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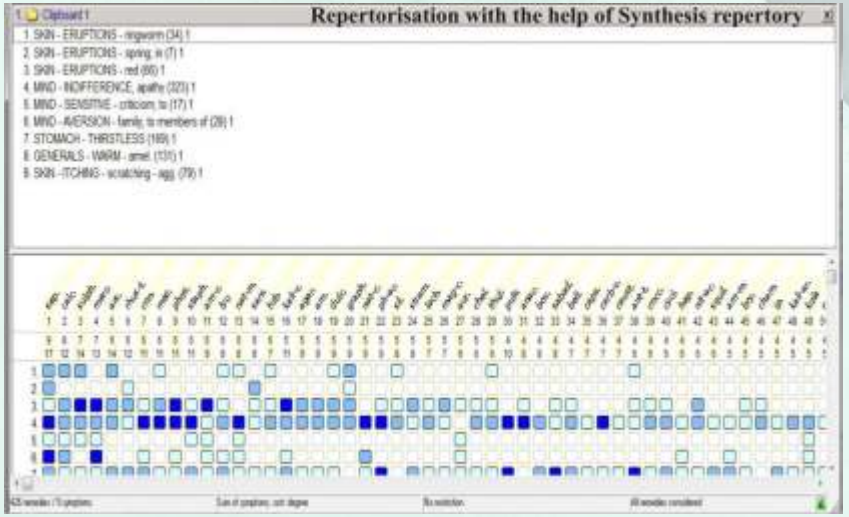
Role of Classical Homeopathy in The Management of Ringworm



Dr. Himani Gami

Abstract -Ringworm (dermatophytosis) is a common superficial fungal infection that affects the skin, hair, and nails, often causing itching, erythema, scaling, and considerable discomfort, thereby affecting the patient's quality of life. This case report presents a 21-year-old male suffering from tinea corporis who opted for classical homeopathic treatment. After detailed case-taking and individualization, Sepia 30c was prescribed. Over the course of treatment, the patient showed marked clinical improvement with a significant reduction in itching, erythema, scaling, and the size of the lesion, leading to complete recovery. This case highlights the potential role of classical homeopathy, through individua-lised remedy selection, in the management of ringworm.

Introduction-Ringworm, also known as dermatophytosis or tinea, is a common contagious superficial fungal infection seen more often in tropical climate or in the immuno-compromised. They are extremely common and characterized by annular, erythematous, scaly, pruritic lesion with central clearing. The infection is transmitted through direct contact with infected individual, animals, contaminated objects, soil and is more prevalent in warm and humid climate. It is highly contagious, has high recurrence rate, and can significantly impair the patient quality of life.



Etiology-

- Trichophyton
- Microsporum
- Epidermophyton

Classification-

•Tinea corporis (tinea of trunk and limbs) –Tinea corporis is a superficial dermatophyte infection of the glabrous skin. It typically presents as erythematous, annular,scaly plaques with awell-defined raised border and central clearing often associated with pruritus. Lesion may be single or multiple and severity of inflammation depends on the causative organism and the host immune response.

Inappropriate use of topical corticosteroids may alter the appearance of the lesion, resulting in tinea incognito.



•Tinea capitis (Tinea of scalp)- Tinea is a dermatophyte infection of the scalp and hair shaft that occur predominantly in children. It presents with area of scalp inflammation and scaling with pustules and partial hair loss with broken hair at surface as characteristic "black dots".

•Onychomycosis (Tinea of Nail)- It is fungal infection affecting the nail plate, most commonly caused by dermatophytes that are responsible for infections such as tinea pedis and tinea capitis.



Clinically, it is characterized by yellow to brown discoloration of the nail, thickening, brittleness with crumbling subungual hyperkeratosis. The infection usually involves only a few nails, shows an asymmetrical pattern, and it commonly affect toenails more than fingernails.

•**Tinea Cruris-**This is extremely common superficial fungal infection worldwide, most commonly caused by Trichophyton rubrum. It presents as itchy, erythematous, well -defined plaques with an active raised scaly border Site-Groins, genitalia, pubic area, perineal, and perineal areas.

•**Tinea Pedis (Athlete's Foot)-**It is the most common dermatophyte infection in UK USA, usually caused by trichophyton rubrum, T. interdigitate, and Epidermophyton floccosum. Predisposing factors include hot and humid climate, occlusive footwear, hyperhidrosis, sharing of communal wash areas. It commonly presents as an itchy rash with scaling, peeling, fissuring, and maceration between the toes, especially the lateral interdigital spaces. Tinea mannum with fine scaling may occur, particularly in T. rubrum infection.

Symptoms of ringworm-

•Itching which may range from mild to severe
•Red, scaly, well-defined lesion
•Ring-shaped patches with central clearing
•Dryness and scaling of the affected skin
•Hair loss or broken hairs
•Thickened, discolored, brittle nails

Diagnosis – The diagnosis of dermatophytosis is primarily based on clinical findings and confirmed by direct microscopy and fungal culture. Appropriate specimen should be collected from the active edge of skin lesion, plucked infected hairs from affected scalp areas, and dystrophic nail clippings with subungual debris in suspected nail infection.

Clinical Presentation-

•**Tinea corporis**–Typically presents as ring-shaped or arc-shaped erythematous lesion. The border is well-defined with scaly and occasional papules or vesicles, while the central area shows relative clearing.

•**Tinea Capitis-**May present as inflammatory or inflammatory patch of alopecia, affected hair are loose brittle, and can be removed easily without significant pain.

•**Tinea unguium-**Usually affects a few nail in an asymmetrical pattern, with the infection starting at the distal edge of the nail. The nail develops yellowish discoloration along with thickening of the nail plate. The nail becomes brittle and crumbles. Friable keratinous debris accumulates beneath the nailplate.

Differential diagnosis-

•Alopecia areata
•Psoriasis
•Pityriasis capitis
•Discoid eczema
•Pityriasis rosea
•Candidalintertrigo
•Nail psoriasis

Case Report-A 21year old male came to RKCHMS OPD and presented with complaint of red eruption on neck, shoulder, chest and back since 1 year, take conventional treatment but he did not found much relief than again reappear after that he choose homeopathic treatment for his condition.

Case Presentation-Patient Information-

Parameter	Details
• Age	21 Years
• Gender	Male
• Occupation	Student
• Diagnosis	Chronic ringworm
• Duration	Since1 year of age

Chief Complaint-

• Location – Neck, shoulder, chest and back
• Sensation – itching ++

Modality-

• Aggravation – Scratching, evening, spring
• Amelioration – Rubbing, warmth

Associated Complaint-Recurrent cold cough since childhood

• < spring , evening
• >Hot application

Past History-At the age of 12 year malaria

Family History

• Father	Diabetes
• Mother	Hypertension
• Grand Father	Diabetic mellitus
• Grand Mother	Diabetic mellitus

Personal History-

Parameter	Finding
• Appetite	Prefers warm food
• Desire	Spicy, pickles
• Aversion	Milk
• Thirst	1-2 liters/day
• Perspiration	normal, yellow stain
• Sleep	sound sleep right side
• Bowels	regular
• Urination	normal
• Thermal state	chilly
• Addiction	Tea twice daily

Mental -

• Aversion to family member
• Indifference to work
• Sensitive to criticism
• Reserved likes to be alone

Clinical examination

General examination

Parameter	Finding
• Temperature	Afebrile
• Pulse	82 /min
• Respiratory	18/ min
• SpO2	98 %

Systemic Examination

System	Finding
Respiratory System	Bilateral clear
Cardiovascular System	S1,S2 normal
CNS	Conscious & oriented
Gastrointestinal System	Normal
Genitourinary System	NAD

Diagnosis– Tinea corporis

Analysis and evaluation of symptom

Aversion to family member	Mental general	Uncommon
Indifference apathy	Mental general	Uncommon
Sensitive to criticism	Mental general	Uncommon
Thermal – chilly	Physical general	Uncommon
Skin Eruption ringworm	Physical particular	Common
Skin eruption spring	Physical particular	Common
Skin itching scratching	Physical particular	Common
Thirst- 1litres/day	Physical general	Uncommon

Prescription-RX

Prescription -Rx-

SEPIA 30 BD 1 Month (3/01/25)

The remedy are selected on the basis of totality of symptom that is physical, mental picture of symptom

With the help of materia medica-

•Skin eruption ringworm
•Perspiration offensive order
•Indifference
•Aversion to family member
•> warmth, rubbing
•<evening, scratching, cold air

Follow ups

Date-3/2/25-•**Clinical status-**Itching better as before, redness decreases, but eruption increases

•**Improvement -** 30 %
•**Prescription-**Sepia 30 / BD /15days

Date-18/2/25

•**Clinical status-**Much relief in itching as before agg in evening ,redness decreases, relief in eruption slightly more

•**Improvement -**60 %
•**Prescription -**Sepia 30 /BD/30 days

Date-25/3/25-

•**Clinical status-**Much relief in itching, eruption are much better, appear a healthy skin

•**Improvement -** 60 -80 %.
•**Prescription-**Sepia 30 /BD /15 DAYS

Date- 9/4/25

•**Clinical Status-**No itching completely relieved, no read ness eruption disappear, look good healthy skin

•**Improvement-**100 %

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Holistic Cure of Palmo-Plantar Psoriasis in A 35-Year-Old-Woman: A Clinical Case Report



Abstract:**Introduction**-Palmo-plantar psoriasis is a chronic, immune-mediated inflammatory skin disorder that significantly affects quality of life due to pain, fissuring, and functional impairment. Conventional management often provides symptomatic relief with frequent relapses. This case report presents a successfully cured case of Palmo-plantar psoriasis in a 35-year-old woman treated with individualized homoeopathic medicine.

Methods-A thorough assessment, including history & physical examination was performed. The patient's symptoms were analysed for characteristic modalities and general complaints, forming the basis for homeopathic prescription.

Results: After initiating treatment with Graphites and supportive measures, the patient showed significant improvement over several follow-ups. Fissures and scaling of skin were observed progressively over months, with marked improvement and complete cure which improved her quality of life.

Discussion-The case emphasizes the importance of a holistic approach in managing chronic Palmo-plantar psoriasis, focusing on individualized treatment regimens based on symptom evaluation, both physical and emotional.

Keywords:Psoriasis, Palmo-plantar psoriasis, Homoeopathy

Case Report

Patient Information: •Name: Mrs. VWX
•Age:35 years, •Sex:Female
•Religion: Hindu
•Occupation: Housewife
•Marital Status: Married

Chief Complaint:

History of Presenting Complaint: The patient presented with severe scaling & fissures on palms & soles past 2-3 years. Prior to this, she was perfectly healthy with no history of any skin complaints.

The scaling and fissures had gradual onset, affecting palms and soles of both hands and feet associated with intense itching, occ. Burning and pain on scaling when they are deep some fluid oozes out.

The intensity of itching increased at night. It was aggravated by warm water bath and at night.

Associated Complaints: None noted.

Personal History: •Appetite: Normal
•Urine: Normal, •Sleep: Normal (occ. Disturbed due to itching), •Thirst: Normal
•Stool:Constipation, •Dreams: Normal
•Desires: Sweets, •Perspiration: Normal
•Thermals: Chilly, •Aversion:Meat
•Mental/Emotional State:
•Fears about her health condition
•Worries about children
•Grieves separation from husband (husband sent her to mother's place due to her disease condition)
•Easily weeping

Family History: No significant family history of psoriasis wasnoted neither from maternal nor paternal sides.

General Examination:
•Temperature: Afebrile
•Pulse: 84/min, regular
•Blood Pressure: 124/82 mm Hg
•Respiratory Rate: 18/min
•Systemic Examination:
•Cardiovascular: Normal (S1S2)
•Respiratory: Clear
•Central Nervous System: No abnormality detected, •Abdominal Examination: No abnormalities

Local Examination of Palms and Soles:
•Inspection:Fissures and scaling of skin on both palms but on soles with deep fissures. Blackish discoloration of soles.
•Palpation: Slightly warm on touch.

Case Processing:•Primary Complaint:Itching and pain on scaling
•Location:Palms and Soles
•Duration:2-3 years
•Sensation: Aching pain
•Modalities: •Worse on walking
•Worse with warm water bath
•Itching worse at night

Diagnosis:•Clinical Diagnosis:Palmo-plantar psoriasis
•Disease Phase: Chronic
•Miasmatic Diagnosis:
•Fundamental: Psora
•Dominant: Syphilis
•Susceptibility: High

Repertorization:•Graphites: 11/4
•Petroleum: 8/3, •Calcarea Carbonica: 6/3
•Sepia: 6/2

Treatment Plan:
•Homeopathic Prescription:
•Graphites 1M SD
•Sac Lac3 pillsTDS for 30 days

Follow-Up History:

•15/1/2024: No new fissures, thick scaling persists. Itching intensity reduced by 10%. PPPGA score 4. SL continued.

•13/2/2024: Fissures on palms and soles reduced by 15%. Scaling of skin persists but pain reduced by 10%. Itching intensity reduced by 25%. SL continued.

•16/3/2024: Fissures on palms and soles reduced by 40%. Itching reduced by 50%. Pain reduced by 25% Scaling of skin persists. SL continued.

•15/4/2024: Fissures on palms and soles reduced by 60%. Itching reduced by 70% There seemed thick scaling of skin with mild watery discharge, burning and pain. Case was reanalysed and Graphites 10M SD was given f/b SL.

•11/5/2024:Fissures on palms almost disappeared. 10% remaining in heels and between toes. Itching very occasionally. Scaling of the skin reduced by 10%. Slight wet hands but no discharge. Burning when palms come in contact with clothes, mild pain persists. SL continued.

•14/6/2024:10% fissures on soles persists. Occ. Itching on soles. Scaling of skin reduced by 25%No wet hands. No burning& pain. SL continued.

•12/7/2024: Fissures of soles disappeared. Scaling of the skin reduced by 50% Itching occasionally at night. SL continued.

•15/8/2024: Hyperpigmentation on Soles reduced by 25%. Scaling of the skin was same. No change. Graphites 50M SD was given f/b SL.

•13/9/2024: Hyperpigmentation on soles reduced by 50% Scaling of the skin reduced by 65% No new fissures or pain or itching. SL continued.

•15/10/2024: Hyperpigmentation on soles reduced by 65% Scaling of the skin reduced by 80% No other complaints. SL continued.

•16/11/2024: Slight pigmentation on soles seen. Scaling of the skin reduced by 95%. Uneven thickness of skin of palms seen. SL continued.

•15/12/2024: There was no scaling of skin. Normal thickness of the skin on both palms and soles. With no pigmentation or fissures. SL continued. PPPGA score 0

•22/1/2025: Palms and soles appeared completely normal with Palmar crease lines seen prominently.

General Management:•Avoid contact with detergents and acidic things.
•Application of non-medicated Moisturizers and Coconut oil for skin moisturization.
•Advised lifestyle changes like Meditation etc. for Stress management.

Discussion: This case demonstrates the effectiveness of individualized homeopathic treatment in treating Palmo-plantar psoriasis, specifically focusing on Graphitesin increasing doses to manage the skin complaints. Over the course of follow-up, the patient showed progressive improvement, in skin changes of both palms and soles, with layer by layer disappearance of symptoms and improved her quality of life back to normal. This highlights the importance of a holistic approach, addressing both physical and emotional symptoms in such chronic relapsing skin disorder.

The patient's emotional concerns, including worries about her children, her health and separation from husband due to her disease condition, significantly impacted her health, indicating a need for psychological support in managing chronic illness. Regular monitoring and adjustment of the treatment regimen were essential for achieving optimal results.

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Homoeopathic Management of Leucorrhoea By Studying Miasmatic Background

Introduction-Leucorrhoea is one of the very common gynecological symptom. In early stage it is not have major complications but if it become a chronic leucorrhoea then may be started deep pathological changes and may started a major abnormalities such as pelvic inflammatory diseases, secondary infertility, abscesses, preterm labor or may land up into malignant changes in genitalia.

So we will try to evaluate and differentiate vaginal discharges in women. Vagina is kept moist by secretions from various glands. It also protects from infection by its acidic nature. The vaginal acidity is due to lactic acid, which may be as much as 0.6%.This vaginal discharge can be physiological or pathological. Leucorrhoea- **Flour Albus** or the **Whites** are the names commonly given to the discharge from vagina. The disease itself consists of an acute or chronic inflammation of the mucus lining membrane of the vagina, the uterus or of the both. This inflammation affects the numerous muciparous glands and follicles already described as occupying these tissues. Leucorrhoea discharge itself is the consequence of such inflammation.

As mentioned in aphorism 78, the true naturel chronic diseases arises from a chronic miasm have to be treated with carefully selected homoeopathic anti-miasmatic remedy as long as it is capable of producing a curative effect

The mind, body and spirit are the trinity of life which present in every organism. Harmonious flow of life maintains health and deviation leads to disease. When the harmonious flow is disturbed, we get sickness as a result. In every case there is some chronic miasm, active and latent in the organism, slumbering by virtue of the presence of the leucorrhoeal discharge or awakened by its suppressions. Every case must be carefully studied and a remedy should be selected which is based usually up on the totality of the active miasm**.** Miasm plays a vital role in leucorrhoea. PSORA has its affinity on ovaries and uterus. Leucorrhoea of the Psora is whitish, albuminous, odorless and usually bland. In a SYCOTIC miasm leucorrhoea is look like dirty water, greenish, yellow, scanty, acrid producing biting or itching or burning of part it touches. Odour is like a stale fish or fish brim. In a SYPHILITIC state it is more profuse, offensive, blood tinged due to affection of major genital organs In majority of women the leucorrhoea seen is of PSORIC origin.

In the homoeopathic point of view, we study the miasm of every individual to achieve a permanent and gentle cure of the every individual.

Homoeopathic approach in management of leucorrhoea: Dr. Samuel hahnemann: In sixth edition of Organon of medicine, in **94 Aphorism** of 87th foot note:

In chronic diseases of female it is specially necessary to pay attention to pregnancy, sterility, sexual desire, accouchements, miscarriages, suckling and the state of the menstrual discharge with respect to the last named more particularly, we should not neglect to ascertain if it recurs at too short intervals, or is delayed beyond the proper time, how many days it lasts, whether its flow is continuous or interrupted, what is its general quality, how dark is its color, whether there is leucorrhoea before its appearance or after its termination, but especially by what bodily or mental ailments, what sensations and pains, it is preceded, accompanied or followed; **if there is leucorrhoea, what is its nature, what sensations attend its flow, in what quantity it is and what are the conditions and occasions under which it occurs?**

In chronic diseases (Vol. 1) it is given as a symptoms of latent Psora--- Leucorrhoea from the vagina, one or several days before or soon after monthly flow of blood; is like milk or like white or yellow mucus or acrid or sometimes like a fetid water.

Miasmatic approach to chronic recurrent leucorrhoea: Miasm is a Greek word. It means stain, pollution, defilement. According to Hahnemann miasm means germ disease. This source or germ of suffering and death is positive, demonstrable & perfectly recognizable.

After the discovery of miasm, Dr. Hahnemann claimed he could successfully treat majority of cases which could not be in the past. There were some genetic obstacles to cure the chronic cases and the problem was solved with the discovery of miasm.

Even today it is observed in clinical practice that there are recurrence of old cured diseases after several months or years, perhaps due to the tendency that particular disease occurrence is registered in their gene. Though majority of diseases are genetically determined, conventional medicine could not cure all the diseases or their treatment have serious side effects. Miasm is considered as homoeopathic genetics.

How Dr. Hahnemann discovered the miasm is interesting. Initially Dr. Hahnemann was practice with **large doses in which he experienced several medicinal aggravations. With this insight he change the strategy from grain doses to diluted form of medicine.**

In 1801 Dr. Hahnemann advised for first time 1:10,000 water dilution of belladonna mother tincture during the outbreak of scarlet fever, which was successfully controlled. Around 1810 he went into the theory of potentisation. At this point the concept of homoeopathy had reached almost a complete shape.

Even then the majority of chronic diseases which improved at first, frequently came back. During period of 1816-1817 Dr. Hahnemann reviewed all his earlier case records and arranged them in a systemic manner . He found some threads of commonlities in all the patient with recurrence of disease, in similar or varied form. Finally he established that, though diseases look different, there are some common features present in every disease and these commonalities led to the discovery of miasm syphilis. In the same way the sycotic and Psoricmiasms were discovered.

Leucorrhoea is one which tends to recur frequently. Though the word leucorrhoea means whitish discharge from vagina, the colour, consistency, odour, corroding nature of the leucorrhoea plays an important role in eliciting the miasm.

Many cases with recurrence are effectively treated with miasmatic approach.

Different miasmatic expressions of leucorrhoea:

Nature	Psoric	Sycotic	Syphilitic
Consistency	Thin or moderately thick	Thin, watery	Greasy
Colour & Apperance	Whitish albuminous	Greenish yellow or dark like dirty water	Brownish white
Odour	Odourless	Pungent , musty odour like fish brine or stale fish	Offensive
Corroding Nature	Usually bland	Acrid and excoriating, producing pruritus.	Bland or acrid producing ulcers.
Others	Scanty leucorrhoea	Due to tumour or polyp in the uterus or cervix. Other physical symptoms are relieved by leucorrhoea.	History of suppression.
Modality Worse	Cold	Damp, wet weather, change of weather, daytime.	During and after rest, extremes of heat and cold, at night
Better	Warmth	Slow motion, lying on abdomen and dry weather.	Movements and cold in general.

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Gold As A Remedy!

Gold is a chemical element with symbol Au and atomic number 79. Classified as a transition metal, gold is solid at 25°C.

Gold As An Element-Since ancient time, gold has been used as medicine and it has been a treatment in the past for syphilis. Today, gold is reappearing in treatments for Cancer and Rheumatic arthritis. It is also being used for diagnostic procedures. For example, gold nanoparticles have used in the diagnosis of malaria. The tests use tiny amounts of gold to identify patients who have malaria less than 20 minutes. These gold particles help to produce a simple colour change to detect the presence of malaria in the patient's blood sample.

Gold does not tarnish unlike many other metals, symbolizing its purity and incorruptibility. It is a regal metal, one that is used to symbolize love and fidelity in the wedding bands. Aurum is the patriarch of the family, the king of the castle. Aurum is honourable, trustworthy and proud.

Gold As In Homeopathy- In the world of homeopathy, when we talk about the homeopathic remedy made from gold Aurum and pronounce it or-um. Aurum is most well known as a treatment for anxiety and depression. However, like all remedies, it has a much broader set of indications than that.

•Synonym: Gold., •Chemical formula: Au
•Prover: Dr Samuel Hahnemann
•Thermals: Chilly, •Miasm: Syphilitic
•Temperament: Melancholy
•Diathesis: Scrofulous.

Doctrine Of Signature-

•Shining and bright-Intelligent and hard working, usually reach very high positions.

•Most Malleable-Weak mentally and easily discouraged or depressed.

•Chemically least reactive and combined with selective mentals-Loners. Keep in company or relation with few selected people if something happened to them or to get deceived by them or rejected, Aurum will affect very deeply.

Mental Characteristics-

•Depression and loathing of life dictatorial.
•Self condemnation., •Hardworking.
•Perfectionist., •Responsibility.
•Ambitious, •Relationship, •Religious.
•Sensitive to criticism., •Suicidal tendency.

Adaptability-It is adapted to sanguine, ruddy people with black hair and eyes Pining boys, low spirited, lifeless, lacking in boyish go Old people with heart disease, to person who are low spirited, lifeless and weak memory for constitutions broken down by bad effects of mercury and syphilis.

The main idea essential to Aurum is **Depression And Loathing Of Life**. If you run through the mental symptoms taking them all in as great whole, you will see that all the affections, natural to the healthy man are perverted...

This include a strong dislike for life and feeling tired of living. People with this condition lose interest in everything and feel hopeless. They often blame themselves, feel worthless, and experience deep sadness. This leads them to think about suicide as a way to escape their pain.

Aurum As Child-Aurum as a child often experiences a conditional form of love from parents-love is only given when the child meets their high expectations. As a result, the child learns to give their best in everything, seeking approval and affection. However, when they fail to meet these expectations, they are punished, which creates a sense of rejection and insecurity. This leads the Aurum child to develop feelings of depression and despair even before reaching adulthood. This emotional strain is one reason why Aurum individuals become workaholic and industrious, as they constantly strive for approval.

Additionally, being the eldest child, they may take on the responsibility of the family at an early age, especially after the death of the father, which adds to their sense of duty and burden.

Industrious-Aurum individuals have a strong inner drive to perform tasks beyond their actual capacity, making them highly industrious, responsible, and conscientious. They hold themselves to strict principles and high standards, often pushing themselves to the point of self-destruction. If they fail to meet their ambitious goals, they experience deep feelings of guilt, failure, and despair.
These individuals are often attracted to wealth, not just for material comfort but for the influence, respect, and sense of self-worth it brings. However, if they lose their wealth, they may feel as if they have lost their self-respect entirely, leading to profound depression.

Isolation And Relationship-An Aurum child, from a young age, often receives love from their parents only conditionally or sometimes not at all. This lack of unconditional love causes deep emotional pain, leading them to build a protective barrier around their heart to avoid getting hurt.

In Relationships, Aurum individuals find it hard to open up because they are still affected by their past painful experiences. They may form strong attachments to others but then expect those people to follow their wishes. If the other person resists, Aurum feels heartbroken, which can trigger depression. This heartbreak can feel similar to the pain of losing someone they love.

Aurum is one of the loneliest types. They are highly sensitive and have a deep fear of rejection. They often feel "abandoned" due to their emotionally distant parents, which leaves them with a constant feeling of being completely alone in the world.

Aurum As A Father-There are two possibilities for Aurum as a father:

•Devoted Father: He may become a very devoted father who tries hard to avoid repeating the mistakes his parents made. However, even if he finds a reasonably happy relationship, he may still take out his hidden anger on his children. This anger often stems from the neglect he experienced as a child. Despite having a loving family, he may have sudden bursts of explosive temper. Since he is sensitive and feels deep emotional pain, he often feels very guilty after these outbursts.

•Repeating the Past: The other possibility is that he may fall into the same patterns of behavior as his own parents . Aurum men usually grow up feeling the need to prove themselves and may end up pushing their children just as hard as they push themselves.

•Ambitious-Parental pressure and to compensate for inner lack of self-worth.Extreme dedication to work leads to rapid career advancement, often reaching executive positions.

•Sensitive Towards Criticism-Take others' comments seriously and are highly sensitive. Children of both types respond by withdrawing and hiding their feelings. They share similar emotional traits, but the difference lies in the intensity. Aurum experiences deeper emotions, keeps depression hidden, internalizes self-loathing, and may turn to religious devotion for comfort.

•Self Condamination-Aurum, being a syphilitic type, often becomes mentally obsessive, repeatedly dwelling on past traumas, especially when blaming himself.

Frequently tortures himself with thoughts of regret and remorse when things go wrong.

•Religious Despair-Aurum's remorse can manifest as religious despair, believing they are unworthy of salvation (Kent: "he imagines he is only evil").

Some Aurum individuals turn to prayer from an early age as a way to escape their inner mental turmoil, becoming obsessive about it.

They may spend hours praying daily, often with tears, which provides some relief.

Instead of becoming suicidal, religious Aurum types may pray obsessively for salvation especially during deep depression.

Aurum In Family-Aurum individuals have strict ideas of duty, often shaped by parental teachings. Their sense of responsibility is strong, following what they believe they must do. After fulfilling family duties (like educating and marrying off children), they often turn to religious or social service. This shift is driven more by a sense of duty than by genuine sympathy or concern for others.

There are many medicines in Aurum group, they are derived from gold compounds and are primarily prescribed for deep-seated conditions involving depression, cardiovascular issues, and bone affections.

•Aurum arsenicosum (arsenite of gold),
•Aurum bromatum (bromide of gold),
•Aurum iodatum (iodide of gold),
•Aurum metallicum (pure gold),
•Aurum muriaticum(chloride of gold),
•Aurum muriaticum kalinatum (potassium chloroaurate),
•Aurum muriaticum natonatum (sodium chloroaurate),
•Aurum metallicum nitricum (nitrate of gold),
•Aurum cyanatum (cyanide of gold),
•Aurum sulfuratum (sulphide of gold)

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The Role of Homeopathy In Ichthyosis Vulgaris



Ichthyosis vulgaris is a skin condition that causes excessively dry, thick, scaly skin.

Ichthyosis comes from the word for " fish scales" and vulgaris means "common".

It is also known as "fish scale disease" or "fish skin disease".

Pathophysiology-The gene variation causes the defective production of filaggrin. filaggrin is a protein that helps bind cells together to form the skin barrier. As a result' skin cells don't separate at the surface of your skin. It helps maintain the skin Ph, retain moisture in the stratum corneum, and reduce trans-epidermal water loss. And dead skin cells don't shed well, causing scales. But, in ichthyosis vulgaris results from loss of function mutations in the gene encoding the protein filaggrin.

But, ichthyosis vulgaris can also occur with medical illness, like: •Cancer

•Kidney failure, •Lupus, •Sarcoidosis.

•Human immunodeficiency virus (HIV).

Epidemiology-•Frequency

United States-Hereditary ichthyosis vulgaris is a common disease in the United States, with a prevalence of approximately 1 case in 300 persons.

Acquired ichthyosis is extremely rare.

International-Hereditary ichthyosis vulgaris is found worldwide, and the prevalence depends on the location. One study in Berkshire, England, observed a frequency of 1 case in 250 schoolchildren. Acquired ichthyosis is extremely rare. Its prevalence worldwide is unknown.

•**Sex-**Hereditary and acquired ichthyosis occur equally in men and women.

•**Age-**Hereditary ichthyosis vulgaris typically is absent at birth. It appears in most patients during the first year of life and in the vast majority by age 5 years.

Acquired ichthyosis usually first appears in adulthood.

•**Prognosis-**The prognosis for hereditary ichthyosis vulgaris is excellent. Many patients experience improvement of symptoms with age. The prognosis for acquired ichthyosis vulgaris depends on the severity of the underlying systemic disease.

Causes-•It is usually caused by a genetic mutation, but can also be associated with medical conditions or medications. That is, inherited or acquired. children who inherit a detective gene from just one parent have a milder form of the disease.

•Those who inherit two defective genes have a more severe form of ichthyosis vulgaris. Children with the inherited form of the disorder usually have normal skin at birth, but develop scaling and roughness during the first few years of life.

•If genetic abnormalities aren't responsible for ichthyosis, its referred to as acquired ichthyosis. Its usually associated with other diseases, such a cancer, thyroid disease of HIV/AIDS.

•In rare cases, adults can develop ichthyosis vulgaris even if they don't carry the defective gene. Though this is rare, its most often associated with other conditions, including cancer, kidney failure, or thyroid disease.

•Ichthyosis vulgaris may also occur along with other skin disorders, such as atopic dermatitis or keratosis pilaris. Atopic dermatitis, more commonly known as severe eczema, is known for causing extremely itchy skin rashes.

•The affected skin may be thick and covered in scales. The white or red skin bumps caused by keratosis pilaris can look similar to acne, but the usually appear on the arms, thighs, or buttocks. This condition can also cause rough patches of skin.

Symptoms-Ichthyosis vulgaris slows skins natural shedding process. This causes chronic, excessive buildup of the protein in the upper layer of the skin.

•Dry, scaly skin

•Tile-like, small scales

•Scales coloured white, dirty grey or brown- with darker-Coloured scales typically on darker skin,

•Flaky scalp

•Deep, painful cracks in skin

•Polygon- shaped scales on the skin

•Itchy skin, •Thickened skin.

The scales usually appear on elbows and lower legs and may be especially thick and dark over shines. Most cases of ichthyosis vulgaris are mild, but some can be severe. Symptoms usually worsen or are more pronounced in cold, dry environments and tend to improve or even resolve in warm, humid environments etc.

Types of Ichthyosis-This skin condition differentiated into various types, some are given below:

•**Ichthyosis vulgaris-**The most common and mild form of ichthyosis. It is characterized by mild scaling and dryness of skin.

•**X-linked ichthyosis-**This type of ichthyosis arises due to deficiency of steroid sulfatase enzyme and most commonly affects men. The scaliness is more prominent on the neck, trunk and lower limbs in this type.

•**Lamellar ichthyosis-**A rare skin disorder in which the babies are born with a shiny, waxy outer layer of skin. During the first few weeks, this layer dries and peels off revealing the scaliness on the skin.

•**Ichthyosis hystrix-**This is characterized by intense hyper-keratosis (thickening of the outermost layer of skin epidermis) and appears like spiny scales.

•**Harlequin- type ichthyosis-**This is an extremely rare, but severe type of ichthyosis that needs intensive care at birth. Babies born with Harlequin-type ichthyosis have thick plates of skin separated with deep cracks. The deep cracks in the skin put these babies at risk of fatal infections.

Complications-Some people with ichthyosis may experience:

•Overheating. In rare cases, the skin thickness and scales of ichthyosis can interfere with sweating. This inhibit cooling. In some people, excess sweating can occur.

•Secondary infection. Skin splitting and cracking may lead to infections.

Diagnosis-•Ichthyosis vulgaris is usually a clinical diagnosis. Mild ichthyosis is often just called 'dry skin'.

•Filaggrin mutations can be detected by research laboratories from a buccal smear or saliva sample.

•Skin biopsy in some cases.

Homeopathic Treatment For Ichthyosis Vulgaris-It is a life-long condition that can be managed or controlled in the best manner with homeopathy medicines. The scaling of the skin can be delayed with the use of Homeopathic medicines. This can reduce the dryness, cracking, and peeling off the skin.

The excess buildup of the scales on the skin can be reduced with homeopathy medicines like mother tincture. The associated symptoms need to be assessed in people presenting with scaly skin.

•Skin and scalp are affected, there are dry scales.

•The skin on the face is affected, scaly skin with whiskers.

•The skin on the chest is affected with scaly skin between the breasts.

Homeopathic Medicines For Ichthyosis-There are some homeopathy medicines used to improve the moisture content in the skin.

•**Arsenic Iodatum-** is one of the top remedies for ichthyosis. There is marked exfoliation of large scales from the skin that leave behind a raw surface. The skin is scaly with much itching.

•**Hydrocotyle Asiatica-**There Is great thickening of the epidermal layer and exfoliation of scales of the skin. Circular spots on the skin with scaly edges. Another prescribing symptom is intolerable itching, especially of soles.

•**Petroleum-** is prescribed where the skin is rough, dry and thick, with the presence of cracks. The skin is very sensitive.

•**Sepia-** is prescribed for ichthyosis with an offensive odour of skin. Severe itching which is not relieved by scratching. Worse in bends of elbows and knees.

•**Kali sulph-** is prescribed with dry, flaky skin with prominent, yellow scales.

•**Platanus occidentalis-** is prescribed for X linked ichthyosis with corneal opacity and cataract.

•**Natrum carb-** in cases of Lamellar ichthyosis with photophobia.

•**Clematis erecta-** is prescribed when red, brown, scaly , scabby skin occurs. There is intense itching, worse washing in cold water.

•**Zincummetallicum-** is effective for ichthyosis with corneal dystrophy.

Benefits Of Homeopathic Treatment-

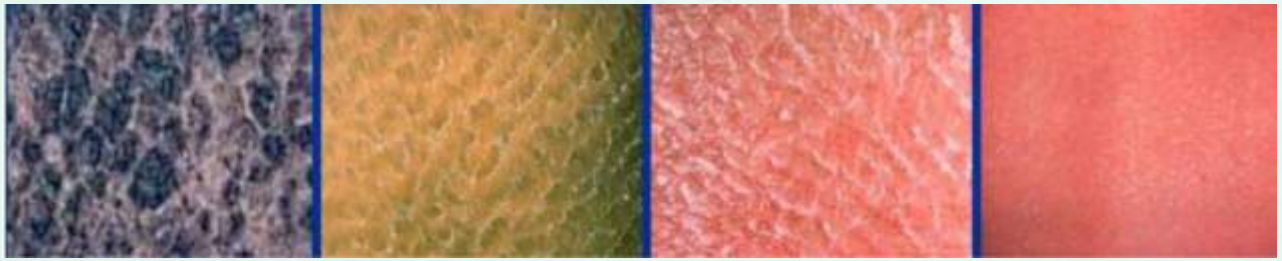
•**Individualized Care:** A homeopath will assess the symptoms. Triggers, medical history, and individual characteristics to prescribe a personalised treatment plan tailored to the individuals needs.

•**Gentle and natural:**Homeopathic remedies are derived from natural substances and are known for their safety and minimal side effects. They work harmoniously with the body, promoting self- healing and natural skin rejuvenation.

•**Holistic Approach:** Homeopathy considers not only the physical symptoms but also the emotional and mental aspects of an individual. It aims to restore balance at all levels, providing comprehensive care.

•**Skin Rejuvenation** : Homeopathy strives to achieve skin rejuvenation and a balanced skin tone.

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Efficacy of Individualized Homeopathic Remedies In The Treatment of Psoriasis



Dr. Vandana Patel

Homeopathy is regarded as a holistic and individualized therapy because it sees the individual as a whole rather than divided by organs or systems. Epidemiological studies indicate that it affects 2-3% of the population. This case shows that classical homeopathy is a promising and natural and side-effect-free treatment alternative that can be combined with conventional drugs as needed.

Abstract-Objective-To evaluate the effectiveness of homeopathic remedies in improving quality of life of psoriasis patients.

Method-Setting The study is conducted on the patient who attended in the OPD/IPD of our homeopathic college and hospital. And also in camps..Accordingly 30 patient have been taken for the present study from different age group and of both sexes, who are diagnosed with psoriasis.

Result-A total of 70 patients were evaluated and 30 were diagnosed with psoriasis out of 30 cases, 19 cases showed improvement i.e. 63.33% in 6 month of study, while 9 cases were partially improved i.e. 30.00% of the total cases and 2 cases were not improved accounting 6.66% of total cases.

Conclusion-Homeopathic medicine have capability to treat patient with both acute and chronic psoriasis and improve quality of life of patients.

Keyword-Psoriasis, individualized homeopathy, homeopathy treatment, quality of life, skin disorder, homeopathy and psoriasis.

Introduction-"Psoriasis is one of the most common dermatologic diseases, affecting 2% of the world's population. It is an immune-mediated disease clinically characterized by erythematous, sharply demarcated and rounded plaques covered with silvery mucinaceous scale."

Psoriasis is a chronic autoimmune inflammatory skin disease. In this disorder, changes occur in the life cycle of skin cells and cells are made 10 times faster than normal.. Due to excess accumulation of cells on the surface of the body, this develops scaly and red patches that are rough, itchy and may be painful. Plaque psoriasis affects 90% in total Psoriasis cases..(2) Certain features of psoriasis can be classified to help determine appropriate research and treatment pathways - overlap may occur. These include: Early age 35 years (75%) and late age >50 years (3) Epidemiology Psoriasis is prevalent in all races and sexes around the world, with a prevalence of 0.1 to 3%. Winter stress is common. (2) Psoriasis affects 1.5 to 3% of the population; inheritance 35% of family history. Possible precipitation factors include streptococcus infections, drugs, sunlight, and psychological stress. (4). The most common symptoms of psoriasis plaque include: red patches in light skin and red or purple patches in dark skin, yellow-silver scales on red patches or gray scales on purple and brown patches dry skin can crack, bleeding and burning sensation on patches of thicker nails, painful joints, swelling.(5)

Various classical homeopathy repertories provide numerous remedy option for psoriasis for example the kent repertory include 101 remedies under the category of skin eruption-psoriasis(6) the boger-boenninghausen repertory list 464 remedy for similar skin issue like psoriasis.(7) In boger synoptic key 483 remedies are suggested.(8)similarly boerickes repertory outline 54 remedies for psoriasis.(9) while knerrs compilation from herings guiding symptoms present 61 remedies.(10) Clarkes the prescriber suggest 10 suitable remedies(11)

Objective-•Primary objective-To evaluate the effectiveness of homeopathy remedies in improving quality of life of psoriasis patients.

•Secondary objective-•To verify the characteristic symptoms of useful medicines.

•To prevent the progression and relapse of psoriasis.

Material Methods:•Source of Data-The study is conducted on the patient who attended in the OPD/IPD of our homeopathic college and hospital and also in camps.

•Method of collection of Data-Accordingly 30 patients have taken for the present study from different age group and of both sexes.

•Case taking & processing-The case has been taken in detail as per the principles of homeopathy & processed under the following headlines-

•Diagnosis of disease

•Diagnosis of phase of the disease

•Diagnosis of miasmand susceptibility

•Diagnosis of the remedy and potency

Prescription-•All these cases were thoroughly examined before the prescription is given.

•After case taking medicine is given according to totality of symptoms with the help of repertory, materia medica and homeopathy philosophy.

Follow-up-•Follow-up of the cases are done as per the need of the case.

•Record are maintained to draw the conclusion.

Result-A total of 70 patients were evaluated and 30 were diagnosed with psoriasis. Out of 30 cases, 19 cases showed improvement i.e. 63.33% in 6 month of study, while 9 cases were partially improved i.e. 30.00% of the total cases & 2 cases were not improved accounting 6.66% of total cases

Conclusion-Homeopathic medicines improved quality of life of psoriasis patient by reducing pruritus, sliver scaling, swelling, oozing and concentration besides drug side effects. If any allowing for associated condition to be managed in a gentle, rapid and lasting way..

Observation & analysis:

Age And Sex Incidence:

Age group	Male	Female	Total	percen tage
0-10	02	03	05	16.66%
11-20	03	01	04	13.33%
21-30	05	04	09	30.00%
31-40	04	03	07	23.33%
41-50	01	04	05	16.66%
Total	**15**	**15**	**30**	**100%**

Marital Status Incidence:

	Married	Unmarried	Total	Percen tage
Male	06	07	13	43.33%
Female	10	07	17	56.66%
Total	16	14	30	100%

Occupation Incidence:

Sr. No.	Occupation	No. of cases	Percentage
1	Student	13	43.33%
2	Doctors	01	3.33%
3	Housewife	04	13.33%
4	Teacher	02	6.66%
5	Service	07	23.33%
6	Farmer	02	6.66%
7	None	01	3.33%
	Total	30	100%

Medicine Prescribed Incidence

Sr. No.	Remedy	No. of cases	Percen tage
1	Sulhur	04	13.33%
2	Kali brom	01	3.33%
3	Kali arsenicum	01	3.33%
4	Thyroidinum	01	3.33%
5	Rdiumbrom.	02	6.66%
6	Corallium rubrum	01	3.33%
7	Ars.brom	01	3.33%
8	Acid chrysopharicum	01	3.33%
9	Ars.sulp rub	01	3.33%
10	Selenium	02	6.66%
11	Hydrocotyle	01	3.33%
12	Mezereum	02	6.66%
13	Petroleum	01	3.33%
14	Arsenic.alb	02	6.66%
15	Arsenic iod	03	10.00%
16	manganum	06	20.00%
	Total	30	100%

Result Incidence:

Result	No.of cases	Percentage
Improved	19	63.33%
Partially improved	09	30.00%
Not improved	02	6.66%
Total	30	100%

Conclusion-Homeopathic medicines improved quality of life of psoriasis patient by reducing pruritus, sliver scaling, swelling, oozing and concentration besides drug side effects. If any allowing for associated condition to be managed in a gentle, rapid and lasting way..

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Primary Dysmenorrhoea and Its Homoeopathic Management

Dysmenorrhea literally means painful menstruation. The definition of dysmenorrhea is severe, painful cramping in the lower abdomen just before or during the menses. Dysmenorrhoea can be classified as primary and secondary. Primary dysmenorrhoea is recurrent lower abdominal pain that happens during the menstrual cycle and is not associated with other diseases or underlying pathology. secondary dysmenorrhoea is associated with suspected or clinically identifiable pathology.

Primary dysmenorrhoea classically begins within about 2 years of menarche of once ovulatory cycles have been established. It is more often a diagnosis made in adolescents and young adults. The cyclic pain starts within a few hours of the onset of menses and usually resolves within 72 hours. The pain is located midline in the pelvis and may radiate to the lumbar area of the back or upper legs.

It may be crampy and episodic and is usually similar in each menstrual cycle. Concomitant symptoms may include nausea, vomiting, headaches, dizziness, fatigue, and sleep difficulties.

Primary dysmenorrhea (PD) is a common, disregarded, underdiagnosed, and inadequately treated complaint of both young and adult females. It is characterized by painful cramps in the lower abdomen, which start shortly before or at the onset of menses and which could last for 3 days.

Aetiology:-In primary dysmenorrhoea cause of pain is unknown but the following are so important factors which are held to be responsible .the condition is probably multifactorial.

•Obstructive factor:- Spasmodic painful uterine contractions are set up by the retained blood within the uterus during menstruation which results from obstruction to the outflow of blood due to pinhole os or conical cervix .the factor fails to explain all cases of dysmenorrhoea ;in most of them pain occurs even with normal uterus. This theory gives the basis of dilatation of the cervix in treatment. Abnormal anatomical and functional aspect of myometrium. Uterine myometrial hyperactivity has been observed in cases with primary dysmenorrhea.

•Hypoplasia factor:-Inadequate uterine muscles need vigorous contractions to expel the menstrual discharge and as such set up painful contractions. Against this view is the fact that this factor is not always present.

•Muscle ischaemic factor:-The pain may be produced by uterine muscle ischaemia .The ischaemia is due to exaggerated contractions caused by the action of prostaglandin.

•Neurogenic factor:-Pain carrying autonomous nervous system of the uterus is upset.

•Psychological and social factor:-this possibly plays in most of the cases especially in women with low pain threshold .faulty sex education is also an important factor.

•Constitutional factor:-Impaired state of health, physical and mental exhaustion make the women prone to be conscious of pain.

•Prostaglandin:-Prostaglandin f2α liberated by endometrium causes myometrial spasm and pain. Prostaglandin is found higher in menstruating uterus in dysmenorrhoea. Excessive endometrial prostaglandin is now considered to be the cause of pain in most if not in all cases.

Pathophysiology:-Although the pathophysiology of dysmenorrhea has not been fully elucidated, current evidence suggests that the pathogenesis of dysmenorrhea is due to the increased secretion of prostaglandin F2α (PGF2α) and prostaglandin E2 (PGE2) in the uterus during endometrial sloughing. These prostaglandins are involved in increasing myometrial contractions and vasoconstriction, leading to uterine ischemia and production of anaerobic metabolites. This results in the hypersensitisation of pain fibres, and ultimately pelvic pain. Females with regular menstrual cycles have elevated endometrial prostaglandin levels during the late luteal phase.

Clinical Features:-Symptoms may include

•Cramping pain in the lower abdomen
•Low back pain, •Headaches
•Pain spreading down the legs
•Nausea, •Vomiting, •Diarrhoea
•Fatigue, •Weakness, •Fainting

Signs:-Patient may be in poor state of health and anxious state of mind.

Diagnosis:-Primary dysmenorrhea may be diagnosed based on the typical history alone. Pain begins just before or at the start of menstrual bleeding. It is cyclic and begins with the onset of ovulatory cycles, usually within 2 years of menarche. Pain peaks at 23 to 48 hours after the onset of bleeding and usually lasts no more than 72 hours. This is essentially based on symptoms and signs and excluding the causes of secondary dysmenorrhea.

Investigations:-•History-a) Age and social history (occupation and marital status) of the Patient. b) History of onset character, site, duration, radiation of pain should be thoroughly enquired. Any other associated symptoms apart from pain should be taken in to account. c) Menstrual history d) History of any psychological disturbance especially following marital relation should be also noted. e) Family history of dysmenorrhoea in mother or sister or any friend is to be enquired.

•General examination:-general health–poor health goes in favour of spasmodic dysmenorrhoea. Psychological makeup with pain threshold of the patient should be assessed.

Management:-

Prevention:-Proper sex education to the girls starting menarche is important. Health promotion by adequate food, clean drinking water, rest, primary health care is mandatory for thin girls.

Curative:- •During the attack of pain during menses a) Adequate rest b) Bowels should be regularly opened by laxatives. c) Proper personal hygiene should be taken by daily bath. d) Analgesics anti prostaglandin and antispasmodic –aspirin 300 mg one or two tablets. Aspirin acts as antiprostaglandin by inhibiting PG synthetase enzymes. Mefenamic acid found effective antiprostaglandin by inhibiting its synthesis as well its action.

•In between painful menses:-a) The general health of the patient is improved on good diet, open air exercise. Anaemia is corrected. b) The psychogenic factor is to be removed by suggestion and persuasion. c) Hormone therapy .this can relieve pain during menses; patient being relieved of pain under the therapy can experience less pain even without the therapy. Oestrogen and progesterone .the purpose of this therapy are following:-i) It prevents ovulation by inhibiting pituitary gonadotropins and results in painless an ovulatory menses. ii) It reduces prostaglandin content of bleeding endometrium and thus Ischemia. iii) It may help in the development of the uterus if it is hypo plastic.

Homoeopathic Medicines-

•Belladona : Dysmenorrhea of belladona is congestive and neuralgic type. There is violent bearing down sensation, as if everything would issue out. The blood is bright red, hot and offensive with clots of dark decomposed blood. Menses are early and copious. The patient is extremely sensitive and cannot bear touch , pressure or jerk. There is pain in ovarian region at the onset of menses. Painful menstrual cramps with spasmodic contractions of the uterus.

•Chamomilla: The pain is neuralgic type with drawing, clawing pain from back towards front. Menorrhagia with black clots, profuse with coldness of limbs. Membranous dysmenorrhea especially at puberty. Dysmenorrhea is caused by anger or emotions. Menstrual cramps with lot of pain and irritability.

•Colocynthis : It is suited to women of sedentary habits, blondes with copious menstruation. Suppression of menses from indignation. Menses increased and too frequent. Dysmenorrhea is worse by eating or drinking. Bearing down cramps with boring down pains in ovary. Must bend double with great pain and restless to get relief. Wants abdomen supported by pressure. She experiences sharp, gnawing, darting pains in stomach with extreme nausea and vomiting. Symptoms are relieved at the onset of menses.

•Sepia: Menses usually appear late every month, and are usually scanty, sometimes last only a day. Menses is preceded by violent aching in abdomen which causes faintness, chilliness and shuddering. The patient is sad, morose and despondent during menses. Dysmenorrhea is accompanied by toothache, headache, discharge of plugs from nose =, pain in tibia, epistaxis and colicky pains. There is bearing down pains in uterus, with sense of lump or ball in anus, not relieved by evacuation. The patient is never well since puberty, child birth and after weaning. There is dryness of vagina and vulva after menses.

•Pulsatilla nigricans : It is pre-eminently a female remedy, especially for mild, gentle, yielding disposition with weeping tendency, can hardly narrate her symptoms without weeping. Menses are delayed at puberty. Menses are intermittent, irregular, vicarious, too late, scanty, flow is clotted and changeable and is more during day while walking about. Dysmenorrhea since puberty. It is accompanied with chilliness, paleness of face, stretching and yawning. getting feet wet. Painful menstruation with great restlessness, the patient tosses in every possible directions.

•Ignatia: Menses, too early, too profuse, or scanty. During menses great languor, with spasmodic pains in stomach and abdomen. Mentally & physically exhausted by long concentrated grief. During the catamenia, heaviness, heat, and pain in the head, photophobia, colic, and contractive pains, anxiety, palpitation of the heart, and great fatigue, even to fainting. Cramp-like and compressive pains in the region of the uterus, with fits of suffocation. Hysterical nervous temperament.

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Leucorrhea-Case Study

•**Understanding Leucorrhea-**Leucorrhea refers to a whitish, yellowish, or greenish vaginal discharge. It's important to note that some vaginal discharge is normal and healthy, as it helps to keep the vagina clean and protected from infections. However, when the discharge becomes excessive, changes color, or is accompanied by other symptoms, it may indicate an underlying issue.

•**Normal Discharge Typically-**Is clear or white. Has little to no odor. Changes in consistency throughout the menstrual cycle.

•**Abnormal Discharge May-**Be yellow, green, or gray. Have a strong, unpleasant odor. Be accompanied by itching, burning, or pain.

Causes of Leucorrhea-Several factors can contribute to the development of leucorrhea:

•**Hormonal Changes:**Fluctuations in estrogen levels, suchas during pregnancy, menopause, or throughout the menstrual cycle, can affect vaginal discharge.

•**Infections:**Bacterial vaginosis, yeast infections, or sexually transmitted infections can cause abnormal discharge.

•**Poor Hygiene-**Insufficient genital hygiene or using harsh soaps can disrupt the vaginal flora.

•**Nutritional Deficiencies-**Lack of essential vitamins and minerals can affect overall vaginal health.

•**Stress or Anxiety-**Psychological factors can influence hormonal balance and immune function.

•**Foreign Bodies-**Retained tampons or other objects can lead to infection and abnormal discharge.

•**Certain Medications-**Antibiotics or birth control pills can alter vaginal pH and flora..

Symptoms Associated with Leucorrhea-
While the primary symptom is the discharge itself, leucorrhea may be accompanied by:

•Itching or burning sensation in the genital area.
•Redness or swelling of the vulva.
•Pain during urination or intercourse.
•Lower abdominal pain.
•General fatigue or weakness.
•Itching or burning sensation in the genital area
•Redness or swelling of the vulva.
•Pain during urination or intercourse.
•Lower abdominal pain.
•General fatigue or weakness

Homeopathic Approach to Leucorrhea-
Homeopathy is a holistic system of medicine that treats the whole person, not just the symptoms. It takes into account the individual's physical, mental, and emotional state to prescribe remedies that stimulate the body's natural healing processes.

Some common homeopathic remedies for leucorrhea include:

•***Pulsatilla***: This remedy is often prescribed for women with thick, creamy discharge that has little to no odor. The discharge may be worse in the evening and is often accompanied by a sensation of heaviness in the lower abdomen. Women who respond well to Pulsatilla often feel better in open air and worse in warm rooms.

•***Sepia*****:** Sepia is typically used for yellowish, offensive discharge with a bearing-down sensation. Women needing this remedy may feel irritable and indifferent to their loved ones. They often feel better with exercise and worse in the morning and evening.

•***Kreosotum***:This remedy is indicated for acrid, irritating discharge that causes intense itching. The discharge may be so corrosive that it leaves marks on the underwear. Women needing Kreosotum often a sensation of warmth in the genital area.

•***Calcarean carbonicum***: This remedy Is often helpful for women with profuse, milky discharge. A sensation of rawness in the vagina

•***Natrum muriaticum***:may prescribed for watery, transparent discharge that looks like egg- white. Women needing natmur often have a craving for salt &may feel worse near the sea.

Lifestyle Habits:

•**Intimate Hygiene-**Wash the external vaginal area twice a day with plain water or a mild, fragrance- free wash; avoid douching or putting soap inside.

•**Breathable Clothing-**Wear loose, cotton underwear and change it at least twice a day or immediately if it gets damp or sweaty.

•**Physical Activity-**practice light walking. Gentle yoga, and stress- reduction techniques to support hormonal balance.

•Keep body hydrated. Drink plenty of water or any juices or coconut water.

•Add nutritious food, fresh fruits and vegetables in diet.

•Include plain yogurt or curd to promote healthy vaginal flora.

A case of Leucorrhea-A 30 year female, Mrs. A B C , married, housewife, came on date: 3rd march 2026 with complaints of Leucorrhea since 1 year with milky creamy discharge from vagina, having no smell but severe itching in vagina with generalized weakness which is aggravated during exertion and better by rest & having burning micturition since one month.

•Past H/O- malaria at 6 th std.
•Family H/O- not specific
•Personal H/O-
•Desire- spicy food
•Aversion- sweet food.
•Thirst- less quantity.
•Bowel- regular and clear.
•Urine- burning
•Sleep- disturbed due to itching.
•Dreams- not specific
•Thermal- chilly
•Menstrual H/O- menses-regular. Clear normal bleeding with no clots. Leucorrhea- milky creamy .
•Mind- she is a well- mannered house wife , mild disposition. Weeping anytime, while in sad or joy moments.
•Investigation- not specific

• **Diagnosis-** **Candida Albicans**

Evaluation-

•mental Generals- Mild disposition. Crying at sad or joy moment.

•**Physical General-** Thermally chilly. Thirstless, generalized weakness.

• **Particulars-** Leucorrhea, milky and creamy. Itching in vagina.

Rubric Selection-

• Mind- crying, weeping- joyful or sad things , at
• Female- discharge,vagina- **Candida Albicans**
•Female- discharge, vagina- cream like.
•Female- discharge, vagina- milky
•Female- discharge, vagina- itching.
•Generalities-weakness, sensation of being- exertion from

Selected Remedy-pulsatilla, calc. carb., sepia., phosphorus.

Prescription- Rx- Pulsatilla 200 S.D
Sac Lac BD for 15 days.

Follow Up-

•**1st F/UP** after 15 days- leucorrhea quantity reduced. Itching reduced. Appetite- good.
Rx- SL 1 DOSE , rubrum BD for 15 days.

•**2nd F/UP-** mentally feeling fresh. Leucorrhea is now cloudy in colour. Itching in vagina reduced. Appetite- good.
Rx- SL 1 dose, rubrum BD for 15 days.

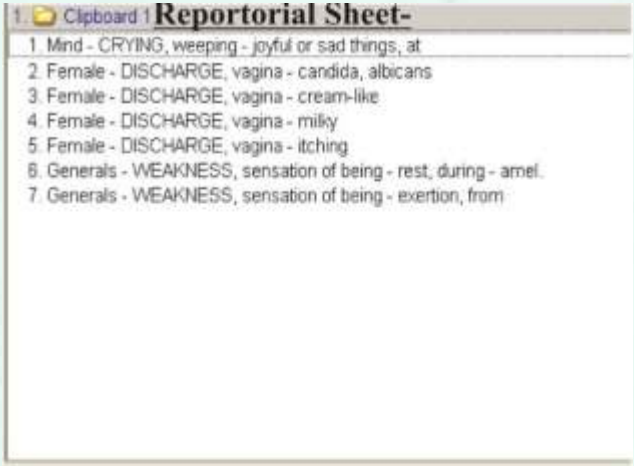
•**3rd F/UP-** leucorrhea quantity reduced. Pale white in colour. No itching in vagina n no burning during urination.
Rx- SL 1 dose, rubrum BD for 15 days.

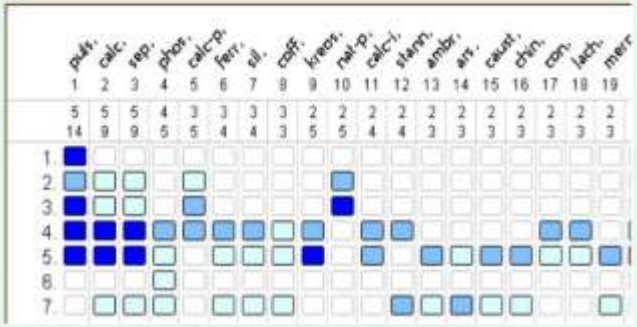
•**4th F/UP-** No complaints of Leucorrhea. A/B/U/S- good and regular.

Discussion- patient was prescribed with Pulsatilla 200 considering her mental , physical and particulars. Regular follow up was taken an d during follow up the patient showed steady improvement in her condition. After two months of treatment the patient is completely relieved of the Leucorrhea.

Conclusion–In this case Pulsatilla 200 when given on the basis of symptom similarity relieved the patient of Leucorrhea.

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PRO LIFE ERA HOMEOPATHY JOURNAL

Iron Deficiency Anemia in Children: A Homeopathic Perspective-An Overview

Abstract-Iron Deficiency Anemia (IDA) is the most prevalent nutritional deficiency disorder affecting children worldwide, particularly in developing countries. It adversely affects physical growth, cognitive development, immunity, and school performance. Early diagnosis and timely intervention are essential to prevent long-term complications. Conventional management focuses on iron supplementation, dietary correction, treatment of underlying causes, and preventive strategies. Homeopathy adopts an individualized approach based on the totality of symptoms, constitutional characteristics, and miasmatic background. This overview discusses the etiology, pathophysiology, clinical manifestations, diagnosis, conventional management, homeopathic therapeutics, miasmatic interpretation, prognosis, and recent advances in Iron Deficiency Anemia in children.

Keywords-Iron Deficiency Anemia, Children, Homeopathy, Nutritional Anemia, Pediatrics, Constitutional Treatment, Miasm, Individualization.

Introduction-Iron Deficiency Anemia (IDA) remains one of the most common nutritional disorders among infants and children worldwide. According to the World Health Organization (WHO), anemia affects nearly 40% of children under five years of age globally, with iron deficiency accounting for the majority of cases. Rapid growth during infancy, inadequate dietary intake, recurrent infections, and parasitic infestations increase the risk of iron deficiency. Although conventional treatment effectively corrects iron deficiency, homeopathy aims to improve the child's overall vitality and constitutional susceptibility while supporting holistic care

Definition-Iron Deficiency Anemia is a microcytic hypochromic anemia resulting from inadequate iron stores leading to reduced hemoglobin synthesis and diminished oxygen-carrying capacity of blood.

Classification- According to Severity

•Mild Anemia, •Moderate Anemia, •Severe Anemia

According to Etiology-•Nutritional deficiency

•Blood loss,•Malabsorption, •Chronic infections

•Increased physiological demand

Etiology-Nutritional Causes

•Poor dietary iron intake

•Exclusive milk feeding beyond infancy

•Delayed complementary feeding

•Vegetarian diets with low bio available iron

Increased Requirements-•Prematurity

•Rapid growth during infancy, •Adolescence

Blood Loss-•Hookworm infestation

•Gastrointestinal bleeding

•Menorrhagia in adolescents

Malabsorption-•Celiac disease

•Chronic diarrhea, •Inflammatory bowel disease

Pathophysiology-Iron deficiency progresses through three stages: •Depletion of iron stores.

Medicine	Characteristic Indications
Ferrum phosphoricum	Early anemia, weakness, pallor, easy fatigue
Ferrum metallicum	Pallor alternating with flushing, weakness despite apparent strength
Calcarea phosphorica	Delayed growth, poor nutrition, thin children, delayed dentition
China officinalis	Debility after blood loss or chronic illness
Natrum muriaticum	Anemia with headaches, weakness, emotional sensitivity
Pulsatilla nigricans	Mild, timid children with poor appetite and digestive disturbances
Alfalfa	Poor nutrition, reduced appetite, general debility (traditionally used as a tonic)
Arsenicum album	Marked weakness, restlessness, burning complaints with anemia

•Iron-deficient erythropoiesis., •Iron Deficiency Anemia with reduced hemoglobin production.

Reduced hemoglobin impairs oxygen delivery to tissues, leading to fatigue, developmental delay, impaired cognition, reduced immunity, and growth retardation.

Clinical Features-•Pallor, Easy fatigability, Weakness, Irritability, Poor appetite, Delayed growth •Poor scholastic performance, Breathlessness on exertion, Tachycardia,Brittle nails, •Angular stomatitis, Glossitis, Pica (especially eating clay)

Investigations-Hematological

•Complete Blood Count (CBC)

•Hemoglobin estimation, •Peripheral blood smear

•Reticulocyte count

Iron Studies-•Serum ferritin, •Serum iron

•Total Iron Binding Capacity (TIBC)

•Transferrin saturation

Additional Tests-•Occult blood test

•Stool examination for ova and parasites

•C-Reactive Protein (CRP) where indicated

Differential Diagnosis-•Thalassemia trait

•Anemia of chronic disease

•Megaloblastic anemia, •Hemolytic anemia

•Sideroblastic anemia, •Lead poisoning

Management-Modern Management-The goals are correction of anemia, replenishment of iron stores, treatment of the underlying cause, and prevention of recurrence.

Medical Treatment-

•Oral elemental iron supplementation

•Intravenous iron in selected cases

•Blood transfusion for severe symptomatic anemia

•Deworming where indicated

•Nutritional counseling

•Treatment of infections and underlying disorders

Dietary Advice-•Green leafy vegetables, Pulses, Jaggery, Dates, Meat, fish, liver, Eggs

•Vitamin C-rich fruits to enhance iron absorption

Homeopathic Therapeutics-Homeopathy individualizes treatment according to the patient's constitutional and symptom profile. It should be considered **complementary** to evidence-based management and **not as a substitute for iron replacement therapy** in confirmed iron deficiency anemia

Miasmatic Approach-Psoric Miasm-

•Nutritional deficiency, •Functional weakness

•Poor assimilation, •Mild anemia

Sycotic Miasm-•Chronic recurrent infections

•Enlarged glands,

•Persistent nutritional disturbances

Syphilitic Miasm-•Severe destructive anemia

•Bone marrow pathology, •Congenital disorders

Tubercular Miasm-

•Rapid growth with poor nutrition

•Recurrent respiratory infections

•Failure to thrive

•Chronic anemia with constitutional weakness

Miasmatic assessment is mainly useful for constitutional prescribing after correction of acute nutritional deficiency.

Prognosis-The prognosis is excellent when diagnosed early and treated appropriately. Most children show hematological improvement within four to six weeks of adequate iron therapy. Untreated anemia may lead to impaired cognitive development, poor immunity, behavioral disturbances, delayed growth, and reduced academic performance.

Recent Advances-•Delayed umbilical cord clamping improves neonatal iron stores.

•WHO recommends routine iron supplementation in high-risk populations.

•Micronutrient powders are increasingly used to prevent childhood anemia.

•New intravenous iron preparations have improved safety profiles.

•Digital hemoglobin screening programs facilitate early diagnosis.

•Research on the gut microbiome and iron metabolism is expanding.

•Integrative pediatric care supports complementary therapies alongside standard nutritional and medical treatment while emphasizing that homeopathy should not replace indicated iron supplementation.

Conclusion-Iron Deficiency Anemia remains one of the most preventable nutritional disorders in childhood. Early diagnosis, nutritional education, iron supplementation, and treatment of underlying causes are essential for optimal growth and neuro development. Homeopathy offers an individualized constitutional approach that may complement conventional pediatric care by addressing the child's overall health and susceptibility. A collaborative, evidence-informed approach can improve outcomes while ensuring patient safety.

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Acute Diarrhea In Children: A Homeopathic Approach- A Comprehensive Academic Review

Abstract-Acute diarrhea is one of the most common illnesses affecting children worldwide and remains a significant cause of morbidity and mortality, particularly in developing countries. It is characterized by the sudden onset of loose or watery stools lasting less than 14 days, usually resulting from infectious etiologies. Prompt recognition and appropriate management are essential to prevent dehydration and associated complications. Modern management emphasizes oral rehydration therapy (ORT), zinc supplementation, continued nutrition, and selective antimicrobial therapy. Homeopathy adopts an individualized approach based on the totality of symptoms, constitutional characteristics, and miasmatic background. This review summarizes the epidemiology, etiology, pathophysiology, clinical presentation, diagnosis, conventional management, homeopathic therapeutics, miasmatic interpretation, prognosis, recent advances, and relevant literature on acute diarrhea in children.

Keywords-Acute diarrhea, Pediatrics, Homeopathy, Oral Rehydration Therapy, Zinc supplementation, Dehydration, Miasmatic approach, Individualization.

Introduction-Acute diarrhea is a leading pediatric health problem, accounting for millions of episodes annually and contributing substantially to childhood morbidity and mortality worldwide. Despite improvements in sanitation and immunization, diarrheal diseases remain a significant burden in low- and middle-income countries. Viral infections are responsible for the majority of cases, although bacterial and parasitic infections continue to play important roles. Early diagnosis, appropriate rehydration therapy, nutritional support, and prevention of dehydration remain the cornerstone of treatment. Homeopathy, when practiced as an adjunct to evidence-based pediatric care, aims to stimulate the body's self-healing response through individualized remedy selection.

Definition-According to the World Health Organization (WHO), acute diarrhea is defined as the passage of **three or more loose or watery stools in 24 hours lasting less than 14 days**.

Classification

•Acute watery diarrhea

•Acute bloody diarrhea (Dysentery)

•Persistent diarrhea (>14 days)

•Chronic diarrhea (>4 weeks)

Etiology-Infectious Causes

•Rotavirus, Norovirus, Adenovirus, *Escherichia coli, Salmonella* species, *Shigella* species

•*Campylobacter jejuni, Vibrio cholerae, Giardia lamblia, Entamoeba histolytica*

Non-Infectious Causes

•Food intolerance, Drug-induced diarrhea, Food allergy, Malabsorption syndromes, •Inflammatory bowel disease

Pathophysiology-Acute diarrhea results from disturbances in intestinal absorption and secretion caused by infectious agents or other pathological conditions. The principal mechanisms include secretory diarrhea, osmotic diarrhea, inflammatory diarrhea, and altered intestinal motility. Excessive loss of water and electrolytes may rapidly lead to dehydration, metabolic acidosis, hypokalemia, and shock if not corrected promptly.

Clinical Features-•Frequent loose or watery stools, •Vomiting, •Fever

•Abdominal pain or cramps, •Poor feeding, •Irritability, •Sunken eyes

•Dry mouth, •Reduced urine output

•Lethargy, •Signs of dehydration

Investigations-Investigations are indicated in severe, persistent, or complicated cases:

•Stool routine examination

•Stool culture and sensitivity

•Stool occult blood

•Complete blood count

•Serum electrolytes

•Blood urea and serum creatinine

•Blood culture (when indicated)

Differential Diagnosis-

•Acute gastroenteritis

•Food poisoning

•Lactose intolerance

•Intussusception

•Appendicitis

•Inflammatory bowel disease

•Antibiotic-associated diarrhea

•Malabsorption syndrome

Management-Modern Management

•Oral Rehydration Solution (ORS)

•Zinc supplementation for 10–14 days

•Continued breastfeeding and feeding

•Intravenous fluids in severe dehydration

•Antibiotics only when indicated

•Probiotics in selected cases

Homeopathic Therapeutics-Homeopathic medicines are prescribed according to symptom similarity and individualization.

Miasmatic Approach

•Psora: Functional gastrointestinal disturbances with acute self-limiting diarrhea.

•Sycosis: Recurrent diarrhea with excessive mucus production and chronic susceptibility.

•Syphilis: Ulcerative dysentery, severe tissue destruction, toxic septic states.

•Tubercular Miasm: Recurrent infections, poor nutrition, and alternating respiratory and gastrointestinal complaints.

Miasmatic evaluation is especially useful in recurrent diarrheal disorders and constitutional prescribing following the acute episode.

Prognosis-The prognosis is generally excellent when dehydration is prevented and treated early. Most children recover within one week. Delayed management may result in severe dehydration, electrolyte imbalance, renal impairment, circulatory shock, and, in rare cases, death.

Recent Advances

•Low-osmolarity ORS has improved treatment outcomes.

•Universal rotavirus vaccination has significantly reduced severe childhood diarrhea.

•WHO recommends zinc supplementation in all episodes of pediatric acute diarrhea.

•Multiplex PCR assays enable rapid identification of enteric pathogens.

•Research into probiotics and gut microbiota continues to refine supportive management.

•Integrative pediatric practice supports evidence-based complementary therapies while emphasizing that homeopathy should complement-not replace-standard rehydration and medical care.

Conclusion-Acute diarrhea remains one of the most important causes of childhood illness worldwide. Timely assessment, oral rehydration therapy, zinc supplementation, continued nutrition, and early recognition of dehydration are the cornerstones of successful management. Homeopathy offers an individualized complementary therapeutic approach that may support symptom relief when used alongside established pediatric treatment. An integrated, patient-centered strategy ensures safe and effective management while reducing morbidity and preventing complications.

Arsenicum album	Offensive watery stools, burning pains, restlessness, intense thirst
Podophyllum peltatum	Profuse painless gushing stools, morning aggravation
Chamomilla	Green stools during dentition with marked irritability
Veratrum album	Rice-water stools, vomiting, cold perspiration
Aloe socotrina	Sudden urgency with involuntary stool
Mercurius solubilis	Slimy stools with tenesmus
China officinalis	Weakness after excessive fluid loss
Croton tiglium	Sudden explosive stools after eating or drinking

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A Clinical Study on The Role of Individualized Homoeopathic Treatment in Prolonged Neonatal Jaundice

Abstract-Background: Prolonged neonatal jaundice is defined as jaundice persisting beyond 14 days in term infants and beyond 21 days in preterm infants. While physiological jaundice usually resolves spontaneously, prolonged jaundice warrants careful evaluation to exclude pathological causes such as biliary atresia, hypothyroidism, hemolytic disorders, urinary tract infections, metabolic diseases, and breast milk jaundice. Homoeopathy offers an individualized constitutional approach aimed at supporting the infant's overall health while complementing standard pediatric care.

Objective-To evaluate the role of individualized homoeopathic treatment in the management of prolonged neonatal jaundice.

Materials and Methods-A prospective observational clinical study was conducted on neonates diagnosed with prolonged jaundice. Detailed case taking, clinical examination, laboratory investigations, and individualized homoeopathic prescriptions were carried out. Patients were followed regularly until complete clinical recovery. Outcome measures included reduction in serum bilirubin levels, improvement in clinical jaundice, feeding behavior, weight gain, and general well-being.

Results-Most infants demonstrated gradual clinical improvement with reduction in jaundice and satisfactory weight gain during follow-up. Individualized homoeopathic treatment was well tolerated and no adverse effects were observed.

Conclusion-Individualized homoeopathic treatment may serve as a complementary therapeutic approach in selected cases of prolonged neonatal jaundice after exclusion of pathological causes. Larger controlled clinical studies are required to establish its efficacy.

Keywords-Prolonged neonatal jaundice, neonatal hyperbilirubinemia, individualized homoeopathy, constitutional treatment, pediatric homoeopathy.

Introduction-Neonatal jaundice is one of the most common clinical conditions encountered during the neonatal period. It results from the accumulation of bilirubin due to immature hepatic conjugation and increased red blood cell turnover. Approximately 60% of term neonates and nearly 80% of preterm neonates develop jaundice during the first week of life.

Physiological jaundice generally resolves within two weeks in term infants. Persistence of jaundice beyond this period is termed **prolonged neonatal jaundice** and requires careful evaluation because it may indicate underlying pathological conditions including biliary obstruction, congenital hypothyroidism, glucose-6-phosphate dehydrogenase deficiency, hemolytic anemia, urinary tract infection, metabolic disorders, or neonatal hepatitis. Breast milk jaundice remains the most common benign cause after pathological conditions have been excluded.

The evaluation of prolonged neonatal jaundice includes detailed history, physical examination, measurement of total and direct serum bilirubin, liver function tests, thyroid profile, complete blood count, blood group compatibility, Coombs test, urine examination, and imaging whenever indicated.

Conventional management depends upon the underlying cause and may include phototherapy, treatment of infection, hormone replacement, or surgical intervention in biliary obstruction. In benign conditions such as breast milk jaundice, observation and regular monitoring are often sufficient.

Homoeopathy follows an individualized approach, prescribing medicines according to the totality of symptoms and constitutional characteristics. The objective is to improve the infant's vitality and promote physiological recovery while working alongside appropriate pediatric management.

Aim-To study the role of individualized homoeopathic treatment in prolonged neonatal jaundice.

Objectives-
- To assess the clinical improvement in neonates with prolonged jaundice.
- To evaluate changes in serum bilirubin levels following individualized homoeopathic treatment.
- To assess improvement in feeding pattern, activity, and weight gain.
- To evaluate the safety and tolerability of individualized homoeopathic medicines.

Materials and Methods-

•Study Design: Prospective observational clinical study.

•Study Setting: Department of Homoeopathic Pediatrics, Outpatient Department.

•Study Population: Thirty neonates diagnosed with prolonged neonatal jaundice.

Inclusion Criteria-
- Term and preterm neonates with jaundice persisting beyond the physiological period.
- Clinically stable neonates.
- Parents willing to participate and provide informed consent.

Exclusion Criteria
- Biliary atresia.
- Neonatal sepsis requiring intensive care.
- Congenital metabolic disorders.
- Severe hemolytic disease.
- Neonates requiring emergency exchange transfusion.

Methodology-Each infant underwent:
- Detailed antenatal and birth history
- Feeding history
- Clinical examination
- Laboratory investigations
- Serum bilirubin estimation
- Constitutional case recording (where feasible)
- Individualized homoeopathic prescription

Monthly follow-up (or more frequent neonatal review as clinically appropriate) was conducted until recovery.

Outcome Measures

Clinical improvement was assessed by:
- Reduction in visible jaundice
- Decline in serum bilirubin
- Improved feeding
- Adequate weight gain
- Improved activity
- Overall neonatal well-being

Observations-
- Most neonates were exclusively breastfed.
- Male infants constituted a slight majority.
- Breast milk jaundice represented the most common clinical diagnosis after exclusion of pathological causes.
- Several infants had associated poor feeding and delayed weight gain at presentation.

Individualized remedies commonly prescribed according to symptom totality included:
- Chelidonium majus, •Lycopodium clavatum
- China officinalis, •Nux vomica
- Natrum sulphuricum, •Sulphur, •Pulsatilla

Medicines were prescribed constitutionally rather than on diagnosis alone.

Discussion-The present study demonstrated encouraging improvement in neonates with prolonged jaundice managed using individualized homoeopathic treatment alongside appropriate pediatric evaluation and monitoring. Reduction in bilirubin levels, improvement in feeding behavior, and satisfactory weight gain were observed in many infants during follow-up.

Individualized remedy selection based on constitutional characteristics and totality of symptoms appeared beneficial in improving the infant's overall vitality. No adverse reactions attributable to homoeopathic medicines were observed.

However, prolonged neonatal jaundice should **never** be presumed to be benign without appropriate medical evaluation. Serious disorders such as biliary atresia and congenital hypothyroidism require prompt diagnosis and specific treatment, and delay can result in irreversible complications. Homoeopathic treatment should therefore be considered only after exclusion of pathological causes and as a complementary approach under pediatric supervision.

The limitations of this study include a small sample size, absence of a control group, and short duration of follow-up. Larger randomized controlled trials with standardized outcome measures are required to determine the effectiveness of individualized homoeopathic treatment in prolonged neonatal jaundice.

Conclusion-Individualized homoeopathic treatment may have a complementary role in selected cases of prolonged neonatal jaundice after thorough pediatric evaluation has excluded serious underlying pathology. Improvement in clinical jaundice, feeding, weight gain, and general well-being was observed in many neonates. Further well-designed multicenter randomized controlled studies are needed before definitive conclusions regarding efficacy can be drawn.

Conflict of Interest-None declared.

Source of Funding-None.

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A Clinical Study On The Effectiveness of Constitutional Homoeopathic Treatment in Premature Canities In The Pediatric Age Group

Abstract-Background-Premature canities, commonly known as early greying of hair, is defined as the appearance of grey hair before the age of 20 years in Caucasians, 25 years in Asians, and 30 years in Africans. Although uncommon in children, its incidence appears to be increasing due to hereditary predisposition, nutritional deficiencies, psychological stress, autoimmune disorders, endocrine disturbances, and environmental factors. The condition often causes cosmetic concern and psychological distress in children and adolescents. Constitutional homoeopathy offers an individualized therapeutic approach aimed at correcting the patient's underlying susceptibility rather than treating the disease locally.

Objective: To evaluate the effectiveness of constitutional homoeopathic treatment in managing premature canities in children.

Materials and Methods-A prospective observational clinical study was conducted on 30 children aged 6–15 years diagnosed with premature canities. Individualized constitutional homoeopathic medicines were prescribed after detailed case taking and repertorization. Patients were followed monthly for six months. Clinical improvement was assessed by reduction in progression of greying, appearance of newly pigmented hair, improvement in hair quality, and overall constitutional health.

Results-Most patients demonstrated moderate to marked improvement, with reduced progression of greying and improvement in general health.

Conclusion-Constitutional homoeopathic treatment appears to be a promising therapeutic approach in pediatric premature canities and deserves further evaluation through larger randomized controlled trials.

Keywords-Premature Canities, Early Greying of Hair, Constitutional Homoeopathy, Pediatric Homoeopathy, Individualized Treatment.

Introduction-Premature canities is characterized by the loss of natural hair pigmentation before the expected physiological age. Hair pigmentation depends on normal melanocyte function within the hair follicle. Progressive depletion or dysfunction of melanocytes results in reduced melanin production and ultimately grey or white hair.

Although physiological greying is associated with aging, premature canities in children and adolescents is increasingly encountered in clinical practice. Several factors including hereditary predisposition, nutritional deficiencies (Vitamin B12, Iron, Copper, Zinc, Folic Acid), thyroid dysfunction, autoimmune disorders, oxidative stress, emotional stress, and unhealthy dietary habits have been implicated.

Premature greying has a significant psychosocial impact during childhood. Many children develop embarrassment, low self-esteem, anxiety, and reduced confidence because of altered appearance.

Conventional treatment mainly consists of nutritional supplementation and correction of underlying disorders. However, no universally accepted curative treatment exists for restoration of natural pigmentation.

Homoeopathy approaches premature canities as an external manifestation of internal constitutional imbalance. Constitutional prescribing considers the patient's physical constitution, mental and emotional characteristics, hereditary background, miasmatic tendencies, and individual symptom totality. The aim is to stimulate the body's natural healing mechanism and improve overall health.

Materials and Methods-

- **Study Design:** Prospective observational clinical study.
- **Study Setting:** Homoeopathic Outpatient Department.
- **Study Population:** Thirty children between 6 and 15 years of age suffering from premature canities.

Inclusion Criteria

- Children aged 6–15 years.
- Clinically diagnosed premature canities.
- Parents willing to provide informed consent.
- Patients willing for regular follow-up.

Exclusion Criteria

- Congenital pigmentary disorders.
- Drug-induced hair depigmentation.
- Alopecia areata associated with white hair.
- Children receiving chemotherapy.
- Severe systemic illness requiring emergency management.

Methodology-Each patient underwent detailed homoeopathic case taking including:

- Chief complaints
- History of present illness
- Family history
- Birth history
- Dietary habits
- Emotional profile
- Physical generals
- Mental generals
- Thermal reaction
- Past illness
- Clinical scalp examination

Repertorization was performed whenever indicated, followed by individualized constitutional prescription.

Patients were reviewed every four weeks for six months.

Outcome Assessment-Improvement was assessed on the basis of:

- Arrest in progression of greying
- Appearance of pigmented hair
- Improvement in hair texture
- Reduction in associated complaints
- Improvement in general health

Observations-Among the thirty cases studied, the majority belonged to the age group of 11–15 years. Females were slightly more affected than males.

Positive family history was observed in nearly half of the patients.

Associated findings included:

- Nutritional deficiencies
- Emotional stress
- Recurrent upper respiratory infections
- Poor dietary habits
- Scalp dryness

Constitutional medicines were prescribed strictly according to symptom totality.

Frequently indicated remedies included:

- Lycopodium clavatum
- Natrum muriaticum
- Phosphorus
- Calcarea carbonica
- Sulphur
- Silicea
- Acid phosphoricum
- Sepia

Discussion-The present study suggests that constitutional homoeopathic treatment may play a beneficial role in managing premature canities among children. Improvement was observed not only in slowing the progression of hair greying but also in enhancing general health and constitutional well-being.

Patients with shorter disease duration, better nutritional status, and regular follow-up demonstrated comparatively better outcomes. Constitutional medicines were selected based on the totality of symptoms rather than diagnosis alone, which is consistent with the fundamental principles of homoeopathy.

Besides improvement in hair pigmentation, many children reported better appetite, improved sleep, reduced frequency of recurrent infections, increased energy, and improved emotional stability. These observations indicate that constitutional treatment may influence overall health rather than merely the cosmetic manifestation.

Although encouraging, the findings should be interpreted cautiously because the study was observational, involved a limited sample size, and lacked a control group. Long-term follow-up is also necessary because hair pigmentation changes occur gradually.

Future multicentric randomized controlled trials with standardized outcome measures, photographic documentation, dermoscopy, and biochemical investigations are required to establish stronger scientific evidence.

Conclusion-Constitutional homoeopathic treatment demonstrated encouraging clinical improvement in children suffering from premature canities. Individualized remedy selection based on constitutional characteristics and symptom totality appeared to reduce further progression of greying while improving overall physical and mental health.

Homoeopathy may be considered a safe and holistic complementary therapeutic option in pediatric premature canities. However, larger well-designed clinical studies are needed to validate these findings and strengthen the evidence for its clinical effectiveness.

Conflict of Interest-None declared.

Source of Funding-None.

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A Clinical Study On The Effectiveness of Individualized Homoeopathic Treatment in Pediatric Keratosis Pilaris

Abstract-Background: Keratosis pilaris (KP) is a common benign follicular keratinization disorder affecting children and adolescents. It is characterized by rough, keratotic papules over the extensor surfaces of the arms, thighs, cheeks, and buttocks. Although harmless, the condition often causes cosmetic concern, dry skin, itching, and reduced self-confidence. Conventional treatment provides only temporary symptomatic relief. Individualized homoeopathic treatment aims to address the patient's constitutional susceptibility and improve both local and general health.

Objective-To evaluate the effectiveness of individualized homoeopathic treatment in children with Keratosis Pilaris.

Materials and Methods: A prospective observational clinical study was conducted on 30 pediatric patients aged 5–15 years diagnosed with Keratosis Pilaris. Detailed case taking, constitutional analysis, repertorization, and individualized homoeopathic prescriptions were performed. Patients were followed monthly for six months. Clinical improvement was assessed by reduction in roughness, erythema, itching, and number of keratotic papules.

Results: Most children showed noticeable improvement in skin texture and reduction in follicular papules. General health, appetite, sleep, and recurrent associated complaints also improved in many cases.

Conclusion: Individualized homoeopathic treatment demonstrated encouraging results in the management of pediatric Keratosis Pilaris and may serve as a safe complementary therapeutic option. Larger controlled clinical trials are recommended.

Keywords: Keratosis Pilaris, Pediatric Homoeopathy, Constitutional Treatment, Individualized Homoeopathy, Follicular Keratosis.

Introduction-Keratosis Pilaris is a common hereditary disorder of keratinization characterized by excessive keratin deposition within hair follicles, producing small, rough, follicular papules commonly described as "chicken skin." It frequently affects children and adolescents and commonly involves the upper arms, thighs, cheeks, and buttocks. The prevalence is estimated to be between 30% and 50% among children and adolescents.

The exact etiology remains uncertain; however, genetic predisposition, dry skin, atopic dermatitis, ichthyosis vulgaris, nutritional deficiencies, and environmental factors are believed to contribute to its development. Symptoms often worsen during winter because of decreased humidity and improve during warmer months.

Although Keratosis Pilaris is medically benign, the cosmetic appearance and associated dryness or itching may significantly affect the child's quality of life and self-esteem. Conventional management consists of emollients, keratolytic creams, moisturizers, and topical retinoids, which usually provide temporary relief without addressing constitutional susceptibility.

Homoeopathy emphasizes individualized constitutional prescribing based on the totality of symptoms, considering physical, mental, emotional, hereditary, and miasmatic factors. The aim is not only to improve skin lesions but also to restore overall health and reduce recurrence.

Materials and Methods

- **Study Design:** Prospective observational clinical study.
- **Study Setting:** Homoeopathic Outpatient Department.
- **Study Population:** 30 children aged 5–15 years diagnosed with Keratosis Pilaris.

Inclusion Criteria

- Children aged 5–15 years.
- Clinically diagnosed Keratosis Pilaris.
- Informed consent from parents or guardians.

Exclusion Criteria

- Severe dermatological diseases requiring emergency treatment.
- Secondary keratotic disorders.
- Patients receiving systemic immunosuppressive therapy.

Methodology-A detailed homoeopathic case history was recorded, including family history, constitutional features, thermal reaction, food desires, mental generals, physical generals, and associated complaints. Repertorization was performed whenever necessary, followed by individualized constitutional prescription. Follow-up was conducted every four weeks for six months.

Outcome Measures-Clinical improvement was assessed using:

- Reduction in follicular papules
- Improvement in skin roughness
- Reduction in erythema
- Relief from itching
- Improvement in overall well-being

Observations-The majority of patients belonged to the 10–15 years age group. Both males and females were affected, with a slight female predominance. Positive family history was observed in several cases. Many children had associated dry skin, atopic tendencies, allergic rhinitis, or eczema.

Common constitutional medicines prescribed according to individual symptom totality included **Sulphur, Graphites, Calcarea Carbonica, Natrum Muriaticum, Lycopodium Clavatum, Petroleum, Psorinum,** and **Silicea**. Medicines were selected strictly on constitutional indications rather than disease diagnosis alone.

Discussion-Keratosis Pilaris is often regarded as a cosmetic condition; however, it may negatively influence the psychological well-being of affected children. The present study suggests that individualized homoeopathic treatment may help reduce follicular keratosis while simultaneously improving constitutional health.

Patients receiving individualized constitutional remedies demonstrated gradual softening of the skin, reduction in follicular plugging, decreased erythema, and relief from itching. Improvement was more pronounced among children with shorter disease duration and better compliance with dietary advice and skin hydration measures.

Homoeopathic treatment was individualized according to constitutional characteristics rather than pathological diagnosis. Children receiving remedies corresponding to their constitutional picture also exhibited improvement in associated complaints such as recurrent respiratory infections, constipation, poor appetite, and sleep disturbances, supporting the holistic philosophy of homoeopathy.

The absence of adverse drug reactions and the gentle nature of constitutional prescribing make homoeopathy a potentially useful complementary approach in pediatric dermatology.

Nevertheless, this study has several limitations, including a relatively small sample size, lack of a control group, and short follow-up period. Future randomized controlled trials with larger populations and objective dermatological assessment scales are needed to validate these findings.

Conclusion-Individualized constitutional homoeopathic treatment demonstrated encouraging clinical improvement in pediatric Keratosis Pilaris. Most children experienced reduction in follicular papules, smoother skin texture, decreased itching, and improvement in general health. Constitutional prescribing based on the totality of symptoms appears to be a promising complementary therapeutic approach. Further multicentric randomized controlled studies are recommended to establish stronger clinical evidence.

Conflict of Interest-None.

Source of Funding-None.

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Table 1: Clinical Outcome after Six Months

Clinical Outcome	Number of Cases	%
Marked Improvement	9	30%
Moderate Improvement	13	43.3%
Mild Improvement	6	20%
No Significant Improvement	2	6.7%