



# KQHDA HOMOEEO SANDESH



KARNATAKA QUALIFIED HOMOEOPATHIC DOCTORS' ASSOCIATION ®

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## Editor's Message

***Greetings and good wishes to everyone!!***

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In science, advances are a daily occurrence, but true breakthroughs are rare. What does it take to achieve world-changing scientific breakthroughs? Some are the result of a lucky or fortunate accidents, combined with curiosity, scientists traveling down one road suddenly find reason to veer onto another road, one they never planned to travel — a road that may well lead nowhere.

Other major breakthroughs stem from scientists pursuing a very specific dream despite challenges and obstacles. One fine day, usually early in their career, they get an idea that they can't stop thinking about. It's crazy, they say to themselves, but is it really impossible? They talk to respected colleagues who often remind them of all the reasons their idea might not work, and how damaging this could be for their career. It's a sobering message, yet the idea won't die. So, they scramble to find financial support and seek out colleagues willing to risk traveling that road with them — a road that may well lead nowhere. But sometimes that same road leads to major breakthroughs like penicillin and mRNA vaccines.

And when such breakthroughs do happen — think of Hahnemann's Genus Epidemicus, immune booster or COVID vaccines — the whole world benefits from them.

Fleming noticed something odd, overnight, another kind of microbe, a fungus, had travelled through the air, landed on the laboratory dish and started to grow and spread on the dish



## Editor's Message

where the bacteria were growing. Fleming soon noticed that the growing fungus seemed to be killing the bacteria. He surmised that it was making some substance that killed the bacteria. Because the name of the fungus was *Penicillium rubens*, he called the substance the fungus was making "Penicillin."

When Fleming published a paper about his discovery, few were interested. It took another 10 years before other scientists tried to generate large amounts of penicillin to see if it might be able to cure bacterial infections and save lives. We all know how that worked out. Fleming's scientific breakthrough, like some others, occurred not because Fleming had a brilliant idea and exclaimed "Eureka!" Instead, it occurred because he noticed something and said, "That's odd," and then tried to figure it out.

In homoeopathic practice many clinical research activities happens, but not recorded scientifically. This is the high time to show the world that research is conducted scientific way in homoeopathy. In this issue interesting clinical research cases are discussed by Dr. Aradhana Chitra, Dr. Rekha Karnam Srinivasan, Dr. Shilpa Sathish and Dr. Chiranth. I thank all of them and our editorial team members in contributing the regular features.

"Science has proven that chronic, low-grade inflammation can turn into a silent killer that contributes to cardiovascular disease, cancer, type 2 diabetes and other conditions. Get simple tips to fight inflammation and stay healthy "-- from Harvard Medical School expert.

**-Prof.Dr.Shreepad Hegde**



## Margaret Lucy Tyler

Born: 1857 in England

Died: 21st June, 1943

# PIONEER

### About Margaret Tyler:

- Born in England to a Family of Successful Homoeopaths, Margaret Lucy Tyler became a homoeopathic Practitioner following the principles rules laid by Dr Hahnemann.
- She pursued Medicine in the year 1903 and served in the London Homoeopathic Hospital till her end.
- From her mother, she learnt the art of successful prescribing in terms of what to prescribe, when to give and when to stop.
- A follower of Hahnemann, she encouraged many doctors to pursue homoeopathy and learn from Dr James Tyler Kent and return back in England to spread Homoeopathy. She sent many to learn under Dr James Kent. Her father was the Director of London Homoeopathic Hospital. "The Sir Henry Tyler Scholarship Fund" (in her memory of her father Sir Henry Whatley Tyler) to help doctors study in Chicago under Dr James Tyler Kent.
- In 1913, She specialized in treating retarded children and loved treating her patients. Her selfless contribution to humanity and homoeopathy was well appreciated by her patients for her devotion and dedication towards them.
- Till the end of her life, she treated children with learning disabilities, and died while in service on 21st June 1943.

One of her last quotations were, "At the end of life we shall not be asked how much pleasure we have had in it, but how much of service we gave in it; not how full of success, but how full of sacrifice; not how happy we were, but how helpful we were."

### Her Contributions:

In 1932, Editorship of the Journal "Homoeopathy", one of the pure publications of Homoeopathy, helped many who couldn't attend lectures but wanted to learn and pursue Homoeopathy.

In 1942, Published the "Homoeopathic Drug Pictures", a simplified Materia Medica, a collated work of Hahnemann, Kent, Hering, Allen, Farrington, Hughes, Nash, and others made Homoeopathy accessible to everyone including ones with no medical background.

Constitutional prescribing should be given credit to Dr Margaret Tyler

Her classic contributions towards several remedies mainly Gelsemium (Never been well since) and Baptisia (Typhoid Flu) and Use of Nosodes like diphtherinum, morbillinum, varicellinum to treat past traumas in treatment of miasms.

How not to practice Homoeopathy (without the right philosophy will lead to failures)

Margaret Tyler was one to use common ascending potencies (30, 200, 1M, 10M) over several days, or even only a few hours apart.

Pointers to some Hayfever Remedies

Pointers to common Remedies



**Dr. Rekha Karnam Srinivasan, BHMS, F.HOM. (PSYCH), DMH&C (SCARF\NIMHANS), Diff.Cases (VITHOULKAS, GREECE)**

Fellowship in Palliative care.

Former IHRC-DG- IHMA & Editor Homeopathic medical panorama.

## A Case Report of Intermittent Explosive Disorder or Oppositional Defiant Disorder tackled with Zincum mur

**Key Words:** Oppositional defiant disorder, Case report, Similimum versus simile. Hahnemannian Homoeopathy.

### Introduction:

When it comes to behavioral issues even experts in Dominant school agree that labeling children is tricky as well as counterproductive. Yet they concentrate on behavioral patterns of older kids between ages 5-11 to predict adolescent patterns main concerns in US being Conduct disorders, antisocial behavior as well as Substance abuse. Though such models may not be applicable to Indian topography, yet it can give an insight about behavioral issues.

When it comes to Homoeopathic parlance it is the other end of the spectrum, genetics, family upbringing, social-economic status and all other survey points inclusive and beyond that, such anti-social as well as addictive traits can be predicted as well as treated effectively; at times cured as suggested by random Case reports of veteran Homoeopaths.

ODD is a common child and adolescent-onset

*disorder associated with substantial risk of secondary mood, anxiety, impulse-control, and substance use disorders. These results support the study of ODD as a discrete disorder. Potential and investigational studies are needed to further define the temporal and causal relations between ODD and related disorders.*

*New research highlights evidence from neuropsychological, neurological, and brain imaging studies converges on the conclusion that prefrontal structural and functional deficits are related to antisocial, aggressive behavior.*

### Main Takeaway:

*The finer shades of Homoeopathic arena where it alone can bring about relief to this one-sided manifestation as documented by Hahnemann in the Aphorism 174-184 external malady is of Psoric nature. Through this case report, a unique learning content as well as how to sharpen our clinical tools; with Homoeopathic prescriptions based on Hahnemann's recommendations for one sided manifestation in Organon is demonstrated.*



## **Prelude:**

This case of 10-year-old was treated in 2012 dated 2nd of May. This boy was said to have restlessness, does not sit for studying and also very easily angered as well as defiant. His father went out as I talked to the child, just to know his version. He was very good at studies, good at IPR, won prizes in extracurricular. Till here no iota of problem, I started to doubt his parents' version as their own shortcomings and too much of expectations from the kid. When his father came back, sat down and was narrating symptoms, the boy asked for a new Bicycle. His father said not now; I shall buy it later, gradually this kid raised his voice so much that he was yelling on the top of his lungs. He had caught hold of his father's basket and shouted in a threatening voice. I never expected this and was shaken at this turn of events. His father calm yet firmly handled the situation and took the child away. Later I came to know it's part of melt downs and he even beats, twists his foster mother's arms if his wish not gratified immediately.

**Assessment:** The diagnosis of oppositional defiant disorder (ODD) refers to a persistent pattern of negativistic, hostile, defiant, and disobedient behaviors toward others.

## **Oppositional Problems:**

These include rebellious, irate, annoying, non-compliant and sometimes aggressive behaviors. For a diagnosis of ODD, behaviors need to occur more commonly than is typical for that age, continue for more than 6 months, and impair the child's functioning

The DSM-5 criteria include emotional and behavioral symptoms that last at least six months.

## **Angry and irritable mood:**

- Often and easily loses temper
- Is frequently touchy and easily annoyed by others
- Is often angry and resentful

## **Argumentative and defiant behavior:**

- Often argues with adults or people in authority
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys or upsets people
- Often blames others for his or her mistakes or misbehavior
- Vindictiveness:
- Has shown spiteful or vindictive behavior at least twice in the past six months

## **Interventions:**

In Conventional setup, treatment plan will be personalized to the needs and behavioral symptoms of each child as well as age, severity, and co-morbid mental health conditions.

**Individual/Behavioral Therapy-** Cognitive problem-solving skills to reduce inapt behaviors teaching positive ways of reacting to stressful situations, and social skills drill to relay more positively to peers and improve communication skills. Manage anger and express feelings in a healthy way.

**Parent Child Interaction Therapy (PCIT)-** training parents while they interact with their

children using policies to reinforce their child's positive behavior, improving the quality of the parent child relationship and decreasing problem behaviors.

## **Homoeopathic Management of ODD:**

**Chief Complaints:** Master Y, Age 10 years, Male. Easily angered; he is very adamant, defiant, creates ruckus when asked to do something or to study. Has got extreme fidgety both physical and on mental planes. For some time, he used to smile at serious matters and smiled when he got scolding's but now not satisfied by any amount of attention.

**Physical plane:** Nothing specific except talks in sleep and grinds teeth.

**Past/Family History:** Nothing significant.

**Analysis:** It is more than just a behavior problem as I witnessed melt down in my clinic, considering ailments originated after his father's demise and violent outbursts of temper indicated to Ignatia.

1st prescription: Ignatia 30c single dose for the origin of complaints.

### **Follow up on 5th June 2012**

Was better in few aspects but his restlessness not much reduced, considering restlessness and no will to sit down and study. No tangible symptoms apart from Nosological symptoms; hence keynote prescribing adopted.

**Remedy prescribed:** Rhus tox 6c



### **Follow up on 25th June 2012**

His foster father reported that statuesque, so considering symptoms of Rage 3+ and Least contradiction aggravates,

**Remedy prescribed:** Belladonna 6c.

### **Follow up on 25th October 2012**

**Foster Father:** "he was better with previous medicine, he was with his mother in his native, so did not approach; now again his problems are surfacing. Least change in modulation of voice brings upon bout of rage in the child."

**Analysis:** Medicine has helped to reduce temper tantrums. Child is studying on an average. His foster father reported based on telephonic conversation. So, remedy repeated, and Sulphur considered as an intercurrent to help cure the case as suggested by Hahnemann in aphorism 213.

**Prescription:** Sulphur 6c, and Belladonna 6c.



## **Follow up on 28th May 2013**

**Foster Father:** “agitation, anxiousness, anger 3+, fearful, easily offended, mood swings, smiles without reason as well as grades are poor due to illegible handwriting. Easily tired, listless and is stoop shouldered.”

**Prescription:** Belladonna 6c od for 3days.

## **Follow up on 19th June 2013**

Foster father reported “not much improvement emotional upheavals, repeats words said to him (echolalia), disobedient and defiant, no perseverance, does not care for his belongings, now personal hygiene is neglected by him. Chatters during sleep of daily affairs; grinds teeth a well. Listless 3+, fidgety hands and feet 3+. Considering symptoms of

- i) Echolalia repeats said to him.
- ii) Extremities fidgeting
- iii) Listless
- iv) Talks during sleep,
- v) grinds teeth

**Prescription:** Gave Zincum met 6 OD for a week with half glass of water at bedtime.

## **Follow up on 6\8\2013**

Reported by his foster father after a month that partial improvement, attitude and defiance still present. The child craves for attention especially of his foster Mother so does odd things to get reprimanded.

**Remedy Prescribed:** Zincum Mur 6 c

**\*Prescription changed to Zincum mur 6 c advised for a week at bedtime water doses as repetition of Zincum met in increased potencies has not yielded results as expected.**

## **Reason for Zincum Mur prescription:**

Clinically Zincum met is indicated but it does not yield expected results yet symptomatically it seems Zincum group alone still indicated; we can apply Dr. Kent’s logic. In fact cases with fewer symptoms will be under smaller drugs like zincum Mur, Zincum valeriana, Zincum caust, yet I have found this logic working in most cases. Zincum mur seems to work when Natrum mur like disappointed Love or emotional cravings are existing.

Follow-ups are spaced for 2 or more months and by the end of 2014 he is malleable normal kid.

## **Follow up dated Jan 2017.**

Now he is in high school, a lanky lad has all expected facial features and that air around him. Adamancy as well as defiance were main issues, father was worried whether his foster son will get into some sort of mental health issue as his biological mother suffers from depression.

The boy is good at studies but has too much distractible friends (?) slow to act and respond to parents’ commands most of them are teenage, implied complaints. But no roars or temper tantrums. He is addicted to games on his mother’s mobile phone.





Chatted with the boy over his concerns which are all similar to Indian teenager's brought up in conservative setup.

His complaint was, "too much of restrictions, no bicycle (yes, the same one which he had demanded for during his first consultation) my parents demand me to study all the time. I am tired of hearing their life defining advice". I advised the boy to look at the ground realities and to prioritize essentials in life. He agreed to few of my suggestions and to take charge of the situation.

**Counseling:** I briefed his father separately and pushed for more compassionate view of the boy's concerns. I advised him to get more understanding of teen brain so that it could resolve many a tiff.

His father reported after few weeks that the boy is behaving as good boy and preparing for his examination. The boy had received zincum mur 6c daily at bedtime water doses only for 3 consecutive nights. Since it did not warrant any symptom change as well as a case free of troubles for almost three years indicated it is only returning of symptoms in the wake of stressful situation; this stint being tenth grade.

**Discussion:** The highlight of the case is nonetheless simile is prescribed which kept the boy out of medication for more than six months, though it did not cure him. But cure is also cyclical reduction of intensity, return of old complaints in milder form however not a stipulation.

In this case, though Belladonna was most simile at that time and so even backed by Sulphur it could not pull off cure. We can see his symptoms like echolalia were signaling progress is not in right direction as it was from being just adamancy as well as defiance.

Now in 2017 he is anxious adamant and cries, but no temper tantrums only functional changes seen. Most of the behaviors could be normal for teens.

**Conclusion:** Analyzing the timeline of this case reveals treating behavioral as well as psychosocial issues could not be in black and white or absolutes. It has different shades to it and we Homoeopaths can alone bring upon relief as needed within our own confines hemmed in. Factors which precipitate unpleasant conditions or halt remissions cannot be totally heralded but improvement in positive traits can have an optimistic outlook.

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## CASE OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

### Chief Complaint:

A 13-year-old girl presented with lack of concentration and behavioral issues.

Mother said her academics were falling, she can't focus on studies and anything for a long time. Her scholastic performance was decreasing. Also, she behaved very childish to her age, and they found a lack of understanding and inappropriate reactions to situation.

For eg – if she gets angry, she gets too angry, will hit other person, herself etc and if she gets excited, she gets too excited, whole day will be in mode of excitement, will keep asking about the object of excitement 100 times, not able to control her emotions. If she is obsessed about something she will keep doing that.

### Interview with the patient and parents:

Dr: Tell me a little about you, your hobbies, interests?

Pt: I love to do activities like writing, coloring, drawing, painting.

Mother: Painting she loves to do, as she loves colours, likes to draw butterflies as they can be painted in many colors, love colors, favorite is pink.

Dr: What do you like to watch on TV?

Pt: Chota bheem in net flix, barbie serials I like barbies I watch in net flix

Dr: What you like about them?

Pt: Barbies who are like fishes, esp the mermaid barbies in water. I love to see them; they are so beautiful. Fishes are so cute; I like to see them swim. And in the serial, barbies are bigger fishes, and are like big dolls, very pretty, so I like them. We have a fish tank at home. (Mother said-she insisted in getting the fish tank)

Mother: She does not like cycling as she can't balance herself. She needs side wheels as she is scared of falling. With physical hurt she can get paranoid. If she gets a wound, she will repeatedly keep putting plaster on it all the time.



But otherwise, most of the time she is always happy.

She is very excited when there are visitors at home or even if they have to go to someone's house. She will ask mother daily if anyone is expected to come and if incase, they are to come, she will repeatedly ask about their time of arrival. If someone is coming for dinner, from morning she will start asking. She still does not have the understanding of time.

Once they arrive, she will get too excited, she will go running to them, hug them, sit next to them. She is very affectionate. Infact, her aunt and her family come quite often 2-3 days in a row, but still, she is excited to see them every time. She enjoys meeting people.

She is very fond of dressing when going out. Particular about her clothes, sandals. She will ask me(mother) to iron her clothes. She wants everything ready, her clothes, her matching band.

Dr: When is she upset or hurt or feels low?

Mother: She feels very low, whenever father not around. She will start crying and esp if he is out for more than 3 days. She needs people around her. Even when grandparents are not around, she feels low. She will then cry and will want me to drop her to her aunt's house. She does not want to be at home that time. She will want to go to others house.

She is very attached to father, if father comes late home from office, she will stand near the window and wait for him and keep asking mother about his return. When she sees his car, she feels so happy and opens the door with excitement. Even with her brother, though she fights with him, yet she is equally attached to him. If he is not around for long, she will ask when will he come?

Dr: What kind of activity she likes?

Mother: Art craft, couple of activity she likes to do but nothing can catch her concentration for long. She does out of excitement and enjoyment but won't last for long. She will do for ½ an hour and is done with it then. That's the big problem we are facing, her lack of concentration.

After coming home from school, she will come with books to mother. But she will study only for max 10 mins. She will say her hands are hurting. She cannot concentrate for long on anything, she gets bored very fast. Even if there is excitement, gets bored as well.

She likes to play with toys, but she will get bored easily with that too, then will look for something else. She will keep hopping from activity to activity.

At home, she wants to be where mother is. She follows wherever mother is. If she does not find her, she will look for her in the bathroom. She will keep looking for her.



If something has caught her attention and wants to play with it, she will bring all those things wherever mother is.

She does not like to be alone. She does not want to sit alone, there is insecurity in her.

Her main area of problem is her lack of concentration on a particular task she does, which is reducing her academic performance. Also, there are other behavioral issues as well.

For eg- when she gets too excited, she behaves stupidly.

When people come home, she behaves stupidly. She will keep running around, will laugh for no reason. She gets too get excited for things she is not supposed to, like example if adults are having conversation and they laugh, she will also start laughing aloud even though she didn't understand the context.

She is obsessed with little kids. So, at times, she can hug and kiss them to a point of annoyance to them. Her aunt has a 6-month-old child, she keeps kissing and hugging it. But in her affection, she will pull the cheeks, she will hold the child so tight, that it may even hurt him, but she does not realize that she is causing discomfort to the child. And everyone has to pull the child away from her.

She gets too excited seeing infants, young kids. She is so obsessed with kids that if she sees any child while we are walking on the road, she will

stop there and start playing with child.

In this aspect she goes overboard. She does not have control over her emotions, excitement, and affectionate behavior.

She has major eating disorder too. She wants to keep eating all the time. She munches whatever she can lay her hands of. Every half an hour she feels hunger and goes in kitchen. We have to stop her from eating or else she gets indigestion and suffers from gastric issue. She loves to eat junk food, chips etc.

She also has an OCD behavior, its about things being in its place and neatness and cleanliness. She does not like dirt. She will wash her hands many times, very finicky about dirty hands. She will not wear clothes which have stains, or shoes which are muddy or dirty. Will ensure it gets cleaned before she wears them. If any crease in bedsheet, she wont sleep, she will ensure mother removes the creases. Will not use dirty washrooms. She has just started her menses, she does not like any stains, and will keep changing very frequently

MHDP: It was a smooth pregnancy. She had a history of ectopic pregnancy before this child, so during her time mother was anxious if this pregnancy would be okay. Otherwise, she was very well taken care of by her husband and in-laws.



Nature of mother – just like the patient, equally warm and affectionate. Very close to family members esp husband. If he is away for longer, she misses him a lot. Can't bear anyone to be angry with her. If anyone fights, she will be the one to go and resolve the matter, can't keep a grudge, will want to patch up as soon as possible esp in case of her husband or sister, where she can't be without speaking with them for more than 2 days.

Dr: How does she react to Plants and animals?

Mother: She likes plants and admires flowers. She is scared of dogs and cats. But she likes the fishes. We have a fish tank at home, she takes care of them, ensures they are fed well. Reminds mother to put their feed. If mother has forgotten, she will put the feed for them. She reminds her mother if their water needs to be changed.

Dr: Any fear of water or heights?

Mother: She does not come for any rides, giant wheel or merry go round. But she is very fond of Pool. She will jump into it anywhere and anytime. She knows pool is safe for her. She insisted on joining swimming classes and loves it.

Cravings: Sweets she likes, nuts, almonds, cashew nuts, she keeps munching on that.

## ANALYSIS:

We see a girl who is very social, loves people and at the same time very affectionate. Loves children, hugs, kisses them though out of proportion. Misses her father, grandparents if they are away for long, wants to be with mother most of the time. Mother also had a similar nature.

(Idea of love and affection, attachment with her closed ones and kids- this gives an idea of natrum line/ row 3 of periodic table)

At the same time, we also see nutrition issues in terms of her love for food, munching all the time with digestive issues.

Along with this we see a strong OCD related to dirt and need for hygiene

(This could be related to inner feeling of Dirtiness)

This gives an idea of Mammal – need for a family, group for love, care and affection with nutrition issues and an inner feeling of disgust.

Join us for the  
CME on  
Every 1st sunday



while teacher was teaching, would disturb her friends and would always be fidgety, but now she is listening to teacher, paying attention and answers if asked regarding the topic being taught.

**12/4/2022:** After 8 months of treatment, marked difference in her behaviors, she scored well in her exams. Her obsession for kids was still there but reduced in the intensity of being able to handle kids more calmly, not in an excitable manner. Her response and reactions have improved. She has started studying on her own, mother found her more responsible. Overall great improvement according to mother and very satisfied with result through homeopathy.

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- Free Medical camps conducted regularly for the benefit of suffering mankind.
- Immune Boosters distribute during epidemics as a gesture of social responsibility
- Free CMEs conducted on 1st sunday of every month since 1992 for the benefit of the practitioners and students of Homoeopathy.
- Sponsors a Gold medal every year for the topper in Materia medica during the Convocation of RGUHS.
- Organises National Seminar in the month of April every year to commemorate the birthday of Dr. Samuel Hahnemann.

**Come & Join as a  
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of KQHDA....**



## Dr Shilpa Satish MD (Hom)

Consultant at Kshema Homeopathy & Nutrition Wellness Center  
Secretary, National Institute of Clinical Excellence  
Joint Secretary, KQHDA

**Guided by: Prof Dr H L Swamy MD (Hom)**

Consultant: Homoeo Care & Cure, Director: National Institute of Clinical Excellence, Chairman: KQHDA

## Retrospective Study of Menstrual Irregularity Cases in Post Covid Scenario

### Aim:

To study the menstrual irregularity cases retrospectively to derive the common clinical trend and reflecting upon the management & treatment of same.

### Keywords:

Miasm, PCOD, Hypothyroidism, Obesity, Adenomyosis

### Inclusion criteria:

- Age group: 11 to 50 years
- Cases with minimum 3 follow ups
- Cases which are not under any other mode of treatment
- All those cases were excluded which did not fulfil the above said criteria

### Follow up criteria:

- First 2 follow ups were once in 2 weeks.
- Later once in every month, cases were followed up till 3 consecutive regular cycles.

### Methodology:

- 11 cases of menstrual irregularity were selected for case study.
- Case taking was done as per standard proforma (following Dr Hahnemann's instructions).
- Classical approach was followed for those cases where we could get the general symptoms (mentals, physicals), peculiar particular symptoms.
- In the cases lacking general symptoms, sector approach was followed.
- Prescription was made after repertorisation in the cases which required Repertory. Single remedy, 3 doses with 4hrs interval on day 1 followed by Sac Lac was the protocol adopted. Whenever required acute remedies and intercurrent remedies were also used (not as mandatory). Suitable lifestyle modifications were advised to all patients.
- Regularity of the cycle, flow and associated symptoms (intensity and frequency) were the markers used for follow-up.



## MASTER CHART

Sl. No.	Name	Age	Occupation	Presenting complaint	Miasm	Remedy	Result
1.	Mrs A KH20065	37	Bank manager - SBI	<b>Cycles:</b> Irregular cycles 20 to 30 days cycles <b>Flow</b> – heavy 2 days <b>Concomitants</b> – Hypothyroid, PCOD Haemorrhoids Obesity	Sycosis	Calc carb 200	Cycles regular Haemorrhoids – no complaints Treatment continuing for hypothyroid
2.	Miss C KH20098	15	Student	<b>Cycles:</b> Irregular cycles 20 to 30 days cycles <b>Flow</b> – 7 to 10 days sometimes 14 days, Pain: sometimes pain in abdomen before menses, clots+ <b>Concomitants:</b> hair fall, digestive disturbance – flatulent abdomen	Sycosis	Puls 10 M	Cycles regular Digestive disturbance – nil Hair fall - better
3.	Mrs D KH20190	36	IT professional	<b>Cycles</b> – regular <b>Flow</b> – excessive, prolonged 15 days, clots++ Back pain <b>Concomitants:</b> Weakness	Sycosis	Calc carb 200  Acute Bell 10m	Duration – 5 to 7 days Flow - moderate
4.	Mrs DM KH20055	37	Teacher	<b>Cycles:</b> regular Duration: 3days <b>Flow:</b> 3 days. 1 & 2 heavy, 3 <sup>rd</sup> day - scanty Clots: + Pain: mood swings, before menses, pimples before menses Leucorrhoea: throughout the month, Sticky, when UTI thick n odour <b>Concomitants:</b> Acne Acidity	Sycosis	Puls 200  Acute – Nux vom 200	Acne – no complaints Premenstrual complaints, leucorrhoea - better





				Recurrent UTI Hypothyroid PCOD			
5.	Mrs R B KH20195	33	Home maker	<b>Cycles:</b> regular <b>Flow</b> – 4 days, excessive <b>Concomitants</b> Migraine Headache++	Psora ++ Sycosis +	Nat mur 10M  Acute Bry 1M	Flow – moderate Migraine better
6.	Miss S KH20126	11	Student	<b>Cycles</b> – Irregular 15 to 28 days <b>Flow</b> - changeable – spotting to being excessive <b>Concomitants</b> Acne Dandruff	Psora ++ Sycosis +	Puls 200, 1M  Intercurre nt Medo 10M	Cycle – regular Flow – moderate Acne, dandruff - better
7.	Mrs S KH20122	36	Home maker	<b>Cycles:</b> regular <b>Flow:</b> increased, 3 days heavy, 2 days spotting Clots: present <b>Pain:</b> ++ abdomen, back, before menses, intensity changeable, weakness, giddiness, nausea, loose stools – 4 to 5 times (adenomyosis) <b>Concomitants</b> Hypothyroid Digestive disturbance – acidity, flatulent abdomen Recurrent URTI	Sycosis	Sepia 200  Calc carb 200  Acute – Viburnum 30	
8.	Mrs SP KH20179	30	IT professional	<b>Cycle</b> – Irregular, no cycles for months, only after hormonal medicines – gets menses <b>Flow</b> - moderate to excessive (PCOD) <b>Concomitants</b> Obesity Back pain – LVDP	Sycosis +	Puls 10m	Got menses  Discontinued the treatment

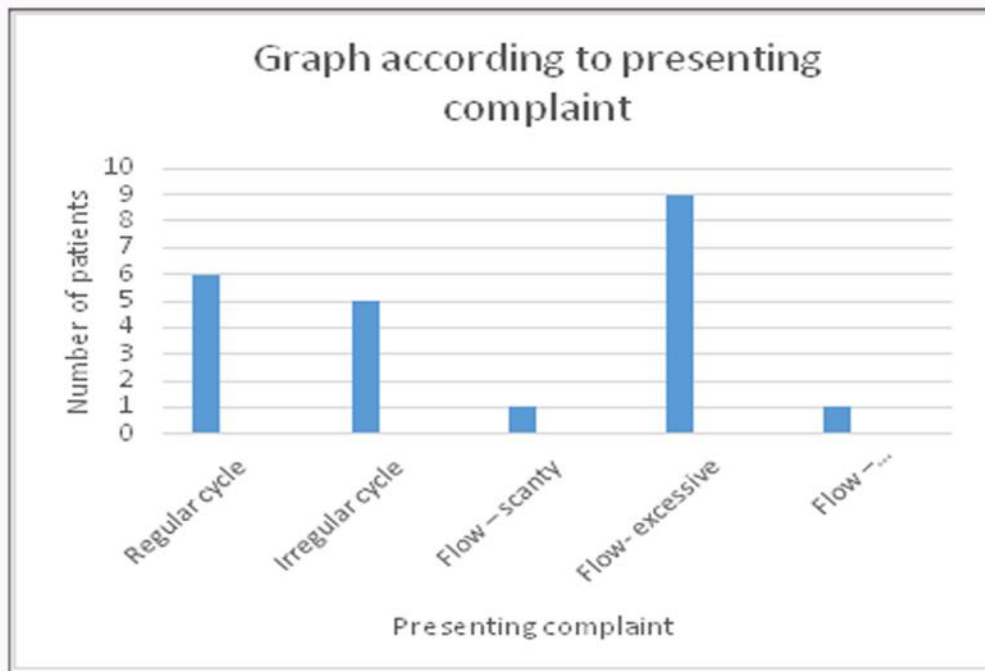


9.	Mrs U KH20020	48	Home maker	<p><b>Cycles</b> – Irregular, short cycles, 15 to 20 days</p> <p><b>Flow</b> – prolonged for 10 days, 4 days excessive, later spotting</p> <p><b>Concomitants</b> History of fall – Back pain since then Obesity</p>	Sycosis ++	Puls 1m  Thuja 200	
10.	Mrs VM KH20141	40	Works in private firm	<p><b>Cycles</b> – regular</p> <p><b>Flow</b> – 4 to 7 days, first 2 days excessive flow, clots++</p> <p>Pain – violent dysmenorrhea Nausea, vomiting, Sometimes loose motion (Adenomyosis, Endometrial cyst, Primary infertility)</p> <p><b>Concomitants</b> Hypothyroid</p>	Sycosis ++,	Medo 200  Lecithin 30	Pain much better  Conceived after 4 months
11.	Mrs VN KH20039	38	Home maker	<p><b>Cycles</b> – Irregular, delayed by 10 to 12 days</p> <p><b>Flow</b> – prolonged, 10 to 20 days</p> <p>Pain – moderate, low back, abdomen</p> <p><b>Concomitants</b> Hypothyroid Obesity Headache Wheezing, allergic rhinitis</p>	Psora, Sycosis ++	Calc carb 200  Lyco 200	Discontinued



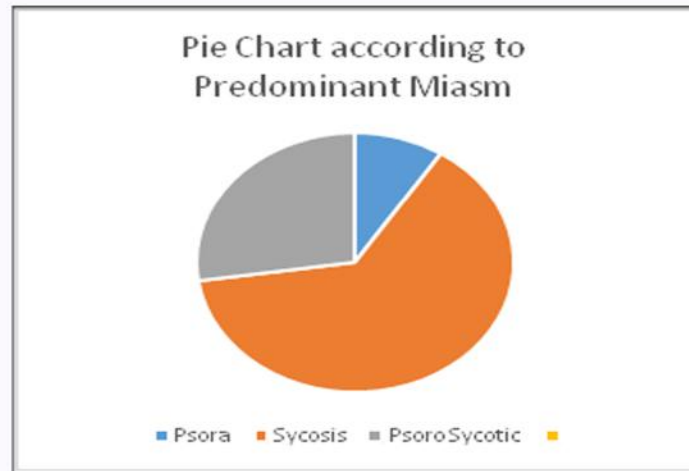
**Table1: Distribution according to Presenting complaint**

Sl. No.	Presenting complaint (Flow & regularity)	No. of patients
1.	Regular cycle	6
2.	Irregular cycle	5
3.	Flow – scanty	1
4.	Flow – excessive	9
5.	Flow – changeable (scanty/excessive)	1



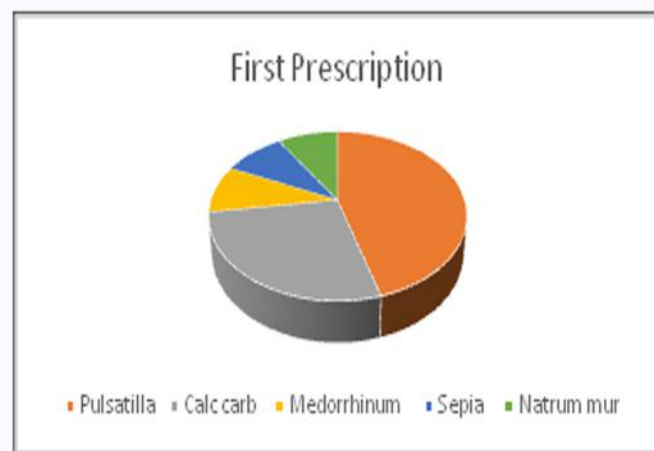
**Table 2: Distribution according to Predominant Miasm**

Sl. no.	Predominant Miasm	No. of Patients
1.	Psora	1
2.	Sycosis	7
3.	Psoro-Sycotic	3



**Table 3: Distribution according to First prescription**

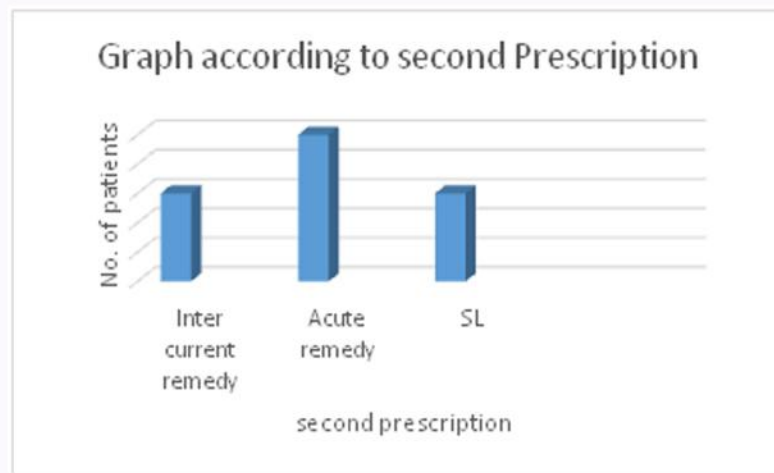
Sr no.	First prescription	No. of Patients
1.	Pulsatilla	5
2.	Calcarea carb	3
3.	Medorrhinum	1
4.	Sepia	1
5.	Natrum mur	1





**Table 4: Distribution according to second prescription**

Sl. No.	Second prescription	No. of Patients
1.	Intercurrent remedy	3
2.	Acute remedy	5
3.	SL	3



**Inference from this retrospective review:**

**Out of 11 cases,**

- o 5 patients were also hypothyroid
- o 4 patients were obese
- o 3 patients were diagnosed having PCOD
- o 3 patients had digestive disturbance along with main complaint
- o 2 patients had severe dysmenorrhea
- o 2 patients had severe chronic headache
- o 1 patient was diagnosed having – adenomyosis, endometrial cyst, primary infertility
- o 1 patient was diagnosed having adenomyosis



## CONCLUSION:

- o Predominant miasm in majority of the cases was Sycosis
- o Pulsatilla was the frequently used remedy, followed by Calcarea carb
- o Natrum Mur and Sepia were first prescription in 2 cases respectively
- o Thuja and Medorrhinum were used as intercurrent remedy in few cases
- o Belladonna, Bryonia alba, Viburnum Opulus were used as acute remedies in couple of cases

Clinical presentation of all 11 cases differed, few presented - with irregular cycles as chief complaint, while few came with some clinical diagnosis (PCOD/ Hypothyroidism, Adenomyosis) and few for some chronic headache/obesity and so on, but during case taking procedure complained of menstrual irregularities. The Law of Elasticity as explained by EA Farrington in his lesser writings, justifies that Homoeopathy can fit in all variety of cases provided, we base our prescription on the gold standard – “LAW OF SIMILARS”. Nine cases out eleven were successfully treated without any complications, there were 2 dropouts (1 case relocated to different city, other one discontinued the treatment). This study gave me a chance to substantiate the reliability of our core principles & time and again endorsed the significance of the same.

## RESULT:

*The common clinical trend that was found during the study was the drastic change in lifestyle over the years especially more after the pandemic that has immensely affected both the mental as well as physical health disturbing the regularity of the menstrual cycle.*

*In this study majority cases were found to have predominantly sycotic miasm in the background, indicating mostly anti sycotic remedies which proved to produce satisfactory results..*

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## ಡಾ. ಚಿರಂತ್

ಕಾರ್ಯದರ್ಶಿಗಳು ಕೆ. ಕ್ಯೂ. ಎಚ್. ಡಿ. ಎ.

ಹೋಮಿಯೋಪತಿ ವೈದ್ಯರು, ಸೃಷ್ಟಿ ಹೋಮಿಯೋ ಕ್ಲಿನಿಕ್, ನಲಮಂಗಲ

## ಗ್ಯಾಂಗ್ರೀನ್ ಎಂದರೆ ಯಾವಾಗಲೂ ನಿರ್ದಿಷ್ಟವಾದ ಔಷಧಿಗಳಲ್ಲ...

ಸಾಮಾನ್ಯವಾಗಿ ಆಳವಾದ ಕಾಯಿಲೆಯ ಪ್ರಕರಣಗಳು ವೈದ್ಯರ ಬಳಿಗೆ ಬಂದಾಗ ನಾವು ಆಳವಾದ ಕಾಯಿಲೆಯ ಸ್ಥಿತಿಯನ್ನು ಒಳಗೊಳ್ಳುವ ಔಷಧಗಳ ಬಗ್ಗೆ ಯೋಚಿಸುತ್ತೇವೆ.

ಹೋಮಿಯೋಪಥಿಯಲ್ಲಿ ಅಂತಃ ಔಷಧಿಗಳು ಬಹುಲಾಸಿವೆ. ಹೋಮಿಯೋಪತಿ ರೆಪರ್ಟರಿಯಲ್ಲಿ ಗ್ಯಾಂಗ್ರೀನ್ ಗಾಗಿ 15 ಔಷಧಿಗಳಿವೆ. ಔಷಧದ ಪರಿಣಾಮಕಾರಿತ್ವವನ್ನು ಸಾಬೀತುಪಡಿಸುವ ಸಮಯದಲ್ಲಿ ಇವುಗಳು ಆಳವಾದ ರೋಗಗಳನ್ನು ಉಂಟುಮಾಡುವ ಸಾಮರ್ಥ್ಯವನ್ನು ಹೊಂದಿವೆ ಮತ್ತು ಅನೇಕ ಆಳವಾದ ಕಾಯಿಲೆಗಳನ್ನು ಗುಣಪಡಿಸುವ ಸಾಮರ್ಥ್ಯವನ್ನು ಹೊಂದಿದೆ. ಇವುಗಳಲ್ಲಿ ಆರ್ಸ್ ಆಲ್ಟ್, ಲ್ಯಾಕೆಸಿಸ್, ಕಾರ್ಬೋ ಅನಿಮಲಿಸ್, ಫಾಸ್ಫರಸ್, ವೈವೆರಾ, ಸಿಕೇಲ್ ಕಾರ್, ಕಾರ್ಬೋಲಿಕ್ ಆಮ್ಲ, ಆಂಥ್ರಾಸಿನಮ್ ಮುಂಚೂಣಿಯಲ್ಲಿರುವ ಔಷಧಿಗಳಾಗಿವೆ.

ಈಗ ನಾವು ಮಧುಮೇಹ, ಅಧಿಕ ರಕ್ತದೊತ್ತಡ ಮತ್ತು ಹೈಪೋಥೈರಾಯ್ಡ್ ಹೊಂದಿದ್ದ ಮಹಿಳೆಯಲ್ಲಿ ಗ್ಯಾಂಗ್ರೀನ್ ಪ್ರಕರಣವನ್ನು ನೋಡೋಣ, 50 ವರ್ಷ ವಯಸ್ಸಿನ ಆ ಮಹಿಳೆಗೆ 2 ತಿಂಗಳಿನಿಂದ ಎಡಗಾಲಿನ ಹೆಬ್ಬರಳಿನಲ್ಲಿ ಗ್ಯಾಂಗ್ರೀನ್ ಕಂಡುಬಂದಿದೆ. ಈ ಆತಂಕದಿಂದಾಗಿ ಆಕೆ ಒಂದು ತಿಂಗಳಿನಿಂದ ಸರಿಯಾಗಿ ನಿದ್ರೆ ಮಾಡಿಲ್ಲ. ಆಕೆ ಶೀತ ಸ್ವಭಾವದವರು, ತಣ್ಣೀರಿನಲ್ಲಿ ಕೆಲಸ ಮಾಡುವಾಗ ಪಾದಗಳು ಹಿಡಿಯುತ್ತವೆ, ಶೀತ ವಾತಾವರಣದಿಂದಾಗಿ ಅವರು ಮನೆಯಲ್ಲಿ ಪಾದರಕ್ಷೆಗಳನ್ನು ಧರಿಸುತ್ತಾರೆ. ಅವರು ಮೃದು ಸ್ವಭಾವದವರು, ಗುಡುಗು, ದೊಡ್ಡ ನೀರಿನ ಕೊಳ ಮತ್ತು ಎತ್ತರದ ಸ್ಥಳಗಳಿಗೆ ಅವರಿಗೆ ಭಯವಿದೆ.

ಅವರಿಗೆ ಬಾಯಾರಿಕೆ ಹೆಚ್ಚು, ಮಾಂಸ ಮತ್ತು ಮೀನು, ಬೇಯಿಸಿದ ಮೊಟ್ಟೆ, ಸಿಹಿತಿಂಡಿಗಳನ್ನು ಇಷ್ಟಪಡುತ್ತಾರೆ. ಮುಖ, ತಲೆ ಮತ್ತು ಕತ್ತಿನ ಮೇಲೆ ಬೆವರು ಹೆಚ್ಚು. ಒಟ್ಟಾರೆಯಾಗಿ ರೋಗಲಕ್ಷಣಗಳನ್ನು ಪರಿಗಣಿಸಿ, ರೆಪರ್ಫರಿಯ ಫಲಿತಾಂಶಗಳ ಆಧಾರದ ಮೇಲೆ ಮತ್ತು ರೋಗಿಯ ಮಾನಸಿಕ ಮತ್ತು ದೈಹಿಕ ಸ್ವಭಾವವನ್ನು ಪರಿಗಣಿಸಿ ಅವರಿಗೆ ಕ್ಯಾಲ್ಕರಿಯಾ ಕಾರ್ಬ್ 200 ಔಷಧಿಯನ್ನು ಮೂರು ದಿನಗಳು ಮೂರು ಬಾರಿ ನೀಡಲಾಯಿತು. ಅದು ರೆಪರ್ಫರಿಯಲ್ಲಿ ಗ್ಯಾಂಗ್ರೀನ್ ರಬ್ರಿಕ್ ನಲ್ಲಿ ಉಲ್ಲೇಖಿಸಲ್ಪಟ್ಟಿಲ್ಲ ಅಥವಾ ಔಷಧ ಸಾಬೀತುಪಡಿಸುವಲ್ಲಿ ಗ್ಯಾಂಗ್ರೀನ್ ಉಂಟುಮಾಡುವುದಿಲ್ಲ ಆದಾಗ್ಯೂ ಅದನ್ನು ಆ ಮಹಿಳೆಗೆ ನೀಡಲಾಯಿತು. ಫಲಿತಾಂಶ.....??



ಚಿಕಿತ್ಸೆಯ ಮೊದಲು



ಕೇವಲ 6 ದಿನಗಳಲ್ಲಿ ಗುಣಮುಖವಾಗಿದೆ

3 ದಿನಗಳಲ್ಲಿ 80% ಗುಣವಾಯಿತು, 6 ದಿನಗಳಲ್ಲಿ ಸಂಪೂರ್ಣವಾಗಿ ಗುಣವಾಯಿತು. ಆದ್ದರಿಂದ ರೋಗವು ಆಳವಾಗಿದೆ ಎಂದು ಭಾವಿಸಿ ನಿರ್ದಿಷ್ಟ ಔಷಧಿಗಳನ್ನು ಅವಲಂಬಿಸಬಾರದು. ನೀವು ಸಂಪೂರ್ಣ ಚಿತ್ರವನ್ನು ಪಡೆದರೆ ನಿರ್ದಿಷ್ಟವಲ್ಲದ ಮತ್ತು ಆಳವಾಗಿ ಕೆಲಸ ಮಾಡುವ ಸಾಮರ್ಥ್ಯ ಹೊಂದಿರುವ ಔಷಧಿಗಳನ್ನು ಬಳಸಬಹುದು ಮತ್ತು ಅದ್ಭುತ ಫಲಿತಾಂಶಗಳನ್ನು ನೀಡಬಹುದು.

ಗುಣಪಡಿಸಲಾಗದ ಕಾಯಿಲೆಗಳು ಎಂದು ಕರೆಯಲ್ಪಡುವ ರೋಗಗಳನ್ನು ಹೋಮಿಯೋಪತಿಯಿಂದ ಗುಣಪಡಿಸಬಹುದು ಮತ್ತು ಗುಣವಾಗುವ ಇಂತಹ ಪ್ರಕರಣಗಳ ಸಾಕ್ಷ್ಯ, ಆಧಾರ ದಾಖಲಿಸುವುದು ವೈದ್ಯರ ಪ್ರಮುಖ ಕರ್ತವ್ಯವಾಗಿದೆ.



1. Identify the plant and give the common name?



**BRAINVITA**

2. Identify the Sign and diagnose the disease.  
Mention its key features.



3. Identify the pioneer and which book  
he has written?



4. Identify the drug?

- Patient is thin, quick, active, nervous, irritable, hypersensitive.
- Leads a sedentary life, lots of anxieties, mental strains, prolonged office work causing dyspepsia.
- Indulges in coffee, wine, wealth and women in excess or to quiet his excitement.
- Adapted to digestive disturbances, portal congestion, and hypochondriacal state. Convulsions with consciousness.

**Answers should be e-mailed to [kqhda1992@gmail.com](mailto:kqhda1992@gmail.com) before 30-11-22  
The Names of the 1st 2 winners will be announced in the next issue**

*Answers for the previous issue questions:*

1. *Bryonia alba, Common name: White Bryony,*
2. *Exophthalmos goiter/ Graves' disease*
3. *Dr. Ramanlal P. Patel, Repertory Of Miasms,*
4. *Gelsemium sempervirens, Common name: Yellow Jasmine*

**PHOTOGALAXY**

**Prize distribution for winners of Essay Writing Competition**



**Dr. Rakesh SP, 1st place**



**Dr. Meenu Priya, 2nd place**



**Dr. Swetha, 3rd place**