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Homoeopathic Constitutional Remedy In The Management Of Tinea & Its Acute Exacerbations In Children (3-18 Years)

Abstract-Background: Tinea is a common superficial fungal infection in children. Recurrence and acute flare-ups may occur due to environmental factors, poor hygiene, repeated exposure and inappropriate use of topical corticosteroids.

Objective: This study aims to evaluate the role of individualized homoeopathic constitutional remedies along with acute prescriptions in the management of tinea in children aged 3-18 years

Methods: An experimental, non-controlled study of 30 children with clinically diagnosed tinea will be conducted over 18 months. Constitutional remedies will be selected based on the totality of symptoms. During acute exacerbations, individualized acute remedies will be prescribed according to the presenting symptom picture. Follow-up will be conducted fortnightly to monthly. Clinical response will be assessed using a tinea severity score based on erythema, scaling, itching, lesion size, number of lesions and spread.

Expected Outcome: The study is expected to document the clinical response of tinea to individualized homoeopathic treatment and contribute to clinical documentation and further research in pediatric dermatophytosis.

Keywords: Tinea, dermatophytosis, children, constitutional remedy, acute exacerbation, homoeopathy.

Introduction-Tinea, or dermatophytosis, is a superficial fungal infection caused by dermatophytes, principally species of *Trichophyton*, *Microsporum* and *Epidermophyton*. These organisms infect keratinized tissues such as skin, hair and nails. Tinea is common in children and may spread through close contact, sharing towels, combs and clothing, contact with infected animals and exposure to warm and humid environments.

Tinea capitis is particularly important in children and may present with scaling, broken hairs, patchy hair loss or inflammatory lesions such as kerion. Other forms include tinea corporis, tinea faciei, tinea cruris, tinea pedis and tinea unguium. Recurrence and acute exacerbations may occur due to sweating, friction, occlusive clothing, repeated exposure and inappropriate use of topical corticosteroids.

Homoeopathy approaches the individual as a whole. Constitutional remedies are selected after assessment of physical generals, mental and emotional characteristics, modalities, past and family history and environmental factors. Acute remedies may be considered during exacerbations according to the presenting totality of symptoms.

Aim and Objectives-

Aim-To study the management of tinea in children aged 3–18 years with homoeopathic constitutional treatment and to assess the management of acute exacerbations.

Objectives-•To evaluate the effectiveness of constitutional homoeopathic remedies in tinea.

•To assess the role of individualized acute remedies during exacerbations.

•To assess changes in clinical severity using a standardized severity score.

•To contribute to evidence-based clinical documentation in homoeopathy.

Materials And Methods-

•**Study Design:** Experimental, non-controlled study.

•**Study Setting:** Outpatient and inpatient departments of DKMM Homoeopathic Medical College & Hospital, Aurangabad, and institutional health camps.

•**Sample Size:** 30 children.

•**Study Population:** Children aged 3–18 years with clinically diagnosed tinea, presenting with chronic disease or acute exacerbation.

Inclusion Criteria-•Children aged 3–18 years with clinically diagnosed tinea.

•Cases presenting with chronic tinea or acute exacerbation.

•Children of either sex and from different socioeconomic backgrounds.

Exclusion Criteria-

•Children below 3 years or above 18 years.

•Cases with secondary bacterial infection or other complications.

•Extensive systemic involvement.

•Associated immunodeficiency disorders.

•Recent use of conventional antifungal treatment or immunosuppressive drugs.

Duration of Study: 18 months.

Follow-up: Approximately fortnightly to monthly.

Case Assessment and Treatment- Detailed case-taking will include presenting complaints, associated symptoms, physical generals, mental and emotional characteristics, past and family history, hygiene, environmental exposure and clinical examination. Relevant investigations will be performed when clinically indicated.

Individualized constitutional remedies will be selected according to the totality of symptoms with the aid of repertorisation and standard homoeopathic materia medica references. During acute exacerbations, individualized acute prescriptions will be selected according to the presenting symptoms and modalities.

Clinical improvement will be assessed using a **Tinea Severity Score**, incorporating erythema, scaling, itching, lesion size, number of lesions and spread. Outcomes will be categorized as cured, mild improvement, moderate improvement or no improvement.

Suggested Repertorial Rubrics-The following rubrics may be considered during repertorisation according to the individual case: •Mind – ailments from grief

•Mind – confidence – want of self-confidence

•Mind – anxiety

•Skin – eruptions – ringworm

•Skin – itching – night

•Generals – heat – aggravates

•Generals – perspiration – scalp

•Generals – sleep – difficult falling asleep

•Mind – fear – dark

•Skin – eruptions – itching

Rubrics will be selected according to the actual symptom totality of each individual patient.

Conclusion-This experimental study is designed to evaluate the clinical management of tinea in children aged 3–18 years through individualized homoeopathic constitutional treatment along with individualized prescriptions during acute exacerbations. Objective clinical assessment, regular follow-up and standardized severity scoring will be used to document treatment response. The study may provide useful clinical documentation and a basis for further research into individualized homoeopathic management of pediatric dermatophytosis

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Effectiveness of Homoeopathic Medicine In Frozen Shoulder

Abstract-Background: Frozen shoulder, also known as adhesive capsulitis, is a painful condition characterized by progressive shoulder pain and restriction of active and passive shoulder movements. It may significantly interfere with daily activities and functional use of the affected upper limb.

Objective: This study aims to evaluate the effectiveness of individualized homoeopathic medicines in cases of frozen shoulder and to assess changes in pain, stiffness and functional limitation during treatment.

Methods: An experimental, non-controlled clinical study of 30 patients with clinically diagnosed frozen shoulder will be conducted over 18 months. Homoeopathic medicines will be selected individually according to the totality of symptoms, including physical generals, mental and emotional characteristics, modalities, concomitants, causation and relevant clinical history. Follow-up will be conducted fortnightly to monthly. Clinical response will be assessed using standardized assessment of pain, restriction of shoulder movement and functional limitation.

Expected Outcome: The study is expected to document the clinical response of patients with frozen shoulder to individualized homoeopathic treatment and contribute to clinical documentation and further research.

Keywords: Frozen shoulder, adhesive capsulitis, shoulder pain, stiffness, individua-lized homoeopathy, homoeopathic medicine.

Introduction-Frozen shoulder, or adhesive capsulitis, is a painful condition of the shoulder characterized by pain and progressive restriction of movement. Patients may experience difficulty with activities requiring elevation, rotation or other movements of the affected upper limb. The condition may develop gradually and can produce substantial functional limitation.

The clinical presentation varies between individuals. Pain may be influenced by movement, position, activity, rest or other circumstances, while stiffness and restriction of movement may become prominent features. Careful assessment is therefore required to understand the individual clinical presentation.

Homoeopathy approaches the patient through individualized assessment. Selection of a homoeopathic medicine is based on the totality of symptoms, including physical generals, mental and emotional characteristics, modalities, concomitants, causation and relevant past and family history. The present study is designed to document the clinical management of frozen shoulder using individualized homoeopathic medicines and regular clinical follow-up.

Aim And Objectives

Aim-To study the effectiveness of individualized homoeopathic medicine in cases of frozen shoulder and to assess changes in pain, stiffness and functional limitation.

Objectives-•To evaluate the clinical effectiveness of individualized homoeopathic medicines in frozen shoulder.

•To assess changes in shoulder pain during treatment., •To assess changes in restriction of shoulder movements.

•To assess changes in functional limitation associated with frozen shoulder.

•To document the clinical response through regular follow-up & standardized assessment.

Materials And Methods-

•**Study Design:** Experimental, non-controlled clinical study.

•**Study Setting:** Outpatient and inpatient departments of DKMM Homoeopathic Medical College & Hospital, Aurangabad, and institutional health camps.

•**Sample Size**: 30 patients.

Study Population: Patients with clinically diagnosed frozen shoulder presenting with shoulder pain, stiffness and restricted movement.

Inclusion Criteria: •Patients with clinically diagnosed frozen shoulder.

•Patients presenting with shoulder pain, stiffness and restriction of movement.

•Patients willing to participate and provide informed consent.

Exclusion Criteria:•Patients with acute major trauma or suspected fracture or dislocation.

•Patients with suspected septic arthritis or other serious infective conditions.

•Patients with major neurological deficit requiring urgent specialist management.

•Patients with other serious shoulder pathology that prevents reliable assessment of frozen shoulder.

•Patients receiving treatment that prevents reliable assessment of the study intervention.

Duration of Study: 18 months.

Follow-up:Approximately fortnightly to monthly

Case Assessment and Treatment- Detailed case-taking will include presenting complaints, location and character of pain, modalities, concomitants, physical generals, mental and emotional characteristics, causation, past and family history, occupational and lifestyle factors and clinical examination. Relevant investigations will be considered when clinically indicated.

Individualized homoeopathic medicines will be selected according to the totality of symptoms with the aid of repertorisation and standard homoeopathic materia medica references. Follow-up will assess changes in pain, stiffness, range of shoulder movement and functional limitation. Cases will be categorized according to the observed clinical response.

Suggested Repertorial Rubrics-The following rubrics may be considered during repertorisation according to the individual case: •Extremities – pain – shoulder

•Extremities – pain – shoulder – right

•Extremities – pain – shoulder – left

•Extremities-pain-shoulder-motion-aggravates

•Extremities – stiffness – shoulder

•Extremities – motion – shoulder – difficult

•Extremities – raising arm – difficult

•Extremities – pain – night

•Extremities – pain – rest – aggravates

•Generals – weakness / fatigue

Rubrics will be selected according to the actual symptom totality of each individual patient.

Conclusion-This experimental study is designed to evaluate the clinical effectiveness of individualized homoeopathic medicines in patients with frozen shoulder through systematic case-taking, individualized pre-scription, regular follow-up and standardized assessment of pain, restriction of shoulder movement and functional limitation. The study may provide useful clinical documentation & a basis for further research into individualized homoeopathic management of frozen shoulder

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Natrum Muriaticum in Alopecia: A Constitutional & Repertorial Perspective

A Review Article on Homoeopathic Management of Hair Loss



Dr. Nilam Shah

Abstract-Alopecia is a multifactorial disorder involving partial or complete loss of hair, with significant physical and psychological impact. While conventional medicine attributes it to genetic, autoimmune, endocrine, nutritional, and environmental factors, homoeopathy views hair loss as an outward expression of internal constitutional disturbance. Natrum muriaticum holds a prominent place among indicated remedies owing to its marked action on nutrition, skin, scalp, hair, and emotional health, as highlighted by Hahnemann, Kent, Allen, Clarke, and Boericke.

Introduction-Hair loss commonly presents as diffuse hair fall, patchy baldness, receding hairline, or complete baldness, often causing distress & reduced self-esteem. Homoeopathy treats alopecia not as an isolated scalp disorder but as an expression of disturbed constitutional balance, with remedy selection based on the totality of mental, emotional, physical, and hereditary symptoms. Natrum muriaticum stands out for its characteristic relationship with grief, emotional suppression, anemia, nutritional disturbance, and chronic skin disorders.

Historical Development of Natrum Muriaticum-Hahnemann introduced Natrum muriaticum through systematic drug proving; though chemically common salt, its provings revealed profound physical and emotional effects. In The Chronic Diseases, he classified it among the major anti-psoric remedies, useful in chronic disorders involving nutritional disturbance, skin manifestations, and constitutional weakness. Kent, Allen, Clarke, Nash, and Boericke later expanded its understanding, and Kent described it as suited to individuals who suffer deeply yet silently, their emotional wounds manifesting physically through chronic disease.

Natrum muriaticum is prepared from common salt (Sodium Chloride – NaCl).

Why Is Etiology Important?-Hahnemann states in Aphorism 5 that the physician should investigate the exciting cause of disease. In alopecia cases, the onset of hair loss following:

- Bereavement
- Broken relationships
- Emotional disappointment
- Chronic mental stress

May provide valuable clues for remedy selection. The cause itself does not prescribe the remedy, but it often helps reveal the constitutional state.

Aphorism 211 and the Mental State-Hahnemann emphasized that the mental and emotional state frequently plays a decisive role in selecting the remedy. In Natrum muriaticum cases, symptoms such as:

- Aversion to consolation
- Dwelling on past grief
- Desire for solitude during emotional distress
- Reserved and sensitive nature

Often carry greater value than the local symptom of hair loss

Relationship Between Natrum Muriaticum and Hair-Hair growth depends upon proper nutrition, hormonal balance, circulation, and emotional well-being domains in which the pathogenesis of Natrum muriaticum reveals marked disturbance. Kent observed that patients requiring this remedy frequently complain of:

- Excessive hair fall
- Premature greying
- Dry scalp
- Loss of hair following grief
- Hair loss after debilitating illness
- Hair fall associated with anemia

The remedy appears particularly suitable when emotional factors precede the onset of alopecia.

Natrum Muriaticum: The Remedy of Silent Grief-Hair loss is often associated with physical causes, but in homoeopathic literature Natrum muriaticum is closely linked with the effects of long-standing grief and suppressed emotions. Many patients requiring Natrum muriaticum are unable to express their sorrow openly and continue to suffer internally long after the causative event has passed. The resulting constitutional imbalance may manifest through various complaints, including alopecia.

Clinical Applications in Alopecia-

- **Alopecia Areata:** Cases with a history of emotional trauma preceding patchy hair loss often respond favorably when the constitutional picture matches Natrum muriaticum.
- **Diffuse Hair Loss:** Gradual diffuse hair fall following grief, prolonged stress, or chronic illness may benefit from the remedy.
- **Postpartum Hair Loss:** Hair loss after childbirth in emotionally sensitive women with characteristic traits may indicate its use.
- **Hair Loss with Anemia:** The remedy is useful in hair fall accompanied by weakness, pallor, and nutritional disturbance.

Repertorial Analysis-The repertory provides several rubrics supporting the use of Natrum muriaticum in alopecia.

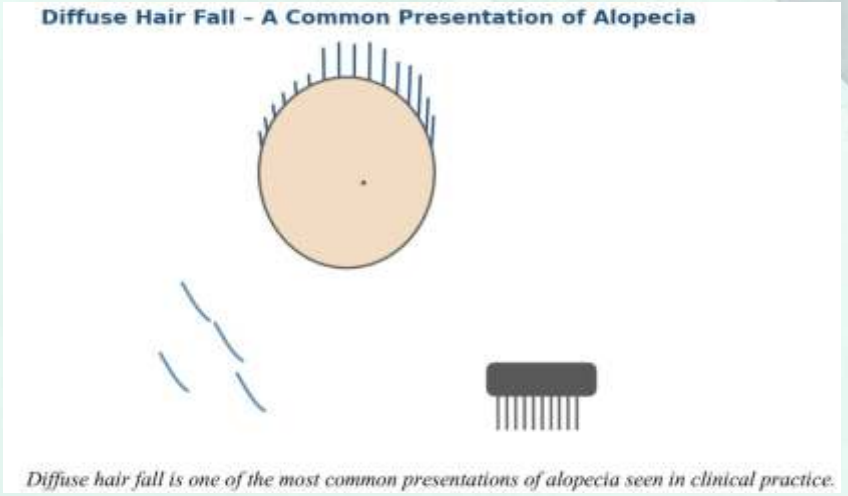
- **Scalp Rubrics-**Scalp – Hair – falling; falling after grief; falling after acute diseases; falling after childbirth
  Scalp – Baldness
- **Mind Rubrics-**
  Mind – Grief – ailments from
  Mind-Dwells on past disagreeable occurrences
  Mind – Consolation – aggravates
  Mind – Reserved
- **General Rubrics-**
  Generalities – Weakness after loss of fluids
  Generalities-Emaciation despite good appetite
  Generalities – Chronic effects of grief

The combination of scalp symptoms with characteristic mental rubrics frequently elevates Natrum muriaticum to the forefront during repertorization.

Miasmatic Insight-In many cases, alopecia may represent a chronic constitutional disturbance. The physician should evaluate the patient's complete symptom picture and miasmatic background rather than assigning a miasm solely based on the diagnosis. Individualization remains the cornerstone of homoeopathic prescribing

Clinical Pearl-"When hair falls after grief, think of Natrum muriaticum; when Natrum muriaticum is prescribed, think beyond the hair.".

Conclusion Thought-"Alopecia may be the complaint, but grief, emotional suppression, and constitutional imbalance may be the language through which the patient expresses disease. Natrum muriaticum often speaks that language."



Diffuse hair fall is one of the most common presentations of alopecia seen in clinical practice.



Understanding the normal hair growth cycle helps in evaluating pathological hair loss.

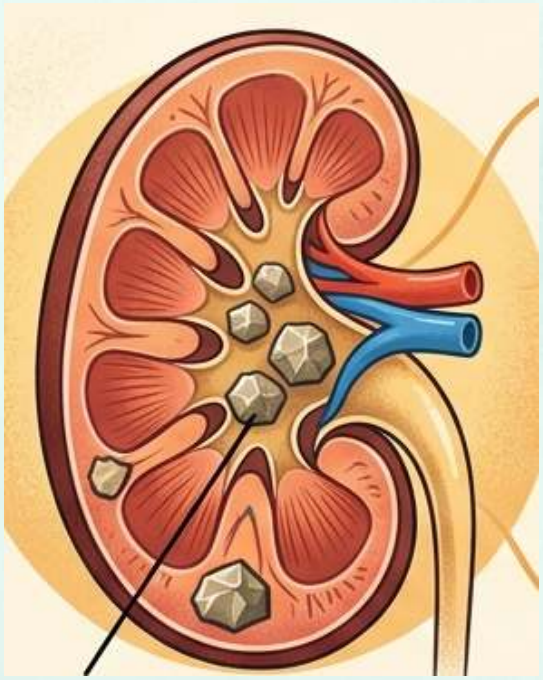
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Renal Stones: A Growing Health Concern & The Role Of Homoeopathy

Understanding Renal Calculi, Prevention, Individualisation And Timely Medical Care

Renal stones, commonly called kidney stones, are an important health concern. They develop when substances in urine become concentrated and rystallize, forming hard deposits in the urinary tract. Stones may remain silent or cause severe renal colic when they move into the ureter.



•**Why do renal stones form?-** Inadequate fluid intake, dietary habits, family tendency, metabolic abnormalities, certain medicines and previous stone episodes can contribute to stone formation. Stone composition is also important because calcium oxalate, calcium phosphate, uric acid, struvite and cystine stones have different risk factors.

•**Common Warning Signs-** Renal or ureteric stones may cause sudden flank or loin pain, sometimes radiating towards the lower abdomen or groin. Blood in urine, burning during urination, urinary frequency, nausea and vomiting may occur. Some stones are detected incidentally and cause no symptoms. Fever, chills, markedly reduced or absent urine output, persistent vomiting or severe worsening symptoms require prompt medical assessment.

•**Diagnosis Matters-** Clinical assessment is complemented by urine and blood investigations and appropriate imaging. Ultrasonography can identify renal calculi and hydronephrosis, while non-contrast CT may provide more detailed information when clinically indicated.

•**Where does homoeopathy fit?-** Homoeopathy traditionally follows individualisation. Rather than selecting a medicine solely because a patient has renal calculus, the practitioner considers the characteristic totality of symptoms. The nature, location and radiation of pain, aggravating and ameliorating factors, urinary peculiarities and associated symptoms may contribute to the individual symptom picture. Repertorisation can help organise symptoms, but repertorial scores should not replace materia medica correlation or clinical judgement.

•**Prevention Is Essential-** Adequate fluid intake is generally encouraged unless fluid restriction is medically indicated. Dietary advice should be individualised according to stone type and metabolic risk factors. Stone analysis, when available, can assist prevention of recurrence.

•**A Balanced Approach-** Homoeopathy should be practised within a responsible clinical framework. A diagnosis of renal calculus does not remove the need for appropriate urological assessment. Obstruction with infection or anuria is a medical emergency requiring urgent urological management.

Conclusion- Renal stones are a manageable health problem when recognised early and followed appropriately. Accurate diagnosis, attention to stone characteristics, prevention of recurrence and timely specialist care provide the safest foundation. Individualised homoeopathic symptom analysis may form part of a complementary clinical approach, while objective investigation and appropriate urological care remain essential.

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Efficacy of Homoeopathic Medicine in The Management Of Nocturnal Enuresis in Pediatric Age Group 4-10 Years



Dr. Qureshi Rukhsar Rajik

Abstract-Background- Nocturnal enuresis, commonly known as bed wetting, is a frequent pediatric problem characterized by involuntary passage of urine during sleep. Although it is often regarded as a developmental condition, persistent nocturnal enuresis may adversely affect a child's psychological and social well-being. Children may experience embarrassment, reduced self-esteem, social withdrawal and difficulties in family and school environments. The prevalence of enuresis decreases progressively with increasing age. The synopsis on which this article is based proposes an investigation of the role of individualized homoeopathic treatment in children aged 4–10 years with nocturnal enuresis.

Objective-The primary objective is to assess the effect of homoeopathic medicines in the management of nocturnal enuresis in children aged 4–10 years.

Methods-A case-series study is proposed to be conducted in the OPD/IPD attached to a postgraduate homoeopathic medical college. Thirty cases of nocturnal enuresis will be included using simple random sampling. Children aged 4–10 years of either sex and from all socioeconomic classes will be considered. Cases with gross urological pathology, major systemic disease, malignancy or immunocompromised status will be excluded. Improvement will be assessed using the Enuresis Frequency-Severity Scale, and data will be analyzed using a paired test along with descriptive measures including mean, standard deviation, frequency and percentage.

Conclusion-The proposed study is intended to generate clinical data regarding the management of nocturnal enuresis with individualized homoeopathic treatment. Its findings may contribute to the understanding of treatment outcomes in pediatric patients; however, conclusions regarding efficacy should be based on the results obtained after completion of the study.

Keywords-Nocturnal enuresis, bedwetting, children, pediatric age group, homoeopathy, individualized treatment, urinary incontinence.

Introduction-Nocturnal enuresis is characterized by repeated involuntary urination during sleep in a child who has reached the developmental stage at which bladder control is expected. The condition is particularly relevant in the pediatric age group because persistent bed-wetting can influence emotional development, self-confidence and social participation.

The synopsis identifies nocturnal enuresis as a prevalent pediatric condition affecting children between 4 and 10 years and emphasizes its possible psychosocial consequences, including embarrassment, social isolation and diminished self-esteem.

The prevalence of enuresis varies with age. The literature reviewed in the synopsis reports estimates of approximately 5–10% among five-year-old children and 1.5–5% among children aged 9–10 years, with prevalence declining further during adolescence.

Nocturnal enuresis is therefore not merely a problem of involuntary urination. For some children and families, recurrent bed-wetting can become a source of anxiety, embarrassment and interpersonal conflict. Relapses may further affect self-image, self-esteem and participation in social activities.

Homoeopathy approaches patients through individualization of treatment and assessment of the totality of symptoms. The proposed study seeks to evaluate the clinical response of children with nocturnal enuresis receiving homoeopathic treatment.

Definition-The term enuresis is derived from the Greek word enourein, meaning "to void urine." The term has subsequently become associated particularly with urinary events occurring during sleep. Enuresis may occur during the night, during the day, or during both periods.

For the present study, the focus is on nocturnal enuresis in children aged 4–10 years.

Epidemiology-Enuresis is relatively common during childhood, with prevalence decreasing as children become older. The literature included in the synopsis describes regular enuretic behavior in a considerable proportion of younger children and a progressive decline with age. By approximately 10 years of age, the reported prevalence is considerably lower than in younger children.

The synopsis also reports that nocturnal enuresis is more common in boys and constitutes the majority of childhood enuresis cases. Spontaneous resolution may occur over time, with an estimated annual resolution rate of approximately 15%.

Etiology and Contributing Factors-The development of nocturnal enuresis is multifactorial. The literature reviewed in the synopsis describes contributions from neurobiological mechanisms, bladder function, hormonal regulation, genetic predisposition and psychosocial factors.

Neurobiological factors-Urinary control involves complex interactions between cerebral and spinal centers, sensory and motor pathways and autonomic and voluntary nervous systems. Regulation of bladder activity involves neural centers in the pons and midbrain.

Genetic factors-A familial tendency has been reported, with higher prevalence among first-degree relatives. Greater concordance among monozygotic twins compared with dizygotic twins suggests an important genetic contribution.

Hormonal and bladder factors-Children with enuresis may have altered patterns of nighttime urine production. Lower nighttime antidiuretic hormone levels have been proposed as one factor contributing to increased nocturnal urine output.

Psychosocial factors-Psychosocial events may precipitate or aggravate enuresis in susceptible children. Examples mentioned in the synopsis include the birth of a sibling, hospitalization, starting school, family separation and moving to a new environment.

Classification-

The synopsis describes three categories:

- Nocturnal-only enuresis – urinary episodes occurring during nighttime sleep.
- Diurnal-only enuresis – urinary episodes occurring during waking hours.
- Nocturnal and diurnal enuresis – urinary episodes occurring during both nighttime and daytime.

The present study focuses specifically on nocturnal enuresis.

Diagnosis and Assessment-Diagnosis requires appropriate clinical assessment and exclusion of medical conditions that may produce urinary symptoms. According to the literature included in the synopsis, diagnostic criteria require an appropriate developmental or chronological age and recurrent episodes associated with distress or impairment.

A Careful History Should Include:

- Age of onset
- Frequency of bed-wetting
- Previous period of dryness
- Daytime urinary symptoms
- Urgency and frequency
- Bowel habits
- Sleep pattern
- Family history
- Psychosocial circumstances
- Previous treatment
- Associated medical conditions

Laboratory and other investigations are used selectively to exclude organic causes. Urinary tract infection, structural abnormalities, neurological disorders and conditions causing polyuria should be considered in the differential diagnosis.

Differential Diagnosis-

Conditions that should be considered during evaluation include:

- Urinary tract infection
- Bladder dysfunction
- Obstructive uropathy
- Neurological disorders such as spina bifida occulta
- Cystitis
- Diabetes mellitus
- Diabetes insipidus
- Seizure-related urinary incontinence
- Sleepwalking disorder
- Medication-related enuresis

The presence of both nocturnal and diurnal symptoms, particularly when associated with urinary frequency and urgency, warrants careful evaluation for an underlying organic disorder.

Psychosocial Impact-Although nocturnal enuresis may resolve spontaneously, persistent or recurrent episodes can have an important psychosocial impact. The

synopsis describes possible consequences including poor self-image, decreased self-esteem, embarrassment, family conflict and restriction of social activities.

Consequently, management should not focus solely on the urinary symptom. The child's emotional state, family environment and associated behavioral or developmental concerns should also be considered.

Homoeopathic Perspective-The synopsis describes homoeopathic management as being based on individualization and the totality of symptoms. The homoeopathic literature reviewed in the study identifies several medicines traditionally associated with enuresis.

•**Sepia-**Sepia is described in the synopsis in relation to involuntary urination during sleep, particularly when associated with a sensation of weakness or sinking in the abdomen. Associated mental and emotional characteristics described include irritability, indifference and aversion to family members.

•**Causticum-**Causticum is described for involuntary urination during sleep with weakness of bladder sphincter control. Urinary dribbling, urgency and certain forms of urinary incontinence are included among its reported indications in the source literature.

•**Equisetum-**Equisetum is associated in the synopsis with frequent urination during both day and night, bladder fullness and an irritable bladder. Nocturnal enuresis and urinary dribbling are among the urinary symptoms described.

•**Kreosotum-**Kreosotum is described in relation to involuntary urination during the first part of sleep. Strong-smelling urine and difficulty awakening from sleep are also included in the cited materiamedica description.

•**Natrummuriaticum-**Natrummuriaticum is described for involuntary urination, particularly during the first part of sleep, with associated weakness or emotional symptoms such as suppression or grief.

•**Cina-**Cina is described in the synopsis in relation to involuntary urination during sleep, restless sleep and grinding of the teeth, with possible associated irritability and abdominal symptoms.

Selection of an individual medicine should be based on the clinical picture and totality of symptoms rather than solely on the diagnosis of nocturnal enuresis.

Aim and Objectives

•**Aim-**To assess the efficacy of homoeopathic medicines in the management of nocturnal enuresis in children aged 4–10 years.

•**Primary Objective-**To assess the effect of homoeopathic medicines in the management of nocturnal enuresis.

Materials and Methods:

•**Study Design:**The proposed study is a case-series study.

•**Study Setting:**The study is proposed to be conducted in the OPD/IPD attached to a postgraduate homoeopathic medical college.

•**Study Population:**Children diagnosed with nocturnal enuresis constitute the study population.

•**Sample Size:**A total of 30 cases are proposed for inclusion.

•**Sampling Technique:**Simple random sampling is proposed.

Inclusion Criteria-The study includes:

•Children aged 4–10 years.
•Children of either sex.
•Children from all socioeconomic classes.
•Cases diagnosed with the relevant urinary disorder.

Exclusion Criteria-

The following are excluded:

•Children below 4 years or above 10 years.
•Cases with gross urological pathology.
•Cases with major systemic disease.
•Cases with malignancy.
•Immunocompromised cases.

Withdrawal Criteria-Patients who do not complete follow-up or who deteriorate and require acute life support are to be withdrawn from the study.

Assessment of Treatment Response-The proposed study uses the Enuresis Frequency-Severity Scale as the method of measurement.

Treatment response is categorized as:

•**Improved:** Relief of signs and symptoms up to the end of the study period.
•**Partially improved:** Partial relief of complaints.
•**Not improved:** No change in signs and symptoms.

Data collection includes observation, interview, questionnaire and case study methods, with secondary information obtained from standard textbooks, reference books, journals and research articles.

Data Analysis-The collected data are proposed to be managed in a computerized spreadsheet and presented using appropriate charts and diagrams. The synopsis proposes analysis using a paired test, with results expressed through mean, standard deviation, frequency and percentage.

The statistical analysis will therefore permit comparison of the measured enuresis status before and after the intervention within the study population.

Discussion-Nocturnal enuresis is a common pediatric condition with a multifactorial background. The condition generally becomes less prevalent with increasing age, but persistent symptoms can produce substantial emotional and social consequences.

The literature review included in the synopsis highlights an important evidence gap. A review of complementary and miscellaneous interventions identified 24 randomized or quasi-randomized trials involving 2,334 children, but the quality of many trials was considered poor. Importantly, the review reported that no trials involving homeopathy were included.

This provides a rationale for further systematic investigation. The proposed study attempts to address this gap by prospectively observing children with nocturnal enuresis and assessing clinical changes following homoeopathic management.

At the same time, because the proposed study is a 30-case case series without a stated control group, any improvement observed cannot by itself establish that homoeopathic treatment caused the improvement. Natural spontaneous resolution, behavioral changes and other factors may influence outcomes. Therefore, the results should be interpreted within the methodological limitations of the study design.

Limitations-The synopsis does not provide completed study results; therefore, treatment efficacy cannot yet be concluded.

Important methodological limitations of the proposed design include:

•Small sample size of 30 cases.
•Case-series design.
•Absence of a stated control or placebo group.
•Potential influence of spontaneous remission.
•Potential influence of behavioral and environmental factors.
•Limited generalizability beyond the selected pediatric population.
•The study duration and final outcome data are not presented in the synopsis.

These limitations should be considered when interpreting the eventual findings

Ethical Considerations-The synopsis includes an informed consent process. Participants or their guardians are informed regarding homoeopathic treatment, possible additional investigations, photography for diagnostic or treatment purposes, alternative treatment options and responsibilities associated with participation. The consent form specifically states that no guarantee or assurance regarding treatment results is provided.

Appropriate evaluation and referral should be undertaken when an underlying medical condition is suspected.

Conclusion-Nocturnal enuresis is a common pediatric urinary problem that may have significant psychosocial consequences despite its frequently self-limiting nature. Its multifactorial etiology requires appropriate clinical evaluation and exclusion of underlying organic conditions.

The proposed study investigates the role of homoeopathic medicines in children aged 4–10 years using a 30-case case-series design and an Enuresis Frequency-Severity Scale for assessment.

The homoeopathic literature included in the synopsis describes medicines such as Sepia, Causticum, Equisetum, Kreosotum, Natrummuriaticum and Cina in relation to different clinical presentations of enuresis.

However, the present synopsis contains a research-question inconsistency: the primary research question mentions Crotalushorridus, whereas the stated null and alternative hypotheses refer to Cina. This should be corrected in the final dissertation/article before submission so that the research question, hypothesis, intervention and methodology are internally consistent.

Since the uploaded document is a synopsis rather than a completed study report, definitive claims regarding the efficacy of homoeopathic treatment should be reserved until the clinical data, statistical analysis and results are available.

References-The article is based on the literature and references contained in the uploaded synopsis, including works cited from the International Children's Continence Society, Cochrane literature, psychiatric texts, materiamedica and repertory sources.

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Observation of Hering's Law of Cure in Hypertension: A Prospective Observational Study



Dr. Vrunda Vijay Patil

Abstract-Background- Hypertension is a common chronic cardiovascular disorder characterized by persistently elevated arterial blood pressure and is an important risk factor for cardiovascular, cerebrovascular and renal disease. Within classical homoeopathy, Hering's Law of Cure is traditionally used as a prognostic principle to describe the direction in which symptoms are expected to change during an apparently curative response.

Objective-To observe whether patients with hypertension receiving individualized homoeopathic management demonstrate symptom changes corresponding to the traditionally described principles of Hering's Law of Cure.

Methods-A prospective observational study may be conducted among patients diagnosed with hypertension who receive individualized homoeopathic treatment under appropriate clinical supervision. Baseline clinical characteristics, systolic blood pressure (SBP), diastolic blood pressure (DBP), associated symptoms, past symptom history and concomitant medications should be documented. Patients should be followed at predetermined intervals.

Results-The principal outcomes should include changes in SBP and DBP, general well-being, associated symptoms, recurrence of previously experienced symptoms and the sequence of disappearance or appearance of symptoms. Any apparent movement of symptoms from the centre toward the periphery, from above downward, or in the reverse order of appearance may be recorded as an observation consistent with Hering's Law. Such observations should not automatically be interpreted as proof of causation or cure.

Conclusion-Observation of Hering's Law in hypertension may provide an interesting area for clinical research in homoeopathic case management. However, the principle remains a historical and theoretical homoeopathic construct rather than a scientifically established law. Properly designed prospective studies with objective blood-pressure measurements, standardized outcome measures and appropriate control groups are required.

Keywords-Hypertension, Hering's Law of Cure, Homoeopathy, Individualized Homoeopathy, Blood Pressure, Direction of Cure, Prognosis.

Introduction-Hypertension is one of the major modifiable risk factors for cardiovascular disease, stroke and renal disease. Because uncontrolled hypertension may be asymptomatic while causing progressive target-organ damage, regular blood-pressure assessment and appropriate management are essential.

In classical homoeopathic philosophy, assessment of the patient's response to treatment involves not only changes in the principal complaint but also changes in the totality of symptoms. One of the commonly taught prognostic concepts is Hering's Law of Cure.

Historically, Hahnemann described observations concerning the order in which symptoms may disappear during treatment of chronic disease. Constantin Hering subsequently described the "law of sequence," including observations that improvement may proceed from above downward, from within outward and from more important to less important organs. James Tyler Kent later popularized the expression "Hering's Law."

Concept of Hering's Law of Cure

Hering's Law is traditionally described through four major observations:

- From within outward.
- From above downward.
- From more important organs to less important organs.
- In the reverse order of appearance of symptoms.

According to the traditional homoeopathic interpretation, an improvement in a patient's general state accompanied by the disappearance of deeper or more important symptoms and the subsequent appearance or return of older, less serious peripheral symptoms may be regarded as a favorable prognostic sign.

Hering's Law and Hypertension- Hypertension provides an interesting clinical setting in which to investigate this concept because patients may present with a combination of elevated blood pressure, headache, dizziness, palpitations, anxiety or restlessness, sleep disturbances, fatigue and other chronic complaints.

From a traditional homoeopathic perspective, the disappearance of a prominent symptom followed by improvement in general health and subsequent recurrence of an old, less serious symptom could be documented as a possible example of the reverse order of symptom appearance.

However, blood pressure itself should remain an objective primary outcome. A reduction in blood pressure should be measured using standardized procedures rather than inferred from subjective improvement.

Proposed Observation Methodology

- **Study Design-**A prospective observational study may be undertaken in patients diagnosed with hypertension who are receiving individualized homoeopathic treatment.
- **Study Population-**Adult patients with confirmed hypertension attending a homoeopathic outpatient department may be enrolled after appropriate informed consent.

Inclusion Criteria-

- Adults diagnosed with hypertension.
- Patients willing to participate in regular follow-up.
- Patients able to provide a detailed history of present and previous symptoms.
- Patients willing to have repeated BP measurements.

Exclusion Criteria-Patients requiring urgent conventional medical intervention because of severely elevated blood pressure, acute cardiovascular events, stroke, hypertensive emergency or significant acute target-organ injury should not be managed solely as an observational homoeopathic case.

Baseline Assessment

The following should be documented:

- Age and sex
- Duration of hypertension
- Family history
- Lifestyle factors
- Previous and current antihypertensive medication
- SBP and DBP
- Associated symptoms
- Previous illnesses
- Previous symptoms that have disappeared
- Mental and general symptoms
- Relevant investigations
- Evidence of cardiovascular, renal or other target-organ involvement

Follow-up-Patients may be assessed at regular intervals, for example at baseline and subsequently at 2-, 4-, 8-, 12- and 24-week intervals.

At every visit, record:

- SBP and DBP
- Pulse
- Main complaint
- Associated symptoms
- General well-being
- Old symptoms
- New symptoms
- Medication changes
- Adverse events

Observation of Hering's Direction

- **From within outward-**A patient may report improvement in general constitutional or internal symptoms followed by the appearance or recurrence of a peripheral symptom.
- **From above downward-**A sequence in which symptoms apparently improve from the head or upper body toward lower parts of the body may be documented.
- **From more important to less important symptoms-**Improvement in a major complaint followed by persistence or emergence of a less significant peripheral complaint may be recorded.
- **Reverse order of appearance-**If an old symptom that disappeared before the development of the current illness reappears after improvement in the current complaint, the sequence may be documented.

These observations should be recorded objectively without assuming beforehand that they represent cure.

Assessment of Blood Pressure-Blood pressure should be measured using a validated device and standardized technique. Multiple measurements and repeated visits are preferable to relying on a single reading.

Primary quantitative outcomes may include:

•Mean change in SBP from baseline
•Mean change in DBP from baseline
•Proportion achieving a predefined BP target
•Change in pulse pressure
•Change in associated symptom scores

Relevant Research Evidence-Research specifically evaluating Hering's Law in hypertension is limited.

Brien et al. developed the Hering's Law Assessment Tool (HELAT) to characterize responses to homoeopathic intervention according to Hering's Law. The preliminary study was conducted in rheumatoid arthritis and concluded that further research was required to establish reliability and validity. It was not conducted in hypertension.

A double-blind randomized placebo-controlled trial involving 92 people with pre-hypertension found that progression to hypertension was similar between individualized homoeopathy and placebo after three months. The authors described the findings as inconclusive.

A pilot randomized placebo-controlled study has also investigated individualized homoeopathic medicines in stage I hypertension, assessing feasibility, blood pressure and patient-reported outcomes.

These studies are relevant to the broader question of homoeopathy and hypertension, but they do not establish Hering's Law as a mechanism or validated prognostic law in hypertension.

Discussion-The observation of symptom direction during treatment is an important part of classical homoeopathic case analysis. In hypertension, however, interpretation requires particular caution because blood pressure can fluctuate because of stress, physical activity, sleep, dietary factors, medication adherence, measurement technique and natural variation.

Therefore, an apparent sequence of symptom changes should not automatically be interpreted as evidence of a curative process.

The historical literature demonstrates that the concept evolved over time. Hahnemann described observations concerning the sequence of symptom disappearance, Hering formulated observations as rules of sequence, and Kent later popularized the term "Hering's Law."

A critical review of the historical literature has also pointed out that the rule has not been adequately tested scientifically. Therefore, future research should avoid selecting only cases that appear to confirm the law. Consecutive patients should be followed prospectively, and all symptom changes should be recorded.

Limitations-•Lack of a control group may make causal interpretation difficult.
•Symptoms may fluctuate naturally.
•Patient recall of old symptoms may be inaccurate.
•Practitioners may unintentionally interpret symptoms according to expectations.
•Antihypertensive medication may influence BP independently.
•Regression toward the mean may occur.
•Blood pressure has biological and measurement variability.
•Hering's Law has no universally accepted operational definition.
•Improvement in symptoms does not necessarily indicate reduction in cardiovascular risk.
•An observational study cannot establish that homoeopathic treatment caused the observed BP change.

Ethical Considerations-Patients with hypertension should not be advised to discontinue prescribed antihypertensive medication on the basis of an apparent homoeopathic improvement or a perceived direction of cure.

Any study investigating homoeopathic management should include:

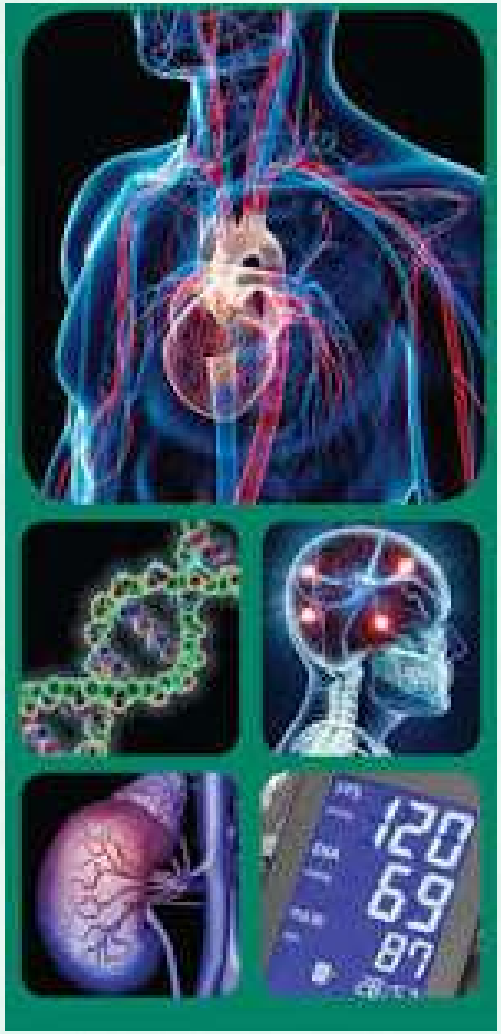
•Informed consent
•Regular BP monitoring
•Appropriate medical referral
•Documentation of concomitant medication
•Monitoring for adverse events
•Clear criteria for referral or escalation of treatment

Conclusion-Hering's Law of Cure is a historically important concept in classical homoeopathy that describes an expected direction and sequence of symptom change during an apparently curative response. In patients with hypertension, systematic documentation of symptom sequence alongside objective BP measurements may provide a useful framework for investigation.

At present, however, there is insufficient evidence to conclude that hypertension follows Hering's Law of Cure or that the law predicts successful treatment. Existing research on homoeopathy and elevated blood pressure is limited, and randomized evidence has not established a clinically significant BP-lowering effect of individualized homoeopathy.

A properly designed prospective observational study could therefore be valuable as a preliminary investigation. A subsequent controlled study would be necessary to determine whether any observed relationship is reproducible and clinically meaningful.

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Role of Constitutional Medicine In Mental Diseases



Abstract-Mental diseases represent a major challenge in clinical practice because they involve disturbances in emotions, cognition, behaviour, sleep, interpersonal relationships and overall functioning Conventional mental-health care commonly involves psychological interventions, pharmacological treatment, social support and rehabilitation. Within homoeopathic practice, constitutional prescribing attempts to individualise treatment by considering the patient's characteristic mental, emotional, general and physical symptoms as a unified picture.

The constitutional approach is based on the principle that treatment should be individualised rather than prescribed solely according to a diagnostic label. Mental symptoms may therefore assume considerable importance during case-taking and repertorisation. The physician attempts to identify characteristic symptoms, modalities, causative factors, maintaining factors and the patient's overall constitutional pattern before selecting a remedy.

However, the clinical evidence supporting homoeopathy for mental disorders remains limited. Systematic reviews of homeopathic treatment in psychiatry have reported heterogeneous and often methodologically limited evidence, with inconsistent findings across conditions such as anxiety, depression and attention-deficit/hyperactivity disorder. Therefore, constitutional homoeopathic treatment should not be presented as a replacement for established psychiatric care, particularly in severe depression, psychosis, bipolar disorder, suicidal ehavior or other emergencies. Appropriate referral, psychiatric assessment and evidence-based treatment remain essential.

Keywords-Constitutional medicine, Homoeopathy, Mental diseases, Individualisation, Mental symptoms, Repertorisation, Holistic approach, Psychiatry.

Introduction-Mental health disorders affect an individual's emotional, psychological, cognitive and social functioning. Conditions such as anxiety disorders, depressive disorders, obsessive-compulsive disorder, bipolar disorder and psychotic disorders can substantially affect quality of life and may require long-term multidisciplinary care.

The World Health Organization's Mental Health Gap Action Programme (mhGAP) emphasizes evidence-based interventions for mental, neurological and substance-use disorders, including psychological and pharmacological approaches according to the clinical condition.

Homoeopathy approaches the patient from an Individualized perspective. In constitutional prescribing, the physician does not consider the disease diagnosis alone but attempts to understand the patient's characteristic response to illness. The mental and emotional characteristics of the patient may form an important part of the totality of symptoms.

Concept of Constitutional Medicine-Constitutional medicine in homoeopathy refers to an individualised therapeutic approach in which the medicine is selected according to the totality of characteristic symptoms of the patient. The constitutional assessment may include:

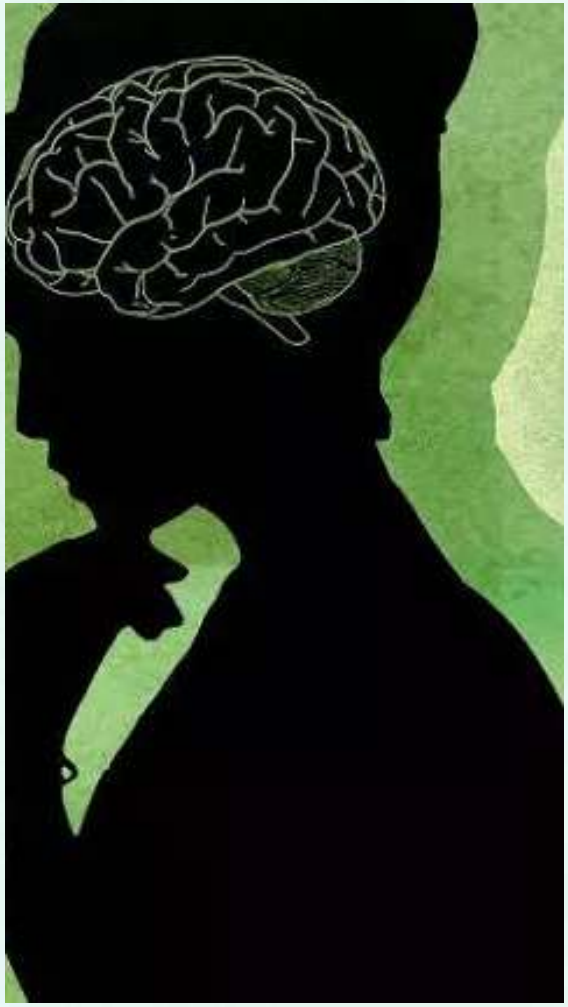
- Mental and emotional characteristics
- Physical generals
- Particular symptoms
- Modalities
- Food and drink preferences
- Sleep and dreams
- Thermal preferences
- Reactions to environmental factors
- Susceptibility to illness
- Causative and maintaining factors
- Past personal and family history

The purpose of constitutional prescribing is to identify the most characteristic pattern of the individual rather than simply prescribing according to the diagnostic name.

Importance of Mental Symptoms-Mental symptoms may provide important individualising information during homoeopathic case-taking. Symptoms such as fear, anxiety, irritability, sadness, grief, insecurity, suspiciousness, compulsive behaviour, sensitivity, anger or withdrawal may differ considerably between patients with the same conventional diagnosis.

For example, two patients diagnosed with an anxiety disorder may present differently. One may have anxiety associated with anticipation, marked need for reassurance and fear of failure, whereas another may have anxiety associated with irritability, restlessness, sensitivity to criticism and difficulty expressing emotions.

From a homoeopathic perspective, these differences may contribute to remedy selection. However, mental symptoms should be assessed clinically and contextually and not interpreted in isolation from the patient's diagnosis, severity, risk factors, social circumstances and functional impairment.



Constitutional Approach to Case-Taking-

A comprehensive case-taking process is central to individualised prescribing.

•Presenting Complaint: Establish the chief complaint, duration, onset, progression, severity and effect on daily functioning.

•Causative Factors: Explore possible precipitating factors such as grief, relationship difficulties, occupational stress, trauma, illness, loss, substance use or major life changes.

•Mental and Emotional Characteristics: Assess characteristic emotional responses, fears, anxieties, anger, mood changes, interpersonal patterns, concentration, memory and behavioural changes.

•Physical Generals: Consider appetite, thirst, sleep, thermal preferences, energy, menstrual history where relevant, food preferences and other general characteristics.

•Particular Symptoms: Evaluate specific physical symptoms associated with the mental condition along with their modalities.

•Past and Family History: Consider previous episodes, treatment history, medical illnesses, psychiatric history and

relevant family history.

•Repertorisation: Characteristic symptoms may be converted into appropriate repertorial rubrics and analysed to identify possible remedies.

Role of Constitutional Medicine in Selected Mental Conditions

Depression-Depressive disorders may present with persistent sadness, loss of interest, reduced energy, sleep disturbance, appetite changes, hopelessness and impaired concentration. From a constitutional homoeopathic perspective, the individual emotional pattern, causative circumstances and associated physical symptoms are considered during remedy selection. Research on homoeopathy for depression has produced mixed findings and remains insufficient to establish efficacy.

Anxiety Disorders-Anxiety may present with excessive fear, apprehension, restlessness, physical symptoms and disturbed sleep. Systematic review evidence has been limited and contradictory. Constitutional case-taking may nevertheless provide a framework for understanding the individual's subjective experience and identifying characteristic symptoms.

Obsessive-Compulsive Symptoms-Patients may experience recurrent intrusive thoughts and repetitive behaviours. In constitutional practice, the content and characteristics of the thoughts, emotional reactions, compulsive behaviour and associated general symptoms may be explored. Because OCD can significantly impair functioning, appropriate psychiatric assessment and evidence-based psychological treatment should remain central.

Bipolar Disorder-Bipolar disorder involves episodes of depression and mania or hypomania. Because manic episodes can involve severe behavioural disturbance, impaired judgement and potential risk, timely psychiatric assessment is essential. Constitutional homoeopathic treatment should not be regarded as a substitute for established mood-stabilising treatment or emergency psychiatric care.

Psychotic Disorders-Psychotic disorders may involve hallucinations, delusions, disorganised thinking and behavioural disturbances. Such presentations require careful psychiatric assessment and appropriate evidence-based management. Homoeopathy should not delay referral or treatment in cases of acute psychosis.

Individualisation and the Therapeutic Relationship-One potential contribution of constitutional practice is the emphasis placed on detailed listening and individualised consultation. A patient may feel that the consultation provides an opportunity to discuss emotional experiences, fears, relationships, stress and personal circumstances. A respectful therapeutic relationship can be valuable in healthcare irrespective of the treatment system being used.

Nevertheless, improvement following a consultation cannot by itself establish that a particular homoeopathic remedy caused the improvement. Clinical outcomes may be influenced by multiple factors, including natural disease fluctuations, therapeutic attention, psychological support, concurrent treatment and placebo effects.

Evidence Regarding Homoeopathy in Psychiatry-Evidence specifically examining homoeopathic treatment in psychiatric conditions remains limited.

A 2011 systematic review identified 25 randomized placebo-controlled studies involving psychiatric or related conditions. The investigators reported variable study quality and mixed results; evidence for anxiety or stress was not convincing, while other conditions showed inconsistent findings.

A later meta-analysis published in 2020 identified only nine randomized controlled trials meeting its inclusion criteria for psychiatric disorders, involving conditions including major depressive disorder, generalized anxiety disorder, ADHD and premenstrual disorders. The authors emphasized that conclusive evidence regarding efficacy and safety was not available.

Similarly, a systematic review of anxiety disorders concluded that the evidence was insufficient to establish firm conclusions regarding the effectiveness of homoeopathy.

These findings highlight the need for well-designed, adequately powered and independently conducted clinical trials.

Safety and Ethical Considerations-Mental-health conditions require particular attention to patient safety.

The following situations require urgent assessment and appropriate referral:

- Suicidal thoughts or suicidal behavior
- Severe self-neglect
- Psychotic symptoms
- Severe mania or behavioural disturbance
- Altered consciousness
- Severe substance-related problems
- Risk of harm to self or others
- Rapid deterioration in mental state

Constitutional homoeopathic treatment should therefore be integrated responsibly within the broader healthcare system rather than used to delay necessary psychiatric intervention. The WHO mhGAP guideline provides evidence-based recommendations for mental, neurological and substance-use conditions and emphasizes appropriate psychological and medical interventions.

Limitations of the Constitutional Approach-

•Constitutional prescribing is highly individualised, making standardisation difficult.

•Different practitioners may select different remedies from the same case.

•Many clinical studies have methodological limitations.

•High-quality evidence specifically supporting constitutional homoeopathy for major psychiatric disorders remains insufficient.

•Mental disorders can have serious consequences if effective treatment is delayed.

•Severe psychiatric illness requires multidisciplinary management.

Future research should use rigorous diagnostic criteria, appropriate control groups, adequate sample sizes, validated outcome measures and transparent reporting.

Conclusion-Constitutional medicine occupies an important conceptual position within classical homoeopathic practice because it emphasizes individualisation and considers the patient's mental, emotional, physical and general characteristics as a whole.

In mental diseases, detailed case-taking may help the clinician understand the patient's subjective experience, characteristic symptoms and individual response to stress and illness. However, the current scientific evidence for homoeopathy in psychiatric disorders remains limited and inconsistent. Therefore, constitutional homoeopathy should be considered, where legally and clinically appropriate, as a complementary approach rather than a replacement for evidence-based psychiatric care.

A responsible approach to mental healthcare should combine compassionate listening, careful assessment, appropriate referral, patient safety, evidence-based psychological and medical treatment, and ongoing clinical monitoring.

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Management of Tinea Pedis with Individualized Homeopathic Medicine : A Case Report



Abstract -Tinea pedis, also known as athlete's foot, results from fungal infections on the skin of the feet duetodermatophytes-Trichophyton rubrum, Trichophytonmentagrophytes, Trichophytoninterdigitale, and Epidermophyton floccosum. It presents with itchy scales and erosions in-between thetoes. It is transmitted by direct contact. Factors are environment, footwear, excessive weating. Homoeopathic treatment may help mitigate hereditary predispositions to illness and improve the patient's adaptation to their environment. It effectively manages this condition with the help of individualized homoeopathic medicines. Presently, this is a case-report with photographic evidence of cure in a 45-year-old female patient suffering from Tinea pedis since 3 weeks. Individualized Homoeopathic medicine Calcarea Carbonica was prescribed in this case. Based on the susceptibility of the patient the suitable potency 200 was given.

Keywords-Tinea pedis, homoeopathy, individualization, anxiety, fungal infection, Trichophyton, dermatophytes

Introduction – Tinea infection thrive in the keratin layer of the epidermis, nails, and hair. Factors like poor nutrition, unhygienic, humidity predispose to infection. Treatment involves topical anti-fungals for mild cases and oral anti-fungals for severe infections[2].

Epidemiology-The global prevalence is approximately 3% and peak age of incidence is between 16 and 45 years, when working and leisure activities are at a maximum[3].

Homoeopathy acknowledges the man as a whole, not his individual parts. It gives a gentler way toward health of the entire individual. The very foundation of homoeopathic practice considers man as a complete unit in himself[4]. This article explores the role of homoeopathic management of tinea pedis considering the etiology, susceptibility, clinical presentation and repertorial approach.

Case Report: Preliminary Data-

•**Name**:Mrs. N.A.S, •**Age**:45 years,
•**Sex**:Female, •**Occupation**:Housewife
•**Address**:Nashik,
•**Marital Status**:Married.
•**Date of examination**:22/11/2025

Chief complaints-Location-Marked dryness and itching between 3rd,4th,5thdigit.Gradual onset, since 3 weeks, scaling and peeling of the skin-inter digital spaces of the feet.

•**Sensation**-itching+++, burning++
•**Modality**-<exposure to water<washing, cold water, mental stress

Past History–No significant medical history.
Family History:-Mother: DM, Father:HTN.
Menstrual history-Menarche-13 years of age, Now-menopause .
Obstetric History-Gravida-2,Para-2, Abortion-0, Live–2 (1male,1 female-FTND)
Personal History–
•Constitution–fair, obese, moles on the face.
•Appetite-Adequate-food 3 times /daily
•Desire:sweets+++,
•Aversion:Not specific
•Thirst:3-4Litre/daily, Urine: 5-6times/daily
•Stool-Satisfactory-2 times/day
•Thermals-chilly-coldness of feet
•Perspiration-profuse+++,cold, of feet, of neck, while sleeping the pillow gets wet.
•Sleep:disturbed due to complaint.

Mental General-

•Mild in nature, and speaks softly. manages all household chores responsibly.
•Anxious and frequently worries about the future,<evening+++
•Tired-mentally and physically, <stress and household responsibilities.
•Thoughts-confused, Fears-something bad might happen
•Emotionally sensitive, gets easily offended.

Local examination of the lesion: The skin- is dry, rough with scaling between lateral 3 toes observed. Maceration and peeling of skin were noted. No sign of discharges and redness. Itching is present of the affected area. Vesicles and bullae were absent.

Physical examination and Systemic examination: No abnormality detected.

Totality of symptoms-

•Anxious about future<evening
•Confusion of mind from stress
•Offended easily, Sensitiveness
•Desires-sweets, Profuse perspiration-cold, of feet and neck
•Aggravation–from washing clothes, stress
•Sleep-disturbed due to complaint
•Dry, itching+++skin eruption between 3rd,4th,5th toe with burning++< exposure to wate r< washing, cold water, mental stress

Repertorization :Repertorial sheet-

•Mind- anxiety-evening
•Min-anxiety-future, about
•Mind-Confusion of mind-mental exertion-from
•Mind-offended, easily
•Generals-food and drinks-sweets-desire
•Head-Perspiration of scalp-sleep, during
•Generals-Washing clothes, laundry, ailments from
•Extremities-perspiration-foot-cold
•Extremities-eruption-foot-itching
•Skin-eruptions-burning

Probable Remedies-Sulphur, Calcarea carbonica, Sepia, Phosphorus.
Remedy Selected-Calcarea carbonica 200
Prescription- Rx Calcarea carbonica 200 single dose, Rubrum 30 4 pills BD for 15 days
Follow-up-•Date 8/12/2025
•Observation:No marked changes in skin complaints, itching still there
•Prescription:Calcarea carbonica 200 single dose, Rubrum 30 4 pills BD 15 days
•Date: 7/01/2026
•Observation:Dryness, itching between feet reduced, scaling and peeling reduced
•Prescription:Rubrum 30 4 pills BD 15 days.
•Date 24/01/2026
•Observation:Scaling of the skin reduced markedly, sleep has improved, no itching and dryness
•Prescription:Rubrum 30 4 pills BD 15 days.
•Date:17/01/2026
•Observation:No lesion, complete relief of complaints, patient feeling much better
•Prescription:Rubrum 30 4 pills BD 15 days.

Discussion: This study emphasizes the importance of individualization in homoeopathy in management of tinea pedis. While topical antifungal treatment prevails, this case responded well to constitutional homoeopathic treatment. The patient presented with the skin lesion. Tissue changes are the results of the disease- there is no diseases but the sick individual[5].

Homoeopathy does not treat the disease, instead it treats the patient that is, it individualizes[6].This concept form the cornerstone of Homoeopathic practice which takes into consideration the total response of the organism which is seen through signs and symptoms [7].Thus, after proper case taking and forming the totality, and Repertorization-Calcarea Carb 200 was been prescribed which showed marked improvement and gave a complete cure.

Conclusion: Tinea pedis is one of the common fungal infections of skin that affects the feet. If not treated well it may spread to other parts of the body. Homoeopathy offers a gentle, individualized and holistic approach in the management of tinea pedis. It considers the miasms, predisposition, and susceptibility of the patient thereby complete disappearance of skin lesion and other complaints without any recurrenceis possible with Homoeopathy. It not only restores the physical health, but also mental wellbeing. Keen observation, careful case taking, correct remedy selection and proper potency with regular follow-ups are essential for homoeopathic case management.

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Recurrent Tonsillitis: A Narrative Review of Homoeopathic Therapeutics and Current Clinical Evidence

Abstract-Background: Recurrent tonsillitis is characterized by repeated episodes of acute tonsillar inflammation and can adversely affect quality of life, school or work attendance, healthcare use, and antibiotic exposure. Management ranges from supportive and antimicrobial treatment when indicated to tonsillectomy in carefully selected patients.

Objective: To review the clinical characteristics and contemporary management of recurrent tonsillitis and critically examine the published clinical evidence concerning homoeopathic treatment.

Methods: A narrative review was undertaken using contemporary clinical guidance and published clinical studies concerning recurrent tonsillitis and homoeopathy. Classical homoeopathic materia medica and repertorial concepts were considered separately from clinical efficacy evidence.

Results: Recurrent tonsillitis is diagnosed clinically, with episode frequency and documentation being important when considering surgery. Contemporary guidance supports observation in many patients and selective tonsillectomy in those meeting established criteria or having relevant modifying factors. Published homoeopathic research includes randomized and non-randomized studies. A 2026 systematic review identified five randomized controlled trials across acute, recurrent, and chronic tonsillitis; substantial heterogeneity prevented meta-analysis and the certainty of evidence was low. One pragmatic randomized trial of 256 participants with moderate recurrent tonsillitis reported longer intervals between acute throat infections and lower antibiotic use with SilAtro-5-90 added to standard symptomatic care, but the findings should be interpreted in the context of study design and the wider heterogeneous evidence base.

Conclusion: Homoeopathic literature contains clinically relevant therapeutic descriptions and some encouraging trial findings, but current evidence is insufficient to establish definitive efficacy for recurrent tonsillitis. Future trials should use rigorous randomization, appropriate controls, prespecified outcomes, adequate sample sizes, transparent reporting, and validated quality-of-life measures.

Keywords : Recurrent tonsillitis; tonsillitis; homoeopathy; individualized treatment; tonsillectomy; clinical evidence; quality of life.

Introduction : Recurrent tonsillitis is a clinically important condition characterized by repeated episodes of inflammation involving the palatine tonsils. Episodes may be associated with sore throat, fever, dysphagia, cervical lymphadenopathy, tonsillar inflammation or exudation, and malaise. Recurrent throat infection can affect daily functioning and quality of life and may lead to repeated healthcare consultations and antibiotic exposure.

Contemporary management emphasizes accurate documentation of episodes, appropriate assessment of the likelihood of group A streptococcal infection, symptomatic treatment, and individualized decisions regarding surgery. In children, the American Academy of Otolaryngology–Head and Neck Surgery guideline recommends watchful waiting when the frequency of documented throat infections is below established thresholds and considers tonsillectomy an option when frequency criteria and specified clinical documentation are met.[1]

Interest in complementary approaches, including homoeopathy, has persisted. Homoeopathic practice traditionally emphasizes individualization and selection of a remedy according to the totality of symptoms rather than diagnosis alone. However, traditional therapeutic indications should not be equated with evidence of clinical efficacy. This distinction is particularly important when evaluating recurrent infections, where spontaneous variation in episode frequency and the effects of conventional supportive care can influence outcomes.

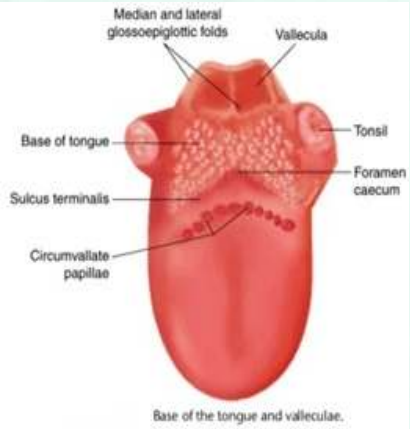
Clinical Overview : Recurrent tonsillitis should be distinguished from isolated episodes of sore throat and from chronic tonsillar disease. A contemporary consensus review recommends structured clinical assessment of tonsillitis/sore-throat episodes and use of validated clinical scoring systems such as Centor, McIsaac, or FeverPAIN when estimating the probability of group A streptococcal infection.[2]

For children with recurrent throat infection, commonly used surgical frequency thresholds are seven or more episodes in the preceding year, five or more episodes per year for two consecutive years, or three or more episodes per year for three consecutive years, with appropriate clinical documentation.[1] These criteria should not be presented as a universal diagnostic definition for every patient; rather, they are criteria used in decisions about tonsillectomy in selected children.

Clinical manifestations may include recurrent sore throat, fever, odynophagia or dysphagia, cervical lymphadenopathy, tonsillar enlargement or exudation, and halitosis. Complications can include peritonsillar abscess and, in selected patients, sleep-disordered breathing associated with tonsillar hypertrophy. The clinical burden should therefore be assessed not only by episode count but also by severity, complications, functional impairment, and quality of life.

Conventional Management : Conservative management depends on the clinical presentation and probability of bacterial infection. Supportive treatment commonly includes adequate hydration and analgesic/antipyretic therapy. Antibiotics are generally reserved for patients in whom bacterial tonsillitis, particularly group A streptococcal infection, is sufficiently likely or confirmed according to applicable clinical guidance.[2]

Tonsillectomy is not indicated solely because recurrent sore throats occur. The 2019 pediatric guideline recommends watchful waiting below the established frequency thresholds and considers tonsillectomy an option for children meeting the documented frequency criteria. Modifying factors, including multiple antibiotic intolerance/allergy, PFAPA, or more than one peritonsillar abscess, may alter decision-making.[1]



Base of the tongue and valleculae.



Shared decision-making is important because the expected benefit of surgery must be balanced against operative risks and the natural tendency of recurrent throat infections to improve over time.

Homoeopathic Perspective : Classical homoeopathy conceptualizes recurrent illness in terms of individual susceptibility and the totality of characteristic symptoms. In traditional materia medica, medicines such as Baryta carbonica, Belladonna, Hepar sulphuris calcareum, Mercurius solubilis, Phytolacca decandra, Calcarea carbonica,

and Tuberculinum are described in relation to different throat and constitutional pictures.

These descriptions are useful for understanding traditional prescribing practice but should be clearly separated from clinical efficacy evidence. For example, Baryta carbonica is traditionally associated with enlarged tonsils and recurrent throat complaints; Belladonna with acute, congestive inflammatory states; Hepar sulphuris with marked sensitivity and suppurative tendencies; Mercurius with offensive breath, salivation and glandular involvement; Phytolacca with dark-red throat inflammation and radiating pain; Calcarea carbonica with recurrent respiratory complaints and constitutional features; and Tuberculinum with recurrent illness patterns.

Such materia-medica indications are historical or theoretical therapeutic descriptions and do not, by themselves, demonstrate effectiveness in recurrent tonsillitis. Clinical claims require evidence from appropriately designed studies.

Current Clinical Evidence for Homoeopathy : Evidence specifically addressing homoeopathy in tonsillitis has expanded, but it remains heterogeneous. A 2026 systematic review identified five randomized controlled trials involving acute, recurrent, and chronic tonsillitis. The review reported that individual trials suggested possible benefits for clinical improvement, recurrence, antibiotic use, and quality of life, but substantial heterogeneity in populations, interventions, comparators, and outcomes prevented meta-analysis. The certainty of evidence for the assessed outcomes was low.[3]

An international pragmatic randomized controlled trial included 256 participants aged 6–60 years with moderate recurrent tonsillitis. Participants received either SilAtro-5-90 in addition to standard symptomatic treatment or standard treatment alone. During one year of follow-up, the reported risk of an acute throat infection was lower in the intervention group, and tonsillitis-specific symptoms and antibiotic use were also reduced. Three non-serious adverse drug reactions were reported.[4] These results are relevant to the evidence base, but they concern a specific standardized product and should not be generalized automatically to individualized homoeopathic prescribing.

A randomized, double-blind, placebo-controlled trial published in 2025 evaluated individualized homoeopathic medicines in 60 adults with chronic tonsillitis. The primary composite outcome did not show a significant between-group difference, while some secondary outcomes favored individualized homoeopathic treatment.[5] Because chronic tonsillitis is not identical to recurrent acute tonsillitis, this study should be considered indirect evidence.

A further randomized, double-blind, placebo-controlled trial published in 2026 evaluated individualized homoeopathic medicines in children with acute viral tonsillitis. The study enrolled 78 children and assessed changes in a tonsillopharyngitis assessment score and other symptom outcomes.[6] Although this study adds to the contemporary evidence base, it addresses acute viral tonsillitis rather than recurrent tonsillitis and therefore should not be used as direct evidence of prevention of recurrent episodes. Overall, the current evidence suggests that homoeopathy warrants further investigation but does not yet justify a definitive conclusion that homoeopathic treatment prevents recurrent tonsillitis. Differences in intervention type, diagnostic definitions, control groups, outcome measures, and methodological quality remain important limitations.

Discussion : Recurrent tonsillitis requires a clinically cautious approach because the condition may fluctuate naturally and because the threshold for intervention depends on disease burden rather than episode count alone. Current clinical guidance emphasizes documentation, assessment of bacterial probability, conservative management when appropriate, and selective surgery.[1,2]

The homoeopathic literature offers a distinctive individualized therapeutic framework and a number of traditional materia-medica descriptions. However, the scientific evaluation of that framework requires separation of three levels of evidence: traditional materia medica, observational clinical experience, and controlled clinical research. The first two can generate hypotheses but cannot substitute for well-designed comparative trials.

The recent systematic review is particularly important because it synthesizes the available randomized evidence and concludes that the evidence remains low certainty and too heterogeneous for quantitative pooling.[3] This finding should temper statements about efficacy in a publication. Positive results from individual trials are noteworthy, but they should be interpreted alongside methodological limitations and the possibility that results from one product, patient group, or clinical setting may not generalize to individualized treatment.

Future research should address several recurring methodological problems. Studies should clearly define recurrent tonsillitis and distinguish it from chronic or isolated acute tonsillitis. Recruitment criteria should be clinically verifiable, and episodes during follow-up should be prospectively documented. Randomization and allocation concealment should be adequately described. Blinding should be used whenever feasible, particularly for placebo-controlled studies. Outcomes should include recurrence frequency, time to next episode, antibiotic consumption, adverse events, healthcare utilization, and validated quality-of-life measures. Protocol registration and transparent reporting should be standard.

For individualized homoeopathy, the prescribing methodology should be sufficiently described to permit reproducibility while retaining the principles of individualization. For non-individualized products, composition, potency, dosing schedule, manufacturing details, and rationale should be clearly reported. Comparative trials should avoid mixing these distinct intervention models without prespecified subgroup analysis.

Limitations of the Review : This article is a narrative review rather than a systematic review or meta-analysis. Consequently, it does not provide a formal pooled effect estimate or a comprehensive risk-of-bias assessment of every available study. The evidence summarized includes studies addressing acute, recurrent, and chronic tonsillitis, and these populations should not be considered interchangeable. The conclusions therefore emphasize the limitations of the current evidence rather than making a definitive efficacy claim.

Conclusion : Recurrent tonsillitis is associated with meaningful clinical and quality-of-life burden and should be managed using evidence-based assessment of episode frequency, severity, bacterial probability, complications, and functional impact. Homoeopathic materia medica provides a substantial traditional framework for individualized prescribing, and contemporary clinical research includes several randomized studies reporting potentially favorable outcomes.

Nevertheless, the current evidence remains heterogeneous and low certainty, and available findings are insufficient to establish definitive efficacy of homoeopathy for recurrent tonsillitis. Future adequately powered, rigorously designed randomized controlled trials with standardized diagnostic criteria, validated outcomes, transparent prescribing protocols, and appropriate follow-up are required before firm therapeutic conclusions can be drawn.

Conflict of Interest : The authors declare no conflict of interest.

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