



**SWARRNIM STARTUP AND INNOVATION
UNIVERSITY**

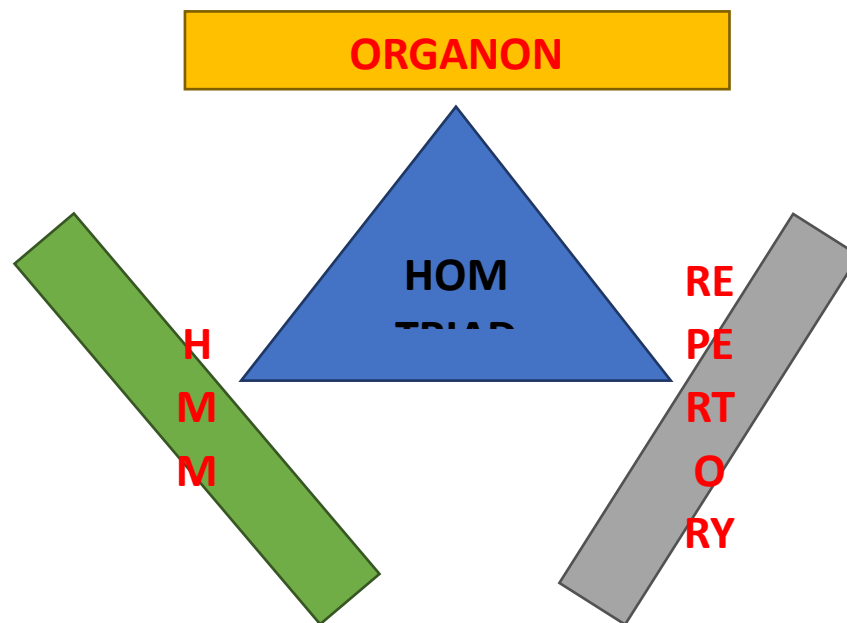
ARIHANT HOMOEOPATHIC MEDICAL COLLEGE

COURSE NAME- CASE TAKING AND REPERTORY

REVIEW ON INTRODUCTION TO REPERTORY

INTRODUCTION TO HOMOEOPATHY

- The mission of Homoeopathy is based on Homoeopathic Triangle i.e. Kent's Triad, also called as pillars of Homoeopathic studies



Organon

- Homoeopathic physician must study the Hom. principles till he learns, what is sickness that guide to curative remedy.

Homoeopathic Materia Medica

- He must study Materia Medica till he learns, what is needed to meet these demands.

Repertory

- He must study Repertory till he learns, how to use it, when he needs it and what he wants.

IMPORTANCE OF REPERTORY

- Useful in cases where lot of characteristic symptoms making confusion for prescribing similimum.
- In cases where symptoms are difficult to locate in Materia Medica.
- To help in selection of correct similimum.

INTRODUCTION TO REPERTORY

- A repertory is a place where information is stored or categorized so that it can be retrieved more easily.
- It is an index of symptoms, with a listing of all of the remedies known to be associated with each particular symptom.
- This information can be stored in a book format, on software, compact disc, or through a collection of cards (card repertories).

ORIGIN OF REPERTORY

- The word: Repertory has originated from the Latin word "*Repertorium* "which means
 1. An inventory
 2. Table
 3. Storehouse (Cupboard arranged in a simple way)
- **Repertory means, "Repertorium "**
 - "*Repertus*"
 - "*Reperire* " = Re + Perire
 - *i.e.* Again + Reproduce
- **Hence, Repertory also means reproduction.**

WORD MEANING OF REPERTORY

ACCORDING TO OXFORD DICTIONARY

- Repertory is a place for finding something or Store. Collection of information of facts.

ACCORDING TO HOMOEOPATHY

- An index of symptoms of our Materia Medica with then corresponding medicines arranged systematically .it may be arranged –
 - Alphabetically
 - Systematic Manner
 - According to some fixed guiding symptoms or principle.
 - According to Hahnemannian schema
- ❖ Thus, it is a dictionary of symptoms with medicines.

DEFINITION OF REPERTORY

In short, Repertory is, --Index to symptom

- Repertory is systematically & artistically arranged index of homoeopathic Materia medica in which, all information collected from drug proving, toxicology and clinical experience.

AIM OF REPERTORY

- Individualization
- Repertorial totality
- Repertorization
- Repertorial result
- To find out similimum
- Selection of similar remedy with help of HMM.

CHOICE OF REPERTORY

- **i.e. selection of repertory**

Present symptoms

- General- Mental Generals- Kent Repertory / Physical Generals- BTPB/ Pathological Generals- BBCR
- Particular- Regional Repertories
- Clinical- Clinical Repertories

PURPOSE OF REPERTORY

- The purpose of the repertory is to help you find the right remedy for a given case.
- It is a tool.
- The repertory helps to individualize a case to find the right remedy for the right person.
- It also assists the practitioner find small and rarely used remedies and to link unusual symptoms with the appropriate remedy.
- There are some cases where using the repertory is crucial to finding the right remedy and other cases where it is much less useful.

HISTORY OF REPERTORIES

- Initially in homeopathy there were no repertories.
- Hahnemann had only proven a few remedies, and it was possible to remember the symptoms that were associated with each of the known remedies.
- As further proving's were undertaken and homeopathic knowledge increased, it was no longer possible to remember all the symptoms associated with each particular remedy.
- Repertories became increasingly necessary.

HOW IS THE REPERTORY USED?

- Cases are seldom solved by using a single rubric or symptom.
- The process of choosing rubrics and combining these to choose the right remedy is called *Repertorization*.
- Generally, between three and ten separate rubrics are chosen to solve a case.
- There is no right or wrong way to repertorize a case.
- Some homeopaths tend to use many rubrics and others use just a few.
- Many different strategies may ultimately lead to the selection of the right remedy. Again, what is most important is that the repertory is a tool to suggest to your possibilities for further study of remedies leading to the best remedy selection.

REVIEW ON HOMOEOPATHIC CASE TAKING

CASE TAKING

Introduction

Case taking is a unique art of getting into conversation observation and collecting information from patient as well as from bystanders to define the patient as a person and the disease.

The history obtained thus makes the basis for a physician to go further into the physical examination and laboratory studies in order to define the problem accurately.

Each case is unique in all respects only true individualized approach can explore the true picture and help a physician to arrive at a totality in its true sense. Every individual is different in health as well as in disease and hence every case has to be examined individually giving importance to its unique expressions during health and disease.

Definition- Case taking is an individualizing examination of a case of disease.

Sources- §83 - §104 in 6th edition of organon of medicine

- §83 - §93 general directions, patient coming directly and from another physician.
- §94 - §98 chronic cases
- §99 - §102 acute cases
- §103 & §104 next duty of physician i.e. psora must be investigated

Do's of case taking

- Symptom should be written from sources like patient himself, attendants and physician's own observations.
- Data should be collected in patient's own words.
- Advise the patient to speak slowly.
- Records all important points narrated by patient.
- Begin a fresh line with every new circumstances.
- Finally note down own observations about the patient.

Don'ts of case taking

- Don't interrupt the patient while narrating his complaints.
- Don't ask any direct question.
- Leading questions are not permitted.
- If patient coming from another physician
- In chronic case- take original disease picture
- In acute case- take complete picture of conjoint modality and prescribe suitable remedy.

Special directions (Chronic Case)

- Cause and personal history
- Attention on minute particulars
- Collect exact symptoms from indolent and hypochondriac patient
- Investigations of symptoms of psora.

Special directions (Acute Case)

- Epidemic and sporadic diseases considerations made as a new and unknown one.

Important points for case taking

- Depression- need encouragement
- Anxiety- need reassurance
- Try to understand the most basic feelings.
- Ask open ended questions.
- Be open and frank without judging the patient.
- Don't ignore the general symptoms.
- Listen to clues of miasms and understand the patient as a person.

IMPORTANCE OF RECORD KEEPING

Significance

1. For proper assessment of a case or to form conceptual image.
2. To find the chronic miasm behind the whole case.
3. Analyze the acute case.
4. Curability and incurability of case can be judged after record keeping.
5. Helps to follow the case.
6. Reflects the skill of physician.
7. Clinical teaching and proving.
8. To observe the remedy reaction and prognosis of the case.
9. To prescribe anti-miasmatic remedy as an intercurrent.
10. For research purpose.
11. Reference in legal procedures.
12. Selection of 2nd prescription and finding out related remedies.
13. Whether cure is taking place according to Hering's Law of Cure.
14. Can make corrections where physician has failed during 1st prescription.
15. For repertorial analysis, Repertorization and selection of proper similimum.

STEPS IN CASE TAKING

Case taking can be summarized into following stages

1. Stage of observation
2. Stage of listening to the complaints
3. Stage of interrogation and cross-examination
4. Stage of clinical examination
5. Laboratory investigations
6. Stage of diagnosis

QUALITIES OF A PHYSICIAN CONDUCTING INQUIRY [Aphorism-83]

- **Freedom from prejudice-** Prejudice means judging the present on the basis of past experience, which lead to a fixity rigidity of thinking. Physician should not use his own yardsticks and parameters to understand the case. For the time being he should detach himself from his own past experiences, his emotions, desires and aversions and physical reactions. The only way to become unprejudiced is to become aware of our prejudices. Prejudice and doubt may be overcome by reflection, study, self-discipline and auto suggestion by cultivating the scientific spirit.
- **Sound senses.** – In order to obtain a complete picture of the disease one has to know what to notice and where to look for in a given case. A physician's sense can be called sound only if he is capable of utilizing them in an undisturbed uninterrupted and unbiased way. It depends on the sensitivity and commitment of the physician to his profession.
- **Attention in observing-** A careful observer alone can become a true healer of disease. In order accurately to perceive what is to be observed in patients, we have to come out of ourselves and attach ourselves with all powers of concentration upon the subject. Poetic fancy, fantastic wit, and speculations must, for a while, be suspended and all overstrained reasoning, forced interpretation and tendency to explain away things must be suppressed. His attention should be on the watch that nothing actually present escape his observation and also what he observes be understood exactly as it is. The capability should be acquired by practice and the best opportunity for exercising and perfecting our observing faculty is afforded by instituting experiments with medicines upon ourselves.

- **Fidelity in tracing the picture of the disease-** A physician should be faithful and loyal in noticing and recording the deviation from the health with firm adherence to the principles of a medical profession especially homoeopathy. He should be able to translate his observations into words by using the most appropriate expressions.

NOTE- Case Taking and Repertory- Case taking is a stepping stone to repertorisation. This is a step, which facilitates the gathering of the data pertaining to what is to be cured in the diseased person.

HOW CAN I LEARN TO USE REPERTORY MORE EFFECTIVELY

- The best way to learn to use the repertory is to practice.
- The more you look up rubrics and find your way around the repertory, the easier it becomes.
- Repertorization exercises such as those recommended in the next several lessons can be helpful.
- Ultimately, however, the best way to learn the repertory is through study of cases. There are also several ways available in the further study of repertory.

IMPORTANCE OF DIAGNOSIS & LABORATORY INVESTIGATIONS IN HOMOEOPATHIC CASE TAKING

SIGNIFICANCE

1. Diagnosis ascertains the management, prognosis, course, complications and necessity of surgical interference.
 2. Gives idea of pathogenesis, functional disturbances and surgical changes.
 3. Diagnosis oriented treatment is necessary where patient is either unconscious or dumb or has very few symptoms.
 4. For the selection of potency and repetition of dose.
 5. Important for repertorization
 6. Gives the idea of patient's personality, production of symptoms, location, pathological changes etc.
 7. Helps to determine individual characteristic symptoms i.e. synthesis of case.
 8. Helps to make therapeutics results.
 9. Useful to differentiate common and uncommon symptoms.
- ✓ e.g.
1. Excess thirst and craving sugar are common for D.M.
 2. Headache on waking is common for HTN

PLAN OF TREATMENT

- Patients are presented in different forms and we have to adopt different modes in these cases.
- Many of the cases are presented in secondary manifestations, the primary manifestation being obscure. Diagnosis gives a clue towards primary manifestation.
- Diagnosis of the disease in case with vague or obscure symptoms may give hint towards the seat and nature of the disease.
- Diagnosis of the case with multi system involvement give hint towards the area of severity and help in the institution of treatment.
- In cases with acute and chronic manifestation, separation of symptomatology of two is possible through the knowledge of diagnosis.
- Diagnosis gives the idea about the pathological and constitutional tendencies, that help us to decide whether a constitutional, miasmatic or palliative medicine is required.

REVIEW ON CASE TAKING

- ❖ **IN UNCONSCIOUS / DUMB PATIENT&**
- ❖ **IN PEDIATRIC / CHILD PATIENT**

CASE TAKING IN UNCONSCIOUS PATIENT

Definition-

- A state of instability in which a person is receiving no impressions from his sight, hearing, or other senses is called unconsciousness.
- Unconsciousness can be brief, as in fainting, or prolonged, as in severe head injuries. " It can range from stupor, in which the person is semiconscious and can be roused with difficulty, to coma, in which the person is profoundly unconscious and cannot be roused at all."

CAUSES

- Unconsciousness may result from injury, illness or physical or emotional disturbance.
- Some of these conditions are relatively mild.
- Fainting, for instance, is a temporary loss of consciousness which usually occurs when too little oxygen is reaching the brain.
- It has many causes, including fatigue, pain, infection, anemia, heart disease, and emotional upset.

Fainting

- The person who faints should be placed on his back and his clothing loosened.
- He will usually recover consciousness very quickly, but should stay down for at least ten minutes, and then get up gradually.

Shock

- Severe shock, on the other hand, can also cause loss of consciousness, and is serious.
- The layman is more likely to see a person in traumatic shock, caused by wounds, broken bones, or burns.
- In shock the blood is not circulating normally and the skin becomes pale, cold, and clammy.
- Any person who has been severely injured should be treated for shock by being kept quiet, lying down, and covered, if necessary, to prevent loss of body heat until medical assistance arrives.

Artificial Respiration

- In some cases, such as a person suffering electric shock or carbon monoxide, alcohol, or drug poisoning, when his breathing either stops or is inadequate, artificial respiration can save his life.

Alcoholic

- Acute alcoholic intoxication is a familiar cause of loss of consciousness.
- Usually, the person has alcohol on his breath, his breathing is deep and noisy, and the pupils of his eyes are dilated but equal in size.
- It should be remembered, however, that the heavy drinker is liable to fall and injure his head;
- that his unconsciousness may have some other cause such as a stroke; and that alcohol, when combined with barbiturates, can lead to coma and death.

Addiction / drug abused

- An overdose of drugs can also result in unconsciousness.
- With barbiturates, such as phenobarbital, the pupils are dilated and breathing is first slow and quiet, then slow and shallow, then noisy.
- With opiates, such as heroin, the pupil's contract to a pinpoint and breathing is profoundly depressed.
- With both groups of drugs, there may be cyanosis-a bluish tinge to the skin.
- Inhaling model airplane glue (glue sniffing), lighter fluid, and similar substances can also lead to unconsciousness-and to smothering if the substance is being inhaled inside a plastic bag.

Homoeopathic Management

- Alcoholic: Nux Vom 30C, 200C, 1M in frequent doses.
- Epilepsy: Bufo 30C, 200C, 1M; Opium 30C
- Diabetes: Belladonna 30C, Opium 30C
- Stroke: Arnica 1M, Opium 30C, Plb Met 1M or higher
- Sunstroke: Bell 30C,200C; Glon 200C,1M; Op 30C
- Bleeding: China 30C

CASE TAKING IN CHILD PATIENT

Introduction

- There cannot be any standard or regulated patterns of history taking, as the questioning will change depending on the age group of the patient we are dealing with
- Physician should be aware about the normal physical, social, emotional & intellectual development
- Questions should be asked to understand the moral character, intellectual character, social & domestic relationships.

Data collection

- Data can be collected in an order of
 - Chief complaints– with causations like vaccinations, emotional factors, physical factors, medicines etc.
 - Associated complaints
 - History of present illness, IN FOLLOWING ORDER

1. History

- Past history [previous illness]
- Prenatal history [like maternal stress]
- Birth history [normal delivery, beach, cesarean]
- History after birth
- Feeding history [diarrhea, regurgitation]
- Developmental history [mile stones]
- Immunization history
- Child as a person [appetite, thirst, desire, aversion]
- Activity and destructivity

2. General Instructions

- Physician should be soft, gentle, friendly & caring with genuine interest & love for children
- Be smiling & polite to children & never get angry with children even if they are at their worst
- Approach the child with a smiling face & treat him as a child & not as a patient & comfort him
- Never start examining the child as soon as he enters the clinic & try to build a rapport with the child before examination
- Should literally come down to the level of child both physically & mentally to elicit cooperation.
- Avoid staring at the child because they are often scared if you intently look into their eyes.

- Physicians should also observe the interactions between the child and parents. This reveals the amount of concern of the parents towards the child's health & interests. It also reveals the notion of do's & don'ts in the family of child.
- Observation of each & every movement of the child should be noted properly & can spend maximum on it.
- A careful observation during the interview often reveals stresses & concern which are otherwise not apparent.
- For school going children asking them their name, name of school, age, hobbies, their best friend, name of their teacher etc. makes them feel at ease.

REVIEW ON MIASMATIC ASSESSMENT

MIASMATIC ASSESSMENT

- After forming the totality of a case, physician should assess miasmatic background, that helps deciding the plan of treatment.
- Knowledge of Miasm is the base of homoeopathic learning and practice.

Types

1. Acute

- a) Recurring
- b) Non-Recurring

2. Chronic

- a) Psora
- b) Sycosis
- c) Syphilis

Characteristics Of Acute Miasms

- Suddenness
- Violence
- Stormy Nature

Characteristics Of Chronic Miasms

It is real fundamental causes of all chronic diseases

- Psora- Generation, Need
- Sycosis- Organization, Desire
- Syphilis- Destruction, Greed

Aim-

To classify different group of symptoms as per its miasmatic placement to determine the most dominant Miasm.

- Psora- Inflammation
- Sycosis- Excess/Less
- Syphilis- destruction

Miasm present themselves in three ways

- Single Miasm
- Two/three miasms, but only one is active at a time.
- Two/three miasms forming a complex.

But we must attack the one who is uppermost at that time, and ignore the symptoms those are latent.

Acute miasm

Acute miasm is a dynamic disease producing power which causes acute specific infectious epidemic disease having almost fixed manifestation.

- **According to master Kent**—an acute miasm is one that comes upon the economy passes through its regular prodromal period longer or shorter, has its period of progress and period of decline and which there is tendency to recovery. The acute miasm are two types
- **Recurring type**—those types of acute miasm that recur in the same manner more than once in life time of a particular person. Example-dengue, chikungunya, swine flu cholera, yellow fever, plague etc.
- **Non recurring acute miasm**— this is also called fixed miasm, these types of acute miasm are those which attack a person only once in life time and called non recurrent or fixed miasm. Example. Smallpox, whooping cough, etc.

Chronic Miasm

Chronic miasms are fundamental cause of chronic disease. They produce chronic diseases and pre-dispose human being to acute diseases. There are three types of chronic miasm viz. psora, syphilis, sycosis. The chronic miasm go on increasing and growing worse in spite of best mental and corporal regimen and torment to the end of the human life. They are ineradicable by the vital force alone without proper medicinal treatment.

- **Psora**- psora is the most ancient, most universal, most contagious, most destructive and most misapprehended chronic miasm. for many thousands of years, it has disfigured and tortured mankind and during the last centuries it has become the mother of thousands of incredible non venereal chronic and acute diseases, by which

whole race on the inhabited globe is being more and more affected. It is most hydra headed of all the three chronic miasm. It is a itch- dyscrasia leading to functional disorders.

- **Latent Psora-** when the primary manifestation of psora is suppressed by local application, the local cutaneous symptoms disappear but the disease is driven inwards and may remain dormant. This state called as the latent state of psora. So latent psora is a state when psora is sleeping producing no active symptoms, and the person may be declared as apparently healthy, but any exciting or **maintaining** cause may flare up to produce secondary symptoms of psora.
- **Sycosis-** sycosis or the venereal fig- wart disease is a venereal chronic miasm primarily manifested externally by the condylomatus and cauliflower like growth on genitals following impure coition.
- **Syphilis-** syphilis is a venereal chronic miasm primarily manifested outwardly by venereal chancre developed following an impure coition.

The Miasmatic Theory

Devised by Dr Samuel Hahnemann & has proven to be the most debatable and least understood Principles in Homeopathy. Theory of Chronic Diseases and Miasms is considered as one of the 7 Cardinal Principles on which Homeopathy as a Science is based upon. But however much we try to understand this concept from the very source I.e. the Organon and Chronic Diseases, there comes an obstacle of comprehension. The language and context of the writings by Dr Hahnemann is difficult to comprehend for any and every one in these modern times.

Evolution of Theory of Miasms

James Tyler Kent (1900):

He developed Hahnemann's theory of Miasm in late 19th century, he says the very first spiritual sickness of the human race (Thinking, willing and acting are the three things that make up the science of life of the human race) progressed to the development of Psora, the underlying cause and the beginning of all physical sickness. The other two chronic diseases (sycosis and syphilis) would not have been possible if Psora as a Miasm never been established upon the human race. The will and understanding (internal state of man) are the fundamental and prior to man's action, environment is not the cause. Diseases correspond to man's affections and are but the outward expression of man's interior.

Stuart Close (1930):

He viewed Miasm as infectious, contagious, excessively minute and invisible living creatures, the term bacteriology what we mean today express the same idea as applied to cholera by Hahnemann. He described the Miasmatic-parasitic nature of cholera as a Miasm which finds a favourable element for its multiplication and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life.

H.A Robert (1936):

He ascribed Psora as a deficiency of the proper elements (either in simple or compound form) in the body. He spoke about psoric Miasm as being closely related to deficiency diseases on the basis of the table of atomic weight in relation to diseases condition. He says Psora and deficiency in properly balanced essentials, are one and the same. Therefore, the inability to receive or relax or assimilate the essential elements and failure of the system results in imbalances in body that provides the background of psoric taint. Similarly, Syphilis and sycosis taint we can be analysed in relation to the table of elements with their respective atomic weights.

Proceso Sanchez Ortega: Miasm is a constitutional or diathesis state, the 'Diathesis Magra' which determines the mode of existence of an individual who is sick. The evil (sickness) inside of us constitute the source which is the point of departure and beginning of our destruction. He called Miasm as the causa causorum i.e., cause of the causes, the source or germ of suffering & death which is positive, demonstrable and perfectly recognizable. Of all the 3 stages (Psora, Sycosis & syphilis) always present in all individuals and may dominate accordingly at one time more psoric, more Sycotic or more syphilitic. The formation of individual nature is dictated by Miasm from which the individual is trying to emerge.

A.J Gross of Argentina

Miasm is the causes, the etiology of acute and chronic disease. He attributed to the alteration in the vibratory rhythm proceeding from a dynamic conception of the illness. The patient suffers an alteration of his rhythm which terminates in the formation of one or another lesion as an epiphenomenon.

Thomas P. Paschero

Classified and compared the pathological process with Hahnemann's Miasm that Psora is inflammation, sycosis is proliferation and Syphilis destruction.

P.N Banerjee:

The Miasm of Psora, sycosis and Syphilis are very fine and subtle as mind. Psora is that condition of man which tends to produce diseases in him, the result of evil thinking and the other two Miasm is the result of evil doing. Without Psora there could be no diseases. Each Miasm has a certain condition of the system that gives the tendency for certain specific types of diseases each in its way. The philosophy of Psora is like the philosophy of the seed and the tree. Just as it never possible to say whether it is the seed that causes the tree or it is the tree that causes the seed. Similarly, it is the mind that vitiates itself and create Psora or it is Psora that vitiates the mind.⁸

Rajan Sankaran:

He says Miasm is a state of being and classified into 5 states:

- i) Acute state, an acute threat leading to an instinctive reaction from the organism. E.g., Aco., Bell., Hyos., Stramonium, etc where the diseases quickly progress into an acute state & where the intensity of suffering will be high.
- ii) Psoric state, the internal feeling during the struggle that is 'I can't stand it' where the defense reaction goes for hyper action. E.g., Sulphur, Calc., Lycopodium & Psorinum.
- iii) Sycotic state, the covering up of internal state by building or masking (hyperplasia on cellular level) the internal weakness. Eg., Medorrhinum &



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COURSE NAME - HOMEOPATHIC MATERIA MEDICA

ARGENTUM NITRICUM (Arg-nit)

INTRODUCTION

Argentum nitride; silver nitrate is the “*devil’s stone*” or “*hell stone*” of old school, which has not much use for it, except as Lunar caustic; because in allopathic doses, or when accidentally swallowed during the process of cauterizing the throat, it has turned people permanently blue a condition known as “*argyria*”. With us it is a most precious remedy, and no other can take its place.

The earlier proving of Argentum Nitricum, given in Allen’s Encyclopedia are, as we shall see chiefly concerned with its physical symptoms, which are very definite and suggestive, and have led to splendid curative work in stomach conditions, etc. But other proving, given in Hering's Guiding Symptoms, bring out it’s interesting and unique mental peculiarities; and these are our most precious indications for its use.



Figure 2 Silver (Argentum Nitricum)

COMMON NAME

- Silver Nitrate. Lunar Caustic. Also called as “FIRE DIAMOND”, Lapis infernalis, Nitric acid silver salt, *Argnetumfoliatum*, Leaf silver.

CHEMICAL FORMULA

- AgNO_3 .

PROVER

- **First** prepared by the **arabians**. Introduced into practice by **paracelsus**. **First** was proved by **Dr. Hahnemann** till **13th** potency then after **Dr. J.O. Muller** proved it.

PERIODIC TABLE POSITION

- **Silver**- 5th Row and 11 column

CHEMICAL PREPARATION

- Aqueous solution on the Crystals in distilled water, for lower dilutions & Trituration.

WORD MEANING

- *Argyria* or *Argyrosis*. Excessive exposure to chemical compounds of the element silver or Silver dust. Skin turns **purple** or **purple gray**.

ANTIDOTES

- Chloride of sodium ferrous sulphide, merc ars.

DISCOVERY

- Alberto's Magnus, in the 13th century documented the ability of Nitric acid to separated gold & silver by dissolving the silver.

ANCIENT USES

- Silver salts have Antiseptic properties fused silver nitrate shaped into sticks, was traditionally *called* **“Lunar Caustic”**.
- It is used as a cauterizing agent by surgeons for example to remove granulation tissue around a stoma.
- It is Inorganic compound.(lacks carbon hydrogen bonds)More found in Earth's crust. Silver Nitrate is versatile precursor to many other silver compounds, such as those used in photography.
 - AgNO₃ solution could Blacken skin.
 - Least expensive salt of silver.
 - Stable to light.
 - Dissolved in Numerous solvents, water.
 - Photographic film.
 - Making of Silver based explosives.

BIOLOGICAL ACTION

- It is used for silver staining for demonstrating reticular fibres, proteins & Nucleic acid. As stain in scanning electron microscopy. Antiseptic properties.
- *In 1881, Crede introduced* the use of dilution of AgNO₃ in New born babies eye at birth to prevent contraction of gonorrhea from the mother, which could cause Blindness.
- Fused silver nitrate, shaped into sticks was traditionally called, “lunar Caustic” used as a Cauterizing agent. Eg: to remove granulation tissue around stoma.
- Silver Nitrate is used to cauterize superficial blood vessels in the nose to help prevent Nose bleeds. Oral ulcers. Poediatrics(Ankle and foot surgeon)- to kill cells located in the nail bed.
- R – Boyle's so called Diuretic pills (Nitrate of silver) increases the urinary secretion in its primary action. Secondary action greater diminution of the urinary secretion.
- Inactivator of Escherichia coli. Feacal decontamination & Drinking water. (Disinfection properties)
- Generalised or local Argyria.

- Mucous membrane & conjunctiva affection.
- Against warts, repeated daily application of Silver Nitrate can induce destruction of cutaneous wash.
- To prevent gonorrhoea. (In low concentration)
- Nose Bleeds control.
- Skin & Eye irritant.

PHYSIOLOGICAL ACTION

Through Vegetative Nervous System it acts on six special centres.

(1)MUCOUS MEMBRANE:- Atony; Destructive inflammation.(*Chronic purulent ulcer & Bleeding ulcer*) mucous membrane of stomach and duodenum. Upon the mucous membrane of the stomach and duodenum, the main action of Argentum is to produce atony with great flatulence; but, when given in large doses, it causes vomiting, purging, and violent gastro intestinal inflammation. The action of this drug upon the abdominal sympathetic is well marked. The liver and kidneys are profoundly affected. After death in chronic poisoning, the epithelial structures of these organs are found in an advanced stage of degeneration. Fatty degeneration of these organs has been noted. Increased secretion from the intestinal glandular apparatus, with soft, mushy, or copious watery stools; and when this is long continued, gastro intestinal catarrh will be produced. The mucous membrane of the liver and kidneys becomes greatly swollen; bile is increased, and albumen is frequently found in the urine. Ulceration of the stomach and duodenum has been produced by Argentum.

(2)CARTILAGINOUS SYSTEM:- Produced Destructive inflammation esp. Ears, Nose, False ribs, tarsal cartilage, tendons & ligaments of joints.

(3)GLANDULAR SYSTEM:-Induration. Esp. Upon the salivary glands, testicles, liver & kidneys. Argentum produced **Induration & Fatty Degeneration** of their tissues.

(4)BLOOD:-Destruction of Red corpuscles; Chlorosis. It produces defective oxidation, destruction of the red corpuscles, **anaemia & depressed temperature.**

(5)SKIN:- Nodules & vesicular inflammation skin becomes an **olive or slate colour**, from deposits of the silver in the tissues. Dr. Pepper says the staining of the skin is always preceded by a **dark line upon the gums**. It also causes violent itching on various localities, with nodular and vesicular eruptions.

(6)CEREBRO- SPINAL SYSTEM:- (Motor tracts)Convulsions. Tetanic types, paralysis & insensitivity. **Silver** has a special action upon the **cerebro spinal system by the tetanic convulsions, paralysis, and insensibility that ensue from large doses.**

M.M Charcot believes, **convulsion are centric from disturbance of the motor tract**, but **H.C. Wood** believes that the convulsion are reflex, i.e. excited

by the least peripheral irritation also persisting after the complete abolition of voluntary movements.

ACC. DR. RICHARD HUGES – The Paralysis is general & is esp. Seen in the **pulmonary branches of the vagi** – Death ensuing from asphyxia with the same conditions of the lungs as when their nerve divided.

In the provers, the neurotic effect of the drug was manifest in headache deep in the substance of the Brain with low spirits, vertigo, want of mental power; restless, dreamful sleep, weakness of the spine, with pain in small of the back & very marked debility of the lower extremities, almost approaching to paraplegia.

SPHERE OF ACTION ON REGION

- Brain, Spinal Cord, Nerves, Blood, Mucous Membranes such as of Eyes, Throat, Stomach, Urethra, etc. Periosteum, Bones, Kidney, Liver, Gastrointestinal Tract also are Susceptible to the Action of This Great Remedy.

CLINICALS

- Acidity. Addison's disease. Anaemia. Chancre. Dyspepsia. Epilepsy. Eructations. Erysipelas. Eyes, affections of. Flatulence. Gastric ulcer. Gonorrhoea. Hands, swelling of. Headache. Heartburn. Impetigo. Locomotor ataxia. Neuralgia. Ophthalmia neonatorum. Paralysis. Prostate, enlargement of. Scarlatina. Small-pox. Spinal irritation. Syphilis. Taste, altered. Throat, affections of. Tongue ulcerated. Warts. Zona.

CONSTITUTION

Adapted to hysterical nervous person with vivid imagination, having carbo- nitrogenoid or hydrogenoid constitution.

Physical make up: Cachetic, scrawny, withered, dried up, old looking young persons, having history of unusual or long continued mental exertion.

Temperament: Bilious temperament. Very irritable and becomes angry easily.

Relation with heat and cold: Hot patient. Wants everything cold, which gives relief, excepting the gastric symptoms which aggravate.

Miasm: covers all three miasms. It is, however, mainly **sycotic** and **syphilitic** with Psora in the background.

Diathesis: **Neuro-sycotic.**

GENERALITIES

- In this drug the **neurotic effects** are very marked. By its action on Cerebro- spinal nerves, it produces **inco-ordination**, loss of control, and loss of balance, mentally and physically.
- Mucous membranes are **inflamed** and **ulcerated** causing muco-purulent discharges and **Splinter like Pains**. It is a useful remedy for those

persons who are **dried, withered up and prematurely old**, with trembling and weakness.

- **Hysterical nervous** persons. **Emaciation** is progressive. **Ascending Paralysis**. Parts seem Enlarged or bound up.
- Violent Pains; Like **Deeply Sticking Splinter**; grinding or radiating; cause starting; extending down back or legs. Pains increase and decrease gradually.
- **Ulceration**, with much **bloody yellow pus**. It is **convulsive remedy**; attacks of epilepsy; from fright, agg. during menses, at night; pupils are always dilated for a day or two before the attack, and followed by restlessness and **trembling of hands**.
- **Periodical trembling** of the body. Loss of voluntary motion. Paraplegia. Sinking downward from head. Myelitis. Disseminated sclerosis of brain and cord. **Sensation of a sudden pinch**.
- **Ill effects of; eating iced**, onanism and venery. Tobacco. Symptoms appear on the left side. Conjoined mental and Digestive symptoms. Unable to walk with closed eyes. Pains cause starting.
- Suitable to businessman, students, brain workers. **Examination funk**. Desire to talk. Anaemia. **Errors of perception. Perversion of senses**.

CAUSATION

Apprehension, fear or fright. Eating ices. Intemperate habits. Mental strain and worry. Onanism and venery. **Sugar.** Tobacco(boys)

MIND

- First of all, **disturbance in the memory, disturbance of reason**, he becomes **most irrational in his explanations of his actions**. He is irrational and does strange things and comes to strange things and comes to strange conclusions; **do foolish things**.
- He has all sorts of **imaginings, illusions, hallucinations**. He is **tormented** in his mind by the inflowing of troublesome thoughts, and especially at night his thoughts torment him. To the extent that he is extremely anxious and this puts him in a **hurry and in a fidget and he goes out and walks and walks, and the faster he walks the faster he thinks he must walks, and he walks till fatigued**.
- **Strange notions** and ideas and fears come into his mind. He has as impulse that lie is **going to have a fit** or that he is going to have a sickness.
- A strange thought comes into his mind that if he goes passed a certain corner of the street he will create a sensation, **will fall down and have afit**, and to avoid that he will go around the block.

- He avoids going past that corner for fear he will do something strange, He is so reduced in his mental state that he admits into the mind all sorts of impulses.
- There is **inflowing of strange thoughts** into his mind, and when crossing a bridge or **high place the thought that he might jump off** or what if he should jump off, and sometimes the actual impulse comes to jump off the bridge into the water.
- When looking out a window the thought comes to his mind what an awful thing it would be **to jump out of the window**, and sometimes the impulse comes to actually jump out of the window.
- There is **fear of death**, the **over-anxious state**, that death is near, and often at times **like Aconite he predicts the moment he is going to die**.
- Looking forward to times he is **anxious**. When looking **forward to something** that he is about to do, or in the expectation of things, he is anxious.
When about to **meet an engagement** he is anxious until the time comes.
- If he is about to take a **railroad journey** he is anxious, full of fear and anxiety and **tremulous nervousness** until he is on the car going and then it passes away.
- If he is about to **meet a certain person** on the street corner he is anxious and **breaks out often in a sweat** form anxiety until it is over with.
- He is **excitable, angers easily**, and as a result of this pain comes. When he becomes angry he becomes **vehement and pain in the head comes on; cough, pain in the chest and weakness follow this anger**.
- The anxiety he has from these circumstances will bring on complaints.
- When he is going anywhere, going to a wedding or to the opera, or any place.
- **Sadness, melancholy** and confusion. **Defective memory**. The sight of high houses makes him dizzy, and his **vertigo** is increased or comes on from **closing the eyes**; with the vertigo there is buzzing in the ears, great weakness and trembling.
- **Constitutional headaches from brain fag, from exertion of the mind**. In such **mental exhaustion**, headaches, nervous excitement and trembling, and organic troubles of the heart and liver in business men, in students, **in brain workers**, in those subject to long excitement; in actors who have kept up a long time the excitement of appearing well in public.
- This state of mind progress until there is a general state of weakness; with **trembling, paralysis, numbness**, disturbed functions, palpitation, throbbing all over the body, with the mental state.
- The nervous state continues until there is disorder of all the organs of the body. The **stomach refuses to digest**, everything taken, seems to go into gas, and he becomes distended and suffers with pain.

- The circulation seems to be greatly Disturbed in addition to the **palpitations**. Fullness of the blood vessels and throbbing all over the body. The blood vessels become diseased.
 - Atheromatous degeneration and **dilatation of the veins, varicose veins**.
 - Upon the **mucous membranes and skin ulceration**, and this progresses and the heart becomes increasingly feeble, and the extremities become cold and blue and **the lips are cold and blue**, with aggravation of all these complaints from **mental excitement, from going to the opera, from meeting a friend, from keeping an engagement**.
 - The medicine is **pre-eminently a nervous one**, full of spinal symptoms, **rending, tearing pains down the extremities**; such pains are found in **locomotor ataxia fulgurating shooting pains**
 - There is one grand feature running through this patient modifying most of his symptoms, with few exceptions, and that is that he is **like a Pulsatilla** patient; he wants cold air, cold drinks, cold things; **wants ice, ice cream**; wants the head in the cold air; suffocates in a warm room.
 - He **suffocates from warm clothing**, wants the door and windows open; cannot breathe in a stuffy room, cannot go to church or to the opera, cannot go to places of **amusement or gatherings**, must stay at home.
- He dreads a crowd, dreads certain places.

HEAD

- The headache are of a **congestive character**; considerable throbbing, **ameliorated by cold, and tight bandaging**.
- Headache **from mental exertion** from excitement, with vertigo, nausea and vomiting.
- Pains in the right side of the head, jagging, cutting, stitching pulsating. Head feels much **enlarged**.

EYES

- The eye symptoms are too Numerous to mention. They are of a general character such as we find in catarrhal conditions with ulceration, **relieved by cold**.
- All of the eye symptoms are **worse in a warm room**, worse from sitting by the fire. Wants cold applications, cold washing. Intense, **photophobia**; aversion to light, and this is worse in a warm room; wants it cold, wants it dark.
- There is much **swelling and tumefaction of the blood vessels of the eye**, and redness, and it has a raw denuded excoriated appearance.
- “Chemosis with strangulated vessels”. “**Cornea opaque**”. “**Ulceration of cornea in new-born infants**; Profuse **purulent discharge** from the lids.”

- **Photophobia: after long looking at fine sewing, fine print.** In one who has suddenly taken on far sightedness, it has come on as a congestive condition.
- **Oedema** is a word which runs through the remedy. That is to say, it has a dropsical state wherever **Dropsy** may occur.

EARS

- **Deafness;** ringing; **buzzing** noises; feeling of distraction(left); earache. **Whizzing** in left ear with feeling of obstruction and hard hearing.

NOSE

- **Violent itching,** obliged to rub until it looks raw.
- **Loss of smell.** Itching. Ulcers in septum. Coryza, with chilliness, lachrymation, and headache.
- **Discharge of(whitish) pus** with clots of blood. **Discharge like boiledstarch.** Bruised pains in bones.

FACE

- “ Face: **Sweat stood in drops** on his face.”
- “ Facesunken, pale, bluish.”
- “ Looksprematurely old.”
- “ Faceblue, heavy breathing, pulseless.”

TEETH

- Gums swollen, inflamed, **bleed easily,** painful when touched. Gums tender and bleed easily; but neither painful nor swollen.
- **Prosopalgia,** esp. In **infra-orbital branch of fifth nerve** and nerves going to teeth; pain intense, at its height accompanied by **unpleasant sourtaste in the mouth.** Face convulsed; jaws clenched.
- Teeth **sensitive to cold** water. Toothache when chewing; **eating cold or sour things.**

MOUTH

- **Dry tongue with thirst.**
- Tongue **white and moist.** **Red streak down middle of tongue.**
- Gums tender and bleed easily. Tongue has prominent papillae; **tip is red and painful.** Pain in sound teeth.
- **Taste coppery, like ink.** Canker sores. Fetid odour from mouth. Ptyalism. Thick phlegm in mouth. **Mouth coated inside whitish grey.**

THROAT

- Much thick mucus in throat and mouth causes hawking. **Raw, rough andsore.** **Sensation of a splinter in throat** on swallowing, breathing, or moving the neck.

- **Thick, tenacious mucus in the throat.** Rawness, soreness, and scraping in the throat. Dark redness of throat. Catarrh of smokers, with **tickling as of Hair in throat.** Strangulated feeling. Paroxysms of cramp in the oesophagus. **Ulcers mercurial, syphilitic, and scrofulous.**

APPETITE

- Irresistible **desire for sugar**(but it<; in the evening. **Desire for cheese.** Sweetish bitter taste.
- Eating relieves nausea, but < stomach pains. Warm drinks >; cold drinks or ices < stomach pains. Eating or a swallow of wine > head: coffee < The least food < pain of gastralgia; flatulence.
- Fluids go right through him (in cholera infantum). Warm fluids >. Cold < pains in stomach. After heavy meal, epileptic fit. **Nausea after each meal**, esp. After dinner.

STOMACH

- **Belching accompanies most gastric ailments.** Nausea, retching, vomiting of glairy mucus. Flatulence; painful swelling of pit. Painful spot over stomach that radiates to all parts of the abdomen.
- Gnawing ulcerating pain, burning and constriction. Ineffectual effort at eructation. **Great craving for sweets.** Gastritis of drunkards. Ulcerative pain in left side under ribs.
- Trembling and throbbing in stomach. Enormous distention. Ulcerations of stomach, with radiating pain. **Desire for cheese and salt.**

ABDOMEN

- **Sensation as of a ball ascending from abdomen to throat. Stitches** through the abdomen(left side) like electric shocks, esp when changing from rest to motion. Pain in abdomen as if sore; with great hunger; > after eating, but **a trembling sets in its place.**
- Violent attacks of pain at irregular intervals; patient rolls on floor; descending colon tender to touch; **tapeworm like stool passes.** Fullness, heaviness, and distension with anxiety.
- **Flatulence. Gripping. Cutting pains.** Constriction as if tightly tied with a band. Pain in hypochondria. Intolerance of lacing round hypochondria.

STOOL AND ANUS

- **Cholera infantum** in dried up, mummy like children, **stools green, slimy, noisy, flatulent, < at night.** Like **spinach in flakes. Green, slimy, shreddy stools**, with severe bearing down in hypogastrium; membranous stool like unsegmented tapeworm; blood, slime, and epithelium; of ten with much flatus; after eating sugar; after drinking; “as soon as the least drink is taken it goes through”; **from any excitement.** Advanced

dysentery, with suspected ulceration. Constipation and dry faeces. **Tenia** or **ascarides with itching at anus.**

- Piles with burning or **tenesmus**; bleeding. Burning in one spot in anterior wall of rectum (probably in prostate gland)

URINARY ORGANS

- Nephralgia; pain by touching region. **Urine dark red**; contains deposit of renal epithelium and **uric acid crystals.** (esp. After caust.) Quick urging to urinate; frequent and copious emission of pale urine. Incontinence night and day. Urethra from meatus to bladder hot and burning; < at meatus and behind scrotum.
- Urethra inflamed, with pain, burning, itching; pain as from a **Splinter.** **Urine scanty and dark.** **Emission of a few drops** after having finished. Divided stream. Early stage of **gonorrhea**; profuse discharge and terrible cutting pains; bloody urine. **Strictures** of the urethra. Dysuria, bloody urine and fever. **Ulcerative pain** in middle of urethra, as from a **splinter.** Stream of urine spreads asunder.

MALE SEXUAL ORGAN

- **Impotence.** Erection fails when condition is attempted. Cancer- like ulcers on prepuce. **Ulcers on prepuce**; small, covered with pus; later, spreading, bowl- shaped, with a tallow like coating. Desire wanting. **Genitals shrivel.** Coition painful, urethra as if put oil stretch or sensitive at orifice.
- Painful tension during erection, bleeding from behind forward. Urethra swollen, **hard, knotty,** painful. **Spasmodic contraction** of cremaster muscle, testicle drawn high up. Pain in testes and scrotum as from pins and needles, < **Orchitis.** Burning in spot in anterior of rectum (prostate gland).

FEMALE SEXUAL ORGAN

- Gastralgia at beginning of menses. Intense spasm of chest muscles. Orgasms at night. Nervous erethism at change of life. **Leucorrhoea profuse,** with **erosion of cervix, bleeding** easily.
- Uterine hemorrhage, two weeks after menses; Painful affections of left ovary. **Prolapsus with ulceration of os or cervix;** with **copious yellow,corroding Leucorrhoea** and frequent bleeding from points of ulceration.
- Menses irregular; scanty (with asthma). Menses too copious or too scanty, too soon or too late.
- **All symptoms < before and during menses.** Coition painful, followed by bleeding from the vagina. Orgasms at night.
- **Metrorrahagia. Metrorrahagia** with nervous erethism at change of life; also in young widows and those who have born no children; returning in

attacks, region of ovaries painful, with pains radiating to sacrum and thighs.

- During pregnancy, stomach as if it would burst with wind; head feels expanded. **Puerperal convulsions**; just after attack lies quiet, but becomes very restless before another.

RESPIRATORY ORGANS

- **High notes cause cough. Chronic hoarseness.** Suffocative cough, as if from **a hair in throat**. Dyspnoea. **Chest feels as if a bar were around it.** Palpitation, pulse irregular and intermittent; worse lying on right side; Painful spots in chest.
- **Angina pectoris, nightly aggravation.** Many people in a room seem to take away his breath.

BACK

- Much pain. **Spine sensitive** with **nocturnal pains**, paraplegia; posterior spinal sclerosis.

EXTREMITIES

- Cannot walk with **eyes closed**. **Trembling**, with general debility. Paralysis, with mental and abdominal symptoms. Rigidity of calves. Debility in calves especially.
- Walks and stands unsteadily, especially when unobserved. Numbness of arms. **Post-diphtheritic paralysis.**

SKIN

- Brown, tense, and hard. Drawing in skin, as from a spider- web, or dried albuminous substance, **withered and dried up**. Irregular blotches.

SLEEP

- Sleepless, from fancies before his imagination; **horrible dreams of snakes, and of sexual gratification.** Drowsy stupor.

FEVER

- Chills with nausea. **Chilly when uncovered**, yet feels smothered if wrapped up.

GENERAL MODALITIES

- **Aggravation:-** Warmth in any form; at night; from cold food; sweets; after eating; at menstrual period; from emotions, left side.
- **Amelioration:-** From eructation; fresh air; cold; pressure.

RELATIONSHIP

- **Antidote:** Nat. mur.
- **Compare:** Ars; Merc; Phos; Puls; Arg. Cyan(angina pectoris, asthma, spasm of oesophagus); Arg. Iodat.(throat disorders,

hoarseness, gland affected)Protargol(gonorrhea after acute stage 2% solution; syphilitic mucous patches, chancres and chancroids, 10% solution applied twice a day; ophthalmia neonatorum, 2 drops of 10% solution)Argent.phosph(An excellent diuretic in dropsy)Argent.oxyd. (Chlorosis with menorrhagia and diarrhoea.)

CASE REFERENCE

(Case by Dr. Jan Scholten in his book Homeopathy and Elements)

Case data:

A 30 year old man complaints about pressure on the chest and many fears. He is afraid of criticism and afraid of failure. It started about 3 years ago after his house had been burgled. When he and his wife came home one evening they discovered that there were burglars in the house. He didn't dare to go inside and went to the neighbours to call the police. He had been afraid to confront the burglars while he had always said that if anything like that were to happen he would 'teach them a lesson'. The strange thing was that his wife hadn't been afraid at all and this is what liked him, 'because a man should be able to protect his wife'. All this happened at a time when he had been very busy at work because he was about to be promoted to head of department.

After these events he started to develop vague pains in his stomach, accompanied by much belching and flatulence. He often woke up in a fright at around 4 am, which later on turned into palpitations with a pressing pain in his chest, worse lying on the left side. It was also worse when he thought about it or when he thought about his work. He is always in a hurry, especially at work. He had to spend some time off work because the fears and the palpitations became too bad. He was afraid in restaurants and shops and afraid that someone would criticise his work.

He couldn't bear having people around him at work, afraid that he couldn't get away quickly if he suddenly started to feel bad. He also had a fear of narrow spaces(3) and a fear of planes.

He likes the type of work he is doing but he doesn't like the mentality of his colleagues, they are very bureaucratic. He likes socialising but has become more reserved since his complaints started. He still plays football and likes to take the lead.

He is quite closed and often bottles up his feelings for days. He explains that he feels very insecure deep inside, although he comes across as someone who is very self assured. He likes to be prepared before he meets people, tries to imagine what they might think and feel.

He has a fear of heights and can't stand being late. He sometimes dreams about quarrelling with his colleagues.

Generals

Weather: cold, < heat; fear of thunder; > and > fresh air(3).

Time:< 11 am.

Desires:sweet(3), spices, cheese, meat, vegetables, milk.

Aversion: potatoes.

Food:< chocolate.

Sleep: good; on left side.

Analysis:

The pattern of fears and tensions is a classic example of Argentum nitricum: fear of heights, narrow spaces, fear of disease, fear of failure, anticipation etc. The palpitations and general tension complete the picture.

But it would be interesting to see whether we can find any of the themes of the group analysis in this case.

First of all there is the theme of failure, which is common to all the metals. Next we see that he wants to be head of department, which is typical of the silver series (There is too little evidence of heaviness in this story to indicate the Gold series).

The stage we are looking for can be deduced from the incident of the burglary: he can't put his words into practice. He had a certain image of himself, but this image proves to be invalid, he can no longer maintain the ideas he had about himself, which is typical of stage 11. And so we get to Argentum.

But there are also several symptoms that don't belong to Argentum, like the stomach complaints and the eructations for instance. These are typical Nitricum complaints, as is the fear of disease and the fear of narrow spaces. The burglary might initially remind us of Arsenicum, but it is also a Nitricum symptom, as reflects the theme of loss belonging to stage 15.

Other **Argentum** symptoms: *fear of being criticised about his work, fear of heights, > sweets.*

Nitricum symptoms: *fear of narrow spaces, planes, restaurants, > cheese, < heat, > fresh air.*

Reaction:

One month after Argentum nitricum he feels **60% calmer**. He went back to work 2 weeks after taking the remedy. He had a dream that he had the courage to confront someone else for the first time since ages. A year later he was still doing well and since then I haven't heard from him.

AURUM METALLICUM(Au)

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INTRODUCTION

- The most precious thing which any creature likes and loves in the world, is its 'own life'. Anything and everything could be sacrificed for its ultimate protection. But here is an element which possesses the inherent power to destroy the very desire to survive.
- Gold is a very valuable metal, no doubt. Still it hasn't got any direct utility as such in its natural form. It was Hahnemann who found out the high therapeutic value of gold after it undergoes the process of potentisation.

COMMON NAME

- Gold; 'Aurum' the Latin word for gold.



Figure 3 Gold(Aurum met.)

CHEMICAL SYMBOL

- Au.

PROVER

- Dr. Samuel Hahnemann in 1818.

ATOMIC NUMBER

- 79.

ATOMIC WEIGHT

- 196.96657 u

PERIODIC TABLE POSITION

- Row- **6th** & Column- **11th**.

CHEMICAL PREPARATION

- Aqueous solution on the Crystals in distilled water, for lower dilutions & Trituration.

HISTORY

- In the middle East(Before 6000 BCE)Gold is resistant to most acids, Gold is insoluble in Nitric acid.
- Gold coins ceased to be minted as a circulating currency in the 1930s & the world gold standard was abandoned for a fiat currency system after 1971. A total of **1,86,700 tonnes of gold** exists above ground as of 2015.

USES

- World consumption of new gold produced is about **50% in Jewellery, 40% in investments & 10% in industry.**
- Gold's **high malleability, ductility, resistance to corrosion** & most other chemical reactions & conductivity of electricity have led to its continued use in corrosion resistant electrical connectors in all types of computerised devices.
- Gold dissolves in alkaline solutions of cyanide, which is **used in mining & electroplating**. Gold dissolves in mercury, **forming Amalgam alloys**, but this is not a chemical reaction. Precious metal used **for coinage, jewellery & other arts** throughout recorded History.
- Gold is also used in **Infrared shielding colored glass** production, gold leafing & **tooth restoration**.
- Certain **gold salts** are still used as **anti-inflammatories in Medicine**. As of 2017, the world's largest gold producer by far was China with 440 tonnes per year.

PROVING OF MEDICINE

- Common metal, proved & introduced by **Dr. Hahnemann in 1818**, M.M volume IV, 2nd edition 1825(151 & 201), in chronic disease 2nd edition 1835, **404 symptoms**.
- The **last proving was made by J.C. Burnett**, in 1879. No preparation ought to be used except such as has been made from the precipitate.

PREPARATION

- Dr. Hahnemann **trituated the finest gold leaf**(its fineness in 23 carates, 6 grains) with 100 parts of milk sugar for a full hour, for internal medicinal use. 100 grains of this powder & 200 grain(2 grain dissolved in water, sufficed of gold) to excite very great alteration in the health & morbid symptoms.

PHARMACOLOGY

- ***Materia medica Alston*** seeing that gold in its metallic state can not be dissolved or altered by the vital power, it can consequently have no medicinal action, but what it exerts on the intestines by virtue of its weights, hardness & mechanical form.(M.M PURA)

SPHERE OF ACTION ON REGION

- **Mind.**
- **Nerves.**
- *Vascular system.*
- **Heart (Rt)**
- **Bones-** Nasal. Skull. Patellar. Joints.
- *Glands.*
- *Liver.*
- *Kidneys.*

PATHO-PHYSIOLOGICAL ACTION

Through the **Vegetative nervous system**, gold has **six special centres** of action:

- (1) **Lymphatic Glandular System:-*Congestion, Induration***, particularly centering upon the liver & testicles; they become congested & indurated. In the lymphatics, we have Congestion, torpor & adenitis. Chronic suppuration of glands & ascites & albuminuria.
- (2) **Osseous system :-*Caries & Exostosis***. Acts upon Palatine bones, producing inflammation of the periosteum.
- (3) **Digestive organs :-*Gastro- intestinal irritation***, inflammation of the gastro-intestinal tract with nausea,vomiting, flatulent colic, much rumbling & diarrhoea with increased urination.
- (4) **Vascular system:-*Excited & raised temperature***, chill predominating. Chilliness & rigors are very prominent symptoms; can not get warm; the whole body cold.
- (5) **Skin:-*Copious Diaphoresis***.Aurum stimulate the absorbent, secretory & excretory functions of the skin, producing copious night sweats & a great liability to take cold, with sensitiveness if the whole body to the cold air.
- (6) **Sexual Organs:-*Passions excited***. Greatly excited & increased sexual desire in both sexes. In the male, it produces erotic sagacity, going on to painful priapism; and in the female, too frequent & too profuse menstruation.

CLINICALS

- *Alcoholism, Asthma, Gonorrhoea, Genital organs, Glandular affection,Hemorrhoids, Heart affection, Locomotar ataxia, Mental affection,Paralysis,Syphilis, Throat affection, Urinary disorders, Uterine troubles, Vertigo, etc.*

CONSTITUTION

- **Physical Make up of the body**- Aurum met. Is suited to *sanguine, ruddy* people, with *black hair and eyes*, old people who are tired of life due to their misdeeds, having no desire to live and *low spirited, lifeless pining boys*. Constitution broken down by *bad effects of mercury and syphilis*.
- **Temperament**:-*Melancholic* and *irritable* temperament.
- **Relation with heat and cold**:-*Very chilly* patient.
- **Miasm**:-*Syphilis* is in the background.
- **Diathesis**:-*Scrofulous* diathesis.

GENERALITIES

- Suited to old people *who are tired of life*, in whom *syphilis is implanted* on a *scrofulous constitution*.
- **PROFOUND MELANCHOLY AND CONSTANTLY DWELLING ON SUICIDE** and *depression where the patient sits silently and says nothing*.
- Persons who have *repeatedly drugged with mercury* have established upon themselves a mercurial disease with enlargement of the liver and these is almost always attended with *melancholy sadness hopelessness*.
- Whenever the affection are Disturbed in mental disease it causes *cardiac weakness*, endocarditis, enlargement of the heart or some organic or functional disease of the heart.
- *Hysterical spasms*, sometimes with alternate tears and laughter.
- Great sensibility to cold, or strong **desire to go into the open air**, even in bad weather, because it is found to be a relief.
- *Great ebullitions*, with congestions to the head and chest, and palpitation of the heart.¹
- *Rheumatic affection* with swelling of the joints.
- *Cartilages and Bones* producing *Thickening and Induration*.
- *Pain*, violent, bring < **at night** coming on in the evening and remains whole night.
- *Desire for open air* whenever the patient is suffering from great Excitement turmoil and vascularity. He wants to get out in the cool air and wants the clothing thrown off.
- *Fullness of the veins* until swelling appears with weakness so that *Dropsy* is prevalent throughout the remedy.
- *Hurried and worried*; uneasy and restless.
- *Aggravation* from *sunset to sunrise*.
- *Oversensitive* to pain, smell, taste, hearing, touch etc.

CAUSATION

- **Mercury.Alcohol.** Iodide of Potassium. **Effects of grief;fright;anger;disappointed love;cotradiction; reserved displeasure.**

MIND

(Keynote: Loathing of life.)

- The general features of the remedy are such as **relate to the mind** and such as relate to the **tissues of the body in general**. If you run through the mental symptoms, taking them all in as one great whole, you will see that all the affections, natural to healthy man, are **perverted**.
- So, great in extent is this that one of the **fundamental loves**, which is the love of living, of self-protection, is **perverted** and he **loathes life**, is **weary of life**, **longs to die** and **seeks methods to commit suicide**.
- No love of life. The affections pre-eminently **are deranged**, the **intellectual sphere** is only secondarily changed.
- Of course, insanity runs through the remedy, but it is an **insanity** that **begins in the will** and **proceeds to the intellect**; it is first observed as a **perversion of the affections**.
- It is astonishing that one could get into such a state of mind, such horrible depression of spirits that there is an absolute loss of enjoyment in everything.
- You **take away a man's hope**, and he has **nothing to live** for, he then wants to die. Such, it seems, is the state in this medicine.
- **Self-condemnation**, continued **self-reproach**, **self-criticism**, a constant looking into self; she does nothing right, everything is wrong, nothing will succeed, **hopelessness**.“Imagines he **cannot succeed in anything**, and he does **everything wrong**; he is in disunion with himself.”Imagines he **sees obstacles in his way everywhere**.
- He is all the time imaging that he has **neglected something**, that he has neglected his friends. He imagines that he deserves reproach in consequence of having **neglected duty**; he has neglected something, he is wrong, is **wholly evil**, has sinned away his day of grace, is **not worthy ofsalvation**; this is the train of thought that constantly runs through his mind.
- The **thought** really becomes **uncontrollable**; he is absorbed in himself and **sits and broods** over it, and by brooding over it he only intensifies his present state and hatches new grievances, **continues to worry** over himself, think he is wholly **unfit for this world**, and then he **longs to die**.
- He **looks on the dark side** of everything, constantly **expecting bad news**, looking for **everything to go wrong**. The **future looks dark** to him, and he wants to die; he never will succeed, for everything goes wrong that he turns his hand to.

- His **business is dark**, his **family troubles him**, his **friends annoy him**; he becomes extremely **irritable, easily angered**, is worried over trifles, and **easily excited**. Every little thing rouses him **into anger and turmoil**, he is always in a **vexation**. The Aurum state of mind is an **insanity** dreadful to look upon because of its **turbulence and melancholy**.
- It is suitable in the most **profound states of melancholy and depression** where the patient sits silent and says nothing. When disturbed he is aroused **to great vehemence, anger and violence**.

“Melancholy feels hateful and quarrelsome.”

“Terrible melancholy after abuse of Mercury.”

- The causes of this state of insanity are **prolonged anxiety, unusual responsibility, syphilis and loss of property**. Persons who have been **repeatedly drugged with Mercury**, have established upon themselves a mercurial disease, with **enlargement of the liver**, and this is almost always attended more or less by **melancholy and sadness** and such **hopelessness** as we find in Aurum.
- Aurum produces such affections of the liver as are associated with **cardiac affections**, endocarditis, **dropsy of the Heart** and **rheumatic affections** that have gone to the heart.
- You will notice that wherever the affections are **pre-eminently disturbed in mental**, disease that there is either cardiac weakness, endocarditis, enlargement of the heart, or some organic or functional disease of the heart.
- You will very often find a **History of taking Mercury** that has super induced a **rheumatic** state that has been rubbed away with liniment until the heart is affected, and with this comes **hopelessness, insanity of the will**, disturbance of the affections.
- Then it appears to spread in this remedy from the **will to the understanding**, and the **intellectual portion of man becomes involved**. Think what a state it is for a man who has been in good condition of health, **respected in his business circles**, to have a **desire to commit suicide**.
- You will see other kinds of insanity and a **breaking down** or a state of **feebleness of the intellect**, he **cannot think nor reason**; his affections are **practically intact**, but he finally goes into a **state of imbecility**, or he becomes **wild and commits suicide from impulse**.

Psycho- pathology:-

- That is an instance where the **intellect has been affected first** and **spread to the will**. Sometimes this state comes on, and no disturbances in the **man's intellectual nature** has been observed; it is **intact**, it is **sound**.

- He has been **sound in his business affairs**, he has been a **good father**, he has been **observed by those around him to be intelligent**, but he has **silently brooded over his state and his hatred of the world**; he has told nobody of it, and then, he has been found **hung in his room**.
- The **man's intellectual nature keeps the man in contact with the world**; but his affections are largely kept to himself. A man can have affection for all sorts of things and perversion of the affections, but his **intellect will guide him not to show his likes and dislikes to the world**.
- The affections cannot be seen, but **man's intellect is subject to inspection**. He **cannot conceal his intellect**. We shall see that the **affections are interior**, they are covered with a cloak, they are **his innermost** and are **hidden from inspection**; but the understanding is the outermost garment, it surrounds and **hides his affections**, just as does the **garment he wears over the body hide the body**.
- The affections that Aurum resembles are those like unto the **very innermost nature of man**.

“Ailments from grief, disappointed love, fright, anger, contradiction, mortification.”

“Pain makes her desperate so that she would like to jump out of the window.”

- He **meditates upon death, upon suicide**; he wants to get out of the world, wants to destroy himself, has no love for his life which he thinks is worthless.

HEAD

- In Aurum the **pain in the head is very intense, maddening**, often accompanied by a **sensation as if air were blowing upon him**; he looks around to see where the draft comes from when there is none; **extremely sensitive**.
- Often has to have the **head wrapped up**, although it **feels hot**, with a good deal of **congestion and rush of blood to the head**. The head is **sore and feels bruised**. **Stitching, burning, tearing pains in the head**; much **throbbing in the head**. The face is **bloated, flushed and shiny** with the congestive headaches.
- These **headaches** are often found in **syphilitic subjects**; often associated with **cardiac diseases**. Pain in the **back of the head associated with cardiac disease**, with sluggish circulation, **purple face**, duskiness of the skin. **Exostoses as in syphilis**.
- The **skull bones are sensitive to touch**; the periosteum is tender to touch. In old mercurialized cases with **bone affections and necrosis of the skull**, as in syphilis and mercury, the **hair falls out copiously**; the head becomes bald.

- **Baldness due to syphilis; the scalp is left shiny and the hair will not grow in again. In acute diseases there is falling out of the hair, but it grows in again. But young syphilitics often lose the hair and remain bald all the rest of their life.**

EYES

- There are disturbance of the eye, of a **catarrhal character**, even to the extent of **ulceration and infiltration of the various coatings of the eye.**
- **Iritis:** great disturbance of the whole visual apparatus; remember the mental state, the **mercurial and syphilitic states**, the **gouty tendency**, and the complaints that belongs to **joints**, remember the **cardiac disturbances.**
- As we review the eye symptoms we thus see the constitution with which they are likely to be associated.

“Photophobia.” Weak sight and eyes.

“By gas light a number of bright, floating specks and dots are seen.”

“Eyes ameliorated by moonlight”.

“Large letters cannot be distinguished”.

“Yellow, crescent-shaped bodies floating in field of vision.

“In upper dark section of field of vision,

occasional showers of bright, star-like bodies.

COMPARISON WITH CALCAREA

In **Calcarea** there is a queer symptom; he sees a **sudden flash arise from the lower portion of the field of vision**; it shoots up and divides, and then he sees **stars in every direction**. It is the appearance you will see sometimes in the shooting off one of those rockets that explode and come down in a shower.

- **“Hemiopia of the left eye.”** And so it goes on with many of these peculiar things that can hardly be described except in the language of the text.

“Protruding eyes.”

- Protrusion of the eyes, such as occurs in **exophthalmic goitre**, with **enlargement of the heart**, has been cured by **Aurum**.
- Enlargement of the thyroid gland with rapid and full pulse. **Exophthalmic goitre has been cured by Aurum Natr. mur.**
- **“Starting, dreary look.”**

**“Iritis marked by much pain around eye,
which seems to be deep in bone.”**

- Such a state would be likely to be **produced by syphilis** that had been **treated with Mercury and Aurum** would come in as an **antidote to both the syphilis and the Mercury.**

- **“Pupils irregularly dilated.”**
- It has **catarrhal states** of the eye. It has **inflammation of the conjunctiva, choroid, iris and retina.**
- Pains round about the eye; the **thin plate bones**, and the **skull bones** are all **sensitive to pressure**; the bones seem **tender**; **periostitis**; **opacity of the cornea.**

EARS

- Syphilis often takes hold of the ear, affecting the bones of that organ.

“Caries of mastoid process, obstinate otorrhoea.”

“Caries of the bones of the ear.”

***“Parotids swollen, painful to touch,
very sensitiveness to noises but music relieve.”***

- **Humming, buzzing and rushing in ears. Rushing like the rushing of wind and falling water.**

“Annoying dryness in ears and nose.”

- the **complaints to of syphilis, which are cured by Aurum**, but Aurum also corresponds to and has cured many times otorrhoea following scarlet fever where there is even **entire loss of the drum of the ear and loss of the bones.**
- Of course it does not restore hearing. Patients will come to you for ear troubles, and you may find that the **whole ear apparatus is destroyed**; the **mucous** membrane and bones of the ear are all in a **state of ulceration and necrosis and the discharge is foetid.**

PATIENT WHILE CONSULTING DOCTOR

- The patient consults you in order to have hearing restored and it may not be possible; stops that ear discharge and restore the hearing are the only two things he thinks about.
- If you go to day to our ear specialist and speak about curing the patient, they would not know what you were talking about; the only thing that would be thought of would be the stopping of that ear discharge as quickly as possible.
- They would **examine the ear to see whether it is intact or not**; and if it is not, the hearing is of course gone and the stopping of the discharge is then all that is taken into consideration.

NOSE

- Aurum is full of **nasal troubles, with foetid discharge.** The **bones of the nose necrose**; **syphilitic necrosis**, the nose flattens down; the bones

are discharged. You see these people walking about with flattened-down nose and if you get near enough to them the stench will be observed. They are **nearly all syphilitics**.

- A few remedies have the power of curing this syphilitic nose condition; **Aurum, Mercury and Hepar** are three of them.

I have cured this state a number of times with Hepar. I once cured a man after the bones were completely softened, so that when the nose was handled it would bend right over; only a sort of cartilaginous structure held the nose in place. I gave that patient Hepar. It cured him of syphilis after he had been filled in vain with Mercury.(Dr. J.T Kent)

- *“Coryza, thick discharge, like white of egg.”*
“Mucous discharge from posterior nares in morning .”
Tip of nose knobby, red, like Lach.;strawberry nose.
- **Little knobs on the nose** composed of varicose veins in heart cases, with disturbance of the right side of the heart; sometimes found in **old drinkers** and in **heart affections** generally.

FACE

- Face **red and swollen**.Aurum has cured epitheliona of the wing of the nose and lip. Remember the horribly **offensive odor from the nose**, loss of smell following pains in the nasal bones; nasal catarrh.
- *“Ulcerated agglutinated, painful nostrils.”*
“Crusts in nose.”
“Nose feels obstructed as in dry Coryza.”
- With nearly all of these nose affections, the patient is bowed down with sorrow, **full of grief**; black clouds hang over him and he **wants to die**.Loathing of life and wants to find some **way to commit suicide**.
- “Puffy under eyes.”
“Blue about nose and lips.”
“Face glowing red.”
“Violent boring in right zygomatic process when walking.”
“**Carious teeth.**”
“Toothache at night.”

“Foul breathe.”

- “Syphilitic ulcers in palate and throat.”
- “Boring in hard palate.”

TEETH

- **Odontalgia**, with heat and congestion in the head.

- Looseness of the teeth. Ulcers in the gums, with swelling of the cheeks. **Toothache < at night, < drawing cold air into mouth.**

MOUTH

- **Fetid smell of the mouth**, like **rotten cheese**. **Piercing pain** in the velum palati. Tongue swollen; with scirrhus-like hardness; after biting tongue in sleep. **Tongue coated; dry; ulcerated.**

THROAT

- **Stitches when swallowing**; pain in glands. **Caries of the palate**, with **ulcers of a bluish colour**, esp. After **abuse of Mercury**. Tonsils swollen and ulcerated. Drinks find a passage through the nostrils.
- **Stingingsoreness in throat** only when swallowing. **Dull, pressive pain**, either with or without swallowing, in a gland below angle of jaw.

APPETITE

- **Milky or sweetish taste**. Loathing of food, and esp. **of meat**. **Great desire for coffee**. **Excessive hunger and thirst**. No appetite for plain food in pining boys.

STOMACH

- **Pain in the stomach**, as if **proceeding from hunger**. Immoderate appetite and thirst, with qualmishness.
- **Sensation of indescribable uneasiness in the epigastrium**. Swelling of epigastrium and of the hypochondria, with **shooting pains** on being touched. Burning at stomach and **hot eructations**. **Burning, drawing, and cutting pain**; pressure. Pressure to left of scrobiculum, below cartilages of upper False ribs; **< during expiration**.

ABDOMEN

- **Burning heat and cutting pain in Rt. Hypochondrium**. Colic with sensation of **great uneasiness and inclination to evacuate**. Tensive aching and fulness in the abdomen.
- Swelling and suppuration of inguinal glands. Exostosis in the pelvis. **Tendency of hernia to protrude**, sometimes with cramp like pains and incarcerated flats. Swelling and suppuration of the inguinal glands from syphilis or the use of Mercury.
- **Windy colic by night, with pinching, grumbling, and borborygmi**. Frequent emission of very fetid wind.

URINARY ORGANS

- **Painful retention of urine**, with urgent inclination to make water, and pressure on the bladder. Frequent emission of watery urine.
- Urine **turbid, like buttermilk**, with **sediment**. Painful retention.

RECTUM

- Constipation; **stool very large in size, or very hard and knotty.** Nocturnal diarrhea, with burning in rectum. **Copious evacuation.**

MALE SEXUAL ORGANS

- **Sexual desire greatly increased.** The whole genital system is strongly affected. **Nocturnal erections and pollutions.**
- Flow of prostatic fluid, with **flaccidity of the penis.** Swelling of the (lower part of the testicle) **Swelling of the testes,** with aching pain **touching and rubbing on. Induration of the testes.**
- **Testes mere pendant shreds (in pining boys).** **Hydrocele. Bubo. Chance.** Pain and swelling of testicles. Chronic Induration of testicles. Violent erections.

FEMALE SEXUAL ORGANS

- Pains in the abdomen, as if the catamenia were coming. **Prolapsus and Induration of the matrix.** Uterine affections with depression and tendency to suicide.
- **Menses too late; and scanty or absent.** Drawing pain in pubes; rt. Inguinal region sore to touch. Before menses: swelling of axillary glands.
- During menses: colic; prolapse of rectum. **Leucorrhoea: profuse and corroding, yellow; thick white, not offensive, < by walking.** **During pregnancy: suicidal melancholia; jaundice.** Great sensitiveness of vagina. Uterus enlarged and prolapsed. Sterility; vaginismus.

HEART

- **Sensation as if the heart stopped beating for two or three seconds,** immediately followed by a tumultuous rebound, with sinking at the epigastrium. Palpitation. **Pulse rapid, feeble, irregular. Hypertrophy. High blood pressure-Valvular lesions of arterio-sclerotic nature. (Aurum 30).**

RESPIRATORY

- **Accumulation of mucus in the trachea and in the chest,** which is expectorated with difficulty in the morning. Voice nasal. Cough from want of breath at night.
- **Cough with tough yellow sputum** on awaking in morning. **Dyspnoea at night.** Frequent, deep breathing; **stitches in sternum.**

CHEST

- **Great difficulty of respiration at night,** and on walking in the open air, **requiring deep Inspirations. Paroxysms of suffocation,** with **constrictive oppression of the chest,** falling, loss of sense, and **bluish colour of the face.** Pain, as if there were a **plug placed under a ribs.**

- **Continuous aching in left side** of the chest. Incisive pain, and obtuse shootings, near the sternum. **Great weight on chest;** esp. heavy weight on sternum. Much congestion in the chest.

BONES

- **Destruction of bones**, like secondary syphilis. Pain in bones of head, **lumps under scalp**, exostosis with nightly pains in bones. **Caries of nasal, Palatine and mastoid bones.** Soreness of affected bones, better in open air, worse at night.

NECK AND BACK

- **Swollen cervical glands.** Tension in neck as if muscles too short, even at rest; < **stooping.** Stinging pains in small of back. **Gressus gallinaceous-** somebody who walks like a bird. (in spine disease-) Pain at lower part of spine. **Pains, generally passive, or drawing and acute, in the back,** chiefly in the morning, and sometimes so violent as to prevent any motion of the limbs.

LIMBS

- Limbs go to sleep; **numb, insensible on waking;** more when lying than moving. Has to seize hold of left arm during attack of palpitations. Limbs **swollen, painful, almost ankylosed.**

UPPER LIMBS

- Boring in left shoulder. **Aching pains in the arms and in the forearms.** **Cramp** like and acute **drawing pains** in the **bones of the carpus** and of the **metacarpus.** Acute drawing pains and paralytic weakness in the bones and joints of the fingers. **Palms itch; herpes; nails turn blue.**

LOWER LIMBS

- **Coxalgia.** Sharp pains in the **thighs,** esp. **Morning and evening.** Paralytic and painful weakness of the **knees,** as if a bandage were **tightly compressed** above them; they are feeble and give way. **Drawing pains and acute pulling,** with **paralytic weakness,** in the bones and the joints of the toes. **Nodes; caries.**

SLEEP

- **Sleepless. Sobs aloud in sleep. Frightful dreams.** Drowsiness after meals. **Nocturnal sleep till four o'clock in the morning only.** **Awakened by bone pains;** in despair.
- Fatigue and weakness in the morning on waking. Restless sleep, with **anxious dreams; of thieves.** Nocturnal mumbling in the form of questions.

FEVER

- **Pulse small, but accelerated. Febrile shiverings** over the whole body, while in bed in the evening, followed neither by heat nor thirst. Cold of the entire by heat nor thirst.
- **Cold of the entire body**, with **bluish** colour of the nails, **nauseous taste**, with inclination to vomit, sometimes followed by an increase of heat. Heat of the face, with **cold in the hands and feet**. **Copious general perspiration early in the morning; mostly about genitals.**

LIVER

- This medicine has **cured craving for alcohol, the craving of drunkards.**
- Another marked feature of this medicine is its ability to **harden, enlarge and inflame the liver**; induration with cardiac affections; **enlargement of the heart and liver.**
- Dropsical conditions of the abdomen.
“Inguinal hernia.”
“Tabes mesenterica.”

OTHER CHARACTERISTIC

- All sorts of disturbances of the sexual organs.
“Testes indurated.”
“Frequent nightly emissions.”
“Complaints as the result of vices.”

“Ulcers on scrotum after gonorrhea.”

“Burning and stinging in perineum.”

“Condylomata around anus.”

“Induration of uterus.”

“Menses too late and scanty.”

“Uterus prolapsed and indurated.”

“Leucorrhoea thick white.”

GENERAL MODALITIES

- **Aggravation:-** worse, in cold weather when getting cold. Many complaints come on only in winter; from sunset to sunrise. Abuse of Merc. Or Kali-iod. Cloudy Weather.
- **Amelioration:-** Cool; Open air, cold bathing, becoming warm. Music. Walking.

RELATIONSHIP

Compare: Aur. Ars.(chronic aortitis; lupus phthisis in syphilitic headaches; also in anaemia and Chlorosis. It causes rapid increases of appetite.)

Aur. Brom.(In headaches with neurasthenia, megrim, night terrors, valvular diseases.

Aur. Mur.(Burning, yellow, acrid leucorrhea; heart symptoms , glandular affections; warts on tongue and genitals; sclerotic and oxidative degeneration of the nervous system. Multiple sclerosis. Morvan's disease. Second trituration. Aurum. Mur. Is a sycotic remedy, causing suppressed discharges to reappear. Valuable in climacteric hemorrhages from the womb. Diseases of frontal sinus. Stitching pain in left side of forehead. Weariness, aversion to all work. Drawing feeling in stomach. Cancer, tongue as hard as leather; induration after glossitis.)

Aur. Mur. Kali. Double chloride of potassium and gold.(In uterine Induration and hemorrhage.)

Aur. Iod.(Chronic pericarditis, valvular diseases, arteriosclerosis, lupus, osteitis, ovarian cysts, myomata uteri, are pathological lesions, that offer favourable ground for the action of this powerful drug. Senile paresis.)

Aur. Sulph.(Paralysis agitans; constant nodding of the head; affections of mammae; swelling, pain, cracked nipples with laminating pains.)

Also, Asafoetida(in caries of bones of ears and nose.)Syphilin: kali jod.; Hep.; Merc.;Mezz.;Nitric acid.;Phosph.

Antidotes:Bell., Cinch.,Cupr; Merc.

Carcinocin

Carcinosin, is a nosode that came into use by the 19th century homoeopaths and has evolved over years of experiences and still needs to be explored.

James Tyler Kent was the first person to mention and use carcinosin. The preparation was collected from discharge of an open cancer, which was potentized and used. It was used as a palliative in cancer. *'Carcinoma relieves the sharp, burning tearing pains. With this remedy (nosode), patients have been kept comfortable, for many years, when cure was impossible and the cancerous development continued. The malignant process was delayed, and sufferings usually accompanying the condition were avoided'*(**Kent, New Remedies, Lesser Writings, Clinical Cases, Aphorisms and Precepts, p. 523f**).

Burnett was one of the first homoeopaths to introduce Cancer nosodes. He used Carcinosis procured from **Epps, Thatcher, Compton Burnett** and **Clarke** did further work of the cancer nosode. ***Burnett had originally introduced eleven Cancer nosodes.***

Later **Boericke** and some other authors, including **Nebel(who worked in Davos, and Le Hunt Cooper and Burford)** who published some cases of carcinosis. It was after work of **Dr. D.M. Foubister and Dr. W. Lees Templeton of the Faculty of Homoeopathy of Great Britain** that this remedy got into more usage.

Foubister who was the **paediatrician at Royal London Homoeopathic Hospital**, in his OPD saw 2 children born to mothers who suffered from cancer during pregnancy sharing a similar characteristic feature of blue sclerotics, café au lait spots, numerous moles and also had insomnia. This aroused interest in him towards studying carcinosis so he began by checking the family history and children who showed similar feature and giving carcinosis with or without success in nearly **200 cases** with his assistants. Gradually a picture of carcinosis emerged. He also proved it on himself using 200th potency.

He published **2 papers** in **1954** and **1958** respectively. He described the **drug picture in an article in the July 1958 number of The British Homoeopathic Journal** which was translated into French by **Dr. E. Schepens of Brussels**.

Dr. W. Lees Templeton of the Faculty of Homoeopathy of Great Britain made an experiment "provers" in 1952-53 with 9 subjects and 8 witnesses. 1st group, 4 provers, 4 controls and 2nd group, 5 provers. The 30th and 40th dilution was used.

Since then many homoeopaths starting using it and exploring the remedy just like any other polycryst medicine.

From being one of the principal nosode of cancer, its source is still unknown but it is believed to have been brought from United States and is said to be prepared from the epithelioma of breast.

The original Carcinosis obtained at Nelson's and Keene and Ashwell came from America and was the one which was proved and used mainly. Although its source is unknown but it is believed to be prepared from the carcinoma of breast. Gould and sons had potentized a number of specimens of cancer obtained from another source. A number of different specimens were obtained from the operating theatre of the Royal London Homoeopathic Hospital available in various potencies. Gould's preparations are extremely active and valuable.

Dr. Bailey not only sees Carcinosis as a constitutional type, but the most common constitution of all in the late twentieth century. Carcinosis is a remedy with a wide range of applications and covers a lot of different pathologies. In spite of this we don't know the exact and unique symptomatology it produces and cure.

H.C. Allen mentioned in his *Materia Medica* of nosode that, “to proving of *Hydrophobium* must be added all the symptoms of every hydrophobia, to those of *Syphilinum* all those of pure syphilis etc. Clarke also quoted the same regarding the cancer nosodes, “thus in building up a pathogenesis of any nosode, we have in first place the symptoms of disease.” Hence to proving of *carcinosis* all the traits of cancer should be considered.

Several homoeopaths have correlated the cancer miasm or the precancerous phase with that of the characteristics of *Carcinosin*. By studying the psychodynamic portrait of a cancer patient especially during the pre-illness phase and by verifying these abstractions through the psychodynamic study of clinical cases of *carcinosis*, one can get the qualitative understanding of the remedy.

Cancer expresses itself in form of disorganizing action of diverse external influences. Disorganization, perfection and integrity are the main theme in *carcinosis* personality.

The biggest affinity with *carcinosis* is blood and immune system. The function of immune response creates a semi-permeable barrier from oneself and the outer world. Appropriative assertiveness in drawing one's own personal boundaries is a key part of cancer miasm challenge. When the cancer miasm is activated, very often the immune response is either over activated or underactive. The hyperactivity in *carcinosis* is reflected at mental level as sensitivity and at physical level as multiple allergies.

The cancer miasm tendency in childhood often shows there is a history of severe or repeated childhood disease or other infectious disease or sudden recurring high-grade fever or fevers of unknown origin with swollen lymphatic glands which also seen in *carcinosis*.

The other extreme is compromised immune system or the absence often compounded by excess of suppressive medication.

Wounds are slow to heal is an indication of *carcinosis*. At mental plane one can see the deep emotional wounds-prolonged history of sadness, grief, guilt or anger.

Another affinity of the miasm is spleen which also connected to the immune system. The spleen is often involved in cancer particularly leukemia. In traditional Chinese system, they relate spleen to sympathy which is also an indication of *carcinosis*. Glandular fevers or mononucleosis also involves spleen and immune system.

In Digby's *Lecture Carcinosis* is referred to the “growth” miasm which has liver as its central organ and belongs to the element ether (wood). The wood element of Chinese is represented by the image of tree-‘growth’ toward ‘potential’. The liver and wood element represents the unfoldment of person's unique self-expression, self-assertion and personal growth. Chinese medicine expounds that from psychological level the liver governs self-expression and self-assertion. It ensures the smooth unobstructed flow of Qi(vital force), smoothing and unknotted blocked energy and freeing the person from blocked or internalized negative emotions. If the Qi becomes blocked in some area of body it can bring about congealing the energy and ultimately tumor formation. On a physiological level the liver facilitates the smooth flow of Qi and blood and break down and eliminates toxins and by product of metabolism. The liver plays a detoxifying role both emotionally and physically.

The liver is the organ that suffers most from the suppressed or blocked feelings particularly anger. Its health becomes compromised from suppressive drug therapy. suppression and longtime frustration predispose to cancer. In early study by S. Greer and T. Morris found that women who had breast cancer exhibited a greater amount of anger suppression. It was found that people who habitually suppress their anger have significantly high level of salivary IgA which seems to correlate positively with spread of breast cancer. In prospective study on

breast cancer, Degrootis found similar results.(31) This is exactly what is seen in Carcinosin –i.e. SUPPRESSION OF EMOTIONS.

Mr. Mueller in his article of cancer diathesis has also mentioned about the characteristic /personality of cancer patients which were collected and documented for over 2 decades which seems to run parallel

to the Carcinosin picture.

Various Carcinosins available

1. CARCINOMA ADENO STOMA- From epithelioma of the stomach (6CH,12CH,30CH,200CH, 1M)
2. CARCINOMA ADENO VESICA- From an epithelioma of the bladder (6CH,12CH,30CH)
3. CARCINOMA INTEST.CO.-From an epitheliomata of the intestine and of bladder (6CH,12CH,30CH)
4. CARCINOMA SCIR.MAM- From a schirrus of the breast (6CH,12CH,30CH,200CH)
5. CARCINOMA SQUAMOUS PULP- From an epithiloma of the lungs (6CH,12CH,30CH,200CH)
6. CARCINOSIN (ORIGINAL)- From epithelioma of breast (30CH to 1000CH to 10M,50M, CM)
7. NELSON CARCINOSINUM(LONDON)- From Carcinoma Adeno(stomach), Carcinoma papillary(colon), Carcinoma papillary(ovary), Carcinoma papillary(uterus), Carcinoma(bowel), Carcinoma Co.(bowel), Carcinoma Co.(K)-(K is a composite of carcinomas supplied by Koch Light)-Carcinoma Scirrhus (mamma), Carcinoma Scirrhus(stomach), Carcinoma Squamous (pulm)
8. CARCINOSINUM15- Carcinosin compound 15T is a combination of 15 tumor.
9. CARCINOSINUM58- A combination of 58 tumor
10. SQUAMOUS CELL CARCINOMA NOSODE - Sq Cells from Cancerous skin-Human
11. ADENOCARCINOMA RECTUM NOSODE -ADENO-Cancerous tissue from rectum-Human
12. DIFFERENTIATED MUCINOUS ADENOCARCINOMA OF THE STOMACH NOSODE-mucinous Adenocar-cinoma of the stomach –Human
13. DUCTAL CARCINOMA BREAST NOSODE - Biopsy pieces of the ductal carcinoma right breast –Human
14. MALIGNANT MELANOMA NOSODE - Malignant Melanoma (of the great toe) tissue of –Human

15. PAPILLARY CARCINOMA NOSODE - Papillary Carcinoma thyroid tissue-Human

16. CARCINOSIN2.0- Colo205 (Human Colorectal Adneocarcinoma)

CARCINOSIN BY DIFFERENT HOMOEOPATHS

❖ **KENT COMMENTS IN LESSER WRITINGS P. 411:**

"Carcinoma relieves pain that is sharp, burning or tearing. With this remedy (a nosode) patients remained comfortable for many years, even though cure was impossible and the cancer continued to develop. The growth of the tumour was delayed, and the suffering, which usually goes with this condition, was avoided.

❖ **BURNETT** used it in treating depraved inherited conditions in children, such as infantile self-abuse with good effects, which **Clarke** has confirmed.

❖ **Dr. J.H. Clarke** wrote that Carcinosis was used in the treatment of psychotic patients with a tendency to suicide who had a cancerous heredity.

❖ **DR. CAMPBELL** described a case of pernicious anaemia she had in 1945 and had treated with Carcinosis 200 m 3 doses weekly together with Ars. Alb. and Ferr. Phos. 6x repeated.

❖ **DR. FOUBISTER** stated that he had used Carcinosis in cases of ganglion. he had also found it valuable in rheumatic fever as many of these children have a café au lait appearance with a weekly repititon.

❖ **DR. STEWART** remarked that he thought Carcinosis should not be used in actual cases of cancer.

He then went on to the enjoyment of all by reciting.

Carcinosins The Ballad of Cars and Sins

Begins with car which makes you think of going away.

So travelling appeals to some of these poor souls.

The car begins with "C" which stands for café au lait

Complexion as well as cutaneous moles.

He craves or cannot take at all

Egg, fruit, fat, and also salt.

"C" stands for consolation causing distress

And consummate correctness and fastidiousness.

Carcinosin's last syllable starts with "S"

And sin makes you think of sleeplessness,

"S" stands for the spots on which they rest,

Elbows and knees which you've probably guessed,

"S" stands for sea and sclerotics that are blue.

❖ **DR. GORDON ROSS** said that he often used it in a new case in a child in order to prepare the ground for other remedies. He had three cases of bad hearts in children in which he had used this remedy whose mothers were Nat. mur. cases.

- ❖ **DR. E. PATERSON** said she thought Carcinosis was the end result of all miasms and this was why often Tub., Medorrhinum and Lueticum were all needed.
- ❖ **DR. GUNN** said she had used it very successfully in repeated dosage 3x for cases of chronic mastitis.
- ❖ **Dr. Douglas Ross** considered Carcinosis to be essentially a psychotic remedy, which is understandable from its origin, although it covers all miasms.
- ❖ **Dr. Paschero and Dr. Shapiro** independently found that Carcinosis can be added to the list of homoeopathic medicines most generally indicated for adverse after-effects of vaccination.
- ❖ **Fr. Paschero** also had administered Carcinosis preoperatively to patients undergoing plastic surgery, and found that the incidence of keloid scars was greatly reduced.
- ❖ **Dr. Hui Bon Hoa** who had extensive experience with Carcinosis stressed its high value to patients unduly disturbed by anticipation.
- ❖ **Dr D. J. Cooper** mentions its use in acute respiratory infections where an initial response to the indicated remedy had not been maintained. It may be useful in acute glandular fever (*Ailanthus Gland.*), or in the syndrome 'never well since glandular fever'.
- ❖ **Phatak states** "A nosode prepared from Carcinoma is claimed to act favorably, modifying the cases in which there is a history of carcinoma or the disease itself exists. Can be used as an inter current remedy along with the indicated"
- ❖ **FRANK W GRUBER** has described **THE CYCLE OF CARCINOSIN in THE NEW ENGLAND JOURNAL OF HOMEOPATHY** –He has described the 4-6 phases of cycle that the drug pass through into-**FEAR, LET THEMSELVES BE TAKEN CARE OF, INWARDNESS, RESENTMENT, FRENETIC BREAKING OUT, BREAKDOWN/WEAKNESS.**
- ❖ **PHILIP BAILEY** has described the constitutional trait of carcinosis by using Carl Jung's System of personality analysis based on the the elements of air, earth, fire, and water and deduced that Carcinosis has earth and water making them emotionally down to earth.

PLATINUM METALLICUM (Pt)

INTRODUCTION

Platinum, the **costliest** and the **heaviest** metal in the mineral kingdom, is nick named by some authors as the “BLACK LETTER MEDICINE” meaning thereby that the drug has occupied its place in our pharmacopoeia by causing (in proving) and by curing (in homeopathic preparation) maladies esp. Mental or those connected with perverted mental conditions.

The curious thing in Platina, is that this mental subconscious state extends



outwards into the physical sphere.



Figure 4 Platinum met.

Platinum is a chemical element. It is a member of the platinum group of elements & group of 10 of the periodic table. It is a **dense, malleable, ductile, highly unreactive, precious, silverish-white Transition metal.**

It has six naturally occurring isotopes. It is one of the **rarest elements in Earth's crust.** With an average **abundance of approximately 5 ug/kg.** It occurs in some Nickel and Copper are along with some native deposits, mostly in south Africa, which accounts for 80% of the world population.

Because of its scarcity in Earth's crust only a **few hundred tonnes** are produced **annually** and given its important uses, it is **highly valuable** and is a **major precious metal** commodity.

Platinum is one of the **least reactive metals**. It has remarkable **resistance to corrosion, even at high temperatures, and is therefore considered a noble metal**.

COMMON NAME

- Platinum. An Element. (Also called Platina.)

CHEMICAL SYMBOL

- Pt.(A.W.194.3.)Trituration

PROVER

- Dr. Johann Stapf.

NAME MEANING

- Its name is derived from the Spanish term platinu, meaning “little silver.”

HISTORY

Archeologists have discovered traces of platinum in the gold used in ancient Egyptian burials as early as 1200 BC. For example, a small box from burial of shapenapet 2 was found to be decorated with gold platinum heirographics.

PHYSICAL PROPERTIES

Platinum is a silver white metal. It was once known as “**white gold**”. It is extremely resistant to tarnishing & corrosion & is very soft & malleable, making it easy to shape; ductile; making it easy to stretch into wire; unreactive, which means it doesn't oxidize.

- **Standard atomic weight:-** 195.084.
- **Appearance:-** Silvery white.
- **Symbol:-** Pt.
- **Atomic number:-** 78.
- **Group:-** 10.
- **Period:-** 6.
- **Block:-** d block.

CHEMICAL PROPERTIES

- **Melting point:-** 1768.3 C (3214.9 F)
- **Boiling point:-** 3825 C (6917 F)
- **Atomic number:-** 78 (one platinum atom contains 78 protons, 117 neutrons & 78 electrons.)
- **Relative atomic mass:-** 195.
- **Density:-** 21.5 g/cc.
- **Hardness:-** 4.3 (between fluorite and apatite on the mohn. Hardness scale)

USES

- **Catalytic converters, laboratory equipment,** electrical contacts and electrodes, platinum **resistance thermometers, dentistry equipment, and jewellery.**
- Being a heavy metal, it leads to health problems upon exposure to its salts; but due to its corrosion resistance, metallic platinum has not been linked to adverse health effects.
- Compounds containing platinum such as **cisplatin, oxaliplatin & carboplatin,** are applied in **chemotherapy against certain types of cancer.**
- As of 2020, the value of platinum is around \$ 32.00 per gram. (\$ 1000 per troy ounce)

ACTION ON REGION

- **Female organs.**
- **Nerves – Vagus, Sensory, Trifacial**

PHYSIOLOGICAL ACTION

Through the Cerebro-spinal nervous system, Platina has three special centres of action:

- 1) **Cerebro- Spinal System:-** Depression; Paresis; Anaesthesia.
- 2) **Sexual Organs,** F. Congestion; Hypertrophy; Menorrhagia; Neutral.
- 3) **Digestive Organs:-** Indigestion; Flatus; Constipation.

(1) ANIMAL NERVOUS SYSTEM:-

Through the cerebrospinal nervous system, Platina produces great depression of the sensorium and a general tendency to torpor and paralysis. It acts especially on the peripheral nerves, in opposition to Opium.

“The chief action of Platina appears to be upon the nervous centres,- the symptoms being generally characterized by depression. There is strong tendency to paralysis and anesthesia; and, in the emotional sphere, there is anxiety and apprehension, even to the fear of health”.-Dr. R. Hughes.

“The action of Platina is exerted in the most marked and peculiar manner upon the mind and disposition; upon the second and third branches of the trifacial nerve, and upon the sexual organs of women.

It acts, like Ignatia, much more upon the vital forces than upon the organic substances of the body. It further *resembles Ignatia in the fact that it interferes with and deranges the co ordination of functions,* destroying the harmony with which related functions are performed in the healthy body. It differs from Ignatia in this, that the Ignatia patient has a disposition to grieve in melancholy sadness; and Platina, on the other hand, belongs to cases in which the mind rises in *defiant and distorted superiority over the causes of vexation or sorrow;* becomes, first, demonstration apprehensive, then alternately demonstratively lacrymose and boisterously

merry, and at last absurdly supercilious; *the personality of the patient is obtruded on one's notice.*" – Dr. Dunham.

(2)SEXUAL ORGANS, FEMALE:- Through the filaments of the *spermatic plexus of nerves, distributed to the ovaries*, platina has a *profound action upon the generative organs of women; producing premature and profuse menstruation, and menorrhagia*. With this action, there are many spasmodic and Neuralgia phenomena, mixed up with *paralysis, anaesthesia, and many hysterical symptoms*.

"Platina holds the same place in the treatment of chronic ovarian disease as Aurum in corresponding affections of the testicles. Hering recommends it for Induration of the ovaries (Hahnemann had already mentioned a similar condition in the uterus as indicating it); and Mr. Harmer Smith has published a case of chronic ovarian irritation, with sterility, in which it was curative. *The distinguishing feature between Platina and Pulsatilla in these cases is, that with the former there is menorrhagia, with the latter the reverse.*"-Dr. Huges.

(3)DIGESTIVE ORGANS:- It *produces torpor of the intestinal canal*, with flatulence and constipation. The chloride of Platina has been used with much success in chronic syphilitic diseases, resembling in its action the chloride of *Gold, where profound depression of mind is a leading symptom, and the Iodides of Mercury and Potash fail*.

CLINICALS

Amenorrhea. Chlorosis. Constipation. **Convulsions.** Delusions. Dentition. **Depression of spirits.** Dysmenia. **Erotomania.** Fear. Gouty. Hemorrhage. Hemorrhoids. **Hysteria.** Lead poisoning. **Masturbation.** **Melancholia.** Menorrhagia. **Menses, suppressed.** **Mind, affections of** **Neuralgia.** **Neurasthenia.** Numbness. **Nymphomania.** **ovaries, affections of.** Pruritus vulvae. Rheumatism. **Sexual perversion.** **Spasms.** Tapeworm. **Uterus, Induration of.** **Vaginismus.** Yawning, spasmodic.

CONSTITUTION

Physical make up:- It is pre eminently a Woman's remedy and especially suited to women of *dark hair, dark complexion*, having *rigid muscular fibres*, who suffer from *too early and too profuse menses*.

Temperament:- *Hysterical and sanguine* temperament.

Relation with heat and cold:- *Hot* patient.

Miasm:- *Psora* is in the background.

GENERALITIES

- This proud metal is a **Woman's remedy esp. prim old maids**. Many and various **symptoms reflex from ovaries and uterus or sexual organs**.

- It affects the **nerves, vague, sensory and Trifacial**, causing **violent, cramping, squeezing, thrusting or numbing pains**; then spasms.
- **Spasms alternate with dyspnoea.**
- **Oversensitive mind and nerves.**
- **Localized; coldness; of single parts**, eyes, ears etc; or numbness; of scalp, face, coccyx, calves etc.
- **Hemorrhages; with black clots with fluid.**
- **Tremors; painful.**
- Irregular; spasms; **congestions** of blood.
- **Alternate mental and physical or sexual symptoms.** Pains increase and decrease gradually.
- **Bandaged feeling.**
- **Sticky discharges; tears, stools, menses, etc.**
- **Hysterical spasms.**
- Catalepsy during menses.
- **Tonic and clonic spasms, with laughter.**
- **Ill effects of fright; vexation; bereavement; fit of passion; sexual excess; prolonged haemorrhages; masturbation, (before puberty).**
- Sensation of **pricking.**
- **Violent shocks**, as from pain.
- Contortions of limbs.
- **Epilepsy; catalepsy.**
- **Perverved sexual desire.**

CAUSATION

- **Fright. Vexation. Bereavement. *Fit of passion. Sexual excess. Masturbation.***

MIND

- **Sadness, esp. in evening**, with strong **inclination to weep** often (every second day) **alternating with excessive gaiety and buffoonery.** Involuntary inclination to **whistle and sing.** Involuntary weeping. Loud cries for help. Thinks she stands alone in the world.
- **Anxieties precordium** to an excessive degree, with **great fear of death**, which is believed to be very near, accompanied by **obstructed respiration.** Sensation of **dread and horror. *Fear, with trembling of hands and feet and confusion of ideas, as if all persons approaching were demons.*** Hysterical humour, with great mental depression, nervous weakness, and over excitement of vascular system.

- Mental symptoms in general: amateness; state of disposition. **Great irritability**, with prolonged ill humour, after a fit of passion. Apathetic indifference and absence of mind.
- **Pride and self conceit**, with contempt for others, even for those who are usually most beloved and respected; < indoors, > **in open air**. **Impulse to kill her own child**; her husband;(on seeing a knife).
- **Distraction and forgetfulness**. Loss of consciousness. Incoherency of speech. Delusion of the senses; **feeling as of being too large**, and, on the contrary, all other things and **persons seem to be too small and too low**. Delirium, with fear of men, often changing, with over estimation of oneself.
- **“Superiority complex”**. She looks down upon others with contemptuous eyes and thinks everyone else is very much inferior to her.
- **Mania; with great pride; with fault finding**; with unchaste talk; **trembling and clonic spasms**, caused by fright or from anger.

HEAD

- **Tensive confusion in forehead**, as if head were **compressed in a vice**. Pressing headache from without to within the forehead and temples, gradually increasing and decreasing, < **in evening from stooping**, while it rests, in the room; > **from exercise and in open air**.
- **Transient attacks of vertigo in evening** with loss of consciousness. **Vertigo on sitting down or ascending stairs**. Headache which increases gradually, or by fits, until it becomes; very violent, and which diminishes progressively in same manner.
- Attack of **headache, with nausea and vomiting**. Sensation of numbness in head, and externally of vertex, preceded by a sensation of contraction of brain and of scalp; < **in evening and while sitting**, > **from motion and in open air**. Pain in sides of head, as if caused by a plug. **Constrictive headache**, as if a tape were **tightly drawn around it**, with sensation of numbness in brain, **flushes of heat and ill-humour**, < **from stooping and exercise**.
- **Formication in one temple**, extending to lower jaw, with sensation of coldness on that spot; < **in evening and when at rest**, > **from rubbing**. Pressive, cramp like, compressive pains in the forehead and temples, esp. in root of nose, **greatly < by movement and by stooping**, sometimes with heat and redness of face, inquietude, and weeping. Tingling in temples, as if caused by insects. **Buzzing and noise in head**, like that of a mill.

EYES

- Pain in eyes after **fatiguing the sight** by looking attentively at an object. Tension in sockets, with gnawing pain, as from excoriation in margins.

Cramp like pain in edges of orbits. Compressive tension in eyeballs. Aching in eyes with sleep.

- **Creeping tingling in canthi.** Sensation of heat or of coldness and smarting in eyes. Trembling or spasmodic quivering of eyelids. Eyes convulsed. **Objects appear smaller than they really are.** Confused sight, as if directed through a veil, often with painless twitchings round the eye. **Quivering and sparking before sight.**

EARS

- **Cramp like pain, with sensation of numbness in** nose and at root of nose. Ineffectual **want to sneeze and tingling in nose.** Dry Coryza, often semi lateral. **Corrosive sensation on nose,** as of something **acid.**

FACE

- **Face pale, wan, and sunken.** Burning heat and glowing redness in face, with **ardent thirst and dryness of mouth,** esp. in evening. Distortion of muscles of face. **Sensation of coldness, with tingling and** sensation of numbness throughout (rt.) side of face.
- **Cramp and tensive pressure in zygomatic processes.** Benumbing, dull pressure in malar bone. **Pulsative digging in jaws,** esp. in evening and during repose, with involuntary.
- Weeping. **Lockjaw.** Gnawing, with pain as from **excoriation in lips** and chin, which compel scratching. Smarting and lancinating vesicles on lips. **Lips dry and cracked. Plexus venarum, of a reddish blue colour, on chin.** Sensation of torpor or coldness round mouth and chin. **Cramp in jaw.**

TEETH

- **Sensation of coldness,** esp. in mouth. **Crawling sensation on tongue.** Burnings pain under tongue. **Sensation in tongue as if it had been burnt or scalded.**

THROAT

- **Sensation as if throat were raw during** (empty) deglutition and at other times. **Cramp like drawing in throat,** like a **constriction.** Sensitive as if palate or uvula were elongated. Scraping and accumulation of phlegm in throat. **Hawking up or phlegm.**

APPETITE

- **Mucous, clammy taste.** Sweetish taste on tip of tongue. Adipose. Loss of appetite after the first mouthful. **Complete loss of appetite.** Repugnance to food, arising from sadness. Dislike to food. **Bulimia.** Voracious rapidity in eating, with a disposition to find fault with everything (to detest everything around, himself). **After a meal, risings, pressure on stomach; and colic.**

STOMACH

- **Ineffectual effort to eructations.** Empty, noisy eructations. Serum of a disagreeable sweetish bitterness ascends throat, and puts patient in danger of choking. **Continued nausea, with lassitude, trembling, and anxiety.** Aching (pressure) in stomach, esp. after a meal. Sensation of constriction in pit of stomach, extending into abdomen.
- **Fermentations in epigastric region.** Flatulent soreness towards hypogastrium. Contractive pain in scrobiculus, as if it were squeezed too tightly. Pressure or shocks, or else **throbbings,shootings,** and **pinchings** in scrobiculus. Burning sensation in scrobiculus, sometimes extending from throat into abdomen.

ABDOMEN

- Pains in abdomen, with **dull and jerking pressure.** Inflation of abdomen, with **difficult and interrupted expulsion of flatus.** Pressing and bearing down in abdomen extending into pelvis. **Lead colic.** Constriction in abdomen. **Pinchings in umbilical region.** Shootings in the side of abdomen and in umbilical region. **Gnawing in abdomen.** Drawing in groins, commencing from sacrum.

STOOL AND ANUS

- **Constipation; after lead poisoning or while travelling;** sometimes very obstinate. The stool is discharged with difficulty, seeming to stick to anus and rectum like putty. Frequent want, with scanty evacuation, which is voided in pieces, and with great efforts.
- Stool **hard, as if burnt.** **Tenia and ascarides** are discharged from rectum during evacuation and at other times. After evacuation general shuddering or sensation of weakness in abdomen. **Frequent itching, tingling, and tenesmus in anus, esp. in the evening(before sleep).** Violent and dull lancements in rectum.

URINARY ORGANS

- **Red urine** with a white cloud, or else which becomes turbid, and deposits a **red sediment.** Slow but **frequent emission of urine.**

MALE SEXUAL ORGANS

- Burning pain and gnawing in scrotum. **Unnatural increase of sexual desire,with frequent erections,** esp. **At night** (with amorous dreams).**Voluptuous crawling in genital organs and abdomen, with anxious oppression and palpitation, then painless pressure downwards in genitals with sticking in sinciput and exhaustion.** Flow of prostatic fluid. **Coition of too short duration, with but little enjoyment.**

FEMALE SEXUAL ORGANS

- Sensation of bearing down towards genital organs, with aching in abdomen. Unnatural increase of sexual desire, with painful sensibility and voluptuous tingling from genitals up into abdomen.
- **Nymphomaniac**, which may occur even during the lying in period. **Induration of uterus. Sanguinous congestion in uterus.** Miscarriage. **Metrorrhagia** (with great excitability of the sexual system) of thick, deep coloured blood, with drawings in groins.
- **Catamenia** too early and too profuse (blood dark and coagulated), sometimes with headache, restlessness, and tears. **Menstruation**, when the discharge is very **abundant, thick and black like tar**, and is very exhausting; spasms and **screaming at every menstrual period.** Catamenia too long continued. Before catamenia, cuttings and pains like those of labour in hypogastrium. Cramps at commencement of catamenia.
- Painful sensitiveness **and constant pressure** in mons generis and genital organs, with **internal chill and external coldness**, except face. Severe **stitches in Rt. Ovarian region.** During catamenia, pressure as of a general bearing down towards genital organs, which are very sensitive. **Leucorrhoea, like white of eggs**, flowing chiefly after urinating, and on rising from a seat.

RESPIRATORY ORGANS

- **Aphonia.** Short, nervous, **dry cough**, with **palpitation and dyspnoea. Short, difficult, and anxious respiration.**

CHEST

- **Shortness of breath, with constrictive oppression of chest.** Inclination to draw a long breath, perverted by a sensation of weakness in chest. **Anxious oppression of chest**, with sensation of heat, **which ascends from epigastrium.**
- Pain in chest, as if a **weight were pressing upon** it, with want to take a full Inspiration, which is hindered by a sensation of weakness. Tension, pressure, and shootings in sides of chest, which do not permit lying down on either side. **Aching and dull blows in chest.** Spasmodic pressure in one side of chest. **Spasmodic pain in chest**, commencing slightly, increasing to a certain intensity, and gradually diminishing in same way. **Dull lancinations in sides of chest, during an Inspiration.**

HEART

- Burning and sticking low down by heart. **A dull pressure in region of apex of heart. Anxious palpitations of heart.**

NECK AND BACK

- **Rigidity of nape of neck.** Weakness and sensation of tensive numbness in nape of neck(the head sinks forward). Contusive pain in loins and in back, esp. When pressing upon them, or else when bending backwards.
- **Pains in back and small of back as if broken, after a walk < bending backwards.** Spasmodic pain in loins. **Sensation of numbness in coccyx, as after a blow.**

LIMBS

- **Cramp like jerking and drawing pains in limbs and joints.** Tension in limbs(esp.thighs) as if **bound too tightly with ligatures.** Attack of **spasmodic rigidity in limbs**, without loss of consciousness, but with clenching of jaws, loss of speech, but with **clenching of jaws, loss of speech**, eyes convulsed, and involuntary movements of the commissures of lips and eyelids.
- Tingling restlessness, sensation of weakness and trembling in limbs, esp. **During repose and in open air.**

UPPER LIMBS

- **Heaviness and lassitude** of arms, with paralytic pulling. Paralysed sensation in left arm; in both arms. **Aching and spasmodic pain in forearms, hands, and fingers, esp. When grasping anything firmly.** Itching, gnawing, pricking, and burning sensation in arms, hands, and fingers.
- **Sensation of stiffness in forearms.** Painful throbbing in fingers. Distortion of fingers. Distortion of fingers. Numbness of fingers. Trembling of Rt. Thumb, with numbness. Numbness of little finger. Ulcers on fingers.

LOWER LIMBS

- **Spasmodic pain and tension in thighs, feet, and toes.** Weakness of thighs and knees. Shocks and blows in legs. Lassitude of legs. Restlessness and trembling in legs, with a sensation of numbness and rigidity. **Lassitude and numbness** in feet when seated. **Coldness of feet.**
- **Gnawing, excoriation, and smarting in anklebones, greatly < by least touch.** Painful throbbing in toes. Swelling on ball of toe, with tearing and nocturnal pulsations. **Ulcers on toes.** Pain in great toe as if too tightly enveloped.

GENERALITIES

- **Dark haired** females. Face changing colour frequently. Rising in throat. **Tapeworm**, other symptoms agreeing. Contraction of inner parts. Catalepsy; **epilepsy with rigor**; tonic spasms.

- Very **great paleness** of skin. Spasmodic yawning. Pains like labour pains. **Sensation as of a hoop** around parts. Violent shocks as if from pain. **Sensation of pricking in outer parts.**
- **Sensation of coldness in outer parts. Compressive, cramp like, constructive,** or pressive pains, as if caused by a plug, or by dull blows. **Cramp like, jerking, and drawing pains** in limbs and joints.
- Tension in limbs, as **if bound too tightly with ligatures.** Pains, as from a contusion, a blow, or a bruise, esp. when pressing on part affected. Pains, slight **at commencement, increase gradually,** often **at regular intervals,** and diminish in same manner.
- **Sensation of torpor and paralytic rigidity** in various parts, often with trembling and palpitation of heart. Attack of **spasmodic rigidity in limbs,** without loss of consciousness, but with clenching of jaws, loss of speech, eyes convulsed, and involuntary movements of commissures of lips and eyelids. The spasmodic attacks manifest themselves chiefly at daybreak.
- **Affections caused by fright, by vexation, or by a fit of passion.** Moral and physical affections, appearing alternately. Excessive weakness(paralytic weakness in limbs).Dull, **pushing, or inward pressing** pains, as from dull blows.
- **Tingling restlessness,** sensation of weakness and trembling in limbs, esp. **During repose and in open air.** Majority of **symptoms < by repose, inthe evening; from anger;more in females than males;** after lying down and rising again; when sitting; after rising; and **> by movement.**
- The affections which are **> in open air are generally < towards evening** and in a room.

SKIN

- Tingling gnawing, with pain as of excoriation, and **itching or burning, pricking, and shooting pain** on various parts of skin, which provokes scratching. **Ulcers (on fingers and toes).**

SLEEP

- **Convulsive and spasmodic yawning,** esp. In afternoon. Great disposition to **sleep in evening.** Prolonged sleep in morning. **Anxious dreams of wars and bloodshed. Lascivious dreams.** Waking at night, esp. After midnight (with frightful dreams, want of consciousness), or with anxious, sad, and distressing thoughts. Bewilderment at night on walking. At night patient lies on back, with arms above head, legs drawn up, **with strong inclination to uncover them.**

FEVER

- **Pulse small, feeble, frequently tremulous.Constant shivering and shuddering** over whole body, esp. **In open air.** Shaking chill when

going from the room into the open, even warm air. **Chilliness predominates**, with low spirits, which ceases during heat. Heat with sensation of burning in face, without any visible change in colour of face (she thought she was very red, but colour the same as usual). Flushes of heat, interrupted by chilliness. Gradually increasing, and in the same manner gradually decreasing heat. **Perspiration only during sleep, ceasing as soon as one awakens.**

GENERAL MODALITIES

- **Aggravation**– *sitting and standing.*
- **Amelioration**– *walking.*

RELATIONSHIP

- **Compare:** Rhodium; Stann; Valer; Sep. Compare, also: Platinum muriaticum (this remedy has achieved beneficial results after iodide of Potash failed to cure in syphilitic affection; violent occipital headache, dysphagia, and syphilitic throat and bone affections; caries of bones of feet); Plat murnat (polyuria and salivation); Sedum acre (sexual irritability, relieves irritation of nerve centres and gives rest).
- **Antidote:** Puls. Platina antidotes the bad effects of lead.

Natrium muriaticum

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In human economy salt plays important part. It is found in almost all tissues of body. Physiologically regarded as stimulant to various tissues in to which it enters. In body salt provide mainstay for regulation of the flow of water and salt by means of osmotic pressure. It belongs exclusively to extracellular fluids. It is produced by mining, by evaporation of brine from underground salt deposits and from sea water by solar evaporation.

History

Common salt, profoundly affects the nutrition. The prolonged taking of excessive salt causes profound nutritive changes to take place in the system. The symptoms of salt retention as evidenced by dropsies and edemas, also an alteration in the blood causing a condition of anemia and leucocytosis.

The common salt is contained in cells and in the blood, for salt has the well-known property of attracting water. Water is intended to moisten all the tissues and cells. Every cell contains sodium.

By this means the cell is enlarged and divides up. If there is no common salt formed in the cells, then the water intended to moisten them remains in the intercellular fluids and hydreemia results.

Such patients have a watery, bloated face, they are tired and sleepy and inclined to weep. They are chilly, suffer from cold limbs and have a sensation of cold along the spine. At the same time have a strong desire for common salt. (The cells deficient in salt cry for salt.)

The common salt of which they consume comparatively large quantities does not heal their disease, because the cells can only receive the common salt in very attenuated solutions.

The redundant common salt present in the intercellular fluid may in such cases cause the patients to have a salty taste in their mouth and the pathological secretions of the mucous membranes, as also of excoriations of the skin, may be corrosive.

Disturbances in the distribution of salt in the cells cause: Lachrymation, salivation toothache with salivation, watery diarrhoea, mucous diarrhoea, lack of mucus, catarrh of stomach with vomiting of mucus, water-brash, vesicles clear as water on skin or conjunctiva, constipation.

Common name

Table salt, common salt. Sodium chloride, Chloride of sodium.

Formula

NaCl.

Uses

Natural salt is the source of chlorine and of sodium as well as practically all their compounds, e.g. hydrochloric acid, chlorates, sodium carbonate, hydroxide, etc. Also used for preserving foods; as an antiseptic in mouthwashes, dentifrices, bubble baths, bath salts, and eye lotions; in the manufacture of soap and dyes; in freezing mixtures; for dyeing and printing fabrics, glazing pottery, tanning hides; in fertilizers and stock feeds; and as a weed killer.

In old-school practice salt is used chiefly in solution as a douche or spray in nasal and other catarrh and in the mixture of "Brandy and Salt," in which large quantities of salt are given for pulmonary haemorrhages.

Pharmacology

- In the body, sodium chloride provides the mainstay for the regulation of the flow of water and salts by means of osmotic pressure.
- It belongs almost exclusively to the extracellular fluids, in striking contrast to the potassium salts which are in the main intracellular and with which the sodium chloride maintains balance.
- Excretion of the salt is mainly through the kidneys, but the skin also participates in this by the process of perspiration.
- Maintenance of osmotic fluid balance is held to be the function of the sodium ions which remain outside the cells. Chlorine ions can penetrate into the cells and are thought to be responsible for the action of the salt in increasing oxidative metabolism. A consequence of this is, of course, emaciation.
- The halogen element is also probably instrumental in causing seborrhoeic changes in the skin and a tendency to eczematous eruptions at the margin of the hair.
- In general sodium chloride stimulates appetite and steps up the flow of saliva and gastric juices - are usually inordinately hungry and also extremely thirsty - but excessive salt intake inhibits the secretion of hydrochloric acid in the stomach.
- In the absence or diminished secretion of suprarenal corticosteroids, the body fluids become greatly depleted of sodium chloride. The condition known as Addison's disease develops with its concomitants fatigue, lethargy, irritability and progressive asthenia.
- Effects of excessive salt intake

The skin responded with inflammation, urticaria, wart- formation, becoming dry and cracked and at the same time tending to perspire freely. There was loss of hair, and nerve pains, headache, eye- pains and attacks of vertigo developed.

Mucous membranes became inflamed with resulting gastrointestinal catarrh and mucilaginous diarrhoea.

Gingivitis and gouty pains were also noted.

Connective tissue overloaded with salt undergoes a change. An excess of sodium chloride upsets the balance between the chlorides of sodium, potassium, calcium and magnesium, and demineralization ensues.

- Fluctuations and variations in sodium chloride metabolism and electrolytic balance may result in alternating extremes of symptom picture.
- Thus, hair may be dry or greasy, growing luxuriantly or falling rapidly; eyes may be dry or watery, sunken or bulging; the features may appear puffy or hollow and scrawny; the face may be ruddy or show distinct pallor.

- Again, the electrolytic balance may be disturbed in either of two opposite directions:
a) Over-elimination, with increased salt loss through the kidneys and skin. This leads to dehydration, weight loss and asthenic states.

b) Sodium retention as the result of diminished renal excretion. This results in waterlogged tissues, anasarca and weight gain.

Region

- Mind - heart
- Digestion
- Bowel
- Blood
- Glands: Mucus glands
- Liver and spleen
- Lymphatic
- Mucous membrane
- Eyes
- Skin
- Nervous system
- Genital organs
- Urinary organs

Action

- Mind : Depression of spirit. Irritability. Affection of mind brings on fluttering of heart, intermittent pulse and render already ugly disposition almost unsupportable.
- Digestion : It stimulates digestion by increasing flavours of food and secondly by increasing quantity and quality of gastric juice.
- Bowel : It excites the mucous membranes and muscular fibres of the primæviæ, promotes their secretions, the peristaltic motions of the intestines, and the digestion; in a large dose, it causes burning and pain in the fauces and stomach, thirst, dryness, and redness of the mucous lining, desire to vomit; in still larger doses, it causes vomiting and diarrhoea, which may terminate in fatal inflammation of the mucous membrane of the stomach and intestines. It acts upon whole alimentary tract from mouth to anus causing dryness.
- Blood : There is impoverished condition of blood. It causes dyscrasia resembling very closely scorbutic state, with disposition to angry eruptions, ulcers and inflammation. Great diminution of the red corpuscles, with anaemia.

- Glands : By stimulating mucus glands it increases production of normally constituted mucus. So useful in all type of catarrh. Lachrymal gland excreting concentrated salt solution are easily affected, lacrymation occurring involuntarily or with any shaking movement such as coughing, sneezing, laughing.
- Liver and spleen : Both the organs get enlarged.
- Lymphatics : The lymphatic secretions are increased and acrid, and so deteriorated that disintegration of the tissues ensues.
- Mucous membrane : It excites the mucous membrane and muscles , promote their secretion, peristaltic motion and digestion. Catarrh of all mucus membrane with secretion of transparent watery mucus. It produces burning an pain in fauces and stomach. It also causes dryness of mucous membrane. Mouth and tongue are dry, taste altered salty and bitter or lacking completely. Throat is dry producing fish bone or plug sensation. Inside of nose is dry, sense of smell diminished or lost. Rectum is dry causes dry, crumbling stool. Cough dry with little expectoration. Dryness of vagina, making coition painful.
- Eyes : It preserves transparency of aqueous humour and lens, so in large doses produces opacity of lens, so cataract is produced. Weakness of muscles of eyes producing different troubles like asthenopia , amblyopia, amurosis. It produces itching and burning in the eyes.
- Skin : It is one of the main deposit for salt. The subcutaneous tissue hold or lose it with water, may accordingly present bloated or emaciated look. Dryness and cracking of the skin about the finger-nails. Ulcerations, eczema, boils, urticaria. It powerfully affects the nutrition of hair follicles, causing alopecia.
- Nervous system : It has stimulating effect on nervous system keeping up its tone. Muscle tone is also favoured by presence of salt within tissue of muscles. So can be used in weakness and relaxation of muscles and nerves resulting in debility, prostration, paralysis, weak ankles, prolapse of parts, involuntary urination etc.
- Genital organs : it delays menstrual function and decreases desire for sexing men. Great weakness and relaxation of organs causing seminal emissions and prolapse of uterus in female.

Clinicals

Addison's disease. Anaemia. Aphthae. Atrophy. Brain-fag. Catarrh. Chorea. Constipation. Cough. Cracks in the skin. Debility. Depression. Diabetes. Disparunia. Dropsy. Dyspepsia. Epilepsy. Erysipelas. Eyes, affections of. Eye-strain. Face, complexion unhealthy. Gleet. Glossopharyngeal paralysis. Goitre. Gonorrhoea. Gout. Headache. Heart, affections of. Hemipia. Hernia. Herpes. Hiccough. Hydroa. Hypochondriasis. Intermittent fever. Leucorrhoea. Lips, eruption on. Lungs, oedema of. Menstruation, disorders of. Mouth, inflammation of. Nettle-rash. Pediculosis. Ranula. Seborrhoea. Self-abuse. Somnambulism. Speech, embarrassed. Spermatorrhoea. Spinal irritation. Spleen, enlarged. Sterility. Stomatitis. Sunstroke. Taste, lost; disordered. Tongue, blistered. Trifacial-nerve paralysis. Ulcers. Varices. Vaginismus. Vertigo. Warts. Whooping-cough. Worms.

Constitution

Countenance presents a pale, puffy, rather waxy look, probably due to sodium chloride stagnation in the skin. Or the face is greyish, dry-looking and wrinkled, as the result of sodium chloride depletion.

The skin has a greasy, shiny, pimply, seborrhoeic look, and may even break out in a greasy sweat during a meal. Or, again, the skin may be fine, thin, almost translucent, with prominent distended veins. White patches are common on the nails.

The whole patient appears weak, wan, wasted, demineralized, with cold clammy hands and perhaps ragged-looking hang-nails. There is a thin, scrawny appearance about the neck. But, once more, the opposite picture may present, with obesity or oedema from salt and water retention.

The lips tend to be dry, often with a crack in the centre, especially of the upper lip. The eyes may look watery with much redness of the conjunctiva.

Temperament

Nervous type of people who are very much awkward and hasty and drop things while handling them.

Thermal

Chilly but aggravation from sun.

Miasm

Sycotic

Diathesis

Scrofulous.

Generalities

- Consolation aggravates all the troubles.
- Great emaciation, losing flesh while eating well.
- Most of the symptoms get worse from sunset to sunrise, specially from 10 to 11 a.m., heat of sun, but relieved by perspiration.
- Thirst : for cold drinks , drink enormous quantity of water, no amount of drink quenches thirst.
- Desire for salt and salty foods. Desires bitter things, beer, for sour things. Desires farinaceous food, oysters, fish, milk.
- Averse to meat, fat, coffee tobacco. Aversion to bread to anything slimy like oysters, fats. Worse from bread, fat, wine, or acid food.
- Sweats while eating, on face.
- Aggravation or amelioration on seaside.
- Pain : pulsating, jerking, tearing, burning.
- Lack of vital heat.
- Mapped tongue with red insular patches, like ringworms on the sides.

- Bitter taste in mouth.
- Discharges : thick white or clear watery acrid discharges.
- Involuntary urination while walking, coughing, laughing.
- Can not pass urine in presence of others.
- Bad effects of a disappointment, anger, nitrate of silver, too much salt, abuse of quinine and loss of fluids.
- Exact periodicity. Periodicity with recurrence at same hour each day or every weekend.
- After fit of passion, paralysis.
- General ebullition of blood, with pulsation over whole body, on slightest movement.
- Numbness : of one side of part, of toes, fingers, nose, tongue, lips etc.
- Trembling : of whole body , jerking of muscles, caused by tobacco smoking.
- Dryness : of mucous membrane, skin, rectum, mouth, throat, vagina etc.
- Sensation of constriction runs through the remedy.
- Great relaxation of all physical and moral powers, after fatigue. .
- Hysterical debility; in morning in bed.
- Great weakness , debility mostly felt in morning when in bed.
- Tendency to take cold.
- After great bodily exertion, an itching nettle-rash appears.
- Hangnails; skin around the nails dry and cracked.
- Painful contraction of the hamstrings.
- After all kinds of cauterizations, with Nitrate of Silver.
- Complains come on in warm room, wants open air.

Causation

Disappointment. Fright. Fit of passion. Loss of fluids. Masturbation. Injury to head. Quinine. Bread. Fat. Wine. Acid food. Salt.

Mind

- **Great vulnerability and emotionally sensitive**

Emotional pain is the centre of pathology originates early in the childhood, when the unconditional love that the child needs is not received. Babies are incredibly sensitive to the emotional atmosphere at home, and cannot be fooled. So, the average Natrum child senses that he is not receiving a free flow of unconditional or pure love. Easily get hurt by the one whom he loves the most. Emotional vulnerability may become pathological and person becomes depressed even suicidal. Music aggravates melancholy.

- **Closed and introverted**

The Natrum adult is a controlled person. The more closed he is, the more controlled he is, since it takes a great deal of self-control to avoid showing feelings.

Natruims tend to stage-manage their lives. They like to leave nothing to chance, no loose ends, since something may go wrong, and that would be upsetting.

There are several reasons for this. Firstly, they might upset other people. This makes them feel guilty, and they cannot bear this guilt. Secondly, they may become emotional, which is to be avoided at all costs, since it opens up the wounds inside, and thirdly, they may be seen to be lacking or foolish, which they cannot bear, since it is a form of rejection, which revives both their sense of abandonment, and their sense of being unworthy.

The tendency of Natrum people to impose control on their environment tends to make them rather conservative. Change is seen as threatening.

Fear loss of control: They may avoid getting too close to people, since this would arouse feelings that they could not control. Independence is extremely important to many Natruims, since it brings with it a degree of control over their lives.

- **Giving**

Natrum is a very addictive type, since it is an emotionally needy type, and giving is one of its principal addictions. An addiction is a means of avoiding emotional (and physical) pain, and this is exactly why they needs to give.

Win approval by pleasing other people, and this habit is reinforced by the lack of self-worth they feel. The strategy goes something like this; "I'm a bad person (I must be because I wasn't loved), but by giving I can be a better person, and can earn some approval and maybe even some love."

- **Perfection**

It arises out of the feel of not good enough, and way of countering this is to do his absolute best at everything.

- **Workaholic**

They are workaholics for two reasons. Firstly it is a way of avoiding feeling, and secondly a means of feeling 'worthwhile' in some way (i.e. avoiding the feeling of worthlessness). When Natrum cannot work, he is liable to get both irritable and depressed.

- **Rebellious**
- **High morals**

One can usually trust a his promise. Even though he rebels keep their word more than one would expect.

- **Sympathetic**

They are very sensitive emotionally, and feel for other people a great deal. Absorb grief and problems of other people and brood over it when alone.

- **Depression**

Natrums become depressed as a result of suppressing sadness. If all the sadness that they had ever felt was given release through crying, there would be no depression, and also no sense of worthlessness. That is why they feel better when they cry. Crying releases a layer of sadness, which brings relief, until the next layer of sadness begins to surface.

Common precipitants of their depression are related to loss of love, bereavement, separation and estrangement from a loved one can all tip the scales and initiate a depressive episode.

- **Silent grief**

If they want to cry and can not resist, they will go in to room, close the door and cry so nobody can see and hear them.

- **Disappointed love**

They have a sense of abandonment deep inside, and are extremely sensitive to loss of love. For these reasons, both types tend to suffer greatly when they lose someone close to them, whether through death or separation.

- **Fear, apprehension, anxiety.**

Of being rejected. Of being emotionally hurt or disappointed hence is reserved and unapproachable. At the same time there is tremendous insecurity with fear of being alone. Fear of robber. Fears loss of reason. Fearfulness; easily startled. Consequences of fright, esp. chorea. Apprehensive about the future; that something is going to happen; sad apprehension. Anxiety with hurriedness.

- **Anger**

Anger is the first step in overcoming fear. Anger is out of feeling of insult or someone unknowingly abuse them. Offended at every word; avoids company; hates persons because they have offended him.

- **Holding on**

They constantly dwells on past disagreeable matter. Can't put old grievances out of their head. Recall them again and again, specially by playing sad music. Clings to traumatic experiences. They does not let go easily, either of people or of negative emotions.

- Consolation aggravates the state of mind – melancholy, tearfulness and sometimes brings on anger.

- **Desire for solitude**

This is out of fear of getting hurt. Their primary concern is “not to hurt and not to be hurt”.

- Very responsible, feeling of guilt.
- No desire to work, mental or physical.

- Awkward; hasty; drops things from nervous weakness.
- Laughed so immoderately at something not ludicrous that she could not be quieted, and tears came into her eyes, so that she looked as though she had been weeping.
- Hypochondriacal mood. Lachrymal disposition. Sad and weeping mood without cause.
- Great irritability. Quarrelsome fretfulness, gets into a passion about trifles.
- Brain fag, with sleeplessness, gloomy forebodings.
- Symptoms appear on physical level after period of introversion following severe grief or humiliation.
- Anthropophobia.
- Indifferent, joyless, taciturn.
- Hurriedness. Hasty actions with nervous weakness. Sometimes tendency to sing and dance. Hurriedness, with anxiety and fluttering at heart.
- Taciturn. Weak will. Hateful and vindictive. Cannot stand pity.
- **Sleep-dreams**
- Sleepy by day, sleepless at night. Frequent yawning and stretching. Sleepy but cannot sleep; drowsiness. Dreams: anxious; vivid; of robbers in house; like a living reality; anxious with weeping in sleep; talks and walks in sleep.
- Awakes with fright; unrefreshed.
-

Head

Dulness : of head, as if too heavy; in morning or forenoon; after thinking.

Vertigo : great dulness of head, with flickering before eyes; objects turn around, tendency to fall forward; when rising from bed in morning; periodical, with nausea, eructations, colic and trembling limbs; as if a cold wind was blowing through head; with feeling of fainting; when rising, amel lying down awhile; in pregnancy; from spirituous liquors, tea, coffee, tobacco, opium; from straining eyes or close study.

Headache as if bursting, beating or sticking through the neck and chest.

Affection of inner head, headache as though thousand little hammers knocking upon the brain.

Headache on awaking on morning.

Beating and pulsating in the head mostly in forehead with nausea and vomiting.

Rheumatic tearing pain in head from root of nose extending to forehead.

Periodical headache during, before, after menses.

Headache beginning with blindness.

Painful sensitiveness of scalp, feels contracted.

Violent headache as if head would burst.

Heaviness of head, specially occiput, it draws the eyes shut.

Headache from sunrise till sunset, agg at midday; right eye congested; agg from light.

Headache of schoolgirls; during menses with burning on vertex.

Hemicrania : with sour vomiting and eructations; sudden bloating of and rumbling in abdomen, nausea, loss of consciousness and twitching of limbs.

Headache beginning with a blinding of eyes.

Sunstroke.

Hair falls out if touched specially in nursing women.

Eyes

Itching, stinging and burning of eyes.

Photophobia, worse sunlight.

Stricture of lachrymal duct with suppuration.

Tears stream down the face whenever he coughs.

Unsteadiness of vision, objects become confused on looking at them, letters runs together.

Acrid tears.

Nocturnal agglutination of eyes,

Eyes gives out on using them.

Myopia.

Zigzag dazzling like lightening in the eyes.

Black points or streaks of light in the eyes.

Ulceration of cornea, after cauterizing with silver nitrate.

Ciliary neuralgia, coming and going with sun.

Sensation of sand in the eyes in morning.

Ptosis on lying down

Hemiopia.

Protruding eyes due to goiter.

Ears

Buzzing, humming, roaring or ringing in ears.

Hardness of hearing.

Painful cracking in ear when masticating.

Pulsation and beating; or stitches in ear.

Discharge of pus from ear.

Chronic catarrhal otitis, with acrid discharges.

Itching behind ears.

Nose

One sided inflammation and swelling.

Nose feels numb on one side.

Loss of smell.

Cold begins with sneezing.

Fluent coryza.

Violent sneezing, specially early morning.

Discharge thin and watery.

Nose bleed on stooping or coughing.

Soreness of nose.

Obstruction and dryness of nose.

Scurf on the nose.

Chronic naso-pharyngeal catarrh of anaemic patients.

Exfoliation of skin on dorsum of nose; redness of nose with pimples, vesicles and painful nodules.

Face

Oily, shining, as if greased.

Earthy complexion.

Fever blisters.

Herpes about the lips or at the edge of hair.

Crack in the middle of lower lip.

Lips dry and chapped.

Lips tingle feel numb.

Throbbing lower jaw.

Upper lip swollen.

Falling of whiskers and beard.

Redness of one cheek.

Swollen face.

Itching and eruption on face.

Swelling of submaxillary glands.

Sweat on face when eating.

Lips and corners of mouth ulcerated and cracked.

Mouth

Teeth very sensitive to air and contact.

Pain in teeth – drawing , tearing extending to ears and throat.

Decayed teeth feel loose, burns, sting, and pulsate.

Fistula dentalis.

Gums : sensitive to warm and cold thing. Swollen, inflamed, putrid, bleeding. Ulceration in gums.

Epulis or small tumor on the gums.

Toothache with tear or salivation.

In the mouth and on the tongue blisters and ulcers with smarting, burning pain.

Heaviness of tongue with difficulty of speech.

Numbness and stiffness of one side of tongue.

Sensation of hair on tongue.

Dryness of mouth, lips and specially of tongue.

Eruption around mouth and vesicles like pearls on lips.

Scurbutic gums.

Tongue mapped, beaded or striped along edge.

Loss of smell and taste.

Frothy coating on tongue.

Immoderate thirst.

Complains much of dryness of tongue which is not very dry.

Bad, bitter taste. All food tastes bitter.

Apthae on the tongue, gums and cheeks.

Copious salivation. Saliva salty.

Haemoptysis.

Throat

Swelling, sensation of constriction and stitches in the throat.

Hawks much mucus, bitter, salty.

A dry sore spot in throat, tickles and cause cough.

Food goes down the wrong way, post diphtheritic paralysis.

Only fluids can be swallowed. Solids reach a certain point and then are violently ejected.

Throat glistens.

Ex-opthalmic goiter.

Sore throat with sensation of lump.

Feeling as of plug in throat.

Follicular inflammation of pharynx after swabbing with silver nitrate.

Chronic inflammatory condition of throat in tobacco smokers.

Swelling of cervical glands.

Stomach

Hungry yet loose flesh.

Sweat while eating.

Desire for salt, bitter things, sour things, farinaceous food, oysters, fish, milk.

Aversion to bread, meat, coffee, tobacco.

Hiccough.

Burning eructation after eating.

Sweet rising from the stomach during menses.

Anxiety in stomach rises in to head.

Feels better on empty stomach.

Nausea specially in morning.

Waterbrash.

Contractive cramps in the stomach.

After eating empty eructation, nausea, acidity in mouth, sleepiness, heartburn, palpitation of heart.

Soreness, as if bruised in the pit of stomach, when pressing in it with swelling.

Thirst, constant without desire to drink, great in evening, violent with dry mouth, copious drinking.

Acid eructation and malaise after eating.

Stitches, tension and pressure in region of spleen and liver.

Colic with nausea, relived by discharge of flatulence.

Red spots on the pit.

Vomiting, at first food, then bile.

Abdomen

Rumbling in the abdomen.

Tense abdomen.

Pain in the abdominal ring on coughing.

Burning and stitching after stool.

Anus contracted, torn, bleeding.

Constipation : stool dry, crumbling.

Stool difficult to discharge.

Diarrhoea alternate with constipation.

Painless watery diarrhoea, chronic; in the morning, on moving about, from abuse of opium.

Contraction of anus.

Herpes about anus.

Haemorrhoidal tumors with stinging pain.

Soreness at anus and around it when walking.

Stool coated with glassy mucus.

Lumbrici.

Stool : involuntary, knows not whether flatus or faeces escape.

Constipation : obstinate. Stool unsatisfactory, on alternate days. Stool like sheep's dung, from inactivity of rectum, causing hypochondriasis.

Drawing, tension, pressure, pinching, and shootings in hepatic region (chronic inflammation of liver).

Pain, shootings, and pressure in splenic region.

Protrusion of hernia.

Prolapsus recti.

Excoriation in anus, and between the buttocks, esp. when walking.

Urinary organs

Urine involuntary when walking, coughing, laughing.

One has to wait long a while for urine to pass, if others are present.

Polyuria with thirst for large quantity of water.

Pain just after urination.

Violent urging to urinate with profuse discharge of urine.

Tension and heat in renal region

Urine : pale, clear; turbid and dark; dark, like coffee; brickdust sediment; alkaline, with red sediment; containing mucus; bloody.

Haematuria; cutting and burning after urination.

Before urination : contraction in urethra and rectum.

During urination : stitches in bladder, smarting, burning and cutting in urethra; pressing in hypogastrium; smarting and soreness in vulva.

After urination : burning and cutting in urethra; spasmodic contraction in abdomen; discharge of thin, glutinous substance.

Male sexual organs

Sexual desire, with frequent erections and pollutions.

Seminal emissions soon after coition, with increased desire, weakness of organs with retarded emission during embrace, impotence, spinal irritation, paralysis after sexual excess.

Loss of hair from pubes.

A thin liquid is discharged from urethra; causes itching and burning.

Suppressed gonorrhea.

Gonorrhoea, especially when chronic; discharge usually clear; sometimes yellowish; cutting in urethra after urination.

Gleet like discharge of clear mucus; transparent, watery slime; after injection of nitrate of silver.

Itching, soreness and moist herpes between scrotum and thighs.

Backache and weak legs with depression after sex.

Strong fetid odor from genitals.

Female sexual organs

Pressing, pushing towards genitals every morning, must sit down to prevent prolapse.

Menses, irregular, usually profuse.

Leucorrhoea acrid and watery.
Hot during menses.
Aversion to coition which is painful due to dryness of vagina.
Burning smarting in vagina during coition.
Delayed first menses.
Dysmenorrhoea with convulsions.
Sterility with too early, too profuse menses.
Debilitating leucorrhea, instead of menses.
Suppressed menses from grief.
Ineffectual labor pain.
Headache before, during, after menses.
Itching on genitals.
Melancholy during menses.
Vulvitis with falling of hair.
Nausea and vomiting during pregnancy; morning sickness with vomiting of frothy, watery phlegm.
During pregnancy : dysuria; albuminuria; craves salt; congestion to chest; palpitation; haemorrhoids; cough; escape of urine.
Labour slow, pains feeble, apparently from sad feelings and forebodings.
Loss of hair in children or during lactation.
Child refuses breast; nursing sore mouth.
Lancinating pains in breasts. Stitches beneath nipples.
Breasts sensitive to slightest touch. Mammary gland emaciate.

Respiratory organs

Accumulation of mucus in larynx in morning.
Chest embarrassed with catarrh and cough.
Cough excited by a tickling in throat, or in epigastrium, day and night, esp. on walking or taking a deep inspiration.
Stitches all over the chest.
Cough with bursting headache.
Shortness of breath, specially on going upstairs.
Whooping cough with lachrymation.
Breath hot, offensive.
Breathing – anxious, oppressed, wheezing, short, better in open air and when exercising the arm, difficult on ascending steps.

Heart

Anxious and violent palpitation of heart at every movement of body, but principally when lying on left side, aggravation on exertion, emotions.

After eating, breath impeded, with violent palpitation.

Jerking and shooting pain in region of heart.

Fluttering motion of heart.

Irregular and intermittent palpitation of heart.

Enlargement of heart.

Coldness , soreness at the heart.

Heart's pulsation shakes the body.

Pulse full and slow or weak and rapid.

Neck and back

Painful stiffness of neck.

Bruised backache early in the morning, aggravated by coughing and coition. Better lying on something hard or pressure.

Tension and drawing in the back.

Over-sensitiveness of the spine.

Throat and neck emaciate rapidly specially during summer complaint.

Goitre of a large size.

Engorgement of axillary glands.

Lassitude, pressive tension, and pulling in back.

Extremities

Painful contraction of the hamstrings.

Palms hot and perspiring.

Arms and legs but specially knees, feel weak.

Hangnails.

Dryness and cracking about the fingernails.

Ankles weak and turn easily.

Numbness and tingling in fingers and lower extremities.

Crackling in joints on motion.

Coldness of legs with congestion.

Trembling of hands when writing.

Housemaid's knee.

Convulsive jerking of the limbs on falling asleep.

Child do not learn to walk.

Painful tensin in the bend of the limbs.

Restlessness in the limbs.

Rigidity of all the joints.

Warts in palms of hands.

Burning in the feet.

Suppressed perspiration of the feet.

Corns with boring, stinging pain.

Skin

Hangnails : skin around the nails dry and cracked.

Eczema : raw, red, inflamed, especially in edge of hair, aggravation eating too much salt, at sea shore.

Urticaria : acute or chronic, over whole body, specially after violent exercise.

Greasy, oily, specially on hairy parts.

Herpetic eruption, around flexures or knuckles.

Corns.

Scars painful, redness of old scar.

Fever blisters.

Alopecia.

Exanthema on mouth, lips, in fever looking like large peas.

Effects of insect bite, bee stings.

Warts; on palms of hands.

Sleep

Great drowsiness during day, with frequent yawning.

Difficulty in falling asleep again, at night, after awaking.

Difficulty in waking, and excessively drowsy lassitude early in morning.

Agitated sleep, full of vivid and lascivious dreams, with prolonged erections and pollutions.

Anxious, distressing dreams, with tears and talking during sleep.

Frightful dreams of quarrels, murders, fire, thieves, and c.

Dreams of thieves in the house, making so strong an impression that patient wakes up and cannot go to sleep again until the house has been searched.

Dreams of burning thirst; starts and talks in sleep and tosses about.

Dreams which still keep possession of the mind after waking, and which are believed to be realities.

Somnambulism.

Fever

Chill between 9 to 11 a.m.

Heat, violent thirst, increases with fever.

Coldness of body and continued chilliness very marked.

Chilly but aggravated in sun.

Sweat scanty, at edge of hair, on nose, on face while eating.

Hay fever brought on by exposure to hot sun or summer heat.

Fever blisters, like pearls about lips.

Violent perspiration, relieving painful symptoms during fever.

Violent thirst during heat.

Debilitating, sour smelling perspiration.

Intermittent fever after abuse of quinine with yellow complexion and great debility.

Any fever with violent headache, heat in face and great thirst.

After attack pass of patient wishes to retain in recumbent position, does not feel able to get up.

Modalities

Aggravation

Mental exertion; talking; writing; reading. From violent emotions. Consolation After sleep. Coitus. In morning; agg. after sleep. 9 to 11 a.m. With the sun. During full moon. By eating. From bread, acid food, fat, wine. After breakfast. Touch and pressure. Heat of stove; of room; of sun. In summer. Walking. From quinine.

Amelioration

Open air. Cool bathing. Sweating. Rest. From tight clothing. Deep breathing. Before breakfast. Lying on right side. Talking long. Going without regular meals. Rubbing.

Back ache. Lying on something hard.

Relations

Antidoted by

- Smelling Nit sp. dulc.; Phos. (especially abuse of salt in food); Ars. (bad effects of sea-bathing).

- Nux will relieve headache if persistent, or prostration if prolonged after Nat. m.

Antidote to

- Arg. n. (abuse of, as cautery); Quinine (when diseases continue intermittent and patients suffer from headache, constipation, disturbed sleep); Apis (bee-stings).

- Nat. m. should not be given during the paroxysm of fever.

Complementary

- Apis, Sep., Caps.

- Nat. m. is the Chronic of : Ign. (its vegetable analogue); also of Apis and Caps.

Comptabile

- Before - Sep., Thuja; after - Kali m., Kali p., Kali s., Nat. sul., Calc. ph., Fer. p.



CONSTITUTION

Constitution can be defined as “the genotypic inheritance of an individual, the physical make up of his body, including its functional ability, metabolic activity, reaction to stimuli and resistance to infection”. Constitution comes from a Latin word “*constituere*” or “*constitute*” means to set up, to establish or to make up.

Different view on constitution :

The literal word meaning of constitution is :

Make up from

State of mind and body

Constitution in ordinary parlance means makeup of the body. it implies the aggregation of all sufficiently stable functional and morphological characteristics of organism, which determines the specificity of its reaction to external agents and are formed on the basis of heredity and acquired properties in interaction with the external environment, primarily the social environment in the case of human being.

It is interior and exterior man which makes the constitution of individual conflict, passion, weakness, diseases, hates, sympathy and even progress towards death: it makes the individual differ from another individual.

.Stuart. Close defines constitution as “*that aggregate of hereditary characters, influenced more or less by the environment which determines the individuals reaction, successful or unsuccessful, to the stress of environment*”. J.T. Kent says “*Physical constitution is the external disorder following disorder in the man, the vital force*.” Dr. Small defines “*Constitution is the codification or influence that any class organs or humours may exert when it predominates in the system*.” Dr. N.C. Bose says “*physical constitution is the soil on which grow the idiosyncrasies, diathesis, susceptibilities, dyscracia etc*”.

The man and development of his constitution are determined by several factors. At the time of birth the baby receives few characters from parents, which we call as the genetic characters. Many of these characters are determined by genetic factors. Hence, the baby resembles his or her parents. Once the baby grows and starts facing different environmental conditions like house, school, playground, teachers, the media

and friend circles etc, their influence on him mould his behavioral and comprehending pattern either directly or indirectly.

The characters which the baby receives from his parents, we can call as the endogenous factors (genetically determined) and the later given examples as the exogenous factors (environmental influences). So, it is clear that from the time of birth and throughout the life, the internal and external environmental factors influence a person's behavior. They influence the characteristics of our body as well as mind. Hence, the man is what he has inherited from his ancestors as well as what he comes across and what he learnt from his experiences in life. Some persons are liable to some miasms and some are prone to others. This selective affinity is called as susceptibility. Constitution influences the susceptibility. It is very difficult to estimate how a person's constitution develops. But constitutional diagnosis helps in treating the patient and even in selection and repetition of the doses.

Constitution in the History

Aristotle was the first person to group individuals under different headings. Galen, Bazi, Read matcher and several other ancients have tried to classify individuals in different ways. Hippocrates said that every individual has his own nature (constitution) and it is very difficult to change this nature. According to Hippocrates, the organism becomes sick in the initial stages, the localization of the symptoms occurs only in the later stages of the disease process. This concept is more similar to the concept of disease in homeopathy. During the process of remedy selection, a homeopath tries to individualize patient based on his physical build, his morality, social behavior, his desires and aversions in common, etc (refer § 5). Every person inherits some characters tendencies from his parents (endogenous or hereditary or internal) and some tendencies he acquires from his surrounding environment (exogenous or external) that constantly influences him. So constitution is the aggregate of the external and internal characters of an individual. This chapter helps the homeopathic physician in selecting the constitutional remedy. Constitutional study is compared with physiognomy, an art of judging the character of anything by its general appearance like face, physic etc, but constitutional diagnosis of a

person is deeper than this. In homeopathy, the nature of the patient is judged by his temperament, heredity, predisposition, miasms and constitutional diathesis and the present condition of body mind. Dr. Leon Vannier classified constitutions into Phosphoric type, Fluoric type and Carbonic type etc. His classification was based on the predominance of the chemical elements in the body. The carbonic type of constitutions correspond to the vitality, originates from the Psora and affect the epithelium. The phosphoric type correspond to the lack of vitality, originates from the tubercular miasm and affect serous membranes. The fluoric constitution has instability and originates from the syphilitic miasm and affect the elastic tissues. Thomas Paschero of Argentina, classified and tried to compare the pathological process with the Hahnemann's miasms. The inflammation corresponds to excitation and hence it is Psora. Proliferation corresponds to inhibition and hence Sycosis, destruction corresponds to loss of function and hence Syphilis. We are aware of the Hahnemann's classification of the patients into psoric, syphilitic and sycotic types based on the miasm that affects him. But most of the homeopaths follow Dr. Von Grauvogl's constitutional classification.

Grauvogl's Classification of Constitutions:-

In the year 1870, a German homeopath called Dr. Von Grauvogl classified the constitutions in different types. Most of the homeopaths accepted this classification. Grauvogl's classification was based on different biochemical contents of the body. According to Grauvogl, the living organism is composed of oxygen, carbon, nitrogen and hydrogen. The excess or deficiency of these elements in the tissues results into the development of different constitution. Grauvogl, says, *"for every organ and tissue breaths and if the lungs are gateway and the blood carrier it is the tissues which are the*

ultimate recipients of the oxygen that is inbreathed." Grauvogl's constitutions are 3 types:

- i. Carbo-nitrogenoid constitution
- ii. Oxygenoid constitution
- iii. Hydrogenoid constitution

1. Carbo-nitrogenoid constitution

This constitution is the result of insufficiency or inadequacy of oxygenation. It is characterized by an excess of carbon and nitrogen, insufficient oxygenation, causes deficiency disorders and perverted nutrition. Diseases develop because of the retardation or malnutrition in these types of constitution. Tissue does not absorb sufficient oxygen or nutrition. There is a functional deficiency. The usual symptoms found in this constitution are:

- i. Breathlessness, respiratory disorders, frequent and shallow respiration.
- ii. Fast pulse, constipation or diarrhoea, flatulence, urinary troubles, vertigo, ataxia, somnolence, hypochondriacs, irritable, extraordinary impatience.
- iii. Flatulency, urinary troubles.
- iv. Swelling of joints, gout.
- v. Patient is irritable and impatient.
- vi. Skin looks dirty, unhealthy, very fetid perspiration.
- vii. Symptoms aggravate by excessive eating, resting and sexual excess.
- viii. Diminished quantity of water in the tissues.

The similar remedies in homeopathic materia medica are: Rhus tox, Hepar sulph, Phosphorus, Lycopodium etc.

Carbo-nitrogenoid constitution closely resembles Hahnemann's "Psora".

2. Oxygenoid constitution

The oxygenoid constitution is characterized by an excess of oxygen or exaggerated influence of oxygen on the organism. Excessive oxygen in the system results into the breakage of hydrocarbons and nitrogen. This leads to destruction of tissue and bones. Symptoms of the patient improve in nitrogen and carbon rich environment. The symptoms of Oxygenoid constitution are:

- i. Oxygenoids are generally nervous individuals with great physical and mental activity.
- ii. Feels better in rains or cold weather.
- iii. Complaints increase at seashore or low altitude.
- iv. Appetite vigorous, even during illness.
- v. Patient feels better by rest and taking food.

- vi. Excessive elimination of urea and phosphates.
- vii. Plethora and great quantity of blood.
- viii. Much oxygen fixed on the hemoglobin.
- ix. Excessively thin patient, cachexia.
- x. Animal heat is strong after meals

The materia medica remedies are kali-iod., Kreosotum, Mercury, Petroleum etc. These constitutional symptoms closely resemble the “Syphilis” of Hahnemann.

3. Hydrogenoid constitution

Excessive hydrogen is characterized in this constitution. This leads to water retention in blood and tissue. “Sycosis” of Hahnemann resembles the Hydrogenoid constitution. But not all the sycotic remedies are hydrogenoid type.

The most common symptoms of this constitution are:

- i. Symptoms are aggravated by bathing.
- ii. Symptoms are aggravated by eating sea food or aquatic animals like fish, prawns etc.
- iii. The vegetables which grow near the water or which have the high content of water aggravate the patient.

Important sycotic remedies that resemble the Hydrogenoid constitution are Natrium Sulph, Thuja and Pulsatilla, etc. Hahnemann noticed that each medicine in the materia medica has a different type of personality of its own. This was highly propagated by Dr. J. T. Kent as the “drug personality”. This peculiar personality of each medicine is called as the “constitutional picture of the drug” in the homeopathic field.

Constitutional Diagnosis

This method is useful in understanding the peculiarity of a person in his healthy state as well as diseased state. This also helps in the “individualization of a person. Constitutional diagnosis is done under 3 headings:

1. Basic constitution: It includes the peculiarities of an individual in his healthy state. No two persons are alike in this world, either in health or in disease. The basic constitutional symptoms of the person are influenced by endogenous factors.

2. Developmental constitution: This can be understood better by learning the past history of the patient. The circumstances and the conditions the patient had gone through are studied. Developmental constitution determines the person's psycho- somatic state.

3. Environmental constitution: This determines the person's reactions to the current situations, time and circumstances, either friendly or troublesome. How the person behaves during a challenging situation, how he copes up with pressure? In short it helps in learning what the person's behavioral pattern, reaction to the given environment etc.

Constitutional Medicine:-

This method of therapeutics is unique to homeopathy. It is believed that the constitutional medicine can correct the inherent and acquired defects in the personality. Well selected, deep acting homeopathic remedy is equal to the constitutional remedy. Example: Nux vomica is well adapted to the angry, irritable, dark, thin, dry, bilious, choleric, type of persons and Pulsatilla is well suited to gentle, blond haired, blue eyed, phlegmatic temperament; Phosphorus is well suited to persons of tall stature, fair skin, delicate eye lashes and phlegmatic temperament.

Reference :- comprehensivestudy of organon, j.d.patil.

SUPPRESSION

The word “suppression” is derived from a Latin word “*supprimere*”, which means “to press down forcibly”. Suppression is the process of forcibly removing the present disease manifestations by any means other than fixed principles at the cost of a new disease. Suppression diverts the disease manifestation from least important organs to the most important organs. It is in the reverse order of the Hering’s law of cure, hence it is harmful. Examples of suppression:

1. Skin eruptions when suppressed may develop into asthma in later years.
2. Foul foot sweat when suppressed may develop into the neuralgic headache.
3. Otitis replacing facial neuralgia etc.

Importance of Suppression

As a result of suppression the disease is diverted into other part of the body. This is totally against the Hering’s law of cure. Suppression is not a good condition. Homeopathy believes in psychosomatic causes of disease. Suppression of emotions is responsible for all sorts of ailments like psychotic, psychoneurotic and psychosomatic problems of today. By identifying the emotional side of totality and the nature of suppression, the homeopathic physician can select a similimum remedy. H.A. Roberts says, “*the one thing we should always bear in mind and should hold as our aim is to allow the vital force to express itself in its own chosen way when it is deranged*”. “*The administration of physiological medicine at such times changes the whole picture, suppressing one symptom after another until there is no expression of the true condition of the patient. The immediate effect of this method of treatment is suppression*”.

Types of Suppression

Suppression can be of two types:

1. Natural suppression
2. Artificial suppression

Natural suppression

It is a type of suppression caused by natural external factors that suppress the normal functions of vital force and the body. Example: Menstruation checked by extreme cold bathing, lochia stopped after catching cold etc. H.A. Roberts says “*conditions like shell shock,*

fright, fear excessive joy, intense unsatisfied longing for mate or offspring, unrequited love, grief from loss of family and friends, business apprehension and worries, disappointed ambitions, extreme fatigue or exhaustion etc., we often see cases where the suppressing emotions not only affect profoundly the single individual, but extend their influence to the next generation through the effect on a nursing mother". In the "Chronic diseases" Hahnemann says that the primary manifestations of Psora i.e. skin eruptions can sometimes be suppressed by natural environmental causes. So, the primary manifestations of Psora can change either into latent Psora or into secondary manifestations even by environmental changes like exposure to extreme cold or extreme heat etc. Emotional factors of the patient can also play a major role in such suppression. When a homeopathic doctor is dealing with such naturally suppressed cases, the similimum must cover both the cause of suppression and the totality.

Artificial suppression

This is the type of suppression that is caused by artificial means. It might be of various types:

1. Artificial suppression by external application.
2. Artificial suppression by harmful internal treatments.
3. Artificial suppression of natural secretions of the body.
4. Artificial suppression by surgical removal of disturbing organs.

1. Artificial suppression by external application:

This type of suppression is frequently seen in our day to day practice. The skin manifestations of eczema are suppressed by external applications like ointments, liniments etc by allopathic physicians. When the miasm is robbed of its external manifestations, it is forced to take the inward direction. By such treatments, cure is not possible as the miasm is not eradicated from the body.

The prolonged suppression proves dangerous to the patient. The symptoms take inward direction and nervous and psychoneurotic manifestations may result. Such treatment, if continued for a long period, it becomes impossible to cure the patient. Example: i. When the primary manifestations of the Psora, Syphilis and Sycosis are removed by external treatments of allopathy, the nature develops secondary manifestations of each miasm under different nosological

names. ii. Suppression of eczema by powerful local ointments for a prolonged

time, may develop into asthmatic manifestations.

2. Artificial suppression by harmful internal treatments:

The prolonged and continued usage of the harmful allopathic medicines drive the symptoms to the deepest and the vital organs of the body. The natural development of the disease process gets diverted to the other parts of the body. This happens because the powerful chemicals that are used as the medicines weaken the vital force. Hahnemann in § 75 comments, *“these inroads on human health effected by allopathic non-healing art are of all chronic diseases the most deplorable, the most incurable”*. Dr. H. A. Roberts also says *“The present indiscriminate use of salicylates and coal tar derivatives in rheumatic and allied states invariably sends the trouble to the central organs, especially to the heart”*.

3. Artificial suppression of natural secretions of the body:

Another type of suppression is artificial suppression of the natural secretions of the body. Example:

- i. Suppression of perspiration by the medicinal powders.
- ii. Suppression of menstruation by hormonal derivatives.

The metabolic end products are secreted through proper channels in the body like the elimination of perspiration through the skin. But in the name of civilization when we try to suppress them by the artificial methods, this process suppresses the elimination of metabolic end products through the natural channels. The body tries to eliminate these products through other possible channels. This change disturbs the harmony of the organism, leading to constitutional defects.

4. Artificial suppression by surgical removal of disturbing organs:

In conditions like tonsillitis and sinusitis etc, the vital force is expressing its suffering through its selected organs. As we know, these symptoms of inflammation are the outwardly reflected picture of the internally deranged vital force. By surgical section of tonsils and draining of the sinuses, we are only dealing with the end products of the diseases and not with the cause. This form of suppression is most common in the modern days. Removing the disturbed organs by surgical means suppresses the expressions of vital force. Removing the pathological end product is not the rational treatment. Only the homeopathic physician is equipped to deal with the condition of suppression. The harmony of the health can be restored only by the process of curing and never by palliation or suppression.

Treatment of Suppressed Cases

1. Case taking is the source to identify any form of suppression in the patient's life. The enquiry into the past and the treatment history will aid the physician to identify any sort of suppression in the case.
 2. The physician with his knowledge of pathology, surgery and allied subjects can easily judge whether the present condition of the patient is curable or not.
 3. The curable cases can be treated with the curative similimum remedy. In doing so both, the present symptoms and the symptoms that were present at the time of suppression have to be considered.
 4. Appearance of the old suppressed symptoms is a good sign in the follow up. It indicates that the administered remedy is correct.
 5. No medicine should be administered during the period of homeopathic aggravation. Kent's "wait and watch" approach might prove curative in the future.
 6. After the end of aggravation, even if symptoms persist:
 - i. Either the same remedy can be repeated in different potency, if symptoms still indicate the same remedy.
 - ii. Or a fresh case taking can be done and the most appropriate remedy to the existing symptoms can be administered. This procedure has to be repeated till the improvement of the patient occurs.
- Hence, suppression is a crime against the human economy where instead of curing the patient, more harm is done by diverting the curative process of the disease symptom. Here, the simple curable disease present in the least important organ is forced to develop into the dangerous disease, affecting the vital organs of the body. *"Suppression and palliation of disease, is the removal of external symptoms of the disease by external, mechanical, chemical or topical treatment; or by means of powerful drugs, given internally in massive doses which have a direct physiological or toxic effect but no true therapeutic or curative effect"* - says Stuart Close.

Reference comprehensive study of organon by nagendrababu, kents lecture on homoeopathic philosophy, art of cure by H.A. Robert

THERAPEUTIC LAW OF NATURE

NATURE'S LAW OF CURE

“The super structure of homeopathy has a foundation of solid concrete, composed of broken rock of hard facts, united by cement of great natural principle”

—Stuart Close

IF HOMOEOPATHY IS A FUNDAMENTAL SCIENCE, OR A PART OF FUNDAMENTAL SCIENCE, AS WE BELIEVE, IT MUST WORK IN HARMONY WITH ALL THE NATURAL REALMS, AND THE LAWS WHICH APPLY RELATIONSHIP, TO HOMOEOPATHY -
H.A. robert

The therapeutic law of nature was known to the medical world right from the Hippocratic period. This is considered as the only curative law in the universe, in fact many cures that have occurred in the past are based on this nature's law of cure. Hahnemann discovered the homeopathic system based on the universally known therapeutic law of nature “*Similia Similibus Curantur*” means “like cures like”. This law of nature was well known to the physicians of ancient times. The father of medicine Hippocrates, physicians like Nicander, Xenocrates, Varro, Quintus, Serenus, Paracelsus and physicians of Roman schools, Basil Valentine, Benedictine monk of Erfurt, Hindu ayurvedic sages etc mentioned about the possibilities of curing diseases by the law of similis. They could not employ this law universally because of its limitations. Hahnemann successfully moulded it and applied it in curing diseases by changing the law from “*similia similibus Curantur*” to “*similia similibus Curentur*” i.e. “like cures likes” has been changed to “let likes be cured by likes”. § 26 says, “*A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (whilst differing in kind) is very similar to the former in its manifestations*”. Nature's law is easily comprehensible law and does not require any further explanation. Hahnemann uses the word “dynamic affection”, so this law is applicable to the vital phenomenon and not to the material phenomenon. When two similar manifestations of different kind but of unequal strength, meet in the living organism, the weaker manifestation is completely removed by the stronger one. Nature's law of cure is not an imaginary derivation but is based on experience, clinical trials and observations of pioneers. Nature's law is eternal; it does not change with time. Because of this reason, homeopathy is superior to other systems of

medicine. The similar and stronger diseases produced by the homeopathic drugs always extinguish the weaker similar miasmatic disease or natural diseases in the living organism. Because the vital force does not accept two similar forces with it at same time, it invariably chooses the one which is stronger amongst the two. The stronger medicinal disease remains and the weaker miasmatic disease is removed completely and permanently. Because of its artificial nature, the medicinal disease vanishes after certain period of time. Thus the vital force gets rid of both medicinal and dynamic miasmatic disease. Nature's law proves that only homeopathic law is curative in nature.

Examples of Nature's Law of Cure (Footnote to § 26)

1. The planet Jupiter can be seen in night time, but as the day approaches and the sunlight falls on the eye, the light of Jupiter becomes invisible and sun becomes clearly evident. This happens because the stronger similar power of sun has extinguished the weaker light of Jupiter.
2. The weaker offensive smell can be extinguished by inhaling the snuff. This acts by its action on the olfactory nerve. Eating sweet, listening to good music cannot serve the same purpose, because they are not similar manifestations. So the stronger smell of the snuff has extinguished the weaker offensive smell.
3. The weak cry of the injured soldier in the battle field is muffled by the stronger sound of beating drums.

Not only physical even moral examples can be given for the nature's law:

4. A depressing state of a person is totally overlooked when more injurious sorrow or damage is faced by another person. This acts like a moral remedy (footnote to §17).
5. The injurious effects of great joy can be removed by drinking coffee which stimulates the mind by producing similar excessive joy.

Experiences of Other Physicians on Nature's Law of Cure

1. Aristotle of 360 B.C. gave the following dictum, "*if the similia of the remedy acts upon the similia of the disease, the results of this mutual action is neutralization*" i.e. health. In support of his derivation of nature's law and its effects, Hahnemann quotes some experiences by his senior and contemporary physicians. These experiences can be coined as accidental homeopathic cures:

2. Physicians like Dezoteux, Leroy, Klein, J.F.Closs, Fr.Wendt, Murphy etc have observed that the attack of smallpox had cured amaurosis (partial or complete blindness), testicular swelling, dysentery etc. in some cases. This cure resulted because smallpox can actually produce the same complaints in a living organism. So it is an example of a similia based cure.

3. Hardenze and Hunter explained that the case of intermittent fever and half paralyzed arm were cured when cowpox attacked them. This happened because cowpox has the capacity to produce the above said symptoms.

4. Bosquillons observed that measles prevented the attack of epidemic whooping cough because measles is a similar stronger disease and it prevented the occurrence of weaker whooping cough. This is due to partial similarity between the two diseases. This is another example of nature's law.

5. Another physician called Kortum observed that a patient of chronic skin eruptions was permanently cured by an attack of measles because the chief symptom of measles is to produce rash in a patient. Only those medicines which can produce similar but stronger symptoms to the disease symptoms, can remove the miasmatic disease in a rapid, gentle and permanent manner (§27).

If a physician would successfully practice medicine he must know, first, what is curable by medicine, and second, what is curative in drugs.

The physician must know something of the history of the development of the drug action; of the gradual experiments with the remedial substance upon healthy human beings and the data gathered therefrom over a long period of careful observations, which have been checked and verified again and again, both in experimental provings and in clinical use. The basis upon which this knowledge of drug action is built is a profound and basic element of homoeopathic procedure.

Reference :-comprehensive study of organon by dr nagendrababu, a genius of homoeopathy and essay on philosophy by Stuart Close, art of cure by H.A. Robert

Drug proving

Definition

- Drug proving is a systematic and orderly process of investigations of the pathogenetic power (consequently the disease-curing power) of the medicine by administering it on the different healthy human beings.
- In section 105 Hahnemann says that drug proving is a process of “acquiring a knowledge of the instruments intended for the cure of the natural disease.” it is the most natural and accurate way of ascertaining the pure and peculiar effects of the medicines.
- **The effects** of medicines can be ascertained from different sources, including :
 - Proving on healthy human being
 - Toxicological studies in animals
 - Clinical experiences
- The human Drug-Proving could not be done to the extent of producing irreversible pathological changes. The pathological data owe their origin chiefly to clinical observations, supported by reports of accidental poisoning and a few animal proving that were conducted. Thus Homoeopathic Materia Medica is essentially a record of human functional pathology.
- It is known to all that certain substances which is inert in crude state, acquire remarkable powers to influence susceptibility when they are prepared as per direction in homoeopathic pharmacopoeia and administered according to definite plan as has done in well conducted proving.

- In a proving, a drug is administered till it meets the susceptibility and evoke the response. Further stimulation is then suspended, otherwise, clarity of response tends to get blurred. The specific capacity of the drug to affect health acts on the susceptibility in a prover to give rise to the final picture in a drug proving. General experience indicates that a sensitive and gracile subject is extremely susceptible; where as, the coarse type requires repeated stimulations through the lower potencies. Not all provers manifest susceptibility to lower potency. Some of the finer indications have been obtained by provings conducted with the 30th potency and beyond. Inert substances require considerable release of energy through 30th potency and beyond before they affect susceptibility.
- Homoeopathic Drug Proving on healthy subjects, volunteers (provers) receive the medicinally active substances over a definite period of time. All striking changes and symptoms affecting the body or psyche are than carefully recorded and evaluated and described in detail e.g. intensity of individual symptoms, their variation at different times of day, associated circumstances and modifying influences. All newly occurring symptoms, in this context, are taken as symptoms, which systematically collected to form the picture of the drug substances being proved.
- After thorough physical and clinical examinations provers (volunteers) of both male and female are selected, and consent is taken from each prover before the drug trial. The provers are divided into two groups (control and and active.

Rules of drug proving

A). Selection of prover

1. proving on human being

2. Requisite qualities of human prover

- a). Ideal prover
- b). Best prover
- c). Idiosyncratic prover
- d). Provers of both sexes, all ages and various constitution

B). Method of preparation of drug for proving

1. Indigenous plants
2. Exotic vegetables
3. Slats and gums
4. Dry and weak medical substances

C). Dose and its mode of administrations

D). Recording

1. What symptoms are to be recorded ?
2. How to note down the symptoms of proving ?
 - a. Literate prover
 - b. Illiterate prover
 - c. Physician himself

E). Precautions to be taken during proving

- 1). Regarding medicine
- 2). Regarding prover
 - a. Medicinal restrictions
 - b. Dietary restrictions
 - c. Mental restrictions

A). Selection of provers

- Proving of human being: The subject on whom a drug is proved is called prover. The proving must be done on human being, not on the animal due to the following disadvantages.
- Subjective and mental symptoms cannot be studied as they cannot express themselves by speaking.
- Animals can not give any modalities which is necessary for the differentiation of drugs.
- In many cases the effect of the same drug on animals is different from that on human being. Even the action of the same drug varies from one species to other.
- Examples
 - 1. A pig can digest several ounces of Nux vomica while 2-3 gms of its may kill a person.
 - 2. Opium on horses not impress as it does on human beings.
 - 3. Rabbits eat belladonna with impunity
 - 4. Morphia makes dogs drowsy and vomit, but excites cat.
 - 5. Rats are immune to diphtheria.

B). Requisite qualities of a human prover

1. Ideal prover: the prover who possesses the following qualities should be called an ideal prover.
 - a. healthy: the medicines must be tested on healthy human individuals, not on the sick because if the medicines are proved on sick per of the disease will be mixed together and it will be difficult to differentiate one from other.
 - b. Sickness modifies the response of the organism to drug and so form the sick true drug picture can not be obtained.

- c. Intelligent: the prover must be intelligent enough to express and describe his sensations in accurate terms
- d. Delicate sensitive and irritable.
- e. Trustworthy and lover of truth.
- f. b). Best prover: the healthy, unprejudiced and sensitive physician himself is the best prover.
- g. c). Idiosyncratic prover: idiosyncratic person (who merely manifests this abnormal susceptibility to certain substances) is the best possible prover of the substances to which he is idiosyncratic.
- h. D). Prover of both sexes, all ages and various constitutions. The medicine must be tested on the both males and females in order to reveal their actions on sexual sphere.

B). Method of preparation of drug for proving

1. Indigenous plants: Indigenous plants are administered in the form of freshly expressed juice mixed with a little alcohol to prevent spoiling.
2. Exotic vegetables: exotic vegetable substances are prepared in powder or tincture form, prepared with alcohol when they are in the fresh state and afterwards mixed with a certain proportion of water.
3. Salts and gums: salts and gums should be dissolved in water just before being taken.
4. Dry and weak medicinal substances: if the plant can only be procured in its dry state and if the powers are naturally weak, an infusion of it may be used for the experiment. The infusion is prepared by cutting the herb into small pieces and pouring boiling water on it. It must be swallowed immediately after its preparation while still warm because without the addition of alcohol, all expressed vegetable juices and all aqueous of herbs pass rapidly

into fermentation and decomposition , whereby all their medicinal properties are lost.

C). Dose and its mode of administrations

1. Strong medicines: strong heroic medicines are used in small doses
2. Milder medicines: medicines of milder power must be given in more considerable quantities.
3. Weakest medicines: very weakest medicines should be proved on healthy, delicate, irritable and sensitive persons.
4. Mode of administrations: medicines in their crude state do not exhibit all their powers which come out during potentisation. So medicines including the weak ones should be used in its thirtieth potency and be given to the experiment on an empty stomach from four to six globules daily moistened with a little water for several days.

D). Recording

1. Type of symptoms to be recorded in the proving:
 - a. Except narcotics, the symptoms of the primary action of all medicines of all medicines are to be observed.
 - b. In case of narcotic medicines, the symptoms of the secondary action are to be recorded.
 - c. Alternating actions (which represents the various paroxysms of primary action) which are produced by some medicines are also to be noted.
 - d. Modalities: in order to determine the exact character of symptoms, the provers are directed to be specially careful about the modalities, what changes are seen in different positions, by standing, sitting in heat, cold, day, night etc.

- e. Every alteration from normal should be observed and noted in plain simple terms with absolute regard for the truth. Even if any of the symptoms had observed a considerable time previously, they also should be recorded, as symptoms do not arise spontaneously.
- f. In case of proving on sick person- the symptoms which, during the whole courses of the disease, might have been observed only along time previously, or never beforeconsequently new ones, belonging to the medicines.

2. Methods of noting down the symptoms of proving:

- a. Literate prover: if the prover can write, he must note down distinctly his sensations, suffering and changes in health, he feels including the time taken for its appearance and its duration with special regards for modalities.

the physician looks over the report in the presences of the experiment immediately after the experiment is concluded, or if the trial lasts several days he does this every day, while everything is still fresh in his memory and takes note of remaining precise details so that each symptoms is as complete as possible in its elements of localities, sensations, modalities and other concomitant factors.

- b. Illiterate prover: if the prover can not write, the physician must be informed by him every day of of what has occurred to him and how it look place. The physician must note down his sensations chiefly from voluntary narration without asking any leading question.

- c. Physician himself: if the physician himself is the prover the recording will be more accurate the complete as he knows with great certainty the things he has experienced in his own person.

E). Precautions to be taken during proving

- 1. Regarding medici:

- a. medicines to be proven must be perfectly well known and its purity, genuineness and energy are to be thoroughly assured
- b. It must be taken in simple, unadulterated form
- c. Single medicines should be proved at a time
- d. The medicines must not be given for several successive days in over-increasing dose, as too frequent repetition often confuses the symptoms.
- e. Administrations of large doses of medicines should be avoided as it bring out not only secondary reaction but hurried appearance of primary symptoms unsuitable for study.

Regarding prover

- a. Medicinal restrictions: those things which has any medicinal property should not be taken on the same day, not yet on the subsequent days, not during all the times we went to observe the effects of the medicines.
- b. Dietary restrictions:
 - 1. diet during proving should be purely nutritious and simple and as much as possible free from spices, green vegetables, roots, all salads and herb soups having any medicinal properties.
 - 2. Young green peas, green French beans, and boiled potatoes and carrots are allowable as the least medicinal vegetables
 - 3. Drinks like brandy, coffee and tea are not allowed during proving. Those who have the habit of taking those types of drinks should abstain from these for considerable time previously.

HOMOEOPATHIC MIASMA

Disease is a Particular abnormal condition that adversely affects the Noxious of all or part of an organism and is not immediately due to any external Diseases are often known to be medical conditions that are associated with specific symptoms . A disease may be caused by external factors such as noxious agent or by internal dysfunctions. For example, internal dysfunctions of the vital force can produce a variety of different diseases, including various forms.

CONCEPT:

In many cases, terms such as *disease*, *disorder*, *morbidity*, *sickness* and *illness* are used interchangeably; however, there are situations when specific terms are considered preferable.^[4]

The theory of miasms originates in Hahnemann's book *The Chronic Diseases* which was published in 1828, around the same time that he decided to fix 30c as the standard potency for all homoeopaths. He declared that the theory was the result of 12 years of the most painstaking work on difficult cases of a chronic character combined with his own historical research into the diseases of man.

Though now generally accepted by most homeopaths without question, at the time, the theory was generally greeted with disbelief and derision from all but the most devoted followers. This can be explained in part by the primitive nature of medical science at that time, which was not really very willing accommodate any theory for the origin of disease, least of all such a grand and all-embracing one.

The word miasm means a cloud or fog in the being. The theory suggests that if 100% of all disease is miasmatic, then 85% is due to the primary and atavistic miasm Hahnemann called Psora. The remaining 15% of all disease he held to be either syphilitic or sycotic, being derived from suppressed Syphilis or suppressed Gonorrhoea. Hahnemann unlike Kent later attached no moral dimension whatsoever to the sexual nature of the two latter miasms. Kent of course, emphasised this a great deal. Which is hardly surprising in the somewhat Puritanical atmosphere of nineteenth century small town America.

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moral dimension whatsoever to the sexual nature of the two latter miasms. Kent of course, emphasised this a great deal. Which is hardly surprising in the somewhat Puritanical atmosphere of nineteenth century small town America.

PSORA

The word Psora is derived from the Hebrew 'Tsorat' and Greek 'Psora' and means a groove or stigma. Hahnemann held that all non venereal chronic diseases are Psoric. That includes most diseases of a chronic nature, all skin diseases, most mental illness other than syphilitic ones, allergies, varicose veins, haemorrhoids, most dysfunctional diseases of organs and systems, etc.

He lists among others, catarrhs, asthma, pleurisy, haemoptysis, hydrocephalus, stomach ulcers, scrotal swelling, jaundice, swollen glands, cataract, diabetes, tuberculosis, epilepsy, fevers and suppressed urine as all being typically psoric manifestations. Plus, of course, the whole gamut of skin problems.

Chief Psoric remedies he suggests include Sulphur, Natrum mur, Calc carb, Arsen alb, Lycopodium, Phosphorus, Mezereum, Graphite, Causticum, Heparsulph, Petroleum, Silica, Zinc and Psorinum amongst many others.

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Hahnemann also claimed that Psora was the most ancient and insidious miasm, and that it was derived from skin eruptions of various types in the past, such as scabies (Itch), leprosy and psoriasis. These had been contracted by ancestors or in one's own early childhood. The suppression of these conditions especially through the use of ointments he held to be the primary cause of Psora.

'Psora is that most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind... and become the mother of all the thousands of incredibly various chronic diseases...'
[Chronic Diseases, p9]

Kent, in his Lectures, then greatly enlarged upon the theory, proposing that Psora was the foundation of all other illness, without which mankind would be pure and healthy both in mind and body, as in the Garden of Eden. He thus regarded Psora as being equated with the 'Fall of Man' and with original sinfulness. He portrayed Psora in this highly moralistic light as also being the foundation of the sexual miasms that came later.

SYCOSIS

This miasm is held to be responsible for many sexual and urinary disorders, and affections of the joints and the mucous membranes. Also those conditions worsened by damp weather and by contact with the sea. Thus arthritis and rheumatism, asthma, catarrhs, bronchitis, cystitis and warts are all regarded as partly or mainly sycotic in character. The wart came to be seen as the underlying archetype of this miasm as it is also held to be responsible for all warty excrescences and growths. Chief remedies are Thuja, Lycopodium, Natrum sulph, Causticum, Kali sulph, Staphysagria, Calc and Sepia amongst many others.

SYPHILIS

This miasm is held to be responsible for many diseases of the nervous system, the blood and skeleton as well as a range of psychological disorders, including alcoholism, depression, suicidal impulses, insanity, loss of smell and taste, blindness, deafness and ulcerations. It is also associated with many heart conditions, some vesicular skin eruptions and diseases that have a definite nocturnal periodicity. Chief remedies are Arsenicum, Aurum, Mercury, Phosphorus and Lycopodium, Nitric acid, amongst many others.



SWARRNIM START UP AND INNOVATION UNIVERSITY

ARIHANT HOMOEOPATHIC MEDICAL COLLEGE

DEPARTMENT – PRACTICE OF MEDICINE

TOPIC- DISEASES AND IT'S MANAGEMENT

Alopecia

1. Introduction

Alopecia refers to hair loss or baldness, which can affect the scalp or other areas of the body. It is a common condition with various types and causes. While it is often not a serious health issue, alopecia can have significant psychological and social impacts. Understanding the different types, causes, diagnostic approaches, and treatment options is crucial for effective management and support for individuals affected by this condition.

2. Epidemiology

Prevalence and Incidence

- **Global Distribution:** Alopecia affects people worldwide, with varying prevalence based on age, gender, and ethnicity. Its prevalence can range from mild thinning to complete hair loss, impacting millions of individuals.
- **Age:** Alopecia can occur at any age but is most commonly observed in adults. Some forms, such as alopecia areata, can begin in childhood.
- **Gender:** The prevalence of certain types of alopecia varies between genders. For example, androgenetic alopecia (pattern baldness) is more common in men, while alopecia areata affects both men and women equally.

Demographics

- **Socioeconomic Factors:** Alopecia can affect individuals across all socioeconomic backgrounds. However, the psychosocial impact may be more pronounced in individuals with high societal expectations regarding appearance.
- **Ethnicity:** Studies suggest differences in the prevalence and pattern of alopecia among different ethnic groups. For instance, androgenetic alopecia is more common in Caucasian individuals compared to those of African descent.

Risk Factors

- **Genetics:** A family history of alopecia, especially androgenetic alopecia, increases the risk of developing the condition. Genetic predisposition plays a significant role in many types of hair loss.
- **Hormonal Changes:** Hormonal imbalances, such as those occurring in pregnancy, menopause, or thyroid disorders, can contribute to hair loss.
- **Autoimmune Conditions:** Conditions such as autoimmune thyroid disease or lupus can be associated with alopecia.

3. Pathophysiology

Types of Alopecia

- **Androgenetic Alopecia (Pattern Baldness):** The most common form of hair loss, characterized by a gradual thinning of hair on the scalp. It is influenced by genetic and hormonal factors, primarily androgens (male hormones).
- **Alopecia Areata:** An autoimmune condition where the immune system attacks hair follicles, leading to sudden, patchy hair loss. The exact mechanism is unclear, but it is thought to involve genetic and environmental factors.
- **Alopecia Totalis:** A severe form of alopecia areata resulting in total loss of scalp hair.
- **Alopecia Universalis:** The most extreme form of alopecia areata, resulting in the loss of all body hair.
- **Telogen Effluvium:** A type of diffuse hair loss caused by the premature transition of hair follicles into the telogen (resting) phase. It is often triggered by stress, illness, or hormonal changes.
- **Anagen Effluvium:** Rapid hair loss resulting from the destruction of hair follicles during the anagen (growth) phase. It is commonly associated with chemotherapy or radiation therapy.
- **Cicatricial (Scarring) Alopecia:** Hair loss due to inflammation and scarring of the hair follicles, often caused by conditions such as lichen planopilaris or discoid lupus erythematosus.

Histopathology

- **Androgenetic Alopecia:** Histological examination reveals miniaturization of hair follicles and reduced density of terminal hairs. The follicles gradually shrink, producing finer and shorter hair.
- **Alopecia Areata:** Biopsy may show inflammation around hair follicles with lymphocytic infiltration. Hair follicles are present but in the anagen phase, and no significant scarring is observed.
- **Cicatricial Alopecia:** Histology reveals follicular destruction with scarring, fibrosis, and inflammation. The affected area shows complete loss of hair follicles.

4. Clinical Features

Symptoms

- **Hair Loss Pattern:** The pattern and extent of hair loss vary by type. Androgenetic alopecia typically presents as receding hairlines and thinning at the crown, while alopecia areata presents as discrete patches of hair loss.
- **Scalp Condition:** The scalp in androgenetic alopecia is usually normal, while in cicatricial alopecia, there may be redness, scaling, or tenderness.
- **Associated Symptoms:** In alopecia areata, patients may experience associated symptoms such as itching or tingling before hair loss occurs.

Physical Examination

- **Visual Inspection:** Examination of the scalp and other affected areas helps determine the extent and pattern of hair loss. The presence of active inflammation or scarring is noted.
- **Pull Test:** A diagnostic test where hair is gently pulled to assess the number of hairs lost, helping to differentiate between types of hair loss.
- **Scalp Biopsy:** A biopsy may be performed to confirm the diagnosis and assess the type of alopecia, especially in cases with atypical presentation or suspected scarring.

Associated Conditions

- **Psychological Impact:** Alopecia can have a significant psychological impact, including anxiety, depression, and reduced quality of life. Support and counseling may be necessary to address these aspects.
- **Systemic Conditions:** Alopecia may be associated with underlying systemic conditions, such as autoimmune diseases or hormonal imbalances, which need to be managed concurrently.

5. Diagnosis

Clinical Diagnosis

- **History and Physical Examination:** A thorough history and physical examination are essential for diagnosing alopecia. Key factors include the pattern of hair loss, age of onset, and associated symptoms.
- **Family History:** Inquiry about family history of hair loss can provide insights into genetic predispositions.

Diagnostic Tests

- **Scalp Biopsy:** Provides information on the type of hair loss and the presence of inflammation or scarring. It is particularly useful for diagnosing cicatricial alopecia.
- **Blood Tests:** May be used to identify underlying conditions contributing to hair loss, such as thyroid function tests, complete blood count (CBC), and autoimmune markers.
- **Trichoscopy:** A non-invasive technique using a dermatoscope to examine the hair and scalp in detail. It helps in visualizing hair follicles and identifying specific patterns of hair loss.

Differential Diagnosis

- **Hair Shaft Disorders:** Conditions affecting the hair shaft, such as trichotillomania (compulsive hair pulling) or trichorrhexis nodosa (hair breakage), need to be differentiated from alopecia.
- **Scalp Infections:** Fungal infections or bacterial infections of the scalp may present with hair loss and require specific treatment.
- **Other Dermatoses:** Conditions like psoriasis or eczema may cause secondary hair loss and need to be distinguished from primary alopecia.

6. Treatment and Management

Medical Treatments

- **Topical Treatments:**
 - **Minoxidil:** An over-the-counter topical medication that promotes hair regrowth and is used in the treatment of androgenetic alopecia and alopecia areata.
 - **Corticosteroids:** Topical corticosteroids can reduce inflammation and promote hair regrowth in conditions like alopecia areata.
- **Oral Medications:**
 - **Finasteride:** An oral medication used for androgenetic alopecia that inhibits the conversion of testosterone to dihydrotestosterone (DHT), which is involved in hair loss.
 - **Anti-androgens:** Medications such as spironolactone may be used for women with androgenetic alopecia.
- **Systemic Corticosteroids:** Oral corticosteroids can be used for severe cases of alopecia areata or other inflammatory types of alopecia.

Surgical Treatments

- **Hair Transplantation:** A surgical procedure where hair follicles are moved from donor areas to balding areas. Techniques include follicular unit transplantation (FUT) and follicular unit extraction (FUE).
- **Scalp Reduction:** A surgical procedure that involves removing sections of the bald scalp and advancing the hair-bearing scalp to cover the bald area.

Alternative and Complementary Therapies

- **Platelet-Rich Plasma (PRP) Therapy:** Involves injecting concentrated platelets from the patient's own blood into the scalp to stimulate hair growth.
- **Low-Level Laser Therapy (LLLT):** Uses low-level lasers or light-emitting diodes (LEDs) to stimulate hair follicles and promote hair regrowth.

Lifestyle and Supportive Care

- **Hair Care Practices:** Gentle hair care practices and avoiding harsh chemicals or heat treatments can prevent further damage and support hair health.
- **Diet and Nutrition:** A balanced diet with adequate vitamins and minerals, such as iron, zinc, and biotin, supports overall hair health.
- **Psychosocial Support:** Counseling and support groups can help address the emotional and psychological impact of hair loss.

7. Prognosis and Outcomes

Response to Treatment

- **Effectiveness:** Treatment effectiveness varies depending on the type of alopecia and individual response. Androgenetic alopecia typically responds well to medical treatments, while alopecia areata may have variable outcomes.
- **Recurrence:** Alopecia can recur even after successful treatment, particularly in conditions like alopecia areata. Ongoing management and monitoring are often required.

Complications

- **Side Effects:** Some treatments may have side effects, such as irritation from topical medications or systemic effects from oral medications.
- **Psychological Impact:** Persistent hair loss or ineffective treatment can continue to impact mental health and quality of life.

Patient Education and Support

- **Education:** Providing information about the nature of the condition, treatment options, and expected outcomes helps patients make informed decisions and manage their condition effectively.
- **Support Services:** Access to counseling, support groups, and resources can provide emotional support and help individuals cope with the challenges of hair loss.

8. Global Impact and Challenges

Economic Impact

- **Healthcare Costs:** The cost of managing alopecia, including treatments, consultations, and potential surgeries, can be significant. The economic burden varies based on the severity of the condition and the chosen treatment approach.
- **Quality of Life:** Alopecia can affect individuals' self-esteem, social interactions, and overall quality of life, influencing their daily activities and mental well-being.

Challenges

- **Access to Care:** Access to specialized treatments and therapies may be limited in some regions, impacting the availability and quality of care for individuals with alopecia.
- **Management of Chronic Conditions:** Managing chronic or severe forms of alopecia requires ongoing care and may involve multidisciplinary approaches, including dermatologists, psychologists, and support groups.

Future Directions

- **Research:** Ongoing research aims to better understand the mechanisms of alopecia, develop new treatments, and improve existing therapies. Advances in genetics, immunology, and regenerative medicine hold promise for new treatment options.

- **Public Health Initiatives:** Public health initiatives focused on awareness, education, and access to care can help improve the management of alopecia and reduce its impact on affected individuals.

9. Conclusion

Alopecia is a multifaceted condition with various types, causes, and treatment options. Understanding the epidemiology, pathophysiology, clinical features, diagnosis, and management of alopecia is essential for effective care. Addressing the psychological and social impacts, providing appropriate treatments, and supporting ongoing research and public health initiatives will contribute to improved outcomes and quality of life for individuals affected by alopecia.

Chikungunya Fever

1. Introduction

Chikungunya fever is a vector-borne viral disease caused by the chikungunya virus (CHIKV), which is transmitted primarily by mosquitoes. The disease has gained prominence due to its significant impact on public health, particularly in tropical and subtropical regions. First identified in Tanzania in the 1950s, chikungunya fever has since caused numerous outbreaks worldwide.

2. Etiology and Transmission

2.1. Virus and Vector

- **Chikungunya Virus:** The chikungunya virus belongs to the genus *Alphavirus* within the family *Togaviridae*. It is an RNA virus that causes chikungunya fever.
- **Mosquito Vectors:** The primary vectors for the virus are *Aedes aegypti* and *Aedes albopictus*. These mosquitoes are also responsible for transmitting other viral diseases such as dengue and Zika.

2.2. Transmission Cycle

- **Human-to-Mosquito Transmission:** When an infected person is bitten by a mosquito, the virus enters the mosquito's system and replicates, making the mosquito infectious.
- **Mosquito-to-Human Transmission:** The mosquito then transmits the virus to other humans through its bite.

2.3. Environmental Factors

- **Climate and Seasonality:** Chikungunya fever is more common in rainy seasons when mosquito breeding sites proliferate. High temperatures and humidity also contribute to the spread of the disease.

3. Clinical Features

3.1. Incubation Period

- **Incubation Time:** The incubation period for chikungunya fever is typically 3-7 days after an infected mosquito bite.

3.2. Acute Phase Symptoms

- **Fever:** Sudden onset of high fever, often exceeding 39°C (102°F).

- **Joint Pain:** Severe, debilitating joint pain and arthritis, most commonly affecting the hands, wrists, ankles, and feet. This can last for weeks or months.
- **Muscle Pain:** Myalgia or muscle pain is prevalent.
- **Headache:** Often accompanied by headaches.
- **Rash:** A maculopapular rash may develop, particularly on the trunk and limbs.
- **Fatigue:** General fatigue and malaise are common.

3.3. Chronic Phase Symptoms

- **Persistent Joint Pain:** Chronic joint pain may persist for months or even years, leading to long-term disability.
- **Relapsing Symptoms:** Some patients may experience relapsing symptoms, including joint pain and fatigue.

4. Diagnosis

4.1. Clinical Diagnosis

- **Symptom Assessment:** A clinical diagnosis is often made based on the characteristic symptoms, recent travel history, and potential exposure to mosquito bites.

4.2. Laboratory Tests

- **Serological Tests:** Detection of chikungunya-specific antibodies (IgM and IgG) in blood samples can confirm recent or past infection.
- **Polymerase Chain Reaction (PCR):** PCR tests detect chikungunya virus RNA in blood samples and are used to confirm acute infection.
- **Virus Isolation:** Culturing the virus from blood samples is less commonly used but can be performed in specialized laboratories.

4.3. Differential Diagnosis

- **Differentiation:** Chikungunya fever should be differentiated from other mosquito-borne illnesses such as dengue fever, Zika virus infection, and malaria, as these diseases can present with similar symptoms.

5. Treatment and Management

5.1. Symptomatic Treatment

- **Analgesics:** Nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen (paracetamol) are used to alleviate pain and reduce fever. Aspirin is generally avoided due to the risk of bleeding.
- **Hydration:** Ensuring adequate hydration is important to manage fever and prevent dehydration.
- **Rest:** Adequate rest is crucial for recovery.

5.2. Supportive Care

- **Joint Pain Management:** Physical therapy and joint protection strategies may be recommended to manage persistent joint pain.
- **Patient Education:** Educating patients about symptom management and prevention strategies is vital.

5.3. No Specific Antiviral Treatment

- **Lack of Antiviral Drugs:** Currently, there are no specific antiviral drugs available for chikungunya fever. Treatment focuses on supportive care and symptom relief.

6. Prevention

6.1. Mosquito Control

- **Insect Repellents:** Use of insect repellents containing DEET, picaridin, or oil of lemon eucalyptus.
- **Protective Clothing:** Wearing long-sleeved shirts and long pants to reduce mosquito bites.
- **Mosquito Nets:** Sleeping under mosquito nets, especially in endemic areas.

6.2. Environmental Management

- **Eliminating Breeding Sites:** Reducing mosquito breeding sites by eliminating standing water in containers, tires, and other receptacles.
- **Community Programs:** Public health initiatives focusing on mosquito control and community awareness.

6.3. Vaccination

- **Current Status:** As of now, there is no vaccine available for chikungunya fever. Research is ongoing to develop effective vaccines.

7. Global Impact and Epidemiology

7.1. Geographic Distribution

- **Endemic Regions:** Chikungunya fever is prevalent in tropical and subtropical regions, including parts of Africa, Southeast Asia, and the Americas.
- **Recent Outbreaks:** Outbreaks have occurred in various countries, including India, Sri Lanka, the Philippines, and several Caribbean nations. In recent years, chikungunya has spread to new regions, including parts of Europe and the Americas.

7.2. Public Health Impact

- **Economic Burden:** The disease causes significant economic burden due to healthcare costs and loss of productivity.
- **Healthcare System Strain:** Outbreaks can strain healthcare systems, particularly in regions with limited resources.

8. Conclusion

Chikungunya fever is a debilitating disease with significant impacts on affected individuals and communities. While there is no specific antiviral treatment, symptomatic management and preventive measures can help reduce the burden of the disease. Continued research, public health initiatives, and community education are crucial in managing and controlling chikungunya fever, particularly as it continues to spread to new regions.

Cheilitis

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1. Introduction

Cheilitis refers to inflammation of the lips and can manifest as dryness, redness, and swelling. It may be acute or chronic and can result from a variety of causes, including infections, irritants, and systemic conditions.

2. Clinical Features

The clinical features of cheilitis can vary depending on the underlying cause. Common symptoms include:

- **Redness and Swelling:** The lips may appear red, swollen, and inflamed.
- **Dryness and Cracking:** Lips may become dry, cracked, and fissured.
- **Pain or Tenderness:** The affected area may be painful or sensitive to touch.
- **Scaling or Peeling:** Skin on the lips may peel or scale.
- **Ulceration:** In severe cases, ulcers or sores may develop on the lips.

3. Types of Cheilitis

Several types of cheilitis are recognized, including:

- **Angular Cheilitis:** Characterized by inflammation and cracking at the corners of the mouth. Often associated with fungal infections (e.g., *Candida*), vitamin deficiencies, or ill-fitting dentures.
- **Actinic Cheilitis:** Caused by long-term sun exposure, leading to dry, scaly patches on the lips. Considered a precancerous condition.
- **Exfoliative Cheilitis:** Characterized by persistent peeling and flaking of the lips. Often idiopathic but may be related to habits like lip-licking.
- **Allergic Cheilitis:** Results from allergic reactions to lip care products, food, or other allergens.
- **Cheilitis Glandularis:** Involves inflammation of the lip glands, leading to swelling and sometimes painful nodules.

4. Diagnosis and Investigation

Clinical Examination

Diagnosis is primarily based on clinical examination and patient history. Key aspects include:

- **Medical History:** Information about recent exposures, allergies, medication use, and duration of symptoms.
- **Physical Examination:** Inspection of the lips and surrounding areas to assess the extent of inflammation, cracking, or scaling.

Laboratory and Diagnostic Tests

- **Microscopic Examination:** In cases of suspected fungal or bacterial infection, a sample may be taken for microscopic examination or culture.
- **Patch Testing:** To identify potential allergic reactions if allergic cheilitis is suspected.
- **Biopsy:** In persistent or atypical cases, a lip biopsy may be performed to rule out malignancy or other underlying conditions.

5. Conventional Treatment

Treatment of cheilitis depends on the underlying cause:

- **Angular Cheilitis:** Antifungal or antibacterial creams, vitamin supplements, or treatment of underlying conditions.
- **Actinic Cheilitis:** Use of sunscreens, topical treatments (e.g., 5-fluorouracil), or cryotherapy. Monitoring for progression to squamous cell carcinoma is crucial.
- **Exfoliative Cheilitis:** Emollient applications and avoidance of irritating behaviors.
- **Allergic Cheilitis:** Identification and avoidance of allergens, use of hypoallergenic lip products.
- **Cheilitis Glandularis:** Management of symptoms and, in severe cases, surgical intervention.

6. Homeopathic Treatment

Homeopathy approaches cheilitis based on the principle of treating the individual as a whole. The selection of remedies is based on the specific symptoms and overall health condition of the patient. Common homeopathic remedies for cheilitis include:

- **Apis Mellifica:** For swelling, redness, and burning sensations, especially if the symptoms are accompanied by a stinging pain.
- **Rhus Toxicodendron:** Useful for dry, cracked lips with a tendency to worsen with cold or exposure to wind.
- **HeparSulphuris:** For painful, inflamed lips with a tendency to develop abscesses or suppuration.
- **Petroleum:** Recommended for extremely dry, cracked lips that do not heal easily, especially in cases of exfoliative cheilitis.
- **Natrum Muriaticum:** For lips that are dry, cracked, and fissured, often accompanied by a feeling of emotional stress or sadness.

Dosage and Administration

Homeopathic remedies are typically administered in low potency, such as 6C or 30C, in a liquid or pellet form. The common dosage is 3-5 pellets of the chosen remedy, taken 2-3 times a day or as prescribed by a homeopathic practitioner.

7. Preventive Measures

To prevent cheilitis, consider the following:

- **Proper Lip Care:** Use moisturizing lip balms and avoid excessive licking of the lips.
- **Sun Protection:** Apply lip sunscreen to prevent actinic cheilitis.
- **Good Oral Hygiene:** Maintain oral health and replace ill-fitting dentures.
- **Identify and Avoid Allergens:** Avoid known allergens and irritants in lip products.

8. Conclusion

Cheilitis is a condition with a variety of causes and presentations, requiring a tailored approach to treatment. Conventional treatments focus on addressing the underlying cause and relieving symptoms, while homeopathic treatments aim to address the individual's overall health and specific symptoms. Consulting a healthcare professional, whether conventional or homeopathic, is essential for proper diagnosis and treatment planning.

Dengue Fever

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1. Introduction

Dengue fever is a mosquito-borne viral illness caused by the dengue virus, which is transmitted primarily by *Aedes aegypti* mosquitoes. The disease is prevalent in tropical and subtropical regions and poses a significant public health challenge. Dengue fever is also known as "breakbone fever" due to the severe pain it causes.

2. Epidemiology

Geographic Distribution

Dengue fever is endemic in many tropical and subtropical regions worldwide, including parts of:

- **Southeast Asia:** Countries such as Thailand, Indonesia, and the Philippines.
- **Latin America:** Including Brazil, Mexico, and Colombia.
- **Sub-Saharan Africa:** Countries like Kenya and Nigeria.
- **Pacific Islands:** Fiji, Papua New Guinea, and others.

The expansion of dengue is linked to factors such as urbanization, increased international travel, and climate change.

Epidemiology and Trends

- **Increased Incidence:** The incidence of dengue fever has increased dramatically over the past few decades, with periodic outbreaks reported globally.
- **Seasonality:** Dengue often exhibits seasonal patterns, with outbreaks commonly occurring during and after the rainy season when mosquito breeding sites are abundant.

3. Transmission and Vector Biology

Transmission

Dengue virus is transmitted to humans primarily through the bites of infected mosquitoes, particularly:

- ***Aedes aegypti*:** The primary vector, commonly found in urban and peri-urban areas.

- **Aedes albopictus:** An important secondary vector, also known as the Asian tiger mosquito.

The virus is not transmitted directly between humans but requires the mosquito as a vector to facilitate transmission.

Vector Characteristics

- **Breeding Sites:** Aedes mosquitoes breed in stagnant water, including in containers, tires, and plant saucers.
- **Behavior:** These mosquitoes are day-biting, with peak periods early in the morning and late afternoon.

4. Clinical Features

Incubation Period

The incubation period for dengue fever ranges from 4 to 10 days after mosquito bite, with an average of 5-7 days.

Acute Phase

- **Fever:** Typically high, ranging from 38°C to 40°C (100.4°F to 104°F), lasting 2-7 days.
- **Headache:** Severe, often concentrated behind the eyes.
- **Muscle and Joint Pain:** Intense pain, giving rise to the term "breakbone fever."
- **Rash:** A characteristic rash that may appear in the later stages of the illness.
- **Nausea and Vomiting:** Common symptoms during the acute phase.
- **Fatigue:** Persistent fatigue and weakness.

Dengue Hemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS)

In severe cases, dengue fever can progress to more serious forms:

- **Dengue Hemorrhagic Fever (DHF):** Characterized by bleeding tendencies (e.g., gum bleeding, nosebleeds), low platelet count, and plasma leakage.
- **Dengue Shock Syndrome (DSS):** Results from severe plasma leakage leading to shock, organ dysfunction, and potentially life-threatening complications.

5. Diagnosis

Clinical Diagnosis

Diagnosis is based on clinical presentation and recent travel history. Key indicators include:

- **Fever and characteristic symptoms:** High fever, severe pain, and rash.

- **Exposure History:** Recent travel to endemic areas or contact with individuals who have dengue.

Laboratory Tests

- **Serology:** Detection of dengue virus-specific antibodies (IgM and IgG) through enzyme-linked immunosorbent assays (ELISA). IgM indicates recent infection, while IgG suggests past exposure.
- **Polymerase Chain Reaction (PCR):** Detection of dengue virus RNA in blood samples. PCR is useful for early diagnosis and confirmation.
- **Complete Blood Count (CBC):** To assess platelet count, hematocrit levels, and other markers indicative of dengue severity.

6. Treatment and Management

Supportive Care

There is no specific antiviral treatment for dengue fever. Management focuses on supportive care:

- **Hydration:** Maintaining adequate fluid intake is critical to prevent dehydration and manage fever.
- **Pain and Fever Relief:** Use of acetaminophen (paracetamol) to manage fever and pain. Avoid NSAIDs and aspirin due to the risk of bleeding.
- **Monitoring:** Close monitoring of vital signs, blood counts, and clinical status, especially in severe cases.

Management of Severe Cases

- **Hospitalization:** Severe cases require hospitalization for intensive monitoring and treatment.
- **Fluid Replacement:** Intravenous fluids may be necessary to manage dehydration and prevent shock.
- **Blood Transfusions:** In cases of severe bleeding or critically low platelet counts.

7. Prevention

Mosquito Control

Effective mosquito control strategies are essential for preventing dengue fever:

- **Eliminate Breeding Sites:** Regularly empty and clean containers that hold water.
- **Insecticides:** Use of larvicides and adulticides to reduce mosquito populations.
- **Public Health Campaigns:** Community education on mosquito control and personal protection.

Personal Protection

- **Use of Mosquito Repellents:** Apply repellents containing DEET, picaridin, or oil of lemon eucalyptus.
- **Protective Clothing:** Wear long-sleeved shirts and long pants to reduce mosquito exposure.
- **Mosquito Nets:** Use nets while sleeping, especially in areas with high mosquito activity.

Vaccination

- **Dengue Vaccine (Dengvaxia):** A vaccine developed by Sanofi Pasteur is available in some countries. It is recommended for individuals aged 9-45 years living in endemic areas and is intended to reduce the risk of severe dengue and hospitalizations.

8. Global Impact and Challenges

Economic Impact

- **Healthcare Costs:** Treatment of dengue fever, particularly severe cases, can impose significant healthcare costs on individuals and health systems.
- **Lost Productivity:** The disease can lead to lost productivity due to illness and recovery time.

Challenges in Control

- **Vector Control:** Controlling mosquito populations and eliminating breeding sites can be challenging in densely populated and urban areas.
- **Vaccine Accessibility:** Limited availability and varying vaccine recommendations across different regions.

Research and Development

Ongoing research aims to improve:

- **Vaccine Development:** Efforts to develop more effective and broadly protective vaccines.
- **Treatment Options:** Exploration of antiviral drugs and new treatments for dengue fever.

9. Conclusion

Dengue fever is a significant public health issue with widespread implications in endemic regions. The disease's management relies on supportive care, mosquito control, and preventive measures. Efforts to improve vaccination coverage and vector control strategies are essential to reducing the burden of dengue fever and mitigating its impact on global health.

Dengue Fever

1. Introduction

Dengue fever is a mosquito-borne viral illness caused by the dengue virus, which is transmitted primarily by *Aedes aegypti* mosquitoes. The disease is prevalent in tropical and subtropical regions and poses a significant public health challenge. Dengue fever is also known as "breakbone fever" due to the severe pain it causes.

2. Epidemiology

Geographic Distribution

Dengue fever is endemic in many tropical and subtropical regions worldwide, including parts of:

- **Southeast Asia:** Countries such as Thailand, Indonesia, and the Philippines.
- **Latin America:** Including Brazil, Mexico, and Colombia.
- **Sub-Saharan Africa:** Countries like Kenya and Nigeria.
- **Pacific Islands:** Fiji, Papua New Guinea, and others.

The expansion of dengue is linked to factors such as urbanization, increased international travel, and climate change.

Epidemiology and Trends

- **Increased Incidence:** The incidence of dengue fever has increased dramatically over the past few decades, with periodic outbreaks reported globally.
- **Seasonality:** Dengue often exhibits seasonal patterns, with outbreaks commonly occurring during and after the rainy season when mosquito breeding sites are abundant.

3. Transmission and Vector Biology

Transmission

Dengue virus is transmitted to humans primarily through the bites of infected mosquitoes, particularly:

- ***Aedes aegypti*:** The primary vector, commonly found in urban and peri-urban areas.

- **Aedes albopictus:** An important secondary vector, also known as the Asian tiger mosquito.

The virus is not transmitted directly between humans but requires the mosquito as a vector to facilitate transmission.

Vector Characteristics

- **Breeding Sites:** Aedes mosquitoes breed in stagnant water, including in containers, tires, and plant saucers.
- **Behavior:** These mosquitoes are day-biting, with peak periods early in the morning and late afternoon.

4. Clinical Features

Incubation Period

The incubation period for dengue fever ranges from 4 to 10 days after mosquito bite, with an average of 5-7 days.

Acute Phase

- **Fever:** Typically high, ranging from 38°C to 40°C (100.4°F to 104°F), lasting 2-7 days.
- **Headache:** Severe, often concentrated behind the eyes.
- **Muscle and Joint Pain:** Intense pain, giving rise to the term "breakbone fever."
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Deviated Nasal Septum

1. Introduction

A **deviated nasal septum (DNS)** occurs when the nasal septum, the cartilage and bone structure that divides the nasal cavity into two nostrils, is displaced from the midline. This deviation can cause significant nasal obstruction and may lead to various symptoms and complications. Understanding the etiology, clinical manifestations, and management strategies for DNS is crucial for effective treatment and improving patient quality of life.

2. Epidemiology

Prevalence and Incidence

- **Global Distribution:** A deviated nasal septum is a common condition, with varying prevalence reported across different populations. Studies estimate that up to 80% of people have some degree of septal deviation, though not all experience symptoms requiring treatment.
- **Geographic Variation:** The prevalence of DNS does not show significant geographic variation but may be influenced by environmental and genetic factors.

Demographics

- **Age:** DNS can occur at any age, but its symptoms are often first noted in adolescence or early adulthood. It is frequently identified during evaluations for other nasal or sinus conditions.
- **Gender:** DNS affects both males and females equally. There is no substantial gender predisposition.

Risk Factors

- **Trauma:** Previous nasal trauma, including fractures or injuries, is a common cause of septal deviation.
- **Congenital Factors:** Some individuals are born with a deviated septum due to congenital factors or abnormalities in nasal development.
- **Family History:** A genetic predisposition may play a role, as DNS can run in families.

3. Pathophysiology

Anatomy of the Nasal Septum

- **Structure:** The nasal septum is composed of both cartilage and bone. The bony portion is made up of the perpendicular plate of the ethmoid bone and the vomer bone, while the cartilaginous portion is made up of the quadrangular cartilage.
- **Function:** The septum divides the nasal cavity into two symmetrical chambers and plays a role in regulating airflow and supporting the nasal structures.

Causes of Deviation

- **Traumatic Injury:** Trauma, such as nasal fractures or impact injuries, can displace or deform the septum, leading to deviation.
- **Developmental Abnormalities:** Some deviations arise during fetal development or early childhood growth, leading to asymmetry in the nasal structures.
- **Age-Related Changes:** Changes in the cartilage and bone structure with aging can contribute to septal deviation or worsening of existing deviations.

Effects on Nasal Function

- **Nasal Obstruction:** A deviated septum can obstruct one or both nasal passages, leading to difficulty in breathing through the nose.
- **Altered Airflow:** The deviation can disrupt normal airflow, causing turbulence and contributing to dryness and irritation of the nasal mucosa.
- **Sinus Issues:** DNS may contribute to sinus infections or exacerbate chronic sinusitis due to impaired drainage and airflow.

4. Clinical Features

Symptoms

- **Nasal Congestion:** The most common symptom is nasal congestion or blockage, which can be unilateral or bilateral, depending on the direction and extent of the deviation.
- **Difficulty Breathing:** Patients may experience difficulty breathing through one or both nostrils, especially during physical activity or at night.
- **Frequent Sinus Infections:** Recurrent sinus infections or sinusitis may be associated with DNS due to impaired sinus drainage.
- **Nasal Discharge:** Chronic nasal discharge, which can be clear or purulent, may occur as a result of increased mucus production and obstruction.

Physical Examination

- **Nasal Inspection:** Physical examination may reveal visible signs of nasal obstruction or asymmetry. A deviated septum may be noted during nasal inspection or palpation.
- **Endoscopic Examination:** Nasal endoscopy allows for direct visualization of the nasal cavity and septum, providing a clearer assessment of the deviation and its impact on nasal structures.

Associated Conditions

- **Allergic Rhinitis:** DNS may exacerbate symptoms of allergic rhinitis, such as nasal itching, sneezing, and congestion.
- **Sleep Apnea:** Significant nasal obstruction from DNS may contribute to obstructive sleep apnea or worsen existing sleep-disordered breathing.
- **Sinusitis:** DNS can lead to impaired sinus drainage, increasing the risk of chronic sinusitis and related complications.

5. Diagnosis

Clinical Evaluation

- **Patient History:** A detailed history of nasal symptoms, including congestion, difficulty breathing, and sinus infections, helps guide diagnosis. Information about previous nasal trauma or surgeries is also relevant.
- **Physical Examination:** Examination of the nasal cavity using a nasal speculum may reveal signs of septal deviation and associated nasal obstruction.

Imaging Studies

- **Nasal Endoscopy:** Flexible or rigid endoscopy allows for direct visualization of the nasal septum and identification of deviations, obstructions, and other abnormalities.
- **CT Scan:** Computed tomography (CT) of the sinuses provides detailed images of the nasal septum and surrounding structures, helping to assess the extent of deviation and any associated sinus pathology.
- **X-rays:** While less commonly used due to the availability of CT scans, X-rays can provide basic information about the nasal septum and bony structures.

Differential Diagnosis

- **Nasal Polyps:** Nasal polyps can cause similar symptoms to DNS, including nasal congestion and obstruction. Endoscopy helps differentiate between polyps and septal deviations.
- **Sinusitis:** Chronic sinusitis can present with nasal congestion and discharge but typically includes other symptoms such as facial pain or pressure.

6. Treatment and Management

Conservative Management

- **Nasal Decongestants:** Over-the-counter nasal decongestant sprays or oral medications can temporarily relieve nasal congestion but should not be used long-term due to potential rebound effects.
- **Nasal Steroid Sprays:** Intranasal corticosteroids can reduce inflammation and swelling in the nasal passages, improving symptoms related to DNS and associated conditions.
- **Saline Irrigation:** Regular use of saline nasal sprays or irrigation can help keep the nasal passages moist and alleviate symptoms of congestion.

Surgical Treatment

- **Septoplasty:** The primary surgical treatment for a deviated nasal septum is septoplasty, a procedure that involves straightening or repositioning the septum. This surgery is typically performed under general or local anesthesia.
- **Endoscopic Surgery:** In cases where there is associated sinus pathology or polyps, endoscopic techniques may be used in conjunction with septoplasty to address multiple issues simultaneously.
- **Postoperative Care:** Following septoplasty, patients may experience temporary nasal congestion, swelling, and discomfort. Proper postoperative care, including nasal packing, saline irrigation, and follow-up visits, is essential for optimal recovery.

Management of Underlying Conditions

- **Allergy Management:** Addressing allergic rhinitis with antihistamines or other allergy treatments can help alleviate symptoms exacerbated by DNS.
- **Asthma Control:** Proper management of asthma and other respiratory conditions can improve overall nasal function and reduce symptoms related to DNS.

Lifestyle and Supportive Care

- **Avoiding Irritants:** Avoiding environmental irritants, such as smoke and pollutants, can help reduce nasal inflammation and improve symptoms.
- **Healthy Practices:** Maintaining good nasal hygiene and avoiding excessive use of nasal decongestants or other irritants can support long-term nasal health.

7. Prognosis and Outcomes

Response to Treatment

- **Surgical Success:** Septoplasty typically provides significant improvement in nasal airflow and relief of symptoms for most patients. Success rates are high, with many patients reporting improved quality of life and nasal function.
- **Recurrence:** While septoplasty is generally effective, some patients may experience residual symptoms or recurrence of nasal obstruction, particularly if underlying conditions are not adequately managed.

Complications

- **Surgical Risks:** As with any surgery, septoplasty carries risks such as bleeding, infection, and adverse reactions to anesthesia. These risks are generally low, and complications are rare.
- **Postoperative Issues:** Patients may experience temporary swelling, nasal congestion, and discomfort following surgery. Proper postoperative care is essential to minimize complications and ensure optimal healing.

Monitoring and Follow-Up

- **Regular Follow-Up:** Follow-up visits with an otolaryngologist (ENT specialist) are important for monitoring recovery, assessing surgical outcomes, and managing any persistent symptoms or complications.
- **Patient Education:** Educating patients about the nature of DNS, treatment options, and postoperative care can improve adherence to treatment and overall outcomes.

8. Global Impact and Challenges

Economic Impact

- **Healthcare Costs:** The cost of managing DNS, including medical treatments, surgical procedures, and follow-up care, can be substantial. The economic impact is influenced by the need for ongoing management of associated conditions and potential surgical interventions.
- **Work Productivity:** Nasal obstruction and associated symptoms can affect work productivity and daily activities, leading to missed work and reduced quality of life.

Challenges

- **Access to Care:** Access to specialized care and surgical treatment may be limited in some regions, affecting disease management and outcomes.
- **Management of Chronic Conditions:** Effectively managing associated conditions such as chronic rhinosinusitis or allergic rhinitis is crucial for reducing the impact of DNS and improving patient outcomes.

Future Directions

- **Research:** Ongoing research aims to better understand the pathogenesis of DNS, develop new treatments, and explore strategies for prevention and management.
- **Public Health Initiatives:** Public health initiatives focused on improving awareness, education, and access to care can help reduce the burden of DNS and enhance patient outcomes.

9. Conclusion

A deviated nasal septum is a common condition that can significantly impact nasal function and quality of life. Effective management involves a combination of conservative treatments, surgical interventions, and addressing underlying conditions. Understanding the epidemiology, pathophysiology, clinical features, and treatment options for DNS is essential for accurate diagnosis and optimal patient care. Addressing the challenges and focusing on future research and public health initiatives will contribute to better management and improved outcomes for individuals affected by DNS.



SWARRNIM STARTUP AND INNOVATION UNIVERSITY

ARIHANT HOMOEOPATHIC MEDICAL COLLEGE

DEPARTMENT – PRACTICE OF MEDICINE

**COURSE NAME- HOMOEOPATHY COMMUNITY
MEDICINE**

HISTORY OF MEDICINE

The history of medicine explores the evolution of medical treatments, practices, and knowledge from ancient to modern times, drawing on various disciplines such as economics, health sciences, sociology, and politics to understand how different societies approached health, illness, and injury. Early traditions from Babylon, China, Egypt, and India laid the groundwork for medical practices. Significant advancements, such as the invention of the microscope during the Renaissance, shifted the understanding of disease from humorism to germ theory, leading to effective treatments for many infections. The 19th century saw the rise of public health measures in response to urban growth, while military medicine improved trauma care and surgery. The 20th century introduced biological treatments like antibiotics and saw the professionalization of medicine, with women increasingly joining the field as nurses and physicians. These developments, along with progress in chemistry, genetics, and radiography, have shaped modern medicine.

PREHISTORIC MEDICINE

Prehistoric medicine focuses on the use of medicinal plants, healing practices, and human wellness before the advent of written records. Spanning from around 3.3 million years ago, when early humans first used stone tools, to the emergence of writing systems about 5,000 years ago, this field explores early healing practices in diverse, isolated human communities. Without written documentation, insights into prehistoric medicine come from archaeological evidence, such as the study of human remains, plant fossils, and artifacts. Discoveries like psychoactive plants in the Sahara around 6000 BCE and early dental care in Italy and Pakistan highlight the complexity of these ancient practices. Additionally, anthropology helps interpret these findings by examining the sociocultural and spiritual dimensions of prehistoric healing, revealing how early humans integrated both physical and spiritual elements into their medical practices.

ANCIENT MEDICINE

Ancient history spans from around 3000 BCE to 500 CE, marking the development of writing systems and the end of the classical era. This periodization suggests a uniform historical experience, but it's crucial to recognize that sociocultural and technological advancements varied widely both locally and globally. Similarly, ancient medicine, covering roughly the same timeframe, exhibited diverse healing theories that integrated nature, religion, and human physiology, often involving concepts like circulating fluids and energy. Despite the contributions of prominent scholars and detailed texts, the practical application of medical knowledge was often hindered by the loss of information, poor communication, localized reinterpretations, and inconsistent practices.

ANCIENT MESOPOTAMIAN MEDICINE

The Mesopotamian region, encompassing modern-day Iraq, Kuwait, Syria, Iran, and Turkey, was home to several civilizations, including the Sumerians, Akkadians (Assyrians and

Babylonians), and later, the Babylonians. These cultures developed a hybrid system of medicine that combined naturalistic and supernatural beliefs, blending elements of science, magic, and religion. The Sumerians, with one of the earliest writing systems from the 3rd millennium BCE, documented detailed medical practices on cuneiform tablets, including drug prescriptions, surgeries, and exorcisms, managed by specialized professionals such as seers, exorcists, and physician-priests. After the Akkadian Empire's collapse, the Babylonians emerged, with the Diagnostic Handbook, authored by Esagil-kin-apli in the 11th century BCE, highlighting advanced practices in diagnosis, prognosis, and empirical observation. Neo-Assyrian and Neo-Babylonian periods provided extensive medical texts, though many clay tablets are damaged, obscuring some details. Mesopotamian medicine featured a range of innovations, including disease prevention, stroke treatment, and an understanding of mental illnesses.

ANCIENT EGYPTIAN MEDICINE

Ancient Egypt, spanning parts of modern-day Egypt, Sudan, and South Sudan, thrived from around 3150 BCE until its decline through Persian conquest in 525 BCE and the takeover by Alexander the Great in 332 BCE. Throughout its history, Egypt developed a sophisticated medical tradition documented in surviving papyrus texts like the Kahun Gynaecological Papyrus, Edwin Smith Papyrus, Ebers Papyrus, and Greek Magical Papyri. The Greeks noted the Egyptians' advanced public health system and specialization in medicine, with each physician typically focusing on a single disease. Egyptian medicine, while incorporating supernatural elements, also made significant contributions to anatomy, public health, and clinical diagnostics. The Edwin Smith Papyrus, written around 1600 BCE, is a detailed surgical textbook largely free from magical beliefs and includes early references to the brain. The Kahun Gynaecological Papyrus, dating to 1800 BCE, is the oldest surviving medical text focused on women's health. Medical institutions known as Houses of Life were established by 2200 BCE, and figures such as Hesy-Ra, the earliest known physician, and Peseshet, the first known woman physician, highlight the advanced medical practices of ancient Egypt.

ANCIENT CHINESE MEDICINE

Early Chinese medical and healing practices were significantly influenced by traditional Chinese medicine (TCM), which began to develop around the Zhou dynasty and is reflected in early texts such as the *Classic of Changes* (Yi Jing) and *Classic of Poetry* (Shi Jing). TCM evolved from empirical observations by Taoist physicians and embodies the classical Chinese belief that human experiences mirror universal causative principles. The foundational text of TCM is the *Huangdi Neijing* (Yellow Emperor's Inner Canon), written between the 5th and 3rd centuries BCE. By the Han dynasty, Zhang Zhongjing's *Treatise on Cold Damage* and later works like Huangfu Mi's *Jiayi jing* referenced this foundational text. The Tang dynasty saw further expansion and refinement of these medical principles. Despite its long history, TCM faces criticism for lacking scientific validation, with concerns about its theoretical foundations, the effectiveness of treatments, and potential risks such as toxic substances and the use of endangered species. Critics argue that TCM lacks scientific support and is fraught with pseudoscience, as noted by a 2007 editorial in *Nature* and a 2008 literature review highlighting issues with concepts like qi and acupuncture points. Additionally, there are ethical concerns related to the trade of endangered species and animal welfare.

ANCIENT INDIAN MEDICINE

The *Atharvaveda*, a sacred Hindu text from the middle Vedic age (circa 1200–900 BCE), is among the earliest Indian documents addressing medicine. It features magical spells and remedies for various purposes, including disease treatment, and lays foundational knowledge for later Ayurvedic practices. Ayurveda, meaning "complete knowledge for long life," emerged around 600 BCE and includes two major texts: the *Charakasamhitā* and the *Suśrutasamhitā*. These texts emphasize health maintenance, disease treatment, and life extension, with the *Suśrutasamhitā* notable for its detailed surgical procedures, including rhinoplasty and descriptions of over 125 surgical instruments. Ayurveda encompasses eight branches, such as internal medicine, surgery, pediatrics, and toxicology, and requires knowledge of ten key skills, including distillation and pharmacy. Despite its historical significance, Ayurveda is often criticized as pseudoscientific due to its theoretical basis not aligning with modern scientific standards and concerns about the safety of some ayurvedic medicines.

ANCIENT GREEK MEDICINE

The theory of humors, primarily attributed to the Greek physician Galen of Pergamon (129–c. 216 CE), dominated Western medicine until the 19th century. This theory proposed that four bodily fluids—blood, phlegm, yellow bile, and black bile—were linked to health and disease. According to early Greek medicine, food was digested into blood, muscle, and bones, with the remaining materials forming the humors. An imbalance among these humors was thought to cause illness. Hippocrates (c. 400 BCE) related these humors to the four seasons and stages of life, suggesting that seasonal and age-related changes affected humor balance. Galen further connected these humors to personality traits, with excesses or deficiencies in each humor corresponding to different temperaments—phlegmatic (calm, introverted), melancholic (moody, depressed), sanguine (sociable, carefree), and choleric (aggressive, impulsive). Treatments for humor imbalances included bloodletting for excess blood, expectoration for too much phlegm, and purging for excess yellow bile. Factors such as climate, diet, sleep, exercise, and emotional states were also believed to influence humor balance. Galen's theories extended to the functions of the liver, heart, and brain in relation to humor production and bodily functions, describing a complex system where blood, enhanced with pneuma (air or breath), circulated through the body, and humors were processed in various organs like the liver and spleen.

ANCIENT ROMAN MEDICINE

The Romans developed a variety of surgical instruments, including some specifically designed for women, and advanced the use of tools such as forceps, scalpels, cautery devices, cross-bladed scissors, surgical needles, sounds, and speculums. They were also known for performing cataract surgery. Dioscorides (c. 40–90 CE), a Roman army physician, was a notable Greek botanist and pharmacologist who authored *De Materia Medica*, an influential encyclopedia that detailed over 600 herbal remedies and served as a key pharmacopoeia for the next 1,500 years. Additionally, early Christians in the Roman Empire integrated medicine into their religious practices and theological concepts.

LATE MODERN MEDICINE

In the 1830s, Italian scientist Agostino Bassi traced the silkworm disease muscardine to microorganisms, while German researcher Theodor Schwann proposed that yeast responsible for alcoholic fermentation were also microorganisms, a view ridiculed by leading chemists like Justus von Liebig who favored physicochemical explanations. In 1847, Ignaz Semmelweis dramatically reduced maternal deaths from childbed fever by enforcing hand hygiene, but his ideas were initially dismissed due to prevailing miasma theories. Louis Pasteur confirmed Schwann's findings in 1857 and extended the concept to contagious diseases, leading Casimir Davaine to identify bacteria as the anthrax pathogen. While some dismissed this as a byproduct, Joseph Lister adopted these findings to introduce antisepsis in 1865. Robert Koch later validated Davaine's work, identifying bacterial spores and reproducing anthrax, which solidified germ theory and established Koch's prominence in medical microbiology. Despite challenges from proponents of miasmatic theory like Max von Pettenkofer, Koch's success in identifying the cholera pathogen during an epidemic in Alexandria and the subsequent devastation in Hamburg shifted public health practices towards bacteriology. Pasteur, pivoting after his Alexandria defeat, developed the first human rabies vaccine and founded the Pasteur Institute in 1888, marking the beginning of "scientific medicine." Koch's postulates became fundamental to understanding pathogenicity, earning him the Nobel Prize in 1905 and cementing his legacy as a pioneer in medical microbiology.

CONCEPT OF DISEASE

Definitions

Disease can be broadly defined as a condition that impairs normal functioning and is typically characterized by specific symptoms, signs, and etiology. K. Park emphasizes that disease can be understood from both a biomedical and a social perspective:

Biomedical Perspective: Disease is defined based on identifiable pathological changes in the body or mind, which disrupt normal physiological functions. This perspective focuses on the biological and physiological mechanisms underlying disease.

Social Perspective: Disease is also viewed as a condition that affects an individual's ability to function optimally within their social environment. This perspective considers the social, economic, and cultural factors influencing the perception and impact of disease.

Classifications of Disease

Diseases are categorised into several types based on various criteria:

Acute vs. Chronic Diseases:

Acute Diseases: Characterized by rapid onset and short duration, often requiring immediate medical attention (e.g., influenza, acute appendicitis).

Chronic Diseases: Develop gradually and persist over a long period, often for the remainder of an individual's life (e.g., diabetes, hypertension).

Communicable vs. Non-Communicable Diseases:

Communicable Diseases: Caused by infectious agents such as bacteria, viruses, fungi, or parasites, and can be transmitted from person to person (e.g., tuberculosis, HIV/AIDS).

Non-Communicable Diseases (NCDs): Not caused by infectious agents and are typically related to lifestyle, environmental factors, or genetic predispositions (e.g., cardiovascular diseases, cancer).

Genetic vs. Acquired Diseases:

Genetic Diseases: Result from abnormalities in an individual's genetic makeup, either inherited or due to mutations (e.g., cystic fibrosis, Down syndrome).

Acquired Diseases: Develop due to environmental factors, lifestyle choices, or external exposures (e.g., lung cancer due to smoking, liver cirrhosis due to alcohol use).

Models of Disease

The Biomedical Model

The biomedical model focuses on the biological aspects of disease, emphasizing:

Pathophysiology: The study of functional changes that accompany a particular syndrome or disease.

Etiology: The cause of the disease, which may be infectious, genetic, or environmental.

Diagnosis and Treatment: The identification of disease based on symptoms, signs, and diagnostic tests, followed by medical intervention.

The Biopsychosocial Model

Biological Factors: Genetic, physiological, and biochemical factors.

Psychological Factors: Emotional, cognitive, and behavioral aspects.

Social Factors: Socioeconomic status, cultural norms, and social support systems.

This model recognizes that disease results from an interaction between biological, psychological, and social factors, leading to a more holistic approach to diagnosis and treatment.

The Ecological Model

The ecological model considers the complex interplay between individuals and their environments, including:

Individual Level: Personal behaviors and biological factors.

Interpersonal Level: Social relationships and support networks.

Community Level: Social and physical environments such as neighborhoods and workplaces.

Societal Level: Policies, economic conditions, and cultural norms.

This model emphasizes that disease prevention and health promotion must address multiple levels of influence.

Determinants of Disease

1 Biological and Genetic Determinants

- **Genetic Predispositions:** Genetic variations can increase susceptibility to certain diseases, such as breast cancer linked to BRCA1 and BRCA2 genes.
- **Age and Gender:** Age-related changes and gender-specific risks can influence disease patterns (e.g., osteoporosis in postmenopausal women).

2 Environmental and Lifestyle Determinants

- **Environmental Exposures:** Exposure to pollutants, toxins, and other environmental hazards can lead to diseases (e.g., respiratory diseases from air pollution).
- **Lifestyle Factors:** Diet, physical activity, smoking, and alcohol consumption are critical determinants of many non-communicable diseases (e.g., cardiovascular diseases, diabetes).

3 Social and Economic Determinants

- **Socioeconomic Status:** Income, education, and occupation affect access to healthcare, health literacy, and exposure to risk factors.
- **Social Environment:** Social support, community resources, and cultural practices can influence health outcomes and disease risk.

4 Behavioral Determinants

- **Health Behaviors:** Personal choices such as diet, exercise, and substance use play a significant role in disease prevention and management.
- **Stress and Coping:** Psychological stress and coping mechanisms can impact physical health and contribute to disease development.

Disease Prevention and Control

1 Primary Prevention

Definition: Actions taken to prevent the onset of disease before it occurs. Examples include vaccination programs, health education, and promoting healthy lifestyle choices.

Objective: To reduce the incidence of disease by addressing risk factors and promoting health.

2 Secondary Prevention

Definition: Early detection and treatment of disease to prevent progression and complications. Examples include screening programs (e.g., mammography for breast cancer) and early intervention strategies.

Objective: To identify and manage disease in its early stages, reducing morbidity and mortality.

3 Tertiary Prevention

Definition: Managing and rehabilitating individuals with established disease to minimize disability and improve quality of life. Examples include rehabilitation programs for stroke survivors and chronic disease management.

Objective: To improve the quality of life and functional outcomes for individuals with chronic or severe diseases.

Modes of intervention

1 Health promotion

1. Health Education
2. Environmental changes & modification
3. Nutritional intervention
4. Life style & behavioral changes
5. Genetic counseling

2 Specific protection

1. Immunization
2. Use of specific nutrients
3. Chemoprophylaxis
4. Protection against occupational hazards
5. Protection against accidents

3 Early diagnosis and treatment

Identifying and treating diseases as soon as possible to prevent progression. This includes prompt medical interventions and follow-up care.

4 Disability limitation

To halt the transition of the disease process from impairment to handicap.

5 Rehabilitation

The combined and coordinated use of medical, social, educational and vocational measures for training and retraining the individual to the highest possible level of functional ability

Epidemiological Triad

The epidemiological triad, also known as the triangle or model, is a foundational concept in epidemiology that describes the interaction between three key components involved in the development and spread of disease. Understanding this triad helps public health professionals identify risk factors and design interventions to control and prevent disease. The triad consists of:

1. **Agent**
2. **Host**
3. **Environment**

1. Agent

Definition: The agent is the cause of the disease. It refers to the pathogen or factor that directly causes the health condition.

Types of Agents:

- **Biological Agents:** Includes bacteria, viruses, fungi, and parasites. For example, the bacterium *Mycobacterium tuberculosis* causes tuberculosis, and the virus *HIV* causes AIDS.
- **Chemical Agents:** Substances that can cause disease through exposure, such as pollutants, toxins, and chemicals. For instance, exposure to asbestos can lead to lung cancer.
- **Physical Agents:** Physical factors that can cause injury or disease, such as radiation, noise, or trauma. For example, excessive exposure to ultraviolet radiation can cause skin cancer.

Characteristics:

- **Infectivity:** The ability of the agent to enter and multiply in the host.
- **Virulence:** The degree of pathogenicity or severity of the disease the agent can cause.
- **Transmission:** How the agent is spread from one host to another, such as through direct contact, droplets, or vectors.

2. Host

Definition: The host is the individual or population susceptible to the disease. It refers to the organism that is affected or at risk of being affected by the agent.

Factors Influencing Host Susceptibility:

- **Genetics:** Genetic predispositions can affect susceptibility to certain diseases. For example, some people have a genetic susceptibility to heart disease or certain cancers.
- **Immunity:** The host's immune system plays a critical role in defending against infections. Immunity can be innate (natural) or acquired through vaccination or previous infections.
- **Age and Gender:** Different age groups and genders may have varying levels of susceptibility to certain diseases. For example, young children and elderly individuals are more susceptible to respiratory infections.
- **Health Status:** Chronic conditions, nutritional status, and overall health can impact a host's susceptibility. For instance, individuals with compromised immune systems are at higher risk for opportunistic infections.

3. Environment

Definition: The environment encompasses all external factors that can influence the agent and the host. It includes both physical and social factors that affect the occurrence and spread of disease.

Components:

- **Physical Environment:** Includes factors such as climate, weather, and living conditions. For example, overcrowded living conditions can facilitate the spread of infectious diseases.
- **Social Environment:** Includes factors such as socioeconomic status, cultural practices, and access to healthcare. For instance, lack of access to clean water and sanitation can increase the risk of waterborne diseases.
- **Biological Environment:** Includes the presence of vectors and reservoirs. For example, the presence of mosquitoes in a region can influence the spread of malaria.

EPIDEMIOLOGY STUDY

Introduction

Epidemiology is a fundamental science in community medicine, concerned with the distribution and determinants of health-related states or events in populations. This chapter explores the principles and practices of epidemiology as they apply to community medicine, emphasizing its role in understanding and improving public health.

Basic Concepts in Epidemiology

Definitions and Scope

Epidemiology: The study of how diseases affect the health and illness of populations, including the distribution, determinants, and applications to control health problems.

Community Medicine: A branch of medicine focused on the health of populations and communities rather than individuals.

Key Terms

Prevalence: The proportion of a population with a specific disease or condition at a given time.

Incidence: The rate of new cases of a disease occurring in a specified period.

Risk Factors: Characteristics or conditions that increase the likelihood of developing a disease.

Outcomes: The results or effects of a health condition, such as morbidity and mortality.

STUDY DESIGNS IN EPIDEMIOLOGY

1 Descriptive Studies

Case Reports and Case Series: Detailed descriptions of individual or groups of cases.

Cross-Sectional Studies: Assess the relationship between exposure and outcome at a single point in time.

2 Analytical Studies

Cohort Studies: Follow groups over time to assess the incidence of disease and its relationship to exposures.

Case-Control Studies: Compare individuals with a disease (cases) to those without it (controls) to identify risk factors.

Randomized Controlled Trials (RCTs): Experimental studies where participants are randomly assigned to different interventions to evaluate their effects.

Measures of Association

1 Risk Ratios and Odds Ratios

Risk Ratio: The ratio of the probability of an event occurring in the exposed group to the probability in the unexposed group.

Odds Ratio: The ratio of the odds of an event occurring in the exposed group to the odds in the unexposed group.

2 Attributable Risk

Attributable Risk: The difference in the rate of a disease between exposed and unexposed groups.

Epidemiological Methods and Tools

1 Surveillance Systems

Surveillance: Continuous monitoring of health events to identify trends, outbreaks, and emerging issues.

2 Data Collection and Analysis

Surveys and Questionnaires: Tools for gathering data on health status, behaviors, and exposures.

Statistical Methods: Techniques for analyzing epidemiological data, including regression analysis and hypothesis testing.

Applications in Community Medicine

1 Disease Prevention and Control

Primary Prevention: Interventions to prevent the onset of disease, such as vaccination programs.

Secondary Prevention: Early detection and treatment to prevent progression, like screening programs.

Tertiary Prevention: Efforts to reduce the impact of an ongoing illness or injury, including rehabilitation services.

2 Health Promotion

Health Education: Strategies to educate communities about health risks and healthy behaviors.

Policy Development: Using epidemiological evidence to shape public health policies and interventions.

Challenges and Future Directions

1 Emerging and Re-Emerging Diseases

Globalization and Travel: How these factors contribute to the spread of diseases.

Antibiotic Resistance: The growing issue of resistance and its implications for public health.

2 Technological Advances

Big Data and AI: The role of new technologies in improving epidemiological research and practice.

Genomics: The impact of genetic research on understanding disease patterns and individual risk.

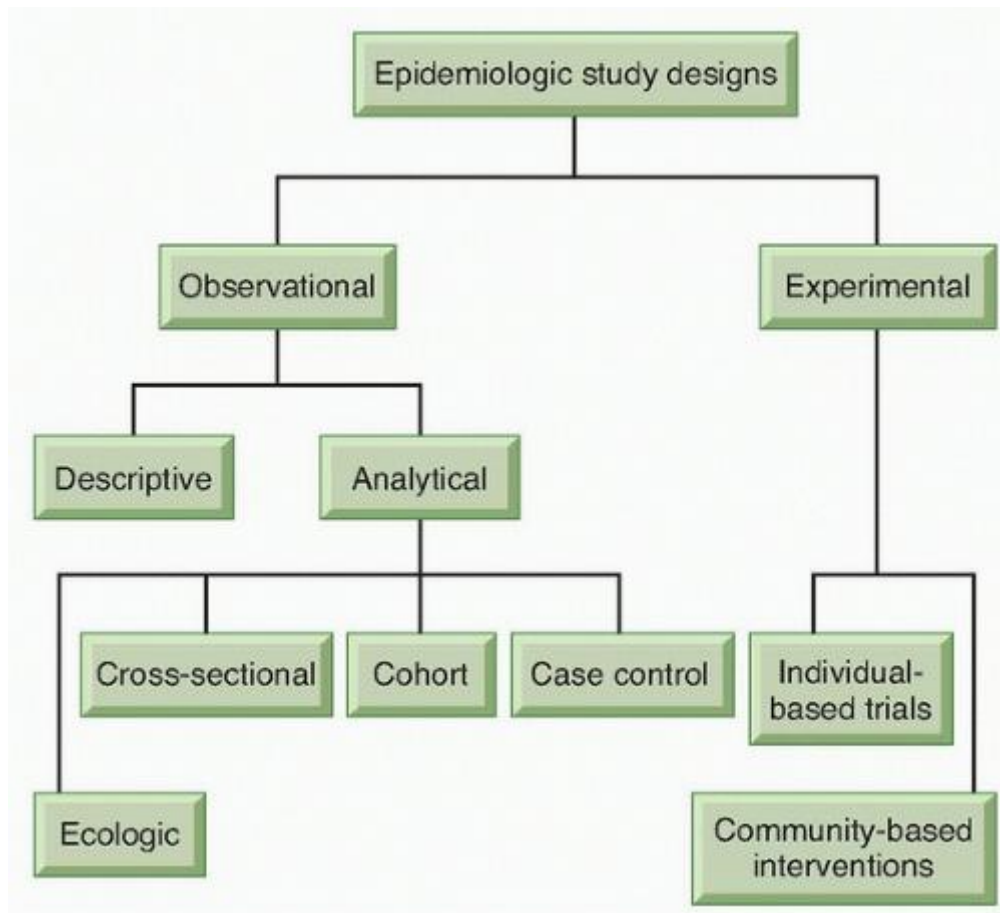


FIG-1 EPIDEMIOLOGICAL STUDY DESIGN TABLE

BIOSTATISTICS AND SAMPLING

Introduction

Biostatistics plays a crucial role in community medicine by providing the methods and tools necessary to analyze health data, interpret research findings, and make informed public health decisions. Sampling techniques are essential for collecting representative data from populations, which is foundational for effective biostatistical analysis.

Fundamentals of Biostatistics

Definitions and Importance

Biostatistics: The application of statistical methods to biological, medical, and health-related research.

Community Medicine: The field of medicine that focuses on the health of populations and communities, utilizing biostatistical methods to improve public health.

Key Statistical Concepts

- **Descriptive Statistics:** Summarize and describe the features of a dataset.
- **Measures of Central Tendency:** Mean, median, and mode.
- **Measures of Dispersion:** Range, variance, and standard deviation.
- **Inferential Statistics:** Draw conclusions about a population based on a sample.
- **Hypothesis Testing:** Methods for testing hypotheses, including p-values and confidence intervals.
- **Estimation:** Point estimates and interval estimates.

Data Types and Scales

1 Types of Data

- **Quantitative Data:** Numeric data that can be continuous (e.g., blood pressure) or discrete (e.g., number of cases).
- **Qualitative Data:** Categorical data that can be nominal (e.g., gender) or ordinal (e.g., disease severity).

2 Scales of Measurement

- **Nominal Scale:** Categorizes data without a specific order (e.g., blood type).
- **Ordinal Scale:** Categorizes data with a specific order (e.g., stages of cancer).
- **Interval Scale:** Numeric data where intervals are meaningful but no true zero (e.g., temperature in Celsius).
- **Ratio Scale:** Numeric data with a meaningful zero (e.g., weight, height).

SAMPLING TECHNIQUES

Importance of Sampling

Sampling: The process of selecting a subset of individuals from a population to estimate characteristics of the whole population.

Sampling Bias: Systematic errors that occur when the sample is not representative of the population.

Types of Sampling Methods

1. **Probability Sampling:** Each member of the population has a known, non-zero chance of being selected.
2. **Simple Random Sampling:** Every individual has an equal chance of being selected.
3. **Systematic Sampling:** Selection of every nth individual from a list.
4. **Stratified Sampling:** Population is divided into subgroups (strata) and random samples are taken from each stratum.
5. **Cluster Sampling:** The population is divided into clusters, and entire clusters are randomly selected.
6. **Non-Probability Sampling:** Not all members of the population have a known or equal chance of being selected.
7. **Convenience Sampling:** Sampling individuals who are easiest to reach.
8. **Judgmental Sampling:** Selection based on the researcher's judgment.
9. **Snowball Sampling:** Existing study subjects recruit future subjects from their acquaintances.

Statistical Analysis Methods

1 Descriptive Statistics

Frequency Distributions: Tabulate the number of observations in different categories.

Graphs and Charts: Visual representations such as histograms, pie charts, and box plots.

2 Inferential Statistics

Comparative Tests:

t-Tests: Compare means between two groups.

ANOVA: Compare means among three or more groups.

Chi-Square Tests: Assess relationships between categorical variables.

Regression Analysis:

Linear Regression: Examine the relationship between a dependent variable and one or more independent variables.

Logistic Regression: Used for binary outcomes to estimate the probability of a certain event occurring.

Applications in Community Medicine

1 Public Health Research

Epidemiological Studies: Use biostatistical methods to analyze data on disease prevalence, risk factors, and interventions.

Health Surveys: Design and analyze surveys to gather data on health behaviors and conditions.

2 Program Evaluation

Effectiveness Evaluation: Assess the impact of public health programs and interventions using statistical methods.

Cost-Effectiveness Analysis: Evaluate the economic efficiency of health interventions.

Challenges and Best Practices

1 Common Challenges

Data Quality: Ensuring accuracy, completeness, and reliability of data.

Sampling Errors: Minimizing errors and biases in sample selection.

2 Best Practices

Proper Study Design: Choosing appropriate sampling methods and statistical techniques based on the research question.

Ethical Considerations: Ensuring informed consent and maintaining confidentiality of participants.

Conclusion

Biostatistics and sampling are integral to community medicine, providing the tools to analyze health data effectively and make evidence-based decisions. Mastery of these concepts is essential for researchers, practitioners, and policymakers to improve public health outcomes and address community health challenges.

DEMOGRAPHY AND ITS CYCLE

Demography is the study of populations, particularly with respect to their size, distribution, and trends.

INTRODUCTION

Definition: The scientific study of human populations, including their size, density, distribution, and trends over time.

Importance: Understanding population dynamics helps in planning for resources, economic development, and social services.

POPULATION SIZE AND GROWTH

Population Size: Total number of people living in a defined area.

Growth Rate: The rate at which the population is increasing or decreasing. It is influenced by birth rates, death rates, and migration.

Exponential Growth: When the growth rate is proportional to the current population size, leading to rapid increases.

DEMOGRAPHIC PROCESSES

Birth Rate: Number of live births per 1,000 people per year.

Death Rate: Number of deaths per 1,000 people per year.

Fertility Rate: Average number of children a woman is expected to have during her lifetime.

Mortality Rate: The incidence of death in a population.

POPULATION STRUCTURE

Age Structure: The distribution of a population across different age groups, often visualized in population pyramids.

Sex Ratio: The ratio of males to females in a population.

Dependency Ratio: The ratio of non-working age (young and elderly) to working-age population.

MIGRATION

Types of Migration: Includes immigration (into a region) and emigration (out of a region).

Factors Influencing Migration: Economic opportunities, political stability, environmental conditions, etc.

Impact on Population: Migration affects population size and diversity.

POPULATION POLICIES

Pro-Natalist Policies: Encouraging higher birth rates, often through incentives.

Anti-Natalist Policies: Aiming to reduce birth rates, sometimes through family planning programs or restrictions.

POPULATION PROJECTIONS

Models and Methods: Techniques used to predict future population trends based on current data and assumptions.

Uses: Planning for future needs in healthcare, education, housing, and infrastructure.

CHALLENGES AND ISSUES

Overpopulation: Strain on resources and environmental impact.

Aging Populations: Increasing proportion of elderly people and its implications for pension systems and healthcare.

Urbanization: Movement of people from rural to urban areas, affecting city planning and services.

CASE STUDIES

Different Regions: How demographic trends vary across different countries and regions.

Historical Changes: How historical events have shaped current population patterns.

FUTURE DIRECTIONS

Emerging Trends: New patterns and challenges in global demography, such as the effects of technology and climate change.

DEMOGRAPHIC CYCLE

The demographic cycle outlines five stages of population changes observed globally since 1650:

FIRST STAGE (High Stationary): Characterized by both high birth and death rates, resulting in a stable population size. This stage typically occurs in economically underdeveloped countries. For example, India was in this stage until around 1920.

SECOND STAGE (Early Expanding): Begins with a decline in death rates while birth rates remain high, leading to significant population growth. The decrease in death rates is often due to improvements in food supply, healthcare, and sanitation. Many developing countries in Asia and Africa are currently in this stage. In some cases, birth rates have even increased due to better healthcare and reduced breastfeeding periods.

THIRD STAGE (Late Expanding): Death rates continue to fall, and birth rates also start to decline. Despite the decrease, birth rates remain higher than death rates, leading to continued population growth. The drop in birth rates is often attributed to increased access to contraceptives and greater women's empowerment. India is presently in this stage, while countries like China and Singapore have seen faster declines in birth rates.

FOURTH STAGE (Low Stationary): Features both low birth and death rates, resulting in a stable population size. This stage is often marked by an aging population. Countries like Japan, Sweden, Belgium, Denmark, and Switzerland are in this stage. Many industrialized nations have transitioned from high birth and death rates to low rates. For instance, Austria experienced zero population growth between 1980 and 1985, and countries like the UK, Denmark, Sweden, and Belgium had very low growth rates during the same period.

FIFTH STAGE (Declining): Here, birth rates fall below death rates, causing a population decline. Some East European countries, such as Germany and Hungary, as well as some Northern European countries, such as Sweden and Norway, are currently in this stage

