

# Homoeopathy Sans Frontières

Vol. IV Issue No. 1 | Jan. - Mar. 2023



*The quarterly magazine of*

Dakshina Bharat Hindi Prachar Sabha's

**Dr. B. D. Jatti Homoeopathic Medical College  
Hospital and Post Graduate Research Centre**

D. C. Compound, Dharwad - 580 001, Karnataka, INDIA

Tel : +91 836 2446430 | e-mail : bdjatti.office@gmail.com | web : www.bdjhmc.org

## Editorial

### ARTIFICIAL INTELLIGENCE VS HUMAN INTELLIGENCE

The popularity and implications of Artificial Intelligence is increasing with every passing day. Intelligence refers to the ability to acquire and apply knowledge and skills. Artificial Intelligence is the simulation of Human Intelligence by machines. Artificial Intelligence has come a long way from science fiction to the real world. Artificial Intelligence driven gadgets are making our life easier but aren't we getting enslaved by them and getting lazy and over-dependent? Human minds are losing creativity and depending on Artificial Intelligence for almost everything.

The demerit of artificial intelligence is that it lacks reasoning. It can perform only according to pre-entered data. Humans learn from their mistakes but gadgets cannot learn from their mistakes and it keeps repeating the same errors unless rectified by humans. It cannot distinguish between right and wrong. Artificial Intelligence can produce stereotype reaction because it cannot understand the cause and effect phenomenon as it cannot reason. It cannot give "out of the box" solution to any problem. It cannot understand the emotional value and lacks empathy.

However there are a lot of benefits as well. Artificial Intelligence can carry out things with great precision and accuracy saving our time and energy and also helps in reducing human error. Handling and processing of large data can be easily done using Artificial Intelligence.

**Dr. Monika Katti** M.D.(Hom.) Member, Editorial

Unbiased decisions can be made using Artificial Intelligence. Gadgets can work continuously without taking a break and hence they are time efficient. Humans get bored doing monotonous repetitive work but the same task can be done by gadgets any number of times without any hassle. Visual effects can simplify the topics for better understanding and can enhance learning ability of the students. Thus the role of a teacher can be just a facilitator.

We need to distinguish between information and knowledge. In today's digital world information is just a click away but knowledge has to be acquired, skills have to be honed and attitude has to be built. The emotional quotient of human intelligence cannot be replicated by Artificial Intelligence.

To Quote Elbert Hubbard **"One machine can do the work of fifty ordinary men but no machine can do the work of one extraordinary man."**

Though Artificial Intelligence is affecting each and every domain of our life it cannot replace Human Intelligence but it would assist in making our life easier by reducing the cost and improving efficiency.



## Editorial Board

### Chief Editor

Dr. Vaishnavi D. Satish

### Editor

Dr. Manjula S. Haleholi

### Associate Editor

Dr. Chetana C. Y.

### Members

Dr. Amit V. Rolli

Dr. Praveen M. Kulkarni

Dr. Monika Katti

Dr. Sameer H. Fast

## Inside Story

### Case Study

Homoeopathic Management of a Case of Horse Shoe Kidney and Renal Hypertension: A Case Report

### Research Report

An observational study of the effectiveness of 50 Millesimal potency in the management of allergic rhinitis

### Article

Homoeopathic management of Nocturnal enuresis

### Published by

Principal  
Dr. B. D. Jatti Homoeopathic  
Medical College  
D. C. Compound  
Dharwad - 580 001  
+91 836 2446430  
editor.bdjhmc@gmail.com

### Printed by

Grafik Artz  
NCM, Hubballi - 580 029  
+91 98451 37556

**Disclaimer :** The views and opinions expressed in the publicised material are of the authors themselves. The Editorial Board is not responsible for any of the views or claims wherever they be found in the magazine.



## HOMOEOPATHIC MANAGEMENT OF A CASE OF HORSE SHOE KIDNEY AND RENAL HYPERTENSION: A CASE REPORT

**Dr. Roopa V. Kadadevaramath** M.D.(Hom.)  
Professor  
Dept. of Homoeopathic Materia Medica

**Horseshoe kidney** is a well-recognized congenital malformation. The frequency with which it may occur has been variously estimated at between 1 in 400 of the general population<sup>1</sup> and 1 in 1,000. Its occurrence in 119 necropsies out of a series of 59,064, giving an incidence of 1 in 497. Males are said to be rather more often affected than females<sup>2</sup>.

**Keywords:** Homoeopathy, Horse Shoe Kidney, Apis Mellifica, Cuprum Arsenicosum.

**Introduction:** Horseshoe kidney occurs from the fusion of the renal blastomas at a very early stage of fetal development, variously given as fourth to eighth week<sup>1</sup> and eighth to tenth week<sup>2</sup>. At this stage the lower poles of the primitive renal structures are in close proximity (it is very rare for the anomaly to cause fusion of the upper poles, producing an inverted horse-shoe, but this can occur; so can total fusion, giving a cake or plate kidney). This early maldevelopment carries with it a persistence of the more primitive arterial supply arising from iliac arteries, lower aorta, or, very rarely, inferior mesenteric artery.

### PATIENT INFORMATION

A moderate, dark-complexioned female of 32 years of age came on 12/12/2020 with history of hypertension and increased creatinine. In the month of Jan 2019 she had complaints of burning in the epigastric region with pain in abdomen where she consulted allopathic doctor. She was given medicines for hyperacidity, USG (29-01-2019) findings showed horse shoe kidney. She further developed hypertension in Dec 2019 (BP-160/96), serum creatinine was 0.9mg/dl. Now she came for Homoeopathy because of side effects of allopathic medicines.

### Clinical findings

A physical examination of the patient revealed pedal edema and BP was 150/90mm of Hg

### Diagnostic assessment

Routine haemogram, serum levels and renal function tests such as serum creatinine, were found to be

increased. Routine and microscopic examination of urine showed yellowish urine with 4-5 red blood cells. Ultrasound was done which revealed 'Horse Shoe Kidney.

Assessment of severity of disease condition was done at the first visit and then during all the follow-up visits.

### Therapeutic intervention

At the initial presentation, severe symptoms of the patient were recorded and medicine was selected on the basis of acute symptom totality. Apis mellifica to be the leading for renal hypertension and Cuprum Arsenicosum for deficient kidney action and uremic convulsions. The patient was also advised for dietary management like reduce intake of plenty of water, avoidance of excess intake of salt etc.

### Discussion:

No one knows for sure. Experts think it may happen when there's a problem with a child's genes. The condition can happen when a child has certain genetic disorders, especially

- Turner syndrome, a condition in girls that causes shorter-than-normal height and ovary problems<sup>3</sup>
- Edwards's syndrome also called Trisomy 18. It causes slow growth in the womb, low birth weight, and several serious medical problems<sup>4</sup>

### Conclusion

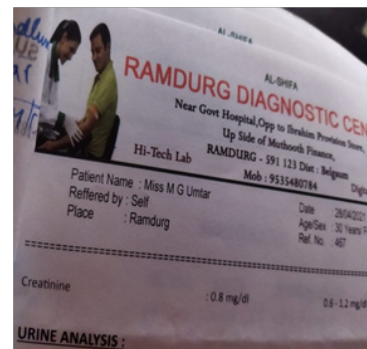
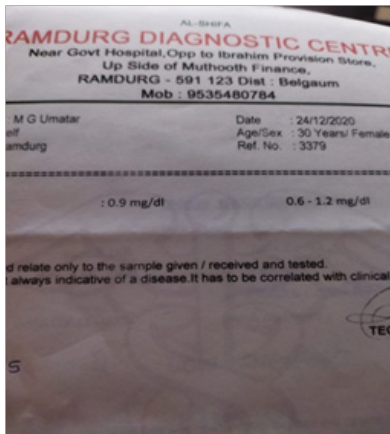
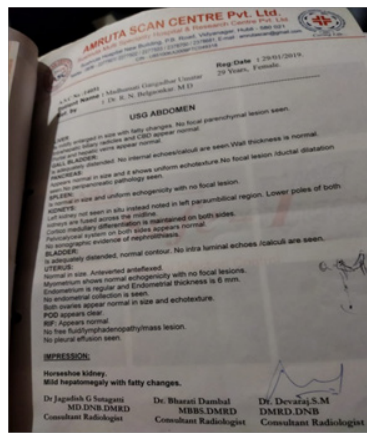
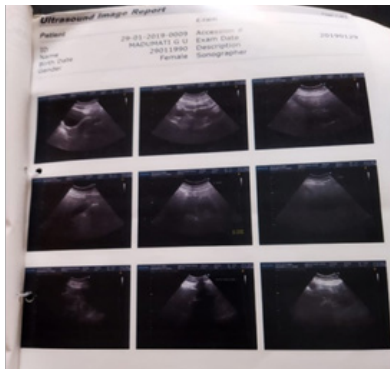
The case report shows that a case of horse shoe kidney with renal hypertension can be well managed under Homoeopathic treatment. We can see the potential of Homoeopathy in treating such difficult cases without surgery, which suggests the utility of homoeopathic medicines in this case.

### References.

1. Bell E.T. (1950) In Renal Diseases 2nd Ed pg 79 London.
2. Glenn .J.F. (1959) New England F.Med, 261, 684.
3. <http://www.urologyhealth.org>.
4. <http://acpjournals.org>.

Date	Main symptom	Laboratory findings	Medicine prescribed	Basis of prescription
12-12-2020	C/o Increased blood pressure and Pedal edema.	USG -Horse shoe Kidney Serum creatinine-0.9 mg/dl	Apis mellifica 200 OD for 1 week Cuprum arsenicosum 6c TDS/ 30 days	Analysis of the case through pathological symptoms
09-02-2021	Patient feeling better BP-140/90 mm of Hg Pedal edema still persist	Serum creatinine-0.9 mg/dl	Apis mellifica 200 OD for 1 week Cuprum arsenicosum 6c TDS/ 30 days	Symptoms better but persist
09-04-2021	Patient feeling better BP-140/90 mm of Hg Pedal oedema reduced	Serum creatinine-0.8 mg/dl	Apis mellifica 200 OD for 1 week Cuprum arsenicosum 6c TDS/ 30 days	Symptoms better but persist
08-08-2021	Patient feeling better BP-140/90 mm of Hg Pedal edema reduced	Serum creatinine-0.8 mg/dl	Apis mellifica 200 OD for 3 days Cuprum arsenicosum 6c TDS/ 30 days	Symptoms better but persist
22 -09-2021	Slight burning in Epigastric region since 2 days with flatulency. BP-135/86 mm of Hg		Apis mellifica 200 OD for 3 days Cuprum arsenicosum 6c TDS/ 30 days Nux vomica 200 TDS/ 7 days	Symptoms better
10 -11 -2021	Previous complaints of burning in the epigastri region reduced BP-130/80 mm of Hg		Cuprum arsenicosum 6c TDS/ 30 days	Symptoms better

**USG REPORTS**



Serum creatinine before treatment

Serum creatinine after treatment



**Ms. Shagufta Zaheeraga Patil**  
III BHMS

## AN OBSERVATIONAL STUDY OF THE EFFECTIVENESS OF 50 MILLESIMAL POTENCY IN THE MANAGEMENT OF ALLERGIC RHINITIS



under the guidance of  
**Dr. Zarina M. Ballari** M.D.(Hom.)  
Associate Professor  
**Dept. of Hom. Practice of Medicine**

**Abstract:** Homoeopathy has a significant role in the treatment of allergic rhinitis. The fundamental principles of homoeopathy are embodied in a system of doctrines, laws and rules of practice which were first formulated, named and systematically set forth by Dr Hahnemann in his organon of the rational art of healing. This research study was established to assess the efficacy of 50 millesimal potency in the management of allergic rhinitis. In this research study, a total of 30 cases were individualized and treated. This study proved that 50 millesimal scale of potency is efficacious in the management of allergic rhinitis.

**Key words:** 50 millesimal potency, Allergic rhinitis

**Introduction:** The present study of 50 millesimal scales of potencies in the management of allergic rhinitis is an effort in this direction to study the role of homoeopathy as a holistic science in the management of allergic rhinitis. Since allergic rhinitis is a reaction to certain allergens like pollen from the trees and grasses, mould spores, house dust, debris from insects or house mites along with internal and external milieu in the environments.

### **Aim and objective of the study:**

To study the effectiveness of 50 millesimal potency in case of allergic rhinitis

To study the clinical presentation of allergic rhinitis.

**Study design:** As it is a time bound study samples were taken after screening the cases and taking account of inclusion and exclusion criteria and every condition of Allergic rhinitis coming to the hospital will be considered for the study. Every case were represented in standardized case Performa prepared for the study. Every case was analysed basing on causation and totality of symptoms with reference to material medica and

repertory knowledge. Medicines were prescribed in 50-millesimal potency. Treatment for each case was on the basis of individualisation.

### **Inclusion criteria:**

Patients belonging to 15-40 years age group and both sexes, irrespective of ethnic groups, were included. Homeopathic remedies were prescribed only in 50 millesimal potency.

### **Exclusion criteria:**

All the cases other than allergic rhinitis were excluded. Cases with active treatment for other diseases were excluded.

**Study period:** 3 months

**Research Hypothesis:** 50-millesimal potency is effective in management of Allergic rhinitis.

**Null Hypothesis:** 50-millesimal potency is not effective in management of Allergic rhinitis

**Lab Procedure:** Complete Blood Count and Absolute Eosinophil Count was done to access the acute state.

**Follow up:** Follow up of the cases was done twice in a month during the course of the study period.

**Statistical test:** Student's T test was applied.

### **Parameters:**

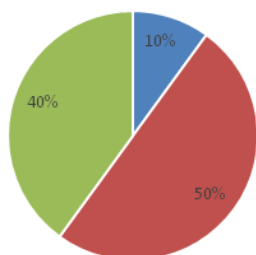
Recovered: complete relief of symptoms.

Improved: Partial relief of symptoms.

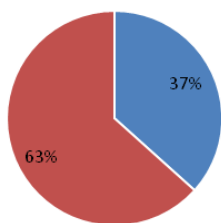
Not recovered: no relief of the symptoms.

**Detailed analysis of the study:** Statistical study was conducted according to age, sex, family history, diagnosis, medicine administered and the result of the treatment.

Age incidence



Sex incidence



■ Male ■ Female ■

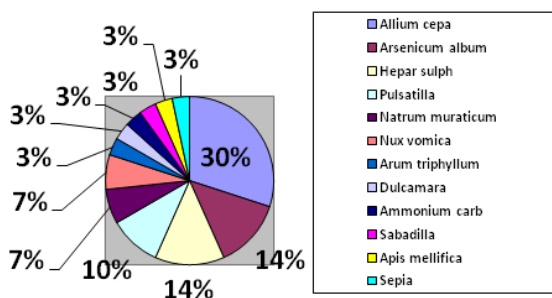
**Family history:**

SI No	Family History	No. of Patients	%
1	Present	12	40%
2	Absent	18	60%

**Diagnosis:**

SI No	Diagnosis	No. of Patients	%
1	Perennial Allergic Rhinitis	17	57%
2	Seasonal Allergic Rhinitis	13	43%

**Remedies administered:**



**Results:**

SI No	Results	No. of cases	%
1.	Recovered	25	83%
2.	Not recovered	02	7%
3.	Improved	03	10%
	Total	30	100%

**Contribution for existing knowledge:**

Hahnemann originated and enriched the Homoeopathy without changing the basic tenet i.e. similia principle. Hahnemann passed through the stages of practice with administration of mother tincture of medicine to the prescription of diluted form of Belladonna. And finally landed in the dynamization of medicine. This is an absolutely new plane of medical action utilized exclusively in Hahnemann's homoeopathy. Hahnemann's view of the highest ideal of cure was rapid,gentle and permanent. But during his practice life,he faced various problems with medicines prepared under centesimal scale of potency,as per 5th edition of Organon Homoeopathic medical practice is going through a new phase of accelerated growth with new challenges. The rational use of 50 millesimal scales of potency in day today clinical practice will certainly accelerate the process of cure. The major contribution of this research study was establishing the efficacy of 50 millesimal potency in the management allergic rhinitis.

**Conclusion:**

So present study was taken up and a total of 30 cases were selected based on the methodology mentioned. The cases were followed regularly, and at the end of the study,arrived at following conclusions.

The maximum age incident of patients suffering from allergic rhinitis was observed in the age group of 21-30 years with 50% and least incident was observed in the age group of 31-40 years with 40% and 15-20 years with 10%.It was also observed that, Females are more prone to get exposed to allergic rhinitis than males, percentage being 63% and 37% respectively.Remedies which gave maximum benefit to the complaints were Allium cepa (31%) that followed by Arsenicum album(14%) Hepar sulph and Pulsatilla as individualization was followed. The results which are obtained at the end of the study showed recovery in 25 cases(83%),improved in 3 cases (10%) and not recovered in 2 cases(7%). Thus,with this results in hand,the present study can be further taken up in a border manner to achieve the universal applicability of the current observation.

**References:**

- Dhingra PL Diseases of the Ear Nose and Throat. 4th Edition, New Delhi: Elsevier, a division of Reed Elsevier India Private Limited; 2008.
- Bhargav KB & SK and Shah TM A short text book of E.N.T. diseases. 7th Edition, Mumbai: Usha Publications 4th reprint: April- 2007.
- <http://emedicine.medscape.com/aricale/134825>.



## HOMOEOPATHIC MANAGEMENT OF NOCTURNAL ENURESIS

**Dr. Usha S. Bhavimath** M.D.(Hom.)

Associate Professor

Dept. of Organon of Medicine and Homoeopathic Philosophy

**Abstract:** Bed wetting or Enuresis is intermittent episode of wetting bed while asleep in children over 5 years of age. Bed wetting is a distressing disorder that carries a significant burden. This disorder has a psychological and social impact on the child and family. Bed wetting often occurs in a very important time in a child's life, probably at this time the child may be learning to make friends and his developing skills in social interaction and the child may feel insecure, embarrassed and completely alone due to Enuresis.

The prevalence rate is 5% of children below 5 years of age and in adults it is 0.5%-2.5% have bed wetting at night. These children are less likely to participate in social activities including school camps, family holidays for fear of wetting the bed. Children who wet the bed may also worry that their room smells of urine and therefore, may be reluctant to invite friends. This social isolation can have a negative impact on development of child.

**Key words:** Enuresis, Nocturnal, Inability.

**Definition:** The normal nearly complete evacuation of the bladder at a wrong place and time at least twice a month after the 5th year of life.

**Incidence rate:** More than 85% of children will have complete diurnal and nocturnal control by 5 years of age. The remaining 15% gain continence at a rate of approximately of 15% per annum. By adolescence, 0.5-2.5% children continue to have Enuresis.

### Aetiology:

- Small bladder
- Inability to recognize a full bladder
- A hormone imbalance
- Stress
- Urinary Tract Infections
- Sleep apnea
- Diabetes
- Chronic constipation
- Structural defect in the Urinary tract or Nervous system

**Types of Nocturnal enuresis:** There are 2 types of

Enuresis

**1. Primary:** in which the child has never been dry at night.

**2. Secondary:** in which the child is dry for a period of months or years and then begins to wet the bed.

**1. Primary Enuresis:** Primary enuresis has an organic basis and common causes are,

A. Delay in maturation of the relevant part of the Nervous system.

B. Some children acquire control the bladder late.

C. Organic causes:

- Defect in urethral valve.
- Adherent/ elongated prepuce.
- Phimosis.
- Ectopic ureters, which may open in urethral part of vagina. Suspected when the child is able to void urine normally but dribbles day and night.
- Hooded clitoris.
- Psychological cause.

**2. Secondary Enuresis:** Common causes are,

a. Psychological causes: Worry at home or school has reflex irritation of the bladder resulting in Enuresis.

b. Composition of urine: High acidity of urine, presence of Uric acid crystals.

c. Skin diseases: Erythema, Eczema, Pruritis.

d. Diet: Liberal indulgence in saccharine food, rich in sugar, fatty food, fruit rich in sugar, drinking of too much coffee.

e. Worms.

f. Traumatic: After circumcision, Catheterization.

### Pathogenesis:

Primary enuresis: is defined as repeated (at least twice a week for at least three consecutive months) voiding of urine into clothes or bed during night in a child less than 5 years of age, who has never been dry in night. Pathogenesis is multi-factorial and could be related to sleep disorder, genetic, psychological causes or reduced nocturnal Anti Diuretic Hormone secretion. Less than 3% cases have organic etiology such as obstructive Uropathy, Urinary Tract Infection. There might be a delay in neurological maturation to control bladder sphincter, associated with mental retardation or spinal cord abnormalities.

Secondary enuresis: The child had been dry for several months and again starts bed wetting. In such cases, look for the underlying causes. Too much enthusiasm and poor toilet training may result in Secondary enuresis.

Other causes include emotional stress, parent-child mal adjustment, Urinary Tract Infections, Diabetes mellitus and Diabetes insipidus. Exaggerate or Stress may exaggerate or contribute to its clinical manifestation.

#### **Clinical features:**

- Duration: Nocturnal enuresis is diagnosed if the child has bed wetting during night at least twice a month after 5th year of life.
- Day time frequency of urination.
- Urine voiding difficulty.
- Voiding of urine into clothes or bed during night.

**Laboratory investigations:** Examination of urine to rule out following,

- Albumin.
- Sugar.
- Microscopy.
- Specific gravity and culture of urine.

#### **Complications:**

Although frustrating, bed wetting without a cause doesn't pose any health risk. However bed wetting can create some issues for child, including: Guilt and embarrassment which may lead to low self esteem, loss of opportunities for social activities, such as sleep overs and camps; rashes on bottom and genital area, especially if, the child sleeps with wet under garments.

#### **General management:**

- Limit the liquid drinks in the evening.
- Avoid beverages and foods with caffeine.
- Encourage double voiding before bed.
- Bladder exercises.

#### **Homoeopathic management:**

*Sulphur*: Indicated for the child that loves sweets and spices and who wets the bed in the early half of the night (before midnight). It can also be used on the child that sleeps with his/her feet sticking out of the covers and experiences vivid dreams.

*Causticum*: Particularly in children during first sleep. Worse in winter and ceases or becomes more moderate in summer with great debility.

*Belladonna*: Children with blue eyes, light hair, fine complexion, restless sleep, involuntary urination consequent upon paralysis of sphincter muscles.

*Borax*: When the child urinates frequently at night due to fear.

*Equisetum*: Indicated when the individual wets the bed during nightmares and dreams, experiences incontinence such as passing water without any cause, with involuntary stools, without feeling any relief. It can be used on the child that has the constant urge to urinate.

*Rhus tox.*: When there is a constant dribbling of urine due to a weak bladder. The child may wake up with only a small amount of urine on his/her clothing.

*Psorinum*: Worse during full moon.

#### **References:**

1. Ghai O. P., Piyush Gupta V., Paul K., Essentials of Paediatrics, 6th Edition revised and enlarged, Published by Dr. Ghai, Delhi 1992.
2. Davidson's Principles and Practice of Medicine. 20th Edition. U K. Harcourt brace and Company; 2006.
3. Yash Pal Mujal. API textbook of Medicine. Vol 2, 9th Edition, Jaypee Brothers medical Publishers (P) Ltd New Delhi, 2012.
4. Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, 2014.
5. Boericke William, Pocket Manual of Homoeopathic Materia Medica with Indian Medicine and Repertory. Jan. 2010 Re print edition. Indian books & Periodical Publishers, New Delhi
6. Borland Douglas M., Children types, Vol. 1, 3rd Edition, B. Jain Publishers (P) Ltd. New Delhi.
7. Kent J. T., Lectures on Homoeopathic Material Medica, Re print edition. B. Jain Publishers (P) Ltd. New Delhi.

The Totality of the Symptoms means all the symptoms of the case which are capable of being logically combined into a harmonious and consistent whole, having form, coherency and individuality.

- **Stuart Close**

College Activities



Graduation Day Celebrations 10-12-2022



Annual Day Celebrations 17-12-2022