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FROM THE EDITOR



Dear friends in Homoeopathy,



I am glad to place before you the inaugural issue of 'Homoeo Era'. There are a wide variety of quality Homoeopathic magazines in circulation catering to the needs of the Homoeopathic community in different levels. Homoeo Era tries to provide a platform for all the Homoeopaths, learners, teachers and practitioners to come together to share the experiences and update their knowledge.

Medical science is vast and is rapidly progressing, one has to keep pace with the latest advances otherwise there is a danger of being left behind. Our objective is to be a source of continued medical education to the practitioners of Homoeopathy. Even though Homoeopathy effectively caters to the health needs of considerable chunk of the population, we are repeatedly called for to prove the scientific stand of the system. Many stalwarts and the young and dynamic new generation of Homoeopaths are standing up to the challenge by serving the needy in a systematic and documented manner. It is our objective to support their cause in the way we can.

Homoeo Era aims to become a forum for the new ideas and trends in the art of Homoeopathy. We invite a debate on various issues confronting Homoeopaths in general. It is our aim to become a means of expression for young budding Homoeopaths as they explore radical means to popularise Homoeopathy and take it to the masses.

The magazine also would like to highlight the role of various Homoeopathic medical colleges and institutions in imparting quality Homoeopathic medical care, education and research. In this issue the achievements of Father Muller Homoeopathic Medical, College are highlighted, as it celebrates its silver jubilee year. Our appeal to all the heads of the institutions is to take this opportunity to highlight their institutions creditable role through Homoeo Era. Kindly send in the details to us so that we can publish in our succeeding issues.

Hope Homoeo Era makes an interesting and worth while reading. Help us to serve you better through your feedback and contributions. Have a learning experience as you peruse through.

Dr E S J Prabhu Kiran
Editor

FORTH COMING EVENTS

(Mail the details of your programme to homoeoera@yahoo.com or send a brochure to Homoeo Era):

Two Day Homoeopathy Seminar

Organiser: Homoeopathic Education & Research Foundation, Bangalore.

Date: 6th & 7th February 2010.

Venue: Choksi Hall, Indian Institute of Science, Bangalore - 560012.

Delegate Fee: Rs.600/-

Topic: Exploring the Sensation a new horizon

For details contact:

Dr A. Arun Kumar,
Ph: 23300093, 23400409, 0944860904.
Email: dr.shruti_a@yahoo.com

National Seminar on recent advances in Homoeopathy

Organiser: National Institute of Homoeopathy, Kolkata.

Date: 19th to 21st February 2010

Venue: Science city auditorium, Kolkata

Topics: Fundamental research, Recent advances in the field of Homoeopathy, Preventive care, Pharmacopeia standards, Drug standardisation, Introduction of New drugs and success stories on Malaria, Maternal and Child care, HIV-AIDS, Cancer and infantile diarrhoea.

For Details Contact:

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Email : nihsemiar2010@gmail.com/
ihcni@hotmail.com.
Website: www.nih.nic.in



2nd Unique Homoeopathic Seminar-2010

Organiser: The Homoeopathic Medical Association of India Mohaddipur unit, Gorakhpur of The HMAI U.P. State Branch.

Date: 14 March 2010

Venue: Gokul Atihi Bhawan, Civil Lines, Near Dainik Jagaran Press, Gorakhpur.

Delegate Fee: Rs.250/- Students Rs 200/-

Topic: Homoeopathy for healthy living

For details contact:

Organizing Chairman- Dr. Purnima Shukla,
Mob. 09451976242

Organizing Secretary-Dr. Ashwani Kumar Rai,
Mob. 09235691340
E mail: hjn_india@yahoo.com

Homoeopathic Conference - 2010

Organiser: Father Muller Homoeopathic Medical College, Mangalore.

Date: 24th April 2010.

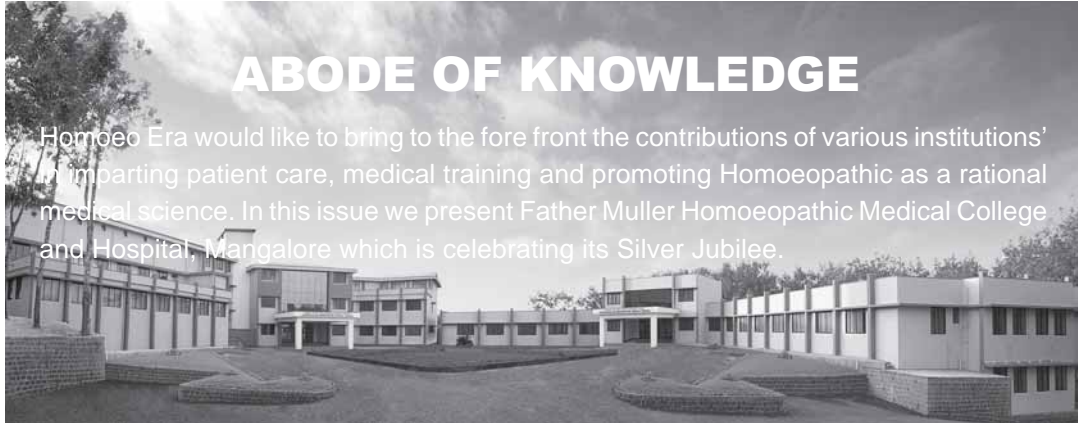
Venue: Conference Hall, FMHMC, Deralakatte, Mangalore.

Resource persons:

Dr. Farokh J Master and Dr B T Rudresh.

For details contact:

Organising Secretary
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ABODE OF KNOWLEDGE

Homoeo Era would like to bring to the fore front the contributions of various institutions' in imparting patient care, medical training and promoting Homoeopathic as a rational medical science. In this issue we present Father Muller Homoeopathic Medical College and Hospital, Mangalore which is celebrating its Silver Jubilee.

Father Muller Homoeopathic Medical College – a Pioneer in Homoeopathy.

The name 'Father Muller' is a trusted name in the field of Homoeopathy and is synonymous with excellent medical education, compassionate patient care and quality medicinal preparation. Father Muller Charitable Institutions is a registered society under the auspices of catholic Dioceses of Mangalore. It had a humble beginning. The founder Fr Augustus Muller S J is a Jesuit missionary from Germany. He started dispensing Homoeopathic medicines under a banyan tree. He later started a simple dispensary in 1880 named 'Homoeopathic Poor Dispensary'. Fr Augustus Muller treated leprosy patients with Homoeopathic Medicines and later started St. Joseph's leprosy Hospital. Father Muller Charitable Institutions soon evolved into a main health care provider of the region with the setting up of a full-fledged allopathic hospital.

The decision to start Homoeopathic Medical College was taken in 1980 to commemorate the centenary celebrations. The first batch of B H M S course started in July 1985 under the auspices of Mangalore University. The institution is now affiliated to

Rajiv Gandhi University of Health Sciences, Karnataka Bangalore and is recognised by the Central Council of Homoeopathy, New Delhi. The institution has started post graduate courses in 1998. The college now conducts the postgraduate courses in 7 disciplines.

The college has the following objectives

- To promote the science and system of Homoeopathy and put it to service of the common man
- To train young men and women in Homoeopathic Medicine and develop in them such skills as are needed to render effective health care to the suffering humanity
- To instil in the students a spirit of dedication and commitment after the example of the founder Fr. Augustus Muller S J
- To make Homoeopathy a more effective system of medicine through systematic documentation and research.

In its vision statement the college aspires to be recognized as a global leader in medical education and research. The commitment of Management to the cause is



seen in the functioning of the college.

The College acquired state of the art building in 2006 at a picturesque campus at Deralakatte providing a serene atmosphere for the stay and study of budding Homoeopaths.

The Preclinical and Para clinical departments of the college possess the facilities of the highest grade and are highly appreciated by the visitors to the institution. The clinical training is taken care of by the clinical departments effectively. The ICR system is implemented in the college with subtle changes. The institute has successfully adopted the Standardized Case Record as a tool to document, analyze and evaluate the cases by the students during the period of their learning at the college.

The Outpatient department is attended by hundreds of patients and the inpatient

department is regularly upgraded to treat the cases that require admission. A new inpatient department is being opened shortly at the Deralakatte campus in addition to the existing one at Kankanady in the Mangalore city.

The academic schedule includes a weekly clinical meeting for the students and a weekly journal club for the interns. The internship programme is unique in having dissertation work to be submitted by the interns at the end of their clinical training. The co-curricular activities include publication of 'Pioneer' an annual magazine, and 'Mullarian' a quarterly bulletin sponsored by the alumni association. The college also has the distinction of conducting annual Homoeopathic Conference of National level since 1997.

Regular Village Outreach programmes try to meet the needs of a number of villages.



Medical camps are conducted with the help of local social organization to familiarize the Homoeopathic system of medicine to the people of the region.



The central library has good collection of books in various branches of the medical sciences along with a state of the art e-library.

The hostel facilities offered to the students at the institute are on par with the best in the country. Separate hostels for boys and girls are there with excellent facilities for their stay and learning. The hostels are

appended by a library and a reading room and boast of a very good facilities for recreation and sports both indoor and outdoor. Serious efforts are on to upgrade the play ground facilities available with an ambitious project to lay down a 200 metre athletic tract and other facilities. Fr Muller Homoeopathic Medical College certainly provides the atmosphere for complete growth of young Homoeopaths.



Fr Muller Homoeopathic Pharmaceutical Division is appended to the college and is well known all over the world for producing quality Homoeopathic medicine.

Rev Fr Wilfre Prakash D'souza, Administrator of the college states that his priority is to impart excellent medical education in the science of Homoeopathy





and take the art of Homoeopathy to the rural population with the motto 'heal and comfort'. His vision includes an detailed plan to promote research in Homoeopathy and to contribute to the growth of Homoeopathy as a rational science.

Principal Dr Srinath Rao endorses the statement of the administrator and says that the aim of the college is to concentrate and achieve excellence in patient care, learner care and knowledge care. He reiterates the commitment to the overall growth of the learner as a whole, helping them to become a good human being apart from being an able Homoeopathic physician.

The efforts of the Management and the staff of the Father Muller Homoeopathic Medical College in imparting Homoeopathic medical care and patient care are worth appreciating and Homoeo Era wishes them success in their future endeavours.

• • •

A FEW CHILLY NOTES

- From Change of weather – Dulc, Nux-m, Phos, Psor, Ran-b, Rhod, Rhus-t, Sil, Tub
- From Cold air – Cimic, Cist, Duls, Hell, Hep, Hyper, Kali-ar, Kali-c, Lyc, Mag-p, Mosch, Nux-m, Nux-v, Psor, Ran-b, Rhod, Rhus-t, Rumx, Sabad, Sep, Sil, Stront.
- From cold to warm – Bry, Kali-s, Psor, Sulph, Tub.

Tendency to take cold – Acon, Allum, Bar-c, Bry, Calc-p, Camph, Dulc, Hep, Kali-c, Kali-p, Lyc, Merc, Nat-ars, Nat-m, Nit-ac, Nux-v, Psor, Rumx, Sep, Sil, Tub.



A FEW CHILLY PATIENTS

Dulcamara – Phlegmatic scrofulous constitutions. Restless and irritable. Infections and Rheumatic pains and skin complaints < exposure to cold, damp, rainy weather or sudden changes in hot weather.

Hepar sulph – Torpid lymphatic constitution. Wraps around up to the face even in hot weather. < uncovering, cold air > warmth.

Psorinum – Psoric constitution. High Sensitivity to cold air, Change weather. Wears thick clothing in all weathers, Described in material medica texts as 'wears a fur cap, over coat or shawl even in the hottest summer weather. Restless before a thunderstorm. Dry scaly eruptions appearing in winter.

Silicea – Nervous irritable sanguine temperament. Ailments from exposure of head or back to air. Chilly even during an active exercise. Complaints from suppressed foot sweat.

CANCER – HOMOEOPATHIC APPROACH

• Dr Arunashri, Udupi, Karnataka



Cancer the scourge of the mankind is a class of diseases in which a group of cells display

three characteristic traits, uncontrolled growth, invasion and metastasis.

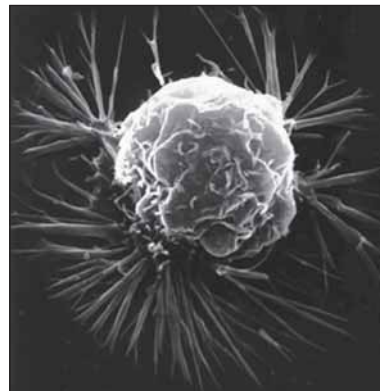
Cancer is a diverse class of diseases which differ widely in their causes and biology. Nearly all known cancers arise gradually; as errors build up in the cancer cell and its progeny. Anything which replicates will probabilistically suffer from errors (mutations). Normally, the body safeguards against cancer via numerous methods, such as: apoptosis, helper molecules (some DNA polymerases), possibly senescence, etc. However these error-correction methods often fail in small ways, especially in environments that make errors more likely to arise and propagate. Such environments can include the presence of disruptive substances called carcinogens, or periodic injury (physical, heat, etc.), or environments that cells did not evolve to withstand, such as hypoxia (see subsections). Cancer is thus a “progressive” disease, and these progressive errors slowly accumulate until a cell begins to act contrary to its function in the individual.

Cancer is fundamentally a disease

of regulation of tissue growth. For a normal cell to transform into a cancer cell, genes which regulate cell growth and differentiation must be altered.

Genetic changes can occur at many levels, from gain or loss of entire chromosomes to a mutation affecting a single DNA nucleotide. There are two broad categories of genes which are affected by these changes.

Oncogenes may be normal genes which are expressed at inappropriately high levels, or altered genes which have novel properties. In either case, expression of these genes promotes the malignant phenotype of cancer cells.



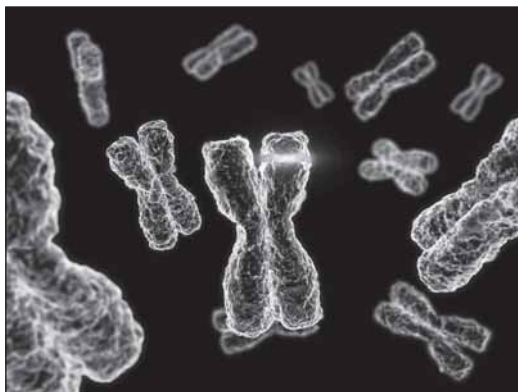
Tumor suppressor genes are genes which inhibit cell division, survival, or other properties of cancer cells. Tumor suppressor genes are often disabled by cancer-promoting genetic changes.

Typically, changes in many genes are required to transform a normal cell into a cancer cell.

There is a diverse classification scheme for the various genomic changes which may contribute to the generation of cancer cells. Most of these changes are mutations, or changes in the nucleotide sequence of genomic DNA. Aneuploidy, the presence of an abnormal number of chromosomes, is one genomic change which is not a mutation, and may involve either gain or loss of one or more chromosomes through errors in mitosis.

Large-scale mutations involve the deletion or gain of a portion of a chromosome. Genomic amplification occurs when a cell gains many copies (often 20 or more) of a small chromosomal locus, usually containing one or more oncogenes and adjacent genetic material.

Translocation occurs when two separate chromosomal regions become abnormally fused, often at a characteristic location. An example of this is the Philadelphia chromosome, or translocation of chromosomes 9 and 22, which occurs in chronic myelogenous leukemia.



Small-scale mutations include point mutations, deletions, and insertions, which may occur in the promoter of a gene and affect its expression, or may occur in the gene's coding sequence and alter the function or stability of its protein product.

Disruption of a single gene may also result from integration of genomic material from a DNA virus or retrovirus, and such an event may also result in the expression of viral oncogenes in the affected cell and its descendants.

The errors which cause cancer are often "self-amplifying", eventually compounding at an exponential rate.

A mutation in the error-correcting machinery of a cell might cause that cell and its progeny to accumulate errors more rapidly

A mutation in signalling (endocrine) machinery of the cell can send error-causing signals to nearby cells

A mutation might cause cells to become neoplastic, causing them to migrate and disrupt more healthy cells

A mutation may cause the cell to become immortal, causing them to disrupt healthy cells forever

Pathogenesis of Cancer – Concept of Modern medicine:

Mutation: chemical carcinogens

Cancer pathogenesis is traceable back to DNA mutations that impact cell growth and metastasis. Substances that cause DNA mutations are known

as mutagens, and mutagens that cause cancers are known as carcinogens. Particular substances have been linked to specific types of cancer. Tobacco smoking is associated with many forms of cancer, and causes 90% of lung cancer. Prolonged exposure to asbestos fibers is associated with mesothelioma.

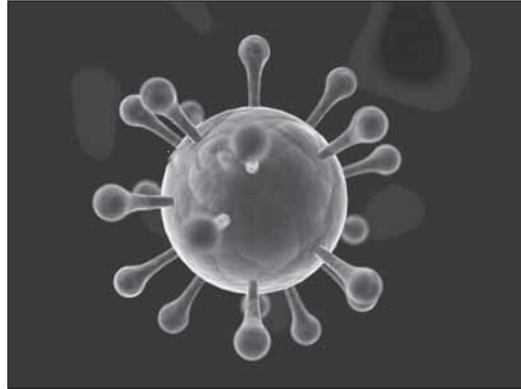
Many mutagens are also carcinogens, but some carcinogens are not mutagens. Alcohol is an example of a chemical carcinogen that is not a mutagen. Such chemicals may promote cancers through stimulating the rate of cell division. Faster rates of replication leaves less time for repair enzymes to repair damaged DNA during DNA replication, increasing the likelihood of a mutation.

Mutation: ionizing radiation

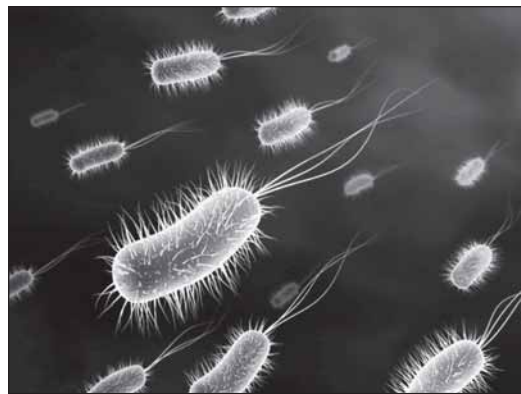
Sources of ionizing radiation, such as radon gas, can cause cancer. Prolonged exposure to ultraviolet radiation from the sun can lead to melanoma and other skin malignancies.

Viral or bacterial infection

Some cancers can be caused by infection with pathogens. Many cancers originate from a viral infection; this is especially true in animals such as birds, but also in humans, as viruses are responsible for 15% of human cancers worldwide. The main viruses associated with human cancers are human papillomavirus, hepatitis B and hepatitis C virus, Epstein-Barr virus, and human T-lymphotropic virus. Experimental and epidemiological data imply a causative role for viruses and they appear to be the second most important risk factor for



cancer development in humans, exceeded only by tobacco usage. The mode of virally-induced tumors can be divided into two, “acutely-transforming” or “slowly-transforming”. In acutely transforming viruses, the virus carries an overactive oncogene called viral-oncogene (v-*onc*), and the infected cell is transformed as soon as v-*onc* is expressed. In contrast, in slowly-transforming viruses, the virus genome is inserts near a proto-oncogene in the host genome. The viral promoter or other transcription regulation elements then cause overexpression of that proto-oncogene. This induces uncontrolled cell division.



In addition to viruses, researchers have noted a connection between bacteria and certain cancers. The most prominent example is the link between chronic

infection of the wall of the stomach with “*Helicobacter pylori*” and gastric cancer. Although only a minority of those infected with “*Helicobacter*” go on to develop cancer, since this pathogen is quite common it is probably responsible for the majority of these cancers.

Hormonal imbalances

Some hormones can act in a similar manner to non-mutagenic carcinogens in that they may stimulate excessive cell growth. A well-established example is the role of hyperestrogenic states in promoting endometrial cancer.

Immune system dysfunction

HIV is associated with a number of malignancies, including Kaposi’s sarcoma, non-Hodgkin’s lymphoma, and HPV-associated malignancies such as anal cancer and cervical cancer. AIDS-defining illnesses have long included these diagnoses. The increased incidence of malignancies in HIV patients points to the breakdown of immune surveillance as a possible etiology of cancer.

Heredity

Most forms of cancer are “sporadic”, meaning that there is no inherited cause of the cancer. There are, however, a number of recognised syndromes where there is an inherited predisposition to cancer, often due to a defect in a gene that protects against tumor formation.

Examples are:

1. Certain inherited mutations in the genes “BRCA1” and “BRCA2” are associated with an elevated risk of

breast cancer and ovarian cancer

2. Tumors of various endocrine organs in multiple endocrine neoplasia (MEN types 1, 2a, 2b)
3. Li-Fraumeni syndrome (various tumors such as osteosarcoma, breast cancer, soft tissue sarcoma, brain tumors) due to mutations of p53
4. Turcot syndrome (brain tumors and colonic polyposis)
5. Familial adenomatous polyposis an inherited mutation of the “APC” gene that leads to early onset of colon carcinoma.
6. Hereditary nonpolyposis colorectal cancer (HNPCC, also known as Lynch syndrome) can include familial cases of colon cancer, uterine cancer, gastric cancer, and ovarian cancer, without a preponderance of colon polyps.
7. Retinoblastoma, when occurring in young children, is due to a hereditary mutation in the retinoblastoma gene.
8. Down syndrome patients, who have an extra chromosome 21, are known to develop malignancies such as leukemia and testicular cancer.

Other causes

Excepting the rare transmissions that occur with pregnancies and only a marginal few organ donors, cancer is generally not a transmissible disease. The main reason for this is tissue graft rejection caused by MHC incompatibility.

In humans and other vertebrates, the immune system uses MHC antigens to differentiate between “self” and “non-self” cells because these antigens are different from person to person. When non-self antigens are encountered, the immune system reacts against the appropriate cell. Such reactions may protect against tumour cell engraftment by eliminating implanted cells.

Pathogenesis of Cancer – Homoeopathic Concept: In the modern era of Genetics miasm can be considered as a genetic predisposition/susceptibility of human body to certain specific diseases. Like bronchial asthma due to sycotic miasm or tuberculosis due to pseudo-psora (tubercular miasm).

Chronic diseases are not cured on their own, as the body’s defence mechanism alone cannot cure chronic diseases due to their miasmatic background. If left untreated they slowly progress, aggravate and disappear only with the death of the patient. Miasmatic tendencies must be removed at some stage of the treatment if the chronic diseases are to be cured permanently.

Cancer being a chronic disease is also embodied with miasmatic background. Dr Hahnemann considered that the Psoric miasm was in the background of all



kinds of malignancies. Others consider cancer to be due to Sycotic miasm because it was manifested by tumour formation which is a process of excessive

tissue growth or cell multiplication. Some others found a striking relationship between Tubercular miasm and cancer.

Dr J. H. Allen suggested that two latent chronic miasms rarely become active in human at the same time. But if they do so at any point of time the individual is liable to develop a malignant disease. Hence the evolution of cancer is under the influence of two or more miasms.



The pre tumour stage is controlled by the Tubercular miasm, tumour growth stage by Sycotic miasm and the tissue or cell destruction stage by the Syphilitic miasm.

The tubercular miasm weakens the body’s natural defence mechanism to set the stage for pre-cancer derangement of tissues like chronic inflammation, ulceration, leukoplakia, dysplasia etc. after which malignant neoplastic growth occurs.

The metastases of cancer are due to Syphilis miasm. During this stage cancer cells not only grow in uncontrolled manner but also have a perverted tendency to spread to other locations of the body, away from primary sites. Hence all the evidence suggests that cancer is a multi miasmatic disease in which all the four miasms, Psora, Tubercular, Sycotic and Syphilitic play their respective role.

According to a recent exposition, cancer is multimiasmatic in its expression

Exophytic, cauliflower-like growth is syco-syphilitic; ulcerative, fungating growth is syphilitic; and with bleeding is tubercular miasm.

At the causal level, the fundamental miasm is syphilitic on account of genetic & hereditary predisposition. In addition, the “drug miasm” is often superimposed on the multimiasmatic base such as the immunosuppressive drugs.

Growth and Spread:

Benign tumours grow slowly and they do not invade adjacent tissues. They only press over adjacent tissues or organs.

Malignant tumours grow rapidly and spread to the distant parts of the body or to the adjacent organs through different methods or pathways of invasion. They invade even the immune system of the individual and make him weak.

The invasion can be through blood vessels, lymph vessels - through lymph and lymph vessels and serous fluids (Pericardial, Pleural, Peritoneal)

Pathology of cancer is basically a overgrowth, further self destruction. It is usually a Neoplasia – Hyperplasia – Hypertrophy – Dysplasia and Cancer

New cell appearance and growth – then an overgrown growth both in size and number – disordered growth out of proportion to normal tissue – self destruction by spreading to the normal tissue and distant tissue or organs in the body by metastasis.

Therefore based pathology. Benign tumours fall under the miasm of Sycosis =

defining a slow growth in a localised part.

The malignant tumours show a mixed miasmatic phases – Benign with Psora – Tubercular – Sycosis – Syphilis.

Some stalwarts have found and placed cancers or malignant tumour under the miasm named cancer miasm. The key feature of the miasm is “suppression”.

This word includes the entire pathology of cancer so the name cancer miasm.

Roughly, cancer symptoms can be divided into three groups:

“**Local symptoms**”: unusual lumps or swelling (“tumor”), hemorrhage, pain and/or ulceration. Compression of surrounding tissues may cause symptoms such as jaundice.

“**Symptoms of metastasis**”: enlarged lymph nodes, cough and hemoptysis, hepatomegaly, bone pain, fracture of affected bones and neurological symptoms. Although advanced cancer may cause pain, it is often not the first symptom.

“**Systemic symptoms**”: weight loss, poor appetite, fatigue and cachexia, excessive sweating (night sweats), anemia and specific paraneoplastic phenomena, i.e. specific conditions that are due to an active cancer, such as thrombosis or hormonal changes.

(Prevention of Cancer and Homoeopathic Therapeutics in March issue of Homoeo Era.)

EVIDENCE BASED HOMOEOPATHY – HOMOEOPATHIC MANAGEMENT OF DISEASES OF CHILDREN

• **Dr.G.Srinivasulu**

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J.S.P.S.Govt.Homoeopathic Medical College,
Dept. of AYUSH, Govt. of Andhra Pradesh
Hyderabad – 500 013 A.P.

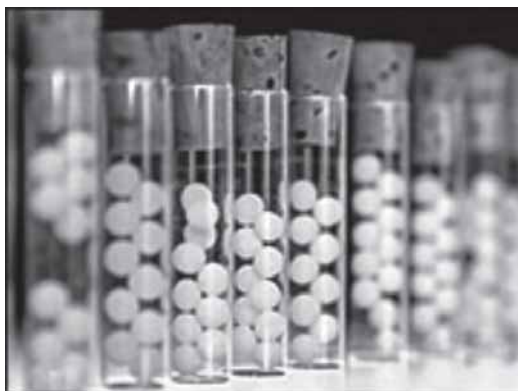
e-mail: drsrinivasulu_g@yahoo.com

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“Some people learn from others who know, some others learn from ‘Shastras’, yet others learn by observing others in action, a few more learn by exercising their intellect, yet more learn from the company of the knowledgeable, and some by questioning and getting answers to their queries. ”



Introduction:

Homoeopathy today is a rapidly growing system and is being practiced almost all over the world. A rough study indicates that about 30% of the Indian population solely depends on Homoeopathy for their health care needs. Its success in mitigating the suffering of millions of people has attracted the wrath of a section of people and the so-called scientists who are questioning and

demanding the evidences for its cures. This article is aimed at addressing some of the queries of such skeptics and scientists and to instill confidence in the minds of young generation of practitioners.

Public demand for homoeopathy continues to grow but, like all other forms of medicine, it must be able to demonstrate its effectiveness in order to be truly integrated into our health care systems. The evidence for homoeopathy continues to excite heated debate, much of which comes back to fundamental questions about how to measure effectiveness of a particular therapy or medicine. EBM is the current vernacular, but what exactly is it and what does it mean for homoeopathy?

Era of E.B.M.:

Homoeopathy, a multifaceted medical science has been proving its efficacy in diverse clinical conditions ever



since Dr. Samuel Hahnemann introduced it two centuries ago. The success and failures in our clinical practice depends upon our confidence in the principles and patience in observing the action of medicine. It is often noticed that for want of these qualities we lose our cases and ultimately blame homoeopathy. In spite of several hurdles, homoeopathy has been demonstrating its efficacy not only in chronic diseases but also in serious acute conditions and terminally ill patients too. In the present world of medicine, strong laboratory and clinical evidences are needed to demonstrate the authenticity of any medical technique or method. This is an Evidence Based Era. The British Homoeopathic Journal has appealed to the medical doctors to document their cases both by print and visual media for further validation of our system of medicine.

Good Case Taking & Good Documentation: Need of the hour:

Demonstration of well-documented cases would answer all queries of

scientists, skeptic and researchers about the modus operandi of homoeopathic drugs. A well-documented cases of neurological disorders in children i.e., S.S.P.E., Seizures (Epilepsy), Post Encephalitis sequelae, Mental retardation, Cerebral Palsy and Congenital Heart Defects (C.H.D.) would highlight the effectiveness of homoeopathy in the treatment of certain incurable and difficult cases



Homoeopathy both Preventive and Curative:

Homoeopathy can be used as preventive or curative depending upon class of case. It can prevent some diseases which run in their families e.g., congenital cleft lip and palate, certain types of Congenital heart diseases and chromosomal abnormalities. Certain cases of Down's syndrome, ASD and VSD's were successfully treated homeopathically also. Wherever characteristic symptoms are present in such diseased children, we can treat them as per the principles of homoeopathy. Hahnemann says that the Pregnancy is the right time to administer homoeopathic medicines to prevent such chronic diseases.

In aphorism 284 and its foot note 184 Hahnemann says that, “*But the case of mothers in their (first) pregnancy by means of a mild antipsoric treatment, especially with Sulphur dynamisations prepared according to the directions, is indispensable in order to destroy the Psora- that producer of most chronic diseases which is given them hereditarily. Destroy it both within themselves and in the fetus, thereby protecting posterity in advance. This is true of pregnant woman thus treated “.*” They have given birth to children usually more healthy and stronger, to the astonishment of everybody, a new confirmation of the great truth of Psora theory discovered by me.

Therapeutic tools:

Homoeopathy has a rich armamentarium of medicines, which are capable of preventing, curing, modifying and palliating various diseases in general and congenital diseases in particular. Dr.G.L.N. Sastry, a renowned public health expert in homoeopathy says that Tuberculinum is a broad spectrum prophylactic for various diseases in the present society. In the light of recurrence of diseases and resistance to several modern antibiotics, homoeopathic drug especially Tuberculinum in various potencies should be thought of in improving the resistance of the individual towards various acute, epidemic and chronic diseases. This drug has got the unique property of immunomodulation and imparts good immunity to persons. Burnett, Edward Whitmont, Diwan Harish Chand and several other eminent physicians have

noted the efficacy of homoeopathic medicines in the prevention and treatment of various diseases in general and congenital diseases in particular. Hence, a holistic approach of treating congenital diseases by suitable antipsorics and other appropriate miasmatic drugs will give fruitful results.

Pediatrics to Geriatrics : Homoeopathic solutions:



“Preventive” and “Constitutional” medicine forms the very core of

homeopathic treatment. Early detection of developmental abnormalities will help correction before they become difficult. The homoeopath redresses abnormalities, checks excesses, corrects deviation and gives mental and physical balance to the growing child. The homoeopath alone knows the apparent or hidden hereditary taints. Children are born into this world not of their choice. It is therefore the duty of the parents and the society to develop them into healthy citizens mentally, morally and physically. A healthy child develops into a healthy adult and becomes an asset to the society; a sick adult is a liability. Hahnemann has stated that proper prenatal care and anti miasmatic treatment can shape the health and character of the children and giving homeopathic pre-natal care can even ensure the child to be free from the inherited ills – the Miasms as we homoeopaths call them.

Treatment of the “Problem children” is on two lines:

Dr.Margaret Tyler’s way: Treat the Miasm, acute or chronic, by proper “Simillimum” or “Nosodes”, on an etiological basis.

Conventional Method:

Observing children and finding curative remedies viz., Tarentula - Cunning, quick, destructiveness, Anacardium - Cruelty and want of moral sense, Hyocyamus, Baryta Carb, Aurum Met. – Intense shyness, Hiding, Pulsatilla, Bismuth, Borax – Hanging on to the mother, Belladonna- Biting etc.

Dr.J.C.Burnett observes:

If we set about really curing the delicate and the diseases while quite young, and then let them finish their growth, we shall in the end get sound adults fit for the work of the world, and for all the duties of the state and of the family.”

The treatment advocated by Dr.Burnett, who is one of the pioneers in successful treatment of backward, retarded children is the use of specific homoeopathic, organopathic, and various other constitutional remedies systematically administered, so as to rectify the wrong underlying the said backwardness, to cure the diseased organ or parts, to rouse them medicinally from torpidity, or to cure the diseases of the individual as an entity, or to get rid of the perverted or other morbid conditions due to hereditary diseases and taints, or to shocks, falls, blow, fits, or other previously overcome accidents and diseases.

Clinical Cases – Backbone of Homoeopathy:

Homoeopathy evolved from practice to theory unlike other sciences. It started with cinchona experiment and continuing to demonstrate its efficacy through clinical cases. The only plausible explanation for homeopathy’s survival through a long period of intense scientific skepticism is that it is successful in relieving the suffering. This core of Homoeopathic practice is most accurately reflected in the following synoptic case reports.

CLINICAL CASES: Evidence Based Medicine

CASE: Delayed Milestones

Name: Sai Bhargav, Age: 3 years,
Sex: Male,
Address: Dharmavaram, Anantapur Dist.

PRESENTING COMPLAINTS

1. Inability to walk
2. Inability to hold neck
3. Recurrent attacks of fever and cold
4. Inability to speak

History of presenting illness

Child has not learnt to walk even after 2 years and continued to crawl.

No strength in lower limbs and any attempt to make him stand or walk resulting in fall.

Unable to hold neck straight and always leaning towards right side.

Unable to utter basic words. He is making certain sounds instead.

Recurrent attacks of fever for the past 2 years with cold and cough.

The I.Q. is not corresponding with his age.

Child was taken to Manipal Hospital, Bangalore at the age of 1 year 6 months.

Doctors suspected it to be either delayed milestones or Cerebral Palsy.

INVESTIGATIONS

X-Ray, C.T. and E.E.G. showed nothing abnormal.

Hormonal assay – N.A.D.

I.Q. levels not corresponding with the age.

HISTORY OF PAST ILLNESS

Recurrent attacks of diarrhea until 9 months.

Fever on and off. At least once in two months with runny nose and cough.

FAMILY HISTORY

GF [P] - Asthmatic

GM [P] - OA

GF [M] - Bronchitis

GM [M] - HTN

PARENTS – NAD

PATERNAL – UNCLE-impaired hearing

PERSONAL HISTORY

App: Diminished

B/M: Constipated.

Sweating: Over head and feet.

Urination: Normal

Desires: Fanning, Sweets & Ice creams.

Clinging on to mother always.

PHYSICAL EXAMINATION

Lean, thin, dark complexion, anemic, emaciated.

Cervical lymphadenopathy, shy, timid and weak. Unable to hold his head straight and inability to walk.

TOTALITY OF SYMPTOMS

Delayed milestones.

Weakness of lower limbs.

Recurrent attacks of cold and fever.

Emaciation of lower limbs.

Peevishness

Recurrent attacks of diarrhea in childhood.

SELECTION OF THE REMEDY

Following remedies were considered:

Baryta Carb

Calcarea Carb

Calcarea Phos

Natrum Mur.

Arsenicum Alb.

Tuberculinum

CALCAREA PHOS.: Indications

Delayed mile stones.

Weakness of lower limbs.

Recurrent attacks of cold and fever.

Emaciation of lower limbs.

Peevishness

Recurrent attacks of diarrhea in childhood.

TUBERCULINUM:Indications

Chiefly as an anti-miasmatic remedy.

Tuberculinum encompasses the drug pictures of Pulsatilla, Sulphur, Phosphorous, Kali Sulph and several other remedies.

It is great genetic modulator.

It has great potential for immunomodulation.

It is a broad spectrum prophylactic.

TREATMENT

02-09-2001: Tuberculinum 10M1 dose
04-11-2001: Tuberculinum 10M 1 dose
02-12-2001: Calcarea Phos 10M 1dose.
11-01-2002: Calcarea Phos 200 1 dose
10-02-2002: Tuberculinum 10M 1 dose
14-04-2002: SL

LATEST POSITION – As on December, 2002 and followed until 2004

Child is able to walk and climb.
Child is speaking few words.
Able to hold neck properly.
More alert and active.
Memory has improved.
Appetite has improved.
No attacks of fever or cold.

CONCLUSION:

The strength of Homoeopathy is its clinical cures (evidences) and its weak spot is statistical significance. The so-called scientists refuse to look at what is present in homoeopathy instead they highlight its weak spot. In fact, statistics have a dubious role in biological and medical sciences. Because no two human beings are genetically similar. Homoeopaths who base their prescriptions on individualistic features are much ahead of their medical contemporaries in producing qualitative results. **Claude Bernard** said, “When an observed fact does not correspond to an

official theory, it must be accepted and the theory rejected. Theory must be changed to be adapted to nature and it is not nature, which must be adapted to theory”. Aude Sapere.

BIBLIOGRAPHY

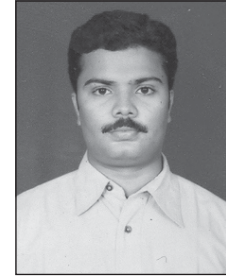
- Alexis Carrel**, Man the Unknown
Athalye V.V. Principles of Medicine and Homoeopathy
B.K.Sarkar Essays on Homoeopathy,
Diwan Harish Chand, A Compendium of Lectures on Homoeopathy (1950-1995), National Homoeopathic Pharmacy, New Delhi
Dorothy Shepherd – Magic of the Minimum Dose, Health Science Press, Devon
Edward Whitmont,
Psyche and Substance
Elizabeth Wright , A Brief Study course in Homoeopathy
Gunavanthe, Genius of Homoeopathic Remedies
Gerhard Koehler- Hand Book of Principles and Practice of Homoeopathy
Lele R.D.- The Clinical Approach, Oxford university Press, 2000
Kent J.T., Lectures on Homoeopathic Philosophy,
Kent, J.T. Minor Writings, Edited by Gypser,
Samuel Hahnemann, Organon of Medicine,
Samuel Hahnemann, Chronic Diseases
Todd Rowe - Homeopathic Methodology

*Homoeo Era invites articles on
'Recent Advances in Medical Sciences'.
Send in your contributions with due references.*

DIABETIC NEUROPATHY

• Dr. Rajachandra
II MD(Hom.),

Father Muller Homoeopathy Medical College,
Deralakatte, Mangalore



Diabetes mellitus is defined as a disturbance of intermediary metabolism manifesting as chronic sustained hyperglycemia primarily either due to an absolute or relative loss of insulin.

Diabetes is the body's failure to metabolize blood sugar properly. It now strikes Americans at the rate of one new case every 52 seconds, and also 3.2 million lives annually worldwide, and India ranks first in the total number of diabetic patients. It became a great threat to the developing nations as they switch on to the westernized lifestyles that emphasize on rich food and sedentary living.

In developed world diabetes is the

- Most significant cause of adult blindness in the non elderly.
- Leading cause of non-traumatic amputation in adults.
- Diabetic nephropathy is the main illness requiring dialysis.

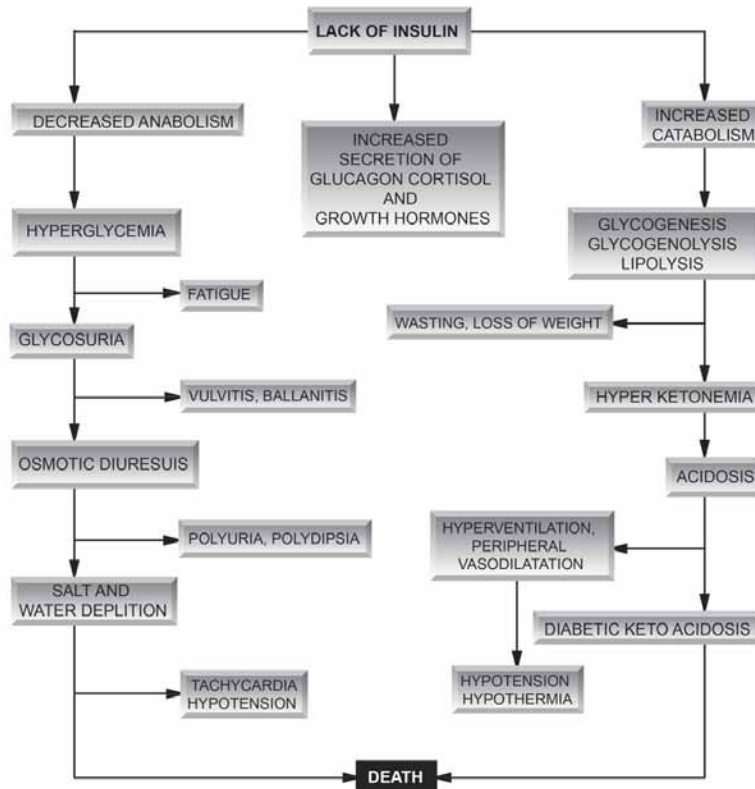
There are two widely known forms

- Type I diabetes mellitus
- Type II diabetes mellitus

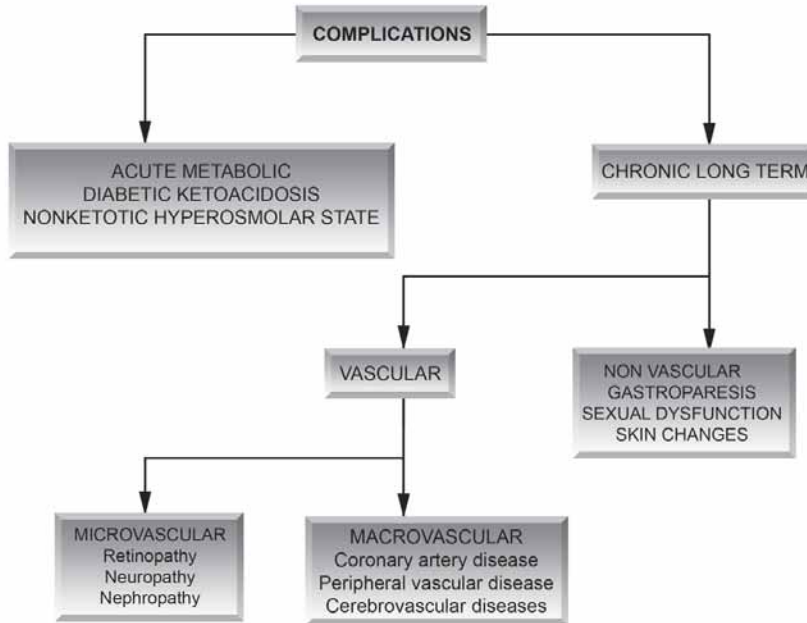
WHO recognizes three main forms of diabetes mellitus

- Type I diabetes mellitus
- Type II diabetes mellitus
- Gestational diabetes

The overall changes in the diabetes can be understood with this simple single flow chart drawn here.



Diabetes presents with the following complications.



DIABETIC NEUROPATHY:

This is the most earliest and most commonest of the complications entertained in diabetes mellitus particularly in diabetes type 1 and even in type 2 variety.

Handling neuropathy as part of the treatment of diabetes is important because of their diverse manifestation which brings on inability and disability.

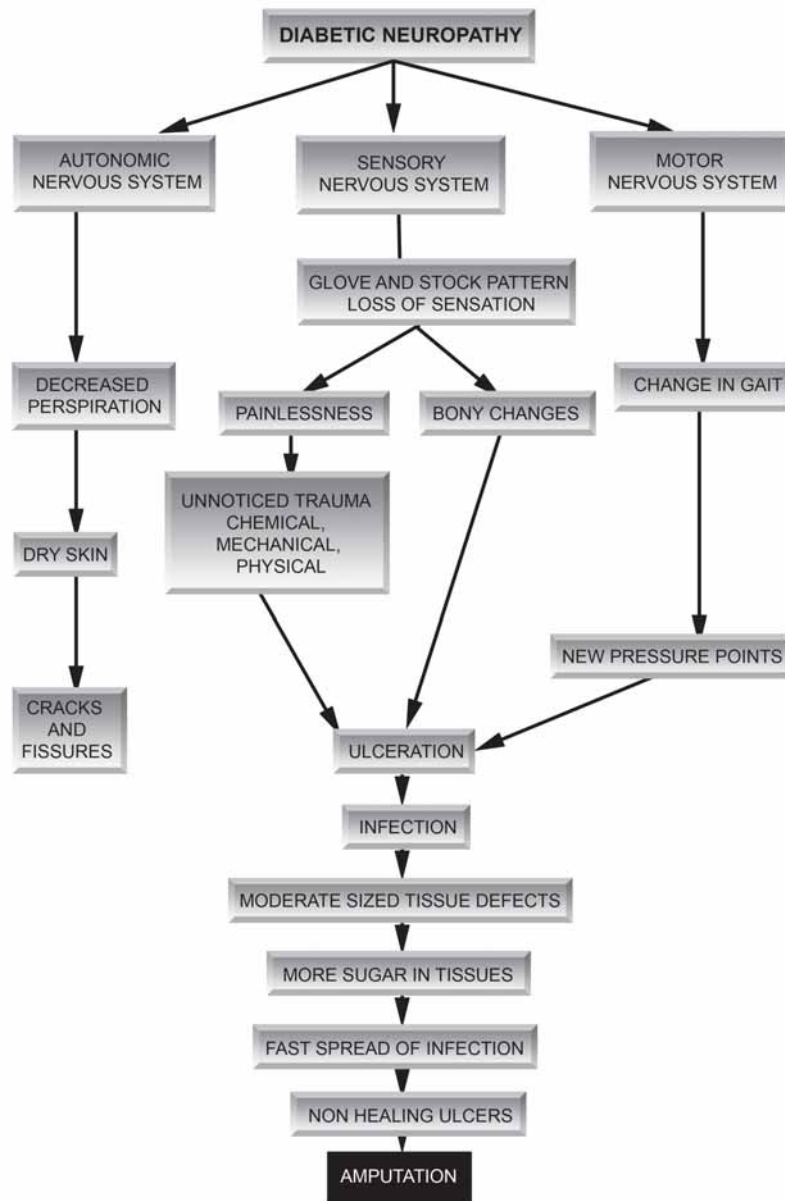
The pathogenesis of the diabetic neuropathy is a complex phenomenon explained in this simple flow charts that follow.

PATHOGENESIS:

Diabetic neuropathy results in excruciating pain in the limbs or absolute painlessness clubbed with anhydrosis which only taps dry skin favouring more damage to the skin, and the resident evil being the sugar content in the tissues behaves like a culture media to the biological mediators. This is the background for bedsores, ulcers, gangrene, overall the diabetic foot.

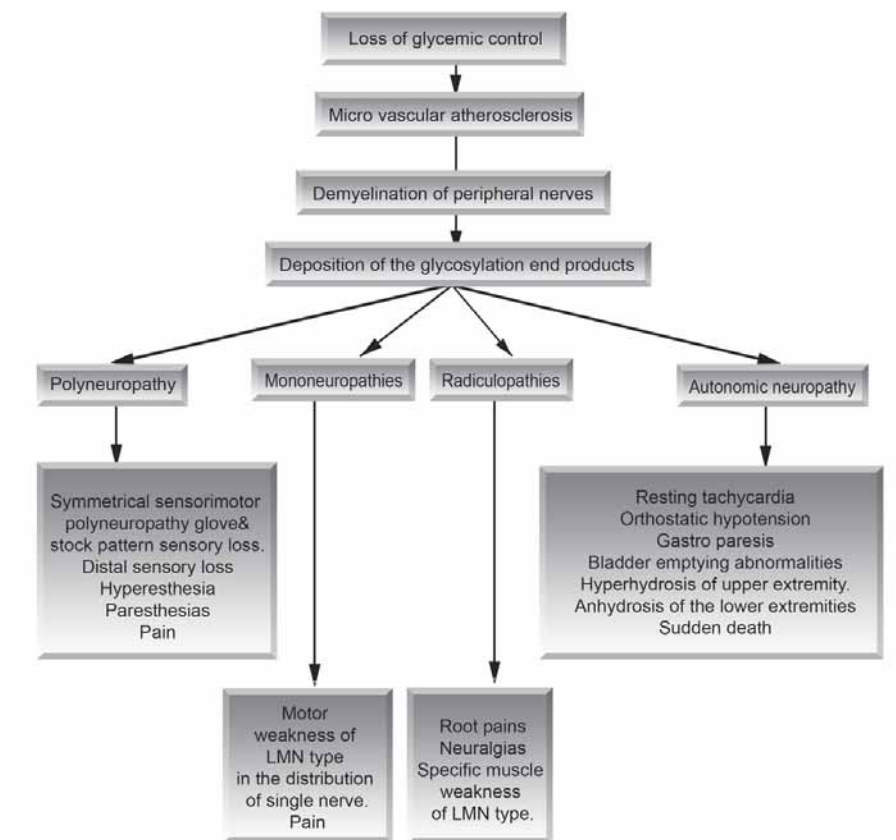
HOMOEOPATHY AND DIABETIC NEUROPATHY:

According to Hahnemann’s classification of the diseases diabetes falls in the category of true chronic diseases because of the strong miasmatic background and also the strong environmental and hereditary influences in the atogenesis of the disease.



Diabetes is generally an endocrine disorder elaborates itself as a metabolic disorder and pathologically a multisystem disorder.

Systematically as we convene on diabetes as an endocrine disorder it falls in the sycotic origin. As metabolic disorder producing disturbance in the metabolism of all the major nutrients resulting in obesity hypertension and dislipidemia, thus it again has a place in the sycotic miasm. Now when we talk according to the pathology the commonest of the pathological phenomenon is the microvascular atherosclerosis which ranges from sycotic to tubercular



phases. Neuropathy of diabetes is also elaborated in the same pathological background. Thus we can conclude that diabetes is a disorder which is having a complex miasm in the background, to say predominantly it is ranging from sycotic to tubercular pathology.

Neuropathy is an acute phenomenon on chronic disease diabetes and thus it requires a special regimen through sector remedies, where as the disease diabetes is well handled through a well programmed management and constitutional therapy.

HOMOEOPATHIC THERAPEUTICS

ARGENTUMS NITRICUM:

This remedy is to be preferred to the preceding in cases of trembling, sexual weakness, paralysis of the lower- extreemities, numbness for which walking becomes difficult.

Argentums nitricum is well indicated for sorts of polyneuritis.

Desire for cold water dressing on the burning limbs.

PHOSPHORIC ACID:

Constant urging to urinate. Involuntary urination

Cramps, spasmodic in chest and diaphragm.

Phosphoric acid excels in diabetes where starting point of disease was in nervous system- Dr Richard Huges.

Formication in limbs.

Sleepy by day hot and wakeful at night.

ARS-ALB:

Tingling in fingers cannot be extended.

Nails blue discoloured.

Ulcers on fingers finger tips with burning pains in feet, weary numb oedematous.

Wooden feeling in soles. Peripheral neuritis.

Uneasiness in lower limbs, must move feet constantly or walk about.

HYPERICUM:

Predominant action on the injuries of the peripheral nerves.

Through cerebro-spinal nervous system- hypercium causes vascular erethism cerebral spinal hyperemia.

Neuritis, tingling burning pain , numbness and glossy skin.

Paraplegia with atrophy, paralysis with contraction of limbs.

SECALE COR:

Acts better in diabetes with emaciation in spite of good appetite

Debility and dry skin in spite of excessive thirst

Formication and numbness with brodequin on ankles with sensation of burning and desire to uncover them.

Great aversion to heat.

REFERENCES

1. Boon N, Colledge NR, Walker B, Hunter J. Davidson's Principles & practice of medicine. 20th ed. U.S.A: Churchill Livingstone; 2006.
2. Kumar P & Clark M. Clinical medicine. 6th ed. U.S.A: Elsevier Saunder's publication; 2005
3. Kasper DL, Braunwald E, Fauci AS, Hauser, Longo, Jameson. Harrison's principles of international medicine. 16thed. Newyork: Mc Graw hill, health professions Division; 2005
4. Shankaran R. The spirit of homoeopathy. 4th ed. Mumbai: Homoeopathic medical publishers; 1999
5. Robert H. A. The principles and art of cure by homoeopathy. Reprint ed. New Delhi; B Jain publishers; 1999
6. Boericke W. New Manual of Homoeopathic Materia medica and Repertory. 9th ed. New Delhi: B.Jain publishers; 2000
7. Murphy R. Lotus materia medica. 2nd revised edition. New Delhi: B Jain publishers, 2004.

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CONGENITAL HEART DISEASES – HOMOEOPATHY

• Dr. N.C. Dhole, Asst. Professor, FMHMC, Mangalore



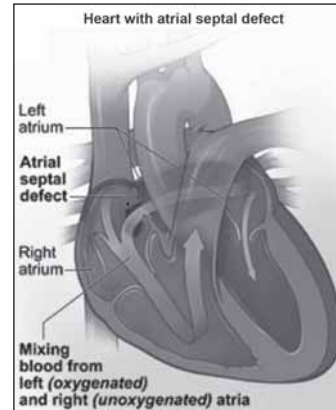
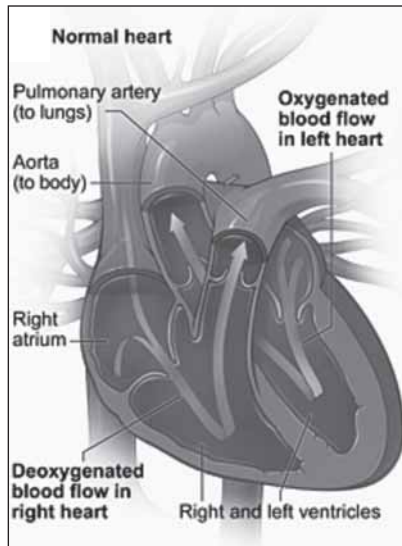
February 14th is famously known as 'Valentine's day', a day to tell the loved ones how much we love them. It is also now known as a day for the hearts; *Congenital Heart Defects Awareness Day*.

Homoeopathy has its role in curing various heart ailments. Congenital Heart Defects (CHD) is an area where its role assumes significance especially to prevent it. Homoeopathy certainly has role in doing exactly that. It is not a false promise but a commitment to be fulfilled by scientific research to make every homoeopath capable of giving appropriate advice and medication to prevent such occurrences.

The article briefly dwells upon various Congenital Heart Defects and their possible etiology and Homoeopathic approach.

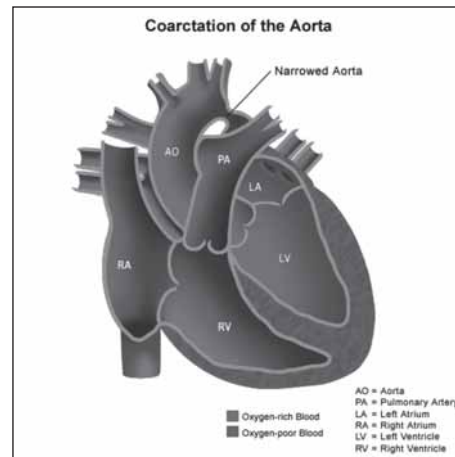
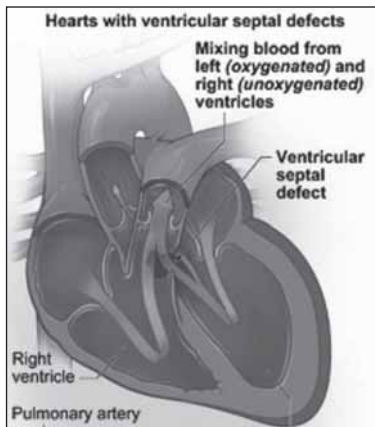
Congenital heart disease, also known as CHD, is any birth defect which affects the heart or the large blood vessels.

There are many different birth defects that can affect the heart. For example, the valves of the heart may be missing or not work properly. In other cases, there may be holes in the walls of the heart or abnormal connections between blood vessels and the heart. The defects may be mild and cause no problems. Or they may be life threatening and require surgery hours after birth. Some common congenital heart defects include:



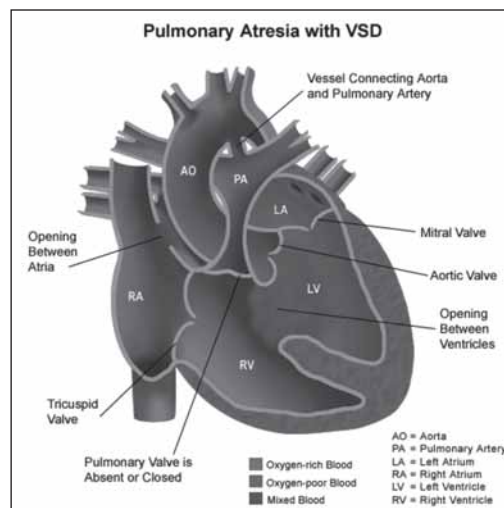
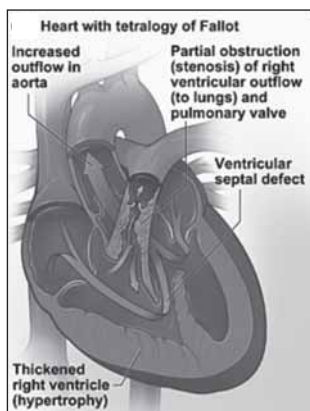
Atrial septal defect, which is an abnormal opening in the inter atrial septum present between the two atria of the heart

Ventricular septal defect, which is an abnormal opening in the inter ventricular septum present between the two ventricles of the heart



Tetralogy of Fallot, which is a set of four typical heart abnormalities

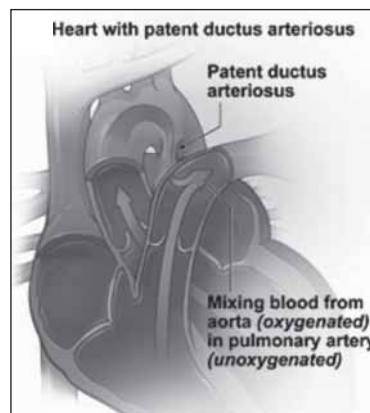
1. Pulmonary stenosis
2. Overriding of Aorta
3. Ventricular septal defect
4. Right ventricular hypertrophy



Coarctation of the aorta, which is a narrowing of the aorta

Pulmonary atresia, which is an abnormality (may be closed or absent) of the pulmonary valve opening.

Patent ductus arteriosus, which is an abnormal connection between the aorta and the pulmonary artery.



Causes: Many times the cause of CHD is unknown. Known causes of CHD include: Alcohol and Drug abuse by a mother during pregnancy

Certain medicines used by a mother during pregnancy such as those used to treat seizures

Diseases affecting the mother, such as diabetes

Genetic, inherited, or chromosomal defects such as those that occur with Down syndrome

Viral infections during 1st 3 months of pregnancy, especially rubella.

Signs and Symptoms of the disease

Symptoms of CHD can be present at birth or in early infancy or may only develop later in life. Symptoms depend on the type and severity of the defect. Examples of symptoms and signs of CHD include:

- Cyanosis, which occurs when there is not enough oxygen in the blood
- Murmurs on auscultation
- Abnormally low or high blood pressure
- Breathing trouble, including shortness of breath
- Congestive heart failure
- Failure to grow and develop
- Pulmonary oedema

Diagnosis

The physical exam usually makes the doctor suspect CHD. The tests that can help diagnose CHD include:

1. ECG
2. Chest X-ray - to see the size and position of the heart
3. Echocardiogram, to see the beating of the heart and to see the heart defects
4. Cardiac catheterization, to measurement of blood flow and pressure within the heart and great vessels

Prevention of CHD:

Often nothing can be done to prevent CHD. Women of childbearing age should make sure they are protected against certain viral infections during pregnancy, such as rubella. Avoidance of alcohol and substance abuse during pregnancy will prevent those causes of CHD.

Long-term effects of the disease:

Small defects may eventually repair themselves and cause no long-term effects. The long-term effects usually depend on how severe the CHD is. Some untreated heart defects can be fatal. Larger defects usually cause more symptoms until the defect is corrected, the heart is under a lot of strain. The heart can get larger in size and may not beat in a normal rhythm. People who have this disease can develop high blood pressure, and their lungs can become congested. Those with heart defects are often at an increased risk for life threatening heart infections.

Risks to others

CHD itself is not infectious and poses no risk to others. However, infections that

cause CHD, such as the rubella virus, may be contagious. Genetic causes of CHD may be passed on to one's children. Genetic counseling may be helpful for some parents.

Treatment

Even though the obvious looking treatment is surgical intervention, Homoeopathy does have a role to play in preventing and even curing CHDs without surgery as shown in the case material presented below.

Side effects of surgical intervention:

Surgery to correct a heart defect can be simple or very complicated. Side effects of treatment depend on the severity of the defect. Some people recover completely, while others may still have a problem with high blood pressure and a very strained heart. The heart may not beat in a normal rhythm. Surgery itself can be very risky and sometimes fatal. Bleeding and infection may also occur.

Homoeopathi Approach:

Congenital heart defects have a deep rooted miasmatic influence resulting in the deformity. The dominant miasm here being syphilis. Homoeopathic approach involves 2 steps.

1. Giving an indicated antimiasmatic remedy to prevent the occurrence in the progeny.
2. Administering a antimiasmatic remedy based on the presenting complaints and the family history of the patient.

Homoeopathy cures CHD is a proven fact as indicated by the following case.

Case:

(courtesy: Dr G Sreenivasulu, Hyderabad)

Name: Pranav, Age: 7 Days, Sex: Male, Son of a Dental Surgeon

BIO-PATHOGRAPHY: PRESENTING COMPLAINTS

Breathlessness, Prematurity, Constipation, Restlessness, Always crying, Underweight

History of presenting illness

Baby was born at 30 weeks by dates at Madanapalli, Chittoor Dist.

Child developed Cyanosis and breathlessness, so the child was shifted to Manipal Hospital, Bangalore.

The baby was being managed in a thermoneutral environment through incubator care for the last 7 days.

On 7th day homeopathic help was sought because of several other complications

What Doctors' said? Diagnostic Data

- Congenital Heart Disease. ASD & PDA.
- Respiratory Distress Syndrome
- Neonatal Hyperbilirubinaemia (9.2 mg.)
- Urinary Tract Infection (Fungal)

- Pneumonia due to Prematurity with early onset sepsis.
- Preterm. Assessed Gestational Age 30 weeks.

ECHOCARDIOGRAPHY REPORT

CONGENITAL HEART DISEASE

LARGE OSTIUM SECUNDUM

ASD WITH LT. To RT. Shunt.

Small Patent Ductus Arteriosus with intermittent Lt. To Rt. Shunt.

MOTHER'S HEALTH DURING PREGNANCY

Mother had Hyperemesis until 4th month and used some anti-emetics.

Had Upper Respiratory tract Infection twice and used some cough syrups.

FAMILY HISTORY

- GF [P] - Aortic Sclerosis & Obstructive Cardiomyopathy,
- H/o Small Pox, Chronic Bronchitis
- GM [P] - OA, Hypertension & Bell's Palsy
- GF [M] - Coronary Artery Disease
- GM[M] - HTN
- PARENTS - NAD
- SISTER - NAD

TOTALITY OF SYMPTOMS

- Neonatal Asphyxia
- Prematurity

- Respiratory Tract Infections.
- Vomiting Milk
- First Prescription was Antim Tart |200 dilution rubbing over chest on 21-4-2003

SECOND PRESCRIPTION-TUBERCULINUM

Dr. Diwan Harish Chand had discussed a case of A.S.D. in his book "Microdoses and Megaresults" with Tuberculinum, Pulsatilla and Silicea.

P.S.Ortega author of "Notes on Miasms" says that Miasmalogy alone gives answers to the mind boggling chronic diseases.

Dr. G.L.N.Sastry stated on several occasions that Tuberculinum is a broad spectrum prophylactic for the present generation.

Totality in favor of Tuberculinum

- Susceptibility for Respiratory infections.
- Delayed milestones (Delayed closure)
- Congenital anomalies.
- Always crying, desire to be carried

It should be axiomatic to consider Tub. The nearest complementary remedy to Sulphur, Calcarea and Phosphorous and it has the mosaic picture of all these drugs says Edward Whitmont in Psyche and Substance.

FOLLOW- UP

21-04-2003 Antim Tart 200
22-04-2003 Rept.
06-05-2003 Discharged from Hospital
08-05-2003 Tuberculinum 1 M 1 dose
23-08-2003 Tuberculinum 10 M 1 dose
03-12-2003 Rept.

Improvement in the condition of Baby as narrated by his mother Dr.Pravardhini.

21st I applied Antim Tart.200 dilution over soles and chest of my son with great fear and suspicion that what will happen with this and what the doctor says in case he sees me.

Out of my anxiety, I did repeat the same on 22nd again without being watched by any body in the Neonatal Intensive Care Unit.

From 23rd afternoon baby was out of incubator, whereas other children who were either admitted earlier than us and along with us continued to be in incubators.

Where there is, risk there lays success- A success story

Doctors' noticed a clear positive change in the condition of the child, expressed satisfaction over the improvement, and gave me assurance that the child would survive if the same improvement continues for another one week.

The Child was discharged on 6.5.2003 with lot of precautions and subsequent elective surgery for the Congenital Anomaly.

Since the emergency like situation was treated homeopathically, I thought why not I venture for this C.H.D. That followed the success story.

LATEST POSITION- ECHO ON 15-10-2003

A Cardiologist had carried out Echo on the child and relieved all my tensions and worries by giving a clean chit of C.H.D.

- NO P.D.A.
- GOOD LV/RV FUNCTION
- NORMAL PULMONARY ARTERY
- SMALL OS- ASD
- IVS- INTACT

Well documented cases will help the cause of Homoeopathy in establishing itself as a reliable medical science that can give hope to the patients where the conventional medical treatment gives up. Congenital Heart Defects is an area which is complex and needs to be investigated by dedicated Homoeopaths along with specialists in the field to explore the areas where Homoeopathy can repeatedly do the 'Miracles' by treating such cases as the one mentioned above.

• • •



PAIN

• **Dr E S J Prabhu Kiran**
Father Muller Homoeopathic
Medical College, Mangalore.



Pain is the unpleasant and aversive feeling and is the most common reason for physician consultation. It is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.

Pain is part of the body’s defence system, producing a reflexive retraction from the painful stimulus, and tendencies to protect the affected body part while it heals, and avoid that harmful situation in the future. It is an important part of life, vital to healthy survival. People with congenital insensitivity to pain have reduced life expectancy.

It is initiated by stimulation of nociceptors in the peripheral nervous system, or due to damage to or malfunction of the peripheral or central nervous systems.

Pain is usually temporary, lasting only until the harmful stimulus is removed or the underlying damage or pathology has healed, but some painful conditions, such as rheumatoid arthritis, peripheral neuropathy, cancer and idiopathic pain, may persist for years. Pain that extends beyond the expected period of healing is chronic pain.

Social support, cultural values, hypnotic suggestion, excitement in sport or celebration, distraction, and appraisal can all significantly modulate pain’s intensity and unpleasantness.

A simple classification of pain based on causation is

1. **Somatogenic pain** - arising from a perturbation of the body.
 - a. **Nociceptive** - caused by activation of nociceptors
 - i. *Superficial* - caused by injury to the skin or superficial tissues and is usually a sharp, well-defined, clearly localized pain. Eg. Minor wounds and minor.
 - ii. *Deep*
 1. *Somatic* - originates in ligaments, tendons, bones, blood vessels, fasciae and muscles, and is a dull, aching, poorly-localized pain; examples include sprains, broken bones and myofascial pain
 2. *Visceral* – usually diffuse and difficult to locate exactly and several visceral regions produce “referred” pain when injured, where the sensation is located in an area completely unrelated to the site of injury.
 - b. **Neuropathic** - caused by damage to or malfunction of the nervous system
 - i. *Peripheral* - originating in the peripheral nervous system. Cord Peripheral neuropathic pain is often described as “burning,” “tingling,” “electrical,” “stabbing,” or “pins and needles
 - ii. *Central* - originating in the brain, brain stem or spinal cord

2. **Psychogenic pain** - arising from a perturbation of the mind. Psychogenic pain, also called *psychalgia* or *somatoform pain* is physical pain that is caused, increased, or prolonged by mental, emotional, or behavioural factors. Psychogenic pain commonly manifests as headache, back pain, or stomach pain

The International Association for the Study of Pain (IASP) recommends describing pain according to five categories.

1. Anatomical location (neck, lower back, etc.),
2. Body system involved (gastrointestinal, nervous, etc.),
3. Temporal characteristics (intermittent, constant, etc.),
4. Intensity and Time since onset, and
5. Etiology (cause).

Pain can also be classed according to its location in the body, as in headache, low back pain and pelvic pain; or according to the body system involved, i.e., myofascial (emanating from skeletal muscles or the fibrous sheath surrounding them), rheumatic (emanating from the joints and surrounding tissue), causalgic ("burning" pain in the skin of the arms or, sometimes, legs; thought to be the product of peripheral nerve damage), neurologic (caused by damage to or malfunction of any part of the nervous system), or vascular (pain from blood vessels).

The Multidimensional Pain Inventory (MPI) consists of a set of scales designed to assess chronic pain patients' psychosocial state.

Three types of chronic pain patient:

- (a) Dysfunctional patients - perceive pain to be severe. Here the pain interferes

with the day to day life and causes a high degree of psychological distress caused by pain and low levels of activity;

- (b) Interpersonally distressed patients - perceive that others are not supportive of their problems
- (c) Adaptive copers - patients who report high levels of social support, relatively low levels of pain and perceived interference, and relatively high levels of activity.

Pain is a symptom of many medical conditions. Knowing the time of onset, location, intensity, pattern of occurrence (continuous, intermittent, etc.), exacerbating and relieving factors, and quality (burning, sharp, etc.) of the pain will help the examining physician to accurately diagnose the underlying trauma or pathology. For example, chest pain described as extreme heaviness may indicate myocardial infarction, while chest pain described as tearing may indicate aortic dissection.

Assessment in nonverbal patients

When a patient is non-verbal and cannot self report pain, observation becomes critical, and specific behaviours can be monitored as pain indicators. Behaviours such as facial grimacing and guarding indicate pain, as well as an increase or decrease in vocalizations, changes in routine behaviour patterns and mental status changes. Patients experiencing pain may exhibit withdrawn social behaviour and possibly experience a decreased appetite and decreased nutritional intake.

A change in condition that deviates from baseline such as moaning with movement or when manipulating a body part and limited range of motion are also potential pain indicators.

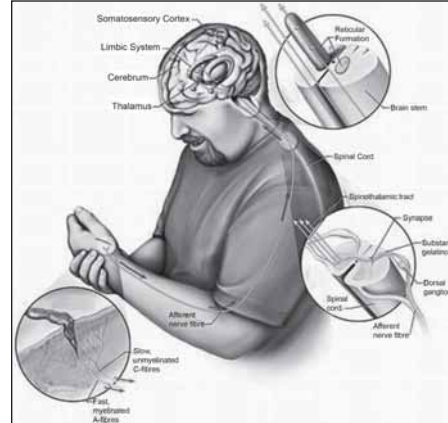
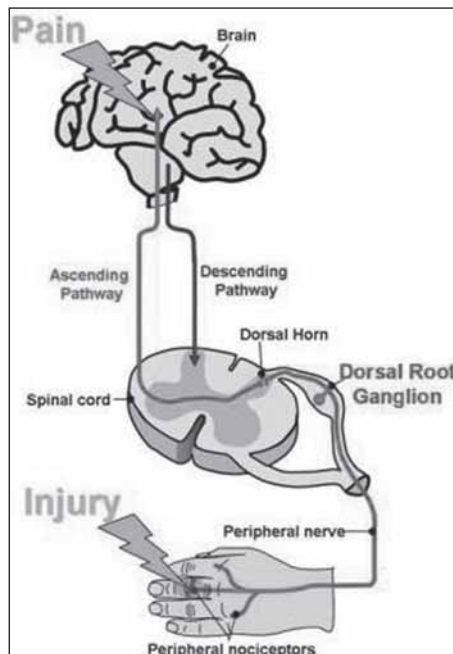
In patients that are vocal but incapable of expressing themselves effectively, such as those with a dementia related diagnosis, an increase in confusion or display of aggressive behaviours, including agitation, may signal that discomfort exists, and further assessment is necessary.

Infants feel pain. Pre-term babies are more sensitive to painful stimuli than full term babies. They lack the verbal skills needed to report pain, so communicate distress by crying. A non-verbal pain assessment should be conducted which should involve the parents, who will notice changes in the infant not obvious to the physician.

Phenomenon of Pain

Regions of the cerebral cortex associated with pain.

Pain is transmitted from specific pain receptors along dedicated pain fibres to a pain centre in the brain; the “pain centre” in the brain is an elaborate neural network.



Peripheral nerve fibres carry information regarding the state of the body to the dorsal horn of the spinal cord.

Some nerve fibres respond only to painfully intense stimuli (nociceptors), while others do not differentiate noxious from non-noxious stimuli. Nerve fibres carry pain signals, from the dorsal horn, up the spinal cord and brain stem, to the thalamus in the brain. There is a specific pain pathway from nociceptor to brain.

Pain-related activity in the thalamus spreads to the insular cortex (thought to represent the sensation that distinguishes pain from other homeostatic emotions such as itch and nausea) and anterior cingulate cortex that represents the motivational element of pain and pain that is distinctly located also activates the primary and secondary somatosensory cortices.

Pain and Homoeopathic Management.

Pain is the most common reason that people use complementary and alternative medicine. Even though it is one of the manifestations of an internal disease, it is definitely the prime tormentor of the patient. A complete understanding of the phenomenon of pain will help the physician in the management of the patient. There are various diseases that manifest

severe pain as one of the symptoms. Often we find patients under homeopathic using allopathic pain killers as they had severe muscle pain due to severe exercise or injury and come back for their regular treatment after the quick relief. The article discusses a few Homeopathic remedies in treating fibromyalgia, one of the commonest.

Therapeutics of Muscle Pain (Fibromyalgia)

- a. **Arnica montana.** Arnica works by improving circulation and reducing both emotional and physical trauma in the muscles. It is especially useful when an accident or other traumatic event may have caused the onset of fibromyalgia.
- b. **Rhus toxicodendron,** which is used for stiffness that gets better once the patient, gets moving and is worse from cold, damp wet weather. Rhus toxicodendron is often used to relieve pain in the joints, and works well on healing ligament strains. The Rhus toxicodendron patient is very restless and wants the stiffness and reaction to cold damp weather to improve quickly
- c. **Bryonia** has symptoms opposite to Rhus toxicodendron. Patient tries to stay as still as possible, since even the slightest motion makes the pain worse, these people tend to be very irritable and grumpy, not wanting to be touched, even though pressure on the point of pain often helps. Bryonia is indicated when there is hardness of muscle groups and headaches are common. Another indication for this remedy is < from warmth and > from cool applications.
- d. **Causticum** is another homeo-pathic remedy for soreness, weakness and stiffness in the muscles that is worse from cold and/or overexertion. Pain is also worse when the weather is dry and tends to be better in rainy weather. The muscles in the legs feel contracted, tight and sore, with restlessness at night. The forearms are weak, even though they are also stiff. These patient feel better in a warm bed or warm shower
- e. **Gelsemium** is a remedy for fibromyalgia when the limbs feel heavy, dull and lethargic. Headaches occur in the back of the head and neck, and there may be dizziness. This remedy is indicated when there is a low-grade fever with much aching, similar to having the flu all of the time. Gelsemium is also indicated when symptoms are worse in damp, cold, or warm and wet weather, or after exertion.
- f. **Cimicifuga** is indicated when there are spasms in the large muscle groups, the body feels sore and bruised all over, and there may be jerking and twitching of the muscles. The spine feels sensitive, and there is pain especially in the back, neck and shoulders. The patient feels better with warmth and pressure, and feel worse with touch, motion, cold applications and during their menstrual cycle.
- g. **Hypericum** helps to heal nerve pain. It is especially useful when there is numbness or tingling in the extremities, or radiating pain from one area to another. Hypericum is useful for the unbearable prickly pain that radiates along nerve pathways, is worse with movement, and worse when touched. Depression is an associated symptom of fibromyalgia.

MEDI - QUEST

1. Laboratory test for diagnosis of swine flu is _____.
2. Pantothenic acid is also called as _____.
3. Increase in plasma cholesterol concentration above _____ is known as Hypercholesterolemia.
4. In ECG S-T segment elevation signifies _____.
5. To which bone is the tongue attached?
6. Normal creatinine levels for men _____ and for women _____.
7. _____ : _____ ratio for an foetus in utero is a measure of foetal lung maturity.
8. _____ disease is caused due to blockage of nicotinic receptors of ACH in the post junctional membrane of neuromuscular junctions.
9. Investigation or diagnostic aid in myasthenia gravis is _____.
10. Half life of Human Growth Hormone is _____.

Hurry up! First 5 correct entries will win 5 months subscription of Homoeo Era.

Rush in your answers to : homoeoera@yahoo.com or send to Homoeo Era, Shiva complex, Opp. Vijaya bank, Vamanjoor, Mangalore – 575 028.

AUDE SAPERE

Homoeo Era invites your opinion on issues facing Homoeopathy today. The topic for this month is "Homoeopathic medical education".

Mail your opinion or suggestion through E-mail to homoeoera@yahoo.com or send to our corresponding address by 20th of February 2010.

DRUG OF THE MONTH

Homoeo Era would like to present to the readers various Homoeopathic remedies under this article. We begin with one of the frequently prescribed remedies by Homoeopaths and not only try to refresh up the well known characteristics but also would like to present a different out look to the study of the remedy. *(We invite articles under this theme with a new out look to the study of Homoeopathic remedies while keeping very much alive the traditional patient as person approach in mind.)*

BRYONIA ALBA

KEY NOTES:

- Causation : Embarrassment, anger, when warm weather sets in after cold days; from cold drinks or ice in hot weather; after taking cold or getting hot in summer; from chilling when overheated, from exposure to draft, cold wind, suppression of discharges, of menses, milk or eruption of acute exanthema.
- Side affinity : Right.
- Time : Evening,
- Weather : Warm weather after cold days
- Constitution : Robust, firm fiber and dark complexion, with tendency to leanness and irritability
Mentally irritable. Children dislike to be carried.
Aggravation of the complaints from any motion and relief from absolute rest, either mental or physical.
- Great thirst : thirst for large quantities of water at long intervals
Bitter taste in the mouth
Excessive dryness of mucous membranes of entire body
- Pains : stitching, tearing, < by motion, worse at night, *inspiration, coughing*;
> by absolute rest, and lying on painful side
- Constipation : stool large, hard, dark and dry, as if burnt.
- Cough : dry, spasmodic, with gagging and vomiting with stitches in side of chest; with headache, < after eating, drinking, entering a warm room, deep inspiration.