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Responses to:

Homoeopathic Medical Panorama

Mediwell Homoeopathy

Layam Road, Tripunithura

Ernakulam, Kerala, India, PIN 682301

+919447330050

E mail - editorhmp@gmail.com

www.ihma.in

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INSIDE

- 05 EDITORIAL
- 06 MESSAGE OF THE NATIONAL PRESIDENT
- 08 REPORT OF THE SECRETARY GENERAL
- 10 CLINICAL TRIALS IN HOMOEOPATHY-
VALIDATION OF DRUG PROVING IN HOMOEOPATHY
THROUGH CLINICAL TRIALS
- 16 PATHOLOGY- ITS RELATION TO MIASM WITH A VIEW
TO PATHOLOGICAL GENERALS
- 20 ARISE ! AWAKE !
- 22 HOT WATER EPILEPSY
- 26 THE TROUBLING BAG OF WORMS-VARICOCELE
- 30 REPORTS

Editorial



Dear Esteemed Colleagues,

It is with immense enthusiasm and a sense of newfound responsibility that I embrace the position of Editor-in-Chief at Homoeopathic Medical Panorama. I am wholeheartedly committed to this role and seek the collective support and cooperation of all involved, as we endeavour to ensure the timely publication of each issue.

The landscape of public healthcare is witnessing a rapid expansion of Homoeopathy, as evidenced by recent reports. Alongside this growth, our field also faces criticism from proponents of other medical systems. Notably, a medical practitioner from another discipline has raised a legal challenge in the Supreme Court regarding the distribution of Arsenicum Album 30 as a preventive measure against Covid-19. The challenge questions both the efficacy of this approach and the validity of the clinical trial reports. Moreover, concerns have been voiced regarding potential liver damage. In light of these circumstances, it becomes our duty to collaboratively support the national and state authorities in substantiating the safety and effectiveness of this protocol under normal conditions, as prescribed by healthcare professionals.

Comparatively, research activities within our domain have been less robust than in other medical streams. However, I am pleased to observe ongoing advancements in infrastructure across various homoeopathic institutions, including educational and treatment centers. Accreditation from NABH, ISO certifications, and similar achievements are testament to our progress. I earnestly implore the dedicated faculties within homoeopathic institutions to take initiative in driving research programs in alignment with regulatory standards. Generous funding is available from the Department of AYUSH, alongside comprehensive research facilities provided by our medical universities.

The current edition of our publication primarily delves into the realm of clinical trials in homoeopathy. It explores methodologies, effectiveness, and explanatory aspects, supplemented by a motivating article aimed at revitalizing and galvanizing our homoeopathic community. Together, let us rally to assert that homoeopathy is both secure and action-oriented.

I seize this occasion to extend my heartfelt gratitude to all office bearers, the esteemed editorial board, our sponsors and most significantly, the scientific authors who consistently provide their time-sensitive and proactive support.

With sincere thanks and warm regards,

Dr. Ajithkumar VK
Editor-in-Chief

MESSAGE OF THE NATIONAL PRESIDENT



Dear Fellow Homoeopaths,

It is with great honor and humility that I took charge as the National President of our esteemed organization. I am deeply grateful for the trust and confidence you have placed in me by electing me as the National President of the Indian Homoeopathic Medical Association.

First and foremost, I would like to express my heartfelt appreciation and admiration for the hard work and dedication of my predecessors who have led this association with unwavering commitment. They have set a high standard of excellence, and it is my sincere intention to build upon their achievements and take our organization to even greater heights.

Nowadays, we find ourselves at a critical juncture in the field of homoeopathic medicine. Our nation faces numerous health challenges, and it is our responsibility as practitioners of homoeopathy to rise to the occasion and address these issues with utmost compassion, integrity and professionalism.

Homoeopathy, with its holistic approach

and emphasis on individualized care, has the potential to revolutionize healthcare in our country. It is our duty to promote the benefits of homoeopathy and work towards creating an environment where it is recognized and integrated into the mainstream healthcare system.

To achieve this, my vision for the Indian Homoeopathic Medical Association is four-fold:

Firstly, I intend to foster unity and collaboration among our members. Together, we are stronger and by leveraging our collective expertise and experience, we can make a significant impact in advancing the field of homeopathy. I will encourage the exchange of ideas, promote research and innovation and facilitate networking opportunities that will enable us to learn from one another and grow as professionals.

Secondly, I am committed to enhancing the professional development and education of our members. Continuous learning is crucial in a rapidly evolving medical landscape and I will strive to provide access to high-quality educational resources, training pro-

grams and conferences that will empower our members to stay updated with the latest advancements in homoeopathic medicine. By investing in our professional growth, we can improve patient outcomes and gain the respect and recognition we deserve. I also intend to conduct arts and sports events for the mental and physical well being of our members.

Thirdly, as a national organization, we have to expand our association to all states and union territories of India. At present we have members in 11 states. I am sure through our combined effort we can achieve this target very soon. I request your wholehearted support.

Lastly, I aim to strengthen our advocacy efforts to promote the acceptance and integration of homoeopathy into the larger healthcare framework. We will engage with policymakers, regulatory bodies and other medical associations to raise awareness about the efficacy of homoeopathy and its potential to complement conventional medicine. By presenting credible scientific evidence, we can dispel misconceptions and foster a collaborative approach towards patient care.

But, my dear colleagues, I cannot achieve these goals alone. I urge each and every one of you to actively participate, contribute your ideas and work together as a cohesive team. Let us remember that our ultimate objective is to serve the people of our nation and improve their health and well-being through the principles of homoeopathy.

I am confident that with our collective effort, dedication and unwavering commitment to excellence, we will make a lasting impact on the healthcare landscape of our country. Together, we can elevate the Indian Homoeopathic Medical Association to new heights and ensure that homoeopathy takes its rightful place as an integral part of the healthcare system.

Thank you once again for your trust and support. Let us embark on this journey together, hand in hand, as we shape the future of homoeopathy in India.

Jai Hind!

Jai IHMA!

Jai Homoeopathy!

Dr. K M Uvaise
National President

We are pleased to extend an invitation to doctors who are interested in contributing articles related to Homoeopathy for publication in the Homoeopathic Medical Panorama. We are seeking articles that focus on disease management and treatment using homoeopathic approaches. Submitted articles should be original and not have been previously published in any other journals.

All submissions will be reviewed by our editorial board for quality, accuracy and relevance. We reserve the right to reject articles that do not meet our standards or contain irregularities.

Please ensure that your article is neatly typed and well-structured, include relevant data, case studies and any images or diagrams that enhance the understanding of your topic.

Send your article to editorhmp@gmail.com. Be sure to include your full name, qualifications, affiliations and contact information.

REPORT OF THE SECRETARY GENERAL



Dear Fellow Doctors

Our journey started with the election and installation of the present office bearers in the NWC meeting held on 22nd July 2023, ie. the previous day of the Annual National convention 'Lucidium' held at Hotel Kiscol Grands, Coimbatore. The chapter elections were conducted in almost all chapters. The previous working calendar upto August 2023 was packed with many activities such as scientific seminars, academic and learning programs, cultural and sports activities. The New Dais took up the challenge with enthusiasm and vigor under the leadership of our President, Dr. K. M Uvaise.

Kerala being the premier chapter of IHMA is the most active state chapter. The Kerala SWC is regular in organising various state level programs. The Kerala state women's wing also contributed in conducting programs in connection with various festivals and state level celebrations. There were three major sports events organized by the state chapter such as Football, Cricket and Badminton tournaments. SOH Kerala held coaching programs and also brought out new and improved edition of the iBasic.

IHMA UAE Chapter is a very active international chapter and has played a major role in keeping up the global presence. This was facilitated by conducting its Annual International Conference, Remedium 4, where our Immediate Past President Dr. Herald Roshan

Pinto and Secretary General led a delegation from India to attend this program.

The UAE chapter also made its presence felt by its enthusiastic programs for the IHMA UAE members and their families like Onam and other cultural celebrations. They were also involved in one million meal initiative organized along with a group MBRGI. They also helped to conduct food camps during the holy month of Ramadan. IHMA UAE chapter planned various activities for 2023- World Homoeopathy Day on April 6th, the Holy Thursday in association with AKCAF, Dubai Charity Organisation. The chapter members distributed Holy Ramdan Ifthar kits to thousands of inmates in Sonapur labour camp masjid premises. Majority of the members and volunteers whole heartedly supported, and their services made this event a grand success which were covered by major news channels in UAE. The members also planned to be part of free consultation clinics, classes and celebrations happening in UAE in connection with our Master Hahnemann's Birthday. They were also actively involved in a donation drive to help the earthquake victims of Syria and Turkey.

Amidst many unfavorable circumstances and limitations and with a handful of members they were able to raise new memberships and conduct activities within a short span of time. The organizational skills of the office bearers could be seen in conducting the

UMJER KAISER- 2023 - the first ever National conference in the North East by a homoeopathic professional organization.

The members of Meghalaya chapter are very grateful to Dr. Moryza Ryngkhlem, the chapter vice president for taking the opportunity to arrange the All India Radio talk which will be broadcasted in Jaintia language on Homoeopathy as part of our effort to promote homoeopathy among the public especially on a special day like World Homoeopathy Day. The Meghalaya chapter celebrated Hahnemann's day and arranged a get together on the 22nd April and on the 23rd they had their state program.

IHMA Manipur chapter conducted a program on April 10th at Classic Grande, Imphal Manipur. IHMA Manipur chapter has conducted World Homoeopathy Day and Dr Birkumar was the chief guest. Dr Narendra was the guest of honour. Dr Jet, President chaired the function. During the scientific sessions, topics like "Homoeopathy and its approach in pediatrics cases" were conducted.

IHMA Maharashtra, presently the South Mumbai chapter is the active chapter in Maharashtra which recently conducted a unique and specialized guided homoeopathic nature trail called 'Medicine in the Wild' at the Sanjay Gandhi National Park, Borivali (E) on the 28th August 2022. Presently they are planning an upcoming Conclave named IMPAL ONCON and themed AYUSH for Cancer- Integrated Medicine in the month of December 2023. They also conducted various CMEs and medical camps.

The chapter wise elections were completed. Discussions to revive the dormant chapters are taking place so that a Tamil Nadu

State Committee could be formed at the earliest. Regular CMEs were held in most chapters. On 31st July, a National Conference and workshop on Pediatric Diagnosis was conducted at Hotel Hablis at Chennai. Various other programs like free medical camps and sports tournaments such as Chess, Volleyball, Badminton and Cricket were also conducted. There were two national level conferences organized by the Coimbatore chapter, the first in association with CHDA and it all ended on a high note with the national convention and seminar Lucidium 2023 held on the 23rd of July 2023 which was a grand success.

IHMA NATIONAL CONVENTION AND SCIENTIFIC SEMINAR – LUCIDIUM 2023 - There were both online and offline sessions by our distinguished speakers, and it was an opportunity to immerse in the plethora of knowledge offered by the experts. Offline Session was on 23rd July, 2023 at Kiscor Grands, Coimbatore. Faculties and Topics for Offline Session: Dr. Dinesh Chauhan - "The Journey and Detailed Steps of The Case Witnessing Process (Case Taking) in Pediatric Cases", "Acute Cases and Deep Pathological Cases." Dr. Mansoor Ali KR - "What After BHMS? Opportunities in India and abroad."

Online Session started from 15th July, 2023. Faculties and Topics for Online Session: On 15th July 2023, Dr. Saji - "An Introduction to Case Report Writing", On 18th July 2023 - Dr. Praveen Raj - "Pace and Place of Remedy Action". On 20th July 2023 - Dr. Arulvanan - "Radiology in Day to Day Homoeopathic Practice", On 21st July 2023 Dr. Saji K - Monsoon "Materia Medica".

(contd... P-25)

Clinical Trials in Homoeopathy- Validation of Drug Proving in Homoeopathy through clinical trials

Dr Bindu John Pulparampil, MO,
Govt Homoeo Dispensary, Poovar
& State Co-ordinator, Palliative
Project, Department of Homoeopathy



Every science needs to be scientifically validated. There are different ways to validate theories, hypothesis and inferences. Researchers do different kinds of studies to build evidences. The strength of a study depends on its size and design.

New results may confirm earlier findings, contradict them, or add new aspects to scientists' understanding. In the end, cause and effect are usually hard to establish without a well-designed clinical trial. To have an understanding of clinical trial, we will have to understand different aspects of research. Clinical research is the study of health and illness in people [1]. Scientists may have many reasons for doing a clinical study, such as:

- To explore the cause of a disease or a set of symptoms
- To test if a treatment will help with a symptom or condition
- To learn how a certain behaviour affects people's health.

Different types of clinical studies are used in different circumstances. Depending on what is known and what isn't, scientists may even study the same research question using different kinds of studies and in different

groups of people. Here are different types of clinical studies and why they might be used. In many studies, researchers do not do experiments or test new treatments; they observe. Observational studies help researchers understand a situation and come up with hypotheses that can be put to the test in clinical trials. Observational studies can find associations between things but can't prove that one thing causes another.

Types include:

Case Study/Case Series which includes a detailed description of one or more patients. By documenting new and unusual cases, researchers start to generate hypothesis about causes or risk factors. **Ecological Study** compares the rate of a disease or condition for groups of people, such as towns in different climates or with different average incomes. **Cross-Sectional Study** is a snapshot of many people at one moment in time. These studies can show how common a condition is and help identify factors associated with it.

Case-Control Study is about a group of people who have a condition as compared to a control group of people who don't. Possible causes or risk factors can emerge.

Cohort Study involves a large group of people observed over time. Some eventually

develop a disease or condition. Researchers can learn how often the condition occurs and find possible causes or risk factors.

In these studies, researchers test new ways to prevent, detect or treat disease. Treatments might be new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials can also test other aspects of care, such as ways to improve the quality of life for people with chronic illnesses. A well-designed clinical trial is the gold standard for proving that a treatment or medical approach works, but clinical trials can't always be used. For example, scientists can't randomly assign people to live in different places or ask people to start smoking or eating an unhealthy diet. Clinical trials are conducted in phases:

Phase I

- Purpose: Find out whether a medical approach (e.g., drug, diagnostic test, device) is safe, identify side effects, and figure out appropriate doses.
- Number of people: Typically fewer than 100

Phase II

- Purpose: Start testing whether a medical approach works. Continue monitoring for side effects; get information that goes into designing a large.

Phase III trial.

- Number of people: Typically 100-300

Phase III

- Purpose: Prove whether a medical approach works; continue monitoring side effects.
- Number of people: As many as needed or able to enroll—can be 1,000 or more

Phase IV

- Purpose: When a medical approach is being marketed, continue gathering information on its effects.

- Number of people: 1,000.

In homoeopathy, the question was always about its validation in terms on conventional research parameters. Homoeopathic system of medicine involves the unique concept of drug proving, drug dynamization, and individualisation encompassing its universal Law of Similars. It has always been a challenge to revisit the cardinal principles of homoeopathy, in lieu with the gold standard of clinical research including Randomised Control Trials. Several studies were down along these lines and I would like to bring out a few papers along the concept of drug proving.

Protocol for a phase 1 homoeopathic drug proving trial [2], is a protocol designed by Michael Teut 1*, Ute Hirschberg 1, Rainer Luedtke 2, Cristoph Schnegg 1, Joern Dahler 1, Henning Albrecht 2, Claudia M Wit 1

This study protocol adapts the traditional homoeopathic drug proving methodology to a modern clinical trial design :

This study is a Multi-centre, randomised, double-blind, placebo-controlled phase 1 trial with 30 healthy volunteers. The study consists of a seven day run-in period, a five day intervention period and a 16 day post-intervention observation period. Subjects, investigators and the statisticians are blinded from the allocation to the study arm and from the identity of the homoeopathic drug. The intervention is a highly diluted homoeopathic drug (potency 12C = 10^{24}), Dose: 5 globules taken 5 times per day over a maximum period of 5 days. The placebo consists of an optically identical carrier substance (sucrose globules). Subjects document the symptoms they experience in a semi-structured online diary. The primary outcome parameter is the number of specific symptoms that characterise the intervention compared to the placebo after a period of three weeks. Secondary outcome

parameters are qualitative differences in profiles of characteristic and proving symptoms and the total number of all proving symptoms. The number of symptoms will be quantitatively analysed on an intention-to-treat basis using ANCOVA with the subject's expectation and baseline values as covariates.

Homoeopathic drug proving trials using the terminology of clinical trials according To Guidelines of Good Clinical Practice(GCP)and fulfilling current requirements for research under the current drug regulations is feasible. However, within the current regulations, homoeopathic drug proving trials are classified as phase 1 trials, although their aim is not to explore the safety and pharmacological dynamics of the drug, but rather to find clinical indications according to the theory of homoeopathy. To avoid bias, it is necessary that neither the subjects nor the investigators know the identity of the drug.

Homoeopathic drug proving trials (HDP), also known as homoeopathic pathogenetic trials, is one of the fundamental concepts of homoeopathy and has been conducted for more than 200 years [3-7]. In addition to exposing the toxic effects of the drug, HDP serve as a key source of information for the homoeopathic materia medica.

Its purpose is to test non-toxic levels of a specific substance in healthy volunteers to determine the symptoms this substance stimulates and the types of individuals who may be sensitive to it. The profile of symptoms recorded in an Homoeopathic drug proving trials (HDP) by a group of healthy volunteers, serve as basis for information to find indicators of the drug in sick patients. In Homoeopathic drug proving trials (HDP), the drug under investigation is administered and the individual response of every volunteer to the application of the substance is described. According to the law of similars, the sub-

stance is then used to treat patients with similar symptoms. The clinical experience subsequently shapes the homoeopathic drug profile.

A systematic review published in 2007 analysed HDP conducted between 1945 and 1995, showed that most HDP were of low methodological quality [3].

Most of these old Homoeopathic drug proving trials (HDP) studies were conducted by homoeopathic physicians who were mainly interested in identifying clinical indications and drug profiles for therapeutic purposes following the theory and philosophy of homoeopathy. However, in recent years innovative new study methodology for Homoeopathic drug proving trials(HDP) has been developed and tested [7-12]. Recent research [13] has focu-ssed on two main objectives

- 1) Using rigorous experimental designs to find out if specific effects of highly diluted homoeopathic drugs compared to placebo or other controls can be identified or reproduced and

- 2) Qualitatively identifying new symptoms and indications mainly for therapeutic purposes. Current research in Homoeopathic drug proving (HDP) focuses on re-proving old and commonly used homoeopathic remedies in double blinded and placebo-controlled trials. In these studies blinded homoeopaths were asked to identify drug-specific symptoms in the diary of each study-subject and assign them to a list of potential homoeopathic drugs. In the last blinded Homoeopathic drug proving trials HDP conducted by this study group, two well-known homoeopathic remedies (Natrium muriaticum and Arsenicum album) were tested against placebo. The blinded homoeopaths identified only Arsenicum album-

specific symptoms in the Arsenicum album group, only Natrum muriaticum specific symptoms in the Natrum muriaticum group and only non-specific symptoms in the placebo group. The results of this and a previous Homoeopathic drug proving trials showed that specific symptoms of the Homoeopathic drug proving trials (HDP) could be identified and allocated by blinded raters with a high statistical significance [10,11,13]., it is not clear whether the identification of drug-specific symptoms may also be achieved for new and unknown homoeopathic drugs. A key question of current Homoeopathic drug proving trials (HDP) research is to define specific symptoms, including a list of criteria and to develop a qualitative analysis method in order to identify them in new and unknown homoeopathic drugs.

The European Committee for Homoeopathy (ECH) developed the “Homoeopathic drug proving guideline” [4] which for the first time, adapts traditional HDP methodology to the requirements of modern European standards. German drug regulations have meanwhile classified HDP as clinical phase 1 trials. This study transfers the traditional concept of homoeopathic drug proving trials into current clinical drug trial methodology and standards and adapts it for the guidelines of the drug regulations for phase 1 trials. ‘A standardised qualitative analysis procedure is combined with quantitative analysis techniques. Designing homoeopathic drug proving trials using the terminology of clinical trials according Good Clinical Practice and fulfilling the current requirements for research under any national drug regulations is feasible.

The main aim of the study is to determine whether a homoeopathic drug in the potency 12C provokes more characteristic homoeopathic proving symptoms after three weeks compared to a placebo in healthy volunteers

However, there are some aspects differing from conventional standards.

Classification as phase 1 trial : A homeopathic drug proving trial is a phase 1 trial. The objective of a conventional phase 1 trial is to assess the safety and to gain knowledge about their pharmacological dynamics in a small number of subjects. In contrast, the aim of a homoeopathic drug proving trial is to identify new symptom patterns to identify therapeutic indications according to the law of similars and enhance the homoeopathic knowledge and materia medica [22].

The subjects are usually doctors or students trained in homoeopathy and not simply healthy volunteers. Informed consent and blinding. Another aspect is that in conventional trials it is necessary to inform subjects and investigators about the identity of the drug, the risks and potential benefits. In an HDP this has to be hidden from the subjects and investigators to avoid bias in detecting and reporting symptoms. Preclinical toxicological tests. In drug trials preclinical toxicological data are considered necessary before testing the substance in human subjects. The risk of a substantial intoxication in homoeopathic drugs of a high potency is very low since the compound is very dilute. The German drug agency advises against preclinical toxicological tests in potencies from 12C (10 24) [24].

In this trial this recommendation was followed and 12C potency was used. At present it was impossible to distinguish adverse events from homoeopathic proving symptoms due to a lack of knowledge and subsequent criteria. In this homoeopathic drug proving trial, all symptoms are to be recorded in an online diary by subjects and investigators. Severe adverse events were to be separately documented and reported to the sponsor, the ethical commission and the health authorities, following the

current regulations.

The qualitative analysis is necessary following any quantitative analysis. If it fails, all statistical results (including p-values), are potentially biased. Therefore, test for reliability of the coding of the primary outcome parameter- the characteristic proving symptoms, which will be performed independently by two experienced homoeopaths. Therefore, the results are also dependent on the experience of the coding raters. To optimally fulfil homoeopathic criteria according to Hahnemann's Organon (§143), using characteristic proving symptoms as the primary outcome parameter. This aligns with the homoeopathic philosophy of emphasizing the superior role of individualistic and peculiar symptoms.

This trial brings out the feasibility of a drug proving trial to fit into the conventional clinical trials also considering the recommendations of the existing rules of a country in its Good Clinical practices

This paper brings out the the analysis based on previous several studies on human pathogenetic trials conducted in Homoeopathy. It also brings out the analysis of the trials held with different potencies and placebo.

Also brings out a summary of 20 years of reflection, data collection and analysis of various human pathogenetic trials and brings out the necessity of good homoeopathic provings, the need for Good Clinical Practices guidelines. A brief survey of recent developments in methodology of homoeopathic drug provings in Europe is also referenced.

Differences between homoeopathic provings and conventional clinical trials [23]

The clinical testing of experimental drugs is normally done in four phases, each successive phase involving a larger number of

people. Phase I studies are primarily concerned with assessing the drug's safety and designed to determine the pharmacodynamics of the drug – how it is absorbed, metabolized, and excreted. This initial phase of testing in humans is done in a small number of healthy volunteers (20 to 100). Phase II is a clinical efficacy test with a larger number of subjects (100-200). By previously conducted pharmacological tests the indication spectrum of a medicament has been experimentally identified. Apart from the curative properties for defined medical conditions (high blood pressure, migraine, headache, etc.) unwanted side-effects—which can be unpleasant, serious or even life-threatening – and drug tolerance are to be assessed.

Phase III studies are also trials with patients regarding effects and side-effects as well in the hospital as with practitioners. Phase IV studies, or post-marketing surveillance studies, are conducted after the first registration.

In their practical aspects several similarities can be observed between homoeopathic provings and conventional clinical trials. In either set-up medication is administered to a small number of healthy volunteers and its effects are accurately observed and documented. Both use non-medicinal substances as control. Both lead to conclusions regarding the effects of the administered medication.

However, conventional clinical trials are aimed at assessing the efficacy of a drug in specific medical conditions and its side-effects (in phase II), whereas homoeopathic provings are not used for testing the efficacy of a medicine in a specific medical condition and are never conducted on patients.

The only purpose of provings is to identify and document all emerging effects and symptoms, leading to a 'remedy picture' generated from the totality of observed symptoms, which can serve as a matrix to be compared with the totality of the symptoms of



a diseased patient. This aim might be described as searching for side-effects without a main indication. Not only does the purpose of provings differ from that of conventional clinical trials, neither do provings follow the four-phase set-up of conventional clinical trials.

Although, as said above, there are several technical similarities, provings may only be considered as a homeopathic version of a clinical trial phase I, not as identical with a clinical trial phase I. If after several provings no more new symptoms arise, the objective of a complete 'remedy picture' will have been achieved. Phase II – IV studies in homeopathic trials are unnecessary, as provings are always conducted at a non-toxic level, which means there is no risk of side-effects or toxicological effects.

Both these papers bring out the feasibility of validating every homeopathic principles, in the conventional realm by adapting to its individualised structure and reframing the methodology to suit to the techniques of homeopathy. There are immense possibilities of reproving the drugs in *Materia medica* and also do new provings, based on both traditional homeopathic standards and contemporary research methods, following the guidelines for clinical trials thereby raising Homeopathic drug provings to high methodological quality.

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PATHOLOGY-

ITS RELATION TO MIASM WITH A VIEW TO PATHOLOGICAL GENERALS

Dr Jessan Joshua
Assistant Professor

Department of Pathology & Microbiology
Alva's Homoeopathic Medical College Manglore



Introduction(1)

Pathology is the scientific study of changes in the structure and functions of body in disease. In simple language, disease is the opposite of health [disease is loss of ease (or comfort) to the body i.e. dis+ease] whereas health is defined as a condition when the individual is in complete accord with the surroundings.

Human pathology is conventionally studied under two broad divisions. General pathology dealing with general principle of disease and systemic pathology that includes study of disease pertaining to specific organs and body systems.

PATHOLOGY		
GENERAL PATHOLOGY	SYSTEMIC PATHOLOGY	
	Morphological Branches	Non Morphological Branches (Diagnostic branches)
	Histopathology (Includes Surgical Pathology, Experimental Pathology and Autopsy Pathology)	Clinical pathology
	Cytopathology (Includes FNAC & Exfoliative Cytology)	Clinical biochemistry
	Hematology	Microbiology
		Immunology
		Genetics
		Molecular pathology

Homoeopathic perspective of pathology (4,5,6): The findings and conclusions of

modern pathology are accepted by all systems of medicine and serves as the common basis of the therapeutic art. There are enough variations and differences, particularly in general pathology arising from the contemplation of the subject from homoeopathic point of view to justify the creation of a special field called, Homoeopathic General Pathology, especially as it is concerned with *Chronic Diseases*.

The doctrine of vital force, later changed to vital principle is the basic concept, making it clear about the substantialistic view of life—that is life is substantial. From this concept arises the dynamic theory of disease and Hahnemannian pathology, that the disease is always a morbid dynamical or functional disturbances of vital principle, which can be brought back to normal by therapeutic medical via law of similia, *Similia Similibus Curentur*.

MIASMATIC THEORY OF HOMOEOPATHY(4,5,6)

According to Master Hahnemann, fundamental cause for any disease is the miasm. The word miasm originated from a Greek word 'miasma'. Miasm is heavy vaporous exhalations, effusion believed to cause disease, noxi-

ous influences, a polluted material, a putrid vegetable matter etc.

As per Dr. Stuart Close, it is a non material unwholesome exhalation/polluting agent affecting living being in a very subtle and detrimental manner, bending the economy so conducive for the manifestation of an unlimited number of acute and chronic diseases. It is the maggots that are borne in mind as it is said by J.H Allen. Sir John Weir defines miasm as *Germ Disease*.

For formulating the theory of chronic disease, Hahnemann classified the phenomena of disease that led to broadest generalization in pathology and etiology. Hahnemann's generalization was based upon his new and far-reaching discovery; *the existence of living, specific, infectious micro-organisms* as the cause of the greater part of all true diseases. This was years back, before the discovery of microscope.

Hahnemann reduced all the phenomena of chronic disease according to their causes to four fundamental classes, Occupational or drugs diseases, Psora, Syphilis and Sycosis. There are certain conditions which doesn't require medicine and can be removed by changing the diet and regimen. These conditions are not true diseases. The true miasmatic diseases are Psora, Syphilis and Sycosis. The Psora is the most oldest, universal, misapprehended, hydra headed, infectious and most destructive miasm according to Hahnemann. Psora mainly affects in the functional level and the important manifestation is itch, where skin symptoms are important and having burning sensation along with tickling voluptuous itching and having a peculiar odour.

The Sycotic manifestations are mainly the warty growth, which are softy spongy and having fish brine odour. Syphilis is the most easiest miasm to cure and main presentation is bubo and chancre. The former is non venereal miasm and the latter two are venereal. According to H.A Roberts, Psora is the deficiency miasm, Syphilis is the destructive and Sycosis, the constructive (abnormal growth).

CLASSIFICATION MIASMATIC EXPRESSION WITH PATHOLOGY(3)

PSORA	SYPHILIS	SYCOSIS
Disturbs metabolism, all hypos are mainly psoric	Conditions with Prefix "Dys"	Hyper is sycotic
Hypoplasia	Dysplasia	Hyperplasia
Atrophy	Dystrophy	Hypertrophy
Weakness	Ataxia	Restlessness
Inhibitory quality	Destructive quality	Expensive quality
Dryness of mucous membrane	Ulceration	Augmented secretion

MODERN CONCEPT OF MIASM AND ITS RELATION TO PATHOLOGY(1,3)

Miasm is the old terminology used by Dr. Samuel Hahnemann when the causative factors are not known. Now a days, in the modern era, the science has developed and these terms must have to be studied in connection with pathological findings of a disease.

Psoric miasm of ancient times and pathogens of non venereal skin or itch disease of today, the streptococcus and /or staphylococcus, etc., are all synonymous. These pathogens mainly produces disorders of sensations and functions in the organism. Hence these are called the sensitizing miasm. Being sensitizing miasm, psora will not produce any structural changes but functional disorders, manifested by hypersensitivity, itching, irritation, burning, utmost congestion and inflammation.

Syphilitic miasm of ancient times and today's pathogen of venereal disease, the Trepon-

ema/ Spirochaete pallidum are all synonymous. These pathogens mainly create destruction and perversion in the organism. Hence it is called the destructive miasm. Syphilis produces destructive disorders everywhere, mental or physical. Syphilis mainly develops the virulent open ulcer. We can recognise syphilis by degeneration. It represents an involution which is equivalent to repulsion and destruction of the mind as well as of the organs. There is presence of spasms, ulcers, degeneration of the tissues, burning passions, homicide and wickedness. This miasm corresponds to the red colour of blood and of consuming fire.

Sycotic miasm of ancient period and pathogen of one of venereal disease of today, the gonococcus are one and the same. This pathogen mainly produces incoordination or proliferation in the organism. Hence it is called the incoordinating miasm. Sycosis produces incoordination everywhere, mental or physical; the latter by uncontrolled proliferation and/or atrophy of different parts of tissues. Sycosis develops the catarrhal discharge. We recognise sycosis, characterized by ostentation; its hastiness, its tendency to externalize and exaggerate, its abnormal increase in the frequency. The dimensions and in the intensity of the sickness, as in the concomitant instability. Everything which tends to exaggerate the expression of self-hyperfunction, hypertrophy, etc. is part of this miasm.

We can correlate the miasmatic expression to pathological changes. For example, in case of Rheumatoid arthritis, it starts as inflammation which comes under psoric manifestation. Later on changing to proliferation and angiogenesis, neutrophil accumulation, early pan-

nus formation (inflammatory granulation tissue later invades the synovial membrane. There will be subchondral bone erosion, pannus invasion of cartilage, chondrocyte proliferation all these which accounts for sycotic miasm.

Likewise in every case we can interconnect the miasmatic manifestation to modern pathology.

PATHOLOGICAL GENERALS(7)

Pathological generals are the expressions of the person, which are known by a study of the changes at tissue level. Certain type of constitutions are prone to some pathological changes at different levels of organ system. The response to unfavourable stimuli through pathological changes in an individual may vary, but a common propensity might still persist. To understand an individual, we must have the knowledge of this common change at different tissue level, which eventually shows the behaviour of whole constitution. This requires knowledge of pathology, keen observation and careful study of the symptoms on the part of physician to detect the pathological generals in patient and use it for finding out similimum. Boger emphasized the importance of pathological generals both in his repertory and his book "General Analysis". Both books can be used side by side for the purpose of repertorization.

Examples:

1. If a person shown degenerative changes at many Locations and/or sign of early senility - the rubric would be SENILITY
2. Discharges, if common to two or more parts.
3. If more than two parts show a similar kind of pathology.

4. Involvement of general Location glands, folds, orifices, etc.

5. Certain tendencies suppuration, haemorrhagic or diathesis-uric acid diathesis etc.

6. Constitution types and miasmatic expressions

A FEW PATHOLOGICAL GENERALS IN REPERTORY

Atrophy/Emaciation, Chlorosis, Convulsions, Spasms, Discharges, Dropsy, Hemorrhagic tendency to Indurations, Inflammations, Obesity, corpulency, Offensiveness, Paralysis agitans, Scorbutic symptoms, Serous membranes, Suppuration, Swelling, Syphilis, Torpidity, Uraemia, Ulcers are mentioned in the chapter **Sensation and complaints in general**

Uric acid diathesis, Senility are mentioned in the chapter **Agg. & Amel**

Different kinds of sensations or pains if noticed at many parts can be taken as 'general.' All the rubrics mentioned in 'sensations and complaints in general' are not pathological general. Rubrics become pathological generals only if case expresses likewise. Boger's General Analysis and Synoptic Key are also useful for the purpose of using pathological generals.

Advantage: If the case shows a pathological general, it can be repertorized by following Boger's method. Thus finding out the similitum would be easier.

Caution

1. Symptoms should be clearly interpreted from the standpoint of pathology and expres-

sion. A forced pathological general would fail to produce any result.

II. The grouping of remedies against these rubrics are largely based on clinical observations and confirmation, thus contain imperfect list. Some rubric have very few medicines. Thus its use in repertorization should be cautiously made.

III. Physician must use his discrimination in the application of these rubrics in practice. The medicine should not be used just because it covers two pathology at two or more than two parts, but it should agree with the whole picture.

Thus the knowledge of pathology in relation with homoeopathic philosophy and miasmatic expressions are important for prescription and follow up.

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Arise! Awake!

Dr Kurian Poruthukaren

Professor & HOD,
Department of Repertory,
Yenepoya Homoeopathic Medical College,
Naringana campus, Mangalore 575018



I sense the rationalists, the skeptics and the others with vested interests are campaigning to expose the vulnerable areas of homoeopathy. They use media^{1,2} and the judiciary³ for this purpose. I foresee them using the remaining estates of democracy: the legislatures and the executives. The campaigners might leverage similar events happening internationally.

For instance, they might use the recent Australian report for the purpose. The Australian report concludes homoeopathy is ineffective for treating any medical condition⁴. This report had a ripple effect in a few of the European countries⁵. A few governments assessed the treatment outcome of Homoeopathy and curtailed its inclusion in the public health system⁶. It is essential to note the countries that curtailed the inclusion of Homoeopathy enjoyed a decent public acceptance. Hence, it is high time for homoeopaths To arise! To awake!⁷ to strengthen the vulnerable areas.

The campaigners focus on the following vulnerable areas: implausibility of ultra-high dilutions to exert any biological effects⁸, lack of toxicology studies for the mother tinctures and lower dilutions of homoeopathic medicines prepared from poisonous sources⁹ and lack of evidence (evidence is information gathered through unbiased clinical experimentation¹⁰) of the efficacy of homoeopathic treatment. Other vulnerable areas that are sitting ducks for the campaigners are the lack of regulatory frameworks for ensuring effectiveness and toxicological aspects of new patent drugs⁹; the lack of uniform concentration of active

principles of the mother tinctures and lower dilutions available in the market¹¹; the lack of scientific methods to decide the expiry dates for the homoeopathic mother tinctures and lower dilutions¹².

Currently, the homoeopathy system in India enjoys support from the public. However, the support from the public may vary over time. Hence, it is not a reliable source for defending us against the campaigners. The evidence, on the other hand, is unlikely to change over time. Therefore, I suggest leveraging this source to defend against the campaigners.

The judiciary and the scientific communities do not consider medical records and testimonials as evidence for efficacy. However, the judiciary and the scientific communities consider the case reports and case series (retrieved from the medical records) published in peer-reviewed indexed journals as the weakest pieces of evidence; the most robust evidence is the meta-analysis published in peer-reviewed indexed journals.

We, the homoeopaths: the physicians, the academicians, the research scholars, the scientists, and the pharmaceutical industries, should collaborate effectively to strengthen the vulnerable areas.

To begin with, the homoeopathic associations may persuade the Ministry of AYUSH to insist the pharmaceutical industries for conducting toxicological / efficacy studies of new drugs; the clinicians all over the country may be encouraged to publish case reports/case series in indexed journals;

the academicians, the scientists and the research scholars shall use their skills to generate robust pieces of evidence by conducting fundamental research, clinical trials and meta-analysis. Gradually, we can strengthen the vulnerable areas and avert what has happened to homoeopathy in the rest of the world.

Until we generate strong evidence to defend us, let Carl Sagan, an American astronomer and one of the leading science communicators of the 20th century, console us: “Absence of evidence is not the evidence of absence!”¹³

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HOT WATER EPILEPSY

In A Pregnant Woman: a Case Report

Abstract

Hot water epilepsy is a unique form of reflex epilepsy precipitated by the stimulus of bathing with hot water poured over the head. It is mostly seen in infants and children, with predominance in males. Unlikely, we present a 28-year-old pregnant woman with the incipient of reflex seizures triggered by pouring hot water over the head while having a bath during the gestation period and treated successfully with a constitutional homoeopathic medicine.

1. Case Report: A 28-year-old, three-month pregnant woman came to our clinic with the complaint of incipient seizures while having a bath by pouring hot water over the head since two months earlier. She had auras preceding her seizures. These auras were associated with feeling an epigastric sensation, staring, oral automatism, and followed by loss of consciousness. Post-ictal state was characterised by a severe throbbing headache and drowsiness. Seizures occurred twice a month and always during bathing. Till our consultation, she had four similar seizures. She had no spontaneous seizures before the onset of her reflex seizures. There was no family history of epilepsy and no past history of febrile convulsions, mental retardation, birth anoxia, or head trauma. Physical and neurological examinations were normal. Complete blood count, blood biochemistry, electrocardiography,

interictal electroencephalography (EEG) and magnetic resonance imaging also revealed normal findings.

Avoiding the seizures, short-lasting bathing with lukewarm water instead of hot water was recommended. One month follow-up, her seizures did not stop during regular bath. Hence, she was put on a homoeopathic treatment and she completely remained seizure-free in her entire pregnancy and even afterwards.

2. Case History: There was no significant past or family history, the only associated complaint that she mentioned was that of obstinate constipation, even with the help of laxatives, her bowels barely moved and her few stools were rock-hard.

Her mother was accompanying her and when asked about her nature she spoke, "She is dependable and responsible. She is punctual. She saves her money. But I don't think she is equipped to take care of herself."

She said she do not know why she had no motivation. The very idea of choosing a career and making important life choices was "overwhelming." When she had a busy day with lots of activities, she felt better. "I work well under pressure," she said.

Asked what was most important in her life, she said, "I haven't stopped to think about that. I don't have any idea. I guess I want everything

Dr. Navneet Bidani

Dr. Bidani's Centre for Homoeopathy
12-N, Model Town Market,
Hissar - 125005, Haryana
Mob: 9416336371
Website: www.drbidani.com
E-mail: drbidani@gmail.com



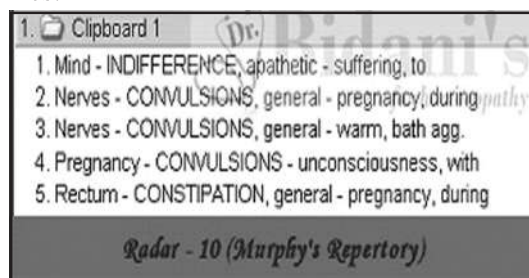
to be calm and organized and not rushed. I want stability.” She dislikes being pressured to make decisions.

Her level of disinterest was appalling. She had been vegetating-doing nothing-most of her life. She seemed literally not to care about anything. Clearly, she had been, and probably still was, depressed. But it was deeper than that. It was profound apathy. She was not at all excited about her pregnancy (or may be unable to express her joy or sorrow) even though the decision of having a pregnancy was mutual. Though I could not gather the reason behind her apathy but it was clearly visible. Her relationship with her husband is very good, he is very much caring and is quiet responsible.

Her childhood was quite good and without any significant history of any abuse or any depression.

3. Observations: During the whole interview she sat at one place only without any movement. She neither moved any of her limbs nor showed any concern about the surroundings. Her speech was very slow and she talked with difficulty, saying that everything felt as though it was in slow motion, as in a dream.

4. Repertorisation: I used the following rubrics:



And the analysis that came after repertorisation was:

5. Prescription and Follow-up: She was given *Opium 200* one dose and was asked for follow-up after 15 days. During her follow-

	op.	aps	don.	nal-m.	lact.	gels.	plat.	stram.	hall.	lyc.	alum.	dcl.	nat-s.	nu-v.	pb.
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	8	6	5	5	4	2	2	2	2	2	1	1	1	1	1
	11	11	6	5	4	4	4	4	3	3	3	3	3	3	3
1.	■							■	■						
2.	■	■	■			■				■					
3.	■	■	■												
4.	■					■									
5.	■	■					■			■	■	■	■	■	■

Analysis

up visit after 15 days she informed that for the first 2 days after the dose of Opium she had loose-motions but after that she again had constipation. There was no episode of epilepsy but she is feeling sleepier. There was no significant change in her mental symptoms. Sac Lac was continued for next 15 days.

During second follow-up visit she told that there was no epilepsy and her stools were better. Then she said “Dr. Will those epileptic fits would have caused any harm to the baby inside, I am worried?” This question confirmed that the prescription was right as she started showing her interest in the pregnancy; and was enjoying the joy of motherhood.

No other episode of epilepsy in the entire pregnancy and no more repetition of Opium. This is what we call, 'Wonders of Homoeopathy'. Her delivery was normal and she delivered a healthy baby boy.

6. Discussion: Hot water epilepsy (HWE) is a reflex epilepsy in which the seizures are provoked by contact with hot water over the head. To date, the patho-physiologic mechanism of HWE is not known clearly but apparently the thermoregulatory system, which is extremely sensitive to the rapid rise in temperature, seems to be detrimental.

HWE is mostly seen in the first decade of life, with cases more frequent among male than females (70%). However, some features of our patient such as the initiation age, gender, and additional existence of gestation were

different from the literature. Because of this, our case is an unusual presentation of HWE.

The pattern of epileptic seizure which is seen in HWE consists of 67% complex partial seizure and 33% generalized tonic-clonic seizure. Interictal EEG studies are usually normal like in our case whereas ictal EEG usually shows focal epileptic activities and paroxysmal discharges characterized by secondary generalization.

HWE is known as benign and self-limited reflex epilepsy, only by avoiding hot water or long showers it may be sufficient to be seizure-free. However, approximately one-third of patients with HWE continue to have seizures even during regular baths. In these patients, a constitutional homoeopathic approach might be preferred as we did in our case.

7. Opium Personality: Typically opium is given to the type of person who exhibits extremes in their moods and behaviors, and these can be on either end of the spectrum. On one end is a sort of apathy towards life and a dulled sentiment towards pain in general. On the other end of the spectrum, opium is given to those who exhibit extreme hyperactivity to the extent where their sensitivity may even cause insomnia. As a result of the fact that opium may be helpful to people at both ends of the spectrum, there is a wide range of personality types that it may be helpful towards.

People may also turn to opium after extreme medical issues or life events such as recovering from a brain injury or paralysis occurring as a result of a stroke or even those going through alcohol withdrawal or experiencing delirium. This goes to show that it is most useful in the extreme instances and therefore these make up the typical remedy profile that may very well be anything but typical in nature.

The conventional opium picture is one wh-

ere one thinks of dimly lit rooms filled with fumes where people have smoked themselves into a stupor. They are only semi conscious, are unable to stand firmly or talk coherently. They demonstrate a state of peace with great spoor and desire only to be left alone. They say that there is nothing wrong, that they are perfectly well and happy, have no pains or aches; want nothing and have no symptoms to report.

Observation reveals however that they have a high temperature, are covered with a scorching hot sweat, have a rapid pulse and are delirious. The face looks besotted, bloated and purple; the eyes are glassy and the pupils contracted. The mind is in a state of confusion with occasional loquacity but in the main they only talk when aroused, a condition of general stupor in which the patient says nothing and does nothing prevails.

Notwithstanding the forgoing there is an alternative state of opposing symptoms which may even be present simultaneously in the same patient and includes:- mental sharpness and acuteness, intense sensitivity to pain both mental and physical, sleeplessness, inquietude, nervous excitability; anxiety, fear, fright, anger, rage, fury, propensity to jump out of bed and roll on the floor, mirth, hilarity, liveliness, diarrhoea, delirium, hallucination, spasms, convulsions, increased sensitivity to sound so that they can hear the distant sound of bells from a steeple or even the proverbial sound of a fly crawling up the wall.

An increased sensitivity can result in insomnia (sleeplessness) and narcolepsy (inability to sleep despite fatigue) with intermittent brief periods of sleep which are light, restless or easily disturbed. Hearing becomes so acute that they seem able to detect even the faint sounds of insects' movements or the crow of a cock from a great far off distance. They are sleepy but unable to sleep. The sou-

nd of their own breathing disturbs them. The bed seems so hot that they must jump out of it and roll on the floor to cool down. Breathing becomes very heavy and deep (stetorous) and may even become irregular or even momentarily stop (sleep apnea).

They also have convulsions in which the body is held in an abnormal posture with the head drawn back (opisthotonos) It usually involves rigidity and severe arching of the back, with the head thrown backward. If a person with opisthotonos lies on his or her back, only the back of the head and the heels would touch the supporting surface.

Any of these sleep conditions can pose a true disruption and even a danger to an individual's life and mental state. Opium often offers the relief that other solutions fail to provide. Taking opium in this capacity allows sleep to be regulated and continuous so that it is neither interrupted nor unusual in its occurrence.

In addition to increased sensitivity opium can benefit those sleep deprived individuals where insomnia is caused by a major life disruption, fear or trauma.

Finally for those who can't seem to get to sleep or stay asleep, opium offers an answer for a peaceful slumber. So called light sleepers who remain wide awake for a long time after going to bed with acuteness of all sensations, hearing especially; the least unusual noise will awaken and it is a long time before they can go to sleep again.

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(Contd from P-9)

Both the online and offline sessions brought a lot of students and doctors from various parts of our country on one platform and it was an enriching experience.

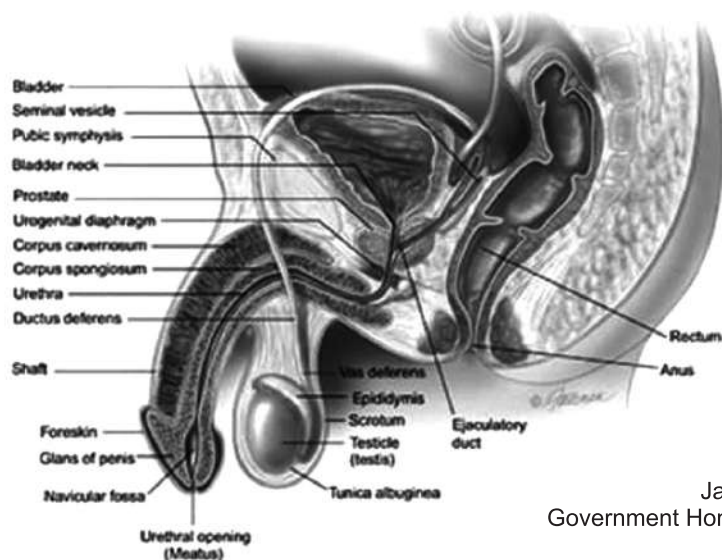
IHMA Karnataka chapter also conducted various programs and CMEs. One such program was “How to start Homoeopathic practice” - A practical solution. They also organized a meeting with Hon'ble Health Minister Sri. Dinesh Gundu Rao. They are planning to organize a cricket tournament in the month of September 2023. The chapter is also planning for a National Convention and Seminar in the month of March 2024.

I would like to thank the previous Dais and

all the members of the IHMA for actively conducting various programs which are for the benefit of Homoeopathy as a system and for the doctors and families of IHMA. As part of the present national dias, our team and myself once again take pride in appreciating what we have together achieved until now and would like to encourage each of us to do better. Together as a Team we can do more and reach greater heights.

Regards

Dr. Dhiraj Premkumar Samuel
Secretary General



Dr. Joby Johny
Medical Officer,
Janani Fertility Centre,
Government Homoeopathic Hospital,
Kurichy, Kottayam



“THE TROUBLING BAG OF WORMS” - VARICOCELE

Infertility is considered one of the main public health issues, as it affects about 15% of the couples of reproductive age. The male factor is involved in 40% - 50% of infertility cases. Varicocele is a common finding in males with infertility.

Varicocele is the dilatation of the pampiniform plexus of veins, a network of many small veins found in the male spermatic cord. The estimated incidence is at ~15% of the general male population and ~40% of sub-fertile and infertile men. Varicoceles can be asymptomatic. If symptomatic, presentations include scrotal mass/swelling, scrotal pain, testicular atrophy, infertility or subfertility. Varicoceles are a common cause of low sperm production and decreased sperm quality, which

can cause infertility. However, not all varicoceles affect sperm production. Varicoceles can also cause testicles to fail to develop normally.

A varicocele has been described as looking like a "bag of worms." The pampiniform veins normally act as heat exchangers, important in the thermoregulation of the testes which is vital for spermatogenesis. A varicocele disturbs this balance and causes heating up of the testis to the normal core body temperature (37°C), whereas they are normally maintained at a temperature of 35°C. Most varicoceles are primary and result from incompetent or congenitally-absent valves in testicular vein (internal spermatic vein). The left testicle is affected much more commonly (~85%) than the right. This may be due to the shorter course

of the right testicular vein and its oblique insertion into the IVC which creates less backpressure. The adverse effect of varicocele on spermatogenesis can be attributed to many factors such as an increased testicular temperature, increased intratesticular pressure, hypoxia due to attenuation of blood flow, reflux of toxic metabolites from the adrenal glands and hormonal profile abnormalities. Varicocele is characterized by increased temperature of the scrotum possibly due to reflux of warm blood from the abdominal cavity. This is caused primarily by insufficiency of the internal spermatic vein valves and secondarily by malfunction of the valves of the external spermatic and cremasteric veins. The mechanism by which temperature influences spermatogenesis is not clearly understood. According to one theory, it is caused by thermal damage of the DNA and proteins in the nucleus of spermatic tubules' cells and / or Leydig cells.

A multicentre study of the World Health Organization (WHO) showed that men with varicocele over 30 years of age had significantly lower levels of testosterone compared to younger men with varicocele, while the same results were not confirmed in men without varicocele. It is speculated that the low levels of testosterone observed in those men are caused by reduction of its production due to dysfunction of Leydig cells. The exact mechanism by which the above factors contribute to the adverse effect of varicocele on spermatogenesis has not been fully clarified. It is speculated that the main mechanism is DNA damage in sperm heads due to oxidative stress.

There is still an ongoing debate among researchers as to if and to what extent vari-

cocele affects semen parameters, which usually vary from normal to mild or moderate asthenospermia, teratospermia or asthenoteratospermia. Initially, sperm concentration is not seriously affected; though later all three sperm parameters can gradually deteriorate, resulting in azoospermia in very few cases. It has been demonstrated that infertile men with varicocele usually have slightly elevated levels of serum FSH. However, semen does not seem to be affected, as further studies revealed that infertile men and men of the general population with or without varicocele do not present any significant difference regarding the semen parameters. On the other hand, a large scale study by the WHO showed significantly lower sperm concentration in infertile men with varicocele, compared to men with idiopathic infertility, but did not give any evidence regarding motility and morphology of the sperm.

It seems that fertile and infertile men with varicocele have similar semen parameters with those without the condition. Thus, it is speculated that varicocele affects fertility and sperm quality in some, but not in all men. Another assumption is that sperm quality is not affected by varicocele as such, but simply coexists in some men with idiopathic infertility and abnormal semen parameters.

HOMOEOPATHY AND VARICOCELE-

Homoeopathic treatment works very well in mild to moderate cases of the Varicocele. Homoeopathic medicines are natural, safe and have no side effects on the male reproductive system. The most widely recommended Homoeopathic medicines for varicocele are *AURUM METALLICUM*, *COLLINSONIA*,

HAMAMELIS, LACHESIS, LYCOPODIUM, MERCOR, NUX VOMICA, PHOS ACID, PODOPHYLLUM, PULSATILLA, SILICEA, SULPHUR. In Homoeopathy specific medicines are not prescribed for varicocele, first of all a detailed case taking is done to collect all the symptoms the patient experience followed by necessary investigations are done. Investigations include Doppler Scan or Ultrasound Scan of the scrotum to grade the severity of Varicocele and Semen Analysis to assess the semen parameters. Then the symptoms are analysed and graded to form a totality of the symptoms. The medicine to be administered is selected on the basis of this totality.

Homoeopathic medicines work at relieving stagnation of blood and help in its recirculation by improving the elasticity of vein walls. They help to reduce pain, control further varicosity, reduces swelling thus decreasing the temperature of the testicles resulting in a better sperm count. Homoeopathic treatment should be taken preferably in the beginning stages of varicocele for better results.

The advantage of Homoeopathic treatment over varicocelectomy is that treatment is non invasive. It is usually observed that after varicocelectomy, there is development of Anti sperm antibodies. Homoeopathic treatment prevents such complications and there is observed marked improvements in the semen parameters in cases of varicocele after Homoeopathic treatment.

Some cases of infertility with varicocele –

1. A couple Mrs X and Mr Y aged 29 and 37 years respectively came to the OPD on 5/6/2018 with a primary infertility of six years duration. The female partner had been diagnosed with bilateral PCOD with irregular menstruation. The male partner on Doppler scan was found to have a bilateral varicocele and he also complained of premature ejaculation. A laparoscopic procedure had been done and the couple had undergone IUI two times without any result. The lady was advised exercise and weight reduction and based on her symptoms, was prescribed suitable homoeopathic medicine. Semen analysis result: On 7/1/2015, three years before the first visit date showed Total sperm count -30 million/ml. Actively motile-45%, Sluggish -30%, Normal morphology- 60. On 28/9/2017, one year before the couple consulted, the parameters were – TSC -20 million/ml, actively motile-45%, Sluggish-15% dead-40%, Normal forms-65%. The male partner was given Lycopodium 200/1 D after detailed evaluation of his symptoms on 5/6/2018. The couple next visit date was on 14/7/2018. The semen analysis revealed that TSC – 50 million/ml, actively motile 50%, normal morphology-65%. The male partner was administered the follow up homoeopathic medicine Medorrhinum 1M/1D. On 21/8/2018, the couple reported to the OPD with the news that the urine pregnancy test was positive. The pregnancy was confirmed with proportionate increasing Beta HCG levels on consecutive days. The couple is now eagerly awaiting the arrival of their baby.
2. Mrs A and Mr B aged 32 and 40 years respectively came to the OPD on 13/8/2016 with a primary infertility of six years

duration. The wife was a school teacher and the husband was working in Gulf since many years. Now he had stopped his work there and had come back to Kerala for treatment. The investigation of the female partner did not reveal any complaints. The husband had a diagnosed left varicocele and an epididymal cyst. His semen parameters before they came for treatment were - 13/11/12- volume-4ml, viscosity-mode-rate, TSC -22 million/ml, actively motile 5-10%. 30/5/2013- Volume- 1ml, viscosity-normal, TSC- 10 million/ml, actively motile- 10%. 14/8/2014- volume-1.5ml, viscosity- normal, TSC- 25 million/ml, actively motile-20%. The husband was administered Pulsatilla 1M and waited two months before the first review. On 1/12/2016 semen analysis showed Volume-5ml, TSC – 52 million/ml, Viscosity –highly viscous, Liquefaction time-2 hours, motility-30-35% (2 Hrs). Hydrastis 200/4D (weekly once) was given. On 10/1/2017- semen analysis showed volume-4.3ml, a normal viscosity, and a TSC -26 million/ml. Hydrastis 1M/1D was given. The couple reported a positive urine pregnancy test on 28/1/2017. They are now the proud parents of a cute girl child.

3. Mrs C and Mr D aged 24 and 33 years respectively came for consultation at the OPD on 30/1/2016 with a primary infertility of three years duration. The husband was working as a school van driver since 15 years. The case came as a diagnosed case of varicocele and he had undergone

varicocele before one year. The follicular study of the wife showed normal ovulation and development. The husband also had allergic symptoms and mood fluctuations. On 22/2/2016, one month after homoeopathic treatment, semen analysis was done revealing that volume-2.5ml, Liquefaction time-within 30 minutes, viscosity- normal, TSC -18 million/ml, Non Motile-80%, Actively motile spermatozoa- 2 %. Medicines given are Sulphur 10M/1D (30/1/2016), Graphites CM/1D (9/4/2016) and Lycopodium 1M/1D (16/7/2016). After eight months of homoeopathic treatment, on 15/10/2016 semen analysis was repeated and the results showed TSC – 38 million/ml, Actively motile – 40%. On 1/12/2016, the couple reported to the OPD with a positive urine pregnancy test. The couple are now happy and contented parents of a girl child. Mr D is also relieved of his mood fluctuations and allergic symptoms after homoeopathic treatment.

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Report of IHMA Kerala



The Annual State Conference of IHMA Kerala - 'Catalyst 23' - was held at Hotel SPS Kingsway on 7th May 2023 at Thiruvananthapuram. The following office bearers were elected at the Annual General Body during the Annual State Conference. Dr. Basheer, Former National Secretary General was the Returning Officer and Dr. P.N. Chandran, Former National Finance Secretary was the Observer of the Election procedure. The following office bearers were elected for the year 2023-24

State President - Dr. Mohammed Shameem. V, State Vice Presidents- 1. Dr. Krishnakumar Chempankulam, 2. Dr. Sunand Kumar. M. State General Secretary-Dr. P. Parimal Chatterji. State Secretaries- 1. Dr. Jean Mathew Abraham, 2. Dr. Hareesh Krishnan P.P. State Treasurer - Dr. Ranjith Kumar P.S



Ten members were elected to State Executive. Twenty Seven SWC members from IHMA Kerala were elected as NWC Members.

Catalyst 23, Annual State Conference of IHMA Kerala was held on 7th May at Hotel SPS Kingsway, Thiruvananthapuram. Prior to the State Conference, webinars were conducted online. Dr. Prafull Borkar, Dr. Sobha Sha, Dr. Jeremy Sherr, Dr. Anjali Hariharan and Dr. Veneeth Sidharthan were the faculties for the webinars..

On 6th May, as part of State Conference, a workshop of IHRC was conducted by Dr.T.K. Vijayan, Professor, Department of Anatomy, Govt. Homoeopathic Medical College, Thiruvananthapuram. There were competitions on short paper presentation and poster presentation on the same date. Dr. Dhanraj Rana, Associate Professor, NHRMIH, Kottayam and Dr. Bindhu John Pulparambil, CMO, Dept. of Homoeopathy were the evaluators for the competitions. A free seminar was conducted for early bird registrants of Catalyst 23, on 6th May at Shikshak Sadan, Thiruvananthapuram. Dr. Sajeev. V, CMO, Department of Homoeopathy led the session on 'Algorithm for Clinical Diagnosis'.

The first session of the seminar on 7th May

was - 'How to become a successful Global Homoeopathic Practitioner' was led by Dr. Jawahar Sha (Mumbai). After the tea break, the second session was led by Dr. Ajit Kulkarni, on the subject 'The Rancorous and Sulky Ammoniacums' - a family study.

The business session and Annual General Body of IHMA Kerala began at 12pm. Dr. Shajikutty, State President, chaired the meeting. Dr. Krishnakumar Chempankulam, State General Secretary presented the working report of IHMA Kerala 2022-23. Dr. Suresh Babu, National Secretary General officially inaugurated the Annual State Conference of IHMA Kerala. Dr. N.V. Sugathan, Principal, Sarada Krishna Homoeopathic Medical College felicitated the Conference followed by Dr. Shyni, District President, KGHMOA. Thereafter election and installation of office bearers of IHMA Kerala State was done by Dr. Basheer, Returning Officer. Dr. Parimal Chatterji, Conference Chairman welcomed the gathering and Dr. B. Vijayakumar, Conference Director, proposed the Vote of Thanks.

Sub Committee Reports

IHMA Legal Cell

IHMA Kerala Legal Cell decided to implead in Supreme Court case filed against Kerala State Government and Central Government



regarding use of Arsenicum Album 30 as Immune Booster to school children during COVID scenario. The IHMA Kerala Legal Cell decided to approach an Advocate on records of Supreme Court and to procure an amount of Rs.10 lakh as Legal Cell Fund from among members and from Homoeopathic fraternity in general

Report - District Activities

Kasargod: After revival of Kasargod District Committee, Medical Officers Structured Training program was initiated at Tax Forum Hall, Kanhangad

Kannur: District Seminar and District Elections held at Shikshak Sadan, Kannur. Dr. Rakhaal, Assistant Professor, Father Muller Homoeopathic Medical College, Manglore was the faculty of the Seminar. On 23/07/23 - Dr. Mohammed Safeer, District Secretary attended Dr. C. Padmanabhan commemoration day. On 2nd July Raincoat Clinical series- Dr. Vinod Joseph & Dr. Hareesh Krishnan were the faculties. Doctor's day was celebrated by honouring Senior Doctors - Dr. Vasanthi & Dr. N.V. Narayanan

Kollam: District Elections of IHMA



Kollam District Committee was held on 28th March Celebrated World Homoeopathic Day at Press Club Hall, Kollam. Dr. Parimal Chatterji, State General Secretary was the Chief Guest. Dr. Lekshmi from Thiruvananthapuram delivered Hahnemann Memorial Speech. District President & District Secretary paid tributes to the Master on the occasion. Raincoat Clinical Series was held on 2nd July. Dr. Sreeraj. T, Associate Professor, GH-MC Calicut led the seminar. IHMA Kollam Chapter commenced “Jyothissu” - CME Series at Press Club Hall, Kollam on 16/07/23. The first CME of the series was on the topic - “Easy Methods for Diagnosis and Cure” by Dr. Sajeev. V. Kollam Chapter President Dr. Rejit Kumar presided over the meeting. Dr. Parimal Chatterji, State General Secretary inaugurated “Jyothissu” series. Kollam Chapter Women's Wing representative Dr. Kavya felicitated. Quiz program was conducted by IHMA Kollam Chapter and Women's Wing Kollam. Quiz program was meticulously conducted with five teams and cash prize were given to First, Second and Third place winners.

Kottayam: IHMA Kottayam General Body Meeting and Open Clinical Discussion were conducted on 16/07/23 at Vyapara Bhavan Auditorium, Ettumanoor. State Vice Presi-

dent Dr. Krishnakumar Chempankulam inaugurated the open discussion. Dr. M.R. Gopalakrishna Pillai, District President presided the meeting. Dr. Sojan welcomed the gathering. Dr. Linu Paul, Dr. Shyni, Dr. Dhanya. G. Nair, Dr. Mini.R.Nair, Dr. Pramod & Dr. Ram Jyothis led the open discussions. On 26/07/23 Dr. Aswathy, Treasurer took class at Erattupetta for Womens Wing. Vyapari Vyavasayi Ekopana Samithi and IHMA Kottayam arranged a general medical camp along with Government Homoeo Hospital, Pala at Aruvithura St. George Church on 9th July 2023.

Kozhikode: IHMA Kozhikode District Committee conducted a condolence meeting on the sad demise of Dr. Abdul Latheef, Former Principal, Government Homoeopathic Medical College, Kozhikode at Hotel Emerald on 30th April 2023. DMO, Dr. Kavitha Purushothaman inaugurated the meeting. Rtd. Principal Dr. Esmail Sait was the Guest of Honour. State President Dr. Shameem, Dr. Aboobacker, Dr. Latha. D, Dr.Mansoor Ali, Dr. Sureshan V, Dr. M.G. Oommen, Dr. Uvaise, Dr. Mathew Joseph





attended the meeting. Dr. Jayasree, District President chaired the meeting. On 30th May Saturday IHMA Kozhikode protested against the attack to medical fraternity and the sad demise of Dr. Vandana Das, House Surgeon and against Drug Abuse at Malabar Chamber of Commerce Hall. Doctors wore badge as a protest and a campaign was done against Drug Abuse. IHMA Rain Coat Clinical series was conducted on 25th June at Emerald Mall, Kozhikode. Dr. K. Saji, Dr. Samsheer were the faculties. Dr. Jayasree, District President chaired the meeting. Dr. Jayasree, District President congratulated aspiring doctors attending MOST & CECF classes. Dr. M. E. Prasanth felicitated the function. Dr. Muhammed Raashid & Dr. Sunand Kumar spoke on PSC exams On 9th July, IHMA Kozhikode in association with IQRA Infertility Clinic conducted a workshop on Infertility at Address Mall. CME on latest trends in Infertility Treatment by Infertility Specialists.



Dr. Mohammed Shameem, State President & Dr. Parimal Chatterji, State General Secretary, attended the meeting.

District Committee meetings were held twice in last three months and charted programmes for 2023-24. Vadakara Chapter conducted a clinical discussion on 'Common Errors committed in Practice - Tips to Overcome and Develop practice' on 16th July, led by Dr. V. Sudin Kumar. Online Drug discussion is going on weekly at Kozhikode East Chapter. IHMA Malappuram conducted a Reels Contest on 1. Scope of Homoeopathy 2. Researches in Homoeopathy & 3. About Hahnemann. IHMA Malappuram alongwith Department of Homoeopathy distributed first aid Medicine Kit for Hajj pilgrims. On 16th July 2023, conducted Raincoat Clinical Training Program at Falahiya Arabic College, Malappuram by Dr. Rajeev O.

Palakkad: Conducted Medical Camp and awareness class at Ottapalam Sub jail. Class was led by Dr. Satheesh. Circulated notices regarding prevailing Monsoon Diseases to school children. Planning to organise one day seminar on 13th August.

Thrissur: IHMA officials attended the inaugural function of new IP Block at District Homoeopathic Hospital, Thrissur by Smt. Veena George, Honourable Health



Minister. IHMA leaders visited exam centres of PSC Medical Officer Test to enhance confidence of aspirants. Leaflets mentioning IHMA activities was distributed to all the aspirants. A three day workshop by Dr. Veneeth Sidharthan, an international Homoeopathic speaker started on 16th July emphasizing on live case taking and repertorisation. IHMA Thrissur honoured children of members, who attained remarkable performance in 10th and 12 th exams. Dr. Shameem, State President attended the meeting.

Events of State Working Committee : SWC meeting of IHMA Kerala was held on 5th June at IHMA House, Ernakulam. Dr. Mohammed Shameem V, State President chaired the meeting. The action plan and calendar of activities was proposed by State General Secretary, Dr. Parimal Chatterji. Various subcommittee heads were nominated

during the meeting.

State PRO - Dr. Sreejith A, Public Relations Committee-Dr. Ganesh Das, Dr. Prasanth M E, Liaison Officer - Dr.N.Shaji, Liaison Committee - Dr. V. Suresan, Dr. K.A.M Habeeb

North Zone Convenor-Dr. Sanjeev M Lazar, Central Zone Convenor-Dr. Dhanya Sasidharan, South Zone Convenor - Dr. Karnan Velayudhan, Director, IHMA School of Homoeopathy - Dr. Jibil, Finance Convenor, IHMA School of Homoeopathy - Dr. Krishna Das, Director, IHRC - Dr. Abhiraj, Convenor, Technical Committee - Dr. Israr

Convenor, IHMA Media Cell & App Committee - Dr. Ramsheed Necholi, IHMA News Editor - Dr. Sreedevi Menon, IHMA Legal Cell Convenor - Dr. K.A.M Habeeb, IHMA Women's wing Chairperson -Dr. Latha D, Convenor - Dr. Nasrin.



Dr Mohammed Shameem V
President



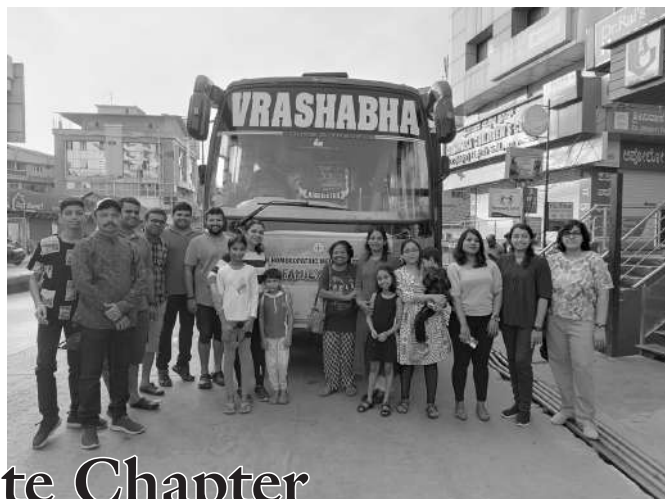
Dr. P. Parimal Chatterji
General Secretary



Dr Ranjithkumar P S
Treasurer



Report of Karnataka State Chapter



IHMA Karnataka Celebrated World Homoeopathy Day and CME on 16th April'23 in Hotel Saffron, Mangaluru. Dr Mohammad Iqbal, District AYUSH Officer graced the occasion as the Chief Guest. Renowned Homoeopath Dr. Uttam Kumar Shetty from Kundapura was felicitated on behalf of IHMA Karnataka for his contribution towards Homoeopathy. Dr Praveen Raj Alva, Advisor Alva's Homoeopathic Medical College Moodabidre spoke about Master Samuel Hahnemann as Salutation to the Masters. Dr. Vivek Sakthidharan and Dr. Fathima, of Pharmacovigilance Dept, Father Muller Homoeopathic Medical College Deralakatte. Dr. Tejasvi Patil, Prof & HOD Dept of Surgery, Anuradha Homoeopathic Medical Coll-

ege Bengaluru, also President IHMA Bengaluru Chapter, spoke about "Clinical Utility of Lesser known Remedies". Program was Presided by Dr. ESJ Prabhukiran, Principal, Father Muller Homoeopathic medical College Deralakatte, Mangaluru, also President IHMA Karnataka, in the presence of Dr. Roshan Pinto, National President IHMA on the dais & Dr. Praveen Kumar Rai, member, Karnataka Homoeopathy Board, also General Secretary IHMA Karnataka delivered the vote of thanks.

On the occasion of World Homoeopathy day, Dr. Praveen Raj Alva, Former National Vice President IHMA and Dr Praveen Kumar Rai, General Secretary IHMA Karnataka have published article about World Homoeopathy Day'23 and its Significance in Udayavani and Vijaya Karnataka, the Popular News daily of Karnataka. Also more than 32 Life members of IHMA Mangalore have sponsored Best wishes in the same News Daily on the occasion of WHD under the Banner of IHMA.

It was observed that a Freelance Writer





Mr. Nagesh Hegde wrote a Derogatory article about Homoeopathy System in a Local Daily newspaper, Legal opinion was taken and initiated Legal action by serving notice to the Writer and editorial board in defaming Homoeopathic System. IHMA Karnataka organized One Day Family Day Out on 30th April' 23 to TINTON Adventurous Resort near Kundapura for Homoeopaths & their family in association with RS Phytolab and Father Muller HPD Mangaluru. Total 64 people attended this get together along with their family and kids, it was a refreshing event, which everyone enjoyed by taking time out of their busy schedule

Annual General Meeting & Dist, STATE OFFICE Bearer ELECTION for 2023-24-
The State Office Bearer Election took place on

05th July'23 through Google Meet Virtual Meeting. Dr. Basheer. A, Immediate Past Secretary General IHMA was the Observer and Dr. P. N. Chandran, National Vice President was Returning Officer. President ESJ Prabhukiran, Principal of Father Muller Homoeopathic Medical college, Mangaluru delivered Presidential Address, Annual Report given by Dr. Praveen Kumar Rai, General Secretary followed by Annual Financial Report by Treasurer Dr Deeraj Fernandes. Installation of New Office Bearers for both Mangalore Chapter and Bangalore Chapter along with IHMA State Chapter was done. The panel Re-elected same office bearers for Mangalore Chapter, Dr Avinash VS as President, Dr Triveni Bangera as Secretary, Dr. Aneesh Kumar as Treasurer for the year 2023-24. For IHMA Bangalore Chapter, Panel members elected Dr. Asha B Varghese as President, Dr Subija T.K as Secretary, Dr Remya Sajith as Treasurer for 2023-'24.

Office bearers were elected for State at the same time. The panel elected Dr. Praveen Raj Alva as President, Dr. Praveen Kumar Rai as General Secretary and Dr. Dhiraj Fernandes as Treasurer for the year 2023-24.



Dr Praveen Raj Alva
President



Dr Praveenkumar Rai
General Secretary



Dr Dhiraj Fernandes
Treasurer



Report of Maharashtra Chapter

The Annual meeting of IHMA South Mumbai Chapter for electing the new office bearers for 2023-24 was held on 28th May, 2023. Returning officer was Dr. P. N. Chandran.

On 15th August, 2023, we officially launched the brochure of IMPALONCON - World Conclave on Integrative Medicine in Palliative Oncology to be held on 17th December, 2023 at the TATA Memorial Hospital, Mumbai.

The meeting of the core committee and the office bearers for IMPALONCON was also held on 15th August, 2023 and we finalized the budget, sponsors, logistics and various departments were assigned to the members.

We also planned to organize few camps in the coming months to create more awareness about homoeopathy and also to conduct CMEs and workshops for students, interns and doctors.



Dr. Sonal Maste
President



Dr. Ankit M. Gohil
General Secretary



Dr. Randhir Patel
Treasurer



Report of IHMA Meghalaya Chapter



In the span of just 2 years as a chapter we were able to organise our first webinar 'IMBHA' with the help of the National working committee members in the year 2022. We were also able to attend several webinars which were organised by various chapters of IHMA. These webinars have not only benefitted the Homoeopathic practitioners in the State academically but has also enhanced their clinical practices. The motive and intentions of these webinars are the promotion and advancement of Homoeopathic system which is achieved by sharing clinical successes and treatments through homoeopathy by the most experienced homoeopaths.

The IHMA Meghalaya Chapter celebrated The World Homoeopathy Day 2023 on 22nd of April 2023.

The program was hosted by Dr Modesty Tyngkan, Treasurer IHMA, Meghalaya Chapter. It started with lighting of the lamp and silent prayer in remembrance of our master Christian Friedrich Samuel Hahnemann. The presidential speech was

given by the State President, Dr Elfleda Khapiah, by a speech on medico legal act by Dr Alister Lyngdoh, Legal convener, IHMA Meghalaya chapter in which was explained the rights and duties we have as registered Homoeopathic Physicians.

After a short lunch break Dr Nonglait delivered a speech on the topic of Home remedies and how to use them during emergency cases when no medicines at hand were available. Mementos were then presented to our speakers as token of appreciation by Dr. Ioohun hinge and Dr Wallambha Suchen our most senior members. Around 15 members attended the program.

The new office comprises of the following:

President: Dr. E. Khapiah

General Secretary: Dr Ritreka Nartiang

Tresurer: Dr Modesty tyngkan.

As a part of Homoeopathy Day Celebration on the 10th April, a Speech was given by Dr. Morysa Ryngkhlem (Meghalaya Chapter Vice President) which was broadcasted on All

India Radio, Jowai on the topic "Homoeopathy in a nutshell" which help raise awareness among the public about the Homoeopathic system and its possibilities.

The executive members of IHMA Meghalaya chapter were able to sent 2 representatives, Dr. E. Khapiah and Dr. R.

Nartiang to the annual meet of the NWC at Coimbatore on 22nd July and also to attend the National convention 'Lucidium 2023' on the 23rd July. The chapter expresses its heartiest gratitude to the NWC for sponsoring one ticket to lighten the financial burden of the chapter.



Dr Elfleda Khapiah
President
IHMA Meghalaya Chapter



Dr Ritreka Nartiang
Secretary
IHMA Meghalaya Chapter



Dr Modesty Tyngkan
Treasurer
IHMA Meghalaya Chapter



Report of IHMA Tamilnadu

IHMA in association with CHDA organised a National level Conference on 2nd April 2023 where our Resource person Dr. Ravi Doctor and Dr. Biju were the speakers and it was a huge event with more than 800 delegates. Our former Presidents Dr. Roshan Pinto and Dr. Arulvanan attended the function.

A Rally was organised on 10 th April at Valasaravakam, Chennai as part of celebration of World Homoeopathic Day.

On 16th April, a CME was conducted on "Homoeopathic management of Pancreatic Pathology" by IHMA Chennai chapter at Raj Palace T Nagar, Chennai. The faculty was

Dr. Muthukumaran MD (Hom) from Tuticorin.

Chapter elections were held at Coimbatore on 22nd June under the supervision of Dr. Basheer as returning officer and Dr. P. N. Chandran as observer.

List of elected members of the Coimbatore Chapter. President- Dr. Illayaraja, Secretary- Dr. Rathi Devi, Treasurer - Dr. Helen Angeline.

On 2nd July, The Chennai chapter conducted a CME named Skinspirational and the guest speaker was Dr. K. M.Uvaise. The programs in Tamilnadu ended on a high note with the successful conduction of "Lucidium 2023" on the 23rd of July 2023.



Report of IHMA UAE Chapter



WORKING REPORT IHMA UAE CHAPTER (APRIL-JULY 2023)

The new Executive Committee of UAE Chapter for the tenure 2023-24 was formed on 28/05/23 at Winny's Restaurant, Karama, Dubai by the General Body, IHMA UAE Chapter 2022-23 through the selection process. 19 office bearers were selected in general body under the supervision of the Presiding Officer Dr.Shajahan.A and the Observing Officer Dr.Subair. 50 IHMA UAE Chapter members attended the general body. Ex.President handed over the bylaws to the new President, Ex Secretary handed over Annual Reports and Registers to the new Secretary. Ex Treasurer handed over finance reports and records to the new Treasurer.

FIRST EXECUTIVE MEETING

First Executive meeting of the newly formed panel was conducted on 5/6/23 via Google meet. During the meeting, newly selected president Dr. Shali Akbar informed the committee about adding 2 more volunteered members to work with IHMA. All the executive members expressed their support and approved the 21 members working panel.

PROGRAM CHART & ANNUAL CALENDER : 2023-24

The Annual Calendar for 2023-24 and

tentative budget presented by the treasurer Dr. V.K. Seetha Lakshmi was well appreciated and approved by all executive members.

IHRC ACTIVITIES PLAN

6 member team formed for IHRC activities with 3 executive members and 3 members from the general group members by Director IHRC Dr. Subair P.K.

SCHOOL OF HOMOEOPATHY (SOH) - ACTIVITIES

As per the scheduled annual calendar, first CME programme was conducted online on 15/6/23 (2pm to 4 pm) moderated by Dr. Zainul Abid (Director, SOH). Dr. Veneeth Sidharthan presented the Topic: "Homoeopathy- keeping it simple", The presentation and interactive section shared valuable insights and knowledge.

WOMENS WING: FATHER'S DAY CELEBRATION

The opening activity of Women's wing "Father's Day Celebration" coordinated and initiated by Dr. Rozina Baig Zaheer (Chairperson, Women's Wing). It was indeed a great success and to watch our member doctors opened up their most sensitive stories about their fathers and their families. The event escalated the bonding and members deeply felt the feeling of togetherness. A new

understanding and respect for each of us and more love and care is what IHMA UAE CHAPTER has gained through Father's Day Celebration.

SOCIAL SECURITY SCHEME (SSS)

Dr. Abdul Rasheed has given the responsibility as chairman of the social security scheme.

NATIONAL WORKING COMMITTEE (NWC)

Dr. Sreelekha, (Member NWC) attended

NWC Meeting conducted at Coimbatore, India on 22/7/23 and 23/7/23. Dr. Sreelekha took the initiative to attend the conference representing the IHMA UAE Chapter and presented the brief of upcoming Ayush Conference 2024 in Dubai.

As July-August is Summer Holidays for UAE no activities were scheduled during this period as majority of members will be on vacation. Regular activities of the chapter will start from September as per the scheduled Annual Calendar.



Dr. Shali Akbar
President



Dr. Soumya Krishnan
Secretary



Dr. V.K. Seethalakshmi
Treasurer

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