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HOMEO श्री

An effort by Narayan shree Homoeopathic Medical College, Hospital & Research Centre, Bhopal

Editorial

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To our Esteemed Readers,

There are few pursuits more enduring than the quest for knowledge and few responsibilities more meaningful than its thoughtful application. As we present the 87th Edition of Homeo Shree, we are reminded that every academic endeavor, every clinical experience, and every scholarly contribution forms part of a larger narrative-one of growth, inquiry, and service.

The pages that follow stand as a testament to the dedication of our students, faculty, and colleagues, whose commitment to excellence continues to enrich our institution. Within this edition, readers will find reflections of intellectual curiosity, professional achievement, and the collective spirit that sustains the advancement of homoeopathic education and practice.

Their significance further shines in crisis, stress and psychosomatic disorders, where they aid recovery by easing suffering, rebuilding strength, and fostering holistic healing.

May this edition inform, inspire, and encourage continued exploration in the noble art and science of healing.

"Knowledge gains its greatest value when shared, questioned, and applied in service of humanity."

EFFICACY OF CONSTITUTIONAL HOMOEOPATHIC MEDICINE IN TREATMENT OF PSORIASIS

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1. Abstract : Psoriasis is a chronic, non-infections skin disorder characterized by well defined, slightly raised, dry erythematous macules with silvery scales and typical extensor distribution. It is an autoimmune condition that causes itchiness and discomfort.

A Psoriasis rash can show up anywhere on you skin but it is more common on elbows and knee, face and inside of mouth, scalp, fingernails, toenails, genitals, lower back, palm and feet. It worsen every winter as the skin becomes itches and even starts bleeding after scratching. However Psoriasis is not contagious meaning that it cannot spread from one person to another.

2. Keywords : Psoriasis, Homoeopathy, Pulsatilla.

3. Etiology:

1) Overactive immune system.
2) Genetic predisposition evidenced by a positive family history in 25% patients and association of HLA B8 and A17.
3) Increased epithelial cells proliferation.

4. Triggering Factors: Triggering factor include Trauma (koebnar phenomenon), B-streptococcus haemolyticus Infection, Emotional Anxiety, drugs like antimalarial and beta blockers season (worsen is winter).

5. Classification:

1) Plaque Psoriasis - commonest.
2) Guttate Psoriasis.
3) Pustular Psoriasis.
4) Arthropathic Psoriasis.
5) Erythrodermic Psoriasis.
6) Flexural Psoriasis.
7) Mucosal Psoriasis.

6. Epidemiology :

There is a growing number of population based studies providing worldwide prevalence estimates of psoriasis. It affect around 125 million people worldwide. It can affect people of any age but it has two peak times of onset, one between age 20 to 30 and other between age 50 and 60. In India the prevalence of psoriasis in adults varies from 0.44% to 2.8% with a much lower prevalence in children.

Case Study:

Particulars of the patient: Date:
Name : Roshni Arya Age: 42 Years
Sex : Female Occupation : Professor
Religion: Hindu Diet: Veg
Marital Status: Married Husband Name Mr. Deepak Arya
Address: H.No. 78/A, Saket Nagar, Bhopal
Physician Incharge : Dr. Nitesh Suryawanshi

Present Complaints with Duration:

A female patient, aged 42 yrs, came with a diagnosed case of Psoriasis to my hospital OPD. She complains of Reddish blue plaques with dry scaling on dorsum of right foot since 10 years. There is severe intolerable itch, patient feels good to scratch. Itching aggravates in morning in bed. Itching is better in open air therefore after waking up she roams in her balcony so that she could get some relief.

Menstrual History:

Duration : 3 Days, Colour : Normal, Quantity : Normal, Clots : Dark Clots, Pain : Slightly on First Day, Leucorrhoea : Absent

Mental History:

Will & Emotions : Patient is mild, Intellect Understanding : Normal, Memory : Good

Homoeopathic Generalities :

Desire : Not specific, Disagrees : Not specific, Aversion : Not specific, Thirst : Diminished, Appetite : Increased, Taste : Normal, Salivation : Normal, Perspiration : Normal, Stool : Watery stool following intake of rich food, Urine : Normal, Bathing : Regular, Covering : As per season, Thermal reaction : Hot, likes open air because it relieves her itching, Skin : Normal, Sleep : Normal, Dream : Not specific.

Tendency to any pathological conditions:

(Haemorrhages, Tumours, warts, cysts, polypus, moles, susceptible to, etc.) : Nil, Other discharges : Normal.

General Examination:

Built : Fatty, Complexion : Fair, Pulse : 84/Min, B.P.: 110/70 mm of Hg, Temperature : Afebrile, Respiration : 16/min, Neck veins : Not prominent, Neck glands : Not palpable, Cyanosis : Absent, Oedema : Absent, No signs of oedema, cyanosis, jaundice.

Analysis & Evaluation of Symptoms:

Mental Generals : nothing significant found

Physical Generals:- Hot patient, Delayed menses, Thirst, diminished

Particulars:

Severe intolerable itch, patient feels good to scratch. Itching aggravates in morning in bed. Itching is better in open air.

Common Symptoms: Dry tongue.

Prescribing Totality:

- Extremities, itching, foot back of, morning in bed.
- Extremities, eruptions, foot, back of, elevations.
- Hot Patient.
- Delayed menses.
- Thirst, Diminished.

Repertorial Totality:

On getting this picture I selected following rubrics: MIND, FEAR, morning, waking,
MIND, ENVY, MIND, DISGUST,
STOMACH, DISORDERED, fat food after, STOMACH, ERUCTATION, RICH FOOD, GENITALIA FEMALE, MENSES late, STOMACH, THIRSTLESS.

Prescription:

Rx. Puls. 200 6pills B.D. for 7 days.

Date	Action of medicine	Medicine given
19/04/2024		Rx. Puls. 200 6pills B.D. for 7 days.
24/04/2024	The condition of the patient little bit improved. Pt. took steroids to get relief as she could not tolerate itching, I asked the patient to reduce the Steroids dose gradually.	Puls. 1M 6pills single dose: follow up after 15 days.
10/05/2024	This time there was marked improvement in itching (without steroid help), lesion started drying up.	Sac lac, for one week.
17/06/2024	Itching was more than before this time without further improvement in patients itching.	Puls. 1M 6pills 2 doses at an interval of 15 days.
19/07/2024	This time patient showed remarkable improvement in respect of clearing of patches, scaling, and erythema. Itching was better. Her periods were on time.	Puls.1M 6pills 2 doses at an interval of 15 days for 1 month
19/08/2024	There was marked relief in itching. Her gastric problem also improved.	Sac lac. for 15 days.
21/09/2024	Itching was negligible, patient was having positive attitude towards life and was very happy to see improvement.	

Conclusion:

That in this case I would have never had the confidence to prescribe PULSATILLA, had I not referred the repertory and again took the details about her nature and other necessary details because, the case presented only few symptoms, and as Pulsatilla is not the medicine which we usually think of for prescribing in such skin disease.

Bibliography:

1. www.healthsystem.virginea.edu/uvahealth/adult.derrm/anatomy.cfm
2. www.skinlesions.com
3. www.skinlesions/wrong diagnosis.com
4. www.dermnet.com
5. htpp://www.dermnet.com//image.
6. www.medicinenet.comboils_pictures_slideshow/article
7. V.N. Seghal & S.Jain Textbook of clinical dermatology (IInd edition) New Delhi, Jaypee Brothers Medical Publishers.
8. J.T.Kent-Repertory of Homoeopathic Materia Medica, enriched Indian edition New Delhi, B. Jain Publishers Pvt. Ltd.
9. William Boericke. Boericke's Materia Medica, Reprint edition, New Delhi, B. Jain Publishers Pvt. Ltd.,
10. W. Karo. Diseases of the skin, 1st edition, New Delhi, Indian Books & Periodicals Publishers.
11. http://www.stedmans.com

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THE SILENT VIGIL: SAFEGUARDING HEALTH THROUGH HOMOEOPATHIC PHARMACOVIGILANCE

For more than two centuries, homoeopathy has remained one of the most widely practiced complementary systems of medicine worldwide. As the use of traditional and alternative medicines continues to expand globally, increasing attention has been directed toward ensuring their safety, quality, and rational use. In this context, pharmacovigilance has emerged as an essential scientific discipline for monitoring adverse events and maintaining public confidence in healthcare systems.

Derived from the Greek word ***Pharmakon*** (medicinal substance) and the Latin ***Vigilare*** (to keep watch), pharmacovigilance (PV) is defined by the World Health Organization (WHO) as the science and activities related to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems. Within homoeopathy, pharmacovigilance serves as an important mechanism for monitoring and evaluating the safety and quality of remedies in real-world clinical practice.

Unique Challenges in Homoeopathic Pharmacovigilance

Implementing an effective pharmacovigilance framework in homoeopathy presents several distinctive challenges.

1. Diversity of Medicinal Sources

Homoeopathic medicines are prepared from a wide variety of natural and non-natural sources, including plants, minerals, animal products, and biological preparations such as nosodes. Ensuring the accurate identification, collection, processing, and standardization of such diverse raw materials requires specialized expertise and strict quality control.

2. Clinical and Diagnostic Complexity

Homoeopathic prescribing is highly individualized and based on detailed symptom assessment. Consequently, distinguishing between the natural progression of disease, a temporary therapeutic response, and a genuine adverse drug reaction may be clinically challenging and requires careful evaluation.

3. Quality Assurance and Standardization

Homoeopathic medicines undergo potentisation through serial dilution and succussion. Maintaining consistency in

manufacturing practices, storage conditions, labelling, and quality assurance is essential for ensuring product safety. Variations in regulatory standards and reporting systems across different countries further complicate the development of a uniform global pharmacovigilance framework.

Misconceptions and Emerging Concerns

One important role of pharmacovigilance is addressing misconceptions regarding homoeopathic medicines. A commonly held belief is that all homoeopathic medicines are completely free from adverse effects because many originate from natural sources. However, like all therapeutic substances, improper manufacturing, contamination, irrational use, or self-medication may still pose risks to patient safety.

Homoeopathic medicines continue to be the subject of debate regarding their mechanisms and clinical efficacy. Pharmacovigilance does not primarily evaluate efficacy; rather, it focuses on documenting and analyzing medicine-related safety concerns in a scientific and systematic manner. The increasing commercialization of alternative medicine has also introduced several regulatory challenges:

Adulteration and Contamination: Poor manufacturing practices may result in contamination with heavy metals, microorganisms, or undeclared conventional drugs.

Dispensing Vehicles: Substances used as vehicles-such as globules, lactose, alcohol, glycerine, and oils-must also meet quality standards to prevent adverse reactions unrelated to the active preparation.

Self-Medication and OTC Misuse: Unsupervised use of over-the-counter homoeopathic formulations and irrational prescribing practices may contribute to inappropriate treatment and delayed medical care.

Homoeopathic Aggravation: A temporary intensification of existing symptoms following administration of a remedy. In classical homoeopathic literature, this response is traditionally interpreted as a therapeutic reaction that may precede clinical improvement.

Medicinal Aggravation: The appearance of new symptoms after administration of an incorrectly selected medicine or through excessive repetition or prolonged administration of a remedy.

Disease Aggravation: Worsening of the patient's condition due to the natural progression of the underlying disease rather than the medicine itself.

Causality Assessment in Pharmacovigilance

Causality assessment is a critical component of pharmacovigilance and refers to the systematic evaluation of the relationship between a medicine and an observed adverse event. It helps determine whether a particular reaction is actually caused by the drug or is merely coincidental.

In homoeopathic pharmacovigilance, causality assessment becomes especially important because of individualized prescribing practices and the complexity of differentiating therapeutic responses from adverse reactions.

Commonly used causality categories include:

Certain: A clear causal relationship exists between the medicine and the adverse reaction, supported by clinical evidence and timing.

Probable/Likely: The reaction has a reasonable temporal association with the medicine and is unlikely to be explained by other factors.

Possible: The adverse event may be related to the medicine, but other explanations such as disease progression or concurrent therapies are also plausible.

Unlikely:The relationship between the medicine and the adverse event appears doubtful.

Unclassifiable/Unassessable: Insufficient or contradictory information prevents a definitive assessment.

Accurate causality assessment strengthens drug safety databases, improves reporting quality, and supports evidence-based regulatory decisions regarding medicine safety.

The Indian Pharmacovigilance Framework

India has developed an organized pharmacovigilance framework for traditional systems of medicine under the Ministry of AYUSH. The National Pharmacovigilance Program for ASU&H drugs (Ayurveda, Siddha, Unani, and Homoeopathy) operates through a structured three-tier system designed to collect, monitor, and analyze safety-related information.

Three-Tier Pharmacovigilance Structure

National Pharmacovigilance Co-ordination Centre (NPvCC)

Intermediary Pharmacovigilance Centres (IPvCs)

Peripheral Pharmacovigilance Centres (PPvCs)

The National Pharmacovigilance Co-ordination Centre (NPvCC) functions at the All India Institute of Ayurveda (AIIA), New Delhi, under the Ministry of AYUSH. Supporting institutions include intermediary and peripheral pharmacovigilance centres situated within national institutes, medical colleges, hospitals, and research organizations across the country.

These centres continuously collect and evaluate reports of suspected adverse drug reactions, conduct causality assessments, and help promote the safe and rational use of AYUSH medicines.

Looking Ahead

The history of medicine demonstrates that continuous safety monitoring is essential for every healthcare system. Pharmacovigilance strengthens medical practice by encouraging transparency, accountability, and evidence-based safety evaluation.

For homoeopathy, pharmacovigilance represents an important step toward responsible healthcare practice. By encouraging systematic reporting of adverse events, improving manufacturing standards, and promoting patient awareness, the homoeopathic community can contribute to safer and more accountable therapeutic care for future generations.

EXPLORING THE ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF VITILIGO: AN OVERVIEW

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Abstract
Vitiligo is a chronic acquired depigmenting disorder characterized by the destruction or dysfunction of melanocytes, leading to the appearance of white patches on the skin. It affects individuals physically, psychologically, and socially because of cosmetic disfigurement and associated stigma. Conventional management includes topical corticosteroids, calcineurin inhibitors, phototherapy, and surgical interventions; however, recurrence and incomplete repigmentation remain challenges. Homoeopathy approaches vitiligo on an individualized basis, considering constitutional symptoms, mental generals, physical generals, and characteristic particulars. Various homoeopathic medicines have traditionally been used in clinical practice for vitiligo depending upon symptom similarity. This article reviews the etiology, classification, clinical features, diagnosis, and general management of vitiligo along with commonly indicated homoeopathic therapeutics.

Keywords: Vitiligo, leucoderma, depigmentation, homoeopathy, therapeutics, autoimmune disorder

Introduction

Vitiligo is an acquired pigmentary disorder characterized by sharply demarcated depigmented macules and patches resulting from melanocyte destruction. The condition may occur at any age, though onset is common before 30 years of age. The prevalence varies worldwide and affects both sexes equally.

Vitiligo is not contagious or life-threatening, but it can significantly affect self-esteem, emotional health, and quality of life. Social embarrassment, anxiety, depression, and reduced confidence are commonly associated with visible lesions.

The exact cause remains uncertain; however, autoimmune, genetic, neural, oxidative stress, and biochemical theories have been proposed. Vitiligo is often associated with other autoimmune disorders such as thyroid disease, diabetes mellitus, alopecia areata, and pernicious anemia.

Etiology

The following factors are believed to contribute to vitiligo:

Autoimmune destruction of melanocytes, Genetic predisposition, Oxidative stress, Neurogenic factors, Emotional stress and psychological trauma, Endocrine disorders, Chemical exposure, Skin injury and Koebner phenomenon

Nutritional deficiencies, Family history of autoimmune disease.

Classification of Vitiligo

Vitiligo can be classified into the following types:

1. **Non-segmental vitiligo**
   - Generalized vitiligo
   - Acrofacial vitiligo
   - Mucosal vitiligo
   - Universal vitiligo
   - Mixed vitiligo
2. **Segmental vitiligo**
   Usually unilateral and localized to a dermatome.
3. **Focal vitiligo**

One or few isolated depigmented patches.

Clinical Features

Common clinical manifestations include:

Milky white depigmented macules and patches, Symmetrical distribution in generalized vitiligo, Lesions commonly over face, hands, elbows, knees, lips, and genitalia, Premature graying of hair (leucotrichia), Psychological distress and social anxiety, Koebner phenomenon, Progressive enlargement of lesions.

Diagnosis

Diagnosis is mainly clinical and supported by:

Detailed history and examination, Wood's lamp examination, Dermoscopy,

Skin biopsy in doubtful cases, Screening for associated autoimmune disorders.

Differential Diagnosis

The following conditions should be differentiated from vitiligo:

Pityriasis alba, Tinea versicolor, Post-inflammatory hypopigmentation, Chemical leukoderma, Albinism, Idiopathic guttate hypomelanosis, Leprosy.

General Management

General measures useful in vitiligo management include:

Psychological counseling and reassurance, Avoidance of skin trauma, Protection from excessive sunlight, Nutritional support, Stress management, Camouflage cosmetics when required, Regular follow-up and monitoring.

Homoeopathic Therapeutics

Homoeopathic therapeutics for vitiligo are selected according to the totality of symptoms, constitutional tendencies, mental generals, and characteristic skin manifestations. The following remedy indications are based on standard homoeopathic materia medica references.

1. **Arsenicum Sulphuratum Flavum**

According to Boericke: Useful in obstinate skin diseases, dry scaly eruptions, and leucoderma with marked itching and burning.

According to Allen: White discoloration of skin with unhealthy appearance and chronic skin complaints.

Indications: Depigmented patches with dryness, burning, restlessness, and anxiety.

2. **Natrum Muriaticum**

According to Kent: Skin troubles developing after grief, disappointment, or suppressed emotions.

According to Allen: White spots and eruptions occurring in anemic and emotionally reserved individuals.

Indications: Vitiligo around hair margins, lips, and flexures with emotional sensitivity and craving for salt.

3. **Sulphur**

According to Boericke: Great antipsoric remedy for chronic skin diseases with itching aggravated by warmth and bathing.

According to Allen: Dirty, unhealthy skin with burning, scratching, and aggravation from heat.

Indications: Dry itchy skin, burning sensation, offensive perspiration, and chronic recurrent eruptions.

4. **Sepia Officinalis**

According to Kent: Indifference toward loved ones with hormonal and pelvic disturbances.

According to Boericke: Yellow-brown discoloration of skin with constitutional weakness in females.

Indications: Vitiligo associated with hormonal imbalance, fatigue, and emotional indifference.

5. **Calcarea Carbonica**

According to Allen: Fair, flabby individuals who perspire easily and tire quickly.

According to Boericke: Useful in constitutional weakness with chilliness and glandular tendency.

Indications: Vitiligo in children and adolescents with obesity, sweating, and anxiety.

6. **Silicea Terra**

According to Kent: Defective nutrition with lack of stamina and slow healing tendency.

According to Boericke: Sensitive chilly patients with weak assimilation and unhealthy skin.

Indications: Slow progressing vitiligo with low immunity and excessive perspiration of feet.

7. Lycopodium Clavatum

According to Allen: Digestive disturbances with flatulence and lack of self-confidence.

According to Kent: Right-sided complaints with intellectual sharpness but poor confidence.

Indications: Vitiligo associated with gastric complaints, bloating, and evening aggravation.

8. Graphites

According to Boericke: Rough cracked skin with sticky oozing eruptions and unhealthy appearance.

According to Allen: Skin thickening with fissures and tendency to eczema.

Indications: Vitiligo associated with eczema, obesity, constipation, and chilly constitution.

9. Psoralea Corylifolia

According to homoeopathic clinical literature: Traditionally used in leucoderma and depigmented skin conditions.

Indications: White depigmented patches with gradual loss of pigmentation.

10. Bacillinum

According to Clarke: Useful in chronic recurrent skin diseases with strong family history and lowered vitality.

Indications: Vitiligo associated with constitutional weakness and recurrent chronic complaints.

Miasmatic Consideration

According to homoeopathic philosophy, vitiligo is often interpreted predominantly under the psoric and sycotic miasms, though syphilitic influence may be considered in destructive or rapidly spreading cases. Miasmatic evaluation helps in constitutional remedy selection and long-term management.

Discussion

Vitiligo is a multifactorial disorder with significant psychosocial impact. Conventional therapy may help stabilize disease progression and induce repigmentation, but recurrence is common. Homoeopathy emphasizes individualized treatment rather than disease-based prescribing. Constitutional prescribing, mental generals, physical generals, modalities, and family history are considered during remedy selection. However, it is important to acknowledge that strong high-quality scientific evidence supporting homoeopathy for vitiligo remains limited. Homoeopathic management should not replace necessary dermatological evaluation, especially in rapidly progressive disease or when associated autoimmune disorders are suspected.

An integrative approach involving lifestyle modification, psychological support, dermatological care, and individualized homoeopathic treatment may help improve overall patient well-being.

References

1. Davidson's Principles and Practice of Medicine.
2. Harrison's Principles of Internal Medicine.
3. Boericke W. Pocket Manual of Homoeopathic Materia Medica.
4. Kent JT. Repertory of the Homoeopathic Materia Medica.
5. Allen HC. Keynotes and Characteristics
6. Sehgal VN. Vitiligo: Clinical and therapeutic aspects. Indian Journal of Dermatology.
7. Bolognia JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Elsevier; 2018.References
1. Davidson's Principles and Practice of Medicine.
2. Harrison's Principles of Internal Medicine.
3. Boericke W. Pocket Manual of Homoeopathic Materia Medica.
4. Kent JT. Repertory of the Homoeopathic Materia Medica.
5. Allen HC. Keynotes and Characteristics
6. Sehgal VN. Vitiligo: Clinical and therapeutic aspects. Indian Journal of Dermatology.
7. Bolognia JL, Schaffer JV, Cerroni L. Dermatology. 4th ed. Elsevier; 2018.

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EXPLORING THE BENEFITS OF HOMOEOPATHY IN THE CARE OF SINUSITIS: AN OVERVIEW

Abstract

Sinusitis is an inflammatory condition affecting the paranasal sinuses, commonly associated with nasal congestion, facial pain, headache, postnasal discharge, and impaired quality of life. It may be acute, subacute, chronic, or recurrent depending on the duration and recurrence of symptoms. Conventional treatment includes antibiotics, antihistamines, decongestants, nasal corticosteroids, and surgical procedures in resistant cases. Homoeopathy offers an individualized holistic approach based on the totality of symptoms and constitutional characteristics of the patient. This case report highlights the successful management of chronic sinusitis through individualized homoeopathic treatment, resulting in significant symptomatic improvement and enhanced quality of life without invasive procedures.

Keywords: Sinusitis, homoeopathy, chronic sinusitis, case report, individualized treatment

Introduction

Sinusitis

Sinusitis refers to inflammation of the mucosal lining of one or more paranasal sinuses. It commonly develops following viral upper respiratory infections, allergic rhinitis, or bacterial infections leading to obstruction of sinus drainage pathways and accumulation of secretions.

The paranasal sinuses include:

1. Maxillary sinus
2. Frontal sinus
3. Ethmoidal sinus
4. Sphenoidal sinus

Sinusitis may be classified as:

1. Acute sinusitis - symptoms lasting less than 4 weeks
2. Subacute sinusitis - symptoms lasting 4-12 weeks
3. Chronic sinusitis - symptoms persisting more than 12 weeks
4. Recurrent sinusitis - repeated attacks throughout the year

Causes

Upper respiratory tract infection, Allergic rhinitis, Nasal polyps, Deviated nasal septum, Environmental pollution, Dust exposure, Smoking, Immunodeficiency,

Dental infections, Fungal infections.

Clinical features

Nasal blockage or congestion, Thick nasal discharge, Postnasal drip, Facial pain or heaviness, Headache, Sneezing, Reduced sense of smell, Fever in acute cases, Cough, especially at night, Fatigue and irritability.

Diagnosis

Clinical examination, Anterior rhinoscopy, X-ray PNS, CT scan of paranasal sinuses, Nasal endoscopy, Allergy testing.

Indications for surgical intervention

1. Chronic sinusitis not responding to medical management
2. Nasal polyps causing obstruction
3. Deviated nasal septum with recurrent sinusitis
4. Orbital or intracranial complications
5. Fungal sinusitis

Homoeopathic Therapeutics

Kali Bichromicum

Kali bichromicum is one of the most important remedies for chronic sinusitis especially involving frontal and maxillary sinuses. According to Boericke, the characteristic indication is "tough, stringy, ropy mucus" which can be drawn into long strings. The discharge is thick, yellow, tenacious and difficult to expel. There is marked fullness and pressure at the root of nose with pain extending into frontal sinuses. Patient complains of postnasal dropping and blocked nose with formation of crusts and plugs.

Allen describes Kali bichromicum as a remedy acting prominently on mucous membranes producing thick, viscid secretions. Pain appears in small spots and shifts suddenly from one place to another. Catarrh becomes chronic with ulceration and heaviness over nasal bones. Symptoms are worse in cold weather, morning, and damp climate.

Pulsatilla Nigricans

Pulsatilla is indicated in sinusitis with thick bland yellow or yellowish-green discharge. Boericke states that the discharge is non-irritating and accompanied by complete loss of smell and taste. Nasal obstruction changes sides frequently and symptoms are worse in warm rooms but better in open cool air. Headache and facial pressure are relieved slowly by gentle motion.

Allen describes Pulsatilla patients as mild, timid, yielding and emotional. Catarrh develops after getting wet, eating rich fatty food or suppression of discharge. Frontal headache with pressure above eyes is marked. Thick creamy mucus accumulates especially in evening and night. The patient is thirstless despite dryness of mouth.

Belladonna

Belladonna is useful in acute congestive stage of sinusitis. Boericke mentions violent throbbing headache with flushed face, heat, redness and throbbing carotids. Pain is aggravated by bending forward, light, noise and slightest jar. There is dryness of nasal passages before appearance of discharge.

Allen states that Belladonna produces intense cerebral congestion with bursting frontal headache. Face becomes red and hot, pupils dilated and eyes injected. The attack begins suddenly with fever and pulsation. Sinus pain is throbbing, cutting and shooting in nature. Useful especially in first stage before suppuration occurs.

Silicea Terra

Silicea is one of the chief remedies for chronic recurrent suppurative sinusitis. Boericke describes offensive purulent discharge with tendency to chronic infection and defective nutrition. Patient is chilly, weak and sensitive to cold air. There is obstruction with accumulation of pus deep in sinuses.

Allen explains that Silicea patients are delicate, nervous, chilly and lack vital reaction. Chronic catarrhal states continue for years with slow recovery. The discharge may be offensive, thick and associated with bony pains. Useful in neglected chronic sinusitis with recurrent abscess tendency.

Mercurius Solubilis

Merc sol acts markedly on mucous membranes producing excessive secretion and ulceration. Boericke mentions greenish-yellow offensive nasal discharge with swelling and rawness of nasal passages. There is constant desire to blow nose though little relief follows. Symptoms become worse at night with perspiration.

Allen describes profuse salivation, offensive breath, swollen glands and aggravation from both heat and cold. Nasal catarrh becomes excoriating and ulcerative. Sinusitis is associated with burning pain and heaviness of head especially at night.

Natrum Muriaticum

Boericke describes Natrum mur as useful in chronic sinus catarrh where watery discharge alternates with dryness and obstruction. Frontal headache feels as if "little hammers were beating in forehead." Sneezing and loss of smell are common.

Allen mentions silent grief, reserved nature and emotional sensitivity in these patients. Headache is worse from sunlight, mental exertion and reading. Nasal discharge resembles raw egg white and chronic catarrh persists for long duration.

Hepar Sulphuris Calcareum

Hepar sulph is indicated when sinusitis follows exposure to cold dry wind. Boericke states that discharge becomes thick, yellow, offensive and purulent with extreme sensitiveness to cold air. Pain is splinter-like and patient desires warmth and wrapping.

Allen describes excessive irritability and oversensitiveness to pain. Every draft of cold air aggravates complaints. Useful in suppurative stage where pus formation is advanced and patient becomes extremely chilly.

Arsenicum Album

Boericke describes burning acrid nasal discharge causing excoriation of upper lip. There is obstruction with restlessness, anxiety and marked weakness. Symptoms are worse after midnight and relieved by warmth.

Allen emphasizes prostration disproportionate to disease, fearfulness and constant restlessness. Patient changes position frequently despite weakness. Nasal catarrh is associated with burning pains and offensive thin discharge.

Lemna Minor

Boericke recommends Lemna minor in chronic hypertrophic rhinitis and sinusitis associated with nasal polyps. Nasal obstruction becomes worse in damp weather with excessive mucus formation and foul smell.

Allen mentions postnasal catarrh, loss of smell and obstruction due to hypertrophied turbinates. Useful in chronic sinusitis with polypoidal growths.

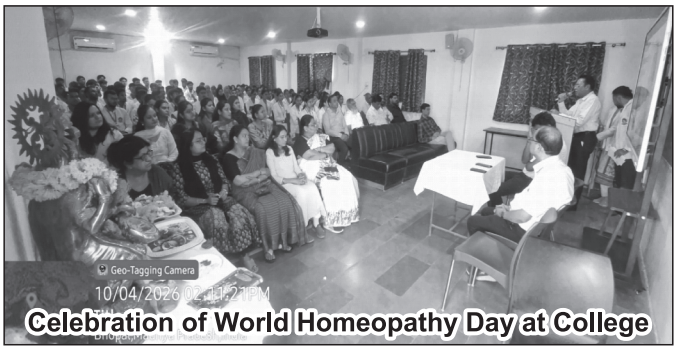
Teucrium Marum Verum

Boericke describes Teucrium as valuable in chronic catarrhal conditions with postnasal dripping and irritation high up in nose. Patient constantly tries to clear throat due to mucus accumulation.

Allen describes marked crawling sensation inside nose with obstruction, sneezing and chronic tendency to polyp formation. Useful in recurrent sinusitis associated with chronic nasal irritation.

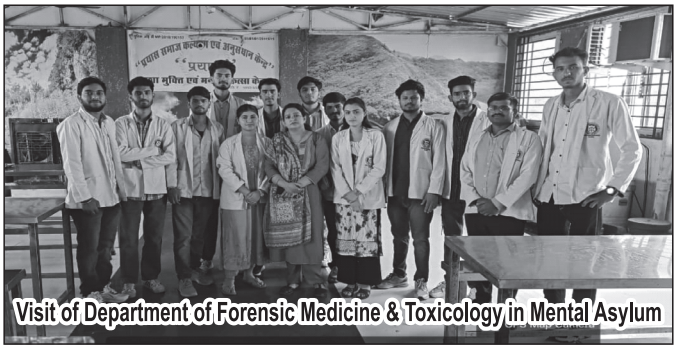
References

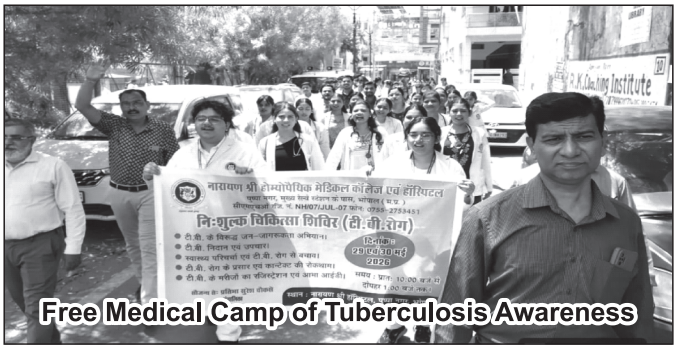
1. Davidson's Principles and Practice of Medicine.
2. Harrison's Principles of Internal Medicine.
3. Boericke W. Pocket Manual of Homoeopathic Materia Medica.
4. Kent JT. Repertory of the Homoeopathic Materia Medica.
5. Allen HC. Keynotes and Characteristics



Celebration of World Homeopathy Day at College


Celebration of World Homeopathy Day at Vigyan Bhawan, New Delhi


Visit of Department of Forensic Medicine & Toxicology in Mental Asylum



Free Medical Camp of Tuberculosis Awareness

Nasha Mukt Bharat Abhiyan Awareness Programme


Seminar on Role of Homoeopathy in Integrated Health System

Pride of Narayan Shree Homoeopathic Medical College & Hospital, Bhopal

GUNJAN KUSHWAH
BHMS-IV Prof.

IRMEEN KHAN
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