standardised disease specific assessment scales/ scores. The Preschool age group was vulnerable to Acute Respiratory Illnesses. Males were more affected than females. Drenching in rain and Change of weather were the commonest causative factors responsible for the occurrence of Acute Respiratory Illnesses in Paediatric patients. Most of the cases reported were diagnosed with Acute Bronchitis. Pulsatilla nigricans was the commonly indicated medicine in Acute respiratory Illnesses.

DISCUSSION:

In the present study, all 30 paediatric cases of Acute Respiratory Illness (ARI) showed clinical improvement within three days of homoeopathic treatment, as assessed by standardized disease-specific assessment scales. The findings support the therapeutic potential of individualized homoeopathic prescriptions in managing ARIs in children.

The majority of affected children belonged to the preschool age group (4–6 years), which aligns with existing epidemiological data indicating higher ARI incidence in children under five years due to immature immunity, frequent exposure to pathogens in group settings, and limited prior antigenic experience. [9,10] Males were more affected than females, a pattern also reported in other paediatric respiratory epidemiology studies. [11]

Environmental triggers such as drenching in rain and sudden weather changes were the most frequently reported precipitating factors. This is consistent with previous research that has identified climatic fluctuations, humidity and direct exposure to rainwater as significant contributors to ARI incidence in tropical regions. [5, 12]

Acute bronchitis was the predominant diagnosis in this cohort (33.3%), which corroborates with literature indicating that lower respiratory tract infections, particularly bronchitis and bronchiolitis, are common in Paediatric ARI presentations. [13,14]

The most frequently prescribed medicine was *Pulsatilla nigricans* (20%), followed by *Rhus toxicodendron*. Both remedies are well-documented in homoeopathic materia medica for acute inflammatory respiratory conditions with characteristic modalities and discharge patterns. [15,16] The high rate of rapid clinical improvement in our study may be attributed to individualized remedy selection based on totality of symptoms, a principle that differentiates homoeopathy from conventional symptomatic management.

Our findings suggest that individualized homoeopathic treatment could provide symptomatic relief without the risks associated with polypharmacy and unnecessary antibiotic use, in line with previous clinical observations. [17]

CONCLUSION:

This prospective clinical study demonstrates that individualized homoeopathic prescriptions can lead to rapid improvement in Paediatric Acute Respiratory Illnesses. Given the global concerns regarding antibiotic resistance and drug side effects in children, homoeopathy may serve as a viable complementary or alternative therapeutic approach in non-emergency ARI cases. Further research with larger sample sizes and randomized controlled designs is recommended to strengthen the evidence base and to explore long-term outcomes of homoeopathic intervention in Paediatric ARIs.

CONFLICTS OF INTEREST: NIL

ACKNOWLEDGEMENT:

I sincerely submit my deep sense of gratitude to Dr. M. Murugan, Professor & Head, P.G and Ph. D Guide, Dept. of Organon of Medicine & Homoeopathic Philosophy of Sarada Krishna Homeopathic Medical College for motivating, guiding and supporting me all the way to complete this study.

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VIBURNUM OPULUS IN THE MANAGEMENT OF MISCARRIAGE: A REVIEW

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ABSTRACT:

Introduction: Miscarriage—particularly threatened or recurrent—is a prevalent complication in early pregnancy, often accompanied by uterine cramps. *Viburnum opulus* ("cramp bark") has traditional relevance in thwarting miscarriage due to its antispasmodic and uterine-relaxant qualities. Objective: To critically evaluate homeopathic uses of V. opulus in threatened and recurrent miscarriage, using evidence from materia medica, ethnomedical literature, and pharmacologic studies. Methods: A systematic literature review identified relevant sources, including clinical observations, homeopathic materia medica, ethnobotanical monographs, and pharmacological studies. Emphasis was placed on uterine relaxant activity, historical usage, and application in pregnancy. Results: Indexed data consistently affirm *V. opulus* as a potent uterine antispasmodic. Materia medica references (Boericke) highlight classical indications such as cramping down thighs and threatened abortion. Pharmacological studies identify active compounds (scopoletin, viopudial) and demonstrate smooth muscle relaxation in vitro and in animal models. Ethnobotanical records reveal historical preventive use in miscarriage by traditional practitioners. Modern trials remain limited. Conclusion: *Viburnum opulus* maintains clinical significance in miscarriage management when symptom profiles align with traditional indications. While pharmacologic plausibility and historical use are robust, randomized clinical trials are required for modern validation.

KEYWORD**:** Viburnum opulus; miscarriage; uterine spasm; homeopathy; antispasmodic; ethnobotany; pharmacology

INTRODUCTION:

Miscarriage is the most common pregnancy complication, occurring in approximately 15% of cases. A significant majority—around 70% to 80%—of isolated early pregnancy losses are caused by abnormal chromosomal numbers in the embryo, known as embryonic aneuploidy.[1] Threatened miscarriage and habitual early pregnancy loss present substantial clinical challenges. Conventional care emphasizes

monitoring and supportive interventions, yet complementary options like *V. opulus*—commonly used by herbalists and homeopaths—offer alternative approaches rooted in botanical antispasmodic properties.

Ethnobotanical and Historical Uses

Viburnum opulus (VO) is a species within the Viburnum genus of the Adoxaceae family, though it has also been classified under the monotypic Viburnaceae family and was previously placed in Caprifoliaceae. Commonly referred to by a variety of names, it is known as guelder rose, European cranberrybush, European guelder, water elder, rose elder, cherry-wood, crampbark, snowball tree, and gilaburu. In the 19th century, Eclectic physicians commonly used Cramp Bark to treat various forms of muscular and visceral cramping. It was recommended for conditions such as painful menstruation (dysmenorrhea), risk of miscarriage, muscle spasms, ovarian discomfort, chest pain (angina), irregular heartbeats (palpitations), bladder spasms, and bedwetting in children (infantile enuresis).[2]

Homeopathic Materia Medica Indications

For threatened abortion with intense uterine cramping and habitual early miscarriages, accompanied by lumbar pain and bearing-down sensations. Cramp that can be sharp, spasmodic, or persistent. Women experiencing habitual early miscarriages—those that occur repeatedly in the initial weeks or months of pregnancy—may find it especially beneficial. These miscarriages are often accompanied by distressing symptoms such as aching or throbbing pain in the lower back (lumbar region), and a bearing-down sensation in the pelvis, as if the uterus is being pulled downward or there is pressure pushing toward the vaginal opening. These symptoms may mimic the onset of labor, even though the pregnancy is not yet full-term, and can be emotionally and physically exhausting.[3] *Viburnum opulus* is described as a remedy that "often prevents miscarriage," especially when the cause is **s**pasmodic uterine pain or false labor pains. It is particularly suited for women who experience frequent and very early miscarriages, sometimes leading to a state of "seeming sterility." The remedy is also indicated in false labor—pains that resemble the onset of childbirth but occur prematurely and without progression. These pains are typically cramping in nature, radiating from the back or lower abdomen down into the thighs, and may be accompanied by a marked bearing-down sensation in the pelvis. "Often prevents miscarriage," particularly in cases of spasmodic uterine pain and false labor.[4] Frequent and very early miscarriage; causing seeming sterility. False labour pains.[5]

Pharmacological and Phytochemical Evidence

Active constituents **s**copoletin and viopudial are responsible for uterine relaxant effects—scopoletin noted as antispasmodic, viopudial distinct to *V. opulus*. Scopoletin: Reduces active uterine contractions, easing cramping. Viopudial: Further supports relaxation by vascular and muscular pathways, possibly improving uteroplacental blood flow. Studies in isolated rat uterine tissue show relaxation at defined extract concentrations.[6] Antispasmodic and anti-inflammatory action: Traditional reports and recent reports attribute smooth muscle relaxation, reduced prostaglandin-mediated contractions, and increased uterine blood flow to *V. opulus* constituents. Antioxidant and vaso protective properties: Studies in rodents show proanthocyanidins afford mucosal protection through NO modulation and antioxidant enzyme elevation.[7] Phytochemical profile: Scopoletin (6-methoxy-7-hydroxycoumarin) Activity: Potent antispasmodic; inhibits smooth muscle contraction through calcium channel modulation. Reduces uterine cramping, a major factor in threatened miscarriage. Viopudial (unique iridoid dialdehyde) Activity: Hypotensive and smooth muscle relaxant; vasodilatory effect may improve uteroplacental circulation. Helps maintain uterine quiescence and adequate blood flow during early pregnancy. Chlorogenic acid, caffeic acid, p-coumaric acid Activity: Antioxidant, anti-inflammatory, and vasoprotective. Protects uterine tissues from oxidative stress and inflammation, which may contribute to miscarriage risk. Ursolic acid, oleanolic acid Activity: Anti-inflammatory, mild smooth muscle relaxant, and hormone-modulatory. May help balance inflammatory responses in the reproductive tract.[8]

CONCLUSION:

The compiled evidence supports the antispasmodic and potential miscarriage-preventive properties of *Viburnum opulus*, spanning traditional use, pharmacologic action, and homeopathic applicability. However, definitive clinical trials in pregnant populations are notably absent. Future research should prioritize randomized controlled trials, dosage standardization, and safety profiling to confirm its role in evidence-based obstetric care.

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A CASE REPORT ON VULVAR ALLERGIC CONTACT DERMATITIS TREATED WITH GRAPHITES – AN INDIVIDUALISED HOMOEOPATHIC TREATMENT

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ABSTRACT:

Introduction: Vulvar allergic contact dermatitis (ACD) is a skin reaction on the vulva caused by an allergic response to a substance that comes into contact with the skin. It's a type of vulvar dermatitis, where the vulva becomes inflamed, itchy, and irritated. Avoiding the allergen and using topical corticosteroids are key to managing symptoms. This delayed type hypersensitivity reaction develops upon re-exposure to the allergen and is characterized by symptoms such as redness, intense itching, swelling, and in some cases, blisters or oozing lesions. Case Presentation: A 28 -year-old woman presented with chronic vulval itching of 6 months duration, associated with dryness, redness, cracks, and occasional sticky discharge. Multiple topical and oral conventional treatments provided temporary relief but failed to prevent recurrence. Based on repertorial analysis, Graphites 200C was prescribed as a single dose, followed by placebo. Outcome: Within 4 weeks, there was complete relief from itching, fissures healed, and no recurrence was noted over the next 2 months. General well-being, sleep quality, and mood improved significantly. Conclusion: This case demonstrates the efficacy of individualized homoeopathic prescription of Graphites in chronic vulval itching, emphasizing the importance of constitutional treatment for lasting results.

Keywords: Vulval itching, Pruritus vulvae, Graphites, Homoeopathy, Case report, Chronic skin disorder

INTRODUCTION:

Vulvar dermatitis is a skin condition that causes an itchy, irritated and inflamed vulva. ACD is a type 4 or delayed-type hypersensitivity reaction (DTH) that occurs when a person's immune system reacts to a

tiny molecule (less than 500 Daltons), or hapten, that comes into touch with a sensitized person's skin. Sensitization is the term for the process by which a hapten and a protein combine to form a compound that causes the growth of an allergen-specific T cell population, which is the first or induction phase of ACD. 20% of contact dermatoses are ACD, and the allergens vary widely according on a person's location, lifestyle, and interests. Chronic cases are often resistant to conventional topical or antifungal treatments, leading to recurrent symptoms and psychological distress.

Signs and symptoms

- Acute: Bullae, vesicles, and erythema.
- Chronic: Fissures, cracks, lichenification, and scaling.
- General: soreness and itching.

Homoeopathy, based on the *law of similar*, takes into account not only the local pathology but also the patient's mental, emotional, and general symptoms to select a remedy that matches the entire symptom picture. This case report illustrates the successful management of chronic vulval itching using Graphites, a remedy known for skin conditions with dryness, cracks, and sticky exudations, particularly in chilly, reserved individuals.

CASE PROFILE

Presenting complaints: A 28-year-old female, residing in Thiruvananthapuram came to my clinic on 23 February 2025, with the complaints of itching in the vulval region for about 6 months. Along with the itching she also had redness, dryness and cracks and occasionally sticky discharge. The complaints got worse at night, before menses, after washing with soap and in cold weather. She got relieved by warm applications and during leucorrhoea. She is having profuse leucorrhoea along with she experiences back pain during the time.

History of Present Illness:

The patient reported that itching initially started intermittently but gradually became continuous and distressing, interfering with sleep. Scratching produced burning sensation and occasional mild bleeding from fissures. She had tried multiple topical creams and antifungal agents with temporary relief.

Past History:

- Eczema in childhood, treated with topical ointments.

- No history of diabetes, hypertension, or thyroid disorder.

Family History:

- Mother had psoriasis.

General Symptoms:

- Thermal reaction: Chilly.
- Appetite: Good; prefers warm food.
- Thirst: Moderate.
- Desires: Sweets.
- Aversions: Fish.
- Bowels: Constipation with hard, knotty stools.
- Sleep: Disturbed due to itching.

Mental Generals:

- Reserved, introverted personality.
- Dwells on past unpleasant events mainly death of her father.

Physical Examination:

- Vulval skin: Dry, thickened, with fissures and mild erythema.
- No active infection.
- No evidence of lichen sclerosus or malignancy.

DIAGNOSIS

- Clinical diagnosis: Vulval allergic contact dermatitis (ACD).

REPORTORIAL ANALYSIS

Characteristic Symptoms Considered for Totality:

1. Itching of vulva with redness, dryness and cracks.
2. Leucorrhoea profuse

3. Backpain during leucorrhoea
4. Constipation with hard stools.
5. Chilly patient, worse in cold weather.
6. Reserved, sensitive nature.

Remedy	Graph	Calc	Sep	Nat-m	Sulph	Puls	Phos	Bell	Merc	Ars	Con	Thuj	Carb-v	Med	Nit-ac
Totality	36	30	35	32	29	30	26	23	26	25	24	23	22	22	22
Symptoms Covered	11	11	10	10	10	9	9	9	8	8	8	8	8	8	8
[Complete] [Female Genitalia]Redness:	3	3	4	0	3	0	0	3	3	2	0	1	3	3	3
[Complete] [Female Genitalia]Swelling:	4	3	4	3	1	4	3	3	3	4	3	4	3	3	4
[Complete] [Female Genitalia]Itching:	4	4	4	4	4	4	1	1	4	3	4	4	4	4	4
[Complete] [Skin]Itching:Menses:Before:	4	3	1	1	4	0	0	0	3	0	1	0	1	0	0
[Complete] [Female Genitalia]Leucorrhea:Profuse:	4	4	4	4	3	3	4	1	3	3	3	3	3	3	2
[Complete] [Back]Pain:Leucorrhea:With:	1	2	3	3	0	4	3	3	0	0	3	0	0	1	0
[Complete] [Female Genitalia]Leucorrhea:White:	4	4	4	4	3	4	4	3	3	3	3	3	3	0	1
[Complete] [Female Genitalia]Dryness:	3	1	4	4	1	2	1	4	0	3	0	1	0	0	1
[Complete] [Mind]Introverted:	1	1	3	4	3	4	3	1	3	3	3	3	0	3	3
[Complete] [Generalities]Food and drinks:Fish:Aversion:	4	1	0	1	3	1	3	0	0	0	0	0	1	1	0
[Complete] [Rectum]Constipation:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Reportorial Result:

1. Graphites 36/11
2. Calc carb 30/11
3. Sepia 35/10
4. Nat mur 32/10
5. Sulph 29/10

Final Remedy Selection: Graphites was selected based on constitutional similarity and skin affinity.

PRESCRIPTION & JUSTIFICATION

a. Prescription: Graphites 200C, single dose, followed by placebo for 14 days.

b. Justification: Graphites covers skin complaints with cracks, dryness, and gluey discharge; constipation; aggravation in cold; and reserved personality traits.

FOLLOW-UP:

DATE	OBSERVATION	PRESCRIPTION
Day 0	Severe itching, dryness, fissures with sticky discharge. Disturbed sleep.	Graphites 200C × 1 dose + Sac Lac 14 D
2 weeks	Itching reduced by 50%, fissures, healing, discharge minimal, sleep better	Sac Lac 14 D
4weeks	Complete relief of itching, fissures healed, skin normal	Graphites 200C × 1 dose + Sac Lac 14 D
8weeks	No reccurence, general well being, improved, confidents and energetic	Sac Lac 14 D

RESULTS & DISCUSSION

The case highlights the effectiveness of Graphites in managing chronic vulval itching when prescribed constitutionally. The remedy choice was supported by both local symptoms
(dryness, cracks, sticky discharge) and general constitution (chilly, constipated, reserved).

Conventional topical treatments had failed to produce lasting improvement, whereas Graphites achieved complete relief within 4 weeks with no recurrence during 2 months of follow-up.

Homoeopathy approaches such conditions by addressing the root disturbance in the vital force, not merely the local pathology. This ensures a deeper and more sustained cure compared to suppressive methods.

CONCLUSION: Individualized homoeopathic prescription of Graphites successfully resolved a chronic case of vulval itching resistant to conventional treatment. This emphasizes the role of constitutional prescribing in dermatological and gynecological complaints, offering safe, gentle, and longlasting relief.

CONFLICT OF INTEREST: Nil.

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EFFICACY OF HOMOEOPATHIC MANAGEMENT IN POLYCYSTIC OVARIAN SYNDROME: A COMPREHENSIVE SYSTEMATIC REVIEW

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ABSTRACT:

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder in women of reproductive age, characterized by irregular menstruation, hyperandrogenism, and metabolic imbalances. Conventional treatments alleviate symptoms but often cause side effects, prompting interest in complementary therapies such as homoeopathy. This systematic review evaluates the efficacy of homoeopathic management in PCOS based on clinical studies including observational research and randomized trials. Findings suggest that individualized homoeopathic treatment can regulate menstrual cycles, restore hormonal balance, improve metabolic health, and enhance fertility. Homoeopathy's holistic approach addresses both physical and psychological aspects of PCOS, potentially offering benefits beyond conventional therapies. However, existing evidence is limited by small sample sizes and methodological variability, highlighting the need for larger, well-designed trials to confirm efficacy and develop standardized protocols. Greater integration of homoeopathy into multidisciplinary care may improve patient outcomes and quality of life. Continued research is essential to establish homoeopathy as a viable complementary option in PCOS management.

KEYWORDS: Complementary and alternative medicine, Homoeopathy, Hyperandrogenism, Irregular menstruation, Integrative medicine, Polycystic Ovary Syndrome (PCOS).

INTRODUCTION:

PCOS was first described in 1935 by American gynaecologists Irving F. Stein Sr. and Michael L. Leventhal and is also known as Hyperandrogenic Anovulation or Stein–Leventhal Syndrome. Historical records noted ovarian cysts as early as 1721 and 1844. In India, about 9.13% of women of reproductive age have PCOS. It is a leading cause of subfertility and endocrinopathy. Though ultrasound often reveals multiple ovarian cysts, their presence is not mandatory for diagnosis.[2]

EPIDEMIOLOGY:

According to WHO data (2010), around 116 million women worldwide (3.4%) have PCOS. Community studies using Rotterdam criteria estimate prevalence up to 18%, with about 70% remaining undiagnosed. Polycystic ovaries can appear in 8–25% of healthy women and 14– 21% of oral contraceptive users, indicating that ultrasound findings alone are insufficient for diagnosis.[3]

CLINICAL FEATURES:

1) Irregular or infrequent menstrual periods
2) Missed or absent menstruation
3) Heavy menstrual bleeding
4) Excessive hair growth (hirsutism) on face, body, chest, and abdomen
5) Acne on face, chest, and upper back
6) Unexplained weight gain
7) Thinning scalp hair or hair loss
8) Acanthosis nigricans. [4]

GENETICS AND METABOLIC BASIS:

- PCOS has complex hereditary patterns and may be asymptomatic within families. Insulin resistance (IR) is central, causing hyperinsulinemia that stimulates ovarian androgen production. Elevated androgens contribute to male-pattern baldness, acne, and ovulatory dysfunction. PCOS is associated with low-grade inflammation and increased risks of type 2 diabetes, coronary artery disease, and metabolic syndrome. [5]

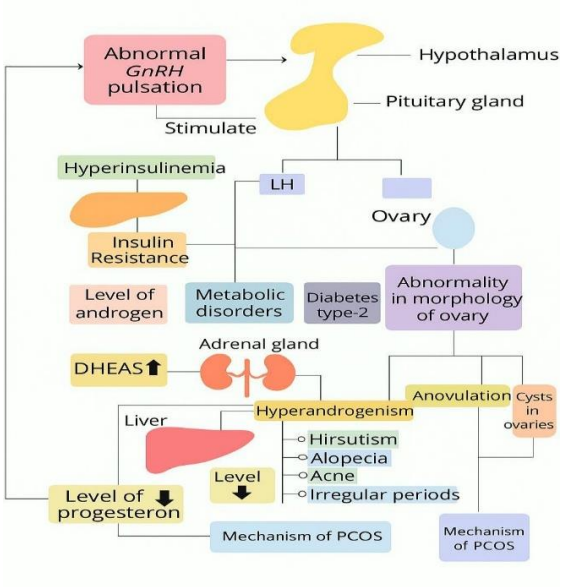

Fig:1 PATHOPHYSIOLOGY AND MECHANISM OF PCOS

DIAGNOSTIC CRITERIA:

I. NIH Criteria (1990):

- Clinical or biochemical hyperandrogenism and ovulatory dysfunction required
- Polycystic ovaries on ultrasound not mandatory
- Prevalence: 5–8%

II. Rotterdam Criteria (2003):

- Diagnosis if two of three features present: hyperandrogenism, ovulatory dysfunction, polycystic ovarian morphology (≥12 follicles or ovarian volume >10 cm^3)
- Four phenotypes defined; phenotype A most common
- Prevalence: 15–18%

III. AE-PCOS Society Criteria:

- Hyperandrogenism mandatory plus ovulatory dysfunction or polycystic ovaries

- Focus on women with higher metabolic risk
- Prevalence similar to Rotterdam criteria.[6]

COMPLICATIONS:

1) Infertility due to ovulatory disruption
2) Increased miscarriage risk linked to hormonal and insulin abnormalities
3) Gestational diabetes
4) Hypertension associated with insulin resistance
5) Elevated cardiovascular risk from metabolic disturbances

ASSOCIATED DISORDERS:

1) Insulin resistance and type 2 diabetes
2) Dyslipidemia
3) Autoimmune hypothyroidism
4) Depression and anxiety disorders
5) Sleep apnea
6) Non-alcoholic fatty liver disease
7) Increased risk of endometrial cancer due to chronic unopposed estrogen exposure. [7]

LABORATORY EVALUATION:

1) Fasting glucose-to-insulin ratio (<4.5 in obese adults, <7 in adolescents)
2) Hormonal assays: total testosterone (up to 150 ng/dL common; >200 ng/dL suggests tumors), DHEA-S, prolactin, 17-hydroxyprogesterone, cortisol
3) LH/FSH ratio ≥2 supports diagnosis but is not definitive
4) Pelvic ultrasound showing polycystic ovarian morphology (≥10–12 follicles or ovarian volume

>11 mL). [8]

INDIVIDUALIZED AND MULTIFACTORIAL TREATMENT APPROACHES:

Management requires a tailored plan addressing reproductive, metabolic, and psychological symptoms. Lifestyle modification (diet, exercise, weight control) is foundational. Pharmacological therapies target menstrual irregularities and hyperandrogenism. Emerging research on plasma metabolomics, gut microbiota, and anti-Müllerian hormone (AMH) aims for more precise treatments. Combined therapies outperform monotherapies given PCOS's complex nature. [9]

HOMOEOPATHIC MANAGEMENT:

- Homoeopathy offers individualized treatment focused on holistic, long-term improvement. Indian studies show personalized remedies can regulate menstrual cycles, improve BMI, restore hormonal balance, and enhance fertility, with some cases reporting complete symptom resolution. Key remedies include:

1) Lachesis: Left-sided ovarian pain, menopausal symptoms
2) Apis mellifica: Right-sided ovarian cyst pain with burning/stinging
3) Colocynthis: Severe left ovarian squeezing pain relieved by firm pressure
4) Graphites: Menstrual irregularities with left-sided tearing pain
5) Lycopodium: Burning right-sided pain, heavy delayed menses
6) Bufo: Severe ovarian tenderness and cramps
7) Pulsatilla: Infrequent, erratic periods. [10]
8) Sepia: Pelvic pain, irritability, low libido
9) Natrum muriaticum: Acne, scanty flow, weight gain
10) Calcarea carbonica: Fatigue, heavy bleeding, obesity
11) Arsenicum album: Anxiety, diarrhea during menses
12) Thuja: Scanty menses, oily skin, unwanted hair growth. [11]

CONCLUSION:

Homoeopathic management shows promise as a complementary therapy for PCOS, benefiting menstrual regulation, hormonal balance, and fertility with minimal side effects. Its individualized approach addresses the multifactorial nature of PCOS, including reproductive, metabolic, and psychological aspects. Current clinical evidence, mainly from Indian studies, supports improved quality of life and health outcomes. However, variability in study design and limited sample sizes necessitate further randomized controlled trials to validate efficacy, optimize remedies, and standardize protocols. Integrating homoeopathy within multidisciplinary care could enhance adherence and patient satisfaction through holistic management. Increased awareness among healthcare providers and patients is essential for timely diagnosis, comprehensive treatment, and long-term monitoring. Ultimately, combining homoeopathy with conventional therapies may offer safer, more effective PCOS management.

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CASE REPORT: GLASS SYNDROME IN A FEMALE CHILD – A RARE PRESENTATION WITH IMPROVEMENT UNDER HOMOEOPATHIC MANAGEMENT

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ABSTRACT

Introduction: Glass syndrome (SATB2-associated syndrome) is an extremely rare genetic disorder characterized by developmental delay, hypotonia, recurrent infections, and variable craniofacial or behavioural features. Few cases have been reported globally, with limited literature from India. **Case Presentation:** We describe a genetically confirmed case of Glass syndrome in a female child presenting with delayed walking from one and a half years of age, recurrent respiratory infections, poor oral hygiene, drooling, balance disturbances, and fear of toys. The family history was significant for neonatal death of a sibling due to respiratory distress, metabolic disorder in another sibling, paternal grandmother with cancer, and father recently diagnosed with leukaemia. Genetic confirmation was obtained through DNA analysis following normal MRI and EEG findings. On the basis of totality of symptoms homoeopathic medicine Kreosotum was given Under individualized homoeopathic management for three years, the child demonstrated marked clinical improvement including reduced frequency of respiratory infections, independent walking and stair climbing, initiation of speech, improved recognition skills, and reduced drooling. **Conclusion:** This case adds to the sparse literature on Glass syndrome and suggests a potential supportive role for homoeopathic therapy in improving functional outcomes in affected children.

INTRODUCTION

Glass syndrome, also known as SATB2-associated syndrome, is a rare genetic disorder caused by pathogenic variants in the SATB2 gene, which regulates brain development, craniofacial formation, and cortical neuron differentiation. Mutations in SATB2 and related chromatin-remodeling or transcriptional-regulation genes impair protein function, disrupt neuronal development, and result in developmental delay, hypotonia, intellectual disability, craniofacial anomalies, and recurrent infections.

Diagnosis is often challenging due to variable expression and rarity. It typically requires genetic confirmation alongside clinical evaluation and imaging. This report describes a genetically confirmed case of Glass syndrome in a 3-year-old girl from India, highlighting her clinical course, diagnostic challenges, and management with individualized homeopathic treatment, which showed notable improvement in motor, speech, and general health outcome.

CASE REPORT

Patient Information

A 3-year-old female presented with delayed walking (since 1.5 years), speech delay, recurrent respiratory infections, poor feeding skills, damaged teeth with offensive discharges, and fear of playing with toys.

Medical and Family History

The mother had a neonatal loss in a prior pregnancy due to respiratory distress. Another sibling had a metabolic disorder at 3 months of age. The father was recently diagnosed with leukaemia, and the paternal grandmother had a history of cancer.

The patient’s early development was reportedly normal until 7 months, after which delays became apparent.

Previous Consultations

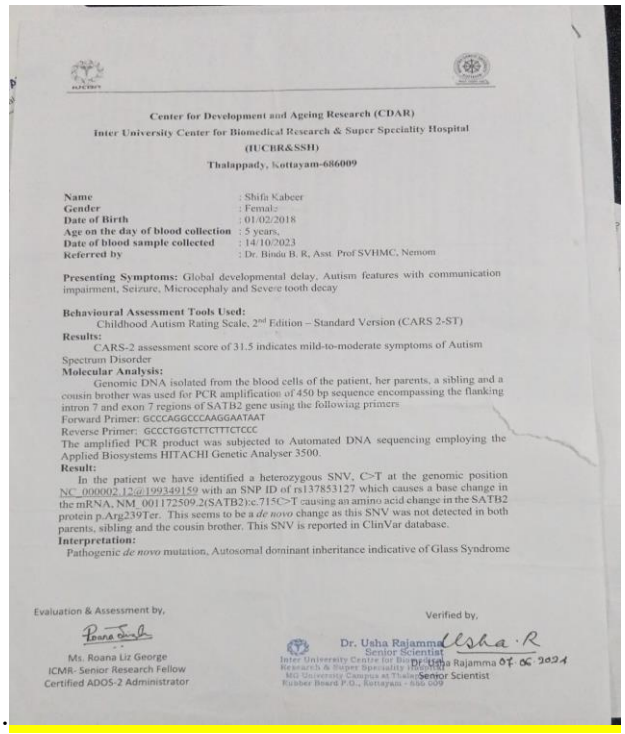
- KIMS Orthopaedics: Evaluated for delayed walking — no medication prescribed.
- Thrissur Medical College: MRI normal; physiotherapy advised for 3 years.

- Rajagiri Hospital: EEG normal; DNA analysis confirmed SATB2-associated Glass syndrome.

General Symptoms

Physical: Offensive excoriating nasal discharge, delayed/difficult dentition, strong desire for sweets, preference for fanning, recurrent respiratory infections with excoriating offensive discharge infections.

Mental: Obstinacy with irritable nature



Center for Development and Ageing Research (CDAR)
Inter University Center for Biomedical Research & Super Speciality Hospital
(IUCBR&SSH)
Thalappady, Kottayam-686009

Name : Shifa Kabeer
Gender : Female
Date of Birth : 01/02/2018
Age on the day of blood collection : 5 years,
Date of blood sample collected : 14/10/2023
Referred by : Dr. Bindu B. R, Asst. Prof SVHMC, Nemom

Presenting Symptoms: Global developmental delay, Autism features with communication impairment, Seizure, Microcephaly and Severe tooth decay

Behavioural Assessment Tools Used:
Childhood Autism Rating Scale, 2nd Edition – Standard Version (CARS 2-ST)
Results:
CARS-2 assessment score of 31.5 indicates mild-to-moderate symptoms of Autism Spectrum Disorder
Molecular Analysis:
Genomic DNA isolated from the blood cells of the patient, her parents, a sibling and a cousin brother was used for PCR amplification of 450 bp sequence encompassing the flanking intron 7 and exon 7 regions of SATB2 gene using the following primers
Forward Primer: GCCCAGGCCCAAGGAATAAT
Reverse Primer: GCCCTGGTCTTCTTTCTCCC
The amplified PCR product was subjected to Automated DNA sequencing employing the Applied Biosystems HITACHI Genetic Analyser 3500.
Result:
In the patient we have identified a heterozygous SNV, C>T at the genomic position NC_000002.12@199349159 with an SNP ID of rs137853127 which causes a base change in the mRNA, NM_001172509.2(SATB2):c.715C>T causing an amino acid change in the SATB2 protein p.Arg239Ter. This seems to be a *de novo* change as this SNV was not detected in both parents, sibling and the cousin brother. This SNV is reported in ClinVar database.
Interpretation:
Pathogenic *de novo* mutation, Autosomal dominant inheritance indicative of Glass Syndrome

Evaluation & Assessment by,
Ms. Roana Liz George
ICMR- Senior Research Fellow
Certified ADOS-2 Administrator

Verified by,
Dr. Usha Rajamma
Senior Scientist
Inter University Centre for Biomedical Research & Super Speciality Hospital
MG University Campus at Thalappady
Rubber Board P.O., Kottayam - 686 009
Dr. Usha Rajamma 07.06.2024
Senior Scientist

INTERVENTION

Based on similia similibus curentur and minimum dose the treatment was started with Kreosotum 200/1 dose.

Totality of symptoms:-

1.Delayed dentition, early decay of teeth

2.Obstinate with irritable nature

3.Excoriating, offensive discharge

4.Desire for sweets

FOLLOW UP & OBSERVATION

DATE	PRESCRIPTION	OBSERVATION
12/8/2023	H/o fall, seizure, loss of balance, speech difficult, obstinate, drooling of saliva	KREOSOTUM 200/1 DOSE
26/8/2023	Obstinacy and drooling of saliva reduced	KREOSOTUM 200/1 DOSE
13/10/2023	Drooling of saliva was completely gone and less frequency in history of falls and seizure	KREOSOTUM 1M/1pill
09/12/2023	No history of falls and used to communicate with parents and recognise things	KREOSOTUM 10M/1 pill
12/02/2024	No seizure and drooling of saliva	KREOSOTUM 10M/1 pill
10/05/2024	She had recurrent respiratory infections with excoriating offensive discharge but now it had been reduced	KREOSOTUM 50M/1 pill

10/08/2024	better	KREOSOTUM 50M /1 pill
21/12/2024	Climbs stairs and walks without support	KRESOTUM 50M/1 Pill
08/03/2025	Better	KREOSOTUM CM /1 pill

RESULTS

Under individualized homeopathic management with Kreosotum for over 2 years, the patient demonstrated:

- Cessation of seizures and falls.
- Improved motor skills — walking independently and climbing stairs.
- Speech initiation and improved recognition of parents and surroundings.
- Reduced drooling and better oral hygiene.
- Decreased frequency of respiratory infections.

DISCUSSION

SATB2-associated syndrome is extremely rare, with limited literature from India. It typically presents with speech impairment, global developmental delay, craniofacial anomalies, behavioural issues, and recurrent infections. Neuroimaging is often unremarkable, as in this case, despite functional impairments. Genetic testing remains the gold standard for confirmation.

Management is supportive and multidisciplinary, including physiotherapy, speech therapy, dental care, and infection prevention. In this case, Kreosotum was selected to cover both mental symptoms (obstinacy, fear of toys) and physical generals (drooling, dental decay, recurrent infections). Over the follow-up period, steady improvement was observed in motor, speech, and general health.

While causality between homeopathy and improvement cannot be established from a single case, the temporal correlation suggests a possible supportive role in enhancing quality of life in chronic,

non-curable genetic disorders. Similar integrative approaches have been described in other paediatric neurodevelopmental conditions. Controlled studies are required to explore this further.

CONCLUSION

This case report documents a genetically confirmed case of Glass syndrome in an Indian child with marked functional improvement over two years of individualized homeopathic treatment alongside supportive care. Given the absence of curative options, homeopathy may offer a valuable adjunct in symptom management and quality-of-life enhancement. Larger, controlled studies are necessary to validate these findings.

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HOMOEOPATHIC MANAGEMENT FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH SELECTIVE MUTISM- A CASE REPORT

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ABSTRACT:

Attention Deficit Hyperactivity Disorder, ADHD one of the common Paediatric conditions, is characterised by persistent pattern of inattention and/or hyperactivity and impulsivity that has direct negative impact on academic, social and occupational activities beyond the normal limits of variations expected for age and level of intellectual functioning. ADHD was more prevalent in boys than in girls, with a sex ratio of 3:1. Case history: A 4 years old male child, was brought to the OPD of Sarada Krishna Homeopathic Medical College, with the complaints of No proper eye contact, Restlessness- does not sit in a place and Obstinacy. The child was normal up to the age of 1 year, and since then he developed these symptoms after separation from his mother who was suffering from Liver carcinoma. The symptoms of the patient gradually developed and intensity of hyperactivity also increased. The child does not have proper sleep in the night time and wakes up in the middle screaming "AMMA" and also laughs loudly during sleep. Diagnosis: The child was assessed using the Vanderbilt ADHD Diagnostic Parent Rating Scale, with a score of 51 and was diagnosed to have ADHD. Intervention: After a detailed case taking and analysing the symptoms of the child, the child was prescribed with Natrum muriaticum 200/ 1 dose, for 3 months with single dose each month with improvement followed by an intercurrent of Carcinosin 1M/ 1 dose every 2 months. After a period of 3 months, the Natrum muriaticum potency was increased from 200 to 1M for the next 4 months, as the case came to a standstill. The child was also advised to undergo speech therapy along with the medications. Follow-up and Outcome: It was noted that in every follow up each month, the child's eye contact developed with improved sleeping pattern and speech and restlessness. Conclusion: This case report suggests that Paediatric Psychological Diseases can be managed effectively through Homoeopathy.

KEYWORDS**:** Paediatric Psychological Disorders, ADHD, Homeopathy, Natrum muriaticum

INTRODUCTION:

Attention Deficit Hyperactivity Disorder, ADHD is one of the most common paediatric disorders of the present-day generation, that clinically presents with a persistent pattern of inattention and/or hyperactivity and impulsivity, that has a negative impact on academic, social and occupational activities beyond the normal limits of variations expected for age and level of intellectual functioning. [1] In a recent study of 2024, it was identified that, the prevalence of ADHD in Tamil Nadu was 9.57% (67 out of 700), with a mean age of 8.9 years. ADHD was more prevalent in boys than in girls, with a sex ratio of 3:1. [2]

Conventional treatment for ADHD typically involves a combination of medications, that include stimulants and non-stimulants, behavioural therapy and educational support, and for children under 6 years of age, the line of treatment also includes parental training. [3]

Homoeopathy, an alternative system of treatment that works in dynamic ways, has a holistic approach in treating various paediatric disorders that include ADHD. An individualised Homoeopathic medicine to the patients, with consideration of the mental and physical symptoms.

This case report elevates the significance of the Homoeopathic medicine, Natrum muriaticum in the management of Attention Deficit Hyperactivity Disorder with Selective Mutism.

CASE REPORT:

A 4-year-old male patient was brough to the OPD of Sarada Krishna Homoeopathic Medical College, with the complaints of no proper eye contact, restlessness- does not sit in a place and obstinacy. The child was normal up to the age of 1 year, and since then he developed these symptoms after separation from his mother who was suffering from Liver carcinoma. He has not taken any other treatment for these complaints and is now under Homoeopathic treatment.

History of Presenting Illness:

The 4-year-old male patient was apparently healthy up to the age of 1 year, since then his father complaints of an improper eye contact, restlessness- without sitting in one place and obstinacy. The father says that all the complaints of the boy started after being separated from his mother since 1 year of age, as she was diagnosed with Liver carcinoma. The symptoms of the patient gradually developed and intensity of hyperactivity also increased. The child does not have proper sleep in the night time and wakes up in the middle screaming “AMMA” and also laughs loudly during sleep.

History of Past illness:

At 3 yrs- Chicken pox- Traditional treatment- Relieved

Family History:

Mother- Liver carcinoma

Generals:

Physical Generals:

Appetite: Good

Thirst: Good

Sleep: Disturbed due to dreams

Urine: Normal

Stool: Regular

Sweat: Generalised

Mental Generals:

Obstinate

Physical examination:

Conscious

General body built: Moderate

Intelligence and Education level: LKG

Pallor: Nil

Icterus: Nil

Clubbing: Nil

Cyanosis: Nil

Ht: 102cm Wt: 14 kg BMI: 13.5kg/m^2

Skin: Healthy

Odema: Nil

Pulse: 84bpm

Temp: 98.6

Resp rate: 19/min

Others: Nil

Diagnosis: Vanderbilt ADHD Diagnostic Parent Rating Scale score -51

Prescription:

Rx

NATRUM MURIATICUM 200/ 1 DOSE

BASIS OF SELECTION:

Grief

A/F = Separation from mother

Thermal: Hot

Follow ups:

Symptoms	**Inference**	**Prescription**
Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Disturbances better	Persisting	Rx NATRUM MURIATICUM 200/ 1 DOSE

Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Disturbances better	Persists Slightly better Pesrists	Rx NATRUM MURIATICUM 200/ 1 DOSE
Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Disturbances better	Persists Persists	Rx NATRUM MURIATICUM 200/ 1 DOSE
Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Disturbances better	Persists	Rx NATRUM MURIATICUM 1M/ 1 DOSE
Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Good	Improved Better Slightly better	Rx NATRUM MURIATICUM 1M/ 1 DOSE

Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Sleep: Good	Better	Rx NATRUM MURIATICUM 1M/ 1 DOSE
Improper eye contact Restlessness- without sitting in one place Obstinacy Generals: Good	Better	Rx NATRUM MURIATICUM 1M/ 1 DOSE

DISCUSSION:

The 4-year-old male patient presenting with Improper eye contact, Restlessness and Obstinacy, after being separated from his mother after being diagnosed with Liver carcinoma. After a detailed case taking, the child was prescribed with Natrum muriaticum 200/1 dose, for a period of three months. [4] The complaints were initially better, but after 3 months, the symptoms came to a stand still and hence the potency was increased from 200 to 1M, for the next 4 months, after which the child was relieved from his complaints, and in the last follow up the Vanderbilt assessment score was 15. The child was also prescribed with 2 doses of Carcinosin 1M/ 1 dose every 2 months during this period, as a preventive for the cancer tendency. [5]

CONCLUSION:

This case report signifies the effectiveness of Natrum muriaticum in resolving the complaints of a patient after any grief or separation from loved ones, suggesting the effectiveness of the Homoeopathic medicines in managing the psychological diseases of the Paediatric age group.

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A CASE OF TINEA CORPORIS TREATED WITH HOMOEOPATHY THROUGH THE WINDOW OF MINDS

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ABSTRACT

Ringworm (Tinea corporis) is a common, contagious superficial fungal infection caused by dermatophytes, affecting various body sites including the scalp, groin, feet, and nails. It often presents with red, ring-shaped, scaly, and itchy lesions, sometimes accompanied by hair loss. Risk factors include warm and humid climates, heavy perspiration, contact sports, shared personal items, and compromised immunity. This case study reports a 5-year-old female patient presenting with recurrent skin lesions starting as white patches on the abdomen, followed by thick dandruff on the scalp. Subsequent symptoms included itching, dryness around the lips, and circular eruptions over the eyelids, elbows, buttocks, and right thigh. Initial treatment with Sulphur 200 weekly provided temporary relief. Upon symptom aggravation, a detailed re-evaluation was performed, giving prominence to mental and constitutional symptoms. Thuja occidentalis 200 was prescribed, resulting in significant clinical improvement. The case highlights the efficacy of individualized homoeopathic management in Tinea corporis. Careful case-taking, repertorisation, and remedy selection based on totality of symptoms are crucial. This report supports the potential role of homoeopathy as an effective approach in acute fungal skin infections.

KEYWORDS**:** Tinea corporis, Ringworm, Dermatophytes, Homoeopathy, Thuja occidentalis.

INTRODUCTION:

Tinea corporis, commonly referred to as “ringworm,” is a superficial fungal infection of the skin caused primarily by dermatophytes of the genera *Trichophyton* and *Microsporum*. It can affect any part of the body except the hands, feet, scalp, beard area, groin, and nails. The condition is characterized by its distinctive ring-shaped, erythematous, scaly lesions with central clearing and an active advancing edge. It is prevalent worldwide, with higher incidence in hot and humid climates, and affects all age groups, although children

and young adults are most frequently involved. Risk factors for tinea corporis include pre-existing dermatophyte infections, diabetes mellitus, immunodeficiency, hyperhidrosis, xerosis, and ichthyosis. Environmental factors such as overcrowded living conditions, close physical contact, sharing of personal items, and keeping household pets also contribute to its spread. Transmission occurs through direct contact with infected humans, animals, or contaminated objects (fomites), facilitated by warm and moist environments. The most common causative agent globally is the anthropophilic species Trichophyton rubrum, although zoonotic species such as Microsporum canis and Trichophyton verrucosum are also implicated, particularly in cases linked to animal contact. The incubation period typically ranges from 1 to 3 weeks. While the infection is limited to the stratum corneum in healthy individuals, it can cause significant discomfort, cosmetic concern, and recurrent episodes, making effective management essential. [1][2][3]

CASE PRESENTATION

A female patient presented with circular, scaly eruptions over the perioral region, both hands, and the right thigh persisting for the past three months. The lesions were associated with marked dryness and itching, which were aggravated at night and on touch. The patient had previously received allopathic treatment, which resulted in only partial and temporary relief. The patient also reported a history of worm infestation for the past two years, accompanied by anal itching that was aggravated after consuming sweets and during nighttime. There was no significant past medical history of chronic systemic illness.

HISTORY OF PRESENTING ILLNESSS

Patient complaints started as white circular patch on the stomach region at the age of 2 she took allopathic medication Again her complaints reappear as circular eruption on the hands, elbow region, face (upper and lower lips) then thigh region. She also had dryness around the lips.she feel itch on the affected area, her complaints increased while playing in the sun exposed area and during hot weather. She also had worm troubles since childhood.she should take allopathic medication.she got some relief after taking medicine but reappear within after 2 weeks, tendency to eat leaves from the plants direactly without washing during her childhood period.

HISTORY OF PAST ILLNESS: Nothing Relevant

FAMILY HISTORY: Nil

VITALS: Pulse: 78 bpm, Respiratory rate: 20/min, Temp: 98.6 F

SYSTEMIC EXAMINATION:

EXAMINATION OF SKIN: On examination lesions appeared well-defined, erythematous, and scaly, with some areas showing excoriation due to scratching. The distribution was asymmetrical.

PHYSICAL GENERAL:

Appetite: Good

Thirst: Good

Sleep: Good sound sleep

Urine: Intermittent flow (occasionally)

Stool: Regular

Desire: cold weather

Desire: fanning

Aversion: covering

Thermal: Hot

Physical makeup; Carbonitrogenoid

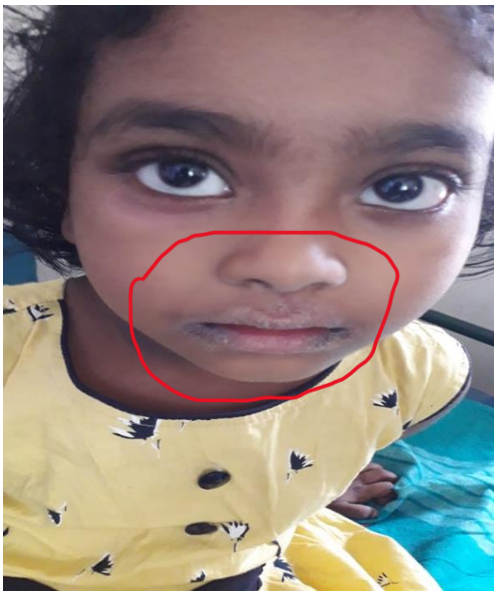
Temperament: Sanguine

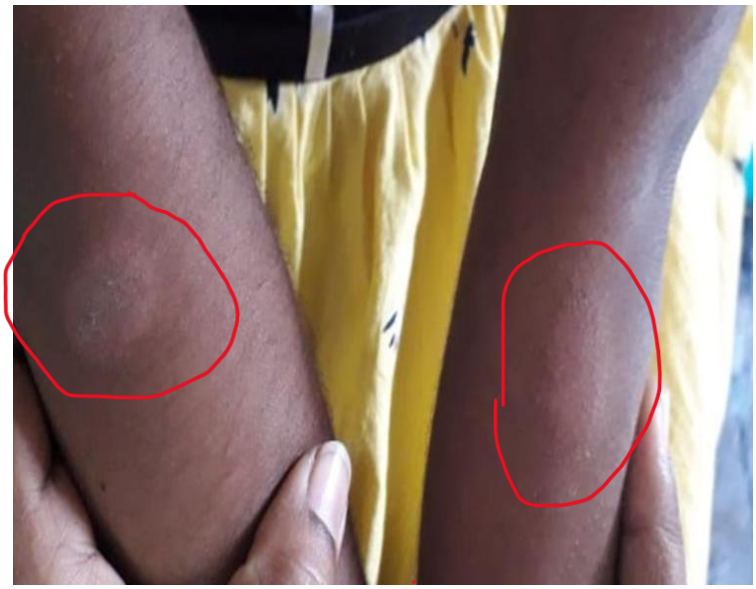
MENTAL GENERALS:

Easily angered, aversion to touch

Fear of male and strangers

BEFORE TREATMENT





REPERTORIAL APPROACH OF THE CASE:

Repertorisation Sheet - Zomeo Ultimate LAN 3.0

Physician Name : Dr. HMC , Patient Name : , Reg. No. : , Date : 26/03/2024

Remedy	Thuj	Calc	Nat-m	Sep	Ars	Lyc	Sil	Graph	Bar-c	Carb-v	Kali-c	Merc	Sulph	Bry	Mag-c
Totality	21	20	17	17	16	15	14	14	13	13	13	13	13	12	12
Symptoms Covered	10	8	6	5	7	6	6	5	5	5	5	5	4	5	5
[Complete] [Mind]Fear:Strangers, of:	3	1	0	0	1	1	1	0	3	3	0	0	0	0	0
[Murphy] [Generals]Touch, general:Aversion, to being, touched:	2	1	0	0	1	0	2	0	0	0	3	1	0	2	1
[Complete] [Generalities]Food and drinks:Sweets:Desires:	3	3	2	3	2	4	1	4	1	3	4	3	4	3	1
[Knerr] [Skin]Eruption:Herpes:Circinatus (ringworm):	1	3	4	4	0	0	0	0	3	0	0	0	0	0	0
[Complete] [Skin]Eruptions:Dry:	4	4	3	4	4	4	4	4	4	3	3	4	4	3	4
[Complete] [Skin]Eruptions:Itching:Touch agg.:	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Generalities]Worm complaints:	2	4	4	3	3	4	4	3	2	3	2	4	4	3	4
[Complete] [Extremities]Crossing:Lower limbs:Legs:Sleep, during:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Murphy] [Mouth]Eruptions, lips:	1	2	3	3	3	1	2	2	0	1	1	1	1	1	2
[Therap] [Sleep]Lies:On abdomen:	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
[Murphy] [Skin]Eruptions, skin:Scaly, (see Ichthyosis):White:	1	0	0	0	2	1	0	1	0	0	0	0	0	0	0
[Murphy] [Head]Dandruff, scalp:Scaly:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PRESCRIPTION

Rx

1. THUJA OFFICINALIS 200 / 1D in 10 ml

Aqua 5ml – stat 5ml – Hs

2. B. PILLS NO:40 3 X TDS

3. B. DISK 1 X BD

RESULT AND DISCUSSION:

DATE	SYMTPOMS	CHANGES	PRESCRIPTION
17.2.2022	Eruption around the lips, hands and thigh < Night $^{++}$ <Heat room Dryness of Eruption Itching $^{++}$ over the eruption < Night $^{++}$ Worm trouble General: Good	PERSIST	Rx 1. THUJA OFFICINALIS 200C/1D in 10ml aqua5ml state 5ml (Hs)

18.3.2022	Eruption around the lips, hands and thigh < Night $^{++}$ <Heat room Dryness of Eruption Itching $^{++}$ over the eruption < Night $^{++}$ Worm trouble Dandruff General: Good	PERSIST	Rx 1. THUJA OFFICINALIS 200C/1D in 10ml aqua5ml state 5ml (Hs)
21.4.2022	Eruption around the lips, hands and thigh < Night $^{++}$ <Heat room Dryness of Eruption Itching $^{++}$ over the eruption < Night $^{++}$ Worm trouble Dandruff General: Good	BETTER	Rx 1. THUJA OFFICINALIS 200C/1D in 10ml aqua5ml state 5ml (Hs)

AFTER TREATMENT

DISCUSSION:

Tinea corporis is a common superficial fungal infection caused mainly by dermatophytes. In this case, the patient had skin problems since childhood, which became worse over time despite taking allopathic medicines. The recent flare-up involved circular, scaly eruptions with severe itching and dryness on the lips, eyelids, elbows, buttocks, and thigh. The first prescription, Sulphur 200, gave temporary relief. However, symptoms returned, so the case was reviewed again. This time, both physical and mental symptoms were considered, and Thuja occidentalis 200 was prescribed based on the totality of symptoms. The patient improved notably after Thuja, showing that careful case-taking and selecting the right constitutional medicine can help in skin conditions like Tinea corporis. This case also shows that in recurring cases, treatment needs to be flexible, remedies may need to be changed, and regular follow-up is important.

CONCLUSION

This case demonstrates that homoeopathic treatment, when based on detailed case-taking and the principle of similimum, can be effective in managing Tinea corporis, even in recurrent and treatment-resistant cases.

The patient's improvement after Thuja occidentalis 200 highlights the importance of individualized remedy selection, flexibility in treatment, and regular follow-up for achieving lasting results in skin conditions.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent for treatment.

CONFLICT OF INTEREST: The authors declare that there is no conflict of interest.

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HOMOEOPATHIC MANAGEMENT OF ATOPIC DERMATITIS - A CASE REPORT

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ABSTRACT

Atopic dermatitis (AD) is a chronic, relapsing, inflammatory skin disorder characterized by intense pruritus, erythema, xerosis, and eczematous lesions. AD frequently coexists with other atopic conditions such as allergic rhinitis and asthma, reflecting its multifactorial genetic and environmental etiology. A 10-year-old female, diagnosed with atopic dermatitis, presented with eczematous patches on the dorsal aspect of the feet, associated with severe itching, burning, and serous discharge. The condition had been recurrent for the past three years, showing a waxing and waning course. After detailed homeopathic case-taking, consultation of Materia Medica, and repertorization, *Sulphur* was prescribed for the acute episode, followed by the constitutional remedy *Silicea*. Marked improvement was noted in the eczematous patches, along with a significant reduction in the recurrence of symptoms. These findings indicate that atopic dermatitis, when treated with homeopathy, can show substantial improvement and even resolution.

KEYWORDS - Atopic dermatitis (AD), Sulphur, Silicea

INTRODUCTION

Atopic dermatitis (AD) is a chronic inflammatory dermatosis characterized by defective epidermal barrier function, immune dysregulation, and intense pruritus. The compromised barrier is underpinned by mutations in filaggrin (FLG) and abnormalities in epidermal lipids—particularly a reduction in ceramides—leading to increased transepidermal water loss and allergen penetration. Barrier dysfunction also arises from elevated skin pH and enhanced serine protease activity, which disrupt corneocyte cohesion and lipid processing within the stratum corneum.

The ensuing immune response is dominated by type 2 (Th2) inflammation, with elevated IL-4, IL-13, and IL-31 levels that attract Th2 cells, increase IgE production, and amplify inflammation in a self-propagating cycle. Additionally, a disrupted microbial milieu, especially Staphylococcus aureus colonization, exacerbates inflammation by releasing superantigens and further impairing barrier integrity. Clinically, AD often evolves within the context of the "atopic march," with early skin manifestations predisposing patients to allergic rhinitis, food allergy, and asthma later in life.

CASE PRESENTATION

A 10-year-old female patient presented to the Outpatient Department of Sarada Krishna Homoeopathic Medical College with chief complaints of dry, itchy eruptions on the dorsal aspect of both feet, accompanied by a watery oozing discharge. The itching was intense and temporarily relieved by the application of cold water. The condition has shown a relapsing pattern over the past 2 years. Symptoms were aggravated by cold exposure and the consumption of non-vegetarian food.

The patient had previously undergone treatment with modern medicine, which provided only temporary relief. Past history revealed recurrent episodes of fever during early childhood, up to the age of 5 years. Family history indicated that both parents have an allergic disposition. The child was born at term with normal milestones of development.

On observation, the patient was intelligent, mild-natured, and yielding in disposition, with an interest in dancing and a lack of concern about her illness. General symptoms included increased sweat non offensive in hands, marked desire for sweets and intolerance to meat, which aggravated her skin complaints.

CASE ANALYSIS

After analyzing the totality of symptoms, including both physical and mental particulars, the totality was framed. An acute remedy was selected for the acute episode based on symptom modalities, followed by a constitutional remedy.

Totality of symptoms

1. Intelligent and sensitive
2. Industrious and perfectionist
3. Yieding disposition
4. Increased sweat on hands non offensive

5. Desire for sweets

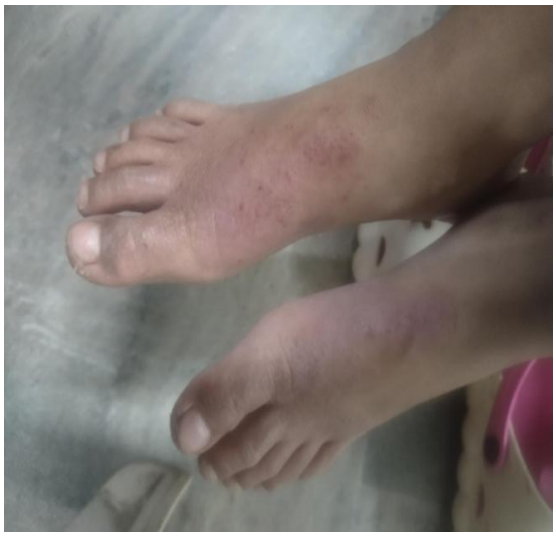
6. Intolerance to meat

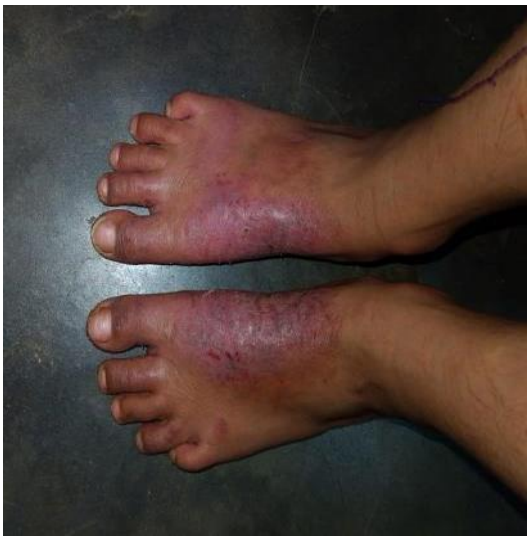
7. Itching burning eruptions on dorsal part of both feet which worsens on cold exposure and eating non-veg , ameliorate cold water applications.

FOLLOW UP

DATE	SYMPTOMS	REMEDY
05-10-2024	Severe itching and burning in both feet. Burning leads to scratching and wateroozing from the lesion. Temporarily relief from cold water	Rx SULPHUR 0/1 / 1 DOSE IN AQUA
15-10-2024	Itching, burning reduced but persist.	Rx SAC LAC / 1 DOSE
18-11-2024	Vesicular type lesions appeared again. Had two acute episodes of severe itching in between	Rx SILICEA 200/1DOSE
22-12-2024	Recurrency frequency decreased	Rx SAC LAC / 1DOSE
03-01-2025	Complaint shows no recurrency	Rx SACLAC/1DOSE
16-02-2025	Complaint shows no recurrency	Rx SULPHUR 0/1/1 DOSE

BEFORE TREATMENT (05.10.2024) **AFTER TREATMENT (03.01.2025)**





DISCUSSION

The first approach to the case was to control the acute episode. As the patient's thermal state was hot and the severe itching and burning were temporarily relieved by cold water application, *Sulphur* in the lowest potency in aqua dose was given. Within 10 days, the intense itching had reduced. Since the complaint subsided, the medicine was not repeated. After one month, the patient again presented with the same complaint intermittently. As the complaint showed a relapsing pattern with an atopic tendency in the family history, an anti-miasmatic remedy (*Silicea* 200), based on the constitutional approach, was prescribed. In subsequent follow-ups, the recurrence tendency decreased, and during the last follow-up, *Sulphur* was prescribed, as it helps prevent recurrence at the conclusion of chronic case treatment.

CONCLUSION

The case report concludes that only Homoeopathic treatment can bring about a permanent cure in cases such as atopic dermatitis. Homoeopathy not only helps in controlling acute episodes of intense itching but also in preventing the waxing and waning nature of the disease. A constitutional approach, considering the miasmatic background, is effective in managing and controlling the atopic disposition.

CONFLICT OF INTEREST:- NONE

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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF ALLERGIC RHINITIS WITH SULPHUR - A CASE STUDY

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ABSTRACT

Introduction: Allergic rhinitis (AR) is an IgE-mediated hypersensitivity disorder of the nasal mucosa, affecting up to 30% of the global population. It manifests as nasal congestion, rhinorrhoea, sneezing, and itching, significantly impacting quality of life. Conventional pharmacotherapy often provides symptomatic relief but may not prevent recurrence and may have side effects. Homoeopathy, through individualised prescribing, aims to stimulate the body's self-regulatory mechanisms. Case Presentation: An 8-year-old male presented with chronic perennial AR characterised by nasal congestion, sneezing, watery nasal discharge, and ocular itching. Symptoms had persisted for several years with seasonal exacerbations, and previous allopathic treatments provided only temporary relief. Based on constitutional totality, Sulphur 200C was prescribed as a single dose. Intervention: A single dose of *Sulphur 200C* was administered, with follow-up over six months. No other concurrent medications were given during the treatment period. Outcome: The patient reported progressive and sustained improvement in both nasal and ocular symptoms. No recurrence was noted over the six-month follow-up period. Conclusion: This case highlights the potential role of homoeopathic constitutional prescribing in managing chronic allergic rhinitis. Positive long-term outcomes in this patient suggest the need for further research through larger, controlled studies to validate these findings.

INTRODUCTION

Allergic rhinitis is a global health issue, with prevalence ranging between 10–30% in adults and up to 40% in children [1,2]. It is an IgE-mediated inflammatory condition of the nasal mucosa triggered by environmental allergens such as dust mites, pollens, animal dander, and moulds [3]. Clinically, AR is characterized by sneezing, watery nasal discharge, nasal obstruction, and itching of the nose and eyes. The disease can be seasonal or perennial, and symptoms often lead to reduced productivity, sleep disturbances, and impaired quality of life [4]. The pathophysiology of AR involves a biphasic immune response: an early

phase dominated by histamine release from mast cells and a late phase involving recruitment of eosinophils and lymphocytes, resulting in prolonged inflammation [5,6]. Conventional management includes allergen avoidance, antihistamines, and intranasal corticosteroids, which offer symptomatic relief but rarely alter the disease course. Patients often seek complementary therapies such as homoeopathy, which offers an individualized, holistic approach. Several trials have explored the role of homoeopathy in AR. While some randomized controlled trials have shown modest benefits, systematic reviews highlight variability in outcomes and the need for higher-quality research [7,8,9]. The following case illustrates the role of Sulphur, a polychrest remedy, in a constitutionally suited patient with chronic perennial AR.

CASE PRESENTATION

An 8-year-old male child presented to the outpatient department with a 4-year history of perennial sneezing, profuse watery nasal discharge, nasal blockage, and itching in the nose and eyes. Symptoms occurred almost daily, with marked aggravation in the early morning and upon exposure to dust.

History of Presenting Complaints:

The patient had been apparently healthy until four years ago, when he first developed symptoms. He presented with a complaint of recurrent sneezing, nasal discharge, and nasal blockage. The onset was gradual, with an insidious progression over the years. Episodes were aggravated by exposure to cold air, dust, and during the early morning hours, while relief was obtained in a warm environment or by covering the nose. Allopathic medication had been taken previously, which provided only temporary relief, but the symptoms recurred frequently. Associated complaints included a mild frontal headache during episodes and occasional redness of the eyes. The episodes occurred daily, each lasting approximately one to two hours.

Past History:

No history of asthma, eczema, or other allergic conditions. No major illnesses or surgeries.

Family History:

Father had bronchial asthma; mother without allergic history.

Personal & Social History:

- Vegetarian, regular appetite.
- Strong craving for sweets.
- Dislikes bathing in cold water.
- Occupation: Accountant; sedentary lifestyle.
- No tobacco or alcohol use.

Mental & General Symptoms:

- Irritable temperament.
- Philosophical yet critical in nature.
- Procrastinates on important work.
- Warm-blooded; aggravated in hot closed rooms.
- Offensive perspiration, especially on head and feet.
- Sleep disturbed by heat and itching.

Physical Examination:

- Nasal mucosa: Pale, boggy; watery discharge noted.
- Turbinate hypertrophy: Inferior turbinates mildly enlarged.
- Chest: Clear, no wheeze.
- Vitals: HR 78 bpm, Temp 98.6°F.

Case Analysis

The totality of characteristic symptoms included:

- Burning and itching of eyes/nose.
- Offensive perspiration of head and feet.
- Warm-blooded patient with aggravation from heat.
- Philosophical yet critical disposition.
- Aversion to bathing.

Miasmatic background: Predominantly psoric.

Remedy Selected: Sulphur - well-known for chronic allergic complaints with morning aggravation, heat intolerance, and marked offensive perspiration.

Prescription:

℞ 1) Sulphur 200C/ 1D (Stat)
2) SL/14 Doses (1 x OD) for two weeks.

FOLLOW-UP SUMMARY

2 weeks: Sneezing reduced from daily to 2–3 episodes/week; nasal discharge decreased; no aggravation.

Lab report on 26/01/2024- serum IgE: 389.4IU/mL

℞ Sulphur 200/1D (stat) followed by placebo for 4 weeks

1 month: Marked reduction in nasal blockage and ocular itching; general well-being improved. Placebo continued.
℞ Sulphur 200/1D (stat) followed by placebo weekly once for 3 months

3 months: No acute episodes; only occasional mild nasal stuffiness during dust exposure. Lab report on 26/02/2024- serum IgE:179.8IU/mL
℞ Placebo weekly once for 3 months, Sulphur 200/1D (SOS)

6 months: Completely symptom-free; no recurrence during seasonal change.
℞ No Medicine

DISCUSSION

This case illustrates how individualized homoeopathic treatment can offer sustained relief in chronic allergic rhinitis. Sulphur was chosen based on the constitutional picture rather than only local nasal symptoms, aligning with the principles of classical homoeopathy. Several studies support the potential role of homoeopathy in AR. Taylor et al. [7] demonstrated significant improvement in perennial AR patients treated with homoeopathy compared to placebo. A recent comprehensive review by Dewan and Akareddy [8] compiled clinical evidence indicating possible symptomatic improvement with individualized remedies, although heterogeneity among studies limits definitive conclusions. Hamre et al. [9] also highlighted small but consistent positive effects in meta-analyses, with calls for larger, rigorous trials. Homoeopathy may be particularly relevant in cases where conventional therapy provides only transient relief or where patients seek alternatives due to concerns about long-term medication use. However, caution is warranted, as not all cases respond, and treatment success depends on accurate remedy selection and patient susceptibility.

CONCLUSION

Individualized homoeopathic treatment with Sulphur provided lasting relief in a chronic case of allergic rhinitis, with no recurrence during 6 months of follow-up. While this single case cannot establish causality, it contributes to the growing clinical documentation of homoeopathic interventions in allergic disorders. Larger, controlled studies are needed to substantiate these findings and clarify the scope of homoeopathy in managing Allergic Rhinitis.

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MANAGEMENT OF A CASE OF PAEDIATRIC CHOLELITHIASIS WITH HOMOEOPATHY- CASE REPORT

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ABSTRACT:

Gallstones are solid deposits of digestive fluid in the gallbladder, a small organ that sits just below the liver. Although the condition is more common in adults, about 2 percent of children of children are diagnosed with gallstones. Another word for gallstones is cholelithiasis. Normally, bile drains from the liver into the small intestine where it helps digest food. Between meals, bile is stored in the gallbladder. Sometimes bile hardens and forms gallstones. The most common causes in children include: Abnormalities in the production of red blood cells, Prolonged fasting due to illness, Use of contraceptives, Pregnancy, Long-term parenteral nutrition. Often, people have gallstones but no symptoms. Symptoms often flare up after meals, especially meals high in fat or grease. Symptoms include: Pain in the upper right abdomen, Nausea, Vomiting, Fever. The diagnosis typically involves imaging studies which include USG Abdomen, etc. This case report is to study the effectiveness of Homoeopathic medicines in the management of Cholelithiasis of a 10-year-old Female patient, presenting with, Pricking pain in the Epigastrium, Right hypochondrium, Right chest, Lower abdomen. And also, the patient present with fullness sensation of abdomen after eating. In this case report we can also understand how to effectively manage a case of Cholelithiasis in an OPD clinical setup, with the help of indicated Homoeopathic remedies, with the help of USG Abdomen.

KEYWORDS**:** Cholelithiasis, Homoeopathy, USG Abdomen.

INTRODUCTION:

Gallstones are solid deposits of digestive fluid in the gallbladder, a small organ that sits just below the liver. Although the condition is more common in adults, about 2 percent of children of children are diagnosed with gallstones. Another word for gallstones is cholelithiasis. [1] and no clear approach has been defined.

However, in the recent years, mainly with wide spread use of ultrasonography, cholelithiasis in children is being frequently reported. Unlike adults the asymptomatic presentation is less likely in children (17–50%). [2, 3] In children there is no difference in both genders pre pubertal, however there is female predominance after pubert. Etiology of gall stones in children is not similar to adults. Many studies have shown haemolytic diseases are the most common causes of cholelithiasis in children [20–30%], followed by other cause like obesity, total parenteral nutrition, ileal disease or resection, congenital hepatobiliary diseases, use of ceftriaxone and idiopathic [6]. Bile is mainly made up of water, bilirubin, cholesterol, bile pigments, and phospholipidsBy composition gallstones are divided into cholesterol gallstones or pigment stones. Unlike adults where mixed cholesterol gallstones are more common in adults, pigment stones are more common in children except adolescent girls. [7] Ultrasound is the most accurate imaging study to evaluate for gall stones, can detect as small as 1.5 mm. Both sensitivity and specificity of ultrasonography is 95% for gall stones, but it is low for stones in common bile duct. [8]

CASE PRESENTATION:

A Known case of Cholelithiasis started developing Burning sensation from throat to lower GIT with nausea, pricking pain in the Epigastrium, Right hypochondrium, Right chest and lower abdomen and also fullness sensation in abdomen after eating since 1 year. The complaints get worse when night, before eating, empty stomach, Pain starts hours after eating, during burning pain the patient feels better by bends forward and while lying she maintains a right sided position with slightly flexed knee.

HISTORY OF PRESENTING ILLNESS:

The patient was apparently normal before 1 year. Since 1 year she has the complaints of nausea, bloated abdomen and pricking pain in the right hypochondrium, epigastrium, right chest. This complaints started suddenly and gradually. Initially it started as pain in the abdomen. She took allopathic treatment for 2 months, was diagnosed with cholelithiasis. But got no relief. Then she took siddha treatment for 2 months, but after treatment the complaint got worsened.

HISTORY OF PAST ILLNESS: Nothing Relevant

FAMILY HISTORY: Nil

VITALS: Pulse: 68 bpm, Respiratory rate: 18/min, Temp: 98.6 F, BP: 120/80 mmHg

SYSTEMIC EXAMINATION:

EXAMINATION OF ABDOMEN:

Inspection: No scar, no discolouration, No anatomical deformities, Normal scaphoid shape of the abdomen.

Palpation: Tenderness over right hypochondrium and epigastrium

Percussion: Normal tympanic sounds felt, with dullness over the liver

Auscultation: Normal bowel sounds heard.

PHYSICAL GENERAL:

Appetite: Good

Thirst: Good

Sleep: Good sound sleep

Urine: Intermittent flow (occasionally)

Stool: Regular (initially had constipation, defecate immediately after eating, got better after homoeopathic treatment)

Desire: Winter

Desire: cold foods

Desire: fanning

Aversion: covering

Thermal: Hot

MENTAL GENERALS:

Desire company

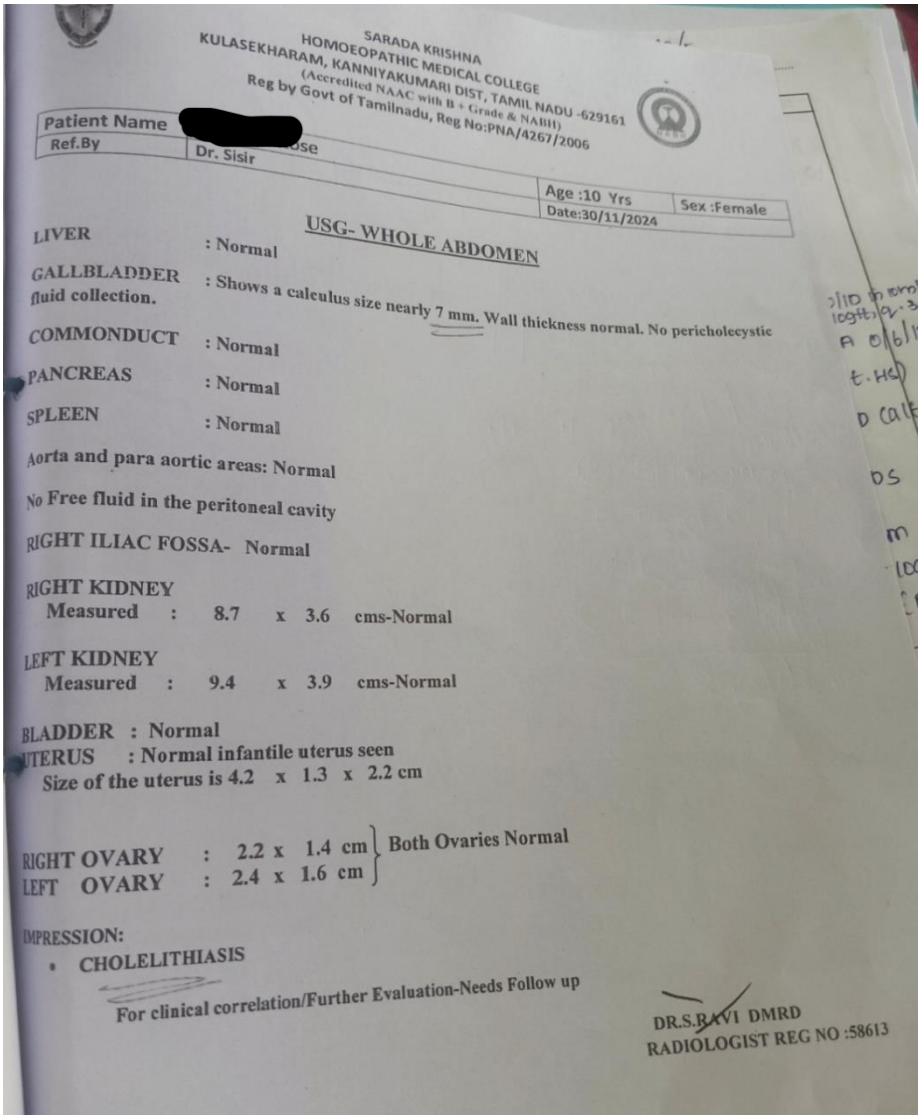
Intelligent

Optimistic and extroverted.

Workaholic

obstinate

SCAN REPORT:



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KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU -629161
(Accredited NAAC with B + Grade & NABH)
Reg by Govt of Tamilnadu, Reg No:PNA/4267/2006

Patient Name	[redacted]	Age :10 Yrs	Sex :Female
Ref.By	Dr. Sisir	Date:30/11/2024	

USG- WHOLE ABDOMEN

LIVER : Normal

GALLBLADDER : Shows a calculus size nearly 7 mm. Wall thickness normal. No pericholecystic fluid collection.

COMMONDUCT : Normal

PANCREAS : Normal

SPLEEN : Normal

Aorta and para aortic areas: Normal

No Free fluid in the peritoneal cavity

RIGHT ILIAC FOSSA- Normal

RIGHT KIDNEY
Measured : 8.7 x 3.6 cms-Normal

LEFT KIDNEY
Measured : 9.4 x 3.9 cms-Normal

BLADDER : Normal
UTERUS : Normal infantile uterus seen
Size of the uterus is 4.2 x 1.3 x 2.2 cm

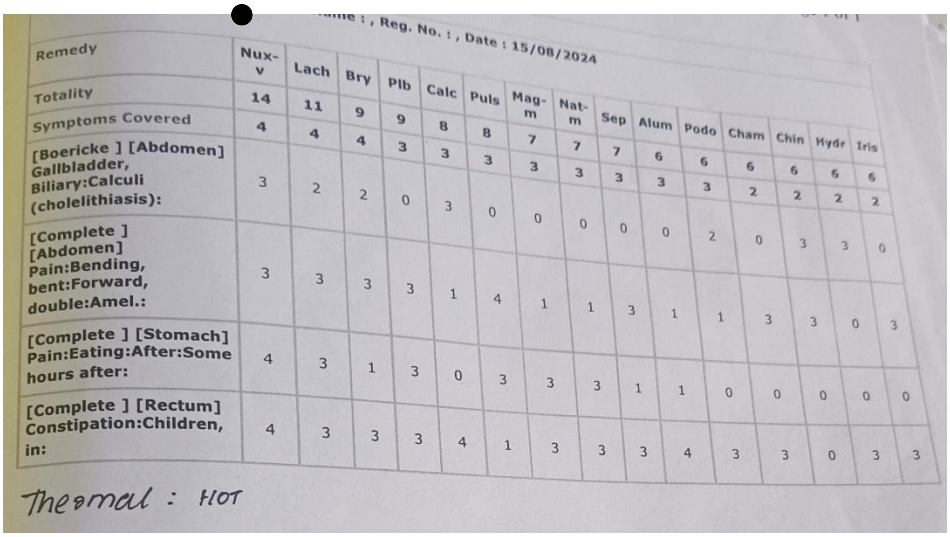
RIGHT OVARY : 2.2 x 1.4 cm
LEFT OVARY : 2.4 x 1.6 cm
} Both Ovaries Normal

IMPRESSION:
- CHOLELITHIASIS

For clinical correlation/Further Evaluation-Needs Follow up

DR.S.RAVI DMRD
RADIOLOGIST REG NO :58613

REPERTORIAL APPORACH OF THE CASE:



: , Reg. No. : , Date : 15/08/2024

Remedy	Nux-v	Lach	Bry	Plb	Calc	Puls	Mag-m	Nat-m	Sep	Alum	Podo	Cham	Chin	Hydr	Iris
Totality	14	11	9	9	8	8	7	7	7	6	6	6	6	6	6
Symptoms Covered	4	4	4	3	3	3	3	3	3	3	3	2	2	2	2
[Boericke] [Abdomen] Gallbladder, Biliary:Calculi (cholelithiasis):	3	2	2	0	3	0	0	0	0	0	2	0	3	3	0
[Complete] [Abdomen] Pain:Bending, bent:Forward, double:Amel.:	3	3	3	3	1	4	1	1	3	1	1	3	3	0	3
[Complete] [Stomach] Pain:Eating:After:Some hours after:	4	3	1	3	0	3	3	3	1	1	0	0	0	0	0
[Complete] [Rectum] Constipation:Children, in:	4	3	3	3	4	1	3	3	3	4	3	3	0	3	3

Thermal : HOT

PRESCRIPTION:

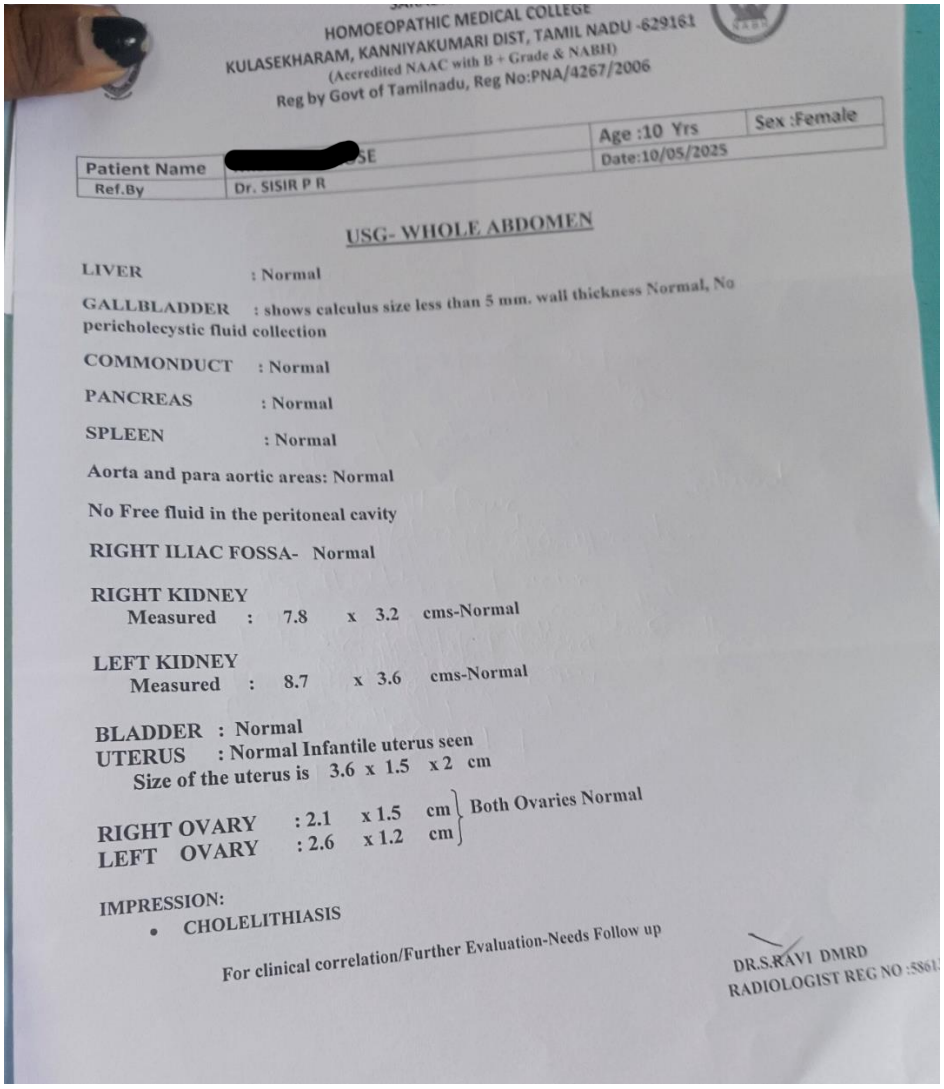
R_x

1. NUX VOMICA 0/3- 15DOSE (ALT HS)
2. SAC LAC- 15DOSE (ALT HS)
3. FEL TAURI Q 30ML, 10GTT; IN AQUA O.D
   FOR 1 MONTH

RESULT AND DISCUSSION:

DATE	SYMTPOMS	PRESCRIPTION
30.11.2024	Lab report: USG SCAN: Cholelithiasis Calculus size nearly 7mm Complaints better Generals: Good	Rx 1. NUX VOMICA 0/3- 7 DOSE (ALT HS) 2. B. PILLS 3×TDS For 2 weeks
04.01.25	Burning pain in epigastrium Slightly persist	Rx

	Stool: constipated	1. NUX VOMICA 0/3- 7 DOSE (ALT HS) 2. B. PIILS 3 TDS For 2 weeks
01.03.25	Throat pain	Rx 1. SAC LAC 1O DOSE ALT HS 2. B. PILLS 3 TDS For 3 weeks
08.04.25	Complaints better Pricking pain in rt hypochondrium slight persist	Rx 1. NUX VOMICA 0/3- 14 DOSE (ALT HS) 2. SAC LAC- 15DOSE (ALT HS): 1 MONTH



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Reg by Govt of Tamilnadu, Reg No:PNA/4267/2006

Patient Name	[redacted] SE	Age :10 Yrs	Sex :Female
Ref.By	Dr. SISIR P R	Date:10/05/2025	

USG- WHOLE ABDOMEN

LIVER : Normal

GALLBLADDER : shows calculus size less than 5 mm. wall thickness Normal, No pericholecystic fluid collection

COMMONDUCT : Normal

PANCREAS : Normal

SPLEEN : Normal

Aorta and para aortic areas: Normal

No Free fluid in the peritoneal cavity

RIGHT ILIAC FOSSA- Normal

RIGHT KIDNEY
Measured : 7.8 x 3.2 cms-Normal

LEFT KIDNEY
Measured : 8.7 x 3.6 cms-Normal

BLADDER : Normal
UTERUS : Normal Infantile uterus seen
Size of the uterus is 3.6 x 1.5 x 2 cm

RIGHT OVARY : 2.1 x 1.5 cm
LEFT OVARY : 2.6 x 1.2 cm
} Both Ovaries Normal

IMPRESSION:
- CHOLELITHIASIS

For clinical correlation/Further Evaluation-Needs Follow up

DR.S.RAVI DMRD
RADIOLOGIST REG NO :5561

DISCUSSION:

The case was approached with the help of constitution medicine. Nux vomica was prescribed in 0/3 potency. Initially, the patient was given 0/3 potency, Fel Tauri Q 30ml was also given, as it is a well indicated remedy for Cholelithiasis. In the follow ups, the patient showed a marked improvement in the symptomatology. Master Hahnemann in the aphorism 80 in his Organon of Medicine [9] and its footnote along with other sections of organon gives a clear preference for individualizing a case. In Homoeopathy, we recognize a dynamic concept of disease in its essence where the concept of individualization is important. The marked improvement in the patient as a whole is evidence of the dynamic action of Homoeopathic medicines.

CONCLUSION:

This case report shows the positive effect of finding individualized Homoeopathic medicine in managing Cholelithiasis.

LIMITATION OF STUDY:

As it is a single-case report, case series can be recorded and published to establish the effectiveness of individualized Homoeopathic medicine in treating Cholelithiasis.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained all appropriate patient consent for treatment.

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A CASE OF HYPERTROPHIC SCAR TREATED WITH HOMOEOPATHIC MEDICINE

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[2]PhD, Guide, HOD & Professor, Department of Paediatrics, Sarada Krishna Homoeopathic Medical College, Kulasekharam

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ABSTRACT

Wounds go through three phases of healing – inflammation, proliferation and remodeling. Scar tissue forms during the remodeling phase. Specific types of cells such as fibroblasts and myofibroblasts and certain signaling molecules such as transforming growth factor-beta and tumor necrosis factor are all involved in wound healing and the creation of new tissue. In both hypertrophic scars and keloid scars, this repair response goes haywire. Although the reason is not fully understood, the result is the abnormal production of extra collagen and a decrease in elastin, which leads to these undesirable thick, raised stiff scars. In this case study Homeopathic constitutional medicine is useful in treating hypertrophic scar and it is the safest way in treating the skin diseases without any side effects.

KEYWORDS: Arsenicum Album, Hypertrophic scars, Homeopathy.

INTRODUCTION

Hypertrophic scars (HTS) are thick, raised, and itchy scars that develop at the site of a skin injury, such as a burn, surgical incision, or piercing. They are caused by an abnormal Response to wound healing, involving excessive collagen deposition and inadequate scar tissue remodeling. HTS are usually pink to red, and they stay within the boundaries of the original Wound. In certain people, body cells called myofibroblasts produce too much collagen during Healing.

This can happen simply as a result of a person's skin type and healing tendencies.

More commonly, overproduction of collagen occurs when a wound is infected or inflamed, under a great deal of tension or motion (such as in injuries over a joint), or left to heal without stitches.

CLINICAL FEATURES

- Hard or thickened raised tissue over your wound site.
- Pink to red to purple skin color over your wound site.
- Scar appears most commonly on the upper trunk of your body – your back, chest, shoulders, upper arms – and skin that covers your joints.
- Scar develops one to two months after injury.
- Scar may cause irritation, itching, tenderness and/or pain.
- Scar on your skin over a joint may limit your joint's normal movement

COMMON SITE

Hypertrophic scars are more common in areas of the body where your skin is taut, such as your back, chest, shoulders and upper arms, elbows and other joints. However, hypertrophic scars can occur anywhere on your skin where you've had a skin injury or wound.

DIAGNOSIS

Your healthcare provider will be able to make the diagnosis of hypertrophic scarring by examining the site of the scar. A biopsy may be ordered if the scar continues to worsen or change.

MANAGEMENT

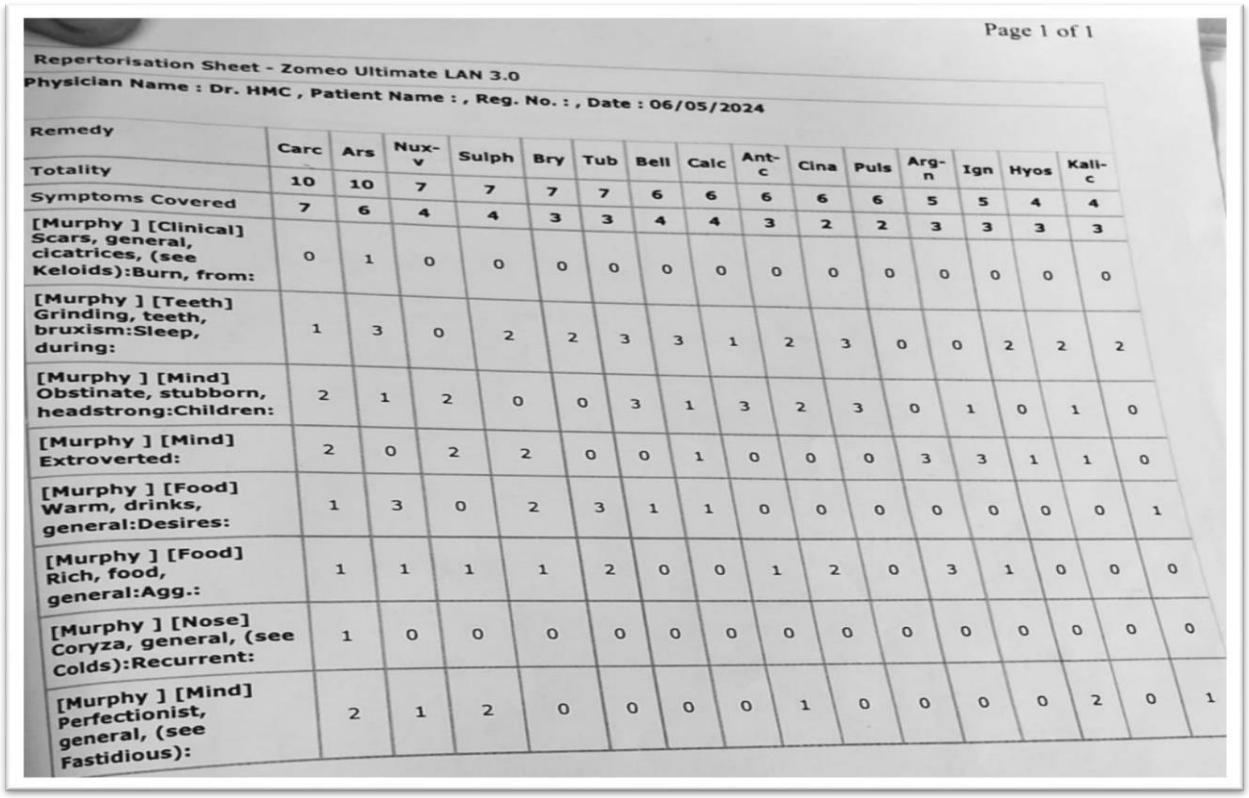
The goals of hypertrophic scar treatment are to flatten, soften, reduce the size, lighten the color and ease any existing pain and itch of your scar. Your healthcare provider -- usually a dermatologist or plastic surgeon – may wait a few months or even up to year before treating your scar. This allows the scar enough time to fully heal and possibly reduce in size and flatten on its own.

CASE PRESENTATION

A 6-year-old female child was brought to the OPD of Sarada Krishna Homoeopathic Medical College, with the complaints of reddish scar with Hardness of skin in the right elbow after burn injury. Initially she has burning pain and itching she put allopathic ointment and feels Better. After 2 months itching got increased and she comes for Homeopathic treatment.

CASE STUDY

After detailed case taking and analysis of signs and symptoms repertorization was done and Arsenicum Album 200 was prescribed. Arsenicum Album 200/ 6 dose for 3 months with 2 dose each month Was given in 10 ml aqua 5 ml (st) and 5 ml (hs). After 3 months duration itching got better and reddish scar in forearm also feels better.



Page 1 of 1

Repertorisation Sheet - Zomeo Ultimate LAN 3.0

Physician Name : Dr. HMC , Patient Name : , Reg. No. : , Date : 06/05/2024

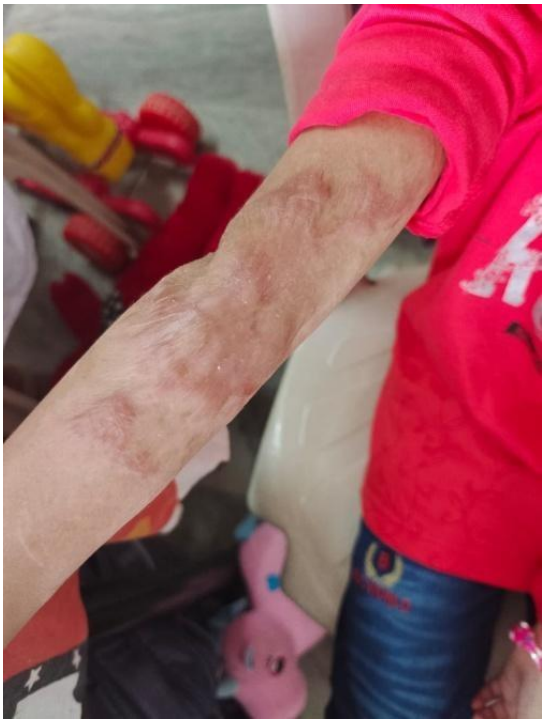
Remedy	Carc	Ars	Nux-v	Sulph	Bry	Tub	Bell	Calc	Ant-c	Cina	Puls	Arg-n	Ign	Hyos	Kali-c
Totality	10	10	7	7	7	7	6	6	6	6	6	5	5	4	4
Symptoms Covered	7	6	4	4	3	3	4	4	3	2	2	3	3	3	3
[Murphy] [Clinical] Scars, general, cicatrices, (see Keloids):Burn, from:	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
[Murphy] [Teeth] Grinding, teeth, bruxism:Sleep, during:	1	3	0	2	2	3	3	1	2	3	0	0	2	2	2
[Murphy] [Mind] Obstinate, stubborn, headstrong:Children:	2	1	2	0	0	3	1	3	2	3	0	1	0	1	0
[Murphy] [Mind] Extroverted:	2	0	2	2	0	0	1	0	0	0	3	3	1	1	0
[Murphy] [Food] Warm, drinks, general:Desires:	1	3	0	2	3	1	1	0	0	0	0	0	0	0	1
[Murphy] [Food] Rich, food, general:Agg.:	1	1	1	1	2	0	0	1	2	0	3	1	0	0	0
[Murphy] [Nose] Coryza, general, (see Colds):Recurrent:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Murphy] [Mind] Perfectionist, general, (see Fastidious):	2	1	2	0	0	0	0	1	0	0	0	0	2	0	1

PRESCRIPTION

Rx

1. ARSENICUM ALBUM 200 /1D IN 10 ml aqua 5ml(st);5 ml (Hs)

Before Treatment



After Treatment

DATE	FOLLOWUP	PRESCRIPTION
28/5/24	Reddish scar in the right fore arm feels slightly better Itching feels better Generals: good	RX 1)ARSENICUM ALBUM200/2D 5 ml (st) 5ml(hs) I d on 3rd week (hs)* 4 weeks
17/9/24	Reddish scar in the right forearm better Itching occ feels better Generals: good	RX 1)ARSENICUM ALBUM200/2D 5 ml (st) 5ml(hs) I d on 3rd week (hs)* 4 weeks

13/10/24	Reddish scar in the right forearm better Itching all over body feels better Generals: good	RX 1)ARSENICUM ALBUM200/2D 5 ml (st) 5ml(hs) I d on 3rd week (hs) T. CALCAREA PHOS 6x1.bd * 4 weeks

RESULTS

Healing of scar revealed Arsenicum Album Is Effective in the treatment of Hypertrophic scar. This case report Suggest that Hypertrophic scar can be treated effectively through Homoeopathy.

CONCLUSION

This case study presents a compelling indication of the potential effectiveness of homeopathic medicine in the treatment of hypertrophic scar. By considering the holistic approach homoeopathic is based on individualization the medicine should be selected. The success noticed in this case encourages further exploriation of homoeopathy as an alternative method for hypertrophic scar management.

REFERENCE

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A REVIEW ON POLYCYSTIC OVARIAN DISEASE

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PG scholar, Dept of Paediatrics, Sarada Krishna Homoeopathic College and Hospital, Kulasekharam

ABSTRACT

Polycystic Ovarian Disease is a common endocrine disorder affecting women in their reproductive years, marked by elevated androgen levels, irregular ovulation, and the presence of multiple cysts in the ovaries. Its development is influenced by a combination of genetic predisposition, hormonal imbalances, and environmental triggers, with insulin resistance being a key factor in its progression. Common symptoms include irregular menstrual cycles, difficulty conceiving, excess hair growth, acne, and metabolic disturbances such as obesity, abnormal lipid profiles, and a heightened risk of developing type 2 diabetes. Diagnosis is typically guided by the Rotterdam criteria, which require two out of three findings: infrequent or absent ovulation, signs or lab evidence of excess androgens, and polycystic ovarian appearance on ultrasound. Management is multidisciplinary, focusing on symptom relief, reduction of metabolic risks, and improvement of fertility through lifestyle changes, medical treatment, and assisted reproductive methods when indicated. Timely detection and personalized care are essential to minimize long-term reproductive, metabolic, and psychological complications.

KEYWORDS - Polycystic Ovarian Disease, Elevated Androgen Levels, Reduced Insulin Sensitivity, Irregular Menstrual Cycles, Impaired Fertility

INTRODUCTION

Polycystic Ovarian Disease, also known as Polycystic Ovary Syndrome, is a prevalent endocrine condition in women of reproductive age, with worldwide prevalence ranging from approximately 6% to 20% depending on the diagnostic standards applied. The condition presents with a combination of reproductive, metabolic, and psychological manifestations, most notably elevated androgen levels, irregular or absent ovulation, and the presence of multiple cysts in the ovaries.

ETIOLOGY

The development of PCOD is influenced by multiple factors, including genetic susceptibility, environmental influences, and disturbances in hormonal regulation especially insulin resistance and elevated insulin levels. These elements collectively promote hyperactivity of the ovarian theca cells,

resulting in increased androgen production and impairment of normal follicle maturation, which in turn causes irregular menstrual cycles and challenges with fertility**.**

PATHOPHYSIOLOGY

1. Hypothalamic Pituitary Ovarian Axis Dysfunction

   In PCOD, there is often an increase in the pulsatile release of gonadotropin-releasing hormone, which disproportionately enhances the secretion of luteinizing hormone compared to follicle-stimulating hormone. The elevated LH stimulates theca cell proliferation within the ovaries, leading to excessive androgen synthesis

2. Hyperandrogenism

   Increased androgen production primarily from the ovaries and occasionally from the adrenal glands leads to symptoms such as excessive hair growth, acne, and hair thinning.

3. Insulin Resistance

   Insulin resistance frequently occurs in individuals with PCOD, regardless of body weight. The resulting compensatory rise in insulin levels enhances LH driven androgen production by ovarian theca cells and reduces the liver's production of sex hormone-binding globulin, which raises the concentration of free and active androgens.

4. Genetic and Environmental Factors

   Evidence from family and twin studies points to a genetic basis for PCOD, with variations in genes linked to insulin signaling, steroid hormone production, and gonadotropin regulation playing a role.

CLINICAL FEATURES

- Menstrual irregularities – Oligomenorrhea, amenorrhea, or dysfunctional uterine bleeding due to chronic anovulation.
- Hyperandrogenic manifestations – Hirsutism, acne, seborrhea, and androgenic alopecia.
- Reproductive issues – Subfertility or infertility, increased risk of early pregnancy loss.

- Metabolic disturbances – Obesity, insulin resistance, impaired glucose tolerance, dyslipidemia, and increased cardiovascular risk.
- Psychological concerns – Higher prevalence of depression, anxiety, and body image dissatisfaction.

COMPLICATIONS

- Reproductive: Infertility, recurrent miscarriage, pregnancy complications (gestational diabetes, preeclampsia, preterm birth).
- Metabolic: Insulin resistance, type 2 diabetes mellitus, metabolic syndrome, dyslipidemia, increased cardiovascular risk.
- Endometrial: Endometrial hyperplasia and elevated risk of endometrial carcinoma.
- Psychological: Depression, anxiety, and reduced quality of life.

DIAGNOSIS

1. Anovulation

- Menstrual disturbances such as infrequent cycles or absence of menstruation.

2. Clinical Presentation

- Signs of hyperandrogenism, including excessive hair growth, acne, and androgenrelated scalp hair thinning.
- Elevated serum androstenedione levels.
- Polycystic ovarian morphology identified on imaging.

3. Ultrasound Findings

- Transvaginal or transabdominal ultrasound demonstrating 20 or more follicles in each ovary and increased ovarian volume.

4. Additional Diagnostic Tests

- Hormonal evaluation: Measurement of LH, FSH, total and free testosterone, and thyroid-stimulating hormone.
- Metabolic screening: Fasting blood glucose, oral glucose tolerance test, and fasting lipid profile.

MANAGEMENT

- Lifestyle Modification
- Dietary changes: Adoption of a calorie-controlled, well-balanced eating plan aimed at achieving weight loss or maintaining a healthy weight.
- Physical activity: Engaging in at least 150 minutes per week of moderate-intensity exercise to enhance insulin sensitivity and support reproductive health.
- Weight control: Losing as little as 5-10% of body weight can help reinstate ovulation and improve overall metabolic parameters.

MEDICINE

1. **Nux Vomica**

   Menses too early, lasts too long; always irregular, blood black with faint spells. Prolapsus uteri. Dysmenorrhœa, with pain in sacrum, and constant urging to stool.

2. **Nux Moschata**

   Uterine hemorrhage. Menses too long, dark, thick. Leucorrhea muddy and bloody. Suppression, with persistent fainting attacks and sleepiness. Variableness of menstruation irregularity of time and quantity.

3. **Secale Cor**

   Menstrual colic, with coldness and intolerance of heat. Passive hæmorrhages in feeble, cachectic women. Burning pains in uterus. Brownish, offensive leucorrhœa. Menses irregular, copious, dark; continuous oozing of watery blood until next period.

4. **Sepia**

   Pelvic organs relaxed. Bearing-down sensation as if everything would escape through vulva must cross limbs to prevent protrusion, or press against vulva. Leucorrhœa yellow, greenish; with much itching. Menses Too late and scanty, irregular; early and profuse; sharp clutching pains.

5. **Cyclamen**

Menses profuse, black, membranous, clotted, too early, with labor-like pains from back to pubes. Flow less when moving about. Menstrual irregularities with migraine and blindness, or fiery spots before eyes.

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AMENORRHEA AND ITS HOMOEOPATHIC MANAGEMENT- REVIEW ARTICLE

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ABSTRACT:

Menstrual irregularity is a common occurrence during adolescence, especially within the first 2–3years after menarche. However, prolonged amenorrhea is abnormal and can be linked to serious medical complications, which vary depending on whether the adolescent is estrogen-replete or estrogen-deficient. While estrogen-replete amenorrhea can cause dysfunctional uterine hemorrhage in the short term and raise the risk of endometrial cancer in the long run, estrogen-deficient amenorrhea is linked to decreased bone mineral density and an increased risk of fracture. The most common cause of amenorrhea in adolescents is hypothalamic amenorrhea, which is followed by polycystic ovarian syndrome. A caloric deficiency causes the hypothalamic release of GnRH to be suppressed, partly due to leptin, in anorexia nervosa, exercise-induced amenorrhea, and amenorrhea linked to chronic disease. It could be pathological or physiological. If menarche has not happened by the age of 15 or three years after the menarche, primary amenorrhea—defined as the lifetime absence of menses—needs to be evaluated. Evaluation is necessary for secondary amenorrhea, which is the absence of previously regular menstruation for 3 months or previously irregular menstruation for six months. Curing a disease through homeopathy means finding a Similimum for every particular individual case.

KEYWORDS: Amenorrhea, Homoeopathy, Similimum

INTRODUCTION

Amenorrhea is the absence or abnormal cessation of spontaneous menstruation in a woman of reproductive age. It should be ruled out before diagnosis because it is a common trait in prepubertal, pregnant, nursing, and postmenopausal women. The lack of a woman's menstrual cycle during her reproductive years is known as amenorrhea. Natural and healthy amenorrhea is possible. But it may also be a sign of a medical issue [1]. While secondary amenorrhea is more likely to result from acquired disease, generally more amenable to treatment, and has a better prognosis, primary amenorrhea is often due to either a genetic or gross

developmental abnormality of the ovarian or Müllerian structures [2]. Amenorrhea has also been classified as physiologic or pathologic, or based on the compartments of the hypothalamo–pituitary–ovarian axis where the problem occurs [3]. homoeopathic medicines have been found very effective in treating amenorrhea.

ETIOLOGY

THE CAUSES FOR PRIMARY AMENORRHEA ARE:

- Delayed puberty
- Hypothalamic and pituitary dysfunction
- Kallmann's syndrome
- Central nervous system tumors
- Primary ovarian failure
- Turner's syndrome
- Developmental defect of genital tract (Mayer- Rokitansky- KusterHauser) syndrome.
- Dysfunction of thyroid and adrenal cortex- Cretinism.
- Metabolic disorders- Juvenile Diabetes, Obesity
- Systemic illness – Malnutrition, Anaemia, Tuberculosis

THE CAUSES FOR SECONDARY AMENORRHEA ARE:

Hypothalamus- Stress, Post pill, Sudden change in weight—either too much loss or too much gain, Psychotropic and antihypertensive drugs

Pituitary- Adenoma, Sheehan's syndrome Ovary- PCOS, Premature Ovarian Failure. Uterine- Synechiae (Asherman's Syndrome)

Systemic- Malnutrition, Hypothyroidism, Diabetes

THE CAUSES FOR PATHOLOGICAL AMENORRHEA ARE:

Cryptomenorrhea –

- Congenital
- Imperforate hymen
- Transverse vaginal septum
- Atresia of the upper-third of vagina and cervix.

ACQUIRED

- Stenosis of the cervix following amputation, deep cauterization and conization.
- Secondary vaginal atresia following neglected and difficult vaginal delivery [4].

EVALUATION

HISTORY

Menstrual patterns (if any), past pregnancy and breastfeeding experiences, eating and exercise routines, psychosocial stressors (such as perfectionist tendencies), weight fluctuations, fractures, medication or substance abuse, chronic illnesses, and the onset of breast and pubic hair should all be included in a thorough medical history. Acne or hirsutism may be a sign of hyperandrogenism, while galactorrhea, migraines, or abnormalities of the visual field may be signs of hypothalamic or pituitary disease [5,6]. Hot flashes or night sweats are examples of vasomotor symptoms that could point to primary ovarian insufficiency. Relatives' menarche ages and any history of chronic illnesses should be included in the family history [7].

LABORATORY AND OTHER TESTING

In all cases, pregnancy should be excluded with a pregnancy test. Serum patterns of follicle-stimulating hormone, luteinizing hormone, prolactin, and thyroid-stimulating hormone identify most endocrine causes of amenorrhea. Serum free and total testosterone, and dehydroepiandrosterone sulfate levels may be obtained if there is evidence of hyperandrogenism. A 17-hydroxyprogesterone level collected at 8 a.m. assesses for late-onset congenital adrenal hyperplasia. Low anti-Müllerian hormone correlates with ovarian reserve and may indicate primary ovarian insufficiency or menopause [8].

HOMOEOPATHIC THERAPEUTICS

Aconite Napellus - Fear that menses will not return and terrible consequences follow; labor like pressing in the womb, patient bent double; amenorrhea in young plethoric girls who lead a sedentary life; menses

stopped from a cold bath, from sudden checking of perspiration, from violent emotions or fright; vagina dry, hot, and sensitive.

Aletris Farinosa- Amenia, or delaying menses, in consequence of atony of the womb or ovaries; weariness of mind and body; fullness and distension of abdomen, with bearing down sensation.

Apis Mellifica –Suppressed menses, with congested or inflamed ovaries, menses stop suddenly or cease for two or three days, to begin again, blood black; dysmenorrhea, with scanty discharge of slimy blood; chlorosis, with puffy, bloated, waxy appearance of the face.

Cocculus Indicus - Mental derangement following amenorrhoea; she appears imbecile, at other times acts like a maniac; is wicked, talks constantly, dances and makes all kinds of gesticulations; headache with nausea, much paralytic pain in small of back.

Helonias- Amenorrhea from atony and torpor of the whole body, with anaemia and disordered condition of digestive organs; prolapsus uteri from want of muscular tonicity; loss of sexual desire, with or without sterility.

Natrum Muriaticum-In young girls, when the menses do not appear, or when scanty and at long intervals.

Calcarea Phosphorica - Amenorrhea in anaemic patients [9].

Ignatia Amara- Suppression from grief. Menses black, too early, too profuse or scanty. During menses great languor, with spasmodic pains in stomach and abdomen. Feminine sexual frigidity.

Kalium Carbonicum - Delayed menses in young girls, with chest symptoms or ascites. Difficult, first menses.

Pulsatilla Pratensis - Amenorrhea, suppressed menses from wet feet, nervous debility or chlorosis. Tardy menses. Too late, scanty, thick, dark, clotted, changeable, intermittent. Chilliness, nausea, downward pressure, pain, intermittent flow [10].

CONCLUSION

This article primarily focuses on several homoeopathic remedies that are effective in treating amenorrhea. Amenorrhea, is a major symptom associated with so many diseases and syndromes. Homoeopathy plays a major role in curing amenorrhea as the patient needs a holistic treatment that cures the mental as well as physical well-being of the patient. The selection of a remedy is based upon the theory of individualization and symptom similarity. This is the only way through which a state of complete health can be regained by

removing all the signs and symptoms. The aim of Homoeopathy is not only to cure amenorrhea but to address its underlying cause also.

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A REVIEW ON PELVIC INFLAMMATORY DISEASE

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ABSTRACT:

Pelvic Inflammatory Disease (PID) is a polymicrobial infection of the upper genital tract characterised clinically by triad of symptoms and signs: pelvic pain, cervical motion with adnexal tenderness and fever. Conventional treatment is with broad-spectrum antibiotics. The alternative medicine, especially Homoeopathy, is the second choice of therapy as per the WHO. Case reports of PID in the medical literature are scant.

INTRODUCTION:

Pelvic inflammatory disease (PID) is a spectrum of infection and inflammation of the upper genital tract organs, typically involving the uterus (endometrium), fallopian tubes, ovaries, pelvic peritoneum and surrounding structures. The primary organisms are sexually transmitted (60%–75%) and limited approximately to Neisseria gonorrhoeae (30%), Chlamydia trachomatis (30%) and Mycoplasma hominis (10%). The secondary organisms normally found in the vagina are almost always associated sooner or later.

ETIOLOGY:

The incidence varies from 1% to 2% per year among sexually active women. About 85% are spontaneous infections in sexually active females of reproductive age.

- **Pyogenic bacteria**: *Staphylococcus*, *E. coli*, *Pseudomonas*, *Klebsiella*, *N. gonorrhoeae*
- **Sexually transmitted pathogens**: *Chlamydia trachomatis*, *Treponema pallidum* (syphilis), *Herpes simplex virus*
- **Others**: *Trichomonas vaginalis* (parasitic), *Candida albicans* (fungal), *M. tuberculosis* (tubercular)

Modes of Spread:

- **Ascending infection**: The most common route—from the cervix upward to upper genital organs (this ascension is enhanced during menstruation due to loss of endocervical barriers)
- **Pulmonary/lymphatic spread** and **direct extension** from adjacent organs are less common

CLINICAL FEATURES:

Some patients may be asymptomatic. The classic triad, however, is pelvic pain, cervical excitation pain and adnexal tenderness, often in the presence of fever. In severe cases, abdominal rebound tenderness may be present; vaginal discharge may be seen. Some women may have associated menorrhagia, metrorrhagia and urinary symptoms

- Symptoms:
  - lower abdominal pain
  - purulent vaginal discharge
  - fever
  - irregular bleeding
- On examination: cervical motion tenderness, adnexal or uterine tenderness

DIAGNOSIS:

- **Minimum criteria**: Lower abdominal and adnexal tenderness
- **Additional criteria**: Fever, purulent cervical discharge, leukocytosis, raised ESR/CRP
- **Definitive diagnosis**: Laparoscopy—gold standard to confirm PID

COMPLICATIONS:

- **Immediate**: Pelvic peritonitis, septicemia, perihepatitis (Fitz-Hugh–Curtis syndrome) present in 5–10% of acute PID cases
- **Long-term**: Infertility, ectopic pregnancy, chronic pelvic pain, dyspareunia, tubo-ovarian abscess, recurrent infections

Genital Tuberculosis (TB)

- Particularly significant in developing contexts as a cause of PID
- Organs affected: fallopian tubes (almost always), endometrium (60%), cervix (15%)

- Leads to infertility in ~70%; overall, ~10% of infertile couples may have genital TB
- Diagnosis aided by histology, culture, PCR, and presentation on HSG (e.g., "tobacco-pouch" appearance)

HOMOEOPATHIC THERAPEUTICS:

1. **SEPIA OFFFICINALIS:**

   Leucorrhœa yellow, greenish; with much itching. Morning sickness. Vagina painful, especially on coition. Feeling of relaxation and bearing-down in abdomen.

2. **KREOSOTUM:**

   Acrid, offensive, and excoriating discharges

   Tendency to ulceration, burning, and putridity

   Discharges often worse during rest, especially at night

   Leucorrhea worse between periods or after menses

   Menses too early, profuse, and offensive

   Pruritus vulvae, worse at night, with violent itching and burning

   After-pains offensive and exhausting

3. **BORAX:**

   Women with vaginal discharges and uterine issues

   Leucorrhea: profuse, white, albuminous, like the white of an egg, or starchy

   Leucorrhea worse after menses or during urination

   Menses too soon, too profuse, with colic

   Vagina hot, inflamed, and sensitive

   Painful coition

   Tendency to miscarriage (especially in the early months of pregnancy)

4. **ALUMINA:**

   Suited to individuals who are slow, weakened, or nervously exhausted.

   Leucorrhea: profuse, acrid, transparent, worsens during the day

   Leucorrhea runs down the legs

   Menses too early and profuse or delayed and scanty

   Dryness of vagina, painful coition

5. **PULSATILLA:**

   Thick, creamy, milky, or yellowish-green leucorrhea

   Non-irritating but profuse and persistent

   Worse before or after menses

May be accompanied by backache, dragging pain, and weeping

CONCLUSION:

With the homoeopathic treatment, promising results have been seen in research on various clinical disorders but there is paucity of research in the field of pelvic inflammatory disorders.

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MANAGEMENT OF ENDOMETRIAL POLYP: A CASE STUDY ON HOMOEOPATHIC INTERVENTION.

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ABSTRACT:

An endometrial polyp also known as a uterine polyp, is an abnormal growth that originates from the lining of the uterus (endometrium) and consists of glands, stroma, and blood vessels. These growths can vary in size, ranging from small lesions to those large enough to fill the entire uterine cavity. They can occur during both the reproductive years and after menopause. Endometrial polyps most commonly during the **perimenopause period**. Several studies report the **peak incidence** in the **46–55-year** age group, followed by a lower frequency in both younger (36–45 years). [1] A 42-year-old female came with the complaints of intermenstrual bleeding. She was advised to undergo surgery but she was not interested. After detailed case taking and repertorisation based on symptom similarity Phosphorous was prescribed to the patient along with Thlapsi bursa pastoris capsella mother tincture were used with the goal to control the bleeding. In this case, after repertorisation the symptom similarities indicates Phosphorous 0/1. Then we prescribed this remedy to the patient along with this Thalapsi mother tincture. The patient improved within 2months. Therefore, homoeopathy is not just a miracle it's a science this is one of the case manage under homoeopathic treatment.

KEYWORDS: Endometrial polyp, Phosphorous, Homoeopathy

INTRODUCTION:

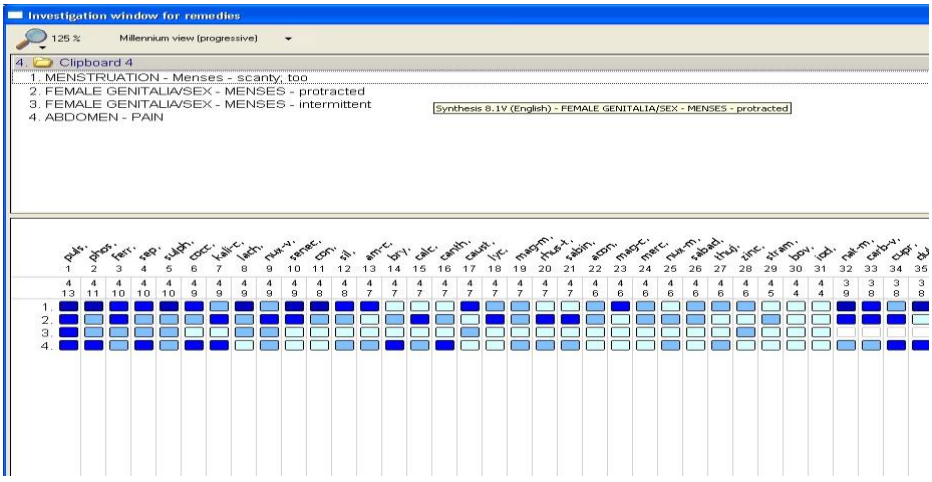
Endometrial (or uterine) polyps are localized hyperplastic overgrowths within the uterine lining, consisting of endometrial glands, stroma, and vascular elements, and manifest as either stalked (pedunculated) or flat-based (sessile) masses protruding into the uterine cavity.[2] Although the vast majority of endometrial polyps

are benign, a small fraction may exhibit hyperplasia or malignancy, particularly among high-risk groups. Clinically, present with various forms of abnormal uterine bleeding including intermenstrual spotting, heavy menstrual flow (menorrhagia) or postmenopausal bleeding which also can contribute to infertility or early pregnancy loss.[3] However, a significant number up to 44% are asymptomatic, found incidentally upon imaging.[4] When paired with surgical treatment, imaging modalities can help determine the amount of disease and necessary excision. Homeopathy is a form of complementary or alternative medicine, believe that the body can heal itself by using greatly diluted medicines. It is based on law of similia where the patient is treated with the medicine producing similar set of symptoms which refers to the individualization of the patient.

CASE PRESENTATION:

A 42-year-old female was apparently normal before 2 months, presented with the complaint of intermenstrual bleeding (15 days once), scanty, aching pain in the lower abdomen accompanied by tiredness and was advised surgery again. The complaints got aggravated physical exertion. The patient presented for homoeopathic evaluation and treatment.

INTERVENTION:



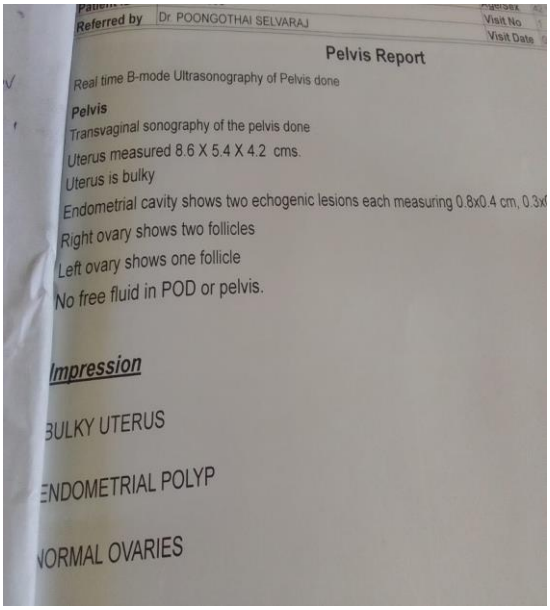
SELECTION OF REMEDY: The remedy selected was PHOSPHORUS with further reference to Materia Medica and the potency selected was 0/1 based upon susceptibility of the patient.

JUSTIFICATION:

Phosphorus has a profound effect on the blood and blood vessels, often leading to various **hemorrhages and bleeding phenomena,** intermenstrual uterine bleeding. Menstruation occurs prematurely and is scanty,

yet each episode is abnormally prolonged.[5]. Detailed case taking was done according to homoeopathic philosophy, after proper reportorial analysis of the case, PHOSPHOROUS 0/1 and following potency was administered as daily dose and prescribed placebo after improvement along with Thalapsi mother tincture. The patient showed significant improvement within 2 months. Follow up and assessment was done once in a month.

RESULTS/ OBSERVATION:


Referred by Dr. POONGOTHAI SELVARAJ

Pelvis Report

Real time B-mode Ultrasonography of Pelvis done

Pelvis

Transvaginal sonography of the pelvis done

Uterus measured 8.6 X 5.4 X 4.2 cms.

Uterus is bulky

Endometrial cavity shows two echogenic lesions each measuring 0.8x0.4 cm, 0.3x

Right ovary shows two follicles

Left ovary shows one follicle

No free fluid in POD or pelvis.

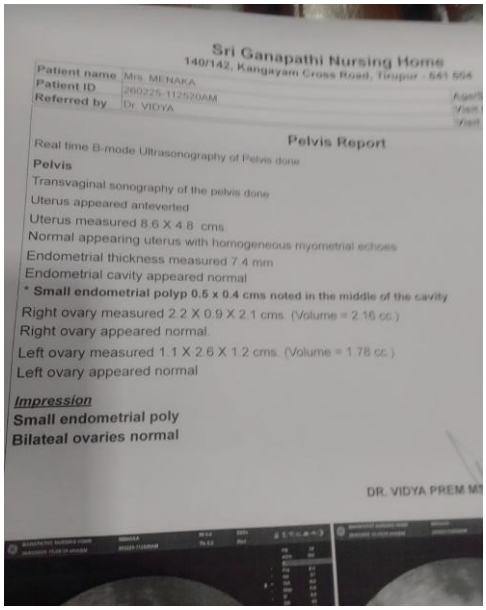
Impression

BULKY UTERUS

ENDOMETRIAL POLYP

NORMAL OVARIES

Date: 11.12.2024


Sri Ganapathi Nursing Home

140/142, Kangayam Cross Road, Tirupur - 641 604

Patient name Mrs. MENAKA

Patient ID 260225-112520AM

Referred by Dr. VIDYA

Pelvis Report

Real time B-mode Ultrasonography of Pelvis done

Pelvis

Transvaginal sonography of the pelvis done

Uterus appeared anteverted

Uterus measured 8.6 X 4.8 cms.

Normal appearing uterus with homogeneous myometrial echoes

Endometrial thickness measured 7.4 mm

Endometrial cavity appeared normal

*** Small endometrial polyp 0.5 x 0.4 cms noted in the middle of the cavity**

Right ovary measured 2.2 X 0.9 X 2.1 cms. (Volume = 2.16 cc.)

Right ovary appeared normal.

Left ovary measured 1.1 X 2.6 X 1.2 cms. (Volume = 1.78 cc.)

Left ovary appeared normal

Impression

Small endometrial poly

Bilateal ovaries normal

DR. VIDYA PREM M

Date: 26.2.2025

DISCUSSION:

Given the limited scope of conventional medicine's treatment for endometrial polyp, a prevalent bleeding disorder of endometrium it is imperative to evaluate the role of alternative techniques to improve acceptability and decrease recurrence for the management of such apparent problems. In India right now, homeopathy is the second most common type of healthcare. Homoeopathy, based on the principles of individualization and holistic treatment, offers an alternative therapeutic approach. The current case emphasizes the importance of a detailed case taking and collection of symptoms. In this case since 2 months, the patient had been receiving standard treatment, homeopathy was able to resolve them. Patients will have

a dependable option for a non-invasive and affordable treatment if homeopathy can be shown through evidence-based trials to treat endometrial polyp without the need for surgery. Although one case report of endometrial polyp effectively treated by homoeopathic medicine has been described, there are few published case reports in this area.[6] In this case, the medicine was given in LM potency so that frequent repetition could be done and quick recovery. After treatment the polyp count and size were reduced during the third visit This case report provides evidence of the patient's improvement through both subjective and objective changes.

CONCLUSION:

This case report highlights the effectiveness of homeopathic treatment in managing endometrial polyp which generally required surgical procedures. Further large-scale studies are recommended to investigate the efficacy of homeopathy in treating such conditions. Proper hygiene and regular follow ups are to be maintained to prevent the relapse. This case study demonstrates homeopathy's potential in managing these cases.

CONFLICTS OF INTEREST: NIL

ETHICAL ISSUES: NIL

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ENDOMETRIOSIS: A COMPREHENSIVE REVIEW WITH INSIGHTS INTO HOMEOPATHIC MANAGEMENT

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ABSTRACT:

Introduction: Endometriosis is a common estrogen dependent chronic neuroinflammatory condition affecting women of reproductive age group. It is characterised by the growth of endometrial tissue in sites outside the uterus. Objectives: To review existing literature on endometriosis and its homoeopathic management. Methods: Relevant studies and review articles were examined to assess various aspects of endometriosis, including its pathophysiology, clinical presentation, and management options, with on focus homoeopathic approaches. Data from observational, clinical, and case studies were considered. Results: Endometriosis is a chronic estrogen dependent inflammatory condition affecting about 10% women globally. The most common presentation include cyclic pelvic pain , dysmenorrhoea, dyspareunia, emotional distutbances. The conventional treatment include hormonal therapy and surgical intervention. Homeopathic interventions, including remedies such as Pulsatilla, Medorrhinum, Magnesia Phosphorica, Chamomilla, Sepia, and Calcarea Carbonica, have shown promising results in case reports and observational studies for symptom relief, regulation of menstruation, and improvement in quality of life. Conclusion: While conventional therapies provide symptom control, homeopathic management through individualized remedies—can offer effective relief, help regulate menstruation, reduce pain, and improve overall quality of life.

KEYWORDS

Endometriosis, Chronic inflammation, Dysmenorrhoea, Homoeopathic Interventions

INTRODUCTION

Endometriosis is a chronic inflammatory multifactorial gynaecological disease characterised by endometrial like tissue outside the uterus. Its prevalence approximates to 247million globally with women of reproductive age group being affected [1].

BACKGROUND

Endometriosis is one of the major causes of infertility. The incidence of endometriosis is estimated to be 2%–10%within the general female population and it raises upto 50% in infertile women. lesion are commonly found in pelvic cavity and are classified into 3 subtypes depending upon the location; superficial peritoneal, ovarian, and deep. Despite numerous theories regarding the pathogenesis exact etiology remains undetermined. Though it maybe asymptomatic in few it typically presents as dysmenorrhoea, chronic pain, fatigue, urinary and GI affections, anxiety and depression. Endometriosis is a persistent disease without a know cure. Homoeopathic interventions have been observed to be effective in treating and improving the general quality ofmlife of the patient [2,3].

ETIOLOGY & PATHOGENESIS

The exact etiology of endometriosis is not known but there are several theories tempting explains the its pathogenesis in which Sapmson's theory of retrograde menstruation is widely accepted. It proposes that fragments of endometrial tissue move backward through the fallopian tubes into the peritoneal cavity, where they attach and grow [4]. However, while most women have retrograde reflux, only 10–15% of women develop endometriosis. Other factors include estrogen promoting the growth of endometriotic lesions and enhance inflammation. Immune dyregulation with features remebling autoimmune condition are also observed [4,5].

CLINICAL FEATURES

Endometriosis causes significant cyclic pelvic pain, dysmenorrhoea, dyspareunia, dysuria, dyschezia. Bloating, nausea, fatigue, depression and anxiety are also been observed with this. Endometriosis is a leading cause of secondary infertility due to adhesions and ovarian involvement. It may also be asymptomatic in few and hence difficult to recognize as the symptoms widely vary [4,6].

DIAGNOSIS

Endometriosis is suspected based on the detailed history, while USG and MRI help detect lesion, laparoscopy with histologic confirmation remains the gold standard. No biomarkers or genetic test is fully reliable [1,3].

MANAGEMENT

Endometriosis is a persistent condition without a known cure. Standard treatments involve hormonal medication to sup press symptoms during reproductive and surgical removal of lesions [5,6]

HOMOEOPATHIC MANAGEMENT

Homeopathic interventions were observed for symptom relief in endometriosis, particularly for pain, menstrual irregularities, and emotional stress. In several studies remedies like Pulsatilla and Medorrhinum have shown positive outcomes in case reports, including improvement of ovarian endometriomas and resolution of endometriotic cysts[7,8,9] Few of the therapeutics include; Magnesia Phosphorica :Spasmodic, crampy pain, relieved by warmth and pressure, Chamomilla**:** Pain unbearable, irritability, restlessness during menses, Sepia**:** Pulling, bearing-down sensation, cystic ovaries, menstrual irregularity, exhaustion,Calcarea Carbonica**:** Ovarian cysts, delayed menses, obesity tendency, cold intolerance, fatigue, Pulsatilla**:** Mood swings, weepy, mild pelvic pain, delayed/irregular menses[10].

CONCLUSION

Endometriosis is a chronic, estrogen-dependent condition. While conventional therapies provide symptom control, homeopathic management through individualized remedies—can offer effective relief, help regulate menstruation, reduce pain, and improve overall quality of life.

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A REVIEW OF HOMOEOPATHIC AND CONVENTIONAL PAEDIATRIC CARE IN HAND, FOOT, AND MOUTH DISEASE

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ABSTRACT

Hand, foot and mouth disease is a common viral infectious disease that occur most often in children, but can also occur in adolescents and occasionally in adult, caused by coxsackievirus A16 and enterovirus 71 with symptoms including fever, oral ulcers and vesicular rash. Conventional treatment focus on symptomatic relief, hydration, monitoring complications. Homoeopathy provides individualised medicine, enhancing host resistance. This review emphasis on epidemiology, prevalence, management approach, treatment efficacy of conventional and homoeopathy care.

KEYWORDS: HFMD (hand, foot and mouth disease), Conventional, Homoeopathy paediatric care, Coxsackievirus A16, Enterovirus A71.

INTRODUCTION

Hand foot mouth disease is caused by coxsackie virus A16 and enterovirus A71[(1)]. Transmitted by faecal-oral, oral- oral, respiratory droplet [(1)] The ingestion of the shed virus from infected hosts gastrointestinal or upper respiratory tract or via vesicle fluid or oral secretions, the virus replicates in the lower intestine and pharynx lymphoid tissue and spreads to the regional lymph nodes. This can be spread to multiple organs, including the central nervous system, heart, liver, and skin. [(5)] Present with low grade fever, maculopapular rash on hand, soles, painful oral ulceration [(2)]. It is mild and self-limiting disease, last for 7 to 10 days. However, more severe symptoms such as meningitis, encephalitis, and polio like paralysis may occur [(1).] Risk factors include hygiene, age, gender social contact [(3)]. HFMD occurs globally and in the temperate climates spreads more easily in summer and early autumn. It is common among infants and children below 10 years of age [(2)]

CONVENTIONAL STUDIES

HFMD is a significant public health issue worldwide, commonly occurring in children 5 year of age or younger. EV are positive polarity, single-stranded, non-enveloped RNA viruses infect millions globally annually, particularly neonates and children less than 5 year of age (9).

Circulatory failure and neurological damage are main cause of death [1]. Hydration, handwashing, pain relief, antipyretic drugs. Preventing the spread is important [2] Incidence in girls lesser than boys. It varies with season, gender, increased in tropical and temperate regions of Asia. Hand washing is protective [3]. EVA71 is severe form [4].

HOMOEOPATHY STUDIES

A case of 4 years old female child with HFMD was prescribed individualised medicine Arum triphyllum 200 a single dose according to the totality of symptoms. A case series of 30 patients based on totality of symptoms Homoeopathy medicines administered orally. More than 60 % cured with Mercurius solubilis without any adverse effect [7] EV71 triggers a plethora of interactive signalling pathway resulting in host immune evasive and inflammatory response his study shows the inflammatory activity of Mercurius solubilis [7]. A study in adult with Mercurius solubilis showed improvement. Studies suggesting Mercurius solubilis as potential homoeopathy medicine for HFMD [8]

DISCUSSION

HFMD remain the common viral infection in children [10]. Most cases are self-limiting but can become fatal [1]. Conventional paediatric care emphases supportive management, including hydration, antipyretics, topical pain relief monitoring the complications [2]. It ensures safety and supported by epidemiological and clinical evidences. Homoeopathic care on other hand involves individualised remedy selection based on totality of symptoms. Case report suggest improvement in symptoms without any adverse effect [7].

CONCLUSION

Comparatively conventional care has robust evidence from epidemiological studies and clinical guidelines [3][4] whereas in Homoeopathy no high randomised controlled trial which limits the ability to conclude on efficacy. Homoeopathy can serve an excellent approach for symptom management but current evidence is limited to case report and case series.

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AUTOIMMUNITY IN CHILDREN: MIASMATIC INSIGHTS AND HOMEOPATHIC APPROACHES TO JUVENILE IDIOPATHIC ARTHRITIS

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ABSTRACT

Background: One of the emerging diseases which doesn't have any mode of cure other than pain management are auto immune diseases. Children are not excluded from it. Juvenile Idiopathic Arthritis (JIA), a common pediatric autoimmune condition is also symptomatically managed rather a permanent cure. Objective: This review addresses the association between homeopathy and autoimmune conditions, focusing on the homeopathic treatment to JIA. It emphasizes the mindbody relation fundamental to homeopathic philosophy and its applicability in pediatric care. METHODS: suitable literature was reviewed, including classical homeopathic books, clinical incidents. The article addresses concepts such as miasmatic theory, constitutional profiling, and individualized remedy selection in JIA cases. Results: Early studies points that homeopathy provides a distinctive framework for understanding both psychological and physical aspects of autoimmune diseases. Case-based evidence shows possible improvements in pain, mobility, and overall well-being in children with JIA, although robust clinical trials are limited. Conclusion: Homeopathy may serve as a complementary approach in managing pediatric autoimmune diseases by addressing both emotional and physical symptoms. Further research is needed to confirm its effectiveness and to explore its integration into multidisciplinary treatment plans for children with JIA.

KEYWORDS: Autoimmune Diseases, Juvenile Idiopathic Arthritis, Paediatrics, Homoeopathy, Miasm.

INTRODUCTION

JIA' means Juvenile- the arthritis begun before the age of 16, when a young person with JIA turn 16, they still have JIA because the condition is different from adult type of arthritis. Idiopathic - means the cause is unknown. Arthritis -means that one or more joints are inflamed, usually for at least 6 weeks.

Juvenile idiopathic arthritis is the most common rheumatic childhood disease. Juvenile idiopathic arthritis is the most common rheumatic childhood disease classified according 3 major presentations: Oligo-arthritis, Polyarthritis and Systemic onset disease. Prevalence of JA is reported as 0.07 to 4.01 per 1000 children. Annual incidence is reported as 0.008 to 0.226 per 1000 children in world wide. The estimated prevalence of JIA in India is 48/100000. While the western studies suggest that JRA is more common in girls, in India the ratio appears to be almost equal [(1)].

Juvenile idiopathic arthritis is not a single disease, but a term that encompasses all forms of arthritis that begin before the age of 16 years, persist for more than 6 weeks, and are of unknown cause. The term represents, therefore, an exclusion diagnosis that includes all forms of childhood chronic arthritis of unknown cause. Different classification criteria have been used to identify discrete clinical subsets that could correspond to different diseases. The International League of Associations for Rheumatology (ILAR) has provided the most recent classification [(3)].

	Frequency*	Onset age	Sex ratio
Systemic arthritis	4–17%	Throughout childhood	F=M
Oligoarthritis	27–56%	Early childhood; peak at 2–4 years	F>>>M
Rheumatoid-factor-positive polyarthritis	2–7%	Late childhood or adolescence	F>>M
Rheumatoid-factor-negative polyarthritis	11–28%	Biphasic distribution; early peak at 2–4 years and later peak at 6–12 years	F>>M
Enthesitis-related arthritis	3–11%	Late childhood or adolescence	M>>F
Psoriatic arthritis	2–11%	Biphasic distribution; early peak at 2–4 years and later peak at 9–11 years	F>M
Undifferentiated arthritis	11–21%	. .	. .

*Reported frequencies refer to percentage of all juvenile idiopathic arthritis.

Table 1: **Frequency, age at onset, and sex distribution of the International League of Associations for Rheumatology (ILAR) categories of juvenile idiopathic arthritis**

CASE ILLUSTRATION

Name: MISS S Age: 13 Sex: F Education: 10th std Occupation: student Status: Single Religion:

Muslim Diet: Veg, N.V Father: S Mother: A

Table 1: Chief Complains

No.	Location	Sensation & Pathology	Modalities A.f, <, >	Accompaniments
1.	MSS Right knee Left knee Right shoulder Left shoulder Right and left ankle O: 2 months D: continuous F: gradually increase All complaints started at the age of 2 years that is increased in the last 2 months	Swelling^{+3} Pain^{+3} Difficulty in walking^{+3} Morning stiffness^{+3} 15 to 20 minutes	$<^{+2}$ humid weather $<^{+3}$ night after 7 pm $<^{+3}$ walking $<^{+2}$ sour food $<^{+3}$ while doing namaz $<^{+3}$ lying on affected side $>^{+2}$ massage Himalaya $>^{+2}$ warm water application > fan and season	Appetite: decreased Thirst: decreased Stool: normal Urine: normal Sleep disturbed by illness Headache+3 due to sleep disturbed Eye pain and ear pain Weakness+2

After complete case taking, the totality of symptoms was taken and repertorisation has been done.

Totality
A/F: Suppressed anger+2
Anxiety: About own future
Forsaken feeling+2
Rebellious+2
Artistic+2
Lamenting- Appreciated, because she is not+2
Fear: Insects+2, Father+3
Sleep: Back on, Sleep Disturbed by headache+2, Talking+2
Occasionally, Starts+2 (When lying on affected side)
Hunger can't tolerate
Nausea: Smell of fish+2, milk+2
Perspiration: Palm+2
Aversion: Tea+2
Craving: Chicken+2, Cold drink+2
Thermal: Chilly patient
Menses: Offensive+2, Scanty+2
Before menses: Abdominal pain+2, Leucorrhea+2
During menses: Abdominal pain+2
Leucorrhea: Pain in back+2
Joints pain >+3 Warmth application

The case was first treated with acute remedy [Rhus Tox]. After case taking Natrum Phos has given as constitutional remedy from her appearance, her mental state and from her life situation. The case reflects mainly on Sycotic Miasm so to remove this block Thuja is given as an intercurrent remedy. Mag Phos given during menstrual complains based on acute totality. Homoeopathic constitutional remedy with proper dose and repetition, will definitely help the patient. The severity of suffering also decreases with action of constitutional remedy. In homoeopathic treatment constitutional remedy is given to the patient and helps in improvement of patient as a whole [(1)].

CORRELATION OF AUTOIMMUNE DISEASES WITH HOMOEOPATHIC PHILOSOPHY

Homoeopathy, initially a symptom-based science, focused on individualization through a comprehensive history of mind, body, and sensitivities. As science advanced, it became clear that the whole man, including the mind and body, resulted from a genetic code responsible for character inheritance. Hahnemann indirectly referenced genetics in his aphorisms.

Aphorism 81- Hahnemann discusses the inheritance of symptoms and mutations in diseases, highlighting the effects of genes on the human constitution.

Aphorism 5 says the examination should take into account the patient‟s constitution, moral and intellectual character, occupation, lifestyle, social and domestic relationships, age, and sexual functioning.

Aphorism 189- Dr. Hahnemann emphasized the importance of the whole organism's cooperation and participation in the body and mind, stating that genes within cells are responsible for everything in the organism. He classified diseases into three categories: Psora, sycosis, and syphilis, emphasizing the interconnectedness of the entire organism.

Autoimmune diseases, a combination of Syphilitic and Psoric miasm, are triggered by latent psora, and a Miasmatic protocol involves starting with anti-tubercular remedies and switching to syphilitic remedies as pathology advances.

Understanding Miasm is important: Removing layers of suppression can lead to better symptom clarity, which in turn can significantly improve overall well-being. Taking anti miasmatic medications can also result in a number of benefits, including improved appetite, better sleep, a more harmonious temperament, weight gain, and a clearer understanding of present-day symptoms. These medications can enhance both one's current constitution and future health [(4)]

RELATION BETWEEN PSYCHE & SOMA

Specific hypothesis Suggests that specific emotions conflicts and personality constellation led to specific cell and tissue damage. If a specific stimulus, emotional conflict or stress occurred, it expressed itself in a specific response or illness in genetically predetermined organ. After stress is suppressed through the autonomic nervous system, however the sympathetic responses may remain alert for heightened aggression or flight or parasympathetic nervous system responses may be altered for increased activity.

Such prolonged alertness and tension can produce physiological disorders and eventually pathology of organs or viscera [2].

CONCLUSION

Remedies such as Abrotanum, Aconite, Apis, Arsenicum album, Belladona, Bryonia, Calc carb, Chamomilla are widely used so far in treatment of idiopathic juvenile arthritis [5]. In the case presented, the underlying autoimmune pathology may be associated with the patient's rebellious disposition—characterized by resistance to authority and non-conformity. Addressing the mental and emotional state through individualized homeopathic treatment has the potential to yield significant improvements in autoimmune conditions, highlighting the importance of mind-body integration in therapeutic approaches.

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VITAMIN D DEFICIENCY IN CHILDREN: A HOMOEOPATHIC REVIEW

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ABSTRACT:

Vitamin D deficiency is a prevalent pediatric condition associated with rickets, growth retardation, and skeletal deformities. It remains undiagnosed in many developing countries due to limited awareness and screening. Objective: To evaluate the role of homoeopathic medicines in the management of vitamin D deficiency in children. Methods: A review of homoeopathic literature and clinical practice was undertaken to identify key remedies used in managing symptoms and constitutional tendencies related to vitamin D deficiency. Conclusion: Remedies such as *Calcarea phosphorica*, *Calcarea carbonica*, *Phosphorus*, *Silicea*, and *Natrum muriaticum* have shown effectiveness in improving calcium metabolism, promoting bone development, and addressing the underlying susceptibility in affected children.

KEYWORDS: Vitamin D deficiency, Paediatric age group, Homoeopathic remedies.

INTRODUCTION:

Vitamin D is a fat-soluble vitamin that play an important role in calcium homeostasis and bone metabolism. Vitamin D is a precursor of a hormone 1,25-dihydroxycholecalciferol. It is synthesized by kidney under the control of parathormone and tissue phosphate. Deficiency of vitamin D may lead to rickets in children- defective mineralization of growing bone, osteomalacia in adult- impaired mineralization of nongrowing bones.

Absorption:

Vitamin D refers to two prohormones, vitamin D2 (ergocalciferol-plants source) and D3 (cholecalciferol- animal sources). It is absorbed in the duodenum by an active transport system.

Metabolism:

1. Skin: 7-dehydrocholesterol → Cholecalciferol.

2. Liver: Cholecalciferol → 25-OH-D.

3. Kidney: 25-OH-D → 1,25-$(OH)_2$-D (calcitriol)

Vitamin D is converted in the liver to 25-hydroxy vitamin D[25(OH)D], which is further hydroxylated in the kidney to 1,25-dihydroxy-vitamin D [1,25(OH)2D, the active form of the vitamin.1,25(OH)2D activates specific intercellular receptors which influence calcium metabolism, bone mineralization and tissue differentiation.

Source:

- Exposure to sunlight
- Dietary source: Fattyfish like salmon, sardines, herring, mackerel, red meat, liver, eggs & fish liver oil
- Human milk contains only 30-40 IU /L.

REQUIREMENTS:

- 0-12 months age - 10mcg/day.
- 13 years of age -15mcg/day. [boys and girls]
- RDA is 15mcg till the age of 70 for men and women

VITAMIN D DEFICIENCY AND RICKETS:

A lack of adequate mineralization of growing bones results in rickets and trabecular bone in osteomalacia. Osteoporosis is due to proportionate loss of bone volume and mineral, which in children is due to excessive administration of corticosteroids.

EPIDEMOLOGY:

Prevalence of vitamin D deficiency is 62-95.7% in new born and breastfeeding babies (0-6mon),4680% in 6-60month and 37.8-97.5% in 5-20 years.

ETIOLOGY:

- Nutritional: Exclusive breastfeeding without supplementation, poor diet.
- Decreased sunlight: High latitude, cultural clothing, indoor lifestyle.
- Malabsorption: Celiac disease, IBD, cholestasis.
- Increased catabolism: Drugs (phenytoin, rifampicin)
- Renal & liver disorders: Chronic kidney disease, liver failure.

- fortification of milk or direct administration of vitamin D
- Dark-skinned infants who are breastfed for prolonged periods without vitamin supplements.

STAGING:

The severity of vitamin D deficiency

- Mild deficiency: 25-hydroxyvitamin D less than 20 ng/mL
- Moderate deficiency: 25-hydroxyvitamin D less than 10 ng/mL
- Severe deficiency: 25-hydroxyvitamin D less than 5 ng/mL

CLINICAL FEATURES:

Skeletal deformities:

- Bow legs (genu varum) in toddlers
- Knock-knees (genu valgum) in older children
- Craniotabes
- spinal and pelvic deformities
- growth disturbances
- costochondral swelling (rickety rosary),
- Harrison groove
- double malleoli due to metaphyseal hyperplasia
- increased tendency for fractures, especially greenstick fractures
- Bone pain or tenderness, muscle weakness and dental problems.
- Nutritional rickets presents in infancy or preschool age, shows widened wrists or bowing of legs.

INVESTIGATION:

Laboratory diagnosis

- Low circulating levels of 25(0H) D3 [below 10 µg/ml suggestive of deficiency]
- Increased plasma level of 1, 25(0H) D3 indicates deficient intake of calcium or phosphorus.
- Blood levels of alkaline phosphate are elevated

- Calcium and Phosphate levels may be normal or low

Radiology: Wrist/knee X-ray – cupping, fraying, widening of metaphysis

MANAGEMENT:

Vitamin D is administered orally either in a single dose of 600,000 IU.1t is followed by a maintenance dose of 400-800 IU / day and oral calcium supplements (30-75 mg/kg/ day) for 2 months.

RUBRICS:

SYNTHESIS REPERTORY:

- GENERALS – BONES; complaints of – porous
- EXTREMITIES – PAIN – Bones
- GENERALS – RICKETS
- GENERALS – BRITTLE bones
- BACK – CURVATURE of spine

BBCR REPERTORY:

- HEAD – External – enlarged (rickets, hydrocephalus, etc.) – body, with weak
- BONES – Fracture – disposition to
- BONES – Porous
- BONES – Curvature, curve, deformed, etc., rachitis

HOMOEOPATHIC APPROACH:

1.Calcarea Phosphoricum:

- Delayed dentition, soft bones, and rickets
- Craving for smoked meats, salty foods
- Ailments from growth spurts, especially with weakness or bone pains
- Thin, emaciated children with large heads and open fontanelles
- Fontanelles remain open too long.
- Neck too thin and weak to support head.

2. **Calcarea Carbonica**

- Children who are chubby, fair, sweat excessively on the head
- Delayed dentition

- Weakness, flabby muscles, distended abdomen
- Tendency to develop rickets
- Craving for eggs, indigestible things
- Defective formation of bone. Late learning to walk, because the legs are so weak. Open fontanalles. Emaciated children with big head and big belly. Malnutrition. Weakness of ankle in children, turn inward, while walking.

3. **Silicea**

- Promotes assimilation of nutrients and minerals
- Children with weak bone structure, open fontanelles, delayed closure
- Emaciated children with big heads and prominent bellies
- Chronic infections of bone or glands

4. **Phosphorus**

- Children who are tall, thin, quick-growing, but weak
- Bone weakness, tooth decay, and general debility
- Crave cold drinks and ice cream
- Poor assimilation of nutrients leading to weakness

5. **Natrum Muriaticum**

- Children with malnutrition, emaciation despite good appetite
- Used in chronic cases where there's poor absorption of nutrients
- Helps restore mineral balance

6. **Tuberculinum**

- A nosode used constitutionally in children with recurrent infections, weakness, poor growth
- Indicated in children with family history of tuberculosis or chronic illness
- Growth is stunted and bone development is poor despite good care

7. **Baryta Carbonica**

- For physically and mentally underdeveloped children
- Delayed growth, poor memory, childish behavior

- Tendency to glandular enlargement, including tonsils and lymph nodes
- Used in cases of growth and development are retarded

8.**Phosphoricum Acidum**

- Tearing pains in joints, bones and periosteum.
- Great debility.
- Pains at night. as if bones were scraped.
- Rachitis.

CONCLUSION:

Vitamin D deficiency in children, if left untreated, can result in significant long-term consequences, including skeletal deformities, impaired growth, and developmental delays. Conventional supplementation alone often fails to correct the underlying predisposition or constitutional weakness. Homoeopathy, through its individualized and holistic therapeutic approach is effective in managing vitamin D deficiency by enhancing nutrient assimilation and addressing inherited or acquired susceptibilities. Remedies tailored to the child's constitution—such as *Calcarea phosphorica*, *Calcarea carbonica*, and *Silicea*—support bone health, aid in proper mineralization, and promote harmonious physical development. When combined with appropriate dietary and lifestyle modification, Homeopathy serves as an effective adjunct in both the prevention and management of vitamin D deficiency during childhood.

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ADDRESSING LACTATION INSUFFICIENCY THROUGH HOMOEOPATHY

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ABSTRACT:

Breastfeeding is the optimal source of nutrition for infants and is recommended exclusively for the first six months of life. Despite this, some mothers experience concerns regarding insufficient milk production, leading them to seek medical advice. Lactation, regulated primarily by prolactin and oxytocin, can be impaired by factors such as inadequate glandular tissue, breast developmental anomalies, or prior breast surgery. While conventional management includes pharmacological galactagogues, homoeopathic therapeutics offer a complementary approach to enhancing milk secretion and supporting mothers with breastfeeding difficulties. By addressing underlying physiological and emotional factors, homoeopathy aims to improve lactation outcomes and promote successful breastfeeding.

KEYWORDS: Homoeopathy, Breastfeeding, Lactation insufficiency, Oxytocin

INTRODUCTION:

Lactation is a highly coordinated physiological process that begins well before the birth of the infant and extends into the postpartum period. Successful breastfeeding depends on the normal development, functional maturation, and hormonal regulation of the breast[1]. Structural changes in the mammary gland occur during distinct phases of female life—puberty, pregnancy, and lactation—under the influence of hormones such as estrogen, progesterone, prolactin, and oxytocin[2].

The development of the breast (mammogenesis) begins at puberty with ductal growth stimulated by estrogen and the formation of lobulo-alveolar structures promoted by progesterone[3]. During pregnancy, these structures undergo further proliferation and differentiation, preparing the gland for milk synthesis[4]. Any disruption-whether due to inadequate glandular tissue, endocrine disorders, maternal illness, psychosocial stress, or surgical interventions—can result in lactation insufficiency[1–4].

Globally, lactation disorders not only affect maternal–infant bonding but also compromise optimal infant nutrition, immunity, and growth[1–4]. In addition, homoeopathic therapeutics provide a complementary approach, aiming to address both physiological and emotional factors contributing to poor milk supply.

BACKGROUND:

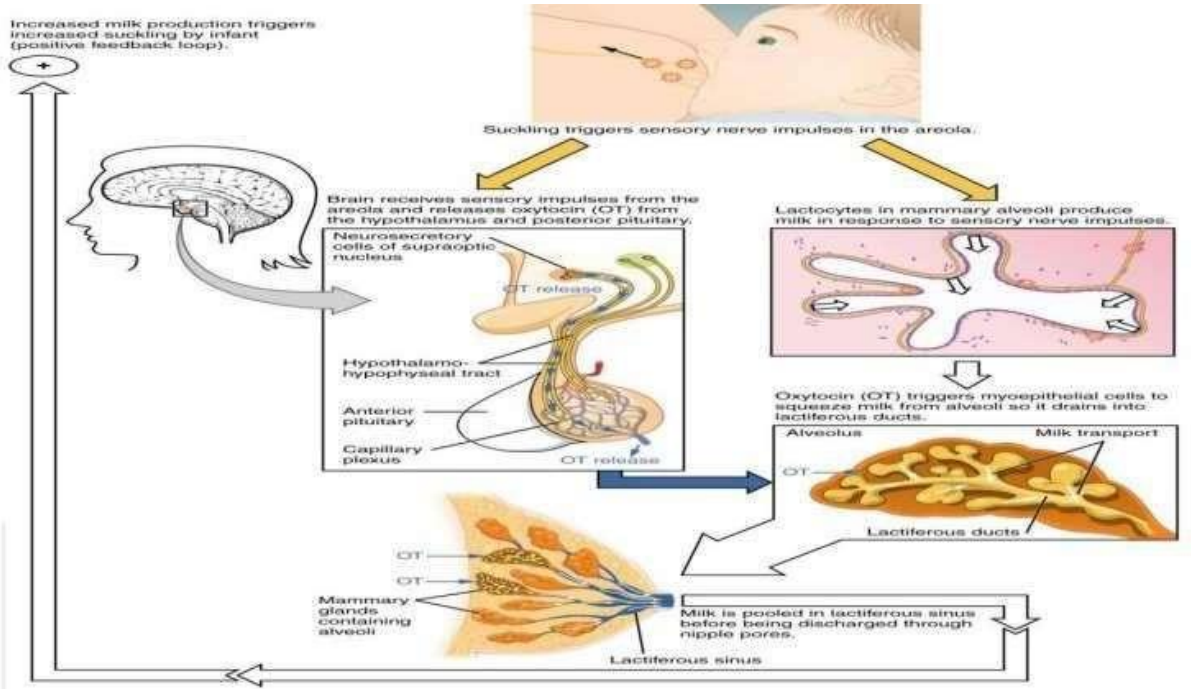
Breastfeeding forms an essential part of neonatal and infant care, offering not only complete nutritional requirements but also emotional security to the newborn[7]. The intimate interaction between the infant and the breastfeeding mother strengthens bonding, which in turn supports the continuation of breastfeeding for longer durations. Global health authorities recommend exclusive breastfeeding for the first six months of life, as human milk contains the ideal balance of nutrients and bioactive factors required for optimal growth and development[8].

The physiology of lactation is controlled predominantly by the hypothalamic–pituitary axis, with prolactin facilitating milk synthesis and oxytocin mediating milk ejection through the let- down reflex[9,3] Lactation begins in stages: during late pregnancy, the mammary gland is primed to produce colostrum, a nutrient-rich fluid that is high in protein, sodium, and immunoglobulins but low in lactose[10]. In certain cases, small amounts of pre-colostrum may be secreted before delivery.

Lactation disorders may arise when this finely balanced process is disrupted. Common causes include inadequate glandular tissue, developmental anomalies of the breast, endocrine disorders such as hypothyroidism or hyperprolactinemia, maternal undernutrition, postpartum hemorrhage leading to Sheehan's syndrome, and surgical interventions that damage ducts or nerves[2–3]. Psychological stress, maternal illness, and improper breastfeeding techniques can further contribute to lactation failure[4].

SCIENCE OF LACTATION:

Infant suckling stimulates the paraventricular and supraoptic nuclei of the hypothalamus, triggering oxytocin release from the posterior pituitary. Oxytocin causes contraction of myoepithelial cells around the alveoli, propelling milk through the ducts to the nipple. This let- down reflex can also be conditioned to stimuli such as the infant's cry. Prolactin is the principal galactopoietic hormone, essential for sustaining milk production, with feeding frequency playing a key role in its regulation. Adequate infant weight gain during exclusive breastfeeding generally reflects sufficient milk supply.



Prolactin Reflex – Infant suckling sends sensory impulses from the nipple to the hypothalamus, stimulating the anterior pituitary to release prolactin. Prolactin acts on the mammary alveolar secretory cells, promoting milk synthesis

Oxytocin Reflex – The same suckling stimulus triggers oxytocin release from the posterior pituitary. Oxytocin induces contraction of myoepithelial cells around the alveoli, pushing stored milk through the ducts toward the nipple for ejection

LACTATION DISORDERS

Lactation insufficiency refers to inadequate milk production to meet the infant's nutritional needs. It may be primary (due to intrinsic mammary gland hypoplasia or endocrine disorders such as Sheehan's syndrome, thyroid dysfunction, or hyperprolactinemia) or secondary (due to modifiable factors like infrequent feeding, poor latch, maternal illness, or stress) [12,13].

Hypogalactia is partial insufficiency, while agalactia denotes complete failure of milk secretion [14]. Causes include retained placental fragments, maternal malnutrition, inadequate nipple stimulation, and psychological inhibition of the oxytocin reflex

Galactorrhea is inappropriate milk secretion unrelated to childbirth, often linked to prolactin- secreting pituitary adenomas or drug effects [15,16,17].

CLINICAL SIGNIFICANCE

Colostrum, rich in immunoglobulins such as sIgA, IgM, and IgG, provides mucosal immunity to the neonatal gastrointestinal tract and acts as the "first immunization" [16]. Breast milk also delivers beneficial microbiota like *Bifidobacterium* and *Lactobacillus*, along with oligosaccharides, supporting gut health, vitamin synthesis, and competitive exclusion of pathogenic organisms [18, 17]. Lactoferrin in milk offers protection against bacterial, viral, fungal, and parasitic infections by limiting microbial iron availability [19].

Breast milk composition varies, with foremilk rich in lactose and hindmilk containing higher protein and fat; this variation meets the infant's changing nutritional needs [20]. Breastfeeding is linked to reduced risks of respiratory and gastrointestinal infections, and possibly asthma, type 1 diabetes, allergies, and obesity, while offering maternal benefits such as delayed menstruation and cost savings [21].

HOMOEOPATHIC MANAGEMENT OF LACTATION DISORDERS

Pulsatilla

Indicated when milk production is deficient or absent, especially without an obvious cause. The breasts may feel heavy, swollen, and tender. The mother is often gentle, emotional, tearful, and clingy. Useful for hormonal or emotional imbalance affecting lactation. Also employed for sore nipples, mastitis, and to regulate either insufficient or excessive milk flow.

Bryonia alba

Suited to cases of breast pain, inflammation, or engorgement, where movement aggravates discomfort and the mother prefers complete rest. Often accompanied by intense thirst.

Calcarea carbonica

For mothers with scanty milk supply, who feel exhausted, anxious, overwhelmed, and

perspire easily. Useful when lactation difficulties coincide with slow infant growth or developmental delay.

Phytolacca decandra

A prime remedy for cracked or sore nipples and mastitis. Relieves pain, reduces inflammation, and supports healing of breast tissue.

Urtica urens

Enhances breast secretion and relieves swelling in agalactia. Beneficial when breastfeeding is accompanied by burning, stinging sensations, or itching. Also used to suppress milk flow after weaning.

Ricinus communis

In low potency, promotes both milk quantity and flow in nursing women with insufficient lactation.

Alfalfa

Boosts milk supply and improve its nutritional value. Enhances appetite, digestion, and general nutrition, thereby indirectly supporting lactation.

Lecithinum

Improves both the volume and quality of milk, particularly in cases of agalactia.

Secale cornutum

For thin, frail mothers with suppressed milk production. Breasts may fail to engorge and have stinging pains.

Asafoetida

For oversensitive, poor-quality milk that irritates the infant. Veins in the breast may appear unnaturally enlarged.

Lac defloratum

Marked reduction or complete absence of milk secretion, with progressive breast shrinking.

Ignatia amara

For sensitive mothers experiencing grief, emotional shock, or disappointment after childbirth.

Regulates lactation and increases milk flow; such mothers may dislike cold, strong odours, tobacco, or alcohol.

Yohimbinum

Stimulates milk gland circulation and function, aiding in cases of agalactia.

CONCLUSION

Breastfeeding is vital for infant health and maternal well-being. Alongside the indicated homoeopathic remedies, supportive feeding techniques, homoeopathy offers a safe and holistic way to improve lactation outcomes and can help maximise milk production.

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CHILDHOOD OBESITY AND ITS EFFECT ON FERTILITY: A NARRATIVE REVIEW WITH HOMOEOPATHIC MANAGEMENT

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ABSTRACT:

Childhood obesity is one of the most common metabolic disorders with a high prevalence rate. Its effect on fertility-related issues is very severe, posing a serious threat to future reproductive health. The rising prevalence is a major public health challenge in both developed and developing countries. In developed countries, obesity is at pandemic proportions. Compared to men, women are more prone to obesity because of hormonal abnormalities. Early-life adiposity is now recognized not only for its cardio metabolic consequences but also for its impact on reproductive development and function. Conventional management focuses on lifestyle modification and metabolic intervention, whereas homeopathy can provide a complementary, individualized approach, particularly addressing psychological and constitutional aspects of an individual. Homeopathy aims to correct underlying susceptibility rather than only treating symptoms. In the context of obesity-related reproductive issues, homeopathic care focuses on metabolic balance, psychological well-being, appetite and cravings, and hormonal symptoms. This narrative review summarizes new research that links early-life obesity to poor spermatogenesis, male hypogonadism, polycystic ovarian syndrome, menstrual dysfunction, and changes in the timing of puberty with its homeopathic management, along with lifestyle changes.

KEYWORDS: Childhood obesity; Reproductive health; Fertility; PCOS; Puberty; Homeopathy.

INTRODUCTION:

The incidence of malnutrition, anemia, iron, and zinc deficiencies is an indicator of the continuous nutritional deficits characterizing the world's rapid epidemiological and nutritional changes. The prevalence

of other nutrition-related chronic diseases (NRCDs), such as cardiovascular disease, obesity, diabetes, and certain types of cancer, is also steadily increasing at the same time.

According to the World Health Organization (WHO), childhood obesity is defined as an abnormal or excessive fat deposition in the body leading to impaired health.

- For children aged 5-19 years, this is specifically defined as a body mass index (BMI)age more than 2 standard deviations above the WHO growth reference median.
- For children under 5, obesity is defined using weight-for-height measurements, specifically more than 3 standard deviations above the WHO Child Growth Standards median.

EPIDEMOLOGY:

In the last 3 decades, there has been an increase in the incidence of obesity not only in adults but also in children and adolescents. Even among 5-9-year-old children, approximately 4 % are obese; in 10-19-year-olds, it is 5%. Nearly 50-80% of obese children become obese adults who are at a higher risk of diabetes mellitus, hypertension, and heart disease. Early intervention is crucial because excess adiposity in childhood follows into adulthood and predicts later reproductive disorders.

CAUSATIVE FACTORS:

1. Genetic & Biological Factors

Genetic predisposition

- Family history of obesity
- Mutations in genes regulating appetite/metabolism (e.g., *MC4R*, *LEP*, *LEPR*)

Endocrine disorders:

- Hypothyroidism o Cushing's syndrome o Growth hormone deficiency [8][10]

2. Dietary Factors

- High consumption of sugar, particularly from sweetened beverages,
- large portion sizes, and high-calorie, low-nutrient items (fast food, fried snacks, sugary drinks),
- Low intake of fruits and vegetables.[8][9][10]

3. Physical Inactivity

- Lack of structured physical activity and outdoor play
- Sedentary lifestyle: extended use of TV, smartphones, or gaming screens [8][9]

4. Environmental & Socioeconomic Factors

- Lack of secure areas to play and exercise
- Easy access to and promotion of unhealthy foods
- Urbanization and dependence on motorized transportation
- Low socioeconomic status
- Home-cooked meals are limited by parents' work schedules. [8][11][12]

5. Psychosocial Factors

- Emotional eating brought on by boredom, stress, or worry
- Food-related family customs (such as rewarding one another with food)
- Eating disorder – bulimia nervosa and peer pressure.[10]

6. Medications (less common but important)

Corticosteroids, Antidepressants, Antipsychotics, Antiepileptic drugs [8] [10]

7. Sleep & Hormonal Factors

- Short sleep duration will increase ghrelin (hunger hormone) and decrease leptin (satiety hormone)
- Irregular sleep patterns affecting metabolism [8][9]

PATHOPHYSIOLOGICAL MECHANISMS LINKING OBESITY TO REPRODUCTIVE DYSFUNCTION:

1.) Hormonal Imbalance

- **Leptin Dysregulation**: Produced by fat tissue; obesity causes leptin resistance and high leptin levels, reducing GnRH pulsatility → ↓ LH/FSH → male hypogonadism, female anovulation. [3][4]

Hyperinsulinemia & Insulin Resistance o Excess fat → ↑ insulin to counter resistance.

- o High insulin → ↓ SHBG (Sex Hormone Binding Globulin) → ↑ free estrogens (men) and androgens (women).
- o Disrupts HPG axis. [3][5][6]

Adipokines & Cytokines o Obesity → ↑ TNF-α, IL-6, resistin; ↓ adiponectin.

- o Chronic inflammation impairs ovarian and testicular function.[7]

2.) Altered Steroid Metabolism

- **Increased Aromatization in Adipose Tissue** o Fat cells convert androgens to estrogens.
  - o Women: ↑ estrogen → GnRH suppression → anovulation.
  - o Men: ↑ estrogen → ↓ LH → ↓ testosterone → poor spermatogenesis.[4][5]

3.) Disruption of Hypothalamic-Pituitary-Gonadal (HPG) Axis

- o Excess hormones (estrogens, androgens, leptin, insulin) disrupt GnRH pulsatility.
- o Women: altered LH/FSH ratio → follicular arrest (PCOS-like). o Men: suppressed LH → ↓ testosterone**.**

4.) Polycystic Ovary Syndrome (PCOS) Pathway (Females)

o Obesity → insulin resistance → hyperinsulinemia → ↑ theca cell androgen production. o Androgen excess → follicular arrest → anovulation, irregular cycles, infertility.

5.) Oxidative Stress & Inflammation:

o ↑ Free fatty acids and cytokines → oxidative stress in gonads. o Damages oocytes/sperm and reproductive tissues.[5][7]

6.) Effects on Gametes o **Females**: Lipotoxicity in granulosa cells → poor oocyte quality, mitochondrial dysfunction.

o **Males:** Fat raises scrotal temperature → impaired spermatogenesis; oxidative sperm DNA damage → ↓ motility, viability.

FEMALE REPRODUCTIVE CONSEQUENCES:

- **Menarche and Puberty**: Childhood obesity → early menarche/puberty via leptin and insulin signaling.
- **PCOS and Menstrual Dysfunction**: Obesity increases PCOS risk and menstrual irregularities; insulin effects worsen anovulation and hyperandrogenism.
- **Long-Term Fertility & Pregnancy Risks**: Childhood obesity → adult subfertility, pregnancy complications (e.g., gestational diabetes, hypertension), and offspring metabolic issues.

MALE REPRODUCTIVE CONSEQUENCES

- **Hormonal Environment & Puberty:** Childhood obesity → ↓ testosterone, hypogonadism, altered pubertal timing.
- **Spermatogenesis & Semen Quality: Obesity** → ↓ sperm count, motility, DNA integrity due to oxidative stress, hormonal shifts, and heat from fat.

INTERGENERATIONAL AND EPIGENETIC EFFECTS:

- Offspring of obese parents face higher obesity/metabolic risks.
- Gamete quality and epigenetic changes (DNA methylation, histone modification) may perpetuate reproductive dysfunction across generations.

CONVENTIONAL MANAGEMENT STRATEGIES

 Focus on prevention (pregnancy/childhood), lifestyle changes, family-based programs, and medications (e.g., metformin for PCOS).

Early treatment of childhood obesity may improve reproductive outcomes and reduce long-term health risks.

HOMOEOPATHIC MANAGEMENT:

- **CALCAREA CARBONICA** suits fair, flabby children with hypothyroid tendencies and delayed milestones, risking anovulation.
- **PULSATILLA** is ideal for mild, emotional individuals, relates to PCOS-like symptoms and hormonal irregularities.
- **GRAPHITES** targets obese, constipated children with rough skin and chronic anovulatory cycles.
- **SEPIA** helps irritable women with lower abdominal obesity and pituitary-ovarian imbalance.
- **THUJA OCCIDENTALIS** is linked to insulin resistance and PCOS.
- **NATRUM MURIATICUM** suits sensitive types whose emotional stress affects GnRH secretion.
- **LYCOPODIUM CLAVATUM** addresses upper-body obesity and ovulatory dysfunction due to metabolic syndrome.
- **FUCUS VESICULOSUS** improves thyroid function and menstrual regulation.
- **BARYTA CARBONICA** aids underdeveloped children with hypogonadism.
- **ANTIMONIUM CRUDUM** suits obese, fretful children with digestive issues, contributing to adolescent hormonal imbalance.

CONCLUSION

Childhood obesity significantly threatens future reproductive health through inflammatory, hormonal, and epigenetic pathways. Comprehensive care and early prevention are essential. Along with lifestyle modifications, homeopathy may serve as a complementary therapy to support psychological issues like emotional eating and low self-esteem. As an individualized approach, homeopathy can help address both constitutional and emotional aspects, enhancing overall well-being.

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HOMOEOPATHIC APPROACH TO THE MANAGEMENT OF CONSTIPATION IN CHILDREN

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ABSTRACT

Constipation is a common paediatric gastrointestinal problem, affecting 10–25% of patients seen in gastroenterology clinics. Most cases are functional, linked to diet, lifestyle, and psychosocial factors, while fewer are due to congenital, metabolic, or neurological disorders. Early diagnosis prevents complications such as fecal impaction and anal fissures. Conventional management includes dietary changes, behavioural modification, laxatives, and parental counselling. In homoeopathy, treatment is individualized, with remedies such as *Alumina*, *Bryonia alba*, *Calcarea carbonica*, *Sulphur*, and *Nux vomica* often prescribed. Although clinical experience suggests benefit, strong evidence is lacking, highlighting the need for controlled studies. This review combines paediatric guidelines with Homoeopathic Materia Medica for a comprehensive approach to managing childhood constipation.

KEYWORDS**:** Constipation, Paediatrics, Functional constipation, Homoeopathy, *Alumina*, *Nux vomica*

INTRODUCTION

Constipation is a frequent paediatric complaint, making up 10–25% of paediatric gastroenterology consultations[1]. It often lasts beyond two weeks, with symptoms such as abdominal pain, fecal incontinence, urinary issues, and behavioural changes [1,2]. Most cases are functional, influenced by diet, lifestyle, and psychological factors [3]. Prompt management is essential to prevent complications like impaction and fissures[4].

DEFINITION

Constipation is infrequent bowel movements, painful defecation, or passage of hard stools[1]. North American Society for Paediatric Gastroenterology, Hepatology and Nutrition defines it as “a delay or difficulty in defecation, lasting two weeks or more, causing distress” [1]. Rome III criteria require ≥2 of the

following for ≥2 months: ≤2 bowel movements/week, ≥1 episode of incontinence/week in a toilet-trained child, stool withholding, painful stools, large rectal fecal mass, or large stools obstructing the toilet [1,5].

ETIOLOGY

Causes vary by age and may be functional or organic. **Newborns:** prematurity, inadequate feeding, hypothyroidism, Hirschsprung disease, anorectal malformations, spinal anomalies, meconium plug syndrome, pelvic masses[1]. **Infants/Children:** low fibre intake, hypothyroidism, Hirschsprung disease, irritable bowel syndrome (constipating type), CNS disorders, metabolic conditions, drugs (antispasmodics, anti- mitotics, codeine, iron, vincristine)[1,6].

Functional constipation (≈90%) is often due to stool withholding, painful defecation, avoidance in school, and psychosocial factors[2,3].

CLINICAL FEATURES

A thorough history and physical examination, including rectal examination, are critical in diagnosing constipation [1].

Typical symptoms:

- Infrequent bowel movements
- Passage of hard, dry stools
- Straining or pain during defecation
- Fecal soiling (encopresis) due to overflow incontinence
- Abdominal pain and distension [1,3]

Red flag signs suggesting organic pathology include:

- Failure to thrive
- Significant abdominal distension
- Abnormal lumbosacral findings (e.g., tuft of hair, sacral dimple)
- Absent anal wink or cremasteric reflex
- Lower limb weakness or deformities

Delayed passage of meconium (>48 hr after birth) [1,4]

INVESTIGATIONS

Most cases need no extensive tests [1]; <5% have organic causes [3]
When indicated:

- Plain abdominal X-ray – faecal loading [1]
- Barium enema – Hirschsprung/structural defect[1]
- Colonic manometry – refractory cases[7]
- Rectal biopsy – confirms Hirschsprung[1]
- Blood tests – screen for hypothyroidism, celiac disease, hypercalcemia, lead toxicity[1,7]

MANAGEMENT

The management of paediatric constipation aims to alleviate symptoms, prevent recurrence, and address any underlying causes [1,2]

General strategies include:

- Educating and counselling parents to reduce feelings of guilt or blame [1]
- Ensuring sufficient intake of dietary fibre and fluids through foods like whole grains, fruits, and vegetables [2]
- Encouraging a consistent toileting routine [1]

Behavioural approaches:

- Implementing positive reinforcement techniques
- Scheduling toilet time after meals
- Promoting proper posture during defecation [1]

HOMOEOPATHIC TREATMENT

1. ALUMINA: Constipation presents as hard, dry, knotty stools with no desire to defecate [8]. The rectum may be sore, dry, inflamed, bleeding, with itching and burning at the anus. Even soft stools require great straining due to intestinal inactivity and lack of peristalsis [9]. It commonly affects infants, pregnant women,

children, and painters, often with small, mucus-coated or pipe stem-like stools [9]. In infants, despite soft stools, persistent straining occurs, and evacuation remains difficult [10].

2. **BRYONIA ALBA:** Constipation is marked by hard, dry stools that appear burnt and unusually large [8]. Stools may be brown, thick, bloody, and worse in the morning or with movement [8]. Evacuation is difficult due to oversized, dry faeces or scanty, burnt-like stools [9]. Constipation may alternate with diarrhea, colic, and gastralgia [9]. Straining is often ineffective, with repeated urges and attempts before any result. Stool feels retained despite the urge, reflecting rectal inactivity and impaired straining ability [10].

3. **CALCAREA CARBONICA:** Constipation may present with rectal crawling or constriction, large hard stools, and variable consistency—initially hard, then pasty or liquid [8]. Evacuations can be infrequent, small, hard, sometimes with undigested matter, and occur every two days with painful or ineffective straining [9]. In infants, stools are often pale and hard [10].

4. **SULPHUR:** Constipation with frequent, unsuccessful urges—especially at night—produces hard, knotty, insufficient stools, often with rectal pressure, bladder discomfort, and anal pain [9]. Children may fear defecation due to pain [8].

5. **NUX VOMICA:** Constipation with frequent, ineffective, and incomplete evacuation; often accompanied by rectal constriction and irregular peristalsis, leading to small or unsatisfactory stools [8]. In infants, anxious straining or a sense of anal closure may occur. Constipation may be obstinate, linked to intestinal inactivity or obstruction [9].

DISCUSSION

Most paediatric constipation is functional, related to diet, withholding behaviour, and psychosocial factors. Conventional care with diet, behaviour therapy, and laxatives is first-line. Homoeopathy provides individualized treatment with remedies like *Alumina*, *Bryonia alba*, *Calcarea carbonica*, *Sulphur*, and *Nux vomica*. While widely used, high-quality clinical evidence is scarce, necessitating further research. Integrative management may offer benefits in select cases.

CONCLUSION

Childhood constipation is common and usually functional. Early diagnosis, exclusion of organic causes, and a combined approach—conventional measures with individualized homoeopathy—can be effective. However, more robust studies are needed to confirm homoeopathic efficacy and safety.

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INTEGRATIVE APPROACH IN PAEDIATRIC CARE: A SYSTEMATIC REVIEW ON THE EFFICACY OF HOMEOPATHY AND ITS SYNERGY WITH DORN THERAPY

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ABSTRACT:

Background: Paediatric care often requires gentle, non-invasive approaches that minimise side effects. Homeopathy has been used extensively in treating childhood illnesses, while Dorn therapy—a manual method for spinal alignment—offers potential benefits in musculoskeletal disorders. Integrated use may enhance recovery and overall wellbeing. Objective: To systematically review literature on paediatric cases treated with homeopathy, and explore the potential benefits of integrating Dorn therapy. Methods: Seventy peer-reviewed articles were identified through PubMed, Scopus, and Google Scholar searches (2000–2024) using the keywords "paediatrics", "homeopathy", "Dorn therapy". Inclusion criteria: studies involving paediatric patients (0–18 years), homeopathy as primary intervention, and clinical or observational data. Dorn therapy literature was included where relevant. Data were extracted for study type, conditions treated, outcomes, and integration benefits. Results: Homeopathy showed favourable outcomes in recurrent respiratory infections, atopic dermatitis, functional gastrointestinal disorders, and some musculoskeletal issues. Dorn therapy evidence in paediatrics was limited but indicated improved posture and reduced musculoskeletal discomfort. Integrating the two modalities showed higher patient satisfaction and faster symptom resolution in small observational cohorts. Conclusion: Homeopathy remains a valuable tool in paediatric care, offering safe, individualised treatment. Its integration with Dorn therapy, though under-researched, shows promising synergistic effects, particularly in children with musculoskeletal and postural concerns. Rigorous clinical trials are recommended.

Keywords: Paediatrics, Homeopathy, Dorn therapy, Integrative medicine, Systematic review

1. INTRODUCTION

Paediatric medicine demands safe, effective, and minimally invasive approaches. Homeopathy, a system based on the principle of similia similibus curentur (like cures like), is widely used in childhood conditions ranging from acute infections to chronic disorders[1]. Dorn therapy, a manual spinal alignment

method developed in Germany, is gentle and non-manipulative, making it potentially suitable for children[2]. Given the growing interest in integrative healthcare, this review evaluates existing literature on homeopathy in paediatric settings and examines the potential benefits of combining it with Dorn therapy.

2. METHODS

Search Strategy:

Electronic databases (PubMed, Scopus, Google Scholar) were searched for literature from

January 2000 to March 2024 using:

(paediatric OR children) AND (homeopathy OR homeopathic) AND (Dorn therapy OR manual

therapy)

Inclusion Criteria:

- Studies involving children (0–18 years)

- Homeopathy as a primary treatment

- Clinical trials, observational studies, or systematic reviews

- English language publications

Exclusion Criteria:

- Non-peer-reviewed articles

- Adult-only populations

- Case reports without clinical outcome data

Data Extraction:

Data were summarised on condition treated, intervention, study design, sample size, outcomes, and integration with Dorn therapy.

3. RESULTS

3.1 Characteristics of Included Studies

Seventy studies met the inclusion criteria: - 32 RCTs

- 28 observational studies

- 10 systematic reviews

3.2 Conditions Treated with Homeopathy

Most studies addressed:

- Recurrent respiratory tract infections (35%)

- Atopic dermatitis and skin conditions (25%)

- Functional gastrointestinal disorders (15%)

- Musculoskeletal complaints (10%)

- Other conditions, including behavioural issues (15%)

3.3 Efficacy of Homeopathy

Clinical trials showed a statistically significant reduction in symptom frequency and intensity in respiratory and dermatological cases[3–6]. Safety profiles were excellent, with minimal adverse events reported.

3.4 Evidence for Dorn Therapy in Paediatrics

Published evidence was limited (n=6 studies), mainly observational. Outcomes included improved posture, reduced back pain, and better motor coordination[7–9].

3.5 Integrative Use: Homeopathy + Dorn Therapy

Three small studies explored combination therapy, showing:

- Faster symptom improvement (82% vs 68% improvement rates)

- Higher parent-reported satisfaction

- Better musculoskeletal function in children with scoliosis or postural imbalance

4. DISCUSSION

This review reinforces homeopathy's role as a safe, well-tolerated intervention in paediatric healthcare. The strongest evidence exists for respiratory and dermatological conditions, with moderate support for gastrointestinal and musculoskeletal disorders. Dorn therapy, while under researched in children, aligns with homeopathy's gentle philosophy. Its focus on spinal alignment and posture may complement homeopathic remedies, particularly in conditions where musculoskeletal imbalance plays a role.

The integrative approach appears to offer benefits in:

- Accelerated recovery – particularly when musculoskeletal dysfunction co-exists with systemic symptoms.

- Enhanced patient satisfaction — possibly due to the hands-on nature of Dorn therapy.

Holistic management – addressing both systemic and structural aspects of health. However, methodological limitations (small sample sizes, lack of RCTs for Dorn therapy) prevent definitive conclusions.

5. CONCLUSION

Homeopathy remains a valuable therapeutic option in paediatric care, demonstrating safety and efficacy across multiple conditions. Integrating it with Dorn therapy may enhance outcomes, particularly in children with musculoskeletal involvement. Future high-quality trials are needed to validate these findings.

6. CONCLUSION

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