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HomeoBuzz

CONTINUING MEDICAL INFORMATION

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Dear Readers,

The twenty-first century has brought us a lot of innovations, and we are now facing a new era, the era of great technological achievements. But how does technology influence our lives? Everything is developing with such an accelerated speed that one can hardly catch up with new trends. Some people might argue that living in such high-speed society might cause more harm than good as we are not used to living in such fast moving environment, which can generate a lot of pressure which leads to many health issues.

The use of computers and rapidly changing technology in the modern workplace has greatly increased the incidence of musculoskeletal disorders like cervical pain, low back pain, & carpal tunnel syndrome etc. Such young professionals often fall prey to excruciating awful pains & stiffness, muscle spasm and restricted joint mobility. Understanding the scenario, B. Jain Pharmaceuticals brings the prime solution through the congruous combination of homeopathic medicines in various potencies in **Omeo Spon-Dyl Drops**. **Omeo Spon-Dyl Drops** is indicated for the symptoms related to cervical & lumbar spondylitis. Adopting principles of good ergonomics can help to go a long way in preventing neck and back problems.

Omeo She Drops is another new product launched by B. Jain Pharmaceuticals for the females for whom menstruation becomes a challenge & suffers from pain every month when their menstruation cycle begins. Painful menstruation is estimated to occur in 20% to 90% of women of reproductive age. **Omeo She Drops** is indicated in painful menstruation associated with backache, nausea & vomiting.

So, let's celebrate Holi with the victory over the pain.

Kuldeep Jain
Chief Editor

Dear Doctors,

Cough is a predominant feature of respiratory infection and, in tuberculosis, is of prime importance for transmitting infection. Each year, we recognize World Tuberculosis Day on March 24. This annual event commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB). WHO reported that 10.4 million people fell ill with TB and there were 1.8 million TB deaths in 2015, making it the top infectious killer worldwide. This disease is deeply rooted in populations where human rights and dignity are limited. While anyone can contract TB, the disease thrives among people living in poverty, communities and groups that are marginalized, and other vulnerable populations.

Although most common symptom of tuberculosis is prolonged cough producing sputum, but it could be a symptom of an underlying condition or disease. The etiology of chronic cough is so diverse, that treatment needs to be directed to the specific etiology, rather than treating symptomatically by prescribing remedies or syrups for the same. The cough need to be treated as it may lead to sleep interruption, producing fatigue and impairing concentration and work performance.

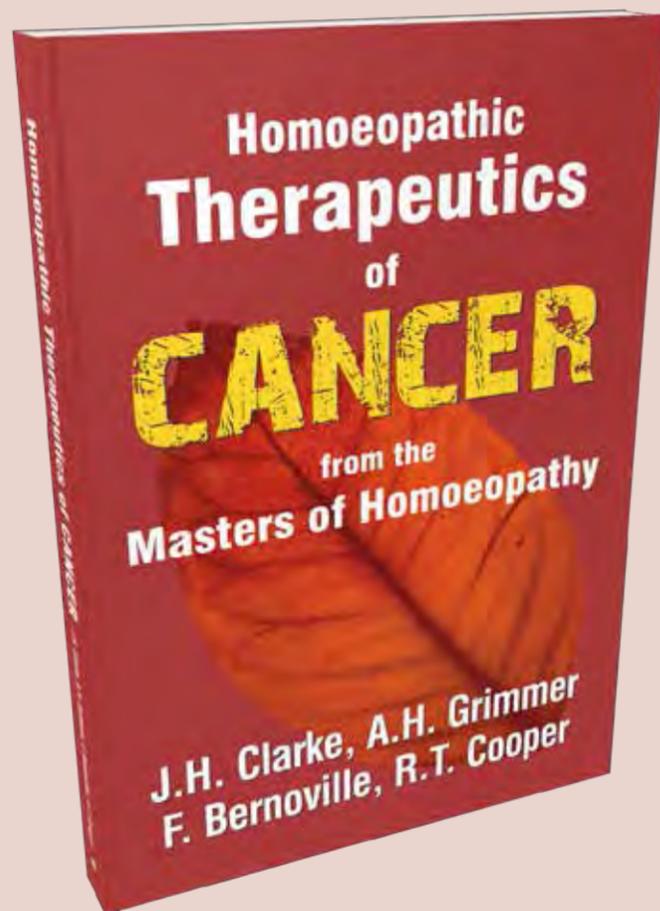
Convention medicine usually suppresses the symptoms leads to worsening of health. Homeopathy is evidently a best mode for treatment of cough. Homeopathy has upwards of 4000 medicines to choose from. To choose an individualised medicine, Homeopathy has many different solutions to each specific cough.

This issue is mainly focused on the types of cough and its homeopathic answer.

Dr. Sana Parveen
Editor

Revealing 'CAN' in Cancer

An authoritative compilation of the best research work and case studies of stalwarts with
The concept of Arborivital doses



ISBN: 978-81-319-1786-2 | ₹ 199 | 264 pp

- The books included in the compilation are: Therapeutics of Cancer by J. H. Clarke; Homoeopathic Treatment of Cancer by Fortier-Bernoville; Cancer articles by A.H. Grimmer; and R.T. Cooper's Cancer and Cancer Symptoms.
- The content in each introduction has been deliberately kept concise to facilitate the student in reading the section with interest.
- Each section begins with an introduction by the editor which is an effort to introduce the authors and their nature of work, to the reader in the simplest way possible.
- The concept of Arborivital doses introduced by Dr Cooper has also been given for study.

The literature of the past workers on the subject of Cancer was scattered all over which has been compiled to preserve the original work with all authenticity. The editor has collected the best research work and case studies on Cancer in an organized way for practitioners and students.

Cough performs an essential protective function for human airways and lungs. Without an effective cough reflex, we are at risk for retained airway secretions and aspirated material predisposing to infection, atelectasis, and respiratory compromise. At the other extreme, excessive coughing can be exhausting; can be complicated by emesis, syncope, muscular pain, or rib fractures; and can aggravate abdominal or inguinal hernias and urinary incontinence. Cough is often a clue to the presence of respiratory disease. In many instances, cough is an expected and accepted manifestation of disease, as in acute respiratory tract infection. However, persistent cough in the absence of other respiratory symptoms commonly causes patients to seek medical attention.

Origin	Common causes	Clinical features
Pharynx	Post-nasal drip	History of chronic rhinitis
Larynx	Laryngitis, tumour, whooping cough, croup	Voice or swallowing altered, harsh or painful cough Paroxysms of cough, often associated with stridor
Trachea	Tracheitis	Raw retrosternal pain with cough
Bronchi	Bronchitis (acute) and COPD Asthma Eosinophilic bronchitis Bronchial carcinoma	Dry or productive, worse in mornings Usually dry, worse at night Features similar to asthma but AHR absent Persistent (often with haemoptysis)
Lung Parenchyma	Tuberculosis Pneumonia Bronchiectasis Pulmonary oedema Interstitial fibrosis	Productive (often with haemoptysis) Dry initially, productive later Productive, changes in posture induce sputum production Often at night (may be productive of pink, frothy sputum) Dry and distressing
Drug Side-Effect	ACE inhibitors	Dry cough

(ACE = angiotensin-converting enzyme; AHR = airway hyper-reactivity; COPD = chronic obstructive pulmonary disease)

Based on Crompton GK. The respiratory system. In: Munro JF, Campbell IW. Macleod's clinical examination. 10th edn. Edinburgh: Churchill Livingstone; 2000 (p. 119); copyright Elsevier.



Impaired Cough

Weak or ineffective cough compromises the ability to clear lower respiratory tract infections, predisposing to more serious infections and their sequelae. Weakness, paralysis, or pain of the expiratory (abdominal and intercostal) muscles is foremost on the list of causes of impaired cough.

Cough strength is generally assessed qualitatively; peak expiratory flow or maximal expiratory pressure at the mouth can be used as a surrogate marker for cough strength.

Causes of Impaired Cough

1. Decreased expiratory-muscle strength
2. Decrease inspiratory-muscle strength
3. Chest wall deformity
4. Impaired glottic closure or tracheostomy
5. Tracheomalacia
6. Abnormal airway secretions
7. Central respiratory depression (e.g., anesthesia, sedation, or coma)

Symptomatic Cough

The cough of chronic bronchitis in long-term cigarette smokers rarely leads the patient to seek medical advice. It lasts for only seconds to a few minutes, is productive of benign-appearing mucoid sputum, and generally does not cause discomfort.

Cough may occur in the context of other respiratory symptoms that together point to a diagnosis; for example, cough accompanied by wheezing, shortness of breath, and chest tightness after exposure to a cat or other sources of allergens suggests asthma.

At times, however, cough is the dominant or sole symptom of disease, and it may be of sufficient duration and severity that relief is sought. The duration of cough is a clue to its etiology.

Acute cough (<3 weeks) is most commonly due to a respiratory tract infection, aspiration, or inhalation of noxious chemicals or smoke. Subacute cough (3-8 weeks in duration) is a common residuum of tracheobronchitis, as in pertussis or "postviral tussive syndrome."

Chronic cough (>8 weeks) may be caused by a wide variety of cardiopulmonary diseases, including those of inflammatory, infectious, neoplastic, and cardiovascular etiologies. When initial assessment with chest examination and radiography is normal, cough-variant asthma, gastroesophageal reflux, nasopharyngeal drainage, and medications (angiotensin-converting enzyme [ACE] inhibitors) are the most common causes of chronic cough.

Assessment of Chronic Cough

Details as to the sound, the time of occurrence during the day, and the pattern of coughing infrequently provide useful etiologic clues. Regardless of cause, cough often worsens upon first lying down at night, with talking, or with the hyperpnea of exercise; it frequently improves with sleep. An exception may involve the cough that occurs only with certain allergic exposures or exercise in cold air, as in asthma. Useful historical questions include what circumstances surround the onset of cough, what makes the cough better or worse, and whether or not the cough produces sputum.

The physical examination seeks clues suggesting:

- Cardiopulmonary disease- wheezing or crackles on chest examination.
- Examination of the auditory canals and tympanic membranes (for irritation of the latter resulting in stimulation of Arnold's nerve),

- the nasal passageways (for rhinitis or polyps),
- and the nails (for clubbing) may also provide etiologic clues.

Because cough can be a manifestation of a systemic disease such as sarcoidosis or vasculitis, a thorough general examination is equally important.

In virtually all instances, evaluation of chronic cough merits a chest radiograph. The list of diseases that can cause persistent cough without other symptoms and without detectable abnormalities on physical examination is long. It includes serious illnesses such as sarcoidosis or Hodgkin's disease in young adults, lung cancer in older patients, and (worldwide) pulmonary tuberculosis. An abnormal chest film prompts an evaluation aimed at explaining the cough.

In a patient with chronic productive cough, examination of expectorated sputum is warranted. Purulent-appearing sputum should be sent for routine bacterial culture and, in certain circumstances, mycobacterial culture as well. Cytologic examination of mucoid sputum may be useful to assess for malignancy and to distinguish neutrophilic from eosinophilic bronchitis. Expectoration of blood-whether streaks of blood, blood mixed with airway secretions, or pure blood-deserves a special approach to assessment and management.

Chronic cough with a normal Chest Radiograph

It is commonly held that (alone or in combination) the use of an ACE inhibitor; postnasal drainage; gastroesophageal reflux; and asthma account for more than 90% of cases of chronic cough with a normal or noncontributory chest radiograph.

HOMOEOPATHY & RESEARCH

A randomized controlled trial of a homeopathic syrup in the treatment of cold symptoms in young children reveals that homeopathic syrup is effective in reducing the severity of cold symptoms in the first day after beginning treatment.⁴

Another study of children with upper respiratory tract infections, including coughs, showed that those who received homeopathic treatment recovered much more quickly than those who were treated conventionally in the control group.⁵

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PAIN HOLD YOU BACK

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Pack sizes available: 30ml

INDICATIONS:

The ingredients of the combination relieve the symptoms of spondylitis. Ingredients are known to be helpful for pain and stiffness in neck & back.

COMPOSITION:

Each 10ml contains:

Colocynthis Vulgaris	3x	1.0ml
Ruta Graveolens	3x	1.0ml
Hypericum Perforatum	5x	1.0ml
Ledum Palustre	2x	2.0ml
Cuprum Metallicum	6x	2.0mg
Dulcamara	3x	2.0ml
Conium Maculatum	3x	1.0ml
Alcohol %		65%v/v

DOSAGE: 10-15 Drops in half cup of water thrice a day or as prescribed by the physician.

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ALSTONIA SCHOLARIS



Natural Order: Apocynaceae.

Common Names: Dita bark, Satwan

Part Used: Stem bark

Habitat: India, and obtained mostly from Philippines.

INDICATIONS:

❖ Malarial fever

+ A tonic after exhausting fevers.¹

+ Malarial diseases, with diarrhoea, dysentery, anaemia, feeble digestion.¹

❖ Diarrhoea & Dysentery

+ Camp diarrhoea, bloody stool, dysentery; diarrhoea from bad water and malaria.¹

+ Violent purging and cramp in bowels.

+ Painless watery stools. [Phosph. ac.] Diarrhoea immediately after eating.

+ It seems to resemble China in diarrhoea, chills, etc., but has not the irritability of the latter.⁴

❖ Hypertension

+ Alstonia scholaris has a long history of use in the Ayurveda traditional treatment of various ailments including hypertension. A research was conducted on the blood pressure lowering activity of the extract of A. scholaris. A. scholaris exerts vasodilation via calcium channels blockade, direct activation of soluble guanylate cyclase and possibly by also inhibiting the formation of inositol 1, 4, 5-triphosphate.³

Prescribed dose²: Tincture to third potency. Locally, for ulcers and rheumatic pains.

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Indications:

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- Sore throat
- Hoarseness
- Frequent cough with expectoration
- Chronic or recurring cough
- Difficult expectoration of tenacious mucous
- Pain & tightness of chest on coughing

Composition

Rumex crispus	3X	1.0%
Justicia adhatoda	Ø	2.0%
Ipecacuanha	1X	1.0%
Spongia tosta	1X	1.0%
Sticta pulmonaria	3X	1.0%
Antimonium tartaricum	6X	0.5%
Coccus cacti	3X	0.5%
Drosera rotundifolia	Ø	2.0%
Senega	Ø	3.0%
Balsam tolu	Ø	3.0%
Excipients q.s.		
Alcohol content		11% v/v



Pack sizes available: 60ml | 100ml | 200ml | 500ml

Dosage: Adults & >12years old - 2 teaspoons, 3 times a day
Children <12years old - 1 teaspoon, 3 times a day or as prescribed by the physician.

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GLYCYRRHIZA GLABRA [MULHATI]



✓ **Cough, Bronchitis**



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HOMOEOPATHIC REMEDIES INDICATED IN COUGH

Homeopathy is the holistic system of medicine which deals with the patients on the basis of symptom-similarity, matching the symptoms of the patients with that of the proved medicine. Medicine is prescribed not only on physical symptoms but take into account mental symptoms and genetic blend of the patient too i.e. individualization of every case. Approach towards every chronic case in homeopathy is to find out the constitutional medicine for that case.

Some important remedies are discussed below which are indicated in cough but in chronic cases, the physician must need to know the case history.

1. Antimonium tartaricum

•Clinically, its therapeutic application has been confined largely to the treatment of respiratory diseases, rattling of mucus with little expectoration has been a guiding symptom.¹

•Short coughs following each other in quick succession, excited by tickling and creeping in throat and larynx; dry in evening; with expectoration of tenacious mucus, generally somewhat salt, often only flat or sour in morning. With vomiting of food and sweat on forehead.⁵

•Cough and dyspnoea better lying on right side.¹

•In spring and autumn, when damp weather commences, coughs of children get worse.⁴

2. Balsamum toluatanum

•In dry, hacking cough, as well as where there is great excess in expectoration the result of relaxed condition of the mucous membrane.³

3. Bryonia alba

•It is of service in chronic coughs where the expectoration is slight, the cough is aggravated from the least exertion of the lung.⁶

•Cough, dry, at night; must sit up; worse after eating or drinking, with vomiting, with stitches in chest, and expectoration of rust-colored sputa.¹

•Very painful effects; on coughing holds sides, chest or head; in joints, etc.⁷

4. Coccus cacti

•This remedy is indicated in whooping cough, laryngitis and catarrhal bronchitis, with an excessive amount of ropy, tenacious mucus from the parts.⁶

•Regular paroxysms of violent tickling, racking cough, ending in vomiting or raising much clear, ropy mucus (Kali-bi.); with a purple, red face and internal heat; periodically; with kidney symptoms; slowly increasing, then gradually declining; amel. cold air or drinks.⁷

5. Drosera rotundifolia

•This remedy is indicated in a spasmodic, explosive cough, with dryness of the air passages, and in cases of pertussis when the paroxysms of cough follow each other in such



rapid succession that the patient can hardly breathe.⁶

•Deep sounding, hoarse barking cough (Verb.), < after midnight, during or after measles; spasmodic, with gagging, retching and vomiting.⁴

6. Hepar sulphur

•Cough : when any part of the body is uncovered (Rhus); croupy, choking, strangling; from exposure to dry west wind, the land wind.⁴

•It is a dry, hoarse, barking cough.⁸

•Croup with loose, rattling cough; worse in morning.¹

•Is very useful for cough worse at night, but looser than that indicating Belladonna.

This medicine is also useful in forwarding the secretory process.⁹

7. Hyoscyamus niger

•Cough : dry, nocturnal, spasmodic; < when lying down, relieved by sitting up (Dros.); < at night, after eating, drinking, talking, singing.⁴

•Dry at night, but with expectoration of somewhat saltish mucus or bright red blood mixed with lumps by day.⁵

8. Ipecacuanha

•Cough incessant and violent, with every breath. Chest seems full of phlegm, but does not yield to coughing.¹

• It is a dry, hacking, teasing, suffocative cough, accompanied by nausea and vomiting.⁸

9. Justicia adhatoda

•Severe dyspnoea with cough.¹

•Cough with tightness of chest, as if it would burst with bronchial rattle, obstruction of breath and sneezing. Stiffening out, trembling and convulsions with cough or fever.²

10. Phosphorus

•Cough from tickling in throat; worse, cold air, reading, laughing, talking, from going from warm room into cold air.¹

•Whole body trembles, with cough.¹

•Nervous coughs provoked by strong odors, entrance of a stranger; worse in the presence of strangers; worse lying upon left side; in cold room.¹

11. Rumex crispus

•Dry, teasing cough, preventing sleep. Aggravated by pressure, talking, and especially by inspiring cool air and at night. Thin, watery, frothy expectoration by the mouthful : later, stringy and tough.¹

•Rumex is of great help to us in allaying the cough of phthisis.¹⁰

12. Senega

•Cough often ends in a sneeze. Rattling in chest. Difficult raising of tough, profuse mucus, in



COUGH

the aged.¹

• Loose rattle in chest, but the profuse, clear expectoration is tough and slips back.⁷

13. Spongia tosta

• Cough : dry, barking, croupy; rasping, ringing, wheezing, whistling; everything is perfectly dry, no mucous rale.⁴

• The dry, chronic sympathetic cough or organic heart disease is relieved by Spongia. [Naja].¹

• Cough with painful soreness and burning in chest.

14. Sticta pulmonaria

• Dry, hacking cough during night; worse, inspiration. Loose cough in morning.¹

• Cough after measles; worse towards evening and when tired. Pulsation from right side of sternum down to abdomen.¹

• Cures cough left by measles, whooping-cough and flue. Potency : 6x.¹¹

15. Sanguinaria Canadensis

• Cough of gastric origin; relieved by eructation.¹

• Cough : dry, waking him at night and not ceasing until he sits up in bed and passes flatus; circumscribed red cheeks; night sweats; diarrhoea.⁴

• Sputum tough, rust-colored, offensive, almost impossible to raise.¹

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Alcohol & purified water		q.s
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DOSAGE:

10-15 drops in 1/4th cup of water 3-4 times a day during pain and can be taken two days before the menstrual cycle or as prescribed by the physician.

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