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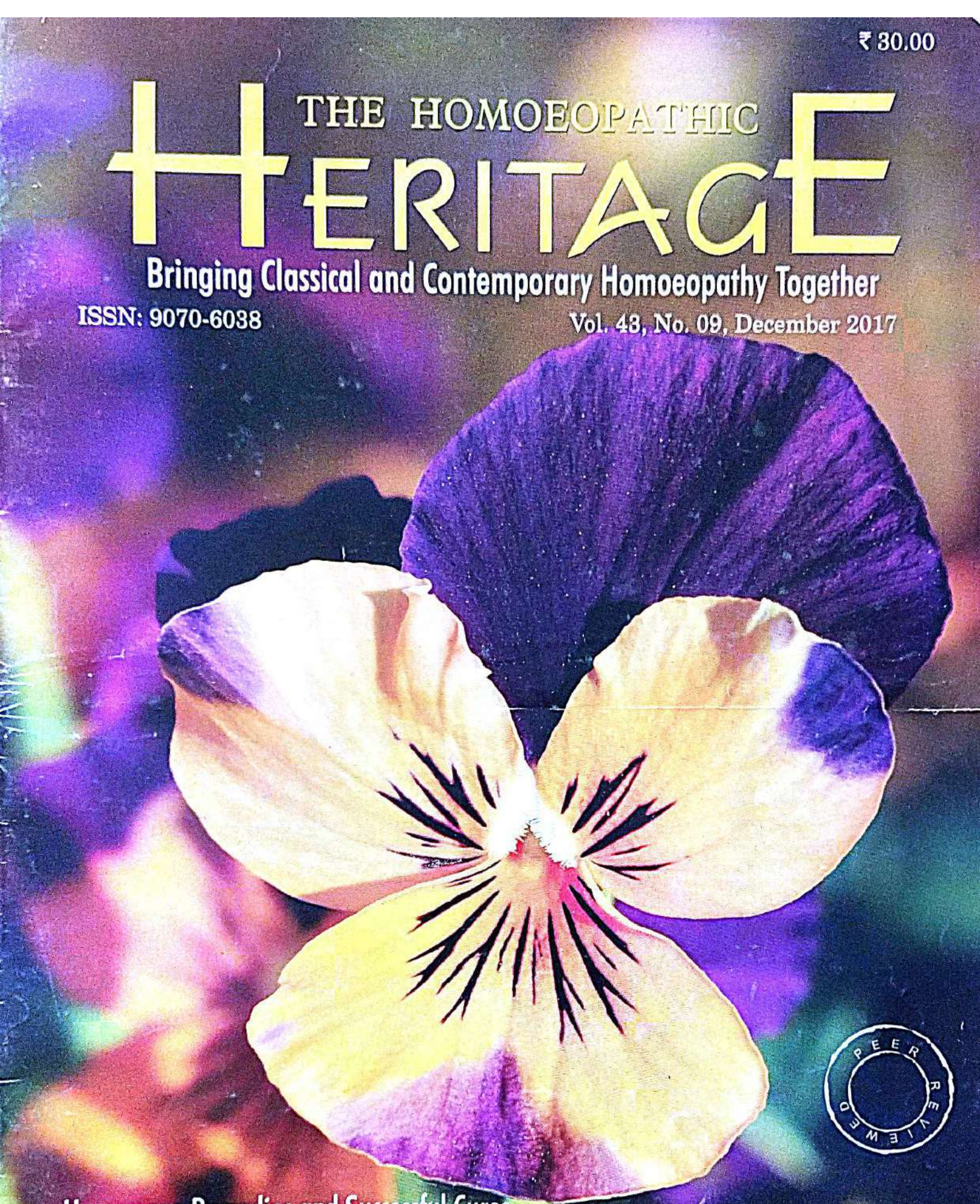

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CONTENTS

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An Observational study to ascertain the action of *Pulsatilla* in management of Spasmodic Dysmenorrhoea

Dr Manisha D. Kale

Abstract: An observational study was done to ascertain the action of *Pulsatilla* in management of spasmodic Dysmenorrhoea from 3 different locations (sites). 150 cases were documented for at least three to four consecutive menstrual cycles. The intensity and duration of pain was recorded. The final result of the study was recorded after 90-120 days of observations.

Keywords: Spasmodic dysmenorrhoea, Adolescent, Prostaglandin, Homoeopathy, *Pulsatilla*

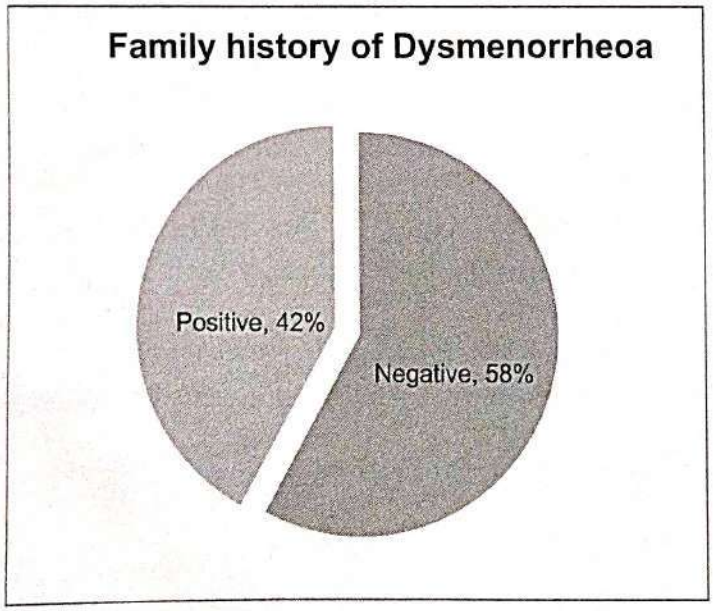
(Contd. from November Issue)

Family History

Table 5. Family history of Dysmenorrhoea cases in sample study

Family history of Dysmenorrhoea	N	%
Positive	63	42%
Negative	87	58%
Total	150	100%

Fig.5. The proportion of family history of Dysmenorrhoea in sample study



Family history of Dysmenorrhoea	N	Observed Proportion	Test Proportion	p value
Positive	63	0.42	0.5	0.06[a]
Negative	87	0.58		(NS)
Total	150	1		

a. Based on Z Approximation. NS- Not Significant

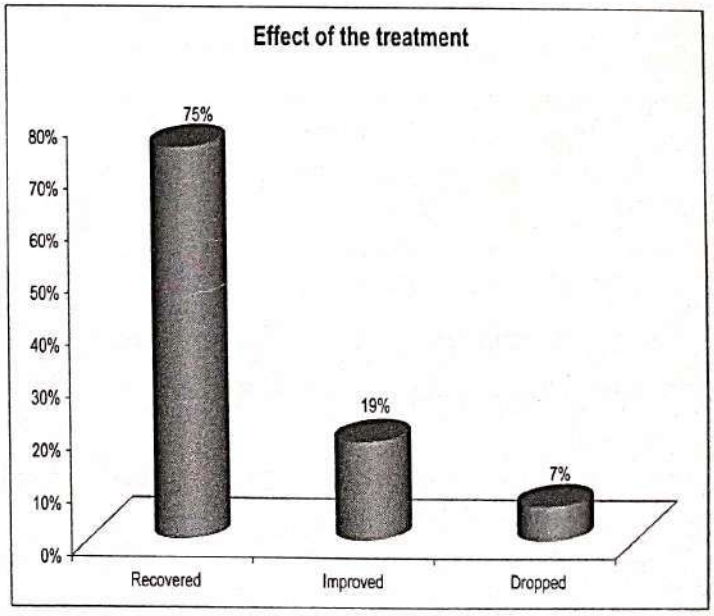
Interpretation: In this data, just about half of those who were having positive history of Dysmenorrhoea or just below the test proportion was 0.5. As hypothesis states here, the difference in proportions is not significant. It was not rejected at p = 0.06. i.e. Family history of dysmenorrhoea did not make any difference in this study.

Effect of Treatment

Table 6. Effect of the treatment in sample study

Effect of the treatment	N	%
Recovered	112	75%
Improved	28	19%
Dropped	10	7%
Total	150	100%

Fig. 6. Effect of the treatment in sample study



Effect of the treatment	Observed frequency	Expected frequency	Residual	Chi-Square test value	df	p value
Recovered	112	50	62	118.6	2	0.0001***
Improved	28	50	-22			
Dropped	10	50	-40			
Total						

*** Highly significant

Interpretation: In the study of 150 patients, the effect of the treatment observed: recovery in 112, improvement in 28 and dropped cases 10, resulting in, 50 expected patients per effect. The residual is equal to the observed frequency minus the expected value. The table shows that, the number of patients' recovered was more than improved and dropped out. An assumption *"effect of the treatments equal in all patients"* was expected.

The low significance value (p=0.0001) suggests that the patients' recovery was highly significant in the study.

Duration of pain vs Nature of Menstrual flow

Table 7: Duration of Menstrual flow.

Duration of pain	Nature of Menstrual flow				Chi-Square Tests		
	Moderate	Profuse	Scanty	Total	Chi-Square Test value	df	p value
One day	15 (33%)	15 (37%)	11 (17%)	41 (27%)	40.041	4	0.0001***
Two days	29 (65%)	23 (56%)	22 (34%)	74 (49%)			
Three days	1 (2%)	3 (7%)	31 (49%)	35 (23%)			
Total	45 (100%)	41 (100%)	64 (100%)	150 (100%)			

*** Highly significant

Interpretation: It was observed in the study, the high number of patients were having scanty nature of menstrual flow 64 (43%) and duration of pain for two days 74 (49%). A hypothesis stated here that, "duration of pain is not associated with nature of menstrual flow". It was rejected at the level of significance (p=0.0001). It was concluded that, duration of pain was strongly associated with nature of menstrual flow in the study.

Association b/w Age group and Miasm

Age group (years)	Miasm				Chi-Square Tests		
	Psora	Psorosycotic	Psorosyphilitic	Total	Chi-Square Test value	df	p value
<=20	76 (84%)	25 (46%)	0	101 (67%)	32.006	2	0.0001***
>20	14 (16%)	30 (54%)	5 (100%)	49 (33%)			
Total	90 (100%)	55 (100%)	5 (100%)	150 (100%)			

*** Highly significant

Interpretation: It was observed in the study, the high number of patients were having psora miasm 90(60%) and dominance age group was <=20 years, 101(67%). A hypothesis stated here that, *"age group is not associated with Miasm."* It was rejected at the level of significance (p=0.0001). So it was concluded that, age group was strongly associated with Miasm.

Descriptive Statistics			
Parameters	**Age (years)**	**Duration of pain (days)**	**Duration to subside pain**
Sample size N	150	150	150
Mean	20.4	2.0	31.7
Std. Error of Mean	0.4	0.1	0.7
Median	18	2	30
Mode	17	2	30
Std. Deviation	4.8	0.7	9.0
Variance	23.2	0.5	81.1
Range	18	2	30
Minimum	15	1	20
Maximum	33	3	50
Percentiles 25	17	1	20
50	18	2	30
75	23	2	40

Action of *Pulsatilla:* Duration taken for pain to subside in Patients

Table: 8 Duration (minutes) for pain to subside to ascertain the rapidity of action of Pulsatilla.

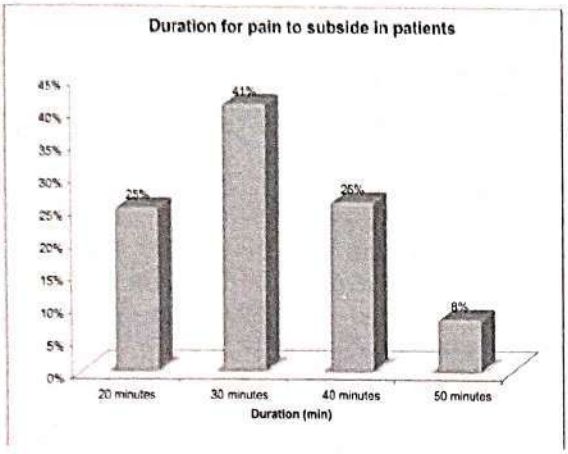
Duration for pain to subside	Observed frequency	Expected frequency	Residual	Chi-Square value	df	p value
20 minutes	38 (25%)	37.5	0.5	32.133	3	0.0001***
30 minutes	61 (41%)	37.5	23.5			
40 minutes	39 (26%)	37.5	1.5			
50 minutes	12 (8%)	37.5	-25.5			
Total	150					

*** Highly significant

Interpretation: In the study of 150 patients, duration for pain to subside was observed as: 61 patients in 30 minutes followed by in 40, 20 and 50 minutes, with 37 expected patients per group(min). The residual is equal to the observed frequency minus the expected value.

The table shows that, the duration of pain subsided in 61(41%) in 30 minutes followed by 39(26%) in 40 minutes and so on. An assumption *"the duration (minutes) to subside pain is equal in all patients"* was expected.

The low significance value (p=0.0001) suggests that the duration for pain to subside in 61 (41%) patients was 30 minutes, was highly significant and differed by other duration 20, 40 and 50 minutes in the study.



Discussion

In my study, it was observed that primary dysmenorrhoea was more common to women of sedentary occupation, especially students. In the study, it was found that 110 cases out of 150 were students. According to the study, the incidence was more common among the women in their later tweens and twenties. Frequency of cases increased up to age of 20 and then decreased with advancing age. Through the present study, the incidence of Primary Dysmenorrhoea were analyzed and it was found that age group between 15 to 20 years have high incidence, out of 150 cases 98 cases (65%) belonged to the group. The next high incidence in descending order 20-25, 25-30 and 30-35. This was 17%, 11% and 7% in group respectively.

So out of 150 cases, 98 cases were found below the age of 20 years and other cases above the age of 20 years.

Discussion from My Observational Study

During and just before menstruation most women are less efficient physically and more unstable emotionally. These factors alone will lower the pain threshold and lead to exaggeration of minor discomfort. Perception of the same degree of peripheral stimulus will be interpreted differently; a phlegmatic woman may describe moderate discomfort, while a high-strong, supersensitive woman might describe severe and perhaps incapacitating pain.

Psychologic factors may alter the perception of pain. Anxious, apprehensive, nervous, tense women are prone to suffer. Few psychological circumstances like unhappiness at home or at work, fear of losing employment, and anxiety over examinations or any such causes can cause dysmenorrhoea. The allopathic physician sees only the physical factors and prescribe for it. But in homoeopathy, which gives prime importance to the psychological outlay, treatment is better. All these factors clearly define the psychological impact in the perception of pain.

Dysmenorrhoea which used to be one of the ethological puzzles of gynaecology, has responded to intensive investigations, and significant advances have been made. The causation of dysmenorrhoea has been now understood extensively as the **"Prostaglandin (PG) theory."** At menstruation, PGs are released and produce the contractility of the uterine muscle and vasculature, causing contractions, ischemia and associated pain. High concentration of endometrial prostaglandin production requires the sequential stimulation by oestrogen followed by progesterone. So, dysmenorrhoea will be present only in the ovulatory cycle. The pain of dysmenorrhoea will start only after some period of menarche, because the menstruation of first few periods are only due to oestrogen withdrawal and are anovulatory.

The pain of primary dysmenorrhoea usually begins a few hours before or just after the onset of a menstrual period and may last up to 48-72 hours, although in some cases it may continue throughout several days. In the given study 74 cases gave the history of duration of pain lasting for 2 days, 35 cases for 3 days and 41 cases for 1 day.

The differentiation between primary and secondary dysmenorrhoea may be difficult, so the history is of obvious importance. The history should include the age of onset and its temporal relationship to menarche. The symptoms experienced, their association with the onset of menstruation, and their duration are of differentiating importance. Ultrasound scanning can be useful if pelvic examination has been difficult or inconclusive. So in my study I used Ultrasonography to diagnose a case, which excludes the organic causes of secondary dymenorrhoea.

Because of the many symptoms and the millions of sufferers, menstrual cramps have been traditionally considered by the medical community as a "mirror" of female ailment. But the problem is either ignored or else treated with powerful painkilling drugs and tranquilizers. Often these drugs has significant side effects and does nothing to alleviate or help prevent the problem on a long-term basis.

According to Jeffocate, *'A dysmenorrhoeic mother has a dysmenorrheic daughter.'* Some girls experience

dysmenorrhoea mainly because their education and outlook on sex is faulty. In few cases the girls may be influenced by their mothers and sisters by seeing or hearing their sufferings.

According to Novak, 30% of the patients of dysmenorrhoeic mothers had painful periods. In my study, it was found that in 150 cases, 63 patient had positive family history of dysmenorrhoea that is 42% and 87 patient had negative family history that is 58%. So, family history of dysmenorrhoea did not make any difference in this study.

In the study of 150 cases, the effect of treatment observed recovery in 112 cases, improvement in 28 cases and dropped cases 10. The low significance value (P = 0.0001) suggest that the patient recovery was highly significant in the study. All NSAIDs are thought to be effective in relieving pain. But, up to 70% gastrointestinal toxicity is a particular concern with NSAIDs and NSAIDs may worsen asthma, hypertension, renal impairment, or cardiac failure. *Also, the PG inhibitors have various side effects, which range from minor ailments to major life-threatening ailments.* They include ailments like nausea, vomiting, dyspepsia, diarrhea, rash, G.I ulcers, bronchospasm, nephritic syndrome, acute interstitial nephritis, acute papillary and tubular necrosis etc. Sometimes these may even include neurological symptoms like disorientation, dizziness, blurred vision, nervousness etc.

Now a day, the use of contraceptive pills for primary dysmenorrhoea has been a custom in allopathy by the idea that an an-ovulatory cycle will not produce pain. The relief of dysmenorrhoea is generally limited to the cycle treated and the patient may have breakthrough bleeding, weight gain, breast tenderness, acne and mood changes as the effects of treatment.

Dilatation of cervix is still practiced even though the idea was depreciated. The women may develop chronic cervicitis, ectropion, and incompetent cervix, which will lead to premature labor or habitual abortions in the subsequent pregnancies. Few studies have been shown the efficaciousness of vitamins and mineral supplementations in the treatment of primary dysmenorrhoea.

Above all the psychological overlay should be given much importance in treating a patient with dysmenorrhoea. The best hope of limiting the intensity of spasmodic dysmenorrhoea, or the incapacitation it causes, lies in teaching young girls a proper outlook on menstruation, a simple explanation of its physiology and health in general. Women suffering from severe dysmenorrhoea need sympathy and support. According to allopathic line of management with symptomatology of dysmenorrhoea in all the cases and prescriptions were made only on a trial basis. And if one mode fails they will go to next step of management. Thus they begin their treatment with simple analgesics, goes to oral pills and PG inhibitors and in few cases may end in surgery. They are giving much importance to the common symptoms of the disease only.

For the treatment of a case of primary dysmenorrhoea, peculiar symptoms during the episode and symptoms during the intermenstrual period are considered in homoeopathy. As far as miasm is concerned most of the authors say dysmenorrhoea showing itself very early, at puberty are psoric in nature. All functional menstrual disorders come under psoric miasm. In my study of 150 patients, miasm observed 'Psora patients were more (90) than psoro-sycotic (55) and Psoro-sphilitic.'

Summary and Conclusion

After understanding the clinical presentation of primary dysmenorrhoea, I studied 150 confirmed cases of Primary dysmenorrhoea for the present study.

All 150 cases were studied in detail to draw the following conclusion:

1. The highest incidence falls in the age group of 15-20 years (65%)
2. The nature of menstrual flow was observed scanty in maximum number of cases (43%)
3. During primary dysmenorrhoea, the duration of pain lasted for 2 days in maximum number of cases (49%)
4. After detail study of 'Miasmatic dominance,' it was found that 60% cases belonged to Psora.
5. The family history of dysmenorrhoea did not make any difference in my study, and found 42% cases with positive family history and 58% cases with negative family history.
6. *In the study 75% of 150 cases, 112 cases recovered completely.*
7. *For rapidity of action of 'Pulsatilla,' the duration for pain to subside was observed to be 30 minutes in maximum cases (41%)*

From all above observations, I conclude this research work definite role in treating Primary dysmenorrhoea and the action of *Pulsatilla nigricans* in treating spasmodic dysmenorrhoea have been proved.

Limitations

1. The study was limited for primary dysmenorrhoea only.
2. Secondary dysmenorrhoea is always with some pathological change or any over growth like ovarian cyst uterine fibroid, polyp etc. So, the pain of secondary dysmenorrhoea cannot be cured by a

single homoeopathic remedy.

3. In emergency cases, like fainting condition or shock due to severe agonizing where the patient needs hospitalization, homoeopathy has limitations.
4. The study was just a verbal method i.e. history taking where subjective bias related, the study had not included any objective assessment for analysis the cases.

Result

The psycho-social factors like ignorance, irritability, anxious, apprehensive, nervous, tense women are prone to suffer from spasmodic dysmenorrhoea. In this study, 472 patients were screened from 3 sites and 150 were enrolled. The homoeopathic medicine *Pulsatilla n.* was administered during the attack of Primary dysmenorrhoea for 3-4 cycles consecutively and records were maintained during each follow-up of patient.

The result was categorized:

1. **Recovered:** The patients who fulfilled the above criteria for 3 months or more were considered to be completely recovered if there was overall relief of the symptoms.
2. **Improved:** The patient was considered to be improved when the intensity of pain lessened, duration become short with less associated symptoms improving with the treatment but not completely cured.
3. **Dropped:** The patient whose symptoms were not improving were considered to be dropped and those patient was unable to continue also.

The data was analyzed by Chi-square test and statistical significance of the differences between phases was tested and p-value 0.001 was taken as statistically significant and this p-value is highly significant. The low significance value (p = 0.0001) suggests that the patient's recovery was highly significant in the study.

For rapidity of action of *'Pulsatilla,'* the duration for pain to subside was 30 minutes in maximum cases (41%). From all above observations, I conclude this research work definite action of *Pulsatilla nigricans* in treating spasmodic dysmenorrhoea have been proved.

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and Members of the Management Council, Academic Council certify that
Kale Manisha Dnyaneshwarrao
(PRN:2710100157)
Student of DKMM Homoeopathic Medical College, Hospital and Research Center, Aurangabad
who has been found duly qualified for Award of the Degree of Doctor of Philosophy
(Homoeopathic Materia Medica). The Degree of

Doctor of Philosophy
(Homoeopathic Materia Medica)

has been conferred on him/her at Nashik on the 03rd day of the month of June in the year 2019. In testimony whereof is set the seal of the said University and the signature of the Vice-Chancellor.

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14th & 15th March, 2001

CERTIFICATE

Certified that Dr. Manisha Kale *has participated in the Teachers' Training Workshop for IIIrd Year B.H.M.S. Teachers organised by Maharashtra University of Health Sciences, on 14th & 15th March, 2001 .*

Dr. F. F. Motiwala	***Dr. (Mrs.) S. S. Joglekar***	***Dr. S. A. Dhole***	***Dr. N. R. Bhadane***
Organising Secretary Principal, National Hom. Medical College, Nashik	Director School of Training & Evaluation, M. U. H.S.	Dean Faculty of Homoeopathy M. U. H.S.	Registrar, M.U.H.S., Nashik

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

।। स्वास्थ्यरक्षणाय विज्ञानानुसंधानाय च समर्पितम् ।।

WORKSHOP
on III BHMS SYLLABUS

held at

DKMM HOMOEOPATHIC MEDICAL COLLEGE, AURANGABAD

2nd September 2006

CERTIFICATE

This is to Certify that Dr. M.D. Kale from HMC Akola in the subject of OB/Gy.

has participated in workshop held on III BHMS syllabus organized by Maharashtra University of Health Sciences, Nashik at DKMM Homoeopathic Medical College, Aurangabad.

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Dr. S.M. Desarda
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MUHS, Nashik
Principal DKMM HMC;
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Dr. V.R. Kavishwar
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This Is To Certify

That Dr. Manisha D. Kale.

Has Attended The Seminar Dated 14th ***March 2010***

At

SHREE JANATA HOMOEOPATHIC MEDICAL COLLEGE, AKOLA

And Has Shown Keen Interest By Coming, Seeing & Knowing What Is The Best In Homoeopathy And Has Also Shown Keen Interest In Taking Or Suggesting To Take Benefits of Homoeopathy For All Round Health Care of Mother And Child.

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OF PARTICIPATION

This Certficate is Proudly presents to;

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MAHARASHTRA

For Actively Participating in 6 day CME programme

HOMOEOPATHIC MATERIA MEDICA (MODULE - 1)

Organised in This Institution 20 to 25 JUNE 2022

Sponsered & Funded by Rashtriya Ayurved Vidyapeeth, Dept. of AYUSH,
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04

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CERTIFICATE OF PARTICIPATION

Certified that Vd./Dr./Mr./Mrs./Ms. *MANISHA DNYANESHWARRAO KALE*

of D.K.M.M.Homoeopathy Medical College,Aurangabad has participated in the

"Research Methodology Workshop" (a part of Ph.D. curriculum) as a

student / delegate / faculty held from 19th SEPT 2011 to 24th SEPT 2011.

HOD
University Dept. Cell
MUHS, Nashik

Registrar
MUHS, Nashik

Vice-Chancellor
MUHS, Nashik

Shri Kamaxidevi Homoeopathic Medical College and Hospital
Similia Similibus Curentur
ESTD. 1998
(Affiliated to Goa University)

16th National Homoeopathic Conference - Goa 2008

9th & 10th February 2008

Organised by:

Research Society of Homoeopathy, India

&

Shri Kamaxidevi Homoeopathic Medical College and Hospital, Shiroda - Goa

Certificate

This is to certify that

Dr. Mrs. Manisha Kale

has participated and contributed to the success of
National Homoeopathic Conference -Goa 2008,
on National Health Programme & Homoeopathy
held at Kala Academy, Panaji- Goa

Dr. Anurudh Verma
Secretary,
Research Society of Homoeopathy, India

Dr. Arvind Kothe
Organising Secretary / Principal
Shri Kamaxidevi Homoeopathic
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LMHI Congress 2011 India

HOMOEOPATHY FOR PUBLIC HEALTH जन स्वास्थ्य के लिए होम्योपैथी

Certificate of Participation

This is to certify that

Prof. Manisha Kale

(Reg Id: 1900)

has participated in the

66th World Homeopathic Congress of
Liga Medicorum Homoeopathica Internationalis

held at Siri Fort Auditorium, New Delhi, India from December 1-4, 2011,
the four day event with 32 learning hours

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3.3.3 Average number of papers published per teacher in the Journals notified on UGC-CARE list in the UGC website/ Scopus/Web of Science / PubMed during the last five years.

Database of Covid-19 Cases Treated With Classical of Dr. Ravi Aher

Short report

Database of COVID-19 Cases Treated with Classical Homeopathy

Seema Mahesh[1] MD*, Petr Hoffmann[2], Cristiane Kajimura[3] PhD, IACH COVID Collaborators[4], George Vithoulkas[5] hon prof

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Abstract: The COVID-19 pandemic has posed an unprecedented challenge to healthcare and the available solutions are unsatisfactory. Classical homeopathy may have a role to play in alleviating this burden. Covid cases treated with homeopathy was curated with the intention to provide basic information for further studies. The results are promising although far from being definitive. 367 patients considered were for statistical analysis, the mean age of the participants was 42.75 years, and males and females were 166 and 201 respectively. The mean follow-up period was 6.5 (SD 5.3) days, with a median of 1 homeopathic remedy used per case. 192 patients were diagnosed by RT–PCR, 111 by the WHO clinical criteria and 64 via retrospective antibodies. According to the WHO criteria, 255 were confirmed cases, 61 were probable cases, and 51 were suspected cases. It was seen that 73.8% of covid patients improved under homeopathic treatment, even those among severe disease 78.6%. Correlational analyses showed that presence of fever was associated with more likelihood of improvement and increasing age and a greater number of homeopathic remedies required

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in a case were associated negatively with improvement. However, it was seen that severe cases were more likely to improve under homeopathic treatment.

Keywords: COVID-19; SARS-CoV-2; Homeopathy; Database

1. Introduction

To date, the COVID-19 pandemic has affected 533,578,584 people and resulted in 6,315,786 (1.2%) deaths. The recovery rate, however, is very good, with 504,544,346 people recovered (94.6%) [1]. An unprecedented level of burden has been laid upon public health resources [2,3]. The greatest challenge has been not just finding a cure/prevention for this viral disease but dealing with the aggressive host response and long-term sequelae [4-8]. The current treatment scenario is far from satisfactory. Complementary medicine, especially individualised medicine (such as homeopathy) focuses on optimisation of the host response during infection and therefore may be an ally in the fight against the COVID-19 pandemic [9,10]. While many countries do not have specific regulations with regard to the use of homeopathy to treat COVID-19, many others do. India, for example, a country that has adopted homeopathy into the National healthcare system, issued a directive that homeopaths may provide immune boosting remedies to the public and may administer adjuvant homeopathy with conventional drugs in probable/suspected and confirmed cases [11]. At this time, our pandemic readiness has been questioned, and deeper introspection on our healthcare policies is the need of the hour. During the lockdown, with heavy congestion at hospitals, in most countries, homeopaths' advice was sought over telephone/video calls, and the remedies were administered remotely. However, homeopathy cannot be assessed as a single system of therapeutics, as the approach to the application of the principles of practice varies greatly. Many "schools of homeopathy" have propounded their own approach for COVID-19 treatment, which may or may not conform to the core principles [12]. Classical homeopathy is the practice of homeopathy as originally laid down by the founder C F S Hahnemann, where the principle of individualisation and single remedies reign in every scenario, including epidemics [13].

With such diversity in the comprehension and application of homeopathic principles, we sought to curate data on cases treated with classical homeopathy. Our aim was to bring clarity in terms of the approach and to have sound data to plan future studies and inform policy makers on the feasibility of using classical homeopathy in COVID-19 treatment.

The project was executed by an international team of homeopathic physicians who specialised in the classical approach and belonged to the scientific committee of the International Academy of Classical Homeopathy, Greece. The data were curated carefully and transparently to ensure reproducibility.

2. Materials and Methods

Objective

The objective of this study was to curate data on the treatment effect (improvement/no improvement/progress) of classical homeopathy for COVID-19 in a real-world scenario to provide basic data for future scientific investigations. The secondary objectives were to identify the remedies that helped, the main symptoms that were presented and the factors associated with the severity of disease.

Recruitment of cases

Cases were recruited consecutively, irrespective of outcome.

Eligibility criteria

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Population: patients diagnosed with COVID-19 of any age, sex, and geographical location. diagnosed as suspected/probable/confirmed case, as determined by RT–PCR or antibody tests for S antigen or nucleocapsid antigen or clinically diagnosed according to the WHO parameters (supplementary material).

Intervention: classical homeopathy – either stand-alone or combined with conventional therapy for COVID as dictated by legality in each country. We did not distinguish the two types at this point.

Comparison: none.

Follow-up period

Until the patient was free of symptoms, or a negative PCR test was available.

Outcomes

Primary: improved/not improved/progressed posttreatment

Improved: implying symptomatic, general and/or lab investigation improvement with details provided on the response and time taken for said improvement

Not improved: implying no improvement in the above parameters

Progressed: implying progression of the disease to severe disease or the development of complications of the disease

For mild to moderately severe disease, recovery in 7 days was considered to be improved. Recovery after 7 days was considered to be not improved. For severe disease, up to 15 days to recovery was considered to be improved, and over 15 days was considered to be not improved. This time limit was based on the observations published by researchers to date on the time course for recovery under conventional treatment [14-16].

Secondary:

- Number of homeopathic remedies required for improvement in each case
- Main presenting symptoms and other symptoms
- Factors associated with severity and complications – with respect to age, geographical location, time period of infection (wave), comorbidities, fever (yes/no) and fever temperature if available

Exclusion

Case reports that did not furnish complete participant and treatment details or contain an accurate diagnosis were excluded.

Method of data acquisition

Classical homeopaths who were diplomates of International Academy of Classical Homeopathy (IACH) were asked to provide details on cases they treated by filling out a standardised form (supplementary material).

Analysis

The data gathered were plotted on an Excel sheet, and basic statistical analysis was carried out on the cases that provided complete data to obtain an initial impression. This analysis, however, is not projected to be of any scientific importance yet, as the data at this stage could be confounded and biased in many ways.

Data records

As per the protocol, we sent emails with an example of the case detail format to the diplomates of the IACH. We received replies from India, Jordan, Romania, Russia, Serbia, Turkey and Ukraine. Of the 782 cases claimed to be treated, 388 had detailed enough data to be recorded (Fig 1). Of the included cases, 209 were from India, 96 were from Ukraine, 32 were from Russia, 28 were from the Czech Republic, 8 were from Slovenia, 7 were from Turkey, 4 were from Romania, 3 were from Jordan, and one was from Serbia (Fig 2).

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For the statistical analysis, we considered only 367 cases, as details on age, sex, and severity of diseases were missing in the other cases (Fig 1).

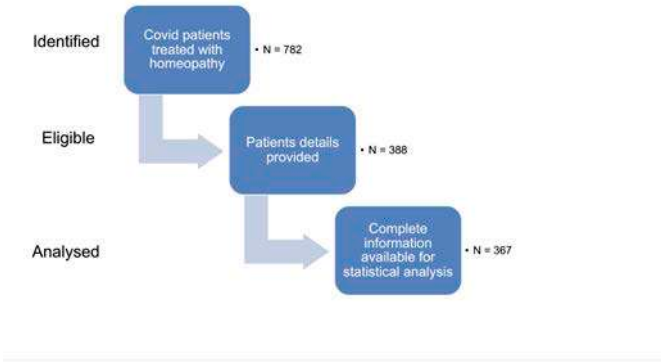

Fig. 1: Patient recruitment flowchart showing the process of identification, eligibility screening and inclusion for analysis.

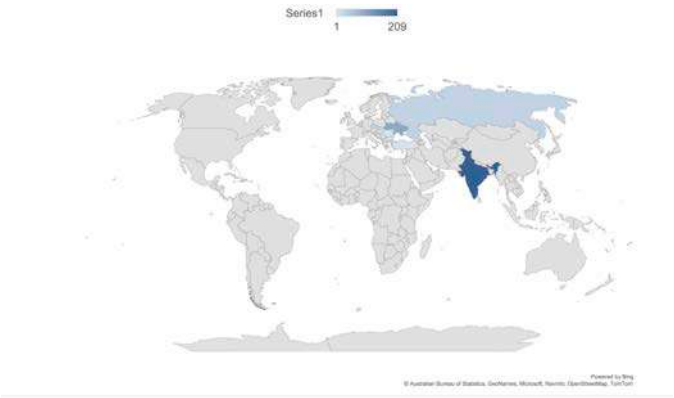

Fig 2: Cases received country-wise.

Data set fields

The data were gathered under the field headings as seen in Table 1 (full data Excel sheet: supplementary material).

Table 1. Data sought from homeopathic physicians.

Data	Description
Country/clinic	Source country and the initials of the physician providing the cases
Age	Of the patient
Sex	Of the patient
Diagnosis method	Drop down menu for selection: RTPCR/WHO clinical criteria/retrospective antibodies RTPCR: involves the detection of antibodies to the S and nucleocapsid protein of the Coronavirus WHO clinical criteria: involves identifying the clinical symptoms and triangulating to diagnose (supplementary material)

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	Retrospective antibodies: the exposure to coronavirus causes the immunoglobulin G (IgG) to rise beyond the reference range and this was considered as confirmation of infection post clinical disease in cases where testing during the infection was not possible
Suspected/ probable/ confirmed	Drop down menu for selection: According to the WHO Covid category (supplementary material) – as suspected or probable or confirmed
Presentation to clinic (date)	Date of consulting the homeopath for the first time
Follow-up period (days)	Duration that the patient was followed up by the homeopath
Include?	Decision – whether to include or exclude for statistical analysis, based on completeness of the provided data, as assessed by two independent investigators and supervised by another
Improved/ not improved/ progressed	Improvement was described as complete remission of clinical disease or negative reports, as available. Not improved was the label given when cases continued their usual course without any response to the treatment given or had to resort to other medications/therapies. Progressed – this category involved cases that progressed to complications or severe disease despite the treatment. For mild to moderate disease ≤ 7 days to recovery was considered improved, and > 7 days was considered nonimproved. For severe disease, recovery in ≥ 15 days was considered improved, and >15 days was considered nonimproved
Number of remedies	Number of remedies that were used in each case. Typically, classical homeopathy employs one remedy at a time and the number of remedies indicate sequential application and not all of them together.
Remedies list	Names of the remedies used in each case
Main symptom presented	Drop down menu for selection of the main presenting symptom: Fever, upper respiratory tract infection, cough, pneumonia, anosmia, ageusia, weakness and headache. When fever as present, it was taken as the main presenting symptoms, with the detail of whether temperature was noted or not. Presenting temperature was recorded where available. In the absence of fever one of the other symptoms were selected based on the most troublesome symptom to the patient.
Other symptoms	Any symptoms present along with the main symptom
Severe disease	If the disease was severe such as can happen with drop in oxygen saturation or development of pneumonia or laboratory investigations revealing ground glass appearance of the lungs or high CT score
Remarks	Any additional notes by the physicians or the investigators

Considering potential variability in the individual physician's case-taking style and bias regarding the response to treatment, we provided a standardised data collection form and requested that the physicians furnish data irrespective of the outcome. Uniformity was achieved by excluding case reports that did not adhere to this format, deeming them incomplete forms (all data forms as returned by the physicians: supplementary material).

Data records

All the data are provided as supplementary material at 10.6084/m9.figshare.19975349

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Case reports validation

All the case reports were independently internally audited by a three-member committee of the scientific team to maximise validity of the treatment effect and ensure the reproducibility and completeness of the data.

3. Results

Initial findings

In the cases considered for statistical analysis (N = 367), the mean age of the participants was 42.75 (± 17.03) years (range: 82 years), and the numbers of males and females were 166 and 201, respectively. The mean follow-up period was 6.5 (SD 5.3) days, with a median of 1 remedy used.

A total of 192 patients were diagnosed by RT–PCR, 111 by the WHO clinical criteria and 64 via retrospective antibodies. According to the WHO criteria, 255 were confirmed cases, 61 were probable cases, and 51 were suspected cases (Fig 3).

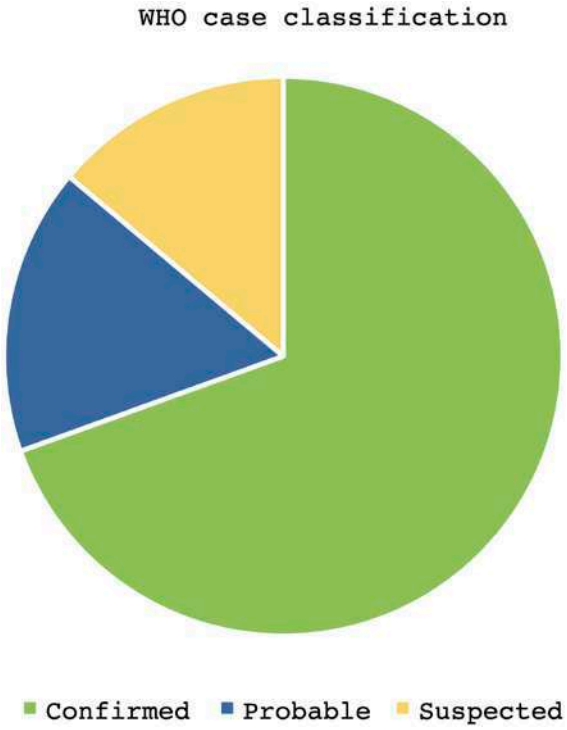

Fig 3: According to WHO clinical criteria, cases were labelled as confirmed/probable or suspected.

Primary outcome: improvement under classical homeopathy

Overall, 271 (73.8%) of the reported cases improved under homeopathic treatment, 91 (24.8%) did not improve, and five cases (1.4%) progressed to become complicated. No deaths while under their care were reported by any homeopaths. However, this is probably because most serious cases were in the ICU, and not accessible for homeopathic treatment. 61 of the 367 were (16.6%) severe disease cases. Of these, 48 improved under homeopathic treatment, 9 cases did not improve, and 4 cases progressed to become complicated (Fig 4).

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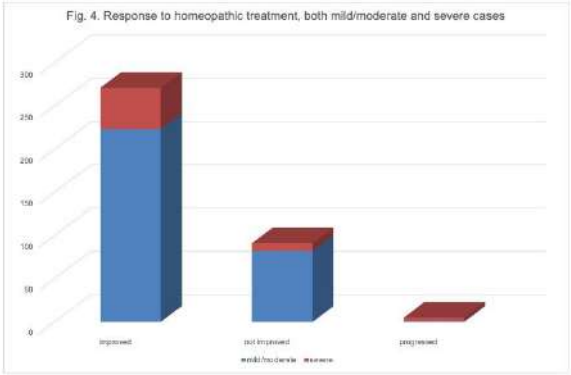

Fig 4: Response to homeopathic treatment, both mild/moderate and severe cases.

We assessed the correlation between improvement with homeopathy and severity of disease using Cramer's V correlation between two nominal variables, namely, improvement status with 3 levels (disease progressed, no improvement and improvement) and disease severity with 2 levels (mild/moderate and severe). The Cramer's V value was 0.220 ($p<0.01$), indicating that there exists a significant moderate positive relationship between improvement status and disease severity, indicating that improvement was moderately more common among patients with severe symptoms than among those with mild symptoms (Table 2).

Table 2. Correlation between status of improvement and disease severity.

Matrix	Cramer's V Coefficient	Asymptotic Significance
Nominal by nominal 3 X 2	0.220	0.000

[2]We assessed the correlation between improvement with homeopathy and severity of disease using Cramer's V correlation between two nominal variables, namely, status of improvement with 3 levels (disease progressed, no improvement and improvement) and disease severity with 2 levels (mild/moderate and severe). It can be observed that the Cramer's V value was found to be 0.220 ($p<0.01$), indicating that there exists a significant moderate positive relationship between the status of improvement and disease severity, indicating that the cases of improvement were moderately greater among patients with severe symptoms than among those with mild symptoms.

Secondary outcome: Main symptoms presented

Fever was the most common presenting symptom, with 273 (74.4%) patients presenting with it. Forty-nine patients directly presented with pneumonia on imaging. Where fever was absent, the main presenting symptoms were cough in 26 cases, weakness in 7 cases, anosmia/ageusia in 6 cases and headache in 6 cases (Fig 5).

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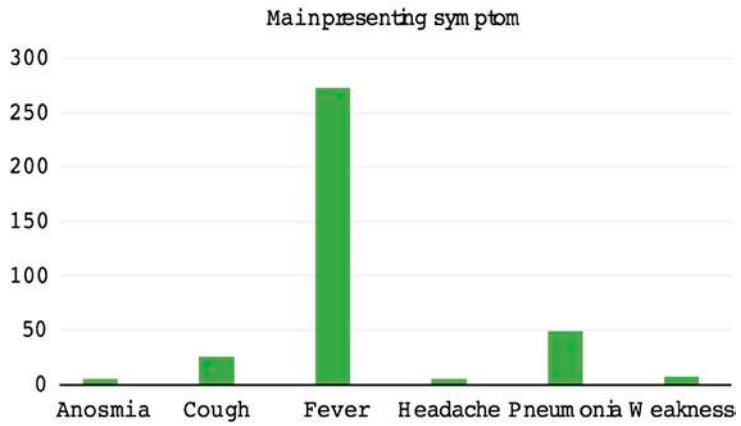

Fig 5: Main symptoms at presentation.

Secondary outcome: association of fever with severity of disease

Fever presence was the prime focus of our analysis. For cases with known body temperature at presentation (339), we calculated the Cramer's V correlation between two nominal variables, namely, improvement status with 3 levels (disease progressed, no improvement and improvement) and presence of fever with 2 levels (absent and present). The Cramer's V value was found to be 0.167 ($p<0.01$), indicating that there exists a significant weak positive relationship between the improvement status and the presence of fever, indicating that improvement was slightly more common among patients with fever than among the group without (Table 3).

Table 3. Correlation between status of improvement and presence of fever.

Matrix	Cramer's V Coefficient	Asymptotic Significance
Nominal by nominal 3 X 2	0.167	0.000

[3] 94 (25.6%) patients reported no fever and 273 (74.4%) patients reported fever. The computed Cramer's V correlation between two nominal variables namely, status of improvement with 3 levels (disease progressed, no improvement and improvement) and presence of fever with 2 levels (absent and present). It can be observed that the Cramer's V value was found to be 0.167 ($p<0.01$) indicating that there exists a significant weak positive relationship between status of improvement and presence of fever indicating that the cases of improvement were slightly more among patients with fever than the group without.

We analysed fever according to four categories of temperature to assess the correlation between improvement and temperature range. Fever categories and the number of cases in each range are provided in the Table 4.

Table 4. Frequency of cases in terms of intensity of fever.

Group	Frequency	Percentage
No fever	55	15.0
37.2 °C to 37.7 °C	48	13.1
37.8 °C to 38.9 °C	165	45.0
> 39 °C	71	19.3
Unknown	28	7.6
Total	367	100

[4]The correlation of improvement with fever temperature range was assessed through Cramer's V correlation between two nominal variables, namely, status of improvement with 3 levels (disease progressed, no improvement and improvement) and intensity of fever with 4 levels of known temperature ranges. The Cramer's V value was found to be

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0.100 ($p > 0.05$), indicating that there exists no significant relationship between the status of improvement and intensity levels of fever with known temperatures.

Secondary outcome: association of age and sex with severity of disease

Sex was not associated with any significant difference in response to treatment. It was, however observed, that the Pearson correlation coefficient was -0.146 ($p<0.01$), indicating a significant negligible positive relationship between the improvement status and age (Table 5). This means that when the age of the patients increased, the level of improvement decreased (negligibly).

Secondary outcome: Most common remedies used and association of number of remedies with improvement

Table 5. The correlation between status of improvement and age.

Matrix	Pearson Coefficient	Asymptotic Significance
Categorical by continuous	-0.146	0.005

[5] The point-biserial correlation computed between the status of improvement and age was calculated. The Pearson correlation coefficient was found to be -0.146 ($p < 0.01$), indicating a significant negligible positive relationship between the status of improvement and age. It can be interpreted that when the age of the patients increases, the level of improvement decreases negligibly.

We plotted the frequency table for the most frequently used remedies (≥10 cases) (Table 6). It was observed that the most common form of drug used was Arsenicum album, with a total of 103 cases treated. The second most common form of drug used was Bryonia, with a total of 100 cases and the third most common form of drug used was Pulsatilla, with a total of 48 cases. 200C was the most commonly used potency for all these remedies (Table 6). As the number of remedies prescribed increased, the level of improvement decreased slightly among patients (Table 7).

Table 6. Frequency of remedies used to treat the symptoms of 367 COVID-19 patients.

Drug	Cases Treated	Common Potency	Usage Frequency
Arsenicum Album	103	200C	51
Bryonia	100	200C	68
Pulsatilla	48	200C	38
Phosphorous	38	200C	23
Antimonium Tartaricum	30	30C	15
Gelsemium	21	200C	16
Rhus Toxicodendron	21	200C	12
Pyrogenium	16	200C	15
Sulphur	16	200C	8
Belladonna	15	200C	14
Aconite	11	200C	7
Lycopodium	11	200C	6
Spongia	10	200C	6

[6] Table 6 represents the distribution of the most frequently used drugs (≥ 10 cases) and the common potency used for each drug. From the table, it can be observed that the most common form of drug used was Arsenicum Album, with a total of 103 cases treated, of which the majority (51 cases) were treated with Arsenicum Album 200C. The second most common form of drug used was Bryonia, with a total of 100 cases, of which the majority (68 cases) were treated with Byronia 200C. The third most common form of drug used was Pulsatilla, with a total of 48 cases, of which the majority (38 cases) were treated with Pulsatilla 200C.

Table 7. The correlation between status of improvement and number of remedies.

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Matrix	Pearson Coefficient	Asymptotic Significance
Categorical by continuous	-0.387	0.000

[7]The point-biserial correlation computed between the status of improvement and the number of remedies prescribed was calculated. The Pearson correlation coefficient was found to be -0.387 ($p < 0.01$), indicating a significant weak positive relationship between the status of improvement and the number of remedies prescribed. It can be interpreted that when the number of remedies prescribed is increased, the level of improvement decreases slightly among patients.

Factors associated with improvement under homeopathy

Using the insights from the correlational analyses, a multinomial logistic regression model was constructed for the nominal data, with improvement status as the dependent variable and the significantly correlated variables, such as the number of remedies, presence of fever and disease severity, as independent variables, to predict improvement status.

The model fitting criteria value was 57.664. The significance value is less than 0.01, indicating that the final model fit well. The goodness of fit for the model was calculated, and the Pearson value was 20.679 ($p>0.05$). The significance value was 0.541 (>0.05), thus indicating that the model was adequately fit.

The pseudo R square values were calculated for the regression model. The Nagelkerke value was 0.311, which means only 31.1% change in improvement status could be attributed to the number of remedies, presence of fever and disease severity, indicating that the studied independent variables are not sufficient to predict improvement status.

When computing the likelihood ratio for the regression model, it was observed that the number of remedies ($p<0.01$), disease severity ($p<0.05$) and presence of fever ($p<0.05$) significantly contributed to improvement status. Parameter estimates for the regression model were not taken into consideration, as the data representations across the three categories of improvement status were not comparable.

The comorbidities were not uniformly available and thus could not be used for correlational analyses.

4. Discussion

Many databases have been created and are actively collecting data on the new pandemic [17]. There are also many reports on the use of traditional and complementary medicine for COVID-19, including homeopathy [18,19]. India has pioneered many research projects on both prophylaxis and treatment of COVID-19 with homeopathy [20]. However, a database dedicated to this therapy is novel and will go a long way in providing material for investigation in the future.

The preliminary data collected from 9 countries has shown some interesting outcomes. The average age of participants and the influence of age on the severity of infection are slightly different (younger) from those seen in other studies thus far [21-23]. This is probably due to the trend of patients opting for homeopathy being in this age range, compared to the general population.

The primary outcome of interest for the analysis was improvement under homeopathic treatment. This was seen to be significant, especially in severe cases (Figs 4, Table 2). The mean time required for improvement was 6.5 days. While no deaths were reported, this could be due to the hospitalisation of most severe cases and cessation of homeopathic treatment under such conditions although favourable direction was seen in the few severe cases who continued with homeopathy. The most common remedies used were Arsenicum album, Bryonia and Pulsatilla (Table 6), which have been recommended by other studies as well [21]. However, it must be noted that contrary to popular belief among homeopaths, no single remedy (serviceable as prophylaxis and/or treatment) emerged as a

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"genus epidemicus". We investigated other parameters associated with improvement under homeopathic treatment as secondary outcomes of interest. Fever was the main presenting symptom/condition in most cases (Fig 5), as corroborated by many other studies [21]. The stochastic model of symptom progression also corroborates fever as the first symptom that may arise in COVID-19 [24], which seems to be the stage at which homeopaths were approached by patients. In the absence of fever, cough and a clinical/laboratory image of pneumonia (without fever) were seen to dominate. Fever is of special interest, as fever is conventionally suppressed during infections [25], whereas homeopathy promotes a high fever during infection as a part of the efficient acute inflammatory response [26,27]. Studies have hitherto shown that the presence of fever may be associated with better outcomes during infection, although the evidence is still lacking in certainty [25,28,29]. In our database, the presence of fever was indeed associated with better prognosis (Table 3). However, the temperature range did not influence the clinical outcome in the cases presented here (Table 4). In previous studies, sepsis and COVID-19 were influenced by the temperature trajectory during the sepsis [30,31], and it would be interesting to investigate whether the temperature trajectory can influence the clinical outcome of COVID-19 in a similar manner.

The number of homeopathic remedies required was strongly correlated with improvement (Table 7). This is in keeping with the homeopathic principles of levels of health [27]. Healthier patients present with stronger and clearer symptoms for homeopathic prescription, and their response is quick and in the right direction. Less healthy patients require a few more remedies in the right sequence to bring them up to the same level of efficient response. If a homeopath makes mistakes in identifying the remedy, the response is delayed, and the number of remedies required will also increase. In either case, improvement is inversely correlated to the number of remedies required [27].

In this database, not enough information was available regarding the comorbidities in the patients. Hence, we could not analyse the influence of comorbidities on the clinical outcome. This lack of complete information is attributable to telephone consultations, which accounted for the majority of consultations during COVID lockdowns. It will be essential to collect this information for future cases, as studies have shown that comorbidities have an adverse effect on improvement in COVID patients [5], and it will be necessary to evaluate this in homeopathic treatment scenarios.

At this juncture, only the presence of fever, number of remedies required and severity of disease were significant contributors to the improvement status under homeopathic treatment. The impact of other parameters (age, temperature range, comorbidities, geographical location, period of infection - wave) on homeopathic treatment are yet to be determined.

The objective of this database was to provide a reliable data pool for those interested in further research. There are simply too many confounders to account for in such a scenario, and the authors suggest a thorough study of this database to account for these confounders in their research plans. Some confounders that were apparent to the authors in this database that need to be considered in future data collection plans are as follows:

i) Mode of data gathering – the homeopaths gathered data via telephone consultations and in-person at varying times, which may lead to overemphasis or neglect of certain information. Therefore, a distinction needs to be made with regard to the mode of case taking, and a comparison needs to be made about the completeness obtained with these modes.

ii) Geographic location – while COVID seems to affect patients in a similar manner globally, there still might be differences in the manner it affects different geographic locations.

iii) Time period of data collection – each genetic variant of the virus has been affecting the population in a different manner, and depending on which time period the data were collected the predominant infecting variant may be different. The symptoms and treatment response will likewise vary. Hence, it will be helpful to make a distinction

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about these. There was a major constraint in some cases that the dates of first consultation were not provided. Collecting these data will be important for research studies.

iv) Data on temperature trajectory – a lot is being said about the importance of fever. The authors recognise that presenting temperature alone is not sufficient but that the course of the illness depicts the immune response better. This information needs to be collected for future cases.

v) Laboratory parameters – although the lab parameters suggested for COVID-19 cases are similar globally, the availability of such records to patients and homeopaths varies from country to country. This can be overcome by requesting the parameter measurements and recording them meticulously

vi) Comorbidities – as outlined before, the method of case taking influences the completeness of the data, and most cases did not detail the comorbidities. This must be overcome, as it is a simple matter of inquiry.

Limitations

This dataset relies heavily on the reporting by homeopathic physicians, introducing a reporting bias, as it is possible that the physicians may not report cases that did not improve or progressed to complications as readily as they report successful cases. Effort was made to brief all the participating physicians in advance on the importance of unbiased reporting to minimise this bias. Second, the difference in the national health policies of the participating countries makes it difficult to attain real uniformity and is a limitation that cannot be overcome. This introduces a selection bias, as those with mild or moderate symptoms from some countries may seek homeopathic treatment, while in others, there is homeopathic treatment for patients in any condition. Some countries had no prohibition on patients seeking homeopathic treatment as stand-alone treatment, while in countries such as India, it was regulated that it could only be given as adjunct therapy. There was also some bias introduced due to the incompleteness of data in over half of the case reports sent in. This was mainly attributable to the telephone/online nature of homeopathic consultation in most cases. These were identified as potential biases and challenges for future studies aimed at investigating the effect of homeopathy in COVID-19. The greatest confounding effect is that of conventional medicines taken along with homeopathy, and at this point, this remains an insurmountable challenge. The aim of this study was to provide data for studies in the future, and a prospective design may help overcome these limitations.

Future direction

Despite the confounding and bias, the data we compiled are impressive. We strongly urge governments to consider providing free reign to homeopathic doctors to deal with COVID cases. Similar appeals have been made by investigators previously [19]. The severe cases will by default be hospitalised and will not be under homeopathic care, but the burden from mild and moderately severe cases can be significantly alleviated by including homeopaths in care delivery [32]. Many other epidemics, including viral ones, have responded well to homeopathy since the days of Hahnemann [10,19,32-39]; therefore, there are grounds to reconsider homeopathy in the National Health Systems now. Many investigators have made observations and have already registered protocols that need the support of governments to succeed [40].

In the future, with permission given for homeopaths to treat, an intensive and refined study design should be applied to overcome the confounding and bias that exist in this database. Randomized controlled trials (RCTs) are difficult, as patients may not like being deprived of conventional therapy with such a risky pathology. Therefore, a prospective observational study is the best option for homeopathy, and a comparison study can be established with adjunct conventional treatment as well. A greater cooperation between homeopathic organisations may be designed to obtain sufficient evidence. A more elegant

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study can be devised to obtain evidence of the "genus epidemicus" for homeopaths. Using the levels of health model of Prof. Vithoulkas [27], a retrospective analysis of remedies indicated in the healthiest COVID patients may be analysed, and evidence towards the possibility of one or few such remedies may be obtained. However, obtaining adequate information will again be a challenge for such a study, and cooperation among homeopaths will be of utmost importance.

COVID-19 seems to attack the immune system more than any other viral disease discovered thus far [41], and homeopathy, being a system capable of enhancing immune efficiency [10], must be given a chance to show its efficacy with an appropriate infrastructure in place.

Supplementary Materials: All data and supplementary material may be accessed at 10.6084/m9.figshare.19975349

Author Contributions: PH conceived the idea and curated the data along with SM, who also wrote the manuscript and performed the statistical analysis. The ICC are all the physicians who volunteered to send the data for the database, and GV is the guide, auditor and guarantor of the work.

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Informed Consent Statement:

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Table Legends

Table 1: Data sought from homeopathic physicians
Table 2: Correlation between status of improvement and disease severity
Table 3: Correlation between status of improvement and presence of fever
Table 4: Frequency of cases in terms of intensity of fever

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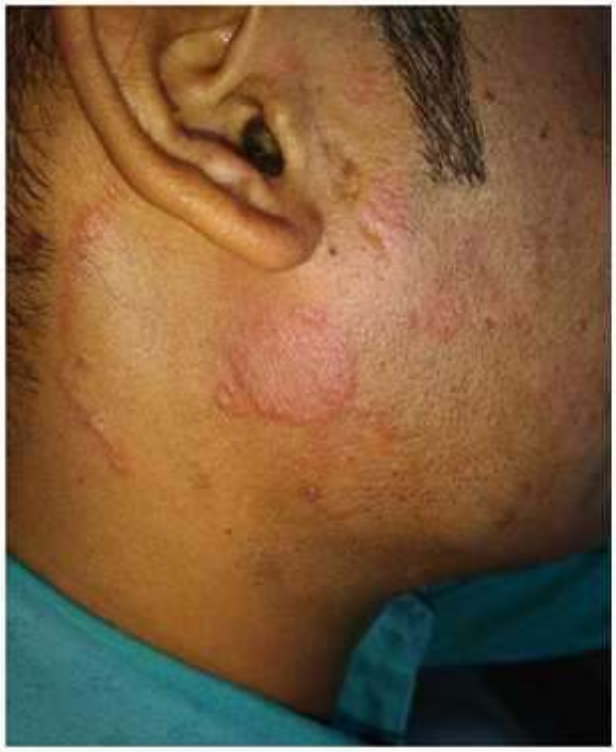
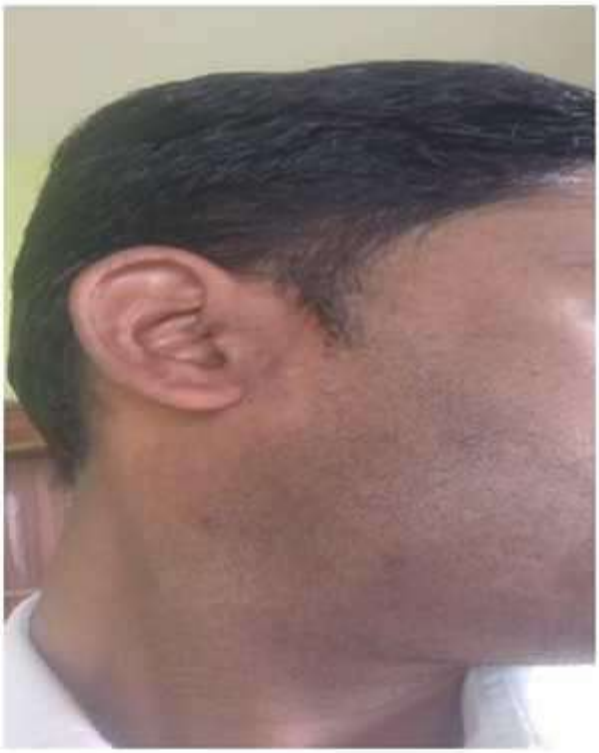
Figure Legends

A Case of Dermatophytosis (ringworm)

May 18, 2019
Add Comment
by Ravindra Aher





Written by Ravindra Aher

Dr. Ravindra Aher presents a case of dermatophytosis in a man of 36. A history of suppressed skin ailments, thermally chilly and a domineering, loquacious, suspicious and self-centered nature were clues to the simillimum.

A 36 year old farmer consulted me for the treatment of skin eruptions (ringworm) in July 2018. For the last month he had

eruptions (ringworm) over the face (more on the right side), neck, groin and lower limbs. They were circular in shapewith lots of itching and burning. The itching was worse in the evening ++ ,warmth of
the bed ++ and cloudy weather +++. he feels better when he'd washed the eruptions with warm water +. Since the last 20 days he had been using allopathic ointments and antifungal tablets with very minimal effect.

Past history: Three months earlier he had flat, smooth multiple warts over the face (beard area) which went away withallopathic medication +++. He also had allergic rhinitis for the past10 years, < exposure to cold air ++, change of the weather hot to cold +++, causing sneezing and watery nasal discharge. He feels better by warmth ++. He used antihistaminic tablets (cetrizine) for sneezing. On
examination he exhibited deviated nasal septum (DNS).

Personal History:

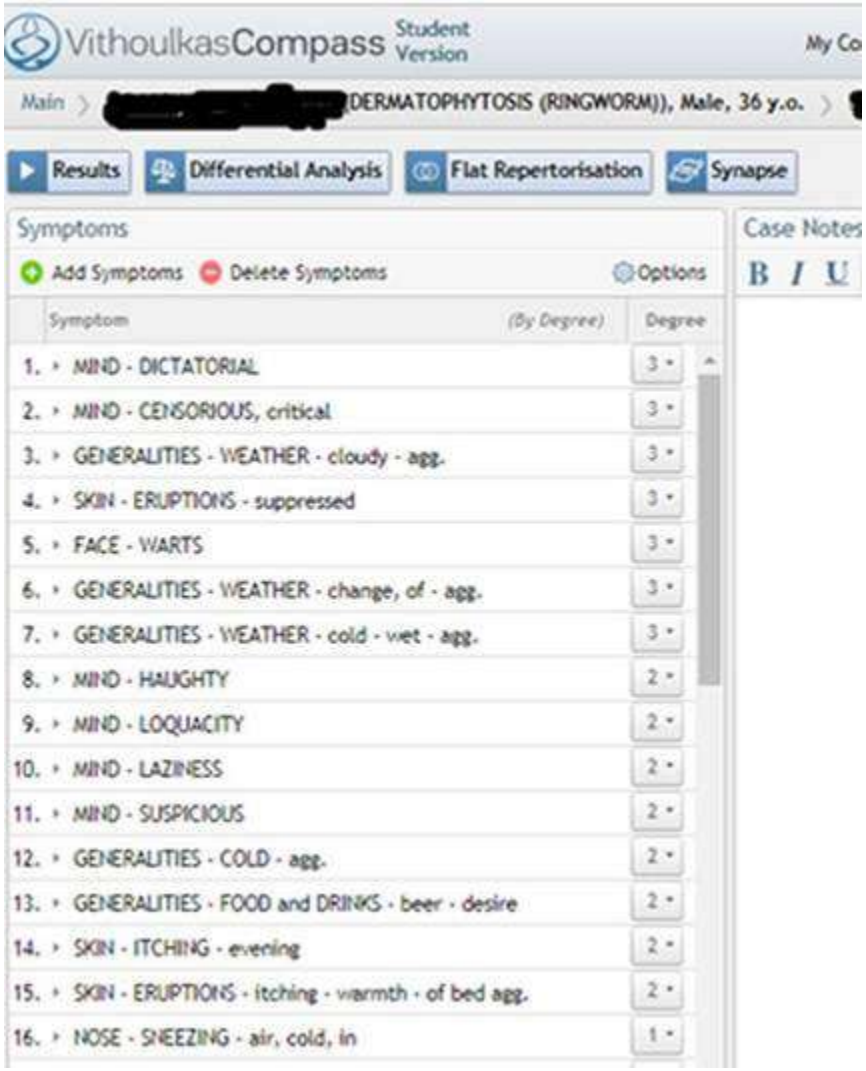
Thermally he is a chilly person ++, desire for sweets ++ and beer ++.His sleep was disturbed due to itching.

MIND:

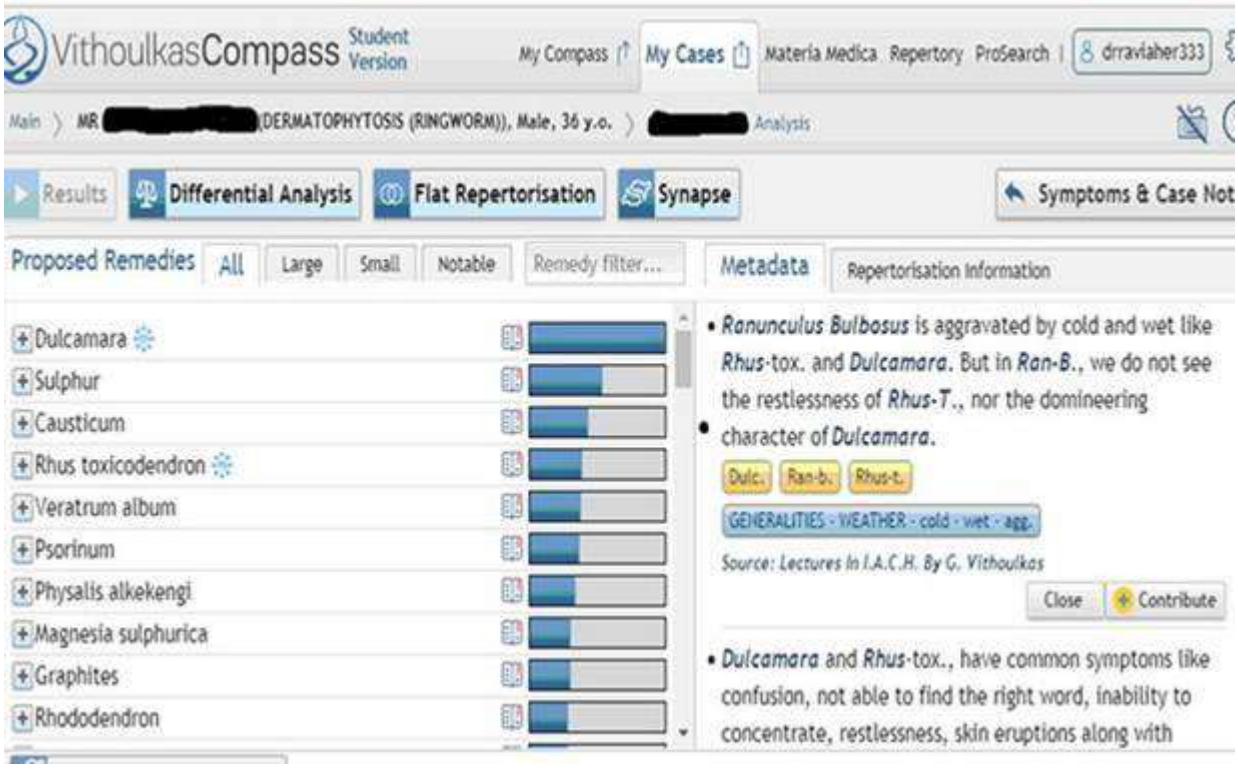
Mentally I found him a loquacious person ++, during the whole consultation time he was continuously talking about various things(complaints, other issues, social). Heliked to dominate people aroundhim+++. He dominated his family members, always wanted to prove himself right. He said, “What I say is always right so everybody should listen to and follow me”. He is quite egoistic by nature ++, a fault finder +++ always pointing out something which is not up to the mark. he was quite suspicious ++ by nature and did not trust easily. He was lazy ++ in his own work.

DIAGNOSIS: DERMATOPHYTOSIS (RINGWORM)

REPERTORISATION:


VithoulkasCompass Student Version
My Co
Main
[redacted] DERMATOPHYTOSIS (RINGWORM)), Male, 36 y.o.
Results
Differential Analysis
Flat Repertorisation
Synapse
Symptoms
Add Symptoms
Delete Symptoms
Options
Case Notes
B I U
Symptom (By Degree) Degree
1. MIND - DICTATORIAL 3
2. MIND - CENSORIOUS, critical 3
3. GENERALITIES - WEATHER - cloudy - agg. 3
4. SKIN - ERUPTIONS - suppressed 3
5. FACE - WARTS 3
6. GENERALITIES - WEATHER - change, of - agg. 3
7. GENERALITIES - WEATHER - cold - wet - agg. 3
8. MIND - HAUGHTY 2
9. MIND - LOQUACITY 2
10. MIND - LAZINESS 2
11. MIND - SUSPICIOUS 2
12. GENERALITIES - COLD - agg. 2
13. GENERALITIES - FOOD and DRINKS - beer - desire 2
14. SKIN - ITCHING - evening 2
15. SKIN - ERUPTIONS - itching - warmth - of bed agg. 2
16. NOSE - SNEEZING - air, cold, in 1

ANALYSIS:

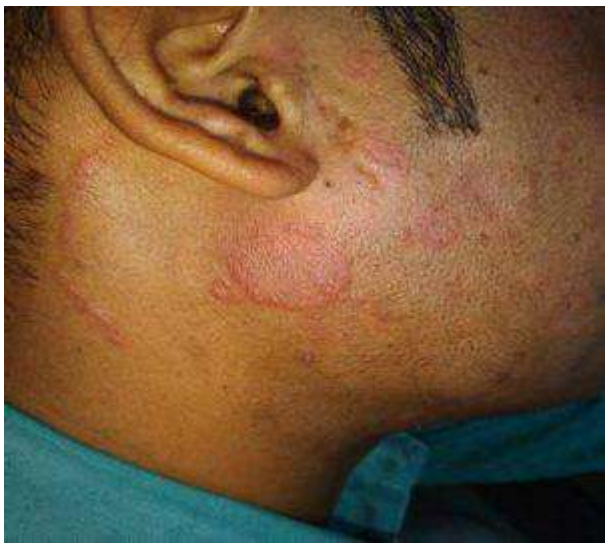


ANALYSIS OF PRESCRIPTION

DULCAMARA is a chilly remedy, aggravation from cold air and going from hot to cold weather. In Dulcamara we find suppressed skin ailments and the patient is domineering, haughty, loquacious, suspicious and self-centered, so Dulcamara suits his case.

PRESCRIPTION: DULCAMARA 200C – twice a day for three days, followed by DULCAMARA 1M -Twice a day for one day, followed by placebo twice a day for 15 days.

PICTURE AT TIME OF FIRST PRESCRIPTION



FOLLOW UPS

DATE	OBSERVATION	PRESCRIPTION
13/08/2018	The Itching over the face is 90% better, Eruptions over the face 80% better. Recent spots of eruptions got better first, the older spots and suppressed spots (suppressed by allopathic creams before) increased for first few days and now they are also getting better.	Wait
2 weeks	Itching &eruptions over the lower abdomen, groin and	Placebo twice a

after medicine	lower limbs become worse for first 10 days after the medicine and now itching & eruptions are 20% better. Sneezing increased severely for first 2 – 3 days after the medication, Now sneezing is almost 90% better. He took 2 cetrizine tablets in 15 days. His energy is much better, now he is feeling more fresh than before.He is still chilly.Can sleep more calmly. ANALYSIS: General improvement.The old eruptions came back and later ones disappeared, i.e.-the eruptions are getting better in reverse order.(herings law of cure))	day for 15 days
04/09/2018 1 month after	Itching over the face 95% better. Itching aggravates in humid conditions. Eruptions over the face 90% better, Edges of the eruptions are still there. The suppressed warts came back again, flat, smooth warts around 10 to 12 in number.	Wait Placebo twice a day for 30 days

medicine	Itching and eruptions over the lower abdomen, groin are better 60 to 70%, and became dry and black, but eruptions on lower limbs (thighs, and calves) still there with itching. Sneezing is almost better, only gets sneezing episodes if he drinks cold water in the morning. Hasn't taken any cetrizine since last 15days. His energy is still better, he is feeling fresh, still chilly. Still having desire for sweets & beer. ANALYSIS: General improvement The suppressed warts coming back again. The eruptions are getting better from above downwards i.e face to lower limbs. (Herings law of cure)	
03/10/2018	Itching over the face 100% better. Eruptions over the face 100% better. The suppressed warts came back and are disappearing on their own. 4 to 5 warts are remaining.	Wait

2 months after medicine	Itching and eruptions over the lower abdomen, groin are better 90%. became dry and black, eruptions on lower limbs (thighs, and calves) are becoming dry now, itching has been reduced. No episodes of sneezing, cetrizine not taken. Energy and freshness better, still desires sweets and beer++ Becoming hot now!? (needs fan and open air) Appetite better, now desires spicy ++. ANALYSIS: General improvement (energy freshness) The warts are getting better. the eruptions are getting better from above downwards i.e face to lower limbs, (Herings law of cure)	Placebo twice a day for 30 days
03/11/2018	Itching and eruptions over the face 100% better. 3 to 4 warts are remaining but disappearing on their own.	Wait

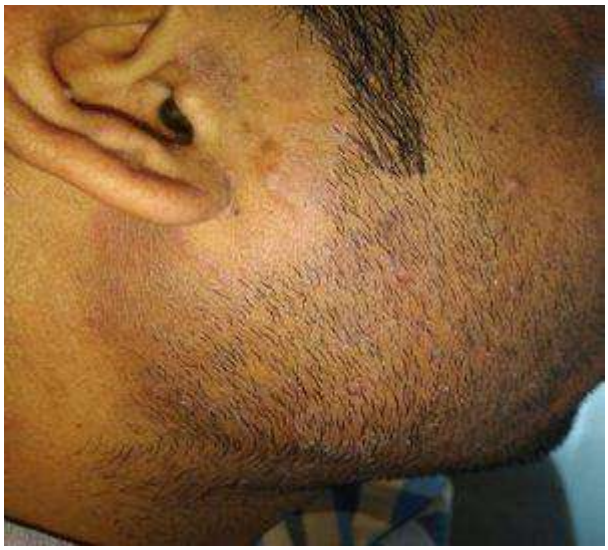
3 months after medicine	Itching &eruptions over the lower abdomen, groin are better 100%. Became dry and black. Eruptions on lower limbs (thighs, &calves) are better, itching has been reduced. Occasional episodes of sneezing, cetrizine not taken. Energy and freshness better, loquacity has been reduced, egotism and domination reduced. (10 to 20%),become less irritable, still desire for sweets and beer ++. Becoming hot now! (does not need fan now because winter started) Appetite better desire spicy ++. ANALYSIS: General improvement (energy and freshness) Mental pathology like irritability, loquacity, domination and ego also settling down.	Placebo twice a day for 30 days
04/12/2018	-	Wait

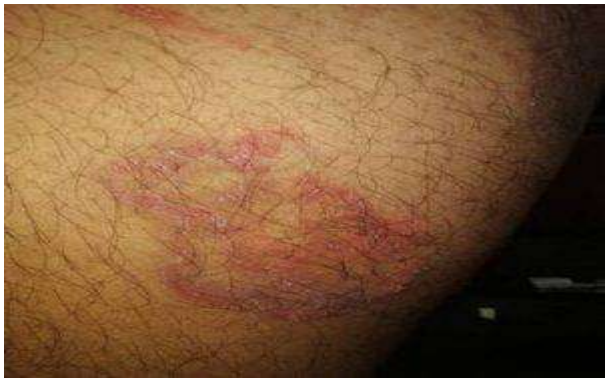
4 months after medicine	Itching and eruptions over the face 100% better. All warts disappeared. Itching & Eruptions over the lower abdomen, groin are better 100% Eruptions and itching on the lower limbs (thighs &calves) are totally reduced, only blackish – brownish discoloration remain. Occasional episodes of sneezing, cetrizine not taken. Energy and freshness better, loquacity has been reduced, egotism and domination reduced 20to 25%. He acts like if you want to listen then listen to me, but not a compulsion, now less irritable, still desire for sweets and beer ++ thermally – chilly (winter) desire – spicy ++. ANALYSIS: General improvement (energy and freshness)Mental	Placebo twice a day for 30 days

	pathology like irritability, loquacity, domination and ego are also settling down.	

FIRST FOLLOW UP (15 DAYS AFTER MEDICATION)

SECOND FOLLOW UP (1 MONTH AFTER MEDICATION)





(a ringworm on thigh, there are many ringworms around thigh)

THIRD FOLLOW UP (2 MONTHS AFTER MEDICATION)