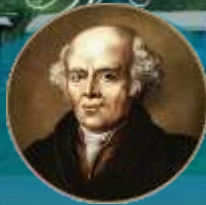


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## 65TH WEST BENGAL STATE HOMOEOPATHIC PRACTITIONERS' CONFERENCE-2024

Organised by : West Bengal State Branch,  
The Homoeopathic Medical Association of India

Hosted by : Darjeeling Unit, HMAI

Theme : Inquire, Innovate  
and Integrate Homoeopathy

*In technical collaborations with :*



**GORKHA RANGAMANCHA  
BHAWAN, MALL ROAD,  
DARJEELING, W.B.**

**29TH, 30TH  
NOVEMBER & 1ST  
DECEMBER, 2024**

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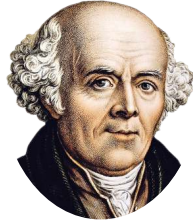


# 65th West Bengal State Homoeopathic Practitioners' Conference- 2024



Organised by :

**WEST BENGAL STATE BRANCH,  
THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA**



Hosted by :

Darjeeling Unit, HMAI

In technical collaborations with :



National Commission  
for Homoeopathy



Central Council for Research  
in Homoeopathy

Theme : Inquire, Innovate and Integrate Homoeopathy

29th, 30th November & 1st December, 2024 (Friday, Saturday & Sunday)

Venue :

**GORKHA RANGAMANCHA BHAWAN**

*Mall Road, Darjeeling-734101, West Bengal*

Organising Office :

**HMAI BHAWAN**

RA, 384, Nabapally, Nawbhanga, Chingrihata (near Shishu Ratna School),  
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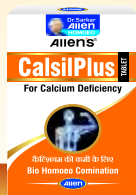
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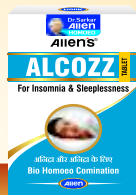
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## PROGRAMME

65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference-2024  
29<sup>th</sup> November to 1<sup>st</sup> December, Gorkha Rangamancha Bhawan, Darjeeling, West Bengal.

Organised by:

The Homoeopathic Medical Association of India, West Bengal State Branch

Hosted by :

Darjeeling Unit, HMAI

In Technical Collaboration with:



National Commission  
for Homoeopathy



Central Council for Research  
in Homoeopathy

**Theme: Inquire, Innovate and Integrate Homoeopathy**

**DAY-1 Registration:**

**Date: 29.11.2024 from 12.00 noon Onwards**

**Lunch**

**1.00pm-2.00pm**

**Scientific Sessions Day-1**

**Date:29.11.2024, From:2.00pm-3.00pm**

Dr. Mahendra Singh Memorial Session



Compere: Dr. Saleema Naz Tabassum

**Chairperson: Dr.B.C.Mullick**

**Name of the speaker**

**Session:1**

**Date:29/11/2024**

**Time:2.00pm-3.00pm**

+91-9007743845

**Affiliation & Topic**



**Dr. Aloke Kumar Ghosh**  
15 minutes

Professor and HOD Organon of Medicine, The Calcutta Homoeopathic Medical College

A case of Covid-19, complicated with T2DM along with bronchitis and plural effusion treated with Homoeopathy



**Dr. Aniruddha Banerjee**  
15 minutes

Asst. Prof. Dept. of Gynae Obs, Midnapore Homoeopathic Medical College and Hospital.

Evaluation of Psychometric properties and Quality of life in Uterine Fibroids.



**Dr. Saptarshi Choudhury**  
15 minutes

Professor and HOD Medicine, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital

Different paths to find the remedy in clinical Homoeopathy



**Dr. Avijit Dey**  
15 minutes

Asst. Prof. Dept. of Community Medicine, D.N.De Homoeopathic Medical College and Hospital

Learning from the past; Historical insights for modern Clinicians.

Dr. S. P. Dey Memorial Session



Compere: Dr. Madhumita Nath

**Chairperson: Dr. Partha Pratim Pal**

**Name of the speaker**

**Session:2**

**Date:29/11/2024**

**Time:3.00pm-4.00pm**

+91-7003375363

**Affiliation & Topic**






**Dr. Ujjal Mondal**  
15 minutes

Ex-Deputy Superintendent of Hospital of National Institute of Homoeopathy, Kolkata






Plantar fasciitis and its Homoeopathic approach.

# 65th West Bengal State Homoeopathic Practitioners' Conference- 2024








	<b>Dr. Debarshi Das</b> 15 minutes	Professor and HOD Organon of Medicine, Metropolitan Homoeopathic Medical College
	<b>Dr. Abdul Hakim</b> 15 minutes	Faculty of Homoeopathic Pharmacy, Council of Homoeopathic Medicine West Bengal Clinical perspective of Carcinosis with case illustration.
	<b>Dr. Subimal Barman</b> 15 minutes	Ex-HMO, Homoeopathic Medical Officer and Homoeopathic Practitioner of North Bengal Importance of key note symptoms in Homoeopathy on some clinical cases

<b>Cultural Programme</b>	<b>Time: 4.00p.m.-4.30p.m.</b> Host: GTA
<b>High Tea</b>	<b>4.30pm-5.00pm</b>

<b>Dr. R. R. Joardar Memorial Session</b>		<b>Session:3</b>	<b>Date:29/11/2024</b>	<b>Time:5.00pm-6.00pm</b>
Compere: Dr. Munmun Koley		+91-7003239365		
Chairperson: Dr. Shubhamoy Ghosh				
<b>Name of the speaker</b>		<b>Affiliation &amp; Topic</b>		
	<b>Dr. Rachel Roberts</b> 30 minutes On Line Presentation	Chief Executive, Homoeopathic Research Institute, United Kingdom. BSc(Hons), MCH, RSHom, FSHom. Insights from a Decade of 'Cutting Edge Research in Homoeopathy'		
	<b>Dr. Subhash Singh</b> 15 minutes On Line Presentation	Director of National Institute of Homoeopathy, Govt. of India, and HOD Organon of Medicine, NIH. Modern Pharmacology and Pharmacovigilance, the ethical practice of Homoeopathy; a bird's eye view		
	<b>Prof. Ena Ray Banerjee</b> 15 minutes	Professor & HOD Zoology, Speciality in Immunology, Regenerative Medicine, Calcutta University Translation outcomes research using nanobiomedical technological interventions.		

<b>Dr. B. K. Bose Memorial Session</b>		<b>Session:4</b>	<b>Date:29/11/2024</b>	<b>Time:6.00pm-7.00pm</b>
Compere: Dr. Arindam Bhattacharjee		+91-9088579617		
Chairperson: Dr. Shyamal Mukherjee				
<b>Name of the speaker</b>		<b>Affiliation &amp; Topic</b>		
	<b>Dr. Soumyabrata Dogra</b> 15 minutes	Homoeopathic Medical Officer (HMO), West Bengal Homoeopathic Health Service. Recent updates in Allergic Rhinitis; A global scenario.		
	<b>Dr. Rup Nandi</b> 15 minutes	Homoeopathic Medical Officer (HMO), West Bengal Homoeopathic Health Service. An Evidence Based Homoeopathic Case Series in the treatment of Cholelithiasis and Nephrolithiasis		
	<b>Dr. Jaydeep Khara</b> 15 minutes	Homoeopathic Medical Officer (HMO), West Bengal Homoeopathic Health Service. Curative evidence of Individualized Homoeopathy in various forms of Alopecia; A case Series.		
	<b>Dr. Pawan Sharma</b> 15 minutes	Homoeopathic Medical Officer (HMO), West Bengal Homoeopathic Health Service. Homoeopathy towards health care services; Role model in AYUSH OPD.		

# 65th West Bengal State Homoeopathic Practitioners' Conference- 2024





<b>Dr. J. N. Kanjilal Memorial Session</b>		<b>Session:5</b>	<b>Date:29/11/2024</b>	<b>Time:7.00pm-8.30pm</b>
<b>Compere: Dr. Anjali Sharma</b>		+91-9748045324		
<b>Chairperson: Dr. Padmini Mukherjee</b>				
<b>Name of the speaker</b>		<b>Affiliation &amp; Topic</b>		
	<b>Dr. Jitesh Sharma</b> 10 minutes	Director, JDS Multi Super Specialist Hospital and Research Centre, Odisha. Degenerative Disc Disease and role of Homoeopathic treatment; Case Study.		
	<b>Dr. Hemanta Kumar Mukherjee</b> 10 minutes	Former Associate Professor, Dept. of Medicine, Bengal Homoeopathic Medical College & Hospital Efficacy of Individualized Homoeopathic Medicine in Bell's Palsy.		
	<b>Dr. Madhumita Nath</b> 10 minutes	Senior Research Fellow, Regional Research Institute for Homoeopathy, Siliguri, under C.C.R.H. Tension Type Headache and it's Homoeopathic treatment.		
	<b>Dr. Lubna Kamal</b> 10 minutes	Asst. Prof. Dept. of Materia Medica, Jawaharlal Neheru Homoeopathic Medical College, Kanpur Study to assess role of Homoeopathy in management of Chronic Kidney Disease.		
	<b>Dr. Saleema Naz Tabassum</b> 10 minutes	Homoeopathic Physician of Block AYUSH NCD Clinic at Kharibari Rural Hospital, Darjeeling District Utility of adjunct Homoeopathy in uncontrolled Type2 DM among residents of Darjeeling, under NPCDCS Programme		
	<b>Dr. Avijit Chaudhury</b> 10 minutes	Medical Officer; RBSK. West Bengal. Homoeopathic Practitioner. Efficacy of individualistic Homoeopathic medicine in the management of OA.		

<b>Dinner</b>	<b>8.30pm-9.30pm</b>
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<b>DAY-2</b>	<b>Date: 30.11.2024 from 9.00am Onwards</b>
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<b>Breakfast</b>	<b>9.00am-10.00am</b>
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<b>Scientific Session, Day-2</b>	<b>Date:30.11.2024, From:10.00am-11.00am</b>
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<b>Dr. D. P. Rastogi Memorial Session</b>		<b>Session:6</b>	<b>Date: 30.11.2024</b>	<b>Time: 10.00am-11.00am</b>
<b>Compere: Dr. Subhra Kanjilal</b>		+91-9836359070		
<b>Chairperson: Dr. Shubhamoy Ghosh</b>				
<b>Name of the speakers</b>		<b>Affiliation &amp; Topic</b>		
	<b>Dr. Tarkeshwar Jain</b> On Line Presentation 20 minutes	President, Board of Ethics and Registration, National Commission for Homoeopathy. Future plan of NCH regarding the Homoeopathic Education.		
	<b>Dr. Anil Khurana</b> On Line Presentation 20 minutes	Chairperson, National Commission for Homoeopathy, Govt. of India. Ex-D.G. of C.C.R.H. Paradigm shift in Homoeopathic Medical Education; A future beckons.		
	<b>Dr. Raj Kumar Manchanda</b> On Line Presentation 20 minutes	Chairperson of Homoeopathic Sectional Committee, Ayush Dept. Bureau of India. Ex-D.G. of C.C.R.H. Exploring the scope of Homoeopathic education in India and abroad.		

# 65th West Bengal State Homeopathic Practitioners' Conference- 2024

<b>Inaugural Session &amp; Felicitation Ceremony</b>	<b>Date: 30.11.2024 from 11.00am – 1.00pm</b>
Comperere:	Dr. Subhra Kanjilal; +91-9836359070 Dr. Pujashree Bhattacharya; +91-9874494535
Inaugurator	<b>Shri Anit Thapa</b> , Chief Executive, Gorkhaland Territorial Administration
Chief Patron	<b>Dr. G. P. Sarkar</b> Founder Chairman, Allen Group of Companies
Guest-in-Chief	<b>Shri Udayan Guha</b> , M.L.A. Hon'ble Cabinet Minister, Dept. of North Bengal Development, Govt. of West Bengal
Guest-of-Honour	<p><b>Shri Prakash Chik Barik</b> Member of Parliament (Rajya Sabha)</p> <p><b>Swami Mahatapananda Maharaj</b> , Hon'ble Secretary Ramkrishna Mission Nivedita Educational and Cultural Centre</p> <p><b>Swami Amalananda Maharaj</b> Ramkrishna Vedanta Math</p> <p><b>Dr Sangeeta A Duggal</b>, Advisor (Homoeopathy), Ministry of AYUSH , Govt. of India</p> <p><b>Dr. Subhash Kaushik</b>, Director General, Central Council for Research in Homoeopathy</p> <p><b>Dr. Pinakin N. Trivedi</b>, Hon'ble President, Board of Ethics and Registration for Homoeopathy, National Commission for Homoeopathy, Govt. of India</p> <p><b>Dr. Tarkeshwar Jain</b>, Hon'ble President, Homoeopathy Education Board, National Commission for Homoeopathy, <b>Government of India</b></p> <p><b>Dr. Shyamal Kumar Mukherjee</b> President, The Homoeopathic Medical Association of India</p> <p><b>Shri Vijay Bharti, IAS</b>, Principal Secretary, Gorkhaland Territorial Administration</p> <p><b>Shri Goutam Deb</b>, Hon'ble Mayor, Siliguri Municipal Corp.</p> <p><b>Shri Arun Ghosh</b>, Hon'ble Sabhadipati, Siliguri Mahakama Parishad</p> <p><b>Shri Suman Kanjilal</b>, Hon'ble Member of Legislative Assembly</p> <p><b>Dr Preeti Goyal, IAS</b>, District Magistrate &amp; Collector, Darjeeling District, Govt of West Bengal</p> <p><b>Shri Praween Prakash, IPS</b> Superintendent of Police, Darjeeling District, Govt of West Bengal</p>
The Special Guests:	<p><b>Dr. M. L. Bera</b>, Chairman, Trust of the HMAI</p> <p><b>Shri Partha Pratim Roy</b>, Hon'ble Chairman, North Bengal State Transport Corp., Govt. of W.B.</p> <p><b>Shri Sourav Chakraborty</b>, Hon'ble Chairman, Siliguri, Jalpaiguri Development Authority, Govt. of W.B.</p> <p><b>Shri Mridul Goswami</b>, Hon'ble Vice Chairman, Uttarbanga Unnayan Parishad</p> <p><b>Shri Anjul Chauhan</b>, Chairman, Gorkhaland Territorial Administration</p> <p><b>Dr Tulshi Pramanik</b>, CHOM, Dept. of Health &amp; Family Welfare, Darjeeling District, Govt of West Bengal</p> <p><b>Dr Abu Sale Md. Mahfuz-ul Karim</b>, Superintendent cum ACMOH (Sadar), District Hospital Darjeeling, Health &amp; Family Welfare, Darjeeling District , Govt of West Bengal</p> <p><b>Shri Samden Dukpa, WBCS.</b>, Executive Director Health Gorkhaland Territorial Administration</p> <p><b>Shri Ram Gopal Mondal, WBPS</b>, Deputy Superintendent of Police, Darjeeling Town</p> <p><b>Shri Rajesh Chauhan</b>, Deputy Chairman, Gorkhaland Territorial Administration</p> <p><b>Shri Richard Lepcha, WBCS (Exe)</b>, SDO (SADAR) Darjeeling</p> <p><b>Shri Amar Lama</b>, Chief Advisor,</p>







# 65th West Bengal State Homoeopaths' Conference- 2024

	Gorkhaland Territorial Administration
	<b>Shri Dipen Thakuri</b> , Chairman, Darjeeling Municipality
	<b>Shri Amar Singh Rai</b> , Chairman, RKS, District Hospital Darjeeling
	<b>Shri Sanchabir Subba</b> , Deputy Chief Executive, Gorkhaland Territorial Administration
	<b>Shri Arun Sigchi</b> , Executive Member, Health & Family Welfare Department, GTA
	<b>Shri Subhra Sanyal</b> , Inspector in Charge, Darjeeling Sadar Police Station
	<b>Dr. Shubhamoy Ghosh</b> , Prof. & HOD, Deptt. of Pathology, D. N. De Homoeopathic Medical College & Hospital
	<b>Shri Biswajit Das</b> , Editor, Sorir o Swastha & Special Correspondent, Bartman Newspaper Group
	<b>Dr. Mithun Chakraborty</b> , Registrar, Council of Homoeopathic Medicine, West Bengal
	<b>Dr. B. C. Mullick</b> , Vice President, HMAI
	<b>Shri Ajay Edward</b> , Chairman, Edward Foundation
	<b>Sri Santanu Ghosh</b> , Managing Director, M/S Sarada Homoeo Lab. (P) Ltd.
	<b>Sri Gobinda Saha</b> , Executive Director, M/S Allen Laboratories Ltd.
	<b>Dr. Md. Abdul Majid</b> , Secretary, Centre for Advance Study in Homoeopathy, Bangladesh
	<b>Dr. H. D. Jaiswal</b> , Organising Secretary General, HMAI
<b>Presided by:</b>	<b>Dr. Mihir Sen, President</b> , W. B. State Branch, HMAI
<b>Organising Co- Chairman:</b>	<b>Dr. Partha Pratim Pal</b> , President, , Darjeeling Unit, HMAI
<b>Organising Secretaries:</b>	<b>Dr. Amitava Samanta</b> , General Secretary, HMAI
	<b>Dr. Arijit Manna</b> , Secretary, Darjeeling Unit, HMAI
	<b>Dr. Koushik Dhar</b> , Executive Member, Darjeeling Unit, HMAI

<b>Lunch</b>	<b>1.00pm-2.00pm</b>
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<b>Plenary Session</b>	<b>Date:30.11.2024, From:2.00pm–3.30pm</b>		
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 Dr. Prafulla Chandra Bhar Memorial Session	Session:7	Date:30/11/2024	Time:2.00pm-3.30pm
<b>Compere:</b> Dr. Pujashree Bhattacharya	+91-9874494535		
<b>Name of the speaker</b>	<b>Affiliation &amp; Topic</b>		
 <b>Dr. Sangeeta A. Duggal</b> 30 minutes	The Advisor of Homoeopathy, Ministry of AYUSH, Govt. of India, Joint Director Ayush at C.G.H.S. Strategies to improve Homoeopathic Education, Clinical Practice and Research.		
 <b>Dr. Pinakin N. Trivedi</b> 30 minutes	President, Board of Ethics and Registration, National Commission for Homoeopathy. Against all odds; the persistent popularity of Homoeopathy in India and abroad.		
 <b>Dr. Subhash Kaushik</b> 30 minutes	Director General of Central Council for Research in Homoeopathy under Ministry of Ayush. The flagship research programmes of Central Council for Research in Homoeopathy.		




 Dr. Jnan Majunder Memorial Session	Session:8	Date: 30.11.2024	Time: 3.30pm-5.00pm
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<b>Compere:</b> Dr. Gargi Mandal	+91-6296204951		
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<b>Chairperson:</b> Dr.Saptarshi Chowdhury			
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<b>Name of the speakers</b>	<b>Affiliation &amp; Topic</b>		
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# 65th West Bengal State Homoeopaths' Conference- 2024






	<b>Dr. Pravin Kumar Jain</b> 30 minutes	Consultant Homoeopath at Mumbai and a pioneer of Autism and Pediatrics in Homoeopathy Neuro Behavioral Disorder in children and adults; Treatment & Management by Homoeopathy
	<b>Dr. Arunangshu Sheel</b> 30 minutes	Founder of Dr.Arunangshu Sheel Homoeo Clinic, Siliguri. Practitioner of North Bengal Secret of Success; The essence of practicing Homoeopathy is Case Taking.
	<b>Dr. Bhargab Chattopadhyay</b> 30 minutes	Homoeopathic Medical Officer, West Bengal Homoeopathic Health Service. Fellow of C.C.R.H. & Dept. of Science and Technology WB Mother Tinctures; A curse or boon in Homoeopathy.








<b>Dr. Mahendralal Sarkar Memorial Session</b> 	<b>Session:9</b>	<b>Date:30/11/2024</b>	<b>Time:5.00pm-6.00pm</b>
Compere: Dr. Bhargab Chattopadhyay	+91-9062622460		
<b>Chairperson: Dr. Amitava Samanta</b>			
<b>Name of the speaker</b>	<b>Affiliation &amp; Topic</b>		
	<b>Dr. Kaushik Dutta</b> 30 minutes	MBBS. MD. Critical Care Specialist and Dip. in Cardiology, Diabetology and Pulmonary Medicine Acute respiratory distress; Differential Diagnosis and Management.	
	<b>Dr. Gautam Bhaumik</b> 30 minutes	Double FRCS and Asso. Prof. Dept. of General Surgery, KPC Medical College and Hospital, Kolkata Abdomen, a Pandora box; an open secret, only known to the God.	

<b>Dr. B. N. Chakraborty Memorial Session</b> 	<b>Session:10</b>	<b>Date: 30/11/2024</b>	<b>Time:6.00pm-7.00pm</b>
Moderator: Dr. Bhargab Chattopadhyay	+91-9062622460		
<b>Panel Discussion on:</b>			
"Close the gap"; understanding and recognizing the inequities in cancer care.	<b>Name &amp; Affiliation of the panellist:</b>		
	Dr. Samrat Dutta	Oncologist, HOD Radiotherapy, North Bengal Medical College and Hospital, Govt. of West Bengal	
	Dr. Koushik Chatterjee	Fellow of Royal Marsden, Associate Professor Dept. of Radiotherapy, North Bengal Medical College.	
	Dr. Shubhamoy Ghosh	Professor and HOD Pathology and Microbiology, D.N.De Homoeopathic Medical College	

<b>Cultural Programme</b>	<b>Time: 7.00p.m.-8.30p.m.</b> Host: GTA
<b>Dinner</b>	<b>8.30pm-9.30pm</b>

<b>DAY-3</b>	<b>Date: 01.12.2024 from 9.00am Onwards</b>
<b>Breakfast</b>	<b>9.00am</b>
<b>Delegate Session</b>	<b>9.30am</b>

<b>Scientific Sessions Day-3</b>		<b>Date:01.12.2024, From:10.00am–11.30am</b>		
<b>Dr. M. L. Dhawale Memorial Session</b> 		<b>Session:10</b>	<b>Date:01/12/2024</b>	<b>Time:10.00am-11.30am</b>
<b>Compere:</b> Dr. Subhra Kanjilal		+91-9836359070		
<b>Chairperson:</b> Prof. Ena Ray Banerjee				
<b>Cochairperson:</b> Dr. Sbhuhmoy Ghosh				
<b>Name of the speaker</b>		<b>Topic</b>		
	<b>Prof. Stephen Baurngartner</b> On Line Presentation 30 minutes	Deputy Director of Bern University, Institute of complementary and integrative medicine. Scientific guidelines for pre-clinical research and potentized medicine; PrePoP Guidelines		
	<b>Dr. Abhijit Dutta</b> 20 minutes	Research Officer, International Cooperation, Ministry of Ayush, and a Cochrane Member Priority areas of research in Homoeopathy: Meta-analysis in context		
	<b>Dr. Subhranil Saha</b> 20 minutes	Asst. Prof. Dept. of Repertory, D.N.De Homoeopathic Medical College and Independent Researcher Experience of conducting Randomized Controlled Trials in Homoeopathy; A journey of 14-years		
	<b>Dr. Baidurjya Bhattacharyya</b> 20 minutes	Research Officer, Regional Research Institute for Homoeopathy, Siliguri, under C.C.R.H. Non Communicable Diseases and their public health approach in Homoeopathy.		

<b>Dr. Partha Sarkar Memorial Session</b> 		<b>Session:11</b>	<b>Date:01/12/2024</b>	<b>Time:11.30am-12.30pm</b>
<b>Compere:</b> Dr. Suvasree Roy		+91-7685014732		
<b>Chairperson:</b> Dr. M.L.Bera				
<b>Short Presentation:</b>		<b>Affiliation &amp; Topic</b>		
	<b>Dr. Anupam Mukherjee</b> 10 minutes	Homoeopathic Medical Officer (HMO), West Bengal Homoeopathic Health Service. Pharmacological evaluation of the psychopathological effects of Homoeo pathic medicine in Rodent models.		
	<b>Dr. Sampad Roy</b> 10 minutes	Lecturer; Metropolitan Yoga and Naturopathic College and Hospital. Efficacy of Individualise Homoeopathic medicine in the treatment of Fibroid.		
	<b>Dr. Md. Abdul Majid</b> 10 minutes	Principal, Dhaka Homoeopathic Medical College & Hospital, Bangladesh. Renal Stone and Homoeopathy.		
	<b>Dr. Md. Altab Hossain</b> 10 minutes	DHMS (Dhaka), Bsc. Path. (MGU) India, MPH. Rajshahi University. Homoeopathy in the treatment of Pneumonia.		
	<b>Dr. Md. Rasidul Haque</b> 10 minutes	Lecturer, Uttara Homoeopathic Medical College and Hospital, Dhaka. Stomach Cancer with Homoeopathic Treatment.		
	<b>Mr. Bapi Mandal</b> 10 minutes	Intern, Dept. of Homoeopathic Pharmacy, Bharti Vidyapeeth Homoeopathic Medical College, Pune, Maharashtra Validation of Cinchona Officinalis in Homoeopathy through Network Pharmacology and Molecular Docking		

<b>Valedictory Session</b>		<b>Vote of Thanks</b>	<b>Date:01/12/2024</b>	<b>Time:12.30pm-1.00pm</b>
<b>Co-ordinator:</b> Dr. H.D. Jaiswal		+91-9830036974		

<b>Lunch</b>	<b>1.00pm Onwards</b>
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Mamata Banerjee



মুখ্যমন্ত্রী, পশ্চিমবঙ্গ  
मुख्यमंत्री, पश्चिम बंगाल  
وزیر اعلیٰ مغربی بنگال  
CHIEF MINISTER, WEST BENGAL

14<sup>th</sup> November, 2024

MESSAGE

I am glad to know that **Homoeopathic Medical Association of India, West Bengal State Branch**, will organize the **65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference-2024** at Darjeeling on 29<sup>th</sup> - 30<sup>th</sup> November & 1<sup>st</sup> December, 2024 and will also bring out a souvenir to commemorate the special event.

My heartiest greetings and best wishes to the organisers and participants of the event on the occasion. I wish the programme all success.

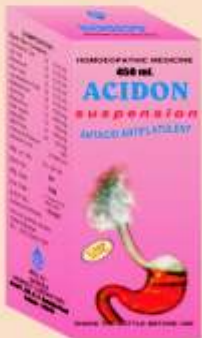
  
(Mamata Banerjee)

The Jt. Secretary  
Organising Committee  
65<sup>th</sup> West Bengal State Homoeopathic  
Practitioners' Conference-2024

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**Member :**

Parliamentary Standing Committee  
on External Affairs.  
Consultative Committee on Housing &  
Urban Affairs.

**November 06, 2024**

**Ref No: 2024/NV/065570**

To,  
Dr. Arijit Manna  
Jt. Secretary, Organizing Committee  
HMAI, West Bengal  
HMAI Bhawan, RA 384, Nabapally,  
Sector – IV, Salt Lake,  
Kolkata - 700105

Dear *Dr. Manna,*

Thank you for inviting me to the inaugural session of the 65th West Bengal State Homeopathic Practitioners' Conference.

I congratulate all practitioners for your unwavering commitment to the service of humanity. May this conference be a resounding success, fostering meaningful discussions and uncovering new insights in the field.

Wishing you all the best for your event.

Warm Regards

**Abhishek Banerjee**  
Member of Parliament, Lok Sabha  
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Chief Executive  
Gorkhaland Territorial Administration

**MESSAGE**

**Date: 19/11/2024**

**To**  
**The Homeopathic Medical Association of India,**  
**West Bengal Branch**

**Dear All,**

In the serene hills of Darjeeling, as we celebrate the 65th West Bengal Homeopathic Practitioner's Conference, I would like to thank you all from the people of GTA region for your commitment to pursue "Inquiring, Innovating and Integrating Homeopathy" in bringing natural healing to the people of Darjeeling hills.

Thank you to all the dedicated homeopathic practitioners for your invaluable contributions to the field of healthcare in Darjeeling hills. Your commitment to holistic healing and well-being is truly inspiring.

Your expertise and compassion have made a significant impact on countless lives. We are grateful for your dedication to promoting homeopathy and improving the health of our communities.

Let's use this 65th West Bengal Homeopathic Practitioner's Conference to strengthen our commitment to holistic healthcare. Together, we can continue to elevate the standards of homeopathy in the hills of Darjeeling and in West Bengal.

Thank you.

**With Regards,**

**Anit Thapa**  
**Chief Executive**  
**Gorkhaland Territorial Administration**

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**Udayan Guha**

Minister-in-Charge  
North Bengal Development Department  
Government of West Bengal

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Branch Secretariat :-

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## MESSAGE

*I am delighted to know that you are going to organize the "65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference -2024" at Gorkha Rangmancha Bhawan, Darjeeling on 30<sup>th</sup> November, 2024. The main objectives of this conference are to inquire, innovate and integrate homoeopathy which will obviously help our people to a great extent. To commemorate this event you are also going to publish a souvenir that will help to serve as a document to inspire the generations to come in the country.*

*In this regard, I would like to convey my gratitude & heartiest thanks to all the delegates & participants.*

*I wish the programme a grand success.*

*Yours sincerely*

*Udayan Guha*  
(Udayan Guha)

**Udayan Guha**  
Minister-in-Charge  
North Bengal Development Department  
Government of West Bengal

Dr. Arijit Manna

Jt. Secretary, Organizing Committee

65<sup>th</sup> West Bengal State Homoeopathic Practitioner's Conference-2024

The Homoeopathic Medical Association of India, West Bengal State Branch



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Darjeeling - 734 101

email: rejeshchowhanoficial11@gmail.com

Ref. No. 258/(GTA)/2024

Date: 15<sup>th</sup> Nov. 2024

To,

Dr. Arijit Manna  
Jt. Secretary, Organizing Committee  
KMAI Bhawan, RA 384, Nabapally  
Sector-IV, Salt Lake,  
Kolkata - 700105

Dr. Manna,

I am deeply honoured and humbled to be invited to this prestigious inaugural ceremony.

I extend my heartfelt congratulations and gratitude to all the practitioners for your selfless service and dedication towards improving human lives. Their kindness, compassion and commitment inspires us all to make a meaningful difference.

I wish this conference, unparalleled success in bringing about valuable insights, innovative ideas and discoveries towards a better tomorrow.

**Warm Regards**

(Rajesh Chowhan,)  
Deputy Chairman, GTA SABHA  
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OFFICE OF THE  
DEPUTY SUPERINTENDENT OF POLICE (TOWN)  
DARJEELING, WEST BENGAL

Memo No 790/24/OySPCT

Dated 09/11/2024

To  
Dr. Arijit Manna  
Jt. Secretary, Organising Committee  
HMAI, West Bengal  
HMAI Bhawan, RA 384 Nabapally  
Sector- IV


*Very best wishes to Homeopathic Medical Association of India, West Bengal Branch for organising 65<sup>th</sup> West Bengal state Homeopathic practioners' conference-2024 at Darjeeling, and thank you for inviting me on this precious occassion.*

*Homeopathy is serving mankind from a very old past with sustainable results. It is a good solution for the problems faced by the people suffering from chronic disease. And more to say that this field is evolving with flying colours.*

*So all the best to the saviours from these fields and all the best for the conference.*

Thank You!

Warm Regards

  
09.11.24

Ramgopal Mondal WBPS  
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By Superintendent of Police  
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**Executive Director, GTA**  
&  
**Ex-Officio Joint Secretary**  
**to the Govt. of West Bengal**



सत्यमेव जयते

**GTA Secretariat, Lalkothi**  
**Darjeeling – 734101**

**MESSAGE**

It is a great honor and privilege for me to write few lines in the Souvenir of 65<sup>th</sup> West Bengal State Homeopathic Practitioners' Conference 2024 under the auspices of the Homeopathic Medical Association of India, West Bengal State Branch and it gives me immense pleasure to know that the valuable Conference is going to take place under the aegis of HMAI Darjeeling Unit, Darjeeling at Gorkha Rangamancha Bhawan, Mall Road, Darjeeling. The conference is a vital step towards realizing this ambitious vision, promising a healthier and more holistic future for healthcare in the country. We are well aware of the fact that West Bengal is the capital province of Homeopathy in India and I do firmly believe that the purpose of this conference is to lead Homeopathy to a stage where it becomes the primary choice for patient treatment, wellness, health promotion and disease prevention.

I convey my enormous respect to all the eminent personalities who are initiating to organize such kind of conference and also publishing the Souvenir and firmly believe that they will leave no stone unturned to realize this dream of astounding success of this conference equally expecting commendable contributions from the esteemed doctors for their efforts in providing quality health care service to the society.

I wish this conference a grand success.

**Samden Dukpa, WBSC (Exe)**  
**Executive Director, GTA**  
&

**Ex-Officio Joint Secretary to the Govt. of West Bengal**

**Date : 6<sup>th</sup> November 2024**  
**Place : Darjeeling**

**To**

**The Organizing Secretary,**  
**65<sup>th</sup> West Bengal State Homeopathic Practitioners Conference,**  
**H.M.A.I., W.B. State Branch,**  
**Darjeeling Unit, Darjeeling.**

*With Best Compliments From :*

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**DEPARTMENT OF HEALTH & FAMILY WELFARE.**  
**OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH, DARJEELING.**  
**E-mail: cmohdarj@gmail.com**

---

**MESSAGE.**

*I am delighted to learn that the Homoeopathic Medical Association of India, West Bengal Darjeeling Unit Branch is organizing "65th West Bengal State Homoeopathic Practitioner's Conference 2024" at queen of Hills, Darjeeling from 29<sup>th</sup> of November till 1<sup>st</sup> December, 2024. Knowing that more than a thousand delegates are coming from different parts of the state fills me with happiness, and I extend a warm welcome to each of them.*

*Homeopathy, with its deep-rooted principles of individualized care, natural healing, and non-invasive treatment, continues to be a beacon of hope for millions across the globe. This conference offers us a unique opportunity to not only deepen our understanding of homeopathy but also to foster collaboration, share insights, and inspire the next generation of homeopathic practitioners.*

*To all attending the conference, I send my sincerest congratulations along with warm greetings, and I hope for nothing but great success for those who have organized and are participating in this event.*

**Dr. T. Pramanik.**  
**Chief Medical Officer of Health.**  
**Darjeeling.**

The Organizing Secratry  
65<sup>th</sup> West Bengal State Homoeopathic  
Practitioner's Conference, 2024.  
H.M.A.I, Darjeeling Unit under  
H.M.A.I. W.B State Branch.



Government of West Bengal  
Department of Health and Family Welfare  
Gorkhaland Territorial Administration  
**Office of The Superintendent**  
**Darjeeling District Hospital**

Darjeeling Sadar , Darjeeling , Email : office.darjeelingdh@gmail.com

**Message**

It gives me great pleasure to know that 65th West Bengal State Homoeopathic Practitioners' Conference 2024 of HMAI, West Bengal State Branch is going to organize on 29th, 30th & 1st Dec 2024 at Gorkha Rangamancha Bhawan, Mall Road, Darjeeling 734101, a historical heritage city of hills. In order to commemorate this auspicious occasion the organizing committee of the conference is desirous to bring out a colorful souvenir.

I express my hearty congratulations for the successful celebration of the 65th West Bengal State Homoeopathic Practitioners' Conference and welcome the distinguished guests and delegates at this Queen of Hills who have come from different parts of the State and various countries. In this glorious

At the moment of the conference their publication of beautiful "Souvenir" may be highly appreciated by everybody due to its special topics on medicine and scientific ventures.

With Best wishes and Compliments of

  
Abu Sale Md. Mahfuz-ul Karim  
Superintendent Cum ACMOH(Sadar)  
Darjeeling District Hospital.

**SUPERINTENDENT**  
**DISTRICT HOSPITAL**  
**DARJEELING**

## THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

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✉ dalipsehgal19999@gmail.com



05.11.2024

## MESSAGE

I am glad enough to know that the West Bengal State Branch of the Homoeopathic Medical Association of India under the auspices of is going to Organise "65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference" hosted by Darjeeling unit on 29<sup>th</sup>, 30<sup>th</sup> November and 1<sup>st</sup> December, 2024 at "Gorkha Rangmancha Bhawan" Darjeeling (Queen of Hills), West Bengal.

Homoeopathy is more than 200 years old and still has a long way to go for becoming the first line of treatment. That can be achieved only by penetrating the Public Health System. Good days are coming for Homoeopathy and we need to provide/ share our experiences to the new generations.

I on behalf of the Homoeopathic Medical Association of India wishes to achieve a grand success of this programme and I am sure this programme will be a milestone.

I must congratulate in advance to all the members of the Organising Committee of 65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference and also the Members of Darjeeling Unit to host the conference.

Dr. Shyamal Kumar Mukherjee  
President, HMAI

To  
Dr. Amitava Samanta  
Jt. Secretary,  
Organizing Committee

## THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

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**Dr. Ramjee Singh**  
Road No 4, Ashok Nagar Kankarbagh  
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**Dr. B. C. Mullick**  
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## MESSAGE

Dear Dr. Amitava Samanta ji

I hope this message finds you well.

I am honored and grateful for the invitation to be the Special Guest at the inaugural session of the 65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference 2024, to be held on 30<sup>th</sup> November 2024, in Darjeeling. This prestigious event continues to play a vital role in advancing our field, and I am always inspired by the dedication and commitment of all those involved.

Regrettably, due to prior commitments, I will be unable to attend in person. It is with a heavy heart that I convey my inability to join you at this significant occasion.

Thank you once again for considering me for this esteemed role. I look forward to hearing more about the conference's success and am confident that it will be a remarkable event for all participants.

Warm regards,

Dr. Piyush Joshi  
Deputy President

The Homoeopathic Medical Association of India

To  
(Prof. Dr. Amitava Samanta)  
Jt. Secretary,  
Organising Committee  
65th West Bengal State Homoeopathic Practitioners'  
Conference-2024

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HMAI/18/2024

30.10.2024

Dear Prof. Dr. Amitava Samanta,

Hahnemannian Greetings from New Delhi.

I am happy to learn that the West Bengal State Branch of the Homoeopathic Medical Association of India (HMAI), is going to organise the "65th West Bengal State Homoeopathic Practitioners Conference" hosted by Darjeeling unit on 29, 30 November and 1st December, 2024 at "Gorkha Rangmancha Bhawan" Darjeeling (Queen of Hills). The main objects of the Conference are to "Inquire, innovate, and integrate homoeopathy.

I am thankful to the Organising Committee for inviting me as the Special Guest in the Inaugural Session of the "65th West Bengal State Homoeopathic Practitioner's Conference 2024" scheduled to be held at 11.00 a.m. on 30 November, 2024 at "Gorkha Rangmancha Bhawan" Darjeeling.

I regret to inform you that due to my pre occupation and professional commitments I won't be able to attend the Inaugural function and conference. I extend my best wishes for Conference to be a grand success.

With Best wishes,

Dr.A.K.Gupta  
Secretary General HMAI





**EDWARDS  
FOUNDATION**

Reg.: No. IV - 0401 -  
00010/2021

## *Message from Ajoy Edwards Trustee, Edwards Foundation*

*I am pleased to learn that the "65th West Bengal State Homoeopathic Practitioners' Conference - 2024" will be held at Gorkha Rangmancha Bhawan, Darjeeling, on 30th November 2024. I sincerely thank the organizers for choosing our Darjeeling Hills as the venue for this significant event, which aims to inquire, innovate, and integrate homoeopathy for the benefit of society.*

*Wishing the program grand success and expressing my gratitude to all delegates and participants for their efforts.*

*On behalf of the Edwards Foundation and as a social worker deeply committed to the welfare of our community, I extend my heartfelt gratitude and best wishes to all the delegates and participants. May this program be a resounding success and a milestone in the journey of homoeopathy.*

*Warm regards,*

*Ajoy Edwards  
Trustee, Edwards Foundation*

*Dr. Arjit Manna*

*Jt. Secretary, Organizing Committee*

*65th West Bengal State Homoeopathic Practitioner's Conference - 2024*

*The Homoeopathic Medical Association of India, West Bengal State Branch.*

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**OFFICE OF THE DISTRICT MEDICAL OFFICER (AYUSH)**

Ground Floor Office of The CMOH Darjeeling, Eden Complex, Darjeeling. PIN-734101

E-mail- dmodarjeeling@gmail.com

Memo No: 124/DMO (A)/DARJ-24

Date: 12/11/2024

**MESSAGE**

It gives me great pleasure to know that "65th West Bengal State Homoeopathic Practitioners' Conference 2024" of HMAI, West Bengal State Branch is going to organize on 29th, 30th & 1st Dec 2024 at Gorkha Rangamancha Bhawan, Mall Road, Darjeeling 734101, a historical heritage city of hills. In order to commemorate, this auspicious occasion the organizing committee of the conference is desirous to bring out a colorful souvenir.

I express my **hearty congratulations** for the successful celebration of the 65th West Bengal State Homoeopathic Practitioners' Conference and welcome the distinguished guests and delegates at this Queen of Hills who has come from different parts of the State and various countries. In this glorious moment of conference their publication of beautiful "Souvenir" may be highly appreciated by everybody due to its special topics on medicine and scientific venture.

With Best wishes and Compliments of

**Dr Partha Pratim Pal**  
**DMO AYUSH, Darjeeling**  
**Darjeeling, Pin-734101**

District Medical Officer (AYUSH)  
Darjeeling

**Dr. Arijit Manna**

**Jt. Secretary**

**Organising Committee**

**65<sup>th</sup> WBSHPC- 2024**

**HMAI, WB State Branch**



## MESSAGE

*Ever since the dawn of civilization, humans have been in the continuous struggle to learn and improvise. As Homoeopaths we learn the same from Master Hahnemann. This Homoeopathic Medical Association of India have been an excellent platform for Homoeopaths to exchange thoughts and grow through discussions. It has been a pleasure for me to be associated with this esteemed organisation.*

*Darjeeling, the queen of hills, welcomes you all to be part of The 65th West Bengal State Homoeopathic Practitioners' Conference - 2024. This is a milestone for all of us which signifies our unity, dedication and resilience for the purpose of serving the mankind through Homoeopathy. On this auspicious occasion let us stand to further improve the quality of healthcare through Homoeopathy and encourage the future generations of Homoeopaths to continue serving the mankind. This is a call to "Inquire, Innovate and Integrate Homoeopathy".*

*We believe that together we will make this occasion a grand success.*

*Thanking you,*

**Dr. Arijit Manna**

Homoeopathic Medical Officer, SHD at Darjeeling DH  
Secretary, HMAI Darjeeling Unit  
SEC Member, HMAI West Bengal State Branch.

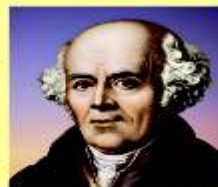
## 'Homoeopathy is UltraModern Medicine if Allopathy be Modern Medicine'

**Dr. G. P. Sarkar**



**Dr.G.P.Sarkar**, Founder Chairman of Dr. Sarkar Allen Group, B.Sc., Homoeopath, Govt. Approved Allopathy and Ayurvedic Medicines manufacturing chemist. Glorious ex-student of the Calcutta Homoeopathic Medical College and Hospital, He got Hearty Felicitation on the eve of celebration of 125 year Alma-Mater for his Extra Ordinary success in the field of Homoeopathic Medical Industry by the Teacher's Council of the Calcutta Homoeopathic Medical College and Hospital, Govt. of West Bengal.

**Dr. Samuel Hahnemann (1755-1843) MD, Allopath, Germany**, is the "**Father of Homoeopathy**". Homoeopathy Treats the Patients and not the diseases, following the Law of **Similia, Similibus, Curentur** and also following the three miasms - Psora, Syphilis and Sycosis. Homoeopathic Potentised Single Medicine acts on the Dynamic Plain and stimulates the Vital Force to cure the Patient. The beauty of Homoeopathy is that the smallest quantity of Medicine can cure the patient, if the selection of the Medicine is correct and the quality of the Medicine is genuine.



**Dr. Mahendralal Sarkar (1833-1904)** was a Bengali and the 2nd MD Doctor from the Calcutta Medical College and Hospital. Though Dr. Mahendralal Sarkar educated in the Western System of Medicine, but he turned to Homoeopathy. He was influenced by reading William Morgan's "The Philosophy of Homeopathy", and by interaction with Dr. Rajendralal Dutt, a leading Homoeopathic Practitioner of Calcutta. **Dr. Mahendralal Sarkar proclaimed**

**Homoeopathy to be superior to the "Western Medicine"**. Dr. Mahendralal Sarkar Homoeopathically treated several notable persons of those days, including Sahitya Samrat Bankim Chandra Chattopadhyay, Thakur Shri Ramakrishna Paramhansa Dev, Nobel prize winner Rabindranath Thakur, Mahatma Gandhi, The Maharaja of Tripura and many more.

Though the Combination of Homoeopathic Medicines are also Homoeopathic Medicine as per **Drugs Act 2(dd)** but does not work on the dynamic plain like Ultra Modern Medicine and it acts on the physiological plain like Ayurvedic Medicines. The formulation/ combination of Homoeopathic medicines are to be approved by the Drugs Control Authority for Manufacturing as Homoeopathic Medicine following Homoeopathic Pharmacopoeia of India (HPI) or any Authoritative Homoeopathic Pharmacopoeia. .

Ayur (life) Veda (science or knowledge of life) **Maharishi Charak** is the "**Father of Ayurveda**", Ayurvedic Medicines are the Traditional Indian System of Medicine and incorporated in the Ayurvedic Pharmacopoeia of India (API). Plants, Herbs and Metals are used to make Ayurvedic Medicines to treat diseases.



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**To**  
**The Organizing Secretary**  
65th West Bengal State Homoeopathic  
Practitioners' Conference-2024



**Mr. Chanchal Chandra Deb**

**Dr. S. C. Deb Homoeo Research Laboratory Pvt. Ltd.**  
**Managing Director**

## **MESSAGE**

I am truly honored and grateful to be named the Secretary of the organizing committee for the 65th West Bengal State Homoeopathic Practitioners' Conference-2024. This annual gathering has been a beacon of knowledge, skill development, and community for Homoeopathic practitioners in West Bengal, and I extend my heartfelt congratulations to all involved in bringing this prestigious event to fruition.

In recent years, Homoeopathy has seen remarkable progress, offering safe, effective, and personalized solutions for a wide range of health issues. This advancement not only benefits the current generation, who are looking for holistic and sustainable healthcare options, but also promises great potential for future patients and practitioners alike.

Homoeopathy is unique in its approach to treating an individual as a whole, considering both mind and body, thus leading to lasting wellness.

I am confident that this conference will serve as a valuable platform for sharing insights, discovering new practices, and building connections that will empower doctors to further the cause of Homoeopathy. May the knowledge shared here contribute significantly to the growth of Homoeopathic practice and patient care.

Best wishes for the success of this event and for the bright future of Homoeopathy.

With Regards,

For, Dr S.C. Deb Homoeo Research Laboratory Pvt. Ltd.



Mr. Chanchal Chandra Deb  
(Managing Director)

# 65th West Bengal State Homoeopathic Practitioners' Conference-2024

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পঃ বঃ রাজ্য শাখা

১৯৬২ সালে পুরুলিয়ায় প্রথম পশ্চিমবঙ্গ রাজ্য হোমিওপ্যাথিক চিকিৎসক সম্মেলনের যে সূচনা হয়েছিল কালের স্বাভাবিক নিয়মে ৬৫তম সম্মেলন অনুষ্ঠিত হচ্ছে "পাহাড় সৌন্দর্যের রানি" হিসেবে খ্যাত তথা শৈল শহর দার্জিলিং শহরে, যা বিশ্ব মানচিত্রে সেরা চা উৎপাদনের জন্যও প্রসিদ্ধ। প্রথম রাজ্য সম্মেলন অনুষ্ঠিত হয়েছিল তৎসময়ের পশ্চিমবঙ্গ রাজ্য হোমিওপ্যাথিক সংঘের উদ্যোগে যা পরবর্তীতে দি হোমিওপ্যাথিক মেডিকেল অ্যাসোসিয়েশন অব ইন্ডিয়া (হোমাই) পঃ বঃ রাজ্য শাখার উদ্যোগে ধারাবাহিক ভাবে রাজ্যের বিভিন্ন জেলায় সাফল্যের সাথে অনুষ্ঠিত হয়ে আসছে। ৬৫তম রাজ্য সম্মেলন দার্জিলিং এ অনুষ্ঠিত করার উদ্দেশ্য সারা উত্তরবঙ্গে নবীন প্রজন্মের হোমিওপ্যাথদের হোমাইয়ের ছাতার নীচে সংগঠিত করা, যাদের মধ্যে থেকে আগামীদিনে সংগঠনকে এগিয়ে নিয়ে যাওয়ার জন্য বলিষ্ঠ নেতৃত্ব খুঁজে বের করা। প্রাথমিক ভাবে আমরা যে সফল তার প্রমাণ ২০১২ সালের পর রাজ্যের বিভিন্ন প্রান্ত বিশেষ করে উত্তরবঙ্গের জেলা গুলি থেকে ৬৫তম সম্মেলনে বিপুল সংখ্যায় একত্রিত করা। হোমাই গঠিত হওয়ার অনেক আগে থেকেই উত্তরবঙ্গে সংগঠন মনস্কতার ভিত্তি অনেক দুট। এ প্রসঙ্গে যাদের নাম উল্লেখ না করলেই নয় তাঁরা হলেন - ডাঃ জে এম সরকার, ডাঃ এম মজুমদার (কোচবিহার), ডাঃ এন শেরিং লেপচা (কালিম্পাং), ডাঃ রাধাবল্লভ বসাক (জলপাইগুড়ি), ডাঃ অমূল্য কুমার পাল (অবিভক্ত দিনাজপুর), ডাঃ যমুনা প্রসাদ আগরওয়াল (মালদহ), ডাঃ অমিয় চক্রবর্তী, ডাঃ রবীন্দ্রনাথ কুন্ডা, ডাঃ পি জি মিত্র (শিলিগুড়ি), ডাঃ অমিয় কুমার চক্রবর্তী (নিউ জলপাইগুড়ি), ডাঃ পার্থ সরকার (জলপাইগুড়ি) প্রমুখ। আর এক বর্ষীয়ান নেতৃত্ব ডাঃ প্রদ্যোত কুমার সেনগুপ্ত (আলিপুরদুয়ার) যিনি বয়সের ভারে শারীরিক ভাবে একটু অক্ষম হয়ে পড়লেও মানসিকভাবে সংগঠনকে অভিভাবক সুলভ পরামর্শের অকুপণ হাতটি বাড়িয়ে রেখেছেন।

ডাঃ জে এন কাঞ্জিলালের সভাপতিত্বে হোমাই গঠিত হওয়ার পর সংগঠিত আন্দোলনের ফসল হিসেবে হোমিওপ্যাথির ক্ষেত্রে প্রাপ্তির তালিকাটি যথেষ্ট বড় হলেও কোনভাবেই আমরা আত্মতুষ্টিতে ভুগছি না, কারণ সময়ের সাথে তাল রাখতে না পেরে অপ্রাপ্তির তালিকাটিও যথেষ্ট বিচলিত করার মত, যার মধ্যে অভিন্ন NEETএর মাধ্যমে কলেজগুলিতে ছাত্র ভর্তির হারের রেখাচিত্র যথেষ্ট নিম্নমুখী। উচ্চ মেধার ছাত্র খুঁজতে গিয়ে NEET ব্যবস্থা আথেরে হোমিওপ্যাথিক মেডিকেল কলেজ গুলি (যার মধ্যে প্রায় ৯০ শতাংশ অসরকারি অর্থাৎ কোন রকম সরকারি অনুদান ছাড়াই ছাত্র ভর্তির টাকার উপর নির্ভরশীল) ছাত্রাঙ্কতায় ভুগলে হোমিওপ্যাথিক শিক্ষা ব্যবস্থার উপর বিরূপ প্রভাব ফেলে কার্যতঃ হোমিওপ্যাথির ক্ষেত্রে সার্বিক সংকোচনের পথ প্রশস্ত করবে এমন আশংকা স্রোটেই উড়িয়ে দেওয়ার নয়। বিষয়টি নিয়ে পর্যালোচনা করার জন্য হোমাই ইতিমধ্যেই উপযুক্ত কর্তৃপক্ষের কাছে দরবার করেছে এবং করে যাবে।

এছাড়া চিকিৎসকদের ক্রেডিট স্কোরের সাথে রেজিস্ট্রেশন রিনিউয়াল প্রশ্নটি জুড়ে দেওয়ার বিষয়টি সংবাদ মাধ্যমে প্রকাশিত হওয়ার পর যে চর্চা শুরু হয়েছে সে নিয়েও আমরা যথেষ্ট ওয়াকিবহাল। হোমিওপ্যাথিক চিকিৎসকদের একাংশের মনে এনিয়ে কিছু আশংকার মেঘ জমলেও তা

কোনভাবেই উপেক্ষার বিষয় নয়। ক্রেডিট স্কোর বাড়ানোর জন্য সাধারণ চিকিৎসকদের CME তে অংশগ্রহণ অন্যতম সহজ উপায় হলেও দেশের প্রান্তিক এলাকার চিকিৎসক বন্ধুদের কাছে তা কিভাবে পৌঁছে দেওয়া যায় তারজন্য ন্যাশনাল কমিশন ফর হোমিওপ্যাথির কাছে হোমাই নেতৃত্ব অবশ্যই গঠনমূলক আলোচনায় উদ্যোগী হবে। উল্লেখ্য সম্মেলন এবং সেমিনার আয়োজনের মাধ্যমে হোমাই জন্মলগ্ন থেকেই CME র কাজটি যথাযথ পদ্ধতি মেনে করে আসছে। জাতীয় এবং আন্তর্জাতিক স্তরের বিশিষ্ট বিশিষ্ট বক্তাদের যোগদানে CME পরিচালনা এবং তা দেশের প্রান্তে প্রান্তে থাকা হোমিওপ্যাথদের সামিল করা এবং যোগদানকারীদের শংসাপত্র দিয়ে ক্রেডিট স্কোর বাড়ানোর ক্ষেত্রে HMAI ইতিমধ্যেই একটি বৃহত্তম নেটওয়ার্ক হিসেবে প্রসিদ্ধি লাভ করেছে। সংগঠনের জাতীয় নেতৃত্বের কাছে আবেদন করছি এধরনের CME পরিচালনার ক্ষেত্রে NCH যাতে HMAI কে বিধিবদ্ধ সংস্থা হিসেবে স্বীকৃতি দেয় তার জন্য প্রয়োজনীয় পদক্ষেপ গ্রহণ করতে। চিকিৎসকদের মধ্যে পারস্পরিক জ্ঞান এবং অভিজ্ঞতার আদানপ্রদান ই নিজেদের আপডেট রাখার সহজ এবং স্বীকৃত উপায়। ৬৫তম রাজ্য সম্মেলন তার ব্যতিক্রম নয়। পাহাড়ের সৌন্দর্য উপভোগ করার পাশাপাশি হোমিওপ্যাথির মাধ্যমে art of healings এর মাধুর্যও উপস্থিত সকলকে সমৃদ্ধ করুক। প্রসঙ্গত, ২০২৫ সাল HMAI গঠনের সুবর্ণ জয়ন্তী বছরে পদার্পণ করছে, এই উপলক্ষে হোমাই সদস্যসহ দেশের হোমিওপ্যাথি সংশ্লিষ্ট সকল বন্ধুদের আগাম অভিনন্দন জানানোর পাশাপাশি এই উপলক্ষে কলকাতায় অনুষ্ঠিতব্য ঐতিহাসিক কংগ্রেসে উপস্থিত থাকার জন্য সকলকে বিনম্র আহ্বান জানাচ্ছি।

জয়তু হ্যানিম্যান\* জয়তু হোমিওপ্যাথি\* জয়তু হোমাই

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FROM THE DESK OF GENERAL SECRETARY, HMAI, WB STATE BRANCH  
WEST BENGAL STATE HOMOEOPATHIC PRACTITIONERS' CONFERENCE 2024



Dear Friends,

On behalf of the West Bengal State branch of the Homoeopathic Medical Association of India I extend my heartiest congratulation to all of you for your august presence in this 65<sup>th</sup> W.B. State Homoeopathic Practitioners' Conference 2024 held on 29<sup>th</sup> & 30<sup>th</sup> November & 1<sup>st</sup> December. When we decided about the conference in the month of July, there was tremendous enthusiasm among all the members of the HMAI specially the newly formed Darjeeling Unit of the HMAI, the host of the programme. The venue was booked at Gorkha Rangamancha Bhawan Darjeeling, Mall Road. But the tragic incidence of rape & murder of a Post Graduate Trainee Doctor on 9<sup>th</sup> August at her own campus at R.G. Kar Medical College Seminar Room shocked the doctors and common mass. It was beyond imagination that a lady doctor can be raped & murdered at her place of work like a hospital. There was sense of insecurity among doctors specially lady doctors. Protest from all concerns erupted & the govt. was forced to give up it's indifference. The doctors went on strike, sit in demonstration. The common people sprang into democratic movement setting aside political parties. The Junior doctors went into hunger strike & exposed the skeleton structure of the health system.

All these overshadowed the preparation of conference. But life can't be at a halt. We have to resume our duties. So the preparation for the conference again got the momentum.

Now we are at the conference. The doctors & the associates have assembled at the Gorkha Rangamancha Bhawan to share their experience of homoeopathic practice & benefits of homoeopathic practice & benefits of homoeopathic treatment. We know that homoeopathy is at a cross road. Growing challenge of scientific community has led our researchers to have day & night work to prove that homoeopathy is a science and art of clinical practice. The administrators involved in Homoeopathy are feeling cornered in the AYUSH System. The newly passed out doctors are feeling insecure due to lack of job facility, huge investment in starting private practice. The college administration are puzzled to run the institutes due to lack of finance & regular new circulars by the governing authority i.e. NCH to fulfill the standard of education. The private practitioners' attention is getting diverted from the patient & their treatment to new circulars of enrolment, renewal of registration. Specially rural practitioners are more helpless because digital facilities are meager.

But the obstacles towards homoeopathy is not new. Only forms have changed. To sideline homoeopathy for the purpose of business & earning of revenue is not the new phenomena. But the common people, poor people is our body guard. Benefit of homoeopathy as felt by the ailing will save homoeopathy from all attempts for extinction.

We are hopeful that young energetic fellow brothers are rising to the occasion to uphold homoeopathy uphold The Homoeopathic Medical Association of India.

Lastly I am thankful to the host of this conference i.e. the Darjeeling Unit of HMAI for taking all the strains to make the programme successful.

Thanking you,

*Dated : 29<sup>th</sup> November 2024*

*Dr. Amitava Samanta, General Secretary*

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# FROM THE DESK OF THE HON. SECRETARY, TRUST OF WEST BENGAL STATE BRANCH OF THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

Dr. H. D. Jaiswal



I on behalf of the Trust of West Bengal State Branch of The Homoeopathic Medical Association of India must congratulate to all the Homoeopathic Breathers for being assembled at Gorkha Ranga Manch, Darjeeling "the Queen of the Hills". The scenic beauty of the Tiger Hill & Kanchenjunga (the world's third highest mountain) is the main attraction of the Darjeeling.

Darjeeling is a city in the northernmost region of West Bengal. To the west of Darjeeling lies the easternmost province of Nepal, to the east the kingdom of Bhutan, to the north India State of Sikkim and farther north the Tibet Autonomous region of China.

This is the first time that the West Bengal State Homoeopathic Practitioners' Conference organised at Darjeeling by The Homoeopathic Medical Association of India (HMAI), West Bengal State Branch. The conference hosted by the Darjeeling Unit of the HMAI under the able leadership of Dr. Partha Pratim Pal, Dr. Arijit Manna & Dr. Koushik Dhar.

Hope, the conference will encourage the Practitioners' of North Bengal to show their experience and enlightenment themselves with research work on Homoeopathy. Once again I congratulate to the entire team of West Bengal State Branch, Darjeeling Unit and Scientific Committee of the Conference for their untiring efforts to make the Conference a grand success.

Further, all of You know that Trust was formed to materialize the long cherished dream of a permanent address of Homeopaths of Bengal and the permanent address of the HMAI, the brain child of Dr J.N.Kanjilal. Now we have our own home at 'RA-384, Nabapally, Chingrihata, Saltlake, Kolkata-700105'. The State Branch & the Trust reciprocates each other for the smooth running of the activities of the Trust and maintenance of the 4 stored building. Any attempt to dismantle the cohesiveness must be ripped in the bud.

The maintenance of the building, salary payments of the support staff, regular expenses towards the electricity & others is becoming a challenge. Your generous contributions towards the erection of the building was our viaticus, the same contributions & suggestions will help us to fight against all the odds.

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**65th West Bengal State Homoeopathic Practitioners' Conference- 2024**

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## APPLIED MATERIA MEDICA

Prof . M. L. Bera, Chairman Trust, HMAI, Former Chief Editor "Homocoketan"  
President, West Bengal State Branch, HMAI



The term "Applied Materia Medica" stands for practical Materia Medica, i. e., application of knowledge of Materia Medica on the sick, which is the choice of remedy. It is the 3rd knowledge of physician as advised by Hahnemann. As we all know the law of Similimum is the only way to select a remedy, so, we must have some such technique by which the process may become easy, Choice of remedy is a very complex job to the physician and it is too much complex lesson to our students.

Apart from routine procedure of Evaluation of Symptoms and repertorization after taking up the case (I should not describe here the process, because theoretically we all know it best), Physician is to note some uncommon, peculiar and striking features of the patient (symptoms) and to select such remedy which possesses those peculiarities.

The motto of the "Applied Materia Medica" class in Homoeopathic teaching Institution is to make consciousness of learners of Homoeopathy about quick and correct selection of remedy for a sick person and also they are able to separate easily the short acting and deep acting medicine from the vast ocean of medicine.

In the senior classes, our would be colleagues are asked to mention one medicine, one by one, which have such pathogenecity after placing a picture of a definite pathological process on the board. The medicines are also placed by the side of the symptoms, cited by the students. Then we make discussion about the disease and those drugs which are mentioned by them, some of the drugs are excluded from the board which show only functional symptoms but have got no power of production of organic change in cases where there is gross pathological damage has already been established. After this, we hold discussion about the possible uncommon, peculiar striking particulars and some uncommon general symptoms of different patient of same kind of pathological process and also of medicine. The aim of placing many medicine on the board is to identify the individuality of the medicine; because all of them may possess the power of altering same kind of pathology but the persons having a particular pathological process, must not show same symptoms, reason obvious that the individual patient shows reactions against the particular pathological state according to their own "Individuality". This procedure of elimination creates reflection of a group of drugs on the mind of pupils and also of us, i. e., imaginary border on the ocean. This helps us to get easy a similimum medicine and also to individualise the case.

To clear up my complex writing, I may cite an example - To consider this, the disease Bronchiectasis placed on board which is already in advanced stage and the students are asked to mention some medicine which are generally used in this disease in different cases. The medicines come into picture are like- Acon. N., All c., Bell, Hama. Bac, Caust, Calc, Hep, S., Kali c., Sil, etc. etc. and there are so many medicines possessing this type of pathogenetic power but to precise the writing, few of them placed

here. Now what we do the needful to select a remedy for a particular case! At first we eliminate those medicines from the board which produce only functional symptoms like bronchiectasis and they fail to show such organic changes during proving or clinically. Because "Bronchiectasis", from very beginning is an organic disease. Its Haemorrhages cough etc. are due to mechanical changes in the bronchus, above the obstruction. Gradual dilatation of the bronchus due to obstruction in distal part of the same bronchus or bronchiole and obstruction created by our growth, repeated respiratory infection; carcinoma and sometimes tuberculosis and by any foreign body. Whatever may be the cause, the affected bronchus is gradually deprived of its normal function and in advanced stage, it may become practically irreversible and a permanent dilatation and fibrosis may occur. Here two sets of organic changes started from very beginning. Therefore, the medicines like Acon, Bell. All. c, Ham. are to be rejected first, because we see in our Materia Medica that they have no such altering power, though symptoms may present of Acon or Bell. To some extent they may palliate the exaggerated condition but they can never cure the case. Thus, under such circumstances we are to choose such medicine which possesses the symptoms as well as that morbid anatomy; such as Cal., Kali c., Sil etc. After this process, we discuss about the particular characteristic symptoms of the individual disease and of medicine as well as general symptoms of a patient of a particular medicine, where a medicine will be the remedy for the particular case.

Procedure of elimination and selection of a remedy following example may help to understand: To select Silicea for a case of following

Symptoms Particular:

Cough- expectoration-bloody or purulent, mucopurulent, profuse and very offensive. Violent cough when lying down a thick, yellow, lumpy expectoration.

General : Patient cold and chilly; great sensitive to taking cold. Faint hearted, anxious. Fixed ideas, thinks of Pins only, fears them, searches and counts them. Disgust for meat and warm food. Patient gets worse in new moon; feels better from warmth, summer and humid weather etc. etc.

Therefore SILICEA comes into picture and able to cure the case of Bronchiectasis, because it has got power to absorb fibrous tissue or scar tissue.

Similarly, the patient possessing all the particular and general symptoms (functional) of ACONITE-N. but his/her pathological process is already under gross tissue damage like bronchiectasis, osteomalacia or gangrene, Aconite will fail to establish cure, because it has no such pathogenicity.

This is the view and way to gather the knowledge of APPLIED MATERIA-MEDICA. I may hope, my future colleagues and my brethren will try to study Materia Medica and practice of medicine in this way to make themselves an expert on this "Rational System of medicine".

"The Truth we mortals need  
Us best to make and keep  
The All-wise slightly covered o'er  
But did not bury deep"-  
-Gellert.

# ANTIMIASMATIC TREATMENT: AN EVIDENCE BASED CASE STUDY OF VARICOSE ULCER

Prof. Dr. Asok Kumar Das M.Sc. MD(Hom.), PhD (Sc.)

Chairman, Scientific Committee, HMAI, West Bengal State Branch



To cure a disease (especially chronic one) permanently by homoeopathic treatment, the medicine should not only be the most similar to the totality of symptoms of the individual case, but it must also cover the miasmatic cause. This approach of homoeopathic treatment is known as antimiasmatic treatment by miasmatic prescribing. Below is an evidence based case study to understand this approach of homoeopathic treatment.

Mrs Subhra Dasgupta, aged 67 years residing at 24 Ripon Street, Kolkata – 16 consulted me on 9.1.16 with the following complaints:

Present complaints

- Non-healing varicose ulcer on right leg for last 4 years with black crust at the base (Photo1). Treated by different renowned allopathic physicians without any result.
- Severe burning pain of the ulcerated area, agg. at night > cold, sitting, and rest. Discharge – scanty, watery, reddish, sometimes offensive.
- Pain both legs < walking
- Soreness and bluish discoloration of the right knee after fall 2 days back



Photo 1

Past history

- Fracture of right femur after fall 5yrs back.

Treatment allopathy

- H/O vomiting during pregnancy

Family history

- Father – Bronchial asthma, HTN and CKD died at the age of 42 years

- Brother – Gastric ulcer

- Mother died from suicide

Generalities

- Despair for recovery

- Appetite – Good

- Sleep – Good with dreams of God. But sometimes could not sleep for pain.

- Sweat – Less

- Thirst : Less

- Tongue - Clean with central cracking

- Stool – Regular

- Desire: Egg, sweet, warm food

- Aversion: Nothing particular

- Heat and cold relation : Chilly patient

- Tendency to catch cold easily < winter

First Prescription

9/1/16 Rx Arnica 200/6 doses x Thrice daily

*Basis of prescription*

– Soreness and bluish discoloration of the right knee developed after an injury

*Comments:* Whenever a patient suffering from any chronic disease comes with some acute troublesome complaint, the acute ailment needs to address at first.

Follow up: Second prescription

21/1/16

- No soreness with slight discoloration of the right knee

- Varicose ulcer as before (Photo 2)

Rx: Anthracinum 200/2 doses

*Basis of prescription*

- Severe burning pain
- Ulcer - black, crusty oozing



Photo 2

6/2/16 Burning pain less with increased discharge, which is reddish and watery

Rx: Placebo for 2 weeks

7/3/16 Burning pain much less. Discharge is also reduced

Rx: Placebo for 2 weeks

28/3/16 Occasional burning pain. Discharge is also reduced

Rx: Placebo for 2 weeks

16/4/16 Burning pain as before. No further reduction of the size of the ulcer (Photo 3)

Rx: Anthracinum 1000/2 doses (after 2 months 3 weeks of first prescription)

*Comment:* Patient has improved, but now in a standstill condition having the same indications as the first prescription. Hence the same medicine is repeated in next higher potency (Dr. Kent).  
When to repeat a homoeopathic medicine

depends upon the remedy action. No fixed time for repetition should be followed.



Photo 3

2/6/16 Burning pain and blood stained discharge increased. Anxiety less

*Comment:* Homoeopathic aggravation

Rx: Placebo for 3 weeks

25/6/16 Burning pain increased, agg at night which disturbed sleep. Watery blood stained discharge from the ulcer increased. Size of the ulcer as before.

*Comment:* Homoeopathic aggravation continuing

Rx: Placebo for 3 weeks

22/7/16 Burning pain less, sleeping well. Discharge from the ulcer much reduced. Ulcer looks reddish with much reduction of black coloration of the base of the ulcer.

*Comment:* Homoeopathic aggravation followed by relief

Rx: Placebo for 3 weeks

24/8/16 As before

Rx: Placebo for 3 weeks

20/9/16 Rx. Anthracinum 1000/2 doses in 15 ml of distilled water after 10 strokes

*Comment:* Anthracinum 10M not available.

23/10/16 and 27/11/16

Rx: Placebo for 1 month

29/12/16 No further improvement

Rx. Anthracinum 1000/2 doses after 20 strokes

*Comment:* Repeat when improvement ceases, but having same indications. No of stroke is increased to change the potency slightly.

16/4/17 Ulcer size decreased with reddish look. Burning pain less.

Rx: Placebo for 1 month

29/12/16 Size of the ulcer same as last visit with increased burning pain, agg. at night disturbing sleep and increased discharge, which is reddish and watery

*Comment:* Anthracinum has improved the ulcer and other complaints to a great extent but failed to cure completely. So another deep acting antimiasmatic medicine is selected on the basis



of the following symptoms:

Ulcer with burning pain, agg. at night - SYPHILIS  
Strong syphilitic family background (Father –  
Bronchial asthma, HTN and CKD died at the age of  
42 years, Brother – Gastric ulcer, Mother died  
from suicide)

Rx. Syphilinum 200/2 doses

26/1/17

Size and depth of the ulcer decreased with less  
pain

Rx. Placebo for 1 month

24/2/17

No further reduction of size of the ulcer.

Rx. Syphilinum 1M/2 doses

20/3/17

Much reduction of size of the ulcer with scanty  
discharge (Photo 4)

Rx. Placebo for 1 month



Photo 4

20/7/17 No ulcer. Only white discoloration of the  
skin present. Photo 5

Rx. Placebo for 2 month



Photo 5

Conclusion

When allopathic treatment failed to cure a case of  
varicose ulcer even after treatment for long four  
years, the homoeopathic antimiasmatic  
treatment completely cured the case within 18  
months.

The so-called incurable disease (according  
to allopathy) may be cured by homoeopathic  
treatment following the Hahnemannian  
approach of antimiasmatic treatment.

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# Hahnemann's concept of *similimum* under the light of paradoxical pharmacology of modern pharmacodynamics; the science behind homoeopathy

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## SUMMARY

Homoeopathy, being effective in various disease conditions, is a very popular choice of treatment among patients after conventional therapies. Despite that, the scientific community always tuned down its adoption due to the unexplored mechanism of action of homeopathic medicines. Unexplained working principles of Post-Avogadro dilutions and lack of molecular existence has always interfered with the acceptance of homoeopathy in the modern world. In the secondary action, homeopathic medicines show the reciprocal activity of its primary action. It seems that along with body homeostasis, it also acts on receptor level as an inverse agonist and after binding with a receptor at the resting phase it acts by reducing basal activity. As a result of this effect, it ends up producing an opposite biological effect known as a secondary action. Homeopathic drugs in its ultra-dilution probably show effects due to paradoxical activity which is generated at a definite time which can prove that secondary action is not due to the placebo effect. Paradoxical pharmacology clearly provides a basis for the concept of homeopathic drug dynamics as various drugs of modern medicines also have shown their paradoxical activity in high dilution. It is a complex receptor-mediated action which can alter the cell signaling pathway and can bring significant change in host adaptive response. In this review, we have exemplified the relation between the concepts of homeopathic drug dynamics with the rebound effect of drug substances to minimize the fallacy associated with homeopathic pharmacodynamics.

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## INTRODUCTION

Homoeopathy first came into limelight after the publication of the book "The essay on new

principles" in the year of 1796; which is written by the founder of homoeopathy Christian Friedrich Samuel Hahnemann. From the very beginning, Hahnemann's methodology of

## KEYWORDS

Homoeopathy  
 Mechanism of Action  
 Inverse Agonism  
 Paradoxical Pharmacology  
 Homeostasis

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treatment has faced many criticisms across the globe and after 200 years the acceptance and practice of homeopathy are still being questioned. During his life, Hahnemann did experiment through drug proving with several substances depending upon their pharmacological, toxicological, and phenomenological properties. From the Hahnemannian era and there on homeopathy is facing criticisms because of its Post-Avogadro dilutions (30CH, 200CH, 1 M, etc.) and their mechanism of action. It is clear that various questions regarding the action of Homeopathic medicine yet to be solved; nevertheless, none of these questions should be avoided without consideration. It is unfortunate but true that still Homeopathy cannot be explained in a coherent scientific manner. Though there are differences in opinion regarding the mechanism of actions of homeopathic medicines, some say it follows the principles of Quantum electrodynamics [1] whereas others believe is that homeopathic medicines contain nano-particles [2] and according to another authority it might be due to the effect of Hormesis [3]. Homeopathy follows the axiom "similia similibus curentur", to make it easy we can say that follows the principles of therapeutic similitude. Modern-day researches revealing the paradoxical reactive nature of several drug substances somehow provides a base to the concept of drug dynamics of homeopathic medicines [4–14]. The difference in reactivity of a substance between its crude form and ultra-diluted form can be due to the science of paradoxical pharmacological phenomenon which makes homeopathy different from other fields of medicine in its way. Here we will discuss the possible science involved behind Hahnemann's principle of similitude with the help of shreds of pieces of evidence of modern pharmacodynamics and its relation with paradoxical pharmacology.

## HAHNEMANN'S CONCEPT OF DRUG DYNAMICS

Individualization and dynamization are the keys which distinguish homeopathy and its therapeutic approach from other branches of medicine. For individualization Hahnemann, himself, and other homeopaths during his time and afterward proved several medicines upon themselves and on the provers. After applying medicines for several days with different doses the immediate and later effects were recorded in a specific manner which is commonly termed as "Drug Picture" by homeopathic fraternity; which is nothing but the symptoms produced by the action of that medicinal substance upon different parts of the body. In his writings of "Organon of Medicine," Hahnemann described the different reactions of the medicine upon the body and he divided that into three parts namely Primary Action, Secondary Counter Action, and Secondary curative action [14]. It's very important to remember that the symptoms we get to see in various sourcebooks of homeopathic Materia medica are mostly the primary action of medicine that is to say the direct effect of the drug substance upon the organism. Hahnemann further described that to overcome this direct effect of medicinal substances; body counteracts which he termed as a secondary counteraction. The concept is quite relevant because it's a normal physiological phenomenon by which our body tries to maintain homeostasis of life force which keeps us in balance so it's of no surprise that if any substance acts on the body, our body homeostasis will try to revert (Secondary Counteraction)

[15]. As soon as the living body overcomes the disease condition it tries to regain its normal function and maintain homeostasis that's what probably Hahnemann meant as Secondary curative action. The concept itself seems very relevant because it's better to target the host immune response and increase its reactivity rather than chasing the microbial organisms to control diseases effectively in this era, where the efficacy of anti-biotics are frequently being challenged. The literature and narration are not specific because the term "Homeostasis" was coined by Walter Bradford Cannon in the year of 1926, much later after Hahnemann's death. Not only that the germ theory of disease also came much later so the understanding of disease pathogenesis was completely different because of which there has been a persistent void between the working literature of homeopathy and modern-day medical literature. But in-depth evaluation makes the inherent concept clear that he was more intended to cure diseases by establishing normal body homeostasis probably that's why he said about treating the diseased body rather than treating the disease.

## PHYSICOCHEMICAL PROPERTIES OF HOMEOPATHIC PREPARATION

Studies at different levels with homeopathic medicines have been done in the last few decades but it is unable to remove the stigma of pseudoscience or placebo from it. There is much evidence produced by researchers at different times which clearly states that homeopathic medicines are not at all placebo [16–19]. It would be sheer negligence to call it as a placebo without trying to find the underlying mechanism of action. Though the physicochemical properties of homeopathic preparations are also a big question, several sophisticated techniques may provide the answer. The most promising technique used so far are NMR (Nuclear magnetic resonance), Spectroscopy, Electric impedance measurement and these set of high-quality experiments provide evidence for studying specific physicochemical properties of Homeopathic preparations [20–22]. A series of conductometric and Calorimetric studies are there which produced strong evidence about the physicochemical existence of homeopathic drugs at ultra-dilutions [23–25]. A thesis in Germany about "UV spectroscopic and dielectric measurements of water and highly diluted homeopathic drug solutions" showed a positive result about the study of physicochemical properties of homeopathic preparations [26]. A study on FTIR produces a strong difference in the molecular variations between blank and homeopathic preparation at the same ultra-dilution [27]. In a study of Davydov AS, who investigated solutions very carefully, with the help of a "Soliton excitation model" proposed that the homeopathic preparations act like solutions that are responsible for "high temperature-super-conductivity" as well as for the well-known extraordinary sensitivity of biological systems [28]. On the other hand, some models based on physicochemical properties of water and alcohol ("vehicle" of the homeopathic preparations) have also been propagated to explain how the medicinal properties can be transferred and retained in the "vehicle" at ultra-dilution level [29,30]. These sets of experiments clearly state that homeopathic preparation surely has its basis. Not only that careful introspection and research may open a new horizon in the field of nano-medicine.

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## PROBABLE MECHANISM OF ACTION OF HOMEOPATHIC MEDICINE

In his writings, Hahnemann described the action of drug substances upon the healthy individual in a different form and named it as "primary activities" and "secondary counteraction" respectively, where the secondary counteraction is exactly opposite to the primary action of the medicine. Primary action, whether it be due to pharmacokinetics or pharmacodynamics but it is clear that the secondary counteraction is generated by the body to overcome the effects of the primary action. The body mechanism is very hard to understand, so there may be various mechanisms behind it but the most prominent and most possible ways are receptor-based changes and changes in cellular signalling. Now if we go for a receptor based study, the 1st thing came our mind is inverse agonism [15]. According to pharmacology, an inverse agonist is a drug or molecule or chemical moiety that binds to the same receptor as an agonist but produces the opposite response to that of the agonist [31]. All inverse agonist is normally known as an antagonist as it produces similar effects to the effects of the antagonist. In the two-state model theory, receptors exist in equilibrium between an inactive state and an active state [32]. The agonist may stimulate the maximum activated state of the receptor but on the other hand, inverse agonists bind with the receptor at resting phase and it acts by reducing the basal activity, even more, thus it produces a biological effect opposite to those produced by an agonist (Fig. 1) [33].

Several examples indicate that homeopathic pharmacology can be defined through inverse agonism but whether it is ever possible for an agonist to act as an inverse agonist at ultra-dilution is itself debatable. If it is possible then there must be some alterations at the molecular level and that can only be defined by the effect of strokes or succussions. In a study by Daphne Lyellhas, it has been shown that at similar concentrations using a different number of succussions (0, 10, 100 succussions respectively) of a homeopathic preparation (*Natrum muriaticum*) produces significant differences in CH2 peaks where the other all parameters were constant in a Fourier-Transform NMR (FT-NMR) spectroscopic study during

the experiments [34]. Another study was done by Maria Olga Kokomaczyk et al., which showed different patterns from evaporating droplets of different homeopathic preparations followed by succession with varying number of strokes (100, 10 and Zero respectively for each preparation). The patterns were analyzed with the help of a comprised image analyzer by different means and it has shown a different pattern in more or less all variations [35]. From the basic literature of homeopathy, it has been stated that, with increasing dilution, the potency is also increasing. In many instances, when the dilution exceeded the Avogadro constant, the effect appeared as a pseudo sinusoidal curve with peaks of activity at certain dilution followed by inactive or less active dilution, which suggests a definite basis behind Hahnemann's observation [36].

## PARADOXICAL PHARMACOLOGY

Recent studies in modern pharmacodynamics give a clue regarding the primary action which we can say direct effect of the drug whereas the secondary effect can be called as the rebound effect acts as a base for Hahnemann's postulates [37]. The rebound effect is also known as paradoxical effect which is defined as the effect of chemical substances, mostly medicines or drugs, opposite to the effect which would normally be expressed. There are several examples by which we can explain the pharmacology and most coherent mechanism of action of homeopathic drugs. The most reliable and most convenient hypothetical way to express the simplest mechanism of action of Homeopathic drugs (Fig. 2). As per our understanding this is the most appropriate hypothetical way to express the mechanism of action. A group of examples of modern medical drugs (Anti-depressant, Anti-psychotic, Anti-maniac, Anti-hypertensive, Anti-arrhythmic, Sedative & Hypnotics etc.) show rebound effect [38]. In recent medical literature, thousands of studies described the secondary counteractions of organism after primary actions of different drugs or chemical moiety. Studies say that the secondary actions produced itself automatically and instinctively to maintain the homeostatic balance of organism [38]. There is hundreds of

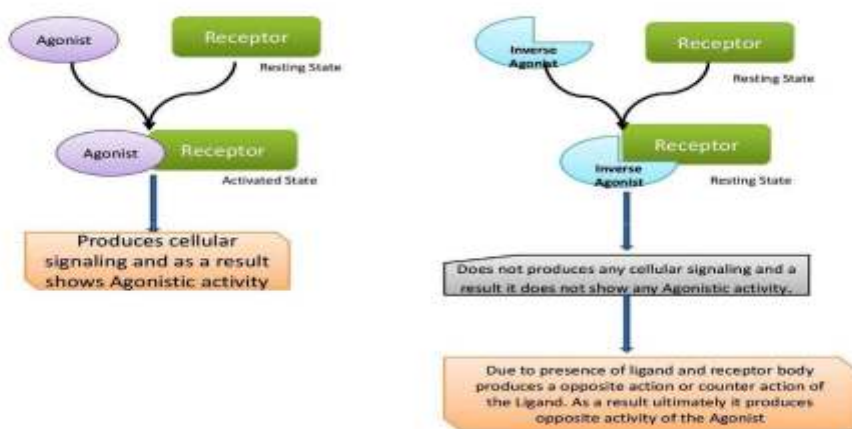
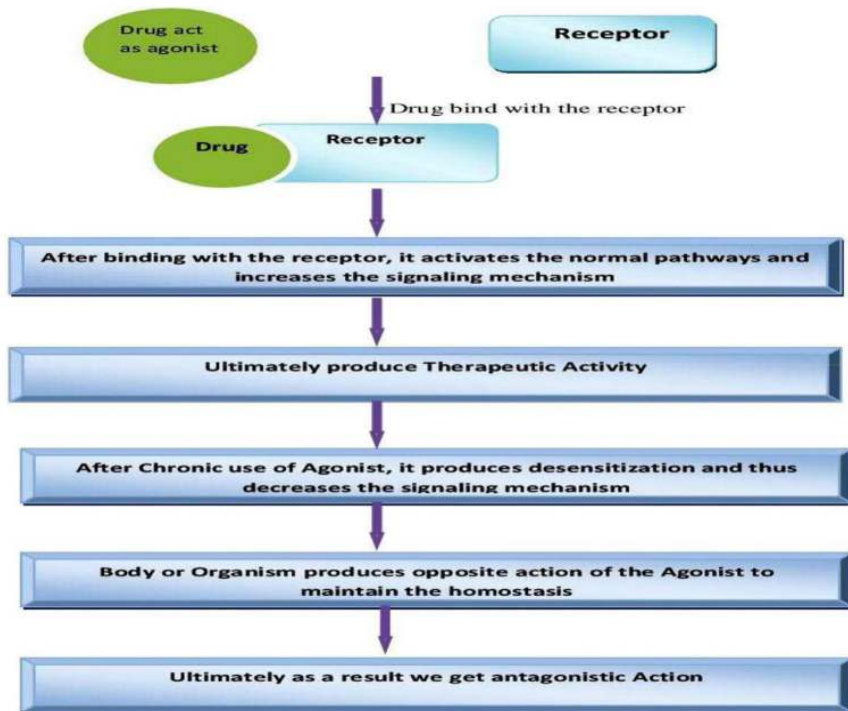


Figure 1. Showing action of drug molecules as Agonist and Inverse Agonist with respect to receptor binding and cellular signalling.



**Figure 2.** A flowchart to describe the hypothetical possible mechanism of action of homeopathic drugs based on the principles of Paradoxical Pharmacology.

example of modern medicine which leads to produce strong evidence of paradoxical activity in ultra-diluted concentration of drugs also. For example, If we go by a recent study a known bronchoconstrictor like histamine effectively worked as bronchodilator with the help of various histamine receptors when applied in ultra-diluted form on a restricted organoid culture [39]. The paradoxical or rebound activity generates at different specific time for each and every drugs (depending upon half-life and other stoichiometric and kinetic parameters of drug) [40] and that may prove that the secondary activity is not a placebo effect. Paradoxical effect may occur due to tolerance or desensitization in case of chronic cases. For example, Heart failure patient treated with B1 agonist (Dobutamine) which primarily increases myocardial contraction but after 96 hours, 32% of the initial cardiac output is lost

## DISCUSSION

Hahnemann himself believed that the disease-producing property of a substance can be used to cure the disease as well and not only that before him Hippocrates also thought that a disease can be treated either by following the principles of "Contraries" or by "Similar." The modern school mostly follows the principle of contraries especially when palliation is necessary whereas homeopathy follows the principles of similar for treating a patient. Unfortunately, when a cure takes place by

homeopathic medicines either the modern community calls it an accidental cure or sometime they go one step further to call it a simple placebo effect. Analyzing the principles of homeopathy, it seems completely clear that it is associated with intriguing the immune response of the living body by which homeostasis can be achieved [41]. As far as the mechanism of action is concerned it seems much more relevant when we think of inverse agonism because like agonist or antagonist, neither it produces immediate change nor it produces a withdrawal response. In the last few decades of understanding about Immunology, homeostasis and its role in disease pathogenesis have reformed understanding of several diseases, which eventually helps us to understand the working principles of homeopathic drugs [42]. Hahnemann, in his explanation of the modus operandi of homeopathic drugs, said that it acts through sentient faculty of nerves, which is too generalized to accept irrespective of all disease conditions. The nervous system and immune response of the human body are very much similar to each other from certain aspects. Though the nervous system is mostly mediated by the physical stimulus and the immune system is mainly mediated by chemical stimulus but both of them exhibit similar nature of reaction by maintaining the specific connection over cellular responses on a specified given time and circumstances [43,44]. Recent studies have also proved the role of the immune system and change in host adaptation at several events like bone homeostasis, metabolism, pregnancy, and far beyond host immune responses during inflammation to microbial infections [45–49].

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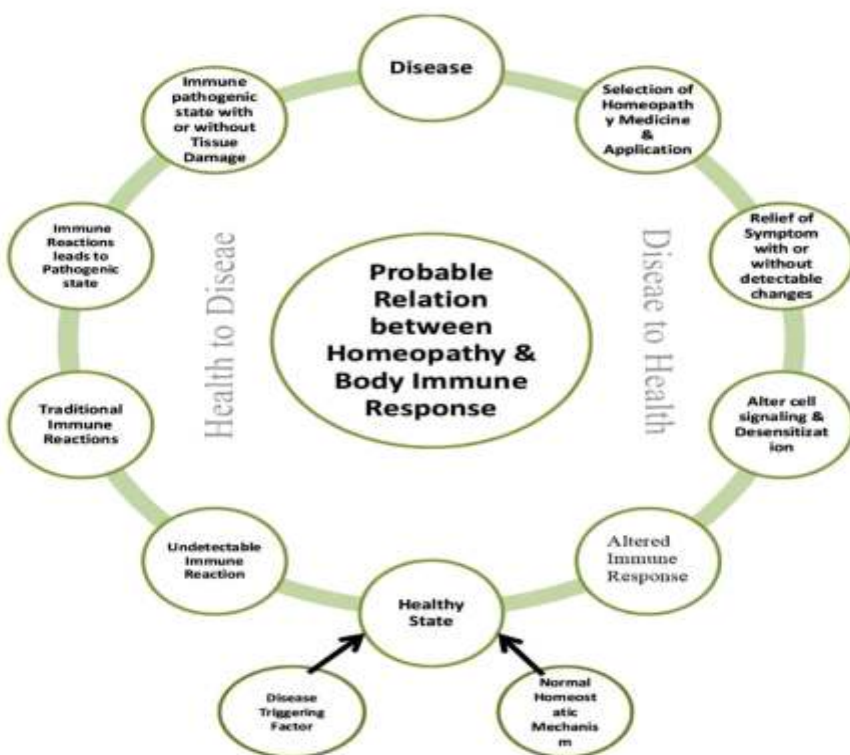


Figure 3. Showing a diagrammatic representation of Immune response and role of Homeopathic medicines in maintenance of Health and Diseased state and how Homeostasis is maintained.

except concepts of autoimmunity, cancer, and some degenerative disease response which are still not understood properly due to their promiscuous nature [50,51]. Probably that is the reason why a known pro-inflammatory agent and bronco-constrictor like histamine shows anti-inflammatory activity when applied in the form of ultra-diluted preparations [39]. Treatment with drugs that work as agonist or antagonist though shows promising results but after withdrawal, the severity of the condition increases badly but with inverse agonists, there is very little or no probability of development of such incidences because it is associated with up-regulation of the specific receptor [52]. So especially in the case of long-term treatment, inverse agonists should always have a better prognosis over agonists or antagonists. Nano-particles, somatic receptor mutations, autoimmune reactions, and carcinogenesis everywhere inverse agonists have proved to be very effective and promising [53]. Comparatively slow reactivity of homeopathic drugs is mostly due to the same because after binding with the receptor domain it becomes inert and causes changes in the cell signalling, that's why we don't get an immediate response all the time (Fig. 3). It may also be a possible reason for the non-uniform action of homeopathic drugs all the time. Because neuro-immunology and it's a response to all the

disease conditions are not uniform but evidence-based pre-clinical studies at different models have proved that homeopathic drugs can increase immune response [54,55]. They have a specific pathway that's why the medicines have inter-related coherent actions that often complete each other's actions and they are used in specific order to eradicate a disease (e.g.: *Sulphur* > *Calcarea carbonica* > *Lycopodium*; *Ignatia* > *Natrum muriaticum* > *Sepia* etc.). Though its acceptance is debatable keeping the modern context in mind the principle of homeopathy seems more effective and relevant. So we think principles of homeopathy have a certain scientific basis which should be further investigated through different level of experiments rather than creating absurdity by ignoring it as placebo effect especially in a generation where effectivity of antibiotics are being challenged every day and iatrogenic diseases are increasing every single day leading human race towards a new threat.

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**Disclosure of interest**

The authors declare that they have no competing interest.

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# Homeopathy - A Safe, Much Less Expensive, Non-Invasive, Viable Alternative for the Treatment of Patients Suffering from Loss of Lumbar Lordosis

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## Key Words

bilateral neural foramina, disc desiccation and protrusion, loss of lumbar lordosis, osteophytic lippings, narrowing of secondary spinal canal

## Abstract

**Objectives:** Loss of lumbar lordosis causing pain and curvature of the vertebral skeleton to one side is a relatively uncommon disease. To our knowledge, successful treatment of loss of lumbar lordosis with any potentized homeopathic drug diluted above Avogadro's limit (that is, above a potency of 12C) has not been documented so far. In this communication, we intend to document a relatively rare case of loss of lumbar lordosis with osteophytic lippings, disc desiccation, and protrusion, causing a narrowing of secondary spinal canal and a bilateral neural foramina, leading to vertebral column curvature with acute pain in an adolescent boy.

**Methods:** The patient had undergone treatment with orthodox Western medicines, but did not get any relief from, or cure of, the ailment; finally, surgery was recommended. The patient's family brought the patient to the Khuda-Bukhsh Homeopathic Benevolent Foundation where a charitable clinic is run every Friday with the active participation of four qualified homeopathic

doctors. A holistic method of homeopathic treatment was adopted by taking into consideration all symptoms and selecting the proper remedy by consulting the homeopathic repertory, mainly of Kent.

**Results:** The symptoms were effectively treated with different potencies of a single homeopathic drug, Calcarea phos. X-ray and magnetic resonance imaging (MRI) supported recovery and a change in the skeletal curvature that was accompanied by removal of pain and other acute symptoms of the ailment.

**Conclusion:** Homeopathy can be a safe, much less expensive, non-invasive, and viable alternative for the treatment of such cases.

## 1. Introduction

In the homeopathic mode of treatment, micro doses of ultra-highly-diluted remedies are often used [1] with great benefits to the patient. Some such homeopathic remedies have been reported earlier by us to show their beneficial effects in ameliorating/removing disease symptoms of patients bearing ovarian cysts [2-6], including their successful removal, but no such documentation on any potentized homeopathic drug having shown the ability of ameliorating/curing the symptoms of loss of lordosis seems to exist. In this communication, therefore, we intend to record a case

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where a patient with a rare type of structural deformity causing a change in body curvature and pain due to loss of lordosis was cured by the administration of a homeopathic remedy used in different potencies (grades of homeopathic dilution).

Lordosis refers to the normal inward curvature of the lumbar and the cervical regions of the spine [7]. Normal lordotic curvatures, also known as secondary curvatures, cause a difference in the thickness between the front and the back parts of the intervertebral disc. Though lordosis is relatively rare, it can sometimes occur at puberty, usually not becoming evident until the early or mid-twenties. Lumbar hyperlordosis is a condition that occurs when the lumbar region (lower back) experiences stress or extra weight and is arched to the point of muscle pain or spasms. Common causes for such a condition generally include tight lower-back muscles, excessive visceral fat, and pregnancy. Rickets, a vitamin D deficiency in children, can also lead to manifestations of lumbar lordosis. Younger dancers or sportspeople are more at risk for developing lumbar hyperlordosis because the lumbar fascia and hamstrings tighten when a child starts to experience a growth spurt into adolescence. In such cases, in the treatment with the orthodox or Western method, rather complicated surgery is often advised to correct the curvature back to its normal position and to remove the severe pain resulting from the undue curvature.

## 2. Case Study

A boy aged 16 years visited the clinic on March 28, 2016, with excruciating pain in the lower back and hip region. He showed external curvature of his lower back, which gave him a tilted posture, with signs of loss of lordosis. Before coming to this clinic, he visited the clinics of some renowned orthopaedic/neurologic physicians/surgeons after he had started suffering from a gradual development of an awkward curvature of his waistline sidewise and downward due to loss of lordosis. From November 13, 2015, through March 10, 2016, he took allopathic medicines as advised by the different orthopaedic-/neuro-physicians, but without any apparent amelioration of his suffering and pain. Gradually, he started becoming almost immobilized because of his continuous severe back pain during normal movements of the body. He was finally referred to a renowned hospital in Kolkata, India. As he had already been diagnosed with loss of lordosis at L4-L5 and L5-S1 and with disc desiccation and disc protrusion causing a narrowing of the secondary spinal canal and bilateral neural foramina based on X-ray and magnetic resonance imaging (MRI) reports, he was referred for possible surgical intervention. The guardians of the family, who otherwise belonged to the lower middle class, were unable to arrange for the cost of surgical intervention and further medical treatment. Finally, the patient was brought to our homeopathic foundation clinic by his family members on a van rickshaw; he was lying in a peculiar posture with the help of strategic pillow support.

On examination, the following guiding symptoms were recorded:

1. Mind-anger, irascibility, anxiety, irritability, quarrelsome, prostration of mind from talking, ailments from grief;
2. Numbness aggravated in the morning and on waking;
3. Tingling, prickling pain in the lower limbs and hip and in the gluteal muscles of the leg and foot, with the pain being wandering and shifting in nature and being worse in the morning and the evening and changing with the weather and motion;
4. Pain in lower limbs, bones, joints, as well as sciatica-like pain in the lower limbs;
5. Back cramp-like spasmodic pains;
6. Lumbar spine sensitivity;
7. A desire to eat meat;
8. Symptoms being aggravated by cold air in general.

The patient's father agreed to sign the "Informed Consent" form that was read before him. After recording the case history, the most suitable homeopathic remedy and the potency were selected. The selection of the homeopathic remedies was made in consultation with the repertoires of Kent [8, 9], and the best remedy indicated for him was *Calcarea phos*. The treatment was started with the 30C potency of *Calcarea phosphoricum* (*Calc phos 30C*), diluted as per homeopathic dilution procedure 10<sup>60</sup> times.

The gradual progress in the straightening of the gait of the patient after administration of the drug is shown in the photographs of the patient in Fig. 1, which are arranged in order from the beginning of drug administration through recovery and discontinuation of the drug; the X-ray images and MRI results are presented in Fig. 2 (before drug administration) and Fig. 3 (after completion of treatment). The course of treatment is as follows:

On March 28, 2016, *Calc phos 30C* was prescribed thrice a day for 10 days; the patient was advised to visit after 15 days. The patient was considerably bent sidewise and a little downward at the waist line.

On April 14, 2016, *Calc phos 30C* was prescribed twice daily for 7 days. The patient's pain had been relieved to a considerable extent. He was advised to return in two weeks.

On April 28, 2016, *Calc phos 200C* was prescribed twice daily for 2 days because he had reported the re-appearance of pain and discomfort. He was advised to visit after 15 days. The curvature was also found to be slightly less on this day.

On May 12, 2016, *Calc phos 1000C* was prescribed once in the morning on an empty stomach for two consecutive days. At this visit, he reported that at first, the pain had been alleviated quite remarkably and that he had remained well, but the pain had re-appeared with much less intensity. Signs of lumbar straightening were noted. The patient showed encouraging favorable changes in his standing posture, indicating clear signs of a straightening of the curvature.

On May 21, 2016, the patient was doing well and reported no pain in movement. The curvature had further straightened; the vertebral column had straightened and considerable mobility had been restored. The patient was advised to undergo an X-ray of the Lumbar-Sacral regions of the spine.

On May 23, 2016, the report for an X-ray on May 22 re-



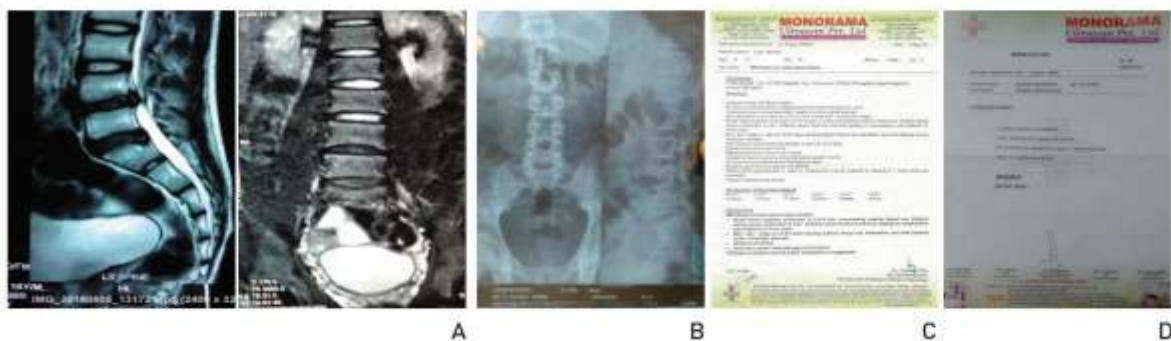
**Figure 1** Gradual improvement of patient's posture and gait are shown.

1A, Before treatment; 1B-1E, Treatment continuing; 1F-1G, After treatment.



**Figure 2** MRI and X-Ray findings before administration of homeopathic medicine.

MRI, magnetic resonance imaging. Before administration of homeopathic medicine: A, MRI of LS Spine; B, X-Ray of LS Spine; C, Report of MRI.



**Figure 3** MRI and X-Ray findings after administration of homeopathic medicine.

MRI, magnetic resonance imaging. After administration of homeopathic medicine: A, MRI of LS Spine; B, X-Ray of LS Spine; C, Report of MRI; D, Report of X-Ray of LS Spine.

vealed that lumbar lordosis was now maintained. Inter-vertebral disc spaces were normal, and no evidence of osteophyte protrusion was seen in vertebral bodies; both S.I. joints were normal. The patient's gait looked quite normal, and he had resumed his normal daily activities. His height was also slightly increased because of the straightening of the spine. He was given a placebo for medication, and he was advised to return after one month.

On June 23, 2016, the patient was doing well and had no problems in movement; he could now ride bicycle. He was advised to undergo an MRI test of the Lumbar-Sacral regions of the spine.

On August 3, 2016, the MRI report revealed remarkable amelioration of the loss of lordosis and favorable changes. A few salient findings were as follows: i) No obvious osteophytic or degenerative end plate changes were found. ii) Vertebrae showed normal alignment, height and marrow signal intensity. iii) Now, only mild bilateral neural foraminal stenosis was seen at the L3-L4 level. iv) Bilateral facet joints and ligamentum flavum were normal; visualized caudal equine and conus medullaris appeared to be normal. v) No abnormal soft tissue was seen. vi) Bilateral sacro-iliac joint spaces were normal. vi) Posterior elements were normal. However, the lumbar curvature was only stated to be "impaired", and the disc bulges seen at the L3-L4 and the L5-S1 levels showed only minor bilateral neural foraminal stenosis. Further the spinal cord at all segments of the inter-vertebral regions showed a much improved AP diameter, indicating vast improvement over before. The patient was prescribed only a placebo and was advised to visit the clinic if he ever again experienced any discomfort or return of any of the symptoms.

### 3. Discussion

Taking into consideration the symptoms in totality, we, after consultation with the Repertory of Kent [8, 9], selected Calc phos at a potency of 30C, which was to be administered in repeated doses. The boy apparently started responding suitably after receiving the remedy for about 10 days, but then the subsided pains re-emerged, necessitating the introduction of a higher potency of 200C as per homeopathic principles. The boy again started to recover in all respects, including the first sign of a straightening of the curvature and a sense of rapid recovery as his pains had again subsided. In addition, his symptom of excessive thirst had been reduced to a great extent; his sweating was also diminished. However, after a few days, his pain re-appeared, but at a much reduced intensity. These observations indicated the need for an even higher potency of Calc Phos, 1000C. The results using this potency were very inspiring. He rapidly improved further to the point where he no longer needed medication. His X-ray report was also very encouraging and corresponded well with the lessening of his external symptoms. In all, the condition of this patient, who had earlier been advised to undergo surgery as treatment for his condition, had been perfectly controlled, and his symptoms had been ameliorated to the extent that he no longer needed surgery.

This case report shows that ultra-highly-diluted po-

tentized homeopathic remedies, if selected properly, can work wonders in rendering relief to patients suffering from difficult physiological conditions such as the one discussed in this report. Furthermore, the study clearly demonstrates that the homeopathic remedy used in this case can provide a viable alternative to surgery for all patients suffering from this rather rare disease, not to mention being of particular help in providing affordable healthcare to the less fortunate persons of society.

### Conflict of interest

The authors declare that there are no conflicts of interest.

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# HOMOEOPATHY : A DESTINY OF PREVENTIVE GERIATRICS

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**Abstract :** Geriatric Medicine is that branch of general medicine concerned with the clinical, preventive, remedial and social aspects of illness of older people. As per WHO elderly persons aged 60-65yrs and above denoted as Geriatric. They are different from others due to multiple pathology, non-specific presentation of disease, rapid decline if not treated early, high incidence of secondary complications of disease and treatment, need for rehabilitation and importance of social and environmental factors. A British hero in geriatrics Bernard Isaacs described the Instability (falls), Incontinence, Immobility, Intellectual impairment (dementia) and Iatrogenic (drugs) are the '5-giants' of geriatrics. Geriatric care team is a multi-disciplinary approach which organized by a Geriatrician along with help of Physiotherapist, Occupational therapist, Dietician, Speech and Language therapist, Social workers, Nursing care and Care-taker support etc. In treatment the goal is to enable elderly people lead full and active lives, to prevent disease or to detect and treat it early, to reduce suffering due to disability and disease and minimise dependence by proper rehabilitation, to provide a holistic medical care and arrange for adequate social support when needed, every homoeopathic physician had to right the practice of Geriatric medicine.

Geriatric care is especially dependent on Holistic approach with multi-disciplinary action. In recent and future era a homoeopathic physician can become a good and successful geriatric specialist by the proper knowledge of Geriatric care, knowledge of Psychology and knowledge of Homoeopathic Philosophy under the guidance of Homoeopathic Education board. **Keyword :** Geriatric, Instability, Incontinence, Immobility, Dementia, Iatrogenic, Homoeopathic medicine, Miasmatic background, Health promotion.

**Background :** Ageing is a natural process. Seneca told "old age is an incurable disease". Sir James Sterling Ross commented "you do not heal old age, you protect it, you promote it, and you extend it". The care of the aged or the study of pathological aspect of old age related to disease and their treatment is called 'Geriatrics'.

**Aims & Objects :** The people aged 60yrs and above are treated as old, which is often classified into 'early old age' (<75yrs.) and 'late old age' (>75yrs.). By the year 2020, the world population of old age would be about 1000million of which 700million would be living in developing countries and resulting an increasing the burden of diseases in low income groups. In India, the proportion of aged population was 5% in 1971, 7.7% in 2001 and is likely to rise 9% by 2050. So, taking care & disability limitation must be done in approach of homoeopathy.

**Discussion :** Health problems of the aged are grouped in Physiological, Psychological, Social and Pathological. Physiological problems are normally occurring due to ageing process (i.e. eugenic changes) and resulting in disabilities, like senile cataract, deafness, bony senses affecting mobility, changes in physical outlook etc. Psychological problems are senile dementia, depression, sadness, and changes of appetite, sleep pattern etc. Social problems like poverty, isolation, lack of care by the younger generation, social maladjustment etc. Pathological problems are degenerative diseases of heart and blood vessels, cancer, metabolic disorders, cataract, accidental fracture due to fragile bones, osteoarthritis, chronic bronchitis, emphysema, urinary and fecal incontinence, decline in sexual performances, Parkinson's disease and Alzheimer's disease etc.

**Methods :** The care of aged ideally should begin much early right from childhood. The promotive measures undertaken during childhood and adolescence constitute 'pre-geriatric care' and when continued during

old age, the objective would be 'add life to years and not just year to life'. The prevention is done by three level and each got two sub-levels as; primary (prevention of health and specific protection), secondary (early diagnosis and treatment) and tertiary (disability limitation and rehabilitation).

Discussion : Here I describe the five major disease condition which treated Homoeopathically either as symptomatic as a whole or miasmatic background. I emphasize the symptoms or disease condition as Repertorical approach from Synthesis Repertorium Homeopathicum Syntheticum – by Dr. Frederik Schroyens, Ed. – 7.1.

INSTABILITY (FALL) as in Chapter VERTIGO, FALL tendency to : old people, in : Ambr, Bar-c, Cupr, Rhus-t, Sin-n

syncope, with : Bry, Carb-v, Cham, Nux-v

INCONTINENCE as in Chapter BLADDER

RETENTION, old men : Solid ;

operation after : Caust

URGING, ineffectual, old women : cop

URINATION, dribbling: night, old people : sec,

men with enlarged prostate : All-s, Aloe, Cic, Iod,

Sec, Thuj

IMMOBILITY as in Chapter GENERALS

GAIT, reeling, staggering, tottering and wavering : Agar,

Bell, Bry, Caust, Cocc, Nux-v, Op, Rhus-t, Stram, Verat

WALKING, aversion to : agar, aza, cham, clem,

fago, kali-bi

beginning of walking agg : Caps, Euph, Ferr, Lyc,

Puls, Rhus-t

rough ground agg; over : clem, hyos, lil-t, phos,

podo

INTELLECTUAL IMPAIRMENT (DEMENTIA) as in

Chapter MIND

ABSENTMINDED, old age; in : am-c, ambr, bar-c,

Con, Lyc

ANXIETY, future, about : Bry, Calc, Chinin-s, Cic,

Phos, Spong

CHILDISH behaviour , old people; in : Bar-c, sulph

CONFUSION, old age; in : arg-met, arg-n, Bar-c, Con

DELIRIUM tremens, old emaciated persons, in : Op

DEMENTIA, senilis : Aur-i, Bar-c, Con, Crot-h

DULLNESS, old people, of : Ambr, arg-met, arg-n,

Bar-c, Con, Lyc, Plb

FORGETFUL, old people, of : am-c, Ambr, anac, Bar-

c, coff, Con, Crot-h, lach, Lyc, Ph-ac, rhus-t, sulph

INSANITY, old people : bell, ign, nat-m, nux-v, sep, sulph

MEMORY, weakness of memory, facts, for, old

people, in : coff

MENTAL exertion, agg, impossible, old people, in

(dementia) : Ambr

MISTAKES, speaking, in, old people, in : am-c

writing in, old people, in : Crot-h

MOANING, old age, in : Bar-c

MOCKING, old age, in : Tarent

MUTTERING, old people, in : Bar-c

PROSTRATION of mind, old age, in : Bar-c

REFLECTING, inability to reflect : old, people; in : Ambr

SLOWNESS, old people, of : cact, calc, Con, Hell,

Phos, zinc

STUPOR, old age, in : Bar-c

TALKING, sleep, in, old men, in : bar-c

UNCONSCIOUSNESS, old age, in : Bar-c

WEARY of life, old age, in : ars, aur, calc

WEEPING, old people for nothing : caust

IATROGENIC (DRUGS) as in Chapter GENERALS,

Medicine, allopathic, abuse of : Hydr, Lob, Nux-v,

Puls, Sulph

morphine : aven

vegetable medicine : camph, Nux-v

addiction, to : buth-a, tab

oversensitive to : Chin, Ign, Nux-v, Puls, Sulph, Valer

quick reaction : Bell, Cupr, Nux-v, Zinc

Homoeopathic Remedies, fail to act; well

selected remedies : alum, carb-v, laur, op, psor,

sulph, teucr, tub

oversensitive state : when too much medicines

has produced an : ph-ac, Teucr

violent reaction to homoeopathic remedies :

acon, arn, cham, coff, lyc, nit-ac, nux-v, Puls, sep,

sil, Sulph



high potencies, to: ars-i, caust, hep, lyc, Nit-ac, nux-v, sep

In discussion of above mentioned Homoeopathic medicine to help occasionally where the condition are adverse to use the control the condition, but constitutional medicine as miasmatic background which help much better than other.

Results : (i) Health promotion are started from pre-geriatric age. The periodic screening of health, regular physical exercise, avoidance of tobacco, alcohol, self and abuse of medicine should essential. Well balanced diet, cultivation in reading and writing, engaging in recreational activities, selfless behaviour, and social services are necessity on demand.

(ii) Specific protection : are given to all aged people by immunization against specific diseases either by constitutional remedy or genus epidemicus or by specific homoeopathic nosodes.

(iii) Early diagnosis : must be done by regular or periodical health check-up, because most of the disease in old age are predictable. Timely detection and intervention can purpose the quality of life.

(iv) Treatment : done by homoeopathic rules as described by master Hahnemann.

(v) Disability limitation : consist of giving an intensive treatment or palliative treatment who come in the advanced stage of disease.

(vi) Rehabilitation : consist of training and retraining the patients with remaining capacity can build up self confidence. The provisions of spectacles, cataract surgery, hearing aids, artificial limbs, ear moulds, prosthesis etc. are various measures of rehabilitation.

Physiotherapy, psychological and social therapies are depending upon their functional capacities. De-addiction counselling improving in the quality of life is done by establishment of old age clubs where the members are given training in yoga, meditation, philosophical and spiritual talks, arrangements of picnic and tour etc. Conclusion : For older individuals, a great proportion of the disease burden derives from existing condition, whether this burden is measured by prevalence rates and indicators of morbidity, disability, mortality or by health and long term care utilization. In addition, disability is resulting from chronic diseases, acute illness and injuries. The entire situation must be prevented by multi-disciplinary approach as physiotherapist, speech and language therapist, dietician, nursing, care-taker approach and also a good physician care. A Homoeopathic Physician can take successful part that had good knowledge about geriatric and family medicine along with the internal medicine as well as psychology.

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# UNDERSTANDING CARCINOSIN FROM HOMOEOPATHIC PERSPECTIVE

Dr Abdul Hakim, B. Sc., B.H.M.S.



Carcinosin is a deep and long acting tri-miasmatic nosode prepared from the product of cancer, most probably the mass of breast cancer and it bears the combined effect of the cause of the disease and the reaction of the system against it. The drug should have been used more than it is used in our daily practice, perhaps due to its lack of literature in the traditional materia medica.

The signs and symptoms that we look for while using Carcinosin are-

**PERSONAL HISTORY/ ANTECEDENTS:** There is often tendency to insomnia even in childhood. Whooping cough (at five months) or pneumonia frequently occur early in life and therefore tend to be severe or several inflammatory diseases/ infectious diseases in childhood and their suppression or metamorphosis. Such as – measles, mumps, tonsillitis, otitis, chicken pox, diphtheria etc.

Aliments of scar, after being reproached; bad effect of vaccination; prolonged fear or fright with or without any cause; unhappiness; somewhat careless suppression of physical or mental diseases; suppression of grief, feelings and mental shocks; inadvertent exposure to various types of radiations; over medication of heroic doses of medicines, esp. hormones etc.

**HEREDITARY BACKGROUND:** Patients having a strong family history of cancer, diabetes, tuberculosis, rheumatoid arthritis, pernicious anaemia, spondylosis, insanity, suicide (Clarke) or any other degenerative diseases in the family or a mixture of these diseases, more strongly represented than in an "average" family.

**APPEARANCE OF THE PATIENT:**

Café-au-lait complexion, Blue sclera, Numerous moles or warts or neurofibroma, Premature old look

**ENVIRONMENT:** Certain symptoms of Carcinosin patients feel better or worse by the influence of sea air of the coastal area, especially asthma or pain of peptic ulcer. With this symptom we can compare it with *Calc., Med., Nat-m., Tub. etc. Seaside* <Ars.Calc. Mag-m.med. NAT-M. Rhus-t. SEP. Tub. *Seaside* >Borx. Calc. Iris. lyc. Med. Nat-m.Sul-ac. Tub. *Better or worse from sea air:* Carc., Calc., Med., Nat-m., Tub.

**POSITION IN SLEEP IN CHILDREN:** There is a tendency for many infants to sleep in the knee-elbow position. Carcinosin has this symptom and it also a tendency to sleep on the back, hands above head. The knee-elbow position is covered by Medorrhinum, Carcinosin, Calcarea phosphorica, Phosphorus, Sepia, Lycopodium and probably others. Normally this position is adopted in the first nine or twelve months of life, then it is less often found and is therefore of more value when found in older children.

**OTHER KEY TO CARCINOSIN:**

Partial indication of many other related polycrest medicines: Many related polycrest medicines of Carcinosin are indicated but none is squarely covered up, it is considered the case of Carcinosin. Remedies related to Carcinosin such as Tuberculinum, Medorrhinum, Nat. mur. and Sepia. Others are Alumina, Ars. alb., Ars. iod., Pulsatilla, Staphisagria, Phos., Calc. phos., Lueticum, Lycopodium, Sulphur, Psorinum, Dysentery co., Opium etc.

Changeable of nature of the patient and bipolarity of symptoms are the characteristic features of Carcinosin in all sphere of action of the remedy is marked.

It has a group of symptoms exactly opposite to each other (great contradiction) both in physical and mental phenomena. Craving, aversion or intolerance of fat, meat, egg, milk, wine, sweets, salts and fruit. These contradictory food preferences express the mixed miasmatic state of Carcinosin.

Involuntary SIGH.

Delayed healing of wounds and tendency to bleed easily. Such as- anal fistula, congenital sinus, osteomyelitis, diabetic gangrene etc.

Patient may develop irritability, nervous excitability or high rise of body temperature after administration of Carcinosisin, which resolves on its own. Dr.Foubister says rise of temperature on the 10th day of its administration but I have personally seen it occur within 10 to 20 days.

GENERALITIES:

Mind- In the mental state of Carcinosisin there are some great contradiction of mind. Mentally the patient is either very intelligent and artistic with great affection for fine arts, music, drawing, dancing etc. or dullness of mind, idiotic with lac of mental development, delayed milestones of development, thinking difficulty, disinterested, aversion to conversation.

Irritability of mind.

"Anticipation with anguish (more marked in Medo.). If husband or children are late in returning home she (the wife or mother) may be worried too much. In Medo. she will start feeling restless, due to apprehension, before due time of arrival and will go out in search of them." - T. Kanjilal

Strong travelling desire (Calc-p., Tub., Sanic.) and fond of watching thunderstorm (Sep.); at times frightened to watch it (Phos.)

Among the specific mental symptoms it covers fastidiousness. Think of its related remedy, Ars. It can be added to the extraordinarily tidy remedies like- Ars., Nux, Anac., Graph. or dirty (Dr. S. P. Dey) like Sul.

Fear of darkness, dog (Tub.), animals in general, frequent night fright in children, fear of obscurity (Med.); fear of cancer; fear of unknown things.

It has the marked sense of rhythm, the love of dancing (Sep.), sensitivity to music of Sep, and children may crave sympathy and affection like Phos., sensitivity to reprimand of Med. and other. They may desire company, which they soon reject, illustrating the contradiction again.

Consolation dislikes (Nat-m., Sep.). Contradiction aggravates (Nat-m., Staph.).

Excessive shyness (in Repertory it is timidity) in children.

Physical- Craving, aversion or intolerance of the same foods. such as- fat, meat, egg, milk, wine, sweets, salts and fruit.

In relation with cold and heat: Patient cannot tolerate either cold or heat. It gets hot in a little heat and cools down in a little wind. This is another bipolarity of Carcinosisin.

MODALITIES:

Aggravation- At night, while thinking of his ailments, when alone; in extremes of weather. Contradiction, consolation.

Amelioration- While occupied, when in company; at rest.

The patient may be aggravated or ameliorated at the seaside - this is an important modality, as sea air has some definite effect in Carcinosisin patients. The patient may also be aggravated or ameliorated at the time of the new moon or the full moon. These are the contradiction in the modalities.

POTENCY, DOSE AND REPETITION:

In functional cases 200, 1M, 10M or higher potency work well but where there is gross pathological change it is better not to apply above 200. A single dose at long intervals, depending on the altered symptomatology.

In short,

Carcinosin is a tri miasmatic medicine suited to the patient of-

1. Strong family history of carcinoma, tuberculosis, diabetes, pernicious anaemia or any other degenerative diseases.
2. Maltreated or untreated recurrent attack of many infectious diseases during childhood. Such as- Measles, pneumonia, infectious mononucleosis, fever etc.
3. Strong desire, aversion or intolerance of the same foods. Such as- fat, fat meat, egg, milk, wine, sweets, salts and fruit.
4. Strong travelling desire and fond of adventure, watching thunderstorms; at times frightened to watch it. Irritability and obstinacy of mind.
5. Paucity of symptoms or partial indication of many other related medicines of Carcinosin
6. Aliments after sudden fear and fright. Fear with or without any cause. Fear at night, darkness.
7. There is a tendency to sleep in the knee-elbow position.
8. Appearance of the patient: Multiple warts, moles or some other birth marks anywhere in the body.

A case of cured retarded mental health:

A ten-year-old girl came to my clinic with her mother. Her problem was that she had a sudden fright while returning home by the side of a cemetery in the evening. Since then she is always scared and awesome, doesn't want to talk to anyone, forgets everything, is completely inattentive in studies and also found with strong family history of diabetes and tuberculosis.

I prescribe her Carcinosin 30, single dose in 30 ml distilled water. Then she gradually recovered completely within a few months. It was around this time that I first started applying Carcinosin.

A case of cured Seizure disorder:

A male child aged 12 years came with his mother and consulted me on 31st January 2020 with all relevant documents and prescription. He was taking anti-convulsive drugs to be continued. Unfortunately, he stopped the medicine and the convulsion relapsed. He seeks my consultation about two months after stopping the medicine.

Present complaints:

1. Sudden screaming then unconsciousness with lockjaw, convulsion with oppressed breathing. First attack of convulsion took place on 23rd September 2018 after a sudden fright. Convulsion- 4 to 5 times in a day.
2. Recurrent urticaria with elevated blood IgE level.
3. Pain- Hands and legs.
4. Enlarged cervical lymph nodes and tonsils along with recurrent cough, cold, coryza.
5. Pale.

Past history:

1. Sudden Fright at his boarding school on 22nd September 2018 at night when he was going to the toilet alone.
2. Recurrent cough, cold, coryza and fever.
3. Severe constipation.

Family history:

Diabetes- Father and Grandfather. Blindness- Maternal side (Grandmother)

Among Physical Generalities characteristics were, Patient can't tolerate heat or cold that is bipolarity of symptoms, Thirst: Thirstlessness. Desire- fried foods, ice cream, sour.

Among Mental Generalities characteristics were,

Very irritable->being reprimanded, disobedient and obstinate, forgetfulness, stupid, restlessness- both in physical and mental. Thinking ability- like a little child. Hobbies - planting trees.

Clinical findings:

The patient is tall, anaemic and ill built. Tonsils- enlarged. Cervical lymph glands- enlarged and palpable

Investigations:

EEG on 07.02.2019-

Generalized sharp and slow wave dishes seen in his tracing- suggestive of epileptiform discharge.

Impression: Abnormal awake EEG- suggestive of seizure disorder.

Anamnesis and synthesis:

The family and past history of the patient along with his symptomatology clearly points to a mixed miasmatic state.

The first prescription done by covering the patient's Symptom totality, ascertained causation of the present complaint and family history (highlighted).

Treatment on 31.01.2020

Rx

Carcinosin 30

Two doses in 30 ml aqua dist.

One dose to be taken daily morning for 2 days.

Follow up:

29.02.2020 No attack of epileptic fit but mental symptoms remain unchanged.

20.07.2020 to 11.11.2020 No attack of epileptic fit. Changing mental state of the patient.

18.12.2020 No attack of epileptic fit till now but a few mental symptoms aggravates such as mischief, disobedience, lack of attention in studies etc.

Repetition:

Rx

Carcinosin.200 1 dose.

OM

15.01.2021 Overall improvement of the patient observed. Again advised for EEG.

09.04.2021 after a long gap patient came to my clinic with EEG report. No epileptic fit.

EEG ON 30.03.2021

EEG:Focal disturbances of electrical function over the left mid and posterior temporal and occipital regions, with rare epileptiform discharges over the same region.

Rx

Calc-p. 200 2 doses

One dose to be taken daily morning for 2 days.

According to presenting totality CalcPhos was prescribed and appreciating the relationship with Carcinosin.

06.07.2021 Pain relieved. Considering the symptomatology prescribed

Rx

Tuber 200/ 2 doses

As an anti miasmatic medicine.

02.08.2021 pain in legs and hands reappearing. Desire to eat ice cream and sour. I prescribed-

Rx

Calc-carb 200/ 2 doses. (Which is the chronic complimentary of RT.)

One dose at morning for 2 days.

09.11.2021 Considering the symptomatology prescribed

Rx

Calc-carb 200/4 doses, OM\* 4 days.

05.01. to 4.6.22 follows up with placebo

20.08.2022 < irritability, disobedience and obstinacy and also heat intolerance.

Rx

Nat-m 200/2 doses.

One dose to be taken daily morning for 2 days.

Adv.for further EEG

18.10.2022 overall improvement.Follows up with placebo.

EEG on16.10.2022

Awake and drowsy EEG record is within normal limits.

Finally, his treatment was completed on 26th December, 2022 with Sulphur 200 (one dose). Now, the patient is in good health.

Conclusion:

This case with evidences once again proves that antimiasmatic and constitutional drugs can affect cure and annihilation in its whole extent both from symptoms and pathological state.

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# RENEWAL OF REGISTRATION FOR HOMOEOPATHIC DOCTORS – CREDIT SCORE RELATED MATTERS.

Dr. Amitava Samanta



## Preamble :

The State Council of Homoeopathy or The Council of Homoeopathic Medicine West Bengal was recognized by the Govt. of West Bengal through an act in 1963 (West Bengal Act XXXIII of 1963). On 1<sup>st</sup> August 1964 Govt. of West Bengal formed The Council of Homeopathic Medicine West Bengal. West Bengal became the first govt. recognized council of homoeopathy in India.

The Govt. of India gave recognition to homoeopathy by forming Central Council of Homoeopathy (CCH) by 1973 Act. The National Commission for homoeopathy Act. 1920 empowered the commission for unitary rules regarding homoeopathic practice in India. Manner of preparation and maintenance of National Register for Homoeopathic Practitioners related regulations were formulated in 2022.

BACKGROUND : Clause : 11. Renewal of License / State Register :

i) License of Practitioners shall be renewed after 5 years in a uniform pattern by all State Medical Council / Boards by charging nominal fees.

ii) Any practitioner who fails to get her / his license renewed within 06 months from due date shall forfeit her /his right to practice homoeopathy and also forfeit the right to continue in employment based upon her / his license, unless renewed retrospectively with payment of late fees but within a maximum period of 2 years. No renewal shall be allowed if delay is beyond 2 years. In such case the license / registration shall be cancelled and fresh license shall be obtained if so desired by the applicant. All such renewal / updates / cancellation shall be informed to the Board through the electronic format as may be prescribed.

Clause : 12. Protection of earlier registration / licenses – License granted by State Homoeopathic Councils / Board and or names entered in the central register of homoeopathy Part – I & Part – II by erstwhile Central Council of Homoeopathy. Prior to constitution of the commission unless cancelled by the State Council / Boards shall be valid for practice / employment.

Clause : 13. Every State Govt. / Union Territory shall ensure that licenses granted prior to the constitution of the commission are renewed & updated in the prescribed format in a time bound manner but within maximum period of 2 years.

Credit Score : The MCI Act the oldest of Medical Council of India formulated the following rules.

- ☆ It is compulsory in India to renew registration every 5 years.
- ☆ It is mandatory to have credit points for renewal of registration.
- ☆ The CME programme, workshops, conference, online CME is needed to obtain credit points. It varies from State to State.
- ☆ Exemptions from Credit Point – Doctors after completing 70 years / 65 years of age are exempted from the credit hours, but renewal is mandatory.

WB Act. XXXIII of 1963  
The WB Homoeopathic Renewal Cl. - 25

1) Every person whose name is entered in the register shall for the retention of name in the register pay to the Council quinquennially (5 years). Such renewal fee and at such time may be prescribed.

2) Where the renewal fee is not paid by the due date the registrar shall remove the name of the defaulter from the register.

Provided that a name so removed may be restored to the register on such conditions as may be prescribed.

3) On payment of the renewal fee the registrar shall in the prescribed manner endorse the Certificate of Registration.

[By a Govt. Order passed in the assembly the renewal system was withheld but there was no amendment of the Act.]

NCH proposal : Recently NCH Chairman told the news agency that for renewal of License Credit Score System will be introduced in homoeopathy. CME will be conducted under guidance of NCH for updating the knowledge for renewal of License every 5 years interval. The CME programme will have a score. The categorization of Credit Score will be formulated and the Credit Points necessary shall also be outlined.

Our Proposal :

1) Renewal System :- As it is applicable for all branches of medical science controlling authority renewal of registration is to be done every 5 years. At the completion of 5 years the respective physician should be given a notice 3 months before that his / her renewal is due.

Grace Period : A maximum period of 1 year should be allowed to have his / her renewal to be done. Before temporary withholding the registration notice should be given to be physicians and 2 years should be allowed for renewal.

Exemption : Physician attaining age of 65 years should be exempted from renewal & credit score. Renewal after 60 years till 70 years is necessary but credit score will not be applicable.

2) Credit Points : The physician should attend seminar/ workshop / symposium organized by college / national level organizations / CME organized by NCH. Case presentation or case report published in regular monthly journal. Credit point of 2 per publication / presentation.

3. Minimum of attendance in seminar of national level organization / state level organization recognised by NCH should be 5 with credit score of 10 in 5 years.

4. Practitioners in remote rural areas & hills should have credit score of 6 in 5 years.

5. Homoeopathic Medical Colleges should be provided with funds for CME course for ex-students of their respective colleges.

6. National level organization & its state branches should be provided with annual grant after completion of each financial year depending upon activity & audited account report.

7. The cut off year should be after one year of formulation of credit scoring system and its notification. If notification comes by 2025 the system should be implemented from 2026. All state councils should assure the NCH that digitization of all enrolled practitioner has been completed.

Conclusion :

A draft proposal regarding renewal and credit scoring system should be sent to all concerned before notification.

# #EVALUATION OF PSYCHOMETRIC PROPERTIES AND QUALITY OF LIFE IN UTERINE FIBROIDS

Dr. ANIRUDDHA BANERJEE

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Key words: Bengali language; Confirmatory factor analysis; Principal component analysis; Reliability; Uterine Fibroids Symptom and Health-related Quality of Life; Validity.

Background: The Uterine Fibroids Symptom and Health-related Quality of Life (UFSQOL) is a validated questionnaire assessing symptom severity and Health-Related Quality of Life (HRQL) in patients with uterine fibroids. The English version contains 37 items measuring 7 components—symptom severity, concern, activities, energy/mood, control, self-consciousness, and sexual function. Up to 2020, no validated Bengali version of the questionnaire is available. We aimed to translate the UFSQOL into Bengali and validate the same.

Introduction: Uterine fibroids are the most common, benign, pelvic tumours in women [1] These are monoclonal tumours of the smooth muscle cells and made up of extracellular matrix proteins collagen and elastin [2], and are identified as the most common diagnosis associated with a hysterectomy in the United States. [3] The majority of women with uterine fibroids remain asymptomatic; consequently getting less clinical attention and fibroids often remain undiagnosed. [4] However, symptomatic women typically complain about heavy and prolonged bleeding, dyspareunia, non-cyclic pelvic pain, and pressure symptoms, [5,6] thus having serious impacts on Health-Related Quality of Life (HRQL). In recent individual cross-sectional surveys among the Canadian, US, French, and Spanish women, HRQL was significantly impacted by fibroid-related symptoms and thus resulted in significantly greater menstrual duration, more healthcare visits, greater use of prescription analgesics, more direct and indirect costs and loss of days at workplace. [7-12] Similar results were obtained from a survey a decade back from five European countries. [13,14]

The Uterine Fibroids Symptom and Health-related Quality of Life (UFSQOL) is a disease-specific questionnaire that assesses symptom severity and HRQL in patients suffering from uterine fibroids. [15] It consists of an 8-item symptom severity scale and 29 HRQL items comprising 6 domains: Concern, Activities, Energy/Mood, Control, Self-consciousness, and Sexual Function. All items are scored on a 5-point Likert scale, ranging from “not at all” to “a very great deal” for symptom severity items and “none of the time” to “all of the time” for the HRQL items. Symptom severity and HRQL subscale scores are summed and transformed into a 0–100 point scale. The Symptom Severity scale and HRQL subscale scores are inversely related with higher Symptom Severity scores indicating greater symptoms while higher HRQL subscale scores indicate better HRQL. UFSQOL was further validated [16] and a modified tool was developed, namely UFSQOL hysterectomy questionnaire. [17] Valid translated versions of UFSQOL are available in Chinese [18] and Brazilian Portuguese, [19,20] but not in Bengali. We aimed to evaluate whether the Bengali version of the UFSQOL questionnaire is a psychometrically sound tool to

measure the construct and to examine its cross-cultural adaptation considering linguistic equivalence. Methods: The UFSQOL-Bengali version (UFSQOL-B) was produced by standardized forward-backward translations. A cross-sectional, multi-centric, observational study was conducted to gather responses by convenience sampling. Reliability was tested using internal consistency and test-retest reliability analyses, while construct validity by exploratory factor analysis (EFA; n = 120) using principal component analysis (PCA; varimax rotation). Subsequently, confirmatory factor analysis (CFA; n = 120) was performed to verify the a priori scales by the goodness-of-fit model.

Study setting: It was conducted for 8 months between mid-April 2018 and mid-November 2018 in three homeopathic hospital settings in West Bengal, namely, (1) National Institute of Homoeopathy (NIH), Kolkata, under Ministry of AYUSH, Govt. of India; (2) The Calcutta Homoeopathic Medical College and Hospital (CHMCH), Kolkata, under the Govt. of West Bengal, India; and (3) Mahesh Bhattacharyya Homoeopathic Medical College and Hospital (MBHMCH), Howrah, under the Govt. of West Bengal, India. Ethics approvals for this study were obtained from the Institutional Ethics Committees of three respective institutions prior to initiation. NIH: 5-23/ NIH/PG/Ethical Comm/2009/Vol. 5/2684(A/S), dated 28-03- 2018; CHMCH: CHMCH/IEC/11/2018, dated 05-01-2018; and MBHMCH: 1252/MBHMCH/CH/PRIN/ADM/17, dated 26-10-17.

Inclusion criteria: Premenopausal women aged 18–45 years, diagnosed with uterine fibroids confirmed by Pelvic and/or Transvaginal Ultrasonography, presence of any of the symptoms such as abnormal uterine bleeding (profuse menstruation or inter-cyclic menstruation), pelvic heaviness, pain during menstruation, pain during intercourse, and pressure symptoms such as urinary frequency, constipation, etc., patient's ability to read Bengali and written consent to participate. Patients taking Oral Contraceptive Pills (OCPs) will be advised to stop the pills till it exhausts for the on-going cycle and willing to continue any other alternative method of contraception followed by reassessment of symptoms in the next cycle enrolment. Patients have under Hormonal Replacement Therapy (HRT) to be included after a washout period of 3 months.

Exclusion criteria: Asymptomatic fibroids, Patients with calcified fibroid, self-reported coagulation disorders, any fibroid causing hydronephrosis, fibroid with solid ovarian mass, unevaluated gynaecological abnormalities; e.g., unexplained vaginal bleeding, cervical dysplasia, pelvic inflammatory diseases (PID) within one month, patients with suspicious adenomyosis, gross developmental defect or congenital abnormalities of the uterus etc., patients with haemoglobin less than 7 gm/dl (severe anaemia), recent rapid growth of fibroid; i.e. doubling in size within last one to six months, genito-urinary tract malignancy— suspected or diagnosed, patients with psychiatric diseases, pregnancy, and lactation, cases suffering from uncontrolled systemic illness or life-threatening infections or any vital organ failure, and substance abuse and/or dependence.

Sample size: Recommendations for adequate sample size to conduct factor analysis are between 50 and 250 with most authors recommending at least 100 subjects.[21] Out of 137 eligible patients approached, We recruited 120 women to account for attrition. Those 120 (response rate 87.6%) returned the questionnaire and these responses were subjected to exploratory factor analysis (EFA) and 120 further responses were subjected to confirmatory factor analysis (CFA).

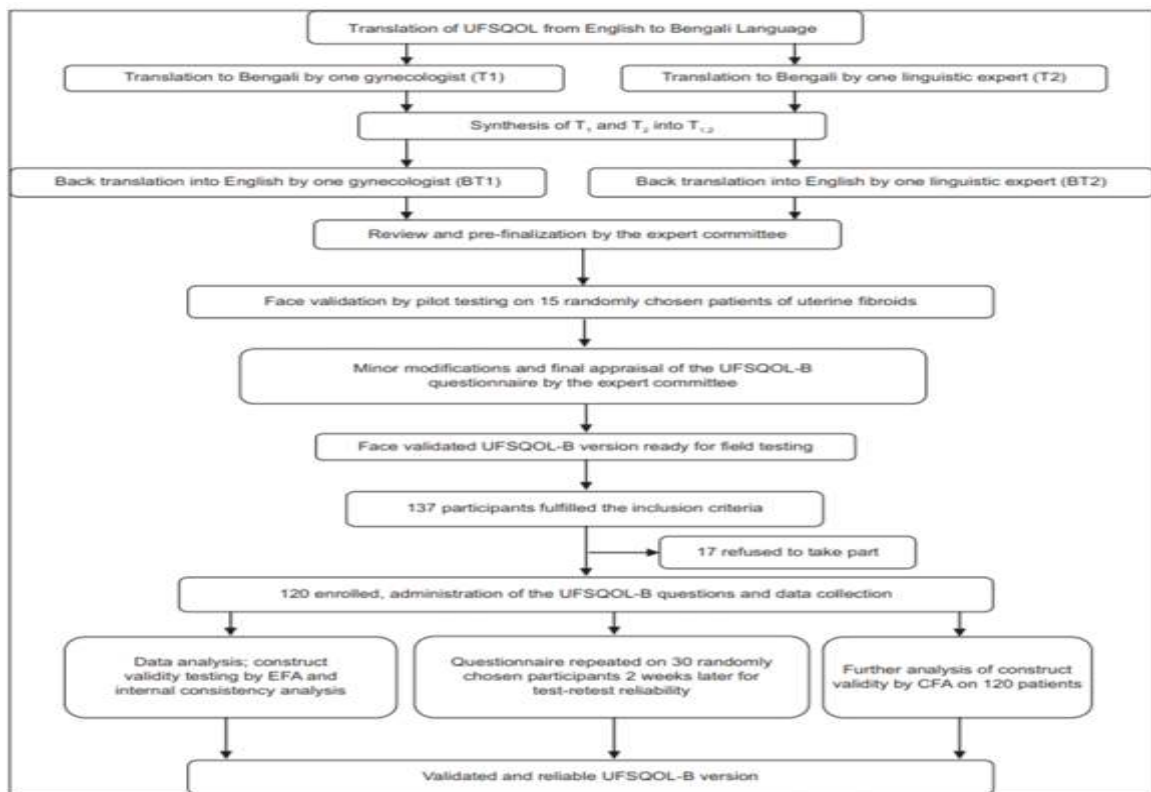


Figure: Study Flow

**Results: Sample characteristics:** Socio-demographic characteristics of the representative sample were presented in terms of 10 variables—age, duration of suffering, treatment availed, co-morbidities, body mass index (BMI), blood pressure (BP), residence, marital status, education, employment, and family income status.

**Descriptive statistics:** These were presented in terms of means, standard deviations, skewness, kurtosis, and floor and ceiling effects of each individual items and subscales.

Both the internal consistency (Cronbach's  $\alpha$ ) and the intra-class correlation (ICC) coefficient were 0.92. All the items loaded above the pre-specified value of 0.4. The factor analyses using varimax identified 10 components (activities, energy and control, concern about clothing, mood, sexual function, self-consciousness, associated symptoms, heavy bleeding, cycle disturbance, and concern about flooding); explaining 70.2% of the variation. The Kaiser-Meyer-Olkin (KMO) was 0.801 and Bartlett's test of sphericity was  $P < 0.001$ . The goodness-of-fit of CFA model was mediocre. Therefore, the final version consisted of 37 items, framed within 10 components.

**Discussion:** UFSQOL is a validated English questionnaire consisting of 37 questions and assessing symptom severity and quality of life in patients suffering from uterine fibroids; but, until now, no validated Bengali version of the questionnaire is available. The English questionnaire underwent

standardized forward-backward translation to produce the UFSQOL-Bengali version. In contrast with the original 7 subscales English version, EFA using PCA of the UFSQOL-B identified 10 components and the overall model goodness of fit was further confirmed by CFA. Thus, UFSQOL-B was found to be valid and reliable with adequately high Cronbach's  $\alpha$  and ICC coefficient and test-retest reliability within acceptable limits.

One of the major strengths of this study was to apply EFA and CFA on two different samples as recommended.[22-24] Our study shows that the overall and individual subscales UFSQOL-B scores were comparable to other studies. UFSQOL is a validated English questionnaire consisting of 37 questions and assessing symptom severity and quality of life in patients suffering from uterine fibroids; but, until now, no validated Bengali version of the questionnaire is available. The English questionnaire underwent standardized forward-backward translation to produce the UFSQOL-Bengali version. In contrast with the original 7 subscales English version, EFA using PCA of the UFSQOL-B identified 10 components and the overall model goodness of fit was further confirmed by CFA. Thus, UFSQOL-B was found to be valid and reliable with adequately high Cronbach's  $\alpha$  and ICC coefficient and test-retest reliability within acceptable limits. One of the major strengths of this study was to apply EFA and CFA on two different samples as recommended.[22-24] Our study shows that the overall and individual subscales UFSQOL-B scores were comparable to other studies.

Thus, the validated UFSQOL-B served as an important patient reported instrument to measure the symptom severity and HRQOL in patients suffering from uterine fibroids. Future research should also include utilization of the UFSQOL-B as outcome measure in clinical trials. So, the responsiveness, or sensitivity to change of the UFSQOL-B to measure symptoms and life-impact of treatments need to be tested in future investigations. The original English version of the questionnaire was found to be highly responsive to conservative treatment.[25] Finally, in order to confirm the UFSQOL-B can measure the impact of clinical treatment.

**Conclusion:** The UFSQOL-B contains 37 items which are framed within 10-component model. It is a reasonably valid and reliable tool which can be used to measure the symptom severity and HRQOL in Bengali patients suffering from uterine fibroids. However, further analysis is recommended to strengthen the validity of the UFSQOL-B.

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# A COVID 19 PATIENTS WITH DIABETES COMPLICATED WITH BRONCHITIS AND PLEURAL EFFUSION, TREATED SUCCESSFULLY WITH HOMOEOPATHY- A CASE REPORT

Prof. [Dr.] Aloke Kumar Ghosh<sup>1</sup>

COVID-19 is a novel SARS CoV-2 disease, causing worldwide pandemic. It is highly contagious and producing severe acute respiratory syndrome. The present case report is of a 61year old male, covid positive patient complicated with bronchitis and pleural effusion presented with chest pain with shortness of breath treated with suitable homoeopathic remedy based on totality of symptoms, followed by immediate relief of the symptoms specially shortness of breath and discomfort in chest along with the marked improvement in the laboratory investigations.

Keyword– COVID 19, SARS CoV-2, pleural effusion, bronchitis, homoeopathy

Introduction – COVID-19 is a highly contagious viral illness caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). An effective treatment has not been discovered by the conventional system so far. The most common pharmacological interventions used are antivirals, dexamethasone, monoclonal antibodies etc. These therapies are highly targeted and focus on reducing viral load<sup>1</sup>. There is no specific test to diagnose this newly spread infection, but this may be facilitated with RT-PCR<sup>2</sup> or with using CT scan of chest<sup>3</sup>. Pneumonia and pleural effusion are one of the recognised complications of covid19<sup>4</sup>.

India reported its first case of COVID-19 on January 30, 2020. This rose to three cases by February 3, 2020. No further cases were reported in February 2020. However, by mid-March, the number of infected cases started to increase, and many cases were reported from all over India. The first COVID-19 related death in India was reported on March 12, 2020. At the time of writing this manuscript, there have been 418,650,474 confirmed cases and 5,856,224 deaths globally<sup>5</sup> and 42,838,524 cases and 512,141 deaths in India<sup>6</sup>. Homoeopathic literature enlists many medicines for covid 19 such as *Arsenicum album*, *Bryonia alba*, *Gelsemium sempervirens*, and *Pulsatilla nigricans* from a prognostic factor research<sup>7</sup>.

A case report of covid 19 patient complicated with pleural effusion and bronchitis successfully treated with homoeopathic medicine *Phosphorus* is presented here. This case highlights the effectiveness of Homoeopathy for the treatment of Covid 19 and its associated conditions, following the basic principles of Homoeopathy.

Patient information–A 61year old male patient presented with cough and chest pain in lower left lateral side, with shortness of breath since 4 days. The patient cannot sleep and has to sit up at night to breathe. The patient visited the rural hospital with covid positive report and as chest pain and respiratory discomfort was continuing, they decided to release the patient by risk bond and tried to shift in a super speciality hospital in Kolkata but due to lack of bed they failed to admit him and



ultimately returned to home isolation treatment. As patient could not get admitted in a super speciality hospital fortunately I got the chance to treat him on 15<sup>th</sup> January 2022 and advised him for a fresh blood report on this date so that I can co-relate all blood test report after prescribing my medicine. The patient did not suffer from any other major illness in the past, except diabetes for which he was under medication. Family history was not significant

*Presenting complaints:* pain in left lower side of chest since 9<sup>th</sup> January <lying on left side, on back, night. Catching pain on deep breathing with shortness of breath.

Cough with rusty sputum.

*Physical generalities:* app – poor with nausea (loathing of food).

Thirst- normal

Taste – tastelessness in mouth

Smell – acuteness of smell with intolerance of smell of cooking food.

Sleep–disturbed due to pain in chest, awakes whole night since complain started.

Stool- offensive smell.

Sweat-occasionally profuse sweat at night wetting the bedsheet for 1-2 days.

*Mental general:* company desire, Anxiety, Loquacity, Jealous

Clinical Findings: pain in chest left lower side aggravated by lying on the affected side and on back. catching pain in chest during deep breathing

Diagnostic assessment the patient was already diagnosed with covid19 infection on 11<sup>th</sup> January 2022 and the patient was advised to do the following laboratory investigation on the first day of visit to me on

15<sup>th</sup> January 2022 to know the present status. The reports revealed the following significant findings.

11/01/2022 D-dimer 1151 ng FEU/ml (upto 500 ng FEU/ml)

15/01/2022 CRP – 83.74 mg/L (<5 mg/l)

15/01/2022 Ferritin – 692.5 ng/ml (22-322 ng/ml)

15/01/2022 TLC  $10.69 \times 10^3$  /ul (4-10)

15/01/2022 LDH 307 U/L (120-246)

11/01/2022 HRCT Thorax- Focal consolidation seen in left lower lobe.

Bronchitis

Left pleural effusion

Therapeutic intervention: Detailed case taking was done as per Hahnemannian guidelines of case taking given in Organon of Medicine followed by analysis and evaluation of the symptoms<sup>8</sup>. Totality of symptoms was erected, The left sided pain in chest. aggravated while sleeping and the patient was very loquacious. Based on these symptoms Lachesis 0/1 BD for 3 days was prescribed on 15<sup>th</sup> Jan 2022 and continued till 17<sup>th</sup> January but there was no relief.

Then the case was investigated further and the symptoms was verified again. And it was found that the chest pain was aggravated after lying on bed and not after sleep. and repertorisation was done taking into account only the most striking mental generals, physical generals and uncommon particulars using Kent's repertory. Repertorisation result is shown in Figure 1. Following symptoms were considered for

repertorisation:

1. Company desire for
2. Poor appetite, Loathing of food
3. Acuteness of smell
4. Profuse sweat at night
5. Stool offensive
6. Pleural effusion left side
7. Chest pain left side
8. Chest pain aggravates on lying on left side, on painful side
9. Chest pain aggravates lying on back
10. Rusty expectoration

After perceiving the symptoms correctly and repertorisation, Phosphorus 30 was prescribed with final consultation of Materia Medica<sup>9</sup>. One dose for 2 days. As the case was acute and symptoms were very intense and striking phosphorus was selected as the best simillimum to the case

Follow up and outcome Following the remedy there was marked improvement on the very first day and the patient was able to sleep comfortably from 2<sup>nd</sup> day onwards after a long time. Date-wise detailed follow-ups with result in investigations are summarised in Table 1. Figure 2 gives the timeline of the case.

In this case, the total score of outcomes as per Modified Naranjo<sup>10</sup> Figure 3

Improvement in the patient started immediately after medicine in appropriate potency was given to patient. Improvement was subjective in terms of relief in overall sign and symptoms such as chest pain, lying on left side, acuteness of smell, appetite improved as well as gradual decline of the following laboratory investigations. No adverse events were reported during the whole duration of treatment. Since the date of first prescription and blood investigation dated 15/1/2022 another blood investigation were suggested on 22/1/2022 to evaluate the result of homoeopathic medicine. Very significant improvement were reported as per blood report analysis of 22<sup>nd</sup> January 2022 and HRCT Chest dated 2<sup>nd</sup> February 2022 as follows.

22/01/2022 D-dimer- 2.09ngFEU/ml (upto 500ng FEU/ml)

22/01/2022 CRP – 17.64 mg/L (<5mg/l)

22/01/2022 Ferritin – 244 ng/ml (22-322ng/ml)

22/01/2022 TLC-  $8.3 \times 10^3$ /ul (4-10)

22/01/2022 LDH 218 U/L (120-246)

22/01/2022 IL-6 < 2.7pg/ml (<4.40)

02/02/2022 HRCT Thorax- no pleural effusion.

Very low CT severity score 3/40

Figure 1: repertorial sheet

Figure 2: timeline

**Table 1:** Follow up and outcomes

Date	Indication for prescription	Medicine with dose and repetitio	Justification
15/01/2022	Left sided chest pain Chest pain aggravates on sleeping loquacious	Lachesis 0/1, 6 doses BDx 3days	Lt sided chest affection Pt could not sleep at night Loquacity, jealous
18/01/2022	Left sided chest pain >lying on painful side, left >lying on back Rusty sputum	Phosphorus 30, 2 doses OD for 2 days	Lt sided pleural effusion Can't lie on left [affected side] as well as on back. Company desire for, catching pain during deep breathing.
20/01/2022	Patient can lie comfortably		Very rapid improvement noticed after phos-30
22/02/2022	No more chest complain. Abdominal disturbances noticed. Frequent desire for stool after eating (3-4 times /day) with unfinished sensation.	Sulphur 30/1 dose	Wanted to conclude the treatment with an anti-psoric like Sulphur though strictly based upon on its symptoms calling.

**Table 2** Assessment by Modified Naranjo criteria score

Item	Yes	No	Not sure/ NA
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? Did the clinical improvement occur within a plausible time frame relative to the drug intake?			
Was there an initial aggravation of symptom?			
Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed? Did overall well-being improve?			
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms +1 From organs of more importance to those of less importance From deeper to more superficial aspects of the individual From the top downwards			
Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?			
Are there alternate causes (other than the medicine) that with a high probability - could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)			
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)			
Did repeat dosing, if conducted, create similar clinical improvement?			
<b>Total</b>			

Discussion: Homoeopathy is a system of medicine which embraces a holistic approach in the treatment of diseased person. In Homoeopathy, detailed case taking is done to make a totality of symptoms and a single remedy is selected on the basis of totality of symptoms.

Homoeopathy treatment is very commonly sought when patients see no hope in conventional system of medicine. This case report as an evidence in serious clinical condition highlights the use of Homoeopathy right from the beginning of disease.

In the present case, initially the symptoms of the patient was misinterpreted as the aggravation on lying interpreted as aggravation from sleep therefor the selected remedy Lachesis gave no relief to the patient. But when the symptoms was verified again after re-case taking then the most similar remedy phosphorus was prescribed followed by immediate improvement in patient. Although homoeopathic treatment has shown favourable results in this case and undoubtedly thrown some light on scope of Homoeopathy and possible answer in this unexplored area, controlled studies with long-term follow-up and large sample size are required for validation of the effects of the homoeopathic treatment in such cases. The outcome of interest, in this case, was reduction in D-dimer level with other inflammatory markers and prevention of possible associated complications, which was successfully achieved while adhering to the basic fundamental principles of Homoeopathy. Finally the treatment was concluded with a dose of Sulphur 30 on the basis of patients present symptoms totality.

Patient Perspective: the patient said that after 11 days of suffering he can now lie comfortably on his back and sleep

Informed Consent Informed consent was obtained from the patient. FUNDING-nil

CONFLICT OF INTEREST None declared

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# A CASE ON POLYCYSTIC OVARIAN DISEASE

Dr. B. C. Mullick, B.Sc., D.M.S, Vice President, HMAI



## To Start With...

\*A young, unmarried lady, aged 20 yrs, came for consultation on 12.7.2002 for treatment of her bilateral ovarian cyst.

\*Finally her ovarian cyst disappeared within 14 months of

Homoeopathic treatment

## Present Complaints...

- \*Pain in abdomen
- \*Pain in Waist
- \*LMP-127.2002
- \*Flow++, Clots++
- \*Pain++ in first two days

## Past History...

- \*Appedisectomy done
- \*Suffered from Chicken Pox
- \*Had chronic Bronchitis in early childhood
- \*Suffered from Malaria

## Family History...

- \*Mother -Ovarian cyst present in both mother and grandmother
- \*Father-Gout

## Generalities...

- \*Chilly
- \*Sweat++ face, offensive smell
- \*Thirst-Scanty
- \*Cravings- Fish, sour, warm foods, raw onion
- \*Av & intolerance- Nil
- \*Stool-2/3 times, soft, has to wait
- \*Urine- NAD
- \*Sleep-Good, lies on abdomen
- \*Mind Likes company, no fear, fixed idea

## Clinical findings...

- \*Pulse-68 p.m.

\*Blood Pressure 110/70 mm of Hg

\*Weight-63 KG.

\*USG Report as on 27.4.2002

## U.S.G. Report-27.4.2002

URINARY-Urinary bladder is well distended and normal in wall thickness.

BLADDER- No intraluminal pathology or intramural mass lesion seen.

Post void bladder shows insignificant amount of residual urine

UTERUS - Uterus is anteverted and normal in size (7.8x3.5x4.9 cm).

Myometrial echotexture is homogenous.

Endometrial cavity in midline location and well collapsed.

ADNEXAE-Clear.

OVARIES- Both ovaries are mildly bulky (RT-4.3 x 1.6 cm. & LT-4.4x2.3 cms) and both show numerous tiny well defined cysts (Range-5 mm. - 7 mm in diameter) in both of them,

P.O.D.-Clear.

IMPRESSION: SUGGESTION OF BILATERAL POLYCYSTIC OVARIAN DISEASE

## Anamnesis and Synthesis...

Tendency to develop cyst at an early age, specially Ovarian cyst, past history of Chicken pox and Appendisectomy with family history. It is a case of Syco- Psora miasm with predominance of Sycosis.

## Treatment....

12.7.2002

Ist Prescription- Thuja 200, IM

-I dose each in two consecutive early mornings.

COMMENTS: Thuja was prescribed for Sycotic miasm along with symptoms like fixed idea, cravings etc.

24.8.2002

L.M.P. - 10.8.2002, lasted for 12 days but pain was less, no such clots seen, oily face, pimples appeared before mense.

Prescribed- Thuja Occi IM/1 to be taken after 10 strokes

COMMENTS: Mense in time but lasted for too long period Thuja Occil IM was prescribed for better result.

27.9.2002

LMP-14.9.2002, lasted for 12 days but pain+ this time.

Prescribed-Thyroid 30/2 doses - Morning & evening in succussion method

COMMENTS- Though mense in time but still it lasted for a longer period, moreover developed pain: profuse and prolonged uterine bleeding is good field for Thyroidium. Harmonal imbalance and dysfunctions are the main cause of such bleeding- hence Thyroidium was suggested.

28.10.2002

LMP-19.10.2002, lasted for 8 days only and pain was less

Prescribed-Thyroid 200/1

COMMENTS: For better result

6.12.2002

LMP-19 11 2002, lasted for 6 days this time and no pain during menses

Prescribed- Thyroid 200/1 with 10 strokes

COMMENTS- For betterment.

27.12.2002

L.M.P 22.12.2002, no trouble at all.

Prescribed- Cale Carb 200/2

COMMENTS: In each disease Psora is present behind. So we should give some Psoric medicines. Cale Carb, selected on the basis of physical make up, desire for sour and warm foods.

28.8.2003

For steady improvement Calc Carb continued upto 10M potency

Prescribed- Medo 1 M/1

COMMENTS: Though the case is Syco Prora with predominance of Sycosis, we should give some strong antisycotic medicine hence Medo was selected as King of anti sycotic medicine.

30.10.2003

U.S.G Report 10.10.2003

\*URINARY BLADDER-Urinary bladder is well distended and normal in wall thickness. No intraluminal pathology or intramural mass lesion seen. Post void bladder shows insignificant amount of residual urine.

\*UTERUS- Uterus is anteverted and normal in size (8.03x5.19 x 2.98 cm). Myometrial echotexture appears homogenous. Endometrial cavity in midline in location and well collapsed

\*OVARIES-Right ovary is bulky (2.74 3 1.88 3.89 cms) with normal echotexture Left ovary is normal in size (1.54 x 1.15 x 1.83 cms), shape and echotexture.

No evidence of mass /collection seen in either adnexal region.

\*P.O.D.-Clear

IMPRESSION: BULKY RIGHT OVARY

30.10.2003

Prescribed- Medo 10 M/1

COMMENTS: Though the Right ovary is still bulky, so we should give Medo in higher potency to normalize the size of the ovary.

Conclusion....

Patient is living a normal life, got married and having a male baby.

# EFFICACY OF INDIVIDUALISTIC HOMOEOPATHIC MEDICINES IN THE MANAGEMENT OF OSTEOARTHRITIS OF KNEE JOINT

Dr. AVIJIT CHAUDHURY, M.D. [HOM.]

## Aims and Objectives-

Osteoarthritis (OA) is a heterogeneous group of degenerative joint disease of multi-factorial origin, characterized by defective integrity and progressive loss of articular cartilage, sub-chondral bone remodeling, joint space narrowing and bone spur formation, as well as synovial inflammation. The study aimed to assess the effectiveness of individualized homeopathic treatment in patients with knee osteoarthritis, focusing on pain reduction and improvement in joint function.

## INTRODUCTION

**Definition:** Osteoarthritis (OA) is a type of arthritis marked by progressive cartilage deterioration in synovial joints. Also known as degenerative joint disease. It is characterized by progressive joint failure in which all structures of the joint have undergone pathologic changes.

**Epidemiology:** Worldwide estimates are that 9.6% of men and 18.0% of women over the age of 60 years have symptomatic osteoarthritis. Approximately 80% of those with OA will have limitations in movement, and 25% cannot perform their major activities of daily life. About 6% of adults age 30 have frequent knee pain and radiographic osteoarthritis. The prevalence of OA rises progressively with age, such that by 65 years 80% of people have radiographic evidence of OA, though only 25–30% is symptomatic. The knee and hip are the principal large joints involved, affecting 10–25% of those aged over 65 years.

## Classification of Osteoarthritis:

**A. Primary Osteoarthritis-** Primary osteoarthritis is a chronic degenerative disease that is related to, but not caused by, aging. As a person ages, the water content of their cartilage decreases, thus weakening it and making it less resilient and more susceptible to degradation.

1) **Localized Osteoarthritis:** Heberden's nodes without other joint involvement represent the most common form of primary OA. genetic factors are important in the development of Heberden's nodes.

2) **Generalized Osteoarthritis:** Generalized OA is defined by involvement of three or more joints or joint groups.

3) **Erosive Osteoarthritis:** It also known as inflammatory OA.

**B. Secondary Osteoarthritis.** Disorders that damage joint surfaces and cause cartilage changes characteristic of OA are as follows: 1. Mechanical incongruity of the joint. a. Congenital and developmental disorders, such as hip dysplasia, slipped femoral capital epiphysis, and multiple epiphyseal dysplasias. b. Joint trauma, joint surgery, such as meniscectomy. 2. Inflammatory joint disease, such as RA or infectious arthritis. 3. Bone disease, such as Paget's disease 4. Bleeding dyscrasias 5. Neuropathic joint disease 6. Excessive intraarticular steroid injections 7.

## Endocrinopathies and metabolic disorders:

**Etiology& Risk factors:-** Joint vulnerability and joint loading are the two major factors contributing to the development of OA. Systemic factors Increased age Female gender Racial/ethnic factors Genetic susceptibility Nutritional factors Vulnerabilities (local environment) Previous damage (e.g., meniscectomy) Bridging muscle weakness Increasing bone density Loading factors Obesity Injurious

physical Activities Pathogenesis: The earliest changes of OA may begin in cartilage. The two major components of cartilage are type 2 collagen, which provides tensile strength and aggrecan, a proteoglycan. OA cartilage is characterized by gradual depletion of aggrecan, unfurling of the collagen matrix and loss of type 2 collagen, which leads to increased vulnerability.[9] Various features are seen in cartilage and bone as the disease progresses.[8] A. Structural breakdown of cartilage. This process consists of the following: 1. Fibrillation and fissuring. 2. Focal and diffuse erosions of the cartilage surface. 3. Thinning and complete denudation of cartilage. B. Changes in subchondral bone 1. Subchondral bony sclerosis. 2. Cyst formation. 3. Bone thickening with eburnation. 4. Reactive proliferation of new bone and cartilage at the joint periphery to produce osteophytes. CLINICAL FEATURES: The main presenting symptoms are pain and functional restriction. Typical OA pain has the following characteristics:- Insidious onset over months or years. Variable or intermittent over time. Mainly related to movement and weight-bearing, relieved by rest. Only brief (< 15 min) morning stiffness and brief (< 1 min) „gelling? after rest. Usually only one or a few joints painful (not multiple regional pain). Signs: Restricted movement due to capsular thickening, or blocking by osteophyte.[7] Palpable, sometimes audible, coarse crepitus due to rough articular surfaces. Bony swelling (osteophyte) around joint margins. Deformity, usually without instability. Joint-line or periarticular tenderness. Muscle weakness, wasting. No or only mild synovitis (effusion, increased warmth). Diagnosis:[10] Typical OA can be diagnosed by history and examination alone. Currently the main investigation that can help confirm OA is the plain X - ray, with demonstration of characteristic structural abnormalities like space narrowing (due to cartilage loss), marginal osteophyte or " spur " formation and subchondral sclerosis of bone.

Differential Diagnosis- Osteonecrosis Charcot joint Rheumatoid arthritis Psoriatic arthritis Crystal-induced arthritides

MANAGEMENT- Exercise. This should cover both strengthening and aerobic exercise, preferably with reinforcement by a physiotherapist Reduction of adverse mechanical factors. This includes weight loss if obese, shock-absorbing footwear, pacing of activities, use of a walking stick for painful knee or hip OA, or provision of built-up shoes to equalise leg lengths. Drug treatment. Give an initial trial of paracetamol and consider the addition of a topical NSAID. If required, consider escalating to combined analgesics or oral NSAIDs. Opiates may occasionally be required Local physical therapies such as heat or cold.

Homoeopathic point of view-The aims and objectives for treatment of osteoarthritis of knee is focused on controlling pain and to enjoy their quality of life. Treatment for Knee osteoarthritis can combine medications, life style modification, exercise, and even surgery. Homoeopathy treats the patient not the disease, In homoeopathy, we have to do proper case taking, considering physical general, mental general, and particulars, concomitants and uncommon peculiar symptoms individualisation is done and after identifying predominating miasms and medicine is selected.. So individual characteristics based on predominant or active miasms forms basis of homoeopathic prescription.

Homoeopathic Management:

1. Bryonia Alba: Knee stiff and painful. Joints red, swollen, hot, with stiches and tearing; worse on least movement. Every spot is painful on pressure.

2. CalcareaFlourica: Chronic synovitis of knee joint. Worse- during rest, changes of weather. Better-



heat, warm application.

3. Causticum : Tearing pain in joints. Contracted tendons. Burning in joints Cracking & tension in knees, stiffness in the hollow of knee.

4. Colchicum Autumnale: Arthritic pains in joints; Patient screams with pain on touching a joint or stabbing a toe. [12] Joint stiff & feverish; shifting rheumatism; pains worse at night. Knees strike together, can hardly walk (knock knees) Worse- motion , Better stooping.

5. Colocynthis: Cramp like pain in hip; lies on the affected side; pain from hip to the knee. Stiffness of joints & shortening of tendon. Pain in the left knee joint. Shooting pains, like lightning shocks, down the whole limb, left hip, left thigh, left knee, into popliteal fossa. Better- warmth, hard pressure.

6. Formica Rufa: Pain in knee joints especially right knee; torn & strained sensation around the joints.

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

8. Ledum Palustre: Rheumatism or gout; begins in lower limbs and ascend up. Cracking in joints; worse warmth of bed.

9. Osteo-arthritic-nosode: Muscular pain of the right hip. pain of the Achilles tendo. pain aggravated by the first movement, amelioration by continued movement. redness and swelling of the right forearm and right wrist.

10. Rhus Toxicodendron: Joint stiff & feverish; shifting rheumatism; pains worse at night. Knees strike together, can hardly walk (knock knees) worse on motion , better- stooping. Hot, painful swelling of joints (osteoarthritis). Pain tearing in tendons, ligaments & fasciae. Soreness of the condyles in bones. Limbs stiff, paralysed. The cold fresh air is not tolerated; it makes the skin painful. Tenderness around knee joint. Lameness, stiffness & pain on First moving after rest, or on getting up in the morning, > by walking or continued motion.

11. Ruta graveolens: History of mechanical injuries of bones of lower extremities. Pain in knee with swelling.

12. Arnica – used in chronic arthritis when patient complaints of soreness and bruised sensation in joints. Pain worse from touch, everything on which they lie feels very hard. Rheumatism begins from lower limbs and then extend upwards .

Methodology:

Participants: 60 patients diagnosed with osteoarthritis, primarily of the knee joints.

INCLUSION CRITERIA-

1. Age 50-70 years, both sexes and suffering Pain in the knee, stiffness less than 30 min, Knee bony tenderness, Crepitus on knee motion or compatible synovial fluid

2. Osteophytes on knee x-ray

3. Patients already undergoing regular oral or topical analgesics or NSAID therapy for painful episodes of OA, provided the medications are stopped completely at least 2 weeks prior study entry

4. Literate patients; ability to read English and/or Bengali language

5. Providing written informed consent

EXCLUSION CRITERIA-

1. Severe degeneration of knee joint with marked joint narrowing, Varus, or valgus deformity of knee (>12°), evidenced by imaging or other evidences and requiring surgical intervention

2. Non-ambulant patients

- 3. Intra-articular injections within 2 weeks before study entry
- 4. Transplanted knees
- 5. Recent significant knee surgery within last 6 months
- 6. Substance abuse and/or dependence
- 7. Self-reported immune-compromised state

Design: A double-blind, placebo-controlled trial. Participants were randomly divided into two groups:  
 Homeopathy Group: 30 patients Received individualized homeopathic remedies based on their symptoms.

Placebo Group: 30 patients Received a placebo treatment designed to look identical to the homeopathic remedies.

Duration: 1yr. 6 months.

Outcome Measures: Pain levels were assessed using the Western Ontario & McMaster Universities Osteoarthritis Index WOMAC scores and quality of life assessing parameter EQ-5D-5L through patient-reported outcomes.

Results:

In WOMAC The homeopathy group reported a statistically significant reduction in pain levels compared to the placebo group,

	t score	p-value	Mean difference	Standard deviation of differences
<b>PLACEBO GR,</b>	0.42	0.68	0.21	2.64
<b>MEDICINE GR.</b>	<b>11.25</b>	<b>5.24×10<sup>-12</sup></b>	<b>5.97</b>	<b>2.93</b>

The very low p-value (< 0.05) indicates that there is a statistically significant difference between the pre-test and post-test scores in the treatment group. Conclusion: The control group shows no significant change in scores between pre-test and post-test. The treatment group shows a significant improvement in scores from pre-test to post-test.

In EQ-5D-5L Patients in the homeopathy group reported better overall well-being and quality of life also,

	t- score	p-value	Mean difference	Standard deviation of differences
<b>PLACEBO GR,</b>	0	1	0	1.41
<b>MEDICINE GR.</b>	10.77	<b>1.19×10<sup>-11</sup></b>	<b>2.4</b>	<b>1.22</b>

The very low p-value (< 0.05) indicates that there is a statistically significant difference between the pre-test and post-test scores in the treatment group. Conclusion: The control group shows no significant change between pre-test and post-test scores. The treatment group shows a significant decrease in scores from pre-test to post-test.

Conclusion:

The study concluded that individualized homeopathic treatment might provide some benefit in managing pain and other symptoms associated with osteoarthritis. However, in this study the authors have noted that the beneficial effects is observed to the patients using commonly used homoeopathic medicines like Bryonia, Rhustox, Arnica, Ruta, Calc. carb, Calc. flour, Medorrhinum, Ledum, etc. However, more extensive trials with larger sample sizes are necessary to confirm the findings.

# EFFICACY OF HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF TYPE II DIABETES MELLITUS

Dr. Sampad Roy, LifeMember HMAI



Introduction: Diabetes mellitus a metabolic disorder characterized by high glucose level associated with other manifestations. The name diabetes mellitus was coined by Thomas Willis, who discovered sweetness of urine from diabetes in 1675. In most of the cases diabetes mellitus develops due to deficiency of insulin. Recent classification of diabetes mellitus divides into two types – type I & type II diabetes.

Type I diabetes is due to deficiency of insulin because of destruction of B cell in the islets of Langerhans and congenital disorder of B cells.

Whereas Type II diabetes is due to insulin resistance (failure of insulin receptors to give response to insulin), So the body is unable to use insulin. It caused by lifestyle changes, such as bad eating habit, and physical inactivity leading to obesity.

Objective: Homoeopathy a complementary system of medicine, that has successfully used in different diseased condition including management for type II diabetes mellitus. Abstract is presented to assess the effectiveness and safety of Homoeopathic treatment.

Material and Method: 50 patients (aged between 20 – 65 years) of Type II Diabetes Mellitus were selected into 5 groups haphazardly in my personal clinic. (Medicine was prescribed according to totality of symptoms and homoeopathic philosophy).

<u>Medicine</u>	<u>No. of patient</u>	<u>No. of pt. get well</u>
1. Only Homoeopathic Medicine	10	06
2. Only SyzygiumJumbolenum	10	04
3. Only CephalendraIndica	10	05
4. Homoeopathic medicine with CephalendraIndica	10	08
5. Homoeopathic medicine with SyzygiumJumbolenum	10	08

Management beside Homeopathic Medicine

- Low carb diet, individual diet chart
- Daily exercise with yoga practice
- Avoid fried food, sweet, sugar, flour, junk food
- Rather than taking three high meals, try to take five small meals

Result: After medication for 3 - 6 months with proper medication with individual diet and other life style management, significant reducing change were found in blood sugar level both Fasting and PP & HbA1C.

Conclusion: Diabetes, a complex clinical condition need careful management including medicinal treatment to prevent its complications. It should be remembered that same homoeopathic medicine should not be prescribed for all. Beside medical treatment (may be individualized homoeopathic treatment as an alternative medicine) a healthy life style, regular basis free hand exercise, individualise healthy diabetic diet, monitoring blood sugar level in necessary. It is a global need to demonstrate the positive results of individualise homoeopathic medicine in diabetic patient.

*With Best Compliments From :*

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PRINCIPAL :

DR. ANIMESH SANTRA - 9674555087

# "গল্প হলেও সত্যি"

- ডাঃ অসীম মজুমদার

অধিক সন্ধ্যাসীতে গাজন নষ্ট। প্রবাদ বাক্য। কিন্তু কথাটা বাস্তবে অহরহ ঘটে থাকে। আমি আমার তিনটি রোগীর উদাহরণ দেব, যাদের শুধু প্লাসিবো দিয়েই নিরাময় সম্ভব হয়েছে।

**প্রথম রোগী :** আমার এক রোগীর বয়স ৫ বছর। উত্তরপাড়ায় থাকে। বাড়ীর একমাত্র ছেলে বা নাতি তাকে নিয়ে সবাই বেতিব্যস্ত। ঠাকুরমা, দাদু, মা- বাবা, দিদা, দাদু ও পিসিরা সবাই। কারণ ঐ ছেলেটি কিছুতেই ঘরের খাবার খেতে চায় না। প্রতিদিন অল্পকিছু খাবার বা দুধ খাওয়াতে প্রচুর সময় ও কসরৎ করতে হয়। আমার ডাক্তারখানায় আসার পর অনেক পরীক্ষা নিরীক্ষা করার পর, পারিবারিক ইতিহাস সংগ্রহ করার পর, আমার দৃষ্টি ভঙ্গিতে নির্দিষ্ট করে কোন ঔষধ ঠিক করতে পারিনি। অতএব কিছু সময় চেয়ে নিয়ে ২/৩ রকমের প্লাসিবো দিয়েছি। সঙ্গে কিছু সাজেশনও দিয়েছি। সাজেশন হলো আপনারা ওকে একদম খাবার কথা বলবেন না। খেতে আয় বা খেতে বোস এই কথাটা বলা যাবে না। এমনকি জল খেতেও বলবেন না। যত্রতত্র ওর চেনা জায়গায় বা বোতলে বিভিন্ন রকম জল ভরে রাখবেন। যেমন মিসরির জল, নুন চিনির জল, গ্লুকোজের জল, সাদা জল ও লেবুর জল ইত্যাদি। আর বাড়ির সকলে খেয়াল রাখবেন কোন জল কতটা খাচ্ছে। আর ওর প্রতি নজর রাখবেন, স্নান করাবেন, পড়তে বসাবেন, খেলতে দেবেন কিন্তু ওর সাথে কথা কম বলবেন। আর এই সমস্ত প্রক্রিয়া শনি ও রবিবার দেখে করবেন। ঐ দুদিন ওর স্কুল ছুটি থাকে। কারণ ঐ দিন গুলোতে বাড়িতে সবাই থাকে, আর আপনারাও যথারীতি একটু বেশি করে ভালো মন্দ রান্না করে মজা করে সবাই একসাথে বসে হই হই করে খাবার খাবেন। জোরে জোরেই আওয়াজ করে বলবেন কি ভালো হয়েছে এই খাবারটা। এমন ভাবে বলতে হবে অতি অবশ্যই এই কথাগুলো যেন বাচ্চাটি কানে শুনতে পায়। আর আমায় সারাদিনের রিপোর্ট রাত্রে দেবেন।

**রিপোর্ট,** শনিবার সারাদিন ঐ বাচ্চাটি কিছুই খেলোনা। শুধুই জলগুলো নেড়েচেড়ে খেল। আর সন্ধ্যাবেলায় বাবাকে বললো, " তোমরা সব ভালো ভালো খেলে, আমাকে না দিয়ে, তুমি আমার জন্য একটা মাজা, আর চিপস্ আনবে বেশি করে "। বাবা আমাকে জিজ্ঞাসা করে মাজা এনেছে কিন্তু চিপস্ আনেনি। বাবা বললো, চিপস্ পাওয়া যায় নি। রাত্রে ঐ ছেলে মাজা খেয়েই শুয়ে ঘুমিয়ে পড়লো। পরদিন সকালে বাড়ির সকলে লুচি তরকারী খেয়েছে আমার কথামতো হৈ চৈ করে। ও কিন্তু কিছুই খায়নি, একবার চিপসের বায়না করেছিল। চান করেছে। সেই জল ছাড়া কিছুই খায়নি। দুপুরে সবাই একসাথে বসে খাচ্ছে ও চুপ করে বসে টিভিতে কার্টুন দেখছিল। খাবার ওখান থেকে আওয়াজ আসছিল মাংসটা কি ভালো হয়েছে। ও হটাৎ করে বাহিরে বেরিয়ে একটা ইট নিয়ে এসে টিভিটাতে মারে। টিভি চুরমার হয়ে যায়। সবাই উঠে ওকে ধরে ফেলে। ঐ ছেলের কি কান্না। আর বলে " **সবাই ভালো ভালো খাচ্ছ আমাকে দাওনি কেন?** " তারপর থেকে ঐ ছেলে নিজের হাতে খেতে চাইলো। আর তাকে খাবার জন্য বলতে হয় না, নিজে থেকেই খাবার চেয়ে খায়। বিনা ঔষধে ঐ রুগী ভালো হয় যেটা বাড়ির কেউ জানে না। বর্তমানে ঐ ছেলে M.D. Paediatric ডাক্তার বাবু।

**দ্বিতীয় রোগী :** বয়স ৩২, বিবাহিত। এক সন্তান আছে, বয়স ৪ বছর। ভদ্রলোক আমার কাছে এসে প্রথমেই বলে, ডাক্তার বাবু আমার আলসার হয়েছে। যেটা Barium meal X-ray তে ধরা পড়েছে। পেটে ব্যাথা হালকা ভাবে সবসময় কমবেশি থাকে। খিদে কম, কিন্তু খায়। সর্বদাই পেট ভার ভার ভাব। গলা বুকজ্বালা আছে। আমি রোগ লক্ষণ সংগ্রহ করার পর সিদ্ধান্ত নি, পনেরো দিন কোন ঔষধ দেবোনা। কিন্তু প্লাসিবো

দিয়ে দি। কারণ রোগীর খালি পেটে ঔষধ খাওয়ার নেশা বহুদিনের। যেটা অ্যালোপ্যাথিক ঔষধ। এছাড়া জানতে পারি উনি কর্মক্ষেত্রে প্রচণ্ড ব্যস্ততা ও চাপের মধ্যে থাকেন। বাড়িতে কথা কম বলেন, এসেই খেয়ে শুয়ে পড়েন। কারণ সকালে তাড়াতাড়ি উঠতে হয়। যৌন ইচ্ছা একদম নেই বললেই চলে। আমি ওনার সাথে কথা বলে দুমাস সময় চাই, যা উনি এই দুমাস আমার কথামতো চলবেন।

আমরা সবাই জানি, মানসিক চাপের সাথে আলসারের সম্পর্ক সুস্পষ্ট। জীবনে চলার পথে আমরা কত আবেগের সম্মুখীন হই। এই আবেগ আমাদের মনলোকে প্রভুত্ব কায়েম করে মনকে পীড়িত ও ভারাক্রান্ত করে তোলে। ফলে মন হয় বিধ্বস্ত। আর এভাবেই আবেগের শাসন শরীরে অনিবার্য ভাঙ্গন ঘটিয়ে ব্যাধির আর্বিভাব ঘটায়। আলসার রোগের সাথে জড়িয়ে থাকা বৈশিষ্ট্য গুলির মধ্যে অন্যতম হচ্ছে অহেতুক উদ্বেগকে বাড়িয়ে তোলার প্রবৃত্তি বা রাগ আর ভয়ের অনুভূতিকে স্পষ্ট করে প্রকাশের অক্ষমতা।

ঐ যে ১৫ দিনের প্লাসিবো দিয়েছিলাম যা সকালে খালি পেটে একটা, আর রাতে শোবার সময় একটা। আমার বিনা ঔষধের সাজেশন হলো, অফিস থেকে যত তাড়াতাড়ি সম্ভব বাড়ি ফিরুন। বাড়িতে এসে সন্তানের সাথে এক ঘন্টা বা ৩০ মিঃ খেলা করুন বা কথা বলুন। টিভিতে হাসির জিনিস দেখুন ১ ঘন্টা, পারলে টিভি দেখতে দেখতে খেয়ে নিন। টিভি সিরিয়াল দেখবেন না। বাড়ীর বাইরে থাকার সময় প্রতি ২ ঘন্টা অন্তর বিস্কুট খান। স্ত্রীর সঙ্গে যৌন সম্পর্কিত গল্প করবেন। বিশ্বাস করুন একমাস প্লাসিবো দিয়ে পুনরায় Barium meal X-ray করাই। কোন আলসার ধরা পড়ে নি। বর্তমানে ক্ষিদে ভালো আছে, পেটে ভার বোধ বা ব্যথা কোনটাই নেই। উল্টো পাল্টা খেলে একটু অস্বল হয়। হ্যাঁ গ্যাসের ঔষধ মনে করে ঐ প্লাসিবো সকালে ও সন্ধ্যায় রাতে খেয়ে যেতে হয়। যেটা হোমিওপ্যাথি বলে খ্যাত। বর্তমানে যৌন ক্ষিদে পরিপূর্ণ।

**তৃতীয় রোগীনি :** বয়স ১৭ বছর। বিগত চার পাঁচ মাস ধরে কিছু খেতে পারছে না, সবতেই বমি বমি ভাব। ঘুম কমে গেছে। খুব রোগা হয়ে গেছে। প্রচণ্ড রাগ হয়ে যাচ্ছে। কিছু বললেই হাউ হাউ করে কেঁদে উঠছে। অনেক ঔষধ খেয়েছে। সবই সাময়িক। হোমিওপ্যাথি ঔষধও খেয়েছে। আমার মনে যা ঔষধ নির্বাচন হয়েছিল তা তিনি অন্য চিকিৎসকের কাছে খেয়ে নিয়েছেন। সব কিছু জানার পর রোগিনীর মার সাথে আলাদা কথা বলাতে জানতে পারলাম, ও ১২ ক্লাসে গত বছর ফেল করেছে, যেটা ও কিছুতেই মেনে নিতে পারছে না। শুধু তাই নয়, সবাইকে এই সংবাদটা ঠিক বলা হয়নি। আবার মেয়েকে ডাকলাম বুঝলাম তোমার মা আমাকে তোমার ফেল করার খবরটা বলে দিয়েছে। এতে তোমার কি মত। মেয়ে উত্তর দিলো কি আর করা যাবে যেটা বাস্তব সেটা সবাই আজ না হোক কাল জানবেই। ব্যস, এটাই আমি চাইছিলাম, তুমি কতজন কে এই ফেলের কথাটা বলানি, আমি চাই এই মুহূর্ত থেকে তুমি বলতে শুরু কর। যেটা আমাকে বলে শুরু করেছে তোমার মা। এতে কি হবে, তোমার একটা আতঙ্ক কাটবে। যেটা নিয়ে এতদিন তুমি ভয়ে ভয়ে চেপে থাকতে। জেনে যাও সবাই তোমার ফেল করা জেনে গেছে। তোমাকে পরবর্তী ধাপে ভালো করে পড়ে পাশ করে এর উত্তর দিতে হবে। বিশ্বাস করুন পনেরো দিন পর রোগিনী যখন আমার কাছে আসে তার মুখ চোখের চেহেরাই বদলে গেছে। ও নিজের থেকেই বলতে আরম্ভ করলো ডাক্তার বাবু আমি সবাইকে বলে দিয়েছি, আর যাদের ভুল বলেছিলাম এপোলজি চেয়ে নিয়েছি। সত্যি ডাক্তার বাবু এই সাহসটা আমায় কেউ দেয়নি। আমি ভয় পেয়ে গিয়েছিলাম। আতঙ্কে ভুগছিলাম। আমি এখন খুব খুব ভালো আছি।

এই রকম প্রচুর রোগী বিনা ঔষধে সেরে যেতে পারে। একটু অনুসন্ধানের দরকার আছে। স্নায়ু দোষ, যৌন অক্ষমতা, রেগে যাওয়া, আধ কপালে মাথা যন্ত্রণা, শ্বেত প্রদর, ভুলে যাওয়া, ইত্যাদি ইত্যাদি। "গল্প হলেও সত্যি"।

## SOME INDIAN DRUGS

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**HEMIDESIMUS INDICA**  
Family: Asclapiadaceae  
Common Name: Ananta mul.  
Parts Use : Roots

Treatment : Joint pain, psoriasis,eczema, dermatitis, Dysentery, piles and good for Hansen's Disease.

**NYMPHAEA ALBA**  
F a m i l y :  
Nymphaeaceae  
Parts Use: Flower and stocks.



Treatment: Used as an anti-inflammatory and antibacterial benefits that helps in soothing the skin, Cardiotonic, demulcent and Antioxidant.

Facewash,it is most useful for skin care routine. It is good face toner, instant nourishment for skin.

**HELIOTROPIUM INDICUM**  
Family :Boraginaceae  
Common Name :  
Elephant plant, Hatisur  
Parts Use: Leaf



Treatment: Used for inflammatory tonic, dermatoses, specially eczema and impetigo children.

Topically to control sore, stys, furuncles, Conjunctivitis.

**NYCTANTHES ARBORTRISTIS**

Family: Oleaceae  
Common Name :  
Sephali, Night-blooming Jasmine  
Parts Use: Leaves  
Treatment: Fever, Rheumatism, Malarial fever, Sciatica.



Decoction is good for sciatica and inflammation of the body.

**PHYLLANTHUS NIRURI**  
F a m i l y :  
Euphorbiaceae  
Common Name :  
Bhumi Amla



Parts Use : whole plant  
T r e a t m e n t :  
Antipyretic, antiseptic, astringent, diuretic, Dysentery, Dyspepsia, Jaundice, gonorrhoea, Genitourinary troubles.

**MIMUSOPSELANGI**  
Family : Sapotaceae  
Common Name: Bakul  
Parts Use: Bark  
Treatment: Strangury, best for Gums and teeth problems



Skin: Leucoderma  
**MESUA FERREA**  
Family: Guttiferaceae (Clusiaceae)  
Common Name :  
Nagkasar, Nageswar  
Parts Use: Flower Buds  
Treatment: Stomachic,



Diarrhoea, Dysentery, bleeding piles, Cough and Gout.

PHYSALIS MINIMA

Family: Solanaceae

Common Name :

Bantepari

Parts Use: whole plant

Treatment : Languor, Muscular weakness, Lithiasis and Excoriation between fingers and toes.

\* Juice of berries is Used in dropsical Conditions, irritable bladder and gonorrhoea.



CAESALPINIA BONDUCELLA

Family: Caesalpiniaceae, Common Name: Nataranjan

Parts Use: Fruits and Seeds

Treatment: Antipyretic, best for continued fever and intermittent fever, Hydrocele, Orchitis, Malaria and Leprosy.

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## SUCCESSFULLY TREATED OF PSORIASIS BY A CONSTITUTIONAL HOMEOPATHIC MEDICINE

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## ABSTRACT

An autoimmune multi-systemic condition called psoriasis has an effect on psychological and emotional health, including low self-esteem, stigma, and anxious mental states. The estimated global frequency is about 2%; however, it varies from nation to nation. A 32 years old female patient was diagnosed with psoriasis and she has suffering from voluptuous itching with a burning sensation mainly at night, brownish-red discoloration of skin and also scaly formation. After scratching sometimes oozing blood from the scalp, waist region and legs for the last 7 years. The patient was treated with different kind methods of treatment yet there was no agreeable outcome emerged. Therefore, the patient pursued homoeopathic treatment for a permanent recovery. A constitutional homoeopathic medicine *Lycopodium clavatum* 200CH was prescribed truly based on symptoms totality. The symptoms improved after the second prescription. According to homoeopathic principles, this led to an increasing the potency of *Lycopodium clavatum* 1M. After a few months of treatment, a noticeable outcome as well as a perceptible improvement in the PASI Index appeared. This instance demonstrates the beneficial benefits of homoeopathic constitutional treatment of psoriasis.

## INTRODUCTION

Despite the fact that psoriasis is ostensibly really old as people, the underlying foundations of psoriasis recognizable proof can be tracked down in Antiquated Greece. Psoriasis is a chronic inflammatory skin condition characterized by papulosquamous lesions with scaly and red plaques on the extensor surface<sup>[1]</sup>. Psoriasis affects 2-3% of the global population, with a second surge in incidence in the 6th-7th century's<sup>[2]</sup>. TNF, dendritic cells, and T-cells all have a part in the pathogenesis of psoriasis, which is now also thought to be an immune-mediated disorder. The condition has a strong but complex genetic underpinning, with over 60% monozygotic twin concordances. There are numerous factors that seem to have an impact on psoriasis, including The primary contributing factors are infections, beta-blockers,

lithium, chloroquine, and non-steroidal anti-inflammatory drugs (NSAIDs), in addition to other medications, the duration of antipsoriatic treatments, endocrine variables, sunlight, alcohol, smoking, and stress<sup>[3,4,5]</sup>. Psoriasis congruence in twin studies suggests a hereditary basis for the illness. Monozygotic twins have a concordance of 35-72%, while dizygotic twins have a concordance of 12-30%. Psoriasis is characterized by similar age of onset, disease location intensity, and clinical course among congruent twin pairs. Erythematous plaques and prominent borders are coated with pearlescent squamous, with common locations being knees, elbows, scalp, and sacral area. Squamae, layers of white lamellae, peel off when the surface of the psoriatic plaque is scraped, displaying coherence after removal. Psoriasis can impact health-related quality of life (HRQoL), with visual aspects debilitating and psychologically distressing. Homoeopathy, a distinctive and ancient method of treatment, has shown positive effects on psoriasis in all ages and also all sexes <sup>[5-9]</sup>.

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**Case Report**

A 32-year-old female patient visited my OPD on 10/03/2022 and presented with complaints of voluptuous itching and after scratching burning sensation, thickening of the skin, reddish-brown of skin with much scaly formation with a clear marginal border on crural region of legs, waist region and scalp from last 7 years (Figure1). Itch appears all day but is mostly aggravated at night and relieved from wrapping up. The patient was melancholic, confused and wants to be alone. Prior to approaching my O.P.D., she received 7 years of treatment from dermatologists using modern medicine (steroidal and antifungal ointment). Her symptoms at the time had only slightly improved for a short period, after her symptoms intensified. She regularly changed dermatologists as her concerns grew worse, but the issues remained. In these situations, she intended to select homoeopathic treatment.

There was a past history of chickenpox at 12 years of age and treated with antibiotic and steroidal ointment and from that time she was suffering from recurrent cold affection every month. She had an addiction to Jarda Pan for the last 9 years. In the family history, her parents suffered from HTN and her parenteral grandfather had a skin disease.

On examination of the skin, there was dry, reddish-brown. After scratching oozes blood, and a burning sensation and she saw much scaly formation in the

morning over the crural region of both legs, waist region and scalp. Others all systemic examination was normal.

**Homoeopathic Generalities**

**Mental Generals:** Depression+++ , anxiety++, confusion of mind++, melancholic+++ , apprehensive++, forgetful++, suspicious++, desire to be alone.

**Physical Generals:** - Appetite++, desire - sweet++ and warm food++, bitter taste, aversion to bread++, aversion to bathing especially in winter+++ , thirst after meal++, heavy and fullness in the abdomen after lunch, frequent urination +, profuse and bad smell in perspiration, stool hard++ difficult+ and unsatisfied, un-refreshing sleep++, thermal reaction chilly++.

**Analysis of the case and reportorization:** - A thorough examination of the characteristics and symptoms had been converted to totality and then further transformed into the rubrics.

**Totality of Symptoms & Rubrics:** Depression, anxiety, confusion of mind, melancholic, apprehensive, forgetful, suspicious, desire to be alone, lack of vital heat, desire for sweet and warm food, stomach heaviness, stomach fullness, aversion to bread, thirst after meals, un-refreshing sleep, frequent urine, stool hard difficult and unsatisfied, eruptions- psoriasis, eruptions- scaly, skin: brownish and thickened, voluptuous itching and after scratching burning, skin: dry.

**Table 1: Repertorial analysis**

Remedy Name	Lyc	Sulph	Phos	Ars	Sep	Calc	Rhus-t	Nat-m	Sil	Nit-ac	Lach	Merc
Totality	63	56	55	54	53	49	47	47	45	44	43	43
Symptoms Covered	24	23	22	23	22	21	21	20	23	21	20	20
[Kent] [Mind] Anxiety	3	3	3	3	2	3	3	2	2	3	2	2
[Kent] [Mind] Confusion of mind (see concentration)	2	2	2	2	3	3	3	3	3	1	3	3
[Kent] [Mind] Sadness, mental depression	3	3	2	3	3	3	3	3	2	3	3	3
[Kent] [Mind] Despair	2	2		3	1	3	2	2	1	2	2	2
[Kent] [Mind] Irritability (see anger)	3	3	3	2	3	3	3	3	3	3	2	2
[Kent] [Mind] Fear (see anxiety)	3	2	3	2	3	3	2	2	1	1	1	2
[Kent] [Mind] Forgetful (see memory)	3	2	3	1	1	2	2	2	1	1	2	3

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[Kent] [Generalities] Heat: Vital, lack of	2	2	3	3	2	3	3	2	3	3	2	2
[Kent] [Stomach] Desires: Warm: Food	2			3					1			
[Kent] [Stomach] Desires: Sweets	3	3		1	2	2	2	1				1
[Kent] [Stomach] Aversion: Bread	2	1	2		2		1	3		2	1	
[Kent] [Stomach] Thirst: Eating: After	1		1						1	1		
[Kent] [Sleep] Unrefreshing	2	2	3	2	2	1		2	2	3	3	
[Kent] [Stomach] Heaviness, weight, oppression (see fullness)	3	3	2	2	1		1	2	2	1	1	1
[Kent] [Stomach] Fullness: Sensation, of	3	3	3	1		2	2	2	1		1	2
[Kent] [Stool] Hard	3	3	3	2	3	3	1	3	3	3	3	2
[Kent] [Rectum] Constipation (see inactivity)	3	3	3	3	3	3	1	3	3	3	3	2
[Kent] [Skin] Eruptions: Psoriasis	3	2	2	2	3	2	2		2	2		2
[Kent] [Skin] Eruptions: Scaly		2	3	3	3	2	2	2	2	2		2
[Kent] [Skin] Hard: Thickening, with	2	1	1	2	3	2	3		1		2	
[Kent] [Skin] Discoloration: Brown, liver spots	3	3	2	2	3	1			1	3	3	3
[Kent] [Skin] Itching	3	3	2	3	3	2	3	3	3	2	2	3
[Kent] [Skin] Burning	3	3	3	3	2	2	3	2	3	1	3	2
[Kent] [Skin] Dry	3	3	3	3	2	3	2	2	3	2	2	2

Clinical diagnosis: - Psoriasis



Figure: Before Homeopathic Treatment

13. 5:31 AM

PASI SCORE Results for 8000000000000000

Patient's Name: XXXXXXXXXXXXXXXX

Referred By: Dr. Tarunay Sarkar

Date of PASI test: 2023-08-10

**PASI SCORE: 5.9**

Head and Neck	
SKIN AREA INVOLVED	1.5 palms
AREA SCORE	1
REDNESS	2
THICKNESS	2
SCALE	3
<b>TOTAL:</b>	<b>1.4</b>



Upper Extremities	
SKIN AREA INVOLVED	0 palms
AREA SCORE	0
REDNESS	0
THICKNESS	0
SCALE	0
<b>TOTAL:</b>	<b>0</b>



Trunk	
SKIN AREA INVOLVED	3 palms
AREA SCORE	3
REDNESS	1
THICKNESS	1
SCALE	1
<b>TOTAL:</b>	<b>6.9</b>



Lower Extremities	
SKIN AREA INVOLVED	3 palms
AREA SCORE	3
REDNESS	4
THICKNESS	2
SCALE	3
<b>TOTAL:</b>	<b>3.6</b>



Free PASI Calculator at [pascitraining.com](http://pascitraining.com)

Figure 2: PASI Score before Homoeopathic Treatment

**Bases of Selection Individualized Homeopathic Medicine (IHM):** Lycopodium Clavetum is picked in light of the Entirety of symptoms totality. Reportorial investigation was done by J.T. Kent and symptoms cross checked by William Boericke, Allen Corson Cowperthwaite materia medica and J. H. Clarke materia medica<sup>[5,10,11,12,13]</sup>. We chose Lycopodium Clavetum as a constitutional remedy.

**Table 2: Patient Follow-up**

Date	Symptoms	Remedy
10/03/2022	Brownish-red discoloration of the skin, voluptuous itching, after scratching burning sensation, scaly formation	Lycopodium Clavetum-200 OD * 2 doses
07/04/2022	Patient same as before no improvement occurs	Lycopodium Clavetum-1M OD * 2 doses
10/05/2022	Slightly improvement on skin symptoms like itching and burning sensation ameliorate scaly formation slightly better.	Placebo-3 OD* 30 doses
06/06/2022	Skin symptoms were ameliorating slightly	Placebo-12 OD* 30 doses
10/07/2022	Gradually skin symptoms were better	Lycopodium Clavetum-10M OD * 2 doses
08/08/2022	Burning, itching and also scaly formation were reduced	Placebo-18 OD* 30 days
10/09/2022	Gradually all complaints were ameliorated	Placebo-20 4 globs* BD* 30 days
06/10/2022	Itching was reduced; no burning sensation and surface areas were also reduced	Placebo-100 4 globs* BD * 30 days
17/11/2022	Itching was reduced; no burning sensation and surface areas were also reduced	Placebo-200 OD* 30 days
12/12/2022	No itching, no burning sensation, scaly formation and surface areas were reduced	Lycopodium Clavetum-50M OD * 2 doses
15/01/2023	No itching, no burning sensation, scaly formation and surface areas were reduced	Placebo-300 OD* 30 days
10/02/2023	All complaints were better than before	Placebo-400 OD* 30 days
11/03/2023	No itching, no scaly formation, no burning sensation, and surface areas were reduced	Placebo-500 OD* 30 days
02/04/2023	No itching, no scaly formation, no burning sensation surface areas were reduced	Placebo-600 OD* 30 days
08/04/2023	No itching, no burning sensation, no scaly formation, and surface areas were reduced	Placebo-5000 OD* 30 days
15/04/2023	No itching, no burning sensation, no scaly formation, and surface areas were reduced	Placebo-5000 OD* 30 days

**Table 3: Assessment by Modified Naranjo Criteria Score** <sup>[5,14,15,16,17]</sup>

S.No.	Item/Question	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	0	0
2	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
3	Was there an initial aggravation of the symptom? (need to define in a glossary)	+1	0	0
4	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+2	0	0

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5	Did overall well-being improve? (suggest using a validated scale)	+2	0	0
6 (a)	The direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6 (b)	The direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms -from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards.	+1	0	0
7	Did old symptoms" (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+2	0	0
8	Are there alternate causes (other than the medicine) that-with a high probability- could have caused the improvement? (consider the known course of the disease, other forms of treatment and other clinically relevant intervention	-2	+1	0
9	Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+1	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement?	+2	0	0
<b>Total score =Maximum score=13 Minimum score=02</b>			<b>Score=12</b>	

The interpretation of the total Naranjo score predicting drug action is as follows: Total scores range from -4 to +15; the reaction is considered definite if the score is 11 or higher, probable if 5 to 8, and possible if 1 to 4, and doubtful if 0 or less [5,14,15,16,17].





Figure 3: After Homeopathic Treatment



Figure 4: PASI Score after Homoeopathic Treatment

## DISCUSSION

The second-largest medical system in the world, homeopathy focuses more on treating persons rather than diseases. When the right Individualised Homoeopathic Medicine (IHM) is chosen, it acts both symptomatically and holistically<sup>[18,19,20]</sup>. *Lycopodium Clavatum* 200 was chosen for this case report and constitutionally adhered to. After taking the medication, no new symptoms surfaced, and by the third follow-up, the patient was feeling better. The IHM performed exceptionally well, scoring 12 out of 13 according to the Modified Naranjo Criteria and also the PASI Score before treatment 5.9 and after treatment 0.1. Homeopathy is a unique system of medicine in the modern era, and this case report supports its effectiveness in treating psoriasis. The choice of homeopathic medications based on distinctive symptoms and individualization of the patient's miasmatic background may be able to provide the patient with longer-lasting relief and healing. Regardless of the method used, individualized Homoeopathic Medicine can provide relief for symptoms of psoriasis patients<sup>[5,21,22,23,24,25]</sup>.

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**Declaration of Patient Consent:** The authors certify that the proper patient permission form was acquired. The patient has consented to the form for his images and other clinical data to be used in this publication. It is explained to the patient that his identity will remain a secret.

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# NANOTECHNOLOGY AND HOMOEOPATHY: AND INTER-RELATION BETWEEN THEM



Dr. Amitava Sinharay, B.H.M.S, M.F.Hom

Nanotechnology is a remarkable gift of science. By which change or control is possible at the molecular level of matter. Nanotechnology deals with the study of ultrafine dimensions of matter. Its application is in all fields of applied science, such as chemistry, biology, physics, engineering and above all medicine.

The first idea of nanotechnology came from a lecture given by a scientist named Richard Feynman on January 29, 1959 at a meeting of the American Physical Society held at the California Institute of Technology. From his statement, scientists moved towards nanotechnology. Then, in 1981, two scientists used the first scanning tunneling microscope in a research laboratory to obtain images at the molecular level of matter. Using this scanning tunneling microscope in 1989, scientist Don Eiklab was the first to make changes at the molecular level, which set a precedent at the time.

Nanometer is a unit of measurement. Generally speaking, one meter is equal to 1000000000 nanometers. 1 nanometer is equal to  $1 \times 10^{-9}$  meter. We are very familiar with meters. So it is possible to estimate how small 1 nanometer can be. With such a small atom, it is possible to study nano-technology and observe the formation of such molecules very finely with the help of scanning tunneling microscope instrument. Nanoparticles are usually measured between one and one hundred nanometers. A better understanding of nanoparticles requires knowledge of their physical properties. And all the methods or instruments that are used for that are electron microscope (which includes scanning electron microscope, transmission electron microscope) also includes atomic force microscope, dynamic light scattering, X-ray photo electron spectroscopy, fourier transform infrared spectroscopy, ultraviolet infrared spectroscopy.

Nanoparticles are constantly being researched by various modern equipments and with the help of various modern methods. Currently, it is possible to make pharmaceutical medicine using nanotechnology. As time progresses, the impact of nanotechnology in medicine is increasing. Especially in targeted drug delivery systems. Medicine today has progressed so far that nanoparticles have some structural resemblance to biological molecules with properties that will play a more functional role in the future.

Using these nanoparticles of medicine, it is possible to deliver the medicine to the cells in a very precise manner. In October 2000, the US National Institute of Technology joined with various organizations to do further advance research on this nanotechnology. We are hopeful that this will help this science to move forward.

Homeopathic medicines are usually made by a special method known potentisation. This method can be of two types. This is done by mixing a certain amount of rectified-spirit with a certain amount of drugs to create the next potency in the previous method. At a recent meeting of the Global Homoeopathic Foundation in Mumbai, a researcher from Mumbai and a researcher from the Indian Institute of Technology discussed their research on the topic of nanoparticles and gave a positive indication of presence of nano particles in highly diluted medicine. However, long ago, scientists said that high-diluted medicine works with nano-technology formula.

The study of joint venture between the Central Council for Research in Homeopathy and the Institute of Technology (Biochemical Engineering and Biotechnology), the main purpose of which was to explore the potential of nanotechnology science and its effectiveness in homeopathic medicine. The paper was

published in Indian Journal of High Dilution in 2011. There are experiments on these three medicines, Colchicum, Pulsatilla and Belladonna. Potency up to 15CH was created from these three drugs. They were then monitored using three methods of nanotechnology (including scanning electron microscope study and transmission electron microscope study), which found large quantities of silicon particles in these 15 CH potency, which is characteristically crystalline in nature.

This type of crystalline silicon nanoparticle, with the help of water on the surface, can preserve the infrastructural information of the primary medicine substance during potentisation, which later acts as the carrier of this information. Because silicon particle has a profound effect on proteins and cells and thus on the immune system, these silicon nanoparticles act as nanocarriers to deliver this information to specific sites.

As a result of continuous dilution, the original drug breaks down into nanoparticles and this has been proven in various pharmacological experiments. The Swiss Institute of Complementary Medicine, in a joint study with two US laboratories, conducted experiments on copper sulphate( $\text{CuSO}_4$ : 11C- 30C), quartz( $\text{SiO}_2$ : 10C-30C) and sulphur using the UV spectroscopy method. They developed the theory of molecular dynamics to explain this. So the characteristic change in homeopathic drug preparation due to dilution and the drug becomes stronger can be understood from here.

A study also believes that hydrogen bonding plays a major role in the strengthening of homeopathic medicines. In this case it was said that a distinct difference was observed between the hydrogen bonds of the homeopathic dilution and the hydrogen bonds of pure water.

According to the information of quantum physics, the electron always stays in a certain orbit. The larger the size of this orbital, the greater the number of electrons. These electrons require a certain amount of energy to move from the lower orbital to the higher orbital. Dilution method provides this specific energy. In other words, this dilution method provides the energy to move the electrons from the lower energy path to the higher energy path in the homeopathic medicine, which makes it a higher energy medicine. So the higher the energy of the homeopathic medicine, the more the electron holding capacity increases and the more the ability to store the medical substance information increases. Again related to this, a certain amount of spirit is mixed before each potency is made, according to quantum physics the number of electrons and the size of the orbitals will increase as the potion is strengthened. And more space is needed for its preservation; the place is given extra alcohol, each time a certain amount that is mixed.

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At the Global Homeopathic Foundation meeting, the head of the IIT chemical engineering department and his team demonstrated that they have been able to observe nanoparticles in homeopathic medicine. Whereas scientists from Tata Institute of Fundamental Research and Atomic Research Center have described the presence of energy particles in homeopathic medicines using electrical equipment. and stated that the heart rate was measured before and after taking Sulphur 200 and the effect of the drug was observed. The director of the National Institute of Immuno-Hematology said that they were able to stop internal bleeding by administering homeopathic medicines to 500 patients in Mumbai, Nasik and Surat.

Medical science has come a long way today with its emphasis on nanotechnology. Modern medicine is also slowly moving towards nanotechnology today, and that seed was inherent in homeopathic medicine many years ago. However, more research is needed for its proper interpretation and further improvement. For that we all have to come forward, then homeopathy will be perfected. However, with the advancement in the science of medicine, the use of this subtle dose of homeopathic medicine is gradually becoming a valuable resource for mankind.

# EFFICACY OF INDIVIDUALIZED HOMEOPATHIC MEDICINE IN BELL'S PALSY

Dr. Hemanta Kumar Mukherjee, BHMS(CAL), MD (Medicine)(Hom)

Background - Bell's Palsy is the most common form of facial paralysis caused by pathology along the peripheral branch of facial nerve resulting in inability or reduced ability to move the muscle of the effective side of the face. Also known as Idiopathic Peripheral Facial Palsy, named after Sir Charles Bell (1774-1842), who was a Scottish Surgeon, a Neurologist and Anatomist.

Clinical manifestation - 1. Onset - Fairly abrupt, maximum weakness being attained by 48 hours 2. Pain behind the ear may be preceded by paralysis for 1-2 days. 3. Facial asymmetry.

4. Taste sensation may be lost. 5. Lacrimation. 6. Hyperacusis and tinnitus. 7. Difficulty to wrinkle the forehead, close the eyes and move the lips on the affected side. 8. Difficulty to blow a whistle. 9. Numbness and stiffness of the cheek on the effective side. 10. Accumulation of food in the mouth during chewing. 11. Saliva dribbles from the mouth on the effective side. 12. Emotional and voluntary movement on the paralyzed side are lost.

Pathophysiology.- In acute Bell's palsy there is inflammation of the facial nerve with mononuclear cells, consist with an infectious or immune cause. Herpes simplex virus (HSV) type 1 DNA was frequently detected in endoneurial fluid and posterior auricular muscle, suggesting that a reactivations of the virus in geniculate ganglion.

Lab Investigations - MRI often shows swelling and entrapment of the facial nerve.

Treatment - 1. Use of proper tape to depress the upper eyelid during sleep and prevent corneal drying. 2. Use of prophylactic eye drop. 3. Physiotherapy - Massage of face along facial nerve supply on paralyzed site. 4. Infrared rays treatment. 5. Faradic stimulation of the facial nerve. 6. Plastic surgery in selected cases. 7. Treatment. - A. Allopathy - Use of glucocorticoid steroid as Prednisolone 60-80 mg daily during the first 5 days and then tapered over next 5 to 10 days. B. Homeopathic treatment - Homeopathic medicine is used efficiently according to symptoms similarity.

Case summary - Mrs. S. R. aged about 55 years came from Puri after vacation by train in air condition coach on 16th February 2024. Then after coming from Puri she developed pain behind ears and distortion of her face. He came to my chamber at 18.02.2024 with 1. Asymmetry of mouth. Angle of mouth is drawn on the opposite side, right side. Dropping of the angle of mouth left side. 2. Pain behind the ear. 3. Watering from the left eye. 4. Saliva dribbles from the angle of mouth (Left side) 5. Inability to blow a whistle. 6. Cannot wrinkle her forehead. 7. Cannot close her eyes. 8. Cannot swallow food and drink properly. 9. Cannot smile. On 18.02.2024

After consulting Murphy Repertory Chapter - Disease, rubric - Bell's palsy and Synthesis 9.1

Chapter - Face, rubric - paralysis, Chapter - Eyes, rubric - lacrimation, Chapter - Mouth, rubric - Salivation, I prescribe Aconite 0/1, 9 dose, tds X 3 days

22.02.2024 - Patient is better, pain behind the ear much better but other symptoms persists. Then I prescribe Cadmium Sulph 6, 15 dose, tds X 5 days.

28.02.2024 - Patient is better. Cadmium Sulph 30, 14 dose, bd X 7 days.

07.03.2024 - Patient is better. Cadmium sulph 200, 4 dose, bd X 2 days. 10.03.2024 - Present is better, but cannot get proper power of facial muscle and distortion of the face still present. Causticum 0/1, 14 dose, bd X 7 days.

18.03.2024 - Patient is better. Causticum 0/3, 14 dose, bd X 7 days.

25.03.2024 - Patient is better. Causticum 0/5, 14 dose, bd X 7 days

31.03.2024 - Present is better. Causticum 0/7, 14 dose, bd X 7 days.

07.04.2024 - Patient is much better. Causticum 0/10, 14 dose, OD X 14 days.

21.04.2024 - Patient is much better and facial muscles and facial tone is restored  
Causticum 0/15, 14 dose, OD X 14 days.

05.04.2024 - Patient came to my chamber and she is almost free from all the effects of Bell's Palsy and she can talk properly, smile properly and asymmetry of the face is restored.

Result - Considerable improvement of the case of Bell's Palsy have been observed by series of homeopathic medicine according to symptoms similarity.

Conclusion - This case again proved the efficacy of Homeopathic medicine in treating Bell's palsy. Now a days there is increasing case of Bell's Palsy is recorded. As here acute and severe symptoms are present we should efficiently use homeopathic method of treatment instead of allopathy steroid treatment.

Keywords - Bell's Palsy, Prednisolone, Homeopathy, Repertory, Aconite, Cadmium Sulph, Causticum.

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# PLANTAR FASCIITIS AND ITS HOMOEOPATHIC APPROACH

DR. UJJAL MANDAL, M.D.



**OBJECTIVE-** To assess and evaluate the efficacy of Homoeopathic medicine in the treatment of Plantar fasciitis., Foot pain or heel pain is noted frequently in common people.

**Source:** Patients from own clinic treated/ undergoing treatment

**Result:** Although among 10 patients 2 left ,6 patients are have very good result and 2 patients moderately improved.

**Introduction:** The plantar fascia isthin layer connective tissue supporting arch of foot.

Plantar fasciitis is a painful heel condition caused by inflammation of the plantar fascia aponeurosis at its origin on the calcaneus.

**DIAGNOSIS MADE CLINICALLY,** In our regular practice we get so many patients with complain of pain on foot and heel generally bilateral sometimes also unilateral, in morning in 1st movement is very painful also worse in the dorsiflexion of toes & foot. **Epidemiology- ! Demographics \_** Affects Men and Women equally.

**Risk factors –** (a) Obesity (high BMI) (b) weight bearing endurance activity dancing., running., (c) decreased ankle dorsiflexion of non-athletic (tightness of foot and calf musculature)

**Presentation-** Sharp heel pain, insidious onset often when first getting out of bed.

**Objective :** Treatment - Homoeopathic medicine selected according to indication/repertorisation after one month pt. reported there is relief from pain but still mild to moderate pain noted Prescribed further medicine with physiotherapy and use of soft padded shoe (foot orthosis) After treatment of few months. patient reported much better pain is very negligible Hekla lava 3x (tab is given ) additionally few cases presented with Calcaneus spur. In orthopaedics in the beginning, they start t with Conservative treatment (non operative) In Homeopathy we have a lot of scope to treat these cases. We should think over how to find more efficacy drugs further research.

**Cases 1.** 34 yrs, female reported with pain both foot L&R for 3months she cannot move bed to ground, very painful when she starts to walk in the morning better with cold application and moist weather Headache & by using mobile and eye strain, changes position.

**Bowel-** constipated , H/ o sprain, O/E there marked swelling on both heel tender to touch L&R and hot On basis of above

**Rx 1.** Ruta .Graveolens 200 four drops in 30 ml distle water marked 6 dose 1 dose B.D.

**2.** PI 30, 10 dose 1dose at HS - Advise for x-ray L heel AP /LT - Physiotherapy as advised

Ruta .Gr has special affinity for fibrous tissue ,tendons ,cartilages and periosteum. After 3 wks patient reported she better severity of pain is less , still persisting .

**Prescribed – .** 1 Ruta G. 1M 4 Globules 15 ml D /water , 15 drops every A,D

**2 .** Nihilinum 30/ 2 gl. HS

After 1monrh reported Pain slightly less and X -ray report shows calcaneus Spur. She advised .

**1.** Ruta 1m /O ,60 ml dw./10 dose 1 dose AD

**2.** Hecla lava 6x 1 tab B,D

After 3 weeks she is much better pain further reduced in the the morning still moderate pain noted

**Rx** Ruta g /2 4 gl `n 120 ml d. water 16 dose ,1 dose every A.D. Hekla lava to continue for 15 days .

After 1 month no pain in the morning but mild pain noted in bare foot walking

Advised to continue physiotherapy use well padded shoe

**Ruta G** O/4 16 dose in D. water , 1dose A.D. Reviewed after 6 weeks, much better than earlier. PI 200 OD for 2months. Advise to report SOS

# JUVENILE POLYPOSIS SYNDROME (JPS) – A PREMALIGNANT CONDITION A CASE STUDY USING KNERR'S REPERTORY

Dr. Kunal Bhattacharya, M.D. (Homoeopathy)

**Abstract:** Juvenile Polyposis Syndrome (JPs) is a genetic condition that causes growth, called polyps, in the gastro-intestinal tract (G. I. Tract). It is a type of Hamartomatous Polyp (HPs) in the GI Tract, the most common type of polyp in children. Though HPs or JPs are themselves benign, surveillance shows that there is significant risk of malignant transformation, recurrence of polyp and extra intestinal complications exist. As of now, it has no definite medical treatment, only surgical intervention is available, that also cannot prevent the chance of recurrence often. The report of a child with JPs, operated thrice, with history of recurrence every time is presented here with the objective to establish the efficacy of single, individualised homoeopathic medicine and to appraise the Homoeopathic professionals to use the Knerr's Repertory, a rarely used Homoeopathic literature in such incurable cases as well.

**Keywords:** Hamartomatous polyp of colon, Juvenile polyposis syndrome, polypectomy, Knerr's Repertory, Homoeopathic medicine, Kali bromatum

**Abbreviations:** JPs - Juvenile Polyposis Syndrome, HPs - Hamartomatous Polyp, G.I. – Gastro Intestinal

**Introduction:** Juvenile Polyposis Syndrome (JPs) is an autosomal dominant genetic condition that causes recurring growth, called polyps, in the mucous lining of G. I. Tract. A mutation in the BMPR1A and SMAD 4 gene causes JPs. JPs is characterised by predisposition to Hamartomatous Polyp (HPs) in the G.I. Tracts specially in the stomach, small intestine, colon and rectum. HPs include JPs and Peutz-Jeghers Syndrome (PJs), differentiation between them is based on their histopathological appearance. The term "Juvenile" refers to the type of polyp, rather than the age of onset of polyp. The most common symptom is bleeding per rectum and anaemia. Though HPs or JPs are themselves benign, however, malignant transformation can occur (risk lies between 11% to 86%). JPs affects an estimated one in 1,00,000 people worldwide.

**Symptoms of JPs:** The chief diagnostic criteria of JPs is the appearance of polyps in the GI tract. Polyps are characterised by cluster of cells and tissues, red to purple in colour, round and stick out from the mucous lining of G.I. tract on a stalk. In some cases, it may be visible, coming out of the rectum of the patient. Some cases are asymptomatic while others may show the following symptoms -

- bleeding per rectum
- gradual loss of weight
- weakness due to anaemia
- constipation or diarrhoea

**Congenital features:** Around 50% of patients of JPs experience symptoms present since birth apart from polyps, are -

- Cleft palate
- extra fingers or toes (polydactyly)
- Twisted intestine
- Talangiectesia of skin

**Diagnosis:** Colonoscopy, histopathological examination and genetic blood test are required to diagnose JPs and other types of colorectal polyps.

There is no cure for JPs. Polypectomy is the only choice of treatment in symptomatic or "bad" cases. Polyps are most likely return over time and repeated surgery is often required with a risk of developing malignancy as mentioned earlier.

Case presentation: Master B, a 10-year-old boy consulted on 24.10.18 with history of regular bleeding per rectum after each evacuation since his age of 2 years 3 months. He was diagnosed as rectal polyps at SSKM Hospital, Kolkata and polypectomy done there after diagnosis (but unfortunately all the treatment documents of SSKM Hospital are lost by the patient's guardian out of ignorance after recovery). Recurrence of symptoms appeared within a couple of weeks after polypectomy and they visited Christian Medical College, Vellore for further treatment. The case was diagnosed as Hamartomatous polyps – probable JUVENILE POLYPOSIS SYNDROME. Polypectomy done on 13.6.16. Recurrence occurred as usual, repeat polypectomy done on 2.6.17 and they were told verbally about the future possibility of malignancy or repeated polypectomy throughout the lifetime of the patient. After expected post-polypectomy recurrence of rectal bleeding for the 3rd time, they opted for homoeopathic treatment.

Detailed case taking revealed -

Present complaints – Bleeding per rectum every time after evacuation; blood bright red or dark, painless bleeding.

Past history - Delayed learning to walk at childhood.

Family history – Tuberculosis and asthma – [maternal grandfather]; renal stone, benign hypertrophy of prostate – BHP – [Paternal grandfather]

Thermal reaction – Chilly patient

Generalities - Nothing noteworthy to mention.

Memory – Weak; obtains poor marks in examination.

Totality of symptoms and miasmatic analysis: Rectal growth (polypus) of genetic origin – Syco-syphilis

Recurrent rectal bleeding – Syphilis

Weak Memory – Psora + Syphilis

Family history – Tuberculosis (tubercular), BHP (Sycosis), Renal stone (Sycosis), Asthma (Psora + Sycosis).

Discussion : Considering repeated history of bleeding and polypectomy, *Calendula off 200* was first prescribed showing no result at all. In the Repertory of Dr. J. T. Kent, 10 medicines have been mentioned under the rubric - 'Rectum, polypi'. Considering the tubercular diathesis with syphilitic predominance, history of delayed learning to walk, polypi - *Calcarea phos* seemed to be the most similar medicine in that case. But as Dr. S. R. Phatak, in his Repertory, has mentioned only one medicine - *Kalibromatum* under the rubric – 'Rectum, polypus', we decided to find out the reason behind it and search the exact symptom from the source book i.e. The Guiding Symptoms of our Materia Medica, written by Dr. C. Hering and the Repertory based on this book, written by Dr. C. B. Knerr and astonishingly found the rectal symptom of *Kali brom*. there- '*Several elongated bodies resembling earth worms, but of brilliant red colour, and soft, vascular, shreddy appearance, resembling sarcomatous growths, with yellow fetid discharge, on making effort to expel.*'

This symptom, in our opinion, was almost pathologically simillimum to colorectal polyp. *Kali brom* too has tubercular diathesis and weakness of memory. After administering *Kali brom* on 30.10.18, remarkable and sustained improvement noticed. Meanwhile, for few days he suffered from severe pain in left thigh and increased ASO Titre, after which few warts appeared at forehead. *Causticum*, *Silicea*,



*Tuberculinum bovinum* , *Natrum sulph* were given as and when indicated time by time to clear up the complaints . Otherwise, patient was mainly on *Kali brom* in variable potency (centesimal). Treatment is continuing till now for some other issues. Bleeding has been stopped almost totally since the administration of *Kalibrom* , except in very few occasions . There has been no major recurrence of rectal symptoms since 2018.

Conclusion : This case is one of the examples, represent a very rare use of *Kali brom*. in such conditions, where it exhibited its beneficial effect in an almost incurable , surgical , premalignant disease. Moreover, it was selected chiefly on the ground of pathological and miasmatic similarity with the disease condition and the symptom of medicine, ignoring the apparent general totality of symptoms. This case shows the importance of consultation of source book before selecting an individualised homoeopathic remedy in critical cases and also proves the practical importance of those immortal lines – “ *If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (knowledge of disease, indication), if he clearly perceives what is curative in medicines, that is to say, in each individual's medicine (knowledge of medicinal powers), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that the recovery must ensue.....* ” - *Aphorism 3, Organon of Medicine.*

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# ASSESSMENT OF PATIENT SATISFACTION WITH SERVQUAL MODEL AT THE OUT PATIENT DEPARTMENT OF STATE HOMOEOPATHIC DISPENSARY, BAGDOGRA

Dr. Pawan Sharma, Dr. Tanya Aggarwal, Dr. Kuntal Ghosh, Dr. Alok Mishra, Mr. Manoj Kalita



**Introduction:** Homoeopathy took birth in Germany and it travelled to India in the early 19th century. The Indian government has consistently supported the growth and development of homeopathy and other traditional systems of medicine, collectively referred to as AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy). People perceive and value homoeopathy as a complementary treatment option as concluded through various surveys. Government expenses for up gradation of health care system keeping in view providing quality care towards the patients seeking health care services. So patients satisfaction is important in proportionate to the healthcare spending of government. In this study the objective is to assess the quality of healthcare services provided to patients at the State Homoeopathic Dispensary in Bagdogra.

**Objective:** To assess the OPD's service quality, the SERVQUAL instrument, which comprises five service quality dimensions (assurance, empathy, tangibility, reliability, and responsiveness), was employed to measure patient perceptions.

**Material And Methods:** The study was conducted among the patients of Outdoor-patient department (OPD) of State Homoeopathic Dispensary, Bagdogra, West Bengal. This study is primarily a cross-sectional research design, using a structured questionnaire SERVQUAL questionnaire with a likert scale.

**Results:** It can be inferred that though the expectation of patients from SHD Bagdogra is very high. Perception of patients from SHD Bagdogra is also high so, and the Gap (Perception-Expectation) is marginal which signifies the patients' satisfaction. The gap is said to be marginal, if expectation and perception are both at same level and its on higher end in case of SHD Bagdogra.

**Conclusion:** Patients hold high expectations for SHD Bagdogra and perceive it as a provider of quality services. Their perception is that SHD Bagdogra is reliable, responsive, assuring, empathetic, and physically well-maintained, reflecting a comprehensive and satisfactory healthcare experience. Regularly evaluating patient satisfaction can sensitize healthcare facility management and providers to the patients' requirements.

**Keywords:** *patient satisfaction, assurance, empathy, tangibility, reliability, and responsiveness, SERVQUAL, perception, Homoeopathy*

**Abbreviations:** SHD- State Homoeopathic dispensary.

## CONCEPT OF INTRODUCTION:

Homoeopathy was founded by the German physician Samuel Christian Friedrich Hahnemann (1755—1843) due to dissatisfaction with the practice of medicine of that time. Homoeopathy took birth in Germany and it travelled to India.

Homoeopathy was introduced to India in the early 19th century. Roots of Homoeopathy first got firmly established in the state of Bengal, particularly Kolkata. Bengal played a significant role in nurturing and promoting homoeopathy from the days of Dr. John Martin Hoenigberger, Royal

Physician of Punjab during the reign of Maharaja Ranjit Singhji, who practiced in Kolkata until 1860. The Indian government has consistently supported the growth and development of homoeopathy and other traditional systems of medicine, collectively referred to as AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy). Now, AYUSH systems have been integrated into the country's healthcare delivery system at various levels, from primary to tertiary care.

In a report of World Health Organization (WHO), Homoeopathy is one of the most common forms of practice used by the Member States of WHO. People perceive and value homoeopathy as a complementary treatment option as concluded through various surveys. Homoeopathy has established itself as an integral part of Complimentary and Alternate Medicine.

A cross-sectional survey was conducted during Magh Mela at Sangam Allahabad, in 2017, on patients and people visiting the health check-up camp and exhibition stall set-up devised by the Central Council for Research in Homoeopathy. Survey was conducted using a self-administered questionnaire. In survey outcome a substantial percentage of respondents believed that homoeopathy was superior to other treatment systems, citing reasons such as the absence of side effects, cost-effectiveness, and palatability.

India has a well-developed infrastructure of system of Homoeopathy. Healthcare services are provided through 235 hospitals and 8117 dispensaries run by state governments, municipal bodies, the Central Government Health Scheme, the labor ministry, and the railway ministry.

The State Homoeopathic Dispensary (SHD) in Bagdogra, co-located with the Primary Health Centre (PHC) under the Naxalbari block in Darjeeling District of West Bengal. State Homoeopathic Dispensary (SHD) in Bagdogra is a Model AYUSH OPD (since 2018-19) in the plains area at Siliguri Mahakuma Parishad. The Government of West Bengal has designated this dispensary as an Ayush Health Wellness Center (A-HWC). Government expenses for up gradation of health care system keeping in view providing quality care towards the patients seeking health care services. So patients satisfaction is important in proportionate to the healthcare spending of government. The population covered under PHC Bagdogra so is SHD is 90,161 approximately.

In the health care sector, the key point is the quality of care for the quality assurance and enhancement which is gaining further importance with the establishment of various programs as well as patients' encouragement. When it comes to health care the major concern is the quality of care over cost. Researchers are trying to investigate the correlation between GDP per capita and healthcare spending. These investigations have yielded a resounding consensus that, even when adjusting for various other variables through statistical analysis, the impact of GDP per capita (income) on expenditure remains undeniably positive and noteworthy.

Well-developed primary health care systems affect the population positively in overall health, reducing health disparities and further reduction of unnecessary hospitalizations. Depending on the financial capacity of certain affluent nations they can have their governance structures, healthcare workforce, and funding mechanisms toward providing costly specialized care to meet public expectations.

Health care Services are intangible and heavily reliant on customer expectations and perceptions. Service quality (SQ) is defined as the measurement of how well a service meets or surpasses customer expectations and standards. Measurement of service quality is essential for service providers to identify areas of problem, improvise and make improvements. Also, helps in evaluating customers'

satisfaction. It is crucial in enhancing organizational performance, better utilization of services, cost savings, and market share.

The SERVQUAL model was developed by Parasuraman et al. in 1985. It is widely used to measure customer perceptions and expectations related to service provided by various organizations".

## 1.2 PROBLEM OF THE STUDY:

There have been limited studies conducted at the state homoeopathic dispensary level to assess patient satisfaction. Evaluating patient satisfaction, especially in suburban areas, is crucial to identify areas for improving the service quality of homoeopathic dispensaries.

## 1.4 BRIEF REVIEW OF STUDIES:

Our country, continuously strive to establish a robust health care infrastructure. As health care system is a major cause of concern. Quality serves as an essential element for the organizational effectiveness.

The perceived quality of expected service and the quality of service actually delivered to patients should either meet or exceed their expectations and perceptions. (Cronin & Taylor, 1992). This signifies the importance of patient satisfaction which is critical factor in making informed decisions when selecting healthcare services.

Researches have changed the idea of 'quantity of life' by a more patient centered concept of 'quality of life'. This multidimensional concept includes both medical and non-medical aspects of health care.

Parasuraman et al. (1985) conducted several research projects that resulted in the service quality model, "SERVQUAL." Initially based on ten dimensions of service quality, it was later condensed to five dimensions:

*Tangibility* is the physical evidence of the service, for instance, the appearance of the tools, equipment and physical facilities, used to provide the service.

*Reliability* is the ability to perform the promised service in an accurate manner.

*Responsiveness* is the readiness and willingness of employees to assist customers by providing prompt timely services.

*Assurance* is the knowledge of employees and their ability to have trust and confidence towards customers.

*Empathy* is the caring, individualized and customized attention provided to customer.

The SERVQUAL model comprises 22 pairs of Likert scale questions designed to assess customers' expectations from a service and their perceptions and attitudes toward a service provided by a service provider organization. To evaluate service quality, the perception and expectation scores obtained from each question are compared to determine a gap. A positive gap score indicates that customers' expectations have been met or exceeded, while a negative score indicates the opposite. Other studies have suggested that service quality can be divided into two main components: functional and technical quality.

With some modifications and additional operational assessments, the SERVQUAL model has been used to measure the service quality in various service industries, including banking, sports and tourism, retail businesses, library settings, local government authorities, professional accounting services, education, airlines services, mobile telecommunications, and services delivered via websites.

The health care industry in the Arabic Gulf Region, Jabnoun, Rasasi, & Aisha (2005) studied the relationship between transformational leadership and the level of service quality in six UAE hospitals.

The findings showed that patients were generally satisfied with the level of quality services provided

by their hospitals, and a positive relationship was explored between service quality and all dimensions of transformational leadership. Tangibles dimension of service quality had the lowest point of expectation of all five dimensions. Mostafa (2005) analyzed patients' perceptions toward quality service in Egypt's hospitals. The results showed three factor based solution that is inconsistent with the five elements associated with SERVQUAL model. In the perspectives of developing countries, Andaleeb (2001) tested a five dimension based instrument for measuring perception of patients toward hospital services in Bangladesh. The results showed that there exists a significant relationship between the five factors and patients' satisfaction. Baker, Akgun and Assaf (2008) used an improved SERVQUAL scale to measure patients attitudes toward health service in Turkey. Data collected from 472 patients showed that patient's perceived service quality scores are higher than their expected service quality scores for ordinary hospitals and lower than their expected scores for modern hospitals. However, Rohini and Mahadevappa (2006) measured patients' satisfactions of service quality in Bangalore hospitals of India. The collected data from 500 patients explored that expectations exceeded their perceptions in 22 items of service quality.

## 1.5 OBJECTIVES OF THE STUDY:

The objective of this study is to assess service quality dimensions to determine patient satisfaction with homoeopathic doctor at state homoeopathic Dispensary (SHD), Bagdogra on the basis of different factors like assurance, empathy, tangibility, reliability, and responsiveness.

Primary objective- To assess service quality dimensions to determine patient satisfaction with state homoeopathic Dispensary (SHD), Bagdogra.

Secondary objectives-

(i) to identify the significant factors that can influence patient satisfaction,

(ii) to analyze the factors that affect the satisfaction of patients, and

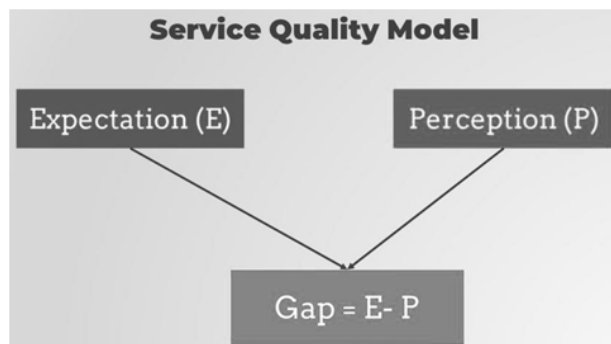
(iii) for suggestions to improve the patient satisfaction level at state homoeopathic Dispensary (SHD), Bagdogra.

## MATERIALS & METHODS:

The study was conducted among the patients of Outdoor-patient department (OPD) of State Homoeopathic Dispensary, Bagdogra, West Bengal. The study was conducted by random sampling to select the participants with required sample size of 97 patients for which 123 sample were collected.

This study is primarily a cross-sectional research design, aiming to gather data at a specific point in time to assess patient satisfaction. The research was conducted through a structured questionnaire based on the *SERVQUAL model*, which includes questions related to service quality dimensions (*assurance, empathy, tangibility, reliability, and responsiveness*).

Generally, responses are taken on 5 point scale. Patient were informed to typically rate these statements on a Likert scale e.g., strongly-agree (5), agree (4), neutral (3), disagree (2), strongly-disagree (1) to indicate their level of agreement or satisfaction. The survey is done in two parts: Expectation from the service & Perception of particular service received.



❖ **Reliability test of SERVQUAL model:** Cronbach's alpha<sup>xxxv</sup> can be used to statistically measure the reliability of the data. The value of this instrument for expectation of patients is .978 and for perception of patient is 0.972. So this model is reliable to find out the patients satisfaction.

**STUDY DESIGN:**

❖ **DATA COLLECTION:** Data was collected after administering the questionnaire to the patients at the State Homoeopathic Dispensary in Bagdogra. A total 123 patients were taken as sample in the study. First they responded the '*Patients' Expectation SERVQUAL 22 item 5 point Likert scale questionnaire*' then after consultation they were asked to mark the response in the '*Patients' Perception SERVQUAL 22 item 5 point Likert scale questionnaire*'. Sample size was calculated 97. But in apprehension of any missing data more than that was considered to fill the responses. A total 123 patients were asked to fill both questionnaires.

❖ **ASSESSMENT OF RESULTS :** Patients' responses assessed using SERVQUAL to identify areas for improvement and enhance customer satisfaction by closing the gap between customer expectations and the actual service delivered for each dimension and an overall service quality score.

**OBSERVATIONS**

**RESULTS**

The hypothesis is tested by applying relevant statistical techniques the level of significance is set as 5% and level of freedom is 95%.

	Mean±SD	Median (IQR)	p value
Expectation	91.1±17.6	95 (74-110)	0.8875
Perception	91.2±16.3	91 (76-110)	

Statistics		
Age		
N	Valid	123
	Missing	0
Mean		40.85
Median		40.00
Std. Deviation		17.052
Minimum		4
Maximum		90

Mann Whitney Test

**Mann Whitney U test** is performed to find out any significant difference in *Patients' Perception SERVQUAL 22 item 5 point Likert scale questionnaire* in comparison to their expectation using '*Patients' Expectation SERVQUAL 22 item 5 point Likert scale questionnaire*'. The mean score of Expectation SERVEQUAL of 123 patients was **91.1±17.6** whereas *Patients' Perception SERVQUAL* was **91.2±16.3**. No significant difference ( $p = 0.8874$ ) is found. **So it further infers that the null hypothesis is true.**

To find out if there is any significant relationship between each determinant and patient satisfaction as '*tangibility and patient satisfaction*'; '*reliability and patient satisfaction*'; '*responsiveness and patient satisfaction*'; '*assurance and patient satisfaction*'; '*empathy and patient satisfaction*' Mann Whitney U test is done.

	Expectation		Perception		p value
	Mean±SD	Median (IQR)	Mean±SD	Median (IQR)	
Tangibles	15.6±4	15 (12-20)	15.3±4	15 (12-20)	0.5358
Reliability	20.9±4.1	21 (18-25)	21.1±3.6	22 (18-25)	0.7583
Responsive	16.9±3.3	18 (14-20)	16.7±3.2	16 (14-20)	0.7284
Assurance	16.7±3.4	17 (14-20)	16.9±3.2	18 (14-20)	0.6625
Empathy	21.1±4.1	23 (17-25)	21.2±3.7	21 (18-25)	0.9651

No significant relationship is found between '*tangibility and patient satisfaction*' ( $p = 0.5358 > 0.05$ ); '*reliability and patient satisfaction*' ( $p = 0.7583 > 0.05$ ); '*responsiveness and patientsatisfaction*' ( $p = 0.7284 > 0.05$ ); '*assurance and patient satisfaction*' ( $p = 0.6625 > 0.05$ ); '*empathy and patient satisfaction*' ( $p = 0.9651 > 0.05$ ). Therefore, the following null hypotheses have been accepted:

- H01: There is no significant relationship between tangibility and patient satisfaction.
- H02: There is no significant relationship between reliability and patient satisfaction.
- H03: There is no significant relationship between responsiveness and patient satisfaction.
- H04: There is no significant relationship between assurance and patient satisfaction.
- H05: There is no significant relationship between empathy and patient satisfaction.

Again to find out if there is any Gender wise significant difference in respect to *Patients' satisfaction (by Patients' Perception SERVQUAL 22 item 5 point Likert scale questionnaire)* in comparison to their expectation using '*Patients' Expectation SERVQUAL 22 item 5 point Likert scale questionnaire*') Mann Whitney U test is done.

Descriptive										
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	p value
						Lower Bound	Upper Bound			
Expectation	Male	34	95.00	17.49	3.00	88.90	101.10	65.00	110.00	0.092
	Female	89	89.66	17.48	1.85	85.98	93.35	55.00	110.00	
	Total	123	91.14	17.58	1.58	88.00	94.28	55.00	110.00	
Perception	Male	34	95.91	15.62	2.68	90.46	101.36	65.00	110.00	0.031
	Female	89	89.35	16.31	1.73	85.91	92.78	61.00	110.00	
	Total	123	91.16	16.33	1.47	88.25	94.08	61.00	110.00	
GAP	Male	34	-.91	10.21	1.75	-4.47	2.65	-44.00	29.00	0.529
	Female	89	.31	7.36	.78	-1.24	1.87	-21.00	23.00	
	Total	123	-.02	8.22	.74	-1.49	1.44	-44.00	29.00	

There is no significant difference ( $p = 0.092 > 0.05$ ) in '*Patients' Expectation*' in Male or Female gender. Both have similar expectation and expectation levels are higher in both gender. Whereas there is significant difference ( $p = 0.031 < 0.05$ ) in '*Patients' Perception*' in between Male and Female gender. But there is no significant difference ( $p = 0.529 > 0.05$ ) in satisfaction or Gap (between Expectation and Perception) with both gender. It signifies that both genders are satisfied with the service of the State Homoeopathic Dispensary, Bagdogra.

**Kruskhal Wallis test** is done to find out if there is any significant difference in educational level of patient with respect to *Patients' satisfaction (by Patients' Perception SERVQUAL 22 item 5 point Likert scale questionnaire)* in comparison to their expectation using '*Patients' Expectation*

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*SERVQUAL 22 item 5 point Likert scale questionnaire').*

## Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	p value
						Lower Bound	Upper Bound			
Expectation	Below Secondary	70	86.93	17.63	2.11	82.73	91.13	55.00	110.00	<b>0.003</b>
	Secondary	10	105.90	10.20	3.23	98.60	113.20	78.00	110.00	
	Higher Secondary	18	90.89	17.90	4.22	81.99	99.79	56.00	110.00	
	Graduate	15	97.00	15.70	4.05	88.30	105.70	71.00	110.00	
	Post Graduate	10	97.50	15.18	4.80	86.64	108.36	74.00	110.00	
	Total	123	91.14	17.58	1.58	88.00	94.28	55.00	110.00	
Perception	Below Secondary	70	87.34	16.37	1.96	83.44	91.25	61.00	110.00	<b>0.021</b>
	Secondary	10	101.70	10.54	3.33	94.16	109.24	82.00	110.00	
	Higher Secondary	18	93.39	15.44	3.64	85.71	101.07	64.00	110.00	
	Graduate	15	95.40	16.15	4.17	86.46	104.34	64.00	110.00	
	Post Graduate	10	97.00	16.69	5.28	85.06	108.94	70.00	110.00	
	Total	123	91.16	16.33	1.47	88.25	94.08	61.00	110.00	
GAP	Below Secondary	70	-.41	8.67	1.04	-2.48	1.65	-44.00	29.00	0.274
	Secondary	10	4.20	8.23	2.60	-1.69	10.09	-4.00	23.00	
	Higher Secondary	18	-2.50	8.23	1.94	-6.59	1.59	-21.00	13.00	
	Graduate	15	1.60	7.89	2.04	-2.77	5.97	-11.00	18.00	



Post Graduate	10	.50	3.14	.99	-1.74	2.74	-5.00	7.00
Total	123	-.02	8.22	.74	-1.49	1.44	-44.00	29.00

There is significant difference ( $p=0.003 < 0.05$ ) found in '**Patients' Expectation**' in Below Secondary ( $n=70$ ), Secondary( $n=10$ ), Higher Secondary( $n=18$ ), Graduate( $n=15$ ), Post Graduate( $n=10$ ). Also, there is significant difference ( $p=0.021 < 0.05$ ) found in '**Patients' Perception**' in Below Secondary ( $n=70$ ), Secondary( $n=10$ ), Higher Secondary( $n=18$ ), Graduate( $n=15$ ), Post Graduate( $n=10$ ). But the no significant difference ( $p=0.274 > 0.05$ ) found in satisfaction or Gap (between Expectation and Perception) with patients having different level of education. It clearly signifies that all are satisfied with the service of the State Homoeopathic Dispensary Bagdogra.

'**Pearson Correlation two tailed test**' is performed to find out the Correlations between Expectation and Perception of the patient, if any. There is strong correlation between Expectation and Perception of patients' which is significant at the 0.01 level (2-tailed). It signifies patients' perception is proportionate to their expectations for the State Homoeopathic Dispensary, Bagdogra.

Correlations			
		Expectation	Perception
Correlations between Expectation and Perception	Pearson Correlation		.885**
	Sig. (2-tailed)		<0.001
	N	123	123
**. Correlation is significant at the 0.01 level (2-tailed).			

## DISCUSSION

Globally, there is an increasing trend in conducting patient satisfaction surveys to gauge patient opinions on various aspects, including information needs, interpersonal relationships, organizational aspects of care, and the value of medical treatment<sup>xxxvi,xxxvii,xxxviii,xxxix</sup>. Patients express varying levels of satisfaction with different components of healthcare. Hence, it is imperative for health planners and researchers to take these perspectives into account when formulating strategies and solutions to enhance patient satisfaction<sup>xi</sup>. Patient satisfaction has gained significant recognition due to its impact on perceived quality and its influence on demand<sup>xii</sup>. The experiences of individuals with health centers providing services play a crucial role in shaping their satisfaction with care, improving service quality, and subsequently increasing service utilization<sup>xlii,xliii</sup>.

### Tangibility and Patient Satisfaction (H1)

Tangibility focuses on infrastructural facilities. The factors that are covered under tangibility are: State Homoeopathic Dispensary should have up-to-date equipment; The facilities of the State Homoeopathic Dispensary (e.g., waiting room/hall, clinics, toilets) should be visually appealing; The Staff at SHD should be well-dressed and appear neat; The equipment used for treatment should always be well-maintained. This study found that No significant change is found relationship between '**tangibility and patient satisfaction**' ( $p=0.5358$ ) at the 5 % level of significance. This means that SHD Bagdogra has a no significant impact of infrastructural tangible facilities on patient satisfaction. Research conducted by AIOmari (2021) and Endeshaw (2021) supports the idea that tangibility is associated with patient satisfaction<sup>xliv,xlv</sup>. Healthcare providers must place a high value on tangibles, as they directly influence a patient's perception of the healthcare service. When patients perceive that physical facilities are well-maintained, waiting areas are clean, and healthcare staff appear professional, their overall impression of the healthcare providers improves<sup>xlvi</sup> as Rianti et al.

observed in their study. Therefore, as per the study conducted on 2020 of Lai, Yee Yen, and Siong Choy et al. hospitals should be responsive to patient feedback<sup>xvii</sup>.

### **Reliability and Patient Satisfaction (H2)**

The Service Quality Dimension of reliability pertains to how a company performs and fulfills its commitments regarding service quality and accuracy, all within the agreed-upon requirements between the company and its customers. Factors falling under the umbrella of reliability include the following: When Staff at SHD promise to do something by a certain time, they should do it; When a patient has a problem, Staff at SHD should be willing to help him/her; Staff at SHD should be reliable and always provide the right services from the beginning; Staff at SHD should provide its service at the time it promises to do so; Staff at SHD should keep their records accurately (e.g., medical records etc.). According to Thawesaengskulthai, Wongrukmit, and Dahlgaard et al, service behavior in delivering healthcare services should be a key strategic focus for improving competitive service delivery in a professional manner<sup>xviii</sup>. This study has determined that the role of reliability in patient satisfaction is not significant 'reliability and patient satisfaction' ( $p = 0.7583 > 0.05$ ) at the 5% level of significance.

### **Responsiveness and Patient Satisfaction (H3)**

Responsiveness refers to the readiness and eagerness to assist customers and deliver services promptly. It can also be described as the speed and punctuality in providing service. The factors that fall under responsiveness include: Staff at SHD should keep the patients informed; Staff at SHD should provide prompt services to patients; Staff at SHD should always be willing to help patients; The staff of the SHD should always respond to patients' requests, no matter how busy they are. The study has confirmed that the aspect of responsiveness '*responsiveness and patient satisfaction*' ( $p = 0.7284 > 0.05$ ) does not influence patient satisfaction at the 5% level of significance.

### **Assurance to Patient Satisfaction (H4)**

Regardless of the hospital's identity, its primary responsibility is to guarantee patient or patient family satisfaction through the provision of high-quality services. This assurance is of paramount concern and encompasses various factors, including The behavior and attitude of Staff at SHD should inspire confidence in patients; I should feel safe in my dealings with the Staff at SHD; Staff at SHD should be consistent and polite to the patients; Staff at SHD should receive adequate support in order to do their job well. Our study has revealed that patients express contentment with the services offered by SHD Bagdogra. Significantly, this study has established that ensuring patient satisfaction through assurance and patient satisfaction' ( $p = 0.6625 > 0.05$ ) is not significant at the 5% level of significance.

### **Empathy to Patient Satisfaction (H5)**

Among the various factors that contribute to a positive impression of a hospital for any patient, empathy stands out as a crucial element. Within this category, factors include Staff at SHD should pay special attention to each patient; The OPD hours of the SHD should be convenient for all patients; Staff at SHD should understand and have the knowledge of the health needs of their patients; SHD should have in mind the interests of their patients; Staff at SHD should understand the specific health needs of their patients. In hospital services, patients often perceive doctors as highly professional and well-trained. However as per the study of AlOmari et al carried out in 2021, it's a fact that doctors may not always focus on other crucial aspects such as effective listening skills and paying close attention to what their patients are revealing. Research by Sharma et al., in 2011, revealed that 55% of patients agreed that doctors sometimes demonstrated little interest in actively listening to their health concerns<sup>xlix</sup> (Sharma, Sharma, and Sharma, 2011). The attitude and behavior of hospital staff play a significant role in shaping patients' in-person experiences and overall satisfaction. In contrast that, this study has established that empathy's influence 'empathy and patient satisfaction' ( $p = 0.9651 > 0.05$ ) on patient satisfaction is not significant at the 5% level of significance.

Consequently, it can be inferred that though the expectation of patients from SHD Bagdogra is very high. Perception of patients from SHD Bagdogra is also high. But the Gap (Perception-Expectation) is very low. The Gap between perception and expectation level signifies the patients'

satisfaction. In this study the gap is marginal. The gap is said to be marginal if expectation and perception are both at same level and on higher end in case of SHD Bagdogra. From this we may draw inference that patients are saturated with the service of the OPD of SHD Bagdogra hence quiet satisfied with services.

**RECOMMENDATION:**

Healthcare providers should actively seek input from their patients, utilizing it to pivot towards a more patient-centered approach. They should refine their attitudes and create a welcoming atmosphere at healthcare facilities based on patient feedback<sup>1</sup>. Furthermore, they must exhibit greater compassion and attentiveness to the needs of those they serve<sup>ii</sup>. Regularly evaluating patient satisfaction can sensitize healthcare facility management and providers to the patients' requirements.

Within this project, we identified communication constraints and gaps between clients and healthcare providers, as well as discrepancies in their perceptions. We examined the challenges faced by healthcare providers in their interactions with clients. Through a collaborative effort, we discussed and devised solutions to address these issues, aiming to enhance patient satisfaction levels at SHD Bagdogra.

The SERVQUAL model developed by Parasuraman et al. (1985) has used 7-point scale. We used 5-point scale in order to avoid the central tendency effect from the respondents. The future scholars can measure the same service quality using more samples from different state run homoeopathic dispensaries in India.

**CONCLUSION:**

The study's findings suggest that elevating hospital service quality to higher levels will result in greater patient satisfaction.

Patients hold high expectations for SHD Bagdogra and perceive it as a provider of quality services. Their perception is that SHD Bagdogra is reliable, responsive, assuring, empathetic, and physically well-maintained, reflecting a comprehensive and satisfactory healthcare experience. This study was conducted based on SHD Bagdogra only. Therefore, there is an ample scope to conduct further study by taking more variables into account for more precise results of patient satisfaction in other government run homoeopathic dispensaries.

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# DEGENERATIVE DISC DISEASES & ROLE OF HOMOEOPATHIC TREATMENT - Case Studies



Dr. Jitesh Sharma, BHMS & MD

**BACKGROUND:** Degenerative disc disease is one of the most common causes of low back and neck pain degenerative disc disease refers to symptoms of back or neck pain caused by wear-and-tear on a spinal disc. In some cases, degenerative disc disease also causes weakness, numbness, and hot, shooting pains in the arms or legs (radicular pain).

Degenerative disc disease typically consists of a low-level chronic pain with intermittent episodes of more severe pain. Disc degeneration may cause pain may be so intense that the individual cannot continue with their daily activities. The condition starts with damage to the spine, but in time, symptoms can affect other parts of the body. Symptoms usually get worse with age. The discomfort can range from mild to severe and debilitating. It can lead to complete numbness along with pain and stiffness in the back.

**AIM:** Evidence-based case studies to show the efficacy of Homoeopathy in treating degenerative disc diseases.

**METHOD :** We present 10 different case studies patients suffering from degenerative disc diseases Lumbarization, Disc bulging, Lumbar spondylosis ,Bilateral Cervical Spondylosis ,Lumbar canal stenosis, Anterolisthesis each case has been treateduniquely and Constitutional Homoeopathic treatment is given through individualization method.

**RESULTS :** Treated 10 cases, we can consider that only individualization of each and every case, recording complete symptoms with mental & physical generals along with thermals can help the patients to recover from their pain and illness without any surgery only through Homoeopathic medicine.

**CONCLUSION :** Every individual is not the same thus they require different remedy for their illness. Only constitutional Homoeopathic remedy seem to have great beneficial impact on the disease process presented in 10 cases with evidence based.

**Keywords:** LUMBAR DISC ,SCIATICA , Homoeopathy, DEGENERATIVE LUMBAR DISEASES,Case Studies

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# STUDY TO ASSESS ROLE OF HOMEOPATHY IN MANAGEMENT OF CKD

Dr Lubna Kamal, BHMS, MD, MBA, PhD  
Dr. Mohan Singh, MD

## ABSTRACT

**Background:** The incidence of Chronic Kidney Disease (CKD) is rising every single day and is presently, a global threat to mankind. Worldwide incidence is appx 1.8 million/ year, which has been doubled in the last 15 years. In India alone approximately 100 million people are already suffering from CKD. The options available with Modern Medicine are just dialysis and transplant with poor outcomes and high cost. There is not even a single pill, worldwide, in Modern Medicine, which can reduce Creatinine or Urea by even a percent. On the other hand, Homeopathy offers complete treatment for patients of CKD, for all stages.

**Objectives :** To establish homeopathy as being foremost for prevention of CKD.

To establish Homeopathy, not only as the safest and most effective treatment for CKD but also as first line of treatment, worldwide.

To establish Homeopathy as safe, cheap and most effective alternate of Dialysis and Transplant.

Establish greater role of Homeopathy in National Health Policy.

**Method:** Randomized controlled single blind drug evaluation method was used .Only previously diagnosed cases of CKD were selected. The inclusion criteria for the study was Serum Creatinine (>1.5), Blood Urea (>40), BUN (>14) and estimated GFR ( < 90).

**Result:** A total of 1121 patients contacted the centre (NIH) for CRF. Out of them 783 patients were available for proper follow-up. 450 (57.47%) cases were improving while 185 (23.60 %) maintained status quo and 148 (18.93%) did not show any improvement.

**Conclusion:** Homeopathic drugs were found extremely effective in enhancing the efficiency of kidney. There was marked reduction in the level of S.Creatinine and in some cases not only it reduced significantly, but also its level came down in some cases and continued to be normal. Therefore Homeopathy can be established as an alternate to prevent or reduce the frequency of Dialysis and can help to postpone Renal Transplant.

**Keywords:** RT, MHD, CAPD, GFR, CKD, CRI, CRF, ESRD, DM, HTN, Nephritis, Nephrotic Syndrome, PCKD, S.Creatinine, B.Urea, Homeopathy, Dialysis.

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*Wishing the 65<sup>th</sup> West Bengal State Homoeopathic Practitioners' Conference-2024 organised by The West Bengal State Branch under the auspices of the Homoeopathic Medical Association of India (HMAI) hosted by Darjeeling unit on 29<sup>th</sup>, 30<sup>th</sup> November and 1<sup>st</sup> December, 2024 at "Gorkha Rangmancha Bhawan" Darjeeling (Queen of Hills), West Bengal a grand success with a special beauty.*

*Dr. Arun Kumar Halder, Dr. Mihir Dutta, Dr. Chittaranjan Das & other eminent member, Budge Budge Main Unit, HMAI*

## RECENT UPDATES IN ALLERGIC RHINITIS: A GLOBAL SCENARIO

Dr. Soumyabrata Dogra, MD (Hom.)

ABSTRACT

Allergic rhinitis is a significant public health concern worldwide, affecting both developed and developing countries. Globally, allergic rhinitis affects more than 400 million people, with prevalence rates between 10% and 30% among adults and 40% among children. Approximately 22% of adolescents currently suffer from allergic rhinitis in India. It has a significant impact on health and affects sleep quality, work productivity, and daily performance. It is a symptomatic disorder of the nose resulting from an IgE-mediated immunological reaction following exposure to allergen. Allergic rhinitis typically presents with symptoms of nasal congestion, rhinorrhea, postnasal drainage, sneezing, and itching of the eyes, nose, and throat. In an international study, the most common symptoms of allergic rhinitis were rhinorrhea (90.38%) and nasal congestion (94.23%). Beyond its primary symptoms and clinical manifestations, AR is frequently associated with other allergic conditions, including asthma, atopic conjunctivitis, and dermatitis. Over 80% of asthma patients are also affected by AR, while approximately 10-40% of AR patients have asthma. Itchy nose particularly on exposure to environmental allergens such as dust, smoke, fungi, pollen, house dust mites or other triggers allergenic reactions. Allergic rhinitis occurs when disruption of the epithelial barrier allows allergens to penetrate the mucosal epithelium of nasal passages, inducing a T-helper type 2 inflammatory response and production of allergen-specific IgE. The pathogenesis of allergic rhinitis is associated with genetic, environmental, and epigenetic factors. Many recent studies have paid attention to the role of epigenetics including alteration of DNA methylation, histone acetylation, and miRNA levels in the pathogenesis of allergic rhinitis. Conventional medications encompassing oral or intranasal H1 antihistamines, intranasal corticosteroids (INCS), and fixed combinations of intranasal H1 antihistamines and corticosteroids. Allergic rhinitis is often treated with homoeopathy (Individualized/Personalized medicine) successfully due its safety, efficacy, and cost effectiveness, need more evidence and research.

Keywords: Allergic rhinitis, Personalized medicine, Homoeopathy, Epigenetics.

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# EVALUATING THE IMPACT OF HOMOEOPATHIC REMEDIES *LACHESIS MUTUS* AND *VERATRUM VIRIDE* ON ACUTE HYPERTENSION MANAGEMENT

## Background

1. Homoeopathy: It is a medical approach founded on the principle of "like cures like," which involves employing greatly diluted substances for therapeutic purposes.
2. *Lachesis mutus*: Derived from the venom of the bushmaster snake, it is commonly used to treat circulatory disorders. It is commonly used to treat symptoms such as flushed faces, pounding headaches, and quick pulse.
3. *Veratrum viride*: A traditional treatment for hypertensive diseases with blood pressure-lowering effects. It is derived from the false hellebore plant and is used to maintain cardiovascular health.

## Aim:

- A study to assess the effectiveness of *Lachesis Mutus* and *Veratrum Viride* in reduction of acute rise in blood pressure in pre diagnosed cases of hypertension.

## Methodology

- Formation of individual remedy profile:
  - *Lachesis Mutus* and *Veratrum Viride*
- Study design:
  - Prospective study, Clinical trial, Random sampling
- No of cases:
  - 42 Pre diagnosed cases
- Measurement:
  - Blood pressure levels were measured pre-treatment and at regular intervals.
- Inclusion criteria:
  - Age between 35 to 75 years without any other complicating diseases
- Exclusion criteria:
  - Blood pressure Systolic >180mmHg, Diastolic >100mmHg; Age Above 75, Various Complicating diseases
- Follow up: as per need

## Result:

This study investigated the efficacy of *Lachesis Mutus* and *Veratrum Viride* in the management of acute hypertension. Of the evaluated patients, 55% received *Lachesis*, while the remainder were treated with *Veratrum Viride*. The primary causative factors identified included sedentary lifestyle, tobacco chewing, obesity, anxiety and comorbid conditions. The study utilized potencies of 1M, 200 and 30. Over all 81% cases were improved by using these medicines, in which 56% treated with *Lachesis Mutus* and *Veratrum Viride*. This result shows the effectiveness of Homoeopathic remedies for the treatment of Acute Hypertension.

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# "A SUSTAINABLE AGROHOMEOPATHY APPROACH: OBSERVING THE EFFECTS OF HOMEOPATHIC REMEDIES IN PLANT GALL MANAGEMENT"

Background & Aim - Agrohomeopathy is emerging as a promising approach in agricultural research. Recent scientific studies have demonstrated that potentized homeopathic medicines have the ability to influence physiological activities in plants. These medicines can modify enzymatic activities, phytoconstituents, and secondary metabolites etc. Additionally, the use of homeopathy has shown potential in alleviating both biotic and abiotic stresses in plants.

The Similia principle, proposed by Dr Samuel Hahnemann, is also relevant in the context of plant models. Some researchers have demonstrated that applying the Similia Principle can help plants overcome diseases effectively.

Ultra-high dilutions of homeopathic medicines have been found to be safe and beneficial for various purposes in plant care, including seed germination, soil health improvement, seedling growth, flowering, fruiting, disease protection, and stress tolerance.

In this paper I am trying to show the effect of homoeopathic medicine for "galls" on plants.

Galls are abnormal growths that occur on leaves, twigs, roots, or flowers of many plants. Most galls are caused by irritation and/or stimulation of plant cells due to feeding or egg-laying by insects such as aphids, midges, wasps, or mites. Some galls are the result of infections by bacteria, fungi, or nematodes and are difficult to tell apart from insect-caused galls. Seeing the insect or its eggs may help you tell an insect gall from a gall caused by other organisms.

Method - Here we have selected plant affected by galls first and then chose the remedy which has similar symptoms in Materia Medica. The Homoeopathic medicine was selected on the basis of appearance and observation to a plant which is badly affected by galls and after spraying homeopathic medicine "*Thuja*" for 15 days the plant is completely free from Galls and we have observed the plant for a period of 3+ years and it has not developed the galls again.

Result - This is an observational study and the result is as follows –

Proper selection of the drug and its potency is essential for maximizing the effectiveness of agrohomeopathy. By implementing agrohomeopathy effectively, farmers/plant lovers can potentially reduce the use of harmful chemicals and improve the plant health drastically.

Conclusion - Agrohomeopathy holds promise as an efficient and cost-effective alternative in agriculture, offering solutions to various challenges faced by farmers while promoting sustainable and environmentally friendly practices.

Keywords – Agrohomeopathy, Homeopathic medicines, Plant Galls, Sustainable Agriculture, Thuja, Organic Farming

Paper by - Dr. Vaibhav Jain



AGROHOMEOPATHY RESULTS



# VALIDATION OF HOMOEOPATHIC PRINCIPLES BY NETWORK PHARMACOLOGY AND MOLECULAR DOCKING: EVIDENCE BASED INSIGHTS OF *CINCHONA OFFICINALIS* DRUG PROVING

Bapi Mondal<sup>1</sup>, Pritee Chunarkar Patil<sup>2</sup>, Anupam Mukherjee<sup>3</sup>, Varsha Umesh Ghate<sup>1\*</sup>

## ABSTRACT

**Background:** *Cinchona officinalis*, commonly known as Peruvian bark, has historic significance in homoeopathy, marking a foundational observation by Dr. Samuel Hahnemann, who questioned traditional medicine's use of *Cinchona* for malaria treatment, initially due to its bitter taste. In his experiments, Hahnemann observed that *Cinchona* bark induced malaria like symptoms in healthy individuals, leading to homoeopathic principle of *similia similibus curentur*. This pivotal insight laid the foundation for individualized homoeopathic treatment, though without a fully evidence based molecular rationale.

**Methods:** Five primary *Cinchona* phytoconstituents *Quinine*, *Cinchonine*, *Quinamine*, *Quinidine*, and *Cinchonidine* were focused in this study. Databases like IMPPAT and PubChem identified these compounds, while Swiss Target Prediction and GeneCards mapped malaria associated biomolecular targets. Network analysis using Cytoscape and STRING depicted compound target and protein to protein interactions, with KEGG pathway and GO enrichment elucidating biological pathways. Molecular docking (AutoDock Vina) assessed binding affinities, and pharmacokinetics were analyzed via SwissADME and pkCSM.

**Results:** *Quinine* emerged as the key bioactive compound for treatment of malaria. Network analysis revealed 125 shared molecular targets between *Quinine* and malaria, highlighting significant proteins (ERBB2, MAP2K1, SRC, and ALK). Docking showed *Quinine*'s strong binding affinity to malaria proteins (-12 kcal/mol), compared to a lower affinity for *P. vivax* toxin proteins (-7 kcal/mol). ADMET analysis showed favorable pharmacokinetic properties.

**Conclusion:** This study confirms *similia similibus curentur* principle on a molecular level by clarifying the molecular interactions of *Cinchona officinalis* targets related to malaria. The idea of individualized medicine is supported by the fact that there are only 125 *Quinine* overlapping proteins in the entire genome. The *natura's therapeutic law* of homoeopathy is supported by the greater binding affinity between *Quinine* and malaria proteins as opposed to *P. vivax* toxin proteins. This paper highlights how network pharmacology and molecular docking can provide evidence based support for homoeopathic principles and *Cinchona officinalis* drug proving for malaria. Further bioinformatics research is necessary to validate these results.

**Keywords:** Network Pharmacology, Molecular Docking, *Cinchona officinalis*, *Quinine*, Homoeopathic Drug Proving.

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# TENSION TYPE HEADACHE AND ITS HOMOEOPATHIC TREATMENT

Dr. Madhumita Nath

## ABSTRACT

**Background :** Tension type headache (TTH) is a variant of primary headache disorder and presents with recurrent episodes of headache lasting for several minutes to weeks. It contributes to significant morbidity and reduced work productivity in individuals. This study attempts to study the effectiveness of individualized homoeopathic medicines (HMs) in pain reduction and improvement of quality of life (QOL) of patients suffering from TTH.

**Methods:** This was a single group, pre-post interventional study carried out at Outdoor Patient Department of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital. The study duration was of 12 months with every participant followed for 3 months from baseline. Numeric Pain rating Scale (NPRS) for pain intensity, Headache Disability Inventory Scale (HDI) for disability associated with headache and World Health Organization Quality of Life BREF (WHO-QOL BREF) for quality of life, were administered as outcome measures. Homoeopathic medicines were prescribed after repertorization from Kent's repertory and consultation from Materia Medica following the homoeopathic philosophy.

**Results :** A total of 55 patients were enrolled out of which 51 completed the follow-up. Statistically significant reduction in pain intensity were observed in NPRS scale ( $Z = 2.616$ ,  $p < 0.001$ ) and there was also improvement in disability as per HDI scale ( $Z = 2.607$ ,  $p < 0.001$ ). Additionally, improvements were also seen in various WHO-QOL BREF domains related to physical, psychological, social, quality of life and health satisfaction ( $p < 0.001$ ) after 3 months of treatment except the environmental domain of the scale. The frequently prescribed medicines included Natrum muriaticum, Pulsatilla, Silicea, Lachesis, Staphysagria, Sepia, Calcarea carb.

**Conclusion :** Individualized homeopathic treatment significantly reduced pain and disability associated with TTH and also enhanced the quality of life in individuals suffering from TTH. However, further studies with more sample size, active comparator, and longer study duration with improved methodological precision will be required to strengthen the conclusions drawn from this study.

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# EXPERIENCE OF CONDUCTING RANDOMIZED CONTROLLED TRIALS IN HOMEOPATHY: A JOURNEY OF 14 YEARS

Authors : Dr. Subhranil Saha\*, Dr. Munmun Koley

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## ABSTRACT

**Background:** Randomized controlled trial (RCT) is a kind of scientific experiment in which the subjects are allocated at random to receive one of the several interventions including the standard of comparison (control); thereby each member has the same chance of receiving either the experimental or the control intervention. According to the specified outcomes, RCTs may be classified into (1) efficacy (placebo-controlled), and (2) effectiveness (active-controlled, pragmatic.). A well-blinded RCT is considered to be the 'gold standard' for clinical trials. Homeopathy is often tagged as 'pseudoscience' and criticized for inadequate data from quality RCTs substantiating its claims beyond the placebo effect.

**Methods:** Starting from January 2011 until November 2024, 30 RCTs in different peer-reviewed, indexed, international journals were considered. All were double-blinded, randomized (1:1), placebo-controlled, parallel arms trials. The studied conditions were hypertension ( $n = 1$ ), knee osteoarthritis ( $n = 2$ ), insomnia ( $n = 1$ ), chronic rhinosinusitis ( $n = 1$ ), atopic dermatitis ( $n = 2$ ), warts ( $n = 1$ ), prehypertension ( $n = 1$ ), hyperuricemia ( $n = 1$ ), dysmenorrhea ( $n = 1$ ), generalized anxiety disorder ( $n = 1$ ), stage I hypertension ( $n = 1$ ), plantar fasciitis ( $n = 1$ ), irritable bowel syndrome (IBS;  $n = 1$ ), pediatric epilepsy ( $n = 1$ ), vitiligo ( $n = 1$ ), tinea corporis ( $n = 1$ ), lumbar spondylosis ( $n = 1$ ), acne vulgaris ( $n = 1$ ), cervical spondylosis ( $n = 1$ ), psoriasis ( $n = 1$ ), menopause ( $n = 1$ ), prediabetes ( $n = 2$ ), sciatica ( $n = 1$ ), hemorrhoids ( $n = 1$ ), menstrual irregularities ( $n = 1$ ), post-COVID-19 conditions ( $n = 1$ ), and pediatric nocturnal enuresis (PNE;  $n = 1$ ). Pooled sample size was 2309 (verum: 1151, control: 1158). The participants were randomized to receive either individualized homeopathic medicines (following classical homeopathic principles), or identical-looking placebos, in the mutual context of non-pharmacological concomitant care measures. Several validated outcome measures were chosen, both subjective and objective, as appropriate in different trials. The intention-to-treat sample was analyzed to detect group differences and effect sizes.

**Results:** Results were varied; while hypertension, stage I hypertension, insomnia, atopic dermatitis, hyperuricemia, dysmenorrhea, osteoarthritis knee, plantar fasciitis, IBS, psoriasis, menopause, sciatica, post-COVID-19 conditions, prediabetes, and PNE revealed statistically significant results favoring homeopathy over placebo, the other trials remained inconclusive. When the results of these 30 trials were pooled together in a random effect forest plot meta-analytic model, the mean difference favored homeopathy significantly against placebos; mean difference 4.01 (95% CI 3.05 – 4.97),  $z = 8.21$ ,  $p < 0.001$ ; however, substantial heterogeneity warrants cautious interpretation of the results ( $I^2 = 4.03$ ,  $p < 0.001$ ,  $I^2 = 93\%$ ).

**Conclusion:** As evident from the statistical pooling of the results, homeopathy outperformed placebos. Future research should aim at conducting independent replications and larger trials in different clinical conditions.

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# CURATIVE EVIDENCE OF INDIVIDUALIZED HOMOEOPATHY IN ALOPECIA: A CASE SERIES

Dr. Joydeep Khanra, M.D. (Hom.)

## ABSTRACT



Introduction- Alopecia areata is an auto-immune disorder, suffered by almost 2% of world's population, characterized by non-scarring patches over the scalp. In clinical practice we mostly found non-cicatricial type alopecia which can be generalized (alopecia universalis) or localized (alopecia areata, androgenic alopecia etc.). Clinical heterogeneity along with an unpredictable course and history make this disease difficult

to treat, conventional system of medicine often fails in these cases. This case series is an attempt to explore the curative effects of individualized homeopathy in the treatment of varying types of alopecia.

Methodology- This is a multi-centric prospective case series consists of five cases from different strata of age, sex and types of alopecia.

Primary outcome was measured using SALT Score (Severity of Alopecia Tool) and photographs of the patient, and secondary outcome was measured using ORIDL Score (Outcome Related to Impact on Daily Living) and causal attribution between treatment and outcome was assessed using modified Naranjo criteria. Individualized homoeopathic remedies such as *Acid flour Lycopodium*, *Silicea*, and *Graphites*, were prescribed per the available standard guidelines of homoeopathy. Follow-up assessments were done over a period of six months.

Result- A significant improvement in hair growth, SALT score and ORIDL score was noted. Where the baseline mean SALT score was  $59 \pm 38.31$  and the follow up mean score  $5 \pm 7.07$  respectively, calculated two-tailed  $p$ -value equals 0.0463 ( $p < 0.05$ ) which is statistically significant. The ORIDL score has also showed positive linear correlation, that is,  $r = 0.908$ , and the coefficient of determination,  $r^2 = 0.82$ , suggesting 82% positive correlation exists between physician's assessment (Phy. A) and patient's assessment (Pt. A). The obtained mean of modified Naranjo score was +10 score out of the maximum score of +13 suggests a definite causal relationship between the homoeopathic treatment and the improvement of the patients. Conclusion- This case series suggests that individualized homeopathy may offer a promising alternative for managing alopecia, along with improving quality of life of the patient. Further research with larger sample sizes and controlled trials is warranted to substantiate these findings and explore the underlying mechanisms of action.

**Keywords:** *Individualized homeopathy, alopecia, hair loss, case series, complementary medicine, quality of life, holistic treatment.*

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# HIRSCHSPRUNG DISEASE RESOLVED WITH INDIVIDUALIZED CLASSICAL HOMEOPATHY: A CASE REPORT

DR. SHAHIN MAHMUD

## ABSTRACT



### Introduction

Hirschsprung disease (HSCR) is a congenital ailment characterised by the absence of ganglion cells (GC) at the Meissner's plexus (submucosa) and Auerbach's plexus (muscularis) of the terminal rectum, which extends a variable distance proximally. HD affects 1/5000 live births, with a 4:1 male predominance. Hirschsprung disease (HD) is almost always managed surgically. Though complementary and alternative medicine is becoming more popular in these types of congenital disorders, the use of classical homeopathy to treat HSCR has yet to be documented.

### Case report

Individualized classical homeopathic therapy helped a 5-year-old kid diagnosed with HSCR. The homeopathic medicine Nux vomica in 1000 potencies and Sulphur 1000 were prescribed based on the totality of physical and psychological symptoms, as required at different times.

### Results

During treatment, the pathology cleared, and the related symptoms and quality of life improved.

### Conclusions

Classical homeopathy may play a role as a non-invasive and effective approach of managing HSCR, and it demands additional scientific inquiry in this area.

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# NON-COMMUNICABLE DISEASES AND THEIR PUBLIC HEALTH APPROACH IN HOMOEOPATHY

*Dr. Baidurjya Bhattacharjee*

## ABSTRACT

With 41 million deaths annually, or 71% of all deaths worldwide, non-communicable diseases (NCDs) are the leading cause of death worldwide. The top four NCD killers, which collectively cause over 80% of all premature NCD deaths, are diabetes (1.6 million), respiratory diseases (3.9 million), cancer (9.0 million), and cardiovascular diseases (17.9 million deaths annually)<sup>[1]</sup>. Non-communicable diseases (NCDs) are a major obstacle to reducing national and international health disparities because their mortality rate is higher in low- and middle-income countries and among people with lower socioeconomic status in high-income countries<sup>[2]</sup>. In order to meet the Sustainable Development Goals target of a 25% relative decrease in the risk of premature mortality from NCDs by 2025, NCD management interventions are crucial<sup>[3]</sup>.

Risk reduction, early detection, and treatment of NCDs are the objectives of the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS), which has been in place since 2010 under the auspices of the Ministry of Health and Family Welfare of the Government of India (GoI). Many people use homoeopathic healthcare services because of India's medical pluralism and well-established Ayush systems (Ayurveda, Unani, Yoga and Naturopathy, Sowa Rigpa, Siddha, and Homoeopathy)<sup>[4]</sup>. The integration of AYUSH within the national program was proposed in 2014 and has been functional since 2015 as a pilot programme at different districts including Darjeeling and Kalimpong district of West Bengal. The program focused on integrating homoeopathy and yoga in the structure of the national programme.

The future of public health programmes in homoeopathy rests on the approach of translating the principles of holistic medicine considering inclusive treatment of NCDs and mental health disorders to the general population. Preventive strategies targeting pre-clinical stages of the disease, treatment strategies in cases of freshly diagnosed cases of NCDs and preventing mortality and disability in the tertiary stages of the disease must be the hallmark of such approaches.

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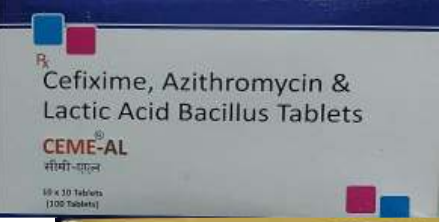
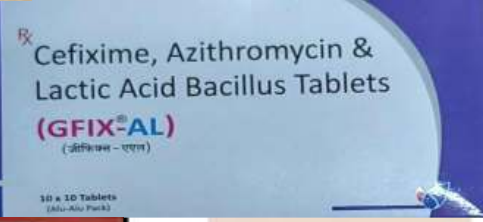
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