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Clinical Improvement of Melasma In A Female Patient



Abstract-Background-Melasma is a common acquired disorder of facial hyperpigmentation, predominantly affecting women. It is characterized by symmetrical brown to grey-brown macules and patches, usually involving the forehead, malar regions and chin. The chronic and recurrent nature of melasma makes objective assessment of clinical change important. The modified Melasma Area and Severity Index (mMASI) provides a standardized method of assessing disease severity.

Case Presentation-A simulated case of a 32-year-old female presenting with bilateral facial pigmentation of approximately four years' duration is described. The pigmentation was predominantly over the bilateral malar regions and forehead and had progressively increased following pregnancy and repeated sun exposure. The patient reported marked emotional sensitivity, irritability, fatigue, aversion to consolation, and a characteristic feeling of being overwhelmed by domestic responsibilities. The totality of symptoms was repertorized and Sepia officinalis emerged as the leading remedy. The prescription was subsequently differentiated from other closely related remedies on the basis of the complete symptom picture.

Keywords-Melasma; Sepia officinalis; Homoeopathy; mMASI; facial hyperpigmentation; case report; repertorization; Organon of Medicine.

Introduction-Melasma is an acquired disorder of hyperpigmentation that commonly affects the face and predominantly occurs in women. Clinically, it presents as symmetrical hyperpigmented macules and patches, particularly involving the malar regions, forehead and chin.

Multiple factors have been implicated in its development and persistence, including ultraviolet radiation, visible light, hormonal influences, genetic predisposition, pregnancy and other environmental factors.

The chronicity and tendency to recurrence make melasma an important condition for long-term clinical observation.

For research purposes, objective assessment of the severity of pigmentation is important. The modified Melasma Area and Severity Index (mMASI) provides a numerical measure incorporating the area and darkness of pigmentation over the forehead, right malar region, left malar region and chin.

Homoeopathic case management is based upon individualization of the patient rather than diagnosis alone. The complete symptom picture, including characteristic mental, general and particular symptoms, is considered in selecting the individual remedy.

For this simulated patient:

Region	Area score	Darkness score	Weight	Contribution
Forehead	3	3	0.3	1.8
Right malar	4	3	0.3	3.6
Left malar	4	3	0.3	3.6
Chin	1	2	0.1	0.2

Baseline mMASI = 9.2

Case Report-•Patient: Female,
•Age: 32 years
•Occupation: Homemaker
•Marital status: Married
•Duration of complaint: Approximately 4 years
•Chief complaint: Facial pigmentation

Chief Complaint-
•The patient presented with:
•Dark patches on both cheeks and forehead.
The pigmentation was gradual in onset and progressively increased over approximately four years.

History of Present Complaint-
The patient noticed mild pigmentation over the cheeks approximately four years previously.
Initially, the pigmentation was faint and intermittent. It gradually became more prominent and persistent.
The patient reported that the pigmentation became more noticeable:
•after prolonged exposure to sunlight;
•during periods of emotional stress;
•following pregnancy;
•during periods of inadequate sleep.
The pigmentation was not associated with:
itching, pain, burning, scaling, discharge.
The patient had previously used several cosmetic preparations and over-the-counter pigmentation creams, with temporary or minimal improvement.

Past History-No significant history of chronic systemic disease was reported in the simulated case.

Obstetric and Gynaecological

History-
•Menarche: 13 years
•Cycles: approximately 28–30 days
•Duration: 4–5 days
•Flow: moderate
•The patient reported that pigmentation had become more noticeable after pregnancy.
•Obstetric history: G_2 P_2 L_2
Family History-No definite family history of clinically significant melasma was reported.
Personal History-•Appetite: Moderate
•Thirst :Moderate; preference for frequent small quantities of water.
•Sleep :Sleep disturbed intermittently because of household responsibilities and mental preoccupation.,
•Bowel :Regular
•Urine :Normal,
•Perspiration :Moderate.
•Thermal state :The patient preferred cooler surroundings and felt uncomfortable in excessive heat.
Mental And Emotional Symptoms-
•The patient reported becoming easily irritated, particularly when household responsibilities accumulated.
•She stated that when emotionally upset, she preferred to be left alone rather than comforted.
•She described a persistent feeling of being "burdened by responsibilities."
•Minor domestic conflicts were perceived intensely.
•During periods of emotional upset, she preferred to withdraw.
•She reported feeling dissatisfied despite objectively satisfactory circumstances.
General Physical Examination-
•Pulse:78/min, •Blood pressure:116/74 mmHg
•Respiratory rate: 16/min
•Temperature: Afebrile
•No clinically significant abnormality was noted on general examination in this simulated case.
Dermatological Examination
•The pigmentation was:
•symmetrical;
•brownish;
•macular;
•predominantly facial;without inflammation.
Distribution-•Bilateral malar regions: prominent,
•Forehead: moderate
•Chin: minimal
Baseline Mmasi Assessment-
The mMASI evaluates four facial areas:
•Forehead 0.3, •Right malar 0.3
•Left malar 0.3, •Chin 0.1
Analysis of The Case-•Facial pigmentation.
•Female patient with hormonal/ obstetric association.
•Marked irritability.
•Feeling overburdened by responsibilities.
•Desire for solitude when emotionally distressed.
•Aversion to consolation.
•Emotional sensitivity.
•Dissatisfaction despite apparently satisfactory circumstances.
•Preference for cooler surroundings.
Totality of Symptoms-•Irritability.
•Aversion to consolation.
•Desire for solitude.
•Feeling overburdened.
•Emotional sensitivity.
•Dissatisfaction.
•Intolerance of excessive heat.
•Fatigue associated with prolonged responsibilities.
•Symmetrical facial pigmentation.
•Predominantly malar involvement
•Forehead involvement.
•Pigmentation aggravated by sunlight.
Repertorial Approach-•Mind – irritability
•Mind – consolation – aggravatess
•Mind – solitude – desire for
•Mind – cares/worries – household
•Mind – dissatisfaction
•Generalities – heat – aggravates
•Face – discoloration – brown
•Face-discoloration – symmetrical
•Face- discoloration – malar region
Repertorial Result-
•Sepia officinalis
•Natrummuriaticum
•Lachesismutus
•Pulsatillanigricans
•Lycopodiumclavatum
Materia Medica Differentiation
Sepia officinalis
The following features supported Sepia in this simulated case:
•female hormonal context;
•irritability; •feeling burdened;
•emotional withdrawal;
•aversion to consolation;
•dissatisfaction;
•desire for solitude;
•characteristic female constitutional picture.
Natrummuriaticum–Totality was considered less characteristic of, because the prominent irritability, burdened feeling and aversion to consolation were considered more consistent with the selected remedy.
Pulsatilla-The patient's desire for solitude and aversion to consolation were considered less characteristic.
Lachesis-Totality did not sufficiently correspond with the characteristic Lachesis picture.
Prescription-
•Medicine: Sepia officinalis
•Potency: 1M,
•Administration: Single dose
•Follow-up: Patient reviewed at predefined intervals.
•Important: This potency and dosing schedule are illustrative for this simulated case. They should be replaced by the actual prescription in a real case report.
Follow-Up-The patient reported:
•General emotional state slightly improved;
•Irritability reduced;
•Sleep somewhat improved;
•No new pigmentation;
•No adverse effects attributed to the prescribed medicine.
•Skin assessment :mMASI: 8.9
•The patient was advised to continue the planned follow-up and maintain consistent sun protection.
•No change in remedy was made.
Follow-Up Summary-
Follow-upmMASI
•Baseline 9.2, •2 weeks 8.9 3.3%
•4 weeks 8.1 12.0%,
•8 weeks 6.8 26.1%
•12 weeks 4.9 46.7%,
•16 weeks 3.2 65.2%
Conclusion-This simulated case report demonstrates a structured approach to documenting a female patient with melasmatreated with Sepia officinalis. The case incorporates individualized case-taking, totality of symptoms, repertorial analysis, materiamedica differentiation, Organon-based reasoning and serial mMASI assessment.

A progressive reduction in mMASI was demonstrated in the simulated follow-up, from 9.2 at baseline to 3.2 at 16 weeks, showcasing the remedial means of sepia officinalis

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Homeopathy In Pediatric Condition: A Review of Its Potential Role & Current Evidence

Abstract-Paediatric healthcare requires an individual approach because children differ from adult in their physiological development symptom expression, drug metabolism, and psychological needs. Complementary and alternative systems of medicine, including homeopathy, are used by some families for variety of childhood conditions. Published literature includes case reports, observation studies, randomized controlled trials, and systematic reviews investigation homeopathic intervention homeopathic intervention in children

Report have described the use of individual homeopathic treatment in conditions such as upper respiratory tract infection, nocturnal enuresis, asthma, urinary tract infections, and gastrointestinal disorders. A randomized controlled trial involving 261 children with upper respiratory tract infection and fever reported earlier symptom resolution and lower disease-severity scores in children receiving a specific homeopathic product in addition to standard symptomatic treatment

However, other pediatric trials have produced mixed findings, and the overall evidence remains heterogenous. Recent evidence regarding nocturnal enuresis has shown a statistically significant reduction in bed wetting episodes with individualized homeopathic medical products compared with placebo, although independent replication is required

Therefore, homeopathy may be considering an area of complementary paediatric research, but current evidence does not establish that homeopathy is effective for all paediatric dieses. Appropriate diagnosis, monitoring, preventive care, and evidence-based conventional treatment remain essential.

Introduction-Childhood is period of rapid physical, neurological, emotional, immunological development. Children commonly present with acute and recurrent illness such as respiratory infection, gastrointestinal complaints, allergic disorders, urinary problem, sleep disturbances.

Parents may seek complementary system of medicine because of concern regarding recurrent illness, medicine uses individualized assessment of the patient's symptom, general characteristics, and associated feature to select a medicine.

The paediatric literature on homeopathy includes different types of evidence, ranging from individual case reports to randomized controlled trials. However, these studies differ considerably in methodology, sample size, interventions, and outcome measures. Therefore, their findings should be interpreted critically rather than treating all reported improvements as proof of efficacy.

Retionale For Considering Homeopathy In Pediatric Care

The proposed advantage of individualized homeopathic care in children includes:

- **Individualized assessment-** Treatment is selected according to the totality of symptoms rather than diagnosis alone
- **Attention to associated symptoms-** Physical, behavioural, emotional, and general symptoms may be considered during case analysis.
- **Longitudinal observation-** Repeated follow-up allows assessment of change in symptoms and general well-IN
- Potential role as complementary care homeopathic treatment can be studied as an adjunct to appropriate conventional management in selected condition.
- **Patient-centred approach-**Detail history-taking can help identify factors associated with recurrence or worsening of symptoms.

Homeopathy In Pediatric Upper Repiratory Tract Infection-Upper respiratory tract infection (URTIs) is among the most common illness of childhood. Symptoms may include fever, rhinorrhoea, nasal obstruction, sore throat, cough, headache, and general malaise.

In randomized controlled trial by van Haselen et al., children with upper respiratory tract infection (URTI) and fever received influcid in addition to standard symptomatic treatment. Influcid contained a fixed combination of six homeopathic medicines:

- Aconitum napellus D3
- Bryonia D2
- Eupatorium perfoliatum D1
- Gelsemium D3
- Ipecacuanha D3
- Phosphorus D5 [1]

The homeopathic preparation was administration for 7days. During the first 72 hours, 8 tablets/day were given, followed by 3 tablets /day for the subsequent 96 hours. Standard symptomatic medicines available to both groups included paracetamol, ambroxol and oxymetazoline, administered as required [1]

The study reported earlier resolution of symptoms in the influcid group; however, it evaluated a specific combination product as add-on to standard treatment, rather than proving the effectiveness of homeopathy as whole [1].

Homeopathy In Pediatric Atopic Bronchial Asthma-A case of reported of a 7-year-old child with described individualized homeopathic management

The principle homeopathic medicine prescribed in the reported case was:

Silicea 200 – single dose

The case reported described subsequent improvement in respiratory symptoms during follow-up. The report also documented the use of placebo/continued observation during follow-up [2].

This case is improvement as clinical observation but, being a single case report without a control group, it cannot establish that silicea caused the improvement.

In children with bronchial asthma, prescribed conventional asthma treatment, including inhaled corticosteroids when indicated, should not be discontinued or delayed because of complementary treatment [2].

Homeopathy In Noctural Enuresis-

Nocturnal enuresis refers to involuntary nighttime urination in child beyond the age at which bladder control is normally expected.

It is associated with: Delayed maturation of bladder control, family history, constipation, urinary tract infection disorder, sleep-related factors, psychological or environmental factors.

Several paediatric reports and studies have investigated individual homeopathic treatment for nocturnal enuresis

Reported homeopathic medicines includes[3,4]

- Kerosotum
- Sulphur
- Calceraphosphorica
- Calceracarbonica
- Mercurius solubilis
- Nux vomica

- Equisetum
- Causticum
- Baryatacarbonica
- Lycopodium
- Silicea
- Cina

In an observational paediatric study, kresotum was the most frequently prescribed remedy, occurring in approximately 26% of cases [7] . More recent evidence has also reported individualized prescription including sulphur, calcarean phosphorica, calcarean carbonica and kreosotum.

A 2023 clinical study of individualized homeopathic medicine for primary nocturnal enuresis reported equisetum, causticum, kreosotum, baryatacarbonica, lycopodium, silicea, cina an calceracarbonica among the commonly indicated remedies

Because enuresis is individualized in homeopathic practice, these medicines should be described as remedies reported in clinical studies, not as fixed prescription for every child [3].

Homeopathy In Paediatric Urinary Tract Infection-Urinary tract infection (UTI) is an important paediatric condition that may present with:

Dysuria, increased urination frequence, urgency, abdominal pain, fever, vomiting, or irritable.

The reviewed cases reported on paediatric urinary tract infection described individualized homeopathic management based on the symptom's totality and repertorial analysis [5].

The remedies reported in the cases should be reproduced exactly as given in the original case report. Because to supplied image did not provide sufficiently clear bibliographic information to independently verify the complete remedy sequence and potencies, specific remedy sequence and potencies, specific remedies name should not be added from general mater medica knowledge.

This distinction in important because listing commonly used remedies such as cantharis, Apis mellifica, sarsaparilla or berberis vulgaris without confirmation from the actual case could incorrectly imply that they were used in that were used in that published case.

From a paediatric safety perspective, suspected bacterial UTI requires appropriate urine and medical management. Homeopathic should not delay antibiotics when they are clinically indicated.

Homeopathy In Paediatric Gastrointestinal Disorders-Gastrointestinal symptoms such as abdominal pain, altered bowel habits, bloating, constipation, are frequently encountered in children.

The available literature includes individualized homeopathic treatment for IBS and functional gastrointestinal complaints.

Reported remedies in paediatric and broader IBS literature include individualized prescribed such as:

- Natrum phosphoric
- Sulphur
- Nux vomica
- Lycopodium
- Pulsatilla
- Carbo vegetabilis

A recent paediatric case reported specifically investigation natrum phosphoricum in a child with IBS diagnosed according to Rome IV criteria [6].

However, paediatric evidence remains limited. Adults IBS studies cannot automatically be generalized to children should first be evaluated for organic causes when clinically indicated.

Safety Consideration In Paediatric Homeopathy-Safety is particularly important in children because they have different physiological characteristic from adults. When considering complementary treatment, clinical should ensure;

- Correct diagnosis is established
- Serious disease is not missed
- Appropriate conventional treatment is not delayed.
- Parents are informed about the limitations of available evidence.
- The child's clinical condition is monitored regularly.
- Any adverse event is documented.
- Emergency condition received immediate evidence-based treatment

The 2016 pediatric URTI trial reported one adverse event, vomiting, that was considered possibly related to the study product. The safety of a particular product cannot automatically be generalized to every homeopathic preparation.

Role Of Homeopathy In Paediatric Practice-Homeopathy can be discussed as a complementary area of pediatric healthcare rather than as a replacement for established pediatric medicine

Its potential may be explored particularly in conditions where:

- The diagnosis has been properly established
- The child is clinically stable
- Appropriate conventional treatment is available when required And treatment outcome can be objectively monitor

The strongest conclusion that can currently be made is that some studies and case reports have reported improvement in selected pediatric symptoms, but the overall evidence remains insufficient and heterogenous to establish broad efficacy across pediatric disease.

Conclusion-• Homeopathy has been reported in the pediatric literature in relation to several conditions, including upper respiratory tract infections, nocturnal enuresis, asthma, urinary tract infection, and gastrointestinal complaints.

• Some randomized trials have reported favorable outcomes for specific interventions, including a pediatric URTI trail and recent trial investigating individualized homeopathic medicinal products for nocturnal enuresis.

• Therefore, the available evidence should be interpreted cautiously. Homeopathy may be investigated and, where appropriate, used as complementary care, but it should not replace timely diagnosis, vaccination, antibiotics when indicate, asthma therapy or emergency pediatric treatment.

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To Study The Homoeopathic Approach In Cases of Pica



Dr. Dnyaneshwar Balasaheb Bhosale

Abstract-Pica is a feeding and eating disorder characterised by persistent consumption of non-nutritive, non-food substances for at least one month. Common substances include soil, clay, chalk, ice, paper, starch, ash and other non-food materials. Pica may occur in children, pregnant women and individuals with developmental, psychiatric or nutritional conditions. It may be associated with iron deficiency and anaemia and can cause gastrointestinal, toxicological and dental complications.

Homoeopathy approaches illness through individualisation and considers the totality of characteristic symptoms, including mental, emotional, physical-general and particular symptoms. In cases of pica, detailed case-taking may help identify the patient's cravings, associated mental and physical symptoms, modalities, causative factors, constitutional characteristics and maintaining factors. Repertorisation may be used as an aid to remedy selection.

The purpose of this article is to discuss the possible methodology of a homoeopathic approach in cases of pica. Appropriate medical evaluation remains essential because pica can be associated with nutritional deficiency and serious complications.

Keywords-Pica, Homoeopathy, Constitutional treatment, Craving, Individualisation, Repertorisation, Iron deficiency, Eating disorder.

Introduction-Pica is characterised by persistent consumption of substances that have little or no nutritional value. According to DSM-5 criteria, the behaviour persists for at least one month, is inappropriate for the individual's developmental level and is not culturally or socially sanctioned. Examples include soil, clay, chalk, ice, paper, starch, charcoal, ash and other non-food materials.

Pica can occur at different ages and is particularly observed in children and during pregnancy. It may also occur with intellectual disability and some psychiatric disorders. Nutritional deficiencies, particularly iron deficiency, are important clinical associations.

From the homoeopathic perspective, pica may be studied not merely as a diagnostic label but as an individual symptom within the patient's totality. The specific substance craved, circumstances in which the craving occurs and associated mental and physical characteristics may be considered during case analysis.

Aim-To study the homoeopathic approach in cases of pica.

Objectives-

- To study the clinical presentation of pica.
- To understand associated nutritional and psychological factors.
- To study characteristic symptoms associated with pica from a homoeopathic perspective.
- To evaluate individualisation and constitutional assessment.
- To study the role of repertorisation in remedy selection.
- To assess clinical changes during follow-up.
- To identify the importance of medical investigation and referral.

Definition of Pica-Pica is defined as persistent eating of non-nutritive, non-food substances for at least one month in a manner that is developmentally inappropriate and not culturally accepted.

Common examples include soil or clay (geophagia), ice (pagophagia), raw starch (amylophagia), chalk, paper, ash, charcoal, soap, hair, cloth and other non-food substances.

Association with Iron Deficiency-One of the most important clinical associations of pica is iron deficiency. A 2023 scoping review examining pica and iron-deficiency anaemia identified relevant published evidence and reported that treatment of iron deficiency was associated with resolution of pica symptoms in reported cases.

Depending on the clinical situation, assessment may include complete blood count, haemoglobin, serum ferritin and iron studies, and blood lead testing when exposure is possible. Other investigations should be guided by the substance ingested and clinical presentation.

Homoeopathic Approach to Pica-Individualisation is an important principle of classical homoeopathic case management. The diagnosis of pica alone does not determine the homoeopathic prescription. The physician attempts to understand the complete individual picture.

Important areas of case-taking include:

- Nature and specific substance of the craving
- Frequency, intensity and duration
- Circumstances that increase or decrease the craving
- Mental and emotional characteristics
- Appetite, thirst and food preferences
- Sleep and dreams
- Thermal preferences
- Associated physical complaints
- Causative factors
- Personal and family history
- Nutritional and medical history

Mental symptoms may include anxiety, irritability, fear, restlessness, sadness, anger, grief, emotional sensitivity, attention difficulties and compulsive tendencies. Physical generals include appetite, thirst, sleep, perspiration, bowel habits, energy and other characteristic features.

Repertorial Approach-After complete case-taking, characteristic symptoms may be converted into appropriate repertorial rubrics according to the repertory being used. Possible symptom areas include cravings for specific non-food substances, abnormal appetite and associated mental or physical characteristics.

Repertorisation should not be based solely on the diagnostic term “pica.” Greater emphasis may be given to clearly characteristic and ndividualizing symptoms. The final prescription should be based on the totality of the case and appropriate clinical judgement.

Constitutional Perspective-The constitutional approach attempts to understand the patient as an individual rather than treating an isolated symptom.

Pica symptom→ Associated mental state→ Physical generals→ Causative factors→ Associated complaints→ Constitutional totality→ Repertorisation → Remedy selection →Follow-up

This framework allows the unusual eating behaviour to be interpreted within the broader clinical picture.

Role of Follow-Up-Follow-up is essential for evaluating progress. The following may be monitored:

- Frequency of pica episodes.
- Intensity of craving.
- Amount of substance consumed.
- Ability to resist the craving.
- Associated physical symptoms.
- Mental and emotional symptoms.
- Appetite and sleep.
- General wellbeing.
- Laboratory parameters when abnormal at baseline.
- Occurrence of complications.

Safety and Conventional Medical Assessment-Pica should not be approached exclusively as a homoeopathic symptom because it may indicate nutritional, developmental, behavioural or psychiatric problems.

Medical assessment is particularly important when there is pregnancy, suspected iron deficiency or anaemia, possible lead exposure, abdominal pain, vomiting, suspected intestinal obstruction, ingestion of a toxic substance, severe nutritional deficiency or significant developmental or psychiatric comorbidity.

Identified nutritional deficiencies should be treated using appropriate evidence-based medical care, and behavioural or psychiatric assessment should be considered when clinically indicated.

Discussion-Pica is a clinically significant condition with multiple possible contributing factors. The relationship between pica and iron deficiency is particularly important.

From a homoeopathic perspective, the unusual craving can be considered a potentially characteristic symptom, but the diagnosis alone should not determine treatment. The totality of symptoms, including mental, physical-general and particular symptoms, may be analysed during individualised case-taking.

However, robust clinical evidence demonstrating that homoeopathic medicines independently treat pica is currently insufficient. Therefore, claims of efficacy should be based on properly designed clinical research rather than anecdotal improvement alone. Future studies should use clear diagnostic criteria, adequate sample sizes, appropriate outcome measures, nutritional assessment and transparent reporting of concomitant treatments.

Limitations-

- Pica has heterogeneous clinical presentations.
- Underlying causes may differ between individuals.
- Nutritional deficiencies can confound clinical outcomes.
- Spontaneous changes in pica behaviour may occur.
- Concomitant nutritional, behavioural or medical treatment may influence outcomes.
- Evidence specifically evaluating homoeopathic treatment for pica is limited.
- Larger, well-designed prospective clinical studies are required.

Conclusion-Pica is a clinically important disorder characterised by persistent consumption of non-nutritive substances. It may be associated with iron deficiency, nutritional abnormalities, developmental conditions, pregnancy and psychological or behavioural factors.

The homoeopathic approach may involve detailed ndividualized case-taking, assessment of the specific craving, evaluation of mental and physical generals, identification of causative factors, repertorisation and constitutional analysis.

At the same time, pica requires appropriate medical evaluation because nutritional deficiencies and complications may have significant health consequences. Further high-quality research is necessary to establish the effectiveness and safety of homoeopathy specifically in patients with pica.

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Melasma In Women: A Comprehensive Review of Hormonal, Environmental & Psychosocial Factors

Abstract-Background-Melasma is an acquired disorder of facial hyperpigmentation that predominantly affects women, particularly during the reproductive years. Although the condition is clinically benign, its chronic and recurrent nature and visibility on the face can result in considerable cosmetic and psychosocial distress. Its pathogenesis is multifactorial, involving hormonal influences, ultraviolet and visible-light exposure, genetic susceptibility, oxidative stress, inflammation and alterations in the cutaneous microenvironment.

Objective-To provide a comprehensive review of the hormonal, environmental and psychosocial factors involved in the development and persistence of melasma in women, and to discuss their relevance to clinical assessment and management.

Methods-A narrative review of literature concerning the epidemiology, pathogenesis, hormonal associations, environmental triggers, clinical characteristics and psychosocial consequences of melasma was undertaken. Particular emphasis was placed on factors relevant to women and on the relationship between disease severity and quality of life.

Results-Hormonal influences appear particularly relevant in female melasma, with pregnancy and exogenous hormonal exposure frequently associated with its onset or exacerbation. Estrogen, progesterone and melanocyte-stimulating pathways may influence melanogenesis, although melasma is not simply a hormonal disorder. Ultraviolet radiation remains an important aggravating factor, while visible light and heat may also contribute. Genetic predisposition, oxidative stress, inflammation, vascular changes and altered basement-membrane architecture further contribute to disease pathogenesis. The visible nature of facial melasma may lead to embarrassment, reduced self-confidence and impaired quality of life.

Conclusion-Melasma in women should be considered a multifactorial pigmentary disorder rather than a purely hormonal or cosmetic condition. Understanding hormonal, environmental and psychosocial contributors can improve patient counseling, prevention strategies and comprehensive clinical management. Future research should integrate objective pigmentation scores with patient-reported quality-of-life measures.

Keywords-Melasma; women; hyperpigmentation; estrogen; progesterone; pregnancy; ultraviolet radiation; visible light; hormones; psychosocial factors; quality of life; mMASI.

Introduction-

•Melasma is a common acquired disorder of hyperpigmentation characterized clinically by symmetrical brown to grey-brown macules and patches, most commonly involving the face.

•The condition predominantly affects women and is particularly frequent during the reproductive years. The forehead, malar regions, upper lip and chin may be involved.

•Unlike many dermatological disorders, melasma is usually asymptomatic. Patients generally do not experience pain, itching or systemic illness directly attributable to the pigmentation.

•Nevertheless, its location on the face makes it highly visible.

•Consequently, the clinical importance of melasma extends beyond the pigmentary alteration itself.

•The development and persistence of melasma are considered multifactorial. Hormonal influences, ultraviolet radiation, visible light, genetic susceptibility, skin phototype, oxidative stress, inflammation and vascular factors have all been implicated.

•Among women, hormonal factors have attracted particular attention because melasma frequently occurs or becomes more prominent during pregnancy and with certain hormonal exposures.

•However, describing melasma simply as a "hormonal pigmentation disorder" is an oversimplification. Hormonal influences appear to interact with environmental and genetic factors rather than acting independently.

Epidemiology of Melasma-Melasma occurs across different ethnicities and geographic regions but is particularly common in individuals with darker skin phototypes. It is frequently encountered among individuals of:

•Asian ancestry;

•Hispanic/Latino populations;

•Middle Eastern populations;

•South Asian populations.

Women are affected considerably more frequently than men in many populations.The predominance among women, particularly during reproductive years, has contributed to the hypothesis that hormonal factors play an important role. However, the exact contribution of hormonal factors varies between individuals.

Clinical Classification-Melasma is traditionally described according to the distribution of facial pigmentation.

•**Centrofacial pattern-**Pigmentation involves: forehead; nose; upper lip;chin.

•**Malar pattern-**Pigmentation predominantly affects: cheeks; malar regions; nose.

•**Mandibular pattern-**Pigmentation is predominantly located over the mandibular region. The distribution pattern may provide useful clinical information but does not independently establish the underlying mechanism.

Major Factors Involved In Melasma-The pathogenesis of melasma can be conceptualized as an interaction between several major factors:

Internal factors- •Hormonal influences
•Genetic predisposition, •Skin phototype
•Age, •Individual melanogenic tendency

External factors-•Ultraviolet radiation
•Visible light, •Heat, •Environmental exposure
•Certain medications/hormonal preparations

Cutaneous biological factors-
•Oxidative stress, •Inflammation
•Vascular changes
•Basement membrane abnormalities
•Altered melanocyte activity

Psychosocial factors-•Self-perception
•Social confidence, •Quality of life
•Treatment expectations

Hormonal Factors In Melasma-Several observations support a hormonal contribution to melasma:•Predominant occurrence in women.
•Frequent onset during reproductive years.
•Association with pregnancy.
•Occurrence with exogenous hormonal exposure in some individuals.
•Hormonal responsiveness of melanocytes.

These observations suggest that hormonal signaling may influence melanogenesis. However, not every woman with hormonal exposure develops melasma, indicating that other factors are also necessary.

Estrogen & Melanogenesis-Estrogen has been investigated extensively in relation to melasma. Melanocytes possess hormone-responsive pathways, and estrogen may influence melanocyte activity and melanin production.

Potential effects include:
•Stimulation of melanogenic activity;
•Alteration of tyrosinase-related pathways;
•Increased melanin synthesis;
•Modification of melanocyte responsiveness to environmental stimuli.

Progesterone-Progesterone has also been investigated in relation to pigmentation. Its role appears less clearly established than that of estrogen. Hormonal fluctuations involving both estrogen and progesterone may influence melanocyte behavior, particularly during reproductive events.

Pregnancy-Associated Melasma-Pregnancy is one of the most recognized physiological settings associated with melasma.

Melasma occurring during pregnancy is commonly referred to as chloasma or the "mask of pregnancy."Hormonal changes during pregnancy may increase melanogenic activity. However, pregnancy-associated melasma also demonstrates the importance of environmental factors because increased pigmentation may be particularly noticeable in women with substantial sun exposure.

Therefore-Pregnancy + hormonal changes + UV exposure + genetic susceptibility may collectively contribute to development or exacerbation.

Oral Contraceptives And Hormonal Therapy-Exogenous hormonal exposure has been associated with melasma in some individuals.

Examples include: •Combined oral contraceptives; •Hormonal replacement therapy; •Otherestrogen/progestin-containing preparations.
However, hormonal exposure does not invariably produce melasma.

Thyroid & Other Endocrine Associations-Various studies have investigated associations between melasma and thyroid dysfunction. The relationship remains an area of ongoing research. A history of: •Thyroid disease; •Menstrual irregularity; •Pregnancy; •Hormonal medication; •Endocrine disorders.

Ultraviolet Radiation-Ultraviolet radiation is one of the most important environmental factors in melasma. UV exposure can stimulate melanogenesis through activation of melanocytes and melanogenic pathways.
Repeated exposure may therefore:
•Increase pigmentation;
•Worsen existing melasma;
•Contribute to recurrence after treatment.

UVA and UVB-•Both UVA and UVB can contribute to pigmentation.
•UVB: UVB has greater energy and can induce epidermal biological responses, including stimulation of melanogenesis.
•UVA: UVA penetrates deeper into the skin and can contribute to oxidative stress and pigmentation.

Visible Light-More recent research has highlighted the potential role of visible light, particularly in individuals with darker skin phototypes. Visible light may stimulate pigmentation through pathways involving melanocyte activation.

This has implications for photo-protection because conventional sunscreen strategies primarily designed around UV protection may not completely address visible-light-induced pigmentation. Tinted sunscreens containing pigments such as iron oxides may provide additional protection against portions of visible light.

Heat And Infrared Exposure-Heat has also been proposed as a potential aggravating factor.
Occupational or environmental exposure to:
•High temperatures; •Intense sunlight;
•Cooking heat; •Hot environments

Genetic Predisposition-Genetic susceptibility appears to influence the development of melasma.

Evidence supporting genetic contribution includes:•Familial occurrence in some patients; •Variation in prevalence among ethnic populations; •Differences in susceptibility among individuals with similar environmental exposure.

Genetic predisposition may influence:

•Melanocyte activity;
•Response to UV radiation;
•Pigmentation pathways;
•Hormonal responsiveness.

Skin Phototype-Melasma is particularly prevalent among individuals with intermediate to darker skin phototypes.

Higher baseline melanin activity and greater melanogenic responsiveness may contribute to increased susceptibility. This does not mean that melasma occurs exclusively in darker skin; it can affect individuals across a broad range of skin types.

Oxidative Stress-Oxidative stress has emerged as an important component of melasma pathogenesis. Reactive oxygen species generated by environmental exposure may influence melanocyte activity. Potential mechanisms include: •UV/visible-light exposure ↓
•Reactive oxygen species ↓
•Cellular signaling ↓
•Melanogenic pathway activation ↓
•Increased melanin production

Inflammatory Pathways-Although melasma is not classically considered an inflammatory disease, inflammatory mediators may contribute to its pathogenesis. Environmental exposure may stimulate signaling pathways that influence:
•Melanocyte activity;
•Melanogenesis; •Epidermal changes;
•Dermal alterations.

Vascular Factors-Some studies have suggested increased vascularity or vascular changes in melasma-affected skin.
The interaction between vascular factors and melanogenesis is an emerging area of research.
Vascular mediators may potentially influence melanocyte activity. This reinforces the concept that melasma involves more than simply increased epidermal melanin.

Basement Membrane & Dermal Changes-Histological studies have demonstrated alterations extending beyond the epidermis.
Reported changes may include:
•Basement membrane disruption;
•Dermal melanophages;
•Altered extracellular matrix;
•Vascular changes.

These findings may help explain why melasma can be persistent and why complete clearance may be difficult.

Psychosocial Factors-Although melasma is physically asymptomatic in most cases, it can have substantial psychosocial consequences.
The face is central to: •Personal identity;
•Communication; •Social interaction;
•Perceived attractiveness.
Consequently, facial pigmentation may influence: •Self-confidence; •Self-esteem;
•Social participation; •Emotional well-being;
•Quality of life.

Self-Perception And Body Image-
Patients may become highly conscious of their facial appearance.
Common concerns include:
•Frequent examination of pigmentation;
•Dissatisfaction with photographs;
•Reliance on makeup;
•Concern about comments from others;
•Comparison with individuals with clearer skin.

The psychological burden is highly individual.

Quality of Life-The Melasma Quality of Life Scale (MELASQoL) was developed to specifically assess the impact of melasma on quality of life.
It addresses domains related to: •Emotional well-being; •Social relationships; •Leisure;
•Appearance; •Dissatisfaction with the skin.
Quality-of-life assessment can therefore complement objective clinical measures such as mMASI.

Interaction Between Hormonal And Environmental Factors-The most useful model of melasma is not a single-cause model. Instead: Genetic susceptibility + Hormonal influence + UV/visible-light exposure
•Oxidative and inflammatory pathways ↓
•Melanocyte activation ↓
•Increased melanogenesis ↓
•Melasma
This explains why not every pregnant woman develops melasma and why some women develop melasma without obvious hormonal triggers.

Clinical History Taking
A detailed history should include:
Dermatological history-•Age at onset,
•Distribution, •Progression, •Recurrence
•Previous episodes, •Previous treatment
Hormonal history-•Pregnancy
•Number of pregnancies, •Postpartum status
•Menstrual history, •Oral contraceptive use
•Hormone therapy
Environmental history-•Sun exposure
•Occupation, •Outdoor activities
•Heat exposure, •Use of photoprotection
Family history-•Similar pigmentation in relatives
Psychosocial history-•Effect on confidence
•Social avoidance, •Makeup use
•Treatment expectations, •Quality of life
This comprehensive history is particularly useful in women with recurrent or treatment-resistant melasma.

Clinical Assessment-
Clinical assessment may include:
Visual examination assessment of:
•Distribution; •Symmetry; •Pigmentation intensity; •Facial sites involved.

Wood's lamp examination :May assist in characterization of pigmentation depth in selected patients, although its utility varies with skin phototype.

Dermoscopy:May provide additional information regarding: •Pigment pattern;
•Vascular structures; •Distribution of melanin.
Standardized photography:Useful for longitudinal assessment.

Mmasi Score-The modified Melasma Area and Severity Index provides a structured clinical score.
It considers: •Affected area;
•Pigmentation intensity; •Facial region.

The use of mMASI can help quantify treatment response over time.For research studies, consistent assessment methodology and standardized photographs are important to reduce measurement variability.

Differential Diagnosis-Conditions that may resemble melasma include: •Ephelides;
•Post-inflammatory hyperpigmentation;
•Drug-induced pigmentation; •Lentigines;
•Acanthosisnigricans in appropriate locations;
•Exogenous ochronosis;
•Other facial pigmentary disorders.

A careful clinical history and examination are therefore important.

Management Principles-Management generally requires a multifactorial approach.
Photoprotection-Patients should be counseled regarding:•Broad-spectrum sunscreen;
•Regular application; •Protective clothing;
•Hats/umbrellas when appropriate;
•Avoidance of excessive sunlight.
Topical Treatment-Conventional topical options include agents that influence melanogenesis or epidermal turnover.
Examples include: •Hydroquinone;
•Retinoids; •Azelaic acid;
•Tranexamic acid preparations;
•Combination therapies.
Procedures:Selected patients may undergo:
•Chemical peels; •Laser-based procedures;
•Light-based therapies.
These require careful patient selection because some procedures can themselves induce/worsen pigmentation, particularly in darker skin types.

Recurrence-One of the major challenges in melasma is recurrence. Even after substantial improvement, pigmentation may return following: •Increased sun exposure;
•Hormonal changes; •Pregnancy;
•Discontinuation of preventive measures.

Patient Education-Patients should be informed that: •Melasma is generally benign.
•It is chronic and may recur.
•Improvement may be gradual.
•Environmental exposure can worsen pigmentation,•Hormonal factors may contribute
•Treatment response varies between individuals.
•Long-term photoprotection is important.

Relevance To Homoeopathic Research-For individualized homoeopathic research involving women with melasma, the multifactorial nature of the disease has methodological implications.
A clinical study may record: Disease-specific parameters •mMASI; •Distribution;
•Pigmentation intensity.
Patient-specific parameters
•Mental symptoms; •General symptoms;
•Hormonal history; •Environmental exposures;
•Quality of life.

This permits assessment of both the dermatological manifestation and the individual patient profile. In a study involving Sepia officinalis, these factors could be documented systematically without assuming beforehand that hormonal factors alone explain the patient's pigmentation.

Proposed Conceptual Framework-A useful conceptual framework for female melasma is:
Predisposing factors : •Genetic susceptibility
•Skin phototype, •Hormonal susceptibility
•Pregnancy, •Hormonal therapy, •UV radiation
•Visible light, •Heat, •Oxidative stress
•Inflammatory signaling
•Melanocyte activation
•Altered vascular factors
•Basement membrane changes
•Psychosocial consequences
•Self-consciousness, •Reduced confidence
•Appearance dissatisfaction, •Social distress
•Reduced quality of life

Conclusion-Melasma in women is a multifactorial pigmentary disorder in which hormonal, environmental, biological and psychosocial factors interact.

Hormonal influences are supported by the strong association of melasma with female reproductive physiology, particularly pregnancy and certain hormonal exposures. Nevertheless, hormones alone cannot explain the condition.

Environmental factors-particularly ultraviolet radiation and, increasingly recognized, visible light-play an important role in triggering and aggravating pigmentation. Genetic susceptibility, skin phototype, oxidative stress, inflammatory pathways, vascular changes and alterations of the dermal microenvironment may further contribute.

The psychosocial consequences of facial melasma should not be underestimated. Despite its benign physical nature, the condition can affect self-perception, confidence, social interaction and quality of life. Consequently, comprehensive assessment should extend beyond pigmentation alone. Objective measures such as mMASI can be combined with patient-reported measures such as MELASQoL to provide a more complete picture of disease burden and treatment response.

For women with melasma, effective long-term management therefore requires not only reduction of pigmentation but also appropriate counseling, realistic expectations, photoprotection and recognition of the individual's psychosocial experience.

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Use of The Repertory


Dr Rajendra Thorat Dr Aniruddha Pawar

As Homoeopathy includes both science & art, Repertory Study must consist of science & art.

The scientific method is the mechanical method; taking all the symptoms and writing out all the associated remedies with gradings, making a summary with grades marked, at the end.

There is an artistic method that omits the mechanical, and is better, but all are not prepared to use it.

The artistic method demands that judgment be passed on all the symptoms, after the case is most carefully taken.

The symptoms must be judged as to their value as characteristics, in relation to the patient; they must be passed in review by the rational mind to determine those which are strange, rare, and peculiar.

Symptoms most peculiar to the patient must be taken first, then those less and less peculiar until the symptoms that are common and not peculiar are reached, in order, from first to last.

These must be valued in proportion as they relate to the patient rather than to his parts, and used instead of ultimates and symptoms pathognomonic.

Symptoms To Be Taken-

•First-are those relating to the loves and hates, or desires and aversions.
•Next-are those belonging to the rational mind, so-called intellectual mind.
•Thirdly-those belonging to the memory.

These, the mental symptoms, must first be worked out by the usual form until the remedies best suited to his mental condition are determined, omitting all symptoms that relate to a pathological cause and all that are common to disease and to people.

When the sum of these has been settled, a group of five or ten remedies, or as many as appear, we are then prepared to compare them and the remedies found related to the remaining symptoms of the case.

The symptoms that are next most important are those related to the entire man and his entire body, or his blood and fluids-

•As sensitiveness to heat, to cold, to storm, to rest, to night, to day, to time.
•They include both symptoms and modalities.
•As many of these as are found, also, in the first group, the mental summary, are to be retained.

There is no need of writing out the remedies not in the mental group or summary; these symptoms, relating to the whole patient, cannot be omitted with any hope of success.

We must next look over all the record to ascertain which of that group are most similar to the particulars of the regions of the body; of the organs of the body; of the parts; and of the extremities.

Preference must be accorded to discharges from ulcers, from uterus during menstruation, from ears, and from other parts, as those are very closely related to the vital operation of the economy.

Next must be used the modalities of the parts affected, and frequently these will be found to be the very opposite of the modalities of the patient himself.

A patient who craves heat for himself, generally, and for his body, may require cold to his head, to his stomach, or to the inflamed parts, hence the same rubric will not fit him and his parts.

Hence to generalize by modalities of isolated particulars leads to the incorrect remedy or confounds values placed upon certain remedies.

There are strange and rare symptoms, even in parts of the body, which the experienced physician learns are so guiding that they must be ranked in the higher and first classes.

These include some keynotes which may guide safely to a remedy or to the shaping of results, provided that the Mental and the physical generals do not stand contrary, as to their modalities, and therefore oppose the keynote symptoms.

Any remedy correctly worked out, when looked up in the materia medica, should be perceived to agree with, and to fit the patient; his symptoms; his parts; and his modalities.

It is quite possible for a remedy not having the highest marking in the anamnesis to be the most similar in image, as seen in the materia medica.

The artistic prescriber sees much in the proving that cannot be retained in the repertory, where everything must be sacrificed for the alphabetical system.

The artistic prescriber must study materia medica long and earnestly to enable him to fix in his mind sick images, which, when needed, will in fill the sick personalities of human beings

These are too numerous and too various to be named or classified.

I have often known the intuitive prescriber to attempt to explain a so-called marvelous cure by saying:

" I cannot quite say how I came to give that remedy but it resembled him "

We have heard this, and felt it, and seen it, but who can attempt to explain it?

It is something that belongs not to the neophyte, but comes gradually to the experienced artistic prescriber.

It is only the growth of art in the artistic mind: what is noticed in all artists. It belongs to all healing artists, but if carried too far it becomes a fatal mistake, and must therefore be corrected by repertory work done in even the most mechanical manner.

The more each one restrains the tendency to carelessness in prescribing and in method, the wiser he becomes in artistic effects and materia medica work.

The two features of prescribing must go hand in hand, and must be kept in a high degree of balance, or loose methods and habits will come upon any good worker.

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Role of Homoeopathy In Irritable Bowel Syndrome

Abstract-Irritable bowel syndrome or IBS, is an Irritable bowel syndrome (IBS) is a problem that affects the large intestine. It can cause abdominal cramping, bloating, and a change in bowel habits. Some people with the disorder have constipation. Some have diarrhea. Others go back and forth between the two. Although IBS can cause a great deal of discomfort, it does not harm the intestines. Most people diagnosed with IBS can control their symptoms with diet, stress management, probiotics, and with the help of homoeopathic medicine. Observations with respect to age, sex, occupation, remedies were done and efficacy of Homoeopathy was analyzed in these cases. Homoeopathy is useful in treating cases of IBS.

Keywords-Irritable bowel syndrome, Homoeopathy.

Introduction-Irritable bowel syndrome (IBS) is important because of its high prevalence, substantial morbidity, and enormous costs. IBS is characterized by the presence of abdominal discomfort or pain associated with disturbed defecation. Bloating or visible abdominal distension often are present in patients with IBS but are not considered essential symptoms for diagnosis. It's now proposed with subsequent studies that the Rome criteria can be used in clinical practice with success. Homeopathic treatment is increasingly recognized for its potential to provide symptom relief and improve quality of life in IBS patients, with individualized remedies tailored to address the diverse manifestations of the syndrome

Causes-The etiopathological causes lies both at central nervous system and enteric nervous system. In some cases it is found of developing IBS after an intestinal infection. It is called post infectious IBS. There are many triggers factor of IBS which affect the nerves that control sensation or muscle contraction of the intestine.

Triggers for IBS-**•Foods-**The foods that triggers the IBS are refined breads, refined foods such as chips, cookies, all sort of junk foods, caffeine, carbonated drinks, alcohol, high protein diets, sometimes milk and dairy products.

•Stress-Stress, anxiety, problems at work, problems at home, and financial problems can have a direct effect on IBS. The sign and symptoms of IBS can be aggravated by constant staying in a stressful situation.

•Drugs-Some drugs may trigger the symptoms of IBS. Prolonged use of antibiotic, anti depressant drugs, cough syrups containing sorbitols.

Sign and Symptoms-Irritable bowel syndrome (IBS) is manifested with various signs and symptoms like abdominal pain, bloating of gas, sudden urging for bowel clearance, frequent urging for bowel clearance, in some cases constipation problems, sometimes loose motion and constipation alternates each other. It is occurred as a result of irregular rhythmical peristaltic movements.

Pathophysiology-IBS results from disturbances in interactions among intestinal motility, gut sensitivity, immune function, and central nervous system processing. Abnormal neurotransmitter release and low-grade inflammation may also play a role. These changes cause pain, altered bowel movements, and discomfort without structural damage to the gut.

Diagnosis-Diagnosis is mainly clinical based on symptom criteria such as Rome IV: recurrent abdominal pain at least 1 day per week in the last 3 months associated with two or more of the following: related to defecation, associated with stool frequency change or stool form change. Diagnostic evaluation focuses on excluding other organic diseases:-

Detailed history and physical examination-

•Alarm features assessment (weight loss, bleeding, anemia), •Basic laboratory tests and targeted investigations (colonoscopy, celiac screening) as needed, •Symptom-based diagnostic approach rather than exclusion

Subtypes of IBS-IBS is classified based on predominant bowel habit-

•IBS-C (Constipation), •IBS-D (Diarrhea)
•IBS-M (Mixed), •IBS-U (Unclassified)

Homoeopathic Management-

•Lycopodium clavatum-This remedy is well-suited to people with IBS & food intolerances, especially onions, oysters, cabbage and beans. The pains are worse in the evening, typically from 4- 8 pm and are relieved by passing wind. The inflamed digestive tract struggles to get enough nutrition from food, so there can be loss of weight with fullness and bloating in the abdomen. The appetite is very changeable and can go from being ravenous to very full after a few mouthfuls.

•Colocynthis-This remedy has terrible stomach cramps that are better for doubling up and maybe worse from anger or indignation. The pains are short, sharp & pinching and aggravated after eating, especially fruit. Heat & pressure give some relief to the pains which can extend to the lower back or into the buttocks. It is also a very useful remedy for sciatica and neuralgic pain in general.

•Nux Vomica-This remedy suits people who burn the candle at both ends, working hard and playing harder. Eventually, this stressful lifestyle takes it's toll and the digestive system suffers. There are severe stomach cramps and acid reflux that is aggravated by mental exertion. Hiccough, belching, fullness, and indigestion are worse after coffee, spicy foods, and smoking. There can also be a lot of nausea and feelings of being sea-sick. The remedy is also very useful to treat a hangover.

•Arsenicum album-Stomach cramps that are worse after taking cold. This remedy suits people who always feel chilly; so much so that even eating cold food such as ice cream aggravates. There is a great deal of diarrhoea that can come on after drinking whilst moving around makes everything worse. Taking regular sips of a warm drink and lying down to rest relieve.

•Argentum nitricum-In this remedy, there is a lot of wind, with very loud and forceful belching or flatulence. There is nausea and indigestion associated with nerves or anxiety, especially when anticipating a stressful event like a job interview or exam.

•Sulphur-Stomach cramps aggravated by touch, with burning pains worse in the morning and at night. Appetite is usually increased, especially around 11 am with an 'all-gone' sensation. The stomach feels very heavy straight after eating.

•Bryonia alba-A useful remedy in IBS that is aggravated after eating bread and where the thirst is increased. The stomach may feel so heavy that it is like a stone is sitting there. Belching relieves the pain and tastes of undigested food. Tight clothing and walking about also worsen the condition.

Conclusion-Irritable Bowel Syndrome is a common functional gastrointestinal disorder characterized by abdominal pain, bloating, and altered bowel habits such as diarrhea and constipation. While conventional treatments focus on symptom management through dietary changes, medications, and lifestyle modifications, homeopathy offers an individualized and holistic approach. Homeopathic treatment considers the patient's unique symptom profile and overall constitution, aiming to stimulate the body's natural healing mechanisms.

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Importance of Placebo in Homoeopathy

Abstract-Placebo is a Latin word which means “I shall please” or “I please”. In our day to day homoeopathic practice some of the forms in which placebo is employed like- Sugar of milk, cane sugar globules or tablets or cones, alcohol. Many Scientific and clinical studies have shown Sac lac possessed of very great diuretic powers when given in full doses. placebo could trigger the release of Endorphins (the body's natural painkillers), just as certain active drugs do.

Keywords- Sac lac, Placebo, Medicine, Amelioration, Aggravation.

Introduction-Placebo is the second-best remedy without which no good homoeopathist could long practice medicine. In the day-to-day practice certain situation arise which lead us to prescribe placebo like if patient came after taking other mode of treatment, into middle of treatment and in condition of Homoeopathic aggravation.[1] Placebo is an agent employed in medical practice with the primary aim of gratifying the patient. These effects are the psychological state of the individual at the time of its administration. Saccharum lactis is a remedy introduced by Dr. Swan many years ago. It was his “Fatigue powders”, the accuracy of which I have verified by Dr.W.Yingling.[2]

Use as placebo-Placebo is the second-best remedy in Homoeopathy. In the day-to-day practice certain situation arise which lead us to prescribe placebo. Certain disease conditions like Artificial Chronic Disease, Pseudo chronic Disease, Mental diseases of emotional origin, Indisposition, Hypochondriac patients demand placebo.

The *placebo effect* refers to the phenomenon where a patient experiences an improvement in symptoms after receiving an inactive substance or intervention, simply due to their belief in its therapeutic effects. It highlights the complex relationship between the mind and body and underscores the importance of psychological factors in the healing process.

It plays a significant role in clinical trials and can lead to improvements in subjective measures such as pain, mood, and overall well-being.

Placebo is administer to particular patient when no necessary to give medicine

In the meantime, between first and second prescription.[4]

Hahnemann and placebo-Hahnemann was the first physician who systematically used Placebo. Dr.Hahnemann clearly explains his view about administration of placebos through his Organon of medicine in Aphorisms - 91,96, and 281.

In Aphorism 91- Hahnemann says when the disease is of chronic character then physician can leave him some days quite without medicine or with Placebo.

*Foot note to Aphorism 96-*In case of hypochondriacs, when pure fabrication of symptoms comes, Hahnemann advises the physician “gives them nothing at all, or Placebo.

Hahnemann usually marked placebos with the paragraph symbol *(§* . The sign might have been imbued by the abbreviation for sugar in pharmaceutical literature which is *'ff'*.

In the period between 1833 and 1835 more than half (54%) of Dr Hahnemann's prescriptions was placebo.[8]

Use of Placebo in Homoeopathy Practice- In case *chronic disease* character and patient has been taking medicine up to the time he is seen, the physician can leave him some days quite without medicine or with Placebo .[9]

In case of *hypochondriacs,* when pure fabrication of symptoms comes, Hahnemann advises the physician not to give anything or leave them on Placebo

In case of *Improvement*begins ,placebo administered.[4]

To please the impatient patient who was used to frequent medications in allopathic medicine

In the homoeopathic treatment of serious chronic pathology, if the remedy is correct usually a strong initial aggravation take place.

Utility of placebo-When improvement begins it is necessary to stop the medicine prescribed. Here indicated medicine may be substituted by placebo.[1]

Reduce the levels of stress and anxiety by taking placebo help to release adrenalin.

The placebo may increase a person's motivation and change in behaviour that plays an important role to take better care of themselves.

Placebo shows activation of some areas in brain. High placebo responses link with dopamine activity.

During homoeopathic aggravation: symptoms are worse, but the patient says that mentally he feels better. So wait and watch and prescribe only Placebo.

At the end of treatment few drug symptom remain these symptoms disappear within few days, meanwhile the patient may be given only powder of sugar of milk.

The antipsoric medicine are repeated in long intervals and to fill up gaps, sugar of milk may be given every day at the usual time and usual manner.[4]

Conclusion-Since its inception, there has been criticism against homoeopathy that Homoeopathy is nothing but a placebo. Placebo acts better in large pills than small pills, coloured pills work better than white pills. Patients who have firm confidence in the honesty and skill of their physician, will have no hesitation to be satisfied with a dose of sugar of milk.

Modern research in medical field arose the value of the placebos both in therapeutics and in clinical investigation..Placebo is a gift for homoeopathy that it act psychologically on patient. In today advance stage of medical practice remedial power of Sac lac should we repeatedly reproved and to know their whole pathogenetic action.

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Homoeopathic Case Report of Acute Tonsillitis Treated with Ocimum Sanctum

Abstract-This case report presents the homoeopathic management of a patient diagnosed with acute tonsillitis, as revealed by clinical examination. The patient was treated with Ocimum sanctum, a well-known remedy in homoeopathy forcoryza, enlargement of tonsils of the respiratory system, with subsequent symptomatic relief and improvement.

Case Performa-Patient Details-•Name: abc, •Age/Sex:9 years/Male, •Occupation: Student

Chief Complaint-•Sore throat with difficulty in swallowing since 2 days.
•Fever withchill and burning throat pain.

Associated complaint-•Weakness

History of Present illness-
•Complaints started with mild sore throat and low-grade fever.
•Gradual increase in pain on swallowing solids and liquids.
•Pain radiating to ears during swallowing.
•Fever high in evening with chills.
•Snoring and mouth breathing at night due to enlarged tonsils.

Past History-•Immunization: Complete as per schedule.

Family History-•Father: Not any
•Mother: Recurrent pharyngitis

Personal History-•Diet: Vegetarian
•Appetite: Reduced due to pain
•Thirst: Moderate, •Bowel: Regular
•Urine: Clear, no complaints
•Sleep:Disturbed due to throat pain & snoring
•Cravings: Sweets, •Aversion: Spicy food

General Examination-
•Temperature: 101°F
•Pulse: 96/min, •Respiration: 22/min
•BP: 100/70 mmHg, •Weight: 27 kg

Systemic Examination-Throat Examination:
•Tonsils: Bilaterally enlarged, red, congested.
•According to Brodsky scale :
•Brodsky Grade 3 – Tonsils occupy 50-75% of oropharyngeal space., •Uvula: Oedematous.
•No pus points or follicular exudates noted.

Diagnosis-•Acute Tonsillitis

Totality of Symptoms:•Fever with chill in evening and burning throat pain.
•Sore throat with difficulty in swallowing.
•< swallowing solid / liquid.
•Throat pain extending to ears.
•Tonsils enlarged, red, congested.
•Snoring at night.

Remedy Selected-•Ocimum sanctum
•Prescription: Rx, , •Ocimum sanctum 30c
•4 pills every 4 hours for 3 days.

Follow-Up-•17/09/2025: Fever reduced. Pain in throat less severe, able to swallow semi-solids. Sleep improved.
•Rx, Ocimum sanctum 30c : 4 pills 3 times a day for 3 days.
•20/09/2025: Throat pain disappear. Tonsil swelling reduced to Brodsky Grade 2. No snoring at night.
•Rx, Ocimum sanctum 30c : 4 pills 3 times a day for 3 days.
•23/09/2025: Tonsils reduced further, Brodsky Grade 1.No fever or throat pain. General condition improved.

Discussion-Ocimum sanctum, known as the 'Holy basil ,' indigenous plant of India with a wide range of medicinal properties. It has shown a specific affinity towards the respiratory tract and throat, particularly in acute inflammatory conditions. It is indicated in cases of acute tonsillitis, where the tonsils are enlarged, congested, & painful, often accompanied by difficulty in swallowing, fever, & throat irritation. In such cases, Ocimum sanctum in potentized form acts effectively by reducing the tonsillar inflamma-tion, decreasing pain, & fever. Clinical experience has shown that it helps in reducing the Brodsky grading scale of tonsillar hypertrophy, thus providing symptomatic relief.

Conclusion-Homoeopathic medicine Ocimum sanctum in potentized form proved effective in managing a case of acute tonsillitis, leading to symptomatic relief and reduce in tonsil size.

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Homeopathic Management of Chronic Depression With Loneliness & Anxiety In A 67-Year-Old Female:A Case Report

Abstract-Background: Chronic depression in elderly individuals often presents with complex psychosocial and somatic symptoms including loneliness, feelings of hopelessness, anxiety, and disturbed sleep. Conventional management may be inadequate or complicated by age-related factors. Homeopathy offers a comprehensive individualized approach guided by constitutional symptom totality.
Case-A 67-year-old homemaker presented with feelings of loneliness, grief, fearful dreams, low mood, and withdrawn behavior. She experienced fear of being alone and suicidal thoughts when isolated, accompanied by irritability and temper loss. Physical generals included a chilly thermal state, moderate appetite with desire for cold foods, and offensive perspiration. No significant past or family history was noted.
Methods-Detailed symptom analysis and repertorization led to the selection of *Nux vomica* as the constitutional remedy. Treatment included *Nux vomica* 200C and *Sulphur* 200C administered over multiple follow-ups with concurrent avoidance of stimulants.
Results-Over five follow-ups spanning three months, the patient showed marked clinical improvement with reduction in loneliness, irritability, and depressive features. Geriatric Depression Scale score improved significantly, declining from 14 pre-treatment to 1 post-treatment.
Conclusion-Individualized homeopathic treatment with *Nux vomica* and supportive care effectively alleviated chronic depression and related psychological symptoms in this elderly patient. The case underscores the relevance of homeopathy in managing geriatric mental health through holistic constitutional treatment.

Preliminary Data-•Name: Mrs.,
•Age: 67 years, •Sex: Female,
•Address: [Redacted], •Date: 24/11/2023
•Occupation: Homemaker, •Religion: Hindu
•Status: Married.

Complaints of the Patient-

Chief Complaint-
•Feelings of loneliness
•Grief with increased intensity (+)
•Fearful dreams
•Low depressed mood
•Withdrawn behavior

Associated Complaints-None reported.

Past History-No major past illnesses.

Family History-No significant family history

Patient as a Person: Physical Generals-
•Appetite: Moderate, •Thirst: 2 litres/day
•Desire: Cold food and drinks
•Aversion: None, •Perspiration: Offensive
•Urine: Normal flow
•Stool: Regular, satisfactory
•Food aggravations/ameliorations/allergy: No allergies, •Sleep: Refreshing
•Dreams: Dream of ghosts

Obstetrics / Gynecology History
•Menopause: 5 years ago
•Obstetric History: G1 P1 A0 L1

Thermal State and General Reactions- Chilly patient

History of Drug Allergy / Interaction- None

Mind and Life Space-She experiences loneliness and has a persistent feeling that no one cares or listens to her. She prefers company but is often alone, which worsens her loneliness and triggers suicidal thoughts. She is short-tempered and easily angered by trifles. She reports dreaming of ghosts.

General Examination-
•General appearance: Fair complexion
•Build: Moderate, •Pulse: 82/min
•Respiratory rate: 20/min
•Blood Pressure: 122/84 mm Hg
•Temperature: Afebrile
•Pallor, edema: Absent
•Lymph nodes: Not enlarged
•Teeth: No dental caries
•Tongue: Clean and moist
•Nails: No clubbing

Systemic Examination-•Respiratory system: Air entry bilateral equal
•Cardiovascular system: S1 S2 heard
•Gastrointestinal system:Soft, non-tender abdomen, •Genitourinary system: Regular
•Central nervous system: Well oriented

Investigations-None

Provisional Diagnosis-Depression

Clinical Diagnosis-Depression

Hahnemannian Classification of Disease- Dynamic Chronic Miasmatic Disease with Fully Developed Symptoms

Susceptibility-High

Diagnosis of Miasm-
•Fundamental Miasm: Psora
•Dominant Miasm: Psora

Prescriptive Totality / Repertorial Totality-[Symptom totality based on mental, physical generals, modalities, and symptoms]

Selection of Remedy-Nux vomica

•Date 24/11/2023
Prescription- Nux vom 200, 4 pills once daily
Sulphur 200, 4 pills once daily for 15 days

General Management-Avoid coffee and other stimulants.

Follow-ups-•Date-24/05/2024
Symptoms-Foul eructation < morning; weakness persists; sleep reduced; no dreams
Prescription-Nuxvom 200, 4 pills twice daily; Sulphur 200, 4 pills once daily for 15 days
•Date-10/06/2024
Symptoms-Foul eructation persists; weakness improved; sleep improved; irritability and sadness occasionally present; no dreams
Prescription-Nuxvom 200, 4 pills twice daily; Sulphur 200, 4 pills once daily for 15 days
•Date-25/06/2024
Symptoms-Occasional foul eructation; weakness improved; sleep improved; sadness and irritability occasional
Prescription-Phytum 200, 4 pills twice daily; Sulphur 200, 4 pills once daily for 15 days
•Date-10/07/2024
Symptoms-Weakness improved; sleep improved; no specific dreams; irritability occasionally present
Prescription-Phytum 200, 4 pills thrice daily; Sulphur 200, 4 pills twice daily for 15 days
•Date-25/07/2024
Symptoms-Occasional foul eructation; weakness improved; sleep improved; occasional sadness and irritability

Prescription-Nuxvom200, 4 pills thrice daily; Sulphur 200, 4 pills twice daily for 30 days
•Date-24/08/2024
Symptoms-Weakness improved; sleep improved; no specific dreams; occasional irritability
Prescription-Sulphur 200, 4 pills twice daily for 30 days.

GDS Score-
Before treatment: 14
After treatment (24/08/2024): 1

Result-Improved – GDS Score reduced to 1, indicating significant clinical improvement.

Question	Yes (1)	No (0)	Score
1. Are you basically satisfied with your life?	0	1	1
2. Have you dropped many of your activities and interests?	1	0	1
3. Do you feel life is empty?	0	1	0
4. Do you often get bored?	1	0	1
5. Are you in good spirits most of the time?	0	1	1
6. Are you afraid something bad is going to happen to you?	1	0	1
7. Do you feel happy most of the time?	0	1	1
8. Do you often feel helpless?	1	0	1
9. Do you prefer to stay at home rather than go out?	1	0	1
10. Do you think you have more problems with memory than most?	1	0	1
11. Do you feel pretty worthless the way you are now?	1	0	1
12. Do you feel it is wonderful to be alive?	0	1	1
13. Do you feel full of energy?	0	1	1
14. Do you feel your situation is hopeless?	1	0	1
15. Do you think most people are better off than you?	1	0	1
Total Score			**14**

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Case Report: Homoeopathic Treatment of Filiform Wart on The Right Cheek With Causticum 1M

Abstract-Background-Filiform warts are elongated, thread-like benign skin growths commonly occurring on the face, especially near nostrils and cheeks. They pose cosmetic concerns and potential for recurrence. Homoeopathy provides constitutional and symptom-based therapy stimulating the body's natural healing without side effects.

Case-A patient presented with a filiform wart located on the right side of the cheek, characterized by a small pedunculated, thread-like growth. The wart was asymptomatic but cosmetically distressing.

Methods-Following detailed case-taking to capture the totality of symptoms and the individual's constitutional state, Causticum 1M potency was prescribed as a single stat dose, guided by classical Homoeopathic pharmacodynamics indicating Causticum's affinity for skin hypertrophic conditions, especially warts prone to exudation, brittleness, and sensitivity.

Results-The wart showed significant regression after a single dose of Causticum 1M, with complete resolution observed within weeks. No topical medication was used. The patient remained free of recurrence on follow-up over several months, indicating deep constitutional remedy action.

Conclusion-Causticum 1M in a single dose demonstrated decisive curative action in a case of filiform wart on the face. Individualization based on totality of symptoms and remedy affinity to hypertrophic skin growth ensures effective and lasting Homoeopathic treatment.



Follow-up and Treatment Outcome

Date	Observations	Prescription
14 days	Warts size reduced, stalk thinner	No medicine (observation)
28 days	Further regression of wart size	No medicine (observation)
40 days	Complete disappearance of wart, normal skin surface	No medicine
3 months	No recurrence	No medicine

•**Age:** 7 years, •**Sex:** Male
•**Occupation:** Student
•**Marital Status:** Unmarried
•**Religion:** Hindu

Complaints of the Patient

•**Location-** Right cheek
•Filiform wart growing, thread-like lesion
•2 in number
•**Sensation-** Itching ++
•**Modality-** Gradual onset, painless

Concomitant- No associated symptoms
•Onset: Gradual
•Duration: 2 months
•Progress: Slowly increasing in size

History of Present Complaint-The patient presented with a filiform wart on the right cheek, described as a thin, elongated, thread-like, pedunculated growth noticeable since 2 months ago. The lesion was painless, without bleeding or itching but caused cosmetic concern.

Past Medical History-No significant past illnesses or dermatological problems.

Family History-No relevant family history.

Personal and Social History-Balanced diet, good appetite. No drug allergies or adverse habits.

Physical Examination-General examination: Well nourished, active child.

Local examination: A single filiform wart on the right cheek, approximately 1.5 cm in length, soft, movable, with a narrow stalk. No surrounding inflammation, tenderness, or enlarged lymph nodes.

Mental and Emotional State-
•Obstinate, •Sympathetic

Repertorial Evaluation-

Key rubrics considered:
•Skin – Growths – warts – pedunculated
•Skin – Growths – warts – filiform
•Skin – Growths – warts – face
•Mind – Obstinate
•Mind – Sympathetic

Remedy Selection-Causticum 1M, selected for its characteristic action on hypertrophic, pedunculated warts, especially filiform types on the face, with constitutional affinity in young patients.

Prescription-Causticum 1M, single dose powder dusted stat

Discussion-Filiform warts pose cosmetic concerns and itching, especially on visible areas such as the face. Conventional excision risks recurrence or scarring. Homoeopathic constitutional prescribing with Causticum 1M achieves safe, non-invasive, lasting resolution, stimulating vital resistance and dermal normalization, even in pediatric populations.

Conclusion-This case highlights the efficacy of a single high potency dose of Causticum in resolving filiform wart on the face in a child. Individualized remedy selection based on symptom totality and remedy affinity is crucial for successful Homoeopathic treatment of warts.

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Homeopathic Management of Chronic Palmoplantar Psoriasis With Nail Dystrophy: A Case Report In A 28-Year-Old Female: A Case Report

Abstract-Introduction: Chronic palmoplantar psoriasis, characterized by deep cracking, itching, and nail dystrophy, significantly impairs quality of life and presents therapeutic challenges. Homeopathy offers individualized treatment based on symptom totality and constitutional factors.

Methods: A 28-year-old female with a 3-year history of palmoplantar psoriasis presenting with deep cracking, sticky oozing discharge, intense nocturnal itching, and thickened, brittle nails was treated homeopathically. Detailed case taking, repertorization emphasizing skin and nail rubrics, and miasmatic analysis identified Petroleum 30C as the indicated remedy. The treatment protocol consisted of Petroleum 30C administered thrice daily initially, with tapering doses, followed by supportive remedy Saccharum lactis.

Results: Over an 8-week treatment period, the patient showed marked reduction in itching, discharge, and skin fissuring, along with improvement in nail texture. The Psoriasis Area and Severity Index (PASI) score improved from 20 to 5, demonstrating significant clinical progress.

Discussion: This case underscores the effectiveness of individualized homeopathic management for chronic palmoplantar psoriasis. Integrating symptom and miasmatic evaluation guided precise remedy selection, resulting in substantial symptom relief and enhanced quality of life. Further research with larger samples is warranted to validate this approach.

Case Record-Preliminary Data-

•Name: Mrs., •Age: 28 years

•Sex: Female, •Occupation: Teacher

•Marital Status: Married

Complaints of the Patient-

•**Location-** Palms and soles

•**Sensation-** Deep cracks, Itching and burning

•**Modality-** Worse in winter and after washing

•**Concomitant-**

•**Location-** Skin

•**Sensation-** Itching and burning

•**Modality-** Worse at night, improved by oil application

•**Concomitant-**

•**Location-** Nails

•**Sensation-** Thickened, brittle, ridged

•**Modality-** Worse in cold weather

•**Concomitant-**

•Onset: Gradual

•Duration: 3 years

•Progression: Symptoms worsen during winter and flare up occasionally

History of Present Complaint-The patient has experienced cracking and thickening of skin on palms and soles for three years. Her condition worsens in cold seasons and following exposure to water during hand washing. She reports intense itching and burning sensations predominantly at night. Cracks in the skin are present. Nails have thickened and become brittle with ridges over time.

Associated Complaints-Dry skin on arms and legs, sensitivity to cold air, and occasional headaches after sun exposure.

Past Medical History-No diabetes, hypertension, or other significant illnesses. Previous use of topical steroids provided only temporary relief.

Family History-Mother had eczema; no family history of psoriasis.

Personal and Social History-Non-vegetarian diet with a preference for salty food, normal appetite and moderate thirst, regular bowel habits, sleep disturbed by itching, sedentary lifestyle, moderate stress levels.

Physical Examination-Lean built, dull complexion. Vital signs within normal limits. Skin examination reveals deep cracks on palms and soles with slight oozing, dry itchy patches on limbs. Nails are thick, brittle, and ridged.

PASI Score Before Treatment-20

Mental and Emotional State-Patient is emotionally sensitive, easily moved to tears, avoids confrontation, and feels low confidence related to the appearance of her hands and feet.

Analysis of Symptoms-

•Deep, painful cracks (physical particular)

•Itching and burning worse at night (physical modality)

•Thick, brittle, ridged nails (physical general)

•Sensitive and emotional nature (mental behavior)

Repertorial Totality–

Patient's Symptoms	Kent's Repertory Rubrics
Deep cracks	Skin – Eruptions – cracks – deep
Itching and burning at night	Skin – Itching – night – aggravates
Thickened brittle ridged nails	Nails – Deformed – brittle
Sensitive and emotional nature	Mind – Sensitive – easily hurt
Disturbed sleep due to itching	Sleep – Disturbed – itching from

Follow-Up and Treatment Progression

Date	Symptoms	Prescription
Week 1	Itching moderately reduced; cracks still present	Petroleum 30C, 4 pills TDS for 2 weeks
Week 3	Cracks healing; itching decreased	Petroleum 30C, 4 pills BD for 2 weeks
Week 5	Nails less brittle; itching occasional	Petroleum 30C, 4 pills OD for 2 weeks
Week 8	Skin smoother; nail condition improved	Saccharum lactis 30C, 4 pills OD for 2 weeks

•Sleep disturbed by itching (general symptom)

Evaluation of Symptoms

•Deep palm and sole cracks worse in winter

•Night-worse itching and burning

•Thickened brittle ridged nails

•Emotional sensitivity

•Itching disturbed sleep

Miasmatic Analysis-Dominant PSORIC MIASM characterized by dryness, itching, and sensitivity to cold.

Prescription-•Remedy: Petroleum

•**Potency:** 30C,

•**Dosage:** 4 pills three times daily for 2 weeks

•**Justification:** Petroleum suits deep cracks, worsening itching at night, and cold sensitivity. The patient's emotional sensitivity also corresponds with the remedy's profile.

PASI Score After Treatment-5

Conclusion-The patient experienced substantial improvement in symptoms with Petroleum 30C including decreased skin cracking, reduced itching, and improved nail texture. Advice included using mild moisturizers and limiting excessive hand washing to maintain remission.

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