

# HOMOEOPATHY

*it's*

## Fundamentals

*and*

## Treatment

**Comprehensive Homeopathic Therapeutics  
with Notes on Disease Diagnosis  
and Management**

A glass dropper with a drop of liquid falling into a glass bottle, surrounded by white pills and a daisy flower.

**Dr K.P. Muzumdar**

# HOMOEOPATHY

## It's Fundamentals and Treatment

***Dr K.P. Muzumdar***

*B. Sc., D.M.S., M.B.S., M.F. Hom (Malaysia)*

*Emeritus Professor, Dr Babasaheb Ambedkar Marathwada University,*

*Hon. Visiting Professor Shri. Kamakshidevi Homoeopathic*

*Medical College & Hospital,*

*Shiroda, Goa.*

*Formerly*

*Director National Institute of Homoeopathy, G.O.I., Kolkata.*

*Director Central Research Institute of Homoeopathy, G.O.I., Kolkata.*

*Chairman Homoeopathic Pharmacopoeia Committee, G.O.I.*

*Visiting Professor Manitoba Institute of Homoeopathy, Winnipeg,*

*Manitoba, Canada.*



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# *Preface*

I am not aware of any one single book dealing with both the philosophy and treatment part in homoeopathy. In fact, there are many books written by writers of repute in each of these subjects separately. I have included the fundamentals of homoeopathic philosophy to as much extent as is required in practice. This will make the book look more complete.

Although surgery does not fall within the ambit of the book, but then there are topics which can come under so-called pseudo-surgical conditions which we see in practice and need our help. Therefore, a full chapter on '*Surgical Conditions*' is added. Similarly, chapters on *Haemopoetic System*, *Ophthalmic Conditions*, *Ear and Hearing*, *Nose and Throat*, *Teeth and Gums*, *Psychological Disorders*, have been incorporated.

Dr (Mrs) Alpana Nabar L.C.E.H., my daughter and Dr Mandar Patwardhan B.H.M.S. (Gold Medalist), both my students at the college in Mumbai have assisted me in the completion of this edition. I am grateful to them for their efforts. I have requested them to subsequently continue to edit in future any editions under their supervision.

The students and practitioners are requested to enrich this book by adding their experiences from time to time, whose contribution will be gratefully acknowledged.

*Dr K.P. Muzumdar*

# *Acknowledgement*

When I decided to write this textbook on homoeopathic fundamentals and therapeutics, many of my colleagues and well wishers offered to help me in collecting the data, correcting it and putting into shape. This was a maiden effort on my part to present a textbook in homoeopathic fundamentals and therapeutics to the students and practitioners of homoeopathy which was not available in one place.

Notably, I must mention two names – Dr Mandar Patwardhan, B.H.M.S., who was my assistant for sometime now and a valued colleague. He was responsible for going through the manuscript and suggesting improvements wherever they were required. The other name is Dr (Mrs) Alpana Nabar, whom I requested to supervise the production to the point of its publication. I commend their efforts.

I am greatly indebted to all of them.

# *Introduction*

Our approach to the subject of medicine has changed considerably due to the changes in concepts, continuous research and development in teaching techniques and the newer knowledge being continuously added to the subject. The concept of *contraria contrariis* does not hold good in toto any more in modern or conventional medicine in all cases. There does not seem to be any fixed principle for the treatment of disease and their treatment is mostly disease oriented that is, unless you diagnose a disease condition, or determine the causative organism, or understand the patho-physiology, curative treatment is not possible.

Similarly, although there is no change in homoeopathic principles as practiced and advocated by Hahnemann, there has been an increase in the number of proved drugs and the techniques in its proving, knowledge in biochemistry and techniques in pharmaceutical science, understanding of human physiology and pathology. All these changes have made us take a fresh look at the therapeutic aspect of the science. The fixed principle of homoeopathic practice still remains as – ‘*Let likes be treated by likes*’. With this in view, a the concept revolves round the patient. The treatment therefore is oriented around the patient rather than around the disease unlike conventional medicine. In other words, *homoeopathy treats the patient and not the disease*.

No doubt, we value our old literature, our elders and their wisdom, but we have to change our philosophical thinking to accommodate the newer additions or changed thinking. What we are taught and what we read presently in terms of homoeopathic therapeutics needs a second look. Therapeutics is described in all the standard books of today, a list of drugs and their symptoms alphabetically arranged under a disease condition. That does not give adequate understanding to the reader. In fact, therapeutics should be based upon the different phases of the disease expressed by the patient as they appear during the course of that condition.

I have, therefore, tried to modify the concept of treatment on those lines. A case is received by the physician with all its signs and symptoms which

assist a reader to recall remedies in the materia medica; mental assessment of the patient in terms of its miasmatic status, and co-relation of the signs that are gathered on examination of the patient, in fact what exactly one would be doing in practice or at the bedside. It is only then one would try to fix the phase of the disease, select the remedy on getting this additional information of signs and symptoms and data from his questioning and examination of the patient. He can analyze and synthesize the case to prepare his disease totality and find an appropriate remedy. The diagnosis or the name of the disease of the presenting complaints has been given to assess the prognosis, diet, etc, of the patient. This will also help in differential diagnosis.

Homoeopathic therapeutics is a very vast subject and a case needs to be considered from different angles. Although totality is very ideal, a case can be studied from different approaches like – *causation, characteristic modalities, miasmatic consideration and uncommon signs and symptoms*. The remedies mentioned for various conditions in the text are gross which have pathogenesis similar to the disease condition. Sound knowledge of the natural history of the diseased state, materia medica and the repertory is therefore essential.

In this treatise, I have considered those conditions which are frequently met with in practice and which are amenable to homoeopathic medical treatment. But there are a few conditions which appear incurable, but are often resolved with success with homoeopathic medicines. Many uncommon conditions have been left out or those needing surgical intervention have not been considered. One should remember that there have been cases requiring surgical intervention that have been resolved through homoeopathic treatment, without the use of a knife. Similarly, many uncommon conditions have been treated by homoeopathy otherwise thought to be incurable which have shown miraculous cures in the hands of an artistic homoeopath.

Since the treatment is patient oriented, diseases present different expressions resulting into different remedies. It is not possible to give different remedies or a group of remedies at one time. Remedies cited under each condition are those which are common in pathogenesis to the presenting disease state. It is possible to have remedies other than those described in the text depending upon the experience of different physicians. It is possible that different physicians may have different experiences with remedies, but by and large, the basic remedies remain the same.

# *Publisher's Note*

Late Dr K. P. Muzumdar was a great friend and scholar who contributed to the growth of homoeopathy in India during the very initial years of its establishment as a medical science. Dr Muzumdar taught in Bombay Homoeopathic Medical College, Nehru Homoeopathic Medical College, Delhi and also served as a Director at N.I.H., Kolkata and C.C.R.H., New Delhi. His services at all these places are remembered with appreciation by all colleagues and students.

This book is his masterpiece which was submitted for publication in his last days. It is a compilation of all his experience and learning which he gathered in his practice of more than four decades. He was a master of therapeutics and the book is a collection of his teachings. We regret that the book could not see the light of day before his demise as it was in the editing stage when he passed away.

The book is a complete book on therapeutics for today's time. The first chapter deals with the philosophy and principles of homoeopathy in appropriate details introducing the subject to all – practitioners, students and laymen. Thereafter, the book covers more than 270 clinical conditions from the aspect of signs and symptoms, suggested investigations, prognosis, prevention and homoeopathic therapeutics. The advantage of this book over others is the vast number of diseases covered and the presentation of the clinical picture of the disease condition as per the latest finding of internal medicine.

It is a highly recommended book for students and laymen as it discusses the common ailments comprehensively and thus prepares them to be more equipped for dealing such problems. The author has limited the number of drugs in therapeutics to the most important ones. One of the highlights of this book is the differential analysis of the various drugs.

For practitioners, it gives a brief of the said disease besides giving appropriate and prominent therapeutics at a glance. Thus, it can be called as a modern format of Lilienthal's work on therapeutics.

**xii** *Homoeopathy – It's Fundamentals and Treatment*

Dr Muzumdar took extensive pains in compiling the true essence of his in-depth knowledge and mastery over the subject. This book goes down as his last monumental work and the best of his life.

**Kuldeep Jain**

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# *Contents*

<i>Preface</i>	<i>v</i>
<i>Acknowledgement</i>	<i>vii</i>
<i>Introduction</i>	<i>ix</i>
<i>Publisher's Note</i>	<i>xi</i>
<b>1. THE FUNDAMENTALS</b>	<b>1</b>
<b>History of Homoeopathy</b>	<b>3</b>
<b>Principles of Homoeopathy</b>	<b>4</b>
<b>Concept of Disease and Constitution as Understood in Homoeopathy</b>	<b>6</b>
<b>Case Receiving, Evaluation and Analysis</b>	<b>7</b>
<b>Susceptibility</b>	<b>18</b>
<b>Homoeopathic Posology</b>	<b>19</b>
<b>Second Prescription</b>	<b>26</b>
<b>Constitution and Temperament</b>	<b>27</b>
<b>Miasms – A Practical Approach</b>	<b>29</b>
<b>2. CARDIOVASCULAR SYSTEM</b>	<b>37</b>
<b>Diseases of the Heart</b>	<b>39</b>
Acute Pericarditis	40
Acute Endocarditis	41
Angina Pectoris	43
Myocardial Infarction	45
Acute Rheumatic Fever	47
Hypertension	51
Mitral Stenosis	56
Mitral Regurgitation	57
Cardiac Dilatation	58
Hypertrophy of the Heart	60
Cardiac Arrest	61
<b>Diseases of Arteries and Veins</b>	<b>61</b>
Intermittent Claudication	61
Raynaud's Disease	63
Buerger's Disease	64

Dry Gangrene	65
Bedsore	67
Varicose Veins	69
Thrombophlebitis	71
Phlebothrombosis or Deep Vein Thrombosis	72
Superficial Thrombophlebitis	72
<b>3. DERMATOLOGY</b>	<b>75</b>
<b>Characteristic Expression of The Psoric Miasm in Skin Conditions</b>	<b>77</b>
Pruritus	78
Urticaria	80
Measles	82
Scarlatina or Scarlet Fever	84
Dermatitis or Eczema	85
Acne Vulgaris	89
<b>Characteristic Expression of the Sycotic Miasm in Skin Conditions</b>	<b>91</b>
Endogenous Eczema or Atopic Dermatitis	91
Exfoliative Dermatitis	93
Seborrhoeic Dermatitis	94
Psoriasis	95
Shingles or Herpes Zoster	97
Scabies	98
Warts	100
Tinea Circinata or Common Ringworm	101
<b>Characteristic Expression of the Tubercular Miasm (Pseudo-psora) in Skin Conditions</b>	<b>103</b>
Contact Dermatitis	103
Pityriasis Rosacea	104
Thrombophlebitis or Varicose Ulcers	105
Impetigo Contagiosa	107
Leprosy	108
Pemphigus	109
Lichen Planus	110
Urticaria	111
<b>Characteristic Expression of the Syphilitic Miasm in Skin Conditions</b>	<b>113</b>
Gangrene	113
Raynaud's Disease	114

<b>4. BONES, JOINTS AND CONNECTIVE TISSUES</b>	<b>117</b>
Acute Osteomyelitis	119
Osteoporosis	120
Osteomalacia	121
Olecranon Bursitis	122
Frozen Shoulder	123
Acute Rheumatism or Acute Rheumatic Fever	124
Rheumatoid Arthritis	125
Osteoarthritis	128
Low Back Pain or Lumbago	131
Cervical Osteoarthritis or Spondylosis	133
Reactive Arthritis or Reiter's Syndrome	134
Injuries of Bones and Joints	135
Fracture	135
Bone Tumour	139
<b>5. EYES</b>	<b>141</b>
Blepharitis	143
Acute Conjunctivitis	145
Granular Lids or Trachoma	147
Stye	148
Corneal Ulcer	149
Chalazion	151
Acute Iritis	152
Acute Glaucoma	153
Acute Keratitis	156
Chronic Dacryocystitis	157
Cataract	158
Nystagmus	160
Myopia	161
Hypermetropia	162
Diplopia	163
Detachment of Retina	164
Strabismus or Squint	165
Acute Optic Neuritis	167
<b>6. FEMALE REPRODUCTIVE SYSTEM</b>	<b>169</b>
<b>Gynaecology</b>	<b>171</b>
Amenorrhoea	172
Dysmenorrhoea	176

**xvi** *Homoeopathy – It's Fundamentals and Treatment*

Menorrhagia	180
Metrorrhagia	181
Premenstrual Syndrome or Premenstrual Tension	183
Polycystic Ovarian Syndrome	185
Leucorrhoea	186
Vaginitis	187
Cervicitis	189
Endometriosis	190
Uterine Fibroid	192
Invasive Cervical Carcinoma	194
Acute Pelvic Inflammatory Disease	195
Chronic Pelvic Inflammatory Disease	197
Menopause	198
Vulvovaginitis	199
Acute Salpingitis	201
<b>Obstetrics</b>	<b>202</b>
Morning Sickness	202
Constipation Of Pregnancy	203
Varicose Veins	204
Antepartum Haemorrhage	205
Postpartum Haemorrhage	207
Eclampsia	208
Threatened Abortion	210
<b>7. MALE REPRODUCTIVE SYSTEM</b>	<b>213</b>
Simple Benign or Senile Enlargement of the Prostate	215
Benign or Malignant Growth of Prostate	216
Prostatitis	217
Orchitis or Epididymo-orchitis	218
Hydrocoele	219
Erectile Dysfunction or Impotence	220
<b>8. ENDOCRINE GLANDS AND METABOLISM</b>	<b>223</b>
Simple Goitre	226
Hyperthyroidism	227
Hypothyroidism	229
Gout	230
Diabetes Mellitus	232
<b>9. NERVOUS SYSTEM</b>	<b>237</b>
Headache	239
Trigeminal Neuralgia	242

Nystagmus	244
Migraine	245
Motion Sickness	247
Meniere's Syndrome or Otosclerosis	248
Coma	249
Epileptic Seizures	251
Febrile Convulsions	253
Meningitic Syndrome	255
Disc Disease or Sciatica	257
Stroke	258
Bell's Palsy	260
Cervical Spondylosis	261
Myesthenia Gravis	262
Multiple Sclerosis or Disseminated Sclerosis	263
Acute Poliomyelitis	264
Alzheimer's Disease	266
<b>10. EARS AND HEARING</b>	<b>267</b>
<b>General Considerations</b>	<b>269</b>
<b>Common Clinical Features</b>	<b>269</b>
Earwax	270
Otalgia	271
Furunculosis	271
Acute Otitis Media	272
Labrynthitis	275
Acute Mastoiditis	275
Acute Eczematous Otitis Media	277
Rupture of Tympanic Membrane	278
Deafness	279
Tinnitus	281
Vertigo	282
Motion Sickness	283
Auditory Hallucinations	284
<b>11. FEVER</b>	<b>287</b>
<b>Definition</b>	<b>289</b>
<b>Types of Fever</b>	<b>289</b>
<b>Causes of Fevers</b>	<b>290</b>
<b>Symptoms of Fever</b>	<b>291</b>
<b>Investigations</b>	<b>291</b>
<b>Management and Treatment</b>	<b>292</b>

<b>Diet</b>	<b>296</b>
Simple Fever	297
Fever from Sudden Change in Weather	298
Measles	301
Chickenpox or Varicella	302
Dengue Fever	304
Influenza Fever	305
Typhoid Fever	306
Whooping Cough	308
Mumps	309
Diphtheria	310
Malarial Fever	311
Cerebrospinal Fever	313

**12. GASTROENTEROLOGY** **315**

<b>Common Symptoms of Gastrointestinal Disorders</b>	<b>317</b>
Stomatitis	318
Chronic Oesophagitis	320
Acute Dyspepsia	322
Acute Gastritis	324
Ulcer in The Stomach	326
Acute Peptic Ulcer	327
Chronic Gastric Ulcer	329
Carcinoma of Stomach	331
Chronic Duodenal Ulcer	333
Hepatitis	335
Acute Liver Disease	338
Cirrhosis of the Liver	338
Biliary Colic	340
Acute Cholecystitis	341
Chronic Cholecystitis	343
Acute Pancreatitis	344
Chronic Pancreatitis	345
Ascites	346
Acute Appendicitis	347
Intestinal Colic	348
Small Intestinal Obstruction	349
Intussusception	350
Ulcerative Colitis	351
Irritable Bowel Syndrome	353

Partial Prolapse of Rectum	356
Ano-rectal Abscess	358
Anal Fissure	358
Fistula-in-ano	359
Haemorrhoids	361
Constipation	363
Cholera	365
Acute Amoebic Dysentery	366
Acute Bacillary Dysentery	367
Infantile Diarrhoea	369
<b>13. GERIATRIC MANAGEMENT</b>	<b>371</b>
<b>Gerontology</b>	<b>373</b>
<b>Pathogenicity of Some Homoeopathic Remedies</b>	
<b>Used in Geriatrics</b>	<b>377</b>
Atrophy of Skin	380
Angina Pectoris	381
Benign Enlargement of Prostate Gland	382
Delayed Union of Fracture	384
Deafness	384
Alzheimer's Disease	385
<b>14. HAEMOPOIETIC SYSTEM – BLOOD</b>	<b>389</b>
Anaemia	391
Acute Leukaemia	398
Scurvy	400
Haemophilia	402
Splenic Disease	403
Lymphadenoma or Hodgkin's Disease	404
<b>15. KIDNEYS AND URINARY TRACT</b>	<b>407</b>
<b>General Consideration</b>	<b>409</b>
Acute Nephritis	409
Nephritic Syndrome	411
Urinary Tract Infection	413
Cystitis	413
Renal Colic	416
Pyelonephritis	418
Urethritis	419
Retention of Urine	421
Suppression of Urine or Anuria or Oliguria	422

## **xx** *Homoeopathy – It's Fundamentals and Treatment*

Incontinence of Urine	424
Increased Frequency of Micturition	425
Nocturnal Enuresis	427
Haematuria	428
<b>16. PAEDIATRICS</b>	<b>431</b>
Marasmus	434
Kwashiorkor	436
An Abusive, Uncivil Child	438
Rickets	439
Scurvy	440
Nocturnal Enuresis or Bedwetting	441
Colic	443
Attention Deficit Disorder	444
Delayed Teething	449
Febrile Convulsions During Dentition	450
Dentitional Diarrhoea	452
Acute Rheumatic Fever	453
Diphtheria	456
Acute Epidemic Parotiditis or Mumps	459
Whooping Cough	461
Acute Catarrhal or Dyspeptic Diarrhoea	464
Infantile Inflammatory Diarrhoea or Enterocolitis	464
Epidemic Diarrhoea	464
Infantile Diarrhoea	464
Worm Infestation	466
Thrush or Parasitic Stomatitis	468
Meningitis	469
Viral Encephalitis	471
Tuberculous Meningitis	471
Acute Bronchopneumonia	472
Measles and chickenpox	473
Emotional Illnesses	473
Tantrums	480
Hypochondriasis	481
<b>17. PREVENTION OF DISEASES AND PROPHYLAXIS</b>	<b>483</b>
<b>Importance of Prevention and Prophylaxis</b>	<b>485</b>
<b>Prophylaxis and Homoeopathy</b>	<b>486</b>
<b>Some Prophylactic Measures</b>	<b>489</b>



<b>18. RESPIRATORY SYSTEM</b>	<b>493</b>
<b>Cardinal Symptoms of Respiratory Diseases</b>	<b>495</b>
Acute Coryza or Common Cold	497
Sinusitis	499
Rhinitis	501
Nasal Polyp	502
Acute Pharyngitis	503
Nasopharyngeal Adenoids	504
Acute Tonsillitis	505
Influenza	507
Acute Bronchitis	509
Dry Pleurisy	511
Whooping Cough or pertussis	512
Pleurisy with Effusion	514
Acute Lobar Pneumonia	515
Bronchopneumonia	521
Bronchial Asthma	522
Chronic Bronchitis	528
Pulmonary Tuberculosis	530
Hydrothorax	534
Fibroid Lung	535
Diffuse Fibrosis of the Lungs	535
<b>19. TEETH AND GUMS</b>	<b>537</b>
<b>Teeth Ailments</b>	<b>539</b>
Teething Ailments	539
Toothache	544
Dental Caries	546
Prophylactic Measures Before an Extraction	547
<b>Gum Ailments</b>	<b>548</b>
Bleeding Gums	548
Gingivitis	549
Pyorrhoea Alveolaris	550
<b>20. PSYCHOLOGICAL DISORDERS</b>	<b>553</b>
<b>Introduction</b>	<b>555</b>
<b>Causes of Psychiatric Disorders</b>	<b>555</b>
<b>Signs and Symptoms of Psychiatric Disorders</b>	<b>556</b>
<b>Common Minor Mental Ailments</b>	<b>557</b>
Moods	557
Anxiety – Anxiousness	559

**xxii** *Homoeopathy – It's Fundamentals and Treatment*

Anxiety Neurosis	561
Hysteria	565
Schizophrenia	570
Obsessive Compulsive Neurosis	571
Paranoia	573
Alcoholism, Drug Addiction or Delirium Tremens	575
Puerperal Mania	579
Melancholia	581
Dementia	582

**21. SURGICAL CONDITIONS** **585**

**Introduction** **587**

**Some Common Surgical Conditions** **589**

Wounds	589
Fracture	592
Cellulitis	595
Erysipelas	597
Boil or Furuncle	598
Carbuncle	600
Abscess	602
Moist Gangrene	605
Burns	607
Ulcers	611
Rodent Ulcer (Basal Cell Carcinoma)	615
Shock	616
Tetanus	619
Varicose Veins	621
Thrombophlebitis	623
Deep Vein Thrombosis	624
Lymphadenitis	625
Ganglion	627
Carpal Tunnel Syndrome	628
Sciatica	630
Tumours	632
Ailments of Breasts	640

**22. INDEX** **647**



# 2

CHAPTER

# Cardiovascular System

## Diseases of the Heart

- Acute Pericarditis
- Acute Endocarditis
- Angina Pectoris
- Myocardial Infarction
- Acute Rheumatic Fever
- Hypertension
- Mitral Stenosis
- Mitral Regurgitation
- Cardiac Dilatation
- Hypertrophy of the Heart
- Cardiac Arrest

## Diseases of Arteries and Veins

- Intermittent Claudication
- Raynaud's Disease
- Buerger's Disease
- Dry Gangrene
- Bedsores
- Varicose Veins
- Thrombophlebitis
- Phlebothrombosis or Deep Vein Thrombosis
- Superficial Thrombophlebitis

# Cardiovascular System

## DISEASES OF THE HEART

### Symptoms

**Dyspnoea:** It is awareness of breathlessness. It can be because of cardiac or respiratory causes. It can also be a symptom in healthy persons during exercise. It is clinically valuable to grade dyspnoea by the amount of physical exertion possible before breathlessness occurs; for example, climbing 14 stairs or walking 200 yards flat.

**Orthopnoea:** It is a form of breathlessness that is experienced by the patient on lying down. This happens because lying flat results in redistribution of blood leading to increased central and pulmonary blood volume.

**Chest pain:** It is gripping or crushing central chest pain or discomfort that may be felt around the whole chest or deep within the chest.

**Palpitation:** It is the increased awareness of the normal heartbeat, or the sensation of slow or rapid heart rate, or an irregular heart rhythm.

**Syncope:** It is due to many causes. Cardiovascular syncope is usually sudden and brief. Without warning, the patient falls on the ground, pale and deeply unconscious. The pulse is usually slow and at times absent. In a few seconds, the patient flashes back, recovers from unconsciousness and the pulse quickens. Cardiac arrhythmia or valvular or vascular obstruction may be present.

**Fatigue:** This tiredness and lethargy is associated with heart failure, persistent cardiac arrhythmia or cyanotic heart disease. It is due to poor oxygenation, or cerebral or peripheral perfusion.

**Oedema:** Heart failure results in salt and water retention and this retained fluid accumulates in the limbs in the ambulant patient and in the sacrum in the bed-bound patients.



## ACUTE PERICARDITIS

*Patient presents with raised temperature and is in evident distress. Pericardial friction sound is audible. The condition is ACUTE PERICARDITIS.*

On examination, we find that the precordial area of dullness is increased, the shape of dullness being pyramidal with the apex upwards. This condition is found associated with many acute diseases, specially rheumatic fever. This fever can come insidiously without pain or dullness. Typical constitutional symptoms are present like, anxiety, a distressing look, puffiness of the face, not amounting to oedema, rapid pulse, fever, rapid breathing and pain in the left chest.

### Management and Treatment

The most common remedies that come to our mind at this point are *Aconitum napellus*, *Arsenicum album* and *Apis mellifica*.

**Aconitum napellus** has great fear, anxiety and distress seen on the face; fear of death. This ailment may even start with fear. Heart pains radiate to the left shoulder with tachycardia and palpitation. Pulse is fast, full, hard and bounding. Oppression and anxiety about the heart.

In **Arsenicum album**, restlessness and anguish is the character. Pain in the cardiac region; extending upto the neck and occiput with anxiety. Pulse is more rapid in the morning; palpitation is worse lying on the back and while ascending steps. Visible pulsations and audible beats. Mostly suits smokers or tobacco chewers. Pericarditis after suppression of measles.

**Apis mellifica** patient is fussy and fidgety. Chest feels beaten and bruised. Heartbeats shake the whole body. Stitching pains, travel backwards from the apex. Palpitation of the heart from scanty secretion of urine. The pulse is hard, small, intermittent and quick, but weak; often associated with organic heart disease. Blowing sound with diastole.

During the second stage which follows in a day or two, effusion, pain and tenderness diminish. Breathlessness and other symptoms continue –

breathing becomes panting. Cough becomes more troublesome – there is a panting, short, dry cough with suprasternal pain. In this stage too, *Apis mellifica* still remains an indicated remedy.

**Colchicum autumnale** suits complaints of old people. Asthmatics; suits a gouty constitution and uric acid diathesis. There is anxiety in the region of heart; pressure and oppression. Heart sound becomes weaker and the pulse is of low tension. Cutting and stinging pains in heart region. Pulse is thready and imperceptible. Pericarditis with severe pain and dyspnoea; with effusion.

**Kalium carbonicum** mind is full of fear and imagination, particularly when alone. Patient is very anxious about the disease condition. Violent palpitation on least effort, shakes the whole body; throbbing, extending to the tip of the fingers. Heart pains radiate to the left shoulder, associated with arrhythmia. Weak, rapid pulse that intermits.

**Spigelia anthelmia** is specially adapted to anaemic, debilitated and rheumatic constitutions. Violent palpitations, audible and accompany symptoms of other diseases as well. Violent sticking and/or compressive pains radiating to arms, throat and scapula. Patient craves hot water that relieves. Rheumatic carditis, trembling pulse and the whole left side is sore. Precordial pains are aggravated by movement.

**Digitalis purpurea** is for heart conditions with a slow, irregular or intermittent pulse, but quickened by least movement. Pericarditis with copious serous exudation. Constant pain or anguish in the region of heart. Keynote is sudden sensation, as if the heart stood still.

Duration and course of pericarditis varies widely, but the average is about two to three weeks. It may undergo resolution with or without the formation of adhesions.



## ACUTE ENDOCARDITIS

*The patient is an elderly person who is pale, often anaemic and ill. He intermittently complains of pyrexia, myalgia and arthralgia. The persistence of fever and development of heart murmurs after an acute suppurative illness like pneumonia or meningitis, suggests ACUTE ENDOCARDITIS.*

## Management and Treatment

Clinically, this endocarditis could be subacute endocarditis but for the purpose of treatment, remedies remain the same as listed under acute pericarditis. Here we consider some more remedies with a sphere of action upon cardiac pathology.

**Aurum metallicum** and **Aurum muriaticum** should be considered usually when there is arteriosclerosis, high blood pressure and nocturnal paroxysms of pain behind the sternum. Presence of valvular lesions of arteriosclerosis, with a sensation of the heart having stopped beating for two or three seconds, followed by a sinking sensation behind the epigastrium. Violent palpitation and oppression of the heart. The pulse is rapid, feeble and irregular, with visible throbbing of the carotids.

**Kalmia latifolia** is a heart, nerve and rheumatic remedy. The action of the heart is tumultuous, rapid and visible. Anguish around the heart, fluttering of the heart with anxiety. Pains are sharp, burning and shooting, radiating to the left scapula. Palpitation, worse leaning forward. Often there is gouty and rheumatic metastasis of the heart. Tachycardia with pain. The salient features are wandering rheumatic pains which travel from above downwards. Tumultuous action of the heart and slow pulse.

**Spigelia anthelmia** has violent palpitations which are audible; symptoms of other diseases also present. Throbbing of carotids. Violent, sticking and compressive type of pains. Soreness and purring of the heart. Pulse is trembling. Rheumatic carditis. The whole left side is sore.

**Veratrum viride** has constant, dull, burning pain in the region of the heart. Beating of the pulse throughout the body; pulse is slow, soft and weak; irregular and intermittent. *Veratrum viride* is known to produce violent congestive conditions. It induces a fall in systolic and diastolic blood pressure. Paroxysms of auricular fibrillation.

After the treatment of endocarditis, a constitutional remedy should be prescribed to develop immunity.



## ANGINA PECTORIS

*A patient, post mid life is attacked by constrictive pain in the chest. The condition is ANGINA PECTORIS.*

Chest pain is the most classical symptom associated with ischaemia of the heart.

*Classical or Exertional angina* occurs after exertion, after a meal, in cold weather or while walking against the wind. It is aggravated by anger or excitement. Pain vanishes promptly when exertion stops.

*Decubitus angina* occurs when the patient lies down or takes a recumbent posture. It occurs in association with heart failure.

*Nocturnal angina*, wakes the patient from sleep. It may be provoked by vivid dreams. Patients with symptoms of critical coronary artery disease have this form of angina.

*Variant angina (Prinzmetal's angina)* has no obvious provocation. It occurs at rest, especially at night or in the early morning and is rarely induced by exertion. Women are more affected and there is an elevation of the ST segment during the attack.

*Unstable angina* includes angina of recent origin, angina at rest or pre-infarction angina.

### Management and Treatment

Remedies depend upon the expressions presented by the patient. It does not matter then what type of angina it is. General remedies that cover the pathogenesis of angina are:

**Amylenum nitrosum**, the most striking symptom is deep facial flushing and pulsations all over the body with palpitations of the heart. This is followed by drenching sweats. There is aching pain and constrictions around the heart with great anxiety. Ailments from contracted blood vessels. Precordial pain extends to the right arm. The pulse is strong and full.