ROLE OF HOMOEOPATHIC MEDICINE IN LEUCORRHOEA

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INTRODUCTION
Leucorrhoea is relatively common gynecological disorder. Leucorrhoea is derived from Greek word 'leuko' means 'white' and 'rhoea' means discharge. Thus leucorrhoea is excessive vaginal discharge.

DEFINITION
Leucorrhoea is defined as excessive abnormal discharges from vagina.

ETIOLOGY
This excessive discharge may be physiological or pathological infective or non-infective:-
1. the most common conditions, in which excess of this discharge is likely to be present, are pregnancy, premenstrual or menstrual periods, and congestion of the uterus.
2. pathological conditions of female genital organs, e.g., infection, growths and displacements, etc., also produce the same phenomenon, i.e., congestion and leucorrhoea.
3. irritation due to mechanical factors, e.g., use of chemical contraceptives, pessaries, intrauterine devices, etc., may also establish chronic inflammatory process causing congestion and hence leucorrhoea.
4. psychogenic causes, e.g., worries, anxiety, overwork, and sexual excitement without fulfillment may also cause chronic leucorrhoea. It may seem strange though it is now certain that emotional upsets affect hypothalamus, which in turn upsets the gonadotrophic functions of the pituitary gland, so much so that even an ovulation has been cause by mental stress and emotional situations. Considering the close relationship between pituitary, ovarian functions, glycogen deposition and PH value of vaginal flora, the hormonal theory also seems to be a possible cause.
5. Recently, endocrinial factors have been given a great deal of prominence as a possible cause of leucorrhoea as it is clear by the fact that the non-infective erosion is due to excess of oestrin in the system.

Pregnancy and menstrual periods are also examples of hyper-secretion due to large amounts of oestrogen in the blood at those periods.

6. errors in diet, excessive use of stimulants, e.g., tea, coffee, alcohol, smoking, all these things have been suggested to cause leucorrhoea it seems to be possible because of the absorption of toxic substances or by stimulation the nervous mechanism of gland causing hormonal imbalance. It is also suggested that faulty and deficient diet or severe Malabsorption apart from causing undernourishment and debility depresses the activity of pituitary gland.

CLINICAL FEATURES
Symptoms-
1) Discharge- the discharge may be grey, white, yellow, green, brown, or rusty. The consistency may be thick or thin with an offensive odour. It may cause irritation of the parts. The amount is profuse.
2) Backache- the most constant symptom is pain in back and loins which is always worse from active exercise such as walking, riding. Also there is lower abdominal pain in lumbar region and calves. This symptoms are most intense in uterine leucorrhoea and are mainly associated with inflammatory disease then resulting from vaginal leucorrhoea.
Uterine leucorrhoea is more related to menstrual functions.
3) Pruritis vulvae- the excoration is liable to arise excessively from acrid discharge.
4. Burning sensation is present along with constipation.
5. There is dysuria, frequency of micturition, weakness, weariness on slightest exertion.
6. Great exhaustion.
7. Frequent headache.
8. Dragging sensation in abdomen.

Signs-
1. Pale face, black patches around eyes
2. Lots of weight in prolonged cases.
3. Nervous irritability.

PER VAGINAL EXAMINATION -
1. Cervical erosion - In cervical erosion the discharge may be excessively mucoid from overgrowth or due to active cervical crypts. Persistent white discharge per vagina. Discharge may be mucopurulent, offensive or irritant in presence of infection or even blood stain due to premenstrual congestion.

This is seen mainly in parous women. Rarely seen in young virgins or in menopause women. Vaginal examinations shows red granular surface with well defined margin. Surface is seen smeared with white discharge.

2. Chronic cervicitis - In this discharge is excessively mucoid, at times mucopurulent.

3. Vulvovaginitis - Persistent purulent discharge at times blood stain. On examination labia minora is oedematous and red. There may be vulval excoriation or ulcerations.

Trichomoniases - Sudden profuse and offensive discharge often dating from the last menses.

Irritation and itching. On examination there is thin, greenish yellow and frothy offensive discharge per vagina. Vaginal wall is red, tender with red papillae which bleeds on touch. There is strawberry like appearance of the cervix. This infection can occur in any age but often seen during pregnancy.

5. Candida vaginitis - There is pruritis which is out of proportion to discharge. The discharge is thick, curdy, white and in flakes often adherent to vaginal wall. There is redness and inflammation of vulval skin, which may spreads to thighs.

6. Senile vaginitis - Postmenopausal yellow or blood stained vaginal discharge. Itching and burning of vaginal introitus, discomfort and soreness of vulva vaginal wall inflamed. On examination thin vaginal mucosa show minute punctate red areas and at places areas of ulceration.

7. Non specific vaginitis - Persistent foul, yellow, grey vaginal discharge and dyspareunia. Colour consistency and amount of discharge varies. On examination vulva may be congested and swollen. There may be associated urethritis causing urinary symptoms.

8. Mucous polypus - There is white discharge this may be sanguinous or foul smelling in sub mucous fibroid, placental and malignant polyp. There occurs menorrhagia dysmenorrhoea.

1. History
   - Marriage and marital life
   - Parity
   - Use of contraceptives
   - Past history
   - Drug history
   - Duration of the complaint.
   - Fungus infection
   - Trichomonas
   - Gonorrhoea
   - Excessive intercourse
   - About the discharge; character, modality etc.

2. External examination
   - Examination of vulva: Bartholin’s glands, urethra etc.

3. Special examinations:
   - Smears from urethra, vagina and cervix
   - Blood examinations.
   - Urine examination.
   - Blood pressure examination.
- Biopsy: for evidence of malignancy.
- For Trichomonas, hanging drop method is done.

**HOMEOPATHIC THERAPEUTICS:**
1. Pulsatilla
2. Sepia
3. Silicea
4. Sabina
5. Secale cor
6. Baryta
7. Lycopodium
8. Actae racemosa
9. Alumina
10. Podophyllum
11. Phosphorus
12. Sulphur
13. Hepar sulph
15. Apis
16. Merc. sol
17. Kreosote
19. Nat mur
20. Nitric acid
21. Hydrastis
22. Borax
23. Bovista
24. Amm carb
25. Murex

**Top Homeopathic Remedies for Leucorrhea**

**Sepia Officinalis:** Best Homeopathic medicine for Leucorrhea at menopause age.

Sepia Officinalis is the top natural Homeopathic medicine to treat Leucorrhea mainly in women at the menopause age with excessive hot flushes, perspiration and weakness. This Homeopathic medicine is very beneficial when the vaginal discharge is yellowish green in colour with excessive itching in vulva. Another prominent feature for using Homeopathic medicine Sepia Officinalis is the presence of bearing down sensation in pelvis as if the pelvic organs would come out from vulva. The women requiring this Homeopathic medicine usually suffer from menstrual irregularities of various kinds. The mental symptoms guiding towards the use of Homeopathic medicine Sepia Officinalis are extreme irritability and indifferent behaviour towards family and friends.

**Alumina:** Homeopathic medicine for Leucorrhea with severe burning, itching in genitals.

Alumina is another top natural Homeopathic medicine which brings about very good results in the treatment of Leucorrhea. The symptom that guides towards its use is very acrid and transparent discharge from vagina that causes excessive burning and itching in genitals. Such burning gets better by washing the parts with cold water. Another indication for the use of Homeopathic medicine Alumina in patients of Leucorrhea is that the discharge is very profuse and even runs down till the heels. The complaint of vaginal discharge is worse during day time and after menses and the patient is physically and mentally exhausted after menses. Alumina is also a Homeopathic remedy of great help for patients who usually suffer from chronic constipation and go without passing stool or poop for many days.

**Calcarea Carbonica:** Natural Homeopathic medicine for milky vaginal discharge with itching.

Homeopathic medicine Calcarea Carbonica is the best remedy for milky white vaginal discharge along with itching in vulva. Leucorrhea getting worse from exertion or when urinating is a strong indication towards the use of Calcarea Carbonica. This Homeopathic medicine also brings about very good results in Leucorrhea in little girls who perspire excessively on head and feel very cold. Physically, the patient requiring Homeopathic medicine Calcarea Carbonicas fair complexioned and obese. There may also be an unusual craving for cooked eggs and indigestible things like chalk, pencils and lime.

**Kreosotum:** Homeopathic medicine for offensive vaginal discharge with violent itching.

Kreosotum is the best natural Homeopathic medicine where Leucorrhea is very offensive and acrid, causing violent corrosive itching of genitals. The vaginal discharge is yellow and always leaves a yellow stain on the linen. The condition gets worse between periods. Standing makes the discharge worse and the patient feels better while sitting or lying down.

Pains in abdomen usually accompany Leucorrhea. The women requiring this Homeopathic medicine are mainly anemic and crave for salty things in excess. The heat of sun is unbearable for the
patients.

Hydrastis Canadensis: Homeopathic remedy for thick yellow vaginal discharge with excessive itching

Natural Homeopathic medicine *Hydrastis Canadensis* is best for patients of Leucorrhoea who experience a vaginal discharge that is yellow, thick and ropy and hangs down in long strings. Excessive itching is always felt. The discharge is worse immediately following menses with a lot of weakness. Another strong feature for using Homeopathic medicine *Hydrastis Canadensis* is the presence of some liver complaint or constipation in women along with Leucorrhoea. Best Homeopathic treatment for Leucorrhoea. Homeopathic remedies for Leucorrhoea with acrid discharge causing violent itching

Natural Homeopathic medicine *Iodium* is of great help in those cases of Leucorrhoea where the discharges are so acrid that they make holes in the linen. Such discharges are worse at the time of menses with corrosive itching. Homeopathic medicine *Borax* is the ideal remedy for acrid Leucorrhoea where the discharge is like the white of an egg with a sensation as if warm water is flowing with excessive itching. Such a discharge is worse midway between the menstrual cycle. Mercurius Solubilis is another Homeopathic medicine to treat acrid vaginal discharge. The symptoms indicating its use are acrid Leucorrhoea with intense itching and burning in parts that is worse at night. Itching can also get worse while urinating and the patient has to wash off the parts with cold water after urination. The colour of vaginal discharge is mainly greenish and bloody for using Homeopathic medicine Mercurius Solubilis for treatment of Leucorrhoea.

Natural Homeopathic medicine *Aesculus Hippocastanum* is the best remedy for Leucorrhoea patients with lameness in back accompanied by a thick, dark yellow vaginal discharge. The Leucorrhoea condition gets worse after menses. *Kali Carbonicum* is the ideal Homeopathic medicine for patients who feel a sharp, cutting pain in lower back with a sensation as if the back would break. The vaginal discharge is yellow with burning and itching in the vulva and the patient feels very chilly.

Top Homeopathic medicines for Leucorrhoea when discharge is white in color

The best Homeopathic remedies for leucorrhoea with white discharge are *Natrum Muriaticum, Borax* and *Graphites*.

*Natrum Muriaticum* is suited for patients in whom the vaginal discharge is thick white, transparent with itching in the vulva. Bearing down pains accompany Leucorrhoea and walking worsens the discharge. Homeopathic medicine *Borax* is mainly given to patients in whom the Leucorrhoea is albuminous white like the white of an egg that gets worse mid-way between the menstrual cycle.

*Graphites* is an effective Homeopathic remedy for profuse white Leucorrhoea that is accompanied by excessive weakness in back. The Leucorrhoea gets worse in morning upon rising from bed. The patient requiring Homeopathic medicine *Graphites* is mainly obese, feels chilly and always constipated.

**Homeopathic medicines for Leucorrhoea when discharge is yellow in colour**

Natural Homeopathic medicine *Hydrastis Canadensis* is the top remedy for Leucorrhoea where the vaginal discharge is thick, yellow and stringy, forming long strings that hang down. Such discharge gets worse after menses. *Hydrastis Canadensis* is very beneficial for patients in whom Leucorrhoea is usually complicated with some sort of liver complaint or constipation. Another Homeopathic medicine of great help in treating
yellow Leucorrhea is Natrum Carbonicum. The Leucorrhea is thick yellow and very profuse and is accompanied by colicky pains in abdomen before the discharge. Kreosotum is also a good natural Homeopathic remedy for Leucorrhea where the vaginal discharge is yellow in colour and very offensive with corrosive itching of the parts. The patient complains that the discharge gets worse on standing and stiffens the linen along with leaving a yellow stain.

Best homeopathic remedy for leucorrhe in young girls

Pulsatilla is one of the best natural Homeopathic medicines for treating Leucorrhea in young girls reaching puberty. It is used where the vaginal discharge is creamy and acrid in nature. Cutting pain in abdomen or chilliness usually accompanies the vaginal discharge. The girls requiring this Homeopathic medicine are of a mild temperament with weeping tendencies.

Calcarea Phosphorica is another very beneficial natural Homeopathic medicine for young school-going girls suffering from Leucorrhea. The girls experience white vaginal discharge like the white of an egg, and may complain of anemia or headache. Leucorrhea in young girls that worsens during urination or after passing stool can also be treated with Homeopathic medicine Calcarea Phosphorica. Homeopathic medicine Caulophyllum, meanwhile, is of great help in treating vaginal discharge in little girls where the discharge is of very acrid nature and that makes the patient excessively weak. Such girls mainly complain of heaviness of eyelids along with Leucorrhea.

Top Homeopathic medicines for Leucorrhea in women at menopause age

Natural Homeopathic medicines Sepia Officinalis, Graphites, Psorinum and Sanguinaria Canadensis are of great help in treatment of Leucorrhea at menopausal age. Sepia Officinalis is the best Homeopathic remedy for vaginal discharge that is yellowish in colour and of an acrid nature. Excessive hot flushes and bearing down sensations in pelvic organ along with vaginal discharge give a strong indication for recommending this Homeopathic medicine for women at menopause. Homeopathic medicine Graphites can help those women suffering from Leucorrhea who are obese and have a vaginal discharge of white colour. The discharge is worse in morning on rising. Psorinum is the ideal Homeopathic remedy for women with a very offensive vaginal discharge that is accompanied by severe backache and weakness. Homeopathic medicine Sanguinaria Canadensis, on the other hand, is very beneficial when the vaginal discharge continues even after complete cessation of menses.

Best Homeopathic medicines for treating Leucorrhea with anemia and weakness

Natural Homeopathic medicine Cinchona Officinalis works well where the vaginal discharge is very offensive and blood-stained with great debility. Natrum Muriaticum is the best Homeopathic remedy when the patient complains of a thick, white, transparent vaginal discharge that gets worse on walking. Anemia and headache accompany Leucorrhea in patients requiring Natrum Muriaticum. Homeopathic medicine Silicea is very beneficial for women with a vaginal discharge that is milky white in colour and is very acrid in nature. Leucorrhea gets worse during urination. Such patients can also complain of worsening of Leucorrhea by eating sour things.

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ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF WARTS

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ABSTRACT:
In India incidence of 10% has been estimated for children and young adult. Warts occur at any age. The incidence is low in early childhood and reaches peak between 12 and 16 year of age.

INTRODUCTION:
Warts are common viral infection of skin. It caused by human papilloma Virus which are DNA viruses measuring about 50-55 nm in diameter and are member of family Papovaviride. They are tropic to squamous epithelial cells being latent in the basal cell layer and replicating only at or above the granular cell & the layers. Replication appear linked to keratinocyte with differentiation.

OBJECTIVES:
- To prevent and control warts.
- To create patient and public awareness of warts.
- Greater degree of understanding towards those affected by it.
- To carry out counseling of the various patients suffering from warts.
- To assess the outcome from the disease and also to assess whether it is preventable.

DEFINITION:
Warts are small, hard lump on skin that are Human papilloma virus.

AETIOLOGY:
Warts are caused by human papilloma virus which are DNA viruses. All papilloma virus are highly host specific and do not induce papillomas in heterologous species. Human papilloma virus infect only human. In papilloma virus content doubled stranded DNA enclosed in anicosahedral capsid made up of 72 capsomers. The virus lacks envelope. Layer is resistant to either inactivation freezing and dissection.

PATHOLOGY:
The characteristic histologic features of viral wart is vacuolization in cells in and below the granular layer with basophilic inclusion bodies compose of viral particles and eosinophilic inclusion of representing abnormal keratoxyaline granules along with the hyperplasia of all layers of epidermis. Benign gaint condylomas may be difficult to differentiate from malignant condylomas and ofrepeated biopsies may be required to reveal malignant transformation.

TYPES:
1-Common warts(Verruca Vulgaris)
2-Flat warts(Verruca plana)
3-Filiform and digitate warts
4-Planter warts(Verruca Plantaris)
5-Condyloma accuminata(Venereal warts)
6-Perianal warts
7-Occupational warts(Butcher’s warts)
8-Respiratory(Laryngeal) Papillomatosis
9-Epidermodysplasia Verruciformis
10-Human papilloma virus infection in immuno-suppressed patients
CLINICAL FEATURES:
1. COMMON WARTS -
- They usually occur on hand as flesh coloured to brown, exophytic hyperkerotic papules.
- They are firm, rough, irregular verrucous surfaced papules.
- It size may range from 1 mm to over 1 cm

2. FLAT WARTS:
- They are smooth, flat slightly elevated and usually skin coloured to grayish brown.
- They vary in size from 1-5 mm or more in diameter.
- Flat warts are asymptomatic.

3. FILIFORM AND DIGITATE WARTS:
- Filiform warts are composed of 1 or more finger like projections, are fragile and occasionally may be tender, 2-10 mm in length.

4. PLANTAR WARTS:
- Plantar warts are those warts which occurs on the plantar surface of the feet.
- Most warts are asymptomatic but plantar warts may be painful on walking.

5. VENEREAL WARTS:
- It usually appear as thin, flexible, stalk like papules.
- It grow on any moist surface but they are most commonly found on glans penis, on the vaginal introits and at the anal orifice.

6. OCCUPATIONAL WARTS:
- It usually appears in occupational handlers of meat, poultry or fish have high incidence of warts in skin which is in prolonged contact with animal flesh.

7. PERIANAL WARTS:
- Perianal warts are common among homosexual men but develop in heterosexual men as well in women, warts appear first at the posterior introitus and adjacent labia.

8. RESPIRATORY PAPILLOMATOSIS:
- They are characterised by presence of multiple, benign, non invasive warts usually involving the larynx in young childrens.
- Hoarseness, stridor, respiratory distress.

9. EPIDERMOMYDYSPLASIA VERUCCIFORMIS:
- The lesion resemble flat warts or macules similar to those of pityriasis versicolor.

10. HUMAN PAPILLOMA VIRUS INFECTION IN IMMUNOSUPRESSED PATIENTS:
- Warts may occurs particularly those undergoing organ transplantation, often develop pityriasis versicolor-like lesions from which DNA of several Human Papilloma Virus type has been extracted.

LABORATORY DIAGNOSIS:
1. Skin Biopsy
2. Detection of Human Papilloma Virus Particles in clinical lesions
3. Polymerase Chain Reaction (PCR)
4. DNA Hybridization Technique
5. Serological Techniques to Detect Human Papilloma Virus Antibodies- ELISA

HOMOEOPATHIC MANAGEMENT:
- Thuja occidentalis: It is indicated in wart epithelioma. It has syctotic dyscrasia whose chief manifestation is the formation of wart like excrescences upon the mucous and cutaneous surface.
- Argentum Nitricum: Brown, tense and hard. Dr Brown tense and hard. Drawing in skin, as from a
- *Causticum*: Warts large, jagged, bleeding easily, on tips of fingers and nose.
- *Dulcamara*: Warts large smooth on face and palmar surface of hands.
- *Calcarea Carbonica*: Unhealthy skin. Warts on face and hands. Better in cold air.
- *Graphites*: It is a great antipsoric remedy. It has a particular tendency to develop the skin phase of internal disorder. Skin is a rough, hard persistent dryness.
- *Silicea*: Promotes expulsion of foreign body from tissues. Dry finger tips. Eruption itch only in day time and evening.
- *Sulphur*: Dry, scaly, unhealthy skin. Itching, burning, worse scratching and washing.

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HOMOEOPATHY IN TREATMENT OF OSTEOPOROSIS

K.E.S.C.H.K. H.M.C. ALIBAG

INTRODUCTION

Osteoporosis is defined as "a systemic skeletal disease characterized by low bone mass & microarchitectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture".

Both low bone mass and bone quality play an important role in osteoporosis. The former can be easily measured and hence has become the diagnostic tool for osteoporosis.

The World Health Organization (WHO) operationally defines osteoporosis as a bone density that falls 2.5 standard deviations (SD) below the mean for young healthy adults of the same gender.

CAUSES AND RISK FACTORS

As age advances, the incidence of osteopenia and osteoporosis increases & with the progressive aging of the world population, there will be a resultant increase in the osteoporotic fractures in coming decades. Although the effects of osteoporosis are seen in elderly population, particularly women, the roots of osteoporosis are laid down with roots in pediatrics, which is a matter of great concern.

Physiological evidences shows that the bone mass is formed maximum at the early ages of life. Bone architecture is formed as a result of calcium deposition along with other macro and micro nutrients.

The key factor here is Vitamin D, whose deficiency is an iceberg phenomenon especially in children. Its deficiency can only become apparent after bones become soft and weak. Majority of population especially in metro cities are now becoming couch potatoes covered all the time with stress and closed environment & work areas, not exposing themselves to adequate sunlight.

This is resulting in Vitamin D deficient states, which will be apparent in later stages of life when bones compromises for maintaining the serum calcium level to normal and on the other hand intestinal absorption and/or calcium channelization is disturbed. This forces bone to sacrifice and hence bone architecture is weakened and a person is more at risk of developing fractures. In majority of subjects, the total calcium and ionic calcium levels in serum/plasma are found to be in normal range despite of vitamin D deficiency.

Of all the varieties, postmenopausal osteoporosis is the commonest & most preventable. Postmenopausal osteoporosis today is recognized to be a major public health problem & is a common cause of morbidity and mortality in women. According to World Bank report, the world wide population of postmenopausal women which was 470 million in 1990s is expected to increase to 1.2 billion by the year 2030 & 76% of these women would be living in developing countries. It is projected that by the year 2030, the population of postmenopausal women in India will be the 2nd highest in the world, second to that in China. As regards the current burden of osteoporosis & in actual numbers, it accounts for 30 million women.

Osteoporosis can be classified as follows:

- a. Primary osteoporosis: is more common form and is due to age related loss of bone.
- b. Secondary osteoporosis: has an equal sex distribution & can occur at any age.

Causes include

1. Endocrine diseases (Cushing's syndrome, hyperthyroidism, hypogonadism in males).
2. Gastrointestinal disorders like inflammatory bowel diseases causing malabsorption.
3. Drugs like corticosteroids, cancer chemotherapy, anticonvulsants, heparin, barbiturates, gonadotropins releasing hormone, aluminium containing antacids.
4. Multiple myeloma.
5. Chronic renal failure.
6. Prolonged immobilization.
7. Osteogenesis imperfecta.
8. Inflammatory arthritis. (ankylosis spondylitis, rheumatoid arthritis)

Most cases of male osteoporosis are due to disease or drug therapy. However, in 30% to 45% of affected individuals no cause can be identified.

Life style factors:
- Alcoholism
- Smoking
- Physical inactivity
- Low calcium intake

Diagnosis
Subjects with decreased bone density usually have no complaints or specific abnormal physical findings. Those with vertebral compression fractures will have kyphosis, protruding abdomen & height loss. In severe cases, this can lead to hunched over appearance known as “Dowager’s hump”. Back tenderness is usually only present after an acute fracture.

The diagnostic process should focus on determining the type and degree of bone loss. A detailed history, physical examination & diagnostic tests are essential to make a correct diagnosis, keeping in mind the causes & risk factors.

Measurement of bone mass
Guidelines for bone mass measurement by National Osteoporosis Foundation can be summarized as:
- In postmenopausal women, assuming they have one or more risk factors for osteoporosis in addition to age, gender, and estrogen deficiency.
- Further recommend that bone mass measurement be considered in all women by age 65, a position ratified by the U.S. Preventive Health Services Task Force.

FDA-Approved Indications for BMD Tests:
Estrogen-deficient women at clinical risk of osteoporosis
Vertebral abnormalities on x-ray suggestive of osteoporosis (Osteopenia, vertebral fracture)
Glucocorticoid treatment equivalent to 7.5 mg of prednisone, or duration of therapy >3 months
Primary hyperparathyroidism
Monitoring response to an FDA-approved medication for osteoporosis
Repeat BMD evaluations at >23-month intervals, or more frequently, if medically justified

Non invasive techniques which are now available for estimating skeletal mass or density are:
- Dual-energy x-ray absorptiometry (DXA)
- Single-energy x-ray absorptiometry (SXA)
- Quantitative CT
- Ultrasound

Laboratory evaluation:
- General evaluation includes complete blood count, serum and 24-h urine calcium, and renal and hepatic function tests and is useful for identifying selected secondary causes of low bone mass, particularly for women with fractures or very low T-scores.
- An elevated serum calcium level suggests hyperparathyroidism or malignancy, whereas a reduced serum calcium level may reflect malnutrition and osteomalacia. In the presence of hypercalcemia, a serum PTH level differentiates between hyperparathyroidism (PTH) and malignancy (PTH), and a high PTHrP level can help document the presence of humoral hypercalcemia of malignancy. A low urine calcium (<50 mg/24 h) suggests osteomalacia, malnutrition, or malabsorption; a high urine calcium (>300 mg/24 h) is indicative of hypercalciuria.
- Measurement of 25 (OH) D level should be estimated in individuals who have osteoporosis-related fractures or bone density in the osteoporotic range.
Hyperthyroidism should be evaluated by measuring thyroid-stimulating hormone (TSH).

In clinical suspicion of Cushing's syndrome, urinary free cortisol levels or a fasting serum cortisol should be measured after overnight dexamethasone.

Serum albumin, cholesterol, and a complete blood count is to be checked when bowel disease, malabsorption, or malnutrition is suspected.

Myeloma can masquerade as generalized osteoporosis, although it more commonly presents with bone pain and characteristic "punched-out" lesions on radiography. Serum and urine electrophoresis and evaluation for light chains in urine are required to exclude this diagnosis. A bone marrow biopsy may be required to rule out myeloma.

Biochemical Markers

Biochemical markers are now days being used for the measurement for index of the overall rate of bone remodeling. These markers are usually characterized as those related primarily to bone formation or bone resorption, which measure the overall state of bone remodeling at a single point in time. Markers of bone resorption may help in the prediction of fracture risk independently of bone density. The primary use of biochemical markers is for monitoring the response to treatment.

Commonly used biochemical Markers of Bone Metabolism in Clinical Use:

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<tr>
<th>Bone formation</th>
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<tbody>
<tr>
<td>Serum bone-specific alkaline phosphatise</td>
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<tr>
<td>Serum osteocalcin</td>
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<tr>
<td>Serum propeptide of type I procollagen</td>
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<table>
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<tr>
<th>Bone resorption</th>
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<tr>
<td>Urine and serum cross-linked N-telopeptide</td>
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<tr>
<td>Urine and serum cross-linked C-telopeptide</td>
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<td>Urine total free deoxypyridinoline</td>
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HOMOEOPATHIC TREATMENT AND MANAGEMENT OF OSTEOPOROSIS

GENERAL MANAGEMENT:

Management of osteoporotic fractures:

Treatment of the patient with osteoporosis involves management of acute fractures as well as treatment of the underlying disease. Hip fractures almost always require surgical repair if the patient is to become ambulatory. Depending on the location and severity of the fracture, condition of the neighboring joint and general status of the patient, procedures may include open reduction and internal fixation with pins and plates, hemiarthroplasties, and total arthroplasties.

Management of underlying disease:

The first part of management of osteoporosis is education of the patient thoroughly, to reduce the impact of modifiable risk factors associated with bone loss and falling.

Glucocorticoid and other medications, if present, should be evaluated to determine to be truly indicated and being given in adequate doses as low as possible.

In Hypothyroid subjects, TSH testing should be performed to determine that an excessive dose is not being used, as thyrotoxicosis can be associated with increased bone loss.

Patient should be encouraged to stop smoking and alcohol consumption as these risks are commonly associated with multiple system involvement.

Treatment for Impaired vision is recommended, particularly a problem with depth perception, which is specifically associated with increased falling risk.

Nutritional Recommendations:

Calcium:

Larger studies are now available to support that optimal calcium intake reduces bone loss and suppresses bone turnover.

The preferred source of calcium is from dairy
products and other foods (milk, yogurt, and cheese) and fortified foods such as certain cereals, waffles, snacks, juices, but many subjects require calcium supplementation.

- Calcium supplements containing carbonate are best taken with food since they require acid for solubility. Calcium citrate supplements can be taken at any time.
- Although side effects from supplemental calcium are minimal (eructation and constipation mostly with carbonate salts), individuals with a history of kidney stones should have a 24-h urine calcium determination before starting increased calcium to avoid significant hypercalciuria.

**Vitamin D**

Vitamin D is synthesized in skin under the influence of heat and ultraviolet light. However, large segments of the population do not obtain sufficient vitamin D in absence or partial exposure to sunlight. Thus Vitamin D deficiency is becoming an alarming situation leading to more incidences of Osteopenia and osteoporosis.

**HOMOEOPATHIC MANAGEMENT OF OSTEOPOROSIS:**

**Calcarea phos:**
Specially indicated in bone diseases non union of fracture bone it has special affinity were bones from suture or symphyses and all its symptom are worse from any change of weather.

**Calcarea carb:**
Indicated in impairment in nutrition of various organ particularly bones. Softing and bending bones. Pathological fractures specially of long bone. Its excellent action is on carries of vertebrae

**Silicea:**
One off the twelve wonders of the schuessle's tissue remedy. Imperfect assimilation and consequent defective nutrition weak spine very susceptible to draughts on back. Pain in coccyx.

**Calcarea flour:**
Indicated in ch. Lumbago agg on beginning and amel by cont. motion. Rachitic enlargement of femur in infant. Pain in lower part of back with burning and necrosis of bone with boring pain.

**Bellis perennis:**
It is 1" remedy in injuries to deeper tissues, sore, bruise feeling in pelvic region. Joint are sore and muscular soreness. Railway spine.

**Symphytum:**
It facilitated of fracture bone by favouring production callus it lessens peculiar pricking pain in fracture point.

**Graphities:**
Indicated in pain in nape of neck shoulder back and limbs, pain in small of back with great weakness stiffness and contraction of toes. Very offensive discharges.

**Mercury:**
Bruise pain in small of back spl while sleeping tearing pain in coccyx, patient are sensitive to cold, trembling extremities with lacerating pain in joint.

**Mezerium:**
Severe bursting tearing type of pain, osteoporosis in long bones, burning and darting pain in muscles originating from particular bone.

**Phytolacca:**
Tendency to cure fracture slowly, useful in compound fracture. Where healing is delayed, sharp cutting pain as of electric shock, useful in frozen shoulder, stiffness inability to move.

**Staphysagria:**
Backache worse in morning before rising, extremities feel bitten and painful. muscle spl of carves feel bruised

**BIBLIOGRAPHY:**
Textbook of Medicine - Davidson, API
Textbook of Pathology - Dr. Harshmohan
Textbook of Materia Medica - Dr. William Boericke
Websites -
Homoeorizon.com
Hpathy.com
FAMILY HISTORY:
Father: Died due to old age.
Mother: 60yrs, healthy

PERSONAL HISTORY:
Diet: Mixed
Appetite: Adequate
Thirst: 7-8 glasses/day
Desire: not specific
Aversion: meat
Perspiration: on exertion
Habit: nil
Addiction: nil
Bowel: once, regularly
Micturition: 3-4 times D/N
Sleep: disturbed due to complaints
Dreams: not specific

MENTALS: Patient is sympathy.

PHYSICAL GENERALS:
Built: moderate
nourishment: well
Eyes: sclera white, conjunctiva pink
Teeth and gums: swelling gums, sensitive
Decubitus: not specific
Cyanosis:
Icterus: absent
Pallor: Absent
Lymphadenopathy: no enlarged glands

VITAL DATA:
Temperature: 100F
Pulse: 78 bpm
Respiratory rate: 20 bpm
Blood pressure: 120/80 mm of hg

LOCAL EXAMINATION: swelling over lower gums especially near canine and premolars of lower jaws. Redness of gums. Teeth are sensitive to percussion. No bleeding of gums

SYSTEMIC EXAMINATION:
PER ABDOMEN-
INSPECTION: Enlarged

abdomen, no dilated veins
PALPATION: No viscera palpable
PERCUSSION: Tympnic note heard
AUSCULTATION: Peristaltic sound heard

RESPIRATORY SYSTEM-
INSPECTION: No scar, no bulging
PALPATION: Trachea centrilys placed
PERCUSSION: Resonant note heard
AUSCULTATION: Vescicular breathing heard

CVS-
INSPECTION: No scar, no bulging
PALPATION: Apex beat felt at left 5th intercostal space in midclavicular line
PERCUSSION: Cardiac dullness within normal limit
AUSCULTATION: Normal S1 & S2 heard

CNS:
All jerks and reflexes are well elicited

DIFFERENTIAL DIAGNOSIS OF DISEASE:
- Chronic dental abscess
- Carries of teeth
- Chronic pericolonitis
- Chronic alveolar abscess

PROVISIONAL DIAGNOSIS: chronic dental abscess.

INVESTIGATIONS:
1. Routine blood exam: hb-12.6 gm%
   Total wbc count -7800/cumm.
   ESR - 40 mm/HR.
2. Electric pulp test.
3. X ray of lower jaw.

FINAL DIAGNOSIS: Chronic Dental abscess.

ANALYSIS OF SYMPTOMS:
- Mentals: sympathy
- Physical generals:
  - Aversion to meat
  - During fever patient is thirstless.
  - Profuse perspiration in morning.
- Particulars:
  - Shooting, tearing pain in teeth of lower jaw.
  - Pain radiate to adjacent to teeth.
- Toothache agg by warmth to bed
- Toothache amel by cold water.
- Chill in bed at night.
- During heat stage, burning of whole body.

EVALUATION OF SYMPTOMS:
1. Shooting, tearing pain in teeth of lower jaw.
2. Toothache agg by warmth of bed.
3. Toothache amel by cold water.
4. Chill in bed at night.
5. Profuse perspiration in morning.
6. Aversion to meat.

REPERTORY USED: BBCR

METHOD OF REPERTORISATION: Eliminating method

ELIMINATING SYMPTOM: Shooting tearing pain in teeth of lower jaw

REPERTORIAL TOTALITY:

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**NUMERICAL TOTALITY:** Puls – 32/7
Bella – 24/6
China – 20/5
Nux V – 21/5
Sepia – 23/6

**SELECTED REMEDY:** Pulsatilla

**REASON FOR SELECTION:**
- Shooting pain in teeth of lower jaw
- Toothache agg by taking cold water
- During fever patient is thirstless
- Aversion to meat
- Patient is highly emotional likes sympathy

**PRESCRIPTION:**

For,
Mr. Vinayak K. Mhatre
32 yrs, Male
Alibag

Rx
Pulsatilla 30
40 sized globules
4 BD for 6 Days
Follow up after 5 days

Sign
Reg.no

**AUXILLARY MODE OF TREATMENT:**
- Take rest
- Avoid exertion
- Maintain proper diet
ROLE OF HOMOEOPATHIC MEDICINE IN ALOPECIA

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HOD, DEPARTMENT OF PRACTICE OF MEDICINE
K.E.S.C.H.K. H.M.C. ALIBAG.

Introduction:
Hair plays significant role in our life. Hair has protective functions in animals and more cosmetic value in man. Diseases of hairs depends upon different factors such as augmented growth, diminished formation, abnormal direction and alteration in physical aspect.

DEFINITION: “Alopecia” is the word used to describe any type of baldness or hair loss on the scalp or of the hairy regions of the body.

Anatomy of hair:
Hair is generally used as class characteristic, not an individual characteristic.
Hair grows from hair follicles located in the dermis. While hair is growing beneath the epidermis, its outer covering is soft.
Inside the follicle the hair is growing and is connected to blood vessels and nerves.

Parts of hair:
1. Root: That was growing in the follicle.
2. Shaft: Middle of the length of hair.
3. Tip: The end of hair farthest away from root.

Types of Alopecia:
1. Alopecia areata
2. Alopecia totalis
3. Alopecia universalis

Causes:
Infections- Dermatophytooses, Bacteria, Spirochetal
Chemicals and drugs- Thallium, heparin, cancer chemotherapeutic compounds, hypervitaminosis Endocrinopathy- Hypo and hyperthyroidism

Physical agents- Mild trauma, epilating, dose of X-ray
Serious systemic disease- SLE, Lymphoma

CLINICAL FEATURES:
Patchy hair loss – round smooth and bare patches vary in size.
Exclamation mark hairs - These hairs get narrower at the bottom like exclamation mark.
Widespread hair loss – this is uncommon.
Nail problems- Alopecia areata affects fingernails and toenail

INVESTIGATIONS:
1. Hormone levels
2. Serum ions and ferritin
3. Thyroid levels
4. VDRL
5. CBC
6. Scalp biopsy

THERAPEUTICS:
1) Arsenic album – touching the hair is painful. Bald patches at or near the forehead. Burning itching eruptions all over the scalp. Falling of hair in circular patches.

2) Calcarea carb- Hair falls out specially when combing. Dryness of hairs, Great sensitiveness of scalp with yellowish and white patches, sensation of coldness of outer hairs. Scales are dry and tenacious.


4) Baryta carb- Baldness especially in young people scalp is sensitive to touch. Aggravation from scratching.
5) Nat.mur. - Dry tough eruptions specially in the margins of hairs. White scaly dandruff, drug has tendency to affect hair follicle and produce alopecia.

6) Lycopodium - Excessive falling of hair after severe abdominal disease. Excessive burning all over the scalp and itching of scalp. Eruptions on back of the head. Hair loss in children and old people.

7) Phosphoric acid - Greying of hair with alopecia, hair falls out easily. Quality of hair is low who show diffuse hairloss.

8) Phosphorus - Copious dandruff of scalp, hair falls out in large bunches, round patches on scalp, falling of hair specially on forehead.

Specific medicines like Wisbaden, pix liquida and Kali Sulph can be used.

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Kent's Repertory

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COMMON AILMENTS DURING PREGNANCY AND IT'S HOMOEOPATHIC MANAGEMENT

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K.E.S.C.H.K. H.M.C. ALIBAG.

Introduction:
Pregnancy though an interesting time for most women, can also involve a great deal of stress. Many emotional, hormonal, and physical changes take place as the body grows. Some of the important ailments that occur during pregnancy are PIH (pregnancy induced hypertension), Hyperemesis gravidarum, Pre-eclampsia, eclampsia, Constipation, varicose veins etc.

AILMENTS DURING PREGNANCY

MAJOR AILMENTS:

- Hyperemesis gravidarum (HG):
  It is a condition characterised by severe nausea, vomiting, weight loss and electrolyte disturbance.

  Signs and symptoms of HG:
  - Severe nausea and vomiting
  - Food aversions
  - Weight loss of 5% or more of prepregnancy weight
  - Decrease in urination
  - Dehydration
  - Headache
  - Confusion
  - Fainting
  - Jaundice
  - Extreme fatigue
  - Low blood pressure
  - Secondary anxiety/Depression

  PIH (pregnancy induced hypertension):

Classification:

A. Pregnancy induced hypertension with proteinuria and/or oedema:
   - Pre-eclampsia
   - Eclampsia

B. Pregnancy induced hypertension without proteinuria and/or oedema
   - Gestational hypertension

Aetiology:

1. Placental toxin theory: Toxic substances from infarcted placenta causes PIH
2. Intestinal toxin theory: Protein derivatives are the factors which may aggravate PIH
3. Water poisoning and excess ADH
4. Hypoproteinemia theory
Menotoxin theory: Fall of oestrogen, progesterone liberates menotoxin from placenta.

Endocrine dysfunction and placental insufficiency: Showed decreased maternal, placental blood flow to 1/3 in PIH. Placental insufficiency causes less production of enzyme inactivating pressure amines.

**CLINICAL FEATURES:**

Clinical features of pre-eclampsia:
- Two important signs of pre-eclampsia
  1. Hypertension
  2. Proteinuria

Symptoms of pre-eclampsia:
- Headache
- Visual disturbance
- Epigastric pain

**CLINICAL FEATURES OF ECLAMPSIA:**

Eclampsia is characterised by generally tonic clonic convulsions that develop in some women with PIH. An eclamptic fit may consist of four stages as follows:
- Premonitory stage: Head drawn to one side & there are twitching of hands and face with rolling of eyes. Patient lies unconscious. Stage lasts for about ½ a minute
- Tonic stage: Entire body lies in the state of spasm and rigidity with clenching of hands. Respiration ceases. Tongue protrudes between teeth. Patient becomes markedly cyanosed. It lasts for about ½ a minute.
- Clonic stage: Convulsions occur, muscles of body spasmodically contracts and relaxes. Bitting of tongue may occur. Blood stained froth appears. Slight respiratory depression. Cyanosis gradually vanishes up, stage lasts for 1 min or more
- Stage of coma: It is variable from slight to deep and prolonged one

**INVESTIGATIONS:**

Following investigations can be performed in patients suffering from PIH:
- Complete blood count
- Urine examination: Routine and microscopic for proteinuria. In PIH proteinuria can rise
- In several cases following additional test can be done: Ophthalmoscopic examination
  - Serum uric acid level
  - Serum urea
  - Serum creatinine
  - Serum SGPT

To note the degree of anaemia:

Estimation of:
- Haemoglobin
- Total red cell count
- Determination of packed cell volume

Mild - between 8-10 gm%  
Moderate - 6.5 to less than 8gm %  
Severe - Less than 6.5gm %

**COMPLICATIONS OF SEvere ANEMIA**

During pregnancy:
- Preeclampsia related to malnutrition and hypoproteinamia
- Intercurrent infection
- Heart failure at 30-32 weeks of pregnancy
- Preterm labour
  - During labour:
    - Uterine inertia
    - Postpartum haemorrhage is a real threat
  - Cardiac failure
- Shock
  - Puerperium:

There is increased chance of:
- Puerperal sepsis
- Subinvolution
- Failing lactation
IV. Puerperal venous thrombosis
V. Pulmonary embolism

THERAPEUTICS

a. Pre-eclampsia & eclampsia in pregnancy:
   Aconitum napellus:
   Caused by exposure to cold, dry weather, draught of cold air, check perspiration characterised by:
   Inflammatory condition that can be suited for both pre-eclampsia and eclampsia. Onset is acute, sudden and violent of convulsion.
   Aethusa cynapium:
   Cause due to poor blood circulation to brain, anxiety. Characterised by anxiousness, and
   violent spasms, eyes turned downwards, with squinting of eyes.

b. Anaemia:
   Ferrum metallicum: Indicated in iron deficiency, weakness from mere speaking or walking
   though looking strong, pallor of skin, mucus membrane. Face alternating with flushes.
   Natrum muriaticum.
   The prolonged taking of excessive salt causes profound nutritive changes to take place in the
   system and an alteration in the blood, causing a condition of anaemia.
   Cinchona officinalis:
   Indicated in debility with nervous erethism. Periodicity is most marked. Sensitive to draught,
   dizzy when walking, hungry without appetite, labored, low respiration, rapid but weak pulse.

Great debility

C) Constipation:
   Alumina:
   Treats cases where the straining is marked symptom and even of stool requires great
   straining, to be evacuated.
   Bryonia:
   It is of great help in treating dry, hard and large stools as if burnt. Constipation is due to
   severe dryness of mucus membranes.

   c) Hyperemesis gravidarum:
   Arsenicum album:
   Caused mainly due to anxiousness of the patient
   and hormonal imbalance due to pregnancy.
   Severe burning in the whole digestive tract, stomach is oversensitive.
   Phosphorus:
   Indicated in Severe vomiting and belching. Even
   water is thrown off as soon as it gets warm,
   nervous spasms of the cardiac opening of
   stomach. Therefore anything which reaches the
   stomach regurgitated as the pylorus goes into
   spasm.
   Specific medicine like Symphoricarpus Racemosa
   can be used.

Conclusion:
Ailments during pregnancy are common and
result in large no. of maternal deaths. So it
becomes necessity to prevent the risks and treat
this disorders so that the mortality rate will be
decreased. Homoeopathy shows wide range of
action in various ailments during pregnancy.
Troubles during pregnancy we can treat without
any side effect by using Homoeopathy and the
tendency having repeateadly eclamptic or pre-
eclamptic state can be corrected.

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