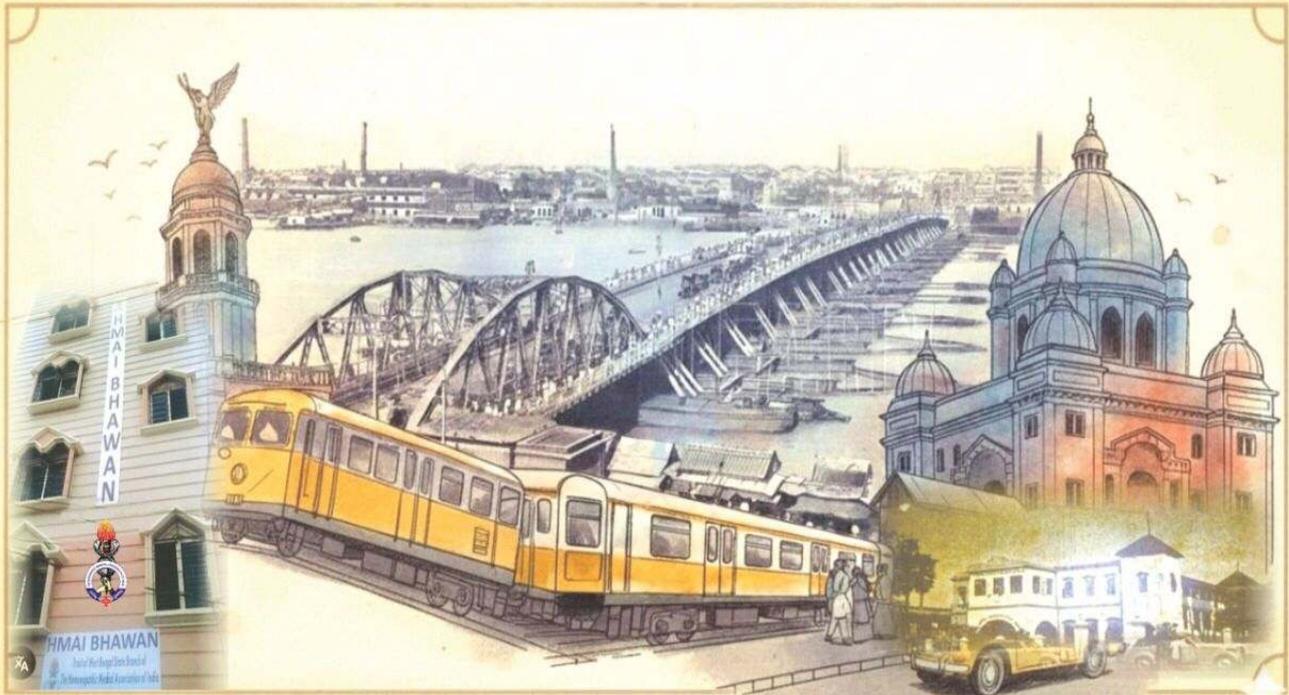
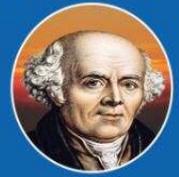


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डॉ. मनीषा वर्मा

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Dr. Manisha Verma

Press Secretary to the President



राष्ट्रपति भवन
नई दिल्ली - 110004
Rashtrapati Bhavan
New Delhi -110004



MESSAGE

The President of India, Smt. Droupadi Murmu, is happy to know that the Homoeopathic Medical Association of India (HMAI), West Bengal is celebrating its Golden Jubilee and 23rd All India Homoeopathic Congress-2025 on the theme of “Playing the Symphony of Homoeopathy Health Care: Harmonizing Research and Practice” from 26th to 28th December, 2025. A souvenir is also being published to mark the occasion.

The President extends her warm greetings and felicitations to the organizers and the participants and sends her best wishes for the success of the event.


Press Secretary to the President

New Delhi
19 November, 2025



মমতা ব্যানার্জী
মমতা বনার্জী
ممتا بنارجی
Mamata Banerjee



মুখ্যমন্ত্রী, পশ্চিমবঙ্গ
मुख्यमंत्री, पश्चिम बंगाल
وزیر اعلیٰ مغربی بنگال
CHIEF MINISTER, WEST BENGAL

25th November, 2025

MESSAGE

I am happy to know that *The Homoeopathic Medical Association of India (HMAI), West Bengal State Branch*, will be organising their **Golden Jubilee Celebration** and the **23rd All India Homoeopathic Congress** from 26th to 28th December, 2025, at Biswa Bangla Convention Centre, New Town, Kolkata.

I wish the programme success and convey my heartiest greetings and best wishes to the organisers and participants of the event on this special occasion.


(Mamata Banerjee)

The Chairman
Golden Jubilee Celebration
The Homoeopathic Medical Association of India
HMAI Bhawan, RA 384
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Government of India



संदेश

मुझे यह जानकर अत्यंत प्रसन्नता हो रही है कि होम्योपैथिक मेडिकल एसोसिएशन ऑफ इंडिया (HMAI) अपने स्थापना के 50 वर्ष पूरे होने पर स्वर्ण जयंती समारोह का आयोजन कर रहा है जिसके साथ ही 23^{वीं} अखिल भारतीय होम्योपैथिक कांग्रेस 2025 का भी आयोजन किया जा रहा है। इस महत्वपूर्ण अवसर पर मैं HMAI के सभी सदस्यों और उपस्थित गणमान्य व्यक्तियों को अपनी हार्दिक शुभकामनाएँ देता हूँ।

पिछले पाँच दशकों से देश में होम्योपैथी के प्रचार, मानकीकरण और अनुसंधान में महत्वपूर्ण विकास हुआ है। यह होम्योपैथी का जन-स्वास्थ्य के प्रति सरकार की अटूट प्रतिबद्धता का प्रमाण है।

मुझे विश्वास है कि स्वर्ण जयंती समारोह और 23^{वीं} अखिल भारतीय होम्योपैथिक कांग्रेस 2025 में देश-विदेश के होम्योपैथिक चिकित्सकों, वैज्ञानिकों और शोधकर्ताओं को एक सार्थक व सशक्त मंच मिलेगा। इस कांग्रेस में होने वाले गहन विचार-विमर्श से होम्योपैथी के विकास के लिए नवीन रणनीतियाँ सामने आएंगी और यह चिकित्सा पद्धति वैश्विक मानकों पर और अधिक मजबूत होगी।

हमारी सरकार आयुष चिकित्सा पद्धतियों के महत्व के बारे में पूरी तरह से अवगत है। इस महत्वपूर्ण अवसर पर होम्योपैथी अनुसंधान और बुनियादी ढाँचे को मजबूत करने के लिए संकल्प और प्रतिबद्धता की जरूरत है ताकि यह एकीकृत स्वास्थ्य सेवा मॉडल का एक महत्वपूर्ण अंग बन सके।

मैं आयोजकों को बधाई देते हुए यह कामना करता हूँ कि आपके आयोजन भव्य रूप से सफल हों और देश के स्वास्थ्य परिदृश्य में एक नया मील का पत्थर स्थापित हो सके।

शुभकामनाओं सहित,


(प्रतापराव जाधव)

19 नवम्बर, 2025
नई दिल्ली

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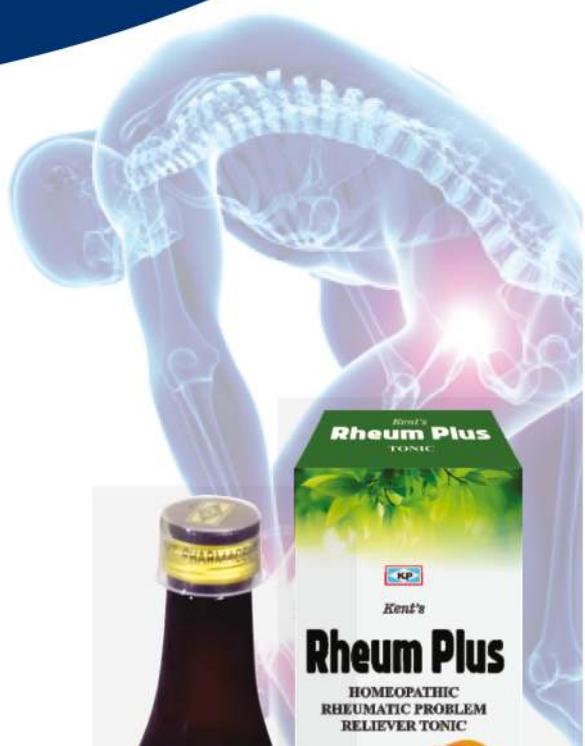
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পরিকল্পনা ও পরিসংখ্যান দপ্তর

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Chandrima Bhattacharya

Minister-of-State (Independent Charge)

Department of Finance, Department of Environment

Department of Programme Monitoring

Minister-of-State

Department of Health & Family Welfare,

Department of L & LR and RR & R,

Department of Planning & Statistics

Government of West Bengal

Date : 01.12.2025

M E S S A G E

I am very happy to know that Homoeopathy Medical Association of India (HMAI) is going to organize their Golden Jubilee Celebration in association with 23rd All India Homocopathic Congress, 2025 from 26th to 28th December, 2025 at Biswa Bangla Convention Centre, Kolkata. I am also happy to learn that a colourful Souvenir will be published to commemorate this auspicious occasion.

I would like to convey my best wishes to all the members of this Committee and wish the programme a grand success.


(Chandrima Bhattacharya)

Dr. Shyamal Kr. Mukherjee

Chairman

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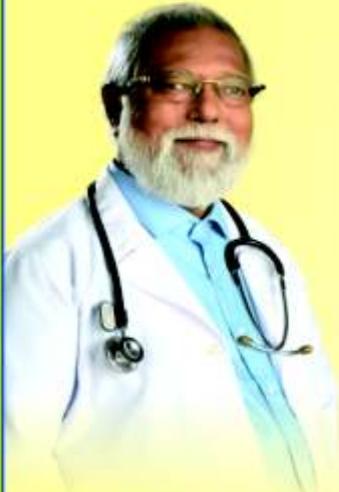


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Dr. Shashi Panja
Minister-in-Charge
Department of Industry, Commerce & Enterprises
and
Women & Child Development and Social Welfare
Government of West Bengal

OSP/ 0499 /2025-26/Kol



1st December, 2025

MESSAGE

I am glad to know that The Homoeopathic Medical Association of India has crossed its 50 years of glorious journey in the field of Homoeopathy. Since 1975, this Organisation has relentlessly and successfully worked for the cause of Homoeopathy. This is a matter of pride for us that such Organization was formed at Kolkata – our beloved City of Joy. This also gives me pleasure that the Golden Jubilee programme is also celebrated at this State.

The Government of West Bengal under the able leadership of our Hon'ble Chief Minister has been working to develop the healthcare system and reaching to the grass-root level. West Bengal provides the best holistic healthcare support to every people and it is a matter of pride that Homoeopathy, being a scientific method of treatment, is very well accepted and it renders its service to almost 10% population of this State in the Government sector. I wish this Organization every success and I promise that our Government will always stand by the Organization considering their demands as genuine for the sake of development of Homoeopathy.

Shashi Panja
(DR. SHASHI PANJA)



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26.11.2025

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MESSAGE

It gives me immense pleasure to know that the Golden Jubilee programme of The Homoeopathic Medical Association of India will be celebrated at the prestigious Biswa Bangla Convention Centre from 26th to 28th December, 2025.

This golden jubilee marks not only a milestone of time but also a celebration of commitment, compassion, and collective effort. Over the past five decades, HMAI has upheld the dignity of the homoeopathic profession, nurtured thousands of practitioners, and extended healing to countless individuals across our nation and also represented India in the International forum.

May this remarkable journey continue with renewed energy and purpose. May every member remain guided by integrity, empathy, and a deep sense of responsibility towards the well-being of humanity. As HMAI steps into the next era, this kind of conference, featuring distinguished national and international speakers, will enrich practitioners and take Homoeopathy miles ahead from where it stands today, both in practice and research.

With divine blessings, may the Association flourish in wisdom and strength, and may its noble mission inspire many more generations to serve with dedication and humility. I wish this Congress every success.

Dr. Sudipto Roy

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Member

West Bengal Legislative Assembly



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डॉ. मंगेश जतकर, अध्यक्ष प्रभारी
Dr. Mangesh Jatkar, Chairperson(I/c)

राष्ट्रीय होम्योपैथी आयोग National Commission for Homoeopathy

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MESSAGE

It is my privilege to extend my best wishes for the Golden Jubilee Celebration of the Homoeopathic Medical Association of India (HMAI) and 23rd All India Homoeopathic Congress 2025 to be held from 26th to 28th December, 2025 at prestigious Biswa Bangla Convention Centre, Kolkata. I appreciate the opportunity to contribute to this endeavour.

The theme of Congress "Playing the Symphony of Homoeopathy Health Care: Harmonizing Research and Practice" goes well with the needs of modern times of evidence-based medicine that education and teaching should lead to quality healthcare delivery and undertaking research for the development of science.

Homoeopathy has long served humanity with its gentle healing approach, and its acceptance continues to grow among people worldwide. As a science, it has preserved its core principles while proving its relevance through the test of time. The association has remained committed to strengthening the path of Homoeopathy by fostering new knowledge and advancing the application of existing wisdom. The National Commission for Homoeopathy is dedicated to raising the standards of homoeopathic education by harmonizing time-honoured principles with modern innovations and technological advancements in teaching and learning.

I extend my best wishes to the practitioners, researchers, policymakers, academicians, and international experts for the continued success in shaping future generations of skilled homoeopaths. Such an approach is vital to strengthening the credibility, expanding the scope, and inspiring innovation in Homoeopathic therapeutics within the modern healthcare landscape.

I congratulate your organization for having organized this event and wish for a huge success in achieving this goal and encouraging the Homoeopathic fraternity.

(Dr. Mangesh Jatkar)
Chairperson(I/c), National Commission for Homoeopathy
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Message

I am very happy that Homoeopathic Medical Association of India (HMAI) is celebrating Golden Jubilee and 23rd All India Homoeopathic Congress 2025 "**Playing the Symphony of Homoeopathy Health Care: Harmonizing Research and Practice**". The objective of this seminar is not only to share new research and techniques but also to make the future generation aware of the depth of this method and dynamic exchange of knowledge and collaboration.

I hope that there will be a discussion on various research being done in the field of homeopathy and making it useful for the public and deciding the future direction of homeopathy.

I hope the conference will be a successful and informative one. We hope this souvenir will serve as a source of inspiration for students, teachers, researchers, and practitioners.

With thanks,

Dr. Anand Kumar Chaturvedi
President (I/c) MARBH



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**Best Wishes Homoeopathic
Association of India (HMAI) for Golden Jubilee**

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डॉ. सुभाष कौशिक
महानिदेशक
Dr. Subhash Kaushik
Director General



MESSAGE

I am pleased to know that the Homoeopathic Medical Association of India is celebrating its Golden Jubilee in conjunction with the 23rd All India Homoeopathic Congress, scheduled to be held from 26th to 28th December 2025 at Biswa Bangla Convention Centre, Kolkata.

Over the past five decades, HMAI has remained dedicated to its noble motto of serving humanity based on knowledge of medicine with Law of Similar, Unity, and Fraternity. The theme of this year's congress is "Playing the Symphony of Homoeopathy Health Care: Harmonizing Research and Practice" is both timely and meaningful and will provide an excellent platform to practitioners, researchers, policymakers, academicians, and international experts to come together in a spirit of collaboration, share valuable insights, and contribute to the future of homoeopathic healthcare.

I extend my heartfelt congratulations to HMAI on this landmark occasion and convey my best wishes for the grand success of the congress.

(Dr. Subhash Kaushik)



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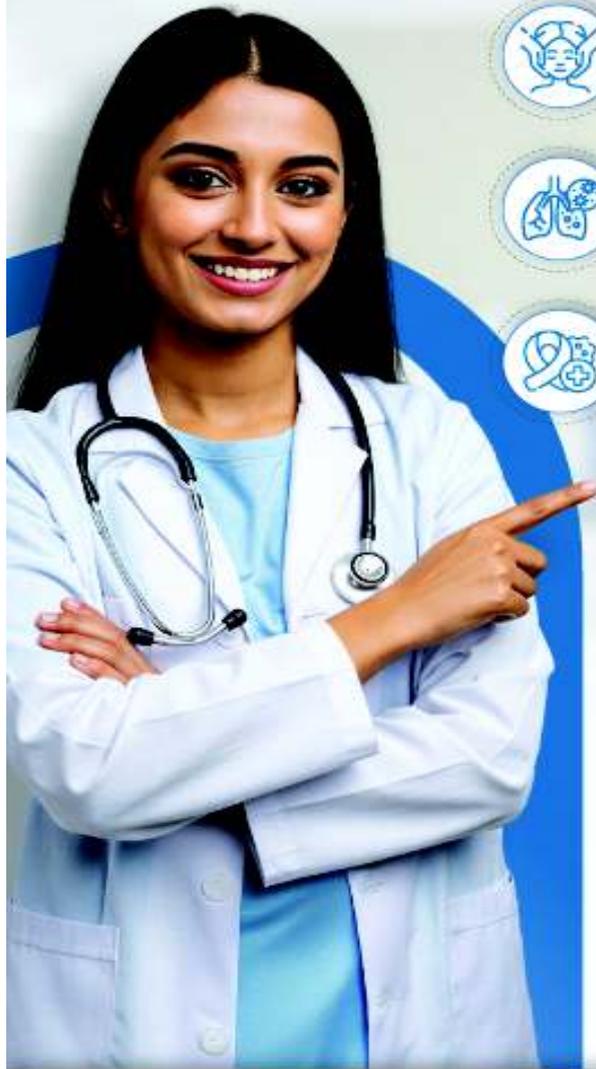
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No.288-Secy(HFW)/2025

Date : 16/10/2025

I am deeply honored to grace the Inaugural Session of the Golden Jubilee Celebration and the 23rd All India Homeopathic Congress, scheduled to be held on 26th December 2025 at the Biswa Bangla Convention Centre, Kolkata.

This milestone event stands as a testament to the enduring contributions of the homeopathic community in advancing holistic healthcare and promoting wellness across the nation. I look forward to joining distinguished practitioners, scholars, and enthusiasts to reflect on five decades of remarkable progress and to envision a healthier future driven by compassion, research, and innovation.

Wishing the heartiest congratulations to the Homeopathic Medical Association of India (HMAI) for success in all endeavors of **Golden Jubilee Celebration of 23rd All India Homeopathic Congress 2025**.

(Narayan Swaroop Nigam)
Principal Secretary
Health & Family Welfare Department
Government of West Bengal



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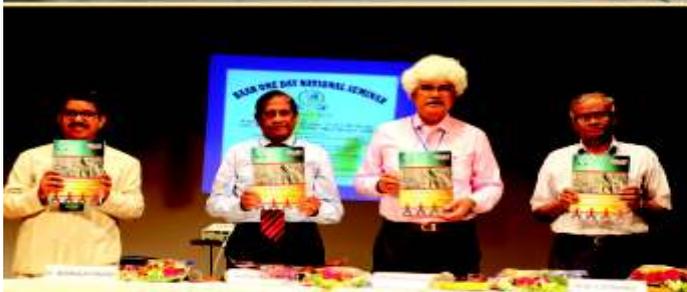
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MESSAGE

I am gratified to know that The Homoeopathic Medical Association of India(HMAI), West Bengal State Branch is going to celebrate "The Golden Jubilee of HMAI" & organize "23rd All India Homoeopathic Congress" during 26th to 28th December, 2025 at the prestigious Biswa Bangla Convention Centre, Kolkata. I am honored to grace the Inaugural session as Guest-of-Honour.

I do believe that such conference having national & internationally recognized speakers & delegates will enrich homoeopathic fraternity with latest scientific developments and will frame future direction of homoeopathic community in India and globally, which will be beneficial for the mankind. I also do believe that an educative, colourful & informative Souvenir will published to commemorate this occasion.

I extend my warm greetings and felicitations to the organizers and wish the programme all success.

Kolkata

November, 14th 2025

Director of Homoeopathy
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Golden Jubilee Celebration Committee
The Homoeopathic Medical Association of India (HMAI)



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Prof. (Dr.) Mukul Bhattacharyya
Vice-Chancellor

Memo No. Message/PA-VC/WBUHS/2025-2026/0030

Date : 10/11/2025



Message

It is my great pleasure to note that the Homoeopathic Medical Association of India (HMAI), West Bengal State Branch is going to organize its Golden Jubilee Celebration and 23rd All India Homoeopathic Congress 2025 from 26th to 28th December 2025 at Biswa Bangla Convention Centre, Kolkata.

I feel proud about the contribution of this Association in the field. I believe that the conference will be an ideal platform for sharing knowledge with experts and at the end of the conference all the participants will be extremely enriched with latest research work and development. I shall request all members to update their professional knowledge, skills and be honest, open, and act with integrity.

I congratulate all the members and patron of the committee for their long and useful services to the state and nation through their thoughtful activities.

I am happy to know that a souvenir will be published to commemorate this auspicious occasion.

I extend my warmest wishes for a grand success of the ceremony.

Prof. (Dr.) Mukul Bhattacharyya
Vice Chancellor

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FROM THE DESK OF

Dr. S.P.S. Bakshi
D.H.M.S.

Vice President :



Liga Medicorum Homoeopathica
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Former President :

* Central Council of Homoeopathy
Ministry of Health & Family Welfare
Govt. of India

* Homoeopathic Medical Association of India

Former Vice Chairman :

Board of Homoeopathic System of Medicine

November 8, 2025

MESSAGE

I am happy to learn that The Homoeopathic Medical Association of India (HMAI), West Bengal State Branch is going to celebrate their Golden Jubilee and 23rd All India Homoeopathic Congress 2025 having the theme **Playing the Symphony of Homoeopathy Health Care : Harmonizing Research and Practice** at Biswas Bangla Convention Centre, Kolkata on 26th December 2025 at 10:30 AM

This conference is unique as it reflects the 50 glorious years of dedicated service by HMAI, celebrating the growth, impact and future direction of homoeopathy in India and globally. This congress will no doubt bring together practitioners, researchers, policymakers, academicians and international experts in a dynamic exchange of knowledge and collaboration. The speakers at this conference are active professionals, enjoying high levels of creative experience and would offer participants to focus on the challenging and changing future as far as homoeopathy is concerned. Another benefit of this congress is the range of informal discussions which may take place outside the formal program, often setting the basis for future long term relationships.

I am glad to note that a colorful souvenir would also be released by the organizers to commemorate this great event which will be unveiled during the inaugural ceremony.

I extend my warm greetings and felicitations to the organizers and the participants and send my best wishes for the success of the event.

(Dr. S.P.S. Bakshi)

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Mr. Chanchal Chandra Deb

Dr. S. C. Deb Homoeo Research Laboratory Pvt. Ltd.
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MESSAGE

It gives me immense pleasure and a deep sense of honour to be appointed as the Secretary of the Reception Committee for the Golden Jubilee Celebration of The Homoeopathic Medical Association of India (HMAI), West Bengal State Branch. On this momentous occasion marking fifty glorious years of dedication and service to homoeopathy, I extend my heartfelt congratulations to all members, organizers, and well-wishers of this esteemed association. The HMAI has played a pivotal role in uniting practitioners, promoting scientific awareness, and strengthening the foundation of homoeopathic medicine across the state and the nation. This Golden Jubilee is not just a celebration of the past, but a beacon of inspiration for the future — a testament to the enduring faith in homoeopathy as a system of healing that continues to benefit countless individuals. Homoeopathy, with its holistic and compassionate approach, is gaining renewed recognition in the modern world.

It offers gentle yet effective treatment, addressing the root cause of illness while respecting the harmony of mind and body. The continuous advancement of research, education, and clinical practice ensures that homoeopathy remains relevant and beneficial for both doctors and patients in the years ahead. I sincerely wish this grand celebration all success and hope it further strengthens our collective mission — to take homoeopathy to new heights of excellence and service to humanity.

With Regards,

For, Dr S.C. Deb Homoeo Research Laboratory Pvt. Ltd.

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MESSAGE FROM THE DESK OF CHAIRMAN, SCIENTIFIC COMMITTEE, HMAI



It is with immense pleasure and honour that I, Dr. Subhas Singh, on behalf of the Scientific Committee, extend a warm welcome to the Golden Jubilee Conference of the Homoeopathic Medical Association of India (HMAI), 2025. This landmark event marks fifty years of dedicated service to the cause of Homoeopathy- A journey of ups and downs, unity, growth and struggle. The Conference souvenir you hold is both a testament to this legacy and a beacon for the vibrant future of our beloved HMAI to which the founders, our seniors and we all have toiled to shape it and most importantly to keep the flag flying. This Conference commemorates half a century of advancing homoeopathic science, education, and practice, while also reflecting the dynamic progress that lies ahead. The initiative of the Homoeopathic Medical Association of India (HMAI), West Bengal State Branch, in organizing the 23rd All India Homoeopathic Congress 2025 and Homoeo-Expo, is commendable. Our chosen theme, *"Playing the Symphony of Homoeopathy in Healthcare – Harmonising Research and Practice"*, serves as a guiding principle and urgent call to action. Just as a symphony requires every instrument to play in unison, Homoeopathy must harmonize rigorous scientific inquiry with effective clinical application to reach its fullest potential. The Scientific Committee has carefully curated a program that showcases cutting-edge research, highlights clinical excellence, and fosters dialogue and collaboration. Eminent researchers and seasoned practitioners will share their insights, intricate case studies, and practical experiences, while discussions will explore pioneering clinical research, innovations in therapeutics, and scientific validation through robust study designs. This Golden Jubilee is not only a celebration of tradition but also a synthesis of innovation. The papers presented and lectures in this Congress bridge historical wisdom with contemporary, evidence-based methodologies, offering valuable resources for practitioners, researchers, and students alike. Over the course of this conference, we will engage in insightful discussions, workshops, and presentations designed to inspire new perspectives and strengthen our collective commitment to advancing Homoeopathy in modern healthcare. Your active participation is the final, essential note in creating a harmonious and impactful future for our discipline. As we celebrate fifty years of HMAI's service, let us come together to further the symphony of Homoeopathy in healthcare, ensuring it resonates loudly and clearly for generations to come. I extend my deepest gratitude to each and every delegate, to each and every speaker and all who were involved in the curating and shaping the scientific sessions for their participation, cooperation and unwavering support. Their collective efforts have ensured the high standard of this Congress. May this Golden Jubilee be a catalyst for continued journey for this largest organisation of Homoeopathic physicians (HMAI) which may reach newer heights bringing along with the scientific inquiry, clinical excellence, and progress in the field of Homoeopathy.

Subhas

Prof. (Dr.) Subhas Singh
Chairman, Scientific Committee, HMAI



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Message

From the desk of the Secretary General-Cash-Bangladesh

I would like to congratulate Golden Jubilee Celebration Of The HMAI 23rd All India Homoeopathic Congress-2025 and other related person for organizing The Homoeopathic Medical Association Of India (HMAL), West Bengla State Branch held on 26 -28 December 2025. At Biswa Bangla Convetion Centre, Kolkata,India. I am sure that lot of Homoeopathic Stalwarts,physicians,students and well-wisher of is Homoeopathy are going to join on this event from local and abroad.

I pay my profound and heart felt tribute to Dr. SCF Hahnemann, the father of Homoeopathy. This is also very pleasure to me stay with you in this December Programme.

In Order to enrich our knowledge in the field of Homoeopathic medical science the said conference will no doubt give us a scope for sharing our new ideas and though which will be helpful to update our experience as Homoeopathic medical practitioners.

This conference will surely brings tin new ideas and help in promoting Homoepathy more effectively through the subjects of the scientific Seminar discussed in the congress.

Let us united & move together for the development of Homoeopathy.

Extend my best wishes to all the organizer, delegates, participants and learned speaker. I also wish thgis mega scientific Seminar a grand success.

Long Live Bangladesh, Long Live Homoeopathy

Majid

Dr. Md Abdul Majid 12.10.25
Secretary General: Centre for Advance studies in Homoeopathy- Bangladesh.

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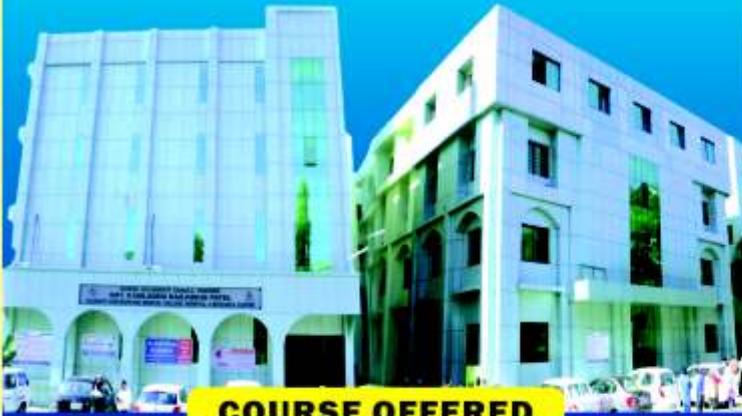


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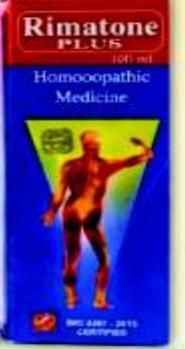
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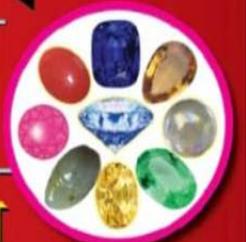
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ফ্রি

২২ ক্যারেট হলমার্ক সোনার গহনা
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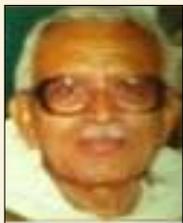


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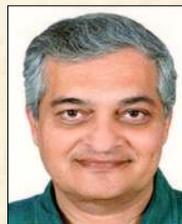


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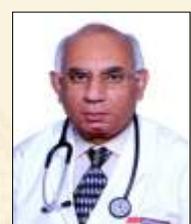


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West Bengal State Branch

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The Hahnemannian Homoeopathy – The Ultra-Modern Medicine

“From Humble Roots to Healing Millions: Blending Knowledge, Compassion, Science and Service” -
The Inspiring Journey of Dr. G. P. Sarkar through the Ultra Modern Medicine

Dr. G. P. Sarkar is an eminent Indian entrepreneur, philanthropist, and visionary who has been in an indelible mark on the field of medicines-Homoeopathy, Ayurveda, Allopathy and social services. With sheer determination, dedication and a deep passion for learning, he rose to become the Founder Chairman of Dr Sarkar Allen Group of companies—a renowned enterprise in the field of Homoeopathic, Ayurvedic and Allopathic medicines.

Early Life Struggles and Education

Dr. G. P. Sarkar was born on 13th September, 1939 at Uthali, Dhaka (in British India, now Bangladesh). His father was late Shri Kunja Bihari Sarkar and mother was late Smt Makhani Bala Sarkar. His early years were marked by financial hardship, as he actively engaged in cultivation and small-scale trading during his childhood. In 1953, he was uprooted from his birth place due to socio-political changes and resettled at Birpur, a remote village in Nadia district of West Bengal. Despite hardships, Dr. Sarkar's determination for education never faltered. In 1960, he moved to Kolkata and pursued his B.Sc. degree at Surendra Nath College in evening session, supporting himself by giving private tuitions.

In 1965, he began his professional journey as an Allopathic Medical Representative. Alongside his work, he pursued medical studies at the prestigious Calcutta Homoeopathic Medical College and Hospital—Asia's oldest institution of homoeopathy—studying at night and working at day.

THE CALCUTTA HOMOEOPATHIC MEDICAL COLLEGE
Students Union Executive Committee (Evening) Session 1966-67



Dr. G.P. Sarkar (Relief Secretary standing right side) with Dr. B.K. Bose M.D.D.O. (U.S.A.) Secretary, Dr. R. Ghosal, M.Sc. M.B.D.T.M. (Cal & Liv) Principal, Dr. P.C. Paul B.M.B.S.D.M.S.P. Gr. (Lond & U.S.A) & other students

Career and Entrepreneurship

In 1969, Dr G. P. Sarkar under his leadership purchased a partnership firm, Jupiter Chemical Works with its valid Allopathic drugs manufacturing license at Bashakbagan, Baranagar, Kolkata which is today's Jupiter Pharmaceuticals Ltd. The factory is at Behala Industrial Estate, Kolkata and the office is at Business Synthesis park, Newtown, Kolkata. Dr G. P. Sarkar is not only B.Sc.

homoeopath but also Drug control approved Allopathic and Ayurvedic medicines manufacturing chemist. He has formulated so many Allopathic and Ayurvedic medicines brands for his Jupiter Pharmaceuticals Ltd.

Allen's 1st Factory at Allen House



Maniktala Main Road, Kolkata-700054

Jupiter Pharmaceuticals Limited



Factory, Behala Industrial Estate,
620, D.H. Road, Kolkata-700034

In 1981, Dr G. P. Sarkar founded Allen Laboratories Pvt.Ltd for manufacturing of homoeopathic medicines at **Allen House, Maniktala Main Road, Kolkata** and started manufacturing homoeopathic medicines since 1984. He has also formulated so many brands for Allen Laboratories Ltd like Allen's **ArnicaPlus TRIOFER Tab., AllenZyme, ALVINE, UTERIN, etc.**



Allen's 2nd Factory for Homoeo, 3rd Factory for Ayurveda & Office Building, Allen Center



Allen Estate, Krishnapur Road, Kolkata - 700102

Allen Laboratories Limited started its 2nd Factory for Homoeopathic Medicine manufacturing in 1994 and its 3rd factory for Ayurvedic Medicine in 1999 for the products not only Homoeo Dilutions, Mother Tinctures, Bio-chemic, Bio-Combinations but also brands like - Homoeo Combinations, **ArnicaPlus Triofer, Paintox, LivosinZyme, Gastrin, Gastrin Plus, LIVOSINTOTAL, Alferon, Hypervis, Dialfa, Repos, Thyrol, etc.**

And Ayurvedic brands like - **LIVOSIN, LIVOSIN Bel, ALVINE, Thymoral,**

Uterin, Paintox (Gel/Oil/Capsule), Allen Balm Strong, etc.

Research and Academic Passion

Even as a successful industrialist, Dr. Sarkar never lost touch with his identity as a research lover. He consistently encouraged scientific exploration and evidence-based practices in homoeopathy, while also respecting the traditional wisdom of Ayurveda and modern advancement of Allopathy. His vision has always been to integrate knowledge and exploration of integration for the benefit of mankind.

Social Work and Philanthropy

Beyond his industrial success, Dr. Sarkar is equally admired as a great social worker. His life's mission is to uplift the poor marginalized, particularly in healthcare through scholarships, charitable initiatives, and community welfare programs. He has impacted countless lives. His generosity and commitment to social justice have earned him widespread respect.

Dr Sarkar has always blended entrepreneurship with social commitment. He established the Dr. Malati Allen Charitable Trust, which runs Charitable Homoeo Clinics providing free medical treatment and homoeopathic medicines to the underprivileged. Since 2012 and continuing till 2023, the Trust has also been presenting the Dr Malati Allen Noble Awards and Mahatma Hahnemann Award, These honors not only motivate young doctors and fostering the growth of homoeopathy, but over the years have also been conferred upon many renowned and distinguished personalities, further enhancing the prestige and impact the mission of

Dr. Malati Allen Noble Award 2012



Dr. G. P. Sarkar with Dr. Mahendra Singh, BK Padma Didi, BK Asmita Didi, Dr. Ramjee Singh, Mr Shyamal Sen & others.

Dr. Sarkar. To honour his wife late Dr. Malati Sarkar, a true homoeopathic lover and believer, (Director of Allen Laboratories Ltd, who left us in 2010), Dr. G. P. Sarkar started giving award of Rs 10000 to the 100 toppers from various 100 homoeopathic medical colleges and hospitals in all over India since 2012 till 2023 at Science city auditorium, Kolkata with presence of prestigious, honorable and famous personnel. **In 2017 Ho'ble Shri Pranab Mukherjee, the president of India, was present in the auspicious occasion as an inauguration.**

Dr. Malati Allen Noble Award 2013





Dr. Malati Allen Noble Award 2014



Dr. Malati Allen Noble Award 2015



Dr. Malati Allen Noble Award 2016



Dr. Malati Allen Noble Award 2017



Dr. G. P. Sarkar presenting Dr. Malati Allen Award to Shri Pranab Mukherjee, Hon'ble President of India

Dr. Malati Allen Noble Award 2018



Dr. G. P. Sarkar with the Pan India recipients of Dr. Malati Allen Noble Award



Hon'ble Shri Pranab Mukherjee, the President of India, was present in the auspicious occasion as an inauguration.

Dr. Malati Allen Noble Award 2019



Dr. G. P. Sarkar with the Pan India recipients of Dr. Malati Allen Noble Award

Dr. Malati Allen Noble Award 2023



Dr. G. P. Sarkar with Swami Satyeshananda Maharaj, Assistant Secretary, R.K.Mission, Belur, Dr. Kunal Sakar other Awardees



Dr. G. P. Sarkar, President of Laughing Academy of Eastern India showing Yogasan at Madhusudan Mancha, Dhakuria, Kolkata-700031

Beyond healthcare industry, Dr. G. P. Sarkar has been an active promoter of wellness practices. As President of the Ayurvedic Drug Manufacturer Association of India (ADMAI) and Former Vice President of The Federation of Homoeopathic Manufacturers of India (FOHMI), President of the Laughing Academy of Eastern India, the President of Netaji Park Laughing Club and also the President of Ahiritola Youth Swimming Club (AYSC) since 1989, he has tirelessly advocated yoga, pranayama, laughter therapy and swimming for over two decades. He is the Honorary Secretary of The Calcutta University Institute, Former president of Bengal National Chamber of Commerce & Industry (BNCCI), Former Chairman of Enterprise Development Institute (EDI) promoted by BNCCI, Govt. of West Bengal & Govt. of India.



Dr. G. P. Sarkar, President with Minister Dr. Shashi Panja, Chairperson of the organizing committee of Ahiritola Youth Swimming Club

His humanitarian work extended further through Dr. Sarkar Allen Foundation Trust, which promotes fundamental and spiritual education will start promoting Yoga and Naturopathy Institute and Dr. Sarkar Allen Ultra Modern Homoeo Clinic.

Legacy

Today, Dr. G. P. Sarkar is celebrated not only as a homoeopathic medicine industrialist but also as a visionary leader, philanthropist, and lifelong learner. His journey from poverty to prominence is a testament to the power of perseverance, education, and service to humanity. Through Dr Sarkar Allen Group and his personal initiatives, he continues to inspire future generations with the message that knowledge, compassion, and hard work can transform lives and society at large. Dr. Sarkar is admired not only for his professional accomplishments but also for his humility, simplicity, and humanity. Despite leading a large organization, he lives by values of discipline, honesty and service. Those who work with him describe him as a approachable, encouraging and ever curious. At the age of 87 Dr. G. P. Sarkar remains active, guiding the Allen Laboratories Ltd and inspiring future generations. He continues to balance his responsibilities as an industrialist with his roles as a researcher, student, and social worker. His journey-from a poor Bengali boy born in 1939 to the founder of a respected pharmaceutical group and a beacon of social service-serves as a living example of how determination, education and compassion can transform lives. His life demonstrates that true greatness lies not in wealth or position, but in dedication, knowledge, and service to humanity.

The Birth of a Vision – Dr Sarkar Allen Group

Dr. Sarkar's vision took concrete form with the establishment of Dr. Sarkar Allen Group, which he founded with a mission to provide reliable, effective, and affordable medicines to people. Starting from modest beginnings, the organization grew under his leadership into a trusted name in healthcare.

The Dr. Sarkar Allen Group initially focused on Allopathy and Ayurveda but gradually expanded into homoeopathic, close to Dr. Sarkar's heart, medicine manufacturing. His guiding principle has always been that healthcare should be comprehensive, blending traditional wisdom with modern science, and accessible to all sections of society. Through relentless hard work, innovation, and a deep sense of responsibility, Dr. Sarkar nurtured Dr Sarkar Allen Group into a respected healthcare brand-valued for quality, trust, and compassion.



Association with Eminent Personalities and society



Dr. G. P. Sarkar with Chief Minister of West Bengal Hon'ble Shri Jyoti Basu in the year 1995 at BiswaBangla Sammelan in USA



Dr. G. P. Sarkar, Dr. Malati Sarkar with Dr. Bholanath Chakroborty, Dr. S. R. Saha & others



Dr. G. P. Sarkar with Dr. S. K. Dubey, Dr. S. R. Saha, Dr. B. N. Chakroborty & Shri Kiranmoy Nanda (Minister) in 1994



Dr. Malati Sarkar wife of Dr. G. P. Sarkar with Chief Minister of West Bengal Hon'ble Shri Buddhadeb Bhattacharya

Dr. Sarkar's life journey has also brought him in touch with several eminent national leaders, scholars, and cultural figures. He had the privilege of meeting and exchanging thoughts with great personalities such as Dr. Bholanath Chakroborty and former Chief Minister Shri Jyoti Basu. In 1995 Dr G P Sarkar with his wife late Dr Malati Sarkar visited USA as business delegate with the team of honorable chief minister of West Bengal, Sri Jyoti Basu and also visited U.k. France and Germany. He visited Japan, South Korea, Thailand, Myanmar, Philippines, Pakistan, Dubai China, Bhutan, Bangladesh, Sri Lanka, Singapore, Russia and Spain. In 1999 he also visited Japan, USA and U.K. as business delegate with honorable M.P. Sri Somnath Chatterjee. He has visited Brazil with the team of Jadavpur University. He has visited Hong Kong, Australia, Cambodia and Nepal so on. He also shared cordial moments with the honorable Chief Minister of West Bengal, late Shri Buddhadeb Bhattacharya and Mamata Banerjee, who appreciated his contributions to society and healthcare.



Dr. G. P. Sarkar from BNCCI with the Union of Myanmar Chamber of Commerce



Recognition and Honours

Over the decades, Dr. G. P. Sarkar's tireless dedication to healthcare, research, and social service has earned him wide recognition. He has been the recipient of numerous honours, awards, and mementoes from respected institutions, medical associations, and social organizations. Each recognition reflects not only his professional excellence but also his human values of compassion, humility, and service to society and mankind.

Dr G. P. Sarkar is the recipient of many prestigious Award and Accolades some of which are as follows -

In 1989 CCI Award by Critic Circle of India, New Delhi.

In 1997 Seba Ratna Award for outstanding contribution & devotion to industrial growth by Dakshin Kolkta Krira O Sanskriti Parishad from the hands of Governor, West Bengal

In 2000 Baijnath Bhiwaniwalla Memorial Trophy 1998-99 in recognition of outstanding performance as a 1st Generation Entrepreneur in Eastern India by Bharat Chamber of Commerce from Ex Minister Shri Arun Shourie at Taj Bengal, Kolkata.

In 2006 Hearty Felicitation to Glorious Ex-student for extra ordinary success in the field of Homoeopathic Medicinal Industry on the occasion of 125 years celebration of their alma motor by the teachers council, The Calcutta Homoeopathic Medical College and Hospital, Govt. of West Bengal.

In 2009 Lifetime Achievement Award for propagating and popularizing Homoeopathy from HMAI, Varanasi on 255th Hahnemanns Birthday Celebration.

In 2015 Felicitated as Guest of Honor for his Outstanding Contribution for the cause of Homoeopathy and Education on 261st Birthday Celebration of Dr. Samuel Hahnemann, organized by HMAI, Bengal.

In 2020 awarded for his recognition towards his commitment and dedicated service by Bengal National Chamber of Commerce and Industry on their 133rd Foundation Day from the hands of honorable Governor Shri Jagdeep Dhankar, West Bengal.

In 2023 Felicitated at the 64th West Bengal State Homoeopathic Practitioners Conference-2023 organised by Bishnupur Unit West Bengal State Branch The Homoeopathic Medical Association of India.



Dr. G. P. Sarkar receiving the CCI Award by the Critic Circle of India, New Delhi in 1989 from the hands of Chief Justice of India Hon'ble Shri Sabyasachi Mukherji



Dr. G. P. Sarkar receiving Seba Ratna Award from Hon'ble Governor Shri K. V. Raghunatha Reddy in 1997



Dr. G. P. Sarkar with the Hon'ble Chief Minister Shri Jyoti Basu, Shri Mithun Chakroborty & Hon'ble Minister Shri Subhas Chakroborty at Taj Bengal in 2000



Glorious Ex-student Award from CHMC&H in 2006 by the Teachers council



Dr. G. P. Sarkar with Hon'ble Chief Minister Smt. Mamata Banerjee West Bengal in 2014



Dr. G. P. Sarkar Former President of BNCCI with Jagdeep Dhankhar Governor of West Bengal in 2020



Global Footsteps

Beyond India, Dr. Sarkar has also visited several countries, carrying with him the vision of Indian healthcare and homoeopathy to the world stage. His international interactions gave him a broader outlook, enriching his mission of blending global scientific advancements with indigenous medical knowledge.

Despite these honors, global exposure, and associations with eminent personalities, Dr. Sarkar remains deeply humble. To him, every award is not a personal achievement, but a responsibility to work harder for humanity. His belief has always been that true honor lies in the blessings of people whose lives have been touched by healthcare, education, and compassion.

A Spirit Forever Young

Now at the age of 87 years, Dr. G. P. Sarkar continues to astonish everyone with his unfading energy, enthusiasm, and creativity. While many at this stage of life choose rest and retirement, he stands as an example of vitality and dedication, still working tirelessly for his organization, employees, and society.

Innovative at Every Step

Even today, he remains innovative and forward-looking, constantly exploring new ideas in medicine, research, and social welfare. His open-mindedness and curiosity allow him to connect with younger generations, making him not only a respected elder but also a true mentor and guide.

Youthful in Heart and Spirit

Friends, colleagues, and well-wishers often say that although his years count 87, his heart and spirit are still like that of an 18-year-old—full of dreams, passion, and courage. His laughter, optimism, and willingness to embrace change make him a living inspiration for those around him.

An Everlasting Example

Dr. Sarkar's life reminds us that age is not measured by years, but by one's vision, purpose, and will power. His youthful energy even today is proof that when a person lives with love for knowledge, service, and humanity, time can never make the spirit grow old. In the grand tapestry of life, Dr. G. P. Sarkar stands as a luminous thread-binding together the values of perseverance, vision, and compassion. From humble beginnings to building an empire of healing, his journey embodies the triumph of faith and dedication. A healer, a dreamer, a guide and a philanthropist, he has gifted society not only medicines for the body, but also inspiration for the soul. As he continues to radiate vitality and wisdom even in his 87th year, his legacy blossoms like a perennial lamp-illuminating paths for future generations, reminding us that true greatness lies not in wealth or power, but in service, humility and the enduring pursuit of human welfare.

Dr. G. P. Sarkar envisions Hahnemannian Homoeopathy as the true Ultra-Modern Curative Medicine, harmoniously complemented by Ayurveda, Yoga, and Naturopathy as essential pillars of maintenance therapy. Together, they form an integrated healing system that nurtures the body, mind, and soul, addressing both cure and well-being in their fullest dimensions. This noble philosophy finds its expression through Dr. Sarkar Allen Foundation Trust, established for the advancement of Dr. Sarkar Allen Ultra-Modern Homoeo Clinic and Dr. Sarkar Allen Yoga and Naturopathy Institute, to be located at Dr. Gourpadananda Sebashram, Chandiberia, Krishnapur, Kolkata -700102.



Dr. G. P. Sarkar, the illustrious Founder-Chairman of the Allen Laboratories Ltd, graces the Golden Jubilee Celebration of the Homoeopathic Medical Association of India as its esteemed Chief Patron. His visionary leadership, unwavering dedication to the advancement of Hahnemannian Homoeopathy, and lifelong commitment to the service of humanity lend unparalleled splendour to this historic occasion. The celebration, being held from 26th December to 28th December 2025 at the majestic and globally acclaimed Biswa Bangla Convention Centre - one of the Asia's most prestigious venues- attains a new height of dignity and inspiration under his August presence.

Elegantly compiled and meticulously penned by Dr. D. Das.



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EDITORIAL

Prof. Dr Shubhamoy Ghosh,

Co chairperson, Scientific Committee, Golden JUBILEE Celebration of HMAI congress 2025



It is with profound joy and a deep sense of purpose that we present the Editorial for the Golden Jubilee Celebration of the HMAI Congress— an extraordinary milestone marking

fifty glorious years of dedication, service, scholarship, and evolution in the field of Homoeopathy.

As we gather from 26th to 28th December at the majestic Biswa Bangla Convention Centre, Salt Lake, Kolkata, we stand at the confluence of heritage and progress, reflecting on our luminous past while envisioning the expansive horizons of our collective future.

This year's central theme—

“Playing the Symphony of Homoeopathy in Healthcare: Harmonising Research, Practice, and Pedagogy”—

Resonates deeply with the spirit of our profession, highlighting the need for an orchestrated integration of clinical excellence, scientific inquiry, and educational refinement.

The Golden Jubilee Congress proudly stands as one of the largest and most vibrant congregations in our history, welcoming more than 5000 participants from across India and around the world.

The presence of distinguished national and international speakers enriches the academic canvas with diverse philosophies, research contributions, and global perspectives. With 82 oral presentations (including 37 long and 45 short communications) and 68 posters, the scientific sessions reflect the intellectual vigor, research enthusiasm, and scholarly depth of our fraternity.

A defining highlight of this Jubilee edition is our renewed commitment to Innovation and Future-Readiness. As global healthcare undergoes unprecedented transformation driven by technology and interdisciplinary research, Homoeopathy is poised to embrace these frontiers with both openness and discernment.

Special sessions this year illuminate the rapidly emerging interfaces of:

- 1) Artificial Intelligence and Machine Learning in Clinical Decision Support, and technology-driven innovations that seek to unfold the scientific mysteries of Homoeopathy
- 2) Personalized and Precision Medicine in Homoeopathic Practice
- 3) Quantum Mechanics and the Science of Ultra-High Dilutions
- 4) Nanotechnology, Nano-structures, and Modern Analytical Research in Homoeopathy

These explorations reaffirm our conviction that Homoeopathy is not merely a legacy system of medicine— it is a dynamic, evolving, and future-relevant scientific discipline contributing meaningfully to integrative and human-centric healthcare.

This Golden Jubilee Celebration also attains enhanced significance through technical collaboration with key national and international institutions, including the Ministry of AYUSH, Government of India; the Central Council for Research in Homoeopathy (CCRH); the National Commission for Homoeopathy (NCH); the National Institute of Homoeopathy (NIH); the Bureau of



Indian Standards (BIS); and the Liga Medicorum Homoeopathica Internationalis (LMHI).

Their support underscores the collective strength, institutional synergy, and unified vision driving the growth and global recognition of Homoeopathy.

The Golden Jubilee is, above all, a celebration of people—the educators who built our foundations, the clinicians who serve with compassion, the researchers who strive for evidence and innovation, the students who carry our hopes forward, and the visionaries whose leadership continues to strengthen the Homoeopathic Medical Association of India

It honours the countless practitioners who have brought healing to communities, the institutions that shaped generations, and the collective spirit that has elevated Homoeopathy across five fruitful decades.

As we step confidently into the next fifty years, may this Congress rekindle our commitment to scientific integrity, ethical practice, and global collaboration.

Let it inspire curiosity in young scholars, strengthen our academic culture, and reinforce Homoeopathy's rightful place in the global landscape of healthcare—with credibility, compassion, and confidence.

We extend our heartfelt gratitude to all speakers, delegates, organizers, volunteers, partners, and well-wishers for shaping this historic event.

A special note of appreciation goes to the Scientific Committee, whose untiring effort, meticulous planning, and academic stewardship have made this Souvenir and the Congress itself a memorable success.

Let us move forward—united, enlightened, and inspired—towards a future where Homoeopathy continues to touch lives with deeper impact, stronger scientific foundations, and global recognition.

Long live HMAI.

Long live the spirit of Homoeopathy.



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WELCOME ADDRESS

Dr. D. S. Bhar, Chairman, Reception Committee



The stage is set, the final bell has rung, the veil on the much awaited Golden Jubilee Celebration of All India Homoeopathic Medical Association of India is about to be lifted. It is the time to sit together to learn, to communicate with each other, to hold the flag of Homoeopathy high. I, at this very special moment, welcome you all here to this beautiful city of joy, Kolkata, the citadel of Indian Homoeopathy, where Homoeopathy grew from a small seedling to such a great tree to bring world recognition for Indian Homoeopathy. The cream of Homoeopathic fraternity of India has assembled here to educate us about true Homoeopathy, elite researchers on basic sciences are here to establish homoeopathy on a solid scientific ground, clinical researchers are ready to inform about the outcome of their fascinating clinical researches, renowned manufacturers of homoeopathic pharmaceuticals are also here to exhibit their expertise for manufacturing quality medicine.

While welcoming you all from this dais, I take this opportunity to bring attention to some of the burning problems which are restricting growth of Homoeopathy in its truest sense. It is the general perception in our country that popularity of homoeopathic treatment is increasing day by day and homoeopathy is very popular in our country now-a-days. But is that perception true? Does homoeopathy achieve that respectful position among the different types of therapeutic treatments available in our country? Though it is well proved that homoeopathy is effective in so many difficult to cure diseases and that too at a very nominal expenses, it is not understood that why in every State owned

hospitals, a separate Homoeopathic wing is not being opened, which will not only give relief to the ailing patients but also help the Government to provide treatment at a lesser cost. On the other hand majority of homoeopathic physicians are more interested to treat patients with chronic diseases rather than patients suffering from acute illness. Until more and more homoeopathic physicians start treating patients suffering from acute diseases or show result in emergency cases, people will not have proper faith in homoeopathy and will believe that homoeopathy is effective only in some chronic cases.

The question of use of combination medicines may also be raised here. So called Patent or combination medicines are flooding the market because of our lack of confidence on homoeopathic principle. We must understand that it is a single medicine that cures a disease; use of combination of a number of medicines, without justification and proving, only complicates disease. It is the duty of the teachers of homoeopathic colleges to bring confidence in the mind of the students that it is possible to bring cure using single medicine and that is the best option of treatment. I hope the National Commission of Homoeopathy, the apex organization to look after homoeopathic teaching, will take necessary steps in this regard to impart proper education among the students.

Another burning question plaguing the homoeopathic world is how to judge purity of a medicine and how long will that remain effective? Though testing of mother tinctures, triturations or tablets up to 6X is possible, testing of potencies above that level is very difficult. The root of all controversies with homoeopathic treatment lies not



on its principle but on the medicine itself. The principle of homoeopathy was known for a long time, even before Hahnemann, from the time of Hippocrates, but proper use of the principle came through Hahnemann only. Modern science is always skeptic about potentised medicine, as according to physical science existence of a single molecule of the original drug substance in potency above 12C is almost impossible. But the homoeopaths use potencies much above that level up to 10M or even higher. Then in absence of any drug molecule how cure can be affected. Till yesterday, science had no clue on this, but present day research indicates that homoeopathic medicines are not merely alcohol or water but possess some different physical characteristics which may be responsible for their healing effect on diseased body. This is a definite advancement towards understanding homoeopathy.

Friends, I have already taken much of your time. I hope you will enjoy the three days of stay here at this lovely venue. Enjoy the proceedings together with the hospitality of Bengal. If your time permits, take a little leave from your very busy schedule, to visit the picturesque places of the State like Darjeeling & Digha, to enjoy the calm atmosphere of Shantiniketan or to enter into the wilderness of Sunderban.

Friends, I am sure, Homoeopathy, facing all odds, all attacks on it by the skeptics, all misbelief and opposition, will ultimately come out as the winner. Let us join hands to make Homoeopathy great again and this Congress a memorable one.

Au revoir

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FROM THE DESK OF THE CHAIRMAN ORGANISING COMMITTEE

Dr. Shyamal Kumar Mukherjee



I like to welcome you all to the city of joy and wish your health, successful career and Pride as homeopath. The golden jubilee is celebrated at Kolkata the Breeding place of HMAI and above all homoeopathy in India. It is my proud privilege that the central secretariat has given me the responsibility to anchor safely the of the homoeopathic medical association of India from 1975 to 2025 with contributions from my predecessor particularly Dr. J.N. Kanjilal, Dr. Mahendra Singh and many others. The theme of the Gala event of golden jubilee of the HMAI, XXIII All India Homoeopathic Congress 2025 and Homoeo Expo is playing the symphony of homoeopathy in healthcare, harmonizing research and practice. As we all know the health is the harmonious play of life synchronising body and mind for higher purpose of existing. Similarly Homoeopathy will not flourish if It is not synchronised with good clinical practice and research following scientific protocol. Hope the assembly of homoeopath with its growing buds at the gorgeous Biswa Bangla Convention Centre will become a milestone and a lighthouse for sail of homoeopathy through all the odds.





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उ० प्र० शासन एवं होम्योपैथिक मेडिसिन बोर्ड लखनऊ द्वारा मान्यता प्राप्त



डा० राना प्रताप यादव
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डॉ० महिमा यादव
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50 GLORIOUS YEARS OF HMAI — A GOLDEN JUBILEE TRIBUTE

Dr Piyush Joshi, Deputy President, The Homoeopathic Medical Association of India



26–28 December 2025

Biswa Bangla Convention Centre,
Kolkata

As The Homoeopathic Medical Association of India (HMAI) gathers at the majestic Biswa Bangla Convention Centre, Kolkata, to celebrate fifty remarkable years of service, professional unity and academic leadership, we stand in admiration of a journey that has shaped the practice of Homoeopathy in India. What began in 1975 as a modest but determined initiative has expanded into a nationwide force representing the hopes, rights and professional identity of homoeopathic physicians across the country.

It is impossible to speak of this milestone without recalling with deep gratitude the Herculean task undertaken by the visionaries who gave birth to this organisation. Dr. J. N. Kanjilal, Dr. R. K. Desai, Dr. Rastogi, Dr. J. D. Dariyani, Dr. M. C. Batra, Dr. Diwan Harish Chand, Dr. K. G. Saxena, Dr. M. Kutumba Rao, Dr. Jugal Kishore, Dr. H. L. Chitkara, Dr. G. N. Mukherjee, Dr. Prodosh Majumder, Dr. S. N. Chatterjee, Dr. B. N. Mukherjee, Dr. B. N. Kanjilal, Dr. M. L. Bera, Dr. Mahendra Singh etc. and many other devoted pioneers laid the foundation of HMAI at a time when there was no structured platform for collective advocacy, academic collaboration or professional representation. With extraordinary determination, they united practitioners across states, mobilized resources, and created an organisation that has stood for dignity, recognition, scientific pursuit and the right to practice Homoeopathy with honour. Their legacy remains the lighthouse that continues to guide us.

In this celebration of the organisation, I must also reflect with humility on my own association with HMAI. My journey began as a simple primary member, volunteering at grassroots activities and learning from mentors and seniors. Over time, as opportunities came through hard work and dedication, I was entrusted with responsibilities that allowed me to understand the deeper purpose of service. Today, as I serve as the National Deputy President, I see my growth not as a personal achievement, but as evidence of the openness and democratic strength of HMAI. This organisation has never been a closed circle for a select few; it has always been a nurturing platform that recognizes merit, sincerity and genuine commitment to the cause of Homoeopathy. For this culture of inclusiveness and empowerment, I remain deeply grateful.

Even as we celebrate our glorious history, the present moment demands awareness and responsibility. The field of AYUSH in India is evolving rapidly, and with this change come both tremendous opportunities and serious challenges. There is a continuous need to ensure stability and uniformity in policy frameworks across states, while preserving the professional identity of Homoeopathy amidst administrative restructuring. Research visibility must be strengthened, clinical outcomes need systematic documentation, and publication standards must continue to rise to meet global expectations. Educational reforms and training standards require vigilance and vision, and we must also work tirelessly to prevent the spread of misinformation and unregulated practice. Above all, it is essential that Homoeopathy maintains its rightful representation



within India's multidisciplinary healthcare landscape.

The Golden Jubilee is not merely a commemoration of the past but a moment to shape the next fifty years with clarity and conviction. The future of HMAI and the future of Homoeopathy in India depend on our ability to build a strong evidence base, foster innovation in research, upgrade academic and clinical training, and amplify the public health impact of homoeopathic medicine. The association must continue its proactive policy advocacy with confidence and maturity, so that Homoeopathy remains central to AYUSH and secure in the national public healthcare agenda. Awareness among the general public must be enhanced through scientific communication rather than defensive argument, and global outreach must become a pillar of our growth. Most importantly, the youth must be

empowered — for it is they who will carry this legacy into the next century.

As we celebrate fifty years of HMAI, we honour the founders who dared to dream, the leaders who nurtured the organisation through decades, and the thousands of members whose dedication has made HMAI a symbol of unity and professional pride. With admiration for the past, responsibility for the present and confidence in the future, we step into the next era with the pledge to safeguard the dignity of our profession and to expand the horizons of Homoeopathy in India.

Past Fifty years have built our foundation; the next fifty will define our destiny.

Long live The Homoeopathic Medical Association of India.

Long live the spirit of service.

Long live Homoeopathy.

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MESSAGE FROM THE DESK OF SECRETARY GENERAL HMAI

Dr. A.K.Gupta, Secretary General, HMAI



It gives me immense pleasure to extend my heartiest greetings and best wishes to all delegates, dignitaries, and well-wishers gathered to celebrate the Golden Jubilee of The Homoeopathic

Medical Association of India (HMAI) in conjunction with the 23rd All India Homoeopathic Congress and Homeo Expo 2025 at the historic City of Joy at the prestigious Biswa Bangla Convention Centre, Kolkata.

This milestone marks 50 glorious years of tireless service, dedication, and commitment of HMAI towards the promotion, advancement, and integration of Homoeopathy in the national healthcare framework. Over the decades, HMAI has been the voice of the profession advocating for excellence in education, ethical practice, research, and recognition of Homoeopathy as an effective system of medicine contributing significantly to public health and AYUSH. HMAI has been working continuously for the cause of Homoeopathy and welfare of Homoeopaths at large.

The Golden Jubilee Celebration and 23rd All India Homoeopathic Congress provides a fitting platform for deliberations on the latest advancements, clinical experiences, researches and future directions in Homoeopathy and welfare of Homoeopathic fraternity. It is also a time to honor the legacy of our pioneers, acknowledge the efforts of our members, and inspire the younger generation to carry forward the torch with renewed zeal, vigor and scientific spirit.

The Homoeopathic Medical Association of India was founded by renowned Allopath converted Homoeopath of Calcutta Dr. J. N. Kanjilal as Founder President, Dr. D.P. Rastogi as Secretary General and Dr. Diwan Harish Chand as Treasurer of the Registered body of HMAI.

This way organising Golden Jubilee of HMAI in Kolkata

has its own historic value.

It is a matter of pride that HMAI is the largest association of the Homoeopathic Doctors in the world.

I express my deep appreciation to the Organising Committee of the West Bengal State Branch for their tireless efforts in hosting this mega event at such a grand scale under the leadership of Dr. Shyamal Kumar Mukherjee and Dr. H.D. Jaiswal with their entire team. May this Congress serve as a beacon of unity, knowledge, and professional growth for all Homoeopaths across India and beyond. It is a herculean task to organise such a mega event in the history of HMAI which could have not been made possible without the support of all State Branches of HMAI, contribution of all Life and Primary members and the support of Sponsors, Advertisers and Exhibitors.

I am sure that everyone whosoever is participating in this mega event in any capacity will witness a lifetime experience and would gain in the form of knowledge, updated with latest researches and get a scope to meet the veteran stalwarts and learn from their experiences about Homoeopathy and will be a torch bearer of HMAI in the times to come.

Let us continue to work collectively to uphold the ideals of the healing philosophy of Homoeopathy—*Similia Similibus Curentur* founded by our master Dr. Samuel Hahnemann. HMAI follows the legacy and pledges its unconditional allegiance to its emblem of knowledge, especially rational medical knowledge by Dr. Hahnemann and service of humanity guided by that knowledge through unity and fraternity.

I extend my heartfelt best wishes for Golden Jubilee celebrations and the 23rd All India Homoeopathic Congress and Homeo Expo 2025 a grand success.

Warm regards.



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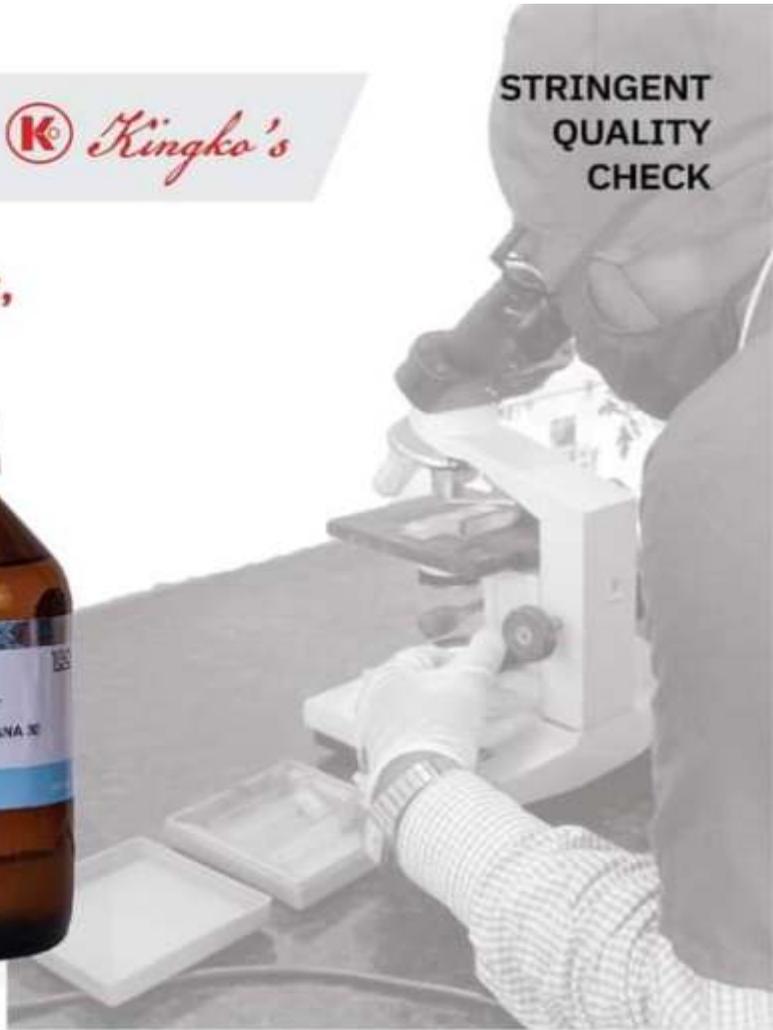
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GOLDEN JUBILEE CELEBRATION HMAI – 2025

BISWA BANGLA CONVENTION CENTER, NEW TOWN, KOLKATA

- Dr. Sahidul Islam

The Joint Secretary General, HMAI



The West Bengal State Branch is going to organise the GOLDEN JUBILEE & the 23RD All India Homoeopathic Congress of the Homoeopathic

Medical Association of India (HMAI), the largest Homoeopathic Organisation of the world on the 26th, 27th & 28th December-2025, at the Biswa Bangla Convention Centre, New Town, Kolkata. We are to meet the Homoeopathic Stalwarts of the country & the countries abroad to listen their invaluable speeches to update our Homoeopathic knowledge & to meet all the wings of Homoeopathy like the Pharmacists, Manufacturers of Homoeopathic Medicines, Teachers, Students, Researchers, Visionaries & to visit the Homoeo-Expo. This is a historical event & the HMAI has been struggling for long five decades for Homoeopathic System & its advancement. I welcome the Hon'ble Chief Guest, the Guests of Honour & the Dignitaries, the Delegates & the Participants at this Golden Jubilee & the 23rd All India Homoeopathic Congress at the Biswa Bangla Convention Centre.

I pay my great respect to Dr. J.N. Kanjilal, the Founding Father of the HMAI, who struggled much through out his life & toured extensively to unite the Homoeopaths of the country. The Homoeopathic Medical Association of India was formed in a meeting held at Ballygunge Siksha Sadan, Calcutta, West Bengal in 1975. Later on, the HMAI spread all over India with new tide in the field of Homoeopathy.

This Golden Jubilee and the 23rd All India

Homoeopathic Congress prove how great & strong the tide is! Today we, all the Homoeopaths are proud of the HMAI, which is not only the Largest National Organisation of the Homoeopathic Physicians of the country but also of the world. At present Homoeopathy in India is in the second position just after the Modern Medicine to serve in the National Health Care.

At present Homoeopathy & the Homoeopaths have got Govt recognition & achieved remarkable development in education & service. The Diploma Course has been abolished. The Degree Course has been introduced under the Universities of Health Science all over the country in more than 200 Homoeopathic Institutions. Researches have been going on after the Post Graduate Degree.

Homoeopathic Education, Research & Practice have been flourished many folds & it has been challenged that the National Health of the 21st Century is going to be ensured with Homoeopathy.

Long existence for 50yrs of the HMAI is not a matter of joke. All these have been possible for the long incessant struggle of the HMAI. I request all the Homoeopaths of the Country on this mega event i.e., the GOLDEN JUBILEE to join the HMAI & come under the single umbrella to fulfill our demands & flourish the Organisation with more strength & vigour. Please remember, "United we stand & divided we fall."

Long Live the HMAI!

Long Live Homoeopathy!



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FROM THE DESK OF JOINT ORGANISING SECRETARY

Dear Friends, Let me start with a poem by Robert Forst

"The woods are lovely, dark & deep
But I have promises to keep
And miles to go before I sleep
And miles to go before I sleep"



The promise that Dr. J.N.Kanjilal inculcated in the mind of the homeopaths, that the homeopathic brethren will work under a common roof from 1975 at a convention of the then stalwarts of homeopathy-The Homeopathic Medical Association of India (HMA) was formed and inspired the generation of homeopaths & still inspiration for the present generation & the organization has reached the milestone of 50 years. Golden Jubilee is celebrated at Bengal on 26th to 28th December 2025 at Biswa Bangla Convention Centre.

The faith, the central secretariat kept upon the West Bengal state branch and the responsibility that the state executive Committee bestowed upon the Organising Committee of the Golden Jubilee Celebration has now reached before a testing agency in the assembly of homeopaths from all corners of India and abroad.

We have tried our level best to make the event successful. If you think that we have passed the standard then nothing more than tears of joy will trickle from our eye to cheeks; that we have become able to keep the promise.

Thanking you for your august presence & support.

Date: 26th December 2025.

Dr. Amitava Samanta

Joint Secretary, Organising Committee

The Golden Jubilee Celebration of the HMAI, XXIII ALL INDIA HOMOEOPATHIC CONGRESS-2025, HOMOEOPATHIC EXPO 2025.





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HEALING HERITAGE BENGAL, INSPIRING FUTURE GENERATIONS

Dr. Mihir Sen, President, HMAI W. B. State Branch*



It is my honour and privilege to extend heartiest congratulations to officials of state and central government departments, delegates, members of

HMAI, students, well-wishers and representatives of all leading homeopathic medicine manufacturer, to the Biswa Bangla Convention Centre at the Golden Jubilee celebrations of The Homoeopathic Medical Association of India (HMAI). This year also marks as the 23rd anniversary of the All India Homeopathic Congress.

The active involvement and dynamic leadership of Dr. J.N. Kanjilal was instrumental in the establishment of our organization at a special convention on October 26-27, 1975, at the Ballygunge Siksha Sadan auditorium (now Ballygunge Siksha Sadan School). I was fortunate to witness that momentous occasion as a student volunteer that marked historic beginning of our organization.

Today, as State President of HMAI West Bengal I'm so fortunate enough to welcome you all. At the same time, with great regret, I say that Dr. M.L. Bera Sir, another important founder member of our organization, passed away at the early preparatory stages of our 50th anniversary. We honour his memory and immense contributions to the HMAI over the years.

First, I want to express my gratitude and thanks to member-friends of the National Executive Committee who graciously consented to hosting the Golden Jubilee Celebrations in Kolkata, the birthplace of HMAI. I also respectfully pay my tribute to late Pushmoyee Bosu, the then Principal of the Ballygunge Siksha Sadan and a great admirer of homeopathy. She not only opened the doors to her school auditorium but was

also tireless in overseeing all infrastructure and amenities to ensure the foundational convention was a grand success.

Kolkata is the birthplace of World's largest association of National Association of homeopathic physicians. But, the city also occupies a special place in the history and evolution of homoeopathy in India. The Romanian Botanist, Dr. John Martin Honigberger who was a follower of Dr. Samuel Hannemann, introduced homoeopathy in India. Soon after, Babu Rajendralal Datta, an amateur homeopath, played an important role in popularizing homeopathy. More significantly, he convinced Dr. Mahendralal Sarker, University of Calcutta's second MD and a staunch opponent of homeopathy, to switch from allopathy to homeopathic medicine. It was indeed a turning point that elevated the practice of homeopathic medicine to new heights in India. It is the same Mahendralal Sarkar, humiliated and denigrated by contemporary scientific-minded people as a practitioner of "fake medicine", who was involved in the establishment of the Indian Association for the Cultivation of Science. Dr.C.V. Raman, the first Nobel Laureate of India in Physics, conducted his path breaking research at this institution.

Among the stalwarts who followed in the footsteps of Dr. Sarkar in enriching and advancing the practice of homeopathic medicine in India are the following: Dr. Pratap Chander Majumdar, Dr. D. N. Roy, Dr. B. K. Bose "Indian Kent", Dr. Jitendranath Majumdar, Dr.D.N.Dey, Dr. Janendra Nath Majumdar, Dr. C. J. Tonnero (France), Dr. P. Banerjee, Dr. J. N. Kanjilal, Dr. B. K. Sarkar, Dr. N. K. Dasgupta (Convenor of founding convention, HMAI), Dr. B. N. Chakraborty, Dr. Mahimaranjan



Mukhopadhyay, Dr. B. N. Mishra, Dr. Pradosh Majumdar, Dr. B. B. Chakraborty, Dr. Nilmani Ghatak, Dr. Radharaman Biswas, Dr. Narendranath Bandopadhyay, Dr. T. P. Mondal, Dr. P. C. Pal, Dr. Sripati Mondal, Dr. Bipin Behari Ghosh, Dr. B. N. Sengupta, Dr. Gourinath Mukherjee, Dr. S. P. Dey, Dr. R. D. Mullick, Dr. Sudhir Adhikari, Dr. R. K. Ghosh Mondal, Dr. S. N. Chatterjee, Dr. Mahendra Singh, Dr. B. C. Mahato, Dr. Radhaballab Basak, Dr. B. N. Kanjilal, Dr. Pradyut Sengupta, Dr. Chinmay Roy, Shri Mahesh Bhattacharya and others. Shri Bhattacharya was business man & Social worker and founder of M. Bhattacharya & Co. Pvt. Ltd (1889) probably the first homoeopathic medicines manufacturing company in India. M. Bhattacharya & Co was also the first Indian company to unofficially published the Homoeopathic Pharmacopoeia in 1893. Another iconic name in Indian homoeopathy is Shri Prafulla Chandra Bhar, who felt to publish homoeopathic journals and book in bengali to make them accessible to those large number of homoeopaths and lovers of homoeopathy who didn't know english and started Hahnemann Publishing Co. Pvt. Ltd. in 1917. later in 1922 the company started a separate wing for homoeopathic medicines. Among the writers the popular books on homoeopathic materia medica Dr Nilmoni Ghatak, Dr. Radharaman Biswas, Dr. Narendranath Bandopadhyay to be remember in future too. The Calcutta Homeopathic Medical College and Hospital, India and Asia's first such institution, was established in Kolkata in 1881. I am sure that many graduates from this college have achieved recognition as physicians all across India and around the world. I also imagine many of the proud "Cal Homeo" (as we call in the colloquial name of the Calcutta Homoeopathic Medical College & Hospital) graduates are present today at this Congress.

Following national recognition as a system of medicine in 1973, the Government of India established the elite "National Institute of Homeopathy" in our very own city. This institution too is observing its golden anniversary, so I take the opportunity to congratulate and extend the HMAI's best wishes to the Institute's Director and others affiliated with it.

Another dream of our members has become a reality. Yes, I'm talking of the HMAI Bhawan in Kolkata that was inaugurated in 2014. Thanks to the generous donation of our members and financial support of Trust of HMAI with the untiring work of the Trust of HMAI WB, we have a beautiful facility with an auditorium and other amenities that's dedicated to both HMAI members and practitioners from all over the country.

I'm optimistic that with your active support and enthusiastic participation in the golden jubilee celebrations here at this location, the HMAI WB Chapter is adding another feather to Kolkata's cap, a feat that'll be remembered in the coming decades and beyond.

At the end, let me express my thanks and gratitude to all attendees from different countries to this historic celebration in our historic city. My thanks are also due to (physician friends) from other states who have been involved in our celebratory event planning from Day One and given their advice and suggestions to the organizing committee for ensuring our success. Finally, from this stage, I appeal to the new generation of homeopathic practitioners to join HMAI and strengthen the association. I urge you to be actively engaged and be proud homeopathic physicians. Thank you and Namaskar.

*Co-Chairman, Golden Jubilee Celebration Committee & 23rd All India Homoeopathic Congress.



FROM THE DESK OF GENERAL SECRETARY HMAI, WEST BENGAL STATE BRANCH

Dr. Kakali Banerjee (Kundu)



Respected dignitaries and delegates of The Golden Jubilee celebration at the Biswa Bangla Convention centre. It is a pleasant pleasure for the West Bengal state branch to welcome you all at Kolkata the city of the first Footling of Homoeopathy in India. The Personalities of Bengal like Pandit Iswar Chandra Vidyasagar, Dr Mahendralal Sarkar, the great Rabindranath Tagore were great Patrons of homoeopathy. The first Homoeopathic College in India. The Calcutta Homoeopathic Medical college was the Knowledge hub for homoeopathy of the many Pioneers of Homoeopathy all over India. We are grateful that for your faith on us to organise such a gala event Enjoy the hospitality of Bengal exchange your Knowledge you have earned from your Patients & take a glimpse at the scenic beauty of Bengal.

Hope you will return home with sweet memories.

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THE GOLDEN JUBILEE OF THE HMAI

DR. RAMPADA PATRA

JOINT SECRETARY

West Bengal State Branch, HMAI



The Homeopathic Medical Association of India (HMAI) is going to cover long 50 years of existence and the West Bengal State Branch proudly is going to celebrate the golden jubilee of the HMAI at the prestigious Biswa Bangla Convention Centre, New Town, Kolkata in December 2025 on the 26th to 28th. There was no permanent address of HMAI in India since its inception. It was the West Bengal State Branch which constructed the HMAI Bhawan after long 40 years in Kolkata at Salt Lake Sector IV, 384, Nabapally, Kolkata 700105. I am extremely proud of the West Bengal State Branch which has been construct ably running the organization by following strictly the constitution of the HMAI since the very first day regularly in disciplined way still now. The HMAI has been formed in West Bengal which is the pioneer of the Homeopathic education not only in India but also in Asia, West Bengal is the pioneer in all respect of Homeopathy. The Golden Jubilee and 23rd All India Homeopathic congress will be held in West Bengal in a befitting manner which must be unique and surprising all the congress ever held. The Golden Jubilee celebration historical one assembling all the wings related to Homeopathy i.e., the Teachers, Students, Researchers, stalwarts of Homeopathy,

Pharmacists, Manufacturers of Medicines and the Government and the Public will meet together under one roof and to organize the Homeo Expo. An invaluable colorful Souvenir will be published to commemorate the historical and the happiest Mega Occasion.

I am also proud to be an inhabitant of Tamluk, Purba Medinipur to mention that there was no Govt. recognition of Homeopathy in India before 1975. The worthy son of Medinipur, freedom fighter, the commander-in-chief, respected Satish Samanta, the then M.P. at the time of the Prime Minister, Jawaharlal Nehru appealed for the constitutional recognition of the Homeopathic system for all the citizens of India in the Parliament. As a result Homeopathy got recognition. Later on the journey of recognized Homeopathy started for which the HMAI has also been struggling incessantly since 1975 and all know the advancement of Homeopathy.

I wish the Golden Jubilee and the 23rd All India Homeopathy congress a grand success.

Jayatu Hahnemann
Jayatu Homeopathy
Jayatu HMAI





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বিশ্বসাথে যোগে যেথায় বিহারো সেইখানে যোগ
তোমার সাথে আমারত - রবীন্দ্রনাথ ঠাকুর

সার্বভারতীয় "হোমাই" (H.M.A.I.) এর ৫০ বৎসর পূর্তি উপলক্ষ্যে-
দুবরাজপুর পৌরসভার সর্বাঙ্গীন সাফল্য কামনায়-

দুবরাজপুর পৌরসভা

দুবরাজপুর, বীরভূম, দূরভাষ- ০৩৪৬২-২৪৪-৩৬২

পশ্চিমবঙ্গের মাননীয় মুখ্যমন্ত্রী মমতা বন্দ্যোপাধ্যায় প্রত্যেকটি স্বপ্নের বাংলা গড়ে তোলার ভাবনাকে সম্মান জানিয়ে প্রত্যেকটি সরকারী প্রকল্পের রূপায়ণে ছয় সংকল্পবদ্ধ আমরা। তাঁর লক্ষ্যকে সামনে রেখেই ছয়সংকল্পবদ্ধভাবে শহরের সার্বিক উন্নয়নের কাজে আমরা এলিয়ে চলেছি।

মীর্জা সৌকত আলি
উপ পুর প্রধান
দুবরাজপুর পৌরসভা

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BONDED HOMOEOPATHIC LAB



A BRIEF HISTORY OF THE HMAI BHAWAN

Dr. H. D. Jaiswal

Hony. Secretary, Trust of West Bengal State Branch, HMAI



It is our great pleasure and pride to inform you that with the great help & Co-operation of the members of The



Homoeopathic Medical Association of India (HMAI), the largest Homoeopathic Organisation of the world, Trust of the HMAI, Homoeopathic Educational Institutions, Pharmacies, Manufacturers of Homoeopathic Medicines and Pharmaceutical Works

the West Bengal State Branch, HMAI achieved a great success to have the permanent address of the HMAI in India for the first time since the perception of this organisation, 1975. The HMAI BHAWAN in Kolkata, West Bengal is the reality of the long cherished dream of the Homoeopaths. This Bhawan is the pride and prestige of the members of The Homoeopathic Medical Association of India as well as all the Homoeopaths of India. When and how the dream came to reality with the construction of the HMAI BHAWAN, we on behalf of the Trust of West Bengal State Branch of The Homoeopathic Medical Association of India are going to furnish a brief history for drawing your kind attention sparing your valuable time.

The West Bengal State Branch of The Homoeopathic Medical Association of India had been thinking for long 40 years since the formation of the HMAI in 1975 to set up a Bhawan of the HMAI in Kolkata, West Bengal but could not dare to proceed practically with the idea which became condensed and earnest among the members of the then office bearers of the West Bengal State Branch, who formed the "Trust of West Bengal State Branch of The Homoeopathic Medical Association of India" in April 2013 with the Chairman Dr. Shyamal Kr. Mukherjee, the then Secretary General, HMAI, Hony. Secretary Dr. H. D. Jaiswal, the then General Secretary of the West Bengal State Branch, HMAI and the Finance Secretary Dr. Susanta Saha since then the Trust members were in search of a piece of land with an idea to collect required fund mainly from donations side by side.

However, after intensive searching a piece of land was found out at RA-384, Nabapally, Sector-IV, Chingrihata, near Shishu Ratan School, Salt Lake, Kolkata-700105 to promote and negotiation went on with the land owner who claimed some amount and the entire floor on the 2nd floor and shifting and renting till the completion of the building and the agreement was made.

The existing four storied plan was made and initiation of the Construction started with the Laying of the Foundation by Dr. V. C. Acharya, the then immediate Past President of the HMAI & Hony. Secretary of the Trust of The Homoeopathic Medical Association of India on 25th January, 2015 with the target to



LAYING STONE CEREMONY

inaugurate the Bhawan on Akshaya Tritiya in the month of April, 2016. As due to some unavoidable circumstances the construction work was delayed for about four months to finish and at last that the good and the happiest day came to inaugurate The Homoeopathic Medical Association of India Bhawan in short "HMAI BHAWAN" On 25th September, 2016 by Dr.(Smt.) Shashi Panja, the Hon'ble State Minister, Deptt. Of Health & Family Welfare, Govt. of West Bengal just after the Hoisting of the Flag of The Homoeopathic Medical Association of India by the then President of the HMAI, Dr. Bhaskar J. Bhatt in presence of Dr. V. C. Acharya, Hony. Secretary, Trust of the HMAI, Dr. Ramjee Singh, President, C.C.H., Govt. of India, Dr. Arun Bhasme, Vice-President, C.C.H., Dr. S. P. S. Bakshi, Former president of the HMAI & C.C.H., Shri Sujit Basu, Hon'ble Secretary of the West Bengal Legislative Assembly and Shri Ashok Dev, Hon'ble M. L. A. of West Bengal, Dr. Santanu Sen, General Secretary, Indian Medical Association, West Bengal, Dr. Rathin Chakraborty, Hon'ble Mayor, Howrah





inauguration of
HMAI BHAWAN
25th September, 2016 (Sunday)

INAUGURATOR
Dr. (Smt.) Bhawan Prasad
President of the Homoeopathic Medical Association of India,
Director, Homeo Education - 2, Sector 10, Gurgaon, Gurgaon, Haryana
President of the Homoeopathic Medical Association of India

GUEST-IN-CHIEF
Dr. RAJESH CHANDRAN
Member, Ministry of Health & Family Welfare, Government of India

GUESTS-IN-HONOUR
Dr. BIKASH K. SHARMA
President, The Homoeopathic Medical Association of India

<p>Dr. Smita Bora Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Nishant Mehta Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Anand Kumar Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Dinesh Kumar Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. R. P. Sarker Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Shivani K. Singh Member, Ministry of Health & Family Welfare, Government of India</p>	<p>Dr. Kishan Singh Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. V. E. Acharya Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. S. P. S. Bhatnagar Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. Ashwini Kulkarni Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. M. L. Bera Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. S. I. Husain Member, Ministry of Health & Family Welfare, Government of India</p> <p>Dr. H. D. Daryani Member, Ministry of Health & Family Welfare, Government of India</p>
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INAUGURAL CEREMONY

Municipal Corporation, Dr. Durga Sankar Bhar, Managing Director, Hahnemann Publishing Co. (P) Ltd., Dr. G. P. Sarker, Managing Director, Allen Group of Industries, Dr. M. L. Bera, Chairman, Trust of the HMAI, Dr. S. I. Husain, Secretary General, HMAI, Dr. J. D. Daryani, Vice-President, HMAI, Dr. D. B. Dhakulkar, Jt. Secretary General,



INAUGURAL CEREMONY



HMAI, Dr. G. P. Patil, Org. Secretary General, HMAI, Dr. Diwakar Tiwari, NEC, U.P., Dr. Y. K. Goswami, NEC, U.P., Dr. Sanjoy Mishra, General Secretary, U.P. State Branch, HMAI, Dr. Shyamal Kumar Mukherjee, Chairman, Dr. Susanta Saha, Finance Secretary & Dr. H. D. Jaiswal, Hony. Secretary of the Trust of W. B. State Branch, HMAI



**TRUST OF WEST BENGAL STATE BRANCH OF
THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA**
BOARD OF TRUSTEES

1.	Dr. Shyamal Kumar Mukherjee	Chairman
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31.	Dr. Sunil Kr. Roy	Member
32.	Dr. Ranadhir Kumar Chakraborty	Member
33.	Dr. Amal Kr. Bhattacharjee	Member



and about 600 Members of the HMAI along with the Principals and Professors of various Homoeopathic Medical College & Hospitals, Donors and Lovers of Homoeopathy.

The HMAI BHAWAN consists of:-

Ground Floor- A well decorated 170 seated fully Air Conditioned Seminar Hall.

1st floor- The Homoeopathic Charitable Dispensary in memory of Basudeb Bhattacharjee, State Office of the West Bengal State Branch, the Administrative Office of the HMAI and the air conditioned well decorated Board Room of the Trust.

1st FLOOR – HMAI BHAWAN



Charitable Dispensary



Charitable Dispensary



Charitable Dispensary



Administrative Office, HMAI



Office, W.B. State Br, HMAI



Board Room



Board Room

3rd & 4th floor- Six Self Contained Guest Room all with attached bath and a Kitchen with an open space of about 900 Sq. Ft.

GUEST ROOM





GUEST ROOM



On the inauguration day the Hon'ble dignitaries of the Govt. of West Bengal, the Hon'ble Chief Guest & Guests and the visitors praised for the well planned HMAI BHAWAN and wished a grand success for its achievement of the long cherished dream and the reality of the dream house, the HMAI BHAWAN, the pride of all the Homoeopaths.

The innumerable subscribers and donors had come forward to spread their hands as per their might generously and the members of the West Bengal provided immense love, labour, dedication, generosity earnestness for collecting the required fund from various sources.

It cannot but to be mentioned a few among the innumerable contributors, they are The Trust of The Homoeopathic Medical Association of India (Central Trust), M/S Hahnemann Publishing Co. Pvt. Ltd., Dr. Khokan & Miss Sipra Bhattacharjee, M/S Allen Laboratories, Dr. Geeti Ghosh, Dr. S. P. S. Bakshi (New Delhi), Shri Ketan Kumar Dhanuka (Kolkata) and M/S Association of Management of Homoeopathy Colleges (Maharashtra), Dr. V. C. Acharya (U.P.), Arun Bhasme (Maharashtra), Dr. Jayesh K. Patel (Gujarat) and many others. The Trust is indebted for ever to all the contributors towards the HMAI BHAWAN.

Yet there are miles to go. It is a continuous process to achieve the goal. To run an institution the activities of the organisation for its everlasting existence can never be stopped and it is incessant.

Be perpetuated and glorious with the HMAI BHAWAN.

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Felicitat ion

Dr. ASOK DAS

Mob : 9732634366

PATASHPUR , PURBA MEDINIPUR, 721439

MEDICAL QUALIFICATION : D.M.S. (Calcutta university)

REGISTRATION NO : 15004



PROFILE SUMMARY :

- ♣ Most experienced and Renowned Homoeopathic Physician., in chronic and critical diseases (approx 40 years).
- ♣ Honorary Physician HMAI BHAVAN
- ♣ Attending as consultant physician in free Homoeopathic medical camp once in every month.
- ♣ Honorary Homeopathic physician Harishchandra Charitable Dispensary , Patashpur

PERSONAL DETAILS:

- Date of Birth- 15 March 1961
- Linguistic Abilities: English, Hindi, Bengali.
- Hobby : Travelling and Photography

I hereby declare that all the details mentioned above are in accordance with the truth and fact as per my knowledge and I hold the responsibility for the correctness of the above mentioned particulars.

Dr. ASOK DAS

Place: Patashpur

Date : 15.11.2025



F e l i c i t a t i o n

Dr. Sanjeev Kumar

General Physician | Homeopathic Consultant

DHMS, BHMS (Graded – BU)

Registration No. : 27794
Phone : +91 7781017103
Email : sanjeevkumar1976.sk@gmail.com
Date of Birth : 15 May 1976



KEY CREDENTIALS Degrees:

Primary Qualification : DHMS (Diploma in Homeopathic Medicine and Surgery)
Advanced Qualification : BHMS (Bachelor of Homeopathic Medicine and Surgery – Graded, BU)
Registration : Registered Homeopathic Practitioner (Reg. No. 27794)

Experience:

Over 24 years of clinical practice in general and homeopathic medicine.
Organized and participated in more than 50 medical camps for community health outreach.

Professional Affiliations:

Organising Secretary, The Homeopathic Medical Association of India (HMAI), Bihar Branch

Clinic Locations :

1. Nilam Homeo Clinic & Research Centre Krishna Nagar, Begusarai, Bihar – 851101
2. Satellite Clinic Saguna More, Patna, Bihar

PERSONAL INFORMATION :

Father's Name : Shri Ram Rekha Singh
Mother's Name : Late Kiran Kumari
Residential Address : Ward No. 12, Harrakh, District Begusarai, Bihar – 851101



F e l i c i t a t i o n

Dr. Yatindra Nath Sinha



Father's name : Late Dr. Raj Bali Singh
Date of birth : December 18th, 1947
Address : Dak Bungalow Road, Siwan District Siwan, Bihar, Pin
Contact : 0615-22002,8210635201
E-mail : drynsinha@gmail.com

Elementary education :

Passed matriculation examination with first division from Mahendra High School, Ziradei (Siwan) in 1963.

Higher education :

Passed BA (Hons) examination from D.A.V. College, Siwan in 1967.

Passed the D.M.S. (Council of Homoeopathic Medicine, West Bengal) examination from Calcutta Homoeopathic Medical College and Hospital, Calcutta in 1972.

Launch of health service Hahnemannian Clinic :

Started private practice from his "Hahnemannian Clinic" located at Kachahari Road, Siwan from 05.08.1973. Since then, served the humanity for more than 50 years.

Also, undertook private practice at Kadamkuan, Patna in front of Bihar Hindi Sahitya Sammelan Bhavan, from April 1995 to 2000

Also, undertook private practice at East Boring Canal Road and Hanuman Nagar, Patna from April 1995 to 2000

President :

Served as the "president of H.M.A.I. Bihar State Branch" from 2016 to 2023.

Became the "First chairman" of the Medical Relief Sub Committee of H.M.A.I and continues to serve as the chairman.

Organising Secretary General :

On December 30, 1996, he was elected "National Organising Secretary General of HMAI" in the 10th All India Homoeopathic Congress at Kolkata.

Treasurer : Served as "National Treasurer of HMAI" from 2000 to 2004.

Member : Received "membership of Liga Medicorum Homoeopathica Internationalis" on 26.12.2015.

Life Member :

Joined the "Indian Red Cross Society", Siwan Chapter as "life member" in 1981.

Lifetime membership of HMAI

Lifetime membership of LMHI, India Chapter

Lifetime Member of National Senior Citizen Association, Patna, Bihar

Vice president : Ex-Vice President of Indian Red Cross Society, Siwan

Editor : Ex-Editor of "Bihar Homoeo Dhara", Patna, 1988

Ex-Deputy Chief Editor of Bihar State Editorial Board, Indian Institute of History of Homoeopathy.

Ex-Chief Editor of Souvenir brought out on the occasion of Special Bihar state Homoeopathic conference Maharajganj, Siwan, Bihar on December 10-11th, 1978

Ex-Editor of magazine "Homoeo Kalyan" brought out from Samastipur, Bihar for the year 1984 to 1988.

Ex-Chief Editor of Souvenir brought out on the occasion of HMAI Bihar State Conference, Patna on 17-18 Nov, 1979.



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Vice-Principal**



**Dr. Arun Bhasme
Advisor**



FELICITATION



Dr. Mrinal Kanti Ghosh

Distinguished Homeopathic Physician, Philanthropist, and Community Leader

Profile Summary

Dr. Mrinal Kanti Ghosh stands as a beacon of dedication, compassion, and medical excellence in the field of homeopathy. A third-generation practitioner from West Bengal, he has devoted his life to the advancement of homeopathic medicine and the service of humanity. With a career spanning over Fifty years, Dr. Ghosh has earned a reputation for his deep clinical insight, empathetic approach to patient care, and unwavering commitment to community welfare.

Early Life and Education

Born in 29th January 1948 in a modest village Jadab bati near Tarakeswar, Hooghly, Dr. Ghosh inherited a rich legacy of healing from his forefathers. His grandfather, Late Nandalal Ghosh, and his father, Late Kanallal Ghosh, were both renowned homeopaths whose service to society left an indelible mark in the region.

Driven by an early passion for science and human health, Dr. Ghosh pursued his Bachelor of Science (B.Sc.) in Biological Sciences from Calcutta University before obtaining his Diploma in Medicine and Surgery (D.M.S.) from The Calcutta Homeopathic Medical College & Hospital, Under Council of Homeopathic medicine, West Bengal. His academic rigor and thirst for knowledge formed the cornerstone of his distinguished medical career.

Professional Journey

Dr. Ghosh's professional life reflects an extraordinary blend of scientific discipline, clinical precision, and human empathy. His deep understanding of patients' psychology and his ability to diagnose and treat the root causes of ailments have set him apart as a physician of rare calibre.

Over time, his reputation transcended regional boundaries attracting patients from various parts of India and from abroad. Known for his patient-centric approach and unwavering ethical standards, Dr. Ghosh continues to embody the ideals of classical homeopathy healing the body, mind, and spirit in harmony.

Awards and Distinctions

In recognition of his outstanding contribution to homeopathy and society, Dr. Ghosh has been honoured with numerous prestigious awards, including:



১ পৃষ্ঠা

ডাঃ মৃগাল কান্তি ঘোষ মহাশয়ের সম্বর্ধনা তালিকা

সাল	কোথায়	কাহার দিয়াছেন	কি দিয়াছেন
১৯৯৭	হালিশহরে	ইন্ডিয়া হোমিও ফ্রেণ্ডস এ্যাসোসিয়েশন (পঃবঃ শাখা)	বিদ্যাৎ মন্ত্রীর উপস্থিতিতে বিশেষ সম্বর্ধনায় "ধুবতারা" আখ্যা জ্ঞাপন করে মানপত্র প্রদান
১৯৯৭	শরৎ সদনে	হোমিও মেডিকেল ক্লাব ষষ্ঠীচরণ ঘোষ মণ্ডল চ্যারিটেবল ট্রাস্ট কর্তৃক	স্বর্গীয় ডাঃ ভোলানাথ চক্রবর্তীর উপস্থিতিতে স্মারক ও মানপত্র দান করেন ডাঃ রামকৃষ্ণ ঘোষ মণ্ডল মহাশয়
২০০৩	হাওড়া শরৎ সদনে	হোমিও মেডিকেল ক্লাব (কলকাতা, ওয়েস্ট বেঙ্গল) এর অনুষ্ঠানে	হাই কোর্টের প্রাক্তন বিচারপতি হস্ত হইতে "ভারতের কম্বীর" স্মারক প্রশংসাপত্র প্রদান
২০০৩	শরৎ সদনে	হোমিওপ্যাথিক রিসার্চ সোসাইটি অফ ইন্ডিয়া	বিশেষ সম্বর্ধনা প্রদান-"বেস্ট কনট্রিবিউশন অফ হোমিওপ্যাথি" আখ্যা পান
২০০৫	কোলকাতা ডিরোজিও হল প্রেসিডেন্সি কলেজে	হোমিও মেডিকেল ক্লাব (পঃ বঃ)	সম্বর্ধনা-হোমিওপ্যাথি চিকিৎসা সেবায় জীবন উৎসর্গ করার জন্য মানপত্র প্রদান ও স্মারক প্রদান
২০০৫	কোলকাতা ইন্ডিয়ান সায়েন্স কংগ্রেস হল পার্ক সার্কাস	দি হোমিওপ্যাথিক মেডিকেল এ্যাসোসিয়েশন অফ ইন্ডিয়া (পঃ বঃ)	BEST PHYSICIAN AWARD 2004 সালের শ্রেষ্ঠ ডাক্তার নির্বাচিত হন। রৌপ্য থালায় পদক ও মানপত্র প্রদান করেন।
২০০৫	চকতাজপুর	ফুরফুরা শরিফের জমিয়েতের উলমায়ে বাংলা কর্তৃক	বিশেষ সম্বর্ধনা প্রদান করেন ও গ্রামবাংলার শ্রেষ্ঠ ডাক্তার হিসেবে গণ্য করেন।
২০০৭	ভাণ্ডারহাটা বয়েস স্কুল	বিদ্যালয়ের পরিচালক মণ্ডলী শিক্ষক-শিক্ষিকা, শিক্ষাকর্মী ও ছাত্র-ছাত্রীবৃন্দ ভাণ্ডারহাটা বি. এম. ইন্সটিটিউশনে ডাঃ ঘোষের মাতৃ সুরূপা স্কুল	শ্রেষ্ঠ সূচিকিৎসক ও সমাজ সেবক হিসাবে মানপত্র প্রদান করেন মাননীয় মন্ত্রী নরেন দে মহাশয় কর্তৃক প্রশংসা পত্র প্রদান
২০০৯	ইন্ডিয়ান সাইন্স কংগ্রেস এ্যাসোসিয়েশন হলে	(ওয়ার্ল্ড ফাউন্ডেশন অফ হোমিওপ্যাথ) ইন্ডিয়ান এ্যাসোসিয়েশন হলে	"হোমিও রত্ন" সম্মানে সম্মানিত হন, স্বর্ণপদক ও মানপত্র পান।
২০১০	ভাণ্ডারহাটা বাজারে	ভাণ্ডারহাটা ১ নং অঞ্চলের জনগন কর্তৃক "নাগরিক সম্বর্ধনা" জ্ঞাপন করিয়াছেন ভাণ্ডারহাটা ১ নং অঞ্চলের প্রধান মহাশয়।	মানপত্র ও স্মারক প্রদান
২০১০	ধরমপুর রজোবালা প্রাথমিক বিদ্যালয় পরিঃ সহযোগি	মহালক্ষ্মী স্বয়ম্ভর গোষ্ঠী ও মারাং বৃদ্ধ স্বয়ম্ভর গোষ্ঠী, ভাণ্ডারহাটা	বিশেষ সম্বর্ধনায় তাঁহাকে সম্মানে ভূষিত করেন।
২০১১	চন্দননগর ফ্রেঞ্চ মিউজিয়াম	চন্দননগরের মেয়র মাননীয় রাম চক্রবর্তী মহাশয় কর্তৃক	বিশেষ সম্বর্ধনা ও স্মারক প্রদান করেন ও ডায়ানমিক হোমিওপ্যাথ সম্মানে ভূষিত করেন।
২০১১	ইন্ডিয়ান সাইন্স কংগ্রেস এ্যাসোসিয়েশন হলে	ক্যানসার ইন্সটিটিউট অফ হোমিওপ্যাথি পক্ষ থেকে	সুপার এক্সিলেন্সি এওয়ার্ড প্রদান ও রবীন্দ্রনাথ ঠাকুরের জন্মস্বর্ধনাবর্ষ পূর্তি উপলক্ষে মানপত্র প্রদান
২০১২ ১০ ই এপ্রিল	ইন্ডিয়ান সাইন্স কংগ্রেস এ্যাসোসিয়েশন হলে	হোমিও বেঙ্গল কর্তৃক	শ্রী রামকৃষ্ণ মিশন এর অধ্যক্ষ মহারাজ মহাশয়ের হাত হইতে "ধনস্তরী এওয়ার্ড" চিকিৎসা বিজ্ঞানের শ্রেষ্ঠ পুরস্কার পেয়েছেন। প্রদানে মানপত্র ও সোনা



২ পৃষ্ঠা

ডাঃ মৃগাল কান্তি ঘোষ মহাশয়ের সম্বর্ধনা তালিকা

সাল	কোথায়	কাহার দিয়াছেন	কি দিয়াছেন
২০১৩ ৬ই জানুয়ারী	মহাজাতি সদনে	ন্যাশানাল হোমিওপ্যাথিক ডক্টরসফোরাম পক্ষ থেকে	'হোমিও বিশারদ' উপাধি ও স্বর্ণপদক ও মানপত্র উপহার দেন।
২৫শে আগস্ট ২০২৩	মহেশপুর হাইস্কুল	মহেশপুর হাইস্কুলের সকল সদস্য-সদস্যা ও ছাত্র-ছাত্রীগণ	বিদ্যালয়ে বিজ্ঞানভবনটি প্রতিষ্ঠার জন্য "নোবেল সোল" "(Noble Soul)" উপাধিতে ভূষিত করেন ও মানপত্র প্রদান ও স্মারক সম্মানিত করেন।
২০২৪ ২৬শে জানুয়ারী প্রজাতন্ত্র দিবস অনুষ্ঠানে	চন্দননগর মেরী মাঠ -এ	চন্দননগরের এস.ডি.ও- মাননীয় বিষ্ণু দাস (LAS) সমীপে চন্দননগরের মেয়র মাননীয় রাম চক্রবর্তী কর্তৃক	বিশেষ সম্মান ও স্মারক প্রদান করেন।
২০২৪ ৩০শে অক্টোবর	তারকেশ্বর পৌর সভা -এ	তারকেশ্বর পৌর সভার বিজয়া সম্মেলনী অনুষ্ঠানে তারকেশ্বর প্রাঙ্গনে পৌরপ্রধান মাননীয় উত্তমকুণ্ড কর্তৃক	তারকেশ্বর পৌর সভার সর্বশ্রেষ্ঠ হোমিও। চিকিৎসক সম্মানে সম্মানিত করেন ও মানপত্র ও স্মারক প্রদান করেন।
১০ই জানুয়ারী ২০২৫	পাড়াশুয়া জগদ্ধাত্রী উচ্চবিদ্যালয় (পাড়াশুয়া, চৈচুয়া, হুগলী)	পাড়াশুয়া প্লাটিনাম জয়ন্তী উৎসব কমিটি	বিদ্যালয়ে বিজ্ঞানভবনটি প্রতিষ্ঠার জন্য "গণ দেবতা" সম্মানে ভূষিত করেন ও মানপত্র ও স্মারক প্রদান
২৫শে জানুয়ারী ২০২৫	ভাণ্ডারহাটা বালিকা বাণী মন্দির ভাণ্ডারহাটা, হুগলী	ভাণ্ডারহাটা বালিকা বাণী মন্দিরের সকল সদস্য-সদস্যা ও ছাত্রীরা	বিনামূল্যে কম্পিউটার দান ও বিদ্যালয়ের সুরক্ষার্থে নতুন প্রাচীরের রূপদান ও ডাঃ ঘোষের অর্থানুকুলে প্লাটিনাম জয়ন্তী'র শ্রদ্ধার্থ্য প্রদান।
৩০শে জুন ২০২৫ সোমবার	পণ্ডিত ঈশ্বরচন্দ্র বিদ্যাসাগর প্রতিষ্ঠিত গোস্বামী মালিপাড়া উচ্চবিদ্যালয় প্রাঙ্গন	পণ্ডিত ঈশ্বরচন্দ্র বিদ্যাসাগরের প্রতিষ্ঠিত গোস্বামী মালিপাড়া উচ্চ বিদ্যালয়ের শিক্ষক ও ছাত্র ও কার্যনির্বাহী সমিতির সদস্যবৃন্দ	নিঃস্বার্থ সামাজিক দাতা হিসাবে মানপত্র ও স্মারক প্রদান

এছাড়াও ২০০৪, ২০০৮, ২০০৯ সালে যাদববাটা, নন্দরামবাটা, সুলতানপুর ও ভাণ্ডারহাটা গ্রামবাসীগণ বিশেষ সম্মানে সম্মানিত
করেন। বিভিন্ন পত্র-পত্রিকায় যেমন ওভারল্যাণ্ড প্রতিদিন, সত্যযুগ, যুগান্তর, স্টেটসম্যান, আজকাল ও হুগলী কথায় বিশেষ সংবাদ
প্রকাশিত হয়। ধনিয়াখালী থানার ভাণ্ডারহাটা অঞ্চলের জনগণ ডাঃ মৃগাল কান্তি ঘোষ মহাশয়কে নাগরিক সম্বর্ধনা জ্ঞাপন করেন।



THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA – A HISTORICAL JOURNEY IN THE CONTEXT OF INDIAN HOMOEOPATHY

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It had remained a long turned up question as to what is the necessity of an unofficial parallel organization of Homoeopaths at a time when the State and Central Governments had already established official statutory bodies like

State Councils, State Homoeopathic Boards, and Central Homoeopathic Advisory Committee etc. Dr. J. N. Kanjilal wrote an article, "Indispensable and Urgent Necessity of Common Unofficial Organisation of all Homoeopaths in India" (The Hahnemannian Gleanings, December, 1962) to address these issues. He had clearly shown as to how the Government bodies headed by recommended Government Officials had remained quite indifferent in preaching or developing the Homoeopathic System of Medicine. Such personnel were mostly innocent about the principles and interests of Homoeopathy and are mostly guided by orthodox school and had remained biased being diagonally opposite to the Homoeopathic concepts. Also, the Homoeopathic representatives representing such bodies may have divergent views and certainly such official bodies are not framed for settling up the disputes. Any disputes should be settled after thorough discussion within the closed boundaries of our very own organization and thereafter the same should emerge as a unified voice which will be more representative and acceptable. Any gain earned by our own strength and merit will come to our real benefit.

From those days, it was running in the mind of Dr. J. N. Kanjilal to create a singular voice of Homoeopathy in India. He felt that we can only stand united. He wrote another article, "United All India Platform for Homoeopaths" (The Hahnemannian Gleanings, August, 1966). He felt that there were two camps. First one is who cares for unity with little heed on quality and

the second one is who is overcautious for quality even at the cost of unity. Both the camps had their own justifiable views but somewhat such difference of opinions created hindrance in the path of common unified platform. The crux of the problem for homoeopathic society in India had remained the same – one All India Unified Organization of Homoeopaths. Dr. Kanjilal felt that if the existing two pioneer, well-established All India Organizations join their hands with each other on all India level, all well-meaning homoeopaths or homoeopathic organizations in all the states are bound to join hands; any one refusing to do that, shall suffer natural liquidation.

In the intricate weave of India's diverse medical heritage, the Homoeopathic Medical Association of India (HMAI) emerges not merely as an institution, but as a voice of common Homoeopathic practitioners and students across the nation – a resonant advocate of an age-old, yet ever-evolving system of healing. Born out of a collective aspiration to unify, dignify, and amplify the practice of homoeopathy, HMAI has etched its presence in the annals of medical history with quiet determination and eloquent resilience. It evolved as the need of the hour – the need of the fraternity.

Since Dr. C. F. S. Hahnemann discovered Homoeopathy in 1790, it traversed down the line reaching Europe (in England during 1827), Asia (India during 1835, China during 1823), Africa (during 1938), Australia (during 1850), North America (during 1825 through Dr. H. B. Graham – direct disciple of Dr. Hahnemann) and South America (during 1818). During the lifetime of Dr. Hahnemann, Homoeopathy was spread all around the globe. The first World Homoeopathic Convention was organized by Dr. Carroll Dunham (Chairman, American Institute of Homoeopathy) in Philadelphia on 26/06/1876 to 01/07/1876 with a huge 788 delegates



attending from across the World.

Homoeopathy had reached India sometime during 1810 when some German geologists started distributing Homoeopathic Medicines among its workers at Calcutta. At the same time, Mr. Mullence of the London Missionary Society was also known to have distributed Homoeopathic Medicines to the people of Bhawanipore, Calcutta. But the recognition started growing when Mr. John Martin Honigberger (a Romanian Botanist and traveler) was invited to treat Maharaja Ranjit Singh Ji of Punjab in 1839. Maharaja was cured by Dulcamara and he became the patron of Homoeopathy and requested Mr. Honigberger to continue his treatment in this Country. In 1867, first Homoeopathic Hospital was established in Benaras by Mr. Ironsides where Mr. Lokenath Moitra was appointed as Officer-In-Charge. Since then, gradually, India has become the pioneer of World Homoeopathy as it is standing today. Starting since then, now-a-days, more than 100 million people has relied and adopted this treatment protocol which is almost 10% of total population of India. Its cost-effectiveness, less side effects and painless curing ability made this so acceptable. Besides this, Indian Homoeopathic Pharmaceutical Companies are also experiencing almost 25% annual growth, which shows the acceptance of this system of medicine in this Country.

The first Homoeopathic Journal of Asia, "The Calcutta Journal of Medicine" (edited and published by Dr. Mahendralal Sarkar) was published in 1868. It had an International recognition. In West Bengal, Diploma Course in Homoeopathy started as early as in 1943 (first in India) and Homoeopathy was included in the Medical Practitioners Bill in 1943 even before Independence. Thereafter several other states also started Diploma Course in Homoeopathy. First Homoeopathic Convention of India was organized at Kolkata in 1949.

Genesis: The Embers of a Vision

The year was 1975 – a time of ideological ferment and national reconstruction when the Naxalite movement threatens the society, National Emergency

was declared due to internal unrest, political instability and a serious economic crisis. Amidst such broader canvas of India's post-independence health reforms, a group of visionary homoeopaths sowed the seeds of what would become a formidable force in the realm of alternative medicine. HMAI was not only conceived as a mere professional body; it was envisioned as a movement – one that would bridge the chasm between traditional healing wisdom and modern institutional frameworks and at the same time would propagate and generate awareness on Homoeopathy amongst common people and its efficacy to reach the rural and remote India with bare minimum financial support. With conviction burning bright, the founding members carved out a path where ethical practice, scientific researches, and socio-medical service could converge under the single homoeopathic banner.

Peeping through the Greenroom

The oldest organization of Indian homoeopaths was "All India Homoeopathic Medical Association" (AIHMA) which was formed in 1932 under the able leadership of Dr. Kailashnath Katju and other practitioners from Uttar Pradesh and with support from Dr. Jitendra Nath Majumder (great grandfather of Dr. Pradosh Majumder from Calcutta). Dr. W. Younan – a renowned Homoeopath from Calcutta was elected as the first President and Dr. Jitendra Nath Majumder (Calcutta) was the first Secretary. Other renowned leaders of this organization were Dr. P. L. Srivastava, Dr. Oman, Dr. K. D. Kashyap (Lahore), Dr. N. S. Jaisurya (Hyderabad), Dr. Yudhvir Singh (Delhi) etc. This organization could convince the members of Central Legislative Assembly about the urgent need of inclusion of Homoeopathic System of Medicine in the Central Health Programme. As a result, the first Homoeopathic Resolution was proposed in the Central Legislative Assembly by Miyan Ghiasuddin and was passed on 02/04/1937. Since 1932 till 1970, AIHMA organized 18 National Conferences. The first of which was organized at Calcutta in 1932.

Since AIHMA could not achieve much, another



organization was formed namely "All India Institute of Homoeopathy" (AIIH) in 1944, with its headquarters in Delhi. A. N. Mukherjee (Calcutta), Diwan Jaichand (Lahore), Daya Sankar Kayastha, J. P. Srivastava, S. P. Asthana and Dr. K. G. Saxena (Delhi) were the founder of this organization. Dr. Saxena was selected as the first General Secretary of the AIIH. In December, 1946, a delegation of AIIH met Mr. G. A. Khan (the then Health minister) and gave a clear picture of need of practice and institutional training on Homoeopathy in India. A draft proposal was submitted to Central Government on 15/03/1947. This Organization organized its first National Conference in 1950 at New Delhi and the second conference was organized at Lucknow in 1951. But as the organizations were functioning in their own way and there was merely any liaison between them, their movements could not reach that much success as was expected. A common unified platform was required to be formed.

On 19/12/1964, in their meeting in New Delhi, the oldest of the Homoeopathic Organizations of India – the AIHMA with active branches in almost all of the states of India, sincerely and whole-heartedly shown their gesture of unity. The association went so far as to express its desire to forego its long cherished name and merge with the other premier all India body – the AIIH and acquire a new name for the combined All India Homoeopathic Organization. The honest intention and candid spirit expressed in one's readiness to forego its very Name and the Banner for the sake of greater unity will be ever remembered by the fraternity.

On the other hand, the AIIH were in little dilemma to come forth with such dedication and resilience. The main reason was the overzealousness for qualification on the part of some of the top ranking members on the institute. The organization later realized that, they cannot move an inch by ignoring and leaving behind the vast mass. The leaders initially failed to realize the significance of the historical fact that, the opportunists and career-seekers in the homoeopathic society will take full advantage of the loose and unorganized situation, any by various manipulations will capture the various official measures for Homoeopathy in various states instead of providing unlimited scope for the development of Homoeopathy in India (which by that time had already happened in several states). However, later during October'1968, these two premier organizations decided to amalgamate with each other. In the 9th All India Homoeopathic Congress of AIIH held at Bangalore on the 10th to 12th June 1972, the Organization passed a resolution for amalgamation of the two premiere bodies in the meeting of their Central Council held on 09/06/1972. That resolution was unanimously adopted with overwhelming enthusiasm, at the last session of the Congress on 12/06/1972. On the same occasion another consequential resolution was also passed forming a Unity Committee with proportional number of members from the Central Bodies of AIIH & AIHMA which was mandated to finish all technicalities of actual amalgamation. The Unity Committee was formed with the following members:

AIIH	AIHMA
Dr. J. N. Kanjilal was nominated by both the organization	
<ol style="list-style-type: none"> 1. Dr. Krishna Gopal Saxena 2. Dr. M. C. Batra (President) 3. Dr. Diwan Harish Chand (Convener) 4. Dr. M. Kutumba Rao 5. Dr. Shanti Dev (replacing Dr. J. P. Srivastava as he had expired during that time) 	<ol style="list-style-type: none"> 1. Dr. Jugal Kishore (President) 2. Dr. H. L. Chitkara (General Secretary) 3. Dr. Yudhvir Singh 4. Dr. Madan Pratap Khunteta



Negotiations were finalized under the leadership of Dr. J. N. Kanjilal.

During 1966, it was difficult to form a unitary body on pan India basis. The formation of a Federal Body was quite easier and feasible and everyone remained satisfied with that for the time being. That Federal Body was primarily constituted by those two premier organizations, AIHMA & AIIH, joining their hand on agreed aims and objects and also on common programme keeping the integrity of their respective organizations intact and unaffected. This was precisely the basis on which the West Bengal State Homoeopathic Federation (WBSHF), which was known as "Paschimbanga Rajya Homoeopathic Sangha" in Bengali, was working since 1962 with gradually increasing success, achievements and solidarity on State Basis – the pan India story was also quite similar. The impact of this Federation was so widely accepting that, anybody ventured to form a separate organization, could not find substantial foothold anywhere.

Since its formation, the organizational activities of WBSHF look a more regular shape. Regular annual conferences were conducted not only in Calcutta, but also in the remotest part of West Bengal like Krishnagar, Kharagpur, Baruipur, Siliguri, Howrah, Purulia, Rampurhat, Kharagpur, Habra, Durgapur etc. Periodical all India basis conferences were also being held by the aforesaid All India Organizations. But immediately after formation of HMAI, the WBSHF converted itself into the West Bengal State Branch of HMAI (the first State Branch of HMAI). Even today, this state branch has the largest membership contribution in the Organization with 162 Units 1549 Life Members and 909 primary members, which is gradually strengthening day by day.

Finally, the day arrived.

The Date

The "The Convention of All Homoeopaths of India" was organized in 1975 at Kolkata by the doctors of West Bengal (the pioneer of Indian Homoeopathy). During 25/10/1975 to 27/10/1975, the convention took place at Ballygunge Siksha Sadan under the able leadership of the doyen of Indian Homoeopathy – Dr. J.

N. Kanjilal. His farsightedness, pan India presence and acceptability finally materialized, where he could unite all the big platforms under one umbrella. AIIH and AIHMA the two largest rival Homoeopathic Organizations of India coalesced to form the National Organization – the Homoeopathic Medical Association of India (HMAI) in presence of almost all the office bearers of these Organizations. Dr. Nirmal Kumar Dasgupta had remained the convener of this Convention.

A number of extended meetings of the Central Bodies and General Bodies of AIIH & AIHMA took place at the Convention, both separately and jointly with the Unity Committee, required for liquidation of their respective Organizations and merging the same into the new united all India Organization –

The Homoeopathic Medical Association of India (HMAI) was born.

The Emblem

HMAI pledges its unconditional allegiance to this Emblem of knowledge, especially rational medical knowledge as established by Dr. Hahnemann and service of humanity guided by that knowledge through Unity and Fraternity. The Emblem has been adopted somewhere during 1979 and appeared in the 1979 Congress Souvenir. The emblem expresses:

- The snakes round around the staff of torch, i.e. staff of knowledge, signifies that our system of medicine is not dependent upon any dogma or prejudice, but purely on knowledge of principles and Laws of Nature.
- The staff of knowledge is held strongly by two hands–represents collective efforts for knowledge and strong unity, with common aim and that aim is represented by the red cross – the world symbol for service of humanity (prevalent at that time).
- The symbol is placed at the foundation of all other symbols as the alter via a vis on which the staff of knowledge is Rooted.
- The "Ashoka Chakra" inscribed on the vessel of fire represents India – the Association of India.
- The Circle around the Emblem signifies holistic



concept of Homoeopathy with the expectation of its acceptance internationally.

- Mark the plural signifies not single handed effort but collective effort.

Regarding who had designed the emblem, divergent views are available. Since the emblem first appeared in the Souvenir of 1979 Congress, it may be assumed that Dr. Pradosh Majumder (Organizing Secretary) could have designed this. Some doctors from Purulia claimed that the Emblem had been created by them. Another view is, the Emblem was designed under the supervision of Dr. R. K. Desai but finalized by Dr. J. N. Kanjilal. But since I could not find any documentary evidence, no confirmation is provided.

The Progress

Dr. J. N. Kanjilal of Kolkata was elected as the first President and Dr. D. P. Rastogi of New Delhi was elected as the first Secretary General of the Organization. The election took place on 25/10/1975 (?) and the organization was declared on 26/10/1975.

First Office Bearers were:

1. Dr. J. N. Kanjilal (Calcutta) – President
2. Dr. D. P. Rastogi (New Delhi) – Secretary General
3. Dr. R. K. Desai (Ahmedabad) – Joint Secretary General
4. Dr. Sunil Baran Kar (Jamshedpur) – Asst. Secretary General
5. Dr. Diwan Harish Chand (New Delhi) – Treasurer
6. Dr. H. L. Chitkara (New Delhi) – Chief Editor (Journal)

Apart from them, Dr. M. P. Khunteta (Jaipur), Dr. Gurunam Singh (Patiala), Dr. Aswini Kumar (Ludhiana), Dr. R. K. Kapoor (Allahabad) and Dr. M. C. Batra (Mumbai) jointly signed in the application for Registration of the Organization.

The other Members of Ad-hoc Central Executive Committee (C.E.C.) of HMAI were:

Dr. Shambhu Nath Chatterjee (Calcutta), Dr. Bholanath Chakrabarty (Howrah), Dr. M. Kutumba Rao (Gudivada), Dr. B. N. Mukherjee (Calcutta), Dr. Aswini

Kumar (Ludhiana), Dr. Gurnam Singh (Patiala), Dr. (Mrs.) Rahmatunnisa Begum (Madras), Dr. K. Prasad (Patna), Dr. G. N. Tandon (Kanpur), Dr. M. P. Khunteta (Jaipur), Dr. S. R. Wadia (Bombay), Dr. T. Seshachari (Hyderabad), Dr. M. V. L. Narayana Rao (Guntur), Dr. S. K. Adhikari (Calcutta), Dr. Devendra Singh Virk (Patiala), Dr. S. N. S. Kapoor (Bhagalpur) and Dr. Ganapathy (Tamilnadu).

The newly formed Organization could establish its 227 units in 17 states of India and formed a Constitution under the guidance of which started paving the milestones 50 years back.

Immediately after its formation, a sustained movement was conducted under the banner of HMAI with sincere efforts and leadership ability of Dr. Bholanath Chakrabarty, Dr. Sunil Nayek, Dr. Dharmadas Banerjee, Dr. Dilip Kumar Saha, assisted by Dr. S. P. Ganguly, Dr. Paramesh Bose, Dr. Mahendra Singh, Dr. Kedar Nath Chakrabarty, and Dr. Ram Krishna Ghosh Mondal. The movement was a successful one and University of Calcutta started Degree Course in Homoeopathy. Initially the course was started as M.B.S. and then changed to B.M.S. and finally to BHMS. The movement was backed up politically by Late Sri Santosh Kumar Mitra [a CPI(M) member of the Rajya Sabha] and Sri Ajit Kumar Panja, the Health Minister, West Bengal (as minister he remained the greatest benefactor of Homoeopathy in West Bengal). Later, Osmania University got affiliation to run MBS Course in 1979.

HMAI got registered on 18/01/1977 before The Registrar of Societies, Delhi Administration, New Delhi; bearing Registration No. 8418 of 1977 after paying Rs. 50/- (Fifty Only) as Registration Fees.

On 20/11/1979, the then Secretary General, Dr. D. P. Rastogi has submitted his report which stated that, HMAI was having 209 live units, which was extended to 352 after renewal in 1979-80.

HMAI had played a significant role in the propagation and establishment of Homoeopathy in India thereafter, be it the election of Central Council of Homoeopathy (CCH) or be it the question of organizing XXXIInd International Congress in 1977 at Vigyan



Bhawan, New Delhi. Union Government released Rs. 50,000/- as GIA in favour of HMAI for the Congress. International fraternity during that time was bearing a notion from the Western Homoeopaths that, unless and until one is an Allopathic Graduate, he cannot be termed as a doctor. To them, those Allopathic Graduates, who accept only the Law of Similia, are honourable Homoeopaths and they will be eligible to be full-fledged members of LMHI. But the institutionally taught Indian Homoeopaths, holders of Government Recognized Degree / Diploma, will not be entitled to hold any official post in LMHI, which was revoked after 35th LMHI Congress at Sussex, England.

A resolution was adopted at the Central Executive Committee meeting of HMAI, held on 24th and 25th October, 1978 at Ludhiana in which Dr. J. N. Kanjilal was nominated as National President, LMHI and Dr. Bholanath Chakrabarty was nominated as Assistant National Vice President of LMHI. Resolution was passed unanimously and recorded. After a continuous struggle on one and a half day (19/05/1979 to 20/05/1979) at Sussex LMHI Congress by Dr. J. N. Kanjilal; Dr. Bholanath Chakrabarty of Kolkata was elected as Assistant National Vice President of LMHI in the International Homoeopathic League. Dr. J. N. Kanjilal admitted in his letter to one of his disciples, Dr. Tapan Kumar Kanjilal, that, he fought this bitter battle single handedly against 27 Western Homoeopaths. He admitted that he achieved success in that struggle solely because he was backed by the resolution of World's Biggest National Homoeopathic Organization – The Homoeopathic Medical Association of India. In fact, the struggle was between HMAI on one side and all the Homoeopaths of the Western World on the other. One has to ponder the gravity of these words and feel what a unified common voice can achieve for Homoeopathy. Later on, an urgent management letter was issued by LMHI to Dr. B. N. Chakrabarty, informing him his eligibility to cast vote in the election of LMHI body as Asst. National Vice President, India.

In the NEC meeting at Jabalpur (on 31/03/1996), it was discussed under agenda no. 7 that a trust board needs to be formed. 4 members were nominated,

namely Dr. R. K. Desai (Ahmedabad, Gujarat), Dr. B. V. Dhakulkar (Nagpur, Maharashtra), Dr. J. S. Khanna (Jabalpur, Madhya Pradesh) and Dr. G. N. Mukherjee (Purulia, West Bengal). On 16/09/1996, the trust board was formed. As per the news published in IJH 2006-December issue, Trust of Homoeopathic Medical Association of India was formed under 6 Chapter XI Rule 42 (A & B) where the managing trustee was Dr. V. C. Acharya (Kanpur, Uttar Pradesh). Dr. Mahendra Singh (Kolkata, West Bengal), Dr. D. P. Rastogi (New Delhi), Dr. J. S. Khanna (Jabalpur, MP), Dr. S. P. S. Bakshi (New Delhi), Dr. Ramjee Singh (Patna, Bihar) etc. were the members of the trust.

Initially Dr. G. N. Mukherjee (Purulia, West Bengal) during his tenure as Secretary General published a directory of Life Members of HMAI in the year 1996. Later during 2018, Dr. S. I. Hussain (Kolkata, West Bengal) started documenting the Life Members' Directory where Dr. J. N. Kanjilal was recorded as first Life Member (serial no. 1).

HMAI Bhawan

Since its inception, HMAI suffered from want of a stable secretariat. It was the constant endeavour of the officials to find a permanent office of Central Secretariat. It was a common practice to run the secretariat at the state from where Secretary General is elected.

The Organization needs its own home. With the vision in mind, HMAI started constructing its own Bhawan, where it was born. Its foundation stone was laid by Dr. V. C. Acharya on 25/01/2015 in presence of Dr. Ramjee Singh, Dr. S. I. Hussain, Dr. M. L. Bera, Dr. Shyamal Kr. Mukherjee, Dr. H. D. Jaiswal and Dr. Susanta Saha on a 2 Cottah land at Sukantanagar, Sector-IV, Salt Lake, Kolkata. On 25/09/2016, HMAI Bhawan was inaugurated by Dr. (Smt.) Shashi Panja (Hon'ble MOS, Department of Women Development and Child Welfare, Govt. of West Bengal), in presence of Dr. Rathin Chakravarty, Mr. Sujit Bose, Dr. Bhaskar J Bhatt (the then President), Dr. S. I. Hussain (the then Secretary General), and other dignitaries of HMAI.

President of Honour – A Glaring Controversy



In the second Congress of HMAI at Calcutta in December, 1979, Dr. J. N. Kanjilal was unanimously selected as the "President of Honour (for Life)" on 20/12/1979 to 21/12/1979. It was proposed by Dr. P. Vishnu and seconded by Dr. G. N. Mukherjee (Purulia, West Bengal).

Since Dr. J. N. Kanjilal was selected as "President of Honour", some controversies arrived. Dr. G. N. Mukherjee (who seconded the proposal) and Dr. R. K. Desai (Ahmedabad, Gujarat) attacked bitterly saying that the post was created by Dr. J. N. Kanjilal for his own interest to sit the top of the Organization. Even up to the extent, 12 years after the death of Dr. J. N. Kanjilal, Dr. G. N. Mukherjee (the then Secretary General of HMAI) wrote a letter to Dr. B. N. Kanjilal (brother of Dr. J. N. Kanjilal) vide Memo No. GNM/HMAI/204/97 Dated 28/06/1997, stating that the phrase "President of Honour" was an unauthorized phrase used by sentiment against Dr. J. N. Kanjilal's name. Dr. G. N. Mukherjee also wrote letter vide No. GNM/HMAI/210/97 Dated 02/07/1997, to Dr. R. K. Desai, with a copy to Dr. J. S. Khanna, Dr. B. N. Kanjilal and Dr. P. S. Wadgaonkar; provoking Dr. Desai, that the protest against the use of phrase, "President of Honour" should come from Dr. J. S. Khanna also. Also falsely it was argued that he did oppose that and West Bengal State Branch will drop the prefix in future. But no such decision in the minutes of NEC Meeting was recorded. The democratic benchmark set by the Constitution of HMAI recognizing the three tier organizational hierarchy was completely ignored and whimsical autocratic approach was taken in writing these letters.

Dr. J. S. Khanna (the then Deputy President of HMAI), in his reply letter to Dr. G. N. Mukherjee dated 20/09/1997 wrote:

"... I don't agree with you as well as Dr. R. K. Desai in respect of using Adjective 'President of Honour' with the name of Late Dr. J. N. Kanjilal. A resolution with majority of opinion though without voting was passed amending the Constitution at Kanya Kumari meeting of C.E.C. of HMAI in 1980 (probably the date would be 22/03/1979), when A.I. Homoeopathic Seminar was

organized at Trivandrum."

It was also stated in the same letter that Dr. Khanna was present in that meeting and few attendees including Dr. R. K. Desai opposed the move but Dr. G. N. Mukherjee, though was present in the meeting, did not oppose.

Later, in General Council meeting of HMAI, the resolution of N.E.C. was approved unanimously and thereafter Dr. J. N. Kanjilal used this honour till his lifetime. After the death of him, the Constitution was amended and the post of "President of Honour" was removed from the Constitution showing absolute gratitude to its founder and nobody thereafter was, is or will be awarded with that post. Hence present Constitution does not continue any such clause which was provided from 1980 (? 1979) till the end of Dr. J. N. Kanjilal.

A letter from Dr. P. Vishnu dated 05/08/1997 to Dr. B. N. Kanjilal also expressed the fact that since the decision of awarding such honour was taken in the NEC Meeting held at Imphal (Manipur) during 1979 and the minute book would vouchsafe the fact, there is no dispute in it.

Dr. Kanjilal was also aware of these facts and in his letter to Dr. R. K. Desai dated 30/04/1980, clearly challenged him to present any person before him whom he canvassed or requested for the post. Finally Dr. J. N. Kanjilal firmly stated that he cannot help feeling a little embarrassed that he had got to reply to such obnoxious charges made by a person who knew him very intimately for nearly two decades. Certainly, no reply was received from Dr. R. K. Desai after that.

Thereafter nobody ever dared to construct such unethical attack.

Expansion: From Singular Voice to Collective Chorus

As India's tryst with homoeopathy deepened so too did the reach and resonance of HMAI. What began as a modest consortium in 1975; soon blossomed into a pan-Indian organization, establishing vibrant chapters across the States. The momentum it has gathered has introduced a tremendous speed. These regional arms became crucibles of learning and clinical advancement,



echoing the association's motto of propagating the Homoeopathic System of Medicine in the Hahnemannian way.

Dr. Rakhal Das Mallick (eminent Homoeopath from West Bengal) in one of his article said, "The registered homoeopaths under Part "B" have already been by the movement of this Organization, awarded legislative recognition and yet from the vast majority of the Homoeopathic Profession keeping the candle of Homoeopathy ablaze even in the remotest corner of the country cannot be considered as cipher. Without upliftment of the Indian homoeopaths society (as it stands) as a whole, Homoeopathy will never thrive and consequently homoeopaths will never prosper. In the State level also, some disintegrating forces belonging to both Part A and Part B has been trying to form pocket organizations hammering wider interest of the profession." But soon their nasty efforts went in vain.

But even with its largest body and PAN India acceptance, HMAI is not reaching extensively to the southern part of India. The present torch bearers should work on it and if required, may discuss with leaders of IHK and others of Southern part of India so that a PAN India unified voice may be formed and once formed, the power and reach ability of the Organization will be even more than now and beyond question.

At the heart of this growth were the All India Homoeopathic Congresses – annual congregations that transcended mere academic exchange. These events became pilgrimages for practitioners, scholars, and enthusiasts, offering a confluence of tradition, innovation, and fraternity.

The Ethos of HMAI – The Constitution

A Constitution sub-committee was formed by the Unity Committee (which was constructed in 1972) with the following members:

1. Dr. Diwan Harish Chand
2. Dr. R. K. Desai
3. Dr. H. L. Chitkara
4. Dr. J. N. Kanjilal
5. Dr. M. P. Khunteta

Though the committee was constituted in 1972, it took 3 more years due to some recalcitrance. Finally a compromised resolution was formulated satisfying the ego of recalcitrant leaders of AIH only keeping in view of pan India Unity. A constitution on the basis of that compromised resolution was formed by this Constitution Sub-Committee which was unanimously accepted by the Unity Committee and finally adopted at "The Convention of All Homoeopaths of India" during 26/10/1975 to 27/10/1975, with necessary modifications (e.g., Constitution of HMAI). After formation of HMAI and construction of new Ad-hoc body, a fresh Constitution Sub-Committee was also finalized and approved with the following members – Dr. R. K. Desai (Convener), Dr. H. L. Chitkara, Dr. M. P. Khunteta and Dr. J. N. Kanjilal.

For the purpose of better delivery of Organizational service, the country was divided into 6 zones and to comply with the democratic ruling of our Country, provisions and guidelines of election was framed under constitution. This was done not only to ensure transparency but also to make every member feel and aware of their opinion, role and contribution towards the Organization.

The Objects of HMAI as specified in the Constitution:

- To promote and advance the Science of Homoeopathy and Homoeopathic Education in India in accordance with the basic principles of homoeopathy, as enunciated by Dr. Hahnemann.
- To improve public health in accordance with Homoeopathic principles as applied to prevalent public health methods.
- To maintain the honour and dignity and to uphold and safeguard the interests of Homoeopathic profession.
- To promote cooperation among the Homoeopathic fraternity by forming a unitary national organisation of the Homoeopaths.

After the formation of HMAI, the constitution sub-committee went for several discussions and finally placed a large number of amendment proposals in the extended meeting of C.E.C. on 31/10/1976 at Nehru Homoeopathic



Medical College, New Delhi. Thereafter the Constitution was amended so many times and with every passage of time, became more mature and independent.

Dialogue with the State: Harmony and Advocacy

Over the last five decades, HMAI has successfully assumed the dual role of collaborator and conscience-keeper in its engagements. Its voice finds particular resonance within the corridors of the Central Council for Research in Homoeopathy, Central Council of Homoeopathy (CCH) National Commission for Homoeopathy (erstwhile CCH) and Ministry of AYUSH, where it plays a pivotal role in shaping national policy concerning homoeopathy.

In aligning with Government Missions and wellness initiatives, HMAI reaffirms that Homoeopathy is not an alternative in the margins – but a complementary path within India's pluralistic medical model.

The Path Forward: Towards a New Dawn

Today, the Homeopathic Medical Association of India stands at the threshold of a renewed renaissance. With thousands of practitioners under its banner and an ever-growing footprint, it continues to sculpt a narrative.

Its vision extends beyond national borders, at times collaborating with LMHI, seeking to harmonize with global homoeopathic movements, and encouraging a culture of evidence-based, patient-centric research and education. As it strides into the future, HMAI remains steadfast – anchored in its legacy, yet ever attuned to the pulse of progress.

In essence, the history of HMAI is not merely a chronicle of events or merely a successful journey in establishing Homoeopathy in India, it is a testament to the enduring power of collective will, the sanctity of healing, and the symphony of science and soul.

Membership scenario (as on 31/08/2025)

1. Total No. of State Branches – 18 (Eighteen)
2. Total No. of Units – 366 (Three hundred and sixty six)
3. Total No. of Life Members – 4997 (Four thousand nine hundred ninety seven)
4. Total No. of Primary Members – 2608 (Two

thousand six hundred eight)

5. Total members of HMAI – 8314 (Eight thousand three hundred fourteen)
6. Largest membership contributing State Branch – West Bengal

Padma Vibhushan / Padmasree awardee from the HMAI Family

1. Dr. Yudhvir Singh received Padma Vibhushan twice in 1971 and in 1977 for social work.
2. Dr. K. G. Saxena (received Padmasree in 1969 when HMAI was not formed but later he associated himself and played a leadership role in HMAI till his last breath).
3. Dr. Kalyan Banerjee (2009)
4. Dr. Jugal Kishore (2012)
5. Dr. Mukesh Batra (2012)
6. Dr. V. K. Gupta (2013)
7. Dr. Anil Kumari Malhotra (2016)
8. Dr. R. S. Parekh (2024)
9. Dr. Vilas Dangare (2025)

Postal Stamp / Cover for Homoeopathy

1. 10/04/1955 – Postal stamp published by Government of India on the occasion of Hahnemann's Birthday.
2. 06/10/1977 – International Homoeopathic Congress was commemorated by a postal stamp. 20 Lakh stamps were printed of Rs. 20.00/-
3. 1990 – Another postal stamp on Dr. Hahnemann
4. 05/03/1995 – Postal stamp was published on the theme "Homoeopathy for every family"
5. 2019 – Postal stamp was published on Dr. K. G. Saxena
6. 25/12/1988 – Special Postal Cover was introduced celebrating 6th All India Conference of HMAI at Hyderabad.
7. 25/02/1989 & 26/02/1989 – Special Postal Cover was issued to commemorate Indo Nepal Homoeopathic Medical Convention (organized at Lucknow)
8. A Postal stamp may be inaugurated on the occasion of Golden Jubilee of HMAI.



HMAI Office Bearers & All India Homoeopathic Congress (1977 – 2025)

Sl. No.	Date / Tenure	All India Homoeopathic Congress	Place	President	Secretary General	Organizing Secretary
1	25/10/75 to 27/10/75	The Convention of All Homoeopaths of India	Ballygunje Siksha Sadan, Kolkata Dr. N. K. Dasgupta was the convener	Dr. J. N. Kanjilal	Dr. D. P. Rastogi	
2	25/02/78 to 27/02/78 (1977-79)	I st Congress	Jamshedpur Dr. Mrityunjoy Dey (convener)	Dr. J. N. Kanjilal	Dr. D. P. Rastogi	Dr. S. P. Chatterjee
3	23/12/79 to 25/12/79 (1979 – 81)	II nd Congress	Territorial Army Pavilion Ground, Calcutta	Dr. J. N. Kanjilal	Dr. D. P. Rastogi	Dr. Pradosh Majumdar
4	18/10/81 to 21/10/81 (1981- 83)	III rd Congress	Jaipur	Dr. Jugal Kishore	Dr. Pradosh Majumdar	Dr. Girendra Pal
5	27/12/83 to 29/12/83 (1983 – 85)	IV th Congress	Bombay	Dr. B. Bhattacharyya	Dr. Pradosh Majumdar	Dr. K. P. Majumdar
6	21/04/1985 (1984 – 1985)	No Congress held in this tenure	Calcutta	Dr. M. S. Chugh	Dr. J. S. Khanna	Not applicable
7	25/11/85 to 28/11/85 (1985 – 87)	V th Congress	Jabalpur	Dr. M. S. Chugh (Court Case)	Dr. J. S. Khanna	Dr. J. S. Khanna
8	25/12/88 to 27/12/88 (1987 – 89)	VI th Congress	Hyderabad	Dr. Sohan Lal	Dr. J. S. Khanna	Dr. P. Vishnu
9	28/12/92 to 30/12/90 (1990 – 92)	VII th Congress	Delhi	Dr. Sohan Lal	Dr. J. S. Khanna	Dr. M. L. Agarwal
10	20/12/1992 to 22/12/1992	VIII th Congress	Nagpur	Dr. B. V. Dhakulkar	Dr. S. S. Baghel	Dr. Purushottam Narad
11	31/05/1992	Formation of Ad-hoc Committee.	Nagpur	Dr. B. V. Dhakulkar Chairman (Court case)	Dr. G. N. Mukherji (Convener)	Not applicable
12	22/12/1992 (1992 – 1994)	Continuation of the same Ad Hoc Committee	Nagpur	Dr. B. V. Dhakulkar	Dr. G. N. Mukherjee	
13	17/12/94 to 19/12/94 (1994 – 96)	IX th Congress	Patna	Dr. D. P. Rastogi	Dr. G. N. Mukherji	Dr. Ramjee Singh



Sl. No.	Date / Tenure	All India Homoeopathic Congress	Place	President	Secretary General	Organizing Secretary
14	27/12/96 to 29/12/96 (1996 – 98)	X th Congress	Netaji Indoor Stadium & Kshudiram Anushilon Kendra, Calcutta	Dr. D. P. Rastogi	Dr. Prahlad Wadgaonkar	Dr. S. I. Hussain
15	05/12/98 to 06/12/98 (1998–2000)	XI th Congress	Bangalore	Dr. J. S. Khanna	Dr. Mridul Sahani	Dr. Veerabrahama hary
16	06/01/01 to 08/01/01 (2000 – 02)	XII th Congress	Khajuraho	Dr. Mahendra Singh	Dr. Mridul Sahani	Dr. R. K. Chaturvedi
17	02/02/03 to 03/02/03 (2002 – 04)	XIII th Congress	Patna	Dr. Mahendra Singh	Dr. V. C. Acharya	Dr. Ramjee Singh
18	27/12/04 to 29/12/04 (2004 – 06)	XIV th Congress	Jaipur	Dr. Mahendra Singh	Dr. V. C. Acharya	Dr. Ashok Sharma
19	23/12/06 to 25/12/06 (2006 – 08)	XIV th Congress	Aurangabad	Dr. S. P. S. Bakshi	Dr. Bhaskar J. Bhatt	Dr. S. M. Desarda
20	26/12/08 to 28/12/08 (2008 – 10)	XVI th Congress	Lucknow	Dr. S. P. S. Bakshi	Dr. Bhaskar J. Bhatt	Dr. Shailendra Singh
21	18/12/10 to 19/12/10 (2010 – 12)	XVII th Congress	Delhi	Dr. V. C. Acharya	Dr. Shyamal Kr. Mukherjee	Dr. Sandeep Kaila
22	21/12/12 to 23/12/12 (2012 – 14)	XVIII th Congress	Science City Auditorium, Kolkata	Dr. V. C. Acharya	Dr. Shyamal Kr. Mukherjee	Dr. H. D. Jaiswal
23	27/12/14 to 28/12/14 (2014 – 16)	XIX th Congress	Ahmedabad	Dr. Bhaskar J. Bhatt	Dr. S. I. Hussain	Dr. Piyush Joshi
24	17/12/16 to 18/12/16 (2016 – 18)	XX th Congress	Jaipur	Dr. Bhaskar J. Bhatt	Dr. S. I. Hussain	Dr. Atul Kr. Singh
25	24/11/18 to 25/11/18 (2018 – 20)	XXI st Congress	Patna	Dr. Ramjee Singh	Dr. Piyush I. Joshi	Dr. B. M. Ojha
26	2020 – 2022	Prevalent Covid situation	No Congress organized	Dr. Ramjee Singh	Dr. Piyush I. Joshi	Not applicable
27	16/12/23 to 17/12/23 (2022 – 24)	XXII nd Congress	New Delhi	Dr. Shyamal Kr. Mukherjee	Dr. A. K. Gupta	Dr. Sourabh Arora
28	26/12/25 to 28/12/25 (2024 – 26)	XXIIIrd Congress GOLDEN JUBILEE CELEBRATION OF HMAI	Biswa Bangla Auditorium, Kolkata	Dr. Shyamal Kr. Mukherjee	Dr. A. K. Gupta	Dr. Amitava Samanta & Dr. H. D. Jaiswal



HMAI – All India Scientific Seminars and All India teachers’ Seminar (1978 to 2024)

Sl. No.	Date	All India Scientific Seminars	Place	Organizing Secretary
1	21/10/1978 – 22/10/78	I st Seminar	Patiala	Dr. J. S. Bhogal
2	10/08/1979 – 11/08/79	II nd Seminar	Trivendrum	Dr. K. V. John
3	10/01/1981 – 12/01/81	III rd Seminar	Bhopal	Dr. S. S. Ahmed
4	23/04/1982 – 24/04/82	IV th Seminar	Dhanbad	Dr. Samar Banerjee
5	30/08/1987	V th Seminar	Allahabad	Dr. Sachidanand
6	09/04/1988 – 10/04/88	VI th Seminar	Patiala	Dr. H. S. Sandhu
7	08/11/1981 – 09/11/81	VII th Seminar	Ahmedabad	Dr. Bhaskar J. Bhatt
8	24/12/1993 – 28/12/93	VIII th Seminar	Goa	Dr. S. Martin
9	17/12/1994 – 18/12/94	IX th Seminar	Patna	Dr. Ramjee Singh
10	25/11/1995 – 26/11/95	X th Seminar	Puna	Dr. Rajshree Bhandari
11	24/12/1999 – 26/12/99	XI th Seminar	Kolkata	Dr. Arun Mandal
12	04/01/2002 – 06/01/02	XII th Seminar	Vadodara	Dr. Harish Doshi
13	26/12/2003 – 28/12/03	XIII th Seminar	Kolkata	Dr. Padmini Mukherjee
14	17/12/2005 – 18/12/05	XIV th Seminar	Jabalpur	Dr. R. K. Chaturvedi
15	21/12/2007 – 23/12/07	XV th Seminar	Rajkot	Dr. N. Shah
16	14/11/2009 – 15/11/09	XVI th Seminar	Bangalore	Dr. Shriwatsan
17	21/01/2012 – 22/01/12	XVII th Seminar	Gwalior	Dr. Amit Shriwastwa
18	28/12/2013 – 29/12/13	XVIII th Seminar	Jammu	Dr. B. Dubb
19	16/01/2016 – 17/01/16	XIX th Seminar	Nagpur	Dr. Murlidhar Idhole
20	09/09/2017 – 10/09/17	XX th Seminar	Goa	Dr. Dominic Dias
21	05/10/2019 – 06/10/19	XXI st Seminar	Belgavi	Dr. Shiv Kumar R
22	14/05/2022 – 15/05/22	XXII nd Seminar	Aurangabad	Dr. Balasahib Pawar
23	28/12/2024 – 29/12/24	XXIII rd Seminar	Jaipur	Dr. R. K. Acharya
ALL INDIA HOMOEOPATHIC TEACHERS’ SEMINAR				
1	12/02/2000 – 13/02/00	I st Seminar	Bangalore	Dr. Munir Ahmed R
2	21/09/2002 – 22/09/02	II nd Seminar	New Delhi	Dr. Veer Bremchari con.

Revereor

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- Without the help of Dr. R. K. Chaturvedi (Jabalpur),

this article could not be finalized. Every time whenever I tried to reach him, he kept his door open. His mammoth work had always been my pathfinder. I owe my gratitude to Late Dr. Mukundalal Bera (Kolkata), Dr. Tapan Kumar Kanjilal & Dr. Biva Bati Kanjilal (Kolkata), Dr. Mrityunjoy Dey (Jamshedpur), Dr. S. I. Hussain (Kolkata) – other than them, this article could not have been finalized. It is Dr. Sushanta Saha, who always pursued me to prepare this. Reference from different articles of Dr. J. N. Kanjilal, Dr. Tapan Kumar Kanjilal & Dr. Biva Bati Kanjilal, Dr. R. D. Mallick and Dr. Mahendra Singh is also collected. This is an ever ending article and not complete. All data provided in this article is till 31/08/2025.



HMAI IN GUJARAT STATE.



Dr Bhaskar Bhatt, Ahmedabad, Gujrat, Ex-National President HMAI

The Homoeopathic Medical Association of India is celebrating a Golden jubilee this year. This is a wonderful occasion!

It fills our hearts with immense joy and pride as we celebrate the Golden Jubilee of the Homoeopathic Medical Association of India — a glorious 50-year journey of service, solidarity, and scientific advancement.

From humble beginnings to a nationwide movement, HMAI has stood as a beacon of professional unity and dedication to the healing art of Homoeopathy. This milestone is not just a celebration of years, but of countless contributions by visionary leaders, committed physicians, and devoted members across the nation.

As we rejoice in this golden moment, let us renew our pledge to carry forward the ideals of our founders — service to humanity through Homoeopathy, ethical practice, and continuous pursuit of knowledge.

Gujarat state has a long relation with HMAI, or I will say since the birth of this institution.

Let's look at brief history of Homoeopathy in Gujrat.

Dr. J. P. Nanavaty introduced homoeopathy first in Gujarat and Gujarat Homoeopathic Society was organised by him in 1889. He also started a charitable dispensary which is still functioning in Kalupur. With his inspiration Dr. Ramprasad Patel went to Kolkata to study Homoeopathy in 1918. In 1900 Dr. Trikamlal Shah went to USA to study homoeopathy. In 1929 Gujarat Homoeopathic Society was re-organised, which functioned till 1938. Thereafter Dr. Bhogilal Shah, LCPS practised homoeopathy till 1963.

In south Gujrat, Dr. M. N. Apte MBBS adopted Homoeopathy in 1930. From 1935 to 1940 a great Sanskrit scholar Dr. Benoytosh Bhattacharya MA, PhD, Director of Oriental Institute, started practicing Homoeopathy at Vadodara. One of his patient Seth Girdharlal Parikh donated seven lakh rupees for establishing a charitable trust dispensary at Vadodara. Dr. Bhattacharya practiced and taught homoeopathy. First Homoeopathic Act of 1932 was adopted and Baroda State Medical Council was formed. Baroda was the first State in India to recognise Homoeopathy.

In 1938, Dr. M. H. Udani of Rajkot got prominence as a Homoeopath. In 1940, Dr. Maganlal Desai after successful practice at Kolkata for ten years came to Gujarat and settled down at Navsari. He also visited Surat and Bombay to practice homoeopathy. At the same time Dr. N. M. Shah started practice in Ahmedabad and also published a small magazine called "Upachar Kala and popularised Homoeopathy in North Gujarat & Saurashtra.

In 1948 Dr. R. K. Desai, after getting the D.M.S. qualification of the Bengal State Homoeopathic Faculty came down to Gujarat and in 1950 started his practice at Ahmedabad, He organised the homoeopathic profession in Gujarat and a branch of the All India Institute of Homoeopathy was started by him.

In 1960, after the formation of Gujarat State, the Gujarat State Homoeopathic Board was constituted by the Gujarat Govt. under the presidentship, of Dr. R. K. Desai in 1961. In 1963 The Gujarat Homoeopathic Act was enforced and a Council was formed under the president ship of Dr. K. B. Shah of Khambhat.



In 1975/76, combined congress of the all-India Organisations was convened at Kolkatta and resolutions of merger was passed & one national organisation H.M.A.I. was formed. Dr. Kanjilal, Dr. M. C. Batra, Dr. Jugal Kishore, Dr. Chitkara, Dr. Saxena Dr. Rastogi, Dr. R. K. Desai, Dr. Majmudar, Dr. Arya and other eminent Homeopaths worked out the frame work of H.M.A.I. Dr R K Desai was joint Secretary in HMAI.

Dr R K Desai formed various units at Ahmedabad, Surat, Saurashtra region with the support of Dr Pachchigar, Dr N A Shah, Dr Babubhai Shah as well many practicing homoeopaths.

The Organisation reached at the peak; it was one of the greatest and largest Organisation of Homoeopaths in the world. Nearly twelve thousand members registered and nearly 400 units were working under HMAI banner in India. From 1977 till 1989, various clinical meetings, state seminars and medical camps were organised by HMAI state branch in Surat, Ahmedabad and other centres.

Unfortunately, in 1983, during the national conference and afterwards due to lust for power and sheer selfishness of some people, HMAI activities were disturbed. Few people ruined the efforts of giants.

Dr. P. Vishnu, Dr Dhakulkar, Dr. J. S. Khanna, Dr R K Desai, Dr G N Mukharjee, Dr V C Acharya, Dr Sohanlal and many sincere homoeopaths work as office bearers of H.M.A.I. to revive the association. The units were revitalised and various activities to promote Homoeopathy were taking place.

The Gujarat Branch of H.M.A.I. was inactive since last 5 years. In May, 1989, Dr. Bhaskar Bhatt was appointed as Convener of H.M.A.I., Gujarat Branch, Ahmedabad Unit was formed in July, 1989 with 25 members. Dr. Dharmesh Shah was the President of

Ahmedabad Unit. Unit is working since then. Unit held clinical meetings as well state and national SEMINAR as well CONFERENCE.

IN 1991, National Scientific seminar was held at Ahmedabad, where nearly 400 delegates attended and discuss various topics. Dr R K Desai and Dr Bhaskar Bhatt worked as organising chairman and secretary for this National Seminar. Almost all senior homoeopaths from Kerala to Kashmir and Bengal to Gujrat had participated in this seminar.

Gujarat state branch was formed in 1996 under the leadership of president Dr J J Patel and state General Secretary Dr Piyush Joshi. The team worked wonder and state level activities were organised in different parts of Gujrat state.

In Jan 2002, National scientific seminar was organised at Vadodara. Dr J J Patel was organising President and DR Piyush Joshi was organising secretary for this National Scientific seminar.

Shri Narendra Modi (then Chief Minister of Gujrat) inaugurated the seminar as well addressed the gathering with his experiences of homoeopathy.

In 2007, Gujarat state branch organised All India scientific seminar at Rajkot. Health minister of Gujrat Shri Ashok Bhatt inaugurated this seminar. Dr Bhaskar Bhatt as organising Chairman and Dr Kalpit Sanghvi as organising secretary worked for this memorable national scientific seminar.

In 2014, All India Homoeopathic Congress were organised by Gujrat state H M A I at Ahmedabad. Chief Minister of Gujarat Smt Anandiben Patel inaugurated the congress.

Dr Bhaskar Bhattas organising chairman and Dr Piyush Joshi as organising chairman took responsibility for this seminar, Dr Ketan shah as state president and his team worked very hard to make this conference unforgettable.



Gujrat state branch always looks for strengthening the Organisation. It works for the practitioners and join them in various activities to promote Homoeopathy.

First time in history of H M A I, Gujarat state branch under the organised a unique workshop,

'TRAINING WORKSHOP FOR OFFICE BEARERS OF ALL THE UNITS OF GUJRAT STATE'

Dr Keyur Majumdar as state president and dr Shivang Swaminarayan as state secretary planned the entire workshop wonderfully.

Dr V C ACHARYA, DR BHASKAR BHATT and DR S I HUSAIN had taken various sessions to explain constitution, record keeping and working procedure for unit as well for state branch in this workshop.

At present, there are 19 units working/meeting regularly for CMEs, in Gujrat.

Nearly 2000 life members and 100 plus primary members are on record of state register. State and units are organising seminars with national and international homoeopaths.

There are WOMEN and STUDENT wings at state level organising various educational as well social activities. Free medical camps are organised at various cities.

"Reverence to dr Hahnemann", an annual program is organised on around 2nd July every year by Vadodara Unit. Family gatherings, garabas, sports activities medical camps and other cultural activities are planned at various Units.

At national level, Gujrat NEC members are serving as president of HMAI Trust, Deputy President as well, secretary of constitutional committee.

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HISTORY OF HOMOEOPATHY AND HMAI IN RAJASTHAN

Prof. Dr J D Daryani & Dr Nishant Daryani, Jaipur, Rajasthan
Senior Homoeopath and Life Member, HMAI



Homoeopathy was introduced in Rajasthan (then Rajputana) in 1878 when Maharaja Sawai Ram Singh ji, ruler of Jaipur, suffered from an eye ailment. As physicians of that time failed to provide him relief, a famous homoeopath of Kolkata, Dr Babu Rajender Dutt, was called to treat him. The Maharaja recovered completely with Homoeopathic treatment. The Maharaja and his ministers were deeply impressed by the Homoeopathy system of treatment and, to give its benefits to the public, the Maharaja decided to open a Homoeopathy dispensary in Jaipur. Dr Narayan Das Maheshwari was the in-charge physician. After the demise of Dr Narayan Das, his son Dr Radhakrishan succeeded him, and then his grandson Dr Balchand Parwal continued his legacy. It is interesting to mention here that approx. 40 years earlier to this, in the year 1839, a French physician, Dr John Martin Honigberger, was called to India to treat Maharaja Ranjit Singh of Punjab, who was suffering from paralysis of the vocal cord and swelling of feet. With his treatment, the Maharaja was completely cured. Thus, we can say that the royal families brought Homoeopathy to India as well as Rajasthan state.

On the other hand, Marwari business communities, especially of the Shekhawati region (Southern Rajasthan), which includes Sikar, Nawalgarh, Jhunjhunu, Churu, Ramgarh, etc., contributed greatly in promoting homoeopathy in Rajasthan. Businessmen of these region had their business mainly focused in Kolkata. In Kolkata, which was the hub of Homoeopathy at that time, they experienced the

benefits of Homoeopathy. Once having a strong belief in this wonderful healing system, these families brought homoeopathy with them to their native places.

In Sikar, Seth Badri Narayan Sodhani started a 50 bedded homoeopathy hospital, which is still in existence. Similarly, In Ramgarh, Poddar's started homoeopathic dispensary. In Ladnu, Dr Guha was the prominent homoeopath of this region. Ladnu is the birthplace of Late Shri Acharya Tulsi ji and a prominent Jain pilgrimage centre. 'Padmashree awardee 2024' and renowned homoeopath Dr R S Pareek (Agra) belongs to Nawalgarh. He was inspired by his uncle Shri Ganpat Rai Purohit, a staunch Homoeopath as well as from his schooling teacher Shri Sanyal who originally belonged to Bengal and practising homoeopathy in Nawalgarh.

In Jhunjhunu, Dr Chandra Prakash Jhunjhunwala (Dr C P Jhunjhunwala), was a renowned practising homoeopath. He later shifted to Jaipur from there he published an international fame homoeopathy journal "Torch of Homoeopathy". In 1970, he became the first chairman of Rajasthan Homoeopathic Medicine Board.

In Bikaner, (western Rajasthan), around 150 years ago, Seth Amarchand Bhairoondaan Saithiya started a charitable homoeopathy dispensary under Dr Hemchandra Bhattacharya of Kolkata. Later, Dr Meghraj Sharma, who had worked under renowned homoeopath Dr Sircar of Kolkata, practised and propagated homoeopathy in a big way. Dr Poonamchand Khatri not only practised but also started a homoeopathic institute in Bikaner. Dr Bidvalkar was also a famous homoeopath of that region.



In 1965, Padmashree awardee Maghraj Jain established a homoeopathic hospital in Barmer through the Bharat Sevak Samaj. He also established a homoeopathic dispensary in "Aarbi ki Gafan", a village on the Indo-Pak border, in 1989.

In Kota, (Southeastern Rajasthan) Dr Kumar, Dr Naresh Verma, and Dr Asnani were prominent homoeopaths.

Ajmer, a city in Central Rajasthan famous for Mayo College, a qualified homoeopath from Bengal Dr Hom rendered his honorary services from Kasturba Gandhi hospital. Before him Dr Bhatnagar, Dr Batuknath Mehra, Dr Chandrika, Dr Rajpal, Dr Pahumal and Dr Bhojwani were known homoeopaths. In 1965-66, Dr D P Rastogi was appointed in Ajmer as MO, later he shifted to Delhi and became director CCRH.

The first qualified homoeopath in Rajasthan was Dr R P Mathur, MHMS & D.F. Hom., London, who started homoeopathic practice in Jaipur in 1942. He was an alumnus of the Bengal Allen Homoeopathic Medical College & Hospital, Kolkata. Another alumnus from the same institution, Dr Hari Lal Thakur, started practice in Udaipur in 1948. Then, Dr Girendra Pal, GHMS from Lucknow, started practising in Jaipur. Dr Pal belonged to Karauli district of Rajasthan. In Jaipur, Dr SP Banerjee, Dr Bysak, Dr Suganchand, Dr Sarkar, Dr PL Banerjee, Dr Mukerjee, Dr Khunteta, Dr Saroj Kumar Gaur, Dr Ganda, Dr Rajmal Jain, Dr Sardarmal Jain, Dr Chhajer and Dr Mehra were some prominent homoeopaths of early era.

Homoeopathic Education

In the year 1965, Rajasthan Homoeopathic Medical College was founded in Jaipur with the significant contribution of Dr RP Mathur, Dr Girendra Pal and Dr P L Banerjee (it later named Dr Madan Pratap

Khunteta Homeopathic Medical College, Hospital & Research Centre). This was the pioneer institution to start the MD (Hom.) course in India in 1990. In 2009-10, this institution was upgraded to the world's first Homoeopathy University, that offered BHMS, MD (Hom.), and Ph.D. (Hom.) courses.

Dr Girendra Pal was the pioneer of Homoeopathy education in Rajasthan.

Presently, there are 10 homoeopathy colleges in Rajasthan, of which 2 are under Ayurved University (Govt.) and 8 are in the private sector.

There are 5 universities (1 Ayurved University (Govt.) and 4 private) conducting homoeopathy education.

Homoeopathic Act and Medicine Board

The Rajasthan Homoeopathic Medicine Act, 1969, was enforced on May 14th,

1970, and on the same day, the Rajasthan Homoeopathic Medicine Board was established. Dr C P Jhunjhunwala was the first Chairman of the Board. As of 6.11.2025, 10,470 homoeopaths are registered with board.

Homoeopathic Directorate and Dispensaries

In 2010, the Homoeopathic Directorate was established, and Dr Dinesh Nagar was appointed as Acting Director. Presently, 575 homoeopathy dispensaries including at Vidhansabha, Raj Bhawan, Secretariat, High court, Session court, Police line, Bikaner house (delhi) etc. are working under the Rajasthan Government. 1st Govt. Homoeopathy dispensary was established in Kekri (Ajmer dist.) and Dr Balani was appointed as the homoeopathic physician.

Before inception of Homoeopathic directorate, in 1950-51, three govt. homoeopathic dispensaries were established under Zila board / Ayurveda dept., namely Shahpura (Bhilwara dist.), Jhalrapatan (Jhalawar dist.), and Jongsunj, Ajmer. In 1976-77, 20



more government homoeopathic dispensaries were started. HMAI IN Rajasthan

- HMAI came into existence in 1975.
- In 1943, before the inception of HMAI, Dr. R.P. Mathur, who was the first qualified homoeopath in Rajasthan (1942), took the initiative to form the 'Jaipur Homoeopaths' Association'.
- In 1946, under the chairmanship of Dr. Sarkar and with Dr. R.P. Mathur as organising secretary, the association organized a conference, which was attended by approx. 100 practising homoeopaths from all over Rajasthan.
- Later, 'Jaipur Homoeopaths' Association' became 'Rajasthan Homoeopathic Medical Association', which merged with HMAI in 1975.
- Dr. Madan Pratap Khunteta, a senior member of the 'Rajasthan Homoeopathic Medical Association', signed the memorandum of amalgamation of HMAI along with office bearers of other associations.
- This indicates that homoeopaths in Rajasthan have been quite active in propagating homoeopathy since very early times.

- The Rajasthan State branch has hosted five mega conferences, -

- three national congresses in 1981, 2004, and 2016:
 - 1981 congress was a historic event witnessed by Dr. Kanjilal, Dr. Pradosh Majumdar, Dr. Rastogi, Dr. Acharya, and other eminent homoeopaths. Delegates from all over India attended this mega event.
 - During the 2004 conference, a workshop on 'Homoeopathy in Cardiology' was organized for MD students in collaboration with HMAI. Dr. Daryani coordinated the workshop very well and also edited a beautiful souvenir of the XIVth All India Homoeopathic Congress.
 - In 2016 national congress, a delegation of 50 homoeopaths from Japan under the leadership of Dr. Torako Yui, President, Japan Homoeopathic Medical Association attended the congress. Along with this delegation from Sri-lanka, Bangladesh and Nepal also participated. (Dr R. Manchanda was the key person behind managing these foreign delegates).
- one national scientific seminar in 2024; and
- one state conference in 2000, all were in Jaipur.

PHOTOGRAPHS OF HMAI CONFERENCES WITH DETAILS



Photograph 1 - Lightening the lamp during the inauguration of the XXth Congress, Dec., 17-18, 2016, Jaipur



Photograph 2 - Inaugural speech by Dr J D Daryani as Organizing Chairman, XXth Congress, Dec. 17-18, 2016, Jaipur



PHOTOGRAPHS OF HMAI CONFERENCES WITH DETAILS



Photograph 3 - Souvenir release by Chief Guest, Hon ble Health Minister, Rajasthan Shri Kail Charan Ji Saraf Dr Nishant Daryani (in front & centre) & Dr Yashvini Nagar (in front & right) are presenting souvenirs in XXth Congress, December, 17-18, 2016, Jaipur



Photograph 4 - Lifetime Achievement Award to the Teacher of the Teachers Respected Dr M P Arya in XXth Congress, December, 17-18, 2016, Jaipur



Photograph 5 - Felicitation of Dr TorakoYui, President, Japan Homoeopathic Medical Association by Dr J D Daryani, Organizing Chairman and Dr Bhatt, President, HMAI in XXth Congress, Dec., 17-18, 2016, Jaipur



Photograph 6 - Japanese delegation with Dr TorakoYui, President, Japan Homoeopathic Medical Association in XXth Congress, December, 17-18, 2016, Jaipur



Photograph 7 - Dr Bhaskar Bhatt, President, HMAI along with Dr Daryani during XIXth Congress, December 27th - 28th, 2014, Ahmedabad



Photograph 8 - Felicitation of Dr Rajat Chattopadhyay in XXth Scientific Seminar, September 9-10, 2017, Goa



गोल्डन जुबली - एच.एम.ए.आई. 50 वर्षों पर एक सिंहावलोकन



डॉ. आर. के. चतुर्वेदी

राष्ट्रीय कार्यकारिणी सदस्य एच. एम. ए. आई.

डॉ. ललित चतुर्वेदी एम डी (होम्यो)

तत्वमसि छान्दोग्य उपनिषद (1-4-10) सामवेद का महावाक्य तत्व मसि से 50 वर्षों की यात्रा आरंभ करते हैं इस वेद वाक्य का अर्थ है तुम वही हो अर्थात् जीवात्मा ब्रह्म से अभिन्न नहीं है दोनों में अभेद संबंध है ठीक उसी प्रकार जिस प्रकार सदस्य (डॉ.) और संस्था (एच. एम. ए. आई.) दोनों एक दूसरे के पूरक हैं और अभेद संबंधी है बिना सदस्यों के हमारी कल्पना नहीं की जा सकती यह एक दूसरे से पृथक नहीं है अतः सदस्य और हमारी एक सिक्के के दो पहलू हैं एक का विकास होने पर दूसरे का विकास सुनिश्चित है चिकित्सक हमारे को अपने से पृथक नहीं रख सकता एक पर दोषारोपण स्वतः अपने आप पर दोषारोपण है चिकित्सक सदस्य एक दूसरे के पूरक हैं **“उत्तिष्ठत जागृत प्राप्य वरान निबोधत” कठोपनिषद (13, 1-3-14) इस मूल मंत्र की अवधारणा के अनुरूप उठो जागो और जब तक तुम अपने अंतिम लक्ष्य तक नहीं पहुंच जाते तब तक चैन मत लो** इसी सत्य संकल्प के साथ हमारे और होम्योपैथी दोनों का सर्वांगीण विकास करें |

हमारे साक्षी - किसी भी संस्था के आधार स्तंभ को हम साक्षी के रूप में कह सकते हैं आज गर्व की बात है की 1975 से 2025 तक हमारे संगठन के साक्षी रहे सर्वश्री डॉ. एम पी आर्य, डॉ वी. सी आचार्य, डॉ रामजी सिंह, डॉ. आर के चतुर्वेदी, डॉ. सैयद अल्ताफ हुसैन तथा डॉ. मृत्युंजय डे हमारे इस संगठन की प्रत्येक गति और प्रगति के साक्षी हैं

संयोग- एच. एम. ए. आई. का प्रादुर्भाव 26 अक्टूबर 1975 को इसी कोलकाता महानगरी में हुआ तथा 11th ऑल इंडिया होम्योपैथिक साइंटिफिक सेमिनार (24-26) दिसंबर 1999 को इसी नगर में सिल्वर जुबली रजत जयंती मनाई गई तथा आज 26-28 दिसंबर 2025 को इसी महानगर कोलकाता में हम पूरे उत्साह और उमंग के साथ गोल्डन जुबली स्वर्ण जयंती के साथ XXIII आल इंडिया होम्योपैथिक कांग्रेस -25 मना रहे हैं इसका श्रेय कलकता के सभी होम्योपैथ को जाता है विशेषकर आयोजन समिति को |

गोल्डन जुबली- संस्था के 50 वर्ष पूर्ण होने पर हमारे ने गोल्डन जुबली मनाने का सामूहिक निर्णय लिया है यह आयोजन हमारे के बैनर तले पश्चिम बंगाल प्रदेश राज्य शाखा के नेतृत्व में संपन्न हो रहा है जिसके अध्यक्ष डॉ. श्यामल मुखर्जी जो की हमारे के भी अध्यक्ष है ऑर्गेनाइजिंग कमेटी के डॉ. मिहिर कुमार सेन संयुक्त अध्यक्ष डॉ. अमित सामान्ता जॉइंट सेक्रेटरी और डॉ. एचडी जायसवाल जॉइंट सेक्रेटरी ऑर्गेनाइजिंग कमेटी



तथा कोषाध्यक्ष, डॉ. काकाली कुंडू मुख्य है तथा डॉ. सुभाष सिंह अध्यक्ष साइंटिफिक कमेटी के नेतृत्व में वैज्ञानिक सत्र आयोजित हो रहे हैं। मैं इन सभी विद्वत जनों को हृदय से धन्यवाद देता हूँ कि आज एक विश्व स्तर का ऐतिहासिक होम्योपैथिक कार्यक्रम आयोजित होने जा रहा है

विनम्र श्रद्धाजंलि - इन 50 वर्षों में हमने जिन मनीषियों के मार्गदर्शन को खोया उनमें सर्व श्री डॉ. जे एन. कांजीलाल डॉ. युद्धवीर सिंह, डॉ. के जी सक्सेना, डॉ. डी पी रस्तोगी, डॉ. आर के देसाई, डॉ. एस बी कर, डॉ. दीवान हरिश्चंद्र, डॉ. एच एल चितकारा डॉ. एम पी खुटेटा, डॉ. गुरनाम सिंह, डॉ. अश्वनी कुमार, डॉ. आर के कपूर, डॉ. एम सी बत्रा, डॉ. जुगल किशोर, डॉ. प्रदोष मजूमदार डॉ. बी भट्टाचार्य डॉ. एम् एस चुग डॉ. जे एस खन्ना, डॉ. सोहनलाल, डॉ. बी वी. ढाकुलकर, डॉ. जी एन मुखर्जी, डॉ. महेंद्र सिंह, डॉ. पी विष्णु, डॉ. आर डी मलिक, डॉ. एम एल बेरा, डॉ. एस पी चटर्जी जमशेदपुर, डॉ. जी बी सिंह उत्तर प्रदेश उन सभी ज्ञात अज्ञात चिकित्सकों के श्री चरणों में विनम्र श्रद्धाजंलि हमारे के प्रत्येक सदस्य के द्वारा समर्पित है

धनवंतरी अवार्ड यह सम्मान आयुष विभाग भारत सरकार द्वारा दिया जाता है डॉ. दीवान हरिश्चंद्र को चिकित्सा के क्षेत्र में राष्ट्रीय धनवंतरी अवार्ड 2011 में प्रदान किया गया ये पहले होम्योपैथिक चिकित्सक हैं जिन्हें यह सम्मान मिला होम्योपैथी अवार्ड डॉ. ए के वालिया हेल्थ मिनिस्टर दिल्ली ने डॉ. दीवान हरिश्चंद्र जी को धनवंतरी अवार्ड से सम्मानित किया समारोह में डॉ. एसपीएस बक्शी हमारे प्रेसिडेंट भी उपस्थित थे हमारे ने अपने सिल्वर जुबली सम्मेलन कलकत्ता 1999 में जिन एच. एम. ए. आई. के सदस्यों का सम्मान किया उनमें सर्व श्री डॉ. जे एन कांजीलाल डॉ. जुगल किशोर डॉ. एम एस चुग, डॉ. दीवान हरिश्चंद्र, डॉ. आर के देसाई, डॉ. बी भट्टाचार्य डॉ. सोहनलाल डॉ. बी वी ढाकुलकर, डॉ. जे एस खन्ना, डॉ. डी पी रस्तोगी, डॉ. जी एन मुखर्जी, डॉ. पी वाडगांवकर, डॉ. पी विष्णु, डॉ. बी एन चक्रवर्ती, डॉ. एस पी डे, डॉ. जेबीडी कैस्ट्रो और डॉ. गौरी शंकर भर को सम्मानित किया गया लाइफ टाइम अचीवमेंट अवार्ड 19 वी ऑल इंडिया होम्योपैथिक कांग्रेस 2014 अहमदाबाद में डॉ. जे एस खन्ना जी को प्रदान किया गया तथा 20 वी ऑल इंडिया होम्योपैथी कांग्रेस 2016 जयपुर में डॉ. एम पी आर्य जी को लाइफटाइम अचीवमेंट अवार्ड प्रदान किया गया।

उपलब्धियां हमारे का गोल्डन जुबली सम्मेलन करना अपने आप में बहुत बड़ी उपलब्धि है और यह बताती है कि संस्था अपने लक्ष्य पर गतिमान है और निरंतर है तथा यह बिना इकाई स्टेट केंद्र और सदस्यों के संगठित संगठन के बिना संभव नहीं है सभी का तन मन धन से समर्पण ही हमें इस समारोह को मनाने के लिए विवश कर रहा है किसी संस्था के 50 वर्षों तक संचालित होना उसके विकास को परिलक्षित करता है हम इन वर्षों में हुई उपलब्धियां पर दृष्टिपात करें **हमारे भवन** हमारे संगठन की ऐतिहासिक उपलब्धि हमारे



का भवन तैयार होना है ट्रस्ट ऑफ वेस्ट बंगाल स्टेट ब्रांच हमार्ई ने सभी के सुखदाई स्वप्न को साकार कर हमार्ई भवन का निर्माण कराया अप्रैल 2013 में डॉ. श्यामल मुखर्जी की अध्यक्षता में (तत्कालीन महासचिव) एवं वर्तमान हमारे अध्यक्ष तथा मानसेवी सचिव डॉ. एच डी जायसवाल तत्कालीन प्रांतीय महामंत्री पश्चिम बंगाल तथा वित्त सचिव डॉ. सुशांत शाह ने संकल्प लेकर इसको कार्य रूप में परिणित किया इस भवन की आधारशिला डॉ. विमल चन्द्र आचार्य जी ने रखी जो तत्कालीन प्रेसिडेंट थे हमार्ई भवन का उद्घाटन 25 सितंबर 2016 को डॉ. श्रीमती शशि पांजा तत्कालीन स्वास्थ्य राज्य मंत्री प. बंगाल द्वारा हमार्ई के ध्वज को फहराकर किया जिसमें डॉ. भास्कर भट्ट अध्यक्ष हमार्ई डॉ. रामजी सिंह अध्यक्ष सीसीएच तथा अन्य पदाधिकारी उपस्थित रहे ।

हमार्ई ट्रस्ट- का गठन आर्थिक विकास का सोपान है जबलपुर मे दि: 31 मार्च 1996 को आयोजित NEC बैठक मे इस ट्रस्ट हेतु चार सदस्यों का मनोनयन किया गया जिसमे डॉ आर के देसाई, डॉ बी वी ढाकुलकर डॉ जे एस खन्ना और डॉ जी एन मुखर्जी थे तथा इस प्रस्ताव की पुष्टि सितम्बर 1996 की NEC बैठक कानपूर मे की गई तथा NEC 23.11.2018 मे डॉ पीयूष जोशी और डॉ एम पी आर्य को मनोनीत किया गया वर्तमान मे डॉ विमल चंद्र आचार्य ट्रस्ट के मेनेजिंग ट्रस्टी है तथा कोई भी डॉ 10000 रु देकर ट्रस्ट का सदस्य बन सकता है ।

हमार्ई आधुनिक एवं इलेक्ट्रॉनिक युग में भी पहुंच गया है जैसे NEC का WHATSAPP GROUP, हमार्ई की WEBSITE www.hmai.net , जूम मीटिंग से हमार्ई की कार्य कुशलता और दक्षता बढ़ाई गई है ।

संविधान प्रकाशन - संविधान किसी भी संस्था की रीड की हड्डी के साथ-साथ पथ प्रदर्शक होता है संविधान के संशोधन समय और परिस्थिति पर निर्भर करते हैं हमार्ई का संविधान आठ बार प्रकाशित हुआ यह हमार्ई की जागृति विकास एवं बुद्धिजीवी सदस्यों के कार्य का परिणाम है

- (१) दि. 18.01.1977 को हमार्ई का पंजीयन हुआ जिसके संविधान की प्रति संलग्न है
- (२) अक्टूबर 1985 में संस्था ने कॉन्स्टिट्यूशन स्पेशल प्रकाशित किया
- (३) सन 1990 में तीसरी बार संविधान प्रकाशित हुआ
- (४) सन 1994 में पुनः संविधान का प्रकाशन आवश्यकता को देखते हुए कराया गया
- (५) दिनांक 17 जुलाई 1989 के पश्चात संशोधित संविधान को प्रकाशित कराया
- (६) सन 2004 में जयपुर में एन ई सी बैठक में परित संशोधित संविधान प्रकाशित हुआ
- (७) सन 2015 में पुनः संविधान प्रकाशित कर सदस्यों को वितरित किया गया
- (८) ए आई एच जे में संविधान का विशेष प्रकाशन 2024 में कराया गया तथा कोलकाता एन ई सी जून 2025 में सदस्यों को वितरित किया गया



कारपस फंड - समय समय पर संस्था के बहुमुखी विकास हेतु आर्थिक आवश्यकता को ध्यान में रखते हुए नये नये प्रयोग करने पड़ते हैं अतः भोपाल में आयोजित NEC बैठक 12 जनवरी 1981 में कारपस फंड का प्रस्ताव पारित किया गया तब से आज तक प्रति सदस्य 13 रु इस फंड में जाता है सेक्रेटरी जनरल रिपोर्ट डॉ. प्रदोष मजूमदार, डॉ. जे एस खन्ना, डॉ. सैयद अल्ताफ हुसैन इनकी अगर चर्चा की जाती है तो यह कहना गलत ना होगा की इन सेक्रेटरी जनरल ने विस्तृत सेक्रेटरी जनरल रिपोर्ट प्रत्येक कॉन्फ्रेंस में सेमिनार में अथवा NEC की बैठकों में प्रस्तुत की तथा इनका प्रकाशन भी कराया गया इस परंपरा का निर्वाह करते हुए डॉ. वी सी आचार्य, डॉ पीयूष जोशी और वर्तमान में डॉ. ए के गुप्ता राष्ट्रीय महासचिव सेक्रेटरी जनरल रिपोर्ट प्रस्तुत कर रहे हैं

डॉ आर के देसाई जी (13.01.1924-25.11.2003) के 100 वर्ष पूर्ण होने पर ए आई जे एच जनवरी 2024 में विशेष लिखो का प्रकाशन किया गया जो एक अद्भुत कार्य था हमारे संस्था के द्वारा समय-समय पर साइंटिफिक सेमिनार का आयोजन कर चिकित्सकों छात्रों अध्यापकों तथा होम्योपैथी के शुभ चिंतक का ज्ञानवर्धन किया गया तथा विभिन्न बीमारियों पर शोध पत्र प्रस्तुत किए गए ।

लाइफ मेम्बर्स डायरेक्टरी लाइफ मेंबर आजीवन सदस्य डायरेक्टरी संस्था के आजीवन सदस्यों की डायरेक्टरी का प्रकाशन समय-समय पर किया गया जिसमें 31.3.1996 को डॉ. जी एन मुखर्जी ने आजीवन सदस्यों की डायरेक्टरी का प्रथम प्रकाशन कराया यह एक साहसी ऐतिहासिक और अनुकरणीय कार्य था जिसमें 414 आजीवन सदस्यों का डाटा प्रकाशित किया गया तथा 23.11.2018 को डॉ. अल्ताफ हुसैन सेक्रेटरी जनरल ने एन. ई. सी. बैठक में डायरेक्टरी का प्रारूप प्रस्तुत किया इस प्रकाशित डायरेक्टरी में 850 आजीवन सदस्यों का डाटा था जो वर्तमान में 5000 हो गई है एच. एम. ए. आई. के प्रथम आजीवन सदस्य डॉ. डी. पी. रस्तोगी (2) डॉ. आर. के. देसाई तथा (3) डॉ. दीवान हरिश्चन्द्र थे तथा हमारे के एक मात्र पेट्रन डॉ. युद्धवीर सिंह (दिल्ली 11.07.1897-16.08.1983) थे यह शुभ परिणाम है की संस्था की तरफ चिकित्सकों का रुझान तथा सदस्यता ग्रहण करना संस्था की क्रियाशीलता पर मोहर लगता है

हमारे संस्था में तीन विंग वर्तमान में प्रचलित है प्रिंसिपल विंग टीचर स्विंग और स्टूडेंट विंग 28.12.2008 की एनसी बैठक में यह प्रस्ताव पारित किया गया तथा इसी के तहत 12 13 फरवरी 2000 को टीचर्स विंग कॉन्फ्रेंस आयोजित की गई जिसके ऑर्गेनाइजिंग सेक्रेटरी डॉ. मुनीर अहमद थे स्टूडेंट विंग में डॉ. अमित पांडे राष्ट्रीय अध्यक्ष जबलपुर तथा डॉ. अमित पांडे जूनियर राष्ट्रीय महामंत्री थे 17 वी. ऑल इंडिया होम्योपैथिक कॉन्फ्रेंस 2010 दिल्ली में आयोजित हुई उसमें होम्योपैथिक मेडिकल स्टूडेंट एसोसिएशन ऑफ इंडिया का गठन किया गया है 18 वीं होम्योपैथिक कांग्रेस कोलकाता की स्मारिका में प्रकाशित रिपोर्ट में डब्लू एच



ओ 2012 में सेकंड लार्जेस्ट सिस्टम ऑफ़ मेडिसिन होम्योपैथिक को बताया गया है **फ्लैग होस्टिंग** गोवा नवंबर 1992 और हमाई भवन की ओपनिंग में 2016 में हमाई के फ्लैग की होस्टिंग की गई तथा प्रत्येक सेमिनार और कॉन्फ्रेंस में पहले हमाई फ्लैग होस्टिंग की जाती है उसके बाद आयोजन का आरंभ होता है

हिस्ट्री ऑफ़ हमाई - हमाई संस्था के जिन चिकित्सकों ने हिस्ट्री ऑफ़ हमाई के ऊपर प्रकाश डाला या लेख लिखें उनके नाम हैं (१) डॉ. जे एन कांजीलाल 1975 (२) डॉ. सुधीर कुमार अधिकारी (३) डॉ. ए. सी. दाता फरवरी-मार्च 1982 (४) डॉ आर डी मलिक होम्यो केतन दिसंबर 1999 (५) डॉ. जुगल किशोर जनवरी 1983 (६) डॉ. आर के चतुर्वेदी 4.12.2016 (७) डॉ सी के पांडे (वीडियो) दिसंबर 2024 जयपुर (८) डॉ. शुभो कांजीलाल दिसंबर 2025 कोलकाता, इन सभी चिकित्सकों के आलेखों का वचन करने पर हमाई की ऐतिहासिक पृष्ठभूमि संगठन की आत्मकथा तथा तत्कालीन परिस्थितियों से लेकर आज तक की विकास यात्रा का बोध होता है जहां तक लेडीज यूनिट का सवाल है 1980 में जबलपुर में पहली लेडिस यूनिट का गठन हुआ जिसकी अध्यक्ष डॉ (श्रीमती) आर बी पिल्लई तथा सचिव डॉ. किरण तिवारी थी उसके पश्चात जयपुर में 2006 में लेडीज यूनिट का गठन हुआ इसी प्रकार महाराष्ट्र में भी एक लेडिस यूनिट संचालित है महिला सशक्तिकरण का एच एम ए आई ने हमेशा ध्यान रखा है और कुछ विशेष उल्लेखनीय कार्य करने वाली महिला चिकित्सकों में से डॉ. बसंती गुप्ता, डॉ. पद्मिनी मित्रा, डॉ. मनि दीपा रॉय यह अपने-अपने हमाई के कार्य क्षेत्र संगठनात्मक वैज्ञानिक में हमाई के इतिहास में जानी जाती हैं और सौभाग्य से यह तीनों महिला चिकित्सक कोलकाता की निवासी हैं

व्याधि (डिजीज) इन 50 वर्षों में जीवन को झकझोर देने वाली बीमारियां भी आई जैसे एड्स चिकनगुनिया, एम.आई.सी गैस कांड (भोपाल), जापानी इंसेफेलाइटिस, डेंगू तथा अतिवेदना पूर्ण कोरोना इत्यादि जिससे मानव जीवन के साथ-साथ हमाई भी अछूती नहीं रही हमारे कई चिकित्सक इनमें असामयिक काल कवलित हो गए वहीं होम्योपैथी से कई रोगियों को रोग से मुक्त भी कराया गया ऐसे चिकित्सकों को हम साधुवाद देते हैं

रिकॉर्ड से रिकार्ड बरकरार मेरी रिकॉर्ड संजोकर रखने की आदत ने हमाई का रिकॉर्ड दुरुस्त करा दिया, बात है वर्ष 2004 की फर्म एंड रजिस्ट्रार सोसायटी दिल्ली में हमाई का रिकॉर्ड अद्यतन होना था डॉ. वी सी आचार्य जी सेक्रेटरी जनरल ने मुझसे कहा कि आप 1975 से 2004 तक के पदाधिकारी का रिकॉर्ड लेटर हेड उपलब्ध कराएं तब मैंने अपने खजाने से पुराने लेटर हेड, कब-कब चुनाव हुए, कौन-कौन पदाधिकारी निर्वाचित हुए उसकी जानकारी डॉ. आचार्य जी को उपलब्ध कराई और इस प्रकार दिल्ली कार्यालय में हमाई का रिकॉर्ड उनके कार्यकाल में अद्यतन हो गया, इस कार्य में डॉ आर के चतुर्वेदी डॉ. बी एन आचार्य और डॉ. राधेश्याम श्रीवास्तव का उल्लेखनीय योगदान रहा ।



होम्योपैथिक जर्नल्स - जहां तक होम्योपैथिक जर्नल्स का इतिहास है होम्योपैथिक मेडिकल एसोसिएशन ऑफ इंडिया ने समय-समय पर आवश्यकता एवं उपादेयता के अनुरूप मासिक पत्रिकाओं का प्रकाशन अलग-अलग नाम से किया तथा उनके चीफ एडिटर भी अलग-अलग रहे (१) जर्नल ऑफ द होम्योपैथिक मेडिकल एसोसिएशन यह नाम जनवरी 1978 में था जिसके चीफ एडिटर डॉ. एच एल चितकारा थे तथा सितंबर अक्टूबर 1978 में इसी नाम से प्रकाशित जनरल के चीफ एडिटर डॉ पी शंकरन रहे मार्च अप्रैल 1979 से 82 तक डॉ. जे एन कांजीलाल चीफ एडिटर रहे (२) इंडियन जर्नल आफ होम्योपैथी इसका प्रकाशन 1983 में हुआ जिसके चीफ एडिटर डॉ. आर डी मलिक तथा 1985 में डॉ. एन रमैया थे (३) अप्रैल से सितंबर 1989 में इस जनरल का नाम बदलकर होम्योपैथी द मॉडर्न मेडिसिन रखा गया तथा उसके चीफ एडिटर डॉ. डी लक्ष्मीनारायण थे 1990 में इसके संपादक डॉ. के एस श्रीनिवासन रहे तथा 1993 में डॉ. एम पी आर्य और 1994 में डॉ. डी शेषाचलम इस जनरल के चीफ एडिटर रहे (४) 26.12.2008 में पुनः संस्था के जनरल का नाम बदला गया और इसका नया नाम ऑल इंडिया होम्योपैथिक जर्नल रखा गया तथा इसके चीफ एडिटर डॉ वी. सी. आचार्य है जो वर्तमान में 2025 में भी इसका प्रकाशन कार्य सफलतापूर्वक निर्वहन कर रहे हैं संस्था उनके इस कार्य की आभारी है हमारे सभी एडिटर्स ने समय-समय पर शोध पत्रों लिखो और समाचारों के माध्यम से चिकित्सकों का नवीन शोध के साथ बोद्धिक ज्ञान बढ़ाया है संस्था इन सभी चीफ एडिटर की आभारी है इस कार्य में डॉ. पंकज आचार्य, डॉ दिवाकर तिवारी जी का सहयोग अतुलनीय है | मध्य प्रदेश में जबलपुर के डॉ. अवधेश भट्ट महामंत्री तथा टीम जबलपुर ने नये 350 सदस्य एक माह में बनाने का सराहनी कार्य किया जो मध्य प्रदेश में प्रशंसनीय एवं रिकॉर्ड तोड़ कार्य है हमारे उनके इस कार्य की भूरि-भूरी प्रशंसा करती है तथा अन्य सदस्यों से अनुकरण करने का निवेदन करती है |

अनुकरणीय - 19 ऑल इंडिया होम्योपैथिक कांग्रेस (गुजरात) 2014 में एक लाख रूपए की बचत होने पर गुजरात ब्रांच ने यह राशि एच एम ए आई सेंट्रल फंड में जमा की यह एक अनुकरणीय उदाहरण था इसी प्रकार महाराष्ट्र की पुणे कॉन्फ्रेंस में भी प्राप्त बचत राशि पंद्रह हजार को हमारे में जमा कर दिया गया इस प्रकार कॉन्फ्रेंस से होने वाली बचत को भी हमारे फंड में डाला जाना एक स्वस्थ और निष्पक्ष परंपरा की ओर इशारा करता है वही पारदर्शिता भी हमारे कार्य में झलकती है

प्रदर्शनी 50 वर्षों के हमारे इतिहास को सहेज कर रखने का बहुत ही दुर्लभ कार्य था 1975 से 2025 तक की जितनी कांग्रेस, साइंटिफिक सेमिनार की स्मारिका अनेक स्टेट जैसे बंगाल, यूपी, बिहार, एमपी, गोवा, पंजाब, गुजरात जैसे अनेक प्रांतों में होम्योपैथी की स्मारिका को संयुक्त कर रखने का काम भी मेरे द्वारा किया गया तब जाकर इतिहास बन पाया पुराने ऐतिहासिक पत्र जनरल संविधान फोटोग्राफ्स का संकलन कर एच. एम. ए.



आई. के गुलदस्ता में संजोकर, सवारकर आज आपके समक्ष यह प्रदर्शनी प्रस्तुत है | उम्मीद है, आप लोगों की विशेष रुचि इस दिशा में हमारा उत्साह वर्धन करेगी | मेरे इस लेख को लिखने की तैयारी मार्च अप्रैल 1977 के जनरल ऑफ द होम्योपैथिक मेडिकल एसोसिएशन 25 साल की हिस्ट्री ऑफ हमाई नवंबर 2000 में हमाई न्यूज बुलेटिन प्रकाशित किया गया था जिसमें डॉ. आर के चतुर्वेदी ने सभी से इतिहास के लिए रिकॉर्ड और फोटोग्राफ्स मांगे थे लेकिन किन्हीं कारणवश किसी भी सदस्य ने ना तो कुछ रिकॉर्ड दिया और ना ही फोटोग्राफ्स दिए |

होमियोपैथी से राजनीति तक- होम्योपैथिक मेडिकल एसोसिएशन ऑफ इंडिया के इस सुहाने सफर में राजनैतिज्ञो ने भी बढ़-चढ़कर हिस्सा लिया मध्य प्रदेश में 1980 में कैबिनेट मंत्री नगरी प्रशासन मध्य प्रदेश शासन डॉ. कन्हैयालाल शर्मा (कांग्रेस) और कैबिनेट मंत्री राजस्व विभाग मध्य प्रदेश शासन डॉ. टुमन लाल जी (कांग्रेस) हमारे मध्य प्रदेश राज्य शाखा के हमाई के आजीवन सदस्य थे, डॉ. के एल दुबे नगर निगम जबलपुर में मेयर तथा बाद में कैंट विधानसभा से एमएलए (कांग्रेस) रहे इनका योगदान होम्योपैथी को राज्य शासन से मान्यता दिलवाने एवं मध्य प्रदेश होम्योपैथिक बोर्ड के गठन में सराहनी रहा | मध्य प्रदेश से ही डॉ. ढाल सिंह बिसेन (भाजपा) मध्य प्रदेश शासन में मंत्री तथा बाद में सांसद निर्वाचित हुए अभी वर्तमान में मध्य प्रदेश में डॉ. तेज बहादुर सिंह एम एल ए (भाजपा) हैं अन्य प्रान्तों में उत्तर प्रदेश से डॉ. गंगा बक्श सिंह कैबिनेट मिनिस्टर मेडिकल एजुकेशन मंत्री रहे तथा हमाई में एन.ई.सी. मेंबर व आजीवन सदस्य के साथ संस्था में अत्यंत सक्रिय रहे महाराष्ट्र के गोंदिया से डॉ. खुशाल बोपचे भी सांसद रहे, डॉ. वेणु गोपालाचारी आंध्र प्रदेश से एम पी थे, राजस्थान से डॉ. मनोज राजोरिया एमपी (भाजपा), डॉ. नंदनी शर्मा दिल्ली (भाजपा), गुजरात भी इस क्षेत्र में पीछे नहीं रहा वहां से डॉ. हितेश पटेल स्टैंडिंग कमेटी अध्यक्ष (भाजपा) बड़ौदा म्युनिसिपल कॉरपोरेशन तथा डॉ. राजेश शाह अध्यक्ष नगर निगम स्वास्थ्य एवं अस्पताल समिति (भाजपा) बड़ौदा नगर निगम डॉ. सुजय मेहता (भाजपा) अध्यक्ष स्कूल बोर्ड अहमदाबाद नगर निगम भी होम्योपैथिक डॉ. रहे, डॉ रतिन चक्रवर्ती (टी.एम.सी.) पूर्व मेयर हावड़ा थे अतः इन सभी के द्वारा होम्योपैथी को दिए गए सहयोग हेतु हमाई सदैव इनकी आभारी रहेगी गुजरात राजस्थान तथा प. बंगाल की जानकारी डॉ शिवांग स्वामीनारायण जी ने दी है |

इतिहास बनाना और इतिहास लिखना दोनों में अंतर है हमाई ने इतिहास बनाया है और मैंने इतिहास लिखा है उम्मीद है आने वाली पीढ़ी इन 50 वर्षों का इतिहास संजोकर आगे आने वाले समय को इतिहास में पिरोने का काम करेगी यदि कुछ तथ्य छूट गए हो तो कृपया सप्रमाण जानकारी दें जिससे उन तथ्यों को समावेशित किया जा सके

हैनिमेन का प्रतिबिंब बनो, संस्कार जगा दो अभी खंडित ।

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HMAI मे मध्यप्रदेश का योगदान

डॉ अवधेश भट्ट

प्रांतीय महामंत्री म. प्र. राज्य शाखा

होम्योपैथिक मेडिकल एसोशियेशन ऑफ इंडिया-



“संघे शक्ति कलौयुगे”

होम्योपैथिक मेडिकल एसोसिएशन ऑफ इंडिया का गठन 26/10/1975 में हुआ तब से लेकर आज तक हमारी (HMAI) का संगठन होम्योपैथिक शिक्षा, चिकित्सा एवं अधिकारों के साथ ही होम्योपैथिक छात्रों की समस्याओं पर निरंतर प्रयासरत है मध्य प्रदेश में हमारी (HMAI) का गठन 27 जनवरी 1979 में हुआ जिसका बीजारोपण दिल्ली में आयोजित 32वीं अंतर्राष्ट्रीय होम्योपैथिक महासम्मेलन पल एम पच आई (LMHI) की 6 से 10 अक्टूबर 1977 को आयोजित महासम्मेलन में हुआ, इसमें जबलपुर से डॉ करतार सिंह, डॉ आरके चतुर्वेदी एवं डॉ शशिकांत सेठी सम्मिलित हुए, वहाँ डॉ जे पन कांजी लाल अध्यक्ष हमारी एवं राष्ट्रीय महासचिव डॉ डीपी रस्तोगी से भेंट की उन्होंने मध्य प्रदेश राज्य शाखा की गठन पर विस्तृत कार्य योजना बनाई, वहाँ से लौटकर आने के बाद डॉक्टर करतार सिंह ने नगर की 14 होम्योपैथी डॉक्टरों की बैठक बुलाई तथा उसमें जबलपुर सेंट्रल यूनिट का गठन किया जिसके अध्यक्ष डॉक्टर करतार सिंह तथा सचिव डॉक्टर अरुण दास बने एवं साथ ही संगठन के विस्तार की रूपरेखा बनी, तब डॉक्टर जेएस खन्ना डॉक्टर आरके चतुर्वेदी डॉक्टर आर सी आत्मा एवं डॉ अरविंद जैन ने भोपाल, इंदौर और उज्जैन का भ्रमणकर 3 यूनिट का निर्माण किया फिर मनेद्रगढ़ और ग्वालियर यूनिट के गठन किया गया और 27 जनवरी 1979 को प्रांतीय सम्मेलन एवं प्रांतीय शाखा का गठन किया गया,

प्रथम प्रांतीय अध्यक्ष के रूप में डॉक्टर करतार सिंह जबलपुर एवं महामंत्री डॉक्टर लीलाधर पालीवाल इंदौर बने फिर संगठन ने रफ्तार पकड़ी और मध्य प्रदेश में 33 इकाइयां गठित की गई जिसमें डॉक्टर गोपाल भटनागर पर्व सैगद सुल्तान अहमद भोपाल, डॉक्टर पीके बैनर्जी पेंड्रा मनेद्रगढ़, डॉक्टर पी के त्रिवेदी बिलासपुर, डॉक्टर पनपी अग्रवाल भिलाई, डॉक्टर भारद्वाज

सतना, डॉक्टर टेक चंद्र जैन वाराशिवनी, डॉक्टर पम पल जैन नीमच, डॉक्टर जगदीश सलिल ग्वालियर की सराहनीय भूमिकारही, हमारे प्रांतीय कार्यक्रमों की श्रृंखला की तालिका निर्माण अनुसार है

1) प्रथम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	27, 28 जून 1979	जबलपुर
2) द्वितीय (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	23, 24 मई 1982	मनेद्रगढ़
3) तृतीय (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	14, 18 अगस्त 1982	जबलपुर
4) चतुर्थ (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	10, 12 अप्रैल 1987	भोपाल
5) पंचम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	30 अक्टूबर 1988	जबलपुर
6) छठवें (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	18 जुलाई 1989	ओगल
7) सप्तम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	18 मार्च 1990	जबलपुर
8) अष्टम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	7 अप्रैल 1991	इंदौर
9) नवम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	30, 31 अक्टू 1993	
10) दशम (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	27, 28 सितंबर 1997	
11) ग्यारवां (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	1 मार्च 2009	ग्वालियर
12) बारवा (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	14 फरवरी 2010	सतना
13) तेरहवा (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	17 अप्रैल 2011	जबलपुर
14) चौदहवां (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	21 अप्रैल 2013	जबलपुर
15) पंद्रहवां (म.प्र) प्रांतीय होम्योपैथिक सम्मेलन	10 मार्च 2017	जबलपुर

मध्य प्रदेश राज्य शाखा का हमारी (HMAI) में योगदान विभिन्न रूपों में देखने को मिला डॉ वे पस खन्ना से राष्ट्रीय महासचिव 1985 में निर्वाचित हुए तथा डॉक्टर आरके चतुर्वेदी राष्ट्रीय कोशाध्यक्षक निर्वाचित हुए तथा वर्ष 1998-2002 तक HMAI के राष्ट्रीय अध्यक्ष रहे,

डॉक्टर ने पस खन्ना जी की सक्रियता में अबलपुर से इंडियन जनरल होम्योपैथी का प्रकाशन सफलतापूर्वक होता रहा तथा बीच-बीच में प्रादेशिक हिंदी बुलेटिन भी निकलते रहे, डॉक्टर खन्ना जी एवं डॉक्टर चतुर्वेदी जी मध्य प्रदेश राज्य शाखा के अध्यक्ष एवं महामंत्री जैसे महत्वपूर्ण पदों का निर्वाहन किया होम्योपैथी के विकास हेतु CCH में जबलपुर से डॉक्टर ने एस खन्ना जी ने चुनाव लड़ा जिसका सफल संचालन डॉक्टर आरके चतुर्वेदी जी ने किया तथा विलय दिलाई, डॉ खन्ना जी मध्य प्रदेश में CCH से निर्वाचित प्रथम प्रतिनिधि थे और केंद्र



के आयोजित कार्यक्रमों में मध्य प्रदेश का योगदान सराहनीय रहा,
पांचवी अखिल भारतीय होम्योपैथिक कांग्रेस जबलपुर में 1985 में संगठन सचिव में जे एस खन्ना जी के नेतृत्व में आयोजित हुई, 1996 में जोनल कांग्रेस डॉ के डी मनौरामानी जी के संगठन सचिव में संपन्न हुआ, उसके पश्चात 2001 में चतुर्वेदी जी के नेतृत्व में अखिल भारतीय वैज्ञानिक संगोष्ठी आयोजित की गई उसके संगठन सचिव डॉक्टर आरके चतुर्वेदी जी थे एवं डॉ चतुर्वेदी जी के संयोजन में पुनः 2005 में जबलपुर में अखिल भारतीय होम्योपैथिक कांग्रेस का राष्ट्रीय आयोजन हुआ जिसमें डॉक्टर सुनील मिश्राजी, डॉक्टर राहुल श्रीवास्तव, डॉक्टर विनोद बढ्गईगां, डॉक्टर धर्मेस देवरिया, डॉक्टर यस सी चंदवानी, डॉक्टर अल्केश खत्री, डॉ राजकुमार जैन सहित डॉक्टर हिरानी डॉक्टर प आर खान तथा दोनों कॉलेज के सक्रिय सहयोग से कार्यक्रम संपन्न हुआ कार्यक्रम में मुख्य अतिथि माननीय श्री अजग बिश्रोई जी स्वास्थ्य मंत्री मध्य प्रदेश शासन तथा महापौर श्रीमती सुशीला सिंह जी विशिष्ट अतिथि के रूप में थी, मध्य प्रदेश शासन, प्रशासन, एवं नगर निगम से होम्योपैथी के विकास पर बहुत कार्यशाला आयोजित हुई मध्य प्रदेश स्तर पर पडवाइजरी कमेटी का गठन किगा गया,

हमारे पूर्व प्रांतीय पदाधिकारियों में डॉ आर के हिरानी, वें पे आर खान, डॉ पस पस बघेल, डॉ के एस खालसा उज्जैन, डॉ सुशील तिवारी भोपाल, डॉ आर आर शर्मा ग्वालियर, डॉ के पी प्रधान इंदौर, डॉ सर्वेश सक्सेना इंदौर, डॉ जगदीश वर्मा ग्वालियर, डॉ जी पी पाटिल, डॉ शिवा सिंह पंडित जबलपुर मुख्य हैं,
इस प्रकार होम्योपैथिक के गोल्डन जुबली के अवसर पर मध्य प्रदेश हमारा HMAI का सराहनीय योगदान रहा,
HMAI की सभी जानकारी डॉक्टर आरके चतुर्वेदी जी ने मुझे उपलब्ध कराई हमारा संगठन उनका आभारी है.
वर्तमान में मध्य प्रदेश HMAI का निर्वाचन 3 अगस्त 2025 को हुआ जिसमें डॉ आर के गुप्ता प्रांतीय अध्यक्ष, डॉ प्रवीण मल्होत्रा, डॉ पल बी मोर्या प्रांतीय उपाध्यक्ष डॉ अवधेश भट्ट प्रांतीय महामंत्री डॉ विजय सिंह यादव प्रांतीय कोशाध्यक्ष डॉ दीप्ति लहरिया संयुक्त सचिव एवं राष्ट्रीय कार्य कारणी में डॉ आर के चतुर्वेदी, डॉ सुनील मिश्रा, डॉ पे के दुद्विवेदी जी चुने गए हमारे राष्ट्रीय पदाधिकारी डॉ श्यामल मुखर्जी जी राष्ट्रीय अध्यक्ष डॉ में के गुप्ता जी राष्ट्रीय महासचिव एवं डॉ पच डी जैसवाल जी का इस गोल्डन जुबली आयोजन के लिए मध्य प्रदेश राज्य शाखा की ओर से हार्दिक अभिनंदन है.

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MY REFLECTIONS ON HOMEOPATHY

Prof. C. R. Mahata



Background

Both of my parents were suffering from some chronic diseases. Conventional treatment failed to cure them. But, an undistinguished homeopath cured both of them. This surprised me. With a little bit of study I gathered that dilutions of even commonly used homeopathic preparations surpass the Avogadro limit. YET they influence living bodies. And conventional science fails to explain this mystery. Alongside my professional obligation as a teacher of Electrical Engineering I continued my attempt to explain Homeopathy. For long 18 yrs I could not find any ray of light.

Problem

The crux of the problem was – How can an active ingredient, after being diluted away from a solution, manifest its properties in that dilution – this is the core issue. Chemically a high dilution preparation is just the diluent (water) and hence, the answer was expected to be in water only. However, there was no immediate indication of how this might be possible. Then, I came across some hitherto ignored specialties of water such as the existence of innumerable tiny ice-like structures floating in bulk water at room temperature but having no particular form and susceptible to influence of other substances^{1,2}. Their message to me was that water molecules might be influenced by the starting solute to form solute-specific structures for carrying solute-information through dilutions.

Initial Experiments

Validity of this model was suggested by experimental data for proton resonance frequency variation with Nuclear Magnetic Resonance spectrometer³ and acoustic resonance frequency variation using Anomalous Dielectric Dispersion Detector fabricated by us^{4,5}. But, convincing proofs come from theoretical predictions of Quantum Electrodynamics (QED) and images of water structures from Atomic Force Microscope (AFM).

QED Theory and AFM Study

As per QED ordinary water is now regarded as a mixture of coherent domains (ensemble of a group of water molecules) and incoherent water (isolated molecules), their proportion varying with temperature⁶⁻⁸. Furthermore, the coherent domains are influenced by small amount of 'guest molecules' (one percent or less) and combine together to form larger domains (scientifically called as dissipative structures), which can energy-wise carry the information about the guest molecule⁹. This provides the theoretical basis of homeopathy. It was experimentally checked by Atomic Force Microscope. The images obtained by us⁹⁻¹¹ were different for different medicines suggesting that they are specific to the medicines and their potencies. So, our model may now be stated as: *Succussed serial dilutions in water may carry information about the solute via solute-specific water structures* ruling out incoherent water or other weird hypothesis (without theoretical and experimental support), as its contender.



Conclusion

Note how astounding is the outcome of our homeopathy research – Try to eliminate a solute by (serial) dilution and arrive at ensembles of diluent molecules pervaded by solute-specific energy imparting solute-specific structures to the ensembles. *That which was being feared to be nowhere, turns out to be pervading the entire solution.*

It is somewhat comparable to the Vedantic search for the Self. By rejecting everything as non-Self following the dictum 'not this', 'not this' [Brihadaranyak Upanishad 2/3/6] the seeker finds the Residue as the Self and the worlds of the three states (waking, dream and deep sleep) emerge, stay in and dissolve therein [Mundak Upanishad 2/1/1]. It implies that everything is pervaded by the Self or Brahman. I feel, it resonates with the cryptic suggestion of my Vedanta-master some 45 years back -- Concept of homeopathy is close to Vedantic Concept.

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THE NANOPARTICLE BASIS OF HOMEOPATHIC MEDICINES

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Nanoparticles and nanomedicines are found across multiple systems of medicine, particularly in Homeopathic medicines. Today, nanomedicines have proven their advantages in many modern medicinal molecules, where they show significantly improved bioavailability, lower toxicity, higher activity, and better performance. Our work has demonstrated that Homeopathic remedies have nanoparticles in them. In Homeopathic medicines, a controversy has existed regarding the extremely high dilutions used (one part in 10 raised to 400 parts is typical) during manufacture, which goes against Avogadro's number and the molecular basis of matter. Mathematically this rules out the possibility of the presence of any starting material of the medicine in the highly diluted finished product. Because of this, the material basis of the medicinal action of the drug was always in doubt. Using electron microscopy, we showed for the first time that nanocrystals of the starting materials are present in the final product despite the extremely high dilutions. The process of manufacture and equipment used in manufacture is important to produce the effects seen. By studying and understanding the process of manufacture and probing them with tools of nanotechnology and modern science like particle velocimetry, we show how these nanoparticles arise and persist in the medicine through froth flotation. Silicate chemistry plays a key role in coating and retaining the starting material in the solution. TEM images show core-shell morphology, consisting of inorganic salt core surrounded by sodium silicate, which caps and stabilizes these particles. We explain origin and mechanism of silicate coating during manufacture. Selected area electron diffraction (SAED) and energy dispersive analysis (EDS) show patterns consistent

with the relevant inorganic salt and simultaneous presence of meso-microporous silicate around it. Biological experiments with cell lines show that there is a biological effect at rather low concentrations of the substances, consistent with a so-called hormetic effect. Based on this work, an alternate route of potentization is proposed by restricting dilutions to below Avogadro's limit while maintaining sufficient number of succussions for ensuring the efficacy of drugs. This novel route ensures presence of more easily measurable and detectable starting material in final products, as validated here by High-resolution transmission electron microscope (HR-TEM and its various modes) and inductively coupled plasma-mass spectrometry (ICP-MS). This innovative approach to potentization will aid in accurately labelling the establishing the ingredients and composition of homeopathic medicines and bringing them in alignment with regulatory frameworks. Collaborators: Raj Manchanda, Mayur Temgire, Ritika Hassija, A K Suresh, Anil Khurana, Binit Dwivedi

Some Key Publications in the relevant area:

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- **Born:**
September 26, 1948
- **Current Metrics:**
Nearly 10,700 Google Citations, an H-Index of 58, and an i10-Index of 212; Research Interest Score of 4660 (globally top 1%).

- **Affiliation:**
Prof. A. R. Khuda Bukhsh, Ph.D., is the former Head of the Department of Zoology and an Emeritus Fellow of the UGC at the University of Kalyani.

- **Key Research:**
A prolific researcher, his primary interests lie in fish and aphids. He has conducted extensive karyomorphological, biochemical, and banding studies on over 100 species of each. His work also covers biochemical genetics, toxicology in fish, and significant research in cancer biology.

- **Pioneering Homeopathic Research:**
He has conducted meaningful controlled research on the anti-radiation, anti-cancer and anti-diabetic potential of homeopathic mother tinctures, their active ingredients, and potentized forms. In 2008, he pioneered the creation of nanocapsules from homeopathic tinctures, proving their various tissue distribution and ability to cross the blood-brain barrier, and explain their molecular mechanisms. He also demonstrated nano-precipitating ability of

homeopathic mother tinctures.

- **Global Recognition:**
Prof. Khuda Bukhsh is recognized as one of the world's top scientists. For his outstanding contributions in homeopathy, his name was placed on the Stanford University list of the top 2% of scientists (in 2020) ranking #1 in India and 26th worldwide in the sub-field of Complementary and Alternative Medicine. His name consistently appeared on all subsequent lists till 2025.
- **Honors and Awards:**
He is the recipient of two "Life Time Achievement Awards" in 2016: one from the European Committee of Homeopathy in Vienna, Austria and another from the Ministry of AYUSH, Government of India. He is also a Recipient of JE MA Award from South Korea among some other, International/National awards.
- **Extensive Publications and Mentorship:**
He has authored over 400 publications and mentored 51 Ph.D. students, including 31 working on homeopathy. His groundbreaking research on ameliorating arsenic toxicity in a human trial was highlighted in the documentary film "The Devil's Water" and covered in BBC News, New Scientist, Nature Asia among many others.

*"Do one thing at a Time, and
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it to the exclusion of all else."
Swami Vivekananda*





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FORAGING MULTI-DISCIPLINARY PATHS: OUR PIONEERING AND EXPLORATORY INNOVATIONS IN HOMEOPATHY RESEARCH

Anisur Rahman Khuda-Bukhsh

Retd .Professor Emeritus of UGC, Dept .of Zoology, University of Kalyani



We initially made substantial contributions to fish cytogenetics and biochemical genetics, including studies on non-enzymatic proteins, isozymes, chromosome banding, and toxicological responses in fish. Our work later expanded to the cytogenetics of aphids and plant mites, before shifting to a relatively unexplored and controversial field: homeopathy.

Homeopathy continues to face major scientific questions, particularly concerning: (i) how medicinal properties are transferred to and retained by the vehicle; (ii) how biological activity persists at ultra-high dilutions where no original drug molecules remain; and (iii) the mechanistic basis of "like cures like." Through controlled experiments, we demonstrated that ultra-highly diluted homeopathic drugs can protect against and repair cytogenetic damage induced by whole-body X-irradiation in mice. We further showed that damage caused by arsenic, cadmium, mercury, and stannum toxicity can be ameliorated by corresponding homeopathic preparations, validated through modern experimental protocols.

A human trial confirmed the efficacy of Arsenicum album in individuals exposed to arsenic-contaminated groundwater. We also evaluated selected homeopathic remedies in cancer-bearing mice and in thalassemia patients. In 2008, we developed nanocapsules of homeopathic mother tinctures and their bioactive constituents, and induced silver nanoprecipitation using these tinctures. Characterization studies established their physicochemical features, biological activity, tissue distribution, ability to cross the blood– brain barrier,

and involvement of specific signalling proteins.

These findings led us to propose the "gene-regulatory hypothesis," applicable to all living organisms and supported by extensive validation. Our results suggest that drug-derived nanoparticles may contribute to the "memory of water" phenomenon and modulate gene expression through epigenetic mechanisms. Recently, we initiated clinical studies on the homeopathic management of renal calculi, ovarian cysts, and arthritic pain and muscle stiffness in collaboration of qualified homeopathic practitioners.

Introduction

The acceptability of homeopathy is often challenged, particularly when remedies are prepared at ultra-high dilutions such as 1 2 or above (diluted to 1 0? 2 4 or more). At these levels, it is unlikely that the remedy contains even a single molecule of the original substance, raising questions about its efficacy as a medicine. Critics and rationalists argue that any reported clinical effects of such highly diluted remedies may be attributed to placebo or psychosomatic factors. Key questions often raised include: (i) Is it possible to transfer medicinal properties to water or ethanol (the vehicle) through homeopathic serial dilutions with agitation? If so, how can this be achieved? (ii) How can these ultra-highly diluted remedies induce significant physiological changes when administered in micro-doses? (ii) If these remedies can indeed have therapeutic effects, what could be the precise mechanism of their biological action?

Our work primarily focuses on addressing questions (ii) and (iii), although it also relates to understanding the issue raised in (i) to some extent. Finally, since



homeopathic practitioners treat patients holistically, including their mental symptoms, based on the dictum "like cures like," the mystery of similia and the mind-body relationships associated with these remedies must also be scientifically explored. Our early works Our initial research focused on demonstrating the efficacy of ultra-highly diluted homeopathic drugs using a mammalian model, specifically mice (*Mus musculus*), which share significant genetic similarities with humans. To maintain suitable controls in these experiments, we diluted the homeopathic remedies with double-distilled water, ensuring that the alcohol concentration in the vehicle was reduced to less than 1% to avoid any known effects of alcohol on cells. The control alcohol (placebo) was also diluted to the same extent to allow for a proper comparison of the actual drug effects.

X-ray-induced cytogenetical effects and their modulation by potentized homeopathic drugs Chromosomes house DNA, the genetic material that controls all metabolic, enzymatic, and physiological activities in living organisms, except for a few where RNA serves as the genetic material. Damage to DNA is detrimental and requires immediate protection or repair. A well-established intrinsic mechanism exists for DNA/chromosome protection and repair. Therefore, we aimed to investigate whether micro-doses of ultra-highly diluted homeopathic drugs could influence the genomic repair mechanism. X-ray exposure in animals causes quantifiable chromosome damage, evidenced by various types of aberrations. We conducted controlled experimental studies to test the efficacy of several potentised remedies against X-ray-induced genotoxic, cytogenetical, and enzymatic damage in vivo using mice (*Mus musculus*). Our findings indicated that multiple cytogenetical endpoints, such as chromosomal aberrations, micronucleated erythrocytes, sperm head anomalies, and

mitotic indices, could be favourably modulated by administering the potentised homeopathic drug *Arnica montana*, commonly used for shock and injury, compared to well-maintained controls. Mice treated with *Arnica montana* 30 exhibited less chromosomal damage than those receiving succussed alcohol (placebo), diluted alcohol, or water controls. Thus, *Arnica montana* 30 appeared to provide a protective effect against cytogenetical damage, including DNA repair, induced by whole-body X-irradiation. Mice fed *Arnica* 30 both pre- and post-irradiation showed the best protective effect, followed by those fed only post- or pre-irradiation.

Subsequent studies expanded on this work with other ultra-highly diluted drugs used for shock and injury, such as *Hypericum* 30, *Ruta graveolens* 30, *X-ray* 30C, and *Ginseng* 30C and 200C, which also demonstrated anti-radiation effects in experimental mice compared to succussed alcohol-fed controls. These homeopathic drugs appeared to trigger the repair process of chromosome/DNA damage, likely involving 'repair genes.'

The 'gene regulatory hypothesis' was first presented by this author at the All India Congress of Cytology and Genetics in 1993 at Berhampur University, Orissa, with proceedings published in 1995. This hypothesis was later modified and published in the *British Medical Journal* in 1997, based on our findings regarding the anti-radiation efficacy of certain potentised homeopathic drugs. Additionally, *Arnica montana* 30 was found to protect against sonication-induced cytogenetical damage in mice; however, when actinomycin D, a transcription blocker, was administered alongside the homeopathic drug, the ameliorating effects of the homeopathic treatment were absent. DNA repair in mice is known to be



regulated by specific genes (such as RAD genes in mammals), and without their active involvement, complete repair of damaged DNA is not possible.

Arnica montana 30 also exhibited protective effects in the bacterium *Escherichia coli* subjected to ultraviolet (UV) irradiation, showing expected over-expression of the repair genes Uvr A, Uvr B, and Uvr C in the drug-fed group, while no changes in expression levels were observed in the succussed alcohol 30 control. Similarly, genes regulating arsenic entry and expulsion in *E. coli* were favorably modulated by administration of *Arsenicum album* 30. Testing homeopathy for enzymatic modulations

We tested the efficacy of several potentised homeopathic remedies in protecting against cytogenetic damage inflicted by toxic chemicals, based on the isopathic principle—treating toxicity effects of various toxic substances with ultra-high dilutions of the same substances, in accordance with the homeopathic doctrine of ‘like cures like.’ We considered not only cytogenetical parameters but also other scientifically accepted measures, including enzymatic and non-enzymatic proteins and relevant genotoxic protocols. Cytogenetical endpoints and toxicity biomarkers such as acid phosphatase (AcP), alkaline phosphatase (AlkP), alanine aminotransferase (ALT), aspartate aminotransferase (AST), lipid peroxidation, and reduced glutathione were assessed. Notably, modulation of physiological actions, as reflected in protein biomarkers, necessitates changes in transcription signals, which are under the direct control of specific genes or DNA segments.

Amelioration of arsenic toxicity in mice and humans with potentized *Arsenicum Album*

Administration of the potentised homeopathic remedy *Arsenicum album* 30 positively modulated various toxicity parameters in arsenic-intoxicated experimental mice compared to proper controls. Results from a pilot human trial, followed by a more

extensive study involving nearly 200 individuals living in high-risk groundwater arsenic-contaminated villages, revealed that *Arsenicum album* 30 and 200 could significantly ameliorate numerous scientific protocols and toxicity biomarkers associated with arsenicosis. These included arsenic levels in urine and blood (as well as in nails and hair), liver enzymes (ALT, AST), acid phosphatase (AcP), alkaline phosphatase (AlkP), antinuclear antibody titre, and various hematological parameters. Notably, arsenic content in urine and blood decreased significantly, along with other positive changes in subjects receiving the treatment. Symptoms of arsenicosis were minimized or disappeared after several months of treatment. Additionally, a millesimal potency of *Arsenicum album* 0/3 also showed benefits in the recovery process from arsenicosis.

The toxicity biomarkers assessed included various liver enzymes, antioxidants, and stress markers, all regulated by specific genes. Arsenic intoxication is known to disrupt the synthesis and functioning of approximately 200 enzymes, which are also under genetic control. Thus, improvements in enzymatic activities toward normal levels suggest the drug's influence on the regulation of expression of numerous relevant enzyme-regulating genes. Both *Arsenicum album* 30 and 200 were found to ameliorate genotoxicity and clastogenicity induced by repeated injections of arsenic trioxide in mice, with the latter potency showing marginally better ameliorative potential.

In addition to humans, *Arsenicum album* 30C demonstrated its ability to modulate protein biomarkers and gene expressions in the unicellular budding yeast, *Saccharomyces cerevisiae*, exposed to arsenate. *Arsenicum album* 6C also protected against sodium arsenite-induced apoptosis in *S. cerevisiae*.



Interestingly, homeopathically prepared glucose 30 increased glucose uptake through over-expression of the permease gene and Ars A gene (enhancing ATPase activity for arsenic expulsion) in arsenite-stressed bacteria *Escherichia coli*, while administration of *Arsenicum album* 30 induced over-expression of Ars B and C genes (involved in arsenic tolerance and expulsion). The placebo-treated *E. coli* did not exhibit such results.

In a pioneering study, the capability of potentised homeopathic drugs to modulate gene expression and target genes for synthesizing altered transcriptomes was evidenced through a novel phage (virus) infectivity experiment. Thus, ultra-high dilutions of *Arsenicum album* could produce ameliorative effects in both higher and lower eukaryotes as well as in prokaryotes. These results are significant for several reasons. First, *E. coli*, with its simple genetic system, responded positively to potentised ultra-high dilutions, suggesting that homeopathic remedies may directly influence genetic systems, rendering hypotheses implicating the nervous system as essential mechanisms redundant in these lower organisms. Second, the bacterium could differentiate between glucose 30 and *Arsenicum album* 30, leading to differential expression of certain relevant target genes, further supporting the gene regulatory hypothesis. Similar ameliorative results were also observed in *S. cerevisiae* in response to arsenic exposure and treatment with *Arsenicum album* 30, with the succussed alcohol 30 (control) failing to elicit any positive response. This finding lends support to the 'molecular imprint' hypothesis of homeopathic drugs, distinguishing their action from that of chemically similar succussed alcohol.

Amelioration of Thalassemia patients on Hydroxyurea treatment

Thalassemia is a disease primarily caused by gene mutations (hemoglobinopathy). A human trial

involving 38 thalassaemic patients who had been on conventional hydroxyurea treatment for varying periods—during which their improvement had plateaued or declined—was conducted to examine whether supportive treatment with certain potentised homeopathic drugs could enhance their health, particularly regarding hematological parameters. Administration of *Ceanothus*, *Pulsatilla*, and *Ferrum metallicum* positively modulated blood parameters, including ferritin and hemoglobin levels, and contributed to a decrease in spleen size.

Homeopathic drugs and their bioactive ingredients in cancer cells *in vivo* and *in vitro*: Nano-formulation and Nano-precipitation

Certain homeopathic drugs, both in low and high dilutions and in their nano-encapsulated forms, have been reported to exhibit anticancer and anti-hepatotoxic effects in both mice and rats *in vivo*, as well as in various cancer cells *in vitro*. Several studies conducted under both conditions yielded similar results, demonstrating that mice serve as an excellent mammalian model for *in vivo* studies, including evidence for the expression of repair genes after UV irradiation or hyperglycemia-regulatory genes.

Cancer is a multi-step, multi-gene process typically initiated by mutations that transform proto-oncogenes into oncogenes. The carcinogenesis process involves numerous metabolic changes regulated by specific genes; when this regulation fails, cells undergo transformation. Transformed cells achieve immortalization and are characterized by uncontrolled division and growth, often accompanied by faulty expression of signal transducing genes. These dividing cells can invade surrounding tissues (metastasis) and frequently evade apoptosis (programmed cell death). Consequently, a drug's anti-cancer potential can be assessed by its ability to induce cell death through apoptosis or necrosis.

We have provided convincing evidence of the



modulation of relevant signaling proteins triggered by certain homeopathic drugs and their active ingredients, with corresponding placebo controls failing to elicit similar positive responses. Favorable modulation of the aryl hydrocarbon receptor (Ahr receptor) expression has been demonstrated in drug-induced DMBA-induced skin cancer mice, while the placebo did not induce such changes. Modulation of gene expression occurred at both mRNA and protein levels, including matrix metalloproteinases associated with cancer metastasis. Our results, supported by immunofluorescence, western blot, real-time polymerase chain reaction, and electron microscopy studies, indicate effects at both histopathological and molecular levels.

We utilized accepted protocols for nano-encapsulating dried extracts of homeopathic mother tinctures from several drugs, including *Gelsemium sempervirens*, *Polygala senega*, and *Peumus boldus*, producing poly(D, L-lactic-co-glycolic) acid-loaded nanoparticles in the acceptable nano-range (approximately 100 nm) for drug delivery. We compared their biological effects on cancer cells in vivo and in vitro with those of their respective unencapsulated mother tincture extracts and blank controls. Our findings revealed that the formulated nano-encapsulated medicines acted more quickly and effectively in a target-specific manner compared to their crude forms or mother tinctures. This provides an analogy for the action of mother tinctures versus potentised forms of homeopathic remedies.

Interestingly, nanoparticles of original drug substances have been reported to exist in ultra-high dilutions of homeopathic remedies, although their actual role or mode of action remains unclear. Our study on deliberate nano-encapsulation of homeopathic drugs and their bioactive ingredients has revealed significant findings regarding their pathways of action, signalling mechanisms, tissue distribution, and ability to cross

the blood-brain barrier. The nanoparticles observed in high dilutions are claimed to be produced during the dynamisation process, while we consciously produced them using scientifically accepted protocols and characterized them physicochemically with modern techniques such as atomic force microscopy, scanning and transmission electron microscopy, and dynamic light scattering.

Some bioactive ingredients isolated from mother tinctures and their nano-encapsulated forms have also demonstrated stronger anticancer effects in our subsequent studies. These results have implications for the homeopathic doctrine that "more diluted, stronger the action of drugs." Furthermore, some of these nanoparticles may influence the ultra-structural orientation of water molecules, carrying specific "information bits," as suggested by the well-known "memory of water" concept. These nanoparticles could also interact with DNA, producing conformational changes necessary for epigenetic modifications. To our knowledge, this represents the first comprehensive investigation into these phenomena.

Studies on epigenetic modification and global microarray of genes DNA microarrays are widely used to measure the expression levels of large numbers of genes simultaneously, utilizing selective probes under highly stringent conditions. This technology allows researchers to monitor gene expression and study the effects of various treatments, such as identifying genes whose expression changes in response to pathogens or drugs. In our recent studies, we conducted microarray analyses to assess the modulating capabilities of *Hydrastis canadensis* 30 and *Condurango* 30, two homeopathic remedies known for their anti-cancer effects in clinical studies, compared to a placebo control. The expression profiles of certain genes in drug-treated HeLa cells in vitro were significantly different from those in placebo-treated cells,



suggesting that the drugs and placebo differed in their ability to trigger gene responses, particularly those implicated in cancer.

Epigenetic modifications are hallmarks of cancer. We demonstrated that homeopathic drugs could modulate epigenetic changes in cancer cells both *in vivo* and *in vitro*, influencing DNA methylation/demethylation and histone acetylation/deacetylation to regulate gene expression. Elaboration on why the “gene regulatory hypothesis” stands scientifically firm and is the most plausible working model

Despite recurring criticism from parts of the scientific community, homeopathy has persisted for more than two centuries, and its clinical use continues globally. In recent years, research conducted at clinical, physical, chemical, biological, and medical levels—using widely accepted scientific approaches—has enabled more rigorous inquiry into the physico-chemical nature and mechanism of action of ultra-high dilutions. Although significant progress has been made in elucidating the interactions between the starting material (“drug”) and the aqueous ethanol vehicle, the structural organization and dynamic behavior of water/aqueous ethanol systems are still not fully understood.

The effort to clarify the biological mechanism of ultra-high dilutions has intensified in the last decade. A substantial body of work now supports the “gene regulatory hypothesis,” which proposes that homeopathic high dilutions induce specific gene expression changes across diverse biological systems, including higher and lower animals as well as plants, both *in vivo* and *in vitro*. Notably, the ability of homeopathic preparations to influence detached, cultured cancer cells contradicts earlier assumptions that their action is mediated exclusively through neuronal, autonomic, or protein-dependent pathways.

The hormesis hypothesis has also been invoked to explain the effects of ultra-high dilutions, but it has

clear limitations. Hormesis describes a biphasic response in which low doses of a stimulus are stimulatory or beneficial, whereas high doses are inhibitory or toxic. Because hormesis is fundamentally an adaptive response rather than a mechanistic explanation, it cannot alone account for the biological effects attributed to homeopathic dilutions. However, hormetic responses can activate protective pathways under genetic control, and low levels of reactive oxygen species (ROS) can similarly trigger antioxidant defences—processes that ultimately depend on regulated gene expression. Thus, hormetic phenomena, when present, must be expressed through alterations in gene regulation in response to environmental or pathological stress.

This review therefore emphasizes research that strengthens the gene regulatory hypothesis and discusses relevant physical and biological findings at the cellular and molecular levels.

While treatments using mother tinctures and low dilutions face comparatively little objection, preparations diluted beyond 10^{24} (10^{24}) which are unlikely to contain a single molecule of the original substance according to Avogadro’s limit, remain highly contested. Skeptics typically attribute the reported therapeutic effects of such preparations to placebo or psychosomatic influences.

Concluding remarks

Experimental results support the notion that potentised homeopathic drugs, despite lacking any original drug molecules, can still act favorably in a multidirectional manner by triggering a gene or set of genes (referred to as ‘master’ genes) followed by a cascade of downstream gene actions including “early response genes”, responsible for the recovery process. However, the precise mechanisms by which this occurs in more complex organisms require further in-depth research. In our experiments involving



bacteria and bacteriophages with simple genetic systems, certain genes of interest were clearly modulated by potentised homeopathic drugs (30), confirming that some homeopathic remedies possess anti-viral effects and can directly influence genetic systems. We have repeatedly shown that potentized homeopathic drugs are capable of altering various signalling molecules and thereby pathways in a regulating and favorable manner.

Further studies are warranted to determine whether nanoparticles of the drugs play a key role in transferring information to water or ethanol molecules, presumably by modulating their sub-molecular architecture. Based on the available evidence, the gene regulatory hypothesis offers a logical explanation for the molecular mechanisms involved in the biological action of ultra-highly diluted

homeopathic remedies across all living organisms, including plants and animals. This may occur by triggering epigenetic modifications through DNA methylation/demethylation and histone acetylation/deacetylation, integral components of the epigenetic modification pathway, which have also been documented by us.

However, additional research is necessary to elucidate how these remedies may carry specific 'signals' or 'molecular imprints' that can be identified by specific cell receptors, triggering the activation or deactivation of relevant genes. This process initiates a cascade of gene actions that may alter and correct gene expressions that have gone awry during the development of pathological disorders. Currently, it appears that homeopathic medicines could manipulate signalling mechanisms to reverse or rectify signals, thereby initiating the recovery process. Regulation of gene expression is a complex phenomenon in higher eukaryotes, such as mammals.

Understanding the roles of 'activators,' 'enhancers,' 'gene silencing,' and phosphorylation/

dephosphorylation is crucial for grasping the actual molecular mechanisms involved in transmitting the 'information' of homeopathic remedies down to the execution level for disease recovery. Each signal may be communicated to a specific gene by a distinct activator (signal recognition particle), with signals often relayed to transcriptional regulators through signal transduction pathways. However, how a homeopathic medicine diluted beyond Avogadro's limit can elicit a response in a cell receptor and bind with it (acting as a ligand) remains unclear, although we have shown in one experiment that *Secale cornutum* 30 could activate the Ahr receptor, which requires ligand activation to function.

The precise role of nanoparticles in homeopathy also requires further investigation, although we have provided extensive data suggesting their potential role in biological action. This represents a significant step toward linking the findings of nanoparticles in ultra-high dilutions of homeopathic remedies with their possible biological functions.

More recently, we have published a few papers on clinical investigations on the homeopathic management of renal calculi, ovarian cysts in PCOD patients, and arthritic joint pain and muscle stiffness, in collaboration with qualified homeopathic practitioners. Some prominent publications of Dr. A.R. Khuda-Bukhsh on topics related to homeopathy in International/National peer-reviewed journals.

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Speaker Introduction:

Prof. Dr. Anisur Rahman Khuda Bukhsh scheduled for 27th Dec., 2025

It is my great honor to introduce Prof. Dr. Anisur Rahman Khuda Bukhsh, an eminent zoologist and internationally recognized scientist whose work spans classical zoology,

molecular biology, and complementary medicine.

Prof. Khuda Bukhsh served as Head of the Department of Zoology and later as an Emeritus Fellow of the UGC at the University of Kalyani. Over his distinguished career, he has published more than 400 research papers, mentored 51 Ph.D. students, including 31 working on homeopathy. He earned nearly 10,700 citations, with an H-Index of 58 and i10 index of 212—placing him among the top 2% percent of researchers worldwide.

His early scientific work focused on the karyomorphology, biochemistry, and genetics of fish and aphids, covering over one hundred species in each group. Later, he extended his research to cancer biology and toxicology, conducting pioneering molecular studies on the action of potentized homeopathic preparations and plant extracts (mother tinctures) in both in vivo and in vitro models.

In 2008, he achieved a landmark breakthrough by producing the first nano capsules of homeopathic mother tinctures, demonstrating their ability to cross the blood–brain barrier and revealing their molecular mechanisms and possible pathways of action. His pioneering approach- the gene-regulatory hypothesis- helped open a new frontier for evidence-based exploration in complementary medicine.

Prof. Khuda Bukhsh's remarkable contributions have earned him wide global recognition. He appears in the Stanford University list of the world's top 2 percent of scientists, ranking first in India and twenty-sixth globally in Complementary and Alternative Medicine—an honour he has retained every year since 2020.

Among his many distinctions, he received two Lifetime Achievement Awards in 2016—one from the European Committee of Homeopathy, Vienna, Austria and another from the Ministry of AYUSH, Government of India—as well as the JE MA Award from South Korea.

His work on arsenic toxicity was featured in the acclaimed documentary "The Devil's Water," and his research has been covered by the BBC, New Scientist, and Nature Asia, among others.

Please join with me in warm welcoming of Prof. Dr. Anisur Rahman Khuda Bukhsh, a visionary scientist whose lifelong dedication continues to bridge traditional wisdom with modern molecular science.



EVIDENCE-BASED CASE STUDIES ON DIFFERENT STRATEGIES FOR MANAGEMENT OF CANCER WITH HOMOEOPATHY

Prof. Dr. Asok Kumar Das

Former Professor, National Institute of Homoeopathy, Kolkata

and

Chairman, Scientific Committee, HMAI, West Bengal State Branch



Cancer is a major societal, public health, and economic problem worldwide in the 21st century, accounting for nearly 10 million deaths

in 2020, or nearly one in six deaths. The current global statistics for the year 2022 indicate that there were almost 20 million new cases of cancer. Demographics-based predictions indicate that the annual number of new cases of cancer will reach 35 million by 2050, a 77% increase from the 2022 level.

Advancements In Cancer Treatment in conventional medicine

Conventional allopathic treatment usually includes surgery, radiotherapy, and/or systemic therapy (chemotherapy, hormonal treatments, and targeted biological therapies). The landscape of cancer treatment is rapidly evolving with advancements in precision medicine, immunotherapy, and targeted therapies. Precision medicine tailors treatments based on the genetic profile of a patient's tumor, promising more effective and personalized care. Immunotherapy harnesses the body's immune system to fight cancer cells. Targeted therapies focus on specific molecules involved in cancer growth, increasing the Targeted therapies focus on specific molecules involved in cancer growth, increasing the effectiveness while minimizing side effects.

Challenges in Cancer Treatment

Despite the promising advancements, several

challenges remain in the cancer treatment. One major challenge is the high cost of new therapies, making them inaccessible for many patients. Ensuring equitable access to cutting-edge treatments and addressing disparities in cancer care will be critical. Additionally, overcoming side effects, drug resistance and improving the efficacy of treatments for metastatic cancers are ongoing challenges. Continued research, collaboration, and innovation of new strategies will be essential to address these hurdles and improve patient outcomes.

Development of Integrative Oncology

Unmet symptom needs and a desire for holistic health approaches or even cure are among the motivations patients have for seeking out complementary and alternative medicine. Using complementary and alternative medicine instead of conventional cancer treatment can have a negative impact on clinical outcomes and survival.

Cancer represents a significant global health burden despite advances in modern oncology. The limitations of conventional therapy in terms of side effects, treatment resistance, and quality of life challenges have driven interest in complementary approaches.

Integrative oncology is defined as "a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from



different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment."It prioritizes safety and best available evidence to offer appropriate therapeutic interventions along with conventional care. It seeks to engage patients and families as active participants in their own care from prevention throughout treatment and survivorship. This principle optimizes health promotion and proactively addresses symptoms and adverse effects that arise from cancer or its treatment/ Evidence supporting the use of integrative oncology to improve patient outcomes is growing, and data support its use as the standard of care in some clinical scenarios.

Therapeutic approaches used in Integrative Oncology

Complementary therapies have been established at many major cancer in USA and other European centers to help manage both immediate and delayed cancer-related symptoms, support lifestyle changes, and improve quality of life for patients. The current evidence is strongest for the following interventions to optimize symptom management, address unmet needs, and facilitate positive behavior changes.

1. Lifestyle Modifications
2. Exercise and Physical Activity
3. Diet
4. Sleep
5. Stress Management
6. Mind-Body Interventions
7. Acupuncture:
8. Massage
9. Mindfulness-Based Interventions:

10. Yoga :

11. Tai Chi

12. Natural Products:

SCOPE OF HOMOEOPATHY IN INTEGRATIVE THERAPIES IN CANCER CARE

Integrative Oncology has rapidly emerged as a vital subspecialty within cancer care, reflecting a paradigm shift toward a more comprehensive approach to cancer treatment.

Homoeopathy, a holistic system of medicine, has been increasingly explored for its potential role in cancer care. This article provides an overview of the role of homoeopathy in cancer care through evidence based case studies. The following are the different approaches of cancer management:

1. Classical approach - only homoeopathic treatment
2. Integrated approach
 - a. Surgery followed by homoeopathy
 - b. Radiotherapy and homoeopathy
 - c. Chemotherapy and homoeopathy
 - d. Immunotherapy and homoeopathy

CLASSICAL APPROACH - ONLY HOMOEOPATHIC TREATMENT

Classical homeopathy involves only homoeopathic medication on the basis of a thorough patient history, analyzing the "totality of symptoms" including physical, emotional, and mental aspects and miasmatic background. .

It is the experience of the author that most of the patients do not strict to only homoeopathic treatment due to social pressure and others circumstantial factors despite symptomatic improvement and ultimately switch over to conventional treatment. The benefits of only homoeopathic treatment (symptomatic improvement, improved quality of life, prolongation



of life etc.) in some cases of cancer are being experienced by the author while treating cancer cases that are not suitable for conventional treatment due various factors like poor general condition, age, comorbidities, economic condition, life situations etc.

Types of remedies

- **Constitutional Remedies:** These remedies aim to address the patient's overall health and constitution in the early stage of cancer when individualizing features are present.
- **Symptomatic Remedies:** These are used to address specific symptoms related to cancer or its treatment following pathological or organopathic approach in homoeopathic prescription in the late stages of cancer when individualizing features are absent for palliative care.

INTEGRATED APPROACH OF HOMOEOPATHIC MANAGEMENT OF CANCER

1. Integration with non-pharmacological methods of treatment Homoeopathic treatment with other non-pharmacological methods of treatment like yoga, meditation, diet etc.
2. Integration with conventional medicine and other non-pharmacological methods of treatment
 - a. Homoeopathic treatment after surgery
 - b. Homoeopathic treatment during and after radiotherapy
 - c. Homoeopathic treatment during and after Chemotherapy
 - d. Homoeopathic treatment during and after Immunotherapy

Integration with non-pharmacological methods of treatment

Homoeopathic treatment may be integrated with

other non-pharmacological methods of treatment like yoga, meditation, dietary modifications etc. with very satisfactory results without compromising the basic principles of homoeopathy

Integration with conventional medicine and other non pharmacological methods of treatment

Homoeopathic treatment may be integrated with conventional treatment like surgery, chemotherapy, radiotherapy or Immunotherapy etc. This integrative support relieves symptoms, reduces treatment-related side effects, improves quality of life, and prolongs life. In the terminal stage of cancer the conventional palliative care may be integrated with homoeopathic treatment to induce painless death/

Following the above approaches, four different cases of cancer that were successfully treated by the author will be discussed with evidence demonstrating the uniqueness of integrated approach of homoeopathic treatment in cancer care.

1. A case of brain tumor – only homoeopathic treatment
2. A postsurgical case of Cancer gall bladder
3. A postradiotherapy case of brain tumor
4. A case of Hodgkin lymphoma – post chemotherapy and ongoing immunotherapy

Conclusion The cumulative clinical evidences points toward homoeopathy being beneficial as an adjunctive therapy in cancer management. Patients often report improved well-being, reduced toxicity of conventional treatments, and better coping with disease-related stress. A critical limitation is the lack of large, multicentric, double-blind, placebocontrolled trials that can provide conclusive evidence in support of homoeopathy as a validated method of treatemnt in the fight against cancer.



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ENHANCING EARLY SUCCESS IN CLINICAL PRACTICE

Prof. Dr. J. D. Daryani, MD (Hom.)

Former Principal & Head, Deptt. of Repertory, Dr MPK Homoeopathic Medical College, Jaipur
Former, Dean, Faculty of Homoeopathy, Rajasthan University & Rajasthan Ayurved University
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Prescribing in Homoeopathy is both Science and Art it is said.

The art part has to be developed by practice, it does not come

spontaneously even by thorough in the science part.

The art requires careful, unprejudiced and constant observation for very long time to develop that skill- by 'REYAJ'

Homoeopathy is essentially not only many sided but all sided. In Homoeopathy, to achieve success in early practice is not that difficult provided one follows a habit of complete case taking, have a sound grasp of Homoeopathic principles and a fair knowledge of homoeopathic materia medica.

For the beginners it is important not to haste in getting immediate results and do mixing of medicines without proper individualization particularly in acute cases. My advice to neophytes is- 'Pay attention to *what* and *how* the patient reports his complaints, it matters the most to grasp the suffering and to reach to proper remedy'. Conversation with patient is an Art and every Homoeopath must acquire this art for success in his or her practice.

There are different ways of prescribing depending upon the nature and depth of the suffering of the patient. For a chronic case, it may require detailed case taking and to give sufficient time to understand so as to understand *what* and *where* to hit through

selection of medicine. Impatience on the part of physician in the first prescription without proper understanding spoils the case.

It is good to explain the diagnosis and kind of precautions the patient must take which will help in winning the confidence of the patient. There is no need to complicate the matters through overindulgence in interpreting the information. Simple tips like- site, time, modality and extension of each symptom with understanding of the peculiar mental aspect which reflects being of the person is sufficient to reach out to the remedy. Gradually the beginner understands where to focus and on which information is meaningful for him or her to prescribe. This skill, acquiring this art, takes some time. It is good to use repertorization for finding the closest medicine and one should take care of information received from the patient is authentic and well interpreted.

There is no quick-fix in Homoeopathy for prescription, but *unprejudiced observer* will get the correct data in short span of time to get quicker results as per his or her expectation from homoeopathy.

I hope my article on enhancing the success in Clinical Practice will benefit every Homoeopath especially the younger ones.



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REVOLUTIONIZING HOMEOPATHIC CARE: MINDKEY'S FUTURISTIC AI BASED (ARTIFICIAL INTELLIGENCE) EMOTIONAL INSIGHTS

Dr. Jawahar J Shah



Homeopathy emphasizes the intricate balance of psycho-neuro-endocrinal and immune systems, fundamental for holistic health spanning physical, emotional, intellectual, and spiritual realms.

Disturbance in this equilibrium precipitates disease. In imagining the future of homeopathy, mastery over the mind's inner workings, emotions, and subconscious assumes paramount importance, catalysed by a first of its kind in Homeopathy a groundbreaking tool like MINDKEY.

MINDKEY: A paradigm shift in emotional analysis, Leverages (Artificial Intelligence) AI, it meticulously analyses, measures, and forecasts emotional states non-invasively.

Anchored in the ancient Indian Natyashastra's (*dramatization of emotions*) Navarasa (9 emotions) theory, MINDKEY discerns nuanced shifts in facial expressions and bodily gestures through a standard webcam, unravelling profound insights into patients' emotional landscapes.

This proficiency aids in presenting

- Subtle remedy differentiations
- Evaluating treatment responses, and
- Unearthing underlying emotional disruptions.

MINDKEY's efficacy is well-established by testing across diverse patient & individuals (4000+), including those with common clinical conditions, Psychological, Psychiatric & Pediatric afflictions.

User-friendly and privacy centric, MINDKEY needs a PC with a webcam, where participants engage in a

60-second session devoid of verbal exchange, permitting the AI to scrutinize emotional responses based on 75 facial points.

The ensuing reports give unprejudiced outline (*Aphorism 6, Organon of Medicine*) of nine primary emotions and parameters like Stress and Engagement. These insights, invaluable for healthcare providers, especially homeopaths, facilitate a nuanced comprehension of patients' emotional trajectories, pivotal for tailored interventions.

Clinical validation underscores MINDKEY's expertise in revealing underlying conflicts, confirming diagnoses, and validating homeopathic efficacy. Pre- and post-treatment emotional trends affirm its utility as a potent, unbiased diagnostic adjunct.

With patients, MINDKEY serves as a channel to grasp the intricacies of nine emotions (*Calm, Happy, Pride, Love, Surprise, Fear, Anger, Pensiveness, Disgust*), offering an entry into the subconscious emotional state of the patient by gaining:

- Entry point of a patient
- Reason to investigate particular emotions.
- Deeper understanding of different emotions
- Evaluate the response to the Homoeopathic treatment: Study of dominant emotions.
- It breaks traditional limits and offers intuitive insights.

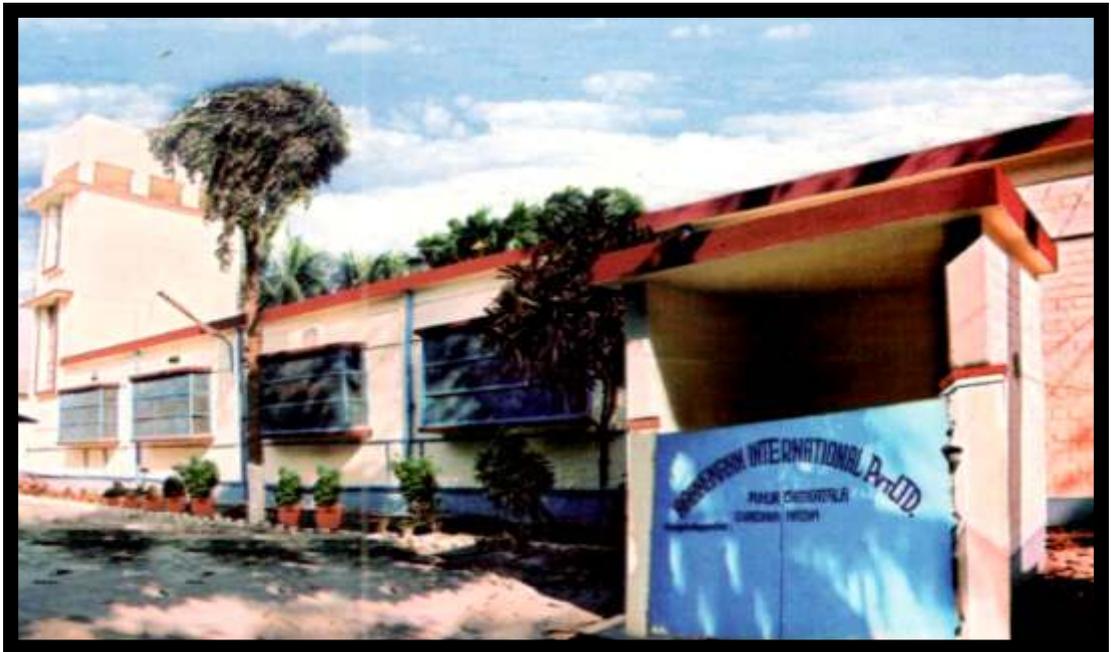
This is the transformative potential of MINDKEY in revolutionizing emotional analysis using AI within the realm of homeopathy, enhancing diagnosis and treatment outcomes.



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DECODING THE LANGUAGE OF HOMOEOPATHIC MATERIA MEDICA IN CLINICAL PRACTICE

Dr Biswajit Basu *



Introduction: 'Decoding' the word means 'to find the meaning of a secret message (code)'. Cambridge dictionary defines 'decode' as to discover the meaning of information given in a secret or complicated way. Language of Homoeopathic Materia Medica was initially the language of nature by the Man, of the Man and for the Man. It was nothing but records as a result of Human pathological Trial (Drug Proving). As time elapses compilation was made in the perspective of Medical Science, clinical verification was done and noted with symbols and gradation in source books of Materia Medica and Repertory as well. In this way in many cases a panorama of symptoms has been summarized, conceptualized with theme and presented with a few words only appears as 'code', in many cases that language is not easily comprehensible too. The expertise of matching the conceptual image of symptoms of individual patient with the conceptual image of symptoms of individual remedy, in terms qualitative similimum is the pivot of best Homoeopathic clinical practice.

Discussion: A known case of metastatic Carcinoma of Ovary was under Homoeopathic treatment since diagnosis. She was doing well for about 3 years without any sufferings. Suddenly get emaciated and strong aversion to take food. Ultimately, she refused to take food or water for more than seven days, became more emaciated and very prostrated, most of the time lies with closed eyes, as if she was sleeping. But, after repeated enquiry she reciprocated correctly as she felt good to answer with a general expression of refusal to talk. One evening she asked her close relatives, 'have you decorated the last ride bed, I will be cremated in electric furnace etc.' Again dropped into semi-comatose state. In Arnica there is a general tendency 'does not want to be approached' and in source book and Repertory getting a term 'Clairvoyant about death'. In this patient stomach refused to take food and water, she was refusing to talk but answers correctly in semi-

comatose stage was the expression of the 'Does not want to be approached'; and patient was telling about her last ride and cremation procedure decodes the term both in Materia Medica & Repertory as 'Clairvoyant about death'. Decoding the language of Materia Medica only we could prescribe so called common medicine 'Arnica mont' which worked as life saving drug at the terminal stage of life in a known case of metastatic Carcinoma. Likewise a lots of examples may be cited with evidences appreciating the necessity of decoding to discover the meaning of information given in a secret or complicated manner in Homeopathic literature for better Homoeopathic Clinical practice.

Conclusion: Correct Homoeopathic prescription is best appreciated by skillful understanding and interpretation of language of both patient and Homoeopathic Materia Medica by decoding the language of Homoeopathic Materia Medica. Simple word meaning may help to proceed but the actual expertise depends on the capacity of decoding the language of Homoeopathic Materia Medica in bed side. In this field individual approach and expertise of Homoeopathic Physician rules out the standardization of best Homoeopathic clinical practice in general. In order to upgrade the standard of best Homoeopathic clinical practice well experienced Homoeopathic Physicians who have made their name and fame depending on his own expertise to decode the language of Homoeopathic Materia Medica are to be included in different both in Govt and Non Govt institutional Clinical Research projects and accordingly work to be executed.

*Affiliation: Former, Faculty of D.N.De Hom Medical College & Hospital. Chairman The Bengal Academy of Applied Homoeopathy, Life Member of HMAI. Authored many original books, published papers in many Homoeopathic Journals. Contributed as Resource person in many International and National Homoeopathic Seminars, Congresses, LIGA.



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BRIEF HISTORY OF FORMATION OF HMAI

Dr P.K.Bhattacharyay M.D.(Hom.)

Former Prof & Head, Dept. of Organon of Medicine, Burdwan Homoeopathic Medical College & Hospital

Former Asst Sect General, HMAI.



HMAI was born and founded in the year 1975. Being a member of HMAI since 1975, it's my great pleasure to give you in this Golden Jubilee Souvenir a brief

history of formation of HMAI. Initially the whole homoeopathic society of our country was remaining divided into so many small or large groups under the sway of respective group leaders or chiefs. Gradually homoeopaths began to comprehend the futility and evils of person-based organisations. They started to realise that they are gaining nothing by keeping themselves divided and isolated in so many groups, fighting with each other.

Paschim Banga Rajya Homoeo Sangha

Under the guidance of Dr J.N.Kanjilal, Dr G.N.Mukherjee and others in December 1961 in Purulia, the representatives from all the different groups of homoeopaths in W.B. state gathered together and elected a committee titled as West Bengal State Homoeopathic Co-ordination Committee; which was directed to formulate a suitable Constitution with clear aims and objects acceptable to all. This committee with strenuous efforts and good number of meetings submitted its formulation in the 2nd W.B.State Homoeopathic Practitioner's Conference held in Calcutta in December,1962. The desired organisation was born with the name "The West Bengal State Homoeopathic Federation". In this organisation more than 80 associations of various dimensions and areas joined together with their identity and internal autonomy intact and worked for 12 years on the basis of democratically settled working programmes from year to year. Gradually they came to realise clearly that if the aims and objects are to be fulfilled with sufficient speed and force, they must break up their separate identities and turn the organisation into a unitary sovereign one. This general

urge of all the members took shape in the form of a unanimous resolution in the 13th annual conference at Siliguri in 1973 and organisational form in the 14th Conference at Calcutta in 1974, when the Federal Constitution was replaced by a unanimously adopted unitary Constitution and the old name of the Federation was discarded in favour of simple "Paschim Banga Rajya Homoeopathic Sangha" with great enthusiasm. The Sangha in due course of time, turned in to the West Bengal State Branch of Homoeopathic Medical Association of India.

The All India Homoeopathic Medical Association (AIHMA) Inspired by democratic unitary organisation of West Bengal, some homoeopathic Leaders of different states of India organised an All India Homoeopathic Conference at Calcutta in 1932, where a unitary organisation was formed with the name "The All India Homoeopathic Medical Association" (AIHMA) where the President of Conference was none other than Dr Younan. From a record it is evident that from 1932 to 1940 (8th Session) meticulously every year they organised conferences in various parts of India (Gaya, Bombay, Agra, Lahore, Nagpur etc). Thereafter because of various political and other issues Conferences could not be organised so regularly. However the continuity of conferences from 1947 (9th session) to 1970 (18th Session) continued under the Presidentship of Drs N.M.Jaisoorya, J.N.Majumdar, Jugol Kishore and others.The leaders of this organisation while working together for some years, gradually developed internal quarrels among themselves. As a result of that a separate organisation was formed with the name "All India Institute of Homoeopathy".

The All India Institute of Homoeopathy, A.I.I.H Bengal Homoeopathic Institute comprising exclusively of *qualified trained homoeopaths* started at Calcutta in 1928 through the efforts of Dr P.C.Majumdar, Dr



D.N.Roy and several others. They were successful in carrying through the Central Legislature a resolution granting some status to Homoeopathy in 1936. State faculty of Homoeopathic Medicine, Bengal was established in 1943. All India Institute of Homoeopathy was formed by them in 1944 with its Central Office Delhi. Dr Diwan Jay Chand of Lahore, Dr K.G.Saxena of Delhi (Founder General Secretary) Dr B.K.Sarkar, Dr J.N.Majumdar of Kolkata and others put the A.I.I.H. at the pinnacle of glory. Dr K.G.Saxena was the nucleus of all the activities of the Institute. Silver Jubilee Celebration of A.I.I.H. was held in Calcutta, in 1969.

Paradoxically enough there was hardly any difference in the aims and objectives of either organisations (AIHMA & AIIH), they could not be settled by mutual discussion on objective basis. Beside few others the matter of giving membership to non-institutionally trained homoeopaths was the fundamental difference. Gradually both the organisation realised that unless one unitary organisation was formed, there was little chance to impress the Government for fulfilment of the bigger objective. In course of time AIIH leaders realised that lay practice could not really be banned as there were people with high educational attainments and whose contribution towards popularising homoeopathic practice can not be ignored.

This brief history does not have enough space or consider it expedient to mention all the names. The few that have been mentioned are collected from printed records from various sequences. But I can not restrain myself from mentioning the name of Leader of Leaders whose name is lying in the heart of every leader of all over India, whose untiring effort and sacrifices uplifted organisation and revitalized the then all leaders, is none other than Dr J.N.Kanjilal. After the unification of organisation he became the Founder President and later he was awarded with the Title the Life Time President " President – of -Honour".

Unification movement of two organisation A.I.H.M.A & A.I.I.H.

Some of the workers of the West Bengal State Federation took up the task of continuous efforts for rousing up unity movement all over country, and

continuous negotiations with the leader of either organisation with a view to liquidate their differences and bitter relations and bring them closer. In this process, these workers of the Federation had to pass through many obstacles, disappointments and hopeless dark situations, with immense patience, perseverance, foresight and tactfulness. This ceaseless labour bore fruit after ten years in June 1972.

It was at Bangalore in June,1972 at the All India Homoeopathic Congress under the aegis of AIIH delegates raised up an insuperably high symphonious voice for a unitary sovereign all India Homoeopathic organisation. To bring about the unity of two All India Homoeopathic Organisation, AIHMA & AIIH, a resolution was passed by the central council of the AIIH. The A.I.H.M.A. reciprocated by adopting a similar resolution at the meeting of their Executive Committee held on 2.7.72 which was subsequently ratified by the General Council in its meeting held on 29-4-73. In terms of the resolution passed above, the unity committee consisting of five members on either side framed new constitution for the proposed all India Unitary body. A draft constitution of Homoeopathic Medical Association of India was framed as far back as March,1973. After many hurdles, with the united efforts of AIIH and AIHMA complete amalgamation of the two great organisations took place at Calcutta on 26th and 27th October, 1975 in the Convention of All Homoeopaths of India and they merged into a single organisation "The Homoeopathic Medical Association of India (HMAI).

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BELLADONNA AND HYOSCYAMUS: FROM SYMPTOM ANALOGY TO NEUROPHYSIOLOGICAL SIMILARITY — A SCIENTIFIC BRIDGE BETWEEN HOMOEOPATHY AND MODERN MEDICINE

Dr. Santidev Jana, B.H.M.S.

Retired Gram Panchayat Homoeopathic Medical Officer

This paper explores Belladonna and Hyoscyamus not merely through classical homoeopathic symptomatology but through the lens of neurophysiology and pharmacodynamics. The active chemical constituents of these plants—*atropine*, *hyoscyamine*, and *scopolamine*—demonstrate how the Law of Similars can be understood as a neurobiological principle. By aligning homoeopathic provings with pharmacological findings, these remedies reveal a scientific continuity between Homoeopathy and modern physiology.

Keywords Belladonna, Hyoscyamus, Homoeopathy, Neurophysiology, Pharmacodynamics, Law of Similars, Atropine, Tropane alkaloids

Introduction

Among the most classical medicines in Homoeopathy, Belladonna and Hyoscyamus represent two poles of the same neurophysiological spectrum—intense cerebral congestion and mental derangement. Traditionally, Belladonna symbolizes sudden inflammatory excitement—red face, throbbing arteries, dry heat, and delirium—whereas Hyoscyamus depicts nervous irritability, loquacity, and obscene mania, yet with muscular weakness and tremor. Modern neurophysiology now reveals that both are expressions of the same pharmacological basis: tropane alkaloids acting on the cholinergic nervous system. Hence, the Law of Similars acquires a sound biological explanation, bridging symptom and science.

Chemical Constituents and Pharmacodynamics Both Belladonna and Hyoscyamus niger contain potent tropane alkaloids—*atropine*, *hyoscyamine*, and *scopolamine*—known for their antimuscarinic activity. They inhibit acetylcholine at parasympathetic nerve endings, resulting in: Flushed, dry skin and mucosa Dilated pupils and photophobia Delirium, restlessness, or mania Accelerated pulse and elevated body temperature Toxicologically, these reactions are identical to the proving symptoms of Belladonna and Hyoscyamus. Thus, what pharmacology calls “side effects,” Homoeopathy recognizes as similarity-based curative indications. Comparative Neurophysiological Profile Feature Belladonna, Hyoscyamus Stage Active congestion, inflammation Nervous irritability, mania with weakness

Mental state Furious excitement, sudden delirium Loquacious, foolish, obscene, jealous mania Face ed, hot, congested Pale or yellowish, tremulous Pupils Dilated, sensitive to light Dilated, sluggish Sleep Restless, half-conscious Disturbed, muttering, involuntary movements Pharmacological base *A t r o p i n e* predominance *H y o s c y a m i n e* and *s c o p o l a m i n e* predominance Both act upon the central nervous system, but Belladonna manifests vascular excitation, whereas Hyoscyamus shows cortical disinhibition—two shades of the same neurochemical activity.



Scientific Interpretation of the Law of Similars
The Law of Similars may now be viewed as a principle of neural adaptation. A minute, dynamized homoeopathic dose serves as a regulatory signal, gently reversing pathological overactivity by stimulating the same receptors involved in disease. Thus, Belladonna and Hyoscyamus both act through adaptive modulation of the acetylcholine–muscarinic receptor system, restoring equilibrium to disturbed neural circuits.

Remedy Relationships in Neurochemical Context
The classical trio—Belladonna, Hyoscyamus, and Stramonium—share common alkaloid structures but differ in clinical emphasis: Belladonna: Vascular congestion and acute inflammation. Hyoscyamus: Nervous and emotional derangement with muscular weakness. Stramonium: Violent mania, terror, and hallucination. All reflect graded degrees of central cholinergic blockade, corresponding to progressive nervous excitation and mental disturbance. Such understanding integrates Homoeopathy with modern neurochemistry, refining remedy selection beyond surface symptom resemblance. Belladonna and Hyoscyamus as Scientific Bridges
Homoeopathic provings and pharmacological observations converge remarkably in these two remedies. Where toxicology describes hyperthermia, dryness, and delirium as poisoning, Homoeopathy records them as curative indications in similar states. This harmony between clinical observation and biochemical fact demonstrates that both sciences describe the same physiological reality—one qualitatively, the other quantitatively. Belladonna and Hyoscyamus exemplify the scientific depth of the Law of Similars. Their chemistry explains their symptom pictures; their neurophysiology validates their therapeutic roles. Through them, Homoeopathy appears not as a mystical art but as a

system consistent with biological laws. They stand as bridges between tradition and modernity, where symptom meets neurotransmitter, and similitude meets science.

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Mania Expressed Differently:

Comparative Homoeopathic Case Studies with Belladonna, Hyoscyamus, and Stramonium

Case - 1

Patient : Ratan Das, 32 years, male

Diagnosis: Acute manic excitement after prolonged sun exposure

Case Summary

The patient was brought by his brother in a state of furious delirium. He was shouting, striking others, and refusing to be touched. The episode started suddenly after working long hours in the sun.

Mental Symptoms Violent mania with sudden onset
Sees imaginary animals (hallucinations of red dogs)
Shouts, bites, tears clothes Cannot bear light, noise, or touch
Talks incoherently, face red, eyes glaring

Physical Symptoms : Burning heat of head and face
Dry mouth and throat; thirstless Carotids throbbing violently
Pulse full and bounding

Observation : Acute congestion of brain; complete restlessness and violence. All symptoms are sudden, intense, and congestive in nature.

Prescription

Belladonna 200, one dose. Placebo every 4 hours



Follow-Up 13 May 2025: Fever reduced to 100°F; quieter but weak. 15 May 2025: Slept peacefully; no delirium. 22 May 2025: Normal behavior; patient calm.

Result: Complete recovery within 10 days.

Conclusion: Typical Belladonna picture — violence with congestion and redness.

Case 2 – Hyoscyamus niger

Patient: Maya Barman, 29 years, female Diagnosis: Manic episode following emotional shock and jealousy Case Summary : The patient became violently talkative and suspicious after her husband returned late from work several nights. Behavior grew strange and embarrassing. Mental Symptoms : Talks continuously, foolish and obscene words Laughs, sings, and makes grimaces Jealous mania — believes husband is unfaithful Undresses before family; dances, sings, laughs No fear; acts foolishly and shamelessly

Physical Symptoms : Twitching of facial muscles Trembling of hands Insomnia for 3 nights Dry mouth, no appetite Observation : Symptoms indicate jealousy, foolishness, and sexual mania with nervous twitching — Hyoscyamus keynote. Prescription Hyoscyamus niger 30, every 3 hours (8 June 2025) Placebo for next two days Follow-Up 10 June 2025: Slight improvement; sleep 4 hours. 14 June 2025: Quiet, cooperative; no obscene talk. 18 June 2025: Fully recovered; no relapse. Result: Gradual but steady recovery within 10 days.

Conclusion: Jealous mania and foolish laughter — Hyoscyamus niger.

Case 3 – Stramonium

Patient: Gopal Mondal, 40 years, male Diagnosis : Fearful mania after fright (accident trauma)

Case Summary : After witnessing a road accident, the patient developed terror at night. He screamed that “devils are chasing me,” refused to be alone, and demanded constant light.

Mental Symptoms : Religious mania, praying constantly Extreme fear of darkness and solitude Sees imaginary devils, wants company Talks of light and salvation Shrieks, trembles, and hides behind others .

Physical Symptoms : Trembling of limbs, spasmodic rigidity Dry mouth and throat, dilated pupils Perspiration during sleep.

Observation : Fear, fright, and religious hallucination — Stramonium picture clear.

Prescription : Stramonium 200, single dose Placebo at night Follow-Up 11 July 2025: Slept after mild perspiration; calm next morning. 14 July 2025: No screams, slight weakness. 20 July 2025: Fully normal, cheerful, no fear.

Result: Quick improvement; recovery in one week.

Conclusion : Religious mania with fear of darkness — Stramonium.

Discussion : All three remedies belong to the Solanaceae family, sharing common alkaloids — Atropine, Hyoscyamine, and Scopolamine (Daturine) — that influence the parasympathetic nervous system. However, their dynamic expressions differ: Belladonna acts on the vascular sphere producing violent congestion. Hyoscyamus disturbs motor control and emotional balance. Stramonium excites the brain with terror and hallucination. This demonstrates that similar chemical composition does not imply identical therapeutic action. In homoeopathy, drug personality or vital expression governs selection — not the molecular formula.

Conclusion : Chemically one, therapeutically three. Though Belladonna, Hyoscyamus, and Stramonium share one root in nature and chemistry, they flower differently in human experience. Homoeopathy thus bridges the chemistry of the substance with the individuality of the mind — proving that the similimum is not molecular, but vital.

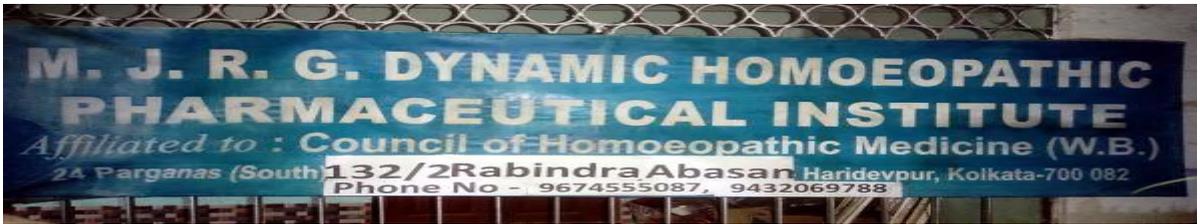


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PRINCIPAL :

DR. ANIMESH SANTRA - 9674555087



LET OUR RESULTS SPEAK FOR US

Dr Muhammad Rafeeqe,
Medical officer, Department of Homeopathy, Govt of Kerala.

There are mainly four types of results that we get through Homeopathic treatment.

1. The first one is a result that the patient can feel, i.e. a person with physical problems began to feel relief after taking Homeopathy (anecdotal evidence, commonly called as testimonial).

2. The second is the result that can be shown by doing something like a lab test or scanning.

3. The third is the results of clinical trials and different types of experimental studies.

4. The fourth is the most important one, which is often not noticed or acknowledged many times. That is the result of HCT done by us. We all know what HCT is...! It's something we've heard and studied since the first year of our curriculum - Homeopathic Constitutional Therapy (HCT), which is a treatment that can be given to a person regardless of whether they are currently sick or not. We should give it to as many people as possible. It is dangerous to wait until they become sick. If there is gross pathology with multi-organ-failure at the terminal stage of sickness, treatment may not be easy. It is often observed that many patients do not come to us when they should. And they come at the terminal stage! When we treat a young child with behavioral problems in the right way, he will become a good person tomorrow, his future life will be secure, and society will benefit

through him. We must remember that he was destined to be a future criminal, but timely stimulation with a suitable homeopathic remedy or series of remedies given one after the other changed his wrong track. Similarly, when we give a homeopathic constitutional remedy, we eliminate diseases that could cause premature death, such as heart disease, cancer, and kidney disease that they may develop tomorrow. Nowadays we often come across many people who die of fatal diseases at a young age. Our medicines can certainly stop the progression of chronic diseases in such people until they reach old age. Everyone dies naturally as they age (we can say physiological death), but the main reason for someone dying at a young age is diseases affecting the vital organs. If we use our medicines properly, we are actually postponing the untimely death.

Friends, the time has come to convey the great message to the public: "Don't wait for illness to strike, take constitutional treatment with homeopathy, and ensure your health."

In this modern world many paid-researchers are blindly criticising homeopathy. So, let our results speak for us. Aude sapere.



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CARCINOSIN

Dr. B. C. Mullick, B.Sc. D.M.S

Vice President HMAI



It is a nosode. It is mainly introduced & explained by Dr. D. M. Foubister in his book - The Carcinosis Drug Picture.

It is a very complicated medicine because its symptomatology often changes, for that, it is difficult to select on the basis of symptoms & for that it is often misused. Like other nosodes it also covers all three miasms.

But if we learn the medicine thoroughly from Dr. D. M. Foubister & from Dr. S. P. Dey's books & perceive, then it is very easy to prescribe.

All the nosodes have fantastic field in Homoeopathic practice but Carcinosis has a wonderful place in Homoeopathic practice.

We often use it when there is a background of cancer in the family but it can also be used where there are various diseases in the past from early age.

Now I am trying to explain how I use the drug. Someone may not agree with my view, but my request is, before criticizing kindly follow, if my points do not stand out then criticize.

My first step of selection of this drug is - for cancer, no definite cause has been detected till date, so when we see such incident comes like this e.g. a tumour is persisting since long without any trouble but gradually increasing in size. A child came with warts

all over his body at the age of 8/9 yrs. A young boy came with leucoderma from his age 10/12 yrs. Not only wart, not only leucoderma, any disease, when appears in early age or suddenly increases, we can think of this drug.

During pre-cancer cases, we can use this drug with closing our eyes but we should not use this in established cases.

Basically we can use this drug when we find various suppressions in past, long lasting suffering without any appreciable cause.

Any long lasting disease when suppressed & developed, any problem either in body or mind we can think of this drug. Regarding symptomatology, already I have told that a great contradiction still exists. There are few symptoms we see in Carcinosis Drug Picture such as:

Irritability without any cause, Very much sympathetic, Unknown fear, apprehension, Fear from thunderstorm, lightning, Tidy or dirty, Congenital deformities especially when well selected medicines fail, Delayed healing, Carcinosis is not only used as curative purpose it is often used as block remover also.

Regarding potency we should start from 200 & above & never repeat frequently.





মল্লিক হোমিও হল

ডাঃ প্রকাশ মল্লিকের নেতৃত্বে

ভারতের একমাত্র গবেষণাভিত্তিক
অত্যাধুনিক ও স্বয়ং সম্পূর্ণ

**ফিউচার জেনারেশন
ট্রিটমেন্ট সেন্টার**

মাল্টিস্পেশালিটি হোমিওপ্যাথি চিকিৎসা
প্রতিষ্ঠান। অত্যাধুনিক রিসার্চের ভিত্তিতে ক্রনিক
অসুখের অত্যাধুনিক হোমিওপ্যাথি চিকিৎসা করা হয়।

ডাঃ প্রকাশ মল্লিক

এম.ডি, হোমিও (ধন্বন্তরী)

সভাপতি : ওয়ার্ল্ড ফেডারেশন অফ হোমিওপ্যাথি



ডাঃ পার্থ সারথি মল্লিক

বি.এইচ.এম.এস (হোমিও)

ক্যানসার, করোনা পরবর্তী জটিলতা, করোনা বা
ইনফ্লুয়েঞ্জাম্বিট ভাইরাস সংক্রমণের ক্ষমতা
বৃদ্ধি, পোস্ট করোনা লাং ফাইব্রোসিস, পেটের
রোগ, নাক, কান, গলা, চোখ, স্ত্রীরোগ, ত্বকের
রোগ, হাঁপানি ও অন্যান্য শ্বাসনালীর অসুখ,
হৃদরোগ, নেফ্রোলজি ও ইউরোলজি, মেটাবলিক
ডিজিজ, অর্থোপেডিক, মানসিক চিকিৎসা
টিউমার প্রভৃতির হোমিওপ্যাথি ঔষধের সাহায্যে
বিনা অস্ত্রোপচারে চিকিৎসা করা হয়।

মল্লিক হোমিও হল

(সর্বাধুনিক হোমিওপ্যাথি চিকিৎসা কেন্দ্র)



৭৯, মহাত্মা গান্ধী রোড, কলেজ স্ট্রীট, কলকাতা-৭০০ ০০৯
শাখা-৮৮/১, দমদম রোড, (দমদম কুইন বিল্ডিং-দোতলায়) কলকাতা-৩০

• E-mail : mallick2007@gmail.com; • Web : www.drpmallick.com

ঃ ডাক্তারবাবু মেদিনীপুরে রোগী দেখবেন ঃ

পাঁশকুড়া : 02/09/2025 মেদিনীপুর শহর : 09/09/2025 শ্রীনগর : 16/09/2025

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HOMOEOPATHY IN SURGICAL DISORDERS OF THE G.I.T.

PROF.(DR). S. PRAVEEN KUMAR, DHMS,MBS(OSM),MD(HOM),

RETD. PRINCIPAL, JSPSGHMC, HYDERABAD.

CHAIRMAN & EDITOR, NJH. * TRUSTEE & SEC. GEN., GHF. * MEMBER, EXPERT COMMITTEE, NCH.

"Surgery, when indicated, is like the indicated remedy, a great blessing, and often saves lives and relieves suffering.

Surgery eliminates the ultimate of the disease and not its cause. But this ultimate becomes a foreign matter which is an obstacle to cure & the complete recovery is not possible unless this obstacle is r
.....HAHNEMANN.

Homeopathy is not against surgery. Surgery is an art and science by itself. Surgery is called forth in the conditions where medicines have limited or no role, and where surgical aid, operation can cure or improve the condition.

Homeopathic surgery is that form of treatment where the so-called surgical cases can be averted, managed completely or helped in the pre-operative & post-operative stages with homeopathic medicines only.

Homeopathy is useful in surgical gastro-enterology in any one of the following four ways:

1. Before Surgery
2. During Surgery
3. After Surgery
4. Instead of Surgery.

CASE NO.1

A case of Cholelithiasis was cured by Cholestrinum in which Surgery was advised.

A man aged 60 years came to the clinic with the ultrasound report in his hand and anxiety writ large on his face. He was already my patient earlier for Ch.Amoebiasis 10 years back. He became ardent lover of homeopathy after his cure. He never took other medicines except when he had heart attack. His Cardiologist advised him to go for routine investigations as a follow up and accidentally discovered otherwise silent Gallstones.

He was then referred to a Surgical Gastroenterologist who advised Cholecystectomy but only after complete clearance from his Cardiologist

1st USG : 1. FATTY LIVER. 2. CHOLELITHIASIS- Largest 9mm. 3. SMALL LT. RENAL CORTICAL CYST

I was in a dilemma whether to prescribe Nux vom, his constitutional remedy, or any other relevant medicine as the condition was devoid of any great totality.

Then I gave CHOLESTRINUM 6X DAILY.

To the surprise of every one the USG taken after 3 weeks showed normal Gallbladder without any stone.

There are many Homoeopathic drugs used before or after Surgery especially in GIT Surgeries.



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SOME NEURODEGENERATIVE DISORDERS IN ELDERLY AND ITS HOMOEOPATHIC MANAGEMENT

Dr. Avijit Chaudhury, BHMS [C.U], M.D.[Hom.]



Neurodegenerative disorders are conditions where nerve cells in the brain or other parts of the nervous system gradually lose function and die, leading to a progressive decline in cognitive and motor abilities over time.

There is no cure for these conditions, but though constitutional individualistic homoeopathic treatments may help manage symptoms and improve quality of life stop progression of disease process if detected early. In this article Some Neurodegenerative Disorders of elderly is discussed briefly:-1.Alzheimer's disease2.Vascular dementia and mixed dementia3.Parkinson's disease 4.Delirium in elderly5.Mild Cognitive Impairment (MCI)

Mild Cognitive Impairment (MCI): -

Mild cognitive impairment (MCI) is a condition in which people have more memory or thinking problems than other people their age. The symptoms of MCI are not as severe as those of Alzheimer's disease or a related dementia. People with MCI can usually take care of themselves and carry out their normal daily activities.

People with MCI are at a greater risk of developing Alzheimer's disease or a related dementia. Estimates vary as to how many people who have MCI will develop dementia. Roughly one to two out of 10 people age 65 or older with MCI are estimated to develop dementia over a one-year period. However, in many cases, the symptoms of MCI stay the same or even improve.

Alzheimer's disease- Alzheimer's disease is a progressive disease that destroys memory and other important mental functions. At first, someone with Alzheimer's disease may notice mild confusion and difficulty remembering. Eventually, people with the disease may even forget important people in their lives and undergo dramatic personality changes.

Alzheimer's disease is the most common cause of dementia — a group of brain disorders that cause the loss of intellectual and social skills. In Alzheimer's disease, the brain cells degenerate and die, causing a steady decline in memory and mental function

Vascular dementia and mixed dementia-

Vascular dementia results from reduced blood flow to the brain, causing cognitive impairments, Problems with thinking quickly, processing information, planning, decision-making, and focus. Memory problems are common, but they might not be as prominent in the early stages compared to Alzheimer's.

Mixed dementia A condition where more than one type of dementia coexists, with the most frequent combination being vascular dementia and Alzheimer's disease

Delirium in elderly:-

Delirium in the elderly is an acute and fluctuating disturbance in attention and awareness, often presenting as confused thinking or lack of awareness of surroundings, typically developing over hours to days due to an underlying illness, environmental change, or other stress on the brain.

Common Causes of Delirium in Elderly Patients-

Medical illnesses: Infections (like a urinary tract infection), dehydration, and electrolyte imbalances are common triggers.

Medications: Certain drugs, especially psychoactive medications and those with anticholinergic effects, are a frequent cause.

Surgery: Post-operative delirium is a significant risk, particularly after high-risk procedures.

Hospitalization: Unfamiliar environments, sleep deprivation, and physical restraints can all contribute.

Underlying conditions: Pre-existing dementia and



frailty are major risk factors.

Parkinson's disease-

Parkinson's disease (PD) is a progressive neurodegenerative disorder primarily affecting movement, with symptoms such as tremors, rigidity, bradykinesia, and postural instability.

Pathophysiology involves progressive degeneration of nerve cells in the substantia nigra, a midbrain region that provides dopamine to the basal ganglia, a system involved in voluntary motor control.

Conventional treatment primarily relies on dopamine replacement therapy, but it has limitations, including side effects and reduced efficacy over time.

Homoeopathic point of view-

Susceptibility-it is the general quality or capability of the living organism to receive impressions and the power to react to stimuli.

In healthy condition vital force enjoys Physical, mental, social, and spiritual wellbeing. Organism can utilize all its powers for achieving higher purposes of existence.

In disease condition Physical, mental, social and spiritual well being is altered, external (Forces) environment over powers (Vital Principle) internal forces.

Homoeopathy is a system of medicine is based on symptoms similarity WE TREAT THE PATIENT NOT THE DISEASE, after thorough case taking of the patient after considering present illness, physical generalities, mental generalities, uncommon peculiar symptoms, his past illness, family history of the patient, we, homoeopath choose single medicine after proper anamnesis and considering miasmatic predisposition of the case.

Individualization of the patient is the main criteria of our while selecting the simillimum.

Homoeopathic therapeutics on Alzheimer's disease-

ANACARDIUM ORIENTALE –Sudden loss of memory; everything seems to be in a dream; patient is greatly troubled about his forgetfulness; confused, unfit for business. Disposed to be malicious, seems bent on wickedness. Irresistible desire to curse and

swear Lack of confidence in himself and others. Feels as though he had two wills, one commanding him to do what the other forbids. When walking, is anxious, as if some one were pursuing him; suspects everything around him. Weakness of all the senses. Strange temper, laughs at serious matters and is serious over laughable things. Thinks herself a demon; curses and swears.

ALUMINA - Alumina is suitable to elderly people with marked forgetfulness. Old people, with lack of vital heat, or prematurely old, with debility. Sluggish functions, heaviness, numbness, and staggering dry, tettery, itching eruption. potatoes disagree. Low-spirited; fears loss of reason. Confused as to personal identity. *Hasty, hurried*. Time passes slowly. *Variable mood*. Better as day advances. Suicidal tendency when seeing knife or blood. Constipation: no desire for and no ability to pass stool until there is a large accumulation, Inactivity of rectum, even soft stool requires great straining

CANNABIS INDICA -Very forgetful: forgets his last words and ideas; begins a sentence, forgets what he intends to speak; inability to recall any thought or event on account of other thoughts crowding the brain. Constantly theorizing. Laughs immoderately at every trifling word spoken to him. Full of fun and mischief, then perhaps moaning and crying. Great apprehension of approaching death. Delirium tremens; excessive loquacity; exaggeration of time and distance. Time seems too long; a few seconds seem ages. Distance seems immense; a few rods seem miles..

GINKGO BILOBA - Ginkgo biloba is considered a specific remedy for Alzheimer's disease. It is a famous brain tonic that improves cerebral blood flow. It prevents problems with memory, senility and mental dullness. Mentally the person is weak and exhausted. The person has poor concentration. Loss of memory and inability to solve mental task. Absent minded and forgetful.

AURUM METALLICUM - Aurum met is best for



Alzheimer's disease with severe acute depression. There is hopelessness and grief. Disgust of life and thoughts of suicide. The person talks of committing suicide, but great fear of death.

CURCUMA LONGA - Curcuma longa is considered a specific remedy for Alzheimer's disease. This action is due to the presence of curcumin in Curcuma longa.

LAC CANINUM Very forgetful, absent-minded; makes purchases and walks away without them. In writing, uses too many words or not the right ones; omits final letter or letters in a word; cannot concentrate the mind to read or study; very nervous. Despondent, hopeless; thinks her disease incurable; has not a friend living; nothing worth living for; could weep at any moment.

KALI PHOSPHORICUM - Kaliphos person have weak nervous system and brain. It is best for Alzheimer's disease with anxiety and nervousness and depression. The person forgets every thing, great loss of memory. It is a good remedy for brain fog. The person is depressed, gloomy, angry and irritable. There is marked exhaustion and fatigue. Slightest task seems a heavy task.

MEDORRHINUM -severe weakness of memory. The person loses the thread of conversation, forgets names, words, and places. He forgets his own name, names of his close friends and family members. He is hurried and anxious cannot speak without weeping, tells it over and over again. He feels that time passes too slowly. Medorrhinum is suited to psychotic constitution.

Phosphoric Acid- *Mental debility* first; later physical. Listless. Impaired memory (*Anac*). *Apathetic, indifferent*. Cannot collect his thoughts or find the right word. Difficult comprehension. Effects of grief and mental shock. Delirium, with great stupefaction. Settled despair. Patient is listless, apathetic; indifferent to the affairs of life; prostrated and stupefied with grief; to those things that used to be of most interest, especially if there be debility and emaciation.

Sulphur - Very forgetful. Difficult thinking. Delusions; thinks rags beautiful things-that he is immensely wealthy. Busy all the time. Childish peevishness in grown people. Irritable. Affections vitiated; *very selfish*, no regard for others. Religious melancholy. Averse to business; loafs-too lazy to arouse himself. Imagining giving wrong things to people, causing their death. Sulphur subjects are nearly always irritable, depressed, thin and weak, even with good appetite. *sinking feeling at stomach about 11 am*. Dirty, filthy people, prone to skin affections, *Itching, burning; worse scratching and washing*. Aversion to being washed; always < after a bath, History of suppression of skin disease. *Catnap sleep, Burning in soles and hands at night*.

Homoeopathic therapeutics on Parkinson's disease-

Agaricus muscarius Useful for tremors, spasmodic movements, and unsteady gait. Indicated when symptoms worsen in cold weather and improve with movement.

Gelsemium Recommended for weakness, trembling, and lack of muscular coordination. Suitable for cases with extreme fatigue and mental exhaustion.

Zincum metallicum -Beneficial for restless legs, twitching, and involuntary muscle movements. Helps with general nervous exhaustion. *Very sensitive to noise. Convulsions, with pale face and no heat, bad effects of Repercussed eruptive diseases*

Hyoscyamus niger Used for involuntary jerking movements and muscle twitching. Effective in cases with restlessness and anxiety.

Causticum- Indicated for progressive paralysis and muscle stiffness. Helpful for patients with difficulty in speech and swallowing.

Plumbum metallicum Used for muscle rigidity, slow movements, and paralysis tendencies. Suitable for cases where there is severe neurological degeneration.



BARYTA CARB -Baryta carb is best for Parkinson's disease when trembling of feet and of hands while writing occurs. A paralytic condition runs through out the body. There is paralysis of mind and body. There is deficient memory, mistrust, want of self confidence, aversion to strangers. Vertigo with nausea on stooping. Pressure and sticking pain in brain , at vertex on walking.

LATHYRUS SATIVA - Tremors of the upper extremities with paralytic weakness of the lower limbs. Feels as if limbs are hard and contracted; limbs feel heavy. Feels as if floor is irregular and is obliged to keep his eyes on the ground to guide his feet. Affects the lateral and anterior columns of cord. Does not produce pain. Reflexes always increased. Lateral sclerosis and Infantile paralysis. Finger tips numb. Tremulous, tottering gait. Excessive rigidity of legs with spastic gait. Knees knock against each other while walking. Cannot extend or cross legs when sitting. Stiff and lame ankle

MERCURIUS —Mercurius is an excellent remedy for treating Parkinson's disease where weakness of limbs , trembling of extremities , especially hands are present. There is lacerating pain in joints. There is weakness with trembling from least exertion. Cold and clammy sweat present on limbs. Complaints increase during sweating and rest. All symptoms are aggravated at night , warmth of bed, damp, cold rainy weather and during perspiration.

Homoeopathic therapeutics on Delirium-

BELLADONNA: Violent delirium, Imagines he sees ghosts, hideous faces, and various insects (Stram.); black animals, dogs, wolves. Fear of imaginary things, wants to run away from them; hallucinations. Violent delirium; disposition to bite, spit, strike and tear things; breaks into fits of laughter and gnashes the teeth; wants to bite and strike the attendants (Stram.); tries to escape (Hell.). Head hot and painful; face flushed; eyes wild, staring, pupils dilated; pulse full and bounding, globular, like buckshot striking the finger; mucous membrane of mouth dry; Rush of

blood to head and face (Amyl., Glon., Mel.). Headache, congestive, with red face, throbbing of brain and carotids

Hyoscyamus Niger- Diseases with increased cerebral activity, but non-inflammatory in type; hysteria or delirium tremens; delirium, with restlessness, jumps out of bed, tries to escape; makes irrelevant answers; thinks he is in the wrong place; talks of imaginary doings, but has no wants and makes no complaints. Fears: being alone; poison; being bitten; being sold; to eat or drink; to take what is offered; suspicious, of some plot. Bad effects of unfortunate love; with jealousy, rage, incoherent speech or inclination to laugh at everything; often followed by epilepsy. Lascivious mania; immodesty, will not be covered, kicks off the clothes, exposes the person; sings obscene songs; lies naked in bed and chatters.

STRAMONIUM: Delirium: loquacious, talks all the time, sings, makes verses, raves; Disposed to talk continually (Cic., Lach.); incessant and incoherent talking and laughing; praying, beseeching, entreating;. Desires light and company; cannot bear to be alone (Bis.); worse in the dark and solitude; cannot walk in a dark room. Face red, bloated hot, circumscribed redness of cheeks. Eyes wide open, pupils dilated.

ARNICA MONTANA: Muttering delirium. Delirium , with talk about death, raves at night, springs out of bed with great heat.

AGARICUS MUSCARIUS: Delirium characterized by makes verses, singing, shouting and muttering, rhymes and prophesies. Although excited he is sad.

VERATRUM ALBUM: Mania with desire to cut and tear everything, especially cloth (Taran.); with lewd, lascivious talk, amorous or religious, delirium driving to madness. Cursing, howling all night. *Delusions of impending misfortunes.*

VERATRUM VIRIDE: Delirium during child birth septic fever. Delirium, furious, screams, howls, strikes incessant muttering. Loquacity with exaltation of ideas. Suspicious nature.



A CASE REPORT OF PSORIASIS

DR. SANTANU NANDI, B.H.M.S. (Cal. Univ.)



Keywords:

Psoriasis, Homoeopathy, Miasm

Introduction

Psoriasis is a chronic autoimmune disease in which skin cells proliferate rapidly, leading to red, dry, itchy, scaly, and painful patches. Cracks, discoloration, and sometimes pus-filled blisters may also appear. Psoriasis affecting the palms is known as palmoplantar psoriasis.

Objectives :

To demonstrate the action of an individualized constitutional homoeopathic medicine selected on the basis of the totality of symptoms in the treatment of psoriasis.

Case Summary :

A 43-year-old Hindu male presented on 18th November 2014 with the following complaints:

1. Itching and burning with dry, cracked skin on the palms for three months, aggravated at night in bed, relieved by scratching and cold washing.
2. Pain in the right ankle joint and waist for six months, aggravated by first movement and rest, relieved by continued motion.
3. Dyspepsia for three years, aggravated by rich spicy food, relieved by eructation.

Past Illness: Skin disease and chickenpox in childhood; measles; malaria twice.

Family History: Father – Hypertension; Mother – Arthritis; Sister – Eczema; Grandfather – Hypertension, CKD; Grandmother – Skin disease, died of stroke; Maternal uncle – Tuberculosis.

Personal History: Married; one daughter; addiction – smoking; occupation – business; milestones delayed; vaccinated; good living environment.

Homoeopathic Generalities:

Desires – sweet, salty, fish. Aversion – bread.

Appetite – good; thirst – increased; tongue – clean.

Stool – hard but regular. Urine – NAD.

Sweat – increased on face, chest, back.

Sleep – normal, occasional jerking.

Intolerance – sunlight. Thermal state – hot patient.

Appearance – thin, white hair, average height.

Mind: Grief due to father's death (2 years ago); anxiety; irritability; weeping when alone; weak recent memory; slow activity.

Methodology :

Thorough case taking was performed according to the Organon. Proper analysis and repertorization were carried out using Kent's Repertory. The group of remedies emerging from repertorization was compared using Materia Medica. Potency selection was made according to the patient's susceptibility.

Diagnosis : Clinical Diagnosis: Psoriasis

Miasmatic Diagnosis: Mixed miasm (Psora-Syphilis-Sycosis) with Psora predominating.

Treatment Timeline

- 18/11/2014 – *Sulphur* 200, 2 doses
- 14/01/2015 – *Sulphur* 200, 2 doses
- 22/04/2015 – *Sulphur* 1M, 2 doses
- 26/06/2015 – *Natrum muriaticum* 200, 2 doses
- 10/09/2015 – *Natrum muriaticum* 200, 2 doses
- 07/01/2016 – *Natrum muriaticum* 1M, 2 doses
- 16/06/2016 – *Natrum muriaticum* 1M, 2 doses
- 02/12/2016 – *Tuberculinum* 1M, 2 doses
- 10/05/2017 – *Thuja occidentalis* 200, 2 doses
- 25/09/2017 – *Thuja occidentalis* 200, 2 doses

Conclusion :

The patient was followed up until February 2018 and showed gradual improvement in all aspects. This case demonstrates the effectiveness of individualized homoeopathic medicines in the management of psoriasis.



MENTORSHIP AND FACULTY DEVELOPMENT : BUILDING CAPACITY IN HOMOEOPATHIC INSTITUTIONS

Dr. Poorav Desai, Dean – Faculty of Homoeopathy, Parul University.

The quality of Homoeopathic education is inherently linked to the competence, creativity, and commitment of its faculty members. In the present era of globalization and academic accountability, the role of mentorship and systematic faculty development has become indispensable in building institutional excellence. Mentorship, both in its traditional *Guru– Shishya* form and modern structured models, nurtures clinical acumen, ethical integrity, empathy, and reflective practice among learners and teachers alike. It bridges the persistent gap between theory and clinical application, thereby fostering a culture of lifelong learning within Homoeopathic institutions.

Faculty development, encompassing domains such as teaching-learning innovations, research capacity building, clinical skill enhancement, leadership training, and personal- professional growth, serves as the backbone for sustaining quality education. Globally benchmarked mentorship models—ranging from one-to-one mentoring to group and peer mentoring—have proven effective in enhancing academic productivity, research output, and institutional credibility. Integration of technology through e-mentoring platforms, learning management systems, and virtual classrooms has further expanded opportunities for continuous professional development.

Accreditations such as NABET, NAAC, and NABH play a catalytic role by ensuring robust institutional systems that promote faculty excellence and mentorship-driven outcomes. Case experiences from leading Homoeopathic institutions demonstrate that structured mentorship programs for undergraduate, postgraduate, and doctoral scholars lead to measurable improvements in research engagement, teaching standards, and patient-centered clinical care.

The presentation emphasizes that visionary leadership, institutional policies, and recognition mechanisms are crucial for nurturing a mentorship culture. By institutionalizing mentorship frameworks and establishing dedicated Faculty Development Centres, Homoeopathic education can evolve into a dynamic, evidence-based, and globally competent system. Strengthening mentorship is not merely a developmental initiative—it is an investment in the sustainability and credibility of the Homoeopathic profession itself.

Keywords:

Mentorship, Faculty Development, Homoeopathic Education, Capacity Building, Institutional Excellence, Professional Growth.



ROLE OF HOMEOPATHY IN AUTISM SPECTRUM DISORDER

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Introduction: Autism is a developmental behavioural disorder with its onset commonly seen in infancy or early childhood. It is characterized by behavioural issues such as hyperactivity, temper tantrums, poor attention span, decreased concentration and poor focusing, speech, language and communication issues and social skills impairment such as poor eye contact and poor interaction with peers.

Objective of the study: 1) To prove the efficacy of homeopathy in treatment of autism 2) To come to a group of remedies commonly used in autism 3) To find out relation of autism with vaccination and mother's mental health status during pregnancy 4) To prove that homeopathy can improve fine motor skills as well as perceptual difficulties and also bring behavioural modification in an autistic child.

Methodology We have selected 30 children from my practice who were already diagnosed as autism. After detailed case taking we gave them the indicated constitutional homeopathic remedies based on their characteristic symptoms and the findings noted in the follow-ups every month. The

parameters chosen as follow-ups were the improvement at general level like sleep, appetite and general health, hyperactivity, tantrums, violence, eye to eye contact, ability to respond, communication skills, echolalia and lastly obsessive behavior.

Results: After a month of homeopathic treatment we found that all the children should positive outcomes with respect to hyperactivity, aggressive behavior, fears, eye to eye contact, sensory integration with the indicated homeopathic remedies which was also confirmed by CARS scale for autism.

Conclusion: We conclude that Homeopathy is an effective weapon to tackle this epidemic of Autism and can bring a smile on the face of parents as well as the children suffering from this disorder **Key words:** hyperactivity, inattention, retardation, regression, destructive, restless



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CASE STUDIES OF ECTOPIC PREGNANCY OR TUBAL PREGNANCY



Dr Ashoke Kr. Banerjee

Vaginal Bleeding in Pregnancy

Types:

1. Ectopic Pregnancy: 6 to 8 weeks with decidual bleed.
2. Abortion: upto 13 weeks, after 13 weeks normally or abnormally situated placenta.
3. Ante-Partem Haemorrhage: After 28 weeks.
4. Intra-Partem Haemorrhage: Placenta praevia.
5. Third stage or Post-Partem Haemorrhage: Any trauma of cervix, vagina, and perineum.
6. Other Causes: Bleeding at any stage of pregnancy.
 - a) Cervical Carcinoma
 - b) Cervical Erosion
 - c) Varicosities & cervix or vulva
 - d) Cervical Polyp
 - e) Urinary tract infection or Haemorrhoids

What is Ectopic Pregnancy?

Ectopic Pregnancy is one in which the products of conception are developing outside the uterus. By far the commonest site is the fallopian tube.

Aetiology of Tubal Pregnancy

1. Preceding tubal or pelvic inflammation with residual chronic infection and distortion by adhesions.
2. Migration of ovum across the pelvic cavity to the fallopian tube on the side opposite to the follicle from which ovulation occurred.

3. Congenital abnormality of the tube such as hypoplasia, elongation, diverticula. Diverticula are occasionally seen and in theory, present a cul-de-sac in which the ovum may lodge.

Tubal Pregnancy: Symptoms & Signs

Tubal pregnancy can present in many ways and misdiagnosis is common.

- Sudden lower abdominal pain (cramp-like).
- Anorexia.
- If severe, pelvic infections are associated with high fever (102° to 104°F) and patient feels chills with vomiting.
- Tachycardia.
- Tongue will be coated.
- E.S.R. will be raised.
- Patient looks dehydrated.
- Backache arises.
- Anaemia.
- Blood pressure falls.
- Patient suffers depression.

Patient Case History Last LMP: 21/12/2021

1st Pregnancy: Miscarriage before 3 years. Now she is carrying 11 weeks pregnancy.

Patient complains of pain in lower abdomen (Rt. side) last 4 days and vomiting. Abdomen is distended, temperature running.



Case 1 : Unruptured Ectopic Pregnancy (Tubal)



Pathological Investigation Report

Patient Name: Archana Das, Sex: F, Age: 24 yrs.

Attend in my chamber with all documents on 16.02.2022. She is carrying 11 weeks pregnancy.

General Study:

B. Wt- 56kg, PBP-101/80mmHg

Height - 4'8" Status - Married Pulse-81/minute O₂ - 99

USG Pregnancy Profile:

Report done from Modern Diagnostics, N.Home, Suri, Birbhum on 16.02.2022 by Dr. Avishek De.

Result: Right adnexa-Anextrauterine single gestation along with all round good deciduas reactions. Single live foetus seen within with adjacent yolk sac.

G.S.-47mm(10W0D)CRL- 41mm(11W0D)

HeartRate- 176BPM.

Impression: Right sided single live ectopic pregnancy.

Pathological Investigation

1. Thyroid function test: 1.92mIU/mL.

2. Haematology: Hb%-12.3gm%, WBC- 6200/cmm

Neutrophil -68%, Lymphocyte -26%, Eosinophil-05%, Monocyte- 01%, Basophil-00%

Blood sugar fasting -80mg/dl, Blood group -B+, Rh factor-Positive, TSH-0.417 (H)

Treatment

Management: Maintain proper hygiene, proper rest & care.

Surgery: Some cases can not recover without surgery (e.g., tubal pregnancy or ruptured tubal pregnancy).

Special Note

All the diagnosis is complete. Next step is laparotomy which should not be delayed. Permission from the patient party must be taken. Tubal pregnancy misdiagnosis is common.

This is the unruptured ectopic pregnancy (Rightsided).

Homoeopathic Treatment

Effective Remedies: Apismellifica, Arsenic Album, Aconite, Bryonia, Belladonna, Calc Carb, Cantharis, Pulsatilla, Sepia, Thuja etc.

2nd Case - Ruptured Ectopic Pregnancy (Tubal) Patient

Name: Shine Mondal, W/ORam Mondal, 27Yrs, F.

Address: 4 Uld Basar, Birbhum, W.B.

Date of treatment and O.T.: 20.02.2022

Case Notes

Patient came to my chamber with tender abdomen complication. 1st issue miscarriage before 5 years.

Now she is carrying 10 weeks pregnancy. Complaints:

Pain in lower abdomen, vomiting.

Details about Patient:

L.M.P.: 02/12/21

BP-120/80mmHg Pulse - 107/min O₂ - 99

Weight: 52kg

Pathological Test

Done by Care & Cure Lab, Sun, on 20.02.2022. ABO - A1, Rh - A1ve

P.P. Blood sugar - 115.

USG Pregnancy Profile Report

Done on 20.02.2022 from Modern Diagnostics & N.Home Sun, Birbhum by Dr. Avishek De.

Impression: Rt. sided ruptured ectopic pregnancy (tubal).

Treatment

Emergency laparotomy in a case of right sided ruptured ectopic pregnancy.

In this case, homoeopathic remedies are not sufficient, so surgery must be done to save mother and baby.



Case 2: Emergency exp. Laparotomy in a case of R sided ruptured ectopic pregnancy (tubal)



CONSTRUCTION OF ORGANON OF MEDICINE – AN UNTOLD STORY

Dr. Himadri Sekhar Mondal, M.D. (Hom)

Principal, Sumandeep Homoeopathic Medical College & Hospital, Vadodara, Gujarat



The book "Organon of Medicine" is a unique one by its peculiar distinguishing features, in comparison to usual books. This will make an interest for the book. Hence, for

unfolding the knowledge about this book, its salient features must be known. Probably and unfortunately, this part is not taught in our learning pattern. As a result, students become uninterested about the subject and this subject is usually neglected by them. Standing in the midst of this unusual situation it's my small humble attempt for making an interest for the neglected subject. Actually, reading of this book properly, will increase the power of observation, logical thinking as well as increase the power of judgment, by which he can be a person of true judgment in the field of medicine and ultimately be a true practitioner of healing art which was the vision of Hahnemann. By this, we shall explore the untold story of plan of construction of this book. It will be cleared if we see the unique features of this book as narrated below.

Salient features of Organon of Medicine:

This is a *book for the practice of the true system of medicine, for performing practical works on medicine*. This book is called as "The bible of Homoeopathy" or "The Geeta of Homoeopathy." But we can see that in spite of this, Hahnemann did not include the word Homoeopathy in naming the book. It is an instrument for methodical investigation of diseases and their treatment. Methodical investigation of diseases and their treatment is the main subject to practice medicine. In this book

Hahnemann narrated in a comparative way about the investigation and treatment of diseases and ultimately concluded about the best method of practice of medicine – the Homoeopathy. He gave a broader look in naming. It is not only for homoeopathic practitioner but for the whole fraternity of healing art.

1. This book is written in a *practical format*.

Hahnemann had given the idea of this book under the "Introduction" in the paragraph 3, as, "I shall occupy myself here with the practical part of medicine only." This book was written as guide book for the physician, the practitioner of healing art. A physician will have to practice the art of healing. He had to perform some practical works.

For any practical work, there must be an aim. The aim shall be fulfilled or executed following some principles. We have seen all these things in our practical classes of physics, chemistry etc. Simply, a practical work consists of three components. They are, i) Aims & objects, ii) Principle and iii) Execution or experiment.

For writing the book "Organon of Medicine" Hahnemann also had followed the same pattern.

At first, in the aphorism one he referred about the aim of the physician and that aim is 'to cure the sick'.

Thereafter, in aphorism two he narrated the way or principle of achieving that aim as 'the highest ideal of cure'.



Then, in aphorism three he referred about execution or practical implementation of the principle. According to him, for execution of the cure three things are necessary. They are, i) knowledge of disease, ii) knowledge of medicine and iii) choice of the remedy. These three basic components of execution of the way of curing are mentioned in this aphorism. The rest of the aphorisms of the Organon are basically the extension of this aphorism. It is astonishing that for any firm stability of a stool at least three legs are required, similarly Hahnemann stated that for confident practice of medicine the above three things are necessary. More surprisingly he again used the number 3 in mentioning his idea. He mentioned it in aphorism number three. It can be noted that in his "Medicine of Experience" this is echoed as, "The knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute the healing art."

Thus, it can be concluded that this book basically describes the art of practicing medicine or in other words how a person can practice the art of healing. For this reason he named this book as "Organon of Medicine".

The word 'Organon', means: i) literary work, ii) method of scientific investigation, iii) instrument of thought, system of logic. In this book Hahnemann formulated, in the form of literary work, a method of scientific investigation of natural diseases and the art of curing of them. For this reason he named this magnum opus as the "Organon of Medicine". This book is called and taught as the "Bible of Homoeopathy" or "Geeta of Homoeopathy" in the homoeopathic fraternity. Thus its broader

outlook, dreamt by Hahnemann, is narrowed down. With the logical and experimental deduction Hahnemann concluded in this book, that, a true practitioner of healing art will choose Homoeopathy as the healing art. For this reason he placed in this book the elaborated guide lines of practicing homoeopathy. Guided by this idea of practicing homoeopathy following this book, probably, it is called as the "Bible of Homoeopathy" or "Geeta of Homoeopathy". But, I think, it should be called as the "Bible of Medicine" or "Geeta of Medicine" as dreamt by our Master Hahnemann which can be assessed from the title of the book.

2. Usually every book is written in various chapters. But this book is *devoid of chapters*.
3. It is *written in Aphoristic style*. The numbered paragraphs are known as aphorisms. There are various paragraphs in this book having separate numbers for each paragraph, so that reference can be drawn easily against specific topic.
4. *Sentences are usually complex and long*. There are very long sentences consist of so many lines in an aphorism which is not found in our commonly used books. Not only that, long sentences also become a complex one.

e.g. – "The unprejudiced observer – well aware of the futility of transcendental speculations which can receive no confirmation from experience – be his powers of penetration ever so great, takes more of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms*) which can be perceived externally by means of senses; that is to say, he notices



only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease.”(Aphorism 6)

This aphorism can be shortened and simplified by taking the bold parts (Bold type –mine) together as follows for every understanding:

The unprejudiced observer from his powers of penetration takes in every individual disease, symptoms, which represent the disease.

5. It is *written in a round or indirect way*. Several sentences are written in *rounded way* with two negative words that ultimately gives the affirmative or positive meaning. Hahnemann's intention, as I perceive, was a physician must be a keen observer and must have an extensive power of judgment. For perceiving a sentence, which is written in a round way, a person must employ his thinking process more, than to perceive a sentence that is written in a straight way. With such habit of using mental faculty more, a person will gain his power of judgment enormously. Thus a physician can employ his mental faculty to know, think and to judge everything about the patient judiciously and correctly to be a keen observer.

For example, “It is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could

remain uneradicated.” (Aphorism-8)

This aphorism can be simplified by taking the bold parts (Bold type –mine) together as follows:

It is inconceivable that, after removal of all the symptoms of the disease and of the entire perceptible phenomena, there should or could remain health.

Similarly, Hahnemann stated various topics in an *indirect way*. In our common learning we know that epidemic disease is of acute nature. Hahnemann never referred directly that Epidemic diseases are of two types. One is acute and the other is chronic. But he referred in aphorism 103 as “In the same manner as has here been taught relative to the epidemic diseases, which are generally of an acute character,” (Bold type –mine). Here by using the word 'generally' he indicated indirectly that there is another variety of epidemic disease which is opposite to this general and acute type, that is, there is a rare (i.e. opposite to general) variety and is of chronic (i.e. opposite to acute type) in nature. It can only be ascertained if we minutely read and think. It can be noted that chronic epidemic disease is discussed later in aphorism no. 235. Hahnemann maintained this pattern throughout the book. Similarly Hahnemann described 3 types of Indisposition. But he never expressed in straight way. Basically we have taught as indisposition is in true sense an acute type of Indisposition of natural origin (Aphorism 7). The inappropriately named chronic disease, popularly known as pseudo chronic disease, is nothing but the chronic type of Indisposition of natural origin. This he states



under Introduction para 23 as 'many years of indisposition'. And in foot note of aphorism he referred disease produced in drug proving as indisposition. It is the artificial indisposition. This will also help us to be a keen observer.

6. *A topic is mentioned repeatedly under various aphorisms and it is explored slowly.* Firstly he named about some topic in one aphorism. Then next time he slightly elaborated it. Again he referred the same topic with further more elaboration. The topic that requires fewer words to explain and likely less important are narrated in few aphorisms. More important topic is discussed in too many aphorisms. This is done, at least I think so, for hammering repeatedly to our mind so that by repeated impressions we can perceive that important subject perfectly and permanently.

For example, varieties of diseases are described in different aphorisms. Firstly, he referred about false disease which is not so important. This false disease which he named as indisposition is at first mentioned in aphorism 7. Then it is elaborated in aphorisms 77, 141, 150 and 204.

Similarly, true disease is referred firstly in aphorism 5 as acute and chronic disease. Again in aphorism 72 he referred about two types of diseases- acute and chronic. Under aphorisms 72 to 81 he elaborated acute diseases. Few words were spent in aphorism 72 regarding character of acute disease. Then in aphorism 73 he described character and classification of acute disease. Two aphorisms are spent for acute disease. Then he described artificial chronic disease in aphorisms 74, 75 and 76. After that in one aphorism (77) he

described pseudo-chronic disease. Lastly under aphorisms 78, 79, 80 and 81 he referred about true natural chronic disease popularly known as 'chronic disease' in homoeopathy. Again the chronic disease is also described under various aphorisms. Some varieties are elaborated to some extent under aphorisms 76 to 81. Again, other varieties are elaborated under one-sided disease (Aphorisms 173, 174, 185, 187-205, 210-230) and intermittent disease (Aphorisms 231-235, 241-244) etc. In this way he had given the complete idea of diseases.

7. *Less important topic is finished at first under few aphorisms at a time. But the more important topic is narrated thereafter in many aphorisms and in different occasions.*

For example, indisposition is a false disease and is of less important than that of a true disease. Indisposition is discussed at first. Then true diseases are discussed later on.

Firstly false disease of short duration is mentioned under the title Indisposition in aphorism 7. Then false disease of long duration is described under "diseases are inappropriately named chronic" (popularly called as 'pseudo-chronic disease') in aphorism 77. These are natural false disease. Again artificial false disease is described under foot note of the aphorism 141. Again he described elaborately indisposition which he referred in aphorism 7 under aphorism 150.

Again, in comparison to acute disease, chronic disease is more important because a patient suffering from acute disease suffers for a few days and may recover without medicine, but a chronic patient suffers for a long period and also can be transmitted to generation to



generation if not treated properly. A chronic disease cannot recover without medicine. For these reasons he narrated first acute diseases under aphorisms 5, 72 to 81. Varieties of diseases are described from aphorisms 72 to 81. In 72 he referred about two types of diseases- acute and chronic. Few words were spent in 72 regarding character of acute disease. Then in 73 he described causes, character and classification of acute disease. Two aphorisms are spent for acute disease.

Thereafter, he referred about chronic diseases. In doing so, firstly he described artificial chronic disease under 74, 75 and 76 aphorisms. After that in one aphorism (77) he described pseudo chronic disease. Lastly under 78, 79, 80 and 81 he referred about true natural chronic disease popularly known as chronic disease in homoeopathy. Again the chronic disease is also elaborated under one-sided disease (173,174, 185, 187-205, 210-230), intermittent disease (231-235, 241-244) etc.

8. *Many aphorisms consist of foot notes.* These render further elaboration of the topic which helps in grasping the idea properly. This further or additional discussion was put separately probably to maintain a difference between the basic topics, which are given under aphorisms, and additional topics as well as to keep the basic ideas free from complexity of topics.

9. This book *consists of a long 'Introduction'* part. Introduction is Initial tiny production. But here introduction is a long one. Usually a book contains a 'preface' that fulfills the introductory description about the book. But in this book in addition to the preface there is

also a long introduction part.

10. *The 'Introduction' part also consists of foot notes.*

Usually, we have taught regarding the construction or ground plan of Organon, that there are two parts. One is theoretical or doctrinal part and the other is practical part. But what we discussed earlier is the hidden and untouched plan of construction of the Organon.

Aphorism 1 to 70 is described as theoretical part and aphorism 71 to rest of the aphorisms are described as practical part. The so called practical part also contains a large theoretical portion. Actually it contains both theoretical and practical part. A large part of classification of disease (theoretical part) along with treatment (practical part) is broadly described in this popularly known practical part. This can be justified with the following discussions.

False disease (Indisposition, Pseudo Chronic Disease) and True disease (Acute disease, Chronic Disease) along with their management and treatment are described under this popularly known theoretical part. Indisposition is described in aphorism 105, Pseudo Chronic disease is described under aphorisms 77 and 204. Acute disease is detailed in aphorism 73. One sided disease, a type of chronic disease is elaborated in the aphorisms 173, 174,185, 187-205(local maladies); 210-230(mental disease) and 174, 216(corporeal disease). Similarly, another chronic disease,intermittent diseases are described under aphorisms 231-233, 235 and 242-244. In these aphorisms description, classification and treatment are described.A portion of the practical part is described under aphorisms 83-104, 206-209 (Case taking) and 105-145 (drug proving).



PROBLEMS OF HOMOEOPATHIC PHARMACY COURSES IN WEST BENGAL

*Prof. (Dr.) Ajit Prasad Mahato, M.D. (Homoeopathy), O.T.P. Govt. of India



According to the Direction, Advice, Principle and Ideology of Dr. Christian Fredric Samuel Hahnemann-M.D., The founder of Homoeopathy, we treat the patient's very successfully. Homoeopathic medicines are very effective in all sorts of disease. Our

Homoeopathic medicines are also effective in prevention of different acute and epidemic disease. In incurable cases where there is an advanced pathological change in vital organs, our medicine acts as a palliative.

However- in all cases the authentic and scientific treatment depends upon selection of proper similimum according to the principle laid by our master Dr. Samuel Hahnemann and his renowned followers.

We are thankful to all the Proprietors of Homoeopathic Laboratories for preparing Homoeopathic medicine in different potencies under the guidance of qualified Homoeopathic Pharmacists and Homoeopathic Pharmacopoeia. Homoeopathic Practitioners are entirely dependent upon Homoeopathic Pharmacy.

Present situation of Homoeopathic Pharmacy in West Bengal: It should be recalled that there was no separate Homoeopathic Pharmacy Course in India (Even the Certificate course of Homoeopathic Pharmacy) before-2002. We, the Homoeopaths are very much glad for starting and conducting the certificate course of Homoeopathic Pharmacy by the Council of Homoeopathic Medicine-W.B. in the year-2002.

We are very thankful to Honourable President, Registrar and all the Members of the Council of Homoeopathic Medicine -W.B. (Past and Present) for initiating and conducting only Certificate course of Homoeopathic Pharmacy in West Bengal) At present 7 (Seven) Homoeopathic Pharmacy Colleges are running in West Bengal with seat capacity only 100 (Hundred). They are as follows:

1. Purulia Homoeopathic Pharmacy College- Jhunjka.

At + P.O.-Jhunjka, P.S.-Arsha, Dist.-Purulia, W.B.

Phone No. 8116117205, 9732315160

2. Joshi Training Institute, Purba Midnapur, W.B.

3. Council of Homoeopathic Medicine W.B.

4. Murshidabad College of Homoeo Pharmacy, W.B.

5. Malda Homoeopathic Pharmacy College-Chanchal, W.B.

6. M.J.R.G. Dynamic Homoeo Pharmaceutical Institute-Kol

7. Coach Bihar Advancement & Prosperity Society- Khagrabari (W.B.)

Our Proposals to the Council of Homoeopathic Medicine, West Bengal :

1. To increase the number of seats to fifty (50) in each above mentioned college.

2. To start the Diploma course of Homoeopathic Pharmacy in the above mentioned College which are already affiliated by the Council of Homoeopathic Medicine W.B., controlled by Govt. of West Bengal.

3. We appeal to start suitable recurring grant to all the affiliated Homoeopathic Pharmacy colleges for regular salary payment of Teaching and Non Teaching Staffs. Also we require Government Grant for infrastructure development

4. We also appeal to appoint all the qualified Homoeopathic Pharmacist (Registered from Council of Homoeopathic Medicine -W.B.) to the vacant seat of Government Homoeopathic Dispensary (District and Gram Panchayat).

We hope, Council of Homoeopathic Medicine -W. B. and Government of West Bengal will be kind enough to fulfill our above appeal as early as possible for standardization of Homoeopathic Pharmacy.

We also request to all the Homoeopathic Doctors (Practitioners) to initiate proper steps to start Homoeopathic Pharmacy Course in all the states of India for the development of Homoeopathy and Homoeopathic Pharmacy Department.

Many many thanks to our Honourable Guests, delegates and all the members of the organising Committee of Golden Jubilee of celebration of the HMAI-XXIII All India Homoeopathic Congress-2025 at Biswa Bangla Convention Centre, New Town, Kolkata, West Bengal (In 26, 27 and 28 Dec. 2025)

*Former Professor-Purulia Homoeopathic Medical College & Hospital (under C.C.H.) Former Principal - Maa Kalawati Homoeopathic Medical College & Hospital- Ranchi, (Jharkhand)

Rector cum President: Purulia Homoeopathic Pharmacy College-Jhunjka (West Bengal) (under Council of Homoeopathic Medicine- (W.B.)

President-Progressive Homoeopathic Colleges Welfare Association- West Bengal

(Affiliated to West Bengal Government)

Director : Dr. Hahnemann & Dr. Parikshit Mahato Homoeopathic Hospital-Jhunjka (W.B.)



RED-LINE PRESCRIPTION (EYES)

PROF. DR. SK. SHAMSUR RAHMAN, M.D. (Hom), Ph.D.

Super Specialist in Homoeopathy/Researcher/Author/International Speaker



- Injuries to the ball of the eye. Arec.30
Dr. Swan
Symphytum officinale 30
Dr. H. C. Allen
- Pain after operation of eyes, Staphysagria is prescribed, but when it fails to take hold of the case, it is advised to try. Asarum europaeum 200
Dr. Gutman
- Night blindness, can see well during the day. Ranunculus bulbosus 200
Dr. Hering
- People suffering from night blindness are common, but surprisingly some people complain that they can hardly see their way after sunrise. Bothrops lanceolatus 30
Dr. Jahr
- Night blindness, glaucoma and myopia. Physostigma venenosum 30
Dr. T.K. Moore
- Eye troubles especially when they are of syphilitic origin. There will be pain in the eyes, become inflamed and watery. Jacaranda Caroba 6
Dr. Patrick Whale
- Conjunctivitis and photophobia in measles. Ferr-p. 30
Dr. Tyler
- Dimness of vision after cataract surgery. Senega 30
Dr. Nimbhorkar IJHM, Jan 1990
- For glaucoma with iridescent vision, violent pains and lachrymation. Osmium Metallicum 30
Dr. Robert H. Farley
- Dacrocystitis. Staphylococcinum 200
Dr. S. K. Banerjee NHJ Nov, Dec 93
- Bag-like swelling between the upper eyelids and eyebrows. Kali-c. 200
Dr. Golam Md.
- Half closed eyes during sleep. Lycopodium Clavatum 200
Dr. Sidwier
- Lachrymation, tears stream down the face whenever he coughs. Natrium muriaticum 200
Dr. S. A. Rahman
- Blindness due to nervous weakness. Santoninum 30
Dr.Hale
- Intense photophobia out of all proportion to the objective sign of inflammation in the eye. Conium maculatum 200
Dr. Burnett
- Capillary haemangioma in lateral orbit area. Acidum fluoricum 200
Dr. S. K. Dubey
- Cinder in the eye. Coccus cacti 30
Dr. Pierre Schmidt
- Pituitary adenoma, dim vision in both eyes. Glonoinum 6
Dr. C. S. Kali
- Pit macroadenoma, total loss of vision of both eyes. Carbn-s. 1M
Dr. B.N. Chakraborty
- Retinal detachment of right eye. Thuja occidentalis 200
Dr. S. R. Saha
- Progressive myopia in both eyes, profuse sweat. Calc-p. 200
Dr. B.N. Chakraborty
- Xanthoma around both eyes. Cal-c. 200
Dr. S. Haque
- Claucoma is stubborn and considered almost incurable disease. Homoeopathy has proved time and again that there are remedies, which can successfully combat and even cure. Calc-pic. 200
Dr. Anil Bhatia
- Congenital cataract in both eyes.



- | | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| | Baryta carbonica 200
<i>Dr. Ali Ahmed</i> | Castoreum canadense 30
<i>Dr. S. P. Dey</i> |
| • Choroiditis—both eyes. Difficult vision in both eyes. | Carbn-s. 1M
<i>Dr. B. N. Chakraborty</i> | |
| • Pituitary adenoma, drooping of left eye. | Thuja occidentalis 200
<i>Dr. B. N. Chakraborty</i> | Ranunculus bulbosus 200
<i>Dr. B. N. Chakraborty</i> |
| • Glaucoma. | | Syphilinum 200
<i>Dr. B. N. Chakraborty</i> |
| • Scrofulous conjunctivitis. | Eserinum 30
<i>Dr. Norton</i> | • Intolerable pressive pain in eyeballs, could not turn eyes without turning the whole body, worse especially on making a false step. |
| • Iritis. | Ethiops antimonalis 200
<i>Dr. G. M. Maitra</i> | Spigelia anthelmia 200
<i>Dr. Ali Ahmed</i> |
| • Glaucoma, patient sees greenish rainbow around candle light. | Merc-c. 200
<i>Dr. Farrington</i> | Phosphorus 200
<i>Dr. S. R. Saha</i> |
| • Darkness in vision, sees different colours. | Osmium metallicum 30
<i>Dr. Norton</i> | • Pain after using eyes, floating black spots, flashes of light, twitching of lids and muscles of eyes. |
| • Inflammation of eyes with pus, conjunctivitis, boils on eyelids, granular lids. | Benzinum dinitricum 30
<i>Dr. R. Biswas</i> | Physostigma venenosum 200
<i>Dr. B. N. Chakraborty</i> |
| • Optical atrophy in both eyes, poor vision in both eyes. Gradual loss of vision in both eyes, smoking habit. | Jequirity 30
<i>Dr. S. B. Nag</i> | • Periodical orbital neuralgia right side with excessive lachrymation, tears fairly gush out. |
| • Bilateral glaucoma, hazy vision in both eyes. Eye pressure increases 27 right eye and 26 left eye. | Nox vomica 1M
<i>Dr. B. N. Chakraborty</i> | Chelidonium majus 30
<i>Dr. B. N. Chakraborty</i> |
| • Cataract. | Osmium metallicum 30
<i>Dr. B. N. Chakraborty</i> | Calc-p. 200
<i>Dr. N. C. Ghosh</i> |
| • Conjunctivitis. | Calcarea fluorica 12x
<i>Dr. Prosad Banerjee</i> | • Haemorrhage in left and right eye. |
| • Tumor on eyelids. | Teramycinum 30
<i>Dr. Prosad Banerjee</i> | Crotalus horridus 200
<i>Dr. B. N. Chakraborty</i> |
| • Styes on eyelids. | Calcarea fluorica 200
<i>Dr. R.K. Ghosh Mondal</i> | • Progressive myopia. |
| • Dayblindness. | Jequirity 3x
<i>Dr. Gulam Mohammed</i> | Crot-h. 1M
<i>Dr. B. N. Chakraborty</i> |
| | | • Lachrymal fistula. |
| | | Silicea Terra 200
<i>Hahnemann Gleanings, April 1975</i> |
| | | • Marked chemosis with conjunctivitis. |
| | | Euphrasia officinalis 30
<i>Dr. D.M. Foubister</i> |
| | | • Purulent ophthalmia of children. |
| | | Argentum nitricum 30
<i>Dr. Ruddock</i> |
| | | • Glaucoma – right eye. |
| | | Osm. 30
<i>Dr. B. N. Chakraborty</i> |

THE ROLE OF HOMOEOPATHY IN IRRITABLE BOWEL SYNDROME

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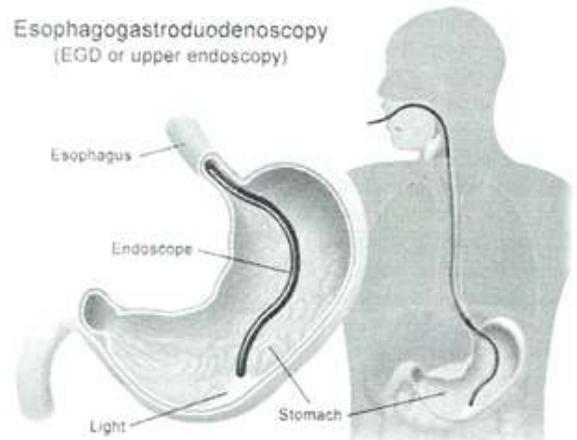
- This is one of the most common causes of gastro-intestinal disorders. It is said to be causes of over 50% of abdominal symptoms and is one of the most frequent referrals to hospital from general practice doctors.

- It producer recurrent pain, abdominal swelling, diarrhoea, constipation etc
- IBS is one of the classic psychosomatic diseases (disorders caused by psychological factors) and has attracted much attention from complimentary therapists. It has also labeled mucous colitis , spastic colon, functional bowel disorder, nervous diarrhoea, chronic catarrhal colitis.
- The different names given to this syndrome suggest that the cause are not specifically known, the colon is the name given to the large bowel in which end products of digestion are deposited.
- The colon like other part of the bowel is encircled by a thin ring of muscles that contract & relax a motion called peristalsis.
- This movement is normally regular and causes a wave of contractions to pass down bowel. Thus pushing the faces towards the rectum and anus. The conditions is caused by the irregular and defective muscles contraction of large bowel. The muscles of the bowel are supplied by a parasympathetic nerve supply and it is thought that emotional tension and anxiety leads to inappropriate and ineffective muscles contractions. Other causes are thought to be dietary factors, which cause defective contraction

from the inside of the bowel by passing catheters and balloons into the colon.

- IBS is common in young people it is commonly found between 20-45 yrs.

Esophagogastroduodenoscopy (EGD or upper endoscopy)

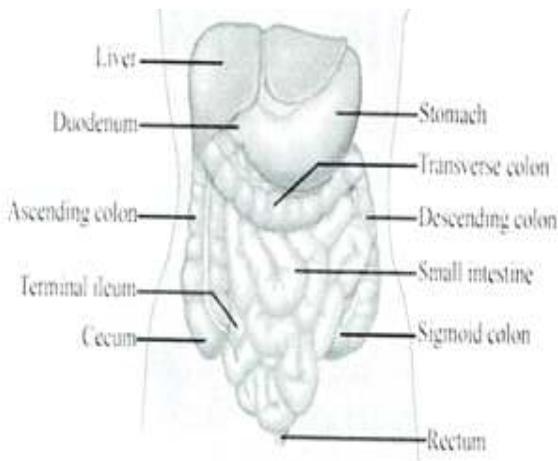


- Symptoms :-
 - Spasmodic pain distension an swelling of the abdomen.
 - Excessive passing of wind (eructation's and flatus) together with diarrhoea and constipation.
 - Blood is not a symptoms of IBS and usually indicates more serious condition.
 - The full history of the symptoms is take & physical examination will exlude other causes, it may be

necessary to examine the inside of large bowel using a special viewing instrument called Sigmoidoscope.

• Clinical Features:-

- The IBS is at least 3 months of continuous or recurrent symptoms of abdominal pains or discomfort which is relieved with defecation and or associated with change in frequency of stool or associated with a change in consistency of stool.
- The above symptoms may be described by the patient as follow.
- Altered bowel frequency (>3 bowel movements a day or <3 bowel movements a week)
- Altered form of stool (lumpy/hard or loose / watery stool)
- Altered passage of stool (straining urgency or feeling of incomplete eructation)
- Passage of mucus.
- Bloating or feeling of abdominal distension.



• Management :-

- Reassurance and emotional support
- Stress reduction.
- Increase the dietary fibre (if the patients is suffers from abdominal and constipation)
- To avoid laxatives.

• Investigation :-

- Upper G.I and small bowel endoscopy
- USG of Gallbladder.
- Abdominal CT Scan.
- Serum amylase level.
- Lactose tolerance level.
- Mucosal biopsy of small bowel or colon.

THE HOMOEOPATHIC TREATMENT

1. ARG.NIT:-

- The stomach distension with much flatulence stools are green like chopped spinach.
- Diarrhoea comes on immediately after eating and drinking. The fear of examination, anticipation etc..

2. ANT .CRUD :-

- Diarrhoea alternates with constipation, stools are slimy with much mucus but also contains hard lumps.

3. CHINA.OFF :-

- Diarrhoea is frothy pain less and yellow , symptoms are worse at night and after eating very weak.

4. GAMBOGIA :-

- The pain in abdomen , rumbling and distended , sudden diarrhea with a burning anus, cramping pains after stool have been passed.

5. MERC. SOL :-

- Stabbing abdominal pains, stools are greenish bloody & slimy but all symptoms worse at night.

6. SULPHUR :-

- Early morning diarrhea on walking , abdomen is very sensitive to pressure and colic tends to occur after drinking.



REPERTORIAL TOTALITY CAN POSSIBLE TO SIGNIFICANT CHANGES OF PATHOLOGICAL CASES

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Early in the controversy which arose on the announcement of the homoeopathic doctrines, it was objected to them by their opponents that both they and their author ignored the whole science of pathology, as then taught in the schools. This was cast at him as a reproach, and cited as evidence of his ignorance. It was held as proof that the doctrines he taught, were inadequate to guide the practitioner in his endeavors to apply science to the art of healing. It was thought to be conclusive as against Homoeopathy, that it excluded so large a part of the science of the schools. In reply, it was shown that much of what then constituted the received science of pathology, was no better than sheer hypothesis which had but recently taken the place of other equally baseless hypotheses, and that none of these had ever been given to the profession as proved facts; that their only existence, indeed, was in the imaginations of ingenious men. In the place of these hypotheses, Hahnemann demanded pathology based on facts.

Here, Two Case Reports have presented which shows significant changes by single Homoeopathic Medicine used by Repertorial Totality.

Case Report – I

Title: Homoeopathic Treatment of Oesophageal Candidiasis: A Case Report

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Publication: Homoeopathic Links, © Thieme Medical and Scientific Publishers Private Ltd. DOI: <https://doi.org/10.1055/s-0040-1714073>.

Introduction: The most prevalent cause of infectious oesophagitis is oesophageal candidiasis. Of patients that have infectious oesophagitis, 88% are from *Candida albicans*.¹ The most common symptoms are dysphagia, odynophagia and retrosternal pain. Candida infections of the oesophagus are considered opportunistic infections and are seen most commonly in immunosuppressed patients. *Candida* can be part of the normal oral flora. When host defence mechanisms are impaired, this allows for a proliferation of *Candida* on the oesophageal mucosa for forming adherent plaques.^{1,2}

The highest risk factor for developing oesophageal candidiasis is impaired cell-mediated immunity. Immunosuppressed patients at risk for oesophageal candidiasis include HIV positive and AIDS patients, chemotherapy patients, antibiotic therapy patients, patients on chronic systemic or topical inhaled corticosteroids, diabetes mellitus patients and those



in advanced age.^{1,2}

The prevalence of oesophageal candidiasis in HIV-infected patients appears to be decreasing due to the effectiveness of Highly active antiretroviral therapy (HAART).³ However, the incidence in non-HIV patients appears to be increasing, possibly due to comorbidities such as from diabetes mellitus or from medications such as antibiotics and corticosteroids etc. Some studies show that smoking tobacco also correlates with developing oesophageal candidiasis.²⁻⁴

Diagnosing oesophageal candidiasis is done via upper gastrointestinal endoscopic evaluation. Visualizing the Candida on the oesophageal mucosa as white plaques or exudates confirms the diagnosis. There may also be mucosal breaks or ulcerations. Biopsies of the plaques can undergo histological confirmation of the infection.¹

Evidence in support of individualized homoeopathic treatment of oesophageal candidiasis remains compromised; few case reports^{3,5} could be identified after a careful search in different electronic databases.

Abstract: The most prevalent cause of infectious oesophagitis is oesophageal candidiasis. Of patients that have infectious oesophagitis, 88% are from *Candida albicans*. Candidal infections of the oesophagus are considered opportunistic infections and are seen most commonly in immunosuppressed patients. A case is presented in this article with radiological evidence of Candida infection noted in the oesophagus with positive rapid urease test. Malignancy and HIV were excluded. The patient was treated with constitutional homoeopathic medicine *Nuxvomica* 0/1, 16 doses, up to *Nuxvomica* 0/4,

16 doses each. Follow-up imaging at 5 months showed complete resolution of the oesophageal candidiasis. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription.

Keywords: oesophageal candidiasis, quality of life, homoeopathy, case report

Conclusion: This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualised homoeopathic prescription. Totality of symptoms gives the clue about the selection of medicine, which has resemblance to the Potential Differential Field (PDF), but sometimes it may mislead the plan of treatment. At this point, repertorisation is needed for confirming the selection of remedy and treating the cases in a better way.

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Case Report – II

Title: Homoeopathic treatment of plaque meningioma of brain: A case report

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Publication: *International Journal of Homoeopathic Sciences, IJHS 2020; 4(2): 42-45*, <http://www.homoeopathicjournal.com>

Introduction: Meningiomas are generally slow growing benign tumors attached to the dura mater and are composed of neoplastic meningotheelial cells. They form 24-30% of primary intracranial tumor [1]. Most meningiomas are benign; however, certain histological types, including the atypical and anaplastic ones are associated with less favorable clinical outcome. Plaque Meningioma represents a morphological subgroup within the meningiomas

defined by a carpet or sheet-like lesion that infiltrates the dura and sometimes invades the bone [2]. Histopathological features of plaque meningioma are similar to that of usual meningiomas; however, it is sometimes difficult to predict the behavior in individual cases. Extra-cranial meningiomas form 1-2% percentages of all meningiomas [3]. The plaque variants commonly involve fronto-parietal, juxtaorbital, sphenoid wing, diffuse calvarial or rarely spinal region [3-6]. Due to difficulty in complete resection, the recurrence rate of plaque meningioma is higher than the usual counterpart. [4, 6] These tumors are also more prone to develop malignant change (11%) when compared to intracranial meningiomas (2%) [3, 7].

Diagnosing plaque meningioma is via Magnetic Resonance Imaging (MRI) of Brain. It showed a small hypo-intense calcification with a thick meningeal enhancement in right tentorium of brain. Biopsies of the plaque can undergo testing for histological confirmation.[1]

Evidences in support of individualized homoeopathic treatment of plaque meningioma remains compromised; not a single case report could be identified after a careful search in different electronic databases.

Abstract: Meningiomas are generally slow growing benign tumors attached to the dura mater and are composed of neoplastic meningotheelial cells. They form 24-30% of primary intracranial tumors. Most meningiomas are benign. Plaque Meningioma is defined by a sheet like lesion that infiltrates the dura and sometimes invades the bone. A case is presented in this paper with radiological evidence of a thick meningeal enhancement in right tentorium.



Malignancy and Extra cranial soft tissue masses were excluded. The patient was treated with constitutional homoeopathic medicines – NatrumMuriaticum 0/1, 16 doses up to NatrumMuriaticum 0/5, 16 doses each. Follow-up imaging at 3 months showed complete resolution of the plaque meningioma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription.

Keywords: brain pathology, plaque meningioma, quality of life, homoeopathy, case report

Conclusion: A case presented with radiological evidence thick meningeal enhancement noted in the right tentorium of brain suggests Plaque Meningioma. The patient was treated with constitutional homoeopathic medicines – NatrumMuriaticum 0/1 to 0/5, 16 doses each. Follow-up imaging at 3 months from first visit showed complete resolution of the plaque meningioma. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. Totality of symptoms gives the clue about the selection of medicine which has resemblance to the Potential Differential Field (PDF), but sometimes it may mislead the plan of treatment. At this point, repertorisation is needed for confirming the selection of remedy and treating the cases in better way.

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International Journal of Homoeopathic Sciences



E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2025; 9(2): 900-903

Received: 09-04-2025

Accepted: 11-05-2025

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Efficiency of homoeopathic medicine calendula in the management of post-surgical case: A case report

Samar Chatterjee, Truptilaxmi Swain and Naga Sai Kiran

DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i2.N.1602>

Abstract

A 45years old female complained of post-surgical non healing umbilical scar, along with discharge of pus from post-operative site. Initially Staphysagria 1M was prescribed. Latter followed by Calendula 200 considering the post-surgical fistula. This case represents the curative action of Homoeopathic medicines in post-surgical non-healing ulcer.

Keywords: Post-surgical wound, homoeopathy, calendula

Introduction

Wound is a discontinuity or break in the surface of epithelium. Healing of the wound occurred by primary intension or secondary intension ^[1]. To be classified as a surgical site infection, the wound must:

1. Occur within 30 days after the surgery (in the case of organ/space infections)
2. Only include the skin, subcutaneous tissues, deep layers or distant organs
3. Have either purulent drainage or organisms isolated from the wound site ^[2].

Surgical wounds are frequently monitored to confirm they are healing properly. According to the Centers for Disease Control and Prevention (CDC), infections may affect only the skin, tissue under the skin, or implants. Signs of a surgical wound infection include:

- Increased pain and redness around the wound
- Delayed healing
- The presence of pus
- A foul smell, or drainage from the wound ^[3]

Postoperative wound infection is a common healthcare problem. The process of wound infection is complex and involves an interplay between several biological pathways at the molecular levels ^[4].

Background

Pt. was diagnosed as Umbilical Hernia by a surgeon and operated On 29.04.2022 for that. After the procedure, she was taking antibiotics and pain killer (occasionally) for 5 weeks. Wound was healed 70% within 2wks. But remaining part is non-healing with oozing. Pt. decided not to take further conventional medicines. She consulted at Jims Homoeopathic medical college OPD on 4.06.2022.

Chief complaints

A 45years old female who is moderately built and nourished, came in to JIMS Homoeopathic Medical College and hospital OPD on 04/06/2022. She was complaining of non healing of the surgical wound, with pus discharge, mild pain from that affected area.

History of presenting complaint

Patient was apparently healthy 3 years back. One day she noticed a balloon like swelling in the umbilical region, which gradually started to increase in size. She consulted an allopathic physician for treatment and advised for surgery. After surgery, post operated wound was not healed completely. Even after taking antibiotic medicines for about 5weeks. 70% improvement was observed within 2wks. Now discharge of pus from the operated area.

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Patient was fed-up to take the Allopathic medication here after. She came to consult Homoeopathic physician for the presenting illness. She also had a problem of sleeplessness for 10 years, can't sleep the whole night. Feels sleepy when it's time to wake-up (around 4am-5am). Sleep disturbed due to thoughts about Children.

Past history

Allergic history: Applying Hair dye causes swelling of the face.

Surgical history: Hysterectomy had done 5yrs back.

Treatment history: On allopathic medication for hypertension and Hypothyroidism.

Family history: Mother is diabetic. Father is healthy

Personal history

Appetite: Good, Thirst: Small quantities in small intervals.

Desire: sweets, non-veg, watermelon.

Stool: Satisfactory and clear.

Sleep: Disturbed due to thoughts.

Perspiration: Profuse in axilla.

Thermal: Hot Patient.

Mental General

She was anxious and nervous while narrating her

complaints. Sensitive -Cries easily, especially when someone denies her. When work is assigned, it has to be done at the exact time and how she likes. If it's not done properly gets irritable. Want of attention and care.

Systemic examination

CVS: S1 S2 heard, RS: Vesicular breath sound

Local examination

Size: 3.8 cm x1.2 cm

Inspection: Clean, cut wound, Unhealthy look, reddish appearance of non-healing area

Palpation: Mild tenderness, rubbery feeling, pus discharge on pressure, yellowish, moderate, thick discharge

General Examination

Temp: 99⁰ F, Pulse-90 beats/min, RR-20 breaths/min, BP: 110/70mmHg, Wt- 60 kg

Diagnosis: Non healing surgical wound

Diagnosis Code: T81.89XA as per 2023 ICD-10-CM ^[5]

Analysis and Repertorisation of the case

The Case was well taken according to homoeopathic principles. Case was analyzed with the help of Murphy's Clinical Repertory ^[6]. Final selection of medicine was done with reference to various Materia medica. Causation of the wound was given prime importance during selection of remedy. Final Repertorial sheet was attached below.

Remedy	Nux-v	Staph	Acon	Calc	Calen	Chin	Ign	Sulph	Hep	Arg-n	Bism	Bry	Coff	Graph	Hyos
Totally	4	4	3	3	3	3	3	3	2	2	2	2	2	2	2
Symptoms Covered	2	2	2	1	1	1	1	1	2	1	1	1	1	1	1
[Murphy] [Abdomen] Surgery, complaints after:	2	2	2	0	3	0	0	0	1	0	2	0	0	0	0
[Murphy] [Sleep] Disturbed, sleep:Thoughts, by activity of:	2	2	1	3	0	3	3	3	1	2	0	2	2	2	2

(Repertorial Sheet as per Murphy's Repertory)

Few pictures of non-healing post-surgical wound were attached below.



36 Days after the surgery/ 1st day of Homoeopathic treatment

After 2wks / 1st follow upAfter 4wks / 2nd follow up**Follow-up Table**

Date of visit	Indications for prescription	Medicines with doses
04/06/2022	First Visit: Mild pain. Yellowish thick pus discharge on pressure. Swelling of affected site, Sleeplessness++, A/F- Surgeon's knife	1) STAPHY 1M / 1 dose stat. 2) Placebo /2wks
19/06/ 2022	<ul style="list-style-type: none"> Wound healing better 50%. Swelling better by 50%, pus discharge. Sleep was good. All the other generals are good. 	1) Calendula 200, 6 doses in globules 3pills BD/3 days 2) Placebo/2wks
4/07/2022	Wound healing better 90%. No swelling. No pus discharge. Generals good.	1) Calendula 1M, 1 dose stat 2) Placebo/ 2wks

Discussion

After repertorization, Nux-vom, Staph, Acon, Calc, Calendula like many medicines were arrived.

But in this case the wound was caused by surgeon's knife, Sharp cutting instrument [7, 8] with laceration. Here Fibrous tissue affections [9] present. Patient was anxious [10] and nervous [11] about the future of her children. She became sleepless.

Staphysagria 1M was selected considering all these points in mind.

After two weeks of observation, general condition of the patient was good. But oozing of Pus from the effected site was persisting. Again totality was revised. New totality was formed taking Painful open torn, Cut, Lacerated, Suppurating wound which prevents granulation and inflammation of parts. Calendula 200 was prescribed. After two weeks improvement was up to the mark followed by subsequent follow ups.

Here we are able to reprove the effects of Staphysagria and calendula symptoms as given in source books by our masters. i.e., promotes granulations and preventing disfiguring scars. This symptom was well proved and justified by this case.

Henceforth, a wide spectrum of wound healing scope is established by homoeopathy.

Conclusion

This is a single case report of the lady suffering from post-surgical non healing wound which was resolved completely by Calendula. The studies with large sample size may be undertaken to see the usefulness of Homoeopathy in non-healing wounds after the surgery.

Limitation of Study

As it is a single case report. In future case series can be recorded and published to establish the effectiveness of Calendula in non-healing ulcers.

Acknowledgement

The author acknowledge to Jims Homoeopathic College who gave them opportunity to treat the patient.

Informed Consent

The authors certify that they have obtained all appropriate patient consent for treatment and publication of images without disclosing the identity of patient.



International Journal of Homoeopathic Sciences

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Samar Chatterjee, Truptilaxmi Swain and Naga Sai Kiran. Efficiency of homoeopathic medicine calendula in the management of post-surgical case: A case report. International Journal of Homoeopathic Sciences. 2025;9(2):900-903.

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With Best Compliments From :

Space Donated in Memory of

Dr. Kal yan Duttagupta
DHMS, M.D (Hom)



From Guwahati

Date of Birth: 14/03/1935, Born at Chitagong, Bangladesh.

Date of Death: 18/05/2024, at Guwahati.

Father name - Purnendu Dutta Gupta

Mother name - Manojita Duttagupta



EVIDENCE BASED CASE IN DECREASING CREATININE LEVEL BY HOMOEOPATHIC MEDICINE SERUM ANGUILLAR ICTHYOTOXIN.

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BACKGROUND- In recent times we can notice ample of patients with increased kidney level in blood. In last 5 to 10 years day by day rate of hyper creatinine level in blood serum is increasing. We need a deep study to combat the situations.

Clinical Manifestation - In high creatinine level patient may notice following symptoms - 1. Fatigue, 2. Swelling in arms or legs, 3. Loss of appetite, nausea, 4. Shortness of breath, 5. Itching, 6. Difficulty in concentration, 7. High blood pressure, 8. Change in urination.

Pathophysiology- Creatinine is a waste product from body tissue metabolism, which excreted by the kidneys. If kidney function deranged then it remains in blood and cause high rise of creatinine in blood.

LAB INVESTIGATIONS- Normal creatinine level in blood in Men 0.6 - 1.2 mg/dl and in Women 0.5 - 1.1 mg/gl.

CAUSES OF INCREASED CREATININE LEVEL -

1. **Kidney Problem -** When kidneys are not doing proper function to filter waste materials due to conditions such as Acute or Chronic kidney diseases, Glomerulonephritis, Kidney stones etc.

2. **Fluid Imbalance -** Decrease intake of fluid can temporarily increase creatinine level.

3. **Protein Imbalance -** Intake of large amount of protein or cooked meat or consuming creatinine supplements can temporarily increases creatine level due to muscle breakdown.

4. **Medication -** Certain drugs example NSAIDS, antibiotics, diuretics, ACE inhibitor, Heart remedies can increase creatinine level.

5. **Muscle Mass and Activity -** Individuals having high muscle mass or those who engage in vigorous exercise may have high increased level due to muscle workout.

6. **Other Medical Situation -** Diabetes, Hypertension, Heart disease, Pregnancy, Infection, Urinary tract infection, Auto Immune disease, Acute inflammatory condition, influenza etc.

TREATMENT - Treatment for increase creatinine level in blood is to point out the underlying ailments and maintain kidney condition by medical and lifestyle modification.

Water intake - Take adequate amount of water for kidneys to filter the waste product of body.

DIET - a. Avoid sugar, caffeine, much protein especially red meat, processed food and reduce extra salt intake.

b. Take more fibre rich food, fruits, vegetables, whole grains, legumes, lentils, beans, soyabean.

c. **Addiction -** Avoid smoking, tobacco, gutka and alcohol consumption.

3. **Exercise -** Moderate free hand exercise, Yoga and Morning walk is advised. Avoid intense exercise which can temporarily increase ketene levels in blood due to tissue workout.

4. **Medication -** a. Intake any type of NACIDS like Ibuprofen or naproxen as painkiller drugs is prohibited.

b. Blood pressure and Diabetes should be strictly monitored and managed.

c. Limited use of antibiotic in creatinine high patient.

d. Dialysis is advised when symptoms of kidney failure appear such as nausea, fatigue, sweating, vomiting and very high level of creatinine and blood urea nitrogen in blood and estimated glomerular filtration rate eGFR in blood drops below 10 to 15ML per/min.

Homoeopathic Approach - In homoeopathy we have alternative option to reduce creatinine level in blood very efficiently by our homoeopathic medicines. Homoeopathy deals with individualistic approach and also some specific approach in pathological diseases.



There are some good medicines to deal with high creatinine level, example - Apis Mel, Apocynum, Aura Metallicum, Berberis Vulgaris, Cantharis, Glonoine, Equisetum, Prunus Spinosa, Sarsaparilla, Serum Anguillar Ichthyotoxin(SAI), Solidago, Urtica Urens, Zingiber etc.

METHOD - I have used here one medicine according to Symptoms Similarity and get satisfactory results to decrease creatinine level in this particular case i.e. Serum Anguillar Ichthyotoxin(Serum AI) after consulting William Boericke Materia Medica, Synthesis Repertory, 9.1, Robin Murphy Homoeopathic Medical Repertory.

CASE STUDY -

CASE No 1. A patient MR KKNB is about 86 years old visited my chamber on fifty 31/07/25 with difficulty in urination and mild swelling of legs, anorexia with hypertension and serum creatinine level 1.87 mg/dl (30/7/2025). After case taking I prescribed him Serum Anguillar Ichthyotoxin 6, BDAC X 7 days, followed by placebo for another seven days.

15/8/25 - Patient reported me and his symptoms are good. I prescribe Serum AI 10 dose, BDAC x 5 days followed by placebo for 10 days. 31/8/25 - Patient reported me much better than before and his urine problem is much better. Now I prescribe Serum AI 30 potency for 10 dose BD x 5 days, followed by placebo for 10 days. 15/9/25 - Patient reported me much better of his appetite. Now I prescribe Serum AI 30, 6 dose, BDAC X 3 days, followed by Placebo for 12 days. 1/10/25 - Patient is much better and I prescribe Serum AI 30, 6 Dose, BDAC X 3 days, followed by placebo for 12 days. 17/10/25 - This time patient reported me much better and feeling of wellbeing and his creatinine level is 1.77 mg/dl (16/10/2025). This proves the decreasing trend of creatinine level in blood by our Homoeopathic medicine. Now I prescribed Serum AI 30, 4 dose, BDAC, x 2 days, followed by placebo.

CASE No 2. - 30/03/25 - A patient named Mrs CM, Female, aged 72 years, suffering from swelling of lower eyelid with difficulty in urination came to my chamber with serum creatinine level 1.41 ml/dl (27/03/2025). After case taking I prescribed her Serum Anguillar Ichthyotoxin, 10 dose, BDAC x 5 days, followed

by placebo for 10 days. 20/4/25 - Patient is much better. I gave her Serum AI 6 dose, BDAC X 3 days, followed by placebo for 12 days. 4/5/25 - Patient is doing well, swelling is better and urine flow is better. I prescribe her Serum AI, 6 dose, BDAC x 3 days, followed by placebo 12 days. 25/5/25 - Patient is doing well. I prescribe Serum AI 30, 6 dose, BDAC X 3 days, followed by placebo 12 days. 15/6/25 - Patient is doing well and I prescribe Serum AI 30, 6 dose, BDAC X 3 days, followed by placebo for 12 days. 6/7/25 - Patient is doing well and I prescribe Serum AI 30, 6 doses, x 3 days, followed by placebo of 12 days. 27/7/25 - Patient is doing well and her creatinine level decreases 1.38 mg/dl (24/07/2025). I prescribed her Serum AI 30, 6 dose, BDAC X 3 days, followed by placebo for 12 days. 17/8/25 - Patient is doing well and I prescribed her Serum AI 30, 6 dose, BDAC X 3 days, followed by placebo 12 days. N.B. Patient has moved outside West Bengal and she cannot attend my chamber for more than two months and unfortunately he discontinued all the medicines and did not maintain diet regimen. 26/10/25 - Patient came at my chamber with difficulty in urination, swelling of legs and anorexia again. Her creatinine level is mildly increased 1.40 mg/dl (Dated 24/10/2025). As she discounted the medicine and does not follow diet and regimen so her creatinine level has increase. I prescribed here Serum AI 30, 10 dose, BDAC X 5 days, followed by placebo 15 days. If we want to get perfect result of Homoeopathic medication then patient have to take medicine regularly with precautions specially in diet regimen and doctor advice.

RESULTS - Considerable lowering of the creatine level in blood have been noticed after application of Homoeopathic medicine Serum Anguillar Ichthyotoxin.

CONCLUSION In Homoeopathy there are many medicines to deal with lowering creatine level. It is surely a alternative approach. The above 2 case study proof's the efficacy of Serum annular to lowering creatine level in blood. Supporting blood reports are given to prove the case.

KEYWORDS - Creatinine, Kidney Disease, Hypertension, Pain killer, Diet Regimen.



A NEW APPROACH OF TRACING THE MIASMATIC TRANSMISSION IN FAMILY HISTORY TO ARRIVE AT RELIABLE GRAND TOTALITY AND TREATMENT.

Dr. Nilkanta Sarkar, B.H.M.S. (CAL.); Ex. H.M.O. (W.B.H.S.)



It is through heredity that a child inherits predisposition to diseases. Our long verified Cardinal doctrine 'Individuality' or 'Constitutional treatment' has been reconfirmed by the Genomic Molecular Biology.

MIASMS, on the other hand, are the disease producing dynamic inimical force, acting on this biological principle produces innumerable constitutional peculiarity and susceptibility, which transmits through sex-linked genes, is the key to unlock the hidden mystery especially of chronic cases. Hence, the Eugenic study is so inevitable in Modern Era. This article is my honest endeavour to represent both sides with evidence.

INTRODUCTION:

Family History is the base-ground of all diseases, like the soil texture (e.g- Sand, Silt, clay and their combinations in different ratio)- Symbolising combinations of fundamental miasms in a constitution, where seeds(Symbolising-'disease causes') germinate and develop depending upon environmental and various other external factors to a certain direction as per quality of the constitution.

A, HISTORY OF MIASMS AND SOME PITFALLS :

DR. Hahnemann investigated all about three fundamental chronic miasms isolatedly (Psora, Syphilis, &Sycosis) in his book¹, but nothing could delve about mixed or combined miasms, as regards their transmission and development of so many constitutional diseases with peculiarity and Susceptibility to diseases which child suffer in Intra-uterine life and since after birth till death.

This Problem was further investigated by Dr.

J.H.Allen, Dr. J.T.Kent, Dr. H.A.Robert, Dr.P.S.Ortega, Dr. M.L. Dhawale and Lastly Dr. J.N.Kanjilal, et al. but still in obscurity. Dr. J.H.Allen investigated first(1) Pseudo-Psora (Psora-Syphilis) but Dr. M.L.Dhawale and Dr. J.N. Kanjilal respectively confirmed clinically, the other two combinations as (2) Formative or fibrotic (combination of psora-Sycosis) (3) Fibro-degenerative type (psora with both Sycosis and syphilis) as in tubercle or cancer (sarcoma)². Here, I want to depict the technique of Study that have followed up on the practice of last 20 years out of total 35 years.

B. TRANSMISSIONS OF MIASMS ON WHAT PRINCIPLES?

1. It occurs depending on SIMILAR OR DISSIMILAR (STRONGER OR WEAKER) principles of nature, from father to mother hereditically.
2. "...the stronger ('similar'-mine) disease, namely, annihilates the weaker (similar-mine)"³
e.g. In a spouse, husband's prora is stronger, wife's psora is weaker - marked improvement of health of wife, after marriage has been observed. Opposite will happen in cases of DISSIMILAR Ones.
3. Or, dissimilar (strong) one may protect the mother. "... That child be black with Syphilis, while she has no symptoms of syphilis" (that comes from father)⁴
4. This happens in the same stage as the spouse bears⁵. Primary stages are easily detectable, but advanced steges are difficult to detect. My article is mainly dedicated for that.

C. WHAT TECHNICALITY IN THIS SPHERE IS IDEAL?

- (i) Mere Collecting of some names of diseases of both Paternal and maternal sides, as - skin diseases,



T.B., Asthma etc. are not ideal.

(ii) we have to know whole PERSONALITY - especially its dominant 'TEMPERAMENTS' of each member, marking dominant ones in bold letters.

(iii) MODALITIES of the disorders and stages of any infections of chronic diseases must keep on a bird's eye view in family as well as in past history.

(iv) Last but not least important-some general and particular symptoms(e.g- fastidiousness, suicidal disposition, C.C.F., C.V.A. etc.) which run through families.

(v) After full case-recording, miasmatic journey can be detected easily as shown in my presented case as follows-

D. PRESENTATION OF A CASE OF POST STROKE SEIZURE DISORDER WITH PERSONALITY DISORDER.

A boy of 7 years of age with all skin and bone having earthy complexion (came to me 5 years ago).

His mother complained of-

(1) Swelling of Lymph glands of neck.

(2) Mild fever < 10 p.m. to 6 a.m. occasionally.

(3) skin: Copper-coloured spot on lower back.

(4) But the most grievous things she Complained of –

He is terribly wicked, disobedient, beats Companions destructively until bleeds. Breaks the precious

things, being angry. Fires the heaped jute, keeps the Knob of gas-oven on to burn mother. Hurts himself if

fails to do any such harm,

T/R - Both heat and cold, intolerant of.

Desire MEAT, Salt, Ice Cream.

Appetite: Capricious,

Sleep: delayed sleeper; delayed riser.

position: on abdomen,

Dreams: of mother 'KALI'.

MIND: DESIRES TRAVELLING. very restless, inattentive, ABUSIVE, Habits of stealing. FEAR OF

DOG is marked. Cruel, even laughs at mother's sufferings.

Diagnosis: ADHD With Antisocial personality (Psychiatric)

PAST HISTORY: Obstetrical history – forcep's delivery &, B.wt. -2.5 kg. fever with relapsing convulsions from-

1½ - 4 years of age. Frequent cold and cough < every change of Weather within the age of 1-4 yrs. - treated allopathically. Pustular eruptions < winter, Suppressed by external ointments at the age of 4 yrs.

LAB. INVESTIGATIONS: (5 YEARS AGO)

1. Mantoux Test – Negative.

2. CB-NAAT-Negative.

3. Blood for coagulation Test- PLASMA-protein C and Protein S activity-(>20 & 38)- deficiency.

4. EEG – Paroxysmal changes.

5. MRI brain- patchy T₂ hyper intensity in left occipital parasagittal region- an old infarct blocking of left PCA, noted at P₂ level.

6. NCS Report – shows normal study.

-FAMILY HISTORY (PATERNAL SIDE):

PGF- VIOLENT ANGER, OBSTINATE, DESTRUCTIVE, died of C.C.F.

P.G.M. -DOMINATING, Obstinate, CURSING, QUARRELSOME, Courageous, avarice, SELFISH, SUSPECIOUS, REVENGEFUL,

FATHER- Very irritable, beats others < on least Contradiction. DIPSOMANIAC, OBSTINATE, Spits< while eating, plurisy, bubo, SUSPECIOUS, ABUSIVE, IMPURE COITION but no STD detected.

PU.- JEALOUSY, SUSPECIOUS, Selfish, very irritable, shouts and broods Long.

P.A- SUICIDAL DISPOSITION IS TOO MARKED, CURSING, Hatred, to the person, who offends, epilepsy.



F. H. (MATERNAL SIDE)!

- (i) M.G.F. - Lipoma, SUSPECIOUS.
- (ii) M.G.M. - Asthma <damp, wet weather
- (iii) M.G.G.F. - Died of throat CA, Obstinate, FASTIDIOUS.
- (iv) M.G.G.M. - Asthma, GREEDY, SELFISH,
- (v) M.A.₁ - Bulky uterus, ut. fibroid, AVARICE. INDIFFERENT, apathy.
- (vi) M.A.₂ - Neuropathic disorder, ANTICIPATORY FEAR, SUSPECIOUS.
- (vii) MOTHER- Married at 16 yrs of age, Infertile up to 23 years of age, pruritus vagina with burning in urethra. MENSE-IRREGULAR (Menarche onwards), flow intermittent, Odour- FISH BRINE, Dysmenorrhoeic pain < Lying on back, > Lying on sides with drawing legs upwards, Fibroadenoma in both breasts.

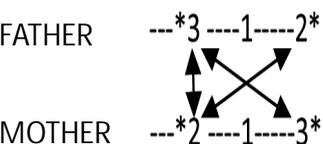
MIND: INDIFFERENT TO AFFECTIONS, SUSPECIOUS, AVARICE, Occupation amel, very irritable and impatient but suppresses anger before husband and mother-in law (because they are more destructive and aggressive)-leading depression.

USG - reveals - "Bilateral polycystic ovaries along with Left ovarian Haemorrhagic cyst" -was operated 7 yrs ago and after prolonged allopathic treatment she was Conceived.

E. ANALYSIS OF THE CASE:

- 1. Paternal Side: Syphilitic dominant.
- 2. Maternal side : Sycotic dominant.

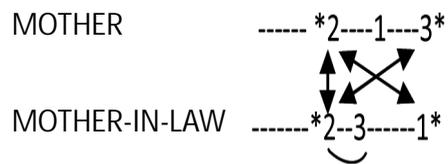
If we number the miasms - Psora-1, Sycosis-2, syphilis-3. the miasmatic profile of the Spouse would be as follows-



"...Each individual as a Series, of three links of which

first and last-being LIVE ELEMENTS"⁶ Which interacts diagonally and "first dominant ones face to face".⁷ Here, father's dominant (3)- first, is similar to mother's Last (3) and mother's dominant first (2) is similar to father's Last (2)- thus alleviating each other making an Complementary relationship subconsciously, though, their face to face miasms (F-3, M-2) are dissimilar, and sycotic dominant mother Submitting to husband tactfully in conscious Layer.

But, this relation with her mother-in-law is:



Here, face to face, both miasmatic expression is SIMILAR but mother-in-law's one (2) is more dominant and close to Third one (3)-making bondage (2-3)- which made severe confrontation with the patient's copy (2). Moreover, their Diagonal relationship also DISSIMILAR - making it too much complicated. For these reasons, the mother suffered from P.C.O.S and other Sycotic pathologies-leading to INFERTILITY. This strong Sycosis prevented husband's syphilis to have any effect upon her constitution, but transmitted to the child as combined form with psora (psora -syphilis). Thus, all members of both sides can be studied accordingly and as per miasm and its manifestations -we see-the child was treated with Tuberculinum 1M, then 10M, father was Nitric acid and Mother's medicine was Sepia, while the, mother-in-law was treated with Medorrhinum (High). All responded very well as per DOCTRINE. The destructive behaviour of the child changed markedly. Fever with tendency to cold and cough disappeared. A remarkable improvement was observed after reappearance of skin eruptions.

FURTHER INVESTIGATIONS : Dated 29/08/2024-



1. EEG- show normal awake record.
2. SLEEPING EEG- Suggestive of normal sleep record.
3. MRI – very faint T₂ intensity in left occipital parasagittal region, otherwise normal study.

CONCLUSION :

Where the patient is physically and mentally invalid (e.g.- genetic, psychiatric, encephalopathic or malignant etc.) this method is exclusively verified by me. Hence, a judicious application of both homoeopathic doctrines and various aspects of modern medicine will surely improve our therapeutic field qualitatively.

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With Best Compliments From :

 : 9432265131

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SPIDER GROUP

Dr. Animesh Santra, *Principal of M.J.R.G Dynamic Homoeopathic Pharmaceutical Institute.*



General Characteristics:

Ailments from disappointment of love, Un reputed Love, Over Protection, Over Care. So, the symptoms arises are Impulsivity, Cunningness, Trapping, Deceitfulness, Restlessness, Hypersensitivity, Periodicity, Dancing

Mania for, Chorea, Feigning, Shamelessness, Hypersexuality and desire for bright colours.

TARANTULA HISPANICA: (Spanish Spider)

Ailments from One Sided Love, Un reputed Love, disappointment of love, Over Protection, Over Care, Scolding, Punishment. Negativity and Destructive impulse grows within him.

So, the patient becomes Attention Seeker, Deceitful, Manipulating, Cunning, Foxy in order to make his demand fulfilled in any way. He is conscious of his unnatural state of mind.

Delusion he is being insulted questioned when.

Along with this there are Hurriedness, Restlessness, Hyperactivity, Lasciviousness, Shamelessness, Perversion grows.

Obsession Comes.

Patient becomes violently excited from rhythmical music also bright colours (red, green, black etc).

Due to this continuous foxiness along with cunningness and deceitfulness he ultimately gets trapped in his own created problems or situation. Finally, he feigns sick in order to manage the situation in any way (like hysterical epilepsy).

TARANTULA CUBENSIS: (Cuban Spider)

It is used mainly in toxemic and septic conditions of the body like boils, carbuncles and malignancy causing inflammation with pain along with early persistent prostration. Severe inflammation purplish in colour with burning and stinging pain. That's why it is the remedy for Pain of Death, soothes the last struggles. It is also used as preventive and curative for Bubonic plague.

Complaints better by smoking and are worse at night.

MYGALE LASSIDORA: (Black Cuban Spider)

Nervous, Despondent, Sad, Fearful patient having Chorea with palpitations and excessive sexual desire. Constant motion of whole body with uncontrollable movements of arms and legs with unsteady gait. All symptoms better during sleep and worse in morning.

THERIDION CURASSAVICUM: (Orange Spider)

Nervous, Hyperesthesia, Restless, time passes too quickly, finds pleasure in nothing, sensitive to noise. All complaints aggravates at noise, touch, pressure, riding in carriage. Mainly left sided complaints. Tubercular diathesis. Vertigo with sick headache. Pain in left floating ribs with cardiac anxiety.

ARANEARUM TELA: (Spider Web)

It is useful in periodic headache with a nervous erethism.

Ailments causing decreased pulse rate with pulse full and strong.

Helps manage chronic cases of dry cough with oppression in the chest.

It's mild sedative properties is highly useful for people with insomnia.

ARANEA DIADEMA: (Papal Cross Spider)

Right sided, Chilly patient.

Nervous, Despondent and longing for death.

Complaints arises periodically and during Cold Damp Weather.

Many complaints ameliorates after lying down except toothache.

Sensations: 1) As if ants crawling over the body.

2) As if limbs were heavy and big after waking.

ARANEA SCINENCIA: (Grey Spider)

It is used mainly in REITERS disease (Arthritis, Urethritis, Conjunctivitis, Uveitis). Pterygium and Arthritis on eyes, twitching of the under eyelids with inflamed and weak eyes. Excessive saliva and a dull headache.

ARANEA IXOBOLA: (European Cross Spider)

Anxiety related to family relationship suggesting a



focus on emotional and psychological aspect and it's potential connection to Psoriatic Arthritis.

Hyperactive, Aggressive, Thirsty. It is a combination of Hyoscyamus and Tarantula (Teasing nature like Hyoscyamus and Restlessness like Tarantula). Witty, Rudeness, Impolite, Mischievous, Cunning. Increased Sexual desire with incomplete erection.

LACTRODECTUS MACTANS: (Southern Black Widow)

They will occasionally eat their mates after reproduction.

Extreme Anxiety, screams fearfully exclaiming that she would lose her breath and die. Extreme apnoea with gasping. Violent precordial pains extending to axillae down the left arm upto fingers with numbness and coldness. Pulse quick, feeble, thready. Blood becomes thin and watery. Dreams of flying. Worse least motion of the body and even hand also.

LACTRODECTUS KATIPO: (Living Spider)

Nervous depression with delirium half smothered by imperfect intoxication. Anxious expression with pallor and blue tint in face with stiffness in jaw.

Desire for food lost. Respiration almost seized, pulseless (12 to 15 beats per minute). Burning and shaking pain in limbs with nervous twitching. After long sufferings muscle wasting losing all energy suddenly becomes faint. In the skin small red spots like flea bite. Fever with cold clammy sweat.

LACTRODECTUS HASSELTII: (Australian Red Back Spider)

Class: Arachnida.

General Characteristics:

Fickle minded, Loss of Confidence in himself, Lots of fears along with violence. Very Impulsive. Sudden impulsive urges to smoke in the middle of the night, to cycle, drive in the middle of the night. Dual nature state.

On one side there are too much fears and on the other side there are impulsive urges to do much violence. He is unsocial, Impolite. Even if he realises his mistake he doesn't say sorry.

Got final warning about taking disciplinary actions against him because of Disobediences, Deceitfulness, Hypersexuality, Shamelessness and Impulsive behaviours.

Along with fears and anxieties there are lots of

delusions. Fearful dreams of getting stuck in situation and unable to get out of it, dreams of police, court judiciary, being bitten, delusion crime as if he has committed, fear of being trapped, delusion he is being poisoned by medicines, delusion mind and body separated, delusion about his own existence, delusion to the erroneous state of his body, delusion hollowness, emptiness, a part of body missing, delusion he is being separated from the world. There are also Fear of fish, pigeons, chickens, insects, spiders, closed spaces, crowd, loud sounds.

The patient is very controlling type. He needs to control things to the extent of OCD. Wants his bed clothes to be perfectly neat and clean. Excessive Cleanliness. Outside air is intermingled to his body so there are compulsive urges to take bath. Feet should be clean therefore wearing socks all the time. Due to fickle mindedness he changed courses multiple times while young. He easily gets bored by staying in one job and continually chases for new and easiest type of jobs (e.g. only plating work in catering business). He only likes one to one interaction but doesn't like to work in groups. Doesn't want to take any type of responsibility because he is doubtful of his own capabilities. He wants freedom from everywhere and he is totally unrestrictive. There are also anxieties whether business will

LOXOSCELES RECLUSA: (Brown Recluse Spider)

This Spider venom can cause hemolytic anaemia and disseminated intravascular coagulation and acute renal failure. Patient comes in the clinic with fever, pallor, diffuse rash (dermonecrotic wound), fatigue, jaundice, dark red urine.

DIFFERENCE BETWEEN SNAKE AND SPIDERS AT A GLANCE:

SNAKE:	SPIDER:
1) Planning	1) Feigning
2) Revengeful.	2) Deceitful
3) Jealous.	3) Manipulative
4) Suspicious	4) Cunning
5) Plotter.	5) Impulsive
6) Slowness.	6) Hurriedness



ALZHEIMER'S DISEASE

Dr. Lakshmi Sarkar Gandhi, Former HMO



Alzheimer's disease (AD) is a progressive neurodegenerative disorder characterized by memory loss and cognitive decline due to neuronal death, synapse loss, and

brain atrophy, particularly in areas like the hippocampus. Pathologically AD is linked to hallmarks like extracellular amyloid-beta plaques and intracellular neurofibrillary tau tangles comprised of hyperphosphorylated tau protein. Key risk factors include age, genetics, and lifestyle factors such as vascular disease and head injuries, while other aetiologies such as neuroinflammation and oxidative stress and being investigated¹⁻⁵.

Pathophysiology

- ❖ Amyloid-beta plaques (A β): A leading hypothesis suggests the accumulation of amyloid-beta (A β) peptides, derived from amyloid precursor protein (APP), contributes to neuronal toxicity. A β peptides can be neurotoxic and lead to synaptic damage^{3,5,6}.
- ❖ Neurofibrillary tangles (NFTs): The presence of tau protein tangles, which are abnormal aggregates of tau protein, is another primary pathological feature. Abnormally folded tau leads to the formation of tangles which eventually disrupt the normal function of neurons, ultimately resulting in cell death^{3,5}.
- ❖ Neuroinflammation: Inflammatory processes in the brain are recognized as playing a significant role in the pathogenesis of AD⁵.
- ❖ Mitochondrial dysfunction and oxidative stress: Imbalances between free radicals / reactive oxygen species (ROS) due to mitochondrial dysfunction and the body's antioxidant defences contribute to neuronal damage^{5,7}.

- ❖ Vascular contributions: Cerebrovascular diseases are increasingly recognized as a partner to AD, impacting the brain's energy supply and nutrient delivery³.
- ❖ Neurotransmitter alterations and synaptic dysfunction: A loss of synapses and alterations in neurotransmitter like acetylcholine (ACh) are key features of AD^{6,8}.

Risk factors

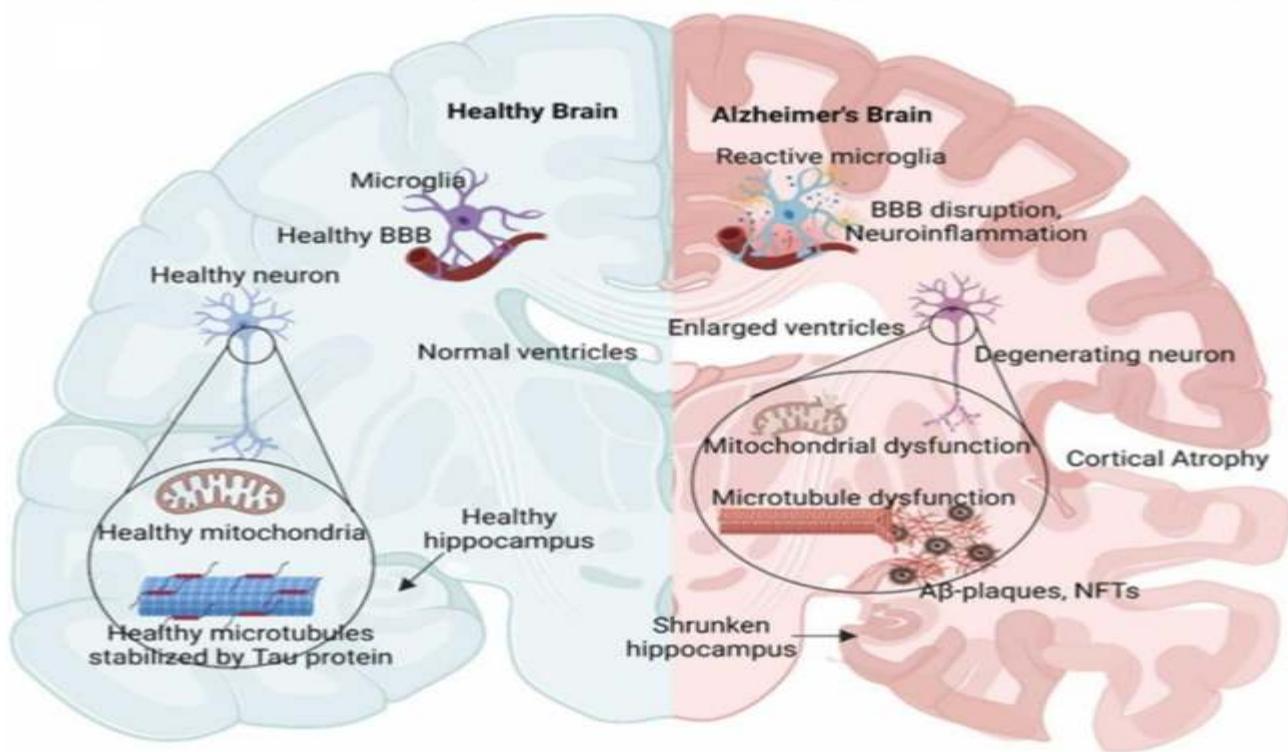
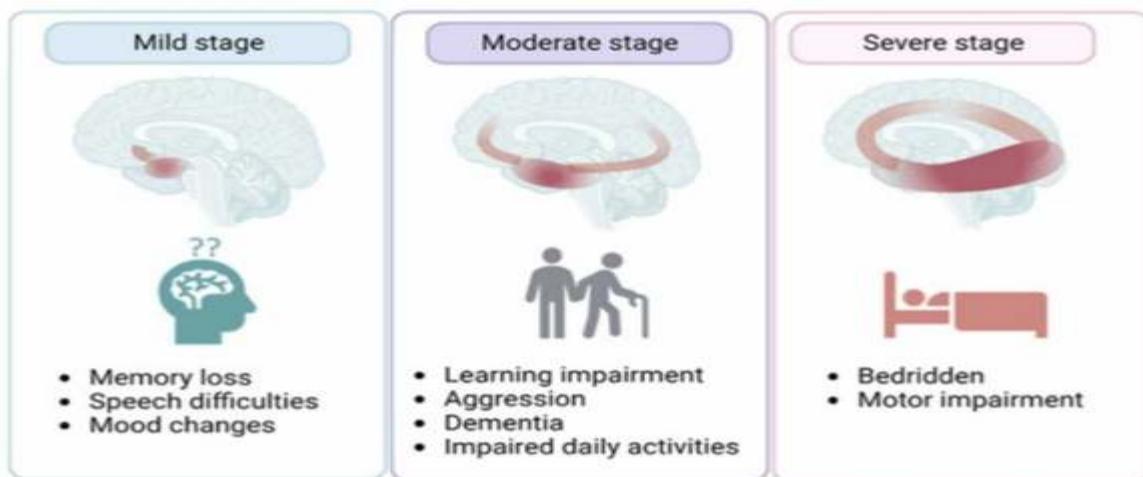
- ❖ Age: Increasing age is the most significant risk factor, with prevalence doubling every five years after age 65^{1,9}.
- ❖ Genetics: Approximately 70% of the risk for AD can be attributed to genetics^{1,3}.
- ❖ Lifestyle and acquired factors:
 - ❖ Traumatic brain injuries can increase the risk.
 - ❖ Air pollution exposure is linked to higher risk.
 - ❖ Heavy alcohol use and smoking can cause brain changes.
 - ❖ Vascular risk factors like diabetes, hypertension, and obesity are associated with an increased risk³.

Protective factors:

- ❖ Higher cognitive reserve³.
- ❖ Regular physical activity³.
- ❖ Certain diets, like the MIND (Mediterranean and DASH diets) diet³.

Diagnosis and treatment

- ❖ Diagnosis: Alzheimer's is clinically diagnosed by a progressive decline in memory and cognition, but a definitive diagnosis often requires post-mortem neuropathologic evaluation².
- ❖ Current treatment: Current medications, such as cholinesterase inhibitors and NMDA receptor antagonists, help manage symptoms but do not cure or prevent the disease^{2,10}.



Stages and Pathology of AD (Figure modified from Kamatham et al. 2024⁸).

Future directions: Research is focused on developing therapies that can modify the disease course by targeting tau, A β , inflammation, and other mechanisms.

Homoeopathic Treatment and Case Study

Presentation: A 72-year-old male patient, who is a

retired railway employee represented himself with strong confabulation, memory loss, forgetfulness, unable to recognise family members and household objects along with Type-2 diabetes mellitus (T2DM). This condition has been prevailing since last 10 years. He was previously diagnosed as an AD patient by modern medicine. Patient was also taking



antidepressants. Upon physical examination, nothing abnormal was found.

Family History: Patient's sister was bipolar, father was diabetic, and mother suffered from hypertension and rheumatoid arthritis.

Treatment:

08/01/2024 - Medo. 0/1 OD 10 days.

19/01/2024 - Forgetfulness was as it was. Medo. 0/2 OD 10 days.

25/02/2024 - Medo. 0/3 OD 10 days.

21/03/2024, 20/04/2024 30/06/2024.
Medo. 0/10 OD 10 days.

29/07/2024 - Patient can remember his remote past and can also recognise objects. Medo. 0/11 OD 10 days.

10/08/2024, 26/08/2024, 15/09/2024,
12/10/2024, 05/11/2024, 24/11/2024,
12/12/2024

Patient is improving. No confusion, no confabulation. Medo. 0/18.

10/01/2025 – Patient is still improving. Medo. 0/19 OD 10 days. Treatment is being continued.

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ऑटिज्म (स्वलीनता) का इलाज होमियोपैथ में संभव



डॉ महेश प्रसाद सिन्हा

डी एच० एम० एस० (आर्नस), बी० यू०

एक्स-प्रसिडेन्ट, सोसाईटी ऑफ सहनी ड्रग ट्रांसमिशन, पटना, बिहार
सिन्हा होमियो रिसर्च सेन्टर एण्ड ड्रग ट्रांसमिशन क्लिनिक
बड़ी युसुफपुर, हाजीपुर, वैशाली एवं कंकड़बाग, पटना- 20
मो० नं०- 9939932730

परिचय :-

ऑटिज्म एक न्यूरो डेवल्पमेंटल डिसऑर्डर है, जिसमें इस रोग से पिड़ित बच्चे या व्यस्क अपने आप में लीन रहते हैं। ऑटिज्म का मतलब ही होता है स्वलीनता, अपने आप में लीन रहना। उन्हें समाज के लोगों से, यहाँ तक कि अपने माता-पिता, भाई-बहन से भी कोई मतलब नहीं रहता है। ऐसे बच्चे अनायास हँसते हैं, रोते हैं या अन्य किसी भी तरह का क्रिया- कलाप करते रहते हैं। बहुत से माता-पिता यह समझ नहीं पाते हैं कि यह कोई रोग है या बच्चा जान बूझकर शैतानी करता है।

इसकी व्यापक जानकारी के लिए 2 अप्रैल को विश्व ऑटिज्म जागरूकता दिवस मनाया जाता है। इलाज के क्रम में यह पाया गया है कि ऐसे बच्चों का इलाज जितना कम उम्र में किया गया है उतनी ही ज्यादा सफलता मिली है। सामान्यतः स्वरथ बच्चा छः माह के उम्र में ही अपने माँ को पहचान लेता है, उनसे आँखे मिलाता है तथा प्रतिक्रिया व्यक्त करता है, 9 से 12 माह में कुछ न कुछ बोलने लगता है। लेकिन जिन बच्चों में उम्र के अनुसार ऐसा विकास नहीं होता है तो माता-पिता को समझ लेना चाहिए कि बच्चे में कुछ न कुछ असामान्य लक्षण है और इसे मनोचिकित्सक या होमियोपैथिक चिकित्सक से अवश्य सलाह लेना चाहिए।

एक सर्वे के अनुसार भारत वर्ष में 88 बच्चों में एक बच्चा ऑटिस्टिक होता है जबकि अमेरिका में 100 में 5-7 बच्चे ऑटिस्टिक होते हैं। लड़की और लड़का का अनुपात 1:4 का देखा गया है। जितने भी ऑटिस्टिक बच्चे हैं सबों का लक्षण अलग-अलग देखा गया है।

कारण :-

अभी तक यह स्पष्ट नहीं है कि कौन-कौन कारण से ऑटिस्टिक बच्चे जन्म लेते हैं लेकिन अनुमानतः निम्न कारण इसके हो सकते हैं।

1. वंशानुगत
2. अत्यधिक कॉस्मेटिक का व्यवहार-बच्चे की माँ द्वारा (प्रेगनेंसी के समय) बच्चे की माँ को इन्फेक्शन होना।
3. प्रेगनेंसी के समय किसी तरह का मेडिकल दिक्कत।
4. समय से पहले बच्चे का जन्म होना।
5. सामान्य से कम वजन का बच्चा जन्म लेना।
6. कई बच्चा एक साथ जन्म लेना जैसे- एक साथ 2-3 या इससे भी अधिक बच्चे का जन्म होना।
7. माता-पिता- के अधिक उम्र में बच्चा पैदा होना।
8. प्रेगनेंसी के दौरान माता को अत्यधिक चिंतित या तनावपूर्ण होना।
9. प्रेगनेंसी के क्रम में माता को चोट लगना इत्यादि।

उपरोक्त सभी कारण अनुमानित हैं।



ऑटिज्म के प्रकार -

1. **ऐसपर्जड सिन्ड्रोम** – इस सिन्ड्रोम के बच्चे / व्यस्क बुद्धि के तेज होते हैं, वे अपना सभी काम अच्छी तरह से करते हैं, लेकिन लोगों से घुलने-मिलने में दिक्कत होती है। साथ ही फेसियल एक्सप्रेशन भी कम रहता है और जिस काम को करते हैं उसे ही करते रहना चाहते हैं।
2. **परवेसिव सिन्ड्रोम :-** समाज के लोगों से मिलने-जुलने, बात करने तथा इन्हें कल्पना करने की शक्ति भी कम रहती है।
3. **ऑटिस्टिक डिसऑर्डर :-** इससे ग्रसित बच्चे अवाज एवं प्रकाश से बहुत उत्तेजित हो जाते हैं, साथ ही एक ही काम को बार-बार करते हैं, लोगों से आँख भी सही ढंग से नहीं मिला पाते हैं।
4. **रैट सिन्ड्रोम :-** यह विशेषतः लड़की में पाया जाता है। इस सिन्ड्रोम से ग्रसित बच्ची मानसिक रूप से तेज नहीं रहती है और अपना दैनिक क्रिया-कलाप भी नहीं करती है।
5. **चाईल्डहुड डिसइन्टीग्रेटिव सिन्ड्रोम :-** इस सिन्ड्रोम के बच्चे दो-चार वर्ष के उम्र तक बिल्कुल ठीक रहते हैं इसके बाद के उम्र से ही इनमें विकृति आने लगती है, वे हाथ-पैर से कमजोर होने लगते हैं, साथ ही पूर्व का यादास्त भी कम होने लगता है। यहाँ तक की अपना खाना-पीना प्रति दिन का दिनचर्या भी भूल जाते हैं।
6. **वर्चुअल ऑटिज्म :-** ऐसे बच्चे जो मोबाईल, टेबलेट, टी० वी० इत्यादि में तल्लीन रहने के कारण अन्य लोगों से बातचीत नहीं करते हैं।

उपचार :-

डब्लू० एच० ओ० के अनुसार समाजिक प्रयास एवं सहयोग से ऐसे बच्चों का ईलाज किया जा सकता है। कुछ थेरेपी ऐसे बच्चों में सहायक हो सकते हैं, जैसे-

1. अक्युपेशनल थेरेपी
2. स्पीच थेरेपी
3. फ़ैमली थेरेपी
4. इजुकेशनल थेरेपी

इत्यादि थेरेपी इन्हें कुछ सहायता कर सकते हैं।

होमियोपैथी द्वारा उपचार :-

जैसा कि हम सभी जानते हैं कि होमियोपैथी एक "सदृश्य विधान चिकित्सा पद्धति है", जितने भी ऑटिस्टिक बच्चे हैं उन सबों का अपना-अपना लक्षण है, अपनी-अपनी प्रकृति है। जिस ऑटिस्टिक बच्चे / व्यक्ति का लक्षण जिस दवा के लक्षण के सदृश्य होगा वही दवा उस व्यक्तिविशेष के लिए लाभकारी होगा।

उदाहरण-1.

सबसे पहले देहाती क्षेत्र के एक व्यक्ति अपने बच्चे का ज्वर एवं मिर्गी का इलाज कराने के लिए आये थे। उन्हें ऑटिज्म के विषय में थोड़ी भी जानकारी नहीं थी। मैंने जब उस बच्चे की गतिविधि को देखा तो मुझे पूर्णतः विश्वास हो गया कि यह बच्चा ऑटिस्टिक है। ऐसे देहाती एवं शहरी क्षेत्रों में भी अभिभावक हैं जिन्हें ऑटिज्म के विषय में जानकारी नहीं है।

यह लड़का मेरे हाजीपुर क्लिनिक पर अपनी माँ एवं पिता के साथ आया था। जब से वह क्लिनिक पर आया, एक क्षण के लिए भी नहीं बैठा और हम लोगों से आँख-में-आँख डाल बात भी नहीं करता था। उसके सारे



क्रिया-कलाप को उसकी माँ के द्वारा मेरे समक्ष व्यक्त किया गया जैसे- “यह कपड़ा अपने पंसद से खरीदवाता है”, रंगीन-चुटकुला और बड़ी-बड़ी बात करता है जैसे कोई व्यस्क आदमी बोल रहा हो, गाना-सुनने, गाना-गाने, डाँस करने में बहुत मजा आता है और कपड़ा पहनकर उसे दिखाता है कि “मम्मी मैं अच्छा लगता हूँ ना?” इत्यादि।

इसके अनुसार लैकेसिस का चुनाव हुआ। लैकेसिस 0 / 3 को बाल द्वारा प्रसारण के एक माह के बाद ही उसके शरीर एवं स्वभाव में बहुत बड़ा बदलाव हुआ जैसे- वजन बढ़ना, बुखार नहीं आना और मिर्गी का दौड़ा भी नहीं आया / लगभग एक साल तक इलाज के बाद बच्चा इतना ठीक हो गया है कि समान्य बच्चों की तरह विद्यालय जाता है और अपने दिनचर्या को कुशलता से करता है। निम्न रुब्रिक के आधार पर इस दवा का चुनाव किया गया।

RadaraOpus		lach.	phos.	verat.	calc.	med.	aur.	sil.
Clipboard 1		1	2	3	4	5	6	7
MIND - SITTING - aversion to sit (2) 1		1						
MIND - POPPISH (8) 1		1	1	1				
MIND - PRECOCITY OF CHILDREN (37) 1		3	1	3	2	3	2	1
MIND - LOQUACITY - children; in (6) 1		1		1				
MIND - MAGNETIZED - desire to be (12) 1		2	3		3			3
MIND - AMUSEMENT - desire for (50) 1		2	2	1	1	2	2	

उपरोक्त रुब्रिक के आधार पर लैकेसिस का चुनाव किया गया है।

उदाहरण-2.

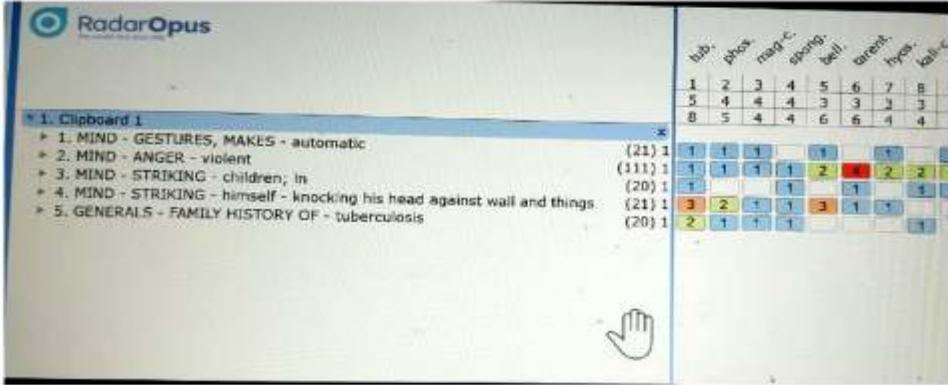
यह लड़का 3 वर्ष का है। इसका विडियो प्राप्त हुआ एवं बच्चे के अभिभावक से बातचित हुई। बच्चे की माँ के अनुसार वर्तमान लक्षण इस प्रकार है - बच्चा में गुस्सा बहुत है। गुस्सा में अपने ही शरीर को क्षति पहुँचाता है और अपने सर को दिवार या अन्य जगहों पर ठोकर मारता है, जानवरों से इसे बहुत लगाव (प्यार) रहता है। खाना में दूध बहुत पंसद करता है। इन लक्षणों के आधार पर द्यूबरकुलिनम का चुनाव हुआ तथा द्यूबरकुलिनम 0 / 3 देने के बाद बच्चे में सुधार देखा गया। 2 माह के बाद ही बच्चे के अप्राकृतिक व्यवहार में काफी बदलाव देखा गया जिसका पुनः विडियो प्राप्त हुआ। निम्न रुब्रिक द्वारा दवा का चयन किया गया है।

Clipboard 1		tub.	phos.	calc.	med.	tarent.	ars.	merc.	carb.
1. MIND - MUTILATING his body (41) 1		1	1	1	1	1	1	1	1
2. MIND - STRIKING - children; in (20) 1		1			1	1			1
3. MIND - STRIKING - himself - knocking his head ... (21) 1		3	2		1	1	1		
4. MIND - JUMPING (67) 1			1	1		1	2	2	
5. MIND - ANIMALS - love for animals (36) 1		2	1	1	1	1		1	1
6. MIND - ANIMALS - love for animals - children; in (1) 1									1
7. GENERALS - FOOD and DRINKS - milk - desire (121) 1		2	2	2	1		2	2	2
8. GENERALS - FOOD and DRINKS - biscuits - desire (9) 1		1		1					



उदाहरण-3.

एक 7 वर्ष का बच्चा 125 कि.मी. की दुरी से पटना स्थित मेरे क्लिनिक पर अपने माता-पिता के साथ आया। प्रथम दिन बच्चे के माता-पिता के अनुसार जो लक्षण बताया गया एवं मेरे द्वारा बच्चे की एकटीवीटी देखी गई। बच्चा विगत 3 वर्षों से एम्स, दिल्ली, सर गंगाराम हॉस्पिटल, दिल्ली इत्यादि संस्थाओं में ईलाजरत था लेकिन कोई सफलता नहीं मिली। यह लड़का सही ढंग से न बोल पाता था न समझ पाता था, बहुत ही जिद्दी व क्रोधपूर्ण व्यवहार करता था, गुस्से में अपने आप को मारता था, तथा सर को दिवार एवं अन्य जगहों पर ठोकर मारता था, बच्चे के दादा टी० बी० रोग से ग्रसित थे। इस प्रकार रिपोर्टराईज किया गया।



उपरोक्त चार्ट के अनुसार ट्यूबरकुलिनम का चुनाव किया गया,

ट्यूबरकुलिनम 0/6 को बाल द्वारा प्रसारण किया गया। 15 दिनों के बाद उसकी शक्ति को स्ट्रोक कर दवा की शक्ति का बढ़ाया गया, लेकिन एक माह के बाद भी कोई सुधार नहीं हुआ। इसी दौरान पुनः दिनांक 13.09.2023 एवं 20.09.2023 को बच्चे का तत्कालिन विडियो प्राप्त हुआ साथ ही माता पिता से मोबाईल पर बातचित हुई। इसके आधार पर पुनः रिपोर्टराईज किया गया।

माता-पिता के अनुसार बच्चे को कोई भी काम मना करने पर उसे गुस्सा आता था साथ ही बहुत चिल्लाता था, अंधेरे घर में उसे डर लगता था, गुस्साने पर दाँत काट लेता था, साथ ही कभी-कभी कपड़ा भी खोल देता था, माँ के अनुसार-उसमें सेक्स के प्रति कुछ आकर्षण देखा गया, साथ ही गाना बजने पर डाँस करने लगता था, उपरोक्त लक्षणों के आधार पर पुनः रिपोर्टराईज किया गया।

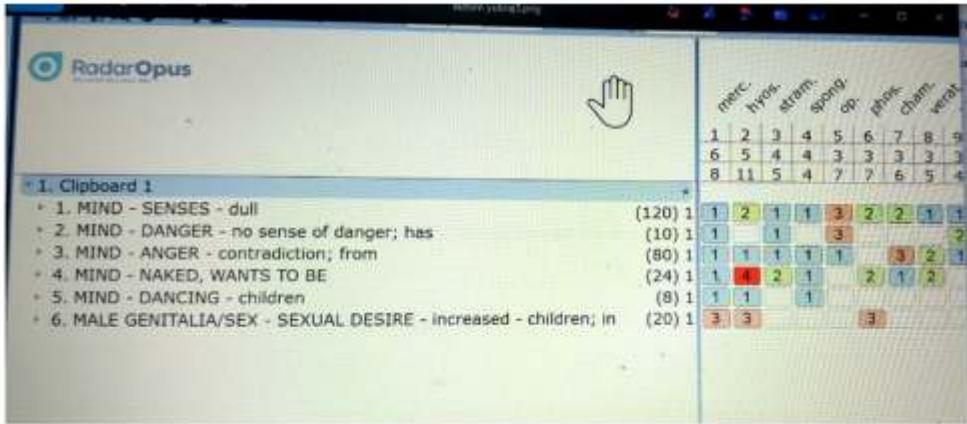


इस प्रकार हायोश्यामस का चुनाव किया गया।



हायोश्यामस 0 / 6 को बाल द्वारा प्रसारण किया गया । 15 दिनों बाद ट्रांसमिशन सेट को स्ट्रोक किया गया । लगभग 1 वर्ष तक हायोश्यामस 0 / 6 से 0 / 10 तक का प्रसारण किया गया और बच्चे के स्वभाव में काफी सुधार देखा गया ।

पुनः दिनांक 13.06.2025 को उनके पिता द्वारा बताया गया की ये लड़का बिना सोचें-समझे सड़क पार कर जाता है, पतले दिवार पर चढ़ जाता है, खतरे का अनुमान व आकलन की कोई समझ नहीं कर पाता है । कई बार तो उसे बचाने के क्रम में हमलोग भी दुर्घटनाग्रस्त होने से बचें हैं । उपरोक्त वर्णित लक्षणों एवं पूर्व के लक्षणों को संग्रह करते हुए पुनः रिपोर्टराईज किया गया जो निम्न प्रकार है-



इस चार्ट के आधार पर मर्कसोल का चुनाव किया गया मर्कसोल 0 / 6 के प्रसारण करने के बाद उस बच्चे में अभूतपूर्व एवं अप्रत्याशित सुधार देखा गया, सुधार देखकर बच्चे के संपूर्ण परिवार में हर्षपूर्ण महौल है ।

विगत 09.08.2025 को बच्चे का पुनः विडियो प्राप्त हुआ एवं बातचीत में बच्चों की माँ द्वारा भावपूर्ण वर्णन किया गया की उनके परिवार में पहली बार बच्चे ने रक्षा बन्धन का त्योहार सहर्ष मनाया है तथा बच्चे में लगभग 80 प्रतिशत का सुधार देखा गया है ।

निष्कर्ष :-

उदाहरणों का सारंश यह है कि जिस प्रकार उपरोक्त ऑटिस्टिक बच्चे का अलग-अलग लक्षणों के अनुसार दवाओं का चयन कर ईलाज किया गया जिसमें 80 प्रतिशत तक का सुधार देखा गया । उसी प्रकार यदि ऑटिस्टिक बच्चे के अभिभावक सत्र के साथ होमियोपैथिक चिकित्सा पद्धति से ऐसे बच्चे का ईलाज करायेंगे तो सफलता निश्चित मिल सकती है ।





ANGER AND ITS SIGNIFICANCE

Dr. Tanmoy Saha, Associate Professor & HOD, *Midnapore Homeopathic Medical College & Hospital*

"Any one can become angry – that is easy. But to be angry with the right person, to the right degree, at right time, for the right purpose, and in right way – that is not easy". – Aristotle; *Greek philosopher and polymath* (384 BC – 322 BC)

Let's face it—anger is a fact of life. Our world is filled with violence, war, hatred, fraud and aggression. Psychologically, many theories of human development focus on the infant's struggle with anger and frustration and the primitive fantasies of aggression, guilt, and reparation that result from these feelings. In essence, we grow up with anger right from the beginning of life. In Homoeopathy, we treat the patient as a whole and mental symptom constituted one of the main pillars of "totality of symptoms". Among the mental symptoms anger and anger related expression are the most important as prescribing indication in many remedies like Nat. mur, Chamomilla, Staphysagria etc.

Normal anger is the expression of irritated mind but when anger cross the normal level leads to abnormal anger or D-a-n-g-e-r.

Anger is an emotion, "subjectively experienced as an aroused state of antagonism toward someone or something perceived to be the source of an aversive event."

In modern society, anger is viewed as an immature or uncivilized response to frustration, threat, violation, or loss.

Accordingly, 'Modern Psychology'-- Anger is viewed as "a natural and healthy response that has evolved to enable us to deal with threats".

Three types of anger are recognized by psychologists:

1. "HASTY AND SUDDEN ANGER": One connected to the impulse for self-preservation, occurring when the

person or animal is tormented or trapped.

2. "SETTLED AND DELIBERATE": The second type of anger is a reaction to perceived *deliberate* harm doing or unfair treatment by others.

3. "DISPOSITIONAL": Irritability, sullenness and churlishness are examples of the third type of anger which is related more to character traits than to instincts or cognitions.

EXPRESSION OF ANGER AND ITS PHYSIOLOGY

The external expression of anger can be found in facial expressions, body language, physiological responses, and at times in public acts of aggression.

The facial expression and body language are as follows:

- The facial and skeletal musculature are strongly affected by anger.
- The face becomes flushed, and the brow muscles move inward and downward, fixing a hard stare on the target.
- This is an innate pattern of facial expression that can be observed in toddlers.
- The nostrils flare, and the jaw tends toward clenching.
- Tension in the skeletal musculature, including raising of the arms and adopting a squared-off stance, are preparatory actions for attack and defense.
- The muscle tension provides a sense of strength and self-assurance.
- An impulse to strike out accompanies this subjective feeling of potency

Physiological responses to anger include:

- an increase in the heart rate, preparing the person to move, and
- increase of the blood flow to the hands, preparing



them to strike.

- Perspiration increases (particularly when the anger is intense).

Physiology: - According to Professor Novaco, "Autonomic arousal is primarily engaged through adrenomedullary and adrenocortical hormonal activity. The secretion by the adrenal medulla of the catecholamines, epinephrine, and norepinephrine, and by the adrenal cortex of glucocorticoids provides a sympathetic system effect that mobilizes the body for immediate action (e.g. the release of glucose, stored in the liver and muscles as glycogen). In anger, the catecholamine activation is more strongly norepinephrine than epinephrine (the reverse being the case for fear). The adrenocortical effects, which have longer duration than the adrenomedullary ones, are mediated by secretions of the pituitary gland, which also influences testosterone levels. The pituitary-adrenocortical and pituitary-gonadal systems are thought to affect readiness or potentiation for anger responding."

Symptoms of anger

Anger can be of one of two main types: Passive anger and Aggressive anger. These two types of anger have some characteristic symptoms:

Passive anger

Passive anger can be expressed in the following ways:

- Secretive behavior, such as stockpiling resentments that are expressed behind people's backs, giving the silent treatment or under the breath mutterings, avoiding eye contact, putting people down, gossiping, anonymous complaints, poison pen letters, stealing, and conning.
- Manipulation, such as provoking people to aggression and then patronizing them, forgiveness, provoking aggression but staying on the sidelines, emotional blackmail, false tearfulness, feigning illness, sabotaging relationships, using sexual

provocation, using a third party to convey negative feelings, withholding money or resources.

- Self-sacrifice, such as being overly helpful, making do with second best, quietly making long suffering signs but refusing help, or lapping up gratefulness.
- Self-blame, such as apologizing too often, being overly critical, inviting criticism.
- Ineffectualness, such as setting yourself and others up for failure, choosing unreliable people to depend on, being accident prone, underachieving, sexual impotence, expressing frustration at insignificant things but ignoring serious ones.
- Dispassion, such as giving the cold shoulder or phony smiles, looking cool, sitting on the fence while others sort things out, dampening feelings with substance abuse, overeating, oversleeping, not responding to another's anger, frigidity, indulging in sexual practices that depress spontaneity and make objects of participants, giving inordinate amounts of time to machines, objects or intellectual pursuits, talking of frustrations but showing no feeling.
- Obsessive behavior, such as needing to be clean and tidy, making a habit of constantly checking things, over-dieting or overeating, demanding that all jobs are done perfectly.
- Evasiveness, such as turning your back in a crisis, avoiding conflict, not arguing back, becoming phobic.

Aggressive anger

The symptoms of aggressive anger are:

- Threats, such as frightening people by saying how you could harm them, their property or their prospects, finger pointing, fist shaking, wearing clothes or symbols associated with violent behavior, tailgating, excessively blowing a car horn, slamming doors.
- Hurtfulness, such as physical violence, verbal



abuse, biased or vulgar jokes, breaking a confidence, playing loud music, using foul language, ignoring people's feelings, willfully discriminating, blaming, punishing people for unwarranted deeds, labeling others.

- Destructiveness, such as destroying objects, harming animals, destroying a relationship between two people, reckless driving, alcohol abuse.
- Bullying, such as threatening people directly, persecuting, pushing or shoving, using power to oppress, shouting, using a car to force someone off the road, playing on people's weaknesses.
- Selfishness, such as ignoring other's needs, not responding to requests for help, queue jumping.
- Vengeance, such as being over-punitive, refusing to forgive and forget, bringing up hurtful memories from the past.
- Unjust blaming, such as accusing other people for your own mistakes, blaming people for your own feelings, making general accusations.
- Manic behavior, such as speaking too fast, walking too fast, working too much and expecting others to fit in, driving too fast, reckless spending.
- Grandiosity, such as showing off, expressing mistrust, not delegating, being a poor loser, wanting center stage all the time, not listening, talking over people's heads, expecting kiss and make-up sessions to solve problems.
- Unpredictability, such as explosive rages over minor frustrations, attacking indiscriminately, dispensing unjust punishment, inflicting harm on others for the sake of it, using alcohol and drugs, illogical arguments.

Homeopathic view about Anger:

According to "Repertory of the Homeopathic Materia Medica" by J. T. Kent the following remedy are under rubric 'Anger'-

ANGER, irascibility (See Irritability and Quarrelsome) :
Acon., act-sp., aesc., agar., agn., all-c., aloe., am-c., ambr., Anac., *apis*, arg-m., arg-n., arn., *ars-i.*, Ars., asar., aster., atro., Aur., bar-c., bar-m., *bell.*, Bry., bufo., cact., calad., *calc-p.*, *calc-s.*, *calc.*, cann-s., canth., *caps.*, *carb-an.*, *carb-s.*, *carb-v.*, carl., *caust.*, Cham., chel., chin-a., chin., chlor., cimid., cinnb., clem., *cocc.*, *coff.*, *coloc.*, con., cop., *croc.*, crot-t., cur., cycl., cypr., dig., dros., *dulc.*, elaps., eupi., ferr-ar., ferr-i., ferr-p., ferr., fl-ac., gels., gran., *graph.*, ham., hell., Hep., hydr., *hyos.*, Ign., *iod.*, *ip.*, kali-ar., Kali-c., kali-n., *kali-p.*, Kali-s., lach., *led.*, Lyc., mag-s., mang., meph., merc., merl., *mez.*, *mosch.*, *mur-ac.*, myric., nat-a., nat-c., Nat-m., nat-p., *nat-s.*, nicc., Nit-ac., nux-m., Nux-v., olnd., op., osm., *pell.*, Petr., *ph-ac.*, *phos.*, plat., *psor.*, puls., ran-b., rat., *rhus-t.*, ruta., sabad., sang., seneg., Sep., sil., spig., squil., *stann.*, Staph., stram., *stront.*, sul-ac., Sulph., *tarent.*, tell., *thuj.*, tril., valer., verat., *zinc.*

The following discussion about first-grade remedy extract from Kent repertory: -

Aconitum Napellus: - Violent anger, ailments after anger which also accompanies with anxiety, fright. Cough from the anger. Vertigo, headache, diarrhoea, perspiration after anger:paroxysms of fever brought on by anger. Trembling from anger.

Anacardium Orientale: - Violent anger, anger from contradiction.

Arsenicum Album: - Violent anger. ailments after anger, with anxiety, silent grief.; anger when consoled, from contradiction, sadness after anger; epistaxis, diarrhoea, cough from anger; asthmatic respiration after anger.

Aurum Metallicum: - Violent anger; ailments after anger, with anxiety, fright, indignation, silent grief. Anger alternating with cheerfulness. anger from contradiction, anger with trembling,

Bryonia Alba: - Violent anger; ailments after anger, with anxiety, anger from contradiction, headache with



congestion of head after anger, red discoloration of face after anger; Thirst after anger, diarrhoea, cough after anger.

Chamomilla: - Violent anger; ailments after anger, with anxiety, anger when consoled, complaints after anger with restlessness. anger from interruption, cough after anger, headache with congestion of head after anger, toothache after anger, spasms of throat, bile vomiting, colic, diarrhoea after anger, in case of female, inflammation of uterus after anger; anger brings on the menstrual flow; suppressed menses from anger, metrorrhagia after anger; cramping pain in uterus, asthmatic respiration after anger, suppressed breast milk, from anger. Convulsion after anger.

Hepar Sulphuris Calcareum: - Violent anger, so that he could have stabbed any one with anger.

Ignatia Amara: - Violent anger. ailments after anger, with anxiety, fright, silent grief.; alternating with cheerfulness. Anger from contradiction. insanity caused by fright or anger, headache, cough after anger.

Kali Carbonicum: - Anger in the morning on waking, also in the evening; anger at absent persons; headache from anger.

Lycopodium Clavatum: - Violent anger. ailments after anger, with anxiety, indignation, silent grief.; anger from contradiction; headache from anger, anger with trembling.

Natrum Muriaticum: - Violent anger. ailments after anger, with anxiety, indignation, silent grief.; anger when consoled, anger when obliged to answer; headache, paralysis of lower extremities, from anger. Anger brings on the menstrual flow. Weakness of upper limbs after a fit of anger; paroxysms of fever brought on by anger.

Nitricum Acidum: - Violent anger. anger over his mistakes, anger with trembling,

Nux Vomica: - Violent anger. ailments after anger, with anxiety, fright, indignation, silent grief.; anger when

obliged to answer; anger from contradiction and interruption; so that he could have stabbed any one with anger; sadness, weeping after anger, headache, toothache after anger. Thirsty after anger. Bile vomiting, abdominal pain, diarrhoea, cough, haemorrhage in the chest, fever, paralysis of extremities, convulsion after anger.

Petroleum: - Violent anger. Anger in the morning on waking, also in the evening; ailments after anger, with anxiety, fright; anger from contradiction. headache at forehead, occiput with pressing pain from anger; paroxysms of fever brought on by anger.

Sepia: - Violent anger. ailments after anger, with anxiety, fright; anger from contradiction; anger about former vexations, past events, bad effect of suppressed anger; anger with trembling; sadness after anger; headache, cough, palpitation of heart, trembling of hands after anger; paroxysms of fever brought on by anger.

Staphysagria: - Violent anger. ailments after anger, with indignation, silent grief.; anger over his mistakes, throws things away; bad effect of suppressed anger; headache with congestion after anger, pressing pain at occiput from anger. Red discoloration of face after anger, pressing pain of sides, throat-pit at external throat after anger; abdominal colic, diarrhoea, metrorrhagia after anger; constriction, pressing pain of larynx and trachea after anger; voice weak and lost after anger; oppression of chest, cough, palpitation of heart, paralysis, hemiplegia after anger; paroxysms of fever brought on by anger. General trembling, from anger.

Sulphur: - Violent anger. Anger in the morning, forenoon at 11 a.m.; ailments after anger, with anxiety, fright; anger over his mistakes; anger alternating with quick repentance; abdominal pain, constriction of larynx, convulsion after anger.



ROLE OF TAUTOPATHY @ TUTOPATHY IN MODERN DAY HOMOEOPATHIC PRACTICE

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ASST TO LATE DR. PRASANTA BANERJI



INTRODUCTION:

Tautopathy, sometimes referred to as "Tutopathy" in Indian parlance, involves using potentized preparations of substances that originally caused ill effects or toxicity—most commonly allopathic drugs, toxins, or chemicals—to remove or neutralize those effects in a patient. This principle is distinct from classical Homoeopathy, which is based on "similia similibus curentur" (like cures like), whereas tautopathy operates via "identicals"—using the same substance that caused the harm, now in diluted and potentised form, to treat lingering effects of that substance in the body. In other words " Tautopathy is a therapeutic approach that utilizes potentized versions of allopathic drugs to counteract their negative side effects. This method, akin to homeopathy, focuses on the principle of "like cures like," where a substance that causes symptoms in healthy individuals can be used in a diluted form to treat similar symptoms in those affected by the original substance. Tautopathy serves as a vital tool in pharmacology and toxicology, aiding in detoxification processes and providing relief from the adverse effects of conventional medications."

THE CONCEPT OF TAUTOPATHY:

Tautopathy, derived from the Greek word "tauton" meaning "the same," involves treating conditions caused by allopathic medications with potentized forms of those very substances. It aims to address drug-induced symptoms by employing micro-doses of the original allopathic drugs that created

those ailments. According to proponents, this practice allows for recovery from both acute side effects and chronic symptoms caused by drug use, including addiction and chemical toxicity. Tautopathy is thus a complementary treatment, enhancing conventional approaches by alleviating the burdens introduced by standard pharmacotherapy.

TAUTOPATHY VS. ISOPATHY :

While tautopathy is often confused with isopathy, the two concepts diverge significantly. Isopathy focuses on treating diseases with the exact material causing them, such as using a nosode derived from the disease itself. In contrast, tautopathy employs a potentized form of the drug that resulted in adverse effects rather than the disease itself. The key difference lies in the application of the potentized substance: tautopathy addresses the side effects from previously used drugs, while isopathy deals with the disease caused by an infectious agent. This clarification is essential to understanding how each method is applied in homeopathic practice.

METHODS OF TAUTOPATHIC PRESCRIBING:

Tautopathic prescribing has several strategies tailored to specific situations. Practitioners may distinguish between acute drug side effects and chronic symptoms in a patient's case history to provide appropriate treatment. Additionally, tautopathy can be utilized for managing drug withdrawal symptoms by employing higher



potencies to assist in detoxification. This approach can facilitate recovery from cravings linked to various substances, including pharmaceuticals and recreational drugs. Moreover, tautopathic remedies have been found beneficial for addressing acute overdoses, thereby emphasizing its critical role in emergency medical scenarios.

Tautopathic medicines are prepared using trituration and succussion methods, following either decimal or centesimal scales to potentize conventional drugs, increasing their healing properties.

PRACTICAL PROTOCOLS FOR USING TAUTOPTHY IN PRACTICE :

I. Practical protocols for using tautopathy in clinical Homoeopathic practice generally involve selecting, preparing, and administering the potentized form of the causative drug, chemical, or toxin based on the patient's history and symptomatology. These steps provide a clear and actionable outline for clinicians

II. Protocol for Tautopathic Prescription Case History and Identification Document a detailed clinical history, especially for persistent symptoms following exposure to drugs, vaccines, or toxins.

III. Identify the exact drug, chemical, or agent implicated (e.g., antibiotics, steroids, vaccines, contrast media, chemotherapy agents).

IV. Selection and Preparation Source a potentized tautopathic remedy corresponding to the culprit agent (e.g., potentized Penicillin for Penicillin-induced symptoms, potentized vaccine for post-vaccination reactions)

V. Remedies are prepared similarly to classic homoeopathic remedies, following potentization and dilution standards.

VI. Dosing Protocols For recent exposure or acute

reactions: 30C potency is commonly used. Dose three times a day for up to three days. Reassess the need for ongoing treatment after initial course. Adjust frequency for lower/higher potencies.

VII. For chronic or long-standing drug-induced symptoms: Careful assessment and individualized dosing is necessary. Chronic layers may require repeating the course or using higher/lower potencies. Management should be under a qualified homoeopath's supervision.

VIII. Special Cases For prevention (before exposures such as repeated medication courses, vaccines, or occupational toxin exposures): Give one dose just before exposure, followed by three times daily dosing for up to three days after exposure.

IX. For drug withdrawals or acute detoxification: Treat as acute cases, possibly using higher potencies. Remedies may be administered in water for enhanced effect.

X. Follow-up and Integration Monitor patient response and symptom change after the course. If symptoms resolve, proceed with constitutional or miasmatic remedy as clinically appropriate. If symptoms persist, repeat tautopathic remedy or adjust potency as needed.

XI. Avoid mixing tautopathic and general homoeopathic layers; resolve the drug/toxin layer before continuing with broader homoeopathic strategy.

XII. Clinical Pearls and Cautions Tautopathy is best for managing clear-cut adverse drug reactions, persistent drug layers, or well-defined toxin exposures.

XIII. Do not use tautopathy indiscriminately for all symptoms—reserve for contexts with definitive causative agents and persistent drug-related blocks.

XIV. Persistent or severe cases should be evaluated



and managed by experienced homoeopaths to avoid masking deeper constitutional pathologies.

XV. These protocols integrate with classical Homoeopathic practice, helping to remove toxic obstacles to cure and restoring full remedy response in the contemporary, polypharmaceutical clinical environment.

ROLE AND IMPORTANCE IN MODERN HOMOEOPATHIC PRACTICE :

Tautopathy holds special relevance today because of the widespread use of powerful pharmaceuticals and chemicals which often leave behind complex drug-induced diseases and adverse effects. Homoeopaths increasingly encounter patients whose symptoms are the result of such exposures, including chronic side effects of antibiotics, steroids, vaccines, environmental toxins, and addictions. In these scenarios, tautopathic prescriptions offer an approach where classical similimum remedies may not directly antidote or clear the drug-induced layers or toxicity, but tautopathic remedies specifically targeted to the offending agent can remove obstacles to cure, allowing constitutional remedies to act more effectively.

Therapeutic Relevance and Mechanism Tautopathy remedies are prepared according to homoeopathic pharmaceutical processes and administered in potentized form, not as crude drugs. They are used primarily for drug or chemical-induced symptoms, especially when the causative agent and the resultant adverse effects are clearly identified.

Modern Homoeopathic practitioners employ tautopathy to: Antidote lingering drug effects. Facilitate constitutional treatment by removing obstacles. Treat cases where chronic drug exposure creates new disease layers not responsive

to traditional materia medica.

Clinical Value and Criticism Tautopathy is considered "indirect Homoeopathy" and is closer to Isopathy, as it uses the causative agent in potentized form without full proving on healthy humans. It is not a substitute for classical Homoeopathy but a complementary method, especially when facing the complexities of modern pharmacological interventions.

The first homeopathic prescription by Hahnemann—China to antidote China poisoning—is cited as an example of tautopathic intervention. Critics argue its evidence base is less robust than classical materia medica and it should not be overused but reserved for clear-cut cases. Conclusion Tautopathy remains an important adjunct in contemporary Homoeopathic practice, addressing the challenges of drug toxicity and layered pathologies prevalent in the modern era. Its core value lies in clearing obstacles to cure and supporting holistic health restoration when conventional homoeopathic remedies alone may not be sufficient.

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IV. TAUTOPATHIC MATERIA MEDICA
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THYROID HORMONE IS ONE OF THE ESSENTIAL HORMON, SCREATED FROM THYROID GLAND.

Prof (Dr.) Susanta Saha, MD

Formally attached with Metropolitan College and NIH.



Case

Name - Sumaira Jahan

Age/Sex - 13yrs /Female

Presenting Complaint

1. Restriction of hight
2. Menstruation not yet started
3. Pain in abdomen < rich food.
4. Myopia for 6 months
5. Itching, redness and swelling < sun

Past History

Measles/ Vaccination

Family history

Mother - Gastric/ GB stone (operation)

Grand-father - TB

Grand-mother - GB stone (operation)/ Tonsil operation.

Aunty - TB

Father - Gastric/Thyroid /Cholesterol /Fatty liver

Grand-father - Hypertension/ hip joint fracture

Grand-mother - Hypertension/ Diabetes Mellitus/ CKD

(Died)

Generalities

Stool - constipation

Urine - NAD

Sleep - Good

Sweat - profuse, esp. on face

Mind - Sentimental / Memory moderate.

Rx

Puls 0/2, 0/3, 0/4, 0/5

Next Visit (25/10/23)

No abdominal pain

No itching, redness and swelling. no

Rx

Puls 0/6, 0/7, 0/8, 0/9

Next Visit (20/01/24)

All symptoms better than before.

Rx

0/10, 0/11

Next Visit (19/02/24)

Ringworm on left thigh.

Rx

0/12, 0/13

Next Visit (18/05/24)

Ringworm better than before

Rx

0/14, 0/15

Next Visit (31/08/24)

No ringworm

TSH -199

Rx

Baryta carbonica 1M/ 2d

Next Visit (08/11/24)

Other symptoms all better than before.

TSH - 9.6

Rx

Placebo

Next Visit (24/02/25)

Allergy slightly increased.

TSH - 4.40

Rx

Placebo

Next Visit (16/5/25)

Allergy better than before.

First Menstutation began, LMP - 07/04/25

Rx

mum I'm Placebo



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LYCOPODIUM IN HEPATOCELLULAR CARCINOMA

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Research Article

Diluted *Lycopodium* Induced Cell Death and Clinical Improvement in Hepatocellular Carcinoma

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ARTICLE INFO

Article history:

Received: 15 June, 2022

Accepted: 27 June, 2022

Published: 8 July, 2022

Keywords:

Hepatocellular carcinoma

Lycopodium

cytokines

gene expression

anti-cancer agent

ABSTRACT

Hepatocellular carcinoma (HCC) is a common cancer with high incidence rate, and 5-year survival rate in HCC is less than 20%. Thus, in search of newer anticancer agents effective in HCC, we have explored possible usefulness of an alternative medicine *Lycopodium* against the human liver cancer cell line, HepG2 along with its clinical efficacy. The HepG2 cell line was challenged with *Lycopodium 6C* (diluted *Lycopodium* <1pg /mL available as alternative medicine) along with vehicle alcohol control in 24 hours. The cytopathic effect and viability test with methylene blue stain were observed. The cells were harvested for total RNA extraction, and gene expression levels of targeted cytokines -Interferon gamma (IFN γ); Interleukins - IL-6, IL-8, IL-10, IL-1 β , Transforming Growth Factor- TGF- β 1, TGF- β 3 and Tumor Necrosis Factor alpha (TNF- α) by RT-PCR were studied. DNA fragmentation assay and cell viability assay by MTT method were also tested. After ethical permission we applied this medicine as adjunct therapy to observe any beneficial role of the medicine. Statistically significant changes of IL-10, IL-1 β and TGF- β 3 were observed after challenge with *Lycopodium 6C*. The IL-10 gene expression in malignant cells was significantly reduced with *Lycopodium 6C*; however, the expression is more with vehicle alcohol compared to normal control set. Thus, the medicine could decrease the excessive IL-10 gene expression to a moderate level. IL-1 β and TGF- β 3 gene up-regulation by the vehicle alcohol were also mitigated by the medicine *Lycopodium 6C*. Mild DNA fragmentation was also seen in cancer cells after challenge with the medicine. Two cases suffering from hepatocellular carcinoma showed much clinical improvement after therapy with this medicine. *Lycopodium 6C* may act as a supporting alternative medication for treating HCC.

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Introduction

Cancer is a deadly disease that has already taken the entire world in its grip, and so the problem requires a multifaceted approach for its treatment [1]. Among the varied forms of cancer, hepatocellular carcinoma (HCC) is very common due to its high frequency and incidence rate. A chronic inflammatory environment induces the development of HCC which usually represent the chronic active hepatitis following viral infection or due to substance abuse (alcohol) [1, 2]. Surgical resection and/or transplantation are considered to be the two most efficient treatment methodologies for liver cancer, but unfortunately not all patients could avail these treatment procedures [3].

Among the other modes of treatment, homeopathy is considered to be an alternative treatment approach with no such significant side effects and also lessens the pain associated with the disease [4]. The homeopathic clinicians prescribes both mother tinctures and *potentized* preparations for the treatment purpose depending on the symptomatic manifestations of the patient and have claimed that both mother tincture and *potentized* preparations are useful against the disease condition [4]. Researchers have also revealed that the homeopathic medicine *Lycopodium* could reduce the pathogenesis associated with the tumor like growth, and in tum could also retard the growth of the tumor itself. Moreover, the homeopathic preparation was evident to enhance the life span of the tumor carrying animals [4, 5].

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In our study we have chosen *Lycopodium 6C* against the HCC cell line HepG2. *Lycopodium* is also known as “clubmosses”, “creeping cedars” and “ground pines” and the plant belongs to family “Lycopodiaceae” [6]. The medicine showed varied uses in homeopathy such as for constipation, chronic lung and bronchial disorders, fever, aneurysms and also against cancer [6]. It can also be useful against gastric inflammation and chronic kidney disease. Several researchers have also claimed about its hepato-protective, anti-oxidant, immune modulatory, neuroprotective, antimicrobial, analgesic, and anti-cancer properties [6]. Thus in the present study we have explored the anti-cancer activity of the homeopathic preparation “*Lycopodium 6C*” against the human liver cancer cell line (HepG2).

Materials And Methods

I Procurement of Cell line

The HepG2 was procured from National Centre for Cell Science, Pune, India. The cells was transported in a T25 cm² flask within growth medium, Minimum essential medium (Eagle) with 2mM L-glutamine and Earle’s Balanced Salt Solution (BSS) that was adjusted to contain 1.5g/L sodium bicarbonate, 0.1mM non-essential amino acids and 1.0mM sodium pyruvate, 90% concentrated fetal bovine serum of final concentration of 10%.

II Procurement of Chemicals

The medicine *Lycopodium 6C* was purchased from “HAPCO, India” - an India government recognized homeopathic medicine producing company”. It was a diluted and *potentized* alcoholic plant extract material prepared by homeopathic pharmacopoeia guidelines. The Dulbecco’s Modified Eagle Medium (DMEM) (1X) along with Glutamax was procured from Gibco, ThermoFischer, USA. The medium was supplemented with F-12 (1X) nutrient mixture Ham + L-glutamine (Gibco, ThermoFischer, USA) for the better growth of the HepG2 cell line. The Fetal bovine serum (FBS) and the antibiotic –antimycotic solution namely Penicillin/Streptomycin/Amphotericin B Solution (100X), Phosphate buffer saline (PBS, 1X) of pH 7.4, Trypsin enzyme (0.05 X) were all purchased from Gibco, Thermo Fischer, USA. The MTT assay kit EZ Count was purchased from Himedia, India. The molecular biology chemicals such as the RNA isoplus were purchased from Takara, the cDNA synthesis reverse transcriptase kit and the iTaq Sybr green supermixture for RT-PCR were purchased from Bio-Rad, USA.

III Cell Culture

The HepG2 cells were allowed to reach 80% confluency in a T25 cm² flask for 48 hours with DMEM+F12 supplemented with antibiotic solution, and 10% FBS media for 48 – 72 hours [7]. The media change was given at a regular interval of 48 hours after washing the cellular debris with PBS (1X). The cells were splitted using Trypsin solution for 10 minutes and then the flask was agitated manually, so that the adherent cells leave the base of the flask. Immediately after 10 minutes, the trypsin was inactivated with DMEM media supplemented with FBS (10%). The cells were then centrifuged at 1200 rpm for 12 minutes. The supernatant

medium was decanted and fresh media was added of required volume to carry out the experiment in a 6wells plate [6, 7].

1 mL of cells containing media was added to each well of the plate and kept in 5% carbon dioxide incubator in a humidified environment for the next 24 hours. The next day the wells were washed with 1X PBS and again fresh media was added. The cells were allowed to reach a confluency of 10⁵ - 10⁶ before the inoculation of the inoculums [6, 7].

IV Inoculation of Medicine

The cells were challenged with 100 µL of medicine, *Lycopodium 6C* to three wells each (triplicate sets), Alcohol vehicle in another three wells and the rest three wells served as control without any inoculums. The plates were rotated clockwise and anti-clockwise for mixing of the inoculums. Immediately after inoculation pictures of cell line were taken (0 hour after inoculation).

V Modified Methylene Blue Assay

Modified methylene blue assay can be used for a wide range of cell counting process. This method is advantageous compared to other staining method because the stain can be applied directly upon the adherent cell lines that are growing in any size culture plates [8]. The methylene blue solution is prepared with Phosphate buffer saline solution (1X, PBS), 1.25% glutaraldehyde, and 0.06% methylene blue. The stain was added of volume 1 ml to each well of the 6 well culture plate, and it was incubated at 37°C for one hour. Then the methylene blue solution was thoroughly rinsed with PBS solution and then pictures were taken under inverted microscope to differentiate among the live and dead cells. The cells were observed under inverted microscope under 20X, and 40X to record the cytopathic effect [8].

VI Gene Expression Analysis of Cytokines

The cells of each well were harvested with 1ml RNA isoplus and the total RNA was extracted following the instructions of the manufacturer. The total RNA was estimated using A260/280 ratio and the cDNA were synthesized using the reverse transcriptase kit (Bio-Rad, USA). Then 2µL of the cDNA was utilized for SyBR green RT PCR assay (Bio-Rad, USA) in CFX-96 model of RT PCR, Bio-Rad, USA. The gene expression analysis was conducted of the following genes namely, Interferon (IFN) gamma, Interleukins- IL-6, IL-8, IL-10, IL-1β, Transforming growth factors (TGF) – β1 and β3, and Tumor necrosis factor alpha (TNF α) against the housekeeping gene, β actin [9, 10].

VII MTT (3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium bromide) Assay for Cell Viability

The HepG2 cells viability was measured using the MTT assay kit EZ Count (Himedia Pvt. Ltd., India). The assay was done keeping the required controls such as medium control (without HepG2 cells), Cell line control (Media + HepG2 Cells), and the vehicle control (Medium containing the vehicle solvent or the experimental drug). The volume of experimental drug inoculated upon the cell line was 100µL and the culture plate was incubated at 37°C for one hour in carbon dioxide and humidified atmosphere. Following incubation, 10µL of MTT reagent

was added to the experimental sets and control sets. Thereafter, the plate was incubated in the above-mentioned condition for the next 4 hours. The plate was observed at regular intervals under the inverted microscope as it would develop formazan crystals. After the formation of crystals, 100 μ L of the solubilization solution was added to all the wells, and the plate was shaken by hand for about 5 minutes, and then the plate was kept within the incubator for overnight incubation. The crystals would dissolve within the overnight incubation, and the coloration would develop. Then the absorbance was taken at 570 nm by an automated 96 well plate ELISA reader (Roboniks, India). The data was graphically recorded [11].

VIII DNA Fragmentation Assay

The phenomenon of DNA fragmentation and condensation of nucleus contents are considered to be the activities to be taking place during late apoptosis. Endonuclease which is located at the margins of nucleus can break the chromatin DNA into short fragments during the apoptosis. Here in our experiment, the cells of each well were trypsinized and cell scraper was used to collect maximum number of cells from each wells. Then the cells were washed with PBS twice and proteinase K was added to each tube and incubated at 56 $^{\circ}$ C for 1 hour at water-bath [12]. Then the whole genomic DNA was isolated following the standard protocol of

phenol-chloroform extraction. After extraction the isolated DNA was dissolved in 60 μ L of elution buffer and the purity of the DNA was checked at A260/A280 ratio using UV-Vis Spectrophotometer (Agilent, Singapore). Absorbance of 1.7 was considered to be of pure isolated DNA.

Then the whole genomic DNA of all the samples were loaded within 1% agarose gel for comparison of the intact DNA band of control with the medicine and alcohol control counterparts. Then the gel was stained using ethidium bromide for band visualization and photography using UV-Vis trans-illuminator [12].

IX Application in Patients Suffering from Hepatocellular Carcinoma

After getting ethical permission we could apply this medicine in two cases suffering from hepatocellular carcinoma as adjunct therapy with consent taken from the patients.

X Statistical Analysis

The data was analysed for statistical significance using one-way analysis of variance (ANOVA) using statistical software, GraphPad Prism 9.3.1.

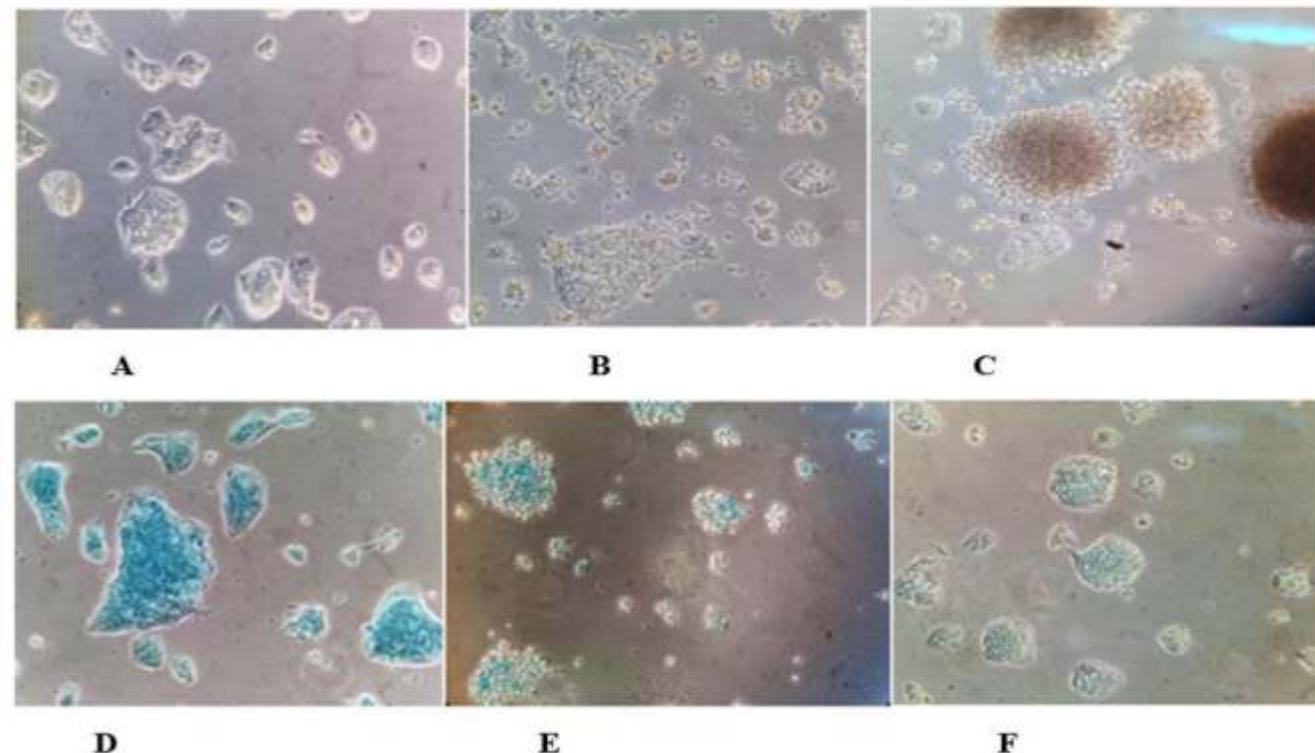


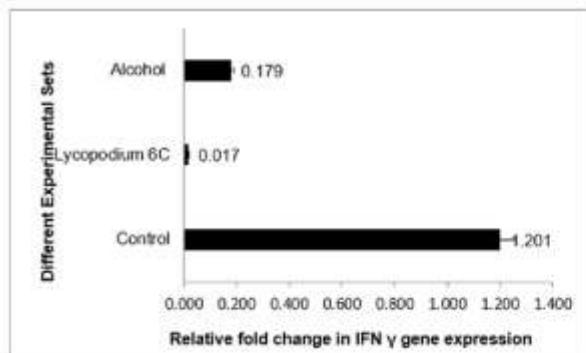
Figure 1: Cell cytopathic effect before and after methylene blue assay - In the control set the HepG2 cells were in usual shape and size along with intact outline. The inoculums were added when confluency was around 60% to 80%. In the medicine set, the cells were round in shape indicating apoptosis. Maximum cells were dead and were uplifted from the base (detachment of cells) of the culture plate after 24 hours of the inoculation. In case of alcohol (vehicle control set), the cells also showed apoptosis, i.e., rounding of cells and cell detachment from base of the culture plate. The size of the cells decreased considerably; however, some cells were still alive in decreased size and were attached to the base of the culture plates. **A)** Represents control HepG2 cell line (after 24 hours). **B)** Cell line after 24 hours of drug inoculation, *Lycopodium 6C*. **C)** Cell line after 24 hours of inoculation of vehicle control (alcohol). **D)** Control HepG2 cells after 24 hours after methylene blue staining. **E)** Cell line after 24 hours of drug inoculation, *Lycopodium 6C* after methylene blue staining. **F)** cells after 24 hours of inoculation with vehicle control (alcohol) after methylene blue staining.

Results

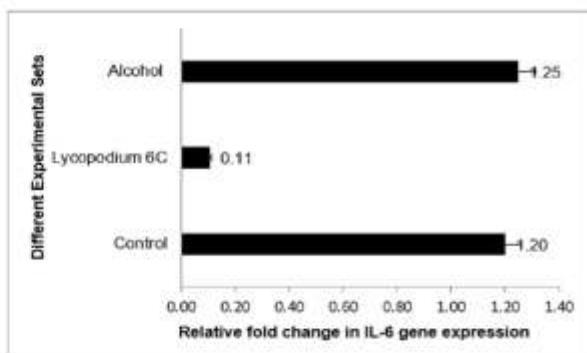
I Cell Morphology and Cytopathic Effect

In the control set the HepG2 cells were in usual shape and size along with intact outline. The inoculums were added when cells were around 80% confluent. In the medicine set, the cells became small round in shape indicating possibility of apoptosis. Maximum cells were dead and were upflipped from the base (detachment of cells) of the culture plate after 24 hours of the inoculation. In case of alcohol (vehicle control set), the cells also showed apoptosis, i.e., rounding of cells and cell detachment from base of the culture plate. The size of the cells decreased

considerably; however, some cells were still alive in decreased size, and were attached to the base of the culture plates. After methylene blue staining, the control cells were stained with intact cellular morphology, usual size and intact margins, whereas in case of alcohol (vehicle control) the cells were decreased in size with membrane blebs. However, few cells had retained the stain indicating that the cells were still alive. In the medicine set, the cells were all rounded in shape and were floating within the media, indicating that all the cells have undergone apoptosis or necrosis (Figures 1A-1F).

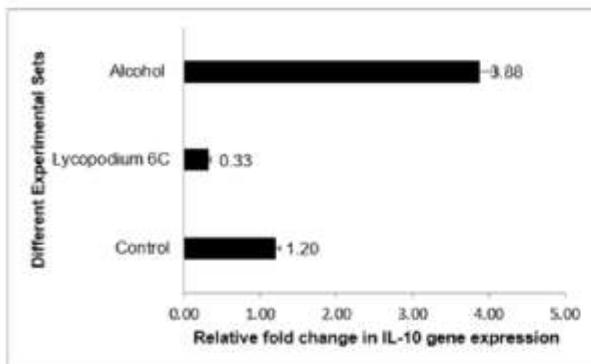


A

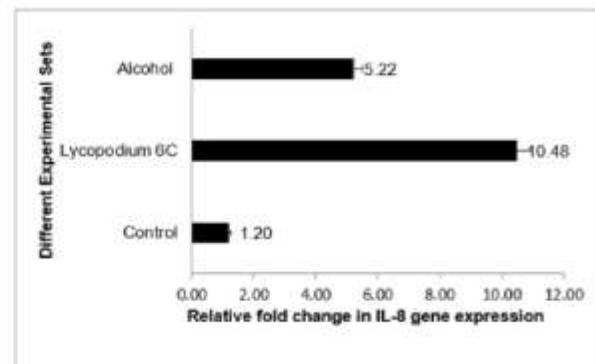


B

Figure 2: Differential expressions of IFN γ and IL-6 genes in different experimental sets – the bar graphs represents the mean value \pm SEM of three independent experimental findings **A)** IFN γ was found decreased in the medicine set in comparison to the alcohol and normal control. **B)** In case of cytokine IL-6, the expression of this particular gene was found to be mildly high in the alcohol and normal control, but on the contrary the gene expression of IL-6 was decreased by the *Lycopodium 6C* set. The change is not statistically significant.



A



B

Figure 3: Differential expressions of IL-10 and IL-8 genes in different experimental sets – the bar graphs represents the mean value \pm SEM of three independent experimental findings **A)** the observation was noted for the IL-10 where the medicine diminished the gene expression in that set, however, the gene expression of this particular cytokine is high within the alcohol control with respect to the normal control set. **B)** However, in case of the pro-inflammatory cytokine, IL-8 the values were enhanced by the medicine, *Lycopodium 6C* set and alcohol control in comparison to its normal control.

II Differential Expressions of Cytokine Genes Using RT-PCR Technique

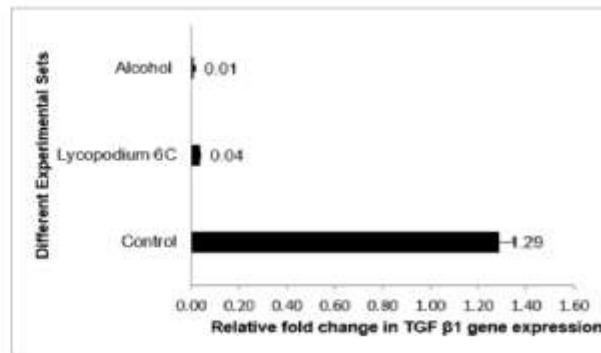
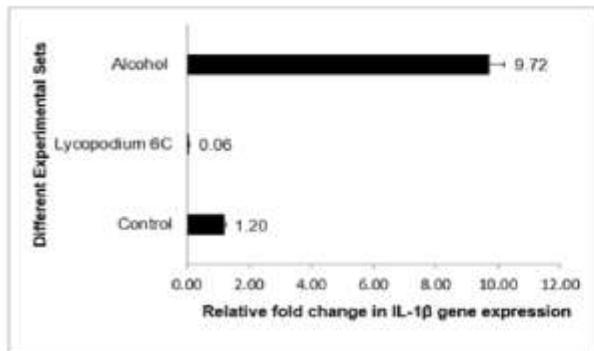
The differential gene expressions of the selected cytokines were represented in the bar diagrams (Figures 2-5). IFN γ was found decreased in the medicine set in comparison to the alcohol and normal control. In case of cytokine IL-6, the expression of this particular gene was found to be mildly high in the alcohol and normal control, but on the contrary

the gene expression of IL-6 was decreased by the *Lycopodium 6C* set. The same observation was noted for the IL-10 where the medicine diminished the gene expression in that set, however, the gene expression of this particular cytokine was high within the alcohol control, with respect to the normal control set. However, in case of the pro-inflammatory cytokine, IL-8 the values were enhanced by the medicine, *Lycopodium 6C* set and alcohol control in comparison to its normal control. IL-1 β which is considered to be a key mediator in the



inflammation process was found to be high in the alcohol control set when compared to normal control, and the value was much reduced by the medicine in that set. TGF, which exhibits anti-tumorigenic effect in the initial stage by induction of cytostatis and apoptosis was found to be decreased in the alcohol control and medicine set with respect to control. However, TGF $\beta 3$ gene expression showed marked increase in the alcohol control and it was reduced in the medicine set whereas in the

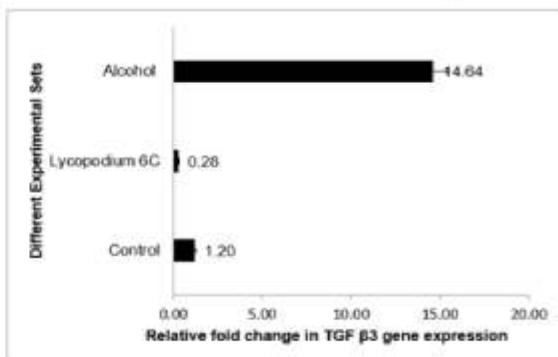
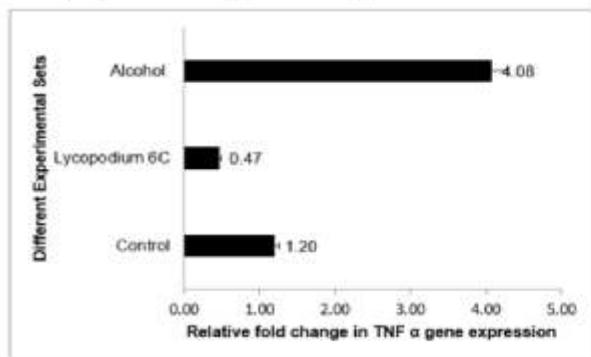
normal control set, the value was 1.20. The last parameter was Tumor necrosis factor α (TNF α), was found to be increased in the alcohol set and reduced in the medicine set when compared to control. MTT assay revealed that more number of HepG2 cells were alive when compared to alcohol vehicle control at the selected drug doses of 10 to 120 μ L (Figure 6). The DNA fragmentation assay also revealed mild fragmentation of DNA (Figure 7).



A

B

Figure 4: Differential expressions of IL-1 β and TGF- $\beta 1$ genes in different experimental sets – the bar graphs represents the mean value \pm SEM of three independent experimental findings. **A)** IL-1 β which is considered to be a key mediator in the inflammation process was found to be high in the alcohol control set when compared to normal control and the value was much reduced by the medicine in that set. **B)** TGF, which exhibits anti-tumorigenic effect in the initial stage by induction of cytostatis and apoptosis was found to be decreased in the alcohol control and medicine set with respect to control.



A

B

Figure 5: Differential expressions of TNF- α and TGF- $\beta 3$ genes in different experimental sets – the bar graphs represents the mean value \pm SEM of three independent experimental findings **A)** Tumor necrosis factor α (TNF α), was found to be increased in the alcohol set and reduced in the medicine set when compared to control. **B)** However, TGF $\beta 3$ gene expression showed marked increase in the alcohol control and it was reduced in the medicine set whereas in the normal control set, the value was 1.20.

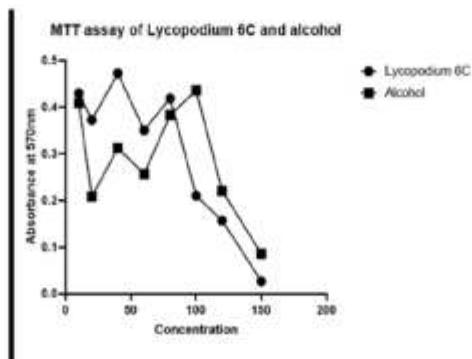


Figure 6: MTT assay curve of *Lycopodium 6C* and alcohol - MTT assay revealed that more number of HepG2 cells were alive when compared to alcohol vehicle control at the selected drug doses of 10 to 120 μ L.

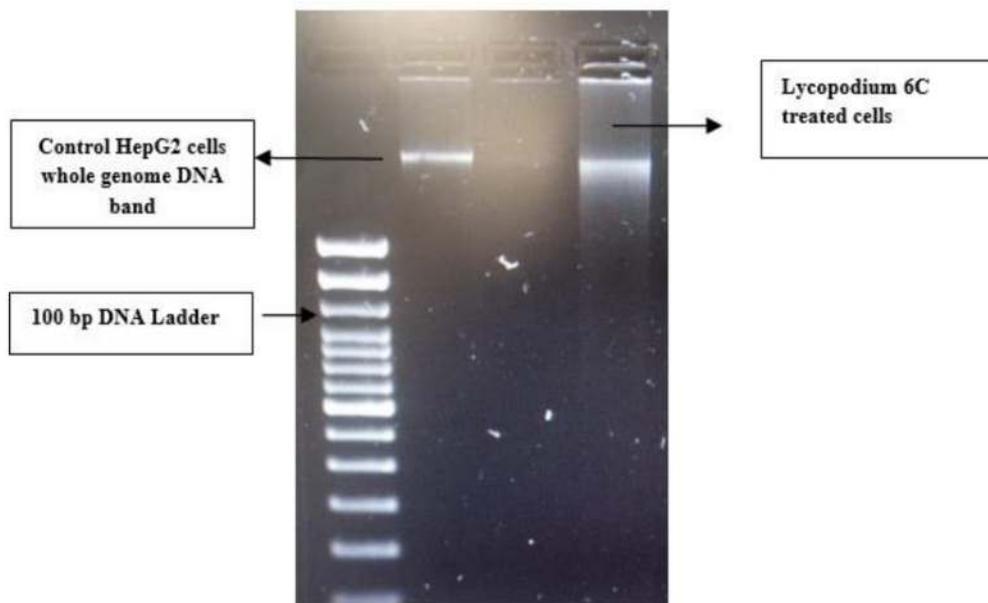


Figure 7: DNA Fragmentation Assay -The DNA fragmentation assay also revealed mild fragmentation of DNA.

III Clinical Study Results

Both the cases showed significant clinical improvement after treatment with the medicine. Details of those two patients are given in the (Table 1). Both the cases were males and they were hepatitis B positive with markedly increased AFP. Pain, nausea, vomiting, anorexia, tenderness of abdomen, and weakness relieved 1-2 months after administration of the medicine.

IV Statistical Analysis

The data showed statistical significance for the cytokine parameters, IL-10, IL-1 β and TGF- β 3 with P-value less than equal to 0.05. The other set values are mentioned in the (Table 2).

Table 1: Different parameters of the two cases those were treated with *Lycopodium*.

Name	Age (Yr)	Sex	Report / Findings										Remark (s)
			FNAC	USG	Hb (G/dL)	Bilirubin (mg/mL)	SGPT (U/mL)	HBsAg	CEA (ng/mL)	AFP (ng/mL)	CA 19,9 (U/mL)	CA 72.4 (U/mL)	
NB	37	M	HCC	Ascites, Mild hepatosplenomegaly, mesenteric lymphadenitis	13.8	0.7	62	+	<0.5	13895.4	24.31	0.31	Clinical improvement for 2 months after giving two doses of the medicine. Pain, nausea, vomiting, anorexia relieved.
HGR	68	M	HCC	Hepatosplenomegaly, SOL in right lobe, portal vein thrombosis, periportal lymphadenopathy	11.7	1.06	28	+	3.4	340	68.04	0.77	Clinical improvement for 1 month after giving one dose of the medicine. Pain, nausea, vomiting, tenderness of abdomen, severe weakness relieved.



Table 2: Statistical Analysis ANOVA summary table of the gene expression analysis values.

SL. No.	Set Analysed (A-C)	F value	P-value	R squared value
1	IFN- γ	2.769	2.083 (NS)	0.6486
2	IL-6	1.666	0.3261 (NS)	0.5263
3	IL-8	0.8445	0.5118 (NS)	0.3602
4	IL-10	17.52	0.0221 (S)*	0.9212
5	IL-1 β	72.61	0.0029 (S)*	0.9798
6	TGF- β 1	2.425	0.2363 (NS)	0.6178
7	TGF- β 3	73.41	0.0028 (S)*	0.9798
8	TNF- α	2.674	0.2155 (NS)	0.6406

*Significant at 0.05 level.

s: significant; ns: non-significant.

Discussion

It is well documented that IFN γ plays a significant role in the host defense procedure but it is still unclear that in what mechanisms does HCC evades or blocks the signal transduction mechanism of immune supervision of IFN- γ [13]. It was observed within a clinical data that the expression of IFN- γ receptors on the surface of cells was induced or stimulated among 27 non-cancerous liver tissue samples. On the contrary, in case of non-stimulated IFN- γ receptors, the size of the tumor was large (statistically significant, $P = 0.032$) along with higher serum alpha-fetoprotein (AFP) level (P value = 0.001) [13]. However, in another research study, IFN- γ has a significant role in the induction of anti-tumorigenic response [14]. The anti-tumorigenic activity of IFN- γ is based on the following functions – anti-tumorous, pro-apoptotic and cytostatic activities and due to these activities, it has a significant role in adjuvant immune-therapy against varied forms of cancers. However, the researchers have confirmed that the resulting concentration of IFN- γ in the micro-environment of the tumor determines its anticancer role.

In our data, we could observe that gene expression of IFN- γ has decreased up to 0.02 fold with respect to the housekeeping gene, β -actin [14]. The role of IL-6 is multifunctional that demonstrates a varied types of activities in different pathological conditions [15]. The main activities of this cytokine can be studied in the environment of liver, where it is mainly produced. Group researchers studied its clinical prognostic role in case of HCC and found a significant positive correlation of IL-6 serum concentration and tumor size among the HCC subjects. The study concluded that IL-6 could help in progression of HCC by acting as an autocrine tumoral growth factor and in turn reducing immune supervision [15]. Our data indicated that *Lycopodium 6C* could control the gene expression of IL-6 thus limiting its role in tumor progression. Another group of researcher also studied the mean serum level of cytokine IL-10 among the HCC subjects via ELISA method and concluded that the level of IL-10 is quite high and it can act as a biomarker along with AFP and IL-6 for the patient [16]. It was also mentioned by other researchers that high level of IL-10 correlates with worse prognosis of patients with negative survival rate suffering from varied forms of cancer [17]. In our data, the value of IL-10 was found to be reduced in the *Lycopodium 6C* set, however, the value was higher in the alcohol set when compared to normal control set. Thus, the medicine could control the high gene expression level of IL-10 which is directly correlated with worsening of the pathophysiological condition.

The cytokine IL-8 was also found to be high among liver cancer tissues and it was evident clinically that there is metastasis with elevated frequency of portal vein, venous and bile duct invasions [18]. The researchers also confirmed that IL-8 serves as an angiogenesis factor in case of HCC and plays a significant role in the metastasis and invasion of HCC [18]. However, in experimental findings we found there is up-regulation of expression of IL-8 gene in the medicine set when compared with respect to alcohol and control sets. Several authors have conferred the activities of pro and anti-tumorigenic activity to cytokine IL-1 and its family [19]. We could see an up-regulation of IL-1 β in the alcohol set but the expression level has been controlled by the medicine *Lycopodium 6C*. Transforming growth factor beta is evident to play role to inhibit the growth of tumor in the early stage of liver cancer with the induction of cytostasis and apoptosis, however, can promote malignant cases in their advanced stages [20]. The gene expression study revealed that the value of TGF beta 3 is high in the alcohol set which got ameliorated in the medicine set. The last and the most important factor is tumor necrosis factor alpha (TNF α) which is evident from research study to promote the growth of tumor along with poor prognosis of HCC [21]. Our study revealed that alcohol increased the level of gene expression of TNF α which got reduced with the application of medicine, *Lycopodium 6C* when compared to control.

Thus, all the cytokine expression changes studied in this experiment appears beneficial to the patient with liver cancer except IL-8 gene expression. However, raised 10.48-fold cytokine gene expression *in vitro* is not so significant, and it is usually counteracted by other cytokines which may lead to a negative action on the cancer cells leading to a possible remission of cancer *in vivo* as a whole. Our preliminary observation with two cases of hepatocellular carcinoma showed symptomatic improvements after administration of this medicine.

Acknowledgement

The authors would like to acknowledge Dr Sajjan Bhajanka, Trustee member, Kalyan Bharati Trust and Shri Pradip Agarwal, Chief Executive Officer of Heritage Institute of Technology to grant permission and provide infrastructure for conducting this research study.

Funding

None.



Conflicts of Interest

None.

Author Contributions

Author DC has carried out the experimental work and written the draft manuscript. Author BS has assisted DC in the experimental work. Author SD has planned the entire experiment, analysed the findings and corrected the final version of manuscript. AKP studied two clinical cases and KP helped in the experiment.

Data Availability

All the data gathered during this experiment are included within this article and additional files attached.

Ethical Approval and Consent

Not applicable.

Abbreviation

HCC: Hepato-Cellular Carcinoma

HepG2: Human liver cancer cell line

IFN γ : Interferon Gamma

IL-6: Interleukin – 6

IL-8: Interleukin – 8

IL-10: Interleukin – 10

IL-1 β : Interleukin – 1 β

TGF- β 1: Transforming Growth Factor- β 1

TGF- β 3: Transforming Growth Factor- β 3

TNF- α : Tumor Necrosis Factor Alpha

RT-PCR: Real Time Polymerase Chain Reaction

DNA: Deoxy Ribonucleic Acid

MTT: 3-(4, 5-dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium bromide

Earle's BSS: Earle's Balanced Salt Solution

DMEM: Dulbecco's Modified Eagle Medium

RNA: Ribonucleic Acid

cDNA: complementary DNA

FBS: Fetal Bovine Serum

PBS: Phosphate Buffer Saline

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International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2024; 8(1): 16-22

Received: 01-10-2023

Accepted: 03-11-2023

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Different types of dermatophytes infections and their homoeopathic management: Review article

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DOI: <https://doi.org/10.33545/26164485.2024.v8.i1a.1046>

Abstract

Dermatophytes are microorganisms that affect human beings globally. It significantly impacts an individual's overall health and quality of life, leading to symptoms such as itching, redness, swelling, and multiple lesions, mostly effect on Individuals with teenagers, adults, children, and immune deficiencies are more prone to widespread infections. It gets transmitted through close contact with clothes, utensils etc. Typically, these infections are at their worst during summer and the rainy season, but they will often heal on their own during the winter months. Homoeopathy is a holistic system of medicine that focuses more on dynamic concepts than materialistic concepts. We have studied some review papers, research journals, and survey reports to gather more knowledge about the effectiveness of homoeopathic medicine on dermatophyte infection. We found that there are different individualised homoeopathic medicines like Sulphur, Rhus Tox, Sepia, Tellurium, Psorinum Thuja Occidentalis, Mezereum, Borax, Graphites, Arsenicum iodatum, Apis Melifica, etc. This review article is solely dedicated to summarizing all the above literature on the different parameters like different types of dermatophyte infections like Tricho-dermatophytes, Glabrous dermatophytes, Intertriginous dermatophytes, Palmo-plantar dermatophytes, unguinal dermatophytes, their cause, clinical representation, pathological diagnosis, and homoeopathic management to treat this. It is one of the most common complaints in the homoeopathic practice, Patient may represent various conditions during the visit to a homoeopath. Sometimes patients may come asymptomatic with different conditions.

Keywords: Dermatophytes, homoeopathic medicine, dermatophytic infection, homoeopathic management

Introduction

Dermatophytes are a group of fungi that only infect the superficial cutaneous keratinized tissue layers and break down the keratin for their growth, they can't invade the subcutaneous tissue layers of the skin. Those Dermatophytes are also known as tinea or ringworm^[1, 2]. The three most common genera of dermatophyte fungi that cause ringworm are Trichophyton, Microsporum, and Epidermophyton^[3, 4, 5, 6]. Dermatophytes are generally classified based on the affected location: Tinea capitis affects the scalp, T. Corporis affects non-hairy skin, T. cruris affects the groin, T. pedis affects the foot, T. barbae affects bearded areas of the face and neck, and T. unguium affects the nails plate and bed, T. manuum affect one or both hands. T. Favus is a type of chronic ringworm involving hair follicles and scalp^[1, 3, 7, 8]. Clinical representation of the severity of the skin infection like redness, itching, ring-like multiple lesions and corticosteroid-modified lesions. It is chronic and recurring in type. Dermatophytes are easily get transmitted through close contact with clothes, utensils, items of furniture, towels, etc. which are contaminated with infectious agents from the infected person and also lack of awareness, low socioeconomic status, poor hygienic lifestyles, damp weather conditions can lead to the swift proliferation of various dermatophyte species^[2, 4, 5, 6, 9, 10]. A cumulative analysis of dermatophyte cases from 1939 to 2021 shows that tinea corporis (32.4%) was the most common infection in India, followed by tinea cruris (19.7%) and tinea unguium (17.9%). Tinea capitis (13.3%), tinea pedis (4.1%), tinea manuum (1.9%) and other lesions were also observed^[11]. I have gone through previously published research journals and articles about the effects of dermatophyte organisms in tropical and sub-tropical regions globally. Currently, fungal skin infections not only induce physical discomfort but also hamper the daily quality of life^[9]. Homoeopathic medicines are undoubtedly the most effective treatment available for dermatophytic infections. It is an indisputable fact that homoeopathy, as a holistic medical system, offers unparalleled benefits to patients.

Aims and Objectives

The purpose of our study was to review articles published in the field of homoeopathic treatment between 2000 and 2023. We aimed to determine whether these articles were peer-reviewed and to assess the value of homoeopathic treatment by compiling curative indications from various textbooks of homoeopathic Materia medica. Our analysis included case reports, case series, past survey reports, and we focused on the most relevant and informative sources. By conducting this review, we aimed to gain a better understanding of the impact of homoeopathy on the field of medicine.

Methodology

Data synthesis

We have gone through electronic databases, published research papers or literatures, homoeopathic books, review papers, survey reports, case reports to collect reliable information for our review literature preparation.

Books

Textbook of Microbiology by Dr C P Baveja, Illustrated Textbook of Dermatology by JS Pasricha & R Gupta, Diseases of the Skin by Dr Farokh J. Master, Textbook of Pathology by Harsh Mohan, Boericke's Materia Medica with Repertory by William Boericke's, Allen's Keynotes by H.C. Allen, Gems of Homoeopathic Materia Medica by dr. J D Patil etc.

Internet Search Engines

After conducting thorough research on platforms such as Google Scholar, PubMed, and Research Gate, we investigated into various research journals, including the International Journal of Homoeopathic Science, International Journal of Health Sciences, International Journal of Ayush Case Reports, Sustainability -Agri-food and Environmental Research, International Journal of Health Sciences and Research, International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy, and EAHRC etc.

Criteria

We included different case studies, case reports, and different observational or experimental studies which were published in different journals as mentioned above.

Discussion about dermatophytes

Different types of dermatophytes and their classification



Trichophyton Dermatophytes: T. Capitis, T. Barbae

Microsporon and trichophyton are the causative fungi, and they affect boys more frequently than girls, as boys have short hair and play with each other's caps more often. More commonly affected regions are occipital and temporal [5, 12].

The salient clinical manifestation: -The fungus grows in the stratum corneum of the epidermis, entering the hair follicle through their mouths, penetrating the cuticle and cortex of the hair, it's growing inside the hair as well. consequently, the hair weakens and breaks, producing alopecia which is always Partial and broken stumps can be seen from the microscopy examination is so irregularly broken and of hair structure mosaic pattern of the mycelia of fungus, both inside the hair structure [5, 6, 13].

Tinea capitis is a fungal infection that affects the scalp and has three different types. The non-inflammatory types are spread through infected humans and cause circular patches or partial alopecia with thin greyish scales and black dot types [5, 6, 14, 15, 16]. On the other hand, inflammatory types are caused by the spread from animals to humans and are characterized by small boil-like lesions with little oozing, redness, and sometimes painlessness [5, 6, 15]. The most severe form of tinea capitis is called Favus, which is caused by the dermatophyte fungus Trichophyton schoenleinii. It results in the honeycomb destruction of the hair shaft [5, 6, 15].



Fig 1: T. Capitis infection on the scalp

Tinea barbae

Fungal infections can occur in areas of the face where there is facial hair such as the beard, moustaches, and eyebrows. They are often spread through direct contact with an infected person or with infected animals such as cattle.

The clinical manifestation of this infection may not be immediately noticeable, but it is usually characterized by the appearance of scaly patches or vesiculopustular, accompanied by inflammation and intense itching in the affected areas [5, 6, 15].



Fig 2: T. Barbae infection on beard areas

Glabrous dermatophytes: Tinea corporis

Fungal infections are a common occurrence in daily life. The most common cause is the Trichophyton fungus, followed by Epidermophyton and Microsporum [5, 6, 117]. The silent clinical manifestation: - Itching is a common symptom, and the skin lesions are usually circular and well-

defined. They appear on exposed, non-hairy skin areas neck, arm, face, and legs [5, 6, 16, 18]. The size and appearance of the lesions vary depending on the individual's sensitivity and the virulence of the fungus. Inflammation of the skin in the form of vesicles and pustules is often seen at the lesion's periphery, contributing to the centrifugal spread [5, 6, 15]. Skin redness, papulovesicular lesions, scaling, and hyperpigmentation may sometimes occur [5, 6, 19].



Fig 3: T. Corporis infection on non-hairy skin areas

Intertriginous dermatophytes

Tinea cruris

Fungal infections caused by Epidermophyton and Trichophyton are quite common [5, 6, 20]. They often appear on the inner thighs and can spread to the scrotum, penis, vulva, perineum, buttocks, and trunk [5, 6, 14]. These infections can also be found on fingers, toes, and armpits due to humidity and heat in skin folds that promote infection [5, 6, 20]. Sexual intercourse and contact with infected toilet seats are common modes of transmission.

Symptoms of this infection include intense itching, small lesions, well-defined patches, redness, inflammation, and scaling [5, 6, 20]. Chronic lesions may show signs of hyperpigmentation and nodulation with a well-defined papulo-vesicular border [5, 6, 15].



Fig 4: T. Cruris infection on intertriginous areas

Palmo-Planter Dermatophytes

Tinea Pedis & Tinea Mannum

Skin areas with a thick stratum corneum, such as the soles and palms, are commonly affected by pedis and T. mannum. This condition is more prevalent in tropical and subtropical regions during summer, with men being more frequently affected than women. The clinical manifestation is often silent, with sharply demarcated lesions on the soles and palms that may have varying degrees of hyperpigmentation, blisters, slight itching, scaling, and oozing. In the chronic hyperkeratotic variety, there may be well-defined patches, powdery scaling on erythematous thickened bases of soles, sides of feet, and palms of hands, as well as the roughness of skin, and sometimes ulcers may develop [5, 6, 14, 15, 21].



Fig 5: T. Pedis, & T. Mannum infection on palmo-planter areas.

Ungual dermatophytes

Tinea unguium

Fungal infection of the nail plate typically begins with the deposition of fungus underneath the distal free edge of the nail. If the nail bed is affected, it may cause the accumulation of powdery material under the distal parts of the nail bed, leading to thickening of the nail plate, discolouration, a dull surface, abnormal angle of the nail bed, and nail deformities. Usually, there is no pain or itching, but in rare cases, pain may occur [5, 6, 15, 22].



Fig 6: T. Unguium infection on the unguial region.

Homoeopathic management

Homoeopathic treatment is based on a thorough investigation of the patient's physical and mental status to identify the totality of symptoms. By applying the principle of similia, the most effective remedy is selected to treat dermatophyte infections. Homoeopathic remedies have been proven to improve overall health, leading to a successful cure. Numerous studies have identified specific homoeopathic remedies that are highly effective in treating dermatophyte infections. There are some homoeopathic remedies mentioned below which the study has done previously.

Sulphur: It is the most frequently used great antipsoric homoeopathic remedy for treating dermatophyte infections, patients having complaints of dry, dirty, scaly unhealthy skin with itching, scratching caused burning sensation, sometimes worse in scratching and washing, pimply eruptions, pustules, hang-nails, excoriation especially folds areas, scalp dry with falling of hairs, worse washing, from the heat of bed, sometimes skin complaints that relapse, many time observed skin affections that have been treated by medicated soaps and wash, with associated constitutional others symptoms have been cured [14, 19, 23, 24, 25, 26].

Rhus toxicodendron: It is also a great remedy for treating dermatophyte infection, patients having complaints of red circular swollen, intense itching, and burning eczematous eruptions with a tendency to scale formation. sometimes recurrent bacterial infection characterized by a large red patch on the skin of the body, vascular lesion, cellulitis, herpes-like eruption worse during rainy weather, at rest, at night, in rest condition and amelioration in dry weather, rubbing, warm application applied with associated constitutional symptoms have been a cured [23, 24, 25, 26].

Sepia: This remedy is selected when patients having complaints of circular patches, itching, and swelling of skin at various parts of the body, not relieved by scratching, apt to change to burning. Soreness of skin and itching in bends of joints, with itching on between fingers, sometimes spot on the skin with regular occurrence, some herpes circinate on isolated spots on upper parts of the body, with deformity of nails, all complaints are aggravation on dampness, sweat, washing, and amelioration on warmth, pressure, from cold bath, sitting cross-legged with associated constitutional symptoms have been a cured [14, 19, 23, 24, 25, 26].

Tellurium: This remedy can be helpful for patients who experience slight inflammation, red spots on the scalp and



other areas, and prominent herpes-like eruptions behind the ears and on the eyelids. It can also help with itching of the hands and feet, ring-shaped lesions in various parts of the body that have an offensive odor, and complaints that worsen with friction, touching, cold weather, rest, and at night. When accompanied by constitutional symptoms, these complaints have been cured with the use of Tellurium [14, 19, 23, 25, 26].

Thuja occidentalis: This remedy is recommended for treating dermatophyte infections and patients with complaints of unhealthy dirty brownish colour of the skin, mottled spots on the skin, scaly, dry eruptions on the skin. Eruptions burn violently after scratching. Eruptions on covered parts only. Pustular eruptions face skin waxy and greasy, and genital folded areas lesions with worse from cold damp air, from the heat of the bed, and motion, better from drawing up limbs, left side. When accompanied by constitutional symptoms, these complaints have been cured with the use of Thuja [23, 24, 25, 26].

Graphites: It is an effective remedy for various skin diseases. Its symptoms are quite evident, including moist scabby eruptions on the scalp, face, bends of joints, between fingers, and behind the ears. It also causes cracking, bleeding, and oozing of a thick, and tenacious discharge from the corners of the mouth and eyes. Graphites are useful for treating fissured eczema and severe itching accompanying the eruptions. It can also help with dry and scaly skin, hair loss, and skin eruptions with a tendency to malignancy such as pimples, keloids, fibromas, eczema, acne, cancer of the breast, and hard and painful cicatrices. Additionally, it can help with erysipelas that start on the face and spread to other parts. Skin complaints tend to worsen during bed warmth at night, during weather changes, and before and during menstruation. However, they improve in the dark, from wrapping up, and by exposure to open air [19-26].

Psorinum: Psorinum is a highly effective remedy for chronic skin conditions that persist even after using the appropriate medication. The skin all over the body, especially on the face looks dirty, despite being washed properly. It has a dull, dark, and unpleasant appearance, as if it is covered in dirt, and cannot be cleaned thoroughly. The skin is rough, lumpy, and easily cracked, sometimes causing bleeding. It also becomes scaly and itchy, particularly when the patient is warm or in contact with woollen fabric. When the patient scratches the affected area, it becomes raw and scabby. Even when the affected area begins to heal, the itching can persist, leading the patient to scratch it again. The skin appears unhealthy with a dingy, dirty appearance, covered with capillary blood vessels and enlarged veins. This is the condition that exists before the eruptions appear. The eruptions include papules, pimples, crusts, boils, and vesicles that ooze watery moisture. Over time, the crusts and vesicles blend together, resulting in thick and hardened skin. A fresh crop of eruptions then emerges from beneath the old crusts, accompanied by rawness, itching, tingling, crawling, and bleeding. Symptoms worsen with bathing and when warm in bed [14, 23, 24, 25, 26].

Arsenicum iodatum: This medicine is used to treat various skin conditions. Some of the common skin conditions that can be treated with this medication include dry and scaly skin that is also itchy, as well as marked exfoliation of skin in large scales, which can leave a raw exuding surface beneath. Other conditions that this medication can treat

include ichthyosis, venereal bubo, debilitating night sweats, eczema of the beard that is watery oozing, and itchy - and gets worse with washing, and acne that is hard, shotty, indurated base with pustule at the apex [19, 23, 24, 25, 26].

Bacillinum: -Bacillinum is an indicated remedy for fungal infections such as ringworms of the scalp, groin, and other areas of the body. It produces ringworm and pityriasis versicoloris all over the skin. Symptoms may worsen at night, while lying down in bed, in the early morning, or in cold air. Symptoms may improve with warmth [23-26].

Antimoinum crudum: Skin complaints: The skin of the patient becomes very thick and dirties at various places. There is a tendency for abnormal growth of skin. Nails of the fingers crack, grow in and can split. Warts and horny spots. Eczema with gastric derangements. Pimples, vesicles and pustules. Urticaria, measles-like eruptions. Itching when warm in bed. Dry skin. Warts. Dry gangrene. Pustular eruptions with burning and itching, worse at night. Large horny corns on the soles of feet, very painful when walking, especially over hard surfaces. The corners of the mouth cracked and fissured. Nostrils are sore, cracked and crusty. The skin looks very dirty and unhealthy [23, 24, 25, 26].

Hepar sulphuris: - Skin: It is a very good remedy for skin diseases. For example, psoriasis, abscesses, eczema, eruptions, boils, itch, acne rash, urticaria, herpes, etc. Moist eruptions in folds of skin and itching in the bends of joints; skin is extremely sensitive and suppurates easily; pimples form around ulcers. Humid eczema of the scalp, sore and sensitive to touch. Eczema of the scrotum and genital organs; boils. Every little injury suppurates. In boils and abscesses where suppuration is inevitable, Hepar, if given in low potency hastens suppuration and heals quickly. However, if given in high potency it aborts the abscess. Ulcers are very sensitive to contact, bleed easily, burn and sting. Cannot bear to be uncovered; wants to be wrapped up warmly and relieved by hot application. Discharges of Hepar are corroding and smell like old cheese. Hepar skin sweats profusely without any relief. It has splinter-like pains [23, 24, 25, 26].

BORAX: - Ringworm: It is useful for ringworm, itching intense, worse at night when undressing, from bathing; immense quantities of white, bran like scales; oozing behind the ears, in the hair, in folds of skin with rawness and soreness; fiery red skin. Amelioration: Cool wind, open air, motion. Aggravation: In a closed room, from motion, exertion, weather changing, damp cold, draught, awakening, noise, thinking of it, mental excitement, music, the pressure of waistband, standing, periodically. Erysipelas in the face, itching on the back of finger joints, unhealthy Skin, herpes, erysipelous inflammation with swelling and tension, trade eruption on fingers and hands, itching and stinging, ends of hair becoming tangled [23-26].

Arum triphyllum: -Raw bloody surface anywhere, impetigo contagiosa, scarlet-like rash, corners of mouth sore and cracked, lips chapped and burning, Aggravation: From cold wind, northwest wind, cold wet, singing, talking, speaking, night, lying down. Amelioration: Warmth [23-26].

Apis mellifica: Apis mellifica is very useful in urticaria. Skin is very sensitive to touch; is waxy, painful and oedematous; stinging, burning, smarting, pricking and itching of the skin in erysipelas; swelling, especially under lower eyelids. All symptoms go from right to left. Aggravation: Worse from heat, hot bath, by lying down,



after sleep, afternoon at 3 pm, in a hot and warm room, from touch, pressure, getting wet. Amelioration: Cold applications, cold bathing, open air, changing position, uncovering, getting erect, cool open air, expectoration, cold water. It acts on the skin, and mucous membranes, which get affected – swollen and inflamed; particularly in the eyes and where there is loose tissue; thus it causes oedema and anasarca [23-26].

Argentum nitricum: Brown, tense & hard, drawing in the skin, as from a spider-web, or dried albuminous substance, irregular blotches, Aggravation: Night, warm room, fire, summer, the warmth of bed, warm drinks, ice cream, uncovering, rising from sitting position, inspiration, touching the parts, thinking intensely, riding, menses, sweets eating after, from emotions. Amelioration: Stimulants, cool open air, fresh air, washing with cold water, tight bandage, sitting, eructation [23-26].

Anagallis: This homoeopathic remedy has a marked effect on the skin. It is often used to treat skin itching and dryness, as well as bran-like eruptions. The vesicles and swellings that occur on folded joints, especially on the hands and fingers, are also common symptoms that Anagallis can help alleviate. In addition to its dermatological benefits, Anagallis has been found to provide relief from associated constitutional symptoms, such as tingling and itching all over the body [23-26].

Mascanella: Skin symptoms include dermatitis with excessive vesiculation, oozing of sticky serum and crust formation, erythema, vesicles, blisters, as from scalds, heavy brown crusts and scabs, erysipelas [23-26].

Kalium sulphuricum: - When it comes to skin diseases, Ferrum phosphoricum is recommended for the first stage, followed by Kalium muriaticum for the second stage, and Kalium sulphuricum after that. This treatment is suitable for all skin eruptions with watery, yellow, and foul-smelling discharges, as well as dry skin and sudden suppression of eruptions. Additionally, if the skin is peeling with or without sticky secretions, ringworm of the scalp or beard with abundant scales, burning, or itching this remedy is also effective. It's important to note the colour of the tongue when selecting the appropriate treatment. The symptoms worsen after from exertion, in summer from touch, high temperature, warmth, motion, at night, early morning, and evening, or in a closed room. Cold, cold drinks, rubbing, and exposure to cold open air can alleviate the symptoms [23-26].

Lycopodium clavatum: This remedy is used for various skin conditions such as violent itching, acne, fissured eruptions, and brown spots. It is also effective for dry, shrunken skin, chronic eczema, and offensive perspiration, especially in the axilla and feet. Symptoms worsen from 4 to 8 pm, after consuming cold drinks, while lying on the right side, and after consuming bed or being exposed to heat or warm air. Symptoms improve with damp weather, loosening clothing, passing urine, consuming warm drinks and food, being in the open air, and uncovering the head [23-26].

Medorrhinum: - This remedy is greatly used in chronic inflammatory dermatophytosis and it is characterized by the

formation of scutula, which are small and crusty lesions on the skin. The affected area is intensely itchy, especially at night and when the person thinks about it. In babies, there may be a fiery red rash around the anus, and copper-like spots can appear on different parts of the body. The symptoms are aggravated by damp and cold weather, slight touch, and during daytime from sunrise to sunset, as well as from heat, bathing in salty water, and early in the morning between 3 to 4 am. On the other hand, the symptoms can be relieved by being in the fresh air, being fanned, hard rubbing, and at sunset [23-26].

Rhus venenata: - Itching, vascular inflammation red patches of skin, many rashes on the skin, skin is dark red, erythema nodosum, itching relieved by applied on hot water [23-26].

Tuberculinum: -This medicine is also useful for ringworm infection, patients having complaints of patches of skin becoming rough and inflamed with blisters which cause intense itching and sometimes bleeding, bran like scales, infolds of skin with rawness and soreness, fiery redskin, melioration: Cool wind, open air, motion. worse at night when undressing, from bathing [19, 23-26].

Mezereum: Skin affections: It is a very useful remedy for the eczematous appearance of skin. Eczema with intolerable itching, worse by a warm bath, in bed. Itching changing place on scratching, coldness after. Eruptions ooze an acrid gluey moisture, form thick crusts, scabs with pus beneath or chalky white in colour. Deep, hard and painful ulcers that itch and burn surrounded by vesicles and shining, fiery red areola. Herpes zoster with burning pain. Aggravation: At night, after suppressions, the warmth of bed, from cold air, damp air, touch. Amelioration: By open air, wrapping up, the heat of the stove [23-26].

Calcarea carbonica: This remedy is recommended for treating dermatophyte infections and patients with complaints of unhealthy skin producing ulceration with burning and itching, petechial eruption, nettle rash, Aggravation: In the morning, evening, after midnight, from cold air, during full moon, from wet weather, from washing cold water, stretching the affected part. Amelioration: Dry weather, lying on the painful side. When accompanied by constitutional symptoms, these complaints have been cured with the use of calcarean carbonica [23-26].

Antipyrine: This medicine act on the Vaso motor Centre, causing dilatation of capillaries of the skin and consequent circumscribed patches of hyperemia and swelling, erythema, eczema, intense itching, urticaria appearing and disappearing suddenly, dark blotches on skin of the penis. When accompanied by constitutional symptoms, these complaints have been cured with the use of antipyrine [23-26].

Results

From Previous studies, we have seen that dermatophyte infections have become a major health issue. All previous study reports showed that the person who suffered from different types of dermatophyte infections are distinguished by the area of the body affected, in older individuals with decreased immune response, and adults also affected due to poor hygienic condition, topical corticosteroid use, poor

blood circulation, also including diabetes person. Then after the proper case-taking we take homeopathically and evaluate the symptoms, conduct reliable tests, and suitable management for specific types of dermatophyte infections chosen. We have to find a homeopathic remedy based on the homeopathic law of similia. Then After treatment, the patient experiences gradual improvement in skin and mental condition, resulting in an enhanced daily quality of life. We have found from the database that there are about 89 researches were done in 5 years on dermatophyte infection in India of which free full-text access papers were only 30. In last five years, we found very few researches on dermatophytes infection and homeopathic management.



Fig 7: Homeopathic medicine in the management of dermatophytosis; a clinic- epidemiological study with pre-post comparison design

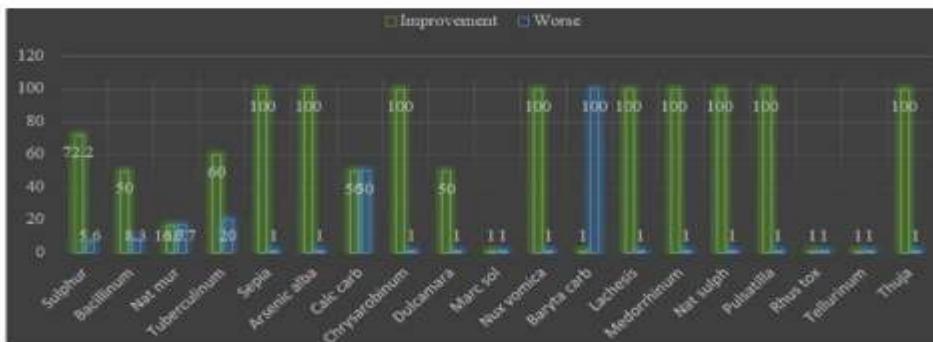


Fig 8: Effectiveness of Homoeopathy in Tinea corporis and Tinea cruris – A Prospective, Longitudinal Observational Study.

Discussion

Dermatophyte infections are a common occurrence worldwide. Our review covers various types of dermatophytes, including their causes, clinical features, and diagnostic methods. We also analyzed the prevalence of these infections across different age groups and genders. Through our analysis of various homeopathic sources, including articles, journals, and Materia Medica books, we found that homeopathic medicines have proven to be highly effective in treating dermatophyte infections. There are few pieces of evidences mentioned below Alam S *et al.* in 2020 presented a retrospective study on Tinea which shows that about 35% of people are affected from Tinea corporis which is commonest followed by T. cruris, T. pedis, T. capitis those infections are predominant in males and mostly affected age group is 21-40 yrs. Individualized homeopathic medicines are used to treat the patients most common of them are Sulphur, sepia, psorinum, tellurium, and arsenic album. Sharma R *et al.* in 2022 presented a case report on homeopathic medicine's effect on tinea that shows Lycopodium shows great effectiveness on tinea infection and the medicine was selected according to symptomatology. Singh A K *et al.* in 2020 presents a case series of dermatophytic infections that shows 30c, and 200c potencies of medicines like Sanicula aqua, Sepia succus, Mercurius solubilis, Sulphur give significant results on tinea infections. Uttamchandani PA *et al* in 2019 present case reports on the effects of homeopathic medicines on dermatophytes infection that shows 30c, and 200c potencies of medicines like Rhus toxicodendron, Arsenic album, Apis mellifica give significant results. Acharya A *et al* in 2021 presents an observational study in Tinea corporis and Tinea cruris that shows both T.corporis and T.cruis equally affecting the population. 19 homeopathic medicines are used depending upon symptomatology.

Conclusion

Dermatophyte infections are a global concern affecting people of all ages and genders, with a higher prevalence among teenagers, children, and older adults. The government has launched awareness programs to combat this issue, but communication gaps remain, making it challenging to treat patients in critical conditions. To address this, we need to identify potential causes, specific symptoms, lifestyles, and the patient's medical and family history. The homeopathic system can then be employed to provide appropriate treatment. Recent studies we have demonstrated the effectiveness of homeopathic medicine in treating dermatophyte infections, and these findings should be integrated into clinical practice in institutions and private clinics.

Acknowledgment

We consider ourselves lucky enough to work under the supervision of Dr. Soumitra Basu, MD (HOM), Director of Metropolitan Homoeopathic College & Hospital. We are heartily grateful to the Principal of Metropolitan Homoeopathic Medical College & Hospital, Dr Chandranath Das, MD (HOM) for giving us the great opportunity to perform this review work. We would like to thank our parents for their support, love and care.

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How to Cite This Article

Ghosh R. Different types of dermatophytes infections and their homoeopathic management: Review article. *International Journal of Homoeopathic Sciences*. 2024;8(1):16-22.

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NON-ENGLISH WORDS AND PHRASES USED IN 5TH AND 6TH EDITION OF ORGANON OF MEDICINE

THE LISTS OF NON-ENGLISH WORDS OR PHRASES WITH THEIR ENGLISH MEANINGS (ARRANGED ALPHABETICALLY)

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I have limited my work strictly to the portions written by Dr. Samuel Hahnemann, omitting other portions like Translator's Preface, Appendix etc.

I have also omitted the names of the books and journals in German or other languages mentioned in the various places throughout the book, as my aim is not just to present the translation of the all non-English texts.

I have listed these words alphabetical

I wish this work will help the students of Homoeopathy to know the organon of medicine with more interest.

Non- English Words or Phrases	Related Aphorism/ paragraph no.	English Meaning
1. <i>a priori</i> (L)	Preface – 2 nd Edition (Para 6, 8, 13) Introduction (Para 6) Aphorism – 110	From before hand; From the previous causes/ hypotheses.
2. <i>ab usu in morbis</i> (L)	Introduction (Para 69)	From the use in disease. From practice or use in customs.
3. <i>adjuvans/ adjuvantia</i> (L)	Introduction (Para 71, Para 72 – F.N. 1)	Supporters. Assisting medicine; A medicine or therapy which assists the action of another to which it is added.
4. <i>æqualia æqualibus</i> (L)	Introduction (Para 87 – F.N. 1)	Equals by equals; Same by same.
5. <i>ἀλλοῖα (alloia)</i> (Gk)	Introduction (Para 75)	Different effects.
6. <i>alterantia</i> (L)	Introduction (Para 62)	Alterative remedies.
7. <i>amara</i> (L)	Introduction (Para 57)	Bitters; things which makes substances bitter.
8. <i>angina parotideae</i> (L)	Aphorism - 38	Mumps; Inflammation of parotids.



9. <i>aphrodisiaca</i> (L)	Introduction (Para 59)	Aphrodisiacs; anything which arouses or increases sexual desire (from Aphrodite – Greek goddess of love).
10. <i>Aude sapere</i> (L)	Title Page	Dare to be wise; Dare to know.
11. <i>causa morbi</i> (L)	Introduction (Para 5 – F.N. 1, Para 11 – F.N.3)	Cause of diseases.
12. <i>causa morborum chronicorum (non venereorum)</i> (L)	Introduction (Para 5 – F.N. 1)	Cause of chronic diseases (non-venereal).
13. <i>confortantia</i> (L)	Introduction (Para 55)	Strengthening medicine.
14. <i>contraria contrariis</i> (L)	Preface – 2nd Edition (Para 14) Preface – 5th Edition (Para 1) Preface – 6th Edition (Para 1) Introduction (Para 53, Para 88 F.N. 1, Para 89 – F.N. 1, Para 90, 98) Aphorism-56(6th edn) Aphorism – 57	Opposites by opposites
15. <i>contraria contrariis curentur</i> (L)	Introduction (Para 77)	Let opposites be cured by opposites
16. <i>corrigens/ corrigentia</i> (L)	Introduction (Para 71, Para 72 – F.N. 1)	Corrective medicine.
17. <i>duce natura</i> (L)	Introduction (Para 37, 39, 41, 44)	Follow or imitate nature.
18. <i>“Exactis opii viribus illico redeunt tormina nec atrocitatem suam remittunt, nisi dum ab eodem pharmaco rursus incantuntur.”</i> (L)	Aphorism – 58 F.N. - 1	When the effect of opium is gone, immediately the pains return and they lose their atrocity until they are controlled again by the same medicine.
19. <i>excitantia</i> (L)	Introduction (Para 55, 59, 61)	Exciting medicine.
20. <i>γνωθι σεαυτὸν (Gnothi Seauton) (Gk)</i>	Aphorism – 141 F.N. - 1	Know thyself.
21. <i>διὰ τὰ ὁμοία νοῦσος γίνεται, καὶ διὰ τὰ ὁμοία προσερόμενα ἐκ νοσεύντων ὑγιαίνονται, - διὰ τὸ ἐμέειν ἔμετος παύεται. (hīa to omoia nousos ginetai, kai hīa to omoia prostheromena ek nouseonton ugiainontai – hīa to emeein emetos panetai) (Gk)</i>	Introduction (Para 92)	Illness arises by similar things, and by similar things can the sick be made well; vomiting can be made to cease by means of emetics.
22. <i>ὁμοίον πάθος (homoion pathos) (Gk)</i>	Introduction (Para 78)	Similar affection or suffering.
23. <i>idem</i> (L)	Introduction (Para 87 – F.N. 1)	The same; Identical.
24. <i>lege artis</i> (L)	Introduction (Para 75)	According to the rules of art; The legal art or legitimate art.
25. <i>“Letet immense virium diversitas in iis ipsis plantis, quarum facies externas dudum novimus, animas quasi et quodcunque caelestius habent, nondum perspeximus.”</i> (L)	Aphorism – 118 F.N. - 3	There is hidden an immense diversity of forces in even those plants whose external faces we know since long, but the souls, so to say, and whatever celestial they have, we have not yet looked through.



<p>26. <i>Mania phthisi superveniens eam cum omnibus suis phaenomenis auffert, verum mox redit phthisis et occidit, abeunte mania(L)</i> 27. <i>materia peccans(L)</i></p>	<p>Aphorism – 38 - F.N. - 5</p> <p>Introduction (Para 11 – F.N. 3, Para 13, 22, Para 36 – F.N.2) Aphorism-11 F.N.-¹ Aphorism – 282 F.N. (6th Edn) Introduction (Para 62)</p>	<p>If mania supervenes in phthisis the mania removes it with all its phenomena, but soon phthisis returns and kills, while the mania disappears. Noxious or morbid materials</p>
<p>28. <i>mercurialia (L)</i></p>	<p>Introduction (Para 62)</p>	<p>Mercurial preparations.</p>
<p>29. <i>metaschematism (Gn)</i></p>	<p>Introduction (Para 32)</p>	<p>Metastases.</p>
<p>30. <i>minister naturae(L)</i></p>	<p>Introduction (Para 37, 39, 40)</p>	<p>Serve the nature.</p>
<p>31. <i>Nempe primum in corpore sano medela tentanda est, sine peregrine ulla miscela; odoreque et sapore ejus exploratis, exigua illius dosis ingerenda et ad omnes, quae inde contingent, affectiones, quis pulsus, qui calor, quae respiration, quatenam excretions, attendendum. Inde ad ductum phaenomenorum, in sano obviorem, transeas ad experimenta in corpore aegroto.”(L)</i></p>	<p>Aphorism – 108 F.N. - 1</p>	<p>Indeed, a remedy must first of all be essayed in a healthy body, without any foreign admixture; when the odor and taste of the remedy have been examined, a small dose of it must be taken, and attention must be paid to each change that occurs thereafter, what the pulse is, what the temperature is, the respiration and the excretions. Then, after the examination of symptoms encountered in the healthy person, one may proceed to the trials in the body of an ill person.² Strengthening/ stimulating medicine.</p>
<p>32. <i>nervina (L)</i></p>	<p>Introduction (Para 55)</p>	

¹ It was a mistake by the translator (R. E. Dudgeon) to bring *Materia Peccans* in the footnote of §11. He wrongly put the footnote mark on the word “dynamic” (as the dynamic*). The word *Materia Peccans* as a footnote appear in §13 in the original German Edition on the word *Unding*, which means, *absurdity*.

² Taken from the translation of Organon of medicine (6th edition) by J. Kunjli.



<p>33. <i>"Nihil quicquam (opinor,) animum universae qua patet medicinae pomaeria perlustrantem, tanta admiratione percellit, quam discolor illa et sui plane dissimilis morborum Epidemicorum facies; non tam qua varias ejusdem anni tempestates, quamqua discrepantes diversorum ab invicem annorum constitutions referent, ab iisque depender. Quae tam apertapraedictorum morborum diversitas tum propriis ac sibi pecurialibus symptomatic, tum etiam medendi ratione, quam hi ab illis disparem prosus sibi vendicant, statis illucescit. Ex quibus constat morbus hosce, ut externa quandantenus specie, et symptomatic aliquot utrisque partier supervenientibus, convenire Paulo incauioribus videantur, re tamen ipsa (si bene adverteris animum) alienate admodum esse indolis, et distare ut aera lupines."</i>(L)³</p>	<p>Aphorism – 81 F.N. - 1</p>	<p>"Nothing else (I believe) fills the mind which investigates the garden of the whole medicine with such a great admiration as that discoloured and to itself totally dissimilar face of the Epidemic disease; they reflect not so much the different tempests of the same year as the constitutions of the different years which differ from each other (constitutions) & which depend on them, this obvious diversity of the above mentioned sicknesses becomes as well in its own and peculiar symptoms as also in the way of treatment, which these sicknesses totally different from those sickness demand; enough clear. From this it is clear that sicknesses though both may have to some extent the same external appearance and some common symptoms and though they seem to be contracted by a little more careless people, in reality (if you pay good attention) are of totally alien nature."</p>
<p>34. <i>"Nihil sane in artem medicam pestiferum magis unquam irrepit malum, quam generalia quaedam nomina morbis imponere iisque aptare velle generalem quondam medicinam,"</i>(L)</p>	<p>Aphorism – 81 F.N. - 1</p>	<p>"In reality no other dangerous evil has ever crept into the Art of Medicine than the imposition of some general names to the diseases as well as the desire to apply or adapt a certain general medicine to them."</p>
<p>35. <i>non plus ultra</i>(L)</p>	<p>Introduction (Para 87 – F.N. 1)</p>	<p>There is nothing more beyond; There is nothing better than.</p>
<p>36. <i>O tempora! O mores!</i>(L)</p>	<p>Aphorism – 267 F.N. - 2</p>	<p>Oh the time! Oh the way! (Those ancient days are no more).</p>
<p>37. <i>"opiate dolores atrocissimos plerumque sedant atque indolentiam – procurant, eamque – aliquamdiu et pro stato quodam tempore continuant quo spatio elapso dolores mox recrudescunt et brevi ad solitam ferociam augentur"</i>(L)</p>	<p>Aphorism – 58 – F.N. - 1</p>	<p>Opium most of the time appeases the most atrocious pains and causes indolence and prolongs it sometimes and for certain fixed time; but when this time is over, the pains soon revive and in a short time reach the usual ferocity.</p>
<p>38. <i>Organon (Gk)</i></p>	<p>Title Page</p>	<p>"An instrument for effecting in best manner a certain end" – Richard Hughes.</p>
<p>39. <i>prima causa</i> (L)</p>	<p>Introduction (Para 5 – F.N. 1)</p>	<p>Prime cause.</p>
<p>40. <i>prima causa morbi</i>(L)</p>	<p>Introduction (Para 5) Aphorism-6, F.N.-1</p>	<p>Prime cause of diseases.</p>
<p>41. <i>primae viae</i>(L)</p>	<p>Introduction (Para 72 – F.N. 1)</p>	<p>Of the first or prime way. The stomach or intestinal tube.</p>
<p>42. <i>quidquid in buccam venit</i>(L)</p>	<p>Aphorism – 149 F.N. - 1</p>	<p>Each time a mouthful.</p>

³ Hahnemann gave the passage from Sydenham in rather mutilated form. The translation of it by Dr. Latham is restored to its original state in the Appendix of Organon of Medicine.



43. <i>repercutients</i>	Introduction (Para 46 – F.N. 1)	Repercussive; Serving to repel harmful agents; Repellent.
44. <i>roborantia(L)</i>	Introduction (Para 55, 61)	An invigorating or strengthening medicine.
45. <i>Schein-Symptome</i>	Aphorism – 248 (6th Edn)	The apparent symptoms.
46. <i>secundum artem(L)</i>	Introduction (Para 75)	According to rule; According to the art.
47. <i>si modo essent!(L)</i>	Introduction (Para 15)	If only they were! If they were in the right manner or style.
48. <i>si non juvat, mod ne noceat(L)</i>	Aphorism – 246 F.N. - 1	If it (the medicine) does not help, it may, at least, not harm.
49. <i>Similia similibus(L)</i>	Preface – 5th Edition (Para 5) Introduction (Para 87 - F.N. 1, Para 88 – F.N. 1, Para 98)	Similar by similars.
50. <i>Similia similibus curentur(L)</i>	Introduction (Para 77)	Let similars be treated by similars.
51. <i>Tolle causam(L)/ causam tolle</i>	Introduction (Para 5) Introduction (Para 11- F.N. 2,3)	Remove the cause.
52. τὸ τῆν ῥόδων στάλαγμα (<i>To ton rohon Stalagma</i>)	Aphorism – 117 F.N. - 2	Rose drop; Rose water.
53. <i>tonica(L)</i>	Introduction (Para 55)	Tonic.
54. <i>unguenta nervina(L)</i>	Introduction (Para 58)	Stimulating substance or ointment.
55. <i>vis medicatrix(L)</i>	Preface – 4th Edition (Para 1)	In place of medicine; Instead of medicine.

FROM THE INTRODUCTION OF JAMES KRAUSS(6TH EDITION OF BOERICKE'S TRANSLATION)

56. *Cessat effectus cessat causa(L)*—remove the effects and you remove the disease, the cause of the effects.

57. *echte Heilweg(L)*—the genuine part or real part of healing

Hahnemann gave the passage from Sydenham in rather mutilated form. The translation of it by Dr. Latham is restored to its original state in the Appendix of Organon of Medicine.

Taken from the translation of Organon of medicine (6th edition) by J. Kunjli.



INTEGRATING HOMEOPATHY FOR CHRONIC DISEASE MANAGEMENT WITHIN HEALTH SYSTEMS : SCOPE AND CHALLENGES

Prof Dr. Bobby Paul

Chronic non-communicable diseases such as diabetes, hypertension, arthritis, asthma, and mental health disorders, along with communicable diseases like tuberculosis, HIV/AIDS, hepatitis, and leprosy, require long-term, continuous, and people-centred approaches. Homeopathy, with its holistic and individualized philosophy, offers significant potential for managing such diseases within India's three-tier health system through an integrative, complementary, and supportive role alongside conventional medicine, as emphasized in the WHO Global Traditional Medicine Strategy 2025–2034.

Homeopathy can play a tier-specific role in strengthening chronic disease management. At the primary level, it promotes prevention, screening, and early intervention. At the secondary level, it supports integrative clinical care to manage symptoms and improve patient outcomes. At the tertiary level, it contributes to education, research, and policy development. Integrating homeopathy into chronic disease programs expands patient choice, reduces polypharmacy, promotes holistic well-being, and enhances the quality of life for individuals with long-term conditions.

Successful integration requires inclusion of homeopathy within national health policies, NCD action plans, and primary health care frameworks.

This must be guided by scientific evidence and robust data. Governments and academic institutions should prioritize collaborative research between homeopathic and biomedical practitioners research on safety, efficacy, and cost-effectiveness of integrative care model through multicentre trials, observational studies, and outcome evaluations.

Integration of homeopathy faces challenges like lack of standard protocols, practitioner distrust, limited scientific validation, unclear regulations, and inadequate cross-disciplinary training, hindering effective, evidence-based collaboration within healthcare systems.

For effective implementation, governance structures must also define the scope of homeopathic practice, ensure regulation, and maintain quality standards. Adequate resources, infrastructure, and financing should support homeopathic services within chronic disease programs. Strategic actions include developing interdisciplinary clinical protocols, strengthening AYUSH–ICMR collaborative research, introducing integrative care modules in MD (Homeopathy) and MBBS curricula, promoting digitized medical records, and establishing Centres of Excellence in Integrative Medicine to advance research, innovation, and holistic healthcare.

*Never fear. Whenever you are in distress,
say to yourself. "I have a mother."*

Sri Ma Sarada Devi





WHAT DOES A PERSON'S HUMANITY AND MENTALITY DEPEND ON?

Dr. Rajesh Roy

Age, gender, family, society, culture, entertainment, communication, city and village, and on many other understudied or neglected topics that are closely related to living life, at least it seems to me!!

Yes, I know there is and has been a lot of research on this topic, and there will be, Mr. Sigmund Freud, Carl Jung famous for his collective unconsciousness,

BF Skinner has written a lot about behavioral psychology,

Additionally, Nobel Laureate Daniel Kahneman has expanded Behavioral Economics in various ways with a very important but quite complex aspect.

As far as I know about this last one, if the senior officials of today's society and state had a little education, we would have gotten something different! Because perfect feeling and technical education are very necessary for any policy making, especially for the overall development of a developing country.

Because behavioral economics can largely contribute to the ultimate development of a nation by informing policy design and implementation....be it public health, educational system, or poverty reduction in true

sense...by increasing the efficiency of various resources....

However, the main point of this report is not to let the body and mind get distracted, to accept the internal physical and mental changes naturally and to move on in the future, not everyone can do it!! But why?

No matter how much we warn, how much we explain, or how much treatment we give, the problem keeps coming back!! So?? I said it wrong?!!

In fact, we have kept that problem in our own home, and no matter how much we try to push that problem away, it doesn't seem to want to go away!!!

Why do you say that?? Do you have to guess? No, it seems that many people have various levels of pure unrest entering their homes!!

Life is all about making your own decisions, controlling yourself, and keeping yourself in control of your health. Whether you are in a weak relationship, struggling with financial problems, or suffering from a complex illness, your first responsibility is to face these pains boldly, and find your own solutions according to your own situation...

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HOMOEOPATHIC MANAGEMENT OF DIABETIC FOOT ULCER WITH *MERCURIUS SOLUBILIS*: A CASE REPORT

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Principal & Superintendent,

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Background:

Diabetic foot ulcer (DFU) is a chronic complication of diabetes mellitus, often

leading to infection, tissue necrosis, and amputation. Homoeopathic constitutional treatment can aid in promoting healing and preventing recurrence.

Case Summary:

A 62-year-old male with Type 2 Diabetes Mellitus for seven years presented with a non-healing ulcer on the left foot, two months after trauma. The ulcer had yellowish offensive discharge, a hard crust, and was associated with pain. Based on the totality of symptoms, *Mercurius solubilis* was prescribed in LM potencies (0/1 to 0/5) for fifty days. Steady improvement was observed with reduction of discharge, pain, and odour, leading to complete ulcer healing.

Conclusion:

This case demonstrates the efficacy of individualized Homoeopathic management using *Mercurius solubilis* in chronic suppurative conditions such as diabetic foot ulcer, in alignment with the principles of symptom similarity and holistic healing.

Keywords: Diabetic foot ulcer, *Mercurius solubilis*, Homoeopathy, LM potency, Chronic ulcer, Diabetes Mellitus

Introduction

Diabetic foot ulcer (DFU) is a major cause of morbidity among diabetic patients, often resulting from neuropathy, ischemia, and infection. Ulceration commonly follows minor trauma and may progress to gangrene if left untreated (1). Conventional

management includes debridement, antibiotics, and glycemic control; however, chronic ulcers may remain non-healing.

Homoeopathy provides a constitutional approach by selecting remedies that reflect the patient's total symptom picture. This case report highlights the successful management of a diabetic foot ulcer using *Mercurius solubilis*, a well-known anti-syphilitic remedy with marked action on ulceration, suppuration, and offensive discharges.

Case Presentation

Patient Details

- Age/Sex: 62 years / Male
- Date of First Visit: 6 January 2025
- Occupation: Retired
- Marital Status: Married

Chief Complaint

A non-healing ulcer on the left foot with pain and yellowish offensive discharge since last two months, following an injury.

History of Present Illness

The ulcer began after a minor trauma to the dorsum of the left foot. It gradually enlarged, developed a hard crust, and discharged yellow, foul-smelling pus. Pain was continuous, < at night and touch. Prior allopathic treatment gave temporary relief without healing.

The patient has been a known case of Type 2 Diabetes Mellitus for seven years, on oral hypoglycemics, with moderate sugar control.

Past and Family History

- Past History: Diabetes Mellitus Type 2 (7 years)



- Family History:
 - o Father – Type 2 Diabetes Mellitus and Arthritis
 - o Mother – Chronic Obstructive Pulmonary Disease (COPD)

Totality of Symptoms

1. Non-healing ulcer with offensive yellow discharge and hard crust.
2. Pain < at night, < touch.
3. Offensive sweat and breath.
4. Flabby tongue with teeth imprints.
5. Obese, fair, lax, fatty constitution.
6. Ambithermal
7. Diabetic constitution.

General Symptoms

Aspect	Description
Appetite	Normal
Thirst	Moderate
Bowels	Regular
Sweat	Profuse and offensive
Breath	Offensive
Tongue	Flabby with teeth imprints
Thermal Reaction	Ambithermal
Sleep	Disturbed due to pain
Build	Obese, fair, fatty and lax muscles

Remedy Selection and Rationale

Remedy: *Mercurius solubilis*

Potency and Dosage: LM scale (0/1 to 0/5), each potency given twice daily (BD) before proceeding to the next.

Justification:

According to H.C. Allen (2) and William Boericke (3), *Mercurius solubilis* acts profoundly on the lymphatic and glandular systems, producing ulceration with offensive discharges, flabby tongue with teeth marks, profuse offensive perspiration, and general mercurial weakness. Boericke describes ulcers "with irregular edges, unhealthy granulations, and acrid, purulent discharge," closely corresponding to the patient's symptoms.

Thus, *Mercurius solubilis* was selected on the basis of totality and constitutional similarity.

Treatment Plan

At Baseline day:

- Internal: *Mercurius solubilis* 0/1, 16 doses, BD, 8 days
- Local Application: Calendula Q lotion (10 drops in ½ cup boiled, cooled water) for cleaning ulcer daily.
- Regimen: Strict diabetic diet, avoidance of sweets, maintenance of foot hygiene, regular blood glucose monitoring.

Examination Findings

- Pulse: 84/min
- BP: 136/84 mmHg
- FBS: 162 mg/dL
- PPBS: 248 mg/dL

Local Examination of Ulcer: Site:heel of left foot

- Size: 2.5 × 2 cm
- Edges: Indurated and irregular
- Base: Yellow slough with hard crust
- Discharge: Yellow, thick, offensive
- Pain: Constant, < night, < touch
- Surrounding skin: Indurated, discolored

Miasmatic Background

Predominantly syphilitic



Follow-up and Progress

Date	Observation	Remedy/Action
14/01/2025	Pain reduced; discharge decreased; ulcer edges cleaner	Continued <i>Merc. sol.</i> 0/2 BD
22/01/2025	Offensive smell subsiding; crust softening	<i>Merc. sol.</i> 0/3 BD
30/01/2025	Ulcer reduced by 50%; healthy granulation tissue seen	<i>Merc. sol.</i> 0/4 BD
07/02/2025	Ulcer 90% healed; no discharge or pain	<i>Merc. sol.</i> 0/5 BD
15/02/2025	Ulcer healed completely	Treatment concluded
Duration of treatment: 40 days (06/01/2025 – 15/02/2025)		



Condition on 06/01/25



Condition on 15/02/25

Discussion

The patient's presentation matched the characteristic mercurial picture—offensive discharges, ulceration, flabby tongue, and foul odour—indicating *Mercurius solubilis*. The LM potencies provided gentle, dynamic stimulation to the vital force, allowing continuous healing without aggravation.

The case aligns with the syphilitic miasm, where tissue

destruction and offensive suppuration predominate. In homoeopathic literature, *Mercurius solubilis* is indicated for chronic ulcerations, glandular affections, and offensive secretions (2,3).

In comparison to conventional management (1), which focuses on infection control and debridement, this case demonstrates that individualized homoeopathic treatment can complement diabetic wound care by



promoting natural healing through internal regulation.

Conclusion

The successful management of this diabetic foot ulcer demonstrates the curative efficacy of individualized homoeopathic therapy. *Mercurius solubilis*, selected on the totality of characteristic symptoms, facilitated complete healing within 40 days, emphasizing the role of Homoeopathy as a complementary approach in chronic diabetic ulcer management.

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EVIDENCE BASED HOMOEOPATHY: A CASE REPORT OF SECONDARY INFERTILITY DUE TO PCOS

Dr Syed Afsar Ali

Infertility is defined as “the inability to conceive after multiple sustained attempts of unprotected intercourse for at least 1 years. Polycystic ovarian syndrome (PCOS) which affects 8-10% of reproductive-aged females is the most common endocrine cause of infertility. Earlier reports in literature have highlighted the role of individualized homoeopathic treatment in the management of PCOS with infertility. A case report of successful management of secondary infertility due to PCOS with homoeopathic treatment presented herewith.

Case Summary: A 28-year-old lady presented to the OPD of NIH, Kolkata, with a clinical presentation of PCOS and secondary infertility. She was diagnosed as PCOS based on the Rotterdam criteria and managed on the lines of individualised homoeopathic medicine, Pulsatilla. Regularisation of menstrual cycle, normalisation of ultrasound pattern of ovaries, followed by conception with homoeopathic medicine, were observed.

Keywords: Homoeopathy; Polycystic ovary syndrome; Pulsatilla; Secondary infertility,

Introduction

Infertility is a major global concern in reproductive health, affecting millions of couples worldwide. It is defined as the inability to conceive after 12 months or more of regular, unprotected sexual intercourse.¹ Primary infertility refers to the complete inability to achieve a pregnancy, while secondary infertility denotes difficulty in conceiving or sustaining a pregnancy after previously giving birth.¹ According to data from the Centers for Disease Control and Prevention (CDC), approximately 11% of couples in the United States who already have a child experience secondary infertility, accounting for nearly 4 million

families or about half of all infertility cases.²

While India has surpassed China to become the most populous country in the world, the overall infertility rate in India has also been rising steadily. It increased from 22.4% in 1992–93 to 25.3% in 2005–06, and further climbed to 30.7% in 2015–16.³ Alongside this trend, secondary infertility has become an emerging concern. This condition arises when couples struggle to conceive a second time after a successful first pregnancy.³ Studies indicate that the prevalence of secondary infertility in India reached around 28.6% in 2015–16, marking an increase of 5.9% and highlighting the growing burden of fertility-related challenges in the country.³

The causes of female infertility are diverse and often multifactorial. One of the major causes is anovulation. The World Health Organization (WHO) classifies ovulatory disorders into several categories: normoestrogenic anovulation, most commonly seen in Polycystic Ovarian Syndrome (PCOS); hypergonadotropic hypogestrogenic anovulation, which usually results from premature ovarian failure; and hyperprolactinemic anovulation, commonly caused by pituitary adenoma.⁴

Another significant cause is endometriosis, a condition characterized by the presence of endometrial-like tissue outside the uterine cavity. Affecting 10–15% of women of reproductive age, endometriosis can distort the pelvic anatomy, leading to adhesions that impair oocyte release, sperm motility, embryo transport, and implantation, thereby reducing fertility.⁵

Tubal and pelvic causes also play a critical role in infertility. Tubal damage following pelvic infection occurs in about 12% of women after a single episode, increasing to 23% after two episodes and 54% after



three.⁶ The primary cause is obstruction of the fallopian tubes due to infections such as *Chlamydia trachomatis* or *Neisseria gonorrhoeae*, resulting in salpingitis.⁶ In developing countries like India, Nepal, Bangladesh, and Pakistan, genital tuberculosis is a significant cause of tubal factor infertility, often leading to severe tubal disease and infertility.⁶

Uterine factors contributing to infertility are generally related to space-occupying lesions or reduced endometrial receptivity.⁷ Studies have shown that only submucosal or intracavitary fibroids significantly reduce implantation and pregnancy rates. Additionally, uterine septa are commonly associated with recurrent pregnancy loss.⁷

Conventional treatments for infertility aim to address these diverse causes through medical, surgical, and assisted reproductive techniques. Ovulation induction is achieved using drugs such as Clomiphene citrate (Clomid), Letrozole (Femara), Gonadotropins (FSH, LH), or Metformin.⁸

Surgical interventions include laparoscopic or hysteroscopic procedures, varicocelelectomy, and various tubal surgeries like tubotubal anastomosis, balloon tuboplasty, or fimbrioplasty.⁸ Assisted reproductive technologies, including Intrauterine Insemination (IUI), In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), and the use of donor eggs or sperm, have proven beneficial in many cases.⁸ Lifestyle modifications, such as maintaining a balanced diet, managing weight, reducing stress, and avoiding smoking, alcohol, and drugs, can significantly enhance fertility outcomes.⁸ Moreover, treating underlying conditions such as PCOS, endometriosis, thyroid disorders, or infections often helps in restoring normal reproductive function.⁸

Case proper

Mrs. T. a 28-year-old female from Murshidabad, was seen on 02/04/2022. She followed the Islamic faith and was a housewife. The patient had been experiencing

absence of menstruation and lower back pain for the past four months, with the pain starting on the right side and extending to the left. She also complained of difficulty in breathing, which was aggravated by warmth and exertion but relieved by fanning and lying down. Pelvic pain had begun about a year earlier and had gradually worsened, probably due to a polycystic ovarian pattern. A previous ultrasonography (USG) had been done, which suggested features of polycystic ovaries (Figure no. 1). Her menses had been irregular and appeared only with allopathic medication. She had undergone an appendectomy 11 years prior and reported no significant family history. She lived in a kacchahouse, had received all vaccinations, and was married at the age of 18. She had one son and had been unable to conceive again due to her ongoing gynecological complaints.

Clinical findings

The patient had her menarche at the age of 12 years. Her menstrual cycle had been regular before marriage but became irregular afterward, and the menstrual blood was bright red in color. She had conceived three times in total. The first pregnancy, about nine years ago, ended in a spontaneous abortion at three months. She later gave birth to one child through a normal delivery eight years ago. Her appetite was adequate, and she could tolerate hunger well. She had good thirst, drinking about 5–6 liters of water daily. She desired sweet and fatty foods, with no particular aversion or intolerance. Her bowel movement was regular, once daily, though the stool was hard. She experienced burning after urination for the past four months. Perspiration was profuse and offensive, affecting the whole body, particularly the palms and soles. Her sleep was disturbed, though she had no specific dreams. Thermally, she was a hot patient but caught cold easily. Her tongue appeared moist and clear. Mentally, she was forgetful and introverted, timid in nature.



Totality of Symptoms and Repertorization

The totality of symptoms was constructed by considering both mental and physical generals along with particular symptoms. The prominent features observed were: forgetfulness; introverted disposition; thermally hot patient; tendency to catch cold easily; desire for sweets; hard stool;

Remedy	Calc	Kali-c	Sulph	Puls	Phos	Merc	Sep	Sil	Nit-ac
Totality	47	47	46	44	44	43	42	42	40
Symptoms Covered	13	13	13	13	12	13	13	12	12
Kingdom	Minerals	Minerals	Minerals	Plants	Minerals	Minerals	Animals, Sarcodes	Minerals	Minerals
[Complete] [Mind]FORGETFULNESS: (665)	4	4	4	4	4	4	4	4	4
[Complete] [Mind]RESERVED: (212)	3	3	1	3	4	1	1	3	1
[Complete] [Generalities]COLD TAKING, BECOMING:Easily: (302)	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]FOOD AND DRINKS:Sweets:Desires: (329)	4	4	4	3	3	3	3	1	3
[Complete] [Stool]HARD: (452)	4	4	4	3	4	4	4	4	4
[Complete] [Urethra]PAIN:Burning, smarting:Urination:After: (127)	3	3	3	4	3	4	2	2	3
[Complete] [Perspiration]PROFUSE: (502)	4	4	4	4	4	4	4	4	4
[Complete] [Perspiration]OFFENSIVE: (234)	3	4	4	4	4	4	4	4	4
[Complete] [Extremities]PERSPIRATION:Hands:Palms: (136)	4	3	4	1	3	3	4	4	2
[Complete] [Extremities]PERSPIRATION:Feet:Soles: (54)	3	3	3	3		3	1	4	4
[Complete] [Sleep]DISTURBED, INTERRUPTED: (615)	4	4	4	4	4	4	4	4	4
[Complete] [Female Genitalia]MENSES:Absent, amenorrhoea: (308)	4	4	4	4	3	3	4	4	
[Complete] [Chest]BREATHING:Difficult, with: (185)	3	3	3	3	4	2	3		3

Figure No. 2

burning sensation after micturition; profuse, offensive perspiration over the entire body, especially on the palms and soles; disturbed sleep; absence of menstruation for the past four months; and difficulty in breathing, which was aggravated by warmth and exertion, and ameliorated by fanning and lying down.

For repertorization, the Complete Repertory available in Zomeo software (version 15.0.11) was used. The selected rubrics corresponded strongly to *Pulsatilla nigricans* [Figure No. 2]. Hence, *Pulsatilla nigricans* was chosen as the final prescription, as it is well recognised for its marked action on the menstrual irregularities with her mental generals like timidity & reserved. Therapeutic intervention: Medicine was procured

from a pharmaceutical company certified under good manufacturing practice. The potency, dosage, and repetitions were determined according to the guidelines of the Organon of Medicine. The medicine was administered orally, which was pharmacologically safe.

First prescription

Based on the totality of symptoms, *pulsatilla nigricans* 200C was prescribed one dose to be taken each morning on an empty stomach for three consecutive days. Before each dose, the medicine bottle was to be given two succussions (strokes). The medicine was prepared by dissolving one medicated globule (size 10) in 30 ml of distilled water with a small quantity of rectified spirit added as a preservative.



FOLLOW UP AND OUTCOME :

DATE	SYMPTOMS	PRESCRIPTION
02/04/22	Baseline symptoms	<i>Pulsatilla nigricans</i> 200/3 doses Once in a day in empty stomach for 3 consecutive days followed by Phytum 1 drachm 1 globule everyday at night for 30 days
23/5/22	LMP-13/5/22 Duration -4 DAYS Character-bright red,clotted Backache better than before. Breathing difficulty better than before.	<i>Liquid placebo</i> 160ml / 16 doses Take 10 ml every alternate day on empty stomach.
27/6/22	LMP- 13/5/22 No menstruation since LMP Urine pregnancy test positive	<i>Liquid placebo</i> 160ml / 16 doses Take 10 ml every alternate
	Pain in lower abdomen while urinating Nausea since 5 days,<morning Backache better Breathing difficulty<afternoon>better sunheat	day on empty stomach. Advise – USG of lower abdomen and Blood for beta HCG (Figure no. 3, 4)

Objective evidence: The signs of improvement were recorded by USG report and blood investigation.

(? Figure no. – 3,4) at visit as proof of evidence.

Intervention adherence and tolerability: Intervention tolerability was assessed during follow up by the patient every 30 days, and he was found to be adherent to the instructions given to her regarding the dosage and time of taking the medicine and completely avoided applying any other home remedies.

Adverse or unanticipated events: There was no such unanticipated event, classified under adverse drug reactions, that was reported by the patient throughout

the treatment as per the existing standard and validated criteria.^{9,10}

Homoeopathic aggravation: There was no aggravation of existing symptoms as reported by the patient after taking the medicine, but the patient had a sense of well-being.

Possible causal attribution: To find out the possible causal relationship between the homoeopathic intervention and clinical improvement of the patient, Modified Naranjo Criteria for Homoeopathy (MONARCH)¹¹ was used. After the complete recovery, MONARCH scores were assessed, and the obtained



score of MONARCH (+8, in '-6 to 13' scale) established the likelihood is attributable to homoeopathic intervention only (? Table no. 2).

Table no. 2 : Assessment of outcome of treatment by Modified Naranjo Criteria

Date of Assessment - 27/06/2022

Domains	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms?		0	
4. Did the effect encompass more than the main symptoms or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
5. Did overall well-being improve? (Suggest using validated scale)			0
6A Direction of cure : did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B Direction of cure : did some symptoms improve in the opposite order of the development of symptoms: - From organs more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	+1		
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8. Are there alternate causes (other than the medicine) that- with a high probability – could have caused the improvement ?(consider known course of the disease , other forms of treatment		+1	
9. Was the health improvement confirmed by any objective evidence?(In this case by USG)	+2		
10. Did repeat dosing, if conducted , create similar clinical improvement?			0
Total Score : + 8 Note: Maximum Score= +13 , Minimum Score= -6			



Discussion

Polycystic ovarian syndrome (PCOS) is one of the most prevalent endocrine disorders among women of reproductive age and a leading cause of anovulatory infertility.⁸ The condition is characterized by hyperandrogenism, chronic anovulation, and polycystic ovarian morphology, with a multifactorial etiology involving genetic, metabolic, and environmental components. Conventional management focuses primarily on symptomatic relief through lifestyle modification, hormonal regulation, and assisted reproductive technologies.⁸ However, these approaches may have limitations in terms of side effects, cost, and sustainability of therapeutic outcomes.

Homoeopathy, based on the principle of individualisation, offers a holistic approach by addressing both physical and psychological aspects of disease manifestation. In this case, Pulsatilla nigricans was prescribed after constructing the totality of symptoms that reflected both the physical constitution and the patient's mental disposition marked by introversion, forgetfulness, thermal heat, easy catch of cold, and disturbances in menstrual and respiratory functions. Pulsatilla is classically indicated in cases of suppressed or delayed menstruation, and mild, yielding temperaments, often with a tendency to weep easily and a desire for open air.¹²

The selected remedy led to normalization of the menstrual cycle and subsequent conception, suggesting a positive correlation between individualized homeopathic prescribing and restoration of hormonal and reproductive balance. The Modified Naranjo Criteria (MONARCH) score of +8 further supports a probable causal relationship between the prescribed homeopathic medicine and clinical improvement.

Several prior studies have reported similar therapeutic effects of individualized homeopathy in PCOS and infertility. Like, The usefulness of homeopathic

medicines for infertility – A case series (Rajachandrasekar B, Sunny A., 2022) concluded that individualised homeopathic treatment led to conception in all three couples within six months, suggesting usefulness of this approach in infertility.¹³ Polycystic ovarian syndrome and homeopathic management: A case series (Rath P, Gautam P, Goswami AD, Jana SN., 2024) found that in a small series of PCOS patients, constitutional homeopathic medicines substantially improved inter-menstrual interval, BMI and hormonal derangements.¹⁴ Homoeopathic treatment of women with polycystic ovarian syndrome: A prospective observational study (Gupta G, Gupta N, Singh S, Roja V, Dewan D., 2021) reported that over 12 months of individualised homeopathy, women with PCOS showed significant improvement in quality of life (PCOSQ scores) and a reduction in ovarian cyst count.¹⁵

Recent scientific explorations into the mechanism of action of homeopathic remedies have suggested that ultra-diluted preparations may exert effects through nanoparticle-mediated modulation of cellular signaling pathways and gene expression. Bell and Koithan (2012) proposed that homeopathic remedies may act through nanoparticle-induced modulation of biological networks, involving mechanisms such as allostatic cross-adaptation and time-dependent sensitization within complex adaptive systems, providing a plausible scientific model for their low-dose biological effects.¹⁶

While these findings are encouraging, the current evidence base largely consists of case studies and small-scale clinical observations. Larger randomized controlled trials are needed to substantiate these preliminary results, clarify mechanisms of action, and develop standardized protocols for the management of PCOS and infertility using individualised homeopathy. This case contributes to the growing body of literature suggesting that individualised homeopathic



treatment can serve as a safe, non-invasive, and potentially effective alternative in managing PCOS-related infertility. It emphasises the importance of holistic case-taking, remedy selection based on totality, and consistent follow-up for achieving sustained clinical outcomes.

Conclusion

This case report highlights the successful treatment of secondary infertility due to PCOS using individualized homeopathic remedies, namely pulsatilla, resulting in significant clinical improvement without surgical intervention. The findings suggest that individualized homeopathic therapy may offer a viable alternative in managing benign cystic lesions. Further clinical research and well-designed trials are needed to substantiate these results.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical data.

Conflict of Interest

The author declares no conflict of interest.

Acknowledgment

The author gratefully acknowledges the support and cooperation of the patient in the successful management and reporting of this case.

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With Best Compliments From :

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A HARMONIZED HEALING: CONSTITUTIONAL HOMOEOPATHIC MANAGEMENT OF GALLBLADDER POLYP — A CASE REPORT

Dr. Yashika Arora Malhotra

Background

Gallbladder polyps are benign mucosal projections often detected incidentally during ultrasonography. Conventional management recommends observation for polyps under 10 mm and surgical intervention for larger or sessile types. The role of individualized Homoeopathic prescribing in benign gallbladder pathologies represents a growing field of integrative clinical research. This case report highlights successful management of a small gallbladder polyp through constitutional Homoeopathy, aligning with the HMAI 2025 theme—*“Playing the Symphony of Homoeopathy in Health Care: Harmonizing Research and Practice.”*

Case Presentation

A 28-year-old male Chartered Accountant presented with right upper abdominal discomfort, heaviness, and post-meal bloating for four months. Ultrasonography (24 March 2024) revealed a 6 mm gallbladder polyp attached to the posterior wall, with normal wall thickness and no cholelithiasis.

Physical and Mental Profile: The patient was chilly, perspired profusely on the scalp, craved spicy and fatty foods, and experienced disturbed sleep between 3–4 a.m. Mentally, he was ambitious, perfectionistic, and prone to internal anxiety. Family history revealed gallstones (father) and hypothyroidism (mother).

Homoeopathic Intervention

Based on the totality and repertorial synthesis (Kent and Synthesis Repertory), *Lycopodium clavatum* 200C (single dose) was prescribed on 18 February 2024, followed by placebo and dietary advice (low-fat meals, small frequent portions).

Follow-Up and Outcomes

- 24 March 2024: Bloating reduced by ~70%, post-meal discomfort relieved, improved sleep and calmness.

- 28 June 2024 (USG): Gallbladder polyp reduced from 6 mm to 3.5 mm, no new lesions.
- 12 November 2024 (USG): Normal study — no visible polyp, gallbladder normal. Patient remained asymptomatic and emotionally balanced without surgical intervention.

Discussion

This case indicates a predominant sycotic miasmatic background with psoric tendencies, reflected through localized overgrowth and sluggish metabolism. *Lycopodium clavatum*, selected constitutionally, addressed both the digestive pathology and the mental-emotional traits, leading to complete resolution. The outcome reaffirms that individualized Homoeopathic prescribing, supported by diagnostic follow-up and lifestyle modification, can achieve structural and functional recovery in select benign pathologies.

Conclusion

The documented regression and disappearance of a gallbladder polyp under constitutional Homoeopathic care exemplify the harmonious integration of individualized prescribing, miasmatic interpretation, and clinical observation. This case demonstrates how Homoeopathy can restore structural balance and vitality, resonating with the conference theme — *“Playing the Symphony of Homoeopathy in Health Care: Harmonizing Research and Practice.”*

Acknowledgement

The author expresses heartfelt gratitude to the Central Council for Research in Homoeopathy (CCRH), Ministry of AYUSH, Government of India, for research guidance and institutional support. Special thanks to the faculty of Sri Ganganagar Homoeopathic Medical College & Hospital (Tantia University) for their academic encouragement.



The author gratefully acknowledges the patient for providing informed consent and active cooperation during treatment and follow-up. Heartfelt appreciation is extended to her family for their continuous support, patience, and encouragement throughout the preparation of this work. Above all, profound gratitude is offered to the Almighty, whose grace and blessings continue to inspire this journey of healing and research.

Financial Support and Sponsorship
This study received no specific grant from any public, commercial, or not-for-profit funding agency. Institutional support was provided through the author's association with the Central Council for Research in Homoeopathy (CCRH), New Delhi, under the Senior Research Fellowship program.

Conflict of Interest
The author declares no conflict of interest related to this case or its publication.

Figures - USG Reports (Before & After):
Short Abstract (150 words)

A 28-year-old male presented with right upper

abdominal discomfort and post-meal bloating. Ultrasonography (24 March 2024) revealed a 6 mm gallbladder polyp. Based on the totality of symptoms—chilly constitution, profuse scalp perspiration, craving for spicy and fatty food, disturbed sleep (3–4 a.m.), and mental traits of ambition, irritability, and anxiety—*Lycopodium clavatum 200C* was prescribed constitutionally. Follow-ups demonstrated progressive improvement: bloating was reduced by 70% (March 2024); the polyp decreased to 3.5 mm (June 2024); and complete resolution was achieved (November 2024). The case reflects a sycotic miasmatic background responding to individualized treatment. This report underscores the potential of Homoeopathy in managing benign structural pathologies non-surgically, aligning with the integrative vision of harmonizing research and practice in health care.

Keywords:
Gallbladder Polyp, *Lycopodium clavatum*, Constitutional Homoeopathy, Sycotic Miasm

WITH BEST COMPLIMENTS : GOLDEN JUBILEE CELEBRATION HMAI




**থাকছেন দন্ত চিকিৎসক,
ডাঃ রাজেশ রায় (BDS, IDA)**

**দাঁতের রুট ক্যানাল, দাঁত বাঁধানো, তোলা,
ও পরিষ্কারের নির্ভরযোগ্য সমাধান দেন।**

**রোগী দেখবেন
প্রতিদিন সকাল ১১টা থেকে।**



Lichen Planus

Dr. Partha Sarathi Mallick

President (Asia) : World Federation of Homoeopathy

Abstract- Lichen planus is an inflammatory disorder of skin and mucous membrane with no specific known cause. It appears as a pruritic violaceous papules & plaques most commonly found on wrists, lower back & ankles. In this article we would also look for some Homoeopathic remedies which can be used for management of lichen planus.[1]

Introduction- Lichen planus is an autoimmune disorder typically presenting with pruritic & violaceous papules mainly affecting the skin mucous membrane and hair follicles. The characteristic primary lesions are tiny, shiny violaceous, flat topped, polygonal papules. The most frequently affected site is skin and mucosa of oral cavity.

Aetiology- An inflammatory condition of the skin and mucous membranes. Lichen planus occurs when the immune system mistakenly attacks cells of the skin or mucous membranes

Key words- Autoimmune disorder, pruritic violaceous papules, inflammatory eruptions, recurrent, T cell mediated, Homoeopathic approach

Epidemiology— Lichen planus occurs worldwide. The prevalence of cutaneous lichen planus is approximately 0.2 percentage to 1 percentage of adults worldwide. Overall women are more frequently affected than men at ratio of 1.5:1 and usually cases develop between the ages of 30- 60 yrs.

Pathogenesis- The exact mechanism how disease develops is not known but it is believed to be autoimmune disease. Lichen planus can occasionally occur in families and possible HLA association have been reported but there is no clear inheritance pattern.

Clinical Features- Some of the common symptoms of lichen planus include: -Purplish colored lesions or bumps, 'Itching at the site of rash, most commonly on wrists, back and ankles, -Blister which burst & become scabby

• Thin white line over the rash, -Lacy white lesions in mouth Besides skin, mouth or genital lesions may occur in other areas which includes, Nails and Scalp.

Investigation- A skin biopsy should be performed if there is diagnostic doubt. -Skin biopsy -An allergy test, to find out if patient has any allergic reaction -Liver function test including test for hepatitis C On skin biopsy characteristic histological changes include hyperkeratosis, basal cell degeneration and heavy band like T lymphocytes infiltrate in the papillary dermis.

Differential Diagnosis- Includes following

• Psoriasis -Secondary syphilis -Keratosis lichenoides chronica -Drug induced lichenoid eruptions -Lupus erythematosus

Complications- Includes following

• Squamous cell carcinoma -Scarring of skin • Discoloration of skin [9] Homoeopathic Management-In modern medicine, currently there is no cure for lichen planus, most of the time corticosteroid therapy, immunosuppressive drug, and antihistamine. In Homoeopathic physician prescribed on the basis of totality of symptoms and there are various



Understanding Autism Spectrum Disorder A Comprehensive Overview

Dr. Prokash Mallick, M.D. (Homoeo) Dhanwantari

Senior Super Specialist Homoeopath

Introduction

-Autism Spectrum Disorder (ASD) is a complex developmental condition that affects individuals in various ways, impacting communication, social interaction, and behavior. As our understanding of ASD evolves, so does our ability to support and empower individuals living with it. **Defining Autism Spectrum Disorder**-ASD encompasses a spectrum of conditions ranging from mild to severe, affecting individuals differently. Key characteristics include challenges in social interaction, difficulties in communication, and repetitive behaviors or restricted interests. While some individuals may excel in specific areas, others may require substantial support in daily functioning. **Causes and Risk Factors**-The exact cause of ASD remains unclear, but a combination of genetic and environmental factors likely contributes to its development. Genetic predisposition, prenatal factors, such as maternal infections or exposure to toxins, and complications during birth are among the potential risk factors associated with ASD. **Early Signs and Diagnosis**-Recognizing early signs of ASD is crucial for early intervention and support. Common indicators may include delayed speech or language skills, lack of eye contact, difficulty in understanding social cues, and repetitive behaviors. Diagnosis typically involves comprehensive assessments by healthcare professionals, including developmental pediatricians, psychologists, and speech therapists. **Challenges Faced by Individuals with ASD**-Individuals with ASD may encounter various challenges across different aspects of life. Social interactions can be particularly daunting, as they may struggle to understand social norms, cues, and nuances. Communication difficulties, sensory sensitivities, and executive functioning issues further compound these challenges, impacting academic, professional, and personal spheres. **Support & Interventions**-Early intervention programs, such as applied behavior analysis (ABA) therapy, speech therapy, and occupational therapy, play a crucial role in addressing the unique needs of individuals with ASD. These interventions aim to enhance communication skills, social interactions, and adaptive behaviors, empowering individuals to navigate daily life more effectively. **Conclusion**-Autism Spectrum Disorder presents diverse challenges for individuals, families, and society as a whole. By fostering understanding, providing support, and promoting inclusivity, we can empower individuals with ASD to reach their full potential and lead fulfilling lives. Together, we can build a more compassionate and inclusive world for everyone, regardless of their neurodevelopmental differences.

Investigation-Brain imaging, EEG,

•MRI •Hormonal tests, -Total blood culture, •Neurological examination **Homoeopathic Management**

•**Agaricus Muscarius** : **Common Name:** Toad stool **Symptoms:** This remedy can be helpful for addressing the following symptoms: **Confusion**-

- Making singing sounds and frequently shouting or muttering rhymes
- Twitching while asleep • Slow response or absence of response when a question is asked • A reluctance to work • Showing indifference • Episodes of increased cheerfulness • Difficulty reading • Incoherent talking • Drowsiness during daytime • Sudden sadness • Perceptual difficulties such as perceiving the relative size of objects
- Wanting to injure oneself • Yawning followed by involuntary laughter

Cuprum Metallicum-

Common Name: Copper

Symptoms: This remedy is best suited for individuals with the following symptoms:

- Dizziness •Fearfulness
- Palpitations •Tendency for the head to fall forward towards the chest •Jerking and twitching of the muscles •Unintentional use of words
- Profound sleep •Rumbling in the stomach while sleeping •Clenched thumbs •Symptoms worsen on touch and before menses in women and get better on having cold water.

Helleborus Niger-

Common Name: Snow rose **Symptoms**-This remedy is used for the treatment of the following symptoms:

- Persistent sadness ; • Atendency to roll one's head all the time • Problems in seeing and hearing , • A tendency to respond slowly • Screaming suddenly, especially in sleep • Muscle weakness : • Beating the head with hands • Fainting • Moaning • Thoughtlessness • Sighing involuntarily • A tendency to bore one's head into the pillow

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TWO DIFFERENT PATIENTS CURED by A SAME HOMOEOPATHIC MEDICINE: ---- Showing the Beauty of HAHNEMANNIAN HEALING

Dr. DIPANKAR BAKSHI, Life Member, HMAI

It was a Hot Summer Day in May , 2023 when Me and My Wife was travelling in Train towards Kolkata after Attending the All India Homoeopathic Scientific Seminar of HMAI in Maharashtra.

With there was a Family of 4 members (Father, Mother and one Baby Brother and one Baby Sister.

After Travelling for some Distance, both the Brother and Sister developed some Acute Different Symptoms after Continuously Consuming Fast Foods, Cold Drinks, Biscuits and other Tasty but Unhealthy Palatable during last 4/5 hours.

Then the Parents Sought Emergency Medical Help from Me for their Children.

The Baby Brother, aged 3 years, developed Acute Cough and Cold with 100 degree C Temperature with the Following Symptoms: 1.

Cough aggravated from lying down 2. Feeling Hot and Better from Open Air

3. Closing of nose while lying down and Better from Sitting Up

4. Thirstlessness

5. And of course H/o taking so much Fast Foods and Cold Drinks

On the Basis of Above-mentioned Symptoms: PULSATILLA 30 was prescribed 4 hours apart.

The Boy Got cured within 8 hours (between 3 pm to 11 pm) and Next Morning he Was Absolutely Fine

Now the Second Patient, the Baby Girl, aged 4 years, developed Tremendous Loose motion and Vomiting of undigested Fast Food materials from 6 pm, Continuously.

She was having the Following Symptomatology:

1. Frequent Watery Loose motion with Undigested Materials

2. Frequent Vomiting with Undigested Food materials

3. Wanting Continuous Fan Air/ open Air

4. Thirstlessness

5. No Cough and Cold Symptoms

6. Total Loss of Appetite with Normal Weakness

On the Basis of the Above Symptomatology, PULSATILLA 30/ 3 doses were at an interval of 2 Hours, Given from my emergency medicine box

Around 10-30 pm the Girl was sleeping peacefully with NO Problems

*Only two kinds of people can attain self-knowledge:
those who are not encumbered at all with learning, that is to say,
whose minds are not over-crowded with thoughts borrowed from others;
and those who, after studying all the scriptures and sciences,
have come to realise that they know nothing.*

Sri Ramakrishna





International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2023; 7(3): 279-286
Received: 08-05-2023
Accepted: 13-06-2023

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Anaemia and its homoeopathic management: Review article

**Rakesh Ghosh, Chandrani Ghosh, Avidipta Hazra, Dr. Debarshi Das and
Dr. Tanmay Sarkar**

DOI: <https://doi.org/10.33545/26164485.2023.v7.i3e.922>

Abstract

Anaemia is a global problem, that has a significant impact on an individual's overall health and quality of life, leading to symptoms such as fatigue, weakness, shortness of breath, dizziness, and pale skin. It can also have implications for specific populations and the most suffering prevalence to reproductive-age women, adolescent girls, infants, young adults, and lactating women. Based on this, we have studied review papers and research journals, and survey reports to gather more knowledge. And homoeopathic medicine had a great impact on that anaemic condition. Depending upon the symptoms of the patient we have to choose medicine. There are different homoeopathic medicines like Ferrum phosphoricum, Ferrum metallicum, arsenic album, pulsatilla nigricans, natrum muriaticum etc. which show great efficacy on anaemia. After proper case taking the totality of symptoms in every individual of both sexes & different ages are done. Then observed the results. In this paper the different causes of iron deficiency anaemia, megaloblastic anaemia, hemolytic anaemia, thalassemia, sickle cell anaemia, and aplastic anaemia, their laboratory diagnosis, pathological diagnosis, and homoeopathic management to treat the patients with all details have discussed.

Keywords: Anaemia, survey reports, homoeopathic medicines, iron deficiency anaemia, megaloblastic anaemia, hemolytic anaemia

Introduction

Anaemia is a pathophysiological condition in which the reduction of packed cell volumes, (measured by hematocrit), erythrocyte or haemoglobin concentration, or both in circulating blood is below the normal range [1, 2]. Anaemia is the commonest blood disorder that affects individuals of different ages and sex, the most vulnerable persons are young women of childbearing age, adolescent girls, and infants [3-5]. The word anaemia derives from the ancient Greek anaimia, which means lack of blood [6, 7]. According to the World Health Organization (WHO), anaemia is defined declination of haemoglobin (Hb) levels <12.0 g/dL in women and <13.0 g/dL in men [7]. The prevalence of anaemia among six groups as per the National Family Health Survey 5 (2019-21), is 25.0 per cent in men (15-49 years) and 57.0 per cent in women (15-49 years). 31.1 per cent in adolescent boys (15-19 yrs), 59.1 per cent in adolescent girls, 52.2 per cent in pregnant women (15-49 years), and 67.1 per cent in children (6-59 months) [8-9]. Many factors result in the higher occurrence of anaemia in developing countries, those are following person who is devoid of or avoids good nutritious foods, Females who are undergoing the period of puberty menstruation, pregnancy, breastfeeding, suffering from anaemia in that period make female more vulnerable than men, Infants premature infants or babies those who get less nutritional food [10, 11, 12]. Persons who are suffering from chronic infectious disease conditions like septicemia, cancer, or stomach ulcer. Persons who are under prolonged treatment with antibiotics, non-steroidal anti-inflammatory drugs, anticoagulants, immune-suppressants, corticosteroids, etc. [13-14].

Aims and Objectives

The primary aim is to screen the published articles from 2000 to 2023 and also analysis these articles are peer-reviewed or not, evaluating and appreciating whether homoeopathic treatment is valuable or not. We also compiled various kinds of curative indications from various textbooks of homoeopathic materia medica under this review.

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International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(1): 16-22
Received: 01-10-2023
Accepted: 03-11-2023

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Different types of dermatophytes infections and their homoeopathic management: Review article

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DOI: <https://doi.org/10.33545/26164485.2024.v8.i1a.1046>

Abstract

Dermatophytes are microorganisms that affect human beings globally. It significantly impacts an individual's overall health and quality of life, leading to symptoms such as itching, redness, swelling, and multiple lesions, mostly effect on Individuals with teenagers, adults, children, and immune deficiencies are more prone to widespread infections. It gets transmitted through close contact with clothes, utensils etc. Typically, these infections are at their worst during summer and the rainy season, but they will often heal on their own during the winter months. Homoeopathy is a holistic system of medicine that focuses more on dynamic concepts than materialistic concepts. We have studied some review papers, research journals, and survey reports to gather more knowledge about the effectiveness of homoeopathic medicine on dermatophyte infection. We found that there are different individualised homoeopathic medicines like Sulphur, Rhus Tox, Sepia, Tellurium, Psorinum Thuja Occidentalis, Mezereum, Borax, Graphites, Arsenicum iodatum, Apis Melifica, etc. This review article is solely dedicated to summarizing all the above literature on the different parameters like different types of dermatophyte infections like Tricho-dermatophytes, Glabrous dermatophytes, Intertriginous dermatophytes, Palmo-plantar dermatophytes, ungual dermatophytes, their cause, clinical representation, pathological diagnosis, and homoeopathic management to treat this. It is one of the most common complaints in the homoeopathic practice, Patient may represent various conditions during the visit to a homoeopath. Sometimes patients may come asymptomatic with different conditions.

Keywords: Dermatophytes, homoeopathic medicine, dermatophytic infection, homoeopathic management

Introduction

Dermatophytes are a group of fungi that only infect the superficial cutaneous keratinized tissue layers and break down the keratin for their growth, they can't invade the subcutaneous tissue layers of the skin, Those Dermatophytes are also known as tinea or ringworm [1, 2]. The three most common genera of dermatophyte fungi that cause ringworm are Trichophyton, Microsporum, and Epidermophyton [3, 4, 5, 6]. Dermatophytes are generally classified based on the affected location: Tinea capitis affects the scalp, T. Corporis affects non-hairy skin, T. cruris affects the groin, T. pedis affects the foot, T. barbae affects bearded areas of the face and neck, and T. unguium affects the nails plate and bed, T. manuum affect one or both hands. T. Favus is a type of chronic ringworm involving hair follicles and scalp [1, 3, 7, 8]. Clinical representation of the severity of the skin infection like redness, itching, ring-like multiple lesions and corticosteroid-modified lesions. It is chronic and recurring in type. Dermatophytes are easily get transmitted through close contact with clothes, utensils, items of furniture, towels, etc. which are contaminated with infectious agents from the infected person and also lack of awareness, low socioeconomic status, poor hygienic lifestyles, damp weather conditions can lead to the swift proliferation of various dermatophyte species [2, 4, 5, 6, 9, 10]. A cumulative analysis of dermatophyte cases from 1939 to 2021 shows that tinea corporis (32.4%) was the most common infection in India, followed by tinea cruris (19.7%) and tinea unguium (17.9%). Tinea capitis (13.3%), tinea pedis (4.1%), tinea manuum (1.9%) and other lesions were also observed [11]. I have gone through previously published research journals and articles about the effects of dermatophyte organisms in tropical and sub-tropical regions globally. Currently, fungal skin infections not only induce physical discomfort but also hamper the daily quality of life [9]. Homoeopathic medicines are undoubtedly the most effective treatment available for dermatophytic infections. It is an indisputable fact that homoeopathy, as a holistic medical system, offers unparalleled benefits to patients.



Review Article

EFFICACY OF HOMOEOPATHIC MEDICINE IN THE TREATMENT OF OSTEOARTHRITIS: A SYSTEMATIC REVIEW

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Article info

Article History:

Received: 12-07-2023

Revised: 15-08-2023

Accepted: 31-08-2023

KEYWORDS:

Osteoarthritis,
Degenerative
joint disease,
Individualized
homeopathy
medicine, VSA,
WOMAC.

ABSTRACT

Introduction: Osteoarthritis is a non-inflammatory heterogeneous group of degenerative joint disease. Homoeopathic remedy has encountered rheumatological problems very well. The main aim of this systemic review was to evaluate, specify and pinpoint the findings of all relevant individualised studies, thereby making the available evidence more accessible to decision-makers. **Materials & Methods:** An intensive search of RCT clinical research manuscripts published between 2000 and 2022 was done under various databases and it ensured that all papers belong to peer-reviewed journals. The data items were extracted by following points like publication years, population, interventions and comparator (Verum vs control), outcomes, methods, overall result and manufacturer of Verum. The five-point Jadad scoring system was used to assess the methodological quality of the selected trials with increasing scores indicating a higher quality. Whereas the null hypothesis in this systematic review was that individualized homoeopathic medicine had no impact. **Results:** A total of 56 experimental and controlled clinical trials were identified to be screened. After complete screening, the proper number of eligible papers was 12 and finally selected 08 RCT with a double-blind peer-review published paper. The studies maintain total number of patients of 1,891 and after dropping out 1,628 patients eagerly continued. The 08 studies focused on knee joints and lower back pain. **Conclusion:** In this study, we clearly understood that homoeopathic combination formulas work well on OA. Individualized Homoeopathic remedy was not effective due to insufficient trial reports. It's also noticeable that homoeopathic combinations may have some adverse drug reactions. So, we need proper evidence for individualized homoeopathic medicine to say it works properly. It's our duty to uptake trial testing continuously for the betterment of homoeopathy. However, more research is needed to completely evaluate and validate the efficacy or inadequacy of therapy with OA.





BEAUTY OF SINGLE HOMOEOPATHIC MEDICINE TO TREAT A CASE OF ABSCESS

Dr. Ishita Dev Kumar, B.H.M.S
Life Member of HMAI

An abscess is a localized collection of pus surrounded by inflamed tissue within the body. It is usually caused by bacterial infection and can occur anywhere in the body. Common types of abscesses include ~

1. Skin abscesses (e.g. boils, carbuncles)
2. Internal abscesses (e.g. liver, lungs or brain)
3. Dental abscesses

Symptoms

1. Pain and tenderness
2. Swelling and redness
3. Fever
4. Discharge or drainage

Treatment in modern medicine:

1. Antibiotics
2. Drainage (surgical or spontaneous)
3. Pain management

Case Report: A 9-year-old boy came to me on 08.08.25 with a small painless lump behind the ear. With redness and no significant past history

Generalities

- Physical Appearance: Lean, dark complexion
- Appetite: Good
- Thirst: Normal
- Desire: Spicy, salty, cold drinks
- Aversion: Sweet
- Intolerance: NA
- Stool: Hard
- Urine: Offensive
- Sleep: Sound
- Perspiration: Profuse
- Thermal Relation: Chilly
- Mind: Restless

Clinical Examination:

- Temperature-Normal
- Pulse-72/min
- Lump Size-Medium
Colour-Slight redness present.//
Tenderness - N.A
- Lymphadenopathy-N.A.



No.of Visit	Date	Symptom	Medicine
1	08.08.25	<ul style="list-style-type: none"> ● A small lump behind the ear ● He is restless ● Desire for salted food ● Aversion to sweet ● Frequent ear pain due to catarrh 	Causticum 200/1 dose followed by Placebo
2	22.08.25	Size had increased	Myristica 200/4 doses
4	05.09.25	Drainage completed	
5	12.09.25	Completed cured	

Conclusion :

Homeopathic treatment for an abscess as documented in the case report, demonstrates its potential effectiveness in managing localized suppuration. The appropriate individualized homeopathic remedy can help to accelerate the resolution of the abscess, often leading to a reduction in pain and swelling, promoting the natural absorption of the pus or assisting in the formation of a clean, localized drainage, frequently avoiding the need for surgical intervention or minimizing the need for conventional antibiotics. This approach highlights homeopathy's ability to stimulate the body's natural healing response in acute inflammatory conditions.





CONSTITUTION & TEMPERAMENT

Dr. Pradip Ranjan Dutta

Constitution

In the field of health and disease or treatment the doctors were and are very much interested to know the cause or causes of evil effects of the diseases. Previously physicians were not successful in this field. Ultimately the sufferers had to depend on the mercy of the evil effects of the nature. They believed that the diseases were the causes of evil effects of different demons, devils or evil forces in the nature. Ultimately the pathology came to this field which started to bring out the exact picture of those evil forces to the world. However during the period of Master Hahnemann this pathology was not at all up to the mark. Master Hahnemann was not only an allopathic doctor but also a scientist. So his inquisitiveness compelled him to search out for those evil forces like the other doctors during that period. More or less after the two decades of Hahnemann's death, the science of pathology started to progress in leaps and bounds in the hands of different scientists e.g., Pasteur, Koch, Addison, Aschoff, Ghon, Virchow, Aschner etc. etc. Ultimately the best efforts of those scientists replaced the old terminology or hypothesis by new ones. Hahnemann was a keen observer, finding no other exact terminology he had to use some descriptive phrases, e.g., minute living invisible creature. In 1831 for Cholera & Vibrio comma and later in 1883 Dr. Koch invented it. (Master Hahnemann) During his hard course of establishment of HOMOEOPATHY as a new era of treatment to the sufferer on the basis of Similimum with the patient which the other pathies have not and he coined two new terminologies in the homeopathy field: – Constitution & Temperament : Constitution:

Different authors have defined it in different ways. Webster's Seventh New Collegiate Dictionary says It

is the physical make-up of an individual comprising inherited qualities modified by environment. Blakiston's New Gould Medical Dictionary It is the total individuality of the person including inherited qualities and cumulative qualities, effects of his reactions to all environmental factors which influence his physical and emotional developments. Dorland's Illustrated Medical Dictionary It is the make up of a functional habit of the body determined by the genetic, biochemical and physiological endowment of individual and modified in great measure by environmental factors.

TYPES OF CONSTITUTION :- Different authors have classified in different ways :- (A) General (B) Miasmatic view of HAHNEMANN

(A) General

Blakiston-

i. Allergic constitution – it is the inherited tendency to produce allergy

ii. Cachectic – I.e, ill health, same as to C.B. Kneer's Cachectic classification and wasting diseases.

2.) J. H. CLARK –

i) Apoplectic Constitution — Large head, very short & thick neck, as if buried in the shoulders, slow but full pulse, tendency to rush blood to the brain, thick skin frame.

ii) Carbogenoid Constitution — (Clark's constitutional medicine PP-23,136)

After a period of obesity followed by thinness, predisposition to albuminuria, phosphaturia, acetonaemia, rickets, osteomalacia, rapid respiration, short breath, rapid pulse rate, constipation or diarrhoea, flatulence, urinary trouble, gouty pain and swelling, vertigo, ataxia, dullness of head, yawning, hypochondriasis, irritable and highly impatient may be with epistaxis,



haemorrhoid, pruritus, precocious baldness with perspiration on head, unhealthy skin, acidic perspiration.

iii) Feeble constitution – Asthenic same as to – Kneer's asthenic constitution.

iv) Bilious - same as C.B. Kneer's view

3.) Dorland - i) Arterial constitution - Here blood contains much fibrin & RBC, ii) Cachectic - same C.B. Kneer's view,

4.) Grauvogl – Carbogenoid Cons. - Here the body is represented by excess of Carbon & Nitrogen with less oxygenation, ultimately suffer from diseases of retarded nutrition or liable to diseases of perverted nutritions. A period of obesity is followed by emaciation, there is pseudo- albuminuria, phosphoturia, acetonemia, rickets in child and or children, osteomalacia in adult or in elderly persons.

General Symptoms – Frequency of respiration with shallowness, short breath, quick pulse, constipation or diarrhoea, flatulence, urinary problems, gouty pain, and swelling in the body, ataxia, dullness, hypochondriasis, yawning, unhealthy skin with itching, different types of skin problems, high uric acid level in blood, precocious baldness may be with epistaxis and haemorrhoids.

5.) C.B. Kneer :- i) Asthenic or Feeble – Deficiency of generation of natural heat, fatigue easily from least exertion, feeble & soft pulse, diseases are characterized by inactivity of certain functions.

ii) Bilious – Recognized by dark or yellow skin, they are predisposed to digestive irregularities, leads to constipation and piles etc.

iii) Cachectic (Fr. – Kakos – bad, hexis – habit, state) – Here a profound & marked state of constitutional disorder, ill health, malnutrition, weakness & emaciation for serious diseases e.g Syphilis, Tuberculosis or malignancy.

IV) Cancerous Constitution - Here the ill health is due to susceptibility to malignant state

B) Miasmatic Plan or View- Hahnemann Psora

i) Kneer & Clark -

Catarrhal or Rheumatic or Lymphatic or lax fibre - It bears the lack of vitality of skin & mucous membrane which are easily affected by external circumstances.

ii) Consumptive Cons. - (Clark) - bears clear, transparent skin, often with bright spot on cheek, flat, tall, slender, spare neck, fast growth, quick & small pulse, long fingers with large joints. Patients are liable to lung affection.

iii) Dwarfish or Cretinism (Kneer, Blakiston) – Here the condition starts from the foetal life or early infancy due to severe thyroid deficiency, characterised by stunted growth, large protruded tongue, mentally idiotic. It is common in endemic areas, severe Goitre otherwise occurring sporadically.

iv) Dyspeptic Cons. (Kneer, Dorland) – (Dys- means bad, difficult, hard, unlucky & peptic is peptin means to digest) Here impairment lies in the function of digestion.

v) Gouty Consti.- (Kneer, Blakiston):-L-Gutta means drop. Previously it was believed that this disease is due to noxa falling drop by drop in the joints. It is a constitutional hereditary condition of uric acid metabolism, characterised by high level uric acid in blood & low out through urine, often associated with fever & leukocytosis. The acute painful conditions last for few days to few weeks, joints are involved, complain starts from great toe usually. The affected area becomes hot, red, tender with shiny skin. Repeated attack and mal-treatment may form deformity and sodium urate may be deposited in skin, over the cartilage of ear, fingers, nails & joints.

vi) Haemorrhagic (Kneer) - Here the tendency to prolong bleeding. It may be hereditary.

vii) Haemorrhoidal (Kneer) - tendency to develop piles also to develop herpetic eruptions.

IX) Hydrogenoid Cons. - (Grauvogl, Dorland, Clark) Subject becomes intolerant to moisture here is more or excess of water and hydrogen is present in



blood. Subjects are worse in cold or damp or rainy weather, even living near water or standing water. But all the problems are periodical.

Sycosis

i) Ideo-obsessional Constitution. - (Dorland)

It is expressed by psychic disorder, i.e., tendency to worry.

ii) Lymphatic (Kneer & Clark) - L-lymph means water

Flabby, relaxed, torpid. This constitution is expressed by light complexion, a full rounded frame. The muscles are soft, flaccid, relaxed. Circulation is sluggish, slow pulse, deficiency in generation of heat as a result subject is sensitive to cold and suffers from catarrhal diseases, abscesses. Subject is slow and sluggish. There is accumulation of water. Acute diseases are liable to form chronic form and runs slow and tedious course.

Dorland's view – it is a condition of hyperplasia of lymphatic system.

iii) Nervous Constitution – Here, extreme sensitiveness and excitability of body and mind is present. Pulse rate is variable, rapidly changing from fast to slow. Patients are usually the sufferers of nervous disorder where no direct causes are behind it.

IV) Neurotrophic Cons. (Dorland) - Here both body and mind are predisposed to nervous diseases.

V) Oxygenoid (Grauvogl) - In this constitution oxygen's presence is predominating. Here tissue oxidations are rapid but often in-complete. Subjects are thin, less weight frame work despite of proper eating habits. Subjects are scrofulous, rickets, infantile atrophy & become anaemic, subjects feel worse during dryness to humidity, foggy weather, before storms, tempestuous wind, feel better in beginning of rain/snow though sometimes rainy time aggravate the oxygenoid constitution.

VI) Scorbutic Const. (Kneer) - Tendency to scurvy

SYPHILITIC :- Its is allied tooxygenoid constitution of

Grauvogl.

SYCOTIC CONS. (Kneer , Gestre) :- it is allied to hydrogenoid cons. of Grauvogl.

TUBERCULAR CONS.

i) Scrofulous or Strumous Const. (Kneer) - It is the consumptive constitution, characterized by ulcerative sores particularly of lymph gland, unhealthy secretion from skin forming different types of eruptions. It is considered as the modification of tuberculohabit i.e., it is the congenital soil for tubercular bacillus—Clark, scrofula (L. scrofa - breeding sow). Here tubercloses of lymphatic glands, sometimes of bones & joints with suppurating abscesses & fistula passages are seen.

ii) Scrofuloderma- Blakiston Lesions of the skin produced by local Mycobacterium Tuberculosis.

iii) Struma (L- serofuloustumor) – Gestre Sycotic Constitution (Kneer) –It is allied to hydrogenoid constitution of Grauvogl and Others.

Others:

i) Vasoneurotic Constitution (Dorland) – Instability of vasomotor system.

ii) Venous Consti: (Kneer) –Tendency to venous stasis and cyanosis.

iii) Weakly Cons: it is allied to Asthenic constitution.

B.) Hahnemannview :-

MIASM – Def :(Gr - miasma)- pollution means a supposed noxious emanation from the soil or earth alleged to be the cause of diseases endemic in certain areas e,g malaria. Hahnemann has used this term very correctly.

a) Acute:

i) Recurring -e,g plague, asiatic cholera yellow fever etc.

ii) Non Recurring – small pox measles, whooping cough etc.

b) Chronic:

i) Psora

ii) Syphilis



iii) Sycosis

Temperament

Def: According to Oxford Dictionary- It is the nature of a person which controls his or her behavior.

Stedman's Dictionary- L-word-Temperamental- means proper measure, moderation or disposition i.e, it is the psychophysical organization peculiar to individual including his or her character or personality predisposition which influence his/her manner of thought, action and general view of life.

Classification:-

1) Atrabilius - L- atra, means - black bilis - bile-It is the melancholic temperament.

ii) According to Dorland - it is hypochondriac but actually it is named as meditative, gloomy or retiring disposition, impressions are deep and lasting. Here the subjects are always look on the dark side and often secret over thing which in other mind quickly forgotten, subjects are violent, impulses on sudden impression. These patients are usually suffering from chronic stomach and bowel diseases.

Dorland Says - More secretion of black bile causing melancholic & morose ultimately hypochondriasis.

2) Bilious Temp:- Dorland says it is characterised by a dark or shallow complexion, black hair, slow or moderate pulse.

3) Choleric Temp:- (Kneer & Clarke) - Gr. - Word - chole mean bile. Here the subjects are irritable, prone to anger. There is the alteration of secretion of bile either more or less which affects the moral and mental functions and tendency to ill-humor, outburst of rage even revengeful and destructive temper whenever excited. Musculature of body is hard tightly string. Actually there is a violent provocation of anger & fit for excitement.

4) Leucophlegmatic Temp:- (Gr.- Leucos - white) This term is usually used in the homoeopathic field. Here the subjects are fair complexioned. Sometimes this fair complexion is disturbed due to baldness and different degree of anemia. Our Calcarea carb is the

example here.

5) Lymphatic Temp:- (L-Lympha means water. According to Dorland-the subject are fair complexioned, light hair, general softness of tissues but not ruddiness. Some old physiologists say there is predominance of Lymph or Phlegm in the system. It is the alike of Leucophlegmatic temperament.

6) Melancholic Temp:- Kneer & Clarke have mentioned this temperament. It is the same as Atrabilius of Dorland.

7) Mild or Bland Temp:-Kneer and Clark - Here the subjects are very gentle, submissive never show or behave any anger or destructive attitude, soft body musculature. It is the opposite to Choleric Temperament.

8) Nervous Temp: (Dorland) - It is belonging to the nervous constitution there are predominances of nervous elements, great susceptibility of central nervous system & brain.

9) Phlegmatic Temp:- (Kneer, Clark, Dorland) – It is alike to Lymphatic Temperament. The term has been originated from Greek word - Phlegmatikos means slow, indolent, sluggish. It is usually associated with feeble or lymphatic constitution. Subject are always slow, both mentally & physically even slow and weak in reactionary power. Here large and viscid amount of mucus secreted from month. The patients are usually - mentally very dull and apathetic.

10) Sanguine Temp:- (L – Sanguineous or Sang means blood) - This Temperament is found in plethoric constitution. There is a great animation & buoyancy (excess of life) of spirit. Health is good generally but when disease attacks the system, it runs a rapid & severe course. This temperament is characterized by a fair ruddy complexion, development of good musculature, large & full vein, active pulse, light auburn hair, mentally the subjects are very enthusiastic & hopeful. Our Medicine Belladonna is the example.



HOMOEOPATHIC INTERVENTION FOR ACUTE URINARY TRACT INFECTION: A CASE REPORT

Dr. Prithanka Chatterjee. MD (Hom.), BHMS. *Homoeopathic Medical Officer, West Bengal Homoeopathic Health Services. Ex-Lecturer, Dept. of Gynaecology & Obstetrics, Metropolitan Homoeopathic Medical College & Hospital. Life Member HMA*

Urinary tract infection (UTI) is the infection of kidney, ureter, bladder, and urethra. It is one of the commonly encountered problems in the clinical practice of the present scenario. At present, the treatment of UTI has become one of the major concerns, maybe due to so many resistant or underreported cases. According to some studies, constitutional homeopathic treatment can improve symptoms of UTI. Here I present a case of acute, uncomplicated UTI, which was treated with homeopathic medicine selected according to the principles of homeopathy. After a thorough case taking and clinical evaluation, I prescribed *Thuja occidentalis*. All the symptoms were ameliorated within 4 days of treatment, and I found no recurrence in the next 1 month of follow-up. The condition of the patient and improvement is documented clinically as well as pathologically (Urine for R/E, M/E).

Keywords: UTI, Homeopathy, *Thuja occidentalis*

INTRODUCTION:

Urinary tract infection (UTI) is the infection of kidney, ureter, bladder, and urethra. It is one of the commonly encountered problems in the clinical practice of the present scenario. It has been estimated that symptomatic UTI results in as many as 7 million visits to outpatient clinics, 1 million visits to emergency departments, and 100,000 hospitalizations annually^[1]. Around 40% of women experience at least one episode of UTI in their lifetime^[2]. Among them, roughly 27% recur and

sometimes present as chronic or resistant to treatment variety^[3]. UTI causes considerable morbidity and accounts for 10% of primary care consultations^[4]. The usual uropathogens include *Escherichia coli*, *Staphylococcus saprophyticus*, *Klebsiella pneumoniae*, and *Proteus mirabilis*^[5]. Pathologically, it is associated with the multiplication of organisms in the urinary tract and is defined by the presence of more than 10⁵ CFU/ml in a midstream, early morning sample of urine. However, significant bacteria may lack in some cases of true UTI, even in symptomatic patients^[6].

At present, the treatment of UTI has become one of the major concerns, maybe due to so many resistant or underreported cases. According to some studies, constitutional homeopathic treatment can improve symptoms of UTI^[7,8]. I present a case of acute, uncomplicated UTI, which was treated with homeopathic medicine selected according to the principles of homeopathy. After a thorough case taking and clinical evaluation, I prescribed *Thuja occidentalis*. All the symptoms were ameliorated within 4 days of treatment, and I found no recurrence in the next 1 month of follow-up. The condition of the patient and improvement is documented clinically as well as pathologically (Urine for R/E, M/E).

PATIENT INFORMATION:

On 06.08.2020, a 54-year-old female presented with the complaints of continuous fever for 1 day with rigor, frequent micturition with burning in urethra



(daytime frequency >15 and night time frequency >4) which remained some time after micturition, unable to hold urine during urge and pain in lower abdomen after urination.

Physical generals:

Thirst was good. Stool was clear. Her sleep was disturbed due to frequent urination.

General survey:

Her temperature was 101.4°F when she visited me. The patient was average built. Facies was anxious.

Clinical findings:

Mild tenderness was revealed in lower abdomen after deep palpation. Tongue was moist and clear.

Diagnostic assessment:

Diagnosis was done on the basis of Clinical features and urine investigations. Her urine for R/E, M/E revealed presence of sediment, pus cells- plenty (>150/HPF), Micro organisms- present (+++).

Therapeutic intervention:

Detailed case taking was done as per

Hahnemannian guidelines of case taking given in *Organon of Medicine* followed by analysis and evaluation of the symptoms.^[9]

After analyzing the case with consideration of the physical general and particular symptoms we considered for the totality. *The following symptoms were taken for the totality:*

1. Burning in urethra during and for some time after micturition
2. Pain in lower abdomen after urination
3. Unable to hold urine during urge
4. Fever with rigor

After consulting materia medica Thuja occidentalis was selected which covers totality of symptoms. Thuja occidentalis-200, 4 doses, at 4 hour interval followed by Placebo-30, 14 doses at 6 hours interval was prescribed in first visit.

Follow up & Out comes:

Explained in the following table (Table-1).

Table 2: Follow up

Date	Indications for prescription	Medicine with doses and repetition	Justification
08.08.21	Urinary complaints better. Fever was coming at 12 hours interval with chill and rigor. Anorexia and nausea started from morning.	Placebo-30, 14 doses at 6 hours interval was prescribed	Patient was improving hence no medicine was prescribed
11.08.21	No fever for 2 days. No urinary complaints. No anorexia and nausea.	Placebo-30, 14 doses at 6 hours interval was prescribed	Patient was improving hence placebo was prescribed again

Table-3: Assessment by Modified Naranjo Criteria

Item	Yes	No	Not sure/ N/A
------	-----	----	------------------



Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	
Was there an initial aggravation of symptom?		0
Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	+1	
Did overall well-being improve?	+1	
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?		0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms	+1	
From organs of more importance to those of less importance		
From deeper to more superficial aspects of the individual		
From the top downwards		
Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)		+1
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	
Did repeat dosing, if conducted, create similar clinical improvement?	+1	
Total		10

N/A: Not available

DISCUSSION:

The patient was relieved within 4 days of treatment with a single medicine. She was under observation for one month and there were no recurrence between these periods. It is evident in various source book of materia medica that Thuja occidentalis has a wide range of urinary symptoms and among those many are similar to the symptoms of UTI. This case also shows the power of single medicine in acute diseases.

ACKNOWLEDGEMENT:

The patient is acknowledged for his compliance in continued follow-ups.

DECLARATION OF PATIENT CONSENT:

The author certifies that he has obtained appropriate patient's consent. In the consent, the patient has given his consent for reporting her clinical information in the journal. The patient understands that her name and initials will not be published but her name will be seen in laboratory reports that will be documented for this case. Due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

FINANCIAL SUPPORT AND SPONSORSHIP: NII

CONFLICTS OF INTEREST: None declared



DOCUMENTS:

Fig 1: Pre treatment

DR. D.K. MONDAL'S CLINICAL LABORATORY
(A. Computerized and equipped modernized scientific clinical laboratory.)
2/D, MAHATMA GANDHI ROAD, SERAMPORE, HOOGHLY (Near Serampore T.B. Hospital)
Phone : 033 2662-3054; Mobile: 98034 72802; E-mail : skmputul@gmail.com

Patients Name : NAMASHREE CHAKRABORTY
Age/Sex : 54 YRS/F
Referred By : DR.P.CHATTERJEE
Date of Receipt : 06.08.2020
Date of Delivery : 06.08.2020

ROUTINE EXAMINATION OF URINE

GROSS EXAMINATION
Quantity : 35 ml
Colour : Straw
Transparency : Hazy
Specific gravity : 1014
Sediment : Present (+)

CHEMICAL EXAMINATION
Reaction : Acidic
Sugar : Nil
Albumin : Distinct trace
Phosphate : Nil
Blood : Nil
Bile salt : Nil
Bile pigment : Nil
Ketone Body : Nil
Urobilinogen : Nil

MICROSCOPICAL EXAMINATION
Pus cell : Plenty (More than 150 /HPF)
RBC : Nil
Epithelial cells : 1 - 2 /HPF
Casts : Nil
Crystals : Nil
Others : Nil
Microorganisms : Present (++++)
Spermatozoa : Nil
Remarks : Suggested urine for C/S.

Consultant Biochemist: Dr. S. S. Lahari, M.B.B.S., MD (Biochemistry)
Consultant Pathologist: Dr. D. K. Mondal, M.B., M.B.S., D.M. (Genl), D.C.P., (CCU)

Working Hours: (7:30 A.M. - 3:30 P.M.), (4:30 P.M. - 9 P.M.) SUNDAY CLOSED

Fig 2: Post treatment

DR. D.K. MONDAL'S CLINICAL LABORATORY
(A. Computerized and equipped modernized scientific clinical laboratory.)
2/D, MAHATMA GANDHI ROAD, SERAMPORE, HOOGHLY (Near Serampore T.B. Hospital)
Phone : 033 2662-3054; Mobile: 98034 72802; E-mail : skmputul@gmail.com

Patients Name : NAMASHREE CHAKRABORTY
Age/Sex : 54 YRS/F
Referred By : DR.P.CHATTERJEE
Date of Receipt : 22.08.2020
Date of Delivery : 22.08.2020

ROUTINE EXAMINATION OF URINE

GROSS EXAMINATION
Quantity : 45 ml
Colour : Pale straw
Transparency : Slightly hazy
Specific gravity : 1012
Sediment : Nil

CHEMICAL EXAMINATION
Reaction : Acidic
Sugar : Nil
Albumin : Trace
Phosphate : Nil
Blood : Nil
Bile salt : Nil
Bile pigment : Nil
Ketone Body : Nil
Urobilinogen : Nil

MICROSCOPICAL EXAMINATION
Pus cell : 1 - 2 /HPF
RBC : Nil
Epithelial cells : 2 - 4 /HPF
Casts : Nil
Crystals : Nil
Others : Nil
Microorganisms : Nil
Spermatozoa : Nil
Remarks : X.

Consultant Biochemist: Dr. S. S. Lahari, M.B.B.S., MD (Biochemistry)
Consultant Pathologist: Dr. D. K. Mondal, M.B., M.B.S., D.M. (Genl), D.C.P., (CCU)

Working Hours: (7:30 A.M. - 3:30 P.M.), (4:30 P.M. - 9 P.M.) SUNDAY CLOSED

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SWEET MIASM MANAGED BY SWEET PILLS BY 4G HOMOEOPATHIC CLINIC

DR GAURANG DAVE MD (HOM), PHD SCHOLAR, SWAMINARAYAN UNIVERSITY, KALOL
PROF., PG DEPT. CDPCHM COLLEGE SURAT

Diabetes mellitus that is characterized by insulin resistance or desensitization and increased blood glucose levels.

Insulin action refers to the process by which insulin lowers blood glucose levels. It achieves this by facilitating glucose uptake into cells, particularly muscle and liver cells, and by inhibiting the release of glucose from the liver. Insulin also plays a role in regulating lipid and protein metabolism, promoting the storage of energy and inhibiting its breakdown.

1. Glucose Metabolism:

Promotes Glucose Uptake:

Insulin acts as a key, unlocking cells to allow glucose to enter from the blood. This is crucial for providing cells with the energy they need.

Inhibits Hepatic Glucose Output:

Insulin reduces the release of glucose from the liver, preventing excess glucose from entering the bloodstream.

Stimulates Glycogenesis:

Insulin encourages the conversion of glucose into glycogen, a stored form of glucose, primarily in the liver and muscle cells, further reducing blood glucose levels.

2. Lipid Metabolism:

Promotes Lipogenesis:

Insulin stimulates the conversion of excess glucose into fatty acids, which are stored as triglycerides in adipose tissue.

Inhibits Lipolysis:

Insulin inhibits the breakdown of stored triglycerides (lipolysis), preventing the release of fatty acids into the bloodstream.

Protein Metabolism:

Promotes Protein Synthesis:

Insulin stimulates the uptake of amino acids into cells and their incorporation into proteins.

Inhibits Protein Degradation:

Insulin reduces the breakdown of proteins, helping to maintain muscle mass and other tissues.

4. Other Actions:

Brain Function:

Insulin also plays a role in regulating appetite and cognitive function within the brain.

Signal Transduction:

Insulin initiates its effects by binding to specific receptors on cell surfaces. This binding triggers a cascade of intracellular events that ultimately lead to the metabolic changes described above.

Type 2 diabetes mellitus E11-

Use Additional

code to identify control using:

injectable non-insulin antidiabetic drugs ([Z79.85](#))

insulin ([Z79.84](#))

oral antidiabetic drugs ([Z79.84](#))

oral hypoglycemic drugs ([Z79.84](#))

TWO TYPES OF PATIENT APPROACHING TO US:

Patient already diagnosed & on either antidiabetic & oral hypoglycemic drug ,&/or,



injectable non insulin & insulin & opted for homoeopathy

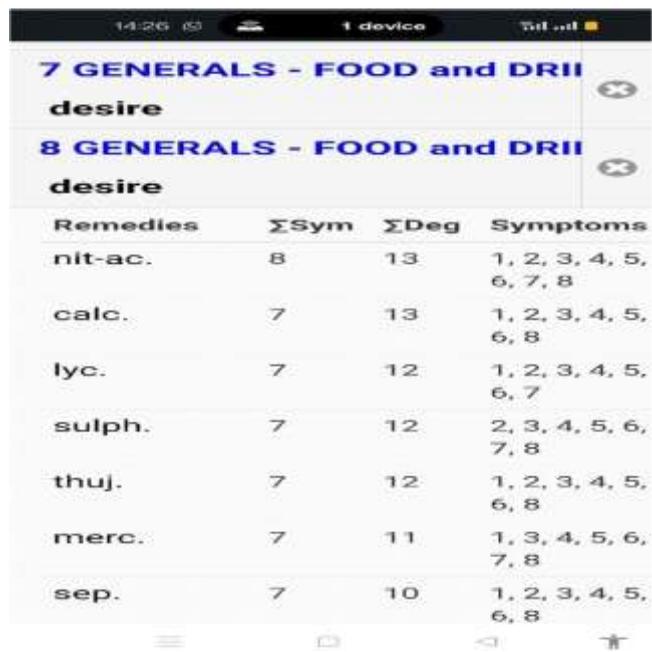
- Patient diagnosed & opted for homoeopathic medicine
- What to do?
- My approach
- First type of patient
- Find out totality + ORGR or MT & gradual reduction of oral hypoglycaemic &/or non insulin injectable or insulin dose
- Pt on insulin may require insulin in high potency
- For second type
- find out totality, put patient on frequent repetition, if no response, add ORGR / OR / MT, WITH INFREQUENT ANTI MIASMATIC (DOMINANT)
- Pt on insulin may require insulin high potency

AIM & OBJECTIVE

- To reduce burden of insulin, non insulin injectable, oral hypoglycaemic & antidiabetic agent

• To achieve better management of glycaemic control & offer a quality life.

- To prevent &/ or delay complication of DM CASE OF DM DIAGNOSED & MANAGED WITH HOMOEOPATHY
- A male, 50y,
- Sudden retention of urine on 21/5/21, followed by catheterisation by urologist & investigation
- Usg benign prostatic enlargement
- FBS 263, PP2BS 346, hba1c 12.6
- Presented to me
- Balanitis
- Erection wanting
- No other complaint
- CR: salty +++, bitter
- Having family dispute with brother for separation but not want to fight who dominate him so long as elder
- Mild +++, gentle
- He is going to suffer, if he is doing wrong with me
- 15/5/21





- Rx
- Acid nit/ 1m / ½ gls / iv /od / wk/ alt /month
- 9/ 21
- Balanitis>>, erection stil weak
- FBS 174, PPBS 190
- Rx Ct all
- 26/ 1/22
- Erection improved
- Rx Acid nit CM / 1 d / month + SL
- 24/ 3/22
- FBS 185, PPBS 220
- No complain
- Rx SL / 1 d + Insulinum/ 10x / 5 tab bd
- 9/3/22
- FBS 165, 195, hba1c 7.8
- Again erection lacking
- Rx Acid nit CM / 1 od/ wk + Insulinum
- 6/6/23
- FBS 152, PP2BS 172, HbA1c 7.0
- Rx Ct all
- 9/12/23
- FBS 128, 168, HbA1c 6.8
- Rx Acid nit CM 1 d + insulinum
- 4/5/24
- FBS 140, PP2BS 160
- NO COPLAIN
- RX Ct all
- 15/10/24
- FBS 130, 145
- 21/ 3/ 25
- FBS 143 , PPBS 161 WITH SWEET FOOD

- Rx Ct all WHY INSULINUM
- RESEARCH CONDUCTED BY
- <https://highdilution.org/index.php/ijhdr/article/view/1009>
- Based on the above results it can be concluded that homeopathic medicines Insulinum 6CH, Pancreatinum 6CH and Uranium nitricum 6CH exhibit antihyperglycemic effects in streptozotocin induced diabetic rats. Further studies are ongoing in differentiating the exact mechanisms of action of the above-mentioned homeopathic medicines.

• INSULINUM

An active principle from the pancreas which affects sugar metabolism (INSULIN)

- Besides the use of Insulin in the treatment of diabetes, restoring the lost ability to oxidize carbohydrate and again storing glycogen in the liver, some use of it homeopathically has been made by Dr. Wm. F. Baker, showing its applicability in acne, carbuncles, erythema with itching eczema. In the gouty, transitory glycosuria when skin manifestations are persistent give three times daily after eating. Given a persistent case of skin irritation, boils or varicose ulceration with polyuria, it is indicated.

TAKE HOME MESSAGE

- We can treat TYPE 1 & 2DM on OPD base with help of indicated remedy &/ or supported by ORGR & MT & may reduce burden, Socio-economic for nation & psychological for family.
- Homeopathy may play definite scope in dealing with DM & prevention of most dangerous complication of DM
- More trial necessary on govt level & private level.





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&

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M.J.N. Road, Cooch Behar, Opp. of Usha Diagnostics

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Mob: 99328 64266



IMPORTANCE OF INSTITUTIONAL TEACHING IN HOMOEOPATHY: FOSTERING PRACTICAL APPROACH AND CLINICAL EXPOSURE FOR BETTER LEARNING"

Dr Tarkeshwar Jain, Former President of Homoeopathy Education Board , NCH

ABSTRACT

The significance of institutional teaching in Homoeopathy extends beyond theoretical instruction to the cultivation of practical competence and clinical acumen. The evolving healthcare landscape demands that homoeopathic education align with contemporary standards of patient care, emphasizing experiential learning within institutional settings. Structured institutional teaching provides students with an integrated framework that combines didactic learning, bedside training, and supervised case management. Through regular clinical exposure, students develop diagnostic skills, case analysis ability, and confidence in remedy selection and patient communication. Moreover, interactive teaching methods, simulation

exercises, and interdisciplinary engagement foster a critical and reflective approach to practice. A strong institutional environment also ensures adherence to academic standards, mentorship, and ethical orientation, thereby bridging the gap between theoretical understanding and clinical proficiency. Hence, institutional teaching serves as the cornerstone of effective homoeopathic education—transforming learners into competent, empathetic, and evidence-informed practitioners capable of delivering quality healthcare.

Keywords:

Homoeopathy, institutional teaching, practical approach, clinical exposure, experiential learning, professional competence



With Best Wishes from
**Hooghly District Co-ordination
Committee of HMAI**
Under Auspices of
Homoeopathic Medical Association Of India
(WB State Branch)

(*Serampore *Rishra Konnagar *Uttarpara Kotrang *Bhadrakali *Tarakeswar
Champadanga *Janai Chanditala *Janai Chanditala 1)





FROM BEDSIDE TO BENCH AND BACK: HARMONISING HOMOEOPATHIC RESEARCH AND PRACTICE

DR. M. K SAHANI, MD (HOM), PhD

Past Secretary General, The Homoeopathic Medical Association of India

Chairman, Research Institute of Sahani Drug Transmission & Homoeopathy, Patna

President Homoeopathic Science Congress Society, Dr. B. Sahni Clinic, Shivpuri Patna

ABSTRACT

The relationship between research and practice in homoeopathy has often been seen as parallel but divergent paths. While research in the field is expanding—ranging from fundamental pharmacodynamics of potentization, molecular and quantum studies, clinical trials, and repertory development—its integration into daily clinical practice still remains a challenge. Homoeopathy thrives on individualization and holistic principles, but to achieve credibility in the modern scientific landscape, it must balance tradition with evidence-based methodology. This presentation explores how harmonization can be achieved, what challenges

exist, and how strategies such as translational research, standardization of clinical protocols, patient-reported outcomes, and interdisciplinary collaboration can ensure that homoeopathy remains a scientifically robust and clinically effective healing system. The presentation also highlights philosophical foundations, methodological debates, successful case records, and proposes concrete recommendations to create synergy between homoeopathic research and practice.

Keywords: Homoeopathy, Research, Clinical Practice, Evidence-based Medicine, Harmonisation, Integrative Medicine, Translational Research, Holism

*"The world is the great gymnasium where
we come to make ourselves strong."*

Swami Vivekananda





CHRONIC KIDNEY DISEASE (CKD): A HOMOEOPATHIC PERSPECTIVE

Dr. Pralay Sharma, Director, NIH

ABSTRACT

Background:

Chronic Kidney Disease (CKD) is a growing global health problem, with India witnessing an alarming rise in its prevalence. Conventional strategies largely focus on controlling diabetes and hypertension; however, good control of these comorbidities alone does not guarantee prevention or halting of CKD progression.

Objective:

To highlight the role of homoeopathy in CKD management, emphasizing patient trust, holistic care, and the importance of understanding complications.

Homoeopathic Perspective:

Homoeopathy is steadily gaining people's confidence in India as an integrative approach to CKD management. Through individualized remedy selection, it seeks to enhance vitality, slow disease progression, alleviate symptoms, and improve quality of life. Homoeopathy complements

conventional management by addressing the constitution and susceptibility of patients, offering a broader dimension of care.

Clinical Relevance:

Homoeopaths must be vigilant about complications of CKD, including paroxysmal nocturnal dyspnoea (PND) attacks, arrhythmias, anaemia, fluid and electrolyte disturbances, and heightened cardiovascular risk. Recognition and timely management of these complications is important for patient survival and comfort.

Conclusion:

The increasing trust in homoeopathy highlights the need for every practitioner to deepen clinical understanding of CKD. By integrating homoeopathic principles with awareness of modern nephrological challenges, homoeopaths can contribute significantly to controlling CKD progression and improving the lives of patients.

“Even water, which has a natural tendency to flow downwards, is drawn up to the sky by the sun's rays. In the same way, God's grace lifts up the mind which has got a tendency to run after sense objects.”

-Sri Ma Sarada Devi





N - OF-1 CLINICAL TRIALS" IN HOMOEOPATHY: A PATHWAY TO PERSONALIZED MEDICINE

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ABSTRACT

Conventional randomized controlled trials (RCTs) remain the benchmark for clinical evidence but often fail to reflect the individualized and dynamic principles of homoeopathic care. Such designs overlook patient-specific variability and the therapeutic process central to homoeopathy, creating methodological and philosophical gaps. The N-of-1 trial model—centered on within-patient comparisons—offers a rigorous yet personalized framework that aligns with homoeopathy's individualized ethos while meeting contemporary scientific standards.

N-of-1 trials employ randomized, double-blind, placebo-controlled crossover designs that compare active and placebo phases within the same patient, allowing reliable evaluation of treatment responses and meta-analytic synthesis across individuals. Brule *et al.* (2018) validated logistical feasibility in chemotherapy-induced fatigue. Adler *et al.* (2023) introduced a structured protocol for major depressive disorder (MDD) and subsequently published (Available online on 25 July 2025) "A personalized, integrative approach in treating major depressive disorder: N-of-1 study with plasma proteome and physicochemical analysis of homoeopathic preparations." This 28-week double-blind trial evaluated Sulphur LM4–7 in a 45-year-old female with MDD.

In Adler *et al.*, homoeopathic treatment led to a 78% overall improvement versus placebo ($p < 0.05$). BDI-II scores worsened significantly with placebo ($p = 0.017$) but remained stable with Sulphur ($p = 0.243$). MCS-12 declined during placebo ($p = 0.008$) yet remained stable under homoeopathic treatment ($p = 0.542$), suggesting protective emotional effects. Proteomic and physicochemical analyses revealed sulphur nanoparticles with immunomodulatory potential, indicating a plausible mechanistic basis for antidepressant-like activity. Similarly, Ghosh *et al.* (2025, under publication), integrating FACIT and Bayesian caterpillar (forest) analyses, reported favourable trends for LM potencies in alleviating cancer-related fatigue and improving functional and emotional well-being compared to placebo. Improvements were strongest in FACIT-F and WCFS, with consistent gains across SF-36 domains.

Emerging evidence from Adler, Ghosh, and others underscores the promise of N-of-1 trials as a scientifically rigorous and ethically sound model for individualized homoeopathic research. This approach bridges personalized care and evidence-based medicine, offering a scalable framework for integrative, patient-centered healthcare.

Keywords:

Homoeopathy, N-of-1 trial, individualized medicine, integrative medicine, cancer-related fatigue, depression, LM potency, personalized care.



HOMOEOPATHIC INTERVENTION IN RECURRENT URINARY TRACT INFECTIONS ASSOCIATED WITH POSTERIOR URETHRAL VALVES: A CASE REPORT

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ABSTRACT

Background: Recurrent urinary tract infections (UTIs) are rare in males` particularly during childhood but if found, then the reason is generally congenital anomaly, most commonly posterior urethral valves (PUV). The usual approach is either surgery to rectify the anomaly, or administration of long-term antibiotics which may have further side effects and risk of anti-microbial resistance. Homoeopathy has emerged a promising therapeutic option in patient-centered care for such cases to relieve them of their ailments.

Case history: A 26-year-old male reported with complaints of recurrent UTI since infancy. He was diagnosed to have posterior urethral valves which were contributing to urine retention and incomplete evacuation, to relieve the condition cystoscopic dilatation and fulguration done at the age of 6 months, Vesicostomy and then B/L ureterostomy were performed at 7 & 10 months` age respectively. Ureterostomy resolved problem of urinary retention but Rec UTIs continued as it increases the risk of UTIs because bacteria can easily enter into the urinary tract from it, making the case incurable.

The UTI episodes gets worse since 2017 with increase in requirement of antibiotics including long term antibiotic therapy (>1 month) in every 2-3 months. On 16/02/2023, approached to Homoeopathy after getting disappointed with conventional treatment.

Results: With Homoeopathy frequency & severity of UTI episodes, and antibiotic requirement (dose & duration) has reduced significantly. Last episode of UTI was observed in March 2025, and the symptoms were alleviated within 3 days without any antibiotic. The last dose of antibiotic was given nearly 1 year back in September 2024.

Conclusion: This case highlights the potential role of homoeopathy in management of an incurable case wherein Quality of life of the patient has improved with significant reduction in infection frequency and antibiotic need, with sustained antibiotic-free intervals. Thus, homoeopathy system of medicine can be explored as a therapeutic option for individuals suffering from such medical conditions.

Keywords: Homoeopathy; Recurrent Urinary Tract Infection; Posterior urethral valve (PUV); Ureterostomy.

" The child is the beauty of God present in the world, that greatest gift to a family. "

Mother Teresa





N-OF-1 TRIALS AND TRANSLATIONAL NETWORKS

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ABSTRACT

Homeopathy provides a personalized therapeutic approach, but its underlying mechanisms and measurable effects have not been thoroughly researched. This presentation discusses N-of-1 trials as a robust link between clinical observation and basic science, facilitating personalized research. We summarize a double-blind, randomized, placebo-controlled N-of-1 trial conducted on a patient with major depressive disorder, adhering to the clinical-pharmaceutical protocol established in the 6th edition of the *Organon*. This trial resulted in an individualized treatment using *Sulphur* (LM potencies). The clinical outcomes indicated that homeopathy was more effective than the placebo. Moreover, parallel translational analyses detected nanoparticles in the homeopathic preparations and identified proteomic changes linked to the modulation of immune-inflammatory networks, which are increasingly recognized as relevant to the pathophysiology of depression. Our study

emphasizes the necessity of standardizing protocols for individualized homeopathy. This includes case-taking, remedy selection, prescribed potencies, posology, and outcome measures, to ensure that treatments can be investigated rigorously and reproducibly. Without a clear clinical method, rigorous clinical research cannot take place. Given the structural challenges large-scale clinical trials in homeopathy face in the United States and Europe, countries with organized public support have a unique opportunity and responsibility to take the lead. India, through the Ministry of Ayush and the CCRH's nationwide network of institutes, offers a particularly favorable environment for collaborative N-of-1 programs, meta-analyses, and translational outcomes. Brazil, via its Unified Health System (SUS), the National Policy on Integrative and Complementary Practices, and connections between university research teams, can also contribute through a South-South collaboration.

*"The more we come out and do good to others,
the more our hearts will be purified,
and God will be in them."*

Swami Vivekananda





DIFFERENT PSORIASIS CASES SUCCESSFULLY TREATED BY INDIVIDUALIZED HOMOEOPATHIC MEDICINE---CASE REPORTS

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ABSTRACT

Psoriasis is a localized or generalized, chronic, progressive, inflammatory, skin disease, characterized by dry, erythematous plaques, covered with silvery scales, having a significant underlined genetic or environmental, or autoimmune background. There are various types of psoriasis, and the symptoms can vary, but plaque psoriasis is most common, mainly affecting scalp, trunk and extremities. The cause behind psoriasis is not well understood but many factors like previous infections, psychological stress, smoking, alcoholism, obesity are the triggering factors for psoriasis. In modern medicine, psoriasis has no cure, disease sometimes flares some time seems better.

Case summary:

This case series shows three different diagnosed cases of psoriasis, which were treated with individualized Homoeopathic treatment without recurrence and further complications. Clinical improvement and quality of life improvements were evaluated using standard questionnaires such as the Dermatological Life Quality Index (DLQI) and the Psoriasis Area Severity Index (PASI), as well as

changes in baseline and post-treatment photographs. The individualized homoeopathic remedy and the clinical improvement were positively correlated, according to the modified Naranjo criteria, which were used to evaluate the causal relationship between the use of the remedy and the treatment outcome. All three cases of psoriasis presented here improved without any complications and recurrence, which is evident through photographic images taken before and after the treatment, and from the PASI and DLQI scores assessed at baseline and after the treatment show significant changes in the score. This evidence-based case series serves as convincing evidence of using the homeopathic therapeutic system as a standalone method of treatment in cases of psoriasis. The idea of individualization, which is the basis of homeopathic medical guidelines, creates a strong impact on treating patients as a whole.

Keywords:

Psoriasis, Homoeopathy, PASI score, Case series.

*If you meditate on your ideal, you will acquire its nature.
If you think of God day and night, you will acquire the nature of God.*

Sri Ramakrishna





MANAGEMENT OF RENAL STONE: A CHALLENGE MADE EASY WITH UNDERSTANDING OF DIATHESIS IN HOMOEOPATHY – A CASE SERIES

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ABSTRACT

- Renal calculi, commonly known as kidney stones, present a significant global health challenge, characterized by recurrent episodes and a high relapse rate. Kidney stone prevalence varies globally, with an average of around 12% worldwide. In India, the prevalence is also estimated at 12%, with higher rates in the Rajasthan, Maharashtra and Northern India. Lifetime recurrence risks reported to be as high as 50%.
- Homoeopathy, with its approach based on constitutional and diathesis understanding offers a promising strategy for both prevention and long-term management. This case series is a humble way to correlate homoeopathic knowledge of diathesis with modern knowledge of types of stones in management and prevention of disease. Renal stone and its association with Diathesis – the inherent predisposition towards specific disease tendencies – plays a crucial role in selecting the individualized medicines in cases of renal stone.

Methods:

A case series of five patients with a documented history of recurrent renal stones was analyzed. Each patient underwent detailed case-taking, including physical generals, mental generals, family history, and miasmatic evaluation. Repertorial analysis was carried out to identify individualized remedies based on the constitutional makeup and underlying diathesis (uric, oxalic, phosphatic, etc.). Remedies were prescribed in suitable potencies along with

guidance on diet and lifestyle modifications. Follow-up ranged from 12 to 24 months, during which recurrence, symptomatology, and ultrasonographic findings were monitored.

Results:

All patients reported significant symptomatic relief within 1 to 6 months of treatment. Over the follow-up period, only one patient experienced recurrence of calculi while in other four cases there is no recurrence as confirmed by imaging and clinical evaluation. Patients also demonstrated improvement in associated systemic symptoms and general well-being. Remedies frequently indicated were constitutional deep acting medicines like *Lycopodium clavatum*, *Calcarea carb.*, *calcarea flour*, *Nux vomica*. Based on acute, sector totality *Berberis vulgaris*, Oxalic acid, *ocimum can* were selected for acute episode of renal colic. Medicines selected were based on the identified diathesis of particular patient.

Conclusion:

Understanding diathesis provides a systematic and rational basis for individualized prescribing in homoeopathy, enabling effective management of renal stone and prevention in recurrence. This case series underscores the importance of constitutional treatment in chronic predispositions and advocates the integration of diathesis-based approach in clinical practice for long-term preventive care.

Keywords: Renal calculi, Homoeopathy, Diathesis, Case series, Prevention.



EFFICACY OF HOMOEOPATHIC TREATMENT IN CASE OF PERITONSILLAR ABSCESS IN PAEDIATRIC AGE GROUP: THE EVIDENCED BASED CASE

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ABSTRACT

Background and aim

Tonsils is also called palatine tonsils, oval shaped lymphatic tissue bundle situated in the lateral oropharynx. With the adenoids, Peritonsillar abscess is a common infection of the head and neck region. It has an incidence of approximately 1 in 10,000, that can be presented in the emergency department. Tonsillitis may be caused due to viral or bacterial infection or by immunological factor. This is very common in India and among children. The main mode of spread is through air borne, droplet infection through throat or nasal fluids etc. If tonsillitis left untreated it develops Peritonsillar abscess, also known as Quinsy, it is the localized collection of pus in peritonsillar space between the tonsillar capsule and superior constrictor muscle. It is observed that even after taking higher antibiotic, specially in children, increasing with painful swallowing and deteriorating health condition, homoeopathy cure the case gently and permanently after perfect similimum.

Method

Clinical management and progression of report case

Diagnostic evaluation: This is a case of male child age 13 years was having high grade fever with chill, cold, coryza, pain in throat after taking cold-drinks. Patient took allopathy medicine for 15 days but no cure and aggravation. After x-ray chest and CBC investigation was diagnosed with Bronchitis showing changes as prominent bronchovascular marking in both parahilar and lower zones in paracardiac region with raised leucocyte count. Day by day swallowing was getting difficult to drink even water, and to take tablet also with collection of pus on tonsils and foul odour.

Treatment

On careful repertorisation, perfect similimum, of *Lachesis* 200 BD for two days given. Patient showed marked improvement in one dose and cure in two days with no recurrence till now.

Conclusion

Homoeopathy has proved its importance, its gentle and permanent and holistic healing over other treatment.

Keywords:

quinsy, homoeopathy, abscess, similimum, parahilar

" If you can't feed a hundred people, then feed just one."
Mother Teresa





HARMONIZING CYTOKINE GENETIC EXPRESSIONS IN VIRAL DISEASES BY HOMEOPATHIC MEDICINES

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ABSTRACT

Scientific research into the effects of homeopathic medicines on cytokine gene expression in viral diseases and systemic homeostasis is limited, and the mechanisms are not fully understood. However, some studies suggest that homeopathic preparations may alter cytokine synthesis, either by increasing or decreasing it. The body's immune system uses cytokines to clear pathogens while maintaining homeostasis. Viral infections, particularly RNA viruses like SARS-CoV-2, influenza, dengue, etc., can deregulate these inflammatory pathways. The aim of successful treatment is to inhibit viral replication without suppressing the useful aspects of the immune response. A proper immune response clears the infection, but a disproportionate one can lead to severe tissue damage. Viral diseases can disrupt systemic homeostasis by triggering a considerable release of pro-inflammatory cytokines, known as a "cytokine storm". This can lead to systemic damage, multi-organ failure, and death. Research on ultradiluted homeopathic medicines indicate they may balance pro-inflammatory cytokine up regulation in SARS-CoV-2 spike protein-induced systemic inflammation; Japanese encephalitis, dengue, and Chikungunya virus infections. The present working hypothesis proposes that potentized homeopathic medicines act by regulating gene expression. This could occur through various pathways, including epigenetic modifications like DNA methylation, which controls

the expression of many genes. The persistence of medicinal nanoparticles, even in ultra-highly diluted homeopathic medicines, is another suggested mechanism. These nanoparticles may trigger precise biological responses at the cellular level. Although some findings are encouraging, there are many challenges and limitations. Thus, there are limitations in methodology due to heterogeneous study designs, small sample sizes, and inconsistent results across studies. Again, while effects on cytokine synthesis have been noted, the exact mechanism remains largely unexplored and is a significant area of dispute. There are also limitations in studying high dilutions due to the non-availability of conventional pharmacological analysis. More rigorous and well-designed studies are needed to further explore the therapeutic potential of homeopathic medicines in viral diseases. To move beyond initial observations and anecdotes, future research must focus on standardizing protocols for studying the effects of highly diluted substances; conducting high-quality, randomized controlled trials; using sensitive molecular methodologies, like global gene array analysis, to detect subtle modulations in gene expression; and investigating the biological mechanisms by which ultra-high dilutions could influence genetic and epigenetic processes.



CONTRIBUTIONS TO THE EVIDENCE-BASE OF HOMEOPATHY BY RANDOMIZED CONTROLLED TRIALS: INITIATIVES FROM DNDHMC&H

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ABSTRACT

Background:

Randomized controlled trial (RCT) is a kind of scientific experiment in which the subjects are allocated at random to receive one of the several interventions including the standard of comparison (control); thereby each member has the same chance of receiving either the experimental or the control intervention. According to the specified outcomes, RCTs may be classified into (1) efficacy (placebo-controlled), and (2) effectiveness (active-controlled, pragmatic.). A well-blinded RCT is considered to be the 'gold standard' for clinical trials. Homeopathy is often tagged as 'pseudoscience' and criticized for inadequate data from quality RCTs substantiating its claims beyond the placebo effect.

Methods:

Starting from January 2021 until August 2025, D. N. De Homoeopathic Medical College and Hospital, West Bengal published 10 placebo-controlled RCTs of individualized homeopathic medicines (IHMs) in different peer-reviewed, MEDLINE-indexed, international journals. All were double-blinded, randomized (1:1), placebo-controlled, parallel arms trials. The studied conditions were: atopic dermatitis (n = 60), warts (n = 60), hyperuricemia (n = 58), prehypertension (n = 92), osteoarthritis knee (n = 40), pediatric enuresis (n = 140), menstrual irregularities (n = 92), post-COVID-19 conditions (n = 60), and prediabetes (n = 60), and chronic low

backache (n = 60). Pooled sample size was 722 (verum: 360, control: 362). The participants were randomized to receive either IHMs (following classical homeopathic principles), or identical-looking placebos, in the mutual context of non-pharmacological concomitant care measures. Several validated outcome measures were chosen, both subjective and objective, as appropriate in different trials. The intention-to-treat sample was analyzed to detect group differences and effect sizes.

Results:

Results were varied; while hyperuricemia, osteoarthritis knee, pediatric enuresis, post-COVID-19 conditions, prediabetes, and chronic low backache revealed statistically significant results favoring homeopathy against placebo, the other trials remained inconclusive. When the results of these ten trials were pooled together in a random effect forest plot meta-analytic model, the mean difference favored homeopathy significantly against placebos; mean difference 2.44 (95% CI 1.19 – 3.70), $z = 3.82$, $p = 0.0001$; however, substantial heterogeneity warrants cautious interpretation of the results ($I^2 = 2.60$, $p < 0.001$, $I^2 = 92\%$).

Conclusion:

As evident from the statistical pooling of the results, homeopathy outperformed placebos. Future research should aim at conducting larger and replication trials in different clinical conditions.



DEVELOPMENT AND SCIENTIFIC VALIDATION OF TOOLS TO STANDARDIZE THE PRACTICE OF CLASSICAL HOMEOPATHY: INITIATIVES FROM DNDHMC&H USING MIXED-METHODS RESEARCH AND ARTIFICIAL INTELLIGENCE

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ABSTRACT

Background: Mixed methods research (MMR) is an emergent methodology of integrating qualitative ('qual') and quantitative ('quan') data from a single investigation, thereby permitting more complete and synergistic utilization of data than separate data collection and analysis. Artificial intelligence (AI) is a branch of computer science where machines are trained to think like the human brain, learn, decide, and work. MMR, including AI, can be used to address several unresolved mysteries of homeopathy by the development and validation of tools, thereby standardizing the practice of classical homeopathy. Three MMR projects were undertaken for development and validation of tools: (1) to assess susceptibility to different potencies of homeopathic medicines (n = 440); (2) to categorize the treatment outcomes after an individualized homeopathic prescription, development of Patient Response Assessment Tool after Homeopathic Treatment, version 2.0 (PRATHoT, v.2) eventually, and differentiate between homeopathic, medicinal, and disease aggravations (n = 604); and (3) to classify a symptom pool into different miasmatic states in scientifically valid ways using AI techniques (n = 1800). **Methods:** Exploratory, sequential, mixed-method designs were adopted using the qual QUAN approach. The process followed three phases: item development, scale development, and scale evaluation/validation. In the first phase, items were

generated using both deductive and inductive methods (freelisting, in-depth interviews), and consensus was derived from Delphi rounds among the experts and estimation of the Smith salience index or thematic analysis, as and when appropriate. This was followed by pilot testing by the end-users. The second phase focused on construct validation, domain identification by exploratory factor analysis (EFA), and examining the dimensionality through confirmatory factor analysis from cross-sectionally collected data by systematic sampling. In the final phase, the tool was evaluated for its reliability and internal consistency. Throughout the process, data from qualitative and quantitative stages were triangulated for a comprehensive interpretation. The PRATHoT v.2 was evaluated through logistic regression, discrimination analysis, and decision tree analysis to choose its prediction ability. K-means clustering was used on the collected cross-sectional data collected using a checklist to examine the suitability of the three-structure model. **Results:** The 28-item susceptibility scale revealed promising psychometric properties. Principal component analysis (PCA) extracted seven components explaining 65.4% of the variance. Seven domains were identified through factor rotation (varimax). Confirmatory factor analysis (CFA) verified the model fit with indices meeting recommended cut-off values. Reliability tests showed a Cronbach's alpha



of 0.485, indicating moderate internal consistency. A ROC curve revealed a threshold value of 45.9% reflecting the highest sensitivity and specificity of 99.7% and 97.7% respectively. Regarding PRATHoT, v.2, all the models were statistically significant. In logistic regression, the area under the curve (AUC) increased gradually, and the model became statistically significant from month 2 onward, thereby suggesting enhancing precision in coding the treatment outcomes using the PRATHoT, v.2, with increasing chronicity of the disease. Internal consistency (Cronbach's alpha) was 0.988, 95% CI 0.987 to 0.988. K-means clustering of the 72-item miasm checklist data revealed three distinct clusters of psora, syphilis, and syphilis.

Conclusion: The tools provide a preliminary foundation for their use in homeopathy practice, with potential for further improvement. Ongoing and future projects are aimed at further validation of the tools in different clinical conditions, and development and validation of the homeopathic prognostic scoring system (HomPROSS), Repertorian's Expert Tool for Selecting the Similimum (RExpertSS), checklist of centesimal and 50-millesimal potencies in homeopathic prescribing, checklist of accessory circumstances in homeopathy, and diagnostic criteria of different temperaments and diathesis in homeopathy using validated scoring systems.

MANAGEMENT OF DEPRESSION WITH HOMOEOPATHIC REMEDIES

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ABSTRACT

Background and Aim:

Depression is a common and major psychological problem in general population. Depression is characterized by sad, or irritable mood associated with somatic and cognitive changes that significantly affect the individual capacity to function.

Aim:

The aim of this study is to know about depression disorder and its management with homoeopathic remedies based on the results of previous studies, and also mentioned important remedies and their characteristics which used in the management of depression.

Methods:

A study was done to find out the scope of

homoeopathic remedies in depression, online search was done for different articles and papers.

Results: After reviewing different articles. Which includes, randomised control trials, observational studies, case study, shows the effectiveness of homoeopathic remedies in depression.

Conclusion:

This review study helps in enhancing existing knowledge on the scope of homoeopathic remedies in the treatment of depression.

However, to obtain more generalized result need long term follow-ups study.

Key word:

Depression, Homoeopathic remedies.



“HOMEOPATHY RESTORES MALE FERTILITY: A COUPLE'S JOURNEY FROM AZOOSPERMIA TO PARENTHOOD WITHOUT DONOR SPERM”

Dr. Sukhjeet Kaur¹, Dr. Kanupriya²

Affiliations:

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ABSTRACT

Infertility is a multifactorial condition influenced by chronic illness, structural anomalies, and psychological stress. We report a case of a couple with long-standing infertility managed successfully through integrative homeopathic therapy combined with assisted reproductive technology.

Mr. X, 35, had a history of ulcerative colitis, subsequently developed grade 3 varicocele and azoospermia. Despite extensive homeopathic treatment targeting spermatogenesis, he remained non-responsive for two years and declined discontinuation of colitis therapy due to risk of relapse.

Mrs. Y, 33, had a history of pulmonary tuberculosis, severe migraine, and recent oligomenorrhea with scanty menses. Follicular monitoring revealed anovulation despite a moderately diminished ovarian reserve (AMH 1.7 ng/mL).

Homeopathic therapy restored regular menstrual cycles, induced ovulation, and improved systemic health in the female partner. The couple was counseled for IVF using donor sperm, but they opted for continued homeopathic intervention. Ultimately, Homeopathic Remedy resulted in 10–12 motile sperm in testicular sperm aspiration (TESA), facilitating IVF with the couple's own gametes and the development of high-quality embryos.

This case underscores the potential role of

individualized homeopathy in selected cases of infertility. It highlights the importance of holistic partner-focused care, persistence in therapy, and integration with ART when indicated. Further studies are warranted to explore reproducibility and underlying mechanisms.

Background:

Male factor infertility, particularly azoospermia secondary to varicocele presents significant therapeutic challenges. Homeopathic individualized therapy, when aligned with patient preferences and systemic health considerations, may provide adjunctive benefits in restoring spermatogenesis, especially when conventional interventions are limited or declined.

Conclusion:

This case highlights that homeopathic therapy can be both curative and assistive in complex infertility. When integrated with modern techniques like IVF, it can maximize conception chances using the couple's own gametes, avoiding donor sperm. A holistic, patient-centered approach combining homeopathy and ART offers a promising pathway for similar cases.

Keywords:

Infertility, Azoospermia, Varicocele, Homeopathy, Testicular Sperm Aspiration, IVF, Chronic Illness



FROM DATA TO SIMILLIMUM: AI-ENABLED ONE HEALTH STRATEGIES WITH VETERINARY HOMEOPATHY TO CURB AMR

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ABSTRACT

AMR crosses species and settings. It asks us to connect research and daily practice. We present a clear One Health pathway that uses explainable AI (XAI), phone-based imaging, and veterinary homeopathy to lower needless antibiotic use while protecting outcomes. The workflow uses the data clinics already have: short notes, behaviour cues, photos, and basic labs. A small machine-learning pipeline then helps the team to: (1) spot red-flag differentials that need antibiotics or referral, (2) convert signs and modalities into repertory-ready features, (3) produce a transparent shortlist of remedies with simple posology guidance, and (4) follow results on a dashboard that shows antibiotic-free days, time to recovery, and relapse at 30 and 90 days [1–5]. Case sketches from common problems—bovine mastitis, canine superficial pyoderma/dermatitis, and post-operative wound care—show how AI-assisted repertorisation and disciplined follow-up can trim empirical antibiotic starts without harming welfare [6–9]. Governance stays practical: consent, data minimisation, human oversight, and clear “stop-rules” to prevent any delay when antibiotics are needed [1,2]. Knowledge sources are versioned and traceable, drawing on established veterinary materia medica and textbooks, adapted by species and farm context [6–9]. The setup is light enough for small clinics and field work, using smartphones and simple forms. Teams receive a short checklist, basic data templates,

and an outcomes mini-registry that can be used immediately. In sum, combining digital tools with homeopathic reasoning at the bedside can support measurable AMR stewardship and stronger trust between vets, clients, and other health partners across One Health [1–3].

Keywords: One Health, AMR, veterinary homeopathy, explainable AI, digital imaging, outcomes, stewardship.

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“WEED MANAGEMENT WITH AGROHOMEOPATHY: AN EXPERIMENTAL STUDY”

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ABSTRACT

Introduction - Weeds pose a significant challenge to agricultural productivity, often competing with crops for essential resources like nutrients, water, and sunlight. Traditional chemical herbicides, while effective, can harm soil health, pollute the environment, reduce the biodiversity and disrupt ecosystems. This study explores a revolutionary, eco-friendly approach to weed management by integrating Agrohomeopathy into a Weed Management strategy. Here we have taken a small area at international airport and used homeopathy medicine to reduce the weeds alongside runways in order to find out more sustainable ways to prevent weed growth thus reducing the risk of bird hitting.

Study Aim & Objectives:

1. To evaluate the effectiveness of potentized homeopathic remedies in controlling weed growth.
2. To compare the impact of Agrohomeopathy-based weed management in comparison to conventional methods.
3. To assess the long-term benefits of Agrohomeopathy on weed management at airports as a sustainable solution.

Methodology:

- Selection of experimental plots: Control (no treatment), chemical herbicides, and Agrohomeopathy-based remedies.

- Identifying common weeds according to local atmosphere and soil.
- Application of homeopathic remedies such as *Ruta*, *Tingiscardi*, *parthenium* in ultra-high dilutions targeting weed growth.
- Monitoring parameters such as weed growth, and growth cycle over a period of 1 year.

Results:

Agrohomeopathy demonstrates potential in reducing weed vigor and promoting crop growth without disrupting soil ecosystems. This natural method offers an alternative to chemical herbicides, aligning with sustainable farming practices.

Conclusion:

This experimental study highlights the promise of Agrohomeopathy in Weed Management, paving the way for greener agricultural practices that protect the environment and enhance soil vitality. Further research and field trials are essential to optimize these remedies and establish them as a reliable weed management strategy.



MECHANISTIC INSIGHTS INTO THE ANTICANCER POTENTIAL OF *ARSENIC IODATUM*: AN INTEGRATIVE IN VITRO ANALYSIS ON A549 LUNG CARCINOMA CELLS

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ABSTRACT

Background:

Homeopathic preparations have recently gained scientific attention for their possible modulatory effects at the cellular and molecular levels. *Arsenic iodatum*, traditionally recognized for its therapeutic properties, remains underexplored in terms of its anticancer mechanisms. The present study aims to elucidate the mechanistic aspects underlying the cytotoxic and apoptotic effects of *Arsenic iodatum* in human lung carcinoma (A549) cells.

Methods:

A comprehensive in vitro evaluation was performed integrating multiple mechanistic assays. Cytotoxic potential was assessed through MTT assay, followed by Annexin V–FITC/PI staining to determine apoptotic induction. Cell cycle analysis was conducted using flow cytometry to evaluate phase distribution changes. Wound migration assays examined anti-migratory potential, while clonogenic assays analyzed the long-term proliferative inhibition. Molecular alterations were further validated via qRT-PCR for apoptosis-related gene expression and Western blotting to assess protein-level modulation of signaling pathways, including p-

AKT, Bcl-2, and caspase-3.

Results:

Treatment with *Arsenic iodatum* demonstrated a concentration-dependent decrease in A549 cell viability, accompanied by significant apoptotic induction and G₂/M phase arrest. Migration and clonogenic capacity were markedly inhibited. qRT-PCR revealed downregulation of anti-apoptotic (Bcl-2) and upregulation of pro-apoptotic (Bax, Caspase-3) transcripts. Western blot analysis corroborated these findings, confirming reduced p-AKT signaling and activation of caspase-mediated apoptosis.

Conclusion:

The findings collectively indicate that *Arsenic iodatum* exerts potent antiproliferative and pro-apoptotic effects on lung carcinoma cells through modulation of AKT-mediated survival pathways and apoptotic gene regulation. These results offer mechanistic evidence supporting its potential role as an adjunct in integrative cancer therapeutics.

Keywords:

Arsenic iodatum, A549 cells, apoptosis, p-AKT, MTT assay, clonogenic assay, migration inhibition, qRT-PCR, Western blot.

"The greatest religion is to be true to your nature. Have faith in yourselves."

Swami Vivekananda





UNRAVELLING MENTAL RUBRICS: CLINICAL INSIGHTS AND APPLICATIONS

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ABSTRACT

Background:

The interaction between mental and physical health is a cornerstone of homeopathic medicine. The intricate interplay between the mind and the body has long fascinated homoeopaths, offering a window into understanding and treating diverse ailments. The profound insights of luminaries like Kent, emphasize the significance of mental symptoms as reflections of the inner self and the individuality of each patient. Through the lens of the psyche and the psycho-neuro-hormonal axis, we need to explore how emotions are intricately shaped, graded, and their relations, and relate it with the classification of rubrics.

Objective:

This conference paper aims to explore the clinical implications of perceiving mental rubrics, focusing on emotions and character traits, and their application in homeopathic practice.

Methods:

In this paper, we shall delve into the profound clinical implications of perceiving the rubrics of the mind, particularly within the realm of homeopathy.

Through case illustrations, spanning over a clinical experience of more than 25 years, an attempt is made to understand and perceive the meticulous categorization of symptoms and finding the rubrics according to predominant emotions to guide clinical practice.

We delve into specific rubrics related to anger, sadness, fear, hatred, jealousy, and dishonesty etc on case-to-

case basis. Different manifestations such as suppression, repression, and outward expression, are also examined alongside corresponding homeopathic remedies.

Conclusion:

Understanding mental rubrics provides a holistic approach to patient care in homeopathy. Through case studies and theoretical insights, this paper sheds light on the understanding and application of mental rubrics, guiding clinicians towards effective and personalized treatment strategies.





APLASTIC ANEMIA: UNDERSTANDING THE PATHOPHYSIOLOGY AND HOMEOPATHIC PERSPECTIVES

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ABSTRACT

Background:

Aplastic anemia is a rare and life-threatening hematological disorder marked by pancytopenia and hypocellular bone marrow, resulting from immune-mediated destruction of hematopoietic stem cells. While conventional treatments like immunosuppressive therapy and bone marrow transplantation are effective for some, they are expensive, invasive, and not universally accessible. Homeopathy offers a safe, cost-effective, and individualized approach that addresses both constitutional and pathological aspects of the disease, yet it remains underrepresented in mainstream hematology discussions.

Objectives:

1. To explore the underlying pathophysiology of aplastic anemia from a biomedical perspective.
2. To present clinical experiences and case studies illustrating the efficacy of individualized homeopathic treatment in managing aplastic anemia.

To advocate for integrative research and global dialogue on alternative treatments for rare hematological conditions.

Methodology:

The presentation draws on over a decade of clinical experience treating aplastic anemia through homeopathy, supported by detailed patient histories, blood reports (CBC, bone marrow biopsy), and long-term follow-up data. Homeopathic remedy selection was based on holistic repertorization,

constitutional profiling, and miasmatic evaluation. Patients were also provided with lifestyle guidance and dietary recommendations using locally available nutritional resources.

Results:

- Multiple cases demonstrated a marked improvement in hemoglobin levels, platelet counts, and white blood cell counts over a 6–12 month period.
- Patients reported enhanced energy levels, reduced dependency on blood transfusions, and improved quality of life.

Long-term remission was observed in a significant number of cases without adverse effects, suggesting the regenerative potential of individualized homeopathy.

Conclusion:

Aplastic anemia presents both a clinical and public health challenge due to its severity and limited conventional options. Homeopathy, when practiced with a deep understanding of pathology and individualization, has shown promising outcomes. There is a critical need to document such success stories systematically and integrate them into wider therapeutic frameworks through evidence-based research and global collaboration.

Keywords:

Aplastic Anemia, Bone Marrow Failure, Homeopathy, Regenerative Medicine, Individualized Treatment, Integrative Hematology



UNDERSTANDING AUTISM: HISTORY, MEDICAL PHENOMENON, AND HOMOEOPATHIC PERSPECTIVE WITH EVIDENCE-BASED CASE STUDIES

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ABSTRACT

Introduction-

Autism Spectrum Disorder (ASD) represents a complex neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive behaviours. Over the past century, evolving diagnostic criteria and increasing awareness have led to improved understanding and identification of the condition. Homoeopathy, with its individualized and holistic approach, offers a complementary method of management that aligns with the need for personalized care in autism. This article presents a homoeopathic perspective supported by evidence-based case studies from OPD of R.B.T.S. Govt. Homoeopathic Medical College & Hospital, Muzaffarpur, Bihar.

Epidemiology-

The incidence of Autism is drastically increasing in the last few decades with a ratio of 1 in 250 children in the last few decades.

Homoeopathic Perspective on Autism-

Homoeopathy is the first choice of treatment for parents who seek to avoid conventional treatment of psychiatric drugs is meant to calm the patient down, not to cure. Moreover, the clinical presentation of Autism makes it more appropriate for Homoeopathic treatment. No two cases of autism are alike, and the individualistic approach of Homoeopathy is very apt in such cases.

Conclusion-

Homoeopathy, rooted in individualization and holistic healing, provides a valuable complementary path that honours the uniqueness of each child. My study helped me to understand that Homeopathic medicines do not merely act on any one particular organ of an individual but it has much more deeper and central action on psycho-neuro-endocrinological and psychoimmunological axis it works well to correct the accentuated state of sensitivity. It also helps improve fine motor skills as well as perceptual difficulties. Behavior modification through Homeopathic medicines is an age old well documented function. Carefully selected Homeopathic medicine brings about qualitative change at a wide range of symptoms in children with autism. It also helps in behavior modification to reduce child's hyperactivity, irritability, violence etc. Thus it plays a distinct role in reducing or eliminating autistic features Homoeopathy ranks higher than other forms of medical management of Autism, as unlike others, it acts at the level of miasm, susceptibility and sensitivity, which are important in the genesis of Autism and the manifestation and progression of its various symptoms.

Key Words:

Autism Homoeopathic, Perspective Evidence-Based Case Studies



AN ENCYSTED HYDROCELE OF A CHILD CURED WITH INDIVIDUALIZED HOMOEOPATHIC TREATMENT – A CASE REPORT

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ABSTRACT

Background and aim -

A hydrocele is an accumulation of fluid in between layers of tunica vaginalis of testes, which is attributed to either patent communicating channel with peritoneum (Processus vaginalis) or defective absorption of fluid by tunica vaginalis. About 1% of adult males are affected and in neonates, 80% of newborn may have patent processus vaginalis which mostly closes before 2 years spontaneously. Hydrocele may develop as primary or secondary and encysted hydrocele of the cord is a variety of primary type. Spontaneous resolution may occur within 2 years of age, otherwise it is managed surgically. Homoeopathic materia medica & repertories have repeated mentions of medicines claiming to be of use in treating Hydroceles. However, to the best of my knowledge, reports & publication on individualized homoeopathic treatment of hydrocele remain limited.

Methods –

The case report is of a 5 yrs old child diagnosed with right sided encysted hydrocele (clinically and ultrasonographically). Parents were unwilling to have surgical intervention and opted for homoeopathic treatment. A detailed case-taking was performed, considering the patient's physical

constitution, past history, family history, and characteristic symptoms. Based on the totality of symptoms and the miasmatic background, *Tuberculinum* was prescribed in appropriate potency and repetition.

Outcome and follow up results –

Over the course of treatment, progressive reduction in swelling and discomfort was observed. By the end of the treatment the swelling had subsided completely with no recurrence on follow up after six months.

Conclusions-

This case highlights the potential role of individualized homoeopathic treatment in the management of encysted hydrocele. The use of *Tuberculinum*, selected on the basis of anamnesis, constitutional indications and miasmatic predisposition, facilitated complete resolution without surgical intervention. The outcome of this case may be used as foundation for future studies of homoeopathic medicine in the treatment of hydrocele.

Keywords:

Encysted hydrocele, Homoeopathy, *Tuberculinum*, Case report, Individualized homoeopathic treatment



HOMOEOPATHIC APPROACH IN THE CASE OF DIABETIC NEPHROPATHY: A CASE REPORT

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ABSTRACT

Diabetic Nephropathy is a chronic and progressive loss of kidney function in patients with Diabetes Mellitus. It is a leading cause of Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD). Patients often present with generalized edema, and disease progression is typically monitored through parameters such as proteinuria, serum creatinine, and estimated Glomerular Filtration Rate (eGFR), which may decline from 90 ml/min/1.73 m² to below 15 ml/min/1.73 m².

In this report, I share my experience managing a case of Diabetic Nephropathy using homoeopathic organopathic remedies over a span of more than six years, showing successful stabilization and delay in disease progression.

Case Report:

A 58-year-old male presented with significant pedal edema. Laboratory investigations revealed:

- Estimated GFR: 13 ml/min/1.73 m²
- Serum Creatinine:>5 mg/dL

He was advised to initiate hemodialysis due to the advanced stage of renal impairment. Instead of conventional intervention, I chose to prescribe *Eel*

Serum Q as an organopathic remedy, based on the pathological indications.

Remarkably, over the past six years, the patient has maintained a stable condition without transitioning to dialysis. His edema has resolved, and regular monitoring continues to show consistent renal function within the same range.

This case was managed via online consultations. During my presentation, I will elaborate on the key points considered for prescription, the follow-ups, and the interim management that contributed to this outcome.

Conclusion:

Homoeopathic organopathic remedies, when appropriately indicated, can effectively arrest the progression of chronic and so-called incurable diseases like Diabetic Nephropathy. This approach may help in preventing complications and reducing dependence on invasive treatments such as dialysis.

Keywords:

Diabetic Nephropathy, Chronic Kidney Disease, End-Stage Renal Disease, Eel Serum, Organopathy.





INDIVIDUALIZED HOMEOPATHIC MANAGEMENT OF CHRONIC TINEA CRURIS USING NATRUM MURIATICUM IN LM POTENCY: A CASE REPORT

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ABSTRACT

Introduction:

Tinea cruris is a superficial fungal infection predominantly affecting the groin, inner thighs, and perineal region. It manifests as pruritic, erythematous, and circinate eruptions. Recurrent and chronic cases are common, especially in humid climates, and are often inadequately addressed by conventional antifungal treatment. An individualized homeopathic approach, guided by totality of symptoms, may offer deeper and sustained healing.

Case Presentation:

A 26-year-old male from Dongaon presented with chronic tinea cruris affecting the thighs, perineum, scrotum, and hairy areas. Lesions were herpetic, circinate, and associated with severe itching, worsened by warmth and perspiration. Mental symptoms included deep emotional distress following disappointed love and deception. General symptoms included increased thirst and a marked craving for salty food—significant in homeopathic evaluation.

Methodology:

A thorough case-taking approach was implemented, encompassing mental, general, and physical particulars. Repertorial analysis was conducted using the Synthesis Repertory, followed by cross-verification with Materia Medica. Natrum muriaticum emerged as the most suitable remedy. Treatment began with Natrum muriaticum 0/3 (LM3

potency) in aqueous solution, administered in individualized doses with succussion, as per homeopathic principles. Follow-ups were scheduled to evaluate symptom progression and adjust dosage accordingly.

Results:

Substantial clinical improvement was observed within the first few weeks. The intensity of itching decreased, lesions began to resolve, and no new eruptions were noted. Complete recovery was achieved within 3 months. Over a follow-up period of 6 months, there was no recurrence. The patient also reported emotional balance and improvement in general vitality, supporting the constitutional effectiveness of the remedy.

Conclusion:

This case demonstrates the clinical efficacy of individualized homeopathic prescribing using Natrum muriaticum in LM potency for chronic tinea cruris. The use of the Synthesis Repertory enabled precise repertorial matching based on the totality of symptoms. The constitutional remedy addressed both the skin pathology and underlying susceptibility. While this is a single case, it supports further research into homeopathy's role in chronic dermatophytosis.

Keywords:

Tinea cruris, Chronic dermatophytosis, Natrum muriaticum, LM potency, Individualized homeopathy, Synthesis Repertory, Case report



NCD AND HOMOEOPATHY: REVIEW OF EVIDENCE AND MAPPING THE EVIDENCE GAP

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ABSTRACT

Background:

Non-communicable diseases (NCDs) such as type 2 diabetes, hypertension, obesity, and dyslipidemia are leading causes of morbidity and mortality worldwide. Despite effective conventional therapies, challenges with long-term control, drug side effects, and patient adherence persist. Homeopathy continues to be widely used as a complementary approach, and growing interest necessitates a critical review of its evidence base in these priority conditions.

Objectives:

To review available clinical evidence for homeopathic interventions in type 2 diabetes, hypertension, obesity, and dyslipidemia, and to identify key evidence gaps for future research.

Methods:

Published literature between 1990 and 2025 was reviewed, including randomized controlled trials (RCTs), observational studies, systematic reviews, and meta-analyses. Data were synthesized regarding clinical outcomes, safety, patient acceptability, and methodological quality.

Results:

Type 2 diabetes: Multiple small RCTs and observational studies report improvements in fasting blood glucose, HbA1c, and overall well-being with individualized or adjunctive homeopathic remedies. Some studies suggest enhanced patient adherence when homeopathy is integrated into standard care.

Hypertension:

Clinical trials demonstrate modest but consistent reductions in systolic and diastolic blood pressure,

particularly when homeopathy is used alongside conventional therapy.

Obesity:

Limited studies indicate potential benefits in weight reduction, appetite control, and metabolic parameters, although findings are inconsistent and often underpowered.

Dyslipidemia:

Preliminary data suggest favorable shifts in lipid profiles, including reductions in total cholesterol and LDL with improvements in HDL, but evidence is sparse and heterogeneous.

Patient satisfaction, perceived safety, and high acceptability of homeopathic care emerge as recurring strengths across studies. However, methodological weaknesses — small sample sizes, lack of standardized outcome measures, heterogeneity of prescriptions, and short follow-up durations — substantially limit the certainty of these findings.

Conclusions & Evidence Gaps:

While current data provide encouraging signals of adjunctive benefits in glycemic control, blood pressure regulation, weight management, and lipid modulation, robust evidence remains insufficient for firm clinical recommendations. Future research must prioritize large, preregistered, and well-designed RCTs with standardized endpoints, long-term safety evaluations, and cost-effectiveness analyses. Mapping these gaps provides a roadmap for strengthening the evidence base and guiding policy on the role of homeopathy in NCD management.



FAMILY HISTORY AS A CLINICAL TOOL IN HOMOEOPATHY: SUCCESSFUL USE OF SYPHILINUM IN THE MANAGEMENT OF BILATERAL CALCANEAL SPUR

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ABSTRACT

Introduction: Family history often reveals miasmatic predispositions that guide remedy selection in chronic, resistant conditions. This case highlights the value of *Syphilinum* in calcaneal spur.

Case Presentation: A 45-year-old woman presented with chronic heel pain, confirmed radiologically as bilateral calcaneal spur. Conventional treatment and earlier homoeopathic prescriptions offered no relief. Detailed case taking revealed hereditary tendencies consistent with syphilitic miasm.

Discussion: On this basis, *Syphilinum* 200 single dose was prescribed, followed by placebo. Marked improvement was noted within two weeks, and

symptoms nearly disappeared within two months. The outcome supports the importance of incorporating family history and miasmatic assessment in remedy selection when totality-based prescribing fails.

Conclusion: This case illustrates how identifying hereditary syphilitic influences enabled successful treatment of a resistant musculoskeletal complaint, demonstrating the practical value of family history in homoeopathic practice.

Keywords: Homoeopathy, *Syphilinum*, Calcaneal spur, Family history, Miasmatic diagnosis

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HOMOEOPATHY CAN ERASE THE TEAR OF INFERTILE WOMEN

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ABSTRACT

Background:

Infertility is defined as a disease of the reproductive system characterised by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. This definition highlights the clinical aspect and focuses on individual, though it applies to both males and females.

Objective:

To assess and evaluate the efficacy of individualised constitutional Homoeopathic Medicine in the treatment of infertility.

Method:

In this study there was 20 female patients (24-40 years of age group) for the treatment of female infertility. (They attended my clinic previously getting treatment for infertility under the supervision of Gynaecologist, without any results. In all cases Husband's Semen analysis was normal). Patients were analyzed using investigations like Ultrasonography of abdomen and pelvis, Hysterosalpingography, Blood for TSH, AMH, LH, FSH, and Prolactin; along with Semen analysis of

husband.

Treatment proper:

The Individual Homoeopathic medicine was administered on the basis of principles & constitutional totality. Only single medicine was prescribed at a time. The selection of potency, dose and repetition of remedy was done as per homoeopathic philosophy.

Results:

The observational findings on 20 female infertility, 16 infertile female get Pregnancy & ultimately delivered a healthy cute baby. Each case was followed up with firstly pregnancy urine kit test and confirmed by ultrasonography evidence.

Conclusion:

Since last past century infertility is common in whole world in every economical group of society. Most of the people say that there is no treatment for that in homoeopathy. With Homoeopathic intervention according to principles diagnosed infertility patients may conceive and give birth safely.

The sun can give heat and light to the whole world, but he cannot do so when the clouds shut out his rays. Similarly as long as egotism veils the heart,

God cannot shine upon it.

Sri Ramakrishna





ROLE OF INDIVIDUALIZED HOMOEOPATHIC MEDICINES IN THE TREATMENT OF GENERALIZED ANXIETY DISORDER – A PROSPECTIVE, SINGLE ARM, OPEN-LABEL, PRAGMATIC STUDY

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ABSTRACT

Background:

Generalized anxiety disorder (GAD) is an excessive anxiety about various events and activities prevailing for most of the days for several months, compromising concentration, daily activity, and Quality of Life (QoL)

Objective:

To evaluate the role of individualized homoeopathic medicine (IHM) in treatment of GAD and modifying QoL

Materials and Methods:

It was a prospective, single arm, open-label, pragmatic study, conducted between September 2019 to February 2021 on suspected and diagnosed cases of GAD (based on ICD 10 criteria) comprising of 38 adults visiting the out-patient department of a state homeopathic medical college in India. IHM was prescribed to each of them and was evaluated using Beck anxiety inventory (BAI) (baseline, 1 month, 3 month and 6 month) and World Health Organization Quality of Life – Brief [WHOQOL-BREF] (baseline and 6 month).

Results:

A protocol compliant sample of $n = 30$ was analyzed. Mean age was 28-32 years (33.33%), there were statistically significant ($p < 0.01$) improvement in BAI score and in all the domains of WHOQOL-BREF-physical, psychological, social, environmental, general perception of QoL and general perception of health after treatment, compared to baseline. The most frequently prescribed medicines were *Lycopodium clavatum*, *Pulsatilla nigricans* and *Sulphur*.

Conclusion:

The study, though preliminary, showed positive role of individualized homeopathic medicine in management of GAD, improving QoL, even amidst of covid-19 pandemic. Further comparative studies and randomized clinical trials are warranted.

Key-words:

Anxiety, Beck Anxiety Inventory (BAI), Generalized Anxiety Disorder (GAD), Homoeopathy, Individualized Homoeopathic medicine (IHM), WHOQOL-BREF,



TRANSFORMING EXPERIENCE INTO EVIDENCE THROUGH HOMOEOPATHIC CASE REPORTING

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ABSTRACT

Background

Case reports document how clinical experiences can be used as (1) a scientific tool to assess therapeutic effects, (2) to generate hypotheses for Research and (3) to identify and validate Homoeopathic prescription. CARE, CASE HOM, WissHom case guidelines support the writing of a high quality Homeopathic case report.

Aim:

1. To demonstrate Homoeopathic Case Management showcasing the practice of Evidence Based Medicine by using telemedicine.
2. To integrate modern pathological insights with Homoeopathic Principles.

Method:

Mrs. SRM, a 50 yrs old female, housewife, mother of two children belonged to a rich family consulted on phone. She is a known case of Diabetes Mellitus Type II & Dyslipidemia. She consulted on telephone for her C/O severe itching, & eruptions at groins and genital region since 1 month. Severe discomfort and burning at genital area. For above complaints patient had consulted her Diabetologist, gynecologist & dermatologist. On local examination the skin at

groins and genitalia was thickly indurated and spreading as per the image sent on Whatsapp of the physician. The diagnosis made by dermatologist was of tinea cruris, candida vulvitis, herpes genitalia and neuropathy. On 19/04/24, as per the totality of symptoms *Calc sulph 200* single dose as a constitutional remedy and *Ars Alb 200* qds was advised in acute state.

Results:

Before Homoeopathic intervention the Dermatology Quality Life Index of patient scored 27 and after intervention it was 0. Patient was cured within four months of Homoeopathic intervention. The case taking was recorded as per the CARE guidelines. A causal relationship between a homeopathic intervention and clinical outcome was observed as per the MONARCH assessment scale.

Conclusion:

It highlights the core concepts of (a) Case taking (Telemedicine) (b) Case Processing (c) Prescription (d) Outcome Assessment (e) Research Perspective. This case demonstrates the importance of case record in Homoeopathic practice.



ANTI-CANDIDAL ACTIVITY OF HOMOEOPATHIC DRUGS: AN IN-VITRO EVALUATION

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Dr. Naveen Gupta, BHMS, Senior Consultant, GCCHR

Dr. Gaurang Gupta, BHMS, MD, Consultant Physician, GCCHR

Mr. Sunil Mishra, Lab Tech, GCCHR

ABSTRACT

Background:

Candida albicans is an opportunistic pathogenic fungus accounting for up to 75% of all candidal infections in human beings. Generally, *Candida* grows and survive as commensals but slight modification of the host defense system can transform *Candida albicans* into a pathogen.

Objective:

To determine the inhibitory effect of various homoeopathic drugs against human pathogenic fungus *Candida albicans* confirming the biological activity of potentized drugs in higher dilutions.

Materials and methods:

Samples collected from the oral cavity and tongue of the patients suspected of suffering from oral candidiasis were incubated for growth of *Candida*. Fermentation and assimilation test confirmed the species as *Candida albicans*. Disc method was used to assess the *in-vitro* anti-candidal effect of few homoeopathic drugs in 30 and 200 potencies against human pathogenic *Candida albicans* under *in-vitro* conditions and compared with standard antifungal drug ketoconazole (control), rectified spirit

(control/vehicle) and distilled water (vehicle) by 'inhibition zone technique'.

Results:

Homeopathic drugs namely *Acid benzoicum*, *Apis mellifica*, *Kali iodatum*, *Mezereum*, *Petroleum*, *Sulphur*, *Tellurium*, *Sulphur iodatum*, *Graphites*, *Sepia*, *Silicea* and *Thuja occidentalis* in 30 and 200 potencies were tested against *Candida albicans*. *Mezereum* in 200 and 30 potency showed maximum inhibition of growth of *Candida albicans* followed by *Kali iodatum* 200 while *Kali iodatum* 30 and *Petroleum* 30 had minimum inhibition.

Conclusion:

The results of these experiments support the concept of 'evidence-based medicine' depicting that homoeopathic medicines not only work in *in-vivo* but are equally effective in *in-vitro* conditions having definite inhibitory activity against *Candida albicans*.

Keywords:

Antifungal, *Candida albicans*, homoeopathic drugs, *in-vitro* inhibitory



DECIPHERING THE SCIENTIFIC BASIS OF HOMOEOPATHY: INDUCED STRUCTURES, DIELECTRIC DISPERSION, AND SPECTRAL SIGNATURES BEYOND THE AVOGADRO LIMIT

Dr. Prof. Tanmoy Maity

ABSTRACT

One of the most enduring enigmas of medical science lies in the efficacy of homoeopathic remedies, particularly those potentised beyond the Avogadro limit, where the presence of even a single molecule of the original substance appears improbable. Despite widespread skepticism and the prevalence of the placebo-cure hypothesis, clinical observations continue to demonstrate therapeutic outcomes that demand a more rigorous scientific explanation. This work undertakes a systematic exploration of this puzzle through logical reasoning, theoretical modeling, and experimental validation.

The study begins with a critical examination of the anomalous properties of water, leading to the formulation of a theoretical model of *induced structure*—a concept that suggests water may retain structural or resonance imprints of the potentised substance. To test this idea, a simplified model is analyzed, indicating that the dielectric dispersion spectrum may hold the key to distinguishing

homoeopathic medicines from pure solvents. Building on this hypothesis, an experimental arrangement is developed to probe the dielectric and resonance properties of potentised samples. The resulting data reveal reproducible spectral signatures, suggesting that each medicine can indeed be characterized by a unique set of resonance frequencies.

These findings provide a compelling framework to interpret homoeopathic potencies as information-rich systems encoded in water structures, rather than as chemically inert dilutions. By bridging theoretical insights with experimental evidence, the work contributes to resolving a two-century-old controversy and opens avenues for the scientific authentication of homoeopathic remedies. If validated through wider replication, this approach could establish a robust scientific foundation for homoeopathy, thereby reshaping its perception within both medical and scientific communities.



Religion is the
manifestation of the
natural strength that
is in man.

—Swami Vivekananda



LIFE SPACE INVESTIGATION IN HOMOEOPATHY

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ABSTRACT

Title:
Understanding the Patient's World: Life Space Investigation in Homoeopathy

Introduction:
In Homoeopathy, accurate case-taking requires understanding the patient as a whole, encompassing mental, emotional, and social dimensions along with physical symptoms. Life Space Investigation (LSI), derived from Kurt Lewin's Field Theory and Gestalt psychology, provides a structured approach to explore the patient's inner and outer world, linking patient's mental states with stable dispositions.

Objectives:

1. To introduce Life Space Investigation in homoeopathic case-taking.
2. To demonstrate integration of cross-sectional and longitudinal analyses.
3. To emphasize the relevance of psychological principles in understanding patient individuality.

Methods:
This conceptual study synthesizes Hahnemann's Homoeopathic principles with psychological theories of Gestalt and Lewin. The application of LSI, as developed by Dr. M. L. Dhawale, is discussed,

focusing on structured documentation of mental state, disposition, life events, and environmental influences.

Results:
LSI enables holistic patient assessment by capturing present mental states, identifying enduring dispositions, and linking current symptoms with stable traits. This method improves accuracy in case-taking, enhances empathy, and provides a systematic framework for individualized remedy selection, effectively integrating psychological theory with Homoeopathic practice.

Conclusion:
Life Space Investigation offers a practical, structured approach to understanding the patient's psychological reality. By combining state and disposition analysis, LSI facilitates a deeper understanding of individuality, supports precise totality assessment, and optimizes homoeopathic treatment outcomes.

Keywords:
Life Space Investigation, Homeopathy, Mental State, Disposition, Kurt Lewin, Dhawale, Gestalt Psychology, Case-taking, Holistic Assessment



UNVEILING MULTI-TARGETED THERAPEUTIC POTENTIAL OF HOMOEOPATHIC MEDICINES IN BREAST CANCERS

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ABSTRACT

Background

Homoeopathy is known for its use of medicines having high dilutions which is both unique and controversial for the conventional scientific community. It seems dubious for them that these medicines can have biological effects in such high dilutions. Clinically, the homoeopathic dilutions have therapeutic effects in diverse disease conditions like skin, bones & joints disorders, etc. Breast cancer is one of the most prevalent and life-threatening malignancies affecting women globally. As per a recent global statistic in 2020, the most common cancer diagnosed was breast cancer, which overtook lung cancer with an estimated 2.3 million new cases and 6,85,000 deaths worldwide. Although the current treatment strategies to treat breast cancers have achieved major advancement, the challenge still lies in managing them due to their high heterogeneity at the molecular level. This study was intended to establish the scientific evidence that homoeopathic dilutions can exert biological effects in breast cancer cells in *in vitro* model.

Methodology

Arnica montana, *Arsenicum album* and *Asterias rubens* were utilized to assess the anti-proliferative and apoptotic properties of breast cancer cells (MCF7). Further, cell cycle analysis, wound healing assay, reactive oxygen species (ROS) generation, and the expression of key genes that are altered in cancer were analysed.

Results

On treatment with the selected homoeopathic medicines, differential cytotoxic effects were reported on cell viability and displayed early apoptosis. Upon treatment with the homoeopathic medicines the cell cycle was disrupted during the sub-G0 and G2/M phases, potentially due to ROS-induced DNA damage. Cyclin D1 downregulation and p21 overexpression indicated cell cycle arrest. Apoptotic induction was associated with an increase in Bax expression and a reduction in Bcl-2 expression. The treatments also demonstrated to reverse epithelial-to-mesenchymal transition, as seen by overexpression of E-cadherin and downregulation of N-cadherin and Vimentin, potentially inhibiting breast cancer cell migration.

Conclusion

The findings conclude that significant anti-proliferative, apoptotic and anti-migratory activity against breast cancer cells was seen after treatment with different homoeopathic medicines. Additional research is needed to discover how these medicines exert their effect *in vivo*.

Keywords

Breast cancer, Homoeopathy, ROS generation, Apoptosis, Migration, Cell cycle, Gene expression analysis.



PHENOTYPIC AND GENOTYPIC EFFICACY OF MIMOSA PUDICA LEAF EXTRACTS AGAINST BACTERIAL DRUG RESISTANCE

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ABSTRACT

Background and Aim:

The global rise of multidrug-resistant (MDR), Extended-spectrum β -lactamases (ESBLs) producing *Escherichia coli*, *Klebsiella pneumoniae*, *Haemophilus influenzae*, and other bacteria have created a major therapeutic challenge in terms of increased morbidity, prolonged hospital stays, and higher treatment costs. Researchers have turned their attention to herbal extracts, which have also shown good efficacy against MDR strains both alone and synergistically with the conventional antibiotics. *Mimosa pudica* is a creeping annual or perennial herb has been studied as antimicrobial activities. The present study was conducted to assess antimicrobial efficacy of *Mimosa pudica* leaves extract against ESBL bacterial strains as well as studying the regulation of genes responsible for this antimicrobial resistance.

Methods:

About 10 grams of fresh leaves were extracted using 100 mL of 70% ethyl alcohol for 48 hours. *Escherichia coli* ATCC 25922, *Escherichia coli* MDR and *Klebsiella pneumoniae* MDR strains were collected from clinical samples. Physicochemical characterization of the plant extract was done by UV Spectra analysis and by Liquid Chromatography-Mass Spectrometry. Antimicrobial efficacy was observed through Minimum Inhibitory Concentration (MIC). Gene

expression assay was conducted for blaTEM, blaSHV, NDM-1, VIM, OXA-48 genes by Real-Time PCR Method for both treated and control group of bacteria.

Results:

MIC value was found to be 12.5 mg/ml for all bacterial strains. The UV spectral study revealed the presence of many phytochemicals. The LC-MS assay showed plethora of active compounds within the plant extract detailing their chemical characterizations. The extract reported haemotoxicity at 50 μ g/ml concentration. RT-PCR assay showed prominent down-regulation of drug-resistant genes blaTEM, blaSHV, NDM-1, and VIM with variable results of OXA-48 gene regulation.

Conclusion:

Mimosa pudica leaves extract with many important bioactive agents is highly effective against drug resistant bacteria as confirmed by both phenotypic and genotypic studies of drug resistance.

Keywords:

Mimosa pudica, Antimicrobial resistance, ESBL bacterial strains, Multi-Drug resistant strains

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SCOPE OF HOMOEOPATHY IN GENETIC DISEASES

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ABSTRACT

With advancements in science and technology, there has been an advent of several unheard and rare diseases as well. A lot many Genetic Diseases are being diagnosed in today's times than about 20yrs ago. While the research in finding out the causes and investigating such diseases has taken rapid strides in modern medicine, but we seldom get to read or hear about any breakthrough treatment possibilities to reduce these sufferings. Homoeopathy though, has been a boon in this aspect as well. As the Homoeopathic Doctor does not merely treat the name of the disease but the patient in disease and that is the reason why we get to see miraculous cures through Homoeopathic medicines. 1 such genetic disease I would like to present in front of the August audience namely – *Epidermolysis Bullosa* and try to elicit with a few cases how Homoeopathy is extremely effective at the various stages of this dreadful disease.

Case 1 - A new born baby was brought to our AKGs OVIHAMS Moti Bagh branch. He was just 12 days old small boy named Jitender who was having thick scabs all over the body with peeling off skin. The child was born normal but on the 9th day, there appeared a big vesicular eruption (bulla) on his left thigh. The fluid filled eruption burst open the next day and there was formation of thick yellow-colored scabs. The skin started peeling off even on slightest touch. There was no discharge. There was no pain as the child was seemingly in no distress. He appeared slightly pale.

It was a full term normal vaginal delivery at home. The pregnancy was uneventful with no history of any medication by the mother.

I examined him thoroughly and diagnosed this as a case of Epidermolysis Bullosa.

The baby boy was given prompt and apt Homoeopathic t/t with the help of which the child was absolutely cured off his malady within 1-2 months and has not reported any recurrence.

Treatment Given –

Sulphur 30/ 1 dose

Calendula Q for external wash

Caust. 30 & Hydrocotyle 30 once each in between for acute troubles

The case would be presented with photographs

Case-2 – A 15yrs old young boy from Israel had blisters that scarred his face since the 1st month of his existence. It was very troublesome until Phosphorus changed his life completely. The case would be presented with before and after pictures.

Case-3 – It is a case of a girl called Anyuta who belonged to Hyderabad and was not only suffering from the blisters on the body but also inside her air passages causing respiratory distress. With videos and pictures, it would be shown over a course of over 4yrs how Homoeopathy helped her restore to good health with no relapses or reoccurrence of any blisters. She is over 10yrs now.



ROLE OF SINGLE DOSE OF ULTRA DILUTED CONSTITUTIONAL MEDICINE IN THE TREATMENT OF ALOPECIA AREATA AND RESTORATION OF FEMININITY IN A POST BREAST CANCER FEMALE.

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ABSTRACT

Background:

Alopecia areata is an autoimmune disorder characterized by non-scarring hair loss in patches on the scalp. In women with a prior history of breast carcinoma treated with chemotherapy and radiotherapy, alopecia can carry deeper symbolic meaning, associated with the loss of womanhood.

Case Presentation:

We report a case of 37 yrs. female, a breast cancer survivor who had undergone chemotherapy and radiotherapy. She presented with alopecia areata, low vitality and diminished sense of femininity. After comprehensive case-taking and constitutional analysis, a single dose of ultra diluted constitutional remedy Carcinosine 1M was prescribed.

Result:

Within weeks of administration remarkable

regrowth of hair observed along with progressive improvement in her emotional state, self-esteem, and sense of femininity.

Conclusion:

This case illustrates the power of a single ultra-diluted constitutional dose in stimulating the vital force, leading to tangible physical recovery (hair growth) and intangible psychosocial healing (restoration of womanhood) in a breast cancer survivor. Such evidence reinforces the need to individualise homeopathic care into comprehensive cancer rehabilitation, addressing not just disease but the person as a whole.

Keyword:

Homeopathy, Auto-immune disease, alopecia areata, breast cancer, constitutional medicine, holistic healing.

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HOMOEOPATHIC MANAGEMENT OF TONGUE LYMPHANGIOMA AND ORAL LEUKOPLAKIA-EVIDENCE-BASED CASE REPORTS

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ABSTRACT

Background:

Lymphangiomas are rare, benign tumours resulting from congenital malformations of the lymphatic system, most often diagnosed in infancy and early childhood. They are commonly located in the head and neck region, and rarely occur within the oral cavity. Oral leukoplakia is a potentially malignant disorder commonly seen in older individuals, presenting as a persistent white patch or plaque on the oral mucosa. Both intraoral lymphangiomas and oral leukoplakia most frequently affect the tongue, palate, buccal mucosa, gingiva, and lips. Conventionally, surgical excision is considered the primary line of treatment for both lesions; however, it is associated with risks of recurrence and postoperative complications. Homoeopathy, through individualised prescriptions, offers a non-invasive therapeutic alternative.

Materials & methods

Two cases are presented. The first case involves a 4-year-old child with tongue lymphangioma (TL), presenting as soft, blister-like nodules with red to purple translucent vesicles over the anterior two-thirds of the ventral and dorsal surfaces of the tongue, causing functional interference. The second case involves an elderly patient with a history of tobacco use who developed oral leukoplakia (OL), characterised by a persistent white plaque on the buccal mucosa. Both patients were advised surgical excision, but opted for homoeopathic treatment to avoid surgery. Individualised homoeopathic remedies

were prescribed based on the totality of symptoms and miasmatic analysis. *Phosphorus* and *Tuberculinum* for TL and *Kali iodatum* with *Syphilinum* for OL. Patients were treated and followed up for six months.

Results
Both patients demonstrated significant improvement with individualised homoeopathic treatment. In the case of TL, *Phosphorus* initiated the improvement, while *Tuberculinum* completed the resolution. In the case of OL, *Kali iodatum* initiated improvement, and *Syphilinum* led to complete resolution of the lesion. The causal relationship between the homoeopathic intervention and the clinical outcomes was evaluated using the Modified Naranjo Criteria for Homoeopathy (MONARCH), which yielded a score of +8, thereby supporting attribution of the observed improvements to the homoeopathic treatment. Over a six-month treatment period, both patients showed marked clinical recovery.

Conclusion

These two clinical case reports demonstrate the beneficial effects of individualised homoeopathic treatment in the management of tongue lymphangioma, a benign hamartoma, and oral leukoplakia, a premalignant lesion, thereby reaffirming the effectiveness of homoeopathy on a holistic basis beyond conventional clinical diagnosis."

Key words:

Homoeopathy, Individualisation, Leucoplakia, Lymphangioma, MONARCH



MANAGING FRAILITY IN THE INDIAN SCENARIO- EXPERIENCE FROM THE FIELD

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ABSTRACT

Background:

Frailty is a multidimensional geriatric syndrome associated with increased vulnerability to adverse health outcomes and presents a major challenge for the healthcare system. Currently, there is no frailty management model tailored for older adults in Indian settings. In this context, the study was conducted to develop a frailty management model for community-dwelling Indian older adults.

Methods:

In the first phase, a systematic review and meta-analysis (SRMA) [CRD42024566348] was performed using published articles on frailty among Indian older adults aged 60 years or above. Studies reporting on the prevalence and/or correlates of physical frailty among older adults (> 60 years) in community and institutional settings across India were included from four databases: Scopus, Embase, PubMed, and Cochrane Central. This analysis aimed to identify the determinants of frailty in Indian contexts. Relevant stakeholders, including geriatricians, nutritionists, physical medicine specialists, mental health experts, and neuromedicine specialists, were consulted to develop the frailty management model. Subsequently, the model underwent two rounds of Delphi process for finalization. Results: The pooled

prevalence of frailty across 45 articles was 38.18%, and pre-frailty was 45.14%. Nutritional interventions and physical activity were linked to improvements in frailty. Additional factors associated with frailty included psychosocial elements, family structure, socio-economic status, and employment status. Five national and one international expert participated in the Delphi process. Nutritional guidelines were developed for three categories of participants—frail, pre-frail, and robust—separately for males and females. Two sets of videos, demonstrating various resistance and balancing exercises, were created for both robust and frail/pre-frail groups. A general mental health guideline was also established. Implications:

These nutritional and mental health guidelines will be distributed in print, while the videos will be shared via WhatsApp. Beneficiaries—older adults and their caregivers will undergo training through workshops and will be responsible for adhering to the guidelines according to the proposed schedule.

Keywords:

Frailty, Pre-frailty, Robust, Community dwelling, Older adults, Frailty Management Model, India,



HOMOEOPATHY BEYOND MEDICINE: EVIDENCE, POLICY, AND GLOBAL IMPACT

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ABSTRACT

Background:

Homeopathy remains one of the most widely used forms of complementary medicine globally, yet its core principles—the law of similars and potentization (serial dilution beyond Avogadro's number)—stand in direct opposition to established scientific laws. This analysis addresses the compelling paradox of homeopathy's enduring popularity and its significant political and economic influence despite its controversial scientific status.

Scope and Methods:

This article comprehensively explores three interconnected domains: the empirical evidence base regarding efficacy, the resultant policy and regulatory landscape governing product use, and its profound socio-economic and global impact. The presentation synthesizes findings from major national health body reviews, analyzes regulatory frameworks, and addresses ethical implications.

Key Findings:

Rigorous systematic reviews and meta-analyses

provides variable views on the consistency of the effectiveness of homeopathic remedies for specific health conditions beyond the placebo effect. Despite this consensus, the global market for these products is valued in the billions of dollars. This confusion of evidence has resulted in significant policy divergence, with some countries ceasing public funding (e.g., the UK), while others maintain integration into national healthcare (e.g., India). The primary ethical concern identified is the practice of treatment substitution for serious diseases.

Conclusion:

Policymaking regarding homeopathy must prioritize evidence and public health safety. We advocate for a consistent, global standard of transparent labeling and regulation to enable informed consumer choice. Ultimately, governing authorities must balance valid cultural demand for holistic care with the non-negotiable requirement of science-informed decision-making.

God is one's very own. It is the eternal relationship. One realizes him in proportion to the intensity of one's feelings for him.

Sri Ma Sarada Devi





DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED TRIAL OF INDIVIDUALIZED HOMOEOPATHIC MEDICINES IN FUNCTIONAL DYSPEPSIA

Gurudev Choubey¹, Charanjeet Singh², Subhranil Saha³, Ayan Midya⁴, Mummun Koley⁵

ABSTRACT

Background:

Functional dyspepsia (FD) is a common functional disease that affects up to 20% of the population, and presents with bothersome postprandial fullness, early satiation, epigastric pain, and/or burning, without evidence of structural diseases. Homoeopathy is claimed to be beneficial for the said condition; still, systematic research evidence remains compromised. This study was undertaken to examine the efficacy of individualized homeopathic medicines (IHM) against placebo in the treatment of FD.

Methods:

A double-blind, randomized, placebo-controlled trial (n=140) on FD patients was conducted in the outpatient department (OPD) of the Clinical Research Unit (Homoeopathy), Siliguri, India. Patients were randomized to receive either IHM (n=70) or an identical-looking placebo (n=70). The primary outcome measure was Short-Form Leeds Dyspepsia Questionnaire (LDQ-SF). It was represented in 2 sub-scales which were Symptom frequency score and Symptom severity score. All scores were measured at baseline, and every month, for up to 3 months. Group differences and effect sizes (Cohen's d) were calculated on the intention-to-treat (ITT) sample.

Results:

Groups were comparable at baseline (all P>0.05). The attrition rate was 9.29%. All intra-group changes

over time in both groups were statistically significant (all P< 0.001, d=1.186), month 2 (Mean group difference \pm SE = -14.2 \pm 1.4; 95% CI = -16.9 to -11.5; P< 0.001, d=1.752) & month 3 (Mean group difference \pm SE = 14.2 \pm 1.4; 95% CI = -16.9 to -11.5; P<0.001, d=1.750) with medium to large effect sizes. Two ways repeated measure ANOVA F_{1, 138}=132.848; P<0.001; Partial η^2 =0.490. Nuxvomica was the most frequently prescribed medicine.

Conclusion:

IHMs acted significantly better than placebo in the treatment of FD. Independent replications are warranted.

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ROLE OF HOMOEOPATHY IN CASE OF DETRUSOR SPHINCTER DYSSYNERGIA

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ABSTRACT

According to the International Classification of Syndromes (ICS), detrusor sphincter dyssynergia (DSD) is "the impaired coordination between detrusor and sphincter during voiding due to a neurologic abnormality". DSD refers to an involuntary detrusor contraction that is accompanied by an involuntary external sphincter contraction. This condition prevents adequate voiding and may result in hydronephrosis, renal scarring, a low compliant and thick-walled bladder, elevated retrograde pressures in the ureter and pelvis, and terminal kidney failure. A Case reported of a female 25 years old diagnosed UNDERACTIVE DETRUSOR, Detrusor sphincter dyssynergia (DSD) was suffering from morbid urge to urinated more than 35 times a day was on allopathic treatment but no relief Homoeopathic Remedy GELSEMIUM 0/1 was prescribed based on totality of symptoms approach. Urination frequency reduced to 2-3 times a day with 9 month follow-ups were recorded have provided documentary evidence about the effectiveness of Homoeopathic Medicine in Detrusor sphincter dyssynergia based on Totality of symptoms & individualistic approach.

AIM: Case Report to show the efficacy of Homoeopathy in treating Detrusor Sphincter Dyssynergia

METHOD:

Case has been treated uniquely and Constitutional Homoeopathic treatment is given through individualization method.

RESULTS:

we can consider that only individualization of each and every case, recording complete symptoms with mental & physical generals along with thermals can help the patients to recover without any surgery only through Homoeopathic medicine.

CONCLUSION:

Every individual is not the same thus they require different remedy for their illness. Only Similimum Homoeopathic remedy seem to have great beneficial impact on the disease.

Keywords:

DETRUSOR , Homeopathy ,DETRUSOR SPHINCTER DYSSYNERGIA,GELSEMIUM , LM POTENCY ,Case Report

*" it is not what we do but how much love we put into it.
Love is a fruit in season at all times and within reach of every hand.
The most terrible poverty is loneliness, and the feeling of being unloved.
Intense love does not measure, it just gives."*

Mother Teresa





TREATING KIDNEY STONES WITH HOMOEOPATHY

Dr. Md Abdul Majid, M. com. (DU), D.H.M.S. (Dhaka)

ABSTRACT

Background:

Kidney stones are universal; diseases, which endanger human health with an increasing incidence. Since the early recourses time urinary calculi can form anywhere with in the urinary tract- the kidney, ureter, or in the bladder and ranges in different size and shapes. Both intrinsic and extrinsic factors affect the susceptibility of a population to develop urinary calculi and this varies around the world.

The success rate in treating these conditions with conventional therapy is limited and if medical treatment fails then physician determines the patient as a candidate for surgery. Though a few case records are documented in the past about the success of homoeopathic medicine in treating patients with kidney stones but size of stone still a challenge. An observational study was undertaken with an objective to ascertain the usefulness of homoeopathic medicines in the treatment of renal calculi where size of at least one stone more than 7mm.

This may be a valuable paper in the field of homoeopathy. It helps us establish the role of homoeopathy in surgical disease like Renal stone where size of stone matters.

Objective:

The objective of this paper is to establish the definite and a positive role of homoeopathy in curing renal stones size more than 7mm. As other science believe that stones up to 5mm. Medicine have a scope to replace surgery.

Methods:

An open observational study was conducted and this

research work is done in the general clinical practice in Bangladesh. Only cases with positive ultrasonography reports were kept in study. In this work the well-proven homoeopathic medicines were used according to the homoeopathy on the individualization basis.

Results:

Cases with at least one stone of 7mm size or more, single or multiple stones treated with homoeopathic medicine and follow up was done and ultrasonography was advised with complete recovery.

Conclusion:

The result of the study to determine the usefulness of the homoeopathic remedies in the treatment of kidney stones size 7mm or more although encouraging are preliminary and the final analysis of the data of the multicentre study will help in definite conclusion.

Key word:

Kidney stones; renal stones; size 7mm; homoeopathy; individualization.

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EFFICACY OF INDIVIDUALISED HOMOEOPATHIC TREATMENT IN CASES OF CEREBROSPINAL FLUID (CSF) RHINORRHEA- A CLINICAL STUDY

DR RAVI SINGH

ABSTRACT

Introduction:

Cerebrospinal fluid (CSF) rhinorrhea is the leakage of CSF outside the cranial cavity, typically through the paranasal sinuses and nasal cavity. It results from bony or dural defects of the skull base and is usually unilateral. Patients often experience anxiety due to tasteless nasal discharge without typical cold symptoms. Etiology is either acquired-traumatic, tumoral, or iatrogenic or congenital, including meningocele, encephalocele, or persistent cricopharyngeal canal. Diagnosis is primarily made by CT/MR cisternography, supported by biochemical tests such as CSF glucose levels and beta-2-transferrin detection.

Aim:

To evaluate the efficacy of individualized homoeopathic treatment in CSF rhinorrhea, a condition traditionally managed surgically.

Methods:

Fifty-eight cases of mild to severe CSF rhinorrhea were studied at two clinics in Uttar Pradesh. Patients presented with radiological, chemical, or clinical diagnoses. Cases included traumatic and non-traumatic etiologies, with a few instances triggered by frequent sneezing and coughing post-COVID, and two cases due to brain tumors. All cases underwent classical homoeopathic management: detailed case-

taking, symptom analysis, repertorisation, and individualized remedy selection using LM potencies. The rubric for hydrocephalus was used as an analogy for increased CSF pressure.

Results:

Significant improvement was observed across cases. Remedies most frequently prescribed included Natrum muriaticum, Ignatia, Silicea, Calcarea carbonica, and Platinum metallicum. Thirty-six patients achieved complete recovery without recurrence. Several cases demonstrated clinical improvement, while some showed both clinical and radiological recovery. Recurrence occurred in eight patients, primarily due to respiratory infections, and thirteen patients were lost to follow-up. One patient developed meningitis and was not reported further.

Conclusion: Individualized homoeopathic treatment demonstrated considerable efficacy in CSF rhinorrhea, including post-traumatic cases and patients with failed endoscopic repairs. Homoeopathy can offer a non-invasive, evidence-based alternative in managing this surgical condition.

Keywords:

CSF rhinorrhea, Homoeopathy, Surgical disease, Evidence-based treatment





HOMOEOPATHIC EDUCATION IN INDIA : STRATEGIC TRAJECTORY AND SWOT ANALYSIS

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ABSTRACT

Homoeopathic education in India is undergoing a transformative phase under the Competency-Based Dynamic Curriculum (CBDC). This study uses a detailed SWOT analysis to evaluate the strengths, weaknesses, opportunities, and threats of the evolving system. Key areas include: curricular reform, translational pedagogy from classroom to bedside, integration with genomics

and Nano pharmacology, public health deployment, and the pathway to “Bhartiya Homoeopathy” — a uniquely Indian integrative medicine model.

KEYWORDS

Homoeopathic education, CBDC, clinical training, genomics, nanopharmacology, personalised medicine, public health, curriculum reform, SWOT analysis, Bhartiya Homoeopathy.

USEFULNESS OF HOMOEOPATHIC MEDICINE IN ANTI-MÜLLERIAN HORMONE DEFICIENT FEMALE- EVIDENCE BASED CASE REPORT ON PRIMARY INFERTILITY

Dr Partha Pratim Pal, MD (Hom - Practice of Medicine) , CCRH

ABSTRACT

Background: The incidence of infertility in women is increasing amongst the Indian population, reflecting global trends. Anti-Müllerian Hormone (AMH) has become a vital marker for assessing ovarian reserve. There is growing interest in the factors influencing AMH levels, such as obesity, physical activity, smoking, alcohol consumption, as well as race, ethnicity and socioeconomic status. In certain cases, assisted reproductive technologies, such as in vitro fertilization, may be suggested to improve the chances of conception.

Case summary: A 29-year-old woman visited the clinic, reporting difficulty in conceiving for 4 years. She was diagnosed with low ovarian reserve based

on her low AMH level. The case was treated with homoeopathic medicine (*Natrum muriaticum*), and the patient conceived within 6 months, showing a single live intrauterine embryo with an average gestational age of 6 weeks, as confirmed using ultrasound. Assessment using the Modified Naranjo Criteria for Homeopathy at the final visit yielded a score of +8 on a scale of - 6 to +13, suggesting a high probability that the patient's improvement was due to the homoeopathic treatment. This case report indicates that homoeopathic medicine can be effective for primary infertility associated with low AMH levels within a reasonable timeframe.



A CASE REPORT ON PSORIASIS AND ITS MANAGEMENT WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINE

Dr. Arnab Ranjan Das, *PGT, The Calcutta Homoeopathic Medical College and Hospital*

ABSTRACT

BACKGROUND AND AIM:

Psoriasis is a chronic, autoimmune, inflammatory skin disease characterized by well-defined, scaly, erythematous plaques that often recur throughout life. It is associated with significant physical discomfort, itching, and psychological distress, severely affecting the patient's quality of life. Conventional management primarily involves topical corticosteroids, immunosuppressants, and phototherapy, which may offer temporary relief but often fail to cure or prevent relapses or address the underlying constitutional predisposition. Homoeopathy, with its individualized and holistic approach, aims to restore internal balance by treating the patient as a whole rather than focusing only on the skin lesions. The aim of this report is to present the clinical course and outcome of a chronic Psoriasis case managed exclusively through individualized homoeopathic treatment.

METHOD:

A 35-year-old male presented to the Outpatient Department (OPD) of C.H.M.C&H with Dry scaly eruption on whole body with itching for 12 years. A detailed case history was recorded, including physical, mental, and general symptoms. Based on

totality of symptoms, miasmatic analysis and repertorial analysis, *Natrum carbonicum* 200C was prescribed as the constitutional remedy.

RESULTS:

After consistent homoeopathic treatment, the patient showed significant improvement. The scaling and redness markedly reduced, itching subsided, and no new lesions appeared.

CONCLUSION:

This case highlights the potential of individualized homoeopathic treatment, specifically with *Natrum carbonicum*, in effectively managing chronic Psoriasis. Beyond the visible reduction in psoriatic lesions, the treatment also contributed to an overall enhancement in the patient's general health, emotional stability, and quality of life. Such holistic improvement reinforces the fundamental concept that homoeopathy addresses the individual as a whole rather than merely targeting the disease manifestation.

KEYWORDS:

Psoriasis, Homoeopathy, *Natrum carbonicum*, Chronic Skin Disease, Individualized Treatment.





A HOMOEOPATHIC APPROACH TO BENIGN PROSTATIC HYPERPLASIA: A CLINICAL CASE REPORT

Dr. Satyajit Jana, PGT, *The Calcutta Homoeopathic Medical College and Hospital*

ABSTRACT

Background and Aim:

Benign Prostatic Hyperplasia (BPH) is a common condition in aging males, often presenting with bothersome lower urinary tract symptoms (LUTS) like increased frequency and incontinence of urination. Conventional management often involves pharmaceuticals or surgery. This case report aims to document the efficacy of an individualized homoeopathic treatment in a case of BPH with co-existing complaints.

Method:

A 61-year-old male patient presented to the C.H.M.C&H OPD with complaints of incontinence of urination and increased frequency of urination, along with pain in the left knee that started after a fall injury. Initial Ultrasonography (USG) of the whole abdomen revealed Grade I prostatomegaly with a prostate weight of 28.2 grams. Based on the specific complaint, cause and modality of the knee pain, the patient was initially prescribed *Arnica montana* 200 (two doses). Following detailed case taking and repertorization, the constitutional remedy selected was *Natrum*

muriaticum 200 (two doses). The patient was followed up for five months, and subjective symptom improvement was monitored, along with a follow-up USG.

Results:

After five months of individualized homoeopathic treatment, the patient reported significant subjective improvement in all LUTS, including urinary incontinence and frequency. The follow-up USG demonstrated an objective reduction in prostate size, with the weight decreasing from 28.2 grams to a near-normal size of 23.7 grams.

Conclusion:

This case demonstrates that individualized homoeopathy can effectively manage both the subjective LUTS and achieve an objective reduction in prostate size in BPH. This outcome supports the efficacy of a prescribing approach based on the totality of symptoms and constitutional analysis.

Keyword:

Benign Prostatic Hyperplasia (BPH), Homoeopathy, *Arnica montana*, *Natrum muriaticum*, Case Report.

*"Condemn none: if you can stretch out a helping hand, do so.
If you cannot, fold your hands, bless your brothers,
and let them go their own way."*

Swami Vivekananda





ADME PREDICTED MOLECULAR INTERVENTION AIMING AT ASSESSMENT OF AN ALTERNATIVE MEANS OF PHYTO-BASED PEST CONTROL OF COTTON LEAF ROLLER, *HARITALODES DEROGATE* USING DILUTED ETHANOLIC EXTRACT OF *NUX VOMICA*

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Anisur Rahman Khuda-Bukhsh^a, Asmita Samadder^{a*}

ABSTRACT

The leaf roller moth, *Haritalodes (=Sylepta) derogata* (Fabricius, 1775) (Lepidoptera) is a common pest of many economically important plant species including cotton (*Gossypium spp.*) and okra (*Abelmoschus esculentus*). This study was designed to investigate mainly the insecticidal/pesticidal efficacy of diluted ethanolic extract from seeds of native deciduous Indian tree, *Strychnos nux vomica* Linn. (*Nux vomica 2X*- prepared by diluting raw extract or mother tincture in 91 % ethanol by following homeopathic procedure) known to contain the main toxic ingredient, Strychnine and to elucidate the toxicity related cellular and physico-chemical effects inflicted by it on larva of *H. derogata*. Present study reveals that this diluted complementary and alternative medicine *Nux vomica* (*Nux vom/N. vom*) can cause 100 % mortality in experimental *H. derogata* caterpillars; however, a significantly high rate of mortality was not noted in further higher diluted doses. The molecular mechanism involved was by regulating molecular cascades, imposing DNA damage, increasing cellular reactive oxygen species in hemocytes and modulating the mitochondrial membrane potential. Further, In-silico Power Analysis and Sample Size prediction for biological activity of the molecular targets influenced by the key phytochemicals

present in *N. vomica* and ADME-Tox analysis (Absorption, Distribution, Metabolism, Elimination, and Toxicity) predict the modalities of biological activity that is responsible for the knock-down effect of *Nux vomica 2X* on *H. derogata* caterpillars. Thus, for the first time this study combined both in silico prediction and relevant experimental approach to understand the possible action mechanism and pesticidal efficacy of diluted *N. vomica* at the molecular level.

KEYWORDS:

Applied entomology, CD spectroscopy, Homeopathy, Mitochondrial membrane potential, Pest control, Reactive oxygen species

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"INTEGRATING HOMOEOPATHY IN COMMUNITY MENTAL HEALTH PROGRAMS FOR SUICIDE PREVENTION"

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ABSTRACT

'Suicide is one hundred percent preventable'; a factual statement which is symbolically analogous to the daylight at the other end of a long dark tunnel. Moreover prevention of suicide, or suicide attempts, do not require complex machinery, nor expensive gadgets, or intricate engineering but rather human qualities of empathy, support and companionship.

India being the most populous nation, has unbound human resource which may take a pivotal role in curbing this new era of 'Suicide Epidemic' as quoted by the Hon'ble Supreme Court of India.

Community mental health refers to the provision of mental health services within a community setting, focusing on prevention, treatment, and rehabilitation. This approach emphasizes social inclusion, accessibility, and holistic care, addressing the complex interplay between mental health and social determinants. Effective community mental health programs promote recovery, social connections, and overall well-being, reducing stigma and healthcare disparities.

Till date the most popular and effective community mental health programs primarily consist of the National Mental Health Programme (NMHP) and its core component, the District Mental Health Programme (DMHP). Another major initiative is Tele MANAS, a digital extension of DMHP providing free, 24/7 mental health support via phone. These programs integrate mental health into general healthcare, train local staff, and focus on prevention,

treatment, and rehabilitation within communities.

The rising rates of suicide and substance abuse especially among young people are alarming and warrant immediate attention. Factors contributing to this trend include; mental health struggles: anxiety, depression, and trauma can lead to feelings of hopelessness and despair.

Social media pressures such as Cyberbullying, unrealistic expectations, and curated highlight reels also exacerbate feelings of inadequacy.

For the youth, academic stress and pressure to perform can be overwhelming, leading to substance abuse as a coping mechanism.

But for all the above situations, lack of support systems in terms of insufficient access to mental health resources and support networks can worsen the situation.

But even then it would be strategically wrong to categorize the suicidal tendency and ideation as entirely a mental health concern because emotional trauma from any angle be it financial, social, cultural, political or even physical may lead an otherwise stable and healthy person to a fatal outcome.

Addressing such issues shall require, early intervention: Identifying at-risk individuals and providing timely support. Periodic mental health education that is promoting awareness and reducing stigma around mental health discussions.

Ensuring availability of counseling services, support groups, and helplines, as well as Fostering resilience



through enhancing coping skills, self-care, and positive relationships, may show encouraging results.

Managing suicide impulse and ideation and ultimately prevention of such disastrous events is thus a multidisciplinary concern involving professionals from psychiatry, psychology, sociology, economics and definitely the medical man. This is the very reason why Homoeopathy needs to be tested, employed and exploited for its efficacy in the mass as the treatment has an inclusive and holistic approach. Right from the evolution of the science it has innumerable times been employed to the benefit of concerning psychosocial need of patients and has proved worth.

The strong points in Homoeopathy that offers valuable service is firstly Constitutional prescribing,

which focuses on the individual's overall constitution, personality, and genetic predispositions, thus blending beautifully a holistic yet individualistic approach.

Miasmatic prescribing follows suit as it targets underlying, chronic patterns of illness, such as psora or sycosis or syphilis. Lastly yet equally important is the scope of acute prescribing which regards specific, short-term mental health issues, such as anxiety or grief, sudden insult or fright.

A panel discussion delving into the various aspects of Mental health, Mental diseases, social and legal perspectives and integrating with a homoeopathic approach into community care seems to bring some feasible solutions to the shadow of suicide epidemic looming large on us.

REFLECT AND RISE – THE MOVEMENT OF LIFE FORCE

-Dr. Michelle Manders

ABSTRACT

At the heart of *Organon §9* and *§10*, Hahnemann reminds us that true health is the harmonious flow of the vital force — the spiritual energy that animates body and mind. Without this force, the body is mere matter; with it, there is consciousness, growth, and healing.

Yet in today's world, many live disconnected from that flow. We think and act from the head, while the heart — the true compass of life — grows silent. Disease begins when this inner harmony is disturbed.

Through a deeply personal story, this presentation

explores how trauma and conditioning can silence the life force, and how awareness, inner transformation, and homeopathy can restore its natural rhythm. From fear and survival to presence and vitality, it reveals the essence of healing: remembering who we truly are.

Reflect and Rise is more than a personal journey — it is an invitation to us as homeopaths to embody the principles we teach. To listen beyond symptoms, to reconnect with the heart, and to guide others toward their natural state of harmony, where life force moves freely again and serves its higher purpose.



INDIVIDUALIZED HOMOEOPATHIC APPROACH TO VARICOSE VENOUS ULCERS: CLINICAL INSIGHTS

Dr. Madhumita Sadhukhan, MD(Homoeopathy) & Dr. Souvik Dutta, MD(Homoeopathy)

ABSTRACT

Background:

Varicose venous ulcers (VVUs), a chronic manifestation of venous insufficiency, affect approximately 1–3% of adults worldwide, predominantly the elderly, and account for nearly 70% of all leg ulcers. In eastern India, particularly West Bengal, venous ulcers represent around 34% of chronic leg ulcers, especially among individuals engaged in occupations involving prolonged standing.

Objective:

To evaluate the therapeutic effect of individualized homoeopathic medicines in the management of varicose venous ulcers (VVUs) of varying severity and to assess causal attribution of clinical outcomes using the Modified Naranjo Criteria for Homoeopathy (MONARCH).

Methods:

This case series presents three patients suffering from VVUs of varying severity, treated with individualized homoeopathic medicines based on the totality of symptoms. Two cases were managed with *Graphites* and one with *Syphilinum*. Clinical evaluation and photographic documentation were used for outcome assessment in two cases, while the third case was assessed using a colour Doppler study. The Modified Naranjo Criteria for Homoeopathy (MONARCH) was applied to determine causal attribution of the clinical outcomes.

Results:

All three cases demonstrated significant clinical improvement with complete or substantial healing of ulcers, reduced discharge, and relief in associated symptoms, without recurrence during the follow-up period.

Conclusion:

This case series indicates a potential role of individualized homoeopathic therapy in managing VVUs. The positive outcomes suggest that homoeopathy may serve as an effective complementary approach; however, further validation through controlled clinical trials with rigorous methodology is warranted.

Keywords:

Individualized Homoeopathy, Graphites, MONARCH, Syphilinum, Varicose venous ulcer.

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REVERENCE TO DR SAMUEL HAHNEMANN: THE HMAI VADODARA UNIT'S ANNUAL TRIBUTE CONFERENCE TO FERVOUR HAHNEMANNIAN LEGACY

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Principal and Hospital Superintendent, Parul Institute of Homoeopathy and Research, Parul
University, Vadodara, Gujarat

ABSTRACT

Keywords:

Reverence, Death Anniversary, Dr. Hahnemann, Scientific Conference, SOP Objective:

The HMAI Vadodara Unit, since 2016, is organising "Reverence to Dr. Samuel Hahnemann", annual state level conference in July to commemorate Master's Death Anniversary. This scientific delivery platform, from last 10 years, helped spreading Hahnemannian researching spirit in students and clinicians.

Methodology:

A detailed SOP is created for theme based deliberations. Topics related to Practical Part of Homoeopathy and Organon with modern advances are discussed. Speakers, members of The HMAI, are invited to present their scientific works. Chairman and Co-chairman open Q and A session for detailed discussion. Feedback is received from delegates to improve future events. Presenters give more clinical data with modern context. Members from all units of the HMAI from Gujarat State take part as speakers and delegates. All events are digitally documented and the data is preserved for future use including publication.

Observation:

Enthusiasm to attend this event never fades. About

7500 delegates have attended these events in 10 years. Only Women speakers, Talk on AI, Agrohomoepathy, Survey on popularity of Homoeopathy, Homoeopathy in IPD etc. are topics of past years. COVID -19 National Level Conference was organised online with participation of international delegates. This event received much attention despite of COVID 19 lockdown.

Result:

This event has received attention and accolade at National and International level. Master's death anniversary is now celebrated far and wide with scientific fervour. Hahnemannian thoughts are receiving their due acclaim. The HMAI Vadodara Unit has received best Unit award at National Level because of this event.

Discussion:

We need to organise such regular events at all Unit and State Level to spread scientific legacy of homoeopathy. Events of this magnitude helps The HMAI's vision and mission. Units become active which in turn brings more membership. This is a win win for everyone!





SCOPE OF HOMOEOPATHY IN TYPE 2 DIABETES MELLITUS

Dr. Neelavna Dey (Presenting and corresponding author), Dr. Patranu Parui (co-author)

ABSTRACT

With increase of obesity, sedentary lifestyle, unhealthy eating habit, type 2 diabetes mellitus, as well as other non-communicable diseases have become the source of modern-day epidemic. Patient present with diabetes in hospitals are just the tip of icebergs, with much more undiagnosed patients and pre diabetic patients in society. These causes significant burden in available healthcare facilities, which prompts the necessity of an alternative treatment. Homoeopathy is a holistic mode of treatment used in diabetes for centuries and this

could bridge the gap between increasing number of patients of this modern-day epidemic and limited resources of conventional treatment.

Keywords:

Non-Communicable Disease, Lifestyle Disorder, Type 2 Diabetes Mellitus, Insulin Resistance, Homoeopathic Approach, Miasmatic Background, Homoeopathic Medicines.

Dr. Neelavna Dey, MD(Hom)

Assistant Professor, Pratap Chandra Memorial homoeopathic Hospital and College.

REPERTORIAL TOTALITY CAN POSSIBLE TO SIGNIFICANT CHANGES OF PATHOLOGICAL CASES

Dr. Aniruddha Banerjee, MD (Homoeopathy), *Assistant Professor, Dept. of Obs. & Gynae, Midnapore Homoeopathic Medical College & Hospital, Govt. of West Bengal*

ABSTRACT

Homoeopathy has long been criticized for allegedly neglecting pathology as taught in conventional medicine; however, Hahnemann emphasized a fact-based pathology rather than reliance on speculative hypotheses. This paper presents two case reports demonstrating significant clinical improvement through individualized homoeopathic treatment guided by repertorial totality. The first case involves oesophageal candidiasis with radiological confirmation, successfully managed with Nux

vomica in LM potencies, showing complete resolution on follow-up imaging. The second case details plaque meningioma of the brain, treated constitutionally with Natrum muriaticum (0/1-0/5), resulting in full radiological resolution within three months. These cases highlight homoeopathy's potential as a complementary therapeutic approach and underscore the importance of repertorisation in accurate remedy selection.



"HOMOEOPATHY IN AUTO-IMMUNE DISORDERS"

Prof. (Dr) Nimai Chandra Dhole, MD (Hom), *HOD, Practice of Medicine,*
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ABSTRACT

Auto-immune disorders constitute a diverse group of chronic diseases characterized by the immune system's aberrant response against self-tissues. Their rising global incidence and multifactorial etiology underscore the need for an individualized and integrative therapeutic approach.

This presentation elucidates the role of Homoeopathy in auto-immune conditions through the discussion of three distinct clinical cases.

1. Guillain-Barre Syndrome (GBS): A rare post-infectious autoimmune neuropathy with an estimated global incidence of 1-2 cases per 100,000 population annually.

A paediatric case demonstrated gradual neurological recovery with individualized Homoeopathic management based on totality of symptoms and miasmatic correlation.

2. Bullous Pemphigoid: An autoimmune blistering

disorder predominantly affecting elderly individuals, with an incidence of approximately 7-10 cases per million per year.

A case treated through an integrative approach, combining Homoeopathy with conventional therapy, without corticosteroid dependence.

3. Psoriasis in a patient with Rheumatic Heart Disease (RHO): A chronic autoimmune dermatosis affecting 2-3% of the population worldwide.

A case of psoriasis in a patient with known RHO revealed symptomatic improvement with Homoeopathic treatment.

Through these case illustrations, this presentation aims to demonstrate the scope of Homoeopathy in the holistic and integrative management of autoimmune disorders, emphasizing individualized prescription, miasmatic understanding, and patient-centered care.

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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF TINEA CORPORIS IN A CHILD: A CASE REPORT

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Co-Author:

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Dr Shiladitya Dalui, Post graduate trainee, Dept. of Organon of Medicine and Homoeopathic

Dr Anjali Sharma, Post graduate trainee, Dept. of Homoeopathic Pharmacy

Dr Ravina Sonkar, Post graduate trainee, Dept. of Homoeopathic Materia Medica

ABSTRACT

Introduction:

Tinea corporis, or ringworm of the body, is a superficial fungal infection caused by dermatophytes that invade keratinized tissue. It commonly affects the trunk, neck, arms, and legs and is among the most prevalent dermatophytic infections worldwide. Depending on the site, it may be termed tinea capitis (scalp), tinea faciei (face), tinea manuum (hands), tinea cruris (groin), or tinea pedis (feet). The main causative organisms belong to the genera *Trichophyton*, *Epidermophyton*, and *Microsporum*, with *Trichophyton rubrum* being the most common species. The infection spreads through contact with infected humans, animals, or contaminated objects and is more common in warm, humid climates. It frequently affects children, particularly those exposed to pets, and may become more severe in immunocompromised individuals, sometimes leading to deeper infections such as Majocchi's granuloma.

Case Presentation:

A 4-year-old child had been suffering from multiple reddish-pink, scaly patches accompanied by itching on the abdomen and other parts of the body for the past six months and treated with some conventional treatment without any improvement. After detailed case-taking and evaluation of the totality of

symptoms, the individualized homoeopathic remedies *Mercurius solubilis*, followed by *Hepar sulphuris calcareum*, were prescribed in appropriate potencies and repetitions. The case was reported from the Paediatric Outpatient Department (OPD) of D. N. De Homoeopathic Medical College and Hospital.

Result :

Within four months of regular follow-up and administration of the selected homoeopathic remedies, complete disappearance of the eruptions and restoration of the normal skin color were observed. The patient has reported no recurrence of the eruption to date.

Conclusion :

This case illustrates the successful outcome of individualized homoeopathic management in the complete cure of Tinea corporis. The rapid and sustained improvement highlights homoeopathy's holistic approach in addressing underlying susceptibility and preventing recurrence. Further clinical research is warranted to validate its efficacy as a safe and effective therapeutic option for dermatophytic infections.

Keywords:

Tinea corporis, Dermatophytosis, Homoeopathy, *Mercurius sol*, *Hepar sulph*, Case report



UNKNOWN INTERNAL PATHOLOGICAL CHANGES IN THE STUDY OF HOMOEOPATHIC PATHOGENESES.

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The Calcutta Homoeopathic Medical College & Hospital (Govt. of West Bengal), Kolkata.

ABSTRACT

Background:

In an article namely "The Pharmacist & Homeopathy", the author claimed, Homoeopathic remedies are dedicated solely to treating symptoms, without taking into consideration the pathophysiological mechanism underlying the disease. [Calina DC et al., The Pharmacist & Homeopathy, Current Health Sci, 2014]. But, according to Dr. Kent, "The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure".

Object:

In Homoeopathic prescription it is essentially required to understand the relative importance of various symptoms in a pathological condition to which the drug corresponds i.e. the Pathognomonic relation.

Method:

Today's advancement of pathology can illuminate these background phenomena to help to make the

real picture of the drug to combat the disease of similar background. In the field of huge in-vitro, in-vivo and the clinical researches on human as well as on animal models by the drug substances those are included in our homoeopathy can be the real treasure to find out the sources of its background activities representing in the form of existing Homoeopathic pathogeneses.

Conclusion:

In this regard, activities of dysregulated cholesterol metabolism in the study of *Dioscorea villosa* or dysregulated activities of Serotonin in the study of *Aurum metallicum* or hyperactivity of Norepinephrine in the study of *Aconitum napellus* etc. might be the specific areas of background pathophysiology and may provide a clear area of expanded practical use of these drugs based on Homoeopathic Principle in the present era of advance pathology.

"Call on Him wholeheartedly !

You will get immense bliss and peace, my dear!"

Sri Ma Sarada Devi





HOMOEOPATHIC TREATMENT OF DIABETIC ULCER: A CASE REPORT

Prof. (Dr.) Rajat Kumar Pal, M.D.(Hom), Head, Deptt of Repertory

Dr. Doly Chakraborty¹; Dr. Suman Chandra¹; Dr. Swarup Biswas¹;

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ABSTRACT

An absolute lack of insulin (Type 1) or relative lack of insulin activity (Type 2), which results in hyperglycemia, is the cause of diabetes mellitus, a metabolic endocrine illness. 5% to 10% of instances of diabetes globally are type 1 diabetes, which is typically observed in younger patients. It is a secondary condition caused by the autoimmune destruction of the pancreatic B-islet cells that produce insulin, which leaves the patient completely deficient in the hormone. In the world, type 2 diabetes affects 90% to 95% of people. It is caused by a combination of environmental and genetic variables, which lead to insulin resistance and pancreatic beta-cell malfunction, which in turn causes relative insulin shortage. For a long time, this type of diabetes is not clinically noticeable. Despite the fact that irregular glucose metabolism linked to long-term hyperglycemia causes problems that can be either micro- or macrovascular in nature. Nephropathy, retinopathy, and neuropathies are examples of microvascular illness, whereas the cardiovascular and cerebrovascular systems are mostly affected by macrovascular disease. Diabetic ulcers are a crippling consequence of diabetes mellitus that raises patient morbidity overall. Since little trauma is typically the initiating factor, this problem may be avoided. While lowering the chance of development, early detection of these cutaneous injuries can also enhance outcomes. Diabetic foot

ulcer complications can occur in up to 25% of patients with diabetes mellitus (type 1 or type 2).

Case description: A female patient aged about 63 yr was admitted in IPD of D.N.De Homoeopathic Medical College and Hospital on 21/08/2023 with the complaint of ulceration of right ankle joint. On examination it was observed that base of the ulcer is covered by black necrosed tissue and having a very prominence foul smelling from the ulcer. Associated with bilateral pedal oedema. Further enquiry it is found that she having burning sensation in the sole and complaints running for last 1-1.6 yr. patient under medication of diabetes and hypertension. After careful history taking and repertorization *Lachesis* 0/2 was prescribed along with regular dressing with *Echinacea ointment* was used. The ulcer was monitoring with LUMT (leg ulcer measurement tool) form. During the process of treatment we use the drug *solanum* for gangrenous appearance of the ulcer as mentioned in Clarke and Boericke material medica. I have used *Syzygium* 0/20 potency also during the treatment procedure as it is complicated with severe drug resistant of Metformin patient and almost unresponsive with the metformin drug and there was uncontrolled diabetes. Here it was twist that I started the treatment with 0/20 potency of silygium medicine, and of course there was two reasons behind it one is to explore the fifty millesimal



potency and second one is as the patient's vitality become low so we are not want to unnecessary aggravation of disease or wasting the time.

Conclusion: This is a well improving case of a anti hyperglycemic drug resistant diabetic ulcer. In spite of poor prognosis of this ulcer homoeopathic treatment shows a promising effects towards the improvement. Modified Naranjo Criteria

(MONARCH) shows the result 8/13 which definitely a causal association between individualised homoeopathic drug and diabetic ulcer. However more studies like RCT with large sample sizes are suggested to establish homoeopathic medicines and diabetic ulcer.

Key words: Diabetic Ulcer, Syzygium, Individualised Homoeopathic medicine.

CLINICAL OUTCOMES OF HOMOEOPATHIC MANAGEMENT IN DIABETIC FOOT ULCER AND MALE INFERTILITY: A DUAL CASE REPORT

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Degree & Institute: BHMS, MD (Hom), PG - Hom (London), Guru Mishri Homoeopathic Medical College and Hospital, Jalna

ABSTRACT

A 58-year-old male with a known history of Diabetes Mellitus presented with pedal edema and a non-healing ulcer on the left foot following a shoe bite. He had undergone prior debridement but showed incomplete recovery. On examination, notable findings included persistent pedal edema, an unhealed ulcer, incompetent medial above-ankle perforator veins, and possible varicosities with a suspected Baker's cyst. Arterial pathology and deep vein thrombosis were ruled out, though inguinal lymphadenopathy was present. Color Doppler studies confirmed venous insufficiency. The patient was treated with individualized Homoeopathic remedies, which led to marked improvement in both edema and ulcer healing. Follow-up assessments demonstrated continued improvement, and regular monitoring was advised.

Another case involved a 35-year-old male with a 9-year history of infertility associated with grade II

varicocele, a right epididymal cyst, and low sperm count (10 million/mL). He also presented with sciatica, low back pain aggravated in the supine position, and premature ejaculation. MRI revealed subarticular marrow edema, sacroiliac joint articular irregularities, mild right hip effusion, and spondylolisthesis. Semen analysis showed severe oligospermia, poor motility (90% immotile), and significant morphological abnormalities (teratozoospermia index 4%). The patient received individualized Homoeopathic treatment, after which semen analysis indicated significantly improved sperm count and motility.

Keywords:

Diabetes Mellitus; Pedal Edema; Venous Insufficiency; Spondylolisthesis; Homeopathic Remedies



AN INSIGHT TO HOMOEOPATHIC MATERIA MEDICA- FROM BENCH SIDE TO BEDSIDE

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ABSTRACT

Keywords: Homoeopathy, Preclinical, Clinical, Phytochemical, in vitro, in vivo, toxicity.

Preclinical research investigates the potential therapeutic effects of a homeopathic medicine, often in in vitro and animal models, to find evidence for its effectiveness in a specific clinical condition. Preclinical studies in homeopathy also helps to establish a safety and pharmacological profile before human trials, providing an evidence base for how a medicine might work. A primary goal of preclinical research is to establish the safety profile and potential toxicity of drugs. The study on in vitro (cell-based) and in vivo (animal) models are required to assess a drug's safety, effectiveness, and mechanism

of action. Preclinical studies generate scientific, evidence-based data on the pharmacological effects of various dilutions and mother tinctures. This helps to move beyond clinical observations and provides a scientific footing for homeopathic practices. Through modern molecular techniques and rigorous experimentation in living systems (animal models, cell lines, etc.), researchers can trace out and understand the possible mechanism of action of highly diluted homeopathic medicines. This study will establish bridging between preclinical and clinical studies through evidences from Homoeopathic Materia Medica and research work available in some database.

*"The goal of mankind is knowledge.
They alone live who live for others."*

Swami Vivekananda





AN OBSERVATIONAL EVIDENCE BASED STUDY ON EFFECT OF CONSTITUTIONAL METHOD VIS-A-VIS KEY NOTE METHOD, BASIS OF PRESCRIPTION IN TREATMENT OF PREMALIGNANT AND EARLY MALIGNANT DISEASES

Prof.(Dr.) L.K.Nanda

ABSTRACT

Background:

Premalignant diseases caused by exposure to carcinogens, sometimes manifested lesion ally without constitutional symptoms in initial stage. In such cases another area of selection based on prominent characteristic symptoms (\$153, key note).

Objective:

This study was to compare effect of constitutional method (CM) vis-a-vis key note method (KM) prescribed to premalignant and early detected malignant patients reported with symptoms belong to above two areas.

Method:

It was a non randomized, observational, retrospective study from patient's case records treated for premalignant and malignant conditions comprising of cervical inter epithelial neoplasia, leukoplakia, mixed salivary tumors, uterine endometrial hyperplasia with raised CA125, glioma, melanoma and other early detected cancers, prescribed on the basis of C.M and K.M according to their manifested totality .30 case records 15 each of the above types whose pre and post investigation reports were available and followed for 2 years included in study. Size (length x breadth) of tumor assessed by C.T., pre and post histopathological reports, tumor marker test and U.S reports and symptomatic improvement based on KPS and ECOG score were taken as statistical parameters. It was a systematic allocation of study without control. One sample proportion test has been used for statistical evaluation.

Results:

Both C.M and K.M methods were effective showing statistically significant P value 0.001 comparing at the

level of (P value < 0.05), but cases treated with KM. showed P value- 0.038 (Significant at 5% LS), less effective than CM.

Conclusion:

Pre and post pathological reports included as parameters in this evidence based study will be presented in deliberation to vindicate, homoeopathy showed marked improvement in Cervical interepithelial neoplasia, pleomorphic salivary adenoma, endometrial hyperplasia, melanoma and some early detected cancer cases. Intervention of drugs both by CM and KM methods when selected exclusively based on their presenting totality are effective, though keynote found to be less effective than constitutional basis. Some key note symptoms prescribed in certain certain premalignant and malignant conditions found to be effective, observed in the study are mentioned below which can be validated further by others clinical experience. Some important symptoms of some lesser known medicines prescribed in this study showing moderate improvement in cancer in different regions are Pancanero for pancreatic cancer, Cisplatin to reduce side effects of chemotherapy particularly mucositis, Plumb. iod. for glioma and astrocytoma, Naphthoquinone for arresting rapid growth of brain tumors, Sedum telepium for cancer rectum, Semperivium tecto., for cancer tongue, Fuligo ligni for skin cancer, Lapis alb. for uterine cancer, Tarantula hisp. for tumor of spinal cord. Further studies is suggested to validate the symptoms of these lesser used medicines.

Key words:

Premalignant, malignant diseases, Constitutional, Key note prescribing.



A COMPARATIVE, EXPERIMENTAL, RANDOMISED, INTERVENTIONAL, SINGLE BLINDED AND PROSPECTIVE STUDY TO ASSESS THE EFFECTIVENESS OF ADMINISTRATION OF INDIVIDUALISED HOMOEOPATHIC MEDICINE THROUGH ORAL ROUTE V /S OLFACTORY ROUTE IN MANAGEMENT OF RHINITIS

Dr. Nirav Ganatra

ABSTRACT

BACKGROUND:

Rhinitis is a prevalent inflammatory condition of the nasal mucosa, presenting with symptoms such as nasal congestion, rhinorrhea, sneezing, and nasal itching. It affects quality of life by causing discomfort, disturbed sleep, and impaired daily functioning. The condition arises from various causes, including allergic, non-allergic, infectious, and vasomotor factors, with its incidence rising due to environmental pollution and lifestyle changes.

Conventional treatments provide symptomatic relief but often lead to adverse effects such as drowsiness, rebound congestion, and dependency. Moreover, these treatments do not address the underlying causes of rhinitis, resulting in frequent recurrences. Hence, there is a growing need for alternative approaches that offer sustained relief with minimal side effects.

Need for Alternative Approaches

Homoeopathy is widely used for the management of rhinitis. Traditionally, homoeopathic medicines are administered orally in the form of medicated globules, tablets, or liquid solutions. However, the olfactory route, which involves inhaling the vapor of a potentized remedy, is gaining interest due to its potential advantages in respiratory conditions.

Potential Benefits of the Olfactory Route

The olfactory route bypasses the digestive system, enabling direct absorption of the medicine through the nasal mucosa. The olfactory nerve (Cranial Nerve I) connects to the brain's limbic system, which regulates autonomic functions, immune responses, and emotional well-being. This mechanism suggests several advantages of the olfactory route, including:

- **Faster Onset of Action:** Direct absorption through the nasal mucosa may result in quicker therapeutic effects.
- **Enhanced Bioavailability:** Avoiding degradation by digestive enzymes preserves the active form of the medicine.
- **Localized Effect:** Direct exposure to the nasal mucosa may enhance symptom relief.
- **Neurological Stimulation:** The olfactory nerve's connections to the hypothalamus may modulate immune and inflammatory responses.

Research Gap and Study Rationale

Although the olfactory route is mentioned in classical homoeopathic literature, such as *Hahnemann's Organon of Medicine*, empirical evidence comparing its efficacy with oral administration is limited. This study addresses this gap by evaluating the comparative effectiveness of individualized homoeopathic medicines administered via the oral and olfactory routes in managing rhinitis. The study aims to



determine whether the olfactory route offers quicker and more effective symptom relief, using validated tools such as the Rhinitis Control Assessment Tool (RCAT).

OBJECTIVE:

To evaluate the comparative effectiveness of individualized homoeopathic medicine administered via oral and olfactory routes in rhinitis patients by assessing symptom improvement, quality of life changes, and treatment response using the Rhinitis Control Assessment Tool (RCAT).

METHODS:

A comparative, experimental, randomized, single-blinded, and prospective study was conducted at Rajkot Homoeopathic Medical College, Sainath Homoeopathic Hospital, Parul University. Participants diagnosed with rhinitis were divided into two groups:

- Group A (Oral Route): Received individualized homoeopathic remedies through oral administration (medicated globules).
- Group B (Olfactory Route): Received the same individualized homoeopathic remedies through olfactory administration (inhalation of medicated vapor).

The primary outcome measure was RCAT scores, assessing symptom severity, nasal obstruction, sneezing frequency, and overall well-being. Secondary outcomes included subjective patient feedback and clinical observations.

RESULTS:

Age & Gender: The highest number of cases (32%) were in the 20-29 age group, with females (57%) more affected than males (42%).

Types of Rhinitis: Allergic rhinitis (40%) was the

most prevalent, followed by atrophic (12%) and occupational rhinitis (10%).

• Miasmatic Analysis: Sycosis (52%) was the dominant miasm, suggesting chronic tendencies and recurrent patterns in rhinitis cases.

• Comparison of Pre-Treatment vs. Post-Treatment RCAT Scores:

- Mean Pre-Treatment RCAT Score: 15.85
- Mean Post-Treatment RCAT Score: 25.93

• Paired t-Test Results:

- t-Statistic: -15.89
- p-Value: 1.2 x 10⁻¹⁰ (highly statistically significant)

Effect Size (Cohen's d): 3.87, indicating a very strong treatment effect.

CONCLUSION:

This study provides strong evidence supporting the effectiveness of the olfactory route in the homoeopathic management of rhinitis. Olfactory administration offers faster symptom relief and better outcomes compared to oral administration. These findings emphasize the potential of the olfactory route as an alternative method to enhance therapeutic efficacy in respiratory conditions. Further large-scale studies are recommended to validate these results and establish standardized guidelines for olfactory administration in homoeopathy.

Keywords:

Rhinitis, Homoeopathy, Olfactory Route, Oral Administration, Rhinitis Control Assessment Tool (RCAT), Nasal Mucosa



ANTIADIPOGENIC ACTIVITY OF HOMOEOPATHIC PREPARATION OF CHELIDONIUM MAJUS EMPLOYING 3T3-L1 CELL LINE AS A MODEL.

Dr. Dharmendra B. Sharma

Principal, Professor & HOD, Department of Research Methodology and Biostatistics,
Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth
(Deemed to be University), Pimpri, Pune, Maharashtra, India

ABSTRACT

Adipocytes are derived from mesenchymal stem cells through the process of adipogenesis. Adipocyte metabolism is abnormal in a range of disorders like obesity, nutritional insufficiency and diabetes. The 3T3-L1 preadipocytes are most often used to create adipocyte models, and they can be differentiated into adipocyte cells under the right conditions. Homeopathic preparation of Chelidonium majus (HPCM) in management of Obesity and T2DM has many evidences in clinical practice. 3T3-L1 preadipocyte cells were differentiated into adipocytes by using differentiation cocktail. Cells were treated with HPCM attenuation at the concentration of 0.5%, 1% and 2% for 15 days. Oil O Red Staining was used to assess LD accumulation. In order to determine the lipid content in 3T3-L1 adipocytes, cells were dissolved in isopropanol and the absorbance values were measured. Images were captured and analysed using software imageJ. We investigated the action of Homeopathic preparations of Chelidonium majus (HPCM) in obesity using the 3T3-L1 adipogenesis model employing huMSC's. After differentiation of adipocytes many LDs were formed in 3T3-L1 preadipocytes which can be

compared with no lipid droplet in 3T3-L1 nondifferentiated cells. Further, area of differentiated adipocytes was mapped and then compared for LD accumulation in control and HPCM for checking its antiadipogenic activity. A significant reduction in accumulation of lipid droplets was seen in 0.5%, 1% and 2% concentration of HPCM as compared to control during the differentiation of 3T3-L1 preadipocytes into adipocytes. Excessive differentiation of cells and high fat accumulation in the adipose tissue are closely linked to obesity. Preadipocyte differentiation inhibitors may have preventive and therapeutic potential as anti-obesity drugs. HPCM has potential to act as an antiadipogenic agent which can be used to combat various diseases like obesity, T2DM and cardiovascular diseases

Keywords:

Adipogenesis, Homeopathic preparations of Chelidonium majus (HPCM), Homoeopathy, 3T3-L1 adipocyte.



FOREFOOT ECZEMA AND HOMOEOPATHIC TREATMENT

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ABSTRACT

Background:

Forefoot eczema is characterized by dry, fissured dermatitis affecting the plantar surface of the feet. It most commonly affects females between 3–15 years of age, though adult presentation—as a continuation from childhood or as a new occurrence—is relatively uncommon. Such rare adult cases present diagnostic and therapeutic challenges, especially for early-career clinicians. This case report highlights a unique presentation of chronic forefoot eczema in an adult female, emphasizing the scope of homoeopathic intervention in long-standing dermatological conditions. The remarkable improvement observed after continuous homoeopathic treatment underlines the potential for further research and reflects the ability of individualized medicine to enhance quality of life.

Materials and Methods:

A 31-year-old female presented with a 13-year history of dry, cracked, fissured, and itchy skin on the plantar aspect of both feet. She had previously consulted multiple practitioners across different medical systems with minimal relief. The chronicity of her symptoms caused significant anxiety, prompting her to seek homoeopathic care.

Thorough clinical examination, detailed case taking, repertorization, and analysis of materia medica indicated *Sulphur* in LM potency as the indicated remedy. The patient was advised to take the medicine once daily on an empty stomach. Regular follow-ups were conducted, along with counseling to strengthen her emotional well-being and restore confidence. After four months of uninterrupted treatment, marked improvement was observed in both symptoms and overall quality of life.

Results:

The patient experienced complete disappearance of symptoms including dryness, fissuring, and itching of the plantar skin. Her comfort, cosmetic satisfaction, and daily functioning improved significantly.

Conclusion:

This case demonstrates that chronic forefoot eczema, even of long duration and refractory to previous treatments, may show substantial improvement with individualized homoeopathic management. The positive outcome encourages further exploration of homoeopathic therapeutic potential in chronic dermatological disorders.

Keywords:

Forefoot eczema, *Sulphur*, Homoeopathy.

*"Yesterday is gone.
Tomorrow has not yet come.
We have only today."
Mother Teresa*





HOMOEOPATHIC ANSWER TO CANCER

DR. Mirza NR Alam

Ex- Associate Professor, dept. of obstetrics & Gynaecology
N.C.C HOMOEOPATHIC Medical College & Hospital

ABSTRACT

The primary objective of modern oncological interventions is the destruction or eradication of atypical cells. However, this cell-centric approach often overlooks two fundamental aspects: the immunity and vitality of the organism, and the capacity of the internal environment to regulate or inhibit the further development of cancerous cells. Homoeopathy offers an integrative perspective that attempts to address these dimensions.

Cancer has been recognized since ancient times, with descriptions dating back to 3000 BC in Egyptian texts. It is a group of disorders characterized by uncontrolled cellular proliferation, invasion, and metastasis, driven by DNA mutations and oncogene activation. Although modern medicine has advanced significantly in targeting malignant cells, questions remain regarding the organism's intrinsic defense and adaptive mechanisms.

Homoeopathy, founded by Dr. Samuel Hahnemann, is based on the principle "Similia Similibus Curentur"—like cures like. It focuses on stimulating the organism's dynamic self-regulatory processes by addressing the underlying derangement of the vital force. The approach emphasizes individualized case analysis, knowledge of materia medica, and the administration of minimal, precise doses. Elie Metchnikoff's work on phagocytosis later supported the notion of innate defense, aligning with homoeopathic philosophy.

This seminar highlights how homoeopathy may complement cancer care by improving vitality, modulating immune responses, alleviating pain and discomfort, and enhancing overall quality of life. It underscores the need for deeper study of the Organon of Medicine, repertories, and documented clinical successes to refine therapeutic strategies.

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ROLE OF HOMOEOPATHY IN THE IMPROVEMENT OF QUALITY OF LIFE OF STAGE IV CANCER PATIENTS-A PROSPECTIVE, EXPERIMENTAL, NON-CONTROLLED TRIAL

Dr. Tanvir Hussain

Dr Tanvir's Homoeopathic Cancer Care Centre, Malerkotla, Punjab, India

ABSTRACT

INTRODUCTION:

Cancer is the main health issue in the community across the world. According to World Health Organization¹ (WHO) it is the second leading cause of death globally. Conventional treatment of cancer has some serious side-effects. Therefore, many patients seek other alternative therapeutic measure, including Homoeopathy. With this background, the study was taken up with the research question- Whether homoeopathic medicines have any role in the improvement of the QoL of Stage IV cancer patients?

AIM:

To assess the efficacy of Homoeopathic medicines in the improvement of QoL of Stage IV cancer patients, by adopting EORTC QLQ- C30 scale.²

PATIENTS AND METHODS:

The prospective, experimental, non-controlled trial was planned. Total 19 cases were selected based on inclusion and exclusion criteria. The selection, repetition of medicine and dose was based on

homoeopathic principles. The follow- up of patients was done every 15 days to one month or earlier depending upon the condition of each patient. The study was conducted for 6 months. The pre-and post assessment was done by EORTC QLQ – C 30 scale. Outcome of the study was assessed by statistically analysing the data.

RESULTS:

Quality of Life/Global Health Status as well as Functional and Symptom scales showed significant improvement (*P value 0.0001***) from the very 1st month onwards, till the end of the 6th month's follow-up.

CONCLUSIONS:

Study shows that homoeopathic medicines are effective in the improvement of Quality of Life of cancer patients.

KEYWORDS

Homoeopathy, Cancer, Quality of Life, Global Health Status, Complementary and alternative medicine.

*"Strength is Life, Weakness is Death.
Expansion is Life, Contraction is Death.
Love is Life, Hatred is Death."*
Swami Vivekananda





KNOCK KNEE DISABILITY AND HOMOEOPATHIC-ORTHO HEALING

Dr. Pankaj Srivastava, BHMS, MD, PGDMD, DPT, DNHE
Homoeo Ortho Healer, Lucknow

ABSTRACT

Knock knee, also known as “kissing knee” or Genu Valgum deformity, is a common musculoskeletal condition seen in growing children. Affected children often experience difficulty in walking and running due to misalignment of the lower limbs. The condition may be congenital but is more commonly acquired due to deficiency disorders such as rickets, osteomalacia, and metabolic bone diseases. If left untreated in childhood, corrective surgery often becomes the final option after the age of 17.

The concept of Homoeo-Ortho Healing, introduced by the author, integrates homoeopathic medicines with rehabilitation aids, lifestyle modifications, and preventive management. This approach aims to halt early joint damage, support structural correction, and restore functional mobility. Clinical experience with selected homoeopathic medicines—particularly *Chelidonium*, *Calcareaiodata*, and *Calcarea phosphorica*—demonstrates therapeutic potential in enhancing epiphyseal-metaphyseal healing. When combined with supportive bracing, radiological and clinical improvements become evident over time.

The duration required for complete corrective transformation, including normalization of joint structure and disappearance of deformity-related symptoms, ranges from 6 to 18 months. Early restrictions such as avoiding long-distance walking, maintaining proper nutrition, and adhering to rehabilitation protocols significantly enhance recovery. This also helps alleviate the social stigma and psychological distress experienced by affected children.

Knock knee is not a normal developmental presentation. Accurate diagnosis is essential for planning prognosis and determining the appropriate line of treatment, which reassures parents and improves compliance. Homoeopathic remedies address the underlying disease process, while rehabilitation corrects the mechanical deformity—together forming the basis of Homoeo-Ortho Healing.

Super-specialization within the domain of Homoeopathy is crucial in the present era to ensure focused, evidence-based care for structural and functional disorders.

A boat may stay in water, but water should not stay in boat.

A spiritual aspirant may live in the world,

but the world should not live within him.

Sri Ramakrishna





PALLIATIVE CARE INTERVENTIONS WITH HOMOEOPATHY TO ENHANCE QUALITY OF LIFE IN CANCER PATIENTS

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Dr. Malakaraddy Homoeopathic Medical College and Hospital, Karnataka

ABSTRACT

Introduction:

Cancer is a highly prevalent lifestyle-related disease associated with substantial acute and chronic symptoms that impose significant psychological and physical burdens on patients. In advanced stages of the disease, palliative care becomes essential to provide comfort, symptom relief, and preserve patient dignity. An integrative approach incorporating complementary and alternative medicine—particularly Homoeopathy—may serve as an effective adjuvant to conventional cancer therapies. Homoeopathic palliative care follows a holistic model aimed at enhancing overall quality of life (QoL) in patients with chronic debilitating conditions such as cancer.

Methodology:

The study was conducted among patients attending the District Cancer Hospital and Palliative Care Centre (OPD and IPD), all of whom had previously undergone conventional anti-cancer treatment. A randomized sampling method was employed.

Sample Size: 30 patients

- Group 1 (n=15): Received only conventional anti-cancer treatment
- Group 2 (n=15): Received conventional treatment along with individualized Homoeopathic intervention based on totality of symptoms (Simillimum)

Data analysis was performed using IBM SPSS Version 25.0, applying the Chi-square (χ^2) test for quantitative data evaluation.

Results:

Quality of Life was assessed using a standardized QoL scale.

- Improved (Score ≥ 5): 43%
- Not Improved (Score < 5): 20%
- Dropouts: 23%
- Deaths: 13%

Conclusion:

1. Homoeopathic medicines were well-tolerated and helped improve appetite, weight, immunity, and overall well-being.
2. They also assisted in reducing the side effects of chemotherapy and radiotherapy, thereby contributing to enhanced quality of life among cancer patients receiving palliative care.

Keywords:

Cancer, Palliative Care, Homoeopathy, Complementary and Alternative Medicine, Quality of Life, Intervention



HMOX-1 MODULATION BY ULTRA-DILUTED BRYONIA ALBA IN A SARS-COV-2 SPIKE PROTEIN-INDUCED CYTOKINE DYSREGULATION IN *GALLUS GALLUS DOMESTICUS* EMBRYO MODEL

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²R&D unit, Department of Biotechnology, Heritage Institute of Technology, India

ABSTRACT

Background:

Bryonia alba has been widely used in COVID-19 management; however, its mechanistic action remains insufficiently defined. Emerging evidence suggests that its phytoconstituents may regulate haeme oxygenase-1 (HMOX-1), a key cytoprotective enzyme involved in limiting oxidative stress and cytokine-mediated inflammation. This study investigates whether ultra-diluted *Bry-alb* modulates SARS-CoV-2 spike protein receptor-binding domain (RBD)-induced cytokine dysregulation through HMOX-1 signalling.

Methods:

Fourteen-day embryonated *Gallus gallus domesticus* eggs were allocated to six groups. Except controls, all groups received SARS-CoV-2 spike protein RBD antigen (100 µL) followed by *Bry-alb* (30CH or 200CH) administered therapeutically or prophylactically via the amniotic route. After 48 hours, allantoic fluid was collected for RNA isolation, and real-time PCR quantified cytokine and HMOX-1 expression profiles.

Results:

Antigen exposure induced dysregulated cytokine expression. *Bry-alb* 30CH significantly enhanced IFN- and IL-10 expression in therapeutic and prophylactic administration. Prophylactic 30CH exposure also markedly up-regulated IFN- and IL-6 while attenuating other inflammatory mediators. Mild HMOX-1 induction was observed with 30CH, whereas 200CH produced pronounced HMOX-1 overexpression, indicating a dose-dependent regulatory mechanism.

Conclusion:

Ultra-diluted *Bryonia alba* demonstrates a modulatory effect on SARS-CoV-2 spike protein-induced inflammatory pathways, with evidence supporting HMOX-1 upregulation as a potential mechanism of action. These findings provide preliminary mechanistic insight into the therapeutic relevance of *Bry-alb* in managing cytokine imbalance.

Keywords:

Bryonia alba, HMOX-1, cytokine storm, SARS-CoV-2 spike protein, gene modulation, homeopathy.

"A life not lived for others is not a life."

Mother Teresa





ROLE OF HOMOEOPATHY IN THE IMPROVEMENT OF QUALITY OF LIFE OF STAGE IV CANCER PATIENTS-A PROSPECTIVE, EXPERIMENTAL, NON-CONTROLLED TRIAL

Dr. Tanvir Hussain

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Malerkotla, Punjab, India

ABSTRACT

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AIM: To assess the efficacy of Homoeopathic medicines in the improvement of QoL of Stage IV cancer patients, by adopting EORTC QLQ- C30 scale.²

PATIENTS AND METHODS: The prospective, experimental, non-controlled trial was planned. Total 19 cases were selected based on inclusion and exclusion criteria. The selection, repetition of medicine and dose was based on homoeopathic principles. The follow- up of patients was done every 15 days to one month or earlier depending upon the condition of each patient. The study was conducted for 6 months. The pre-and post assessment was done by EORTC QLQ – C 30 scale. Outcome of the study was

assessed by statistically analysing the data.

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CONCLUSIONS: Study shows that homoeopathic medicines are effective in the improvement of Quality of Life of cancer patients.

KEYWORDS

Homoeopathy, Cancer, Quality of Life, Global Health Status, Complementary and alternative medicine.

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EFFICACY OF HOMOEOPATHY IN MANAGEMENT OF MIGRAINE – EVIDENCE-BASED CASE SERIES STUDY

Dr. Kalpana Uttamrao Rakhunde, B.H.M.S., M.D. (Hom)

Associate Professor, Sayali Homoeopathic Medical College, Chhatrapati Sambhajinagar

ABSTRACT

Migraine and headache are global disabling conditions causing considerable individual suffering and impaired quality of life in adults as well as in children. The prevalence has significantly increased due to excessive screen exposure among working adults, teenagers, youngsters, elderly individuals, and children. Hence, epidemiological studies are essential to understand the magnitude of the problem. Migraine is more common in females, influenced by hormonal imbalance, dietary factors, contraceptive pills, psychological triggers, and hereditary predisposition.

Migraineurs often experience subtle systemic, mental, psychological, or premonitory symptoms

that precede the aura or headache by several hours or days. Migraine results in substantial economic loss, largely due to decreased productivity and work absenteeism. Nearly 90% of the burden is attributed to individuals with severe migraines, yet even those with milder symptoms demonstrate reduced efficiency. Despite available options, modern medicine offers limited satisfactory relief.

The present study was undertaken to evaluate the efficacy of homoeopathic medicines—particularly *Spigeliaanthelmia*—in the management of migraine. Thirty cases were selected using a simple random sampling method, with 15 patients receiving *Spigeliaanthelmia* and 15 receiving placebo.

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This Space is Sacrificed in the SACRED and FOND Memories of

JATINDRA NATH BAKSHI (Father),

KALYANI BAKSHI (Mother) and

SABYASACHI BAKSHI (Brother),

All of Whom Stood Solidly for HAHNEMANNIAN HOMOEOPATHY.....

Installed by, Dipankar Bakshi, RINI BAKSHI and Dipta Shankar Bakshi



AN EVIDENCE-BASED APPROACH TO THE MANAGEMENT OF PRIMARY HYPOTHYROIDISM AND PREVENTION OF THYROID ATROPHY THROUGH HOMOEOPATHY: A CASE REPORT HIGHLIGHTING THE EFFICACY OF THYROIDINUM AND IODUM SALTS

Prof. Dr. S. P. Singh, Principal, SKRP Gujarati Homoeopathic Medical College, Indore.
HOD & Professor, Dept of Organon of Medicine & Homoeopathic Psychology

ABSTRACT

a. Background and aim :

Hypothyroidism represents a significant global endocrine burden, characterized by elevated Thyroid Stimulating Hormone (TSH) and metabolic slowing. While conventional management relies heavily on lifelong hormone replacement, homoeopathy offers a therapeutic alternative aiming to restore physiological homeostasis. This abstract evaluates the therapeutic potential of homoeopathic intervention in managing primary hypothyroidism. The aim is to demonstrate the clinical efficacy of specific sarcodes and halogen group medicines in normalizing thyroid function parameters through a documented case study.

b. Methods :

A clinical case of a patient diagnosed with primary hypothyroidism, presenting with classic symptoms of lethargy, weight gain, and cold intolerance, was selected for this report. Diagnosis was confirmed via serological estimation of TSH, T3, and T4 levels. The treatment protocol utilized a strategic homoeopathic approach. *Thyroidinum* was employed as an intercurrent remedy to overcome the suppression of the gland. Based on symptom similarity and pathological affinity, specific remedies including *Bromium*, *Calcareaiodata*, and *Kali*

iodatum were administered. The selection was based on the glandular affinity of the halogen group and the constitutional requirements of the patient.

c. Results :

Post-intervention assessment revealed a marked improvement in the clinical picture. The patient reported a restoration of energy levels and reduction in glandular swelling. Serial biochemical analysis showed a significant decline in TSH levels, returning to the euthyroid range within the observation period. The use of *Calcareaiodata* and *Kali iodatum* proved effective in resolving glandular induration, while *Bromium* addressed the respiratory and constitutional concomitants.

d. Conclusion :

This case illustrates that individualized homoeopathic therapy can effectively manage hypothyroidism without reliance on exogenous hormones. The strategic use of *Thyroidinum* alongside indicated remedies suggests a curative pathway in restoring thyroid function, warranting further validation through large-scale clinical trials.

Keywords:

Hypothyroidism, Homoeopathy, *Thyroidinum*, TSH, Halogens



A CONSTITUTIONAL HOMOEOPATHIC APPROACH IN ELEVATED SERUM AMYLASE AND LIPASE: SIGNIFICANCE OF MENTAL SYMPTOMS IN CLINICAL RECOVERY

Dr. Kushal Parakh, HOD & Professor, Department of Pathology,
SKRP Gujarati Homoeopathic Medical College, Indore

ABSTRACT

Background :

Acute pancreatitis and pancreatic dysfunction are characterized by elevated serum amylase and lipase levels, often presenting with severe epigastric pain and systemic inflammation. While conventional management is largely supportive, focusing on fluid resuscitation and pain control, it often lacks specific therapeutic agents to reverse the inflammatory process or prevent recurrence. This case report explores the efficacy of constitutional Homeopathy, specifically emphasizing the role of mental symptoms and psychodynamic factors in resolving physiological pathology.

Case Presentation :

A 62-year-old male presented with chronic epigastric discomfort, post-prandial distension, and anxiety, with a history of recurrent acute pancreatitis. Despite conventional treatment with proton-pump inhibitors and analgesics, laboratory investigations revealed critically elevated pancreatic enzymes: Serum Amylase at 2920 U/L (Ref: 28-100 U/L) and Serum Lipase at 8927.3 U/L (Ref: 13-60 U/L).

Methodology :

A detailed case taking was performed with a focus on the patient's mental state. The patient exhibited profound grief and irritability stemming from the premature death of his son. Key mental symptoms included a delusion of "karmic debt," feeling deserted with liabilities, and anxiety of conscience.

Repertorisation using RADAR software highlighted rubrics such as *Mind - Delusions, friend affection of has lost* and *Mind - Anxiety, conscience*. Based on the totality of symptoms and the core theme of "betrayal/desertion," *Hyoscyamus niger* 30C was prescribed in aqua solution.

Results :

Within 10 days of starting *Hyoscyamus niger*, the patient reported significant relief in abdominal pain and distension. Over a three-month treatment period, clinical symptoms resolved completely. Follow-up laboratory investigations demonstrated a dramatic normalization of pancreatic enzymes: Serum Amylase reduced to 70.6 U/L and Serum Lipase to 35.30 U/L.

Conclusion :

This case demonstrates the potent ability of constitutional Homeopathy to manage acute elevations in pancreatic enzymes. It validates the principle that mental symptoms—specifically deep-seated delusions and emotional trauma—can act as pivotal guides in selecting a remedy that resolves profound somatic pathology. *Hyoscyamus niger*, often associated with mania, showed specific affinity here for pancreatic inflammation when the mental picture matched.

Keywords:

Acute Pancreatitis, Serum Amylase, Serum Lipase, *Hyoscyamus niger*, Psychosomatic, Constitutional Homeopathy.



DEPRESSION RELATED DENTAL DISORDERS DUE TO DYSREGULATED SEROTONERGIC ACTIVITY AND THE HOMOEOPATHIC MEDICINE *AURUM METALLICUM*.

OM SRIJAN, 2nd Professional BDS, HIDSAR, WBUHS

ABSTRACT

Background:

Depression is among the most prevalent chronic diseases in worldwide. In addition to the general health conditions, oral diseases have also been associated with depression¹ and depression is believed to be associated with decreased metabolism of serotonin.

In the Homoeopathic pathogenesis of *Aurum metallicum*, along with other systemic affections dental disorders and psychological depression are considered the characteristic phenomena to prescribe this drug.

Object:

To understand therapeutic virtue of Homoeopathic medicine *Aurum metallicum* in depression related dental disorders contributed by dysregulated Serotonergic activity.

Methods & Result:

From different researches on animal and human models the favourable findings are observed as follows:

1. Depression significantly effects on dental health. It causes xerostomia, cavities due to bone loss and gum disease²⁻⁴.
2. The strong correlation between depression and abnormalities in serotonergic system has been consistently found through systematic research over the years⁵⁻¹⁰.
3. Role for serotonin and its transporter in regulation of bone cell function¹¹.

4. Gold compounds a potential therapeutic agent for condition related to serotonin imbalance. In research the gold nanoparticles have been found to deliver serotonin to specific location in the body for therapeutic purpose^{12,13}.

5. The Characteristic phenomena of Homoeopathic medicine *Aurum metallicum* related to suicidal thought, caries or destruction of bones, irregular cardiac activity, halitosis, falling of hair, uterine prolapse, visual field defect etc. have a background of similar dysregulated serotonergic activities¹⁴⁻¹⁹.

Conclusion:

So, dental disorders related to caries or cavities, periodontal diseases and Gum disease contributed by dysregulated serotonergic activity can be a therapeutic virtue of the homoeopathic medicine *Aurum metallicum*.

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UNKNOWN INTERNAL PATHOLOGICAL CHANGES IN THE STUDY OF HOMOEOPATHIC PATHOGENESES.

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The Calcutta Homoeopathic Medical College & Hospital (Govt. of West Bengal), Kolkata.

ABSTRACT

Background:

In an article namely "The Pharmacist & Homeopathy", the author claimed, Homoeopathic remedies are dedicated solely to treating symptoms, without taking into consideration the pathophysiological mechanism underlying the disease. [Calina DC et al., The Pharmacist & Homeopathy, Current Health Sci, 2014]. But, according to Dr. Kent, "The remedy must be similar to the symptoms of the patient as well as the pathognomonic symptoms of his disease in order to cure".

Object:

In Homoeopathic prescription it is essentially required to understand the relative importance of various symptoms in a pathological condition to which the drug corresponds i.e. the Pathognomonic relation.

Method:

Today's advancement of pathology can illuminate these background phenomena to help to make the

real picture of the drug to combat the disease of similar background. In the field of huge in-vitro, in-vivo and the clinical researches on human as well as on animal models by the drug substances those are included in our homoeopathy can be the real treasure to find out the sources of its background activities representing in the form of existing Homoeopathic pathogeneses.

Conclusion:

In this regard, activities of dysregulated cholesterol metabolism in the study of *Dioscorea villosa* or dysregulated activities of Serotonin in the study of *Aurum metallicum* or hyperactivity of Norepinephrine in the study of *Aconitum napellus* etc. might be the specific areas of background pathophysiology and may provide a clear area of expanded practical use of these drugs based on Homoeopathic Principle in the present era of advance pathology.

*"On a day when you don't come across any problems,
you can be sure that you are traveling in the wrong path."*

Swami Vivekananda





GOLDEN RAY OF HOPE TO MND PATIENTS HOMOEOPATHY EFFECTIVE IN CONTROLLING PROGRESSION , IMPROVING QUALITY OF LIFE AND POSSIBLE REVERSAL

Dr. A. K. Gupta, MD (Hom.)

ABSTRACT

INTRODUCTION:

Motor Neurone Disease (MND) is an uncommon degenerative disorder of motor neurones which leads to progressive paralysis of cranial and skeletal muscles. The onset is insidious considered incurable leading to death within 1-3 years. Death is mostly due to respiratory muscle weakness and ventilatory failure. Medical science does not have much to offer. At AKGsoVIHAMS Clinics some encouraging have been obtained with Homoeopathy, encouraged us to conduct this observational clinical research/study on "To evaluate the efficacy of Homoeopathic treatment in management of cases of MND".

MATERIAL & METHODS:

The study was undertaken at AKGsoVIHAMS with the objectives:

1. To study the effect of Homoeopathic treatment on the progression of the disease.
2. To see the efficacy of Homoeopathic treatment on the improvement of Quality of Life

In this study of 1200 diagnosed patients of MND were followed up amongst them the

Youngest 18 yrs and oldest Patient was 82 yrs old.

All were Pre Diagnosed Cases - with the help of MRI, EMGs, NCVs etc. by Neurologists.

Miasmatically, MND is a Combination of all Chronic Miasms Psora, Sycosis and Syphilis resulting into Complex Mixed Miasms but predominantly it falls into Syphilitic miasm. Though the Constitutional

simillimum is a dictum, but as MND is fast progressing degenerative disease , remedies with regional affinity were also prescribed .

RESULT:

Following set of Symptoms were Observed in most of the Patients .

Patients reported with improvements

FASCICULATIONS 76%

SLURRED SPEECH 35%

GENERALISED WEAKNESS 48%

DIFFICULTY IN SWALLOWING 51%

CHOKING 55%

TENDENCY TO FALL 60%

EMASCINATION 51%

SALIVATION 52%

COUGHING 50%

SYMPTOMS OF TONGUE 68%

DIFFICULTY IN NECK HOLDING 51%.

DIFFICULTY IN FINE MOVEMENTS 34%

LAUGHING /WEEPING 42%

YAWNING 32%

CONCLUSION:

With Homoeopathy improvement has been seen significantly in all type of symptoms. Homoeopathy not only improved the quality of life but also slow down the progression of the disease and reversal in few.





VETERINARY HOMEOPATHY CASE SERIES: EVIDENCE OF INDIVIDUALIZED REMEDY RESPONSE IN ANIMAL PRACTICE

Dr. Vemuri Krishna Prasad

ABSTRACT

Background:

Homeopathy in veterinary medicine offers a gentle, holistic therapeutic approach that emphasizes individualized remedy selection based on the totality of symptoms rather than disease labels. This case series highlights the practical application of classical homeopathic principles in managing diverse clinical conditions in animals.

Aim:

To evaluate the therapeutic response to individualized homeopathic remedies across a series of veterinary cases.

Methods:

A total of four animal cases were managed using individualized constitutional homeopathic prescriptions:

- Case 1: Knee joint pain aggravated by the slightest motion—treated with *Bryonia alba*.
- Case 2: Severe knee joint pain ameliorated by movement—prescribed *Rhus toxicodendron*.
- Case 3: Profuse watery stools with marked weakness—managed with *Podophyllum peltatum*.

- Case 4: Collapsed state with shallow respiration—treated with *Carbo vegetabilis* 30C.

(More cases included as part of the extended series.)

Each case was assessed for clinical improvement and overall enhancement of vitality.

Results:

All cases exhibited significant recovery following the administration of the indicated remedies. Improvements included pain reduction, normalization of physiological functions, and enhanced general health and vitality.

Conclusion:

This case series provides supportive evidence for the effectiveness of individualized homeopathic prescribing in veterinary practice. Detailed case analysis and remedy selection based on symptom similarity can yield favourable clinical outcomes in animal healthcare.

Keywords:

Veterinary homeopathy, case series, *Bryonia alba*, *Rhus toxicodendron*, *Podophyllum peltatum*, *Carbo vegetabilis*, individualized treatment, homeopathy





LATE-ONSET PSYCHOSIS WITH RELIGIOUS AND GRANDIOSE DELUSIONS: A CASE REPORT AND ROLE OF *RHUS TOX*

Dr Mital Joshi, Consultant Homoeopath

ABSTRACT

Background:

Late-onset psychosis presents unique challenges due to delusional intensity, impaired insight, and poor compliance. Patients often resist treatment, leading to severe socio-familial dysfunction. Homoeopathy offers individualised management when conventional compliance is limited.

Case Presentation:

Mrs. B.G., a 65-year-old female, presented in December 2019 with severe behavioural disturbances—quarrels, aggression, and false accusations against her husband and neighbours. On examination, she was loud, irritable, and accusatory, with persecutory, religious, and grandiose delusions (considering her husband as “God,” believing political leaders were siblings, and attributing illness to divine signs). She persistently denied illness and refused allopathic medication.

Her life history revealed obstinacy, impulsivity, mystical experiences (“flying in Paatalok”), ritualistic self-harm, and financial recklessness. She was suspicious of her husband, estranged from her siblings, and blamed her daughter-in-law for her son's suicide. Physical health was stable, though appetite and sleep were erratic. Family history suggested a similar psychiatric illness in her mother.

Intervention:

Based on her restlessness, suspicion, impulsivity, tendency to quarrel, delusional interpretations, and history of self-inflicted injuries, *Rhus Tox* was prescribed. Following up, the patient demonstrated a reduction in restlessness, improved sleep without the need for sedatives, decreased quarrels, and a better acceptance of her husband's support. While residual suspiciousness persisted, her behaviour became manageable, and family relationships stabilised.

Discussion:

The case illustrates how individualised homoeopathic management with *Rhus tox* supported reduction in behavioural dysregulation in a chronic psychotic state where compliance with conventional medication was not possible.

Conclusion:

Rhus Tox contributed to significant improvement in restlessness, irritability, and behavioural control, highlighting the role of individualised homoeopathic intervention in late-onset psychosis.

Keywords:

late-onset psychosis, *Rhus Tox*, delusions, non-compliance, homoeopathy





BIOSIMCOVEX (NOSODE) AGAINST COVID-19: EMERGING DIRECTIONS IN NANO-PROPHYLAXIS

Dr Rajesh Shah, MD, Director: Life Force, Mumbai, India

ABSTRACT

BiosimCovex, a novel nosode-based nano-prophylaxis, was developed during the COVID-19 pandemic, standardized, and evaluated through animal toxicity studies, Phase 1 and Phase 2 (feasibility) trials, drug-proving studies, and basic nanoparticle characterization assays.

Phase 1 and 2 clinical trials, together with drug-proving, established its safety, efficacy, immunomodulatory effects, and provided evidence of antibody formation.

A Phase 2 feasibility trial involving 2,233 high-risk participants demonstrated reduced infection rates, a shorter disease course, and decreased hospitalization.

Further expansion into Phase 2/3 multi-site studies across 14 Indian centres confirmed prevention of infection, highlighted by the breakthrough finding of COVID-19-specific antibody formation.

With reproducibility, safety, and multi-institutional validation, BiosimCovex emerges as a promising new category of nano-prophylaxis for preventing infections.

This is the first-of-its-kind human study demonstrating not only the efficacy of nosodes in a pandemic but also that a homeopathic medicine can trigger antibody generation. This is the first medical experiment where any medicine other than a vaccine has produced antibodies and protection in a large controlled human trial.

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7. Phase 3 study: <https://journals.sagepub.com/doi/10.1177/27536130251386048>



NAVIGATING PHARMACOVIGILANCE CHALLENGES IN HOMOEOPATHY: BRIDGING AWARENESS, REPORTING AND POLICY GAPS FOR ENHANCED PATIENT SAFETY IN INDIAN PRACTICE

Dr. Subhashree Modak, PGT, *The Calcutta Homoeopathic Medical College and Hospital*

ABSTRACT

Background and Aim:

Pharmacovigilance (PV) involves the systematic detection, assessment, understanding and prevention of adverse drug reactions (ADRs) and other drug-related problems. While homoeopathy is often perceived as safe, issues such as inappropriate use, contamination, drug-drug interactions and misleading advertisements have highlighted the need for robust PV systems in the homoeopathic domain. The present review aims to explore current PV frameworks in homoeopathy in India, identify key challenges in awareness, reporting and regulation and highlight opportunities for strengthening these systems.

Methods:

A narrative review was conducted by searching official resources of the Ministry of AYUSH, the Ayush Suraksha database, the All India Institute of Ayurveda (National Pharmacovigilance Centre for ASU&H), as well as peer-reviewed publications indexed in PubMed, AYUSH Research Portal and Google Scholar. Key themes selected for analysis included (i) awareness of PV among homoeopathic practitioners, (ii) barriers to ADR reporting, (iii) integration of AYUSH PV centres into regulatory policy and (iv) educational strategies for improving PV culture. Studies published between 2010 and 2025 were included, and data were synthesised thematically.

Results:

The review revealed that participation of homoeopathic practitioners in ADR reporting remains low. For example, a survey indicated that only about 22% of AYUSH practitioners knew the correct centre for ADR reporting. Data management and integration across the three-tier network of PV centres (National, Intermediary and Peripheral) under AYUSH remain fragmented. Under-reporting of suspected ADRs is persistent, driven by factors such as lack of awareness, absence of training, perception that homoeopathic medicines are "always safe" and complexity of reporting procedures. Surveillance of misleading advertisements remains an added regulatory challenge in ASU&H pharmacovigilance.

Conclusion:

Strengthening pharmacovigilance in homoeopathy requires multifaceted efforts: raising awareness among homoeopathic practitioners, simplifying ADR-reporting workflows, and integrating PV culture into both undergraduate and postgraduate curricula. A unified national PV model emphasizing accountability, regular training and digital-reporting infrastructure can enhance patient safety, foster evidence-based homoeopathic practice and align ASU&H systems with global drug-safety standards.

Keywords: Pharmacovigilance; Homoeopathy; ADR reporting; AYUSH; Drug safety



A RETROSPECTIVE ANALYTICAL STUDY ON ERECTILE DYSFUNCTION WITH HOMEOPATHIC TREATMENT.

Dr. Partha Mandal, MD Hom

ABSTRACT

Background:

Erectile Dysfunction (ED) is a prevalent psychosexual disorder among adult males that significantly affects emotional well-being, interpersonal relationships, and quality of life. Despite its multifactorial origins—ranging from psychological stressors to metabolic and lifestyle disorders—data on the clinical management of ED through homoeopathy in India remains scarce. Objective: This retrospective analytical study aims to explore the clinical patterns, contributing factors, and outcomes of individualized homoeopathic treatment in men presenting with ED at Jawaharlal Nehru Homoeopathic Medical College and Hospital. Methods: Case records were reviewed to identify male patients aged 18–60 years diagnosed with ED. Selection was based on complete case documentation, individualized remedy selection, and a minimum follow-up period of three months. Data on socio-demographic variables, psychological factors, miasmatic history, associated conditions, and therapeutic outcomes were systematically extracted and analyzed.

Results:

Ten eligible cases were analyzed. The majority of patients fell within the 35–50 year age group. Major contributing factors identified included performance anxiety, unresolved grief, sedentary habits, and

chronic diseases such as diabetes and hypertension. Predominant miasmatic backgrounds were sycotic and syphilitic. Commonly prescribed remedies included *Lycopodium clavatum*, *Agnus castus*, *Staphysagria*, and *Calcarea carbonica*. Most patients reported substantial improvement in erectile function and general well-being after individualized homoeopathic treatment within three months.

Conclusion:

This study highlights the potential of individualized homoeopathic treatment in addressing erectile dysfunction, particularly when psychosomatic and lifestyle elements are integrated into the case analysis. Challenges in patient communication due to sociocultural stigma necessitate empathetic inquiry and private consultation settings. These promising findings advocate for further large-scale, prospective, and controlled clinical trials to validate the role of homoeopathy in the therapeutic landscape of ED.

Keywords:

Erectile Dysfunction, Homoeopathy, Individualized, Treatment, Retrospective Study, Miasm, Psychosexual Health





DEVELOPMENT OF HOMEOPATHIC MOTHER TINCTURE BASED NANOMATERIALS FOR SELECTIVE TARGETING OF SIGNALLING PROTEINS FOR THERAPEUTIC MANAGEMENT OF DIABETES: A MOLECULAR DOCKING COUPLED EXPERIMENTAL APPROACH

Dr. Asmita Samadder

Cytogenetics and Molecular Biology Lab.

Department of Zoology, University of Kalyani, Kalyani, Nadia, India

ABSTRACT

Nanomaterials have become an essential area for active research for therapeutic management of myriads of diseases including diabetes. Because of undesirable side-effects and affordability, orthodox medicine, like insulin, is not preferred by many who like natural products instead. To amplify and accentuate the efficacy of the natural product nano-formulation imparted added advantage to it. Providing better scientific validation. Therefore, the efficacy of the homeopathic mother tincture which was prepared from the ethanolic seed extract of *Syzygium jambolanum* (SJ), traditionally used against diabetic conditions was used in our laboratory to find out the active component present in it. It was then followed by formulation of nanomaterials using a FDA approved non-toxic biodegradable polymer poly (lactic-co-glycolic) acid (PLGA) to encapsulate the active component to form its corresponding nano-form and tested its therapeutic efficacy against diabetes and its complications. The poly-lactide-co-glycolide (PLGA) encapsulated nanomaterials was found to have target specific drug delivery and faster action, reduced drug dose leading to least possibility of being cytotoxic when administered in experimental cell line and mice model for therapeutic management of diabetes. The molecular docking study provided ample evidences of good

dock score revealing the ability of the core compound encapsulated inside PLGA to effectively bind to different target proteins and modulate their expression. The compounds after being released from its biodegradable polymeric capsule actively undergo protein-ligand interaction which aids in overall glucose homeostasis. Their nanotized size, negative zeta potential, smooth surface, uniform FFT values, biocompatibility, suspended release happens to be the main physico-chemical components of the nanomaterials that suffice such advantage to them. Thus over the ages with the advent of nanoscience of nanotechnology the nanomaterials have proved to be a refined tool to elicit an array of signalling proteins and associated factors for optimum glycaemic balance which either halts the ignition or delays the progression of the disease thereby paving a path for a rendering a better and longer life to the pre-diabetics and diabetics in times to come for humankind.

Keywords:

Homeopathic drug, Nanomaterials, Diabetes Signalling factors, Cell line and mice model



EFFECT OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE ON UTERINE FIBROID: A CASE REPORT

Dr. Arindam Maity, PGT, D. N. De Homoeopathic Medical College & Hospital, Kolkata

ABSTRACT

Background:

In the ICD-11 classification, uterine fibroids are listed under 2E86.0 Leiomyoma of uterus. These are benign monoclonal smooth muscle tumours of the myometrium. They are estrogen- and progesterone-responsive, tend to grow during reproductive years, and often regress after menopause. Depending on their location, they are classified as submucosal, intramural, subserosal, and cervical fibroids.

Uterine fibroid is the most common pelvic tumour in women. The lifetime prevalence based on imaging or histological evidence is estimated at 70–80% by age 50, with 25–30% being clinically significant. Higher burden is observed in women of Black/African ancestry, who tend to present earlier with larger and more numerous fibroids. Symptoms commonly appear between 30–50 years, are rare before menarche, and usually regress after menopause.

Conventional medical management focuses on symptom control and includes NSAIDs, combined hormonal contraceptives, progestin-only therapies, the levonorgestrel-releasing IUD (most effective for heavy menstrual bleeding), and GnRH agonists for temporary fibroid shrinkage. Correction of anemia with oral/IV iron and supportive supplementation is also recommended.

Interventional uterus-sparing treatments include uterine artery embolization (UAE), MRI-guided focused ultrasound (MRgFUS), radiofrequency

ablation, hysteroscopic or laparoscopic myomectomy.

Definitive interventional management is hysterectomy, usually offered to women who have completed childbearing. Individualized homoeopathic medicines (IHM) have shown potential in reducing the size of uterine fibroids and controlling associated symptoms.

Case Summary:

A 39-year-old female, mother of a 13-year-old child, presented with severe abdominal pain before menses, which ameliorated once menstrual flow began. The menstrual blood was blackish in colour. Ultrasound imaging revealed a uterine fibroid measuring 1.6 × 1.7 cm. Based on the totality of symptoms, Lachesis 0/1 to Lachesis 0/5 was prescribed sequentially, followed by Calcarea carbonica 0/1 in monthly follow-ups over 6 months.

Significant improvement was observed in the patient's symptoms, accompanied by objective radiological evidence. A follow-up ultrasound revealed no evidence of uterine fibroid, suggesting complete resolution. This case reflects the potential of individualized homoeopathic treatment in dynamic LM potencies to reverse organic pathology.

Results:

The patient reported progressive relief from abdominal pain preceding menses, along with normalization of menstrual blood colour. Follow-up ultrasonography showed complete disappearance of the fibroid.



Using the Modified Naranjo Criteria for Homoeopathy (MONARCH), the case scored 9, supporting a positive causal relationship between homoeopathic treatment and the observed outcome.

Conclusion:

This case demonstrates marked clinical and ultrasonographic improvement in a uterine fibroid through individualized homoeopathic treatment, without the need for surgical or hormonal interventions. Unlike conventional management,

which often offers symptomatic or temporary relief, the homoeopathic approach acted curatively by addressing the patient's totality of symptoms and improving general well-being. The case highlights homoeopathy as a safe, non-invasive, and holistic therapeutic option in the management of uterine fibroid.

Keywords:

Uterine fibroid, Individualized homoeopathic medicines, Constitutional medicine, LM potency, Case report.

HOMOEOPATHY IN PAEDIATRIC PSYCHIATRY

Dr Vibha Seth, BHMS (DLI), DMCP, PGCP

ABSTRACT

Homoeopathy is a holistic system of medicine that has gained significant recognition in managing paediatric disorders. Its principles of individualized treatment, minimal side effects, and ability to stimulate the body's natural healing processes makes it particularly suitable for children. This abstract explores the scope and efficacy of homoeopathy in addressing common and chronic paediatric conditions, including respiratory ailments, gastrointestinal disturbances, skin disorders, behavioural issues, and developmental delays.

Homoeopathic remedies, derived from natural substances, are administered in highly diluted forms,

ensuring safety and tolerance in children. Clinical studies and anecdotal evidence suggest that conditions such as asthma, recurrent infections, eczema, colic, and attention-deficit/hyperactivity disorder (ADHD) respond positively to homoeopathic interventions. The individualized approach considers the child's physical symptoms, emotional state, and constitutional makeup, aiming for comprehensive well-being.

To elicit the same, I have a CASE to discuss—

A 10yr old child was diagnosed with Schizophrenia, is well CURED and now leading a normal happy life after Homoeopathic Treatment.



REVERSING DEEP PATHOLOGIES WITH HOMEOPATHIC SIMILIMUM

Dr Kruti Bhuskute, MD (Hom)

ABSTRACT

Background- In practice we often come across cases where patients are advised by our colleagues from allopathy that they will only need Surgery. In one more such case of adenomyosis after years of severe dysmenorrhea the Homeopathic similimum was found curative.

Aim- To demonstrate that Surgical pathologies can be cured with Similimum.

Methods- Case taking, Case analysis and repertorization by Applied Mind method and Synthesis repertory

Case description-

A 38 years lady presented to me with severe dysmenorrhea, menorrhagia with clots and shortened menstrual cycles.

Family status- son 9 yrs old and husband who is older by 10 years, they came to live in Mumbai from Hyderabad since 2 years because of husband's job.

ODP- complaints of menstrual cramps and bleeding started 8 yrs ago. Her son had got epileptic fits at 1 year age. He was very ill and was put on antiepileptic

drugs since then. Since then patient got terrified and would not sleep well at all. She has not slept well till today although son is not having any fits. She feels constantly worried about her son and feels what if he gets fits anytime. Would keep watching him especially when he is asleep. Her whole world revolves only around him now. Naturewise she is very caring lady. Will do everything for everyone in the house. Will be more worried if anyone had any health issues. With her complaints she feels I have to keep lying and I am not able to take care of my duties. So wants to seek treatment and not go for surgery like what her gynec had advised. Wants to know if homeopathy can help.

She was given Cocculus Indicus in various potencies and repetitions which led to cure of adenomyosis.

Results- Cure of the underlying pressing pathology with change of pathological state and state of mind of the patient.

Conclusion- Similimum is knowing what is to be cured in the patient. Further is discussion about evaluating the pathology at mind.

Forbearance is a great virtue; There is no other like it.

Sri Ma Sarada Devi





AN INDIVIDUALIZED INTEGRATIVE APPROACH IN A DIAGNOSED CASE OF SPINOCEREBELLAR ATAXIA-3 (SCA-3): A CASE REPORT

Dr. Arpana Samanta, BHMS, PGD LCH (UK)

Dr. B. R. Sur Homoeopathic Medical College, New Delhi (GGSIPU)

Affiliation: Guru Gobind Singh Indraprastha University (GGSIPU)

ABSTRACT

Spinocerebellar Ataxia (SCA) represents a heterogeneous group of hereditary, progressive neurodegenerative disorders characterized by cerebellar and spinal involvement leading to gait ataxia, imbalance, dysarthria, and incoordination. Among its numerous genetic subtypes, SCA-3 (Machado–Joseph Disease) is one of the most prevalent and typically involves CAG trinucleotide repeat expansion, resulting in Purkinje cell degeneration and multisystemic neurological decline.

This case report presents a 40-year-old male Army personnel diagnosed with SCA-3, exhibiting progressive gait imbalance, dysarthria, tremors, mental confusion (“brain fog”), and characteristic MRI findings including *hot cross bun sign* and pontocerebellar atrophy. A strong autosomal dominant inheritance pattern was noted, with multiple family members affected. Despite prior

treatments, symptoms continued to worsen over a two-year period.

Holistic evaluation revealed significant cognitive fatigue, emotional distress, irritability, and difficulty with coordination, guiding the selection of individualized homeopathic remedies including *Zincum Metallicum 30C*, *Five Phos 6X*, and *Bacopa Monnieri Q*, based on repertorial analysis and pathological affinities for neurodegenerative conditions.

Given the irreversible and progressive nature of SCA, management focuses on symptom alleviation, functional support, and emotional stabilization. Integrative multidisciplinary care—combining neurological supervision with supportive therapeutics—plays a critical role in enhancing quality of life. This case emphasizes the value of individualized assessment and complementary approaches in chronic neurodegenerative disorders

“You cannot believe in God until you believe in yourself.”

Swami Vivekananda





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HOMEOPATHIC POTENCIES WITHIN VS. BEYOND AVOGADRO LIMIT: EFFICACY ON GLYCEMIC CONTROL AMONG PRE-DIABETIC ADULTS- A COMPARATIVE RANDOMIZED EXPLORATORY STUDY

Avidipta Hazra ^{a*}, Debarshi Das ^{b*}, Rakesh Ghosh ^a, Chandrani Ghosh ^a, Tanmay Sarkar ^c

ABSTRACT

Poster - 01

Background:

Pre-diabetes is a global health concern, with up to 50% of cases progressing to type-II diabetes-mellitus within five-years if untreated, leading to complications such as kidney failure, blindness, neuropathy, and foot issues.

Methods:

Exploratory, randomized, comparative study was conducted over six-months at outpatient-department of Metropolitan Homoeopathic Medical College and Hospital, Kolkata. Pre-diabetic adults with glycated hemoglobin(HbA1c) between 5.7–6.4%, impaired fasting glucose(IFG) between 100–125mg/dL, and/or impaired oral glucose tolerance(IGT) between 140–199mg/dL were randomized to receive individualized homeopathic medicines within Avogadro limit or potencies within 12CH/24X (IHMs-WA, n=35), otherwise beyond Avogadro limit or beyond 12CH/24X(IHMs-BA, n=35) for three-months. Primary outcome was HbA1c, with IFG and IGT as secondary outcomes, measured at baseline and after three-months.

Results:

Of 154 screened participants, 70 were included in the intention-to-treat analysis. After three-months, inter-group differences were not statistically significant in HbA1c ($p=0.37$), IFG ($F_{1,68}=1.8, p\text{-value}=0.18$), IGT ($F_{1,68}=0.56, p\text{-value}=0.456$) and intra-

group differences were shown notable significance in both groups in HbA1c (IHMs-WA: $p<0.01$; IHMs-BA: $p<0.001$), IFG (IHMs-WA: $p<0.05$; IHMs-BA: $p<0.001$), and IGT (IHMs-WA: $p<0.01$; IHMs-BA: $p<0.001$). After three-months, lower progression rate from pre-diabetes to diabetic in IHMs-BA group (8.6%, 11.4% in IHMs-WA), and higher rate of conversion to non-diabetic status in IHMs-BA (43.0%, 31.4% in IHMs-WA) were observed with inter-group non statistical significance differences ($p<0.05$). No adverse-events was reported.

Conclusion:

This exploratory, randomized, comparative trial demonstrated no statistically significant inter-group differences; while significant intra-group improvements and higher percentage of participants progressing to non-diabetic status in both groups, which may suggest that despite theoretical differences individualized homeopathic medicines administered beyond the Avogadro limit are equivalent with within limit in their efficacy for glycemic control. Although, observed slightly more promising trend on IHMs-BA, require validation through further robust, long-term, multi-centric, and blinded superiority trials with larger sample sizes.

KEYWORDS:

homeopathy, pre-diabetes, avogadro limit, individualized homeopathic medicine, randomized trial.



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A HOMOEOPATHIC APPROACH TO DIABETIC FOOT ULCERATION: A CLINICAL CASE REPORT.

Dr. Shivangi Pandey, PGT, The Calcutta Homoeopathic Medical College and Hospital

ABSTRACT

Poster - 02

BACKGROUND AND AIM:

Diabetic foot ulcer is a chronic, non-healing wound that arises as a complication of Diabetes mellitus, mainly due to peripheral neuropathy, poor circulation and trauma from unperceived minor injuries. It carries a high risk of secondary infection, gangrene and even amputation if not managed properly. Based on studies, blood sugar control, wound debridement, advanced dressings and offloading modalities should always be a part of DFU management. This presentation explores the potential of homeopathy, a therapeutic system rooted in the principle of 'like cures like' and focused on individualizing treatment based on the patient's unique symptoms, to provide a gentle and effective solution for this challenging condition.

METHOD:

A 73-year-old female reported in CHMCH OPD with complaints of Itching eruption with sticky discharge from left leg for 9 months. The patient was k/c/o

uncontrolled T2DM, suggestive of a diabetic foot ulcer. Homoeopathic medicine *Graphites* in LM potency from 0/1 to 0/4 was prescribed over 2 months based on totality of symptoms and *Calendula q* for wound dressing.

CONCLUSION:

Developing countries like India harbour the majority of diabetic people and by the year 2030 AD India will have the largest number of diabetic patients. Diabetic foot is one of the common diabetic complications found in India.

By showcasing this case, we seek to provide evidence of Homoeopathy's efficacy in promoting wound healing, reducing pain, and improving the overall health and quality of life in a patient with this complex complication of diabetes.

KEYWORD:

Diabetic foot ulcer, Homoeopathy, Wound management, *Graphites*, *Calendula*.



POTENTIAL ANTI-INFLAMMATORY COMPOUNDS FOUND IN HOMEOPATHIC MOTHER TINCTURES THROUGH IN-SILICO SCREENING

Dr Anup Ghosal, Homeopathic Consultant

ABSTRACT

Poster - 03

1. Introduction and Aim : Inflammation involves the activation of complex molecular pathways including the COX, LOX, and NF- B signaling cascades. In homeopathy, mother tinctures such as *Arnica montana*, *Calendula officinalis*, *Bryonia alba*, and *Hypericum perforatum* are traditionally used to alleviate pain, swelling, and inflammation.

However, their mechanistic evidence at the molecular level remains underexplored. Using SwissDock, a reliable web-based molecular docking platform, we can simulate interactions between known bioactive compounds from these tinctures and inflammatory protein targets to predict their binding efficiency and mechanism of action.

2. Methodology (In Silico Docking using SwissDock)

1. Ligand Preparation: Major phytochemicals from selected tinctures were retrieved from Pub Chem in .sdf or .mol2 format and converted to .pdb.
2. Target Proteins: Crystal structures of COX-2 (PDB ID: 5IKR), NF- B (PDB ID: 1NFI), and TNF- (PDB ID: 2AZ5) were downloaded from the Protein Data Bank.
3. Docking Protocol: SwissDock (<https://www.swissdock.ch/>) was used to perform blind docking. Parameters included accurate mode with default grid settings.
4. Evaluation: Binding free energy (ΔG), Full Fitness score, and hydrogen bond interactions were used to rank ligand affinity.

3. Results and Discussion

Molecular docking studies performed using SwissDock revealed significant binding affinities between major phytoconstituents of selected

homeopathic mother tinctures and key inflammatory targets such as Cyclooxygenase-2 (COX-2), Nuclear Factor-kappa B (NF- B), and Tumor Necrosis Factor-alpha (TNF-). Among the compounds analyzed, helenalin from *Arnica montana* demonstrated a strong inhibitory potential with COX-2, showing a binding free energy (ΔG) of -9.6 kcal/mol. The compound formed hydrogen bonds and hydrophobic interactions with active site residues such as Ser530 and Tyr385, suggesting its capacity to block prostaglandin synthesis and thus reduce inflammation. Similarly, quercetin from *Calendula officinalis* exhibited a notable binding affinity toward NF- B ($\Delta G = -10.2$ kcal/mol), forming multiple hydrogen bonds with key residues Lys221 and Arg246. This interaction may inhibit NF- B activation and downstream expression of pro-inflammatory cytokines such as IL-1 and TNF- . Hyperforin, an active constituent of *Hypericum perforatum*, showed significant interaction with TNF- ($\Delta G = -9.1$ kcal/mol), mainly through hydrophobic contacts with Leu120 and Gly121, indicating its potential to suppress TNF- -mediated inflammatory signaling. In the case of *Bryonia alba*, bryonic acid showed moderate affinity toward COX-2 ($\Delta G = -8.7$ kcal/mol), suggesting partial inhibition of eicosanoid biosynthesis. Apigenin, a flavonoid present in *Chamomilla* mother tincture, bound effectively to the DNA-binding domain of NF- B with a docking score of -9.3 kcal/mol, establishing hydrogen bonds with Asp274 and Glu288, which could downregulate the expression of inflammatory mediators at the gene level.

Overall, the docking interactions supported the



traditional use of these mother tinctures for managing inflammatory conditions. The high binding affinities and favorable interaction profiles of these compounds with inflammation-related targets demonstrate their potential as natural anti-inflammatory agents. The results align well with previous experimental data showing that helenalin, quercetin, and apigenin exhibit strong COX-2 and NF- κ B inhibitory activity. Therefore, this *in silico* evidence provides a molecular rationale for the anti-inflammatory effects observed in homeopathic preparations. Further *in vitro* and *in vivo* studies are recommended to validate these computational predictions and to quantify the biological potency of these phytochemicals in their mother tincture form.

4. Observation : Compounds such as quercetin, helenalin, and apigenin showed high binding affinity toward inflammatory mediators, confirming their strong anti-inflammatory potential. These findings correspond well with experimental evidence of their activity in herbal and pharmacological studies.

5. Conclusion : SwissDock-based docking analysis reveals that the active phytochemicals present in common homeopathic mother tinctures interact favourably with inflammatory targets, particularly COX-2, NF- κ B, and TNF- α . Such *in silico* studies substantiate the mechanistic role of these tinctures and bridge traditional homeopathic knowledge with modern molecular pharmacology. Further *in vitro* and *in vivo* validation is recommended to confirm these computational predictions.

EFFECTIVENESS OF INDIVIDUALIZED HOMOEOPATHIC MEDICINES IN TREATMENT OF PATIENTS SUFFERING FROM CONTACT DERMATITIS- CASE REPORT.

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ABSTRACT

Poster - 04

Background:

Contact dermatitis is an inflammatory eczematous skin disease. It is caused by chemicals or metal ions that exert toxic effects without inducing a T-cell response (contact irritants) or by small reactive chemicals that modify proteins and induce innate and adaptive immune responses (contact allergens). Females, infants, elderly, and individuals with atopic tendencies are more susceptible to irritant contact dermatitis.

Case Summary: A 26 years old Female patient came to OPD of JIMS Homoeopathic Medical Hospital, Muchinthal for complaint of Peeling of skin and itching on bilateral palms for the past 2 years. The patient had associated burning which gets aggravated while using detergent soaps,

Intervention & Outcome:

On Case taking and careful examination of the patient, Totality of symptoms were framed and On Repertorisation Individualized Homoeopathic Medicine was prescribed which gradually reduced and completely cured without any relapse.

Discussion: This case illustrates the importance of Case taking and Repertorisation which leads the Individualized Remedy.

Conclusion:

Case Analysis, Precise interpretation of Rubrics and prescription of similimum based on totality of symptoms is necessary for lasting cure.

Keywords:

Contact Dermatitis, Similimum, Repertorisation



MANAGING HYPERKERATOSIS WITH HOMEOPATHY : AN INDIVIDUALIZED APPROACH

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Prof.(DR) Rajat chattopadhyay, Guide, Principle & Administrator,
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ABSTRACT

Poster - 05

BACKGROUND AND AIM: The thicker stratum corneum, or outermost layer of skin, is referred to as hyperkeratosis. Multiple layers of keratinocyte bodies that produced keratin throughout maturation and then lost their nucleus and cytoplasmic organelles make up the stratum corneum¹. The end result is anucleate keratinocytes that resemble basketweave and shield the underlying cells as they mature. Orthokeratosis and parakeratotic hyperkeratosis are subtypes of the condition². The thickening of the keratin layer with preserved keratinocyte maturation is known as orthokeratotic hyperkeratosis, whereas retained nuclei are an indication of delayed keratinocyte maturation in parakeratotic hyperkeratosis³. Dyskeratosis can be linked to hyperkeratosis. The keratinization of individual keratinocytes is either premature (found below the granular cell layer) or aberrant⁴.

The ultimate histological diagnosis may depend on hyperkeratosis in conjunction with other abnormalities seen in the skin biopsy. Acanthosis, or thicker keratinocyte layers, and hyperkeratosis are symptoms of epidermal hypertrophy, a benign change of the skin⁵.

Method: A 37yrs male patients come to our OPD hyperpigmentation with thick skin, ulcer appearance in both the sole. since 2-3months. < water. Homoeopathic medicine China off 200, following with placebo was prescribed based on the

patient's based on the mental and physical generals and the totality of their symptoms.

Conclusion: Environmental factors, genetic predispositions, and lifestyle decisions are some of the reasons of hyperkeratosis, a frequent skin disorder. Effective management requires knowledge of its signs, causes, and available treatments.

Keyword: A Case report, Homoeopathic medicine, Hyperkeratosis, China off.

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TNF- REGULATED ACTIVITY OF SILIBININ IN THE PATHOPHYSIOLOGICAL BACKGROUND OF HOMOEOPATHIC PATHOGENESES OF *CARDUUS MARIANUS*— A PROSPECT FOR FUTURE RESEARCH AND CLINICAL APPLICATION.

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ABSTRACT

Poster - 06

Background—*Carduus marianus* is commonly known as Milk thistle. In Homoeopathy it is used especially in hepatic disorders. Silibinin is the principal active ingredient of Milk thistle.

Object – To find out the possible background pathophysiological activity of Silibinin related to Homoeopathic Pathogeneses of *Carduus marianus*.

Method and Result – Various clinical or laboratory researches in animal or human models reveals that, higher serum TNF- levels are found associated with the development of non-alcoholic fatty liver disease (NAFLD) as well as alcoholic fatty liver disease and development of portal hypertension^[1-4]. Beyond the hepatic disorder, TNF- is also associated with Influenza A virus infections, in asthma, chronic bronchitis, COPD, acute lung disease, even in the progression of Coal Workers' Pneumoconiosis^[5-8]. It also has a role in progression of Colorectal cancer, which can be associated with diarrhoea^[9,10]. All these pathological conditions are similar to the recorded pathogeneses of *Carduus marianus*.

On the other side, Silibinin has been found to inhibit elevated level of TNF- significantly^[11]. By inducing the expression of Caspase 8 and Fas-associated death domain (FADD)-Like Apoptosis Regulator (CFLAR) gene and through CFLAR-JNK Pathway, Silibinin can reverse the process of Non-alcoholic steatohepatitis (NASH) which is a form of NAFLD^[12].

Conclusion—Different TNF- regulated activities of Silibinin are not only found the important sources of patho-physiological background of the homoeopathic pathogeneses of *Carduus marianus*, but also have provided the unknown areas to be confirmed by proper scientific research and clinical application in future.

Keywords- *Carduus marianus*, Silibinin, TNF- , NAFLD

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ACUTE EMERGENCIES AND ITS HOMOEOPATHIC MANAGERMENTS.

Dr. Shibanshu Sekhar Acharya, B.H.M.S[CU]

ABSTRACT

Poster - 07

Respected doctors,

It's a myth that homoeopaths can treat only chronic cases and cannot work on acute emergencies, but in last 17 years of clinical practice i've found that it's equally efficacious in case of acute emergencies. I've worked in following fields with homoeopathic medicines:

☆ suture in case of accidental trauma,with internal and external applications of homoeopathic medicines.

☆ use of nebuliser with homoeopathic similimum in nebuliser machine to ameliorate acute cases of respiratory distress.

☆ use of ambubag with homoeopathic medicines within it in case of severe grasping and oxygen hunger.

☆ use of ivf fluid managements with internal homoeopathic medicines in case of severe dehydration, hypoglycemic shock, acute attack of diabetic ketoacidosis, and many more.

☆ managements of acute cases of burn injury with internal and external homoeopathic medicines.

☆ paracentesis with internal homoeopathic medicines in cases of patients with huge ascites.

☆ use of catheter with internal homoeopathic

medicines in cases of acute or chronic urinary flow obstructions.

☆ use of ryles tube with homoeopathic medicines in case of patients with low general conditions with various gastro oesophageal disorders.

☆ expulsions of foreign bodies from ENT track with surgical equipments like Tonsillar, mosquito, artery forceps and applications of homoeopathic medicines according to situations.

☆ applications of homoeopathic medicines through different routes other than tongue, in cases of patients of acute epilepsy, seizure disorders etc.

While practising homoeopathy i've always found a lacuna of emergency managements and helplessly rendering our patients in the hands of our colleagues of modern medicines, but Dr. Hahnemann himself was a broadminded physician who boldly stated in the foot note of Aphorism 7 that it's not necessary to say that every intelligent physician would first remove the indisposition and establishes the sick to health.

In all above mentioned cases i've worked with homoeopathic medicines and modern managements by my own hands.

All religions are true. God can be reached by different religions.

Many rivers flow by many ways but they fall into the sea.

They all are one.

Sri Ramakrishna





DYSREGULATED ACTIVITY OF PROSTAGLANDIN IN THE PATHOPHYSIOLOGICAL BACKGROUND OF HOMOEOPATHIC PATHOGENESES OF *COLLINSONIA CANADENSIS* – A PROSPECT FOR FUTURE RESEARCH AND CLINICAL APPLICATION.

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ABSTRACT

Poster - 08

Background–

Collinsonia canadensis is commonly known as Stone root. In Homoeopathy it is used especially in pelvic and portal congestion in respect of haemorrhoids, dysmenorrhoea, constipation. It also covers different respiratory and cardiovascular affections.

Object –

To find out the possible background pathophysiological activity of Prostaglandin related to Homoeopathic Pathogeneses of *Collinsonia canadensis*.

Method and Result –

Various clinical or laboratory researches reveals that, hyperactivity of prostaglandin is an established cause of dysmenorrhoea^[1-5]. Beyond this pelvic affection, prostaglandin is also associated with impaired colonic motility resulting in slow transit constipation^[6-9]. It also has a role in progression of oropharyngeal inflammation^[10-12], respiratory^[13,14] and cardiovascular affections^[15-17]. All these pathological conditions are similar to the recorded pathogeneses of *Collinsonia canadensis*.

Conclusion–

Dysregulated activity of prostaglandin is not only found the important sources of patho-physiological background of the homoeopathic pathogeneses of *Collinsonia canadensis*, but also have provided the unknown areas to be confirmed by proper scientific research and clinical application in future.

Keywords-

Prostaglandin, *Collinsonia canadensis*, Dysmenorrhoea, Constipation.

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THERAPEUTIC ROLE OF HOMOEOPATHIC *RUBIA TINCTORUM* MOTHER TINCTURE IN THE MANAGEMENT OF NUTRITIONAL ANAEMIA IN FEMALES: EVIDENCE FROM A RANDOMIZED TRIAL

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ABSTRACT

Poster - 09

Introduction:

Anaemia remains a widespread health issue among females of reproductive age, particularly in developing regions where nutritional deficiencies, menstrual blood loss, and inadequate dietary intake are prevalent. Conventional treatment often emphasizes iron supplementation, but challenges such as poor compliance, gastrointestinal side effects, and limited accessibility persist. Homoeopathic medicines, such as *Rubiainctorum* mother tincture, traditionally valued for their role in hematinic and blood-purifying actions, warrant scientific evaluation as a complementary approach in anemia management. Despite the high prevalence of anemia among women, there is a paucity of controlled clinical trials evaluating the efficacy of *Rubiainctorum* in improving haemoglobin levels. Moreover, very few studies integrate both dietary management and homoeopathic intervention for comprehensive care. This trial addresses this gap by exploring the therapeutic potential of *Rubiainctorum* alongside dietary counseling.

Aims and Objectives:

- To evaluate the effect of *Rubiainctorum* mother tincture on hemoglobin levels in females with unspecified anemia.
- To assess the role of dietary management in improving hematological status.
- To compare the efficacy of *Rubiainctorum*

mother tincture with placebo in raising hemoglobin levels.

- To provide evidence-based insights into the integration of homoeopathy in anemia care.

Inclusion Criteria:

- Female patients aged 12–40 years.
- Hemoglobin levels ranging from 10.0 g/dl to 12.5 g/dl.

Exclusion Criteria:

- Patients below 12 years or above 40 years.
- Severe anemia (Hb < 10 g/dl).
- Known cases of systemic diseases (renal, hepatic, or hematological disorders).
- Pregnant and lactating women.
- Patients already on fluid therapy or other concurrent treatments for anemia.

Materials and Methods:

This will be a randomized single-blind placebo-controlled trial conducted in Nurpuri from April 2025 to September 2025. A total of 30 Eligible participants were randomly assigned to two groups: Group A receiving *Rubiainctorum* mother tincture (10 drops in water thrice daily) along with dietary management, and Group B receiving placebo drops with dietary management. Baseline and follow-up hemoglobin levels were assessed at monthly intervals using hemoglobinometer. Data was analyzed where in a paired t test was used for both the groups which showed a significant p value of



$p < 0.05$ in the treatment group which proved that the experiment was useful.

Duration of Study:

Six months (April 2025 – September 2025).

Discussion:

The study established the role of *Rubiatiectorum* mother tincture, in combination with dietary modifications, by a clinically significant improvement in hemoglobin levels compared to

placebo. The integration of nutritional counseling ensures a holistic approach to anemia management.

Conclusion:

Rubiatiectorum mother tincture, along with dietary interventions, could offer a safe, cost-effective, and well-tolerated therapeutic option for females with mild to moderate anemia, thereby reducing disease burden and improving quality of life.

EFFECT OF LYCOPODIUM 200 IN CASES OF STRESS INDUCED TYPE-2 DIABETES MELLITUS - A CASE SERIES

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MD (Hom.) , Jawaharlal Nehru Homoeopathic Medical college, Parul University,

ABSTRACT

Poster - 10

Background:

Type-2 Diabetes Mellitus (T2DM) is a growing global health concern, particularly in developing countries like India, where rapid urbanization and lifestyle changes contribute to its rise. Stress is recognized as a significant factor in the onset and exacerbation of T2DM. Conventional antidiabetic treatments often present adverse effects over long-term use, prompting interest in complementary approaches, including homeopathy.

Objective:

To evaluate the therapeutic effect of the homeopathic remedy Lycopodium 200 in patients suffering from stress-induced Type-2 Diabetes Mellitus.

Methods:

An open-label, exploratory case series was conducted at a community health center involving five individuals diagnosed with stress-induced

T2DM. Lycopodium 200 was administered, and blood glucose levels were monitored weekly. No statistical analysis was performed due to the nature of the case series design.

Results:

All cases demonstrated notable reductions in blood glucose levels post-intervention. Clinical symptoms including polyuria, polydipsia, polyphagia, and pruritus showed improvement. The therapeutic impact of Lycopodium 200 was consistently observed across the cases, indicating positive modulation of glycemic status and stress response.

Conclusion:

Lycopodium 200 appears to have a beneficial role in managing stress-induced T2DM, as evidenced by improved glycemic control and relief of clinical symptoms. Further controlled studies are warranted to substantiate these preliminary findings and establish its efficacy on a broader scale.



EFFICACY OF PHLORIZINUM 6X IN TYPE 2 DIABETES MELLITUS: A RANDOMIZED CONTROLLED CLINICAL STUDY IN THE 35–60 YEAR AGE GROUP

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ABSTRACT

Poster - 11

Background:

Type 2 Diabetes Mellitus (T2DM) is a chronic metabolic disorder characterized by hyperglycemia and long-term vascular complications. Despite regular anti-diabetic medication and dietary management, many patients continue to face challenges in maintaining adequate glycemic control. Homoeopathic medicines, such as Phlorizinum 6x, have traditionally been used to support glucose metabolism. However, scientific clinical evaluation of their efficacy remains limited. This study aims to assess the role of Phlorizinum 6x as an adjunct to standard anti-diabetic therapy in patients aged 35–60 years.

Methodology:

A randomized controlled study with a total of 30 participants was conducted over 6 months. Eligible participants were adults aged 35–60 years, already diagnosed with T2DM, and receiving stable anti-diabetic medication with dietary management for at least 3 months. Participants were screened and randomly allocated into two groups using the Odd–Even method of randomization. Group A received standard care plus Phlorizinum 6x, while Group B received standard care alone. Random blood sugar (RBS) was the primary outcome measure, assessed at baseline, 3 months, and 6 months. Secondary parameters included weight, BMI, blood pressure, and clinical well-being.

Results:

Group A showed a mean reduction in RBS of ~35–45 mg/dL at 6 months compared to baseline, whereas Group B showed a reduction of ~10–15 mg/dL. Secondary outcomes indicated modest improvement in weight and subjective well-being in Group A. No serious adverse events were observed. Conclusion: Phlorizinum 6x, given alongside regular anti-diabetic medication and dietary management, may contribute to better glycemic control and subjective well-being in T2DM patients aged 35–60 years. Larger, longer studies are warranted.

Introduction

Type 2 Diabetes Mellitus (T2DM) is one of the most prevalent chronic metabolic disorders globally, leading to considerable morbidity, mortality, and economic burden. Standard care with oral anti-diabetic drugs and lifestyle modification remains the mainstay of management. However, many patients fail to achieve optimal glycemic control despite regular treatment. Complementary approaches such as homoeopathy are being explored for their potential supportive role. Phlorizinum, derived from the bark of apple trees, has been traditionally used in homoeopathy for its potential to influence glucose metabolism. This study was designed to assess the efficacy of Phlorizinum 6x as an adjunct to standard anti-diabetic therapy in T2DM patients aged 35–60 years.





Methodology

Study Design: A randomized controlled clinical study conducted over 6 months.

Sample Size: 30 participants, divided into two groups (15 per group).

Randomization: Odd–Even method. Group A (Odd) received Phlorizinum 6x along with standard anti-diabetic treatment and dietary management. Group B (Even) received standard treatment and dietary management alone.

Inclusion Criteria:

- Adults aged 35–60 years.
- Diagnosed cases of T2DM.
- On stable anti-diabetic medication and dietary management for 3 months.
- Provided informed consent.

Exclusion Criteria:

- Type 1 diabetes or secondary diabetes.
- Recent change in anti-diabetic therapy (<3 months).
- Patient's with Diabetic Complications.
- Pregnancy or lactation.
- Participation in another clinical trial.

Outcome Measures: Primary outcome was Random Blood Sugar (RBS). Secondary outcomes included weight, BMI, blood pressure, and clinical well-being. Data were collected at baseline, 3 months, and 6 months.

Observations

All 30 participants completed the study. Baseline characteristics such as age, gender distribution, duration of diabetes, and initial RBS levels were comparable between groups. Compliance with Phlorizinum 6x and standard treatment was >85%. No serious adverse events occurred.

Results

Group A (Phlorizinum 6x + standard care) showed a mean reduction in RBS of ~35–45 mg/dL at 6 months compared to baseline. Group B (Standard care only) showed a mean reduction of ~10–15 mg/dL. The difference was statistically significant ($p < 0.05$). Secondary outcomes showed modest improvement in body weight and BMI in Group A compared to Group B. Subjective reports indicated better overall well-being in Group A. No major safety concerns were reported.

Discussion

This pilot study indicates that Phlorizinum 6x may enhance glycemic control when used as an adjunct to standard anti-diabetic therapy. The observed reduction in RBS suggests a possible beneficial role in stabilizing postprandial glucose levels.

Improvements in weight and well-being further support the holistic value of homoeopathic interventions. However, limitations include the small sample size, short duration, and reliance on RBS rather than HbA1c. Larger and longer studies are needed to confirm these findings and explore the long-term benefits of Phlorizinum 6x in T2DM management.

Conclusion

Phlorizinum 6x, when given in addition to standard anti-diabetic therapy and dietary management, may contribute to improved glycemic control and better patient-reported outcomes in Type 2 Diabetes Mellitus. The preparation was safe and well-tolerated. Further large-scale studies are warranted to validate these results.





EVOLVING PARAMETERS OF REMEDY RESPONSE IN SEGMENTAL VITILIGO MANAGED WITH CENTESIMAL SCALE

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ABSTRACT

Poster - 12

Introduction:

Vitiligo is a common chronic skin disorder characterized by focal loss of pigmentation due to destruction of melanocytes mediated through immunological mechanisms. Philosophically, it may be considered a "one-sided disease," as described by Hahnemann, due to the paucity of characteristic symptoms that guide individualized remedy selection. Segmental vitiligo presents as unilateral macules in a dermatomal or quasi-dermatomal pattern, typically with early onset and localized progression.

This study analysed 30 cases of segmental vitiligo to determine evolving parameters of remedy response, including the degree and direction of repigmentation, rate of improvement, overall time taken for improvement, appearance of new patches, associated complaints, and mental state. Posology, susceptibility, and miasmatic background were evaluated to understand the role of constitutional, intercurrent, and anti-miasmatic remedies in centesimal scale.

Objectives:

- To understand the diagnosis and clinical presentation in cases of segmental vitiligo.
- To identify parameters determining remedy response in segmental vitiligo treated with the centesimal scale.
- To assess potency selection and repetition based on remedy response evaluation.

Materials and Methods:

A retrospective case series observational study was conducted on OPD/IPD cases from MLDMHI, Palghar. Cases included patients diagnosed with segmental vitiligo who had shown positive response to centesimal potencies and had a minimum of six months' follow-up.

Inclusion Criteria: Patients of all ages and both sexes diagnosed clinically with segmental vitiligo who responded positively to centesimal scale.

Exclusion Criteria: Patients on PUVA therapy, systemic steroids, or those with immunocompromised states such as HIV.

Results:

The following parameters of remedy response were observed:

- Degree of repigmentation: 61–80% in 16 cases; 41–60% in 9 cases; 21–40% in 4 cases; and 80% in 1 case.
- Rate of repigmentation: Slow in all cases of segmental vitiligo.
- Appearance of new patches: Observed in 17 out of 30 cases during treatment.
- Frequency of dosage: Infrequent repetitions (1P, 3P) in 20 cases; frequent repetitions (1P, 3P, 7P, BD, TDS, QDS) in 10 cases.
- Commonly indicated remedies: *Natrum muriaticum* (11 cases), *Silicea* (5), *Calcarea silicata* (3), *Calcarea carbonica* (2), with others including



Natrum sil., Natrum phos., Natrum sulph., Lycopodium, Calcarea phos., Sepia, Ignatia, Kali silicata, and Ferrum metallicum. Overall, the degree of repigmentation ranged predominantly between 61–80% in 16 cases.

Conclusion:

Centesimal potencies (30, 200, 1M, 10M) may be effectively used in segmental vitiligo depending on disease evolution, LSMC assessment, skin morphology, disposition, pathology, miasmatic background, and susceptibility.

Among 30 cases, the dominant miasm was tubercular in 21 cases. *Tuberculinum* emerged as the most frequently used intercurrent remedy. The

fundamental miasm pattern most commonly observed was sycosis + tubercular (8 cases), followed by isolated sycosis (6 cases) and tubercular (6 cases). General parameters of remedy response observed included:

i. Status quo

ii. Amelioration: simple, apparent, short

iii. Amelioration–aggravation / Aggravation–amelioration

iv. Aggravation: simple homoeopathic, medicinal

v. New addition of symptoms

Keywords:

Remedy response, Segmental vitiligo, Centesimal scale, Repigmentation, Miasmatic evaluation

AN INDIVIDUALIZED HOMOEOPATHIC APPROACH IN A CASE OF LEFT ADNEXAL CHOCOLATE CYST: A CASE REPORT

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ABSTRACT

Poster - 13

Chocolate cyst in the adnexa (i.e., ovary and fallopian tube) pathologically comes under the domain of endometriosis. In this case, a 30-year-old woman visited our At CHMCH OPD for the complaint of pain and distension of abdomen along with dysmenorrhea which was diagnosed to be left adnexal chocolate cyst on ultrasonography (USG). After a thorough and meticulous case study and repertorization, at first individualized homoeopathic medicine, *Lachesis mutus* 200c was introduced initially followed by remedies as per the indication were given. There was a remarkable improvement in the complaints of the patient after the initial medication and within about 1 year of homoeopathic treatment, the patient continued

showing improvement and became symptom free which was also corroborated on USG demonstrating a positive role of individualized homoeopathic treatment, in a case of left adnexal chocolate cyst. Modified Naranjo Criteria was used to assess the causal relationship between homoeopathic intervention and clinical outcome. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment. This case study shows the effectiveness of individual homoeopathic treatment in case of adnexal chocolate cyst. More studies and evidenced-based clinical trials are required to establish the efficacy of homoeopathy in such cases



RESOLUTION OF UROTHELIAL CARCINOMA OF URINARY BLADDER WITH HOMOEOPATHY: AN EVIDENCE BASED CLINICAL CASE REPORT.

Dr Navneet Sharma, DHMS, Advance Certificate in Clinical Oncology

ABSTRACT

Poster - 14

Background:

Urothelial Carcinoma is the cancer originating in the urothelial cells, lining the Urinary bladder, Ureters, Urethra, and the Renal pelvis. Majority of the bladder cancers are Urothelial carcinomas and is common among elderly. Risk factors include smoking, chemical exposure, and chronic bladder inflammation. Bladder cancer is the 9th most common malignancy globally and in 2023 Worldwide 220,000 people died from it.

Case summary:

A 50 years old female, reported with painless gross haematuria along with polyurea, dysuria and fatigue. Urinary bladder mass was detected in the ultrasound and CT-Scan abdomen. Histopathological report revealed Urothelial Carcinoma of the urinary bladder. According to TNM classification, its stage was T1, N0, M0. Her Karnofsky Performance status was 60%. Eastern Cooperative Oncology Group score status was 02. The haematuria lessened post initial prescription of Arsenic Album 0/1 LM. Later Carcinocin 200 C was prescribed and in subsequent follow ups Hydrastis Canadensis 3X followed

by Staphysagaria 0/1, later 0/2 and 0/3 post repertorization.

Results:

Condition started improving, haematuria, dysuria and polyurea subsided gradually. The ultrasound scans revealed, no evidence of any residual urinary bladder mass. Modified Naranjo Criteria for Homoeopathy (MONARCH) score was assessed which came out to be 13. Patient is alive and maintaining a stable quality of life for the last two years.

Conclusion:

The case study reveals a positive role of homoeopathic treatment in Urothelial Carcinoma, whose management remains challenging. Documented cases of urothelial carcinoma treated with homoeopathic medicines could contribute to evidence-based medical literature. While searching for different medical database, this case stands out, as hardly any reported well-documented case of resolution of Urothelial Carcinoma of urinary bladder by Homoeopathy in Humans was found till date.

Keywords: Urinary bladder cancer homoeopathic treatment.

*"Dare to be free,
dare to go as far as your thought leads,
and dare to carry that out in your life."*

Swami Vivekananda





HOMOEOPATHIC TREATMENT OF HYPOTHYROIDISM SPECIAL EMPHASIS ON INDIVIDUALIZATION : A CASE REPORT

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ABSTRACT

Poster - 15

INTRODUCTION- Hypothyroidism is the most common thyroid dysfunction that affects people globally. At present thyroid disease forms the second most common endocrine disorder in India next only to diabetes mellitus. It occurs more in females; and the risk increases with age and those with a family history of thyroid problem. The main line of the allopathic system of medicine is to provide thyroid hormone for the rest of life of the patient. Homoeopathy is the best holistic therapy for hypothyroidism. The aim of homoeopathic treatment in this case study is to stimulate the body's hemostatic mechanism. In order to achieve this, we have to give the right similimum at the right time on the basis of individualization, individualizing approach is more useful in solving cases of hypothyroidism application of this approach is highlighted in this case solving. Thus homoeopathy should be the first choice for hypothyroidism as it acts quickly and effectively treating the disease from its roots.

CASE SUMMARY - We report a case of 33 year old female presented with enlarged thyroid gland with throat pain occasionally, and irregular menses treated effectively with homoeopathic medicines without any conventional supplement. The TSH report confirmed the diagnosis of hypothyroidism. After case taking, Natrium Muriaticum 200 C was prescribed on the basis of totality of

symptoms and more on Emphasis on individualizing characteristics Physical general symptoms of patient. TSH reports during follow up visit and the symptomatic improvement provided documentary evidence about the effectiveness of homoeopathic medicines to stimulate thyroid gland to produce normal production of hormone.

A female presented with enlargement of thyroid gland and swelling moves on deglutition with throat pain occasionally since 2 years. She had anxiety about her complaints. She also has hair fall, acne and oily face. She was under thyroid hormone supplement on daily basis for 1 year but when the thyroid profile showed normal results, she stopped the supplement intake herself without any expert opinion. Subsequently her presenting complaints appeared and she came to consultation at the OPD case taking done.

On local examination she had Grade 3 swelling: Thyroid swelling visible without hyperextended neck. Diagnosis was confirmed by TSH report; TSH report showed high value of 265.86 μ U/ml. Considering the above symptomatology, medicine was selected and it was confirmed by systematic repertorization in complete repertory using Radar10

CONCLUSION - In Homoeopathy, we treat the disease not by supplementing the deficiency, but by the stimulation of function of thyroid gland on the



body effectively; it acts on the body at the level of immunity. In case of conventional allopathic treatment, thyroid dysfunction entails a lifelong regimen of supplements. There are many adverse reactions associated with this lifelong levothyroxin therapy even though the dosage is determined and regulated by patient's history, symptoms and current TSH level.

1st dose of medicine, TSH levels tend to reduce and

subsequently with further doses established hormonal balance in a short span of time. Subsequently her thyroid swelling reduced, her menses become regular, her anxiety reduced, acne and hair fall improved. The case was followed up for 1 year to ensure the stability of the general improvement of the patient.

KEYWORDS: Hypothyroidism, Case report, Homoeopathy, Totality of symptoms.

A CASE SERIES ON WARTS TREATED WITH INDIVIDUALISED HOMOEOPATHIC MEDICINES.

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Under Guidance of- Dr. Neena Mehan M.D.(Hom), PROFESSOR, H.O.D, Post Graduate Department of practice of medicine

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ABSTRACT

Poster - 16

INTRODUCTION:

Warts are non-cancerous viral growths usually occurring on the hands and feet but which can also affect other locations, such as the genitals or face. Warts are common worldwide and affect approximately 10% of the population. In school-aged children, the prevalence is as high as 10% to 20%. Social stigma of warts can lead to significant emotional distress, including self-consciousness, social anxiety, feelings of unworthiness, and depression, affecting self-esteem.

Method:

Three patients with warts were monitored, the shape and size of the warts were evaluated using the Warts Assessment Score, and quality of life was assessed using the DLQI. Photographic documentation was obtained before and after treatment to demonstrate evidence-based outcomes. Individualized prescriptions were made on the basis of totality of symptoms, miasmatic

background, and constitutional features of the patient.

Result:

Individualized homoeopathic treatment demonstrated positive outcomes in reducing warts, improving overall health without adverse effects, a progressive reduction in PWA score and photographic documentation was observed.

Conclusion:

Individualized Homoeopathic medicine offers a safe, gentle, and effective approach in the treatment of warts. Its holistic methodology not only addresses the local pathology but also strengthens the general constitution of the patient, highlighting its significance as an alternative and sustainable therapy.

Keywords:

Homoeopathy, Warts.



ROLE OF INDIVIDUALISED HOMOEOPATHIC INTERVENTION USING LM POTENCY IN THE MANAGEMENT OF SOLITARY PEDUNCULATED WART: AN EVIDENCE-BASED CASE REPORT

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Dr. Ishika Mani, *House-staff, The Calcutta Homoeopathic Medical College and Hospital, Kolkata*

ABSTRACT

Poster - 17

BACKGROUND-

Solitary pedunculated warts are benign cutaneous proliferations caused by human papillomavirus (HPV). Conventional treatments such as cryotherapy, cauterization, or keratolytic are often associated with pain, scarring, and recurrence. Homoeopathy, through individualized prescription and the use of LM potency, offers a safe, gentle, and sustained therapeutic alternative, particularly suitable for paediatric and sensitive patients.

METHODS-

A 13-year-old male presented with a solitary, large, pedunculated, cauliflower-like wart on the right temple of the forehead, persisting for 1 year. The lesion was stalk-like, painless, but cosmetically distressing. Detailed case-taking highlighted characteristic general and constitutional symptoms. Based on the totality, *Causticum 0/1* in LM potency, followed by *Causticum 0/2*, were prescribed once daily in early morning on empty stomach for 32 days on 1st Visit i.e. 13th June 2025. On 14th July 2025 (1st follow-up), *Causticum 0/3* and *Causticum 0/4* were administered in the same manner. Documentation adhered to HOM-CASE guidelines, with photographs captured at baseline and follow-ups. The Modified Naranjo Criteria for Homoeopathy (MONARCH) was applied to assess possible causal attribution of outcome to the intervention.

RESULTS-

Regression of the wart was observed within 4 weeks, with near-complete resolution at the first follow-up. Complete disappearance was achieved by 10 weeks observed on 5th September 2025 in 2nd follow-up, without any pain, scarring, or recurrence (evidenced via documented photographs). The MONARCH score of +9 indicated a "Definite" causal relationship between the homoeopathic intervention and the clinical outcome. The patient also reported improved general well-being.

CONCLUSION-

This case demonstrates that individualized homoeopathic intervention in LM potency, specifically *Causticum*, can provide effective, safe, and cosmetically favourable management of a solitary pedunculated wart. The use of LM potency allowed gentle, sustained action without aggravation. Evidence-based documentation using HOM-CASE guidelines and MONARCH scoring reinforces the reproducibility and clinical relevance of homoeopathic treatment in dermatological conditions. Further controlled studies are recommended to validate these findings in larger populations.

KEYWORDS-

Homoeopathy, LM potency, *Causticum*, Individualized prescription, Solitary pedunculated wart, MONARCH



POLLEN CALENDARS AS A CLINICAL TOOL IN INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF ALLERGIC RHINITIS

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ABSTRACT

Poster - 18

Allergic rhinitis (AR), a common immunological disorder, is strongly influenced by seasonal aeroallergens, particularly pollens. This study investigates how individualized homeopathic treatment for AR can incorporate aeropalynological data, particularly a pollen calendar. A year-long (2024) aerobiological survey identified dominant allergenic pollens and their seasonal peaks, forming the basis of the calendar. Pearson correlation analysis confirmed that temperature, precipitation, wind speed, and relative humidity were associated with seasonal pollen variations. Peak pollen periods were associated with a notable increase in respiratory allergies, asthma, and other allergen-induced conditions, according to medical records from nearby healthcare facilities.

SPT was performed among 200 patients with 30 pollen allergens. Among the tested allergens, 20 pollen grains showed a positive reaction. The maximum sensitization was observed in the pollen of *Shorea robusta*, whereas the lowest sensitization was observed in *Phoenix sylvestris*. Among the 40

positive patients, 30 persons gave their consent to collect the blood samples for serum IgE level determination. Among the tested sera, 22 contained higher levels of IgE value (>150 IU/mL), ranging from 172.4597 IU/mL to 418.2643 IU/mL, with specific IgE profiles corresponding to the identified pollens. Four patients underwent individualized homeopathic treatment, where remedy selection was informed by classical principles (symptom totality and constitution).

Results indicated clinical improvement in all four patients, with three showing a reduction in total IgE levels post-treatment. The findings suggest that pollen calendars help identify relevant pollen allergens and allow practitioners to predict the timing of AR sensitivity. In this way, pollen calendars support more personalised and timely homoeopathic treatment.

Keywords: Homoeopathy, Allergic rhinitis, Pollen calendar, Aeropalynology, Individualized treatment, Skin Prick Test.

*Sugar and sand may be mixed together,
but the ant rejects the sand and
goes off with the sugar grain;
so pious men lift the good from the bad.*

Sri Ramakrishna





INDIVIDUALIZED HOMOEOPATHY FOR EMOTIONAL HEALING IN PARENTAL-SUPPORT-DEPRIVED CHILDREN

Dr Devang Shukla - (Medicine Department) -

"Individualized Homoeopathy for Emotional Healing in Parental-Support-Deprived Children"

ABSTRACT

Poster - 19

Background and Aim:

Children growing up without parental support often experience deep emotional deprivation that influences their personality, coping mechanisms, and even neural development. The absence of affection disturbs emotional regulation and self-worth, leading to withdrawal or heightened aggression. While institutional care meets physical needs, it rarely nurtures emotional resilience. This study primarily aims to evaluate the effectiveness of individualized homoeopathic treatment in improving emotional well-being among parental-support-deprived children. It further seeks to conceptually interpret these outcomes through a neuropsychological perspective, exploring how empathy, perception, and individualized stimulus in homoeopathic practice may influence emotional healing.

Method:

Building upon an earlier six-month assessment conducted in Nashik, which demonstrated significant improvement in emotional well-being ($t = 10.87$; $p < 0.01$) among 45 parental-support-deprived children, a continuation of this work was undertaken in and around Jalna– Aurangabad, Maharashtra. The ongoing project includes 38 children aged 4–17 years residing in local shelter homes. Emotional status was evaluated using the Children's Emotion Management Scale (CEMS) before and after individualized homoeopathic intervention. Preliminary analysis shows notable improvement in sadness (59 → 34%), anger (53

31%), and worry (48 → 29%) domains. The most frequently indicated remedies were Natrum muriaticum, Staphysagria, Lycopodium clavatum, and Pulsatilla nigricans.

Results:

Children receiving individualized homoeopathic treatment showed a positive shift in emotional regulation, behavioural stability, and social responsiveness. Improvements were consistent across both study settings. These findings serve as a foundation for broader reflection on the relationship between emotional expression, empathy, and neuro-regulation in homoeopathic healing.

Conclusion:

Beyond measurable change, the individualized case-taking process itself functions as a therapeutic dialogue. The child's narrative, met with empathy and acceptance, may conceptually correspond with mirror-neuron resonance and limbic co-regulation as described in neuroscience. Remedies chosen through the totality of emotions may help restore psycho-neuro-endocrine balance and emotional coherence. Healing, in this context, is not suppression of pain but restoration of emotional rhythm, where empathy, meaning, and the similimum unite to rekindle self-trust and quiet joy.

Keywords:

Homoeopathy, Emotional Healing, Neuropsychology, Parental-Support-Deprived Children, Empathy, Vital Force



HOMOEOPATHIC MANAGEMENT OF ALOPECIA AREATA – A CASE STUDY

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ABSTRACT

Poster - 20

Introduction

Alopecia areata is an autoimmune disorder marked by sudden, well defined patchy, non-scarring hair loss, commonly affecting the scalp or other hair-bearing area. It generally presents as discoid areas of hair loss with exclamation mark hair at the edge. The condition affects about 1–2% of the population, can occur at any age and is often associated with genetic predisposition, emotional stress, or other autoimmune conditions. Conventional management includes topical or systemic corticosteroids, immunotherapy, etc. Alopecia areata significantly impacts patients' psychological well-being, emphasizing the need for holistic treatment approaches that address both physical and emotional aspects.

Methodology

A 24-year-old female presented to the Outpatient Department of Dr. B. R. Sur Homoeopathic Medical College, Hospital & Research Centre. The female had multiple, well-demarcated bald patches over the scalp, with no associated itching, scaling, or pain for the past 7 months.

The detailed case history was evaluated through the classical homoeopathic approach, emphasizing on the totality of symptoms- mentals, physicals and particulars. *Calc-phos 200* was prescribed and the case was followed up for 8 months. The Modified Naranjo Criteria for Homoeopathy (MONARCH) was

applied to evaluate the causal relationship between the prescribed homoeopathic medicine and the clinical outcome, supported by photographic evidence. The case was managed according to Hahnemannian principles: minimal repetition of the remedy, and avoiding suppressive measures.

Result

Photographic documentation was maintained and progressive regrowth of hair was observed and at the end of eight months, complete hair regrowth was noted with no appearance of new bald patches, confirming successful management through individualized homoeopathic remedy.

Conclusion

This case highlights the importance of individualized remedy selection based on constitutional analysis. The management of this case through *Calc Phos* supports the efficacy of classical homoeopathic prescribing.

Conventional treatments often offer temporary relief, but relapse rates remain high. Homoeopathy provides an individualized and holistic approach, by stimulating the vital force through a similimum remedy and offers a safe, effective and sustainable cure for chronic autoimmune conditions like alopecia areata.



EVIDENCE BASED CASE SERIES ON INFERTILITY SUCCESSFULLY TREATED WITH INDIVIDUALISED HOMOEOPATHIC MEDICINES

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ABSTRACT

Poster - 21

INTRODUCTION:

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility may occur due to male, female or unexplained factors affecting approximately 8%–10% of couples worldwide. Probably between 15 and 20 million (25%) are in India alone. The magnitude of the problem calls for urgent action, particularly when the majority of cases of infertility is avoidable.

The social impact of infertility includes immense pressure on women to conceive, leading to stigma, humiliation, men also experience emotional distress and a sense of loss of identity.

This study aimed to highlight the significance of using individualised homeopathic medicine in the treatment of infertility on two different causes. In this case series, patients suffering from infertility, who conceived after undergoing treatment at the Dr. B.R Sur Homoeopathic medical college and hospital, research centre, nanakpura, were included.

Methods:

Significant improvement seen in these cases and the co-operative response from both patients. Case 01 is Adenomyosis, A 35-years, female presented with a bulky uterus with diffuse adenomyosis, a right ovarian simple cyst, Case 02 is Oligospermia, A 31

years, male presented with abnormal reports of semen analysis, and stressed about primary infertility. Detailed case taking was done and the individualised homeopathic medicines were prescribed after repertorisation, Both the cases were followed up as per case and sign and symptoms.

Results:

Case 01, The patient was treated, resulting in significant improvement and evidence of normal USG findings. Case 02, patient was treated according to homeopathic principles with evidence report of semen analysis.

Conclusions

Overall, the results of the case series indicate that individualised homeopathic medicines are useful in the management in adenomyosis with ovarian cyst and Oligospermia.

Keywords:

Homoeopathy, Oligospermia, Adenomyosis, Ovarian cyst, Infertility.



HOMOEOPATHIC MANAGEMENT OF LICHEN SIMPLEX CHRONICUS – A CASE STUDY

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ABSTRACT

Poster - 22

INTRODUCTION

Lichen simplex chronicus is a chronic inflammation of the skin characterized by lichenification of the skin because of excessive itching and scratching. It is a common form of neurodermatitis which causes leathery texture of the skin, raw surface, skin patches and plaques. This disorder is the reflection of the pruritic dermatosis which may be the result of psychological stress. Conventional treatment only keeps the symptoms in abeyance and eruptions reappear again and again.

This study aimed to highlight the significance of using individualised homeopathic medicine in the treatment of lichen simplex chronicus. In this case report, patients suffering from lichen simplex chronicus who undergone treatment at Dr. B.R Sur Homoeopathic medical college and hospital, research centre, nanak pura, was included.

METHODS:

A 23-year-old male reported at the Out Patient Department (OPD) of Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre, New Delhi with the complaints hyperpigmentation with itching of skin of left and right foot since 1 year. Based on detailed case taking and the totality of symptoms,

Individualized homeopathic medicine *Arsenicum album 30C* was given, utilizing the Kentian approach to repertorization. During the follow-up visits outcome was assessed. A modified Naranjo criteria (MONARCH) was applied to assess the probability that the observed clinical changes were attributable to the homeopathic intervention.

RESULT:

This case report documents successful homeopathic management of LSC in a patient treated with *Arsenicum Album 30C*, followed by a gradual increase of potency to 200C with regular follow-up over Period of six months. The patient was treated, resulting in significant improvement and evidence of photographic findings.

Conclusions:

This case study highlights the effectiveness of Individualized homeopathic treatment in managing lichen simplex chronicus, serving as a viable, non-invasive therapeutic alternative to conventional pharmacological approaches, particularly in chronic dermatological conditions.

Keywords:

Dermatosis, homoeopathy, lichen simplex chronicus, lichenification, neurodermatitis





EFFECT OF INDIVIDUALISED HOMOEOPATHIC MEDICINE ON ALLERGIC ASTHMA: A CASE REPORT

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Under the guidance of -

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ABSTRACT

Poster - 23

Background:

Allergic (extrinsic) asthma (ICD-11: CA23.0) is a chronic inflammatory disorder of the airways, mediated by IgE-dependent hypersensitivity reactions to environmental allergens. It is one of the most common forms of asthma observed in children. Conventional management using bronchodilators, corticosteroids, and monoclonal antibodies is often costly and may produce adverse effects. Individualised Homoeopathic Medicines (IHMs), prescribed on the basis of totality of symptoms and miasmatic background, may offer a safe, gentle, and economical therapeutic alternative.

Case Summary:

A 7-year-old female patient presented to the Paediatric OPD of D. N. De Homoeopathic Medical College and Hospital with complaints of recurrent cough and breathing difficulty for the last 2–3 years, < lying down, > sitting and bending forward. On examination, expiratory wheezing was noted, and serum IgE was markedly raised (1420 IU/mL). A family history of asthma was present.

After detailed case analysis and repertorisation, *Calcarea phosphorica* 0/1 in six doses was prescribed, followed by placebo, and later *Calcarea phosphorica* 0/2 was administered. The patient showed significant clinical improvement with reduction of serum IgE level to 486.92 IU/mL. No aggravation or adverse effects were observed. The MONARCH causality assessment yielded a score of 9, suggesting a high probable causal relationship between the Homoeopathic intervention and clinical improvement.

Conclusion:

This case highlights the potential effectiveness of individualised Homoeopathic management in allergic asthma. When prescribed according to the principle of *Similia Similibus Curentur*, Homoeopathic medicines can bring about sustained clinical recovery and biochemical improvement in allergic asthma, particularly in paediatric patients.

Keywords:

Allergic asthma, Homoeopathy, *Calcarea phosphorica*, Individualised medicine, IgE, Case report.

"Peace begins with a smile."

Mother Teresa





HARMONIZING HEALING : THE ROLE OF HOMOEOPATHY IN SPORTS INJURY MANAGEMENT

Dr. Rushikesh Mule - (Materia Medica) - Harmonizing Healing :
The Role of Homoeopathy in Sports Injury Management

ABSTRACT

Poster - 24

Background and Aim:

Sports participation enhances both physical and psychological health but also predisposes athletes to acute and chronic injuries. Conventional management often depends on analgesics and NSAIDs, which suppress symptoms but may impede true recovery and cause adverse effects. Homoeopathy offers a holistic, drug-free, and doping-safe alternative—facilitating faster recovery by stimulating the body's innate healing response. This presentation aims to demonstrate the clinical relevance and therapeutic potential of individualized homoeopathic management in sports injuries, emphasizing accelerated recovery, emotional well-being, and adherence to WADA guidelines.

Methods :

The presentation integrates clinical observations with homoeopathic materia medica to outline a strategic framework for managing sports-related trauma. The acute phase focuses on pain, inflammation, and tissue injury using the PRICE (Protection, Rest, Ice, Compression, Elevation) protocol, while the chronic phase emphasizes constitutional treatment, rehabilitation, and psychological support through the MEAT (Movement, Exercise, Analgesics, Treatment) approach. Remedies are selected based on totality of

symptoms, nature of injury, and athlete temperament. The use of dilutions, mother tinctures, and ointments is discussed within ethical anti-doping boundaries.

Results :

Clinical experiences indicate that remedies such as Arnica montana, Ruta graveolens, Symphytum officinale, Hypericum perforatum, and Sarcocolla accelerate healing, reduce inflammation and pain, and minimize downtime without adverse effects. Beyond physical repair, homoeopathic intervention also supports psychological recovery—reducing anxiety, fear, and performance pressure.

Conclusion: Homoeopathy provides a safe, effective, and integrative paradigm for sports injury management. By harmonizing physical rehabilitation with emotional balance, it exemplifies the congress theme—transforming healing into a symphony between science, recovery, and resilience.

Keywords :

Homoeopathy, Sports Injuries, Sarcocolla acidum, WADA Compliance, Holistic Healing



CANCER RELATED FATIGUE

Dr. Mahejabeen Siddique

ABSTRACT

Poster - 25

Background: Cancer-related fatigue (CRF) is a prevalent and debilitating symptom that adversely affects the quality of life of cancer survivors. Despite various pharmacological and supportive approaches, effective and individualized management remains a challenge. This study evaluated the effect of individualized homeopathic medicines (IHMs) in alleviating CRF using a series of double-blind, randomized, 3 pairs of cross-over, placebo-controlled n-of-1 trials, synthesized through hierarchical Bayesian individual participant data (IPD) meta-analysis. The Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F) scale served as the primary outcome; the Wu Cancer Fatigue Scale (WCFS) and RAND-SF36 were the secondary outcomes, measured every 7 days, with a 3-day wash-out in-between.

Methods: Twenty-one participants with moderate to severe CRF were enrolled from an oncology outpatient department and underwent three pairs of treatment periods in a randomized crossover design, receiving homeopathy and placebo in alternating 7-day sequences separated by 3-day washouts. FACIT-F and its subscales (TOI, Total, and Fatigue Severity Subscale) were measured at baseline, day 7, and every 10 days for two months. Data were analysed using linear mixed-effects modelling to estimate average effects and a Bayesian hierarchical IPD meta-analysis with weakly informative priors to quantify posterior treatment effects and heterogeneity. Model adequacy and sensitivity to prior assumptions were evaluated.

Results: Linear mixed-effects models indicated small, non-significant improvements in FACIT-F scores favouring homeopathy (FACIT-F total: +1.72, SE 1.49, $t=1.15$). Bayesian synthesis showed consistent posterior trends toward benefit, with posterior means slightly positive across all FACIT domains—FACIT-F

total (+0.4, 95% CrI –1.2 to +2.0, $P(\text{Homeopathy} > \text{Placebo})=0.60$) and FACIT-TOI (+0.1, 95% CrI –1.5 to +1.7). Heatmap visualization revealed early improvement in fatigue under homeopathy, with higher mean FACIT-F scores at day 17. Sensitivity analyses confirmed the robustness of the direction of effect, independent of prior choice.

Conclusion: While average differences were modest and statistically non-significant, individualized homeopathic treatment demonstrated small but consistent improvements in fatigue-related quality of life measured by FACIT-F. These findings suggest potential early benefits and support further large-scale n-of-1-based and Bayesian trials exploring individualized homeopathy as an adjunctive approach for CRF management.

Key findings: (1) This study employed a series of double-blind, randomized, placebo-controlled n-of-1 trials with hierarchical Bayesian individual participant data meta-analysis to assess individualized homeopathic medicinal products (IHMPs) for cancer-related fatigue (CRF). (2) The primary outcome (FACIT-F) demonstrated small but consistent, though statistically non-significant, improvements favouring homeopathy, with early benefits visible in fatigue reduction and sustained trends in quality-of-life enhancement. (3) The findings highlight the feasibility and methodological value of n-of-1 and Bayesian approaches in capturing individualized treatment responses, supporting homeopathy's potential as a personalized adjunct in CRF management.

Keywords: Cancer-related fatigue, Homeopathy, Individualized treatment, N-of-1 trials, Bayesian meta-analysis, Hierarchical modelling, FACIT-F scale, Integrative oncology.



A HOMOEOPATHIC APPROACH TO MULTINODULAR GOITER: A CLINICAL CASE REPORT

Dr. Biswa Ranjan Biswal, The Calcutta Homoeopathic Medical College and Hospital

ABSTRACT

Poster - 26

BACKGROUND & AIM:

Multinodular goiter is a common thyroid disorder characterized by an irregularly enlarged gland containing multiple nodules of varying sizes. Conventional management often involves surgical or hormonal therapy. The aim of this case study is to present a homeopathic approach to the management of multinodular goiter through individualized medicine selection and miasmatic assessment, highlighting the therapeutic potential of *Calcarea iodatum*.

METHOD:

A 42-year-old female presented to the Outpatient Department of Calcutta Homoeopathic Medical College and Hospital with burning in the throat during talking and hoarseness of voice aggravated by speaking. Physical examination revealed a firm, indurated swelling on the anterior and lateral aspects of the neck persisting for one year. Ultrasonography showed enlarged bilateral thyroid lobes: right lobe with multiple cystic swellings (largest measuring 8.6 × 7.7 mm) and left lobe with a well-defined solidocystic lesion (30 × 18 mm). Laboratory findings included Free Thyroxine (FT4) = 1.22 ng/dl and Thyroid-Stimulating Hormone (TSH) = 4.55 µIU/ml, confirming multinodular goiter. Detailed case taking incorporated mental, physical, and characteristic symptoms with miasmatic evaluation. Based on repertorization and analysis,

Calcarea iodatum 1M in two doses was prescribed.

RESULTS:

Follow-up visits demonstrated progressive improvement. The patient reported relief from burning and hoarseness of voice, and the swelling reduced significantly. Ultrasonographic evaluation showed no pathological change in the right lobe and a reduction in the size of the colloid nodules in the left lobe. The patient continues under observation with sustained improvement.

CONCLUSION:

This case underscores the effectiveness of individualized homeopathic management in multinodular goiter. The curative response to *Calcarea iodatum* supports the role of constitutional prescribing and miasmatic evaluation in achieving both symptomatic and structural recovery without adverse effects.

KEYWORDS:

Multinodular goiter, *Calcarea iodatum*, Homeopathy, Miasmatic approach, Case report, Thyroid nodules.



A HOMOEOPATHIC APPROACH TO HYPOTHYROIDISM: A CLINICAL CASE REPORT

Dr. Debmoy Nandi, PGT, The Calcutta Homoeopathic Medical College and Hospital

ABSTRACT

Poster - 27

BACKGROUND & AIM:

Hypothyroidism is a common, chronic endocrine disorder characterized by insufficient thyroid hormone and typically managed with lifelong hormone replacement. Homoeopathy, as a holistic medical system, prioritizes the totality of individual symptoms to encourage natural self-regulation. This case report aims to demonstrate the clinical and biochemical efficacy of individualized homoeopathic treatment in a confirmed case of primary hypothyroidism.

METHOD:

A 15-year-old female presented at the Calcutta Homoeopathic Medical College & Hospital Out-Patient Department, complaining of persistent lethargy. Laboratory investigation showed a markedly elevated Thyroid Stimulating Hormone (TSH) level of $83.2\mu\text{IU/mL}$, confirming primary hypothyroidism. A detailed homoeopathic case-taking included an assessment of mental and physical generals and particular symptoms. After comprehensive analysis and repertorization, *Baryta iodatum* (200C, two doses) was selected as the individualized simillimum.

RESULTS:

Follow-ups demonstrated striking improvements: TSH reduced to $11\mu\text{IU/mL}$ after two months, with further normalization to $3\mu\text{IU/mL}$ during continued homoeopathic management. The patient's presenting complaint of lethargy resolved completely. These changes reflect substantial objective and subjective recovery, with laboratory evidence supporting the clinical observations.

CONCLUSION:

This case highlights the potential role of individualized homoeopathic treatment in managing hypothyroidism. Selection of *Baryta iodatum* according to homoeopathic principles resulted in clear clinical improvement and normalization of TSH levels. These findings suggest that homoeopathy may be a viable adjunct or alternative therapeutic option for endocrine disorders. Systematic research and larger, controlled clinical trials are warranted to further explore its efficacy and reproducibility.

KEYWORDS:

Hypothyroidism, Case Report, *Baryta iodatum*, TSH, Individualization.





URINARY BLADDER SOL AND HOMOEOPATHIC INTERVENTION: A CASE REPORT

Dr. Harshita Kothari ^[1], DR. Raja Manoharan ^[2]

ABSTRACT

Poster - 28

Introduction:

Urinary bladder is one of the primary abdominal organs evaluated during a Trans abdominal ultrasound (US) examination for urological purposes. 95% of exophytic lesions in bladder that are larger than 5 mm can be found using sonography. Bladder cancer is four times more common in men than in women, and 90% of cases are diagnosed in people aged 55 and over. Haematuria typically raises suspicions of bladder cancer which is subsequently confirmed by a cystoscopy. Conventional Treatment involves removal of the tumor or using high-energy electricity to burn it away with a process known as fulguration. This case report investigates the effective use of homoeopathic medicines to treat such ailments.

Case summary:

A 68 year old male presented with 3-4 episodes of painless haematuria every month since 5 years. The patient opted for homoeopathic treatment over surgery. After case taking and repertorisation Thuja occidentalis 0/1 followed by 0/2 was given for 32 days. In follow up Thuja 0/3, 0/4 was given for next 32 days, followed by Causticum 0/1 till 0/8 in next follow ups. The number of SOLs decreased from two

to one, the size of the SOL decreased and the complaint of haematuria only occurred twice in the whole 6 months period of treatment.

Conclusion:

For the treatment of bladder SOL, homeopathy provides a secure, non-invasive substitute. This instance demonstrates the possible effectiveness of homeopathic treatment in treating these kinds of ailments. Within six months, symptoms such as painless haematuria vanished indicating the effectiveness of homeopathic treatment as is also demonstrated by changes in the number of sols and their size as shown by ultrasound imaging. To assess its long-term efficacy and generalizability, more research is required.

Keywords:

Urinary bladder SOL, Haematuria, Thuja occidentalis, Causticum, non-invasive treatment, homoeopathy, case report

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HOLISTIC HEALING: HOMOEOPATHIC APPROACH TO SEBACEOUS CYST- A CASE REPORT

Dr. Rachna Bharti¹, Dr. Swapan Paul²

ABSTRACT

Poster - 29

Keywords:

Sebaceous cyst, Homoeopathy, Silicea, Non-surgical management, Case study

Background:

A benign encapsulated subdermal nodule that is packed with keratin is called a sebaceous cyst, and it is brought on by retention or blockage of one or more ducts. It is Most common in the third to fourth decades of life. They are rare before puberty. It is predominantly found in males, with a male-to-female ratio of approximately 2:1. They can occur anywhere on the body but are most frequently found on the face, trunk, and neck. Surgery is the most successful conventional treatment done by cyst excision using a contemporary technique. Homoeopathy offers a gentle, individualized, and non-invasive therapeutic alternative.

Case summary:

A 38 yr. old male Patient visited NIH Materia medica OPD on 2nd march with soft, painless swelling on right cheek from 1 year. After proper case taking and Repertorisation Silicea 200 followed by 1M was

administrated on the basis of principles & constitutional totality. Only single medicine was used at a time. The selection of potency, dose and repetition of remedy was done as per homoeopathic principles. After 3 months marked improvement was found.

Conclusion:

This case highlights the successful management of Sebaceous cyst using Individualized Constitutional Homoeopathic Treatment based on totality of symptoms and miasmatic diagnosis. This suggests that Homoeopathy is a valuable clinical approach in managing benign skin conditions. Further well-designed clinical studies are recommended to explore its broader applicability. Documentation was done in the form of photographs of affected area of the patient in same angle and similar light exposure in every follow up.

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Before-02/03/25



After-21/06/25



A HOMOEOPATHIC APPROACH TO REACTIVE ARTHRITIS: A CLINICAL CASE REPORT

Dr. Abhishek Gupta, PGT, The Calcutta Homoeopathic Medical College and Hospital, Kolkata

ABSTRACT

Poster - 30

BACKGROUND AND AIM:

Reactive arthritis (ReA) is an immune-mediated seronegative arthritis that belongs to the group of spondyloarthropathies and develops after a gastrointestinal or genitourinary system infection. The known triggers are Chlamydia, Campylobacter, Salmonella, Shigella and Yersinia. It can cause swelling, chronic pain, stiffness, and functional disability. Conventional treatment mainly involves non-steroidal anti-inflammatory drugs and immunosuppressants, which may control symptoms but do not address the underlying constitutional susceptibility, and may cause side effects with prolonged use. Homoeopathy provides an individualized, holistic approach that aims to treat the patient as a whole rather than focusing solely on the local pathology. The aim of this report is to present the clinical outcome of a chronic Reactive Arthritis case treated exclusively with individualized homoeopathic management.

METHODS:

A 29-year-old male presented to the OPD of C.H.M.C&H with recurrent, pain and swelling in both

knees, persisting for two years. A detailed case-taking process was carried out, covering physical, mental, and general symptoms. After repertorization and evaluation, *Kali bichromicum* in LM potency was selected. The patient is treated and monitored over the months with marked improvement.

RESULTS:

The patient experienced marked improvement. The knee pain reduced completely and swelling subsided. Since the improvement, there has been no recurrence of symptoms as well.

CONCLUSION:

This case demonstrates that individualized homoeopathic treatment, with *Kali bichromicum*, may be effective in managing chronic and recurrent Reactive Arthritis. The positive outcome indicates that homoeopathy may provide deeper, long-term relief beyond symptomatic palliation.

KEYWORDS:

Reactive Arthritis, *Kali bichromicum*, LM potency, Chronic Arthritis, Individualized Treatment.

Don't be afraid, my son.

Always remember the Master is behind you,

and so am I.

Sri Ma Sarada Devi





HYPOTHYROIDISM WITH DEEP EMOTIONAL SUPPRESSION – A MAGNESIUM MURIATICUM CONSTITUTION

Dr Nirav Bhatt (BHMS)

ABSTRACT

Poster - 31

Background and Aim:

Hypothyroidism is a chronic endocrine disorder that often reflects deep psychosomatic imbalance. Emotional suppression and unresolved resentment may play a role in its persistence. This case explores the therapeutic response of a middle-aged male with hypothyroidism and marked emotional suppression, treated constitutionally with *Magnesium muriaticum*.

Methods:

A detailed case history was taken, emphasizing mental and emotional characteristics such as suppressed anger, forsaken feelings, and perfectionism. The patient presented with fatigue, lethargy, tingling in extremities, dryness of eyes, and neck fullness. Laboratory tests confirmed hypothyroidism. The totality of symptoms guided the selection of *Magnesium muriaticum* in a suitable potency, along with placebo support. Regular follow-ups and thyroid function tests were used to monitor progress.

Results:

Following treatment, the patient showed gradual

improvement in both psychological well-being and thyroid function. Emotional responsiveness increased, and fatigue diminished. Laboratory reports demonstrated steady normalization of TSH levels—from 310 mIU/L at baseline to 2.47 mIU/L after 32 months—indicating systemic regulation. The improvement corresponded with a noticeable reduction in emotional detachment and restoration of mental equilibrium.

Conclusion:

This case illustrates the potential of individualized homoeopathic treatment in restoring neuro-endocrine balance when emotional suppression underlies chronic hypothyroidism. The use of *Magnesium muriaticum* facilitated release of repressed emotions, improved vitality, and supported endocrine normalization, highlighting the importance of addressing the emotional core in chronic disorders.

Keywords:

Hypothyroidism, Emotional suppression, *Magnesium muriaticum*, Constitutional homoeopathy, Mind-body regulation





HOMOEOPATHIC INSIGHTS: MANAGING ENDOMETRIOTIC CYST WITH THE HELP OF HOMOEOPATHIC MEDICINE - CASE REPORT

Dr. Parinita Kundu^[1], DR. Raja Manoharan^[2]

ABSTRACT

Poster - 32

INTRODUCTION:

A common gynecological issue is an adnexal mass, which is a growth next to the uterus that typically originates from the ovaries, fallopian tubes, or surrounding connective tissue. Leiomyomas, ovarian fibromas, and other lesions like diverticular abscesses could be the causes. The majority of adnexal masses are benign and common types include functional cysts, endometriomas and mature cystic teratomas. Conventional treatment involves removal of the mass by laparoscopy or laparotomy. Abstract is presented to demonstrate positive result in treating adnexal endometriotic cyst with the help of Homoeopathic medicine avoiding any invasive treatment.

Case summary:

A female patient 22 years old, came to the OPD of NIH, Kolkata, with the complaints of pain in right iliac fossa, dyspareunia and incontinence of urine. Her USG report showed right adnexal endometriotic cyst measuring (51×37mm). On the basis of totality of symptoms and miasmatic diagnosis, she was given Medorrhinum 200, 2 doses followed by Medorrhinum 1M, 1 dose. On the next follow up

there was a marked improvement of symptoms and as per the USG report there was no evidence of adnexal cyst. Documentation is done in the form of photographs of USG reports of the patient.

Conclusion:

This case highlights the successful management of adnexal endometriotic cyst using Individualised Constitutional Homoeopathic Treatment based on totality of symptoms and miasmatic diagnosis. This suggests that Homoeopathy is a valuable clinical approach in managing benign adnexal mass to avoid any surgical intervention. Further well designed clinical studies are recommended to explore its broader applicability.

Keywords:

Medorrhinum, adnexal endometriotic cyst, Homoeopathic Management, Totality of symptoms.

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INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF CHRONIC DIABETIC FOOT ULCER –A CASE REPORT

Dr. Sudhanshu Kumar¹, Dr. Gobind Narayan Gupta²

ABSTRACT

Poster - 33

Introduction:

Diabetic foot ulcer (DFU) is one of the most serious complications of diabetes mellitus, affecting nearly 15–25% of diabetic patients during their lifetime. It develops due to peripheral neuropathy, ischemia, and delayed wound healing. Uncontrolled diabetes and improper foot care can turn minor injuries into severe ulcers, often leading to amputation. Homeopathy, based on the principle of individualization, offers a holistic therapeutic approach that aims to stimulate the body's innate healing power and restore general vitality.

Case Summary:

A 55-year-old male patient presented with a chronic, non-healing ulcer on the foot for five years, associated with numbness and edema of the foot and ankle. The ulcer was with purulent, offensive discharge and was fully infested with maggots, causing marked discomfort and restricted mobility. The patient had a long-standing history of Type 2 diabetes mellitus with poor glycemic control. After detailed case taking, miasmatic evaluation, and repertorization, *Thuja occidentalis* was prescribed in the 50 millesimal scale in ascending potencies.

Local wound dressing with *Calendula officinalis* Q was advised for cleansing and promotion of granulation. With consistent treatment, the discharge and odor reduced markedly, maggots were eliminated, and healthy granulation tissue appeared. Within 2.5 months, the ulcer healed completely with reduction in edema and restoration of normal skin integrity.

Conclusion:

This case highlights the potential of individualized homeopathic management in chronic, infected diabetic foot ulcers. The constitutional use of *Thuja occidentalis* along with *Calendula officinalis* dressing facilitated rapid healing and prevented amputation, demonstrating the value of holistic, patient-centered care in diabetes management.

Keywords: Diabetic foot ulcer, Homeopathy, *Thuja occidentalis*, *Calendula officinalis*, Individualized treatment

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ALOPECIA AREATA

Nancy Singhal

ABSTRACT

Poster - 34

Introduction:

Alopecia areata is an autoimmune disorder marked by sudden, patchy, non-scarring hair loss, commonly affecting the scalp but potentially involving other hair-bearing areas. It is often associated with genetic predisposition, emotional stress, or other autoimmune conditions. Conventional treatments offer temporary relief, but relapse rates remain high. Homoeopathy provides an individualized and holistic approach, aiming to stimulate the body's natural defense mechanisms.

Methodology

An 24-year-old female presented to the Outpatient Department of Dr. B. R. Sur Homoeopathic Medical College, Hospital & Research Centre with complaints of alopecia areata for the past seven months. The female had multiple, well-demarcated bald patches over the scalp, with no associated itching, scaling, or pain. She suffered from pulmonary koch at 16 yrs of age. Her mother also suffered from pulmonary koch and joint pain. Detailed case-taking revealed prominent constitutional symptoms, including excessive sensitivity to cold, tendency to cold cough, desire for salt, cold drink, spicy, shiny nails, and marked irritability.

The case was evaluated through the classical homoeopathic approach, emphasizing the totality of symptoms—mental, physical generals, and particular symptoms. Repertorization was carried out, and Calc-p200/fortnightly was prescribed for 8 months. The patient was regularly followed up

every month. The case was managed according to Hahnemannian principles: minimal repetition of the remedy, observing the direction of cure, and avoiding suppressive measures.

Result:

Photographic documentation was maintained throughout the course of treatment. Progressive regrowth of hair was observed starting from the third month of treatment, with significant improvement by the sixth month. At the end of eight months, complete hair regrowth was noted with no appearance of new bald patches, confirming successful management through individualized homoeopathy.

Conclusion :-

This case highlights the importance of individualized remedy selection based on constitutional analysis rather than localized symptomatology alone. The management of this case through Calc Phos supports the efficacy of classical homoeopathic prescribing. Homoeopathy, by stimulating the vital force through a similimum remedy, offers a safe, effective, and sustainable cure for chronic autoimmune conditions like alopecia areata. Proper case taking, analysis, and remedy selection based on the patient's totality of symptoms are pivotal to achieving curative outcomes in autoimmune diseases. Photographic evidence reinforces the clinical success and reliability of homeopathic intervention in Alopecia areata.



A HOMOEOPATHIC APPROACH TO NODULAR GOITRE: A CLINICAL CASE REPORT

Dr. Rajdeep Lahiri, PGT, *The Calcutta Homoeopathic Medical College and Hospital*

ABSTRACT

Poster - 35

BACKGROUND AND AIM:

Nodular Goitre is characterized by enlargement of the thyroid gland due to multinodular hyperplasia that results in enlargement of affected lobes consisting of hyperplastic follicular cells causing compression of adjacent tissues. Nodular goitre can be Toxic or Non-toxic depending upon the production of thyroid hormone. Nodular Goitre don't cause any symptoms until it gets so large and is associated with difficulty in breathing, hoarseness of voice, sensation of fullness of neck region and occasionally there may be pain.

Non-toxic Nodular goitre occurs both endemically and sporadically.

Causes include iodine deficiency, grave's disease, Hashimoto's disease, thyroid cancer etc associated with sedentary lifestyle and unbalanced diet can affect thyroid function.

Conventional treatment depends on hormone replacement therapy, radioactive iodine therapy, and lastly on surgery whereas homoeopathy helps successfully to reduce the size of goitre in a safer, gentle and acceptable alternative to conventional medications, therapy and surgery.

METHODS:

A 46 year old female came to C.H.M.C.H OPD and presented with neck swelling for 10 years that increased gradually in size, with sleeplessness and headache.

After thorough case taking, analysis and repertorization, *Natrum Muriaticum* 200 was prescribed.

Patient is treated and shown gradual and marked improvement over month.

RESULTS:

After 3 months of treatment, patient felt and seen by those around that the size of the swelling started reducing in size than before.

On ultrasound examination of neck, it's found to be a case of Nodular Goitre. Thyroid profile also came out in normal range

CONCLUSION:

This case study reveals a successful role of homoeopathic treatment in non toxic nodular goitre and demonstrates the potential of homoeopathy.

KEYWORDS:

Nodular Goitre, Homoeopathy, *Natrum Muriaticum*, Case Report





EFFECT OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE ON RENAL CALCULI: A CASE REPORT

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ABSTRACT

Poster - 36

Renal calculi are a common cause of blood in the urine (hematuria) and pain in the abdomen, flank, or groin. Development of the stones is related to decreased urine volume or increased excretion of stone-forming components such as calcium, oxalate, uric acid, cystine, xanthine, and phosphate. The most common causes of urinary stone disease are inadequate hydration and low urine volume.

In India, 12% of the people is estimated to have urinary stones, out of which 50% may end up with loss of kidneys or renal damage. Men have a higher rate of stone disease than women, roughly now at 2:1, although the rate of increase among women is increasing faster than among men.

Case Summary:

A 19 years old male patient, reported with pain in lower back and on sides, painful micturition, gastric discomfort. *Lycopodium clavatum* in fifty millesimal potency was prescribed and was followed up for 6 months. The case showed improvement of complaints which is supported by objective evidence. This shows the efficacy of homoeopathic medicines in very small doses when the drugs are

applied upon the principle of law of similia similibus curentur.

Results:

Condition started improving, dull, aching pain in lower back and on sides, gastric discomfort, painful micturition, subsided gradually. The ultrasound scan revealed, no evidence of any calculi. As per the Modified Naranjo Criteria for Homoeopathy (MONARCH), the total score of 9 establishes a casual attribution of homoeopathic treatment with the outcome.

Conclusion:

The renal calculi is associated with severe pain in loin region which may extend to lower abdomen and causing significant discomfort to the patient. Conventional treatment are very expensive for lower economy class and have lots of side effect. In Homoeopathic system with the help of IHMs, can improve renal calculi with in short period of time and it require minimum cost.

Keywords:

Renal calculi, IHMs, constitutional medicine.





EFFECT OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE ON UTERINE FIBROID : A CASE REPORT

Dr. Arindam Maity, PGT, *D. N. De Homoeopathic Medical College & Hospital, Kolkata*

ABSTRACT

Poster - 37

Background:

In the ICD-11 classification, uterine fibroids are classified under 2E86.0 Leiomyoma of uterus. These are benign monoclonal smooth muscle tumors of the myometrium.

- Estrogen- and progesterone-sensitive; grow during reproductive years, often regress after menopause.
- Location-based types: submucosal (into cavity), intramural (within wall), subserosal (outward), cervical.
- Most common pelvic tumor in women.
- Lifetime prevalence by imaging/histology: ~70–80% by age 50; ~25–30% clinically significant.
- Higher burden: Black/African ancestry (earlier onset, larger/more numerous fibroids).
- Usual presentation: ages 30–50; rare before menarche, regress post-menopause.

Conventional management(medical) includes HMB control, NSAID drugs, hormonal: combined OCPs/patch/ring; progestin-only methods. - Levonorgestrel-releasing IUD (best for HMB), GnRH agonists (e.g., leuprolide): temporary shrinkage; bridge to surgery; add-back therapy if >3–6 months, correct anemia: oral/IV iron; consider vitamin C to enhance absorption.

Interventional (uterus-sparing)-Uterine artery embolization (UAE), MRI-guided focused ultrasound (MRgFUS), Radiofrequency ablation, Hysteroscopic myomectomy, Laparoscopic/abdominal myomectomy.

Interventional-Hysterectomy (vaginal/laparoscopic/abdominal): curative for women who have completed childbearing.

Individualized homoeopathic medicines (IHM) have immense scope in regressing the uterine fibroids and controlling the symptoms associated with it.

Case Summary:

A 39 year old female patient, mother of a single child

aged 13 years came with a complain of severe abdominal pain before menses that ameliorated during menstrual flow that was blackish in colour. Ultrasound imaging revealed uterine fibroid (1.6 x 1.7) c.m. Lachesis-0/1 to Lachesis 0/5 was prescribed in order and Cal. Carb-0/1 being followed-up once in a month for 6 months. The case showed improvement of complaints which is supported by objective evidence of ultrasound imaging. This case reveals the potential of dynamic IHM (in 50-millisesimal potency) to reverse organic pathology.

Results:

Condition started improving, abdominal pain before menses was relieved and colour of the blackish menstrual blood also changed. The ultrasound scan revealed, no evidence of any uterine fibroid.

As per the Modified Naranjo Criteria for Homoeopathy (MONARCH), the total score of 9 establishes a causal attribution of homoeopathic treatment with the outcome.

Conclusion:

The present case demonstrates significant clinical and ultrasonographic improvement in uterine fibroid through individualized homoeopathic treatment, without recourse to surgical or hormonal intervention.

Unlike conventional management, which often provides only temporary or suppressive relief, the homoeopathic approach acted curatively by addressing the patient's totality of symptoms and enhancing general well-being.

This case highlights the potential of homoeopathy as a safe, non-invasive, and holistic alternative in the management of uterine fibroid.

Keywords:

Uterine fibroid, IHMs, constitutional medicine .



INDIVIDUALIZED HOMOEOPATHIC TREATMENT IN HYPOTHYROIDISM: A CASE REPORT

Dr. Ravina Sonkar, PGT, D. N. De Homoeopathic Medical College and Hospital

ABSTRACT

Poster - 38

Introduction:

Hypothyroidism is a condition that disrupts an individual's harmonious life, leading to weight gain, menstrual irregularities, and mood swings. It results from low thyroid hormone levels and is classified as either primary or secondary. The National Health and Nutrition Examination Survey (NHANES III) reported the prevalence of overt hypothyroidism in individuals aged 12 years and older in the U.S. as 0.3%, and subclinical hypothyroidism as 4.3%. In India, the prevalence is around 11%, with inland cities like Kolkata showing higher rates (11.7%) than coastal areas (9.5%), possibly due to iodine deficiency.

Case Summary:

A 25-year-old married woman visited the Gynaecology OPD of D. N. De Homoeopathic Medical College and Hospital with complaints of joint pain, burning sensation, and constipation for two years. She was treated with individualized homoeopathic medicine for five months and showed marked improvement in physical and mental health.

Diagnosis:

The diagnosis of hypothyroidism was confirmed by laboratory findings: T3 – 0.91 ng/ml, T4 – 6.84 µg/dl, TSH – 27.8 µIU/ml (13/09/2024).

Therapeutic Intervention:

After detailed case taking, analysis, and repertorization, followed by consultation with Materia Medica, Thyroidinum 200 (two doses) was prescribed. The patient was followed up for five months. Consent was obtained prior to documentation.

Outcome:

Symptoms gradually subsided. Laboratory findings after three months showed improvement: T3 – 1.56 ng/ml, T4 – 8.70 µg/dl, TSH – 2.54 µIU/ml (11/03/2025). No adverse effects were observed.

Conclusion:

The modified Naranjo score after treatment was 10, indicating a 'possible' causal association between the medicine and the outcome. This case demonstrates the potential of individualized homoeopathic treatment in managing hypothyroidism. Thyroidinum showed marked clinical improvement and normalized TSH levels, highlighting homoeopathy's potential as a supportive therapy for endocrine disorders and its need for further clinical validation.

Keywords: Constitutional treatment, hypothyroidism, homoeopathy, Thyroidinum.





EFFECT OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE ON LICHEN PLANUS: A CASE REPORT

Dr. Nargis Khatun, PGT, D. N. De Homoeopathic Medical College and Hospital, Kolkata

ABSTRACT

Poster - 39

Background:

Lichen Planus is a chronic papulo-squamous skin disorder of unknown etiology affecting the skin and mucous membranes, typically present as Pruritus, Violaceous, Flat topped/Plane, Polygonal, Papules (5P) commonly located on the wrists, lower backs, shins and ankles. It is an idiopathic disease with an unclear pathogenesis. The immunopathogenesis of lichen planus is primarily caused by cell-mediated cytotoxicity, especially by cytotoxic T lymphocytes. Skin lesions can lead to post-inflammatory hyperpigmentation and nail involvement can cause permanent nail loss or dystrophy.

The prevalence of cutaneous lichen planus is approximately 0.2% to 1% among adults worldwide. Occurs in individuals of older than 20 years mostly in females. Overall prevalence of LP is 0.19% with higher prevalence in females. Recent studies suggest a higher incidence in African, Americans and individuals of Indian and Arabian descent.

Case Summary:

A 48 years old female patient, complaining of itching papular eruptions over lower extremities which is aggravated at night, summer and ameliorated by cold water and scratching and also suffering for sneezing immediately after exposure to

cold. Kalium Bichromicum 30 was prescribed and was followed up for 6 months. The case showed improvement of complaints which is supported by objective evidence. This shows the efficacy of Homoeopathic medicines in very small doses when the drugs are applied upon the Homoeopathic principle of Law of Similia Similibus Curentur.

Results:

Conditions started improving of papular, itching eruptions and sneezing, which are subsided gradually. The results are evaluated at the follow up visits. As per Modified Naranjo Criteria for Homoeopathy (MONARCH), the total score of 9 establishes a casual attribution of Homoeopathic treatment with the outcome.

Conclusion:

The case study reveals a positive role of Homoeopathic treatment in Lichen Planus. Conventional treatment is very expensive for lower economy class and have lots of side effects. In Homoeopathic system with the help of IHMs, can improve Lichen Planus with short period of time and require minimum cost.

Keywords:

Lichen Planus, IHMs, Constitutional medicine





REFRAMING AI'S ROLE IN HOMEOPATHIC CLINICAL PRACTICE: SUPPORTIVE TOOL, NOT SUBSTITUTE

Dr. Mukta Jain, PGT & Dr. Srijana Panda, PGT, D N De Homoeopathic Medical College, West Bengal

ABSTRACT

Poster - 40

Background:

Artificial Intelligence (AI) is transforming healthcare by enhancing diagnostics, data synthesis, and decision support through platforms such as Nanox.ai, Cure.ai, Aidoc, PathAI, DxGPT, VisualDx, and IBM Watson Health. These technological advances have potential applicability in homeopathic practice, where individualized analysis and data interpretation are fundamental.

Objective:

To evaluate the supportive role of AI in homeopathic clinical practice, emphasizing its practical tools, scientific relevance, and integration with classical principles.

Methods:

A narrative synthesis of literature published between 2019 and 2024 was conducted. Widely used AI platforms (ChatGPT, Gemini, Copilot, Perplexity) and specialized homeopathic tools (Homeopathic HouseCall, ABC Homeopathy, Remedio, Homeopathic.ai) along with repertorization software (RadarOpus, Zomeo) were reviewed for their utility in case analysis, repertorization, documentation, and data management.

Results:

AI supports key clinical functions such as symptom

extraction, repertorization assistance, materia medica correlation, case documentation, and patient follow-up. These applications reduce subjectivity and enhance reproducibility in practice. In research, machine learning and natural language processing facilitate data mining, pattern recognition, predictive modeling, and meta-analytic synthesis, strengthening the scientific basis of homeopathy. Despite these advancements, inherently human elements—empathy, intuition, and individualized perception—remain irreplaceable by algorithms.

Conclusion:

AI should be regarded as an adjunctive, evidence-enabling instrument that augments clinical judgment rather than replacing it. Integrating human insight with AI-driven analytics can enhance the transparency, efficiency, and scientific robustness of homeopathic practice and research.

Keywords:

Artificial intelligence; homeopathy; machine learning; natural language processing; clinical decision support systems; digital health; repertorization software.





REFRAMING AI'S ROLE IN HOMEOPATHIC RESEARCH: FROM EMPIRICAL TRADITION TO EVIDENCE AUGMENTATION

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ABSTRACT

Poster - 41

Background:

Artificial Intelligence (AI) is being used widely in medical research for faster data analysis, information organization and finding research patterns. Using AI in homeopathic research can help improve data quality, simplify analysis and support evidence-based writing—without removing the human judgement and individualized thinking that homeopathy needs.

Objective:

To explain how AI can support homeopathic research and to list simple free or low-cost AI tools that can help in literature review, article writing, cleaning research data, making graphs and preparing research papers for publication.

Methods:

A narrative review (2019–2024) was done. Both general AI tools (ChatGPT, Gemini, Copilot, Perplexity) and free research supporting tools (ResearchRabbit, Zotero, Julius, JASP, PSPP, Datawrapper, Flourish, Canva) were examined for usefulness in different research steps such as reading articles, organizing references, writing manuscripts, data analysis and scientific illustration making.

Results:

AI tools can help researchers in text mining of Materia Medica, organizing literature, improving academic writing, checking grammar, analyzing datasets and making professional graphs for journals. These tools reduce time, support clarity, improve reproducibility and decrease human errors. However, homeopathic interpretation, individualized case perception and philosophical depth still depend on the researcher's mind—not on AI.

Conclusion:

AI is a useful supportive tool that can make homeopathic research easier, clearer and more systematic. Free AI platforms can help young homeopathy researchers in writing articles, doing basic analysis and preparing visuals for publication—thus improving overall research quality.

Keywords:

Artificial intelligence, homeopathy, research writing, data analysis, graphics.





HOMOEOPATHIC THERAPEUTIC MANAGEMENT OF DUCHENNE MUSCULAR DYSTROPHY: A CASE REPORT

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ABSTRACT

Poster - 42

Background:

Duchenne Muscular Dystrophy (DMD) is a severe X-linked recessive neuromuscular disorder resulting from mutations in the dystrophin gene, leading to progressive muscle fibre degeneration, loss of ambulation, and eventual cardiopulmonary involvement. Conventional management primarily focuses on physiotherapy, corticosteroids, and gene therapy aiming to delay disease progression. However, these approaches have limited efficacy, costly and possess potential side effects. Homoeopathic therapeutics offer a complementary approach by targeting the dynamic plane of disease and promoting structural and functional balance.

Methods:

A 20-year-old male diagnosed with DMD presented with generalized muscle weakness, difficulty in raising up from sitting position, difficulty in walking and fatigue. The patient was managed with homoeopathic medicines — Plumbum metallicum, Manganum metallicum based on pathology and Sulphur as constitutional medicine — in 200C potency over a period from 26 June 2024 to 23 October 2025. The prescription was based on the known therapeutic affinity of these medicines for

muscular and nervous systems. Clinical progress was evaluated through symptomatic improvement and biochemical monitoring of Serum Creatine Kinase (CK-MM) levels.

Results:

The patient showed improvement in muscle tone, and mobility. Laboratory evaluation revealed a decline in serum CK-MM levels from 5968 U/L to 2420 U/L, suggesting reduced muscular degeneration. No adverse effects were reported during the treatment period.

Conclusion:

The use of Plumbum metallicum, Manganum metallicum, and Sulphur demonstrated beneficial effects in maintaining muscle function and improving overall quality of life in a case of Duchenne Muscular Dystrophy. These findings highlight the potential of homoeopathic therapeutics as supportive care in muscular dystrophies. Further case series and controlled studies are warranted to substantiate their role in neuromuscular disorders.

KEYWORDS:

Duchenne Muscular Dystrophy, Homoeopathy, Plumbum metallicum, Manganum metallicum, Sulphur, CK-MM, Case Report, Genetic.





“HOLISTIC HEALING BY HOMOEOPATHY IN DENGUE FEVER: A LABORATORY VERIFIED CASE REPORT”

Dr. B. Suchi, PGT, *JIMS Homoeopathic Medical College and Hospital, Hyderabad, Telangana, India.*

Guide: Dr. Mohammed Irfan MD (Hom), *Professor & Head of department of paediatrics*

ABSTRACT

Poster - 43

Background:

Dengue is the most common arthropod-borne viral (arboviral) illness in humans. It is common during Monsoon season and typically from June to November in many regions. The key laboratory abnormality observed in dengue is Thrombocytopenia, Leukopenia and elevated liver enzymes. Allopathy focuses on symptom relief while homoeopathy focuses on faster recovery of symptoms and complete cure as it is based on the principle of individualization.

Case summary:

A 21-year-old female patient came to OPD of JIMS Homeopathic medical college and Hospital presented with complaint of fever, chills, cold and cough and nausea, vomiting since 5 days and rash since 2 days along with weakness and dehydration. Laboratory investigations revealed Thrombocytopenia (platelet count 0.26 lakhs/cu.mm), Leukopenia (7700 cells/cu mm), elevated LFT (SGOT 99.5 u/L, SGPT 31.6 u/L) and a positive NS1 Antigen test confirming the diagnosis of dengue fever. There is no prior dengue history.

Intervention:

Patient admitted for 3 days with regular careful observation of warning signs. Firstly, she was managed with IV fluid for one day and treated with Individualized Homoeopathic medicine Nux Vomica selected based on the Totality of the symptoms, supplementary Biochemic remedy Ferrum Phosphoricum, also selected based on their symptoms. The potency and repetition of the dose is

done according to the susceptibility of the patient. There is no allopathic medication used. Deeper acting remedy sulphur selected on basis of organon aphorism 240 to complete the course of illness.

Outcome:

Within 48 hours of treatment initiation. No fever, no nausea, vomiting, Rashes faded. Platelet count, LFT improved progressively. The patient achieved complete recovery within a week without any complication. Platelet count (PLATELET: 4.6 lakh/cu.mm) (WBC – 9100 Cells/Cu mm) LFT (SGOT: 48U/L, SGPT: 43U/L), (Negative NS1 Antigen test).

Discussion:

This case highlights the importance and potential role of Individualized homoeopathic treatment in the management of dengue fever promoting the faster symptomatic and platelet recovery. The case started with a similimum based on presenting symptoms and proper understanding with the help of knowledge on organon, Materia medica and Repertory with a deeper acting remedy which completed the case.

Conclusion:

This case report suggests the clinical improvement and normalization of platelet count even in low platelet count situation without any allopathic intervention. Focusing on evidence based (Laboratory investigations) improvement along with faster symptomatic relief and general wellbeing of the patient.

Keywords:

Dengue, Nux vomica, Ferrum Phosphoricum, sulphur, NS1 Antigen



PERIUNGUAL WARTS TREATED WITH A SINGLE DOSE OF HOMOEOPATHIC MEDICINE *THUJA30C*: EVIDENCE BASED CASE REPORT.

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ABSTRACT

Poster - 44

Background:

Periungual warts are non cancerous growths underneath the nail and are extremely common which are caused by the DNA Human papilloma virus (HPV). Common warts are initially smooth, skin colored papules, which become hyperkeratotic and warty. Warts are common worldwide and affect approximately 10% of the population. Warts can occur at any age. Although rare in infancy and early childhood, prevalence increases among school-aged children and peaks at 12 to 16 years. The diagnosis of a wart is usually made on a clinical examination and physical findings. Warts are frequently encountered in Homoeopathic practice, with encouraging treatment results, yet research on this topic remains scarce.

Case Summary:

A 26 years old Female patient came to OPD of JIMS Homoeopathic Medical Hospital, Muchintal for treatment of warts underneath the nail of toe finger and on foot for the past 3 years. There is mild pain associated with it. There is no discharge associated with it.

Intervention & Outcome:

On Casetaking and careful examination of the

patient, Totality of symptoms were framed and On Repertorisation a single dose of Homoeopathic Medicine *Thuja 30C* single dose was prescribed which eventually led to drying up of the warts within 5 months of treatment. The casual attribution was assessed using MONARCH inventory for Homoeopathy, which scored +9, showing the positive relationship between the medicine and the outcome. Hence this case shows the role of Individualised Homoeopathic Medicine in treatment of warts.

Discussion:

This case illustrates the importance of Case taking and Repertorisation which leads the Individualised Remedy.

Conclusion:

Case Analysis, Precise interpretation of Rubrics and prescription of similimum based on totality of symptoms is necessary for lasting cure.

Keywords:

Thuja, Human Papilloma Virus (HPV), Periungual warts, Homoeopathy, MONARCH





PAIN MANAGEMENT IN DEGENERATIVE SPINE DISEASE WITH *HYPERICUM PERFORATUM*: A CASE SERIES ANALYSIS

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ABSTRACT

Poster - 45

Background:

Degenerative Spine Disease (DSD) encompasses a spectrum of progressive conditions, including intervertebral disc degeneration, facet arthropathy, and spondylosis, often leading to chronic neuropathic or radicular pain and functional limitation. Conventional management relies on analgesics, nonsteroidal anti-inflammatory drugs (NSAIDs), physiotherapy, epidural injections, and surgical interventions in refractory cases. However, long-term analgesic use poses significant risks. *Hypericum perforatum* (St. John's Wort) has demonstrated neuroprotective, anti-inflammatory, and antioxidant effects in experimental models of nerve injury, suggesting potential benefit in neuropathic pain syndromes. This case series explores the clinical utility of *Hypericum perforatum* in managing pain associated with DSD.

Methods:

A prospective analysis was conducted on five adult patients (aged 35–60 years) diagnosed radiologically with degenerative spine changes (via MRI or X-ray). All presented with neuropathic features confirmed by a painDETECT score ≥ 13 . Patients received individualized doses of *Hypericum perforatum* in

homoeopathic potencies as per standard clinical judgment. Pain outcomes were evaluated weekly over a 4-week period using the Neuropathic Pain Scale (NPS).

Results:

Baseline mean NPS was 26.4 ± 10.2127 , which declined to 12.8 ± 10.3295 by week 4, reflecting a mean percentage reduction of approximately 51.5%.

Conclusion:

In this small case series, *Hypericum perforatum* demonstrated meaningful reductions in neuropathic pain scores among patients with Degenerative Spine Disease. The findings suggest potential neuro-modulatory and analgesic benefits of homoeopathic *Hypericum perforatum* as an adjunctive therapy. Further prospective, randomized controlled trials are warranted to confirm efficacy and establish safety in larger cohorts.

KEYWORDS: *Hypericum perforatum*, Degenerative Spine Disease, Neuropathic Pain, Case series, Analgesic effect.





FROM CHRONICITY TO CURE: HOMOEOPATHIC CONSTITUTIONAL APPROACH IN DIABETIC FOOT ULCER MANAGEMENT

Dr. Varsha Kerchipalli, Moderator: Dr.Samar Chatterjee M.D., (Homoeo), professor, HOD

ABSTRACT

Poster - 46

Background:

Diabetic foot ulcer (DFU) is a chronic and disabling complication of long-standing diabetes mellitus. Neuropathy, ischemia, and repeated trauma contribute to its persistence and delayed healing. The condition often worsens due to the patient's neglect and uncontrolled glycaemic status. Homoeopathy offers a holistic and individualized approach aimed at enhancing local healing and improving systemic health.

Aim:

To assess the effectiveness of individualized homoeopathic management in a case of chronic diabetic foot ulcer.

Case summary:

A 48-year-old male patient with a history of Type 2 Diabetes Mellitus for seven years presented with multiple non-healing ulcers on the right sole and left great toe for one year. The ulcers were irregular, sloping-edged, with slough and offensive discharge. Detailed case taking was done according to the Hahnemannian method, including mental and physical generals. Repertorisation pointed towards

Lycopodium clavatum, which was prescribed in 0/1 potency for 21 days. Regular follow-up by increasing potency and photographic documentation were maintained. Calendula mother tincture was used externally twice daily for cleaning and dressing the ulcer.

Results:

Gradual improvement was observed in ulcer size, discharge, and odour, with development of healthy granulation tissue and complete healing over time. The patient also reported better sleep and reduced anxiety, indicating general improvement.

Conclusion:

This case demonstrates that individualized homoeopathic treatment based on totality of symptoms can effectively aid in the healing of diabetic foot ulcers. Such holistic management not only promotes tissue repair but also improves the patient's overall health and quality of life.

Keywords:

Diabetic foot ulcer, Homoeopathy, *Lycopodium*, Individualized treatment.

"All the powers in the universe are already ours.

It is we who have put our hands before our eyes

and cry that it is dark."

Swami Vivekananda





THERAPEUTIC MANAGEMENT OF CONSTIPATION USING CASCARA SAGRADA : THE GENTLE BOWEL REGULATOR - CASE REPORT

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ABSTRACT

Poster - 47

Background: IBS CONSTIPATION TYPE

Constipation is a common gastrointestinal complaint characterized by persistent, difficult, infrequent or seemingly incomplete defecation. Chronic constipation can significantly affect the quality of life and may result from inadequate fibre intake or fluid intake or from disordered colonic transit or anorectal function.

Cascara sagrada, a well-known Homoeopathic Mother Tincture prepared from *Rhamnus*

purshiana, acts as a natural stimulant of the bowel, enhancing peristalsis and promoting regular defecation without dependency. Case was diagnosed based on IBS SSS scale.

Case Summary:

17/02/2025 : A 38-year-old female presented with constipation for the past 9 years, characterized by passing hard stools only with the help of laxatives, with severe pain and burning during defecation associated with lower back pain since 9 years and leucorrhoea since 8 years.

There was no itching or mass per rectum. The patient has been on allopathic laxative without which she was not able to pass stools. No comorbidities found.

The complaint was of gradual onset and persistent course. Appetite was satisfactory with a mixed diet, thirst 2–3 L/day, desire for tomato chutney, aversion to cabbage, and preference for hot water baths.

Intervention & Outcome:

After comprehensive case analysis, *Cascara sagrada* Mother Tincture was prescribed — *10 drops in half a*

cup of water twice daily.

Patient passed stools without any laxative on the next day of giving the medicine. Within 10 days of treatment, the patient reported easier passage of stools. By 3 weeks, bowel frequency became once daily, with soft stool consistency and no need for laxative. Causal attribution, assessed using Modified Naranjo Criteria for Homeopathy [MONARCH] criteria, showed a positive correlation between the medicine and the clinical outcome.

Discussion: This case illustrates the role of *Cascara sagrada* Mother Tincture in the management of chronic constipation characterized by sluggish bowel movement and painful defecation. The remedy gently stimulates the intestinal peristalsis and tones the bowel musculature. Unlike purgatives, it promotes natural bowel function and establishes long-term regulation without side effects. This remedy along with relieving chronic constipation have also reduced the lower back pain and leucorrhoea also got better with this remedy.

Conclusion:

Cascara sagrada Mother Tincture proved effective in relieving chronic constipation by improving stool consistency, reducing straining, and restoring normal bowel frequency. This case demonstrates the therapeutic value of Homoeopathic Mother Tinctures in functional bowel disorders.

Keywords:

Constipation, *Cascara sagrada*, Hard Stools, Homoeopathy, Mother Tincture, Bowel Regulation



EVIDENCE-BASED CASE REPORT ON THE HOMOEOPATHIC MANAGEMENT OF PLAQUE PSORIASIS

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ABSTRACT

Poster - 48

BACKGROUND-

Plaque psoriasis, also known as Psoriasis Vulgaris, is a chronic, immune-mediated dermatological condition characterized by erythematous plaques with silvery white scales, accounting for 80% to 90% of all psoriasis cases. Globally, the lifetime prevalence in adults is 0.59%, equating to about 29.5 million affected adults. Conventional treatments may offer temporary relief but often cause major adverse effects and relapse. Homoeopathy offers an individualized, holistic & therapeutic approach that may enhance long-term disease control.

CASE SUMMARY-

A pre-diagnosed case of 36 year-old unmarried female patient showing typical symptoms of Plaque Psoriasis, with severe silvery-white scaly skin lesions, raised, thickened patches of skin, reddish in appearance with severe itching on back of neck, both upper arms and both lower limbs since 20 years duration. The patient complained of burning sensation with aggravation of complaints at night, from friction of bed, from sunlight, perspiration, mental stress, scratching the parts with no specific amelioration mentioned. AUSPITZ SIGN was positive. Homoeopathic medicine was prescribed covering the totality of symptoms.

METHODS-

Evaluation of the case was done using standard diagnostic criteria and baseline PASI (Psoriasis Area and Severity Index) scoring and DLQI (Dermatology Life Quality Index) scoring. A detailed homeopathic case-taking was performed considering constitutional, mental, and physical symptoms. The individualized homeopathic remedy *STAPHYSAGRIA* was prescribed, after repertorisation using Synthesis 2.1.5 version and regular follow-ups done at monthly intervals.

RESULTS-

At baseline, the patient presented with thick, scaly plaques covering approximately 20% of the body surface area (Before treatment PASI score was 12 and DLQI score was 19). After initiating individualized homeopathic remedy *Staphysagria*, there was marked reduction in erythema, scaling, and plaque thickness was noted during the course of treatment. After a treatment period of 18 months, PASI score was 3 and DLQI was 4, supported by photographic documentation. No new lesions appeared, and existing plaques showed near-complete resolution. The patient reported significant improvement in sleep, confidence, and overall wellbeing. No adverse effects or relapse were observed during an additional 8-month follow-up period. Improvement in DLQI indicated enhanced quality of life.



A HOMOEOPATHIC APPROACH TO ATOPIC DERMATITIS: A CLINICAL CASE REPORT

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ABSTRACT

Poster - 49

BACKGROUND AND AIM:

Atopic dermatitis, also known as atopic eczema, is the most common chronic inflammatory skin disorder. Incidence of Atopic dermatitis has increased 2- to 3-fold in industrialized nations, impacting approximately 15% to 20% of children and 1% to 3% of adults worldwide. It is marked by red, pruritic lesions, xerosis, ichthyosis, and frequent skin pain. The condition often disrupts sleep and may contribute to anxiety, hyperactivity, and depression. The skin acts as a protective barrier against toxins, UV radiation, and excessive water loss, but these functions are significantly impaired in atopic dermatitis. Numerous factors can trigger or worsen the disease, including genetics, family history, diet, immune responses, and environmental exposures. Therefore, prevention, early diagnosis, and effective treatment are essential to managing this challenging condition. This report aims to present the clinical outcome of an Atopic dermatitis case managed solely with individualized homeopathic treatment.

METHODS:

A 75-year-old female presented to the Surgery OPD of R.B.T.S. GHMCH, Muzaffarpur, on 25/02/2025 with complaining of itchy scaly eruptions with some

watery discharge behind the right ear for past 12 months. A detailed case-taking process was carried out, covering physical, mental, and general symptoms. After repertorization and evaluation, *Antimonium crudum* was selected as a choice of remedy.

RESULTS:

A marked improvement of the symptoms was seen after given treatment. *Antimonium crudum* showed the efficacy of homoeopathic medicine in the treatment of Atopic dermatitis. No recurrence was observed for another 6 months follow up.

CONCLUSION:

Homoeopathic treatment based on totality of symptoms of the patient provides rapid, gentle and permanent cure in this case report. It shows the curing power of homoeopathic medicine *Antimonium crudum* in case of Atopic dermatitis. Further study in future is need to prove its efficacy to cure Atopic dermatitis.

KEYWORDS:

Atopic dermatitis, *Antimonium crudum*, Homoeopathy.





INDIVIDUALIZED HOMOEOPATHIC TREATMENT OF A DORSAL WRIST GANGLION: A CASE REPORT

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Co-author: Dr. Ravina Sonkar, *PGT, D. N. De Homoeopathic Medical College and Hospital*

ABSTRACT

Poster - 50

Background:

Ganglion cysts are fluid-filled synovial swellings that account for about 60–70% of soft-tissue lesions in the hand and wrist. Although their precise origin remains uncertain, they are thought to develop from repetitive microtrauma causing mucinous degeneration of connective tissue. According to the widely accepted theory proposed by Carp and Stout in 1926, these cysts arise from mesenchymal cell activity at the synovial capsular junction, where excess hyaluronic acid accumulates to form the characteristic gelatinous content. They are most frequently observed in women between 20 and 50 years of age, with a female-to-male ratio of approximately 3:1, and are common among gymnasts due to repetitive wrist strain. While often asymptomatic, ganglion cysts may cause discomfort, weakness, or cosmetic concerns. Non-surgical approaches are associated with high recurrence rates, whereas surgical excision, when performed carefully to preserve adjacent neurovascular structures, provides more consistent long-term results.

Case Summary:

A 34-year-old male presented with a firm, round, cystic swelling (2.5 × 2 cm) on the dorsal aspect of the right wrist joint, persisting for six months. The swelling had progressively increased in size, leading to mild discomfort during wrist movement. There was no history of trauma or any systemic illness. On examination, the lesion was soft, cystic, and non-tender.

Diagnosis:

Diagnosis was made clinically, based on the presence of a firm, round, non-tender, cystic swelling on the

dorsum of the hand, consistent with a wrist ganglion.

Therapeutic Intervention:

After detailed case-taking, analysis, and evaluation of the totality of symptoms, followed by repertorization, the individualized homoeopathic remedy *Staphysagria* was selected and prescribed in an appropriate potency. The patient was followed up for five months. Informed consent was obtained prior to documentation.

Outcome:

Complete disappearance of the wrist ganglion was observed within one month of administering the indicated homoeopathic remedy. During a five-month follow-up period, no recurrence of the swelling was noted.

Conclusion:

The modified Naranjo score after treatment was 10, indicating a 'possible' causal association between the medicine and the outcome. This case demonstrates the successful outcome of individualized homoeopathic management in completely resolving a wrist ganglion cyst without surgical intervention. The rapid and sustained improvement highlights homoeopathy's holistic approach in addressing underlying susceptibility and preventing recurrence. Further clinical studies are warranted to substantiate its efficacy as a safe and effective therapeutic modality for benign cystic disorders.

Keywords:

Ganglion cyst, wrist joint, homoeopathy, case report, *Staphysagria*



A CLINICAL CASE REPORT ON PLANTAR HYPERKERATOSIS (CALLOSITY) AND ITS HOMOEOPATHIC MANAGEMENT

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ABSTRACT

Poster - 51

Background:

Plantar hyperkeratosis, commonly known as plantar callosity, is a chronic thickening of the stratum corneum caused by continuous mechanical pressure or friction. It is commonly seen in adults over 40 years, with a prevalence of nearly 30–40%, especially among labourers, athletes, and individuals who walk or stand for prolonged periods. Contributing factors include improper footwear, obesity, abnormal gait mechanics, and uneven weight distribution. Although benign, it may lead to pain, fissures, and difficulty in walking, thereby affecting routine functioning and quality of life. Conventional treatments such as keratolytics and debridement generally provide only temporary relief. Homoeopathic management aims at addressing the underlying susceptibility and miasmatic background for sustained improvement.

Case Report:

A male patient presented with thick, hard, fissured, and pigmented skin over the plantar surface, accompanied by burning pain aggravated by walking and prolonged standing. The condition developed gradually over several months. His past history included asthma and measles, with a family history of tuberculosis. General and mental characteristics included a chilly thermal state, anxiety, indecisiveness, irritability, unrefreshing sleep, and a craving for oily and pungent food. Assessment of the

complete symptom totality indicated a predominance of the sycotic miasm, leading to the selection of *Thuja occidentalis* as the individualized constitutional medicine. The patient was given *Thuja occidentalis* (potency omitted as requested), followed by placebo and general foot-care instructions. On follow-up after three weeks, there was visible softening of the hyperkeratotic area, reduction of fissures, and improvement in pain. By six weeks, the lesion showed near-complete resolution, with no recurrence and improved general well-being.

Conclusion:

This case demonstrates the effectiveness of individualized homoeopathic treatment in chronic dermatological conditions such as plantar hyperkeratosis. Addressing the constitutional and miasmatic aspects rather than focusing solely on local pathology can offer long-term relief and prevent recurrence.

Keywords:

Plantar hyperkeratosis, Callosity, Homoeopathy, Sycotic miasm, Chronic foot lesion, Constitutional treatment.



INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF BILATERAL NEPHROLITHIASIS: A CASE REPORT

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Co-author: Dr. Sayani Debnath, PGT, D. N. De Homoeopathic Medical College and Hospital

ABSTRACT

Poster - 52

Background:

Nephrolithiasis is a significant clinical and public health concern, affecting 1%–15% of the global population, with lifetime risk rising to 10%–20% in high-incidence regions. India forms part of the “stone belt,” with nearly 12% of the population affected and approximately 2 million new cases diagnosed annually. Recurrence remains high, with nearly 50% of patients developing new stones within 5–10 years.

Case Summary:

A 25-year-old married woman presented to the Gynaecology OPD of D. N. De Homoeopathic Medical College and Hospital with stitching pain in the hypogastrium and both renal angles, accompanied by burning micturition and dysuria for six months. Baseline ultrasonography revealed bilateral renal calculi measuring 0.39 cm in the right upper calyx and 0.42 cm in the left lower calyx, along with a bulky adenomyotic uterus and thickened endometrium. Detailed homoeopathic case-taking elicited emotional vulnerability, irritability, disturbed sleep, and sensitivity to noise. Based on the totality of symptoms and miasmatic evaluation, individualized homoeopathic management was initiated.

Therapeutic Intervention:

Following comprehensive case analysis, repertorization, and Materia Medica consultation, *Medorrhinum* 0/1 (16 doses) was prescribed. The

patient was followed up four times within three months. Written informed consent was obtained prior to documentation.

Results:

The patient demonstrated gradual and sustained improvement. Pain in the hypogastrium and renal angles resolved, along with burning micturition and dysuria. Urinary flow normalized, and overall vitality improved. Follow-up ultrasonography revealed stable renal findings with complete clinical remission. The causal attribution of improvement to the intervention scored 10 on the Modified Naranjo Criteria for Homoeopathy (MONARCH).

Conclusion:

This case highlights the therapeutic potential of individualized homoeopathic management in bilateral nephrolithiasis, particularly in resource-limited settings. The observed clinical recovery supports homoeopathy as a safe, economical, patient-centered, and non-invasive treatment modality. Further well-designed studies are recommended to expand its evidence base in renal stone disease.

Keywords:

Constitutional treatment; Nephrolithiasis; Renal calculi; Individualized homoeopathic medicine; *Medorrhinum*.



ALOPECIA

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ABSTRACT

Poster - 53

Background:

Alopecia associated with hereditary predisposition and hormonal imbalance, particularly involving thyroid and androgen-regulating pathways, presents significant diagnostic and therapeutic challenges. Conventional management often includes hormone-modulating agents and topical formulations; however, outcomes may be limited by side effects and inconsistent response. Homoeopathy, through individualized prescribing, aims to correct the internal dysregulation contributing to follicular miniaturization and impaired hair growth. This report presents a case of hormonally-influenced alopecia with hereditary background successfully managed using classical homoeopathic treatment.

Case Description:

A 55-year-old female presented with gradual diffuse hair thinning over the vertex and temporal regions for one year. She reported menopause 9 years back. Family history revealed maternal hypothyroidism and paternal early-onset androgenetic alopecia and hypertension. General symptoms included craving for sweets, desire for warm foods, intolerance of tight clothing, marked dryness of skin, evening aggravation of symptoms, and constipation. Emotional profile reflected anticipatory anxiety, low self confidence, oversensitivity to criticism, and tendency. Clinical examination showed reduced hair density, mild seborrhea, and no scarring. The totality indicated an underlying hereditary-hormonal dysregulation requiring constitutional

intervention.

Intervention:

Repertorial analysis using Synthesis Repertory, incorporating rubrics from mind, endocrine functions, generalities, and scalp, strongly indicated *LYCOPODIUM CLAVATUM*. Lycopodium

200C was administered as a single dose, followed by placebo. Jaborandi Q was advised for external application to support local circulation. In 3rd followup Lycopodium 1M was administered as a single dose, followed by placebo.

Outcome:

At the 2-week follow-up, the patient reported reduction in hair fall, improvement in energy levels. By 5 weeks, new hair growth with improved texture was observed. By the third follow-up, hair density had increased significantly, accompanied by normalization of sleep, enhanced emotional stability, improved digestion and improvement in overall well-being. No further progression of hair thinning or relapse was noted.

Conclusion:

This case highlights the potential role of individualized homoeopathic treatment in alopecia secondary to hereditary and hormonal imbalance. Lycopodium acted constitutionally by regulating endocrine function and supporting healthy follicular activity. The outcome suggests that classical homoeopathy may serve as a safe, holistic, and integrative therapeutic modality in hormonally-driven hair-loss conditions.



NASAL POLYP

Dr. Shreyavee Singh, *PGT, R.B.T.S. Govt. Homoeopathic Medical College and Hospital, Muzaffarpur, Bihar*

ABSTRACT

Poster - 54

Background:

Nasal polyps are benign, chronic inflammatory growths of the nasal or paranasal sinus mucosa, frequently associated with nasal obstruction, anosmia, mouth breathing, and recurrent rhinosinusitis. Conventional management includes intranasal corticosteroids or surgical polypectomy; however, recurrence is common due to the underlying inflammatory diathesis. Homoeopathy approaches nasal polyps constitutionally, addressing both local pathology and systemic predisposition. This abstract presents a clinically documented case of nasal polyp successfully managed through individualised homoeopathic treatment.

Case Description:

A 9-year-old boy attended the OPD of R.B.T.S. Govt. Homoeopathic Medical College & Hospital, with several months of persistent nasal obstruction, mouth breathing, snoring, post-nasal drip, frequent sneezing, watery coryza, frontal headache, reduced sense of smell, and breathlessness at midnight. Anterior rhinoscopy revealed pale, glistening, pedunculated bilateral nasal polyps. He also had a history of recurrent colds, thick, stringy nasal discharge, dryness of the nose, and progressive weight loss, despite multiple prior treatments without sustained relief. Constitutional case-taking revealed chilliness, easy perspiration, irritability during discomfort, and slow recovery from ailments. On this totality, *Sepia* was prescribed, leading to improvement in general condition and nasal symptoms. During follow-up, the child developed round, crusty eruptions with violent itching on the face and extremities, indicating symptom evolution.

Considering the new totality and underlying suppurative tendency, *Silicea* was selected.

Intervention:

Based on a detailed repertorial analysis using the Synthesis Repertory—including rubrics for obstruction of the nose, polyp formation, mouth breathing, cold aggravation, frequent colds, and the patient's general symptoms, the indicated remedy was prescribed in an appropriate potency. Supportive management included steam inhalation and avoidance of cold exposure. Placebo was administered between doses to assess the therapeutic action.

Outcome:

Following *Silicea*, the skin eruptions healed from within outward with marked reduction in itching, and the nasal polyps decreased significantly in size, leading to improved nasal airflow and cessation of mouth breathing. The progress aligned with Hering's Law of Cure, reflecting a favourable direction of healing. The child also regained weight and showed improved overall vitality during follow-up visits.

Conclusion:

This case illustrates the effectiveness of sequential, individualised homoeopathic prescribing in a paediatric patient with nasal polyps and associated dermatological manifestations. *Sepia* provided initial improvement by addressing the general constitution, while *Silicea* facilitated complete resolution of both nasal and skin symptoms. The outcome highlights homoeopathy as a safe, holistic, and non-surgical therapeutic approach for managing nasal polyps in children.



RESTORING MENSTRUAL RHYTHM POST-CHILDBIRTH: A SUCCESSFUL HOMOEOPATHIC INTERVENTION WITH FOLLICULINUM 30C IN POLYCYSTIC OVARIAN MORPHOLOGY

Dr. Sravya Samudrala, PGT, Department of Organon of Medicine and Philosophy

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ABSTRACT

Poster - 55

Background:

Post-partum menstrual irregularities are frequently associated with hormonal imbalance, weight gain, and ovarian dysfunction. Many women experience delayed cycles, prolonged bleeding, and systemic disturbances after childbirth. In this case, the patient developed irregular menses for four years following delivery, with cycles occurring every two months, heavy and prolonged bleeding, and weight gain. Ultrasonography revealed bilateral polycystic ovarian morphology (PCOM) with no dominant follicle.

Aim:

To evaluate the effectiveness of individualized homoeopathic management—particularly *Folliculinum* 30C—in restoring menstrual regularity and improving associated systemic symptoms in a post-partum female with polycystic ovarian morphology.

Case Presentation:

A 26-year-old female presented with irregular menses since childbirth (2021), delayed cycles, profuse and prolonged flow, weight gain (60 → 67 kg), disturbed sleep, irritability, and USG findings of PCOM.

General symptoms included: Desire for sweets and spicy food

Thermal: hot patient; prefers cold water bathing

Sleep disturbed (due to childcare)

RBS: 105 mg/dL, Hb: 11.8 g/dL, TSH: 4.82 μ IU/mL

Homoeopathic Prescription:

Folliculinum 30C was prescribed on the 4th day of menses, along with supportive organ-specific management.

Results:

Menstrual cycles became more regular Bleeding duration and heaviness reduced Improved energy levels and emotional stability Better sleep quality No adverse effects observed

Overall, the patient showed marked improvement, with significant reduction in post-partum hormonal imbalance symptoms.

Conclusion:

Individualized homoeopathic intervention with *Folliculinum* 30C, supported by appropriate organ-specific remedies, proved effective in regulating the menstrual cycle and improving associated symptoms in a post-partum female with polycystic ovarian morphology.

Keywords:

Irregular Menses, Polycystic Ovarian Morphology, *Folliculinum* 30C, Homoeopathy, Post-partum Hormonal Disturbance.



"A COMPARATIVE REVIEW OF 50 MILLESIMAL SCALE AND CENTESIMAL SCALE POTENCIES IN HOMEOPATHIC TREATMENT"

Dr. Dhanraj Mistry

ABSTRACT

Poster - 56

Background and Aim:

The 50 millesimal (LM) and Centesimal (CM) potency scales are widely used in homeopathy, each serving distinct therapeutic roles. The LM scale, with a dilution ratio of 1:50,000, is believed to have a gentler, more gradual effect, in contrast, the Centesimal scale, with a dilution ratio of 1:100, is known for its rapid and potent action, often used in acute conditions. This review compares the clinical efficacy, applications, and patient responses to these two potency scales.

Method:

This paper reviews findings from case studies, clinical trials, and theoretical research comparing LM and CM potencies. Studies were sourced from medical databases, homeopathic literature, and peer-reviewed journals. Various parameters, including appropriateness for acute vs. chronic conditions, onset of action, therapeutic outcomes, and side effects, were assessed. Key aspects such as treatment duration, symptom relief, and adverse effects were considered to compare the performance of both potencies.

Results:

LM potencies were found to be more effective for chronic, constitutional disorders due to their gradual, deeper healing effects with minimal risk of aggravation. CM potencies, while offering faster symptom relief in acute situations, were more likely to cause initial aggravations. Patient responses varied based on individual constitution and the condition being treated. Centesimal potencies were more appropriate for urgent, acute conditions, while LM potencies were better suited for chronic or sensitive cases.

Conclusion:

Both LM and CM potencies offer valuable therapeutic options, with each scale catering to different patient needs. CM potencies are optimal for acute conditions, while LM potencies are best for long-term treatment of chronic disorders. Choosing the right potency depends on the individual patient and condition. Further research, particularly randomized controlled trials, is needed to refine their use and improve clinical outcomes.

Keywords: LM potency, CM potency, homeopathy, therapeutic efficacy, chronic conditions, acute conditions.





UNRAVELLING THE NUANCES BEYOND OBVIOUS OBSERVATIONS IN CASES OF AUTISM AND NEURODIVERGENT CHILDREN: A CASE REPORT

Dr. Ruchi Shirudkar, BHMS

ABSTRACT

Poster - 57

Background: Clinical practice in homoeopathy demands keen and unbiased observation. In cases of neurodivergent children, however, practitioner perception can often be limited by the prominence of overt symptoms such as hyperactivity, indifference to surroundings, restlessness, biting, striking, or running about. True understanding requires looking beyond the apparent and appreciating the subtle, unique expressions of the child. This case report highlights an unconventional yet insightful approach in managing a neurodivergent child through the doctrine of signature, illustrating how deeper observation can unlock profound therapeutic possibilities.

Case Presentation: A four-year-old non-verbal autistic girl presented on 24/05/2025 with moderate to high features on the autism spectrum. She was the child of her mother's second marriage, following a divorce. Despite undergoing prior homoeopathic treatment with multiple prescriptions, she showed minimal improvement.

The child exhibited marked hyperactivity, lack of eye contact, absence of response to her name, fear of sudden noises, preoccupation with looking at fans, and shrieking without identifiable triggers. She was not toilet trained and frequently stayed upside down, often in positions resembling r? sana (headstand). She covered her ears at loud sounds yet displayed fearlessness in climbing or engaging in physically risky behaviour.

Despite careful case taking, clinical examination, and repertorial analysis, the repertorial totality did not adequately capture her unique expression or lead to

a satisfactory prescription. The turning point emerged through a deeper, symbolic observation—the persistent tendency to remain upside down.

Intervention: The doctrine of signature was used as the key entry point to the case. Based on her striking behavioural characteristic of frequently staying upside down, the remedy *Choloepus hoffmani* (Two-Toed Sloth) was selected. The sloth spends nearly its entire life hanging upside down—eating, sleeping, mating, and nurturing in that position—mirroring the child's peculiar posture.

Results: After four months of individualized homoeopathic treatment with *Choloepus hoffmani*, the child demonstrated more than 50% overall improvement. Verbal hyperactivity reduced significantly, and the tendency to remain upside down improved by over 80%. Sensory responses and engagement with the environment also began to show positive changes.

Conclusion: This case demonstrates that in managing autism and neurodivergence, conventional repertorial approaches may sometimes fall short. In such situations, observational depth, pattern recognition, and the doctrine of signature can provide invaluable insights. The child's remarkable response to *Choloepus hoffmani* highlights the need for flexible, out-of-the-box thinking when dealing with complex neurodevelopmental presentations.

Keywords: Autism Spectrum Disorder, Neurodivergent Children, Doctrine of Signature, *Choloepus hoffmani*, Homoeopathic Case Report, Behavioural Observation.



A CASE REPORT: BELL'S PALSY AND IT'S HOMOEOPATHIC TREATMENT

Dr. Bidhan Mistry, *The Calcutta Homoeopathic Medical College and Hospital*

ABSTRACT

Poster - 58

BACKGROUND AND AIM:

Bell's palsy is an acute, unilateral paralysis of the facial muscles resulting from a lower motor neuron lesion of the 7th cranial nerve. It is the most common cause of facial paralysis, leading to significant physical, social, and psychological distress. While conventional management includes corticosteroids and antivirals, homoeopathy offers a holistic, individualized treatment approach.

METHODS:

A 72-year-old male came to the OPD of C.H.M.C&H presenting with right-sided facial paralysis for past 1-week. Symptoms included deviation of the angle of the mouth, drooping of the right corner of the mouth, inability to close the right eye tightly, and slurred speech. The patient also reported concomitant pain in the left shoulder, aggravated by damp weather and at night.

RESULT:

A detailed homoeopathic case history was taken, and the totality of symptoms was analysed and

repertorized. Based on the characteristic symptoms, including excessive thirst, a large, salivated tongue, aggravation at night, and desire for company, the constitutional remedy *Mercurius solubilis* 200C was prescribed. Following the individualized treatment, the patient showed marked improvement. A follow-up conducted approximately one month later revealed a complete recovery from the facial paralysis and a significant reduction in the associated shoulder pain.

CONCLUSION:

This case demonstrates the potential efficacy of individualized homoeopathic medicine in the management of Bell's palsy. By addressing the patient's complete symptom picture rather than only the localized pathology, a successful and holistic recovery was achieved, corroborating the value of the constitutional homoeopathic approach.

KEYWORD: Bell's palsy, homoeopathic medicine, *mercurius solubilis*, case report.

*"Take risks in your life.
If you win, you can lead; if you lose, you can guide."*

Swami Vivekananda





NOCTURNAL ENURESIS AND HOMOEOPATHY

Dr. Dipali Shirsath

ABSTRACT

Poster - 59

Background:

Enuresis is common and considered to be normal among children younger than 3 years of age. Nocturnal enuresis is involuntary passage of urine during sleep among children five years of age or older. It is not a serious health problem, and children usually develop control over the bladder as they grow older but it can be upsetting for children as well as parents. India estimates 7 to 15% prevalence rate among children and the numbers drop to 3 to 5% by the age of ten years.

Objectives were to identify the children with Nocturnal Enuresis and assess their clinical profile.

Methods:

A descriptive survey was conducted among the children age 05 to 10 years. Data were collected from two villages of Aurangabad district and the information was gathered from parents of 413 with the use of structured questionnaire. The first

section included the socio- demographic characteristics of the children and their parents. The second section included variables related to the clinical profile and history of nocturnal enuresis in the family.

Results:

The prevalence of nocturnal enuresis was 10.91% in which 06.94% were males and 03.97% females. With regard to severity 55% children were found to be in moderate category while 09% belonged to severe category of nocturnal enuresis.

Conclusions:

The prevalence rate was higher in selected villages. Most of the parents consider nocturnal enuresis as social stigma. Counseling and education of parents would help in improving general health of children in rural area.

Keywords:

Nocturnal enuresis, Effect of enuresis, Bed wetting

Never fear.

Whenever you are in distress,

say to yourself.

"I have a mother."

Sri Ma Sarada Devi





ROLE OF IMPONDERABILIA MOBILE RADIATION 30C MANUFACTURED BY ST. GEORGE HOMEOPATHIC PHARMACY, MANGALORE, ON PEOPLE SUFFERING FROM MOBILE ADDICTION AND RELATED HEADACHE AND EYE COMPLAINTS

Dr. Sharad Shangloo, B.H.M.S

ABSTRACT

Poster - 60

Background and Aim: Mobile phones have become an essential part of modern life, and their usage continues to increase rapidly. With prolonged exposure, many individuals experience symptoms such as headache, eye strain, and lacrimation. As homoeopaths, there is a growing need to identify safe and effective homoeopathic remedies that can minimise the adverse effects of mobile radiation on the human body. This study aims to evaluate the role of the imponderabilia remedy *Mobile Radiation 30C* in relieving mobile-related symptoms.

Method: *Mobile Radiation 30C* was administered to patients of all age groups presenting with complaints of headache, watery eye discharge, and eye strain.

The dose prescribed was 10 drops twice daily in a little water for one month, followed by a six-month observation gap. Clinical improvement was assessed based on the reduction of symptoms.

Results: All patients reported marked improvement with significant reduction or total disappearance of headache, lacrimation, and eye strain after the course of treatment.

Conclusion: This study indicates that *Mobile Radiation 30C* has a positive role in managing symptoms such as headache, eye strain, and lacrimation associated with prolonged mobile phone use across all age groups. Further controlled studies are recommended to validate these findings.

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HOMOEOPATHIC APPROACH IN THE TREATMENT OF ICHTHYOSIS VULGARIS : A CASE REPORT

Dr. Shagufta Parveen, *PGT, The Calcutta Homoeopathic Medical College And Hospital*

ABSTRACT

Poster - 61

Background and Aim: Ichthyosis are a class of keratinization-related cutaneous illnesses that are characterized by rough, dry skin that is heavily scaled. Ichthyosis vulgaris is genetically inherited and is brought on by mutations in the Filaggrin gene (FLG) that induce loss of function. Ichthyosis vulgaris manifests clinically as palmar hyperlinearity, xerosis, keratosis pilaris, and an atopic condition propensity. The majority of people with ichthyosis vulgaris show distinct clinical symptoms by the age of five, with the condition typically beginning in infancy. Our goal in releasing the case report is to demonstrate the effectiveness of an individualized constitutional homeopathic remedy and how well Ichthyosis vulgaris can be treated with just one or two doses of individualized homeopathic remedy.

Method: A Child of age 4 years reported in our OPD

with complaints of Dry, Fish-like scaly skin lesions on various parts of the body since birth associated with itching. Homeopathic medicine *Psorinum 200, 1M* following with placebo was prescribed based on the patient's major mental and physical generals and the totality of their symptoms. This case study, supported by photographs, demonstrates how well homeopathic remedies work to treat Ichthyosis vulgaris.

Conclusion : This case highlights the positive role of individualized homeopathic treatment in a patient with Ichthyosis Vulgaris resulting in significant improvement in skin texture, reduction of scaling, and overall relief in symptoms were observed without the need for conventional long-term topical or systemic therapy.

Keywords : Case report, Ichthyosis vulgaris, homeopathic medicine, Psorinum, individualization.

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A CASE REPORT OF URINARY BLADDER CALCULI TREATED WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINE

Dr. Punam Suraj Dhage, Ph.D. Scholar, *Guru Mishri Homoeopathic Medical College and Hospital*

ABSTRACT

Poster - 62

Introduction:

Urolithiasis is the term for the formation of stones in the kidney, bladder, and ureter. It usually starts when the urine gets supersaturated with insoluble substances such as calcium oxalate (the main culprit), uric acid, and urates, among others. This causes crystals to deposit and develop in different areas of the urinary system. Aside from the more prevalent pathological infections of the urinary tract (UTI), urinary stones are among the most prevalent renal disease. Despite their effectiveness, conventional treatments—such as drugs and surgery—frequently have drawbacks and possible adverse consequences. The effectiveness of homoeopathic remedies in removing urinary calculus has been documented and proven. In the case of urinary calculi, the current situation exemplifies the Homoeopathic principle of individualization and its role in the treatment of diseases.

Case Summary:

This case represents a 48-year-old man who has had bladder calculus for six months. His urinary calculus was successfully treated with a thorough history taking and individualized homoeopathic medicine, *Nux Vomica 200C*. In this case, the patient receives total alleviation from the individualistic

method. The calculus was broken and expelled more easily as a result of the treatment. This case demonstrates that a single medicine prescribed based on the individualizing characteristics of the patient. The patient showed significant improvement in his overall complaints.

Result:

Eight months of follow-up reveals that individualized homeopathic medicine produced positive and satisfying results, allowing physicians to employ it as a complementary medicine to treat urinary calculi. The patient showed no signs of recurrence throughout the subsequent follow-ups.

Conclusion:

Based on the severity of the symptoms, *Nux Vomica 200C*, an individualized homeopathic medicine, was administered in this case and was effective in dissolving and removing the large calculus in the bladder. Hence, homoeopathy is effective in the fragmentation and ejection of urinary calculi.

Keywords:

Urolithiasis, Homoeopathy, Individualization, *Nux Vomica*, etc.





PSYCHONEUROLOGICAL ASPECT OF VITILIGO

Dr. Smita Suresh Patil, MD Homoeopathy, PhD scholar, *Guru Mishri Homoeopathic Medical College*

ABSTRACT

Poster - 63

Background:-

Vitiligo is a chronic depigmentation disorders often linked to emotional and Psychological stress, regulated by various hormones like adrenocorticotrophic hormone, Melanocyte stimulating hormone, Oestrogen, Progesterone, Cortisones. Cortisones are also are produced in response to stress, and also affect the immune system, potentially triggering autoimmune response that targets melanocytes and contribute to conditions like Vitiligo.

The Psychoneuroimmunological aspect of immunology is a fascinating interdisciplinary fields that explore dynamic interaction between mind, nervous system and immunology.

Case summary:-

A young male teacher presented with gradually spreading depigmentation patches, started after a emotional family stress. He experienced social embracement and self-consciousness. A homoeopathic constitutional remedy was selected on his totality of symptoms, including mental and emotional state. He responded very well and within

six months the patches got regimentation with mental stability.

This case has a interesting dimension of a drug which is having very few mental symptoms owing to the fact that the remedy has been proved only in crude form. It needs to be proved in potencies to bring out the 8mental symptoms⁹. Kent⁹s Lecture on Homoeopathic Materia Medica Kali Bichromicum page no. 618.

Conclusion:-

This case suggests that Homoeopathy through constitutional remedy, can offer effective and safe management of Vitiligo without any suppression and this confirms the role of Vital force in psychoneuroimmunological disorders and treatment of such disorders with homoeopathic remedies.

Also it suggests to prove the remedies in higher potencies so as to bring out the mental states.

Key words:-

Vitiligo, Homoeopathy, Vital force, Psychoneuroimmunology, Constitutional remedy, Suppression.

Spirituality automatically leads to humility. When a flower develops into a fruit, the petals drop off on its own. When one becomes spiritual, the ego vanishes gradually on its own. A tree laden with fruits always bends low.

Humility is a sign of greatness.

Sri Ramakrishna





URETEROLITHIASIS WITH HYDROURETERONEPHROSIS TREATED BY INDIVIDUALIZED HOMOEOPATHY: A CASE REPORT

Dr. Patranu Parui, Dr. Neelavna Dey, Dr. Abdul Wahab Sarkar, Dr. Baidurjya Bhattacharjee

ABSTRACT

Poster - 64

Background:

Renal or ureteric stones are very common nowadays in the modern world. It causes pain due to obstruction in the ureter. It usually occurs in the narrower parts of the ureter. These stones are associated with severe pain, haematuria, hydronephrosis, urinary infections, nausea, vomiting, etc. The formation of stones in the urinary tract is due to a plethora of causes. Modern lifestyle and chaotic eating habits are some leading risk factors for developing stones in the urinary tract. Conventional treatment mostly relies on surgery whereas Homoeopathy can successfully expel the stone without any invasive methods.

Case:

A 25-year-old male complaining of pain in the right-side flank and lower abdomen with a burning sensation after urination due to a ureteric stone with hydronephrosis, found in Imaging studies for the last 1 month. Pain aggravated from the afternoon up to midnight. He was taking analgesic medicines without any significant relief. Then he visited the outpatient department for consultation. After a thorough case-taking, analysis, and repertorization *Lycopodium clavatum* was prescribed. The patient

was better after a few follow-ups and reported that the stone was expelled through the urethra which was confirmed by the report of an ultrasound examination. The pain visual analog scale, measuring 8 at baseline, was improved to "no pain" at the end of the treatment. The modified Naranjo Criteria for Homoeopathy (MONARCH) was used to find out the possible casual attribution of the treatment provided. The total score (+8) on the MONARCH scale indicates positive causality in favour of homoeopathy.

Conclusion:

This case study reveals a positive role of homoeopathic treatment in ureterolithiasis and demonstrates the potential of homoeopathy in surgical conditions.

Keywords

Ureterolithiasis, Homoeopathy, *Lycopodium clavatum*, Case report,

Presenting Author-

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"Arise, awake, and stop not until the goal is achieved."

Swami Vivekananda





DIFFERENT TYPES OF DERMATOPHYTES INFECTIONS AND THEIR HOMOEOPATHIC MANAGEMENT: REVIEW ARTICLE

Rakesh Ghosh^a, Chandrani Ghosh^a, Avidipta Hazra^a, Dr. Debarshi Das^b and Dr. Tanmay Sarkar^c

ABSTRACT

Poster - 65

Dermatophytes are microorganisms that affect human beings globally. It significantly impacts an individual's overall health and quality of life, leading to symptoms such as itching, redness, swelling, and multiple lesions, mostly effect on Individuals with teenagers, adults, children, and immune deficiencies are more prone to widespread infections. It gets transmitted through close contact with clothes, utensils etc. Typically, these infections are at their worst during summer and the rainy season, but they will often heal on their own during the winter months. Homoeopathy is a holistic system of medicine that focuses more on dynamic concepts than materialistic concepts. We have studied some review papers, research journals, and survey reports to gather more knowledge about the effectiveness of homoeopathic medicine on dermatophyte infection. We found that there are different individualised homoeopathic medicines like Sulphur, Rhus Tox, Sepia, Tellurium, Psorinum Thuja Occidentalis, Mezereum, Borax, Graphites, Arsenicum iodatum, Apis Melifica, etc. This review article is solely dedicated to summarizing all the above literature on the different parameters like different types of dermatophyte infections like Tricho-dermatophytes, Glabrous dermatophytes, Intertriginous dermatophytes, Palmo-plantar dermatophytes, unguis dermatophytes, their cause, clinical representation, pathological diagnosis, and homoeopathic management to treat this. It is one of the most common complaints in the homoeopathic practice, Patient may represent

various conditions during the visit to a homoeopath. Sometimes patients may come asymptomatic with different conditions.

Results

From Previous studies, we have seen that dermatophyte infections have become a major health issue. All previous study reports showed that the person who suffered from different types of dermatophyte infections are distinguished by the area of the body affected, in older individuals with decreased immune response, and adults also affected due to poor hygienic condition, topical corticosteroid use, poor blood circulation, also including diabetes person. Then after the proper case-taking we take homeopathically and evaluate the symptoms, conduct reliable tests, and suitable management for specific types of dermatophyte infections chosen. We have to find a homoeopathic remedy based on the homoeopathic law of similia. Then After treatment, the patient experiences gradual improvement in skin and mental condition, resulting in an enhanced daily quality of life. We have found from the database that there are about 89 researches were done in 5 years on dermatophyte infection in India of which free full-text access papers were only 30. In last five years, we found very few researches on dermatophytes infection and homoeopathic management.

Conclusion

Dermatophyte infections are a global concern



affecting people of all ages and genders, with a higher prevalence among teenagers, children, and older adults. The government has launched awareness programs to combat this issue, but communication gaps remain, making it challenging to treat patients in critical conditions. To address this, we need to identify potential causes, specific symptoms, lifestyles, and the patient's medical and family history. The homoeopathic system can then be employed to provide appropriate treatment. Recent studies we have demonstrated the effectiveness of homoeopathic medicine in treating dermatophyte infections, and these findings should be integrated into clinical practice in institutions and private clinics.

Keywords:

Dermatophytes, homoeopathic medicine, dermatophytic infection, homoeopathic management.

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BRAIN ROT THE DIGITAL OVERDOSE: SILENT EPIDEMIC

Dr. Jain Rekhith Rakesh¹, (Prof.)Dr. Lokanath Behera², (Prof.)Dr. Binod Kumar Bhagat³
National Institute of Homoeopathy, Kolkata

ABSTRACT

Poster - 66

The poster addresses the deterioration of a person's mental state resulting from the overconsumption of trivial online content. The rise of short video consumption and constant digital notifications triggers subtle disturbances, leading to repetitive neurological excitation that mimics hyperdopaminergic activity, resulting in emotional burnout and patterns similar to behavioural addiction.

Homoeopathy, recognized as a holistic system, provides individualized remedies for both the psychological and physical consequences of this digital overstimulation and its compulsive nature. These effects span mild issues like mental

fatigue and reduced attention span, to severe disturbances including anxiety, depression, cognitive decline, and behavioral addictions (including lascivious content engagement).

Physical manifestations covered include "Text neck," digital eye strain, and increased risk of cardio-metabolic disorders due to sedentary habits. The approach seeks to restore mental clarity and overall well-being.

¹Postgraduate trainee, 24th Batch, Dept. of Case taking & Repertory, NIH, Kolkata ²Head of Dept., Dept. of Case taking & Repertory. ³Professor, Dept. of Case taking & Repertory.



VETERINARY HOMEOPATHY CASE SERIES: EVIDENCE OF INDIVIDUALIZED REMEDY RESPONSE IN ANIMAL PRACTICE

Dr. Vemuri Krishna Prasad

ABSTRACT

Poster - 67

Background:

Homeopathy in veterinary medicine offers a gentle, holistic therapeutic approach that emphasizes individualized remedy selection based on the totality of symptoms rather than disease labels. This case series highlights the practical application of classical homeopathic principles in managing diverse clinical conditions in animals.

Aim:

To evaluate the therapeutic response to individualized homeopathic remedies across a series of veterinary cases.

Methods:

A total of four animal cases were managed using individualized constitutional homeopathic prescriptions:

- Case 1: Knee joint pain aggravated by the slightest motion—treated with *Bryonia alba*.
- Case 2: Severe knee joint pain ameliorated by movement—prescribed *Rhus toxicodendron*.
- Case 3: Profuse watery stools with marked weakness—managed with *Podophyllum peltatum*.

- Case 4: Collapsed state with shallow respiration—treated with *Carbo vegetabilis* 30C.

(More cases included as part of the extended series.)

Each case was assessed for clinical improvement and overall enhancement of vitality.

Results:

All cases exhibited significant recovery following the administration of the indicated remedies. Improvements included pain reduction, normalization of physiological functions, and enhanced general health and vitality.

Conclusion:

This case series provides supportive evidence for the effectiveness of individualized homeopathic prescribing in veterinary practice. Detailed case analysis and remedy selection based on symptom similarity can yield favourable clinical outcomes in animal healthcare.

Keywords:

Veterinary homeopathy, case series, *Bryonia alba*, *Rhus toxicodendron*, *Podophyllum peltatum*, *Carbo vegetabilis*, individualized treatment, homeopathy



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