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Special Medical Day

• 8th Sep. Kidney Awareness Day
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Art of Prescribing A Case of Asthma

Dr. L.M. Khan

Case-A girl of 7, was suffering from asthma was not responding my efforts with my best selection (so called) in trading uterine life taught me that mother was not fully developed uterus, baby was in whole i.u. life was suffocative. Asthma since birth, she had very trick in her ply she use to ply caramboard. Allen's wisdom Dr. Mazumdar's training to perceive capsulated past as an environmental consideration with tricky temperament, we give plum bum met lm poteney I still remember that day I was in pediatrics OPD with Dr. Manna who help me lots during pediatrics OPD of nih, girl was free from problems, letter we a give dose of anti psoric. Above case is very educational therefore I share again. Prescribing plum met having with me rarely due to circumstances or my poor knowledge of plum met.

Dr. L.M. Khan

होम्योपैथी : अनुभवजन्य चिकित्सा



डॉ. अ.स. एम. सिंह

प्रकरण-8-रोगी 10 वर्षीय कन्या। विगत छः माह से खांसी के कष्ट से परेशान थी। शाम के समय हल्का सा बुखार, हल्की सी कपन, गमी के एहसास के साथ पसीने का आना जो कि अगली सुबह तक बना रहता था। सूखी खांसी के प्रकोप के साथ बोलने, हँसने, खिलने-डुलने से खांसी की गति बढ़ जाती थी। यह विशेष बात थी उसमें हमेशा शाम के समय सारे कष्ट बढ़तर हो जाते थे। खांसते-खांसते हल्का रक्त मिला बलगम खखारकर निकालना पड़ता था। खांसने पर गले में दर्द भी होता था। पानी की प्यास कम थी। इपीकाक, फासफोरस आदि दवाइयों ने कोई विशेष लाभ नहीं दिया। परन्तु खखारकर पीलापन लिये बलगम का निकलना जारी था। त्वचा बहुत अस्वस्थ रहती थी, हल्की सी चोट में भी मवाद पड़ जाता था। शीत के प्रति संवेदनशीलता, जरा से वायु के झॉक के प्रति अति सुग्राही, छोटे, फोड़े फुसी के स्पर्श मात्र से ही दर्द होना आदि उपर्युक्त समस्त लक्षणों के आधार पर हीपर सल्फ-6 की कई खुराकों से समूल रूप से सही कर दिया था।
प्रो. डॉ. एस.एम.सिंह



Dr. Mrs. R.P. Keshwani Dr. Shaikh Naser

Efficacy of Homoeopathic Medicine in The Management of Allergic Rhinitis: An Experimental Uncontrolled Study

Abstract-Allergic rhinitis is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system. In such individuals, the allergen triggers the production of the antibody immunoglobulin E (IgE), which binds to mast cells and basophiles as a result, basophiles and mast cells degranulate causing release of histamines. When caused by pollens of any plants, it is called "pollinosis", and if specifically caused by grass pollens, it is known as "hay fever".^[1]

Allergic rhinitis is a most common condition now a days, number of factors are responsible for developing allergic rhinitis. Corticosteroid used for treating the allergic rhinitis. Number of side effects are noticing after using corticosteroid. To avoid this, Homoeopathic medicine is necessary. So I choose this topic.

Objectives- To study the role of the Homoeopathic medicines in the management of Allergic Rhinitis. • A detail study of clinical presentation of Allergic Rhinitis

Materials & Methods-Total 30 cases were selected by simple random sampling technique. 30 cases would be given homoeopathic medicines after proper case taking and reportorial analysis. Also, proper diet and regimen would be advised and compared results before and after treatment.

Result-In the present study of 30 cases, 10 cases were recovered accounting 33.33%, 16 cases were improved accounting 53.33% while 4 cases were not improved accounting 13.33%. The criteria for selection of potency and repetition of doses in Homoeopathy were done on bases of principal of Homoeopathy.

Keywords-Allergic Rhinitis, Homoeopathy

Introduction-Allergic rhinitis is an allergic inflammation of the nasal airways. It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair) is inhaled by an individual with a sensitized immune system. In such individuals, the allergen triggers the production of the antibody immunoglobulin E (IgE), which binds to mast cells and basophiles as a result, basophiles and mast cells degranulate causing release of histamines. When caused by pollens of any plants, it is called "pollinosis", and if specifically caused by grass pollens, it is known as "hay fever".^[1]

Homoeopathy can be defined as a System of Drug-Therapeutics based on the Law of Similars. This Law states that a drug, capable of producing in a healthy person a diseased-state exactly similar to that observed in a diseased person, acts as a curative agent if the disease is in a curable stage. In the incurable stage of the disease, however, the same drug acts as the best palliative.^[1]

Master Hahnemann placed before the medical fraternity, the constitutional (holistic) approach towards diseases. He could convincingly prove that the fundamental cause for all diseases lies within man himself

(aphorism 5, 11). External factors only play therole of exciting and maintaining cause of the disease(aphorism 5,7).^[4]

ICD 10 Classification of Diseases- J30.9

Uncontrolled Study-A study in which all the participants are given a treatment and simply followed for a period of time to see if they improve, with no comparison against another group (control group) that is either taking another treatment or no treatment at all.^[1]

Justification For The Study-Allergic rhinitis is a most common condition now a days, number of factors are responsible for developing allergic rhinitis. Corticosteroid used for treating the allergic rhinitis. Number of side effects are noticing after using corticosteroid. To avoid this, Homoeopathic medicine is necessary. So I choose this topic.

Research Question & Hypothesis-

Research Question-Does homoeopathic medicines are effective in the management of Allergic Rhinitis?

Hypothesis-

Null Hypothesis-Homoeopathic medicines are not effective in the management of Allergic Rhinitis.

Alternative Hypothesis-Homoeopathic medicines are effective in the management of Allergic Rhinitis.

Aim-To study the efficacy of Homoeopathic medicine in the management of Allergic Rhinitis.

Objective-To study the role of Homoeopathic medicines in the management of Allergic Rhinitis. • A detail study of clinical presentation of Allergic Rhinitis

Materials & Methods-

Study Setting-A study was conducted at college. The subjects for the study were selected from the college and self-camp arranged in college.

Study Duration-18 months

Study Design-An Experimental Uncontrolled study.

Sample Size And Selection Of Sample-Approximately 30 cases were selected. The sample for the study were selected by simple random sampling method.

Methods-Total 30 cases were selected by simple random sampling technique. 30 cases would be given homoeopathic medicines after proper case taking and reportorial analysis. Also, proper diet and regimen would be advised and compared results before and after treatment.

Inclusion Criteria- Diagnosis by clinical expression was done. • Age from 20-60 years were taken, • Patients of all the ethnic groups, both the sexes were included, • Complaints of allergic rhinitis at least 1 year were included, • Patients who were willing to give written

informed consent were included.

Exclusion Criteria-Allergic rhinitis associated with Eczema and Asthma were excluded. • Patients below 20 years and above 60 years were excluded. • Complications with Allergic rhinitis were excluded.

• Hypersensitivity reaction, Urticaria, Drug induced conditions were excluded. • Any Allergic Rhinitis case suffering from other systemic disease were excluded. • Patients who were not willing to give written informed consent were excluded. • Patients with H/O Blood disorders like non allergic eosinophilic syndrome, tropical eosinophilia syndrome were excluded.

Withdrawal Criteria-Every patient was free to withdraw from trial at any time for any reason and without prejudice or might withdraw on the advice of the investigator. Furthermore the following circumstances might also arise for withdrawal: • Any adverse event which needs referral of the patient,

• Personal circumstances which cause the patient to left the treatment

Outcome Assessment-

Assessment Criteria-Assessment was done according to clinical improvement and on the basis of pain scale which done before starting the treatment and at the time of follow-up.

Evaluation Of Parameters-

Recoverd-All the subjective and objective symptoms and complaints relieved with > 75 % sense of well being.

Improved-Most of the subjective and objective symptoms subsided with 50-74 % of improvement.

Not Improved-Minimum or <50 % of symptoms

Selection And Administration of Medicine-Homoeopathic medicines were prescribed to patients based on Totality of the Symptoms and according to the Constitution of the patient.

Selection Of Potency And Repetition Schedule-The potency selection and repetition

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Motiwala (National) Homoeopathic Medical College & Hospital, Nashik

Internal Quality Assurance Cell (IQAC) and Department of Organ of Medicine, Department of Reproductive & Department of Homoeopathic Materia Medica

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HIGHLIGHTS

- GNM- A new paradigm in medicine and its application
- Biological Laws of disease causation
- Causa-Causals going to the root of the cause of the sick
- Application of GNM in reportorialism
- Germanic complement each other

Date: 23rd - 25th Sept., 2022
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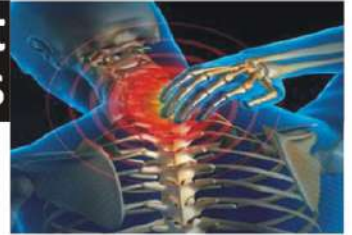
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Role of Homoeopathy & Its Management In Case of Cervical Spondylosis



Dr. Neha Baghel **Introduction-** Cervical spondylosis is a degenerative disorder of the cervical spine. There is degeneration of intervertebral disc, with its protrusion and bony outgrowth (osteophytosis) of adjacent vertebrae, causing narrowing of intervertebral foramina and cervical canal. It may be asymptomatic or may cause compression of roots, cord or both.

Cause & Risk Factors: • Age, • Occupation, • Neck injury, • Genetic factor, • Smoking, • Herniated disk, • Bone spurs, • Stiff ligament.

Pathogenesis- (i) Degeneration of disk and its protrusion. There is degeneration of intervertebral disc with thinning and protrusion of nucleus pulposus posteriorly or laterally through the tear in the fibrous ring (annulus). The posterior herniation leads to compression of the cord; while lateral herniation produces compression of nerve roots.

(ii) Osteophytosis. Osteophytic spur formation may lead to compression of roots, cord and vertebral artery or spinal vessels (ischaemic myelopathy).

(iii) Partial subluxation of vertebrae may cause radicular pain.

(iv) Congenital spinal canal stenosis. The spondylosis a radiological finding, patients develop myelopathy or radiculopathy only if spondylitic changes are associated with congenitally narrowed canal or foramina. If the shortest AP diameter of spinal canal is 13 mm or greater, it is unlikely that spondylosis is the cause of compression.

Clinical Feature-(i) Local pain and stiffness. There may be neck pain, shoulder pain or both along with stiffness.

(ii) Symptoms and signs due to compression of roots (radiculopathy). Due to involvement of vertebrae and intervertebral disc, rotation and lateral movements of head are reduced. Irritation of sensory roots cause radicular pain along their distribution. Pain may start at nape

of neck (C4), tip of shoulder (C5), anterior part of arm (C6), radial aspect of forearm (C8) or all fingers (C6-C8). The motor symptoms include motor weakness and atrophy of the muscles depending on the roots compressed. In addition, there is areflexia and dermatomal sensory loss at same level. Sometimes, *L'hermitte's sign* or *'barber's chair sign'* can be elicited. This sign consists of tingling sensation in all the four limbs or electric shock like sensation down the back on flexing the neck. This indicates spinal cord involvement.

(iii) Cervical myelopathy. Compressive cervical myelopathy is less common, develops in a patient who has a congenitally narrowed cervical canal and presents with a progressive spastic paraparesis; later a sensory motor impairment with a clearcut level, loss of a tendon reflex in the arms, most often the biceps jerk (C5-C6), and bowel and bladder disturbances develop.

(iv) Combined root and cord compression (radiculomyelopathy). In few cases, clinical features of both root and cord compression are present. There is clearcut level of demarcation due to root compressed. For example, in combined lesion at C5, level, there will be signs of LMN due to involvement of C5 (loss of bicep Jerk) and UMN signs of below it (spastic quadriplegia). Occasionally, an inverted supinator jerk at C5 level may be elicited i.e. when supinator jerk is being elicited, there is finger flexion instead of normal supinator response.

(v) Symptoms of vertebralbasilar insufficiency. There may be tinnitis, vertigo, intermittent blurring of vision and nystagmus. Neck movements may induce vertigo with further compression of the vertebral artery.

Investigation-X-ray of cervical spine Investigations may reduced intervertebral spaces, show osteophytic spurs and shortening of AP lordosis, diameter of the cervical canal.

CT with contrast myelogram and MRI 2

show disc protrusion a indentation of the cervical column or may total extradural obstruction. MRI is best diagnostic tool to delineate the disc pathology and spinal cord involvement as a negative.

Treatment-1. For relief of pain, analgesics are helpful or NSAIDs

2. Physiotherapy. The physiotherapy includes cervical traction, short-wave diathermy or ultrasonic radiation, static or dynamic neck exercises and cervical collar to reduce disc movements. The analgesics must continue during physiotherapy. In some cases, a simpleradiculopathy responds to immobilisation in a plaster or plastic collar for 2-3 months. Both traction and manipulation have been advocated but later carries a risk of cord damage.

3. Surgery. It is needed in few cases having compressive cervical myelopathy.

Homeopathic Management-

Rhus Tox-Rhus tox is the most commonly used medicine for cervical spondylosis. The common symptoms on which it is prescribed are pain and stiffness of the part. The pain is generally aggravated by first motion, lying posture, cold damp atmosphere and relieve by any warm application. The others symptoms are numbness or tingling sensation in the arms. Generally the pain is more aggravated in the damp cold weather. Keeping the arm in rest position makes feel the person more pain, but movement does not have. If those are the symptoms then rhus tox will help.

Cimicifuga-Cimicifuga or Actaea Racemosa is generally prescribed when there is pain in the neck portion from over use of fingers like those who types in computer keypads long hours with an odd posture, those who plays piano boards long hours, those who stitch or knit hour together. There is more pain in the neck portion when the patient bend his forward or bowing of head. The pain and stiffness is more in the shoulder areas.

Ranunculus Bulbosus-The pain is felt over the neck portion and sometimes spread downwards and chest portion too. There is more pain during the morning hours and any sort of movement aggravates the pain. Moving the head also causes pain even a deep breathing increases the pain. The pain is associated with numbness feeling of arms. Like cimicifuga the pain is also originated after a long time of writing on laptop keyboard, I-pad, or mobile.

Kalmia-It is one of the most important medicine for cervical spondylosis when the pain is associated with numbness of the part. Here the pain origin at the neck portion and spread downwards to arm and fingers. The pain comes in paroxysmal way not like dull persistent pain found in Rhus tox. There is another important symptoms found in kalmia of vertigo or dizziness while looking downwards.

Colocynth-There is pain in the cervical or neck portion which is very much relieved by pressure or massage on that area. The characteristic symptom in colocynth to prescribe in cervical spondylosis is pain arise after some emotional disturbances like getting anger or being offended that impact in his sentiment or suppression of the anger. Those play a trigger factor to start neck pain.

Calcarea Phos-Calcarea phos is the remedy generally prescribed when there is any osteophytes growth on the vertebral portion due to osteoarthritis changes. Pain is more during a damp humid weather. Along with calcarea phos the calcarea flour also helpful in bony changes of cervical vertebrae.

Dr. Neha Baghel, PG Scholar
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Miasmatic Co-Relation With Cellular Pathology

Dr. Megha Patel **Introduction-**Hahnemann had launched theory of chronic disease in the year 1828. While cellular pathology comes in year 1852 by Vichofe. Cellular pathology, cell is the basic unit of our body. The cell shows changes when any disease occurs-term applies as Cellular injury and adaptation.

Cellular Injury-(a) Reversible Cell Injury : Degenerations, Infiltrations, (b) Irreversible Cell Injury: Cell Death

Adaptation-(a) Atrophy, Hypertrophy, Hyperplasia, Metaplasia

Study of any disease is incomplete without knowing the changes in the basic unit of cell. The Cell may be injured by two major ways - A) Genetic Cause B) Acquired Cause includes Hypoxia, Physical and Chemical agents, Microbial, Immunological agents & Ageing etc.

In this article an attempt has been done to correlate the Homoeopathic concept of the disease (Miasm) with cellular pathology.

In further study we will consider all pathologies in light of understanding of Hahnemann's chronic disease step by step.

Pathological changes in Psoric Miasm-

Inflammation-It is well known fact that Inflammation is Protective rather than destructive in nature. It is the basic protective reaction of any living organism against any of injurious stimuli. In **Acute Inflammation** from vascular phenomena up to emigration of polymorph it is **Pure**

Psora-If the individual is purely psoric then it will suffer with those diseases which can be managed with in limit of this reaction. But if the individual is not purely Psoric-one then the disease will progress further. In other words individual has to show reaction beyond this limit.

If individual is not purely Psoric then there are three Possibilities. Individual may be either • Psoric Dominant, • Sycotic Dominant,

• Syphilitic Dominant

If individual is **psoric** dominant then dominant Psora will take help of other two to destruct polymorph, liberate Proteolytic enzyme. Pus will form fibroblast will proliferate and healing will take place in normal limit of time with minimum scar.

If individual is **Sycotic** dominant then more pus will form, more fibroblasts will proliferate, healing will be delayed and secondary union occurs. There will be more Scar formation. Scar may end in keloid.

If individual is **Syphilitic** dominant, then tissue damage will be much faster. Healing will be delayed. Ulcer may form and may end in necrosis or Gangrene.

Pathological changes in Sycotic Miasm-

In **Chronic Inflammation** we see retrograde changes in parenchymatus cells and proliferate changes in cell of connective tissues like fibroblast. This productive chronic Inflammation is sychotic. Acute Inflammation is exudative while chronic Inflammation is Productive.

If individual is **Sycotic miasm** then is more prone to abnormal growth, accumulation, degeneration, malignant growth like Warts, moles, Gonorrhoea, Hypertension, Hyperthyroidism, Hyperlipidemia, Ischemic heart disease etc.

Pathological changes in Syphilitic Miasm-If individual is **Syphilitic miasm** then is more prone to Destruction, Deformity, Ulcer, Gangrene, Infraction, Necrosis, cancer etc.

Pathological changes in Tubercular Miasm-Tuberculosis may be define as an acute or chronic communicable disease caused by micro bacterium tuberculosis and characterised by inflammatory infiltration, tubercle formation caseation, fibrosis & calcification. In any case, formation of tubercle which is small rounded nodules in the tissue is the main feature. Microscopically it has a central area of necrosis and surrounded

by nodular collection of epithelioid cells with scattered Langhan's type of Giant cells. A zone of lymphocytes is surrounded by a zone of fibrous tissue & the granulation tissue. Tubercular miasm is a combination of Psoric & Syphilitic miasm.

Pathological changes in Cancer Miasm-Carcinoma is a malignant growth derived from epithelial cells or cell similar to the skin or mucous membrane lining in stomach, bowel or glands & it tends to infiltrate the surrounding tissues and to give rise to metastasis. Cancerous miasm is a combination of all three miasm i.e Psora, Syphilis, sycosis.

Miasmatically such inflamative process will not only comes under one miasmatic changes but it begins with sycosis and ends in to Syphilis. [Proliferation to Degeneration]

Cell changes (Adaptation) with miasmatic approach-

Hypertrophy-Hypertrophy is an increase in size of organ because of increase in size of cells. All Hypertrophies are **sycotic** except Hypertrophy of muscles of athletes, Pregnant uterus etc. are **Psoric** because these are physiological conditions.

Hyperplasia-Hyperplasia is increased size of organ because of increased number of cells. All Hyperplasia are **Sycotic** except Hyperplasia of uterine endometrium before menses, breast development during puberty, pregnancy, lactation because it is physiological.

Atrophy-Atrophy is reduction in size of organ reduction in size of cells which achieves full maturity. Being problem related with growth atrophy happens in **Psora-sycotic**

Metaplasia-Metaplasia is conversion of one type of cell in to another type of giant cell. Anastasia is character of malignancy. Anastasia happens in **Syphilitic and cancer miasm**
Cell changes (Reversible Changes) with

miasmatic approach-

Infiltration-Infiltration is accumulation of abnormal substance in cytoplasm of healthy cell. It covers **Sycosis & Syphilis**.

Degeneration-Degeneration is accumulation of abnormal substance in cytoplasm of sick cell. All degeneration are **Sycotic** except hyaline degeneration & degeneration of nervous system, both of these exceptions are **Syphilitic**.

Cell changes (Irreversible Changes) with miasmatic approach-Irreversible changes in cell and tissues are belonging to **Mixed Miasm**.

Necrosis-Death of the Cell or tissue. Necrosis cannot be reversed.

Keriolysis-Nucleus breaks down in pieces and gradually disappears.

Piknosis-Nucleus gets condensed, pinpoint and disappears.

Kerionhexis-Nucleus gradually dissolved and disappears.

Infraction-Infraction is microscopic death (Coagulative necrosis) of tissue because of sudden loss of blood supply. Infraction occurs in organs which are not exposed to atmosphere like Brain Heart etc.

Gangrene-Gangrene is macroscopic death of tissue superadded with putrefaction by saprophytic organisms. Gangrene occurs in areas exposed to atmosphere like extremities, colon, appendix etc.

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