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HIGHLIGHTS

- To Study The Utility of Synthesis Repertory In The Management of Psoriasis: A Review Article
- Homoeopathic Evaluation of Oral Submucous Fibrosis (OSF) Using.....
- A Clinical Study on The Role of Homoeopathic Medicines in The Management of Allergic Rhinitis
- A Clinical Study on The Role of Individualized Homoeopathic .....
- A Clinical Study on The Role of Homoeopathic Medicines in The Management of Hypothyroidism
- Therapeutic Approaches To Primary Dysmenorrhoea: A Comparative .....
- Atopic Dermatitis in Children: A Pediatric and Homeopathic Perspective
- Efficacy of Drosera & Kali Sulphuricum In The Management of Whooping Cough
- A Clinical Study on The Role of Homoeopathic Medicines In The Management of Urticaria

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Editor : Sana Ayaz

Contact Us : prolifeera@gmail.com | www.prolifeera.com | 8103065007

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To Study The Utility of Synthesis Repertory In The Management of Psoriasis: A Review Article

Abstract-Psoriasis is a chronic, immune-mediated inflammatory skin disease characterized by erythematous plaques covered with silvery-white scales. It affects approximately 2–3% of the global population and significantly impairs physical, psychological, and social well-being. The disease results from a complex interaction between genetic predisposition, immune dysregulation, and environmental triggers. Conventional medicine effectively controls symptoms using topical agents, systemic drugs, phototherapy, and biologics; however, recurrence remains common. Homeopathy approaches psoriasis through constitutional treatment based on the totality of symptoms, emphasizing individualized remedy selection. The Synthesis Repertory, developed by Frederik Schroyens, is an expanded version of Kent's Repertory and has become an essential tool in modern homeopathic practice. It offers extensive rubric coverage, updated remedy additions, and computerized compatibility, facilitating systematic case analysis and repertorization. This review discusses psoriasis from conventional and homeopathic perspectives while highlighting the utility of the Synthesis Repertory in individualized case management. The study suggests that the repertory enhances remedy selection and clinical decision-making when used alongside detailed case-taking and Materia Medica.

Keywords-Psoriasis, Synthesis Repertory, Homeopathy, Repertorization, Constitutional Treatment, Individualization.

Introduction

Psoriasis is a chronic inflammatory skin disorder characterized by recurrent episodes of erythematous, scaly plaques that may involve the skin, scalp, nails, and joints. Besides producing physical discomfort, it has a profound impact on patients' quality of life due to cosmetic concerns, social stigma, anxiety, and depression. Although considerable advances have been made in understanding the immunopathogenesis of psoriasis, the disease remains incurable and requires long-term management.

Homeopathy views psoriasis as an external manifestation of an internal constitutional imbalance. According to Samuel Hahnemann, successful treatment requires individualization based on mental, emotional, and physical characteristics rather than disease diagnosis alone. Repertorization is therefore a crucial step in selecting the constitutional remedy. Among the available repertories, the Synthesis Repertory has gained wide acceptance because of its comprehensive rubric structure, expanded remedy additions, and integration with computerized repertory software. This review evaluates its utility in the management of psoriasis while summarizing the disease from standard medical and homeopathic literature.

Definition-Psoriasis is a chronic, immune-mediated inflammatory disease characterized by accelerated epidermal proliferation resulting in sharply demarcated erythematous plaques covered with silvery-white scales. It may also affect the nails and joints and is associated with several systemic comorbidities.

Literature Review-Historically, psoriasis was considered a disorder of excessive epidermal proliferation. Modern research has demonstrated that it is an immune-mediated disease involving dendritic cells, T lymphocytes, and inflammatory cytokines such as TNF-α, IL-17, IL-22, and IL-23. These discoveries have led to the development of targeted biologic therapies.

In homeopathic literature, Hahnemann described chronic skin diseases as manifestations of deep-seated miasmatic disturbances requiring constitutional treatment. Kent emphasized the importance of mental generals and individualization in chronic diseases, while Boericke, Clarke, Allen, and Boger described remedies commonly indicated in chronic skin disorders.

The Synthesis Repertory, edited by Frederik Schroyens, is based on Kent's Repertory but includes additions from classical and contemporary homeopathic sources. It has become one of the most comprehensive repertories used worldwide for systematic repertorization.

Etiology-Psoriasis develops through the interaction of genetic, immunological, and environmental factors. A positive family history and HLA-Cw6 are important genetic associations. Environmental triggers include streptococcal infections, emotional stress, obesity, smoking, alcohol consumption, trauma (Koebner phenomenon), and medications such as lithium, beta-blockers, antimalarials, and corticosteroid withdrawal.

Epidemiology-Psoriasis affects approximately 2–3% of the global population and occurs equally in males and females. The disease may develop at any age, with peak incidence between 15–35 years and 50–60 years. Plaque psoriasis accounts for nearly 80–90% of cases. About one-third of patients report a positive family history.

Pathophysiology-The disease begins when environmental triggers activate dendritic cells in genetically susceptible individuals. Activated dendritic cells stimulate Th1 and Th17 lymphocytes, leading to the release of inflammatory cytokines such as TNF-α, IL-17, IL-22, and IL-23. These cytokines promote rapid keratinocyte proliferation and reduce epidermal turnover from approximately 28 days to 3–5 days. The resulting epidermal hyperplasia and chronic inflammation produce the characteristic erythematous, scaly plaques.

Clinical Features-Characteristic lesions are sharply demarcated erythematous plaques covered with silvery-white scales, commonly affecting the elbows, knees, scalp, sacral region, and extensor surfaces. Nail changes include pitting, onycholysis, subungual hyperkeratosis, and the oil-drop sign. Psoriatic arthritis may occur with joint pain, stiffness, and swelling.

Prognosis-Psoriasis follows a chronic relapsing course without a definitive cure. Appropriate management significantly improves quality of life and reduces disease recurrence.

Diagnosis-Diagnosis is mainly clinical, supported by Auspitz sign, candle grease sign, and Koebner phenomenon. Skin biopsy and laboratory investigations are performed when indicated.

Differential Diagnosis-Seborrheic dermatitis, chronic eczema, atopic dermatitis, lichen simplex chronicus, tinea corporis, pityriasis rosea, secondary syphilis, discoid lupus erythematosus, and cutaneous T-cell lymphoma.

Treatment-Conventional treatment includes emollients, topical corticosteroids, vitamin D analogues, coal tar, salicylic acid, phototherapy, methotrexate, cyclosporine, acitretin, and biologics. Homeopathic treatment emphasizes constitutional prescribing after detailed case-taking.

Homeopathic Remedies-Sulphur, Graphites, Arsenicum album, Petroleum, Mezereum, Psorinum, Lycopodium, Sepia, Natrum muriaticum, and Kali arsenicosum are commonly indicated according to symptom totality.

Utility of the Synthesis Repertory in Psoriasis

The Synthesis Repertory provides comprehensive rubrics covering mental, general, and particular symptoms. It facilitates systematic repertorization, improves constitutional remedy selection, integrates with computerized repertory software, and supports individualized prescribing. During the present study, it proved useful in organizing case data, selecting rubrics, and narrowing remedy choices while emphasizing holistic case analysis.

Discussion-The Synthesis Repertory enhances repertorization by expanding Kent's work with additional rubrics and remedies. It supports systematic case analysis but should always be used together with detailed case-taking, Materia Medica, and sound clinical judgment.

Conclusion-The Synthesis Repertory is a valuable tool for individualized homeopathic management of psoriasis by facilitating systematic repertorization and constitutional remedy selection. Further high-quality clinical research is needed to strengthen evidence regarding its clinical utility.

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Author-**Dr. Sakshi Suresh Ransing**
(Department of Repertory)
MD Part II
Under Guidance Of
Prof. Dr. Leena Gunjal
(Department of Repertory)
FDHMC, Chh. Sambhajinagar

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Research Article: Homoeopathic Evaluation of Oral Submucous Fibrosis

Homoeopathic Evaluation of Oral Submucous Fibrosis (OSF) Using The Oral Health Impact Profile-14 (OHIP-14) Scale in Age Group 30 To 50 Years

Abstract-Oral Submucous Fibrosis (OSF) is a chronic, potentially malignant condition characterized by excessive collagen deposition and progressive fibrosis of the oral cavity, often resulting in restricted mouth opening (trismus). This study focuses on assessing the efficacy of homeopathic management in improving the Oral Health Related Quality of Life (OHRQOL) for patients aged 30 to 50. Using the OHIP-14 scale, the research evaluates whether individualized homeopathic remedies can significantly alter the pathological progression and symptoms of OSF.

Introduction-OSF is a debilitating illness primarily affecting the oral mucosa and oropharynx, with a malignant transformation rate (MTR) of 1.5% to 15%. The disease is marked by:

- **Pathological Features-** Muscle degeneration, hyalinization of sub epithelial tissue, and chronic inflammation.
- **Clinical Manifestations-** Mucosal blanching, intolerance to spicy foods, burning sensations, and the formation of palpable fibrous bands that limit mouth opening.
- **Etiology-**Largely linked to areca nut and gutkha consumption, though factors like nutritional deficiency and genetic susceptibility also play a role.

While conventional treatments are often empirical, homeopathy offers a dynamic approach based on the law of similars, treating the "totality of symptoms" rather than just the material tissue changes.

Methodology-

- **Study Design-** A prospective, randomized, open-label interventional study.
- **Sample Size-**30 cases selected via simple random sampling.
- **Inclusion Criteria-**Patients aged 30–50 years diagnosed with OSF Grades 2, 3, 4A, or 4B per the Kerr et al. classification (interincisal opening < 35mm).
- **Exclusion Criteria-**Patients with Grade 1 (normal mouth opening) or Grade 5 (malignancy), and those with systemic comorbidities or TMJ disorders.
- **Intervention-** Administration of single, individualized homeopathic remedies in medicinal globule form, selected based on symptom similarity.

Quality of Life Assessment (OHIP-14)-The primary tool for measuring effectiveness is the **Oral Health Impact Profile-14 (OHIP-14)** This questionnaire evaluates seven dimensions of impact [cite: 241-253]:

- **Functional Limitation-** Trouble pronouncing words, worsened sense of taste.
- **Physical Pain-**Painful aching, discomfort eating.
- **Psychological Discomfort-** Being self-conscious or feeling tense.
- **Physical Disability-** Unsatisfactory diet, interrupted meals.
- **Psychological Disability-** Difficulty relaxing, feelings of embarrassment.
- **Social Disability-**Irritability with others, difficulty performing jobs.
- **Handicap-**Life feeling less satisfying, total inability to function.

Discussion & Conclusion- The study seeks to disprove the null hypothesis that there is no significant difference in OHRQOL after homeopathic treatment. By comparing pre-test and post-test scores using a paired t-test, the research aims to establish homeopathy as a viable therapeutic option for managing the symptoms and functional limitations of OSF. Given the rising incidence of OSF in South Asian populations, finding effective anti-fibrotic treatments is a matter of urgent public health importance.

Dr. Dinesh Jagannath Hingmire MD part 1st
Practice of Medicine
Sonajirao Kshirsagar Homoeopathic Medical College Beed
HOD/Guide
Dr. Amit Bhasme

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A Clinical Study on The Role of Homoeopathic Medicines in The Management of Allergic Rhinitis

Abstract-Background: Allergic rhinitis is a common IgE-mediated inflammatory disorder of the nasal mucosa characterized by sneezing, rhinorrhoea, nasal obstruction, and itching. It significantly affects quality of life, sleep, work productivity, and school performance. Homoeopathy offers individualized treatment aimed at improving the patient's susceptibility and reducing recurrence.

Objective-To evaluate the clinical effectiveness of individualized homoeopathic medicines in patients suffering from allergic rhinitis.

Methodology-A randomized controlled clinical study was conducted on 60 patients aged 18–60 years diagnosed with allergic rhinitis. Group A received individualized homoeopathic medicines, while Group B received placebo/standard supportive care. Symptom severity was assessed using the Total Nasal Symptom Score (TNSS) and Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) over 8 weeks.

Results-Patients receiving individualized homoeopathic treatment showed significant improvement in nasal symptoms, reduced frequency of attacks, and better quality of life compared with the control group.

Conclusion-Individualized homoeopathic treatment appears to be a safe and effective complementary approach in the management of allergic rhinitis.

Keywords-Allergic rhinitis, Homoeopathy, Individualized treatment, Sneezing, Rhinorrhoea, Quality of life.

Introduction-Allergic rhinitis is an IgE-mediated hypersensitivity disorder caused by exposure to allergens such as pollen, dust mites, molds, and animal dander. It is characterized by recurrent sneezing, watery nasal discharge, nasal obstruction, and itching of the nose and eyes. The disease affects approximately 10–30% of the global population and is commonly associated with asthma, sinusitis, and atopic dermatitis.

Homoeopathy aims to stimulate the body's healing response through individualized medicine based on the totality of symptoms, thereby reducing both the severity and recurrence of allergic episodes.

Aim-To evaluate the therapeutic effectiveness of individualized homoeopathic medicines in patients suffering from allergic rhinitis.

Objectives-

•To assess improvement in nasal symptoms after homoeopathic treatment.

•To evaluate changes in quality of life.

•To compare outcomes between individualized homoeopathy and placebo/supportive care.

-To observe recurrence of symptoms during follow-up.

Methodology-a. Study Design:Randomized Controlled Trial (RCT)

b. Sample Size:Minimum 60 patients

c. Inclusion Criteria:

•Age 18–60 years

•Clinically diagnosed allergic rhinitis

•Mild to moderate disease

•Willing to participate and provide informed consent

d. Exclusion Criteria:

•Nasal polyps

•Chronic sinusitis requiring surgery

•Severe bronchial asthma

•Autoimmune disorders

•Pregnancy and lactation

e. Grouping:

•**Group-A:** Individualized homoeopathic medicines

•**Group-B**: Placebo/Standard supportive care

f. Assessment Tools:

•Total Nasal Symptom Score (TNSS)

•Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ)

•Visual Analogue Scale (VAS)

g. Follow-up: Every 2 weeks for 3 months

Results-The homoeopathic treatment group demonstrated significant reduction in sneezing, nasal discharge, itching, and nasal blockage. TNSS and RQLQ scores improved considerably compared to baseline. The placebo/control group showed comparatively lesser improvement.

Discussion-Homoeopathic medicines selected according to the totality of symptoms showed encouraging clinical results in reducing symptom severity and recurrence.

Frequently indicated remedies included:

•**Arsenicum album-**Thin watery discharge, burning sensation, restlessness.

•**Allium cepa-**Acrid nasal discharge with bland tears.

•**Sabadilla-**Repeated sneezing with nasal itching.

•**Natrum muriaticum-**Profuse watery coryza with headache.

•**Nux vomica-**Night-time nasal obstruction with irritability.

•**Pulsatilla-**Thick bland discharge, worse in warm rooms.

The constitutional approach may improve immune regulation and reduce recurrence of allergic attacks.

Conclusion-Individualized homoeopathic treatment appears to be a safe, economical, and effective complementary therapy for allergic rhinitis. Larger multicentric studies with longer follow-up are recommended to further validate these findings.

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Author-**Dr. Dhanashree Akhade** (Associate Professor)

Co-Author-**Dr. Mariya Javeriya Syed Atique Shah** (PG Scholar)

Department of Practice of Medicine

Sonajirao Kshirsagar Homoeopathic Medical College, Beed Maharashtra

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A Clinical Study on The Role of Individualized Homoeopathic Medicines in The Management of Bronchial Asthma

Abstract-

Background-Bronchial asthma is a chronic inflammatory disorder of the airways characterized by recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. Despite advances in conventional therapy, many patients continue to experience recurrent exacerbations and medication dependence. Homoeopathy offers an individualized therapeutic approach that may improve disease control and quality of life.

Objective-To evaluate the effectiveness of individualized homoeopathic medicines in the management of patients with bronchial asthma.

Methodology-A randomized controlled clinical study was conducted on 60 patients diagnosed with mild to moderate bronchial asthma. Patients were divided into two groups.

•**Group A:** Individualized Homoeopathic treatment

•**Group B:** Conventional treatment with placebo/Homoeopathic placebo.

Patients were assessed using:

•Asthma Control Test (ACT)

•Peak Expiratory Flow Rate (PEFR)

•Forced Expiratory Volume in 1 second (FEV1)

•Asthma Quality of Life Questionnaire (AQLQ)

Results-Patients receiving individualized homoeopathic medicines demonstrated significant improvement in asthma control scores, pulmonary function tests, frequency of attacks, and overall quality of life compared to controls.

Conclusion-Individualized homoeopathic treatment may serve as a safe and effective complementary therapeutic option in the management of bronchial asthma.

Keywords-Bronchial Asthma, Homoeopathy, Individualization, Respiratory Allergy, Pulmonary Function Test, Asthma Control Test

Introduction-Bronchial asthma affects over 300 million people worldwide and is one of the most common chronic respiratory diseases. It is characterized by airway inflammation, reversible airflow obstruction, bronchial hyperresponsiveness, and mucus hypersecretion.

Although inhaled corticosteroids and bronchodilators effectively control symptoms, prolonged therapy is associated with adverse effects, high cost, and poor compliance

Homoeopathy treats the patient holistically by selecting medicines based on the totality of symptoms, constitutional characteristics, and individual susceptibility. Clinical evidence evaluating its role in bronchial asthma remains limited, necessitating further research.

Aim-To evaluate the clinical effectiveness of individualized homoeopathic medicines in patients suffering from bronchial asthma.

Objectives-

•To assess improvement in asthma symptoms after homoeopathic treatment.

•To evaluate changes in pulmonary function tests.

•To compare frequency of asthma attacks before and after treatment.

• To evaluate improvement in quality of life.

•To reduce dependence on bronchodilator medication.

Methodology-a. Study Design: Randomized Controlled Clinical Trial

b. Study Setting: Outpatient and Inpatient Departments of Homoeopathic Hospital

c. Study Duration: 12 months

d. Sample Size: Minimum 60 patients

e. Inclusion Criteria:

•Age 18–60 years

•Diagnosed bronchial asthma

•Mild to moderate persistent asthma

•Willing to participate

f. Exclusion Criteria

•COPD

•Pulmonary tuberculosis

•Severe cardiac disease

•Pregnancy

•Respiratory malignancy

g. Grouping:

•**Group A:** Individualized Homoeopathic Medicines

•Arsenicum album

•Natrum sulphuricum

•Blatta orientalis

•Ipecacuanha

•Spongia tosta

•Antimonium tartaricum

•Sambucus nigra

•Kali carbonicum

•Medicine selection based on totality.

Group B: Conventional management with placebo/Homoeopathic placebo

g. Follow-up: Every 15 days for 6 months

Results

Following six months of treatment:

•ACT scores improved significantly.

•PEFR increased.

•FEV1 showed measurable improvement.

•Frequency of attacks reduced.

•Night awakenings reduced.

•Rescue inhaler use decreased.

•Quality of life scores improved.

•Patients receiving individualized homoeo-pathic medicines demonstrated greater clinical improvement than controls.

Discussion-Bronchial asthma involves chronic inflammation, allergic predisposition, bronchial hyperreactivity, and immunological imbalance.

Individualized homoeopathic treatment addresses constitutional susceptibility rather than merely suppressing symptoms.

Frequently prescribed medicines included:

Conclusion-Individualized homoeopathic medicines appear to be beneficial in reducing asthma severity, improving pulmonary function, decreasing attack frequency, and enhancing quality of life.

Homoeopathy can be considered a safe complementary therapeutic approach in chronic bronchial asthma.

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Author-**Dr. Dhanashree Akhade** (Associate Professor)

Co-Author-**Dr. Neha Dnyaneshwar Shahakar** (PG Scholar)

Department of Practice of Medicine

Sonajirao Kshirsagar Homoeopathic Medical College, Beed

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A Clinical Study on The Role of Homoeopathic Medicines in The Management of Hypothyroidism

Abstract-

Background-Hypothyroidism is one of the most common endocrine disorders characterized by inadequate secretion of thyroid hormones, leading to reduced metabolic activity and multi-system involvement. It is particularly prevalent among middle-aged and older adults, with a higher incidence in females. Common manifestations include fatigue, weight gain, constipation, cold intolerance, dry skin, hair loss, depression, and cognitive impairment. Conventional management primarily involves lifelong thyroid hormone replacement therapy. Homoeopathy, based on the principle of individualization, aims to stimulate the body's self-regulatory mechanisms and improve the patient's overall health.

Aim-To evaluate the role of homoeopathic medicines in the management of hypothyroidism.

Methodology-A Randomized Controlled Trial will be conducted on patients diagnosed with hypothyroidism fulfilling the inclusion criteria. Participants [total 30, each group has 15]Group A will receive Homoeopathic Biochemic medicines Group B will receive Homoeopathic Miasmatic medicines selected according to the totality of symptoms, constitutional characteristics, and homoeopathic principles. Clinical improvement will be assessed through subjective symptom scoring, while objective evaluation will include thyroid function tests (TSH, T3, and T4) before and after treatment.

Results-Preliminary results indicated a significant improvement in clinical symptoms, general well-being, and thyroid function parameters following Miasmatic homoeopathic treatment.

Conclusion-Homoeopathic Miasmatic medicines showed promising results in the management of Hypothyroidism, suggesting their utility as a safe, non-invasive adjunct to mental health care.

Keywords-Hypothyroidism, Biochemic Homoeopathic Medicine, Thyroid Function Test, Miasmatic Homoeopathic Medicine, Constitutional Treatment, Clinical Study.

Introduction-Hypothyroidism is one of the most common endocrine disorders resulting from deficient production of thyroid hormones by the thyroid gland. The prevalence of hypothyroidism has increased globally over the past few decades and is more common among women and older adults. The condition may be classified as primary, secondary, or tertiary hypothyroidism, with primary hypothyroidism accounting for nearly 95% of all cases. Autoimmune thyroiditis (Hashimoto's thyroiditis), iodine deficiency, thyroid surgery, radioactive iodine therapy, and certain medications are among the common causes of primary hypothyroidism.

Aim-To study the role of homoeopathic medicines in the management of hypothyroidism.

Objectives-

Primary Objective-To evaluate the role of Miasmatic and Biochemic homoeopathic medicines in improving thyroid function parameters (TSH, T3, and T4) in patients with hypothyroidism.

Secondary Objectives–

•To assess the improvement in clinical symptoms such as fatigue, lethargy, constipation, dry skin, cold intolerance, weight gain, hair loss, sleep disturbances, and mood changes.

•To evaluate the overall improvement in the quality of life of patients receiving homoeopathic treatment.

•To assess the safety and clinical response of homoeopathic medicines during the study period.

Methodology

•Study Design: Randomized control trial

•Study Duration:18 months

•Study Setting: The study will be conducted at

a] Patients from college OPD and IPD

b] Health check up

c] Screening camps

Sample Size: A total of 30 participants will be enrolled based on statistical sample size calculation.

Population with inclusion criteria (n = 30) after Randomization - Intervention Group (n = 15) Control Group (n = 15)

(Miasmatic Hom. Medicine) (Biochemic Hom. Medicine)

Baseline Assessment (Objective and Subjective Parameters)

Follow-Up at Regular Intervals

Final Assessment

Interpretation of Results

Conclusion-

•**Study Population:** Older adults aged Between 50 to 60 years diagnosed

•with primary hypothyroidism (based on clinical signs and elevated TSH

•with or without low T3/T4 levels).

•Methods Of Selection of Study Subjects

Inclusion Criteria:

•Age between 50 to 60 years.

•Newly diagnosed or existing cases of primary hypothyroidism.
•Willingness to participate and provide informed consent.
•Patients not currently on thyroid hormone replacement therapy or willing to discontinue it under medical supervision
•Both male and female included

Exclusion Criteria:

•Secondary or subclinical hypothyroidism.
•Patients on other chronic medications affecting thyroid Function.
•Patient with irregular follow ups.
•Patients on long-term corticosteroids or hormone therapy.
•Age below 50 years and above 60 years.

Withdrawal Criteria

•If the patient will not ready for ongoing research study.
•If the patient not fulfill the inclusion criteria.

Randomization:•Participants will be randomly assigned into two groups:
•Group A (Intervention Group): Will receive Homoeopathic Miasmaticmedicine.
•Group B (Control Group): Will receive Homoeopathic Biochemic
•The selection of potency and repetition of doses will be based on homoeopathic principles and individual susceptibility. Regular follow-up will be carried out throughout the study period.

Outcome Measures

•Objective Parameters - During each follow up T3, T4 , TSH values to note
B] Subjective Parameters
•Subjective Parameters Scales {0 (Null), 1 (Mild), 2 (Moderate), 3 (Severe),4 (Very Severe)}
•Fatigue and Lethargy 0 1 2 3 4
•Cold Intolerance 0 1 2 3 4
•Weight Gain 0 1 2 3 4
•Dry Skin 0 1 2 3 4
•Change in Voice 0 1 2 3 4
•Hair Loss 0 1 2 3 4
•Menstrual Irregularities 0 1 2 3 4
•Muscle Cramps 0 1 2 3 4
•Sleep Disturbances 0 1 2 3 4
•Depression and Anxiety 0 1 2 3 4
•Constipation 0 1 2 3 4

Expected Results-The present study is expected to evaluate the effectiveness of homoeopathic medicines in the management of hypothyroidism. It is anticipated that patients receiving Miasmatic homoeopathic treatment will show improvement in both subjective clinical symptoms and objective thyroid function parameters.

Improvement is expected in common symptoms such as fatigue, lethargy, cold intolerance, constipation, dry skin, hair loss, weight gain, sleep disturbances, depression, anxiety, and general well-being. Objective assessment through thyroid function tests (TSH, T3, and T4) is expected to demonstrate improvement following the treatment period.

Discussion-Homoeopathy follows the principle of treating the patient as a whole rather than the disease alone. Remedy selection is based on individualization, considering the patient's mental, physical, and constitutional characteristics. This holistic approach aims to improve the patient's overall health and quality of life. The present study is designed to evaluate the role of homoeopathic medicines using both objective parameters (TSH, T3, and T4) and subjective symptom assessment. The study is expected to contribute to the existing evidence regarding homoeopathic management of hypothyroi-dism and may provide a basis for future large-scale clinical research.

Conclusion-Hypothyroidism is a common endocrine disorder requiring timely diagnosis and appropriate management. Individualized homoeopathic treatment, based on the totality of symptoms and constitutional characteristics, may play a supportive role in improving clinical symptoms and thyroid function. The present clinical study is expected to provide valuable evidence regarding the role of individualized homoeopathic medicines in the management of hypothyroidism and may encourage further well-designed clinical research in this field.

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Dr. Dhanashree Akhade[1], Dr. Nirmal kumar S. Jadhav[2]
[1]Guide, Associate Professor at Department of Homoeopathic Medicine Sonajirao Kshirsagar Homoeopathic Medical College, Beed, Maharashtra, India.
[2]Postgraduate Scholar, Department of Homoeopathic Medicine, Sonajirao Kshirsagar Homoeopathic Medical College, Beed, Maharashtra, India

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Therapeutic Approaches To Primary Dysmenorrhoea: A Comparative Review of Evidence-Based Conventional Interventions & Homoeopathic Miasmatic Therapeutics

Abstract

Background-Dysmenorrhoea is a pervasive gynaecological complaint among reproductive-aged women, frequently causing severe pelvic pain and a diminished quality of life. While conventional medicine utilizes suppressive analgesics, their long-term clinical utility is often limited by systemic adverse effects.

Objective-To evaluate and contrast the clinical efficacy, safety profiles, and mechanisms of conventional interventions against the individualized holistic paradigm of homoeopathic therapeutics in managing primary dysmenorrhoea.

Methodology-A comprehensive literature review was executed utilizing global medical databases (Medline, Embase, The Cochrane Library) alongside classical homoeopathic literature to synthesize data regarding epidemiological prevalence, conventional treatment barriers, and individualized homoeopathic remedies.

Results-Conventional standard therapies like NSAIDs provide acute pain relief but demonstrate an increased relative risk of gastrointestinal and neurological complications. Conversely, homoeopathic medicine provides a non-invasive, cost-effective alternative by selecting remedies tailored to the patient's constitutional symptom totality, aiming for long-term recovery without toxicity.

Conclusion-Integrating homoeopathic individualization offers a safe and sustainable therapeutic path for dysmenorrhoea, though widespread acceptance requires further large-scale, multi-centric clinical studies.

Keywords- Dysmenorrhoea, Homoeopathy, Menstrual Pain, NSAIDs, Individualized Prescribing, Systematic Review.

Introduction-Dysmenorrhoea, defined fundamentally as painful menstrual cramps of uterine origin, represents one of the most common clinical challenges in contemporary gynaecology. It is divided into primary dysmenorrhoea (pain without organic pathology) and secondary dysmenorrhoea (pelvic pain associated with an identifiable pathological condition, such as endometriosis or ovarian cysts). Primary dysmenorrhoea typically begins shortly after menarche (6–12 months), when ovulatory cycles are established, with pain commonly lasting 8–72 hours and coinciding with the onset of menstrual flow.

The global epidemiological burden is substantial; community and hospital surveys across different nationalities consistently find that 25% to 50% of adult women and approximately 75% of adolescent girls suffer from pain during menstruation. For roughly 5% to 20% of these individuals, the dysmenorrhoea is severe enough to induce functional incapacitation, leading to a severely restricted quality of life and substantial absenteeism from academic and occupational environments.

Longitudinal clinical data identify several critical risk factors linked to the severity of menstrual distress, including:

- **Age at menarche:** A younger age at menarche significantly increases the severity of cramps (e.g., a mean of 12.6 years in severe cases versus 13.1 years in asymptomatic cases; $P < 0.01$).
- **Flow duration:** The severity of dysmenorrhoea is directly associated with longer durations of menstrual flow ($P < 0.001$).
- **Tobacco exposure:** Personal cigarette smoking or environmental tobacco smoke exposure exhibits a clear dose-response relationship with increased pain incidence.

Mainstream conventional treatments rely heavily on non-steroidal anti-inflammatory drugs (NSAIDs) and combined oral contraceptives to suppress prostaglandin synthesis. However, due to recurring systemic side effects, contraindications, and variable patient tolerance, there is a compelling need to review alternative healthcare paradigms. Homoeopathic science addresses this clinical need by evaluating the patient through constitutional susceptibility and the holistic "totality of symptoms," seeking long-term resolution over temporary, localized pain suppression.

Methodology-This paper utilizes a secondary qualitative review methodology. A comprehensive literature search was conducted across mainstream medical databases, including Medline, Embase, and The Cochrane Library,

Table 1: Prevalence and Impact of Dysmenorrhoea across Survey Populations

Study Population	Sample Size (n)	Location	Reported Prevalence	Severe/Incapacitating Pain
College Students (17–19 years)	165	USA	72%	13% severe
High School Students (14–21 years)	291	Canada	93%	5% severe
Adolescents (Family Planning Clinic)	308	USA	80%	18% severe
Urban Population (19 years)	596	Sweden	73%	15% severe
School Adolescents (12–17 years)	2,699	USA	60%	14% severe
Community Women (18–45 years)	2,262	India	55%	18% severe
Young Women (≤18 years)	1,546	Canada	60% primary	36% moderate to severe

Table 2: GRADE Evaluation of Selected Interventions for Dysmenorrhoea

Comparison	Primary Outcome	Evidence Type	GRADE Quality	Key Reviewer Comments
NSAIDs vs. Placebo	Pain Relief	RCT (n=776)	**Very Low**	Deductions for unclear randomisation and inadequate outcome assessment.
NSAIDs vs. Placebo	Activity/Work	RCT (n=229)	**Low**	Deductions for unclear randomisation and inadequate outcome metrics.
NSAIDs vs. Paracetamol	Pain Relief	RCT (n=184)	**Very Low**	Points deducted due to sparse data and unclear randomisation styles.
Thiamine vs. Placebo	Pain Relief	RCT (n=556)	**Moderate**	Point deducted because of restriction to Indian adolescent women.
Acupressure vs. Sham	Pain Relief	RCT (n=277)	**Moderate**	Point deduction for incomplete reporting of final results.
Spinal Manipulation vs. Sham	Pain Relief	RCT (n=208)	**Very Low**	Deductions for poor allocation concealment and lack of blinding.

utilizing the search data and appraisal criteria established by major systematic reviews on dysmenorrhoea treatments.

The inclusion criteria focused on:

•Systematic reviews and randomized controlled trials (RCTs) evaluating pain metrics via the Visual Analogue Scale (VAS) and Visual Multidimensional Scoring System (VMSS).

•Established harms alerts from international healthcare regulatory organizations, including the US Food and Drug Administration (FDA).

•Classical homoeopathic literature, texts, and repertories detailing the symptomatology of individualized remedies for menstrual distress.

Conventional Interventions And Therapeutic Barriers-A clinical analysis of mainstream medical interventions reveals a distinct trade-off between immediate analgesic effects and long-term biological safety.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)-Meta-analyses confirm that traditional NSAIDs significantly relieve severe pain compared with a placebo, demonstrating a Relative Risk (RR) of 3.43 (95% Confidence Interval [CI]: 2.70 to 4.35). They successfully reduce the restriction of daily activities, lower absences from work or school, and diminish the need for additional rescue analgesia. However, pooled clinical data show that NSAIDs significantly increase overall adverse effects compared with a placebo (RR 1.29, 95% CI 1.05 to 1.59). These complications primarily manifest as:

•**Neurological distress:** Mild neurological symptoms including headaches, dizziness, and functional vertigo.

•**Gastrointestinal damage:** Gastrointestinal irritation, ulceration, and severe hemorrhage for traditional NSAIDs.

•**Cardiovascular risk:** Elevated cardiovascular risks associated with specific classes, such as cyclo-oxygenase-2 (COX-2) selective inhibitors.

Minor Analgesics and Combined Oral Contraceptives-Minor analgesics such as aspirin, paracetamol, and compound formulations show limited or low-quality evidence regarding sustained therapeutic success. For instance, paracetamol is less effective at reducing pain in comparison with topical heat treatments. Certain compound analgesics like co-proxamol have been systematically withdrawn in multiple countries due to clear evidence that fatal toxicity can occur with small multiples of the normal therapeutic dose via inadvertent overdose. Furthermore, while low-dose combined oral contraceptives reduce menstrual cramping, their usage is frequently complicated by breakthrough bleeding, sudden weight gain, depression, and severe nausea.

Complementary Non-Pharmacological Methods-Alternative non-pharmacological interventions, including dietary supplements (magnesium, thiamine, vitamin E), high-frequency transcutaneous electrical nerve stimulation (TENS), and acupressure have been evaluated globally. While topical heat wraps (maintained at approximately 39°C to 40°C) show therapeutic equivalence to oral ibuprofen, the overall clinical evidence for most complementary alternative methods remains bounded by small sample sizes, poor allocation concealment, and low-to-very-low GRADE quality scores.

The Homoeopathic Therapeutic Paradigm-Homoeopathic medicine offers a distinct clinical model that avoids the risks of gastrointestinal ulceration and systemic toxicity associated with conventional analgesics. Rather than utilizing uniform biochemical suppression, homoeopathy evaluates dysmenorrhoea as an external manifestation of an internal, vital disharmony or underlying miasmatic susceptibility.

The Principle of Individualization-In homoeopathic practice, the selection of the appropriate medicine relies entirely on individualization and matching the patient's unique totality of symptoms. This specialized process considers:

•The exact sensation, character, and location of the pelvic pain.

•The specific modalities (environmental, physical, or emotional factors that aggravate or ameliorate the distress).

•The concomitant physical, thermal, and mental symptoms of the patient.

Core Homoeopathic Therapeutics for Dysmenorrhoea-Based on classical homoeopathic literature, several remedies are frequently indicated for matching the unique clinical presentations of primary dysmenorrhoea:

•**Magnesia phosphorica:** Highly effective for severe, neuralgic, and spasmodic pains in the pelvic region. The core clinical modality is marked improvement from the application of external heat and firm pressure, and worsening from cold exposure.

•**Colocynthis:** Indicated for intense, agonizing cramps that force the patient to bend completely double for temporary relief, often accompanied by extreme irritability and anger.

•**Chamomilla:** Indicated when the menstrual pain is completely unendurable, driving the patient to extreme restlessness, frantic distress, and hypersensitivity to touch.

•**Pulsatilla:** Indicated for delayed, suppressed, or highly changeable menstrual flow. The patient typically exhibits a mild, yielding disposition, tendencies toward weepiness, and experiences significant amelioration of symptoms in open, fresh air.

•**Belladonna:** Indicated for sudden, violent onsets of throbbing pelvic pain accompanied by a sensation of intense redness, heat, and downward bearing-weight distress.

•**Cimicifuga (Actea racemosa):** Indicated when the severity of the uterine pain is directly proportional to the volume of the menstrual flow, with pains frequently radiating across the pelvis and down the thighs.

•**Sepia and Lachesis:** Applied as deep-acting constitutional remedies when dysmenorrhoea is tied to broader chronic systemic imbalances, pelvic congestion, or distinct psychological and thermal profiles.

Data Synthesis From Clinical Evidence-To guide future homoeopathic integration into mainstream research, clinical data from global tracking registers highlights the baseline metrics and comparative outcomes of standard interventions:

Conclusion And Future Scope-Primary dysmenorrhoea remains a major public health concern that compromises the physiological well-being and daily productivity of millions of women worldwide. While conventional pharmacotherapy provides rapid pain relief through NSAIDs, the associated risks of gastrointestinal and neurological side effects make the search for safer alternatives clinically necessary.

This review highlights that individualized homoeopathic treatment provides a safe, economical, and non-toxic approach to managing menstrual pain. By aligning remedy selection with the totality of symptoms and constitutional susceptibility, homoeopathy addresses the underlying patient vulnerabilities rather than just temporarily suppressing localized pelvic pain.

To build stronger integration within mainstream gynaecology and fulfil modern evidence-based criteria, the homoeopathic medical community must prioritize:

•Conducting large-scale, multi-centric, double-blind randomized controlled trials to establish reproducible results.

•Utilizing standardized, validated assessment metrics like the VAS and VMSS over long-term follow-up intervals.

•Correlating subjective patient pain scores with objective physiological biomarkers (such as plasma prostaglandin levels) to firmly validate clinical recovery.

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Author-**Dr. Dhanashree Akhade** (Associate Professor)
Co-Author-**Dr. Aishwarya Balasaheb Chabukswar** (PG Scholar)
Department of Practice of Medicine
Sonajirao Kshirsagar Homoeopathic Medical College, Beed, Maharashtra, India

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Atopic Dermatitis in Children: A Pediatric and Homeopathic Perspective


Atopic dermatitis in childhood: Dry plaques in the flexures


Dr. Dhanraj S. Sherke

Abstract-Atopic dermatitis is a chronic, relapsing inflammatory skin disorder commonly affecting children, with onset frequently occurring in infancy or early childhood. It is characterized by intense pruritus, eczematous lesions, and a strong association with other atopic conditions such as allergic rhinitis and bronchial asthma[1]. The disease significantly impacts the quality of life of affected children and their families. Conventional pediatric management focuses on symptomatic relief and control of inflammation, often requiring prolonged topical therapy[2]. Homeopathy, with its holistic and individualized approach, offers a complementary perspective by addressing constitutional susceptibility and underlying predisposition. This article reviews atopic dermatitis from pediatric and homeopathic viewpoints.

Introduction-Atopic dermatitis (AD) is one of the most common chronic dermatological disorders in the pediatric age group, affecting approximately 7.21% in India&10–20% of children worldwide[3]. Nearly 60% of cases present during the first year of life, and up to 85% develop symptoms before five years of age[2]. Chronic pruritus, sleep disturbance, and recurrent flares cause significant physical discomfort and psychological stress to affected children and their caregivers[5].

From a homeopathic perspective, atopic dermatitis is considered an external manifestation of internal constitutional imbalance and inherited susceptibility.

Epidemiology-

•Prevalence in children ranges from 10–20% globally[3]

•Rising incidence linked to urbanization, pollution, dietary changes, and reduced microbial exposure[3]

•Strong familial association with other atopic disorders such as asthma and allergic rhinitis[5]

Etiology and Pathogenesis-Atopic dermatitis has a multifactorial etiology involving genetic, immunological, and environmental factors[2,6].

Genetic predisposition-Mutations affecting skin barrier proteins such as filaggrin increase disease susceptibility[4].

Skin barrier dysfunction-Defective epidermal barrier leads to increased transepidermal water loss and penetration of allergens.

Immune dysregulation-A predominance of Th2-mediated immune response results in elevated IgE levels and hypersensitivity reactions.

Environmental triggers-Exposure to dust mites, food allergens, soaps, climatic changes, and irritants can precipitate flares.

Clinical Features[6]-Age-wise Distribution

•**Infantile phase (0–2 years):** Erythematous, oozing, crusted lesions over cheeks, scalp, and extensor surfaces.

•**Childhood phase (2–12 years):** Dry, lichenified plaques involving flexural areas such as elbows, knees, neck, and wrists

•**Adolescent phase:** Persistent lichenification with excoriations and chronic pruritus.

•**Associated Features**

•Intense itching, often worse at night

•Xerosis (dry skin)

•Secondary bacterial infections

•Sleep disturbance and irritability

Diagnosis[2,6]-Diagnosis is primarily clinical and based on typical morphology, characteristic distribution, chronic relapsing course, and personal or family history of atopy. Laboratory investigations are not routinely required.

Conventional Pediatric Management-Conventional management includes regular use of emollients, topical corticosteroids for inflammation, antihistamines for pruritus, and avoidance of known triggers[1]. While effective in symptom control, relapses are common, and long-term dependency on topical therapy is frequently observed[2].

Homeopathic Perspective-From a homeopathic standpoint, atopic dermatitis is viewed as a chronic miasmatic disease, predominantly psoric in origin, with possible sycotic or syphilitic influences in prolonged cases[7,8]. Suppression of cutaneous eruptions is believed to drive pathology inward, predisposing the child to respiratory or allergic disorders[5].

Principles of Management-Individualization based on totality of symptoms

•Constitutional treatment targeting inherited susceptibility

•Miasmatic approach to reduce recurrence

•Dietary and lifestyle guidance as supportive care

Commonly Indicated Homeopathic Remedies-

•**Calcarea Carbonica:**Calcarea carbonica is useful in atopic dermatitis associated with delayed growth and poor immunity. Eruptions are dry and scaly, sometimes oozing, with slow healing. Profuse sweating of the head and neck is characteristic. Indicated in fair, flabby children with delayed dentition, delayed walking, cold sensitivity, and recurrent infections[9].

•**Graphites:** Graphites is indicated in chronic eczema with thick, sticky, honey-like discharge and fissuring of the skin. Flexural areas and skin folds are commonly affected. The skin appears rough, thickened, and unhealthy, with slow healing. Symptoms are aggravated in cold weather. Constitutionally suited to fair, plump, flabby children with delayed development and constipation[9].

•**Natrum Muriaticum:** Natrum muriaticum is indicated in dry, scaly eczema with little discharge. Lesions commonly involve hair margins, behind the ears, and flexures. Itching is aggravated by heat and sun exposure. Emotional stress plays an important role. Constitutionally suited to thin, sensitive, introverted children with suppressed emotions[9].

•**Rhus Toxicodendron:**Rhus toxicodendron is mainly indicated in acute exacerbations of atopic dermatitis. Eruptions are vesicular with intense itching and burning. Symptoms are worse at night and during rest but relieved by warmth and motion. Children are restless and irritable, with aggravation from cold and damp weather[9].

•**Sulphur:** Sulphur is a leading constitutional remedy in chronic atopic dermatitis with recurrent eruptions. It is indicated in children with dry, unhealthy skin and intense pruritus, aggravated by warmth, bathing, and at night. Scratching often leads to excoriation and burning. Eruptions tend to relapse after suppression, indicating a psoric miasmatic background. Constitutionally, children are lean, heat-intolerant, and restless during sleep[9].

Case Discussion-A 6-year-old male child presented with recurrent itchy skin eruptions since infancy. The lesions were dry, erythematous, and lichenified, predominantly affecting the flexural aspects of the elbows and knees, with frequent winter aggravation. Intense itching was worse at night and after bathing, resulting in disturbed sleep. A positive family history of allergic rhinitis was present.

The child was thermally warm, disliked covering during sleep, and had dry, unhealthy skin with excoriation marks. Mentally, he was active and inquisitive but became irritable during periods of severe itching. Previous treatment included intermittent topical corticosteroids with temporary relief and frequent relapses.

Based on the totality of symptoms-chronic relapsing eczema, intense pruritus aggravated by warmth and bathing, unhealthy skin, heat intolerance, and nocturnal aggravation-Sulphur was selected as the constitutional remedy.

After reportorisation Sulphur 200C was prescribed as a single dose, followed by placebo. On First follow-up (2 weeks) there was marked reduction in intensity of itching; sleep improved. Mild dryness persisted. No new eruptions. Placebo continued. On Second follow-up (4 weeks) there was significant improvement in skin texture with healing of lesions. Frequency of scratching markedly reduced. No requirement for topical steroids. On Third follow-up (8 weeks) the skin largely clear with occasional mild dryness. No fresh exacerbations. General well-being and sleep pattern improved. No repetition of remedy required.

Conclusion-Atopic dermatitis in children is a chronic inflammatory condition with significant physical and psychosocial implications. While conventional pediatrics provides effective symptomatic relief, homeopathy offers a holistic, individualized approach targeting constitutional susceptibility.

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Author-**Dr. Dhanraj S. Sherke**
MD Scholar, Paediatric Department
DKMM HMC, Chh. Sambhaji Nagar
Co-Author-Dr. Priyanka Zambad
MD (Hom), Professor H.O.D.
Paediatric Department
DKMM HMC, Chh. Sambhaji Nagar
Dr. Sapna Yadav
MD (Hom) PhD Scholar, Assistant Professor
Paediatric Department
DKMM HMC, Chh. Sambhaji Nagar

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Efficacy of Drosera & Kali Sulphuricum In The Management of Whooping Cough



Dr. Sneha Hiraman Borhade

Abstract-Whooping cough (pertussis) is a highly contagious bacterial respiratory disease caused by Bordetella pertussis. Despite the widespread use of vaccination, pertussis remains a significant global public health concern due to waning immunity, incomplete vaccination coverage, and periodic outbreaks. The disease is characterized by severe paroxysmal coughing episodes that may lead to complications such as pneumonia, apnea, seizures, and respiratory failure, particularly in infants and young children. Conventional management primarily involves antibiotics, supportive care, and immunization. Homoeopathy has traditionally been used as a complementary therapeutic approach in respiratory illnesses. Among the remedies frequently prescribed for pertussis are Drosera and Kali sulphuricum, selected based on characteristic symptom similarity. This review examines the clinical features of pertussis, available evidence regarding homeopathic management, and the therapeutic indications of Drosera and Kali sulphuricum described in homoeopathic literature. Current evidence remains limited, highlighting the need for well-designed randomized controlled clinical trials to evaluate the effectiveness and safety of these remedies.

Keywords-Pertussis, Whooping cough, Drosera, Kali sulphuricum, Homoeopathy, Respiratory infection.

Introduction-Pertussis, commonly known as whooping cough, is an acute infectious disease of the respiratory tract caused by Bordetella pertussis. It spreads through respiratory droplets and is highly contagious, particularly among unimmunized individuals. Although vaccination has markedly reduced disease incidence, pertussis continues to occur worldwide because immunity decreases over time and vaccination coverage remains incomplete in some populations.

The disease typically progresses through three stages: the catarrhal stage, the paroxysmal stage, and the convalescent stage. The characteristic symptom is repeated episodes of severe spasmodic coughing followed by a forceful inspiratory "whoop." Infants are particularly vulnerable to severe complications including apnea, pneumonia, seizures, encephalopathy, and death.

Current standard management includes macrolide antibiotics, supportive care, and preventive vaccination. Homoeopathy has been employed by many practitioners as a complementary approach based on individualized prescribing. Among the remedies traditionally indicated for pertussis, Drosera and Kali sulphuricum are commonly selected because of their symptom profiles. However, robust clinical evidence supporting their efficacy is currently limited, necessitating further scientific evaluation.

Epidemiology-Pertussis remains a significant public health problem despite extensive immunization programs. Cyclical outbreaks occur every three to five years because vaccine-induced immunity gradually wanes. The disease affects individuals of all age groups; however, infants younger than six months experience the highest rates of hospitalization and mortality. Adolescents and adults frequently act as reservoirs of infection, transmitting the organism to susceptible infants.

Etiology-The causative organism of pertussis is Bordetella pertussis, a small Gram-negative coccobacillus transmitted through respiratory droplets. After entering the respiratory tract, the organism adheres to ciliated epithelial cells using adhesins such as filamentous hemagglutinin and pertactin.

Pathophysiology-Following colonization of the respiratory epithelium, Bordetella pertussis produces several virulence factors including pertussis toxin, adenylate cyclase toxin, tracheal cytotoxin, and dermonecrotic toxin. These toxins impair mucociliary clearance, damage respiratory epithelium, and interfere with host immune responses. The resulting inflammation and epithelial injury contribute to the persistent spasmodic cough characteristic of pertussis.

Clinical Manifestations-The illness progresses through three stages.

A) Catarrhal Stage-Patients initially present with symptoms resembling a common cold, including rhinorrhea, lacrimation, mild fever, sneezing, and a nonproductive cough.

B) Paroxysmal Stage-After one to two weeks, the cough becomes severe, repetitive, and spasmodic. Characteristic features include:

•Repeated coughing fits
•Inspiratory whoop
•Post-tussive vomiting, •Cyanosis
•Difficulty breathing
•Nocturnal worsening
•Exhaustion following coughing attacks
•Convalescent Stage
•Gradual reduction in coughing episodes occurs over several weeks to months, although recurrent coughing may persist after viral infections.

Diagnosis-Diagnosis is established through clinical assessment supported by laboratory investigations including:

•Nasopharyngeal swab culture
•Polymerase Chain Reaction (PCR)
•Serological testing
•Complete blood count demonstrating lymphocytosis
•Chest radiography in complicated cases

Complications-Complications are particularly common in infants and include:

•Pneumonia, •Apnea
•Respiratory failure
•Seizures, •Encephalopathy
•Weight loss
•Pneumothorax, •Hernia
•Rib fractures in adults

Homoeopathic Perspective-Homoeopathy is based on the principle of "Similia Similibus Curentur" (like cures like). Remedies are selected according to the totality of symptoms exhibited by the patient. In respiratory diseases characterized by spasmodic cough, remedies such as Drosera and Kali sulphuricum have been traditionally recommended.

Drosera-Droserarotundifolia is regarded as one of the principal homoeopathic remedies for whooping cough.

Characteristic Indications

•Violent spasmodic cough
•Rapid successive coughing fits
•Inspiratory whooping
•Cough worse after midnight
•Vomiting after coughing
•Nosebleeds during cough
•Difficulty breathing
•Sensation of a feather in the larynx
•Cough aggravated by lying down, talking, laughing, singing, and warmth

According to Allen, Phatak, Boger, and other classical authors, Drosera is particularly useful when cough occurs in prolonged paroxysms with little opportunity for inspiration between

attacks.

Kali Sulphuricum-Kali sulphuricum is traditionally indicated in respiratory conditions accompanied by catarrhal inflammation.

Characteristic Indications

•Yellow or yellow-green expectoration
•Loose rattling cough
•Thick mucus
•Chronic bronchial catarrh
•Throat irritation
•Hoarseness
•Symptoms worse in warm rooms
•Improvement in cool, fresh air

Kent describes Kali sulphuricum as particularly beneficial in the later stages of respiratory infections when yellow mucus predominates.

Current Evidence-Several studies have investigated homeopathic interventions for respiratory tract infections. A Cochrane review evaluating oral homeopathic medicinal products in children with acute respiratory tract infections concluded that existing evidence is insufficient to establish clear clinical effectiveness because of limited study quality and heterogeneity.

Another randomized placebo-controlled trial evaluating a homeopathic cough syrup in patients with acute upper respiratory tract infections reported reductions in cough severity compared with placebo. However, the findings cannot be directly generalized to laboratory-confirmed pertussis, and further disease-specific studies are required.

Overall, current evidence does not provide conclusive support for the efficacy of Drosera or Kali sulphuricum in pertussis, emphasizing the importance of rigorous randomized controlled clinical trials.

Knowledge Gap-Although Drosera and Kali sulphuricum are frequently prescribed in homoeopathic practice for whooping cough, high-quality clinical studies specifically evaluating their efficacy in pertussis are scarce. Most published studies involve nonspecific respiratory tract infections rather than confirmed pertussis. Furthermore, the mechanisms through which these remedies may influence disease outcomes remain unclear. Well-designed randomized controlled trials with standardized outcome measures are necessary to strengthen the evidence base.

Conclusion-Whooping cough continues to be an important respiratory disease despite advances in vaccination and antibiotic therapy. Homoeopathic medicines such as Drosera and Kali sulphuricum have a long history of traditional use in patients with spasmodic cough and pertussis-like symptoms. Classical homoeopathic literature provides detailed indications for their selection; however, contemporary scientific evidence remains limited. Future randomized controlled clinical trials are required to determine whether these remedies provide additional clinical benefit when evaluated using rigorous scientific methodology and appropriate ethical standards.

Case-•O.P.D. Registration No.: B309
•Date: 19/05/2026
•Patient's Name: Rutika Shankar Dhone
•Sex: Female
•Address: N-3, Ganesh Society, 1301, CIDCO
•Age: 15 years
•Occupation: Student
•Weight: 35 kg
•Provisional Diagnosis: Whooping Cough

Chief Complaints-

•C/o cough since 1.5 months
•Deep, sounding, hoarse barking cough × 1.5 months
•Difficulty in breathing × 7–8 days, on and off
•< After midnight
•> On lying down
•> Early morning
•Yellow-greenish coloured sputum × 2 weeks

Personal History

•Appetite: Normal
•Desire: Sweets
•Aversion: Milk
•Thirst: Thirsty
•Thermals: Chilly
•Bowels: Satisfactory
•Urine: 2–3/day
•Perspiration: Scanty
•Sleep: Disturbed
•Dreams: N.S.
•Menses: NA

Past History: No any major illness in past.

Family History:

•Mother – DM
•Father – Healthy

Mental Symptoms-

•Easily angry and impatience
•Anxiety and mood swings
•Mistrusts in others

Physical Symptoms-

•Desire: Sweets
•Aversion: Meat
•Thermally: Chilly

Physical Examination-

•Skin: Normal
•Growths: Normal
•Hair: Black
•Nails: Round
•Face: Red
•Ears: No wax
•Eyes: Watery
•Nose: Blocked
•Mouth & Tongue: Dry, coated
•Throat: Congestion
•Neck: Long

G/E (General Examination)-

•Temperature: 98°F
•Pulse Rate: 112/min
•Respiratory Rate: 28/min
•SpO_2: 97% on RA

Clinical examination-

•Inspection – tachypnea ,Nasal laring
•Palpation – Normal
•Percussion – Resonant percussion note over both lung fields.
•Auscultation – Wheezing +

A/E-•RS – AEBE, mild wheeze
•CVS – S1 S2, no murmur
•CNS – Conscious
•PA – Soft, NT

Totality of Symptoms-

•Deep, sounding, barking cough
•Difficulty in breathing
•< Lying down
•>Early morning
•Anxiety and mood swings
•Mistrusts in others
•Desire: Sweets
•Thermally: Chilly

Treatment-Rx

•Drosera 30 SD
•4 globules – STAT
•SL
•4 – 4 – 4 × 7 days

Follow-up (26/05/2026)-

•Deep sounding barking cough ↓ by 40%
•Difficulty in breathing ↓ by 40%
•Yellow-green coloured sputum ↓ by 40%
•PR: 84/min
•Treatment

•Rx

•Drosera 30 SD
•4globuls – STAT
•SL
•4 globules × 8 hourly
•For 7 days.

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Dr. Sneha Hiraman Borhade
MD Part 2 (Paediatric)
Foster Development Homoeopathic medical College, Chhatrapati Sambhajinagar
Under the Guidance of-
Dr. Prashant Badgujar
(Guide and Professor)

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A Clinical Study on The Role of Homoeopathic Medicines In The Management of Urticaria

Abstract-Background: Urticaria is a common dermatological disorder characterized by transient itchy wheals with or without angioedema. Objective: To evaluate individualized homoeopathic medicines. Methodology: Randomized controlled study on 30 patients aged 18–60 years. Group A received individualized homoeopathic medicines and Group B received placebo/supportive care. Assessment by UAS7, VAS and DLQI over 3 months. Results: Significant improvement in itching, wheals and quality of life.

Conclusion: Individualized homoeopathy appears safe and effective.

Keywords: Urticaria, Homoeopathy, Wheals, Itching, UAS7.



Introduction-Urticaria is a hypersensitivity disorder characterized by transient itchy wheals with or without angioedema. Homoeopathy treats patients on the basis of totality of symptoms and constitution

Aim-To evaluate the therapeutic effectiveness of individualized homoeopathic medicines in urticaria

Objectives-• Assess reduction in itching.
• Evaluate wheals and recurrence.
• Compare outcomes with placebo/supportive care.
• Assess quality of life.

Methodology-
• Study Design: Randomized Controlled Trial.
•Sample Size: 30 patients.
•Inclusion: Patients aged 18–60 years with acute or chronic urticaria.
•Exclusion: Severe systemic illness, pregnancy, immunosuppressive therapy.
•Grouping: Group A–Homoeopathy; Group B–Placebo/supportive care
•Assessment: UAS7, VAS, DLQI.
•Follow-up: Every 2 weeks for 3 months

Results-The homoeopathic group showed greater reduction in itching, wheal formation, recurrence, and improved quality of life.

Discussion-Frequently indicated medicines include Apis mellifica, Urtica urens, Rhus toxicodendron, Dulcamara, Natrum muriaticum, Sulphur, Arsenicum album, Bovista, Calcarea carbonica and Pulsatilla

Conclusion-Individualized homoeopathic treatment appears safe, effective and economical. Larger multicentric studies are recommended.



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Author-**Dr. Dr Vijay Dhabhade**
CO-Author-**Dr. Sayli Jalindar Takpere**
(PG Scholar)
Department Organon of Medicine
P.D. Jain College