



# LIGA NEWS

Electronic Newsletter of the Liga Medicorum Homoeopathica Internationalis • No. 18 • Aug 2016

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## LMHI President's editorial, *by Renzo Galassi*

Dear friends, dear colleagues, it is with great emotion that I am writing the last editorial of my presidency. These have been three very important years of my life and of my personal growth.

Heading a world association like LMHI, with such an important and successful history in the cultural and homeopathic clinic,

I have had the opportunity to be in touch with situations, with groups of doctors and people who I never would have been able to know in my life.

They have been three intense years, of travel, of night work, of continuous exchanges with the Board members, but especially with every colleague that I could meet on my path. I want to say thanks to all of you that in some way have collaborated in continuing the tradition of the unique, great Homeopathic world Association, the LMHI. The last memory I carry with me, the most recent, is the Hahnemann Day celebrated in Delhi on 9th and 10th of April.

It was for me a great satisfaction to see Homeopathy in the place that it deserves. A place of great dignity, an official condition, in the same condition as other Medicines. I had the opportunity to speak with the Ministers of Health of different countries who were glad to take part in the event and I was able to visit the homeopathic hospitals where every day our Medicine is practiced as a medicine of first choice.

For this reason, during my closing speech of the event, I defined India, addressing myself to the Minister of Health AYUSH, Shri Shripad Naik, as the "Paradise of Homeopathy

For this reason, talking to our editor Richard Hiltner, we decided to dedicate this issue almost entirely to India, with scientific and clinical contributions of great interest from authors who enthusiastically responded to my invitation.

As I have said in the past, considering our LMHI newsletter an important tool for the scientific information in favor of our young colleagues, I will continue as the Past president, to collaborate with the Editor for a magazine that is always in concordance with our Master Hahnemann.

Lastly, I address all of you with an invitation, especially the undecided ones, for you not to miss the annual occasion to meet each other during the World Congress that will be held in Buenos Aires, organized by our valued colleague Gustavo Cataldi.

Entonces hasta pronto, a hug, renzo galassi

*Renzo Galassi*



# Editor's Note

## A Homeopathic Approach to Hyperactive, Attention Deficit Disorder and/or Autistic Children/ Adults (Part Two)

by

**Marci Richard Hiltner, MD**



*Dr. Richard Hiltner*

Dear colleagues,

I would like to introduce to you John Melnychuk, CCH from the USA who will be speaking on his research and experience in autism at the LMHI Congress in Buenos Aires this year. This editorial will not be able to go into any detail at this time. However, in the next LIGA NEWS we will have more information.

At this time I would like to bring some of the information from Dr. Vangelis Zafiriou, a Psychiatrist from Athens on:

### **Homeopathic Recommendations for Autism**

The homeopathic medicine must cover the core pathology of autism: Congenital absence of emotions.

*Hyoscyamus niger*, First choice

*Absinthium*, Second choice.

### **Other Homeopathic Medicines**

Baryta carbonica/ Veratrum album/ Carcinosum/ Thuja occidentalis/ Opium/ Cannabis indica/ Bufo/ Cactus grandiflorus/ Kali bromatum/ Anhalonium and Tuberculinum.

However, they do not seem to correspond to lack of emotions. Sepia, Aurum and Phosphoric acid have stillness of emotions, but unknown whether associated with congenital emotionless.

### **Downside of Stimulants**

Lasts only 4 to 8 hours [RitalinSR, Dexedrine spansule or Adderall]

Treats only some of the symptoms of ADHD.

Effective in only 70% of children with ADHD.

Provides only short-term superficial healing; does not treat the root of the problem.

Can cause side effects such as appetite loss, anxiety, insomnia, tics, headaches and stomachaches.

Gets children into the habit of taking drugs.

May need to be taken throughout life.

### **Research in Homeopathy**

Dr. John Lamont did a study in 1997 with 43 ADHD children that showed that homeopathic treatment is statistically superior to placebo.

He used a single medicine approach.

This was published in the *British Homeopathic Journal* 86(10):196-200 [1997].

### **A Case History**

Autistic Boy ▲ C.J.

6 y/o boy first seen by me on 7/28/03 with diagnosis of autism.

At 18 months, Feb. 1999 he had 6 vaccines at one time: DPT, OPV, Hib, Hep B. On March 8, 1999, at 19 months old, the screaming started.

At 2.6 he was more clumsy, tantrums, including striking his mother, banging himself into walls. >>milk. Screams a lot.

At 3.3 diagnosed with mild-moderate autism or pervasive developmental disorder: with few words spoken; not toilet trained; too excited; "fluctuating" eye contact.

At 5.9 communication is age 6.4; daily living skills age 3.1; motor skills 4.8; social skills 2.10

First seen by me 7/28/03 at 6 y/o and given Tuberculinum 1M.

General improvement over next 3 years.

Less defiant; increase appetite.

Improved sleep

Increase attention span.

May 2005 one word vocabulary age 13; Picture vocabulary 8.6. Still difficulties in short term auditory memory.

Other remedies intermittently given until 6/06 [over the next 3 years]: LM *Calcarea phosphorica*; *Phosphorus* 200C for bronchitis; *Arsenicum Album* URI + GI sx's; LM *Thuja* for wart on chin 11/05→4/06; *Veratrum album* 30C 3/06; *Lycopodium* 30C for licking lips.

*(To Be Continued)*

## **Federal Jury Clears Leading Homeopathic Flu Remedy Manufacturer in Class Action Trial**

**By**  
**Tucker Ellis, LLP**

On June 16, in a class action of importance to producers, marketers, and sellers of homeopathic products, a federal jury in the false advertising trial of *Lewert v. Boiron, Inc., et al.*, Case No. 2:11-cv-10803 (Boiron) rejected claims that Boiron Inc.'s homeopathic flu treatment was nothing more than a sugar pill, and ruled that Boiron did not mislead consumers into buying a remedy that did not provide relief as advertised.

Back in November 2014, a California federal district court judge certified a class of California residents accusing Boiron of continuing to make false claims about its homeopathic flu remedy despite a prior \$12 million settlement. The plaintiffs claimed Boiron persisted in misrepresenting the health benefits of its Oscillococcinum or Oscillo flu remedy after the 2012 settlement that required the company to insert packaging disclaimers saying the product is a "homeopathic dilution" unevaluated by the U.S. Food and Drug Administration (FDA).

Homeopathic remedies and their packaging are not reviewed by the FDA. They are, however, classified as drugs under – and subject to – the Food, Drug, and Cosmetic Act, and thus, they must comply with the labeling requirements of the Act. The FDA has stated that it is not aware of any scientific evidence that homeopathic products are effective.

The Boiron jury's verdict is great news for the homeopathic industry that has seen an increasing number of class action lawsuits over the past few years seeking as much as \$350 million in damages. Whether the plaintiff's class action bar turns its focus in light of the outcome in cases like Boiron and *Allen, et al. v. Hylands, Inc., et al.* (where a jury recently took less than a day to find against a different putative class suing for false advertising of homeopathic products) remains to be seen.

## CONFERENCE REPORT

### INTERNATIONAL CONVENTION ON WORLD HOMOEOPATHY DAY: INTEGRATING HOMOEOPATHY IN HEALTH CARE

An international convention on world homoeopathy day was held to commemorate the 261<sup>st</sup> birth anniversary of Dr. Samuel Hahnemann on 9<sup>th</sup>-10<sup>th</sup> April 2016, at Vigyan Bhawan, New Delhi, India. The theme of the convention was 'Integrating Homoeopathy in healthcare' for achieving Universal Health Coverage as advocated by the World Health Organization. The convention made for an ideal platform for extensive deliberations on the existing global scenario of Homoeopathy, with particular reference to India, strategy building and formulation of national policies for worldwide promotion, safety, quality and effectiveness of medicines, evolving standards of education, international co-operation and evidence-based practice of Homoeopathy.. Organized jointly by Central Council for Research in Homeopathy (CCRH), an autonomous research organization of Ministry of AYUSH, Government of India and Liga Medicorum Homeopathica Internationalis (LMHI), the convention witnessed presentation of more than 100 papers during 21 technical sessions held in parallel in four halls, each named after homoeopathic stalwarts viz. Hahnemann, Boenninghansen, Hering and Kent.

#### INAUGURATION

The event was inaugurated by Chief Guest, Sh. Shripad Yesso Naik, Hon'ble Minister of AYUSH, Government of India (Pic 1). Sh. Naik was accompanied on the dais by esteemed Guests of Honour – Mohd. Nasim, Minister of Health & Family Welfare, Govt. of Bangladesh, Mr. Mushtaq Alam, Minister of State for Health, Govt. of Nepal, Mrs. Fozia Manzoor, Counsellor of High Commission, Pakistan and Mr. Anura Jayawickrama, Health Secretary, Sri Lanka.



**PIC 1 :** Shri Shripad Naik, Hon'ble AYUSH Minister, being greeted by Dr. Raj K. Manchanda, Director General, CCRH. Also seen: Dr. Nandini Sharma and Dr. Sandeep Kaila - Chairperson and Organising Secretary, World Homeopathy Day, respectively



Sh. Ajit M. Sharan, Secretary, Ministry of AYUSH, Govt. of India, Sh. A.K. Ganeriwala, Joint Secretary, Ministry of AYUSH, Govt. of India, Dr. Renzo Galassi, President LMHI, Sh. L.M. Sharma, Chief Post Master General of India and Dr. Nandini Sharma, Chairperson, International Convention graced the dais. Other noted guests included Health ministers from Indian states of Goa, Haryana, Himachal Pradesh, Karnataka, Odisha, Mizoram and Sikkim, LMHI executive members, National Vice President (India)– Dr. Satinder Pal Singh Bakshi, key policymakers and internationally acclaimed scientists. Practitioners and researchers from all over the world participated as resource persons or delegates. As many as 2100 delegates, comprising of practitioners, researchers, teachers and students, attended this convention from 23 countries including Brazil, Russia, South Africa, Italy, Netherlands, U.K., Austria, Armenia, Canada, Israel, Australia, Bangladesh, Japan, France, UAE, Cuba, Nepal, Turkey, Argentina, Slovenia, Pakistan, Ghana and Kenya (Pic 2).



**PIC 2 :** Hon'ble AYUSH Minister, accompanied by other dignitaries, during the lamp lighting ceremony

Dr Nandini Sharma, Chairperson LMHI, welcomed all the dignitaries, resource persons and delegates from India and abroad. In his inaugural speech, Sh. Shripad Yesso Naik said that homoeopathic education in India is unique and imparts knowledge about core homoeopathic and applied medical subjects. He said that India is contributing significantly in Homoeopathic research and Government of India is committed to further this trend. He expected that the discussions and recommendations of the convention will help in harmonization of homoeopathic education, clinical care, research and drug development processes. Sh. Naik further mentioned that the cost effectiveness of homoeopathy makes it a sustainable system for integration in health care. Sh. Ajit M. Sharan, Secretary AYUSH, opined that homoeopathy is often the only hope in chronic diseases. He added that integration of Homoeopathy in healthcare reduces the usage of Modern medicine drugs at primary and secondary care facilities. India, he expressed, has set an example of integration of Homoeopathy in health care and hoped this convention would provide an opportunity to discuss similar integration in other parts of the world. LMHI President Dr. Renzo Galassi expressed gratitude to Govt. of India for its support in organizing the mega event and discussed contribution of LMHI in securing Homoeopathy worldwide. Sh. Anil Kumar Ganeriwala, Joint Secretary, Ministry of AYUSH, Govt. of India extended thanks to all the dignitaries and delegates for their gracious presence during the inaugural ceremony. Souvenir of the convention, the Spanish version of dossier on Homoeopathy – Science of Gentle Healing and six other publications of the Council were released during this session (Pic 3). To commemorate the day, the Minister also released an LMHI stamp in presence of the Chief Postmaster general, Sh. L.N. Sharma (Pic 4).

**PIC 3 :** Hon'ble AYUSH Minister Sh. S. Naik releases the souvenir;  
Seen in pic: Dr. Raj Manchanda, Director General, CCRH and Dr. Sandeep Kaila, Organising Secretary of the convention





**PIC 4 :**  
Release of LMHI postal stamp

## Global Scenario and International cooperation

An exclusive session on this subject reflected upon India's strength as the world leader in homoeopathy. The session had discussions on the ways to promote Homoeopathy through international cooperation. Ministers/ key representatives of Government from Bangladesh, Nepal, Sri Lanka and Pakistan spoke on the status of Homoeopathy in their respective countries. An important milestone was reached with the signing of Memoranda of Understanding (MOUs) between Central Council for Research in Homoeopathy with Yerevan State Medical University, Armenia for establishment of academic chair in Homoeopathy (Pic 5) and College of Homeopaths of Ontario, Canada for cooperation in the field of research and education in Homoeopathy (Pic 6).



**PIC 5 & 6 :** In process – Signing of MoUs between: CCRH and Yerevan State Medical University, Armenia (L); CCRH and College of Homeopaths of Ontario, Canada (R)

During the session, Dr. Alok Pareek, Vice president LMHI, elaborated upon various initiatives of LMHI in promoting research, education and pharmacy in the field of homeopathy. Dr. Thomas Peinbauer, President, European Committee of Homeopathy, talked about the situation of Homeopathy in Europe and the major areas of focus for advancement and recognition of Homeopathy in European region. Sh. Jitendra Sharma, Joint Secretary, AYUSH presented an overview of international Co-operation in AYUSH and initiatives taken by Ministry of AYUSH in this area. Mr. Mushtaq Alam, Hon'ble Minister of State for Health, Nepal expressed his country's interest in signing an MoU with India in near future for the development of Homeopathy. Dr. Raj K. Manchanda, Director General, CCRH hoped that these two MOUs and a letter of intent signed between CCRH and IPN University Mexico signed earlier will provide right kind of synergy for international cooperation in research and education. Sh. A.K. Ganeriwala, Joint Secretary, Ministry of AYUSH thanked all the dignitaries for summarizing the global status of Homeopathy.

Ms. Poonam Dhillon, celebrity actress of the Hindi Film industry briefly joined in and shared her personal experiences with Homeopathy. She recommended that every household should have a Homeopathy medicines kit at home (Pic 9). The session was concluded by Minister of AYUSH, Sh. Shripad Naik who remarked that it was a proud and historical moment for India and the beginning of a new era of international cooperation in Homeopathy. He hoped that LMHI will continue to guide its member countries and sensitize them to utilize the international cooperation schemes of Government of India for promotion of Homeopathy in their respective countries.



**PIC 9 :** Hindi Film Actress Ms. Poonam Dhillon shares her experiences with Homeopathy

### Recommendations of the session

- To draw consensus for formulation of national policies for homeopathy
- Identify working group for strategy building on worldwide promotion
- Identify areas for international collaboration and initiating international dialogue for the same

### Integrating Homeopathy in Health care

This session was graced by Hon'ble Health Ministers from various states of India such as, Goa, Karnataka, Himachal Pradesh, Mizoram, Sikkim and Odisha, who reflected upon the status of Homeopathy in their respective states. Dr. Peter Fisher, Clinical Director, RLHM, U.K. talked about the WHO's Traditional Medicine Strategy 2014–2023 and said that the goals of the strategy are to support Member States in harnessing the potential contribution of Traditional Medicine (TM) to health, wellness and people-centered health care, and promoting its safe and effective use at the same time. While appreciating the Indian model of integrated approach in healthcare delivery Dr. Fisher said that in India, homeopathy has the confidence of the people, a strong institutional base, well developed training and regulations, and growing research base, which makes Homeopathy a priority system for integration into UHC in India. Dr. Menachem Oberbaum said that not only a redefinition of the goals of medicine is required, but also an attempt to analyze our different traditions to regain those forgotten, personalized dimensions of health and illness is the beginning of a new perspective in medicine. While talking of homeopathic education and training, Dr. Rajan Shankaran, an eminent homeopath, recommended creation of centres of excellence of Homeopathic education all over India and in other parts of the world, with the purpose to inspire, inform and instruct for imparting practical training. These centers, he suggested, can function to supplement the knowledge gained during college studies and can also help practitioners to constantly improve on their knowledge and skill of patient management.



### Recommendations of the session

Identifying issues related to education and training in Homoeopathy and exploring their possible solutions  
Encouraging more evidence-based studies and disseminating their outcomes for stakeholders and health policymakers.  
Identify a working group as per the recommendations to take the matter further.

### A Tribute to Dr. Hahnemann

On April 10, 2016, Dr. Samuel Hahnemann, founder of Homoeopathy, was given a floral tribute through a special dedicated session (Pic 7). Dignitaries, participants and organizers led by Dr. S.P.S. Bakshi, National Vice President, LMHI, Dr. Ramjee Singh, President, CCH, Dr. Arun Bhasme, Vice President, CCH, Dr. Nandini Sharma, Dr. V. K. Gupta, Dr. Sandeep Kaila, Dr. K.K. Juneja, Dr. S.P.S. Bakshi, Dr. Bhaskar Bhatt, Dr. M.A. Rao, Dr. M.G. Oomen, Dr. Renzo Galassi, Dr. Alok Pareek, Dr. Gustavo Alberto Cataldi, Dr. Amarilys Cesar, Dr. Altunay Soylemez Agaoglu and Dr. Raj K. Manchanda paid their tributes. Hahnemann's contributions to mankind was remembered in a tribute speech by Dr. Leopold Drexler from Austria. Dr. Drexler shared in brief the achievements of Dr Hahnemann and said that he was a great German physician, scholar, linguist and an acclaimed scientist, who dedicated his life to reform the medical practices of the 18<sup>th</sup> century and discovered Homoeopathy.



**PIC 7 :** (L-R): Dr. Ramjee Singh, Dr. Arun Bhasme & Dr. SPS Bakshi seen paying floral tribute to Sir Hahnemann



Dr. Renzo Galassi, President, LMHI



Dr. Alok Pareek, Prime Vice President, LMHI



Dr. Ronko Itamura, Japan NVP, LMHI



Dr. Yves Mille French NVP, LMHI



Dr. Altunay Agaoglu, treasurer, LMHI

LMHI International was well represented at the convention through its governing members



## Homoeopathic Education: Indian & Global Scenario

Challenges in education in Homoeopathy at the global level with particular reference to India focused on systemic improvement in education, research and practice. Common perception of homoeopathy education, its existing standards and progress in delivery in European countries, South Africa, Brazil, Bangladesh and in India in the last four decades, in both undergraduate and post graduate colleges, were discussed. The concerns and challenges in global and Indian scenario of education in homoeopathy and ways to standardize education with globally accredited curriculum were also seriously debated upon (Pic 10).



**PIC 10** : Session on Challenges in Education in Homoeopathy in India

### Recommendations of the session

- Development of a common consensus for formulation of national policies for homoeopathic education
- To identify a working group for strategy building on educational front
- To identify areas for international collaboration with regard to harmonization or accreditation of education and exchange of related data and policies.

### Trends in Homoeopathic Research and Drug Development

Two sessions dedicated to the above subject focussed on the key areas of Homoeopathic research. Dr. Jayesh Bellare highlighted his researches on the link between Homoeopathy and nanotechnology. Dr Khuda Bukhsh elaborated on biological effects of homoeopathic dilutions and emphasized the need for high quality molecular research. Dr. Lex Rutten shared the clinical research and the process of validation of homoeopathic drugs according to Bayes' theorem. The discussants of the session Dr. Shailendra K. Saxena and Dr. Raj K. Manchanda summarized the new perspectives being adopted in homoeopathic research ranging from nanoscience, biomolecular, genetic science, quantum physics to pragmatic clinical research designs like prognostic factor research. Therapeutic potential of nosodes was highlighted by Prof. Dr. Carla Holandino Quaresma from Brazil, while Dr. Rajesh Shah from India stressed upon the need of revision in the process of preparation of nosodes. He briefly discussed the preparation and clinical efficacy of three nosodes, namely HIV, Hepatitis C and Mycobacterium Tuberculosis.

### Recommendations of the session on Latest trends in Homoeopathic Research

- Fundamental research studies in Homoeopathy to be taken up more rigorously
- To identify a working group to initiate and/or coordinate projects on this front.

### Recommendations of the session on Drug validation and drug development

- Individual disease conditions shall be identified and as per the available evidences, apt studies shall be taken up for drug validation.
- Identify the areas for public health ventures for drug validation and drug development.
- Support from various Government sectors for formulation of global strategy for the best suited approach and designs for undertaking future researches in homoeopathy
- Development of SOPs for standardization and preparation of various nosodes and take up further studies to find effect in Homoeo-prophylaxis.

## Homoeopathy in Mental Health

Main topics discussed in this session were comorbidities of skin disease in psychiatric patients, efficacy of Homoeopathy in alcohol dependence, anxiety and its impact on quality of life among urban elderly population. Dr. Kumar Dhawale, Chairman Special Committee for Clinical research, CCRH, stressed upon the benefits of integrating homeopathy in the national mental health programme. Dr. Ronko Itamura from Japan explained three step strategy for treating depression patients with homoeopathy.

### Recommendations of the session

- To identify mentally ill persons consulting in General OPDs.
- Training of homoeopaths to diagnose common mental illnesses under guidance of specialists
- Support from various Government sectors for formulation of global strategy for the promotion of Homeopathy in mental health programmes.
- Identifying areas for international collaboration in mental health

## Homoeopathy in Public Health

The merits of delivering homoeopathy within public health systems was the core theme of the session. In the session focused on this subject, Dr. Martien Brands, from Netherlands, spoke about role of Homoeopathy in public health and emphasized on allocation of greater share of budget to the cost effectiveness studies for more proven usability of Homoeopathy in public health. Dr. Sudha, Senior physician, SOUKYA, an organization focused on alternative therapies, discussed the delivery of AYUSH model in a Primary Health Centre in Bengaluru, Karnataka wherein over 40,000 people from 38 villages are availing integrated care. He also revealed that a Homeopathy medical kit with 12 remedies distributed to about 1000 households, along with appropriate orientation, proved successful in treating simple conditions at home and helped the adults and children not miss their work and school, respectively. Dr. Praveen Oberai discussed about integration of Yoga/Homoeopathy service in the existing National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular disease and Stroke to make it more effective. Dr. Prashant Tamboli summarized the research work on anaemia being done in tribal areas of Maharashtra and Vadodara in India: A Sustainable ASHA based Public Health Care Model. Highlighting the importance of information technology in Homoeopathy, Dr. Jawahar Shah talked about the mobile app with the concept *"Clinic anytime anywhere"*, which can be downloaded and carried in a smart phone wherever you go.

### Recommendations of the session

- Disease conditions relevant in terms of public health shall be identified and as per the available evidence, appropriate study designs may be suggested.
- Core areas for public health ventures may be identified.
- Support from various Government sectors for formulation of global strategy for the best suited approach and designs for undertaking future researches in public health
- After the discussions with stakeholders of different countries, the common areas for international collaboration may be identified.

## Harmonization of Pharmacopoeias and Drug Laws

Dr. Robbert van Haselen, who joined this session on Harmonization of Pharmacopoeias and Drug Laws live, through an online interface, emphasised on widening the horizon of harmonization by exploring the Global Drug Laws dealing with Homoeopathy and specifically focused on challenges faced by Homoeopathy practice across the globe with regard to standardization, availability of raw materials and clinical data requirements. The speakers brought up many vital issues like regulation of homoeopathic medicines worldwide, need for a common international pharmacopoeia, need for synchronisation of Homoeopathic pharmacopoeia of India with other Pharmacopoeias of the world, pharmacopoeial standards on homoeopathic drugs vis-à-vis drug regulations and need for upgrading specifications of plant raw materials in homoeopathic pharmacy through modern equipment and scientific methods. During the session Homoeopathic Pharmacopoeia of India (HPI), Volume X was also released.

### Recommendations of the session

- To deliberate upon constitution of an International Homoeopathic Pharmacopoeia Committee
- To come to conclusions about the parameters to be included in the Homoeopathic Pharmacopoeia of India, to bring it at par with the other International Pharmacopoeias.
- To streamline and unify the different amendments to the Drugs & Cosmetics Act proposed by different Homoeopathic - - - Associations and to record all those changes in the format prescribed by the Ministry of AYUSH.
- To record the grievances and difficulties faced by the manufacturing industry and work towards circumventing and solving the issues regarding procuring, identifying and standardizing raw drugs as well finished products.
- To address the issues regarding Nosodes and Sarcodes, especially in the light of modern knowledge in the field of microbiology and preparing them afresh starting with genetically pure lines of microbes and other pathogens.
- Ministry of AYUSH may consider organizing a global conference focused exclusively on standardization of drug laws and pharmacopoeias

## Homoeopathy for Epidemics

The technical session on Homoeopathy for Epidemics included the studies on dengue undertaken in Cuba at National Institute of Integrative Medicine, exploring evidence base of Homoeo Prophylaxis. Dr Isaac Golden and Dr. Natalia Marzoa Silva shared their Cuban experiences during dengue epidemics, its therapeutic and prophylactic treatment and different combinations available for it, as well as the challenges one faces in running prevention programmes. Dr. J.P. Mishra presented his study conducted in Chhattisgarh state where Chininum sulph. 200 was found useful in prevention of Malaria. Dr. Anil Khurana, highlighted the effectiveness of Arsenic album for symptoms of influenza-like illness through a study conducted by the CCRH in 2009. Dr. B.S. Rajashekhra presented epidemic studies on Dengue and Chikungunya, conducted as per a Homoeopathic prophylaxis protocol developed in Kerala, with positive outcomes with homoeopathy.

## Recommendations of the session

- Strategy for identifying actionable epidemic diseases may be developed as per the available evidences and prompt actions to initiate studies on those may follow
- Identify the areas for public health ventures in the field of epidemics, with special focus on the diseases that have no vaccines available for prevention so far.

## Homoeopathy in Cancer

In the Hering Hall, during a session dedicated to the above subject, Dr. P. Banerji spoke about the Banerji Protocols in the Treatment of Cancer, according to which specific homoeopathic medicine, in specific dilution and preset dosage pattern, is prescribed for a specific disease. Four cases of cancer treated by Homoeopathy were presented by Dr. Jaswant Patil and Dr. Anwar Amir Ansari, a case of Hodgkin's Lymphoma by Prof. (Dr.) Niranjan Mohanty, a case of Glioblastoma Multiforme by Dr. Pravin Beedkar and Case of Carcinoma of Lung by Dr. Sayed Tanvir Hussain.

## Recommendations of the session

- More data should be collected in context of different types of cancer, as only then:
- Comparisons with the other systems of medicines can be made.
- A pattern can be generated from the data which shows the efficacy as well as certain limitations so that more effort can be made in order to benefit patients.
- Percentage cure rate can be identified.
- A website should be developed in which homoeopaths from all over the world can report their cases.
- More research work should be done in field of cancer.
- Researches in field of homoeopathic process, efficacy at cellular level and electro-physical level should be made.

## Homeopathy on Physico-Chemical Research

Different researchers shared their perspectives in the areas of physico-chemical and biomolecular researches in Homoeopathy during this session. Key papers related to nanotechnology, biophotons, quantum physics and dielectric properties of homoeopathic dilutions were discussed in the session.

Dr. Anil Kumar Nain presented his research on Physico chemical properties of Homoeopathic potencies. He concluded that molecules of Homoeopathic medicines may be present in extreme dilutions and these molecules and succession phenomenon may be responsible for variation of physicochemical properties of these homoeopathic formulations. Prof. (Dr.) Papiya S. Nandy presented a paper on enhanced dielectric properties and conductivity of Cuprum metallicum & Cobaltum metallicum doped PVDF-HFP film and their possible use in electronic industry. While Dr. T Abdurahiman presented his study on Nanotechnology perspectives in characterization of homoeopathic drugs, Dr. E.S. Rajendran talked about how plenty of particles were identified in nanometre and quantum dots scale using High Resolution Transmission Microscope in his study. His slides of Energy Dispersive Spectroscopy showed presence of Iron in all potencies of Ferrum met. 6C-50M and Carbo veg. 6C- CM.

## Recommendations of the session

- Not to generate data from purchased medicines. In-house samples should be prepared instead for generating evidence and authenticity of the study.
- Analytical methods should be validated.
- Collaboration with physics, biology and practicing peoples should be looked forward to make generalized conclusions.
- The experiments should be replicated again and again which will enable long-term policy decisions and subsequent incorporation in pharmacopoeias.

## Homoeopathy – Biomolecular Research

After elaborate presentation on basic research updates by Dr. Peter Fisher, Editor-in-Chief, *Homeopathy*, during this session, presentations followed on topics ranging from homeo-genomic approach towards personalized therapy of cancer, hypertension and oxidative stress parameters of kidney by modulating enzyme hypertensive rat model, anti-heat shock effect of *Cantharis 200* transported from one plant to another through capillary water, to protective role of *Rhus toxicodendron 6c* on cells of primary cell culture in relation to dengue virus infection and molecular level correlation between probable homoeopathic medicines and bio-samples of patients. Considering the promising ideas and hypothesis concerning the mechanism of action of homoeopathic medicines, one can hope to validate the science through scientific experimentation on these lines.

## Recommendations of the session

These type of researches should be conducted with more quality and precision and if designed in an integrative fashion, with the homoeopathic experts along with microbiologists and botanists, the results may be more beneficial to the homoeopathic fraternity.

The studies should be replicated several times for higher precision and translational value.

## Session on LMHI, Professional Associations & International Cooperation

A special session on LMHI, Professional Associations & International Cooperation was chaired by Dr. Renzo Galassi. The popularity of homoeopathy, challenges faced, regulation and opportunities for homoeopaths in France, Canada, Japan and Bangladesh and the role of Homoeopathic Associations in promoting Homoeopathy were discussed.

## Recommendations of the session

All homeopathy organizations should work hand in hand for furthering the cause of homoeopathy and aim to promote the science through international cooperation among different countries.

## Clinical research & other sessions

The sessions on clinical research included latest research updates by Dr. Peter Fisher. Role of Homoeopathy in malaria, dengue, natural disasters, brain injuries, chronic ear infection, and sciatica was explored in these sessions. Dr. Kusum S. Chand presented a study on effect of Adjuvant Homoeopathy in the treatment of Multi-Drug Resistant pulmonary Tuberculosis. Dr. Dhruva Chakraborty shared his experience of *Merc. sol. 200* in regaining the loss of sensation and regenerating the nerves with clearance of pathogens. Dr. Bindu Sharma presented a clinical trial on Homeopathic Therapy for Lower Urinary Tract symptoms with Benign Prostatic Hyperplasia. Dr. Varanasi Roja presented a study about Effectiveness of Homeopathic Medicines as Add-On to Institutional Management Protocol in Acute Encephalitis Syndrome. Dr. Tapas Kundu, discussed significant role of homoeopathy in reducing bleeding in haemophilia patients. Dr. Girish Gupta spoke about the role of Homeopathic Medicines in Chronic Renal Failure Patients Assessed by Estimated Glomerular Filtration Rate (eGFR). Dr. Mohit Mathur shared his study on the effectiveness of Homoeopathic treatment in rheumatoid arthritis. Dr. Chetna Deep Lamba discussed a study on management of Polycystic Ovarian syndrome with homoeopathic intervention versus placebo. Dr. Sandeep Kumar Mishra shared his research work on treating kidney stones with Homoeopathy and Dr. Bindu Sharma talked about Stress-induced psoriasis and Homoeopathy.

Besides these, sessions on Homoeopathic Philosophy and its Practical Application, Homoeopathy in Veterinary Science and Disaster Management were also held.



## **Recommendations of these sessions are given below:**

### **Clinical Research**

-The results of the presented studies should be translated to public health and studies on TB and leprosy maybe recommended for integration in the respective National Health programmes.

- Separate studies should be undertaken to add more validity to the study of BPH with individualised medicines.

### **Clinical Research Studies**

-As per the available evidence, apt studies should be taken up with rigorous designs.

-To formulate a global strategy for the best suited approach and designs for undertaking future researches.

-Homoeopathy may be promoted more widely for improving Quality of Life (QOL) and relieving adverse drug effects, especially in the cases with limited scope of treatment.

- Side effects resulting from chemotherapy and radiotherapy of cancers cases can also be treated with Homoeopathy, along with improvement in QOL.

### **Clinical Case Series**

-The documentation of a series of cases can help to unfold the unknown or hidden indications in the cases, as a pool of indications emerge from similar cases. This, in turn, increases the level of evidence for Homoeopathy.

-Case reports – care guidelines, Extension of CARE GUIDELINES i.e., HOM-CARE GUIDELINES need to be further worked upon for uniformity.

-Importance of integrated approach in various clinical conditions need to be highlighted and materialised more in practice.

- An ideal case report must include the presentation, course, and clinical outcome, in addition to literature review of the crucial issues related to the case.

### **Short Communications**

- Ministry of AYUSH may consider collaborating with homoeopathy practitioners carrying out quality clinical research work.

-Treatment of geriatric cases with homoeopathic medicines can reduce the burden on the socio-economic conditions of health care system in India.

-Treatment of tropical diseases like Malaria with Homoeopathy, as an adjuvant or standalone depending on the case, may greatly reduce the burden on the economic conditions of a country.

-Homoeopathy can be a good choice of treatment modality in Sciatica, which has no specific treatment therapy, except for painkillers.

### **Homoeopathic Philosophy and its Practical Application**

- The gap between philosophy and its practical application can be bridged by adopting modern day tool for assessing outcomes of treatments based on philosophical approach.

### **Veterinary in Homoeopathy**

- Homeopathy needs to be optimally utilised in veterinary healthcare.

### **Homoeopathy for Disaster management**

-Homoeopathy is front-line medicine at its best. It has much to offer to the victims of disaster and those who rush to first aid. It is inexpensive, easily administrable, safe to be taken before any other medical help arrives, and later along with other treatment modalities, without any known interactive effects.

- Compilation of an emergency homeopathy kit; and training its usage to common man.

## POSTER PRESENTATIONS

Many interesting and novel works were presented through innovative posters on both the days of the convention. The presenters were given the opportunity to highlight their work in parallel to the related technical sessions.

## EXHIBITION

An exhibition was hosted in parallel to conference where five exhibitors from pharmaceutical and publishing fields displayed their products and services. CCRH showcased its activities and achievements through its publications and other display material, which evoked keen interest among the delegates.

## GALA DINNER

A gala dinner was arranged in the night of 9<sup>th</sup> April at the Ashoka hotel in New Delhi. A ceremonial cake was cut by the AYUSH Minister, Sh. Naik, to mark the celebrations. The invited guests could be seen letting their hair down and socializing with each other. It was indeed a cherishable moment for those present (Pic 11).



**PIC 11** : World Homoeopathy Day celebrations during gala

## VALEDICTORY SESSION

In his valedictory address, Shri Shripad Yesso Naik, Hon'ble Minister of State (IC) for AYUSH greeted the people of India on the occasion of World Homoeopathy Day and appreciated the ongoing work in the field of Homoeopathy. He appreciated that Homoeopathy has taken major scientific leaps in the past and its body of evidence is growing by the day (Pics 12 & 13).



**PIC 12 & 13** : Hon'ble Minister of AYUSH, Sh. Shripad Naik addressing the gathering during valedictory session

The Minister also complimented the steps taken towards international cooperation during the convention, as it saw the signing of two MoUs in the field of education and research in Homoeopathy, between Central Council for Research in homoeopathy (CCRH) and College of Homeopaths of Ontario, Canada; and another one between CCRH and Yerevan State Medical University, Armenia. Sh. Naik expressed his hope signing of these MoUs was only the beginning and many such bilateral co operations will be agreed upon in the times to come. He remarked that with research becoming a prime concern in Homoeopathy, many more international collaborations are possible and highly recommended.

Dr. Raj K. Manchanda, as he complimented his organizing team for successful run of the conference, also expressed that the time is right to expand Homoeopathy worldwide with appropriate international tie-ups and exchange of knowhow. He said that Homoeopathy has found some major breakthroughs in the field of science and it is for the scientists and practitioners alike to tap this opportunity and translate these findings into pragmatic use by public health. The convention concluded with vote of thanks by Dr. Nandini Sharma to all the organisers, collaborators and delegates. Dr. Sandeep Kaila, the main man behind arrangement of the logistics, was profusely appreciated for his relentless work to put together this grand event.

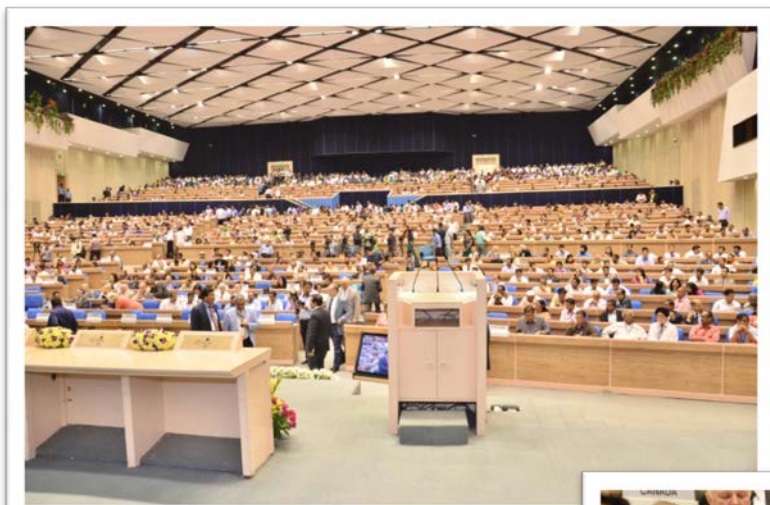
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## Homoeopathic Approach in Neonatology

By Dr. Reetha Krishnan,  
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***“Special Thanks to Dr. Arvind Kothe  
from the JIMS Hospital of Hyderabad”***

### Significance of Neonatology:

Neonatology is a specialized branch of pediatrics ranging from Birth to 30 days of age. It is a highly vulnerable time for a neonate who is completing many of the physiologic adjustment required for extra -uterine existence. Most of the problems in neonatology are due to poor adaptation because of

1. Asphyxia – Delayed first cry at birth will cause Hypoxia of the brain leading to hypoxic encephalopathy.
2. Prematurity – Complications in preterm delivery is mainly due to underdevelopment of the organs. There is respiratory distress and inability to maintain oxygen saturation due to immature lungs. There are high chances of septicemia due to immature and undeveloped immune system.
3. Life threatening congenital anomalies- Poses immediate risk to life mainly with anomalies of vital organs.
4. Adverse effects of delivery – Birth trauma can cause concussion of brain leading to Cerebral palsy; nerve injuries can cause brachial palsy etc.

Neonatal period is a vulnerable time not only for the neonate but also for the parents. They are in an extreme state of anxiety, making the observations blurry. Eliciting history from anxious parents is a skill that a neonatologist needs to have. Ante natal history, Birth history, Past and Family history of mother becomes crucial.

As the Symptomatology have more of signs than symptoms in neonates, the knowledge of what is normal in a neonate is very essential to identify common from characteristics.

The cases discussed below would allow us to understand various aspects of case taking in neonatal practice, formation of totality and various methods of management of neonatal cases.

### Case1:

A two day old baby was referred to the hospital by a pediatrician for homeopathic treatment for complaints of persistent vomiting since birth.

Birth History: Preterm Ceseian delivery due to leaking per vaginum. Birth weight -1.85 kg.

Baby had cried immediately after birth. Apgar score was 9/10. Baby was put on antibiotics and perinorm drops for 2 days but there was no improvement and vomiting persisted. Hence the baby was referred to our hospital.

On Examination: Weight - 1.85 kg Gestational age - 30- 32 wks

Anterior fontanel - open  
Cry / tone / activity - Good  
Chest - clear  
P/A – Distended, Liver 1cm palpable.  
Spleen not palpable  
Soft lump was palpable in epigastric region with visible peristalsis.  
An X-ray Abdomen with Chest was ordered immediately which revealed a large fundic shadow.



1. Amniotic fluid aspiration
2. Meconium fluid aspiration
3. Pylorus spasm
4. HPS [ hypertrophic pyloric stenosis ]
5. Infectious causes like septicemia , meningitis etc

Based on the observations and understanding of probable diagnosis, totality was formed and repertorization was done.

1. Vomiting after mother's milk
2. Vomiting in nursing infants, of milk
3. Induration of pylorus
4. Constriction of pylorus

[illegible]

Materia Medica Reference:

Phatak mentions "Induration of pylorus" in SILICA  
Hence Silica 30 one dose was given stat.

Follow up: There was no vomiting after the dose of silica and hence the child was discharged the next day. The child followed up after 3 months for mild URTI and weight of the child was 5.6 kg (more than triple the birth weight in 3 month).

The case helped us understand the following concepts:

- Importance of Clinico-pathological co-relation.
- How to form a totality based on signs more than symptoms
- How to convert signs to rubric

### Case 2:

1 month old baby was brought with complaints of pustular eruptions, discrete all over body since 15 days with fever.

Evolution:

Complaint started 15 days back with pustular eruptions around neck & groin. Taken allopathic treatment but was not better. Lesions were spreading & few lesions were with indurations. Child also had low grade fever with reduced appetite since 2-3 days. Eliminations were normal.

Examination:

Temp: 100°F; Anterior Fontanel: NORMAL; Sucking: GOOD  
RS: CLEAR  
Skin: Pustule discrete all over with indurations in few. Redness with minimal warmth +

Diagnosis: RECURRENT STAPHYLOCOCCAL SKIN ERUPTIONS

What is the danger in managing this case?? ..... Child can go into septicemia very quickly in neonatal age group due to lowered immunity.

Totality: SUPPURATION WITH INDURATION..... NO OTHER SYMPTOMS AVAILABLE

**Repertorisation**

Reportorisatoin: Symptoms Covered

Remedy Name Totality Symptom Covered	Sil	SulpH	Caco	Con	Hep	Merc	Sep	Carb-v	Iod	Kali-M	Lyo	Nit-ac	Pheo	Sars
[C] [Skin]Eruptions:Pustules:	8	8	6	6	6	6	6	5	5	5	5	5	5	5
[C] [Skin]Indurations, nodules:	3	3	3	3	3	3	3	3	3	3	3	3	3	3
[C] [Generalities]Abscesses, suppurations:Chro	2	3	2	2	2	2	2	2	1	2	1	2	1	2
	3	3	3	3	2	2	3	1	2	2	3	1	3	2
	3	2	1	1	2	2	1	2	2	1	1	2	1	1

Symptoms      Remedies

As no totality was available mothers case was defined.

TOTALITY OF MOTHER:

1. Anticipatory anxiety
2. Conscientious
3. Timid
4. Obstinate
5. Chilly
6. Tendency to suppurations
7. Aversion - milk

Remedy for mother: Silica

One could see that mother's tendency and child's first expression were same which depicts a constitutional defect in both mother and child. Hence mother was prescribed Silica 200 single dose.

Follow up: Within 24 hours the child was afebrile, appetite improved and lesions started showing signs of healing. There was no new lesion either.

Conclusion: If you see a common link between child's illness and mother's constitutional tendencies or maternal familial tendencies then addressing mother along with the child will help in giving better results. In neonatal age, the mother and child is still a single unit with only physical separation.

### Case 3:

A 4 day old, unconscious, male baby was referred from Primary Health Center for Emergency NICU management at 10.35 am. The child was a "Precious child" born to a couple after 12 yrs of marriage.

Evolution: There was a history of fever with refusal to feed since 3 days. Now since few hours there is no cry and the child is not responding to any stimuli.

### Birth history:

Antenatal history: uneventful

Preterm vaginal home delivery, cried immediately after birth.

### On Examination:

No spontaneous activity Temp: 99.2 F

Cry - no cry to painful stimuli

Anterior Fontanel- Boggy

R.S - Basal crepts present, Respiratory Rate- 56/min

C.V.S - S1S2 Normal, Heart Rate- 140/min

P/A - Soft

CNS tone- Hypotonia

Pupils -sluggish reaction to light

Reflexes- Absent

Diagnosis: Septicemia with Meningitis with? Hydrocephalus in coma

Pediatrician in NICU prescribed parenteral antibiotics and all other standard allopathic treatment but there was no response.

### Follow up in 24 hrs:

General condition- Same; Temp - 100-101 F

No spontaneous activity; No cry

Pupils dilated fixed; **Developed Sun set sign**





Conclusion: Disease progression; Hydrocephalus increasing. Poor response to treatment

Pediatrician Assessment : ? **Brain Dead**

Action:

- No Use of any medications.
- Pediatrician advised to take baby back home.
- No medicinal intervention.

But the parents were not willing to take the child home as the child had conceived after 12 yrs of marriage. Though from poor family, they were not willing to give up hope. They were worried about the child and wanted to continue the treatment till the last breath.

Observation of child:

- Unconscious, no activity
- Cry- Not cried even after painful stimuli.
- Anterior fontanel tense
- Eyes- Sun set sign
- Clenched fingers
- Closed thumb
- Dilated pupils
- Baby passed urine 2-3 times in 24 hrs
- O/E bladder- Palpable, distended

Totality:

Unconsciousness / Coma hydrocephalus in  
Eyes turned downward  
Clenched fingers  
Closed thumb  
Bladder paralysis  
Dilated pupils

Repertorization:

Remedy Name	Hyos	Apis	Heil	Lyc	Cham	Cocc	Ars	Cupr	Nux-v	Aeth	Bell
<b>Totality</b>	9	6	5	4	3	3	5	5	5	4	4
<b>Symptom Covered</b>	5	3	3	3	3	3	2	2	2	2	2
Unconsciousness, coma Hydrocephalus, in:	2	3	2	2							
Turned Downward:	2				1					2	
emities]Clenching Fingers:	2	2	2	1	1	1	2	3	2	2	2
emities]Closed Fingers First, thumbs:	1					1					
der]Paralysis:	2	1	1	1	1	1	3	2	3		2

Remedy Differentiation:

1. Cuprum met
2. Helleborus
3. Hyoscyamus

Cuprum Met:

Convulsions and spasms

Distortion of head on one side and backward with red face during convulsion.

Restlessness between the attacks.

Spasms from peripheral to center.

Helleborus:

Stupor, dullness of sensorium.

**Asymmetry:** Involuntary movement of one arm and one leg other extremities paralyzed. One pupil larger than other.

**Suppressed urine** with coffee ground sediment.

Pulse slow and feeble, respiration slow, temperature low.

Torpidity and apathy.

Hyoscyamus:

Loss of consciousness with attack of cerebral congestion.

Pupils dilated.

Clenched fingers and closed thumb.

Retention of urine---bladder paralysis

FINAL REMEDY: Hyoscyamus

Susceptibility assessment:

- Pathology: Meningitis with hydrocephalus

- Vitality: Compromised

- Characteristics: Few

Potency: 50 Millicimal Potency was chosen due to:

Involvement of vital organ

Vitality was poor

Need to accelerate the cure by giving freq. repetition

Less chance of aggravation

Hyoscyamus 0/1 drops first dose was given at 10.15 pm on 19<sup>th</sup> June

Follow up summary:

Date 20th June	12.45am	3.45am	7:15 am (2 <sup>nd</sup> dose repeat)	8.00pm
Activity	Moved all limbs on stimulus	Activity Improved	Same (moving on stimulus)	Spontaneously moving limbs
Cry	For 30-40sec on stimulus	30-40sec spontaneous	Same (weak on stimulus)	Spontaneous cry
Tone	Hypotonia	Improved- partially flexed limbs	Same (hypotonic)	Improved- flexion of limbs
Withdrawal response (to tap on the sole)	Dorsiflexion of toes	Same	Dorsiflexion of foot	Improved (flexion at knee)
Blink to light	Slight	Improved	Improved	Improved
Pupils reaction to light	Sluggish	Same	Same (sluggish)	Improved
Urine	Passed 3 times		Not passed since 12am	Passed 4 times

- Normal activity within 36 hours
- Child was put on Breast feeding within 48 hours
- Child discharged on the 4<sup>th</sup> day

Total 3 doses of Hyoscyamus 0/1 was given

### **Final Conclusion:**

### **Case taking in Neonates:**

**Patience:** Patience is required for:  
Eliciting history from anxious parent.  
Examining irritable/cranky child  
Handling anxious relatives.  
Keeping ourselves calm in critical situations

**Observations:** The physician has to develop an acumen of keen observation.  
Accurate clinical observation of progress of illness to quickly identify complications if any as the pace of illness is fast in neonates.  
Homeopathic observations to understand evolution and identify characteristics from common.

**Minimal Interpretation:** As signs are more prominent than symptoms in neonates, physician has to confirm the signs that are observed by parents during case taking.

**Knowledge of Normalcy:** Having the knowledge of normalcy in pediatrics is extremely important to help a homeopath evaluate the signs and symptoms into common or characteristic, thus helping them form a totality.

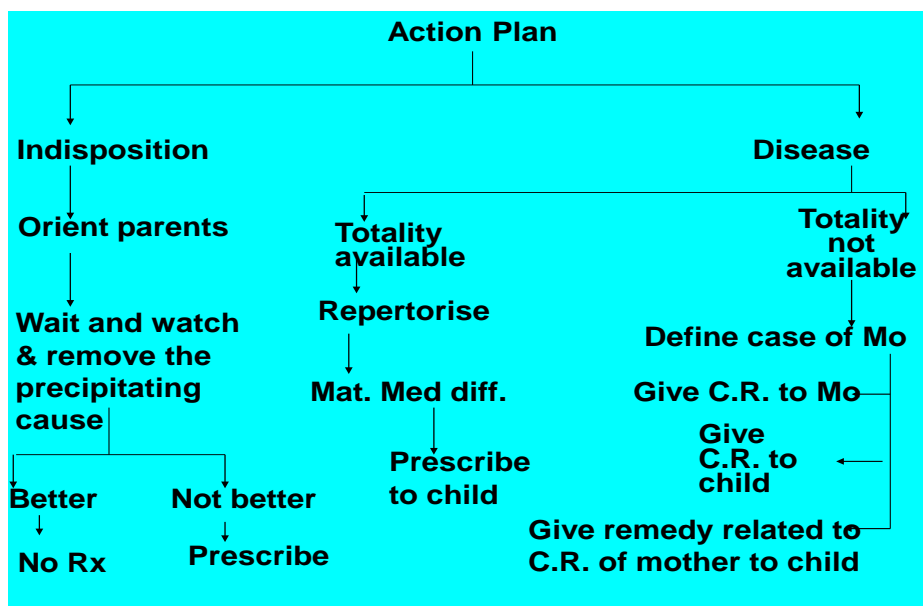
**Knowledge of ancillary measure in management:** Knowledge of oxygenation, fluid and electrolyte management, temperature management etc is important in neonate management.

**Knowledge on Indisposition:** Knowledge of diet history and medicinal history is important in identifying indispositions. Orienting the parents on indisposition and guiding them to manage the child is important in managing indisposition.

**Birth History and Mothers Obstetric History:** Is crucial in understanding the current illness and helpful in managing neonates and relatives.

### **Management Plan in Neonates:**

- The physician should first differentiate an indisposition from an illness.
- If the indisposition doesn't get rectified by managing the precipitating factors then a remedy has to be given based on the available totality
- If the totality is available the indicated remedy may be prescribed to the child.
- Understanding the Mother's (Mo) constitution is important especially when there is no clear picture in the child. Constitutional remedy (C.R.) of mother or remedies related to C.R. can be thought of in these situations.



## CENTRAL RESEARCH INSTITUTE FOR HOMOEOPATHY KOTTAYAM, KERALA, INDIA

*Dr.K.R.Janardanan Nair  
Assistant Director Incharge  
Central Research Institute for Homoeopathy,  
S.Puram P.O., Kottayam.*



General OPD of the institution caters services nearly 600 patients a day. Majority of cases attending general OPD are Life style disorders, psychiatric disorders and Gynecological disorders.

The Institute is also running specialty clinics in OPDs for Psychiatry daily, Mother and Child Health Care, Dermatology, ENT & Life Style Disorders on two days per week.

A well organized community health care system is maintained in the institution. This division provides regular medical camps in 5 identified areas and conducts awareness programmes in those villages. This new program is attracted well by the public and on an average 100 patients is attending these peripheral clinics. It protects and promotes health by preventing, identifying and treating the diseases related to poor hygiene and sanitation in remote areas.

The scientists of the Institute are also imparting clinical training to B.H.M.S. students from nearby Homoeopathic Medical College. The Final year M. D. Homoeopathy students in Psychiatry of nearby Homoeopathic Medical Colleges and Hospitals, obtain clinical training in Psychiatry from the Institute, considering the importance of this Institute. Students from various homoeopathic medical colleges also attend the Institute to understand the mode of psychiatric care applied, as a part of their curriculum. In order to entertain and rehabilitate the patients admitted for treatment, well equipped Occupational therapy wing is available in the Hospital in which one Occupational therapist is fully engaged. The Occupational therapy department provides rehabilitative services for people with psychiatric disorders. Psychiatric disorders often impair the ability of patients to contribute and to function well in the community. As such, vocational, cognitive and other forms of psychosocial rehabilitation are necessary to help patients to integrate into society. Lifestyle management, community living skills training, cognitive remediation and vocational training are given to the patients. Daily on an average 600 patients attend the OPD of the Institute and 5 doctors are attending the General and special OPDs of the Institute. In order to provide individual and family therapy, one Psychiatric Social Worker (PSW) is engaged in the Institute. All cases referred by the attending doctors are being attended by the PSW.



## **GENERAL ACTIVITIES**

1. 100 bedded IPD facilities for Psychiatric patients
  - Division of General Psychiatry
  - Division of Substance Abuse Disorders including Alcohol dependence Syndrome.
  - Division of Child hood Psychiatric disorders
2. 5 specialty clinics in various disciplines (Psychiatry, Mother and Child care clinic, Life Style disorder ,ENT, Dermatology)
3. Epidemic cell conducting research in epidemic disease conditions.
4. Participates in Govt. sponsored Arogya Melas Health camps and Awareness Programmes.
5. A Collaborative preventive study on Dengue fever is being conducted in Trivandrum District.
6. Division of Occupational therapy
7. Division of Physio therapy
8. Division of Yoga Therapy
9. Community Health Programme

## **ONGOING RESEARCH PROJECTS**

### **- Ongoing Psychiatric projects**

An open randomized multicentre placebo controlled clinical trial, crossover, clinical trial of Homoeopathic medicines in Autism.  
 Homoeopathy as adjunctive treatment to Risperidone/ Olanzapine in treatment resistant patients of schizophrenia: An open label randomized placebo controlled trial.  
 Comparative trial in the management of alcohol dependence :standard allopathy treatment Vs Homoeopathy-a randomized trial.  
 ADHD- Randomised placebo controlled clinical trial- pilot trial

### **- Observational studies :**

Observational study to evaluate response to Homoeopathic treatment in Psoriasis  
 Observational study to evaluate response to Homoeopathic treatment in Vitiligo  
 Homoeopathic Ferrum drugs in treatment of Iron deficiency anaemia in children.

### **- Drug validation study**

Validation of commonly used Homoeopathic drugs for Bronchial Asthma  
 Validation of commonly used Homoeopathic drugs for Acne

### **- Other clinical projects:**

A comparative randomized controlled trail of Homoeopathy & Allopathy in Acute Otitis Media & its recurrence in children

A Multi Centre Single blind Randomized Placebo Controlled Trial to Evaluate the Efficacy of Individualized Homoeopathic Intervention in Breast Fibroadenoma

Effects of individualized homoeopathic intervention on Dyslipedemia: An open label randomized controlled exploratory trial.

Effect of Homoeopathic intervention in Pre-Diabetes: An open label randomized placebo controlled exploratory trial.

**-Double –blind trial**

Comparing individualized Homoeopathy with placebo in managing pain of Knee Osteoarthritis: A double blind randomized controlled trial

**-Past Studies on Epidemic disease**

Efficacy of Genus epidemicus in the control of viral fevers including dengue fever.

To find out the Genus epidemicus and explore the effectiveness of Homoeopathic medicines in influenza like illness

To find out the Genus epidemicus and explore the effectiveness of Homoeopathic medicines in Chikungunya.

**-Drug Proving** done in collaboration with two nearby Homoeopathic Colleges Collaborative research : Double blind randomized controlled trial

**-New Research Projects to be initiated for which protocols are being prepared.**

Effectiveness of individualized Homoeopathic intervention in reduction of alcohol craving and alcoholism

Randomized placebo controlled trial in management of learning disability

A Pilot study to evaluate the efficacy of Homoeopathic medicines in the management of Pre-hypertension

## Changes in the effect of heat stress protein that transferred from one plant to another through capillary water and its treatment with cantharis 200.

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By Anirban Sukul, MSc, PhD

### Abstract

Cowpea plants, *Vigna unguiculata* (L) Walp, grown in pots, were kept in two pairs of rows, each containing 10 plants. Plants in each pair were connected by water filled polythene tubes, the open ends of which were dipped into water in two beakers. In each beaker a mature leaf of a plant was immersed. Plants in one row of a pair were given heat stress through hot water while the corresponding water connected row of the same pair remained unstressed. Plants in one row of the second pair were treated with *Cantharis* 200c, a homeopathy potency used for the treatment of burns. The corresponding water connected row of this pair remained untreated. Another single row of plants served as the unstressed and untreated control. After a fixed time leaves of all the plants were harvested and homogenized. Leaf proteins of the plants in each row were separated by fast protein liquid chromatography (FPLC). Leaf protein profile of the heat stressed plants showed similarity with that of unstressed but water connected plants. *Cantharis* -treated plants and the corresponding untreated but water-connected ones showed similarity in the leaf protein profile. Leaf protein profile of the control plants was different from that of the two groups. It appears that an external stimulus to a plant brings about a change in the water structure in the plant which is transmitted through the global molecular network (GMN) of water connecting the two plants.

**Keywords:** Homeopathic potency, Cantharis, heat-shock, inter individual transfer, water network.

### Introduction

New-born babies are very often treated by potentized homeopathic medicines through their nursing mothers. Potencies thus produce therapeutic effect on the babies through their mother's milk during breast feeding. Many allopathic drugs, taken by mothers, are known to be transferred to the breast milk and from there to the sucking babies (1). Here the allopathic drug molecules are directly transferred from the nursing mother to the baby. Homeopathic potencies above 12c do not contain any drug molecule.

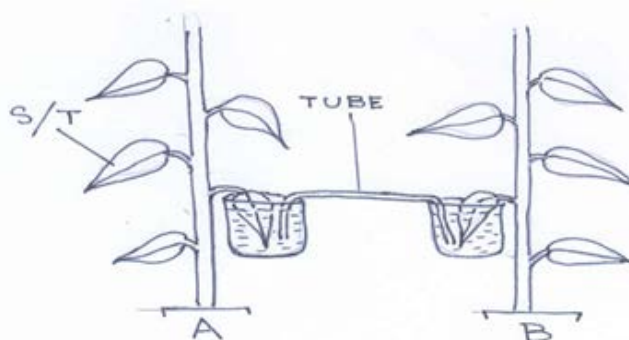
A potentized homeopathic drug in aqueous ethanol is thought to carry the structural information of the molecules of the drug, from which it has been prepared, through the process of successive dilution and succussion. Water can form an innumerable variety of structural configuration through hydrogen bonding strengthened by succussion and preserved by ethanol. Thus water serves as informational molecules through specific three-dimensional structures of water polymers (2). It has been hypothesized that a homeopathic potency initially interacts with and modulates the water structure over the plasma membrane thereby bringing about a conformational change of protein domains in contact with the membrane. The local change is propagated to all parts of the organism through the global molecular network (GMN) of proteins and water. A homeopathic potency may act through the global water structure and protein network of an organism (3). If this is so, then the effect produced on an organism could be transferred to another through a column of water connecting the two individuals.

They were also briefed about the ongoing research projects being handled by the Scientists and the ones which have been concluded. The guests were surprised to see the collection of book, journals etc in the library. Dr. Arya told about the books being donated by Late Dr. D.P. Rastogi, former Director and Padmashree Dr. V. K. Gupta, Chairman, Scientific Advisory Committee, CCRH. Dr. Pritha briefed them about the books, monographs and Indian Journal of Research in Homoeopathy being published by the Council.

We have devised an experiment to verify this hypothesis. Here cowpea plants were grown on pots and connected by polythene tubes containing sterile water. The effect of heat shock on one plant was observed on another plant connected by water column in the form of heat shock proteins in leaves. Similarly, the effect of treatment of one plant with a homeopathic potency, *Cantharis* 200c was observed on another plant connected by water column in terms of the leaf protein profile. Sukul *et al.* (4) has demonstrated that *Cantharis* 200c could induce expression of heat-shock-like proteins in plants. *Cantharis* is a homeopathic drug used for the treatment of burn injuries. In plants the effect of infection with a parasite or of treatment with a drug at one part is transferred to the distant parts. The effect here relates to the expression of pathogenesis related proteins (5-7).

## Methods

Earthen pots, 22.5cm in diameter at upper edge and 22.5 cm in depth, were filled with a mixture of loam soil and cow dung manure in the proportion of 1:1 v/v. The soil filled pots were treated with boiling water twice to remove soil-borne plant pathogens. Seeds of cowpea were surface sterilized with 0.1% mercuric chloride, allowed to germinate on moist filter paper and sown, one seed/pot, in all the 50 pots. The pots were divided into 5 batches and kept individually over bricks. Four batches were arranged in two pairs (Set I and II) and kept side by side. Pots of each pair were 60 cm apart. There were two sets of pairs, each set containing 10 plants. One mature leaf of each plant of the two sets of pairs was immersed in sterile tap water in a glass beaker. A soft polythene tube 2 mm in diameter and 90 cm in length was filled with sterile tap water and their open ends immersed into water in a pair of beakers in which leaves of the partners of each pair of plants were also immersed. This arrangement is shown in a diagram (Figure 1).



**Figure 1.** Diagram showing connection between two plants A, B by a water-filled tube with its ends dipped in two beakers containing water. While one beaker has one leaf of heat-stressed or *Cantharis* 200c treated plant (A), the other has a leaf of unstressed and untreated plant (B). Stress(S) or treatment (T) is given to a leaf different from that immersed in water.

In set no. I, one plant in each pair was given heat shock by immersing a mature leaf in hot water at 61° to 54°C for 5 min. In case of set no. II one plant in each pair was treated with *Cantharis* 200c. The drug, obtained from Seth Dey and Co. Kolkata, was diluted with sterile distilled water in the proportion of 1:500 in order to minimize the effect of ethanol. A piece of filter paper was soaked in the dilution and gently placed on a mature leaf covering an area of 1cm diameter. The treatment was given on both sides of the leaf in the same spot for 1 min. Heat shock or drug treatment was given 60 min after the plant pairs in each set were connected by water filled tubes. The purpose was to equilibrate the plants in each pair in the connected state.

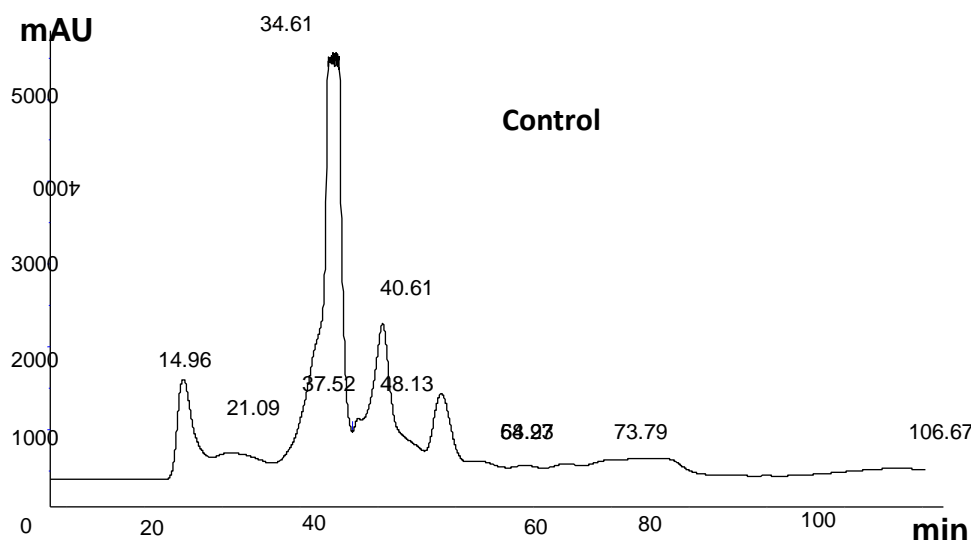


### Separation of proteins

Leaves were harvested one hour after heat shock, and one hour after *Cantharis* treatment. Treated leaves and those immersed in water were not harvested. Leaves of the control plants were also harvested at the same time. These leaves were homogenized in a chilled extraction buffer. Protein extraction buffer was added at a rate of 4cm<sup>3</sup> of buffer/g of tissue. The extraction buffer was composed of 50mM Tris-HCl, 2% β-mercaptoethanol, 1mM ethylene diamine tetraacetic acid disodium salt (EDTA-Na<sub>2</sub>), 5% sucrose, 1.5% PVPP, 1mM phenyl methyl sulfonyl fluoride (PMSF) at a pH adjusted to 8.0 with 1M HCl. The mixture was centrifuged at 15,000g for 20 min at 4°C. Supernatant of each sample was kept at -80°C until further analysis. Each sample of 1ml of extract was injected into the column Superdex 75071. Protein separation was done by Fast Protein Liquid Chromatography (FPLC) using the mobile phase of 0.5M Tris -HCl buffer (pH 7.5) with protease inhibitors at a flow rate 0.5 ml/min at 25 °C with UV detector fixed at the wave length of 280nm. The instrument was of GE healthcare, AKta purifier, model 10. Leaf extract and buffer were filtered through Millipore filter (0.45µm) to remove any suspended particles before FPLC run. The chromatograms were monitored and printed. Gel electrophoresis was not done in this case because the quantity of proteins extracted from cowpea leaves was very low.

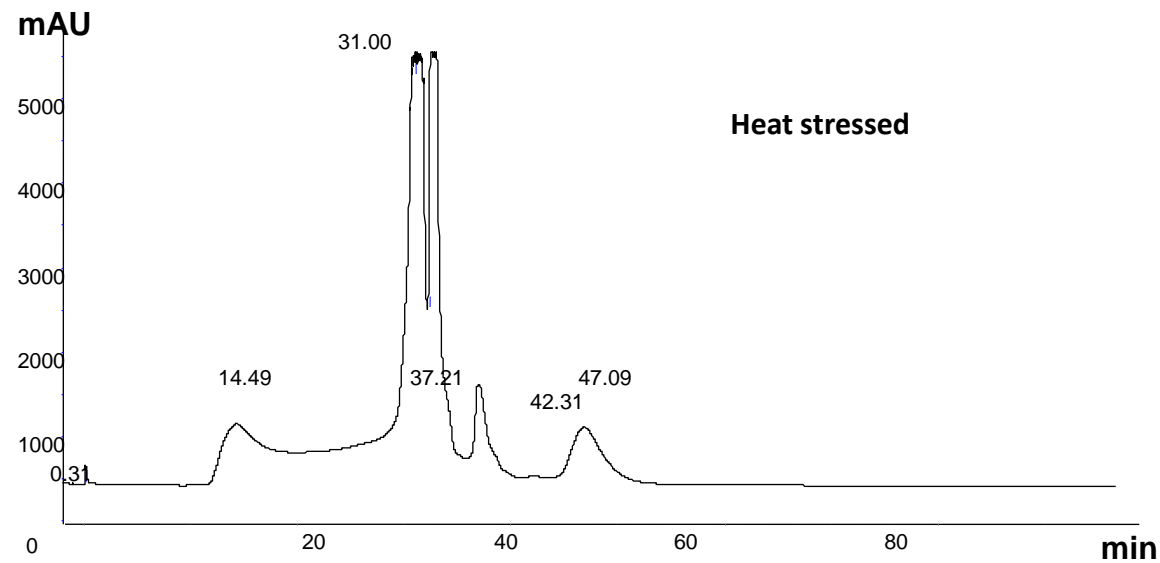
### Results

Leaf protein profile of the control plants is given in figure 2, of heat-stressed plants in figure 3a, of unstressed but connected to heat stressed plants by water column in figure 3b, of *Cantharis* treated plants in figure 4a , and of corresponding untreated but connected plants in figure 4b.



Retention time (min)

Figure 2. Leaf proteins separated by FPLC of cowpea plants, unstressed and untreated (Control). N=10 plants.



Retention time (min)

Figure 3a. Leaf proteins separated by FPLC of cowpea plants given heat stress through hot water (61-54 °C for 5min) to one leaf in each plant. N=10 plants.

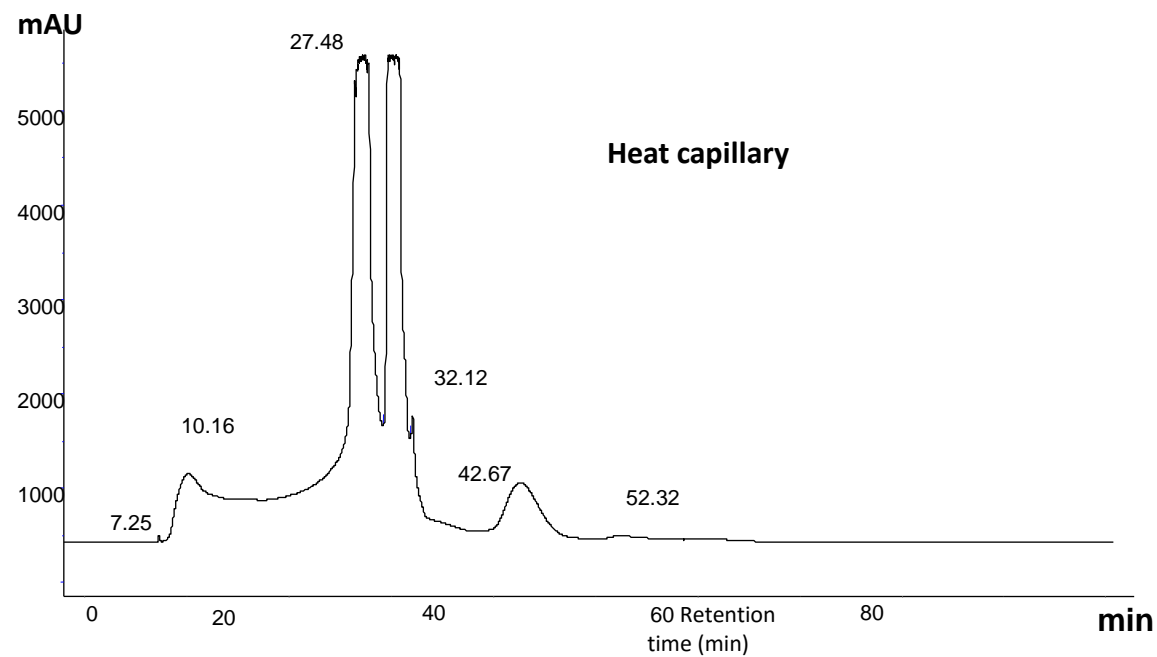


Figure 3b. Leaf proteins separated by FPLC of unstressed cowpea plants connected by water to heat stressed plants. N=10 plants.

There was a marked similarity between the heat stressed plants and the water connected unstressed plants in the leaf protein profile. *Cantharis*-treated plants and untreated but connected plants showed similarity in the leaf protein profile.

Both heat-stressed plants and their unstressed but water connected counterparts show a protein peak around the retention time (RT) of 30-31 min which is absent in the control (figure 3a, 3b, 2). The unstressed but connected plants show a new protein peak around the RT of 27 min which is absent in both heat stressed and control plants (figure 3a, 3b, 2). Both *Cantharis* treated plants and their untreated but water connected counterparts show protein peaks around the RT 29 min and 43 min which are absent in the control plants (figure 4a, 4b, 2). However, these two protein peaks show very close similarity in the RT's with those of plants connected to heat-stressed ones (4a, 4b, 3b). Three protein peaks around RT's 14 min, 33-34 min and 47-48 min were common to both the control and heat-stressed plants (figure 2, 3a). The control protein peak around RT 40 min is absent in all the stressed, treated and connected plants (figure 2, 3ab, 4ab).

Protein peak at RT 30-31 min appears to have been induced directly by heat shock (figure 3a) and indirectly through water connection (figure 3b). Protein peaks at 28-29 min might have been induced directly by *Cantharis* 200c (figure 4a) and indirectly by water connection (figure 4b). These proteins may have protective effect against heat shock as is evident in their expression in plants connected to heat-stressed ones (figure 3b). Protein peak at RT 40 min, found in the control (figure 2) might have been repressed due to heat shock and *Cantharis* treatment (figure 3ab, 4ab).

The results demonstrate that the effect of any treatment on a plant can be transmitted to another plant of the same species through water. This suggests the role of water as informational molecules, and strengthens the assumed physical basis of a homeopathic potency. Living cells in an organism are dynamic reactive structures formed by membranes surrounding a singular fluid mixture. The existence of global metabolic structure was verified for some organisms and that the self-organized enzymatic configuration appears to be common to all cellular organisms (8-9). The metabolic network is a dynamic complex superstructure which integrates different dynamic systems, the metabolic subsystems. The transmission of information between the metabolic subsystems forces them to be interlocked between themselves (10). A stimulus in the form of heat shock or drug treatment in an area of a leaf would bring about a local change in the metabolic activity in that area. This change is dissipated through the global metabolic network to all parts of the plant. Here the change occurs in the form of expression of new proteins.

## Discussion

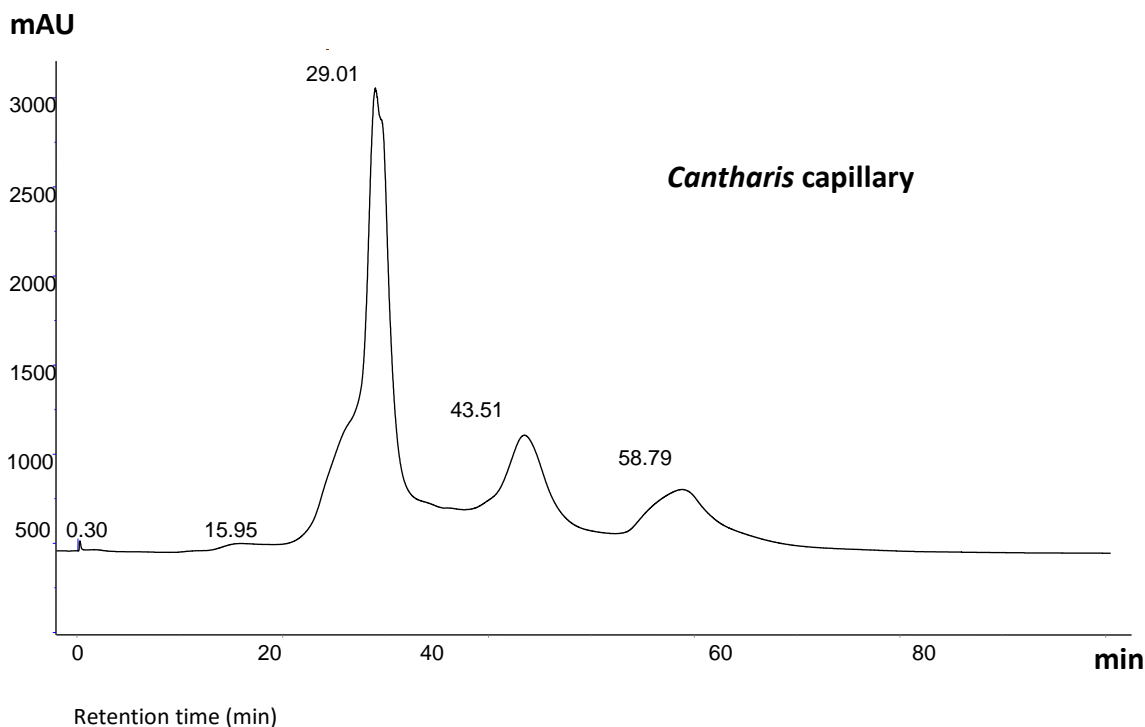
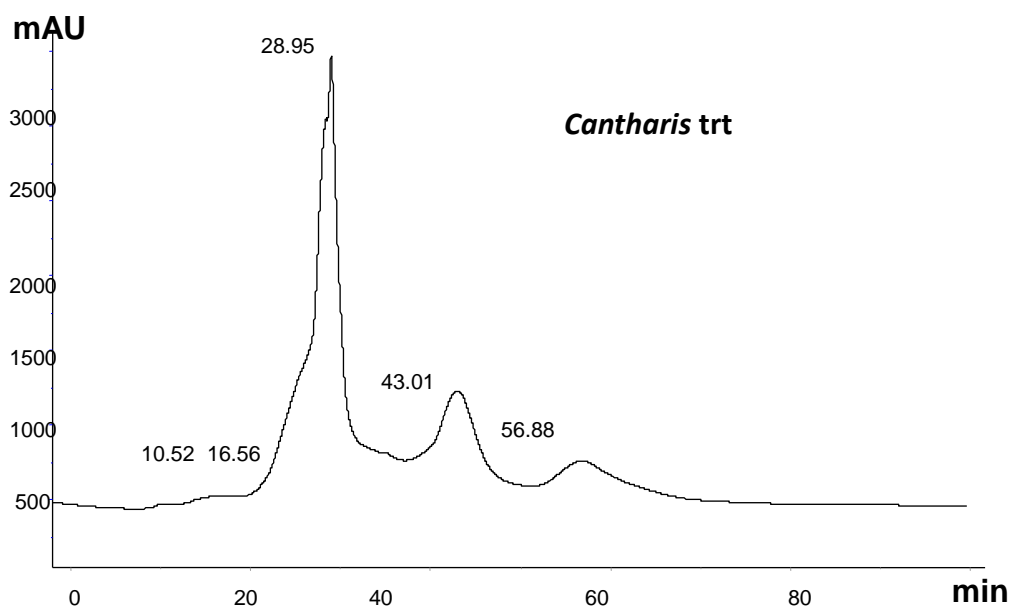


Figure 4b. Leaf proteins separated by FPLC of untreated cowpea plants connected by water to treated plants. N=10 plants.



Retention time (min)

**Figure 4a.** Leaf proteins separated by FPLC of cowpea plants treated by *Cantharis* 200c. The drug was diluted with mili Q water 1:100, soaked in a sterile filter paper and applied by gentle touch to one leaf in each plant. N=10 plants.

Experimental studies have shown that enzymes may form functional catalytic associations in which molecular oscillations may occur spontaneously. When the oscillations are periodical the metabolic intermediaries oscillate with the same frequency but different amplitudes (11). Chabot *et al* (12) reported spontaneous emergence of molecular oscillations in experimental studies on several fundamental metabolic processes including gene expression. It is quite possible that molecular oscillations also involve water structure covering the surface of integral membrane proteins. A homeopathic potency, which is specifically structured water with characteristic molecular oscillation, may act on water structure over macromolecules of cells and change their pattern of oscillations. The local change is dissipated through GMN to all parts of the treated plants and from there to the untreated plants connected by water column. The oscillatory pattern in the untreated plant is reorganized corresponding to the treated plant resulting in the expression of similar proteins in both the plants connected to each other by water. Hydrogen bond network controls water dynamics. There exist intermittent molecular motions associated with the rearrangement of the hydrogen bond network and concomitant fluctuation and relaxation in water (13). Wen *et al* (14) observed that upon vibrational excitation there was conversion of highly coordinated strongly hydrogen bonded water structures to less ordered water structures with weaker hydrogen bonding as recorded by femtosecond X-ray spectroscopy. Since the preparation of homeopathic potencies involves succussion or mechanical agitation through successive steps, the hydrogen bonds become stronger and more coordinated (2). This specific coordination and H-bond strength in the H-bond network in a potency may induce corresponding changes in the water structure and oscillations over macromolecules of the cell membrane resulting in expression of specific proteins.



## Acknowledgements

We thank The Asiatic Society, Kolkata for providing financial support to the work described here. We also thank the Director, Bose Institute, Kolkata for providing instrumentation facility relating to FPLC. A special word of thanks to Mr. Samir Mukherjee of the Bose Institute for his help in the operation of the FPLC instrument. This paper was presented at an International conference held at Kolkata, West Bengal, India on 10-12 December, 2010 and published in the form of an abstract.

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**Academic qualification:** BSc (Zoology); MSc (Zoology); PhD (Neuropharmacology); BHMS.

### Present position:

1. Director, Sukul Institute of Homeopathic Research, Kolkata, India.
2. Honorary Homeopathy Consultant, Bureau of Alternative Medicine, Ministry of Public Health, Kingdom of Thailand, Bangkok.
3. Editor, Clinical and Experimental Homeopathy.
4. Course Tutor, International Diploma in Homeopathy, UK.
5. Reviewer, International Journal of Life Sciences Scientific Research.
6. Practicing homeopathy since October 1999.

**Presented paper in seminars/conference:** National – 14  
 International – 23

**Paper published:** National Journal – 9  
 International Journal – 20

### Book published

Co-author of a book "High Dilution Effects: Physical and Biological basis" published by Kluwer Academic Publishers, The Netherlands. 2004.  
 Translated in Italian language "Farmacologia delle alte diluizioni: Studi Biochimici E Fisici Sul Medicinale Omeopatico" published by Salus Infirorum. 2005.

### Awards

Received grants of 1,500,000 Italian liras from Istituto Italiano per gli Studi Filosofici for attending a workshop at Institute of Biocybernetics in Naples, Italy in 1999.

Recipient of Junior Scientist Award 2002 by Dr S P Chatterjee Memorial Health Association, Jamshedpur, India, September 2002.

Recipient of Life Time Achievement Award by Homeopathic Health & Medical Society, Bangladesh – January 2012.

Life Member, Homeopathic Health & Medical Society, Bangladesh – January 2012.

Homeo Ratna Award, Bangladesh, 2012.

Gold Medal Award by Homeopathic Health & Medical Society, Bangladesh, May 2014.

Man of Excellence Award by Indian Achievers Forum in association with Indo-Thai Chamber of Commerce awarded in Bangkok, Thailand on 23 August 2014.

Member, Research Committee, Liga Medicorum Homeopathica Internationalis (LMHI), Germany.

Board Member, Holistic Medicine Society.

Gold Medal Award by Hahnemann College of Homeopathy, Slough Berkshire, UK, March 2016.

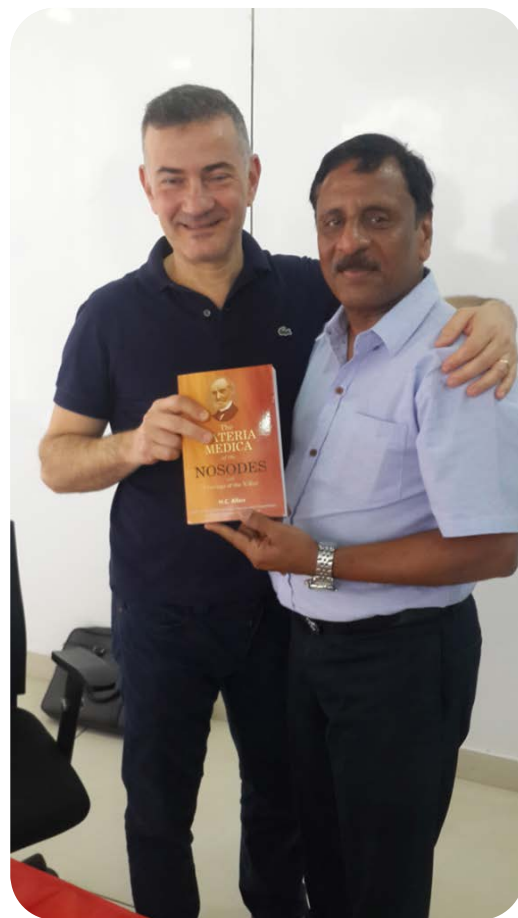
Nominated for the innovative award, "Excellence in Integrative Medicine Research Award" by the European Society of Integrative Medicine (ESIM) to be announced in Budapest, Hungary, a winning prize of 10 thousands Euro (equivalent to 7.5 lacs Indian Rupees).

## ARTICLE ABOUT THE BJAIN GROUP

By Dr. Altunay Agaoglu



We visited the headquarters of Bjain Group and Companies with our President Dr. Renzo Galassi, our education secretary Gustavo Cataldi and Dale Emerson from Archibel after the Hahnemann Day celebration. The CEO of the Bjain Group and Companies, Mr. Kuldeep Jain, welcomed us very warmly. We were given information about the modern and improved remedy production of Bjain. Moreover, we had the chance to visit the bookstore of Bjain's Publishers, which has given additional support to homeopathy with the great books they printed after the friendly lunchtime. All of us had a really good and informative day with the great hospitality of Mr. Jain. We were also blessed with the homeopathy books and with the high quality of Bjain's remedies, which were memorable souvenirs of our visit at the end of the day. We are so thankful and grateful to Kuldeep Jain for his support, friendship and hospitality to us and his great contribution to homeopathy.



"Dr. Renzo Galassi receiving the books as a present from the CEO of Bjain Group Kuldeep Jain"

## The Materials Science of Homeopathic medicines: Nano-structures in Homeopathic medicines prepared from metals and inorganic salts

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Is there a material basis to ultra-dilute Homeopathic medicines? This question has vexed scientists for centuries. The presence of any physical material in high-potency homeopathic medicines, and its structure and mode of action is a topic of great interest for Homeopaths and others, mainly due to the ultra-high dilution factors of  $10^{60}$ ,  $10^{400}$ , and  $10^{2000}$  that arise in 30c, 200c and 1M potency medicines, which are routinely used for treatment. The extreme dilutions that are used lead one to believe that, statistically speaking, not a single atom or molecule can remain in a typical vial of medicine. This, in turn, is because of the atomistic theory of matter, which, according to the well-accepted value propounded by Avogadro, limits to about  $10^{23}$  the number of atoms/molecules in a mole of substance. To resolve this, there came to be several hypotheses proposed for the structure of Homeopathic medicines, like liquid memory, clathrate formation, quantum-physical and silica hypothesis. However, there has been no proof of the presence of any physical entities, so far, based on these theories, so the physical structure remained a mystery. This changed recently: our work at the Indian Institute of Technology Bombay (IITB) has been to investigate the physico-chemical basis, first for metallic medicines, and later for inorganic ones, has shown that nanostructures of the metals remain despite the high potency/dilution. We also proposed and validated an explanation of how this happens, relating it to the process of manufacture. Recently, we extended this to inorganic salts, which are well known even in other systems of medicine as being vital for the living, growth and functioning of the cells in our body.

Modern tools of nanotechnology were used in these studies: transmission electron microscopy (TEM), which gives three types of images: bright field (direct) images, dark-field images (related to crystalline structure), and selected area electron diffraction (SAED) patterns, which are a fingerprint of the chemical nature. For example, zinc will have a very different ED fingerprint than, say, platinum, or any other material (an extensive number are cataloged in the materials science literature to which a test sample can be indexed). TEMs can give additional valuable information on chemical nature through the x-rays that are generated when the electrons traverse the specimen; their spectral analysis (EDS) gives characteristic peaks related to the types of atoms present. Trace elements of metallic nature and some others can be measured quantitatively by analytical tools like inductively coupled plasma atomic emission spectroscopy (ICP-AES) or mass spectroscopy (ICP-MS).

Using such tools, we studied store-bought medicines from two reputed manufacturers. Our studies (Ref 1) have shown that metals and inorganic salts are present in nano and micro form. We have quantified their presence, and further shown how these are retained in each step of succussion by a process of froth flotation (Ref 2). Furthermore, we have shown that silicates play a key role in coating and retaining the starting material in the solution (Ref 3). Our initial work was on metallic medicines, where TEM clearly showed (Fig 1) nano- and larger particles of the metals or their derived products. An example is in Figure 1a, which shows a Zincum met sample, where we saw nanostructures and micro-particles containing nanocrystallites. Unlike other metals, where they were of the metals themselves, these were not pure metallic zinc, but the SAED patterns indexed to zinc hydroxide which is an expected compound derived from zinc. Quantitative analysis by ICP-AES is shown in figure 1b. The results suggested that the asymptote effect commences around 6c potency. Our findings appear to be an extension of the trends noted at lower potencies by Röder et al., who analyzed the concentrations of a few metals in decimal dilutions from 6 to 8 (corresponding to centesimal potencies of 3c to 4c). Part 'A' in Figure 1b explicitly depicts decrease in the concentrations of starting materials with dilutions. An analysis of these results suggested the commencement of an asymptote formation in the vicinity of the 8x (i.e. 4c) potency. When the data from Part 'A' of the graph are compared with our data (Part 'B'), there appears to be a plateauing effect, reached at 6c potency. While a plateau is reached for each metal, the concentration range varied from one metal to another. The plateau of Zincum met (WSI) (solid squares) was appreciably higher (between 1300 and 4000 pg/ml) than that for Zincum met (SBL) (open squares), albeit with the inherent variation mentioned earlier. Similar trends were also observed for all the other metals that were analyzed.

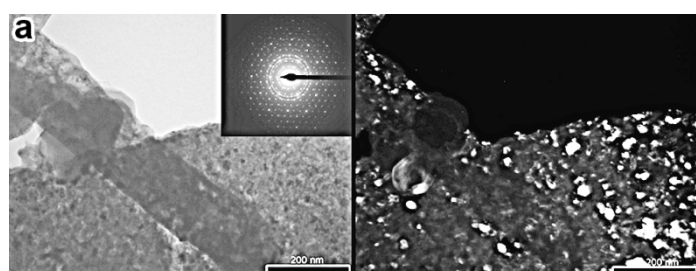


This unequivocally showed the material basis of the medicines: the starting material used to prepare the medicine was present in the finished mother tincture (and it was the only one to be present), even at ultra-high potencies of 1M. Then we studied inorganic medicines, which also showed images of nanostructures (Ref 3). Metallic as well as Inorganic medicines in TEM images show core-shell morphology, consisting of inorganic salt core surrounded by sodium silicate. Both Natrum mur. 200c and Kali mur. 30c are seen to have coating of silicates. The size of Natrum mur. nanoparticles range from 30-50nm with a silicate coating of 10-20nm, whereas Kali mur. is present as large particles approximately  $1.5 \times 3.0 \mu\text{m}$  with a silicate coating of  $0.5-1 \mu\text{m}$ . Also, seen are two sodium chloride nanoparticles observed fusing into a single bigger nanoparticle with a common coating. The silicate polymer coat helps hold together these particles. We explained origin and mechanism of silicate coating during succession (Fig 2 and Ref 3). Selected area electron diffraction (SAED) and energy dispersive analysis (EDS) show patterns consistent with the relevant inorganic salt and simultaneous presence of silicate around it. The silicate coated particles in TEM and in schematic representation of a mechanistic reaction mechanism in the figure included, clearly shows meso-microporous channels available for entrapping nanobubbles.

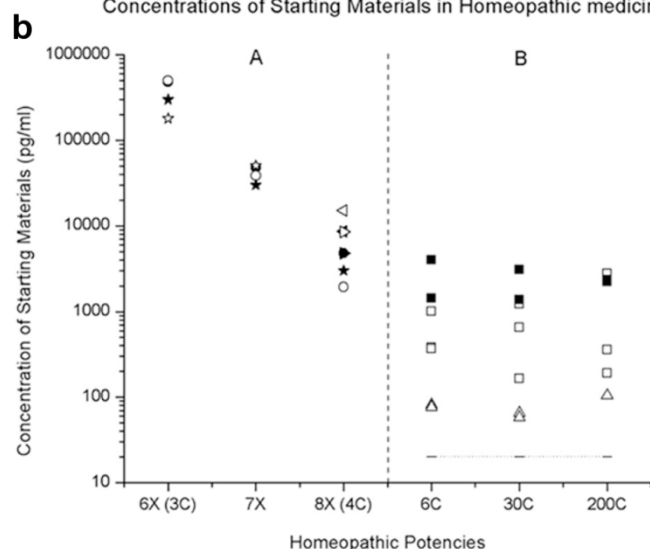
Thus, our studies have established the materials science of Homeopathic medicines: there is a physical and material basis to the medicines, namely the retention of the original starting material in a nano-form. Moreover, it demonstrates the link between Homeopathy and nanotechnology.

#### References:

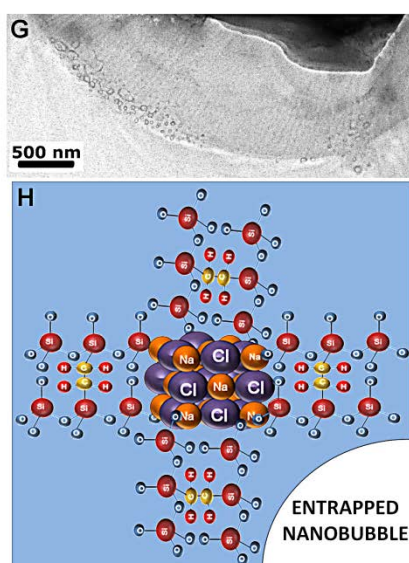
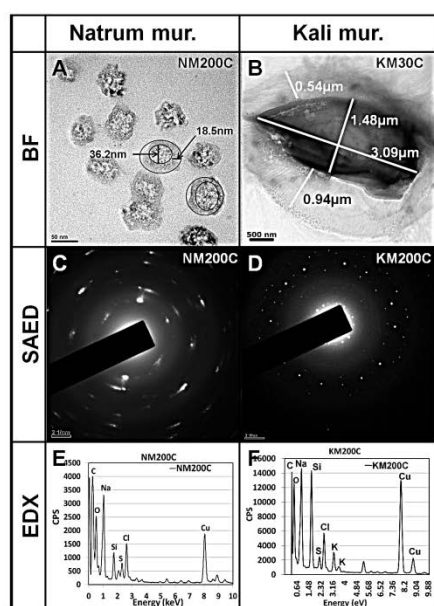
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Concentrations of Starting Materials in Homeopathic medicines



**Figure 1** (a) Bright-field and corresponding dark-field TEM images of nanoparticles and aggregates observed in Zincum met: 30c (SBL). Inset: SAED patterns of the corresponding nanoparticle/aggregate. (b) ICP-AES estimated concentrations of starting elements in homeopathic potencies. Part 'A' - estimated by Röder et al. - solid symbols: expected concentrations, open: estimated concentrations, circles:  $\text{Au}^{3+}$ , star:  $\text{Fe}^{3+}$ , left triangle:  $\text{Hg}^{2+}$ , right triangle:  $\text{Zn}^{2+}$ . Part 'B' - estimated by ICP-AES in our work - squares: zinc concentrations, open: Zincum met (SBL), solid: Zincum met (WSI), open triangles: gold concentrations in Aurum met (SBL) samples. The dotted line at 20pg/ml indicates the detection limit of the instrument. From Ref. 1. For details, see Ref. 1.



**Figure 2** (A) Natrum muriaticum 200c nanosize particles, (B) Kali muriaticum 30c micron size particles, both coated with sodium silicate. (C) & (D) Selected area diffraction pattern of Natrum muriaticum 200c and Kali muriaticum 200c, (E) & (F) Energy dispersive X-ray analysis of Natrum muriaticum 200c and Kali muriaticum 200c showing presence of silicon, oxygen, and sulfur peaks along with other respective active elements sodium, potassium and chlorine peaks in them. Copper and carbon peaks were from the substrate copper grid that was coated with formvar-carbon. (G) Kali muriaticum 30c with nano-voids (air bubbles) have shown with arrow mark entrapped in meso-micropores. (H) Schematic representation of silicate chains leached from glass walls during succussion process forming cross-linked silicate in presence of alcohol and preserving the starting ingredients by coating them. From Ref. 3. For details, see Ref. 3.

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#### Very Short Biodata of Prof. Jayesh Bellare, FNASc, FNAE

Dr. Jayesh Bellare is "Institute Chair Professor" of Chemical Engineering at the Indian Institute of Technology, Bombay. He is an elected Fellow of the **National Academy of Science, India**, the **Indian National Academy of Engineering**, **The Maharashtra Academy of Sciences**, and the **Electron Microscopy Society of India**. He did his schooling at Bombay Scottish School, Mahim, Mumbai, followed by a B.Tech in Chemical Engineering from IIT Bombay, a PhD in Chemical Engineering and Materials Science from University of Minnesota, USA, and Post-Doctoral work at UMass Amherst and M.I.T., USA. He was the first Head of IITB's Department of Biosciences and Bioengineering. He is also with IITB's Nanotechnology Center. He has more than thirty years of worldwide experience in nanotechnology, cryo-electron microscopy, hollow-fiber membranes, nanomedicines (across multiple systems of medicine) and biomedical devices. He is a consultant to several industries, advisor to many Government panels and institutions, and has served on the board of directors of two companies. He has numerous publications, patents and awards, including the Distinguished Visiting Professorship at the University of Minnesota, USA and the National Academy-Reliance Platinum Jubilee Award for application-oriented research.

## **SOME CHRONIC USES OF ALOE SOCOTRINA**

**by Dr. Faroukh Master**



Aloe comes from Liliaceae family and it is a red fiery gum which is being triturated. It is known as 'Socotra' because the plant Aloe is grown near the shores of Indian Ocean and the Island of Socotra. The ancient use of this remedy was to purge off the bile as mentioned by Dunham. Aloe was proved by Dr. Helbic of Germany in 1833 but additional symptoms were added by Dr. Hering. The purpose of writing this editorial is that I want to share my experiences using Aloe in chronic cases and with advanced pathology.

Let me begin with a case of chronic hypertension with severe headache.

Mr. A.G., aged 48 years, had hypertension since 8 years along with congestive headache. He was taking Tab. Envas - 1 tablet 5 mg, 3 times a day, but unfortunately his blood pressure never came under control and his bursting headache really never improved with the allopathic medicines.

I took his case and I found out that his headache was not actually characterized by shooting or sharp cutting pains that we commonly see in hypertensive patients, but it was more a feeling of congestion, i.e. as if all the blood in the body is rushing to the head or as if something comes into the head and gives a feeling to the person that something is pulsating, and this will be worse by lying down. He also said that these pulsations came from very deep part of the head or brain. Whenever he went to pass stools, especially when he strained, his pulsations would become worse, he needed to apply lots of cold water to the head to bring him some relief to the headache. Being constipated always aggravated his problems (***constipation increased all his problems including mental as well as physical symptoms - this is the key note of Aloe***). When I saw his eyes, they were discolored red. He also said that along with the redness of the eyes he also felt heat coming out from his eyes.

His face was dark, he had dryness in the mouth and he always wanted his breakfast, lunch and dinner only if he had a clear bowel movement. He did not have any appetite if he had not passed the bowel on that particular day. He always drank lots of water with and after meals especially after dinner. He frequently had problems with bowels with collection of lot of flatulence.

He was working as a manager in the Bank of Punjab. He was very hardworking and honest person. His nature was extremely irritable and if things did not go his way he would surely get angry.

His wife mentioned that there were phases where he worked quite a lot for days together and then there would be a period where he would not work for many days, this phase would alternate quite frequently in his life - where he would work and then after some days he would slow down in his work purely from the state of being lazy or lethargic. He used to work from 10:00 a.m. in the morning till 10:00 p.m. in the night. His only way of relaxation was long walks. Otherwise he was a contended individual.

The whole episode started after an incidence occurred in his life where he gave a memo against one of his juniors for which he had to face many problems with the union people, this made him very angry, he could not accept wrong support by the members of the union towards his junior. Within 15 to 20 days of this episode, he complained of the headache, and went to a general practitioner who then diagnosed him to be a case of hypertension.

Whenever he was angry, his face and lips would become red and the face would develop a lot of heat. His tongue was discolored yellow with the dryness in the mouth. His appetite was totally dependent on his bowel movement. Only when he had a clear bowel movement, would he have an appetite to eat. He frequently had thirst while eating (**Ammonium carb; Lach; Natrum carb**). He frequently suffered from gaseous distension with sensation of fullness.

He loved cold water and milk; he required a lot of tea to stimulate himself to work for long hours in the bank. He slept on his back; at times the thought of work disturbed his sleep. Occasionally he would see nightmares.

With the above picture I gave him Nux Vomica - 1M to begin with, I continued Nux Vomica for 2 - 3 months but the results were not very encouraging. I restudied the case and I found out that few things which were very important to the case were not covered by Nux Vomica and that is -everything started after anger; there was a phase of activity, hard work alternating with lassitude, prostration and indifference; his discoloration of the face and the heat of the face when he was angry, when he was excited; his bowel concomitant of not feeling much hungry when he was constipated and a strong concomitant of being thirsty while eating food.

I now selected Aloe Soc - 30; I gave him 1 pill twice a day and asked him to gradually reduce his Tab. Envas, which he did over a period of next three months. Slowly I could confirm that most of his chronic problems began to disappear, starting with headache and then hypertension. His headache which was so chronic and so obstinate was completely absent within a period of four weeks of starting aloe, He became mentally more active, there were hardly any phases of lethargy or inactivity which initially alternated with the industrious nature, his sleep pattern improved and he could live his life peacefully. Such are the deeper indications of Aloe Socotrina.

There is another case of Aloe Socotrina which I would like to share with you. This is a case which I got from a very remote village in Madhya Pradesh. This lady had a massive distension of abdomen with vomiting and gaseous distention this was followed by severe pain. This continued for many months but she ignored it and when she found her pain intolerable she went to see a village doctor who tried to help her but in vain, finally the lady came to Bombay Hospital, got herself admitted and investigated, where it was found that she had multiple strictures and fibrosis in the mesentery producing acute to sub-acute intestinal obstruction. The strictures were so extensive that it was impossible to operate on her and the doctor said that the best way is to treat her conservatively with pain killers and tranquilizers. The relatives were not satisfied by this prognosis from the surgeon. And she then came to my clinic for consultation.

Now, when she came to me, she had a unique symptom in the abdomen. That the pain, distension and discomfort were more in the area of flanks, and loins. She would be in great despair with anger and irritability. She was extremely dejected since she could not be helped by any doctors in Bombay. There were excessive tympanitis, and she would only feel better by passing flatus. Sometimes she felt that there was a stone in the abdomen. (**When somebody talks about stone in the abdomen, then Calcarea carb is the important remedy**). There was also a sense of heaviness and lump in the abdomen that did not permit her to eat properly, the appetite was diminished with severe constipation. There was a general sense of constant uneasiness and restlessness.

Socially she came from a very poor family, her husband did not earn enough, she had three children, and all her life she had worked very hard for the family, there was a time when she was very stressed due to severe water shortage in the village and there was hardly any water for domestic use.

She always felt that she never really enjoyed life to the fullest, it was the same old routine from morning to night, i.e. to get up early in the morning, to clean the utensils, to go to the kitchen, to prepare the food, to wash clothes, etc. and due to all this she had no time to rest and she had no time for herself. She was very discontented with her life. She was sensitive to noise, and hated noises of the drums and loud music. This type of behavior repulsed everybody since she was always in a very morose mood, gloomy, fretful and ill-humored mood.



She used to have a severe rage and anger due to her illness. She used to perspire on the head during sleep. Her face had a very sickly expression and tongue was coated white. Her appetite was diminished; sometimes she will have loud eructation with taste of food eaten.

Her menses were dark and clotted. She was a hot patient, she desired salt, sour food and spicy food aggravated a lot and she loved tea.

The pain was so severe that every few hours she needs analgesics and when I saw her first time she was taking 4-5 combiflam tablets a day. Sometimes she used to take injections of cyclopam; she was constantly on the course of antibiotics. Since purgatives were not advised in this case she used to take some Ayurvedic preparation for bowel movement.

I studied her case and I decided to give her Aloe 200, 1 pill to be diluted in a cup of water, and give one teaspoonful twice a day, and if she is in more pain she can take more frequently.

I asked them to stay in Bombay for at least 3-4 weeks so that I can adjust the dose of the remedy and see the effect of the remedy which was given to her. Over a period of time I noticed that her irritability, despair, rage and discontentment was much better, feeling of rejection was much better, emotionally she became quite different individual with the same degree of pain. I also saw that the need of pain killers became gradually less and within one month I could bring down pain killers to only two combiflam tablets a day. In this period she never received any injection which she used to take every week.

In the next few months I continued Aloe, same potency but now only 4-5 times a week one dose. Her pain killers were complexly stopped, the intensity of pain reduced to almost 80% to 90%.

After 6 months of the Homoeopathic treatment I lost the track of the patient, patient did not come for further follow-up, the patient was poor to afford that kind of money to come to Bombay and stay for few days, also I feel she was extremely frustrated due to her illness.

For whatever little time she was under my care, Aloe Socotrina really helped her to come out of the situation.

My study of Aloe has been enhanced after reading Aloe from Herring's Guiding Symptoms. Herring mentioned about the story of how the genuine Aloe was brought to America by U.S. Navy people from the sultan of Muscat.

Even though Aloe was proved by Helbic in 1833, lot of additions came from Herring and later on by Jahr. Some of the symptoms which I have repeatedly confirmed in my practice, where Aloe was the indicated remedy, are:

- Irritable, angry with pain; with colic they feel that life is like a burden.
- Do not want to do any mental work or labour, they just want to lie down and grumble about their pain.
- Dissatisfied and angry especially when they do not pass normal stool or especially on those days when the pain is extremely severe; sometimes the pain makes them very frantic and they have no control on themselves.
- Strong sensitivity towards the noise which is a strong concomitant which I have seen.
- The congestive feeling in the head or congestive headache is one thing which I have noticed a lot in Aloe. Aloe usually does not have a sharp shooting type of pain but rather has got a very strong congestion (Apis, Ferrum, Glonoine, and Melilotus).

Apis usually develops congestion as a concomitant with a bowel complaint. Whenever there is a headache due to insufficient stool or due to constipation Aloe is the drug of choice.

- Another important symptom which I took from the Herring's Guiding Symptoms is the pain in the deep part of the orbit, even in the head the pain is in the deeper aspect of the brain.

- Tongue is coated yellow and there is strong appetite for salty food. They love fruits and juicy things; they love tea; they love stimulants but they have a strong aversion to beer and meat.

-Herring says, in young children, they usually go to toilet or they hurry to the toilet immediately after eating or drinking. The discomfort in the abdominal region is always worse standing and it needs bending forward to give some relief.

-The flatus that a person passes is extremely offensive, burning flatus. Every time a person passes urine, the person has a fear that he may pass a thin stool along with it.

-Aloe has been a very useful remedy in people with enlarged prostate where there is incontinence of urine. Desire to pass urine is so urgent that he hardly can retain any urine. Offensive sweats on the genitals.

In the end I only conclude that no remedy is acute or chronic in Homoeopathy. Any remedy given in the Materia Medica can be acute or chronic, it mainly depends on what indication it has been prescribed upon.

Suppose you select only acute symptoms of the patient and compare that with the remedy in Materia Medica then the remedy given can be called acute as the indications were very superficial. But if a remedy is selected on the constitution of the person covering the generals, mentals and particulars then the remedy selected will be a chronic remedy.



## 72nd LMHI Homeopathic World Congress, Leipzig, Germany, 14 – 17 June 2017 „Networking in Medical Care – Collaboration for the benefit of the patient“

Dear Members of the LMHI,

We take great pleasure in inviting you to the 72 nd Congress of the Liga Medicorum Homoeopathica Internationalis (LMHI) which will be held in Leipzig, Germany, from 14-17 June 2017. The preparations are already in full swing and our congress team is working with high enthusiasm.

The LMHI Congress 2017 is organised by the German Association of Homeopathic Physicians (DZVhÄ, [www.dzvhae.de](http://www.dzvhae.de)) in collaboration with the Scientific Society for Homeopathy (WissHom, [www.wisshom.de](http://www.wisshom.de)). Established on the occasion of Samuel Hahnemann's doctor anniversary in the year 1829, the DZVhÄ is the oldest medical association in Germany and has been a member of the LMHI ever since its foundation in 1925. Under the title "Networking in Medical Care – Collaboration for the Benefit of the Patient" we cordially invite you to exchange your experiences, to learn from each other and to share new insights. At the same time, this congress shall serve to foster the networking and open dialogue of homeopathy with other medical disciplines and professional associations.

Together, let us send a signal that our common aim is the well-being of patients suffering from serious diseases. To reach this goal, it is our responsibility and obligation to collaborate and provide AGW Homöopathie-Kongress 2017 individual therapies. We are looking forward to welcoming you at the LMHI Congress 2017 in Leipzig!



Angelika Gutge-Wickert (Berlin), Congress President

### The scientific congress program

The scientific congress program will take place from 15 – 17 Juni 2017 in the congress venue "Leipzig Congress Hall". We are looking forward to welcoming you already on the 14 June for the congress registration and the opening ceremony. More than 20 key-speakers have already confirmed their presence in Leipzig.

### Abstract submission deadline: 31 August 2016

The abstract submission deadline for the topic areas I-P has been extended to 31 August 2016. Abstracts must be submitted electronically by this date, your proposal must match the congress theme.

Detailed information on the requirements for abstract submission and an overview of the topic areas are available at [www.lmhi-congress-2017.de/call-for-abstracts-2/](http://www.lmhi-congress-2017.de/call-for-abstracts-2/) Please note that the submission of an abstract does not replace the need to register for the congress.

## Leipzig is a „Hahnemann-City“

Leipzig offers best conditions for the Homeopathic World Medical Congress 2017 – for many reasons. The congress venue “Leipzig Congress Hall” is situated in the heart of the city. And it is here in Leipzig, where Samuel Hahnemann began his medical university education in 1775. He returned in 1811 to open his medical practice and to give lectures at the Leipzig University. Ten years later, in 1821, Hahnemann left Leipzig to settle down in Köthen (Anhalt). The Hahnemann Monument in Leipzig, unveiled in 1851, has been restored and can still be visited today.

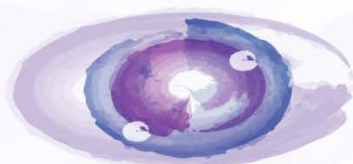
Leipzig is the ideal starting point for excursions to other places where Hahnemann left his traces: Meissen, his birthplace; Torgau, where he wrote the “Organon of the Rational Art of Healing”; Köthen, where he lived from 1821-1835 and where the DZVhÄ was founded in 1829. Today, also the LMHI has its statutory seat in Köthen. Therefore, the governance meetings of the LMHI are planned to take place in the Hahnemann-House and in the European Library of Homeopathy.

Early fee registration opens on 15 July 2016 via the congress website [www.lmhi-congress-2017.de/registration/](http://www.lmhi-congress-2017.de/registration/)

You will find program details and further information about the congress via the congress website: <http://www.lmhi-congress-2017.de>







## 71° LMHI Congress

24 · 27 August 2016, Buenos Aires · Argentina  
Homeopathy, Medicine of Microcosm

### ***“The challenge of the 21<sup>st</sup> century homeopath facing a severe disease”***

*Clinical, classical and contemporary perspectives in the commonly called:*

- Psychiatric diseases
- Neoplastic diseases
- Auto-immune diseases

#### **MATERIA MEDICA**

- |               |                     |                     |
|---------------|---------------------|---------------------|
| • aids nosode | • tuberculinum      | • hura brasiliensis |
| • medorrhinum | • agathis australis | • latex vulcani     |
| • syphilinum  | • hamamelis         | • sarsaparrilla     |

#### **DOCTRINE**

Assessment of the symptoms and of Hering's Law in case taking before new trends in the treatment of chronic diseases.

#### **REPERTORY**

The new Repertories before the complexity of the Materia Medica.

#### **CLINIC**

Clinical cases of severe diseases.

#### **FREE TOPICS**

**Call for abstracts deadline: 30<sup>th</sup> April, 2016**

#### **Congress Venue:**

Sheraton Libertador Hotel  
Av. Córdoba 690  
(1054) Buenos Aires, Argentina

ORGANIZED BY:



Escuela Médica Homeopática Argentina  
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# Quiz Corner...

## for our younger colleagues...

**Pietro Gulia**

Medico-Chirurgo Omeopata  
[pietrogulia@alice.it](mailto:pietrogulia@alice.it)



**Pietro Gulia**

- 1) Mother: "I have been giving my 12-month-old baby *Chamomilla 30 CH* five times a day for four days .." Why *Chamomilla*? – Mother: "The baby is teething and feels pain. I know *Chamomilla* is the remedy for it..." Maybe, Mrs Mother was a bit confused: What are the homeopathic **specific** remedies for painful dentition? And what is the **more specific** among them? Please, think it over before answering ...
- 2) Mother: "At first *Chamomilla* worked well, less pain... but the baby is getting worse. There is watery discharge from his nose, all day long but in the night it stops, the baby breaths badly and is so nervous. He is a very lovely baby, but since last 2-3 days he is very capricious: he wants a thing and weeps to get it and when I give him it, he throws it away and soon after weeps to get the same or another thing. Actually I can't stand him anymore!" "How was his behavior when the problem began? - "Calm as usual, weeping softly when the pain was stronger but a caress was enough to calm him ..." Yes, Mrs Mother was a bit confused when **she prescribed** *Chamomilla*... What happened? Please, read aphorism n. 249 – Organon 6<sup>th</sup> edition - and discover the answer.
- 3) What to do in a case like that described in question n. 2? Aphorism 249 can help you again.
- 4) In *Materia Medica Pura* Hahnemann states (in bold by Hahnemann himself): **6 – Vertigo after drinking coffee. 87 - The lower lip parts in the middle in a crack. 118 – Ptyalism. - 151 – After a meal the abdomen becomes distended. 165 – After eating and drinking heat and sweat on the face. 337 – The skin becomes oedematous, unhealthy, and every injury takes on a bad character and tends to suppurate.** The remedy is ...

**5) Clinical case:** A tall, 40- year-old, athletic man, who usually enjoys excellent health. He developed "*streptococcal psoriasis*" (diagnosis by a dermatologist) two months before consultation: a 2-week course of oral amoxicillin + clavulanic acid removed the skin eruption. He vomited violently for a day three weeks before consultation: metoclopramide injections stopped vomit. Since then he feels very weak, unable to stand a slight physical effort (he was able to run 15 km in a hour before falling ill); poor appetite and nausea after eating; he drinks and, 15-20 minutes later, his nausea gets worse but he is thirsty and needs to drink fresh water, at least 3 liters/day. Since two weeks, he wakes up every night, at 4 a.m., and a violent, tormenting, racking cough troubles him and he discharges a lot of transparent and thick catarrh; he feels dizzy when moving his head. No fever. He is very pale and he has a gray strip in the middle of his tongue. (blood tests: slight increases of lymphocytes. Chest X-ray: normal. Thorax: dry and moist rales scattered about upper lobes when he inspires deeply. Abdomen: no abnormalities. Heart is Ok, BP 100/60. Pulse 80, regular). Before developing the skin disease, he felt very stressed because his loved father and son were seriously ill and hospitalized: when they got well he broke out in a rash. **What remedy for this man?**

6) What happened to the above-mentioned man? In my opinion, aphorism 39 and 70 – both of them are long but interesting – gives us the answer. Can you discover it?

7) After having taken the remedy, the man reported an increasing sense of wellbeing. His symptoms disappeared one after the other: first, the cough, his sleep was refreshing, dizziness cleared away, then thirst became again normal and he recovered his appetite, no nausea anymore. What happened? Can you explain it?

8) More about the same clinical case. Three nights after having taken the remedy he had diarrhea: many discharges; painless, watery and amazingly copious feces and, what was more amazing, he felt very well. He phoned for an advice. What to do? How to treat his diarrhea?

Please, read aphorism 246 (and/or Chronic Diseases) before you answer.

9) Nash states (*Leaders in Homeopathic Therapeutics*). "... **On this indication** I have often relieved the complaints of various incident to the period of dentition. I once had a child ... been sick a long time with entero-colitis ... greatly emaciated, having frequent loose stools of dark brown color, mixed with slime or mucus of the same color. After trying various remedies I discovered the child wanted to bite its gums together, or to bite on everything that it could get into his mouth, and the mother then told me that this had been the case all through its sickness ..". What is "this indication" by Nash and ...

10) What is the remedy?

## Solutions quiz Corner – LMHI News n. 17

- 1) § 134 – "but all the symptoms peculiar to a medicine do not appear in one person, nor all at once, nor in the same experiment, but some occur in one person chiefly at one time, others again during a second or third trial ..."
- 2) c) observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition
- 3) the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms<sup>1</sup>
- 4) c) from 84 to 90
- 5) **HEAD** - PAIN - pulsating pain; PULSATING; PAIN - pressing pain; PAIN - pressure - amel; PAIN - menses - suppressed menses; from; PAIN - gastric; **COUGH** – HARD – Racking; **BLADDER** - URINATION - involuntary - cough agg.; during ; **STOMACH** - PAIN - cough - during - agg ; **MOUTH** - TASTE - bad ; bad, morning – bad, morning, waking on; TASTE - altered ; **RECTUM** - DIARRHEA - night ; **STOOL** - WATERY ; yellow-greenish – Changeable – changeable color; **RECTUM** - DIARRHEA - eating - after - agg.; ice-cream, after; fruits, after; drinking agg; **BLADDER** - URINATION - involuntary - sitting - agg ; cough, agg; walking agg; **CHILL** - WARMTH - agg. - unbearable  
**Pulsatilla**
- 6) **NOSE** – Discharge excoriating – offensive, cheese like **COUGH** – Accompanied by epistaxis – Night, sleep agg, during – blood, stringy **SKIN** – Itching, biting – evening - warm becoming, bed in, agg - scratching amel **URETHRA** - DISCHARGE - gonorrheal – gonorrhoeal, night – greenish - **BLADDER** - URINATION - urging to urinate – urging to urinate, night **URETHRA** – PAIN, urination, last drops cause, burning, violent burning **MALE**, SWELLING, Penis, Prepuce - HEAT, Penis, Prepuce SENSITIVENESS, Penis, Prepuce - PAIN, Penis, Prepuce – ULCERS, Penis, Prepuce, chancres – PHIMOSIS **GENERALS** – ABSCESSSES, Glands, Incipient  
**Mercurius solubilis**
- 7) Clinical Case – **COUGH**, Constant - Waking on - Dry, expectoration, morning, only in – **EXPECTORATION** White – Thick - Viscid; **COUGH**, Air open, amel - Room, in - Warm room, going into a warm room from open air.  
**Pulsatilla**, 200K, a dose: >>>, quick recovery.
- 8) **COUGH** – Night – Morning, waking, on – Paroxysmal – night - morning, waking agg, after – **EXPECTORATION** – Ropy – Copious - COPIOUS - cough - after each paroxysmal - Stringy **Coccus cacti**
- 9) Clinical Case – **FEVER**, Night, perspiration with – PERSPIRATION, Profuse, night – Profuse, relief, without – Night, lasting all night, without relief - **GENERALS**, Perspiration, during, no relief, gives – Cold, heat and cold - **MOUTH**, Discoloration, Tongue, yellow; Odor, offensive – **MIND** – Restlessness, night – **THROAT** – Discoloration, redness; redness, Tonsils – Swelling, Tonsils.  
**Mercurius solubilis** 30 CH, plus, ever 3 hours, >>> in 24 hrs. Tests: Epstein Barr virus negative; Streptococcus β haemolytic negative
- 10) **MOUTH** – TASTE, eggs, like rotten - **THROAT** – SWALLOWING, involuntary **URINE**, COPIOUS, drunk, more than is - **NOSE** – SNEEZING, frequent - CORYZA, discharge, without **MIND** – DELUSIONS, crime, committed a crime; he had - DEATH, desires INDIFFERENCE, everything, to INDIFFERENCE, agreeable things; to - SULKY – SERIOUS – LACONIC – QUARRELSOME – TRAVELLING, desire for, almost uncontrollable desire to travel far away - WEEPING, involuntary - amel.  
**Mercurius solubilis** .