

**“A RETROSPECTIVE CASE SERIES STUDY TO UNDERSTAND THE EVOLUTION OF  
SILICEA TERRA IN CLINICAL SITUATIONS”**

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT  
FOR THE AWARD OF THE DEGREE OF  
**DOCTOR OF MEDICINE IN (HOMOEOPATHY)**

**IN**

**MATERIA MEDICA**

**By**

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UNDER THE GUIDANCE OF

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**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,  
KULASEKHARAM, TAMIL NADU**



SUBMITTED TO

**THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI**

**ENDORSEMENT BY  
THE HEAD OF THE DEPARTMENT AND THE INSTITUTION**

This is to certify that the Dissertation entitled “**A RETROSPECTIVE CASE SERIES STUDY TO UNDERSTAND THE EVOLUTION OF SILICEA TERRA IN CLINICAL SITUATIONS**” is a bonafide work carried out by **Dr. ASIF ALI L.M**, a student of **M.D. (Hom.)** in **DEPARTMENT OF MATERIA MEDICA (2016-2019)** in **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE** under the supervision and guidance of **Dr. WINSTON VARGHEESE, M.D. (Hom.)**, **Professor, DEPT. OF MATERIA MEDICA** in partial fulfilment of the regulations for the award of the degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **MATERIA MEDICA**. This work confirms to the standards prescribed by **The TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI**.

This has not been submitted in full or part for the award of any degree or diploma from any University.

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This is to certify that the Dissertation entitled “**A RETROSPECTIVE CASE SERIES STUDY TO UNDERSTAND THE EVOLUTION OF SILICEA TERRA IN CLINICAL SITUATIONS**” is a bonafide work of **Dr. ASIF ALI L.M.** All his work has been carried out under my direct supervision and guidance. His approach to the subject has been sincere, scientific and analytic. This work is recommended for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **MATERIA MEDICA** of **THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI.**

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## DECLARATION

I, **Dr. ASIF ALI L.M**, do hereby declare that this Dissertation entitled “**A RETROSPECTIVE CASE SERIES STUDY TO UNDERSTAND THE EVOLUTION OF SILICEA TERRA IN CLINICAL SITUATIONS**” is a bonafide work carried out by me under the direct supervision and guidance of **Dr. WINSTON VARGHEESE., M.D. (Hom.), Professor, Dept. of MATERIA MEDICA**, in partial fulfilment of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **MATERIA MEDICA** of The Tamil Nadu Dr. M.G.R Medical University, Chennai. This has not been submitted in full or part for the award of any degree or diploma from any University.

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# ACKNOWLEDGEMENT

## THANKS TO GOD ALMIGHTY

Today I am writing this note of thanks after a long intensive months of Thesis preparation, is the finishing touch on the same. It has been a period of intense learning in both scientific and professional area along with the personal level. I would like to reflect on the people who have supported and helped me so much throughout this period.

I would like to express my sincere gratitude to my Guide **Dr. WINSTON VARGHEESE., M.D.(Hom.)**, Professor Department of Materia Medica, Sarada Krishna Homoeopathic Medical College for the continuous support of my study and related research, for his patience, motivation, and immense knowledge. His guidance helped me in all the time of writing of this thesis.

I extend my sincere thanks to my respected Chairman **Prof. Dr. C.K MOHAN., M.D.(Hom.)**, Sarada Krishna Homoeopathic Medical College for his constant support and encouragement throughout my Post Graduate course and dissertation work.

I would like to thank **Dr. N.V SUGATHAN., M.D. (Hom.)**, Principal Sarada Krishna Homoeopathic Medical College, for his great support and encouragement.

I owe my sincere thanks to **Prof. DR. C.R. KRISHNA KUMARI AMMA., M.D. (Hom.)**, Head of the Department of Materia Medica for her valuable support, and encouragement throughout my work.

I express my sincere thanks to **Dr. M. MURUGAN, M.D. (Hom.)**, HOD, Department of Organon of Medicine and Homoeopathic philosophy

I express my sincere thanks to **Dr. SAIJI P.R., M.D (Hom.)**, **Dr. JAYAKUMAR., M.D. (Hom.)**, **Dr. R S GOPIKA., M.D. (Hom.)**, **Dr. SUREJ BOBBIN., P.G M.D.(Hom)** **Dr. GOKUL KRISHNA., M.D. (Hom.)**, **Dr. SHEEBA., M.D. (Hom.)**, **Dr. BINDHUSARAN., M.D. (Hom.)**, **Dr. ASTA ESWARAN M.D. (Hom.)**, **Dr. VARUN M.D. (Hom.)**, and **Mrs. CHANDRAJA RATHISH** for their support and generous care.

I am truly thankful to **Dr. Dhanya Suresh, M.D. (Hom.)** whose work have served me many times throughout the study

My Parents and family members were always inspiring me. Their words were like springs in dessert, which strengthen me a lot.

I like to express my love and gratitude to my lovely mother **Mrs. NASEEMA**, for their kind support throughout in all means.

My family members sacrifice a lot for my work, and my sincere thanks to my patients who encouraged me and supported me to complete my work.

A special thanks to my lovely friends **Dr. Sundara Pandiya raj, Mr. Riyasudheen, Dr. Mithun Kumar, Dr. Suwaamynaathan** and my lovely brothers **Mr. Javeed Ali, Mr. Arshed Ali, Mr. Akbar Ali Mr. Ansar Ali** my lovely sisters **Miss. Thabassum fathima, Mrs. Thasleem Kousar** and for their encouragement and moral support. I extend my sincere thanks to other relatives who supported me.

I express my thanks to all my batch mates and department friends **Alphy Mathew, Binaya B.V, Brigit Cherian , Naveena .U** and **Sree Lakshmi S.**

I like to express my special thanks to my junior friends **Dr. Fathima Shahunaj and Dr. John Alex Ranjith** who helped me a lot throughout the study

I extent my gratitude to all my friends, colleagues, seniors and juniors whose co-operation and timely help considerably eased my task.

I regard my thanks to Librarians of SKHMC for providing the ample support in the collection of data and towards the preparation of the work. And also thanks to Mrs. Shuba and the administrative staffs for their help by providing me with the necessary case records and reference materials for my dissertation.

I thank all the non-teaching staff and Hospital staffs of SKHMC, especially for their help and support during the study.

I also take this opportunity to thank my patients on whom the study was conducted.

**DR.ASIF ALI L.M**

## **ABSTRACT**

Silicea is a mineral and is prepared from silicon dioxide found in flint, quartz; sandstone was proved by Dr. Samuel Hahnemann. Silicea is one of the most important deep acting and constitutional remedy and it is the one among the Schussler tissue remedy. This Retrospective study shows that the evolution of Silicea in well-defined manner. A sample of 100 cases has been taken to the study from the OPD of Sarada Krishna Homoeopathic Medical College, Kulasekharam. From this study it shows the Importance of Sphere of Action such as hypersensitivity reactions mainly on Respiratory and Dermatology, Modalities especially Time modalities, Mental and Physical Generals, Remedy Relationship.

Keyword- Silicea, Sphere of action on Hypersensitivity reactions, Time modalities, Mental & Physical general, Remedy relationship.

## TABLE OF CONTENTS

| SL NO: | CONTENTS                                     | PAGE NO: |
|--------|--|----------|
| 1      | INTRODUCTION                                 | 1        |
| 2      | AIMS AND OBJECTIVES                          | 2        |
| 3      | REVIEW OF LITERATURE                         | 3-34     |
| 4      | MATERIALS AND METHODS                        | 35-38    |
| 5      | OBSERVATION AND RESULTS                      | 39-74    |
| 6      | DISCUSSION                                   | 75-81    |
| 7      | LIMITATIONS AND RECOMMENTATIONS              | 82       |
| 8      | CONCLUSION                                   | 83       |
| 9      | SUMMARY                                      | 84       |
| 10     | APPENDIX<br>APPENDIX I CASE RECORD FORMAT    | 85-93    |
| 11     | APPENDIX II<br>CASE CONCEPT FORM             | 94-99    |
| 12     | APPENDIX I CASE RECORD FORMAT<br>SAMPLE CASE | 100-110  |
| 13     | BIBLIOGRAPHY                                 | 111-113  |



## LIST OF TABLES

| <b>TABLE NO:</b> | <b>DESCRIPTION:</b>  | <b>PAGE NO:</b> |
|------------------|--|-----------------|
| 1                | DISTRIBUTION OF CASES ACCORDING TO AGE                             | 39              |
| 2                | DISTRIBUTION OF CASES ACCORDING TO SEX                             | 40              |
| 3                | DISTRIBUTION OF CASES ACCORDING TO OCCUPATION                      | 41              |
| 4                | DISTRIBUTION OF CASES ACCORDING TO PSYCHOLOGICAL SYMPTOMS          | 42              |
| 5                | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL GENERALS               | 43              |
| 6                | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOM WITH CRAVING   | 44              |
| 7                | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOM WITH AVERSIONS | 45              |
| 8                | DISTRIBUTION OF CASES ACCORDING TO THERMAL REACTION                | 46              |
| 9                | DISTRIBUTION OF CASES ACCORDING TO DIAGNOSIS                       | 47-49           |

|    |  |       |
|----|--|-------|
| 10 | DISTRIBUTION OF CASES ACCORDING TO SINGLE DIAGNOSIS                  | 51-52 |
| 11 | DISTRIBUTION OF CASES ACCORDING TO MULTIPLE DIAGNOSIS                | 53    |
| 12 | DISTRIBUTION OF CASE- OVERVIEW OF SAMPLE WITH AFFECTED SYSTEM        | 55    |
| 13 | DISTRIBUTION OF CASES ACCORDING TO RESPIRATORY SYSTEM DIAGNOSIS      | 56    |
| 14 | DISTRIBUTION OF CASES ACCORDING TO DERMATOLOGY DIAGNOSIS             | 58    |
| 15 | DISTRIBUTION OF CASES ACCORDING TO G-I-T DIAGNOSIS                   | 60    |
| 16 | DISTRIBUTION OF CASES ACCORDING TO MUSCULO SKELETAL SYSTEM DIAGNOSIS | 61    |
| 17 | DISTRIBUTION OF CASES ACCORDING TO CENTRAL NERVOUS SYSTEM DIAGNOSIS  | 62    |
| 18 | DISTRIBUTION OF CASES ACCORDING TO METABOLIC SYSTEM DIAGNOSIS        | 63    |

|    |   |    |
|----|---|----|
| 19 | DISTRIBUTION OF CASES ACCORDING TO OTHER SYSTEMS OF DIAGNOSIS     | 64 |
| 20 | DISTRIBUTION OF CASES ACCORDING TO MIASM                          | 65 |
| 21 | DISTRIBUTION OF CASES ACCORDING TO BASIS OF SELECTION             | 66 |
| 22 | DISTRIBUTION OF CASES ACCORDING TO ACUTE REMEDY USED WITH SILICEA | 67 |
| 23 | DISTRIBUTION OF CASES ACCORDING TO INTERCURRENT REMEDIES          | 68 |
| 24 | DISTRIBUTION OF CASES ACCORDING TO POTENCIES                      | 69 |
| 25 | DISTRIBUTION OF CASES ACCORDING TO REPETITION SCHEDULE            | 70 |
| 26 | DISTRIBUTION OF CASES ACCORDING TO REMEDY RESPONSE                | 71 |

## LIST OF CHARTS

| CHART NO: | DESCRIPTION:   | PAGE NO: |
|-----------|--|----------|
| 1         | DISTRIBUTION OF CASES ACCORDING TO AGE                             | 39       |
| 2         | DISTRIBUTION OF CASES ACCORDING TO SEX                             | 40       |
| 3         | DISTRIBUTION OF CASES ACCORDING TO OCCUPATION                      | 41       |
| 4         | DISTRIBUTION OF CASES ACCORDING TO PSYCHOLOGICAL SYMPTOMS          | 42       |
| 5         | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL GENERALS               | 43       |
| 6         | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOM WITH CRAVING   | 44       |
| 7         | DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOM WITH AVERSIONS | 45       |
| 8         | DISTRIBUTION OF CASES ACCORDING TO THERMAL REACTION                | 46       |
| 9         | DISTRIBUTION OF CASES ACCORDING TO DIAGNOSIS                       | 50       |

|    |  |    |
|----|--|----|
| 10 | DISTRIBUTION OF CASES ACCORDING TO SINGLE DIAGNOSIS                  | 52 |
| 11 | DISTRIBUTION OF CASES ACCORDING TO MULTIPLE DIAGNOSIS                | 54 |
| 12 | DISTRIBUTION OF CASE- OVERVIEW OF SAMPLE WITH AFFECTED SYSTEM        | 55 |
| 13 | DISTRIBUTION OF CASES ACCORDING TO RESPIRATORY SYSTEM DIAGNOSIS      | 57 |
| 14 | DISTRIBUTION OF CASES ACCORDING TO DERMATOLOGY DIAGNOSIS             | 59 |
| 15 | DISTRIBUTION OF CASES ACCORDING TO GIT DIAGNOSIS                     | 60 |
| 16 | DISTRIBUTION OF CASES ACCORDING TO MUSCULO SKELETAL SYSTEM DIAGNOSIS | 61 |
| 17 | DISTRIBUTION OF CASES ACCORDING TO CENTRAL NERVOUS SYSTEM DIAGNOSIS  | 62 |
| 18 | DISTRIBUTION OF CASES ACCORDING TO METABOLIC SYSTEM DIAGNOSIS        | 63 |

|    |   |    |
|----|---|----|
| 19 | DISTRIBUTION OF CASES ACCORDING TO OTHER SYSTEMS OF DIAGNOSIS     | 64 |
| 20 | DISTRIBUTION OF CASES ACCORDING TO MIASM                          | 65 |
| 21 | DISTRIBUTION OF CASES ACCORDING TO BASIS OF SELECTION             | 66 |
| 22 | DISTRIBUTION OF CASES ACCORDING TO ACUTE REMEDY USED WITH SILICEA | 67 |
| 23 | DISTRIBUTION OF CASES ACCORDING TO INTERCURRENT REMEDIES          | 68 |
| 24 | DISTRIBUTION OF CASES ACCORDING TO POTENCIES                      | 69 |
| 25 | DISTRIBUTION OF CASES ACCORDING TO REPETITION SCHEDULE            | 70 |
| 26 | DISTRIBUTION OF CASES ACCORDING TO REMEDY RESPONSE                | 71 |

## 1. INTRODUCTION

Silicon is the second most abundant element on Earth, and the third most abundant trace element in human body.<sup>(1)</sup> Learning starts with clinical practice. Homoeopathy practice includes disease diagnosis, person diagnosis and homoeopathic remedial diagnosis.<sup>(2)</sup> Among this I would like to carry out my study as remedial diagnosis. For such remedial diagnosis I preferred, commonly used polycrest remedies in our day to day practice is Silicea, Lycopodium, Sulphur, Calc.carb, Natmur etc. Among this, I have seen the action of Silicea terra according to symptom similarity in my clinical practice, the results of those cases fascinated me and the curiosity of the evolution of Silicea in those cases inspired me in selecting this topic.

Among the different types of studies I preferred Observational studies, because observational studies are the precursor for experimental studies. In homoeopathy we have numerous proving such as drug and clinical proving's. From this retrospective study, one could understand the reaffirmation of source book data.

Silicea is a mineral and is prepared from silicon dioxide found in flint, quartz, sandstone, and many other common rocks. Silica was proved by Dr. Samuel Hahnemann (1775–1843).Silica is used to strengthen many parts of the body and impart to them silica's hard, dense, strong characteristics.<sup>(3)</sup>

Silicea forms one of the most important remedies of the Chronic Diseases. Schussler, who was a homoeopathist before he was a Biochemist, describes the sphere of Silicea from the Tissue Remedy point of view as follows "Silicic Acid is a constituent of the cells of the connective tissue, or the epidermis, the hair and the nails.<sup>(4)</sup> Through the symptoms we get from drug proving sphere of action, constitution and its pathognomic properties can be studied.

## **2. AIM AND OBJECTIVES**

### **2.1 AIM**

- Retrospective study to understand the evolution of Silicea Terra in clinical situations.

### **2.2 OBJECTIVES**

- To Understand the Sphere of action of Silicea
- To Understand the Remedial relationship of Silicea



### 3. REVIEW OF LITERATURE

#### 3.1 INTRODUCTION

Silicea is an oxide of silicon and it occurs in variety of forms. Silica is commonly known as siliceous earth flint, silicon dioxide, pure flinton quartz<sup>(5)</sup>

#### 3.2 HISTORICAL BACKGROUND

Homoeopathy, Flint as an internal remedy is practically unknown. Although Paracelsus and Glauber reported using it, but it had some use in the ancient Indian system of Ayurvedic Medicine. Paracelsus first used it as a medicine in renal and vesical calculus, in suppression of milk and of urine and in some nervous disorders. It is hard and totally insoluble and therefore medicinally inert in its original form. However, as in the case with Lycopodium, Aurum(gold), Argentum(silver), Plumbum(lead), Mercury and others Hahnemann was able to convert these substances into therapeutically useful medicines by the process of trituration<sup>(6)</sup>.

#### 3.3 PREPARATION:

Silicea is prepared by fusing Silicea and carbonate of sodium, dissolving, residue filtered and precipitated by hydrochloric acid. It is a white coloured powder having neither taste nor smell. Trituration 1X: Saccharum lactis-900 grams Silicea coarse powder-100 grams to make 1 kg of trituration. Potencies: 2X and higher to be triturated.6X may be converted to liquid 8X.<sup>(7)</sup>

#### 3.4 DOCTRINE OF SIGNATURE:

- ✓ The gritty nature of flint can be compared to stubbornness and obstinacy of the silica patient. Once their mind is made up about something, it is very difficult to get them to change it.
- ✓ The Silica patient is like a grain of flint, that is governed by wind and water due to whose force it moves or drifts away. He is constantly shifted by opinions of others and this causes confusion of Mind.
- ✓ Like the earth's crust which contains silica and which heats and cools easily, the silica patient too react to changes of temperature. they are sensitive to cold, damp, changes of weather and moon phases.
- ✓ Sand is formed by the weathering and breaking down of rocks. What was once hard and fixed becomes shifting and unpredictable, all the while being ground into finer

particles. This can be compared to the nature of silica patient. There is a tendency to fixity, rigidity and hardness on the outside with a tendency to formless and changeability on the inside.

- ✓ The formlessness is manifested as the susceptibility to catch cold, the tendency to rickets and poor nutrition's.<sup>(5)</sup>

### **3.5 SPHERE OF ACTION**

#### **3.5.1 According to *Boger***

**REGION- NUTRITION, Children, Tissues- Elastic and cellular, NERVES GLANDS, Tubes: Eustachian, Tear ducts, etc. Fistulae, Bones, Cartilages, Mucous Membrane, Skin<sup>(8)</sup>**

#### **3.5.2 According to *Boericke*:**

Imperfect assimilation and consequent defective nutrition. It goes further and produces neurasthenic states in consequence, and increased susceptibility to nervous stimuli and exaggerated reflexes. Diseases of bones, caries and necrosis. Silica can stimulate the organism to re-absorb fibrotic conditions and scar-tissue. In phthisis must be used with care, for here it may cause the absorption of scar-tissue, liberate the disease, walled in, to new activities (J. Weir). Organic changes; it is deep and slow in action. Periodical states; abscesses, quinsy, headaches, spasms, epilepsy, feeling of coldness before an attack. Keloid growth. Scrofulous, rachitic children, with large head open fontanelles and sutures, distended abdomen, slow in walking. *Ill effects of vaccination. Suppurative processes.* It is related to all fistulous borrowings. Ripens abscesses since it promotes suppuration. Silica patient is cold, chilly, hugs the fire, wants plenty warm clothing, and hates drafts, hands and feet cold, worse in winter. Lack of vital heat. Prostration of mind and body. Great sensitiveness to taking cold. *Intolerance of alcoholic stimulants.* Ailments attended with *pus formation.* Epilepsy. *Want of grit, moral or physical.*<sup>(9)</sup>

### **3.6 CLINICAL ACTION**

#### **According to John Henry CLARKE**

Clinical.— Abdomen, distended, Abscess, Acne. Anaemia, Ankles weak, Anus fissure of; fistula of. Appetite depraved, Back, weakness of. Boils. Bones, necrosis of. Brain,

concussion of, Brain-fag. Breast sinuses in, Bunion. Cancer, Carbuncle, Cataract, Cellulitis, Keloid, Chin eruptions on. Cicatrix, Circulation, feeble. Coccygodynia, Conjunctivitis, phlyctenular, Constipation, Coryza. Cough. Debility. Dentition, Diabetes, Ear, affections of. Elephantiasis, Enchondroma, Enuresis, Epilepsy, Eruptions, Excrescences, Eyes, affections of. Feet burning, perspiring. Fester. Fibroma, Fistula. Foot-sweat; suppressed. Foreign bodies, expulsion of Fractures, Ganglion. Gastric catarrh, Glandular swellings. Headache, Hernia, Hip-joint disease, Homesickness, Housemaid's knee, Hydrocele, Hypopion. Irritation Jaw, caries of. Joints, synovitis of, Lachrymal fistula, Lactation. Locomotor ataxia. Mania, Meningitis, Metrorrhagia, Miscarriage, Molluscum Contagiosum, Molluscum Fibrosum, Morphea, Morvan's disease. Nails, diseased, Necrosis, Neuralgia. Nodes, Nose tip, redness of. Paronychia. Parametritis. Perspiration, offensive. Phimosis, Pleurisy, Prepuce, eruption on. Psoas abscess, Pylorus, suppuration of. Rheumatism; chronic; hereditary Rickets. Sinuses. Somnambulism, Spermatorrhoea. Spinal irritation, Strains. Strangury, Suppuration, Teeth, caries of. Tenesmus, Trachea, Tumours. Ulcers. Urethra, stricture of, Urine, incontinence of. Vaccination. Vaginospasms of. Vertigo. Walking, delay in, Whitlow, Worms, Writer's cramp<sup>(10)</sup>.

### **3.7 PHYSIOLOGICAL ACTION**

#### **According to BURT's PHYSIOLOGICAL**

1. BONES (Fibrous Tissue) Inflammation, Ulceration, Caries
2. LYMPHATICS. Congestion; Hypertrophy; Suppuration
3. SKIN. Pustular Inflammation; Cold Extremities; Fetid Sweat
4. MUCOUS MEMBRANE: Catarrhal Inflammation; Ulceration
5. CEREBRO SPINALS: Loss of Nutrition; Neurasthenia; Spasms.<sup>(11)</sup>

### **3.8 PATHOPHYSIOLOGY**

Silica is a precursor for fluoride action. It forms silicic acid, sodium silicate or silico fluoride compounds in the living tissues. It is supportive and structure giving substance. It is present in hard and elastic connective tissues that is a counter pole to the supporting action of calcium. In old person Silica is decreased in all tissues and calcium increased<sup>(12)</sup>

### **3.9 SILICEA FROM DIFFERENT MATERIA MEDICA**

#### **3.9.1 THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA BY CONSTANTINE HERING**

##### **MIND**

Indifferent, apathetic, Confusion of mind, difficulty in fixing the attention. Mental labour is very difficult. Reading and writing fatigue cannot bear to think. Becomes confused, makes mistakes, she is unable to control herself. Affections from egotism. Compunction of conscience about trifles. Overanxious about himself, low-spirited, weeps every evening. Longing for his relations and home. Very irritable, low-spirited, peevish mood. Sensitiveness to noise and anxiety there from. Very sensitive, weeping mood. Desponding, melancholy, tired of life. Gloomy, feels as if she would die. Wishes to drown herself. Yielding, faint-hearted, anxious mood. Restless, fidgety, starts at least noise. Child becomes obstinate, headstrong; cries when kindly spoken to. When crossed has to restrain himself to keep from doing violence. Megrim. Screaming violently, groaning. Epilepsy. She screams during increase of moon. Somnambulism.

##### **HEAD**

Headache or cold feeling rising from nape of neck to vertex; extreme heaviness of head. Congestion to head, cheeks hot, Burning in head with pulsation and sweat of head < at night from mental exertion, talking > by wrapping head up warmly. Headache worse from Mental exertion, excessive study, noise, motion, even jarring of room by footstep, light, stooping, pressing at stool, talking, cold air, touch. Headache better from wrapping head up warmly, hot compresses, in warm room lying down in dark. Headache every seventh day. Vibratory shaking sensation in head when stepping hard, with tension in forehead and eyes. Headache caused by hunger, Headache wakes him at night. Chronic headache never entirely free, at times fearful when it reaches its height scalp becomes covered with papules and is then so sensitive that she cannot comb her hair, these violent spells are caused by draft and scrubbing cannot bear cold or heat during headache she has violent roaring in ears as if something alive were in them chronic sweat of feet, habitual constipation. Open fontanelles head too large and rest of body emaciated with pale face, abdomen swollen, hot. Rolling of head from side to side. Head feels as if too large.

## **SMELL AND NOSE**

Loss of smell, Smell of blood or of recently slaughtered animals. Chronic coryza .Fetor from nose, Nasal catarrh, Nosebleed, Complete stoppage of nose, could scarcely speak. Itching in nose, much sneezing, sometimes ineffectual, with acrid coryza. Painful dryness of nose, troublesome itching, feeling of dryness in nose extending to forehead and antrum, periosteum is affected. Dryness and stoppage after checked foot sweat. Discharge of acrid water from nose, making inner nose and nostrils sore and bloody. Offensive smelling nasal catarrh, every morning blows from nose hard, dry masses of mucus, followed by a quantity of offensive-smelling pus. Chronic catarrh with stoppage of nose, loss of smell and taste, slimy, tough, purulent secretion stopping frequently in morning, swelling of nasal membrane .Chronic inflammation of tonsils and painless swelling of sub maxillary glands, with hoarseness and rough, dry and painful, uvula swollen, Eustachian tubes itching, chronic inflammation of tonsils and swelling of sub maxillary glands.

## **APPETITE, THIRST, DESIRES, AVERSIONS**

Excessive hunger, Canine hunger, but on attempting to eat has sudden disgust for food. Canine hunger with nervous irritable persons. Want of appetite, excessive thirst. No desire for anything but small quantities of preserves. Averse to warm, cooked food, desires only cold things, disgust for meat. Aversion to mother's milk and vomiting whenever taking it.

## **STOMACH**

Anguish in pit of stomach, attacks of melancholy. Burning or throbbing in pit of stomach. Sensitiveness of pit of stomach to pressure. Pressure as after eating too much. Heaviness like lead in stomach. Gastralgia with pyrosis, hiccough or nausea and glairy vomiting, weight, sensitiveness and a feeling of loss of appetite, slow and painful digestion, often hunger which cannot be satisfied. After a meal, load as of a stone or lead in stomach, particularly after eating raw vegetables.

## **STOOL AND RECTUM**

Stools -frequent, scanty, liquid, offensive as carrion, past, pap like, offensive, contain undigested food, with great exhaustion, but painless, mucous, followed by itching in anus, purulent, cadaverous-smelling putrid sour

Diarrhea: From exposure to cold air, after vaccination, with griping pains in bowels, in morning before rising, from 6 to 8 A. M ,Before stool pain in bowels.

Constipation : Very hard, unsatisfactory stools, with very great effort, constant but ineffectual desire for stool in evening, stool dry, hard and light-colored, stool very hard, followed by burning in anus like clay stools, evacuated only with great effort, stool remains a long time in rectum as if there were no power to expel it, from inactivity in rectum, with pain and ineffectual desire for stool, prolonged efforts during stool render muscles of abdomen sore, before and during menses, stool comes to verge of anus then slips back into rectum with spinal affections, as if rectum were paralyzed.

Hemorrhoids -Intensely painful, boring cramping from anus to rectum or testicles, protrude during stool, become incarcerated, suppuration, discharge of bloody mucus from rectum, intense pain with slight protrusion.

In anus :Tension, boring cramp like pain extending into rectum and testicles pain as if constricted, during stool sticking burning after a dry hard stool, itching, stitches and shooting pains, moisture, Fissure ano great pain half an hour after stool, lasting several hours. Fissure ano and fistula in ano. Aching, beating throbbing pain in lumbo-sacral region, with occasional perineal tumefaction which discharged blood and pus. constipation, stools slipping back after much effort great anxiety. Fistula in ano also with chest symptoms.

## **VOICE AND LARYNX TRACHEA AND BRONCHIA**

Hoarseness, roughness of larynx, Husky, voice <in morning, Foreign bodies in larynx, Laryngeal morning cough commencing immediately on rising, with tough gelatinous and very tenacious expectoration. Bronchial affections of rachitic children copious purulent or transparent expectoration. Tickling in larynx with slight cough and hoarseness. Roughness and soreness in trachea and bronchia.

## **RESPIRATION**

Deep sighing breathing. Shortness of breath and panting from walking fast, or from manual labour. Dyspnoea when lying on back, when stooping, running, also after running, when coughing. Oppression of chest, cannot take a long breath. Asthma :< when lying down , spasmodic cough, spasm of larynx, pulsations in chest ,Nervous asthma, dry spasmodic cough oppression does

not permit him to lie down or stoop spasm of larynx and pulsations in chest. attacks came only during a thunderstorm. Hay asthma coming on about the last of August.

## **COUGH**

Dry, with hoarseness with soreness in chest excited by tickling in throat pit, hollow, spasmodic, loose, day and night with profuse expectoration vomiting of tenacious mucus in morning with thick purulent sputa awakens him at night < from motion scanty mucous expectoration especially troublesome after lying down in evening and after waking in morning hacking caused by nightly tickling in pharynx at first caused by tickling in throat, gradually seeming to come from lower down in throat until it came from chest and shook the abdomen, during day consisting of sudden explosive coughs without expectoration, < in evening. Cough and sore throat with expectoration of small badly smelling granules. Cough with purulent expectoration prevented the ulcers in lungs from spreading. Phthisis, cough with profuse expectoration, vomiting of tenacious mucus in morning, during attack of cough dyspnea, blood-spitting, night sweats. Expectoration : profuse, fetid, purulent, green only during day, viscid, milky, acrid mucus at times pale frothy bloody, tastes greasy, makes water turbid, that which sinks to bottom has an offensive odor when thrown into water falls to bottom and spreads like a heavy sediment.

## **CHEST AND LUNGS**

Lungs feel sore. Stitches in chest and sides through to back. Excruciating deep-seated pains in chest. Pain under sternum. Painless throbbing and beating in breast bone. Sticking pains in chest on inspiration. Pressive pain in sternum toward pit of stomach. Dropsy of chest, or empyema, motion produces severe palpitation of heart from anemia and lack of nutrition also in stonecutters. Empyema after pleurisy, Congestion to chest, body chilly.

## **NERVES**

Strong desire to be mesmerized, Sense of great weariness and debility, wants to lie down. Great weakness, in morning. Very weak and tremulous, after walking in evening. Excessive debility Typhus. Protracted convalescence. Cerebro-spinal meningitis. Great nervous debility ; emaciation ; fainting when lying on side. The child is slow in learning to walk. Cannot hold things. Spine disease. Feels prostrated and as if beaten all over. Suppressed foot sweat. Great nervous debility; exhaustion with erythrim ; depression may be

overcome by will force. Dissipation, hard work, with close confinement, cause obstinate neuralgias, hysterical attacks or paralysis .Oversensitive persons imperfectly nourished, not from want of food but from imperfect assimilation, they are usually constipated and are subject to sudden neuralgias and melancholy. Dreadful trembling in limbs, hands in particular at times quite unable to lift a cup of tea.

Tremulousness when working. Great restlessness in body when sitting long. Internal restlessness and excitement. Restless ; fidgety ; starts at least noise. Sensitiveness to cold air ; takes cold very easily. Takes cold easily, especially when uncovering head or feet. Want of vital warmth, even when taking exercise. Epilepsy : spasms spread from solar plexus to brain ; come at night or at new moon ;attacks preceded by coldness of left side, shaking and twisting of left arm. Convulsions after vaccination. Spasms or paralysis from checked foot sweat. Spasms or paralysis depending on alterations in connective tissue in brain or spinal cord. Spasms ; aura, like a mouse running through limbs or from solar plexus to brain ; left side cold ; left arm twists ; starts in sleep ; moaning, loud groaning. Spasms from slight provocation. Paralysis from tabes dorsalis. Progressive locomotor ataxia.

## **SLEEP**

During sleep -whining and laughing, loud talking , starts jerking of limbs , snoring , night sweats , nightmare. Night walking ; gets up while asleep, walks about and lies down again ; somnambulism. Child wakes and throws arms about and screams. Sleep walking at new and full moon. Sleepy but cannot sleep. Sleepless ; from ebullitions, orgasm of blood. Dreams : pleasant ; lascivious ; anxious, of murders, horrid things ; vivid of past events ; with violent weeping ; of someone choking her

## **TIME**

Between 1 and 7 A. M. : violent chill, At 2 A. M. : woke and could not go to sleep again from rush of thoughts. At 6 A. M. : sweat. From 6 to 8 A. M.: diarrhea.

Morning : headaches ; violent headache ; pressure at occiput and nape of neck ; sticking pains in cornea ; mucous secretion in eye ; agglutination of eyes ; nose obstructed ; taste of blood ;Day : supra orbital pain ; coryza ; tearing pains in chest and bones of face ; sudden explosive cough ; expectoration only ; drowsiness ; chilliness ; acne eruption itching only.



Afternoon : violent chill ; dryness of finger tips ; chilliness ; violent heat and thirst. From 3 to 5 P. M. : sweat. At 5 P. M.: shaking chill.

Evening : terrible headaches ; pain in swelling of lachrymal sac ,fever , acute pain from abdomen to testes ; icy-cold feet ; constant desire for stool ; perspiration on head ; cough after lying down ; cough < ; hot feet ; cold feet ; tearing in great toe ; limbs sore and lame ; very weak and tremulous after walking ; sleepiness ; chill in bed ; legs icy-cold ; violent heat and thirst ; sweat on scrotum.

Day and night: toothache; trembling of limbs. At 11 P. M.: sweat.

Night : Burning in head, headache wakes him , sweat about head , sticking pains in cornea, shooting in ears, tearing pains over whole chest, fever, pain in teeth, neuralgia in teeth raging toothache, vomiting of ingesta, pain in region of liver, urging to urinate, involuntary micturition, burning pain prevents rest, cough wakes him, orgasm of blood, pain in small of back, pain in shoulder and arm, stitches in wrist , falling asleep of hands, pain in thumb, pain from hip to foot, cold feet, stinging in limbs, epilepsy, sweats, chilliness, violent heat and thirst, fever, profuse sweat, itching and pricking in various parts of body.

## **TISSUES**

Emaciation with pale, suffering expression, Fungi easily bleeding. Discharges and excretions offensive pus, stools, sweat of feet, etc. Swelling, inflammation and suppuration of glands, cervical, parotid, axillary, inguinal, Mammary, sebaceous. Inflammation of lymphatic vessels. Inflammation, swelling, caries and necrosis of bones. Gout ,Multiple Keloid, which appeared after excision of a tumor, but rapidly returned and increased in size. Rachitis ; open fontanelles ; head too large, rest of body emaciated ; head sweats and body dry. Cellular tissues inflamed, Chronic gouty nodosities. Mercurio-syphilitic ulceration of skin and bones. Swellings which became hard after threatening to suppurate. Boils, carbuncles, felons, and malignant pustule, during suppurative stage. Ailments following vaccination, abscesses, etc., even convulsions.

## **STAGE OF LIFE, CONSTITUTION**

Especially suitable for children, large heads, open sutures, much sweat about head, large bellies. Nervous, irritable persons, with dry skin, profuse saliva, diarrhea, night

sweats. Weakly persons, fine skin, pale face, light complexion, lax muscles. Scrofulous diathesis. Rachitic, anemic conditions, caries. Oversensitive, imperfectly nourished, not from want of food but from imperfect assimilation. Stonecutters, chest affections and total loss of strength. Scrofulous children, who have worm diseases, during dentition<sup>(13)</sup>.

### 3.9.2 THE ENCYCLOPEDIA OF PURE MATERIA MEDICA- TIMOTHY F. ALLEN

#### MIND

**Emotional:** Unsteady and confused in his actions, Nervous excitement. The child becomes obstinate and headstrong, Obstinate, Longing for home, Very easily startled, Sensitiveness to noise, and anxiety there from, Very sensitive, Great depression and irritability Depression of spirits, Dejected, Dejected and melancholy, Great anxiety from a start. Most excessive scruples of conscience about trifles frequently, Irritable and depressed mood Very irritable and low spirited, Irritable and peevish mood .Peevish and Loud talking annoys him, Restless and fidgety, starts at the least things.

**Intellect:** Great difficulty in fixing the attention, Thought difficult, Mental labour is very difficult.

#### HEAD

**Confusion and Vertigo:** The head is very much confused, Confusion of the head. Attacks of vertigo seem to rise painfully from the back, through the nape of the neck to the head, so that she does not know where she is, and is constantly inclined to fall forward. Headache, ,Headache, at night, Headache caused by hunger, Headache, on waking Headache, as if everything would press out and burst the skull, Headache, as if the brain and eyes were forced forward, Headache, rising from the nape of the neck to the vertex, as if coming from the back.

#### NOSE

A smarting, painful scab deep in the right nostril. Frequent sneezing .Frequent, but usually ineffectual, efforts to sneeze .Fluent coryza ,Dry coryza ,Dry coryza; could not get air through the nose , She could not get rid of a catarrh, that was at one time dry, at another fluent, Discharge of much mucus from the nose, without coryza. Much acrid water runs from

the nose, without coryza, making the nose sore and bloody internally and externally, Nosebleed after inserting the finger, with dryness of the nose, Complete stoppage of the nose, Soreness on the back of the nose, as if the nasal bone had been beaten. Drawing in the root of the nose and in the right malar bone. Itching in the nose

## **FACE**

A very painful pimple on the margin of the red of the lower lip, Blisters on the margin of the red of the upper lip.

## **STOMACH**

Great appetite-desire for bread and warm food; immediately after eating, the appetite and thirst returned, Ravenous hunger, so that it was difficult to fall asleep, Ravenous hunger before supper, with complete loss of appetite and trembling in all the limbs. Diminished appetite,

## **RECTUM AND ANUS**

The hemorrhoids protrude excessively during the stool, return with difficulty, and with discharge of bloody mucus from the rectum. The stool remains a long time in the rectum, as if there were no power to expel it, Jerking, almost dull sticking pain in the rectum, Cutting in the rectum, Stinging in the rectum, For several days burning in the rectum during stool.

## **RESPIRATORY ORGANS**

Cough at first caused by tickling in the throat, gradually seeming to come from lower down in the throat, Cough especially troublesome, after lying down in the evening and after waking in the morning. Slight cough and hoarseness, with tickling in the larynx, with the morning cough there was a thick yellow expectoration. Cough caused by tickling and irritation in the throat. Dry cough, that frequently wakes her at night, and also returns several times during the day. Violent cough with expectoration, on lying down in bed. the expectoration, thick, yellow, lumpy. Frequent deep sighing respiration, Dyspnea, in the morning on waking

## **SKIN**

Small wounds in the skin heal with difficulty and easily suppurate, Cracking of the skin on the arms and hands, Eruption on the face and neck, consisting of small white scales, followed by fine desquamation, with some itching. Itching pimples, like nettle rash, on the nape of the neck . Several boils come out on different parts of the body. A boil on the nape of the neck. A large corrosive ulcer, with violent itching on the heel, Scabs behind the ears, Sore, painful scabs below the septum of the nose, with sticking pain when touched, Itching, suppurating scabs upon the toes that had been frozen. Nightly pains in the ulcer on the leg, An ulcer pains as if suppurating, Pressive-stinging pain in the ulcerating part of the leg, Twitching in the skin of the scapulae Sticking and burning in and about an ulcer on the leg. General sweat at night, especially on the trunk, Perspiration over the whole body, Heavy perspirations night and day, Sweat in the morning, Perspiration while eating and talking, Perspiration of a strong odor, Sweat on the head running down the face. Nightly perspiration on the chest. Sweat on the scrotum, in the evening it itches all over, Profuse sweat on the hands, Offensive perspiration on the soles and between the toes; they become quite sore while walking, Offensive perspiration on the feet.

### **Aggravation**

Morning , Night, Walking in open air, At new moon, Cold air, During menses, On waking<sup>(14)</sup>

### **3.9.3 CLARKE MATERIA MEDICA**

#### **Mind**

Despondency, melancholy, and disposition to weep Nostalgia .Anxiety and agitation; yielding, anxious mood. Taciturnity; concentration in self. Inquietude and ill-humour on the least provocation, arising from excessive nervous debility. Scruples of conscience (about trifles).Restless and fidgety; great liability to be frightened, esp. by least noise. Discouragement. Moroseness, ill-humour, and despair, with intense weariness of life. Wishes to drown herself. Disposition to fly into a rage, obstinacy, and great irritability. The child becomes obstinate and headstrong; cries when kindly spoken to. Excitement with easy orgasm of blood.

## **Head**

Cloudiness. The head is fatigued by intellectual labour .Difficulty in holding head up. Dizziness, esp. in the evening, as from intoxication. Vertigo of different kinds, esp. in the morning, and principally on lifting up the eyes, or when riding in a carriage, and also when stooping, or after moral emotions. Vertigo, with nausea and retching, or proceeding from the back to the nape and head. Headache every morning.

## **Nose**

Nasal bone painful when touched. Soreness as if beaten, in nasal bones. Pulsative pain, as from ulceration in the nose, and extending into the head. Inflammation in nostrils. Itching in nose. Voluptuous itching about nose, in evening. Itching and redness of nose (at the extremity), which is covered with scabies, vesicles. Sore, painful spots below septum of nose, with sticking on touch

## **Throat**

Sore throat, with an accumulation of mucus in throat. Severe tonsillitis Pain as from excoriation and pricking as from pins (stitches) in throat, during deglutition and Swelling of the uvula. Swelling of the palate. Difficult deglutition, as from paralysis of the gullet.

## **Appetite**

Great appetite; desire for beer and warm food; immediately after eating, appetite and thirst returned. Aversion to boiled food. Loathing of animal food, which proves indigestible. Aversion of a child to its mother's milk, with vomiting after sucking. After a meal, strong disposition to sleep, pyrosis, acidity in mouth

## **Stomach**

Pyrosis. Hiccough: before and after eating; sometimes in evening, in bed. Nausea, every morning, with pain in head and eyes, on turning eyes, or else followed by vomiting of bitter water. Continuous nausea and vomiting; < in morning. Constant nausea and vomiting, even at night. Water-brash, sometimes with shuddering. Water tastes bad; vomiting, whenever drink is taken. Vomiting of food, even at night. Pressure in stomach, sometimes after every meal, or on drinking quickly

## **Stool and Anus**

Constipation, and slow, hard, difficult, knotty faeces. Constipation where the stool comes down with great difficulty, comes a little way through the anus, and then slips back before it can be voided; obstructed evacuation of bowels; fetid flatus.

## **Respiratory Organs**

Hoarseness, with roughness and excoriation in larynx. Cough, from cold drinks, or from speaking even for a moment. Shaking cough, excited by a suffocating tickling in pit of throat. Cough and sore throat, with expectoration of little granules like shot, which, when broken open, smell offensively. Nocturnal, suffocating cough. Spasmodic cough.

## **Skin**

Painful sensibility of skin. Itching over whole body, which is of a crawling or shooting kind < at night. Eruption like varicella over whole body. Tuberos spots on skin, of a light red colour. Lymphatic swellings and abscesses, even with fistulous ulcers. Engorgement, indurations, and suppuration of the gland

## **Sleep**

Great sleepiness after eating. Sleepiness all day<sup>(10)</sup>.

### **3.9.4 KENT MATERIA MEDICA**

The action of Silica is slow. In the proving, it takes a long time to develop the symptoms. It is, therefore, suited to complaints that develop slowly.

## **Generalities**

At certain times of the year and under certain circumstances peculiar symptoms will come out. They may stay with the prover the balance of his life. Such are the long-acting, deep-acting remedies; they are capable of going so thoroughly into the vital order that hereditary disturbances are routed out. The Silica patient is chilly; his symptoms are developed in cold, damp weather, though often better in cold, dry weather; symptoms come out after a bath.

Mind: The mental state is peculiar. The patient lacks stamina. What Silica is to the stalk of grain in the field, it is to the human mind. Take the glossy, stiff, outer covering of a stalk of grain and examine it, and you will realize with what firmness it supports the head of grain until it ripens; there is a gradual deposit of Silica in it to give it stamina. So it is with the mind; when the mind needs Silica it is in a state of weakness, embarrassment, dread, a state of yielding.

If you should listen to the description of this state by a prominent clergyman, or a lawyer, or a man in the habit of appearing in public with self-confidence, firmness and fullness of thought and speech, he would tell you he had come to a state where he dreads to appear in public, he feels his own selfhood so that he cannot enter into his subject, he dreads it, he fears that he will fail, his mind will not work, he is worn out by prolonged efforts at mental work.

But he will say that when he forces himself into the harness he can go on with ease, his usual self-command returns to him and he does well; he does his work with promptness, fullness, and accuracy. The peculiar Silica state is found in the dread of failure.

If he has any unusual mental task to perform, he fears he will make a failure of it, yet he does it well. This is the early state; of course there comes a time when he cannot perform the work with accuracy and still he may need Silica.

Irritable and irascible when aroused; when let alone he is timid, retiring, wants to shirk everything; mild, gentle tearful women. The Silica child is cross and cries when spoken to. It is the natural complement and chronic of Puls. because of its great similarity; it is a deeper, more profound remedy. Religious melancholy, sadness, irritability, despondency. Lyc. is stupid, the dread of undertaking anything in from a general knowledge of inability. In Silica it is imaginary.

Silica is not suitable for the irritability and nervous exhaustion coming on from business brain-fag, but more for such brain-fag as belongs to professional men, students, lawyers, clergymen. A lawyer says, "I have never been myself since that John Doe case"

He went through a prolonged effort and sleepless nights followed. Silica restores the brain.

Skin: The remedy produces inflammation about any fibrinous nidus and suppurates it out. It acts upon constitutions that are sluggish and inflames fibrous deposits about old imbedded missiles. Slow nutrition; if the individual receives a slight injury it suppurates and the cicatrix indurate, is

hard and nodular. If there is a deposit of tubercle in the lungs, Silica establishes an inflammation and throws it out, and if the whole lung be tubercular a general suppurative pneumonia will be the result; hence, the danger of giving such remedies and the danger of repeating them in advanced stage of phthisis. Not only Silica but many other remedies have the power to suppurate out deposits, the result of poor nutrition. Warty growths on the skin, moist eruptions, pimples, pustules, abscesses. Suppurating cavities. It establishes healing in old fistulous openings with indurate margins. Catarrhal suppurations; copious muco-purulent discharge from the eyes, nose, ears, chest, vagina, etc.

Suppression: Complaints from the suppression of discharges; suppressed sweat.

These suppressions produce a state in the economy that threatens what little order is left. An offensive foot-sweat ceases after getting the feet wet, and is followed by chills and violent complaints. Silica cures long lasting foot-sweat when the symptoms agree, or complaints that have lasted since the suppression of a foot-sweat. Thick, yellow catarrhal discharges.

#### Head

Chronic sick-headache attended with nausea and even vomiting. Headache commencing in the back of the head in the morning or towards noon going to the forehead, worse towards night, from noise; better from heat; supra-orbital neuralgias; better from pressure and heat and attended with profuse head-sweat. Cold, clammy, offensive sweat on the forehead. When a Silica patient exerts himself he sweats on the face, the lower part of the body is dry or nearly so. It requires great exertion to produce general sweat. A striking feature is the sweat about the upper parts of the body and the head. Vertigo to fainting; with nausea; vertigo creeping up the spine into the head. Skin again: Moist, scaly eruption on the scalp, eczema capitis

#### Nose

Accumulation of hard crusts in the nose, loss of taste and smell epistaxis, thickening of the mucous membrane; most vicious catarrh with discharge of bone from the nose. Horrible, foetid ozaena, old syphilitic cases where the nasal bones are destroyed and the nose becomes a flabby bag, is sunken in or ulcerated away, leaving an opening. Silica may cure and an artificial nose be made afterwards.



## Stomach

Silica disturbs the stomach, causes hiccough, nausea and vomiting disturbs the liver. All these symptoms are connected and are hard to separate. Decided aversion to warm food, desires cold things, wants his tea moderately cold, he is willing to have his food cold, dislikes warm food. Sometimes there is a decided aversion to meat, but if he does take it, he prefers cold, sliced meat. He likes ice cream, ice water, and feels comfortable when it is in the stomach; it is sometimes impossible for him to drink hot fluids, they cause sweat about the face and head and cause hot flushes. Although the patient has an aversion to hot things and desires to eat cold things, yet in chest complaints cold water, ice cream and cold, things in general, increase the cough to gagging, and then the retching is dreadful; violent, retching, gagging cough. Retching from an endeavour to expectorate is usually controlled by Carbo veg., but Silica his it. "Water brash, with chilliness, with brown tongue; nausea and vomiting of what is drunk, worse in the morning; water tastes bad; vomits after drinking". The Silica stomach is weak, in a do-nothing state; old dyspeptics that have been vomiting a long time, especially those who have an aversion to hot food, who cannot take milk, are averse to meat, where, the mental and bodily symptoms agree. Constipation from inability of the rectum to expel the faeces. It is seldom that the stool lies in the rectum without urging like Alumina; there is much urging to stool but inability to expel. The stool may be in small balls or large and soft or large and hard, but there is much straining and sweating about the head and great suffering while straining; the rectum becomes impacted, he strains until he is weak and exhausted, *the stool slips back*; and he gives up in despair. It has also cured fistulous openings. Patients who have a tendency to phthisis are subject to abscesses about the region of the rectum, that break inside or out and form complete or incomplete openings.

## Chest

The Silica cough is a dangerous one; the remedy suits the early stage of phthisis, when the lung is not extensively involved; it suits cough of catarrhal character when the symptoms agree. If there is small abscess in the lung with no tendency to heal, it brings about repair, causes contraction of its walls. Inveterate cases of catarrh of the chest with asthmatic wheezing, overexertion. After violent exertion and overheating, gets in a draft, or takes cold from a bath, becomes chilled.

Complementary to Calc., Puls., and *Thuja*.(15)

### 3.9.5 NASH MATERIA MEDICA:

Mind: Yielding mind, faint-hearted, anxious mood.

Head: Headache rising from the base of the neck to the vertex. Headaches are worse from noise, mental exertion, jarring; better *binding head tightly* or wrapping the head warmly. The head is wet from sweating; particularly at night; likes wrapping up, Swelling in region of the right lachrymal gland and sac.

Hearing and Ears: Stoppage of ears, which open at times with a loud report; difficult hearing of human voice.

Mouth and Throat: Sensation of hair on the forepart of the tongue.

Sight and Eyes: Ophthalmic troubles with great *sensitiveness to cold* and a desire to be warmly wrapped, especially about the head

Stomach: Water tastes badly; vomits after drinking.

Abdomen: Abdomen distended, hard and tense, excessive distension of the abdomen with meteorism. Hardness and distension of the region of the liver; throbbing, ulcerative pain, increased by contact and motion; formation of abscess.

Anus and Stool: Constipation; stool scanty or composed of hard lumps, light colored; expulsion difficult, as from inactivity of the rectum; when partly expelled it slips back again.

Female Sexual Organs: Always great costiveness immediately before and during catamenia, also cold feet. Increased menses, with repeated paroxysms of icy-coldness over the whole body. The mother's milk is so bad that the child refuses it or vomits it soon after nursing.

Respiratory Organs: Cough with yellow expectoration thick, yellow, lumpy, purulent, profuse and greenish.

Neck and Back: Pain in cervical region extending up to vertex. Stiffness in nape of neck, with headache.

Extremities: Feel sweat, with rawness between the toes, or a bad odour; also complaints after checking it.

Chill, Fever, and Sweat: Want of animal heat; always chilly, even when exercising. Sweat only on head or on head and face.

Bones: Inflammation, swelling, caries and necrosis of bones in subjects who lack vital warmth, or who are very sensitive to cold.

Generalities: Ailments following vaccination, abscesses, etc. even convulsions. Small foreign bodies in the skin or larynx. Want of vital warmth even when taking exercise.

Causes and Modalities: Complaints < during new moon or from uncovering the head.

Constitution and Temperament: Scrofulous children, large bellies and weak ankles, and much sweat about the head. Over-sensitive; imperfectly nourished, not from want of food taken, but from imperfect assimilation<sup>(16)</sup>.

### **3.9.6 BOGER SYNOPTIC KEY:**

**REGION- NUTRITION, Children, Tissues- Elastic and cellular, NERVES GLANDS, Tubes: Eustachian, Tear ducts, etc. Fistulae, Bones, Cartilages, Mucous Membrane, Skin**

WORSE: COLD CHANGES: AIR. DRAFTS. Damp. Uncovering. Bathing. Checked sweat, < feet. Sensitive to: Nervous excitement, Light, Noise, Jarring spine. Change of moon. Night. Mental exertion. Alcohol.

BETTER: WARM: WRAPS; to head. Becoming. Profuse urination<sup>(8)</sup>.

### **3.9.7 BOERICKE MATERIA MEDICA:**

**Mind.**--Yielding, faint-hearted, anxious. Nervous and excitable. Sensitive to all impressions. Brain-fag. Obstinate, headstrong children. Abstracted. Fixed ideas; thinks only of pins, fears them, searches and counts them.

**Head.**--Aches from fasting. Vertigo from looking up; *better, wrapping up warmly; when lying on left side. Profuse sweat of head, offensive, and extends to neck. Pain begins at occiput, and spreads over head and settles over eyes.*

**Eyes.**--Angles of eyes affected. *Swelling of lachrymal duct. Aversion to light, worse when closed. Vision confused; letters run together on reading.*

**Ears.**--Fetid discharge. Caries of mastoid. Loud pistol-like report .Sensitive to noise.

**Nose.**--Itching at point of nose. Dry, hard crusts form, *bleeding when loosened. Nasal bones sensitive. Sneezing in morning.*

**Face.**--Skin cracked on margin of lips. Eruption on chin. Facial neuralgia, throbbing, tearing,

**Mouth.**--*Sensation of a hair on tongue. Gums sensitive to cold air. Boils on gums.*

**Throat.**--Periodical quinsy. Pricking as of a pin in tonsil.

**Stomach.**--Disgust for meat and warm food, Want of appetite; thirst excessive. Sour eructation's after eating. Pit of stomach painful to pressure. Vomiting after drinking

**Abdomen.**--Pain or painful cold feeling in abdomen, better external heat. Hard, bloated. Colic; cutting pain, with constipation.

**Rectum.**--Feels paralyzed. Fistula in ano .Fissures and hemorrhoids, painful, with spasm of sphincter. Stool comes down with difficulty; when partly expelled, recedes again. Constipation always before and during menses.

**Female.**--A milky acrid leucorrhoea , during urination. Itching of vulva and vagina; very sensitive. Discharge of blood between menstrual periods. Vaginal cysts hard lumps in breast.

**Respiratory.**--Colds fail to yield; sputum persistently muco-purulent and profuse. Slow recovery after pneumonia. Cough and sore throat, with expectoration of little granules like shot, which, when broken, smell very offensive. Cough with expectoration in day, bloody or purulent. Stitches in chest through to back. Violent cough when lying down, with thick, yellow lumpy expectoration; suppurative stage of expectoration

**Back.**--Weak spine; very susceptible to draughts on back. Pain in coccyx. Spinal irritation after injuries to spine; diseases of bones of spine. Potts' disease.

**Sleep.**--*Night-walking*; gets up while asleep. Sleeplessness, with great orgasm of blood and heat in head. Frequent starts in sleep. Anxious dreams. Excessive gaping.

**Extremities.**--Sciatica, pains through hips, legs and feet. Cramp in calves and soles. Loss of power in legs. Tremulous hands when using them. Paralytic weakness of forearm. *Affections of finger nails*, especially if white spots on nails. In growing toenails. *Offensive sweat on feet*, hands, and axilla. Sensation in tips of fingers, as if suppurating.

**Skin.**--*Felons, abscesses, boils, old fistulous ulcers*. Delicate, pale, waxy. Cracks at end of fingers. Painless swelling of glands. Rose-coloured blotches. Scars suddenly become painful. Pus offensive. *Promotes expulsion of foreign bodies from tissues*. Every little injury suppurates. Long lasting suppuration and fistulous tracts. Dry finger tips. Eruptions itch only in daytime and evening. *Crippled nails*. Indurate tumours. Abscesses of joints. After impure vaccination. Bursa. Lepra, nodes, and coppery spots. *Keloid growths*.

**Modalities.**--*Worse*, new moon, in morning, from washing, during menses, uncovering, lying down, damp, lying on, left side, cold. *Better*, warmth, wrapping up head, summer; in wet or humid weather.

**Relationship.**--Complementary: Thuja; Sanic; Puls; Fluor ac. Mercurius and Silica do not follow each other well<sup>(9)</sup>.

### 3.9.8 ALLENS KEY NOTE:

Adapted to the nervous, irritable, sanguine temperament; persons of a Psoric diathesis. Persons of light complexion; find, dry, skin; pale face; weakly, with lax muscles. Constitutions which suffer from deficient nutrition, not because food is lacking in quality or in quantity, but from imperfect assimilation, oversensitive, physically and mentally. Scrofulous, rachitic children *with large heads*; open fontanelles and sutures; much sweating about the head which must be kept warm by external covering, Nervous debility; exhaustion with erythrim; from hard work and close confinement; may be overcome by force of will. Ailments: caused by suppressed foot-sweat exposing the head or back to any slight draught of air; bad effects of vaccination, especially abscesses and convulsions, chest complaints of stonecutters with total

loss of strength. Want of vital heat, always chilly, even when taking active exercise. Inflammation, swelling and suppuration of glands. Has a wonderful control over the suppurative process - soft tissue, periosteum or bone - maturing abscesses when desired or reducing excessive suppuration. Children are obstinate, headstrong, cry when spoken kindly to. Vertigo: spinal, ascending from back of neck to head; as if one would fall forward, from looking up. Chronic sick headaches, since some severe disease of youth, *ascending from nape of neck to the vertex*, as if coming from the spine and locating in one eye, especially the right < draught of air or uncovering the head; > pressure and wrapping up warmly ,> profuse urination. Constipation: *always before and during menses* difficult, *as from* inactivity of rectum; with great straining, as if rectum was paralyzed; when partly expelled, recedes again . Faeces in ano alternates with chest symptoms . Discharge of blood from vagina every time *the child takes the breast* . Night walking; gets up while asleep, walks about and lies down again. Crippled nails on fingers and toes .Takes cold from exposure of feet .Sweat of hands, toes, feet and axillae, **offensive**. Intolerable, sour, carrion-like odor of the feet, without perspiration, every evening. Fistula lachrymalis, ingrowing, toe-nails, panaritium; blood boils; carbuncles; ulcers of all kinds; fistulae, painful, offensive, high spongy edges, proud flesh in them; fissure in ano; great pain after stool. Promotes expulsion of foreign bodies from the tissues; fish bones, needles, bone splinters.

**Aggravation.** - Cold; during menses; *during new moon*; uncovering, especially the head; *lying down*.

**Amelioration.** - Warmth, especially from wrapping up the head; all the symptoms except gastric, which are > by cold food (Lyc.)

**Relations.** - Complementary: Thuja, Sanicula. Compare: Hep., Pic. ac., Kali p., Hyper., Ruta., Sanic., Gettysburg. Follows well: after, Calc., Graph.,Hep., Nit ac., Phos. Is followed well: by, Hep., Fluor. ac., Lyc., Sep. Silicea is the chronic of Pulsatilla<sup>(17)</sup>.

### 3.9.9 PHILIP M BAILEY

**Keynote: delicate and determined**

Silica is a relatively uncommon constitutional type. Like all highly refined types, it is seen in only a small proportion of the population, probably one to two percent, and because of its rarity, it is easily missed, and also over-prescribed. Silica has some characteristics in

common with Pulsatilla, Calcarea, Nux Vomica, Graphites and Arsenicum, and may be confused with any of these, but the totality of the Silica personality is quite distinct and unique (as is the physical appearance). All the Silica I have seen were female.

### **Intellectual refinement and depth**

All the Silica individuals Silica's mind is highly precise and in general do her work and her research with precision. She tends to keep her light under a bushel, and avoids showing off. She will reveal whatever is appropriate, and retain the rest of her knowledge until she finds those who can appreciate it. Even then, she will usually share her knowledge and opinions in a quiet, even tentative way. She wishes to understand many things, and she will enjoy discussing them with other like-minded people, but there is no egotism in her self-expression. Rather, she is liable to appear earnest, since that is what she is.

### **Timidity, determination and obstinacy**

There is an apparent contradiction in the personality of Silica, which is highly characteristic. Though she is one of the most timid of constitutional types, she is also one of the most stubborn and determined. She is timid because she lacks confidence in herself, and because she fears aggression and the unpredictability of life. As a result, she is tentative when it comes to expressing herself, and she holds back from new endeavours for fear that she will fail, or that circumstances will prove too much for her to cope with. Despite her timidity, Silica generally knows what she believes and what she wants. She may or may not have the courage to go out and say what she thinks, or do what she wants, but her mind is not easily changed. In fact, it is surprisingly stubborn. To understand this, we must bear in mind that Silica is an intellectual type, and one with a particularly subtle mind. She has faith in her own understanding once she has grasped something, and she is inclined to stick to her guns in the face of opposition. In fact, when it comes to intellectual argument, Silica can sometimes come alive and project herself into the conversation with an assertiveness that takes others by surprise, having sat quietly and a little nervously whilst the conversation interested her less. She has a love of truth, and will often forget her fear and dive to defend the truth when she feels it is being attacked. At these times she will speak with passion and determination, as if her life depended upon it and she will resist fiercely any attempts to contradict her. This is just another consequence of her general lack of faith in herself. The other side of the coin is Silica's tendency to have fixed views. Although she may be unsure about many things, she is also

unusually sure about some. One result of Silica's obstinacy in the face of pressure is a refusal to be rushed. She likes to take a long time to think things over, and this can be exasperating for more go-ahead types like Nux and Sulphur. In a marriage,

### **Integrity**

Integrity is a quality that is hard to define, but one which nearly all Silica individuals possess to a high degree. They tend to apply their principles more to themselves than to others, and are not particularly critical of another's behaviour, unless it clearly hurts someone else.

### **Physical appearance:**

Physically Silica has a characteristic appearance. In keeping with her psyche, Silica's body is refined and delicate, like that of Phosphorus, but even slimmer and lighter. The limbs are often so thin that one can imagine them breaking like matchsticks. In Caucasians the hair is blonde (often very blonde), or light brown, and is straight and exceedingly fine in texture. The skin is generally very pale, and fine to the point of looking almost transparent, with fine blue veins showing through, and is often covered in a fine blonde down. The facial features are long, thin, delicate and angular, reflecting the refined intellect, and the eyes are generally blue, grey or green<sup>(18)</sup>.

### **3.9.10 BORLAND D. M., Children's types:**

Then there is another type of child who has fined down slightly; he is still chilly, very much thinner, has not grown nearly as much as the PHOSPHORUS child, is very much paler, and has a fine-textured skin. He has not the coarse curly hair normally associated with the CALCAREA type but rather finer hair, without the reddish glint of the PHOSPHORUS; it is becoming rather sandy.

This child is becoming much more touchy, more difficult, he resents interference and is more inclined to retire into his shell. He is fairly bright mentally, very easily tired out physically; liable to sweat, particularly about the extremities or about the head and neck. -Often he has developed a dislike of, or intolerance to milk, and the cervical glands may be enlarged. This is the picture of the typical SILICEA CHILD<sup>(18)</sup>.



### 3.10. ARTICLES

#### 3.10.1 The effects of silica on lymph nodes and vessels—a possible mechanism in the pathogenesis of non-filarial endemic elephantiasis.

Non-filarial tropical elephantiasis, which occurs in certain volcanic areas of the world, has been postulated to be an obstructive lymphopathy due to the Fibrogenic effects of silica absorbed through the plantar skin of bare-footed people. Animal experiments involving the direct intra lymphatic injection of fine silica particles have been carried out in order to assess the extent to which this substance can engender lymphatic obstruction and to determine its main site of action. Intra lymphatic silica provoked an immediate and intense macrophage reaction with later fibrosis both within lymph vessels and to a lesser extent within lymph nodes. Lymphography indicated that the consequent obstruction resulted more from the effects of silica on vessels than on nodes<sup>(19)</sup>.

#### 3.10.2 Silicea (2001) - British Homeopathic Association

**Silicon is situated** in the carbon group of the periodic table of elements, next to the element carbon. This transitional point is of great significance to man because it is from here that the first unicellular organism and subsequently all life came into being, and the majesty of our earthly landscape, which forms the stage and backdrop for life's unfolding, took shape. Whereas carbon is the key element in the evolution of all organic life, silicon is the planetary architect and sculptor whose genius and artistry create mountain and valley, crag and ravine. With infinite virtuosity the giant molecules of these two elements bring into being either a wonderful diversity of life forms, or the magical splendour of the crystal world.

**Silicea is a compound** of the two most abundant elements of the earth's crust – oxygen and silicon – and makes up 60 per cent of its mass, being the main component of more than 95 per cent of the earth's rocks. The exceptions are the carbonate formations – limestone and dolomite. Many varieties of quartz are vibrantly colored due to the presence of other elements as impurities: amethyst – purple violet; sapphire – indigo-blue; onyx – black to white; jasper – red; opal – iridescent, due to small inclusions of calcium carbonate.

### **The Silicea child:**

Sand can wear away rock, and sand children know this. Despite their shyness and timidity they possess a determination to get what they want. The Silicea child can nag continuously. Once they have made up their minds they will persist until their demands are met, wearing down their parent's resistance with pleas and beseeching. If denied, there is great anger with floods of tears, and then a stubborn sulkiness, which does not easily yield to parental supplication or reasoning. Whilst Calc carb is stubborn in its fears, Silicea is stubborn in its sulks and its tears<sup>(20)</sup>.

### **3.10.3 Treatment of post-burn hypertrophic scar with homoeopathic medicine**

Hypertrophic scar (HSc) is a dermal fibro proliferative disorder that occurs following trauma, inflammation, surgery, burns, and sometimes spontaneously. This is a case report of a 23 year old male with post-burn HSc after acid burn injury on his left jaw. The homoeopathic medicine *Silicea* was prescribed in 30<sup>th</sup> potency on the basis of the totality of symptoms followed by Repertorization, though only three doses of *Silicea* were prescribed at baseline during the course of treatment followed by placebo, there was a marked improvement in HSc as well as in associated complaints.

### **The silica hypothesis for homeopathy: physical chemistry:**

The 'silica hypothesis' is one of several frameworks that have been put forward to explain how homeopathic remedies, which often are diluted beyond the point where any of the original substance remains, might still be clinically effective. We describe here what the silica hypothesis says. From a physical chemistry viewpoint, we explore three challenges that the hypothesis would have to meet in order to explain homeopathy: thermodynamic stability of a large number of distinct structures, pattern initiation at low potencies, and pattern maintenance or gradual evolution at higher potencies. We juxtapose current knowledge about silicates with some of the conventional wisdom about homeopathic remedies, to see how well the latter might be a consequence of the former. We explore variants of the hypothesis including some speculations about mechanisms. We outline laboratory experiments that could help to decide it<sup>(21)</sup>.

### **3.10.4 Wound healing by homeopathic silica [dilutions in mice]**

Highly diluted solutions of silica are widely used in homeopathic medicine to treat lesions such as chronic wounds, ulcers, and abscesses. We tested the therapeutic effects of homeopathic dilutions of silica on induced chronic wounds. Holes were made in the ears of mice by dental wire, which then remained hanging from the ear to cause persistent mechanical irritation. In each experiment 3 or 4 groups of 10 mice each were treated by adding homeopathic dilutions of silica (10(-10), 10(-60), 10(-400)) and of saline (10(-10), respectively, to the drinking water of the mice for 4-20 days. The size of the wound holes was measured every second day (grades 0-4) and/or by an objective image analysis system. The results showed that in 7/11 experiments the ear holes of the silica-treated animals were significantly smaller ( $p$  less than 0.05-0.001) and healed faster than in those treated with saline. Also the therapeutic effect increased progressively with increase in dilution of the silica (10(-10) less than 10(-60) less than 10(-400)). These results show that homeopathic dilutions of silica (even well beyond Avogadro's number) clearly have a therapeutic effect on wound healing and that our experimental model for studying wound healing is a very useful tool for such studies<sup>(22)</sup>.

### **3.10.5 Immunology and homeopathy.**

#### **Experimental studies on animal models:**

A search of the literature and the experiments carried out by the authors of this review show that there are a number of animal models where the effect of homeopathic dilutions or the principles of homeopathic medicine have been tested. The results relate to the immune stimulation by ultralow doses of antigens, the immunological models of the 'simile', the regulation of acute or chronic inflammatory processes and the use of homeopathic medicines in farming. The models utilized by different research groups are extremely heterogeneous and differ as the test medicines, the dilutions and the outcomes are concerned. Some experimental lines, particularly those utilizing mice models of immune modulation and anti-inflammatory effects of homeopathic complex formulations, give support to a real effect of homeopathic high dilutions in animals, but often these data are of preliminary nature and have not been independently replicated. The evidence emerging from animal models is supporting the traditional 'simile' rule, according to which ultralow doses of compounds, that in high doses are pathogenic, may have paradoxically a protective or curative effect. Despite a few encouraging observational studies, the effectiveness of the homeopathic prevention or therapy of infections in veterinary medicine is not sufficiently supported by randomized and controlled trials<sup>(23)</sup>.

### 3.10.6 International Journal of Applied Science - Research and Review

**Abstract:** Homeopathy, a holistic therapy, is believed to cure only acute symptoms of a beginning illness according to the Laws of Similar, but not deep, bleeding, septic wounds. The homeopaths refuse to heal according to special medical indications. Based on Lenger's detection of magnetic photons in homeopathic remedies a biochemical and biophysical model of homeopathic healing was developed Biochemical, pathological pathways can be treated by their highly potentized substrates and inhibitors.

Three groups of patients with moderate, severe and septic wounds had been successfully treated with the suitable remedies depending on the biochemical pathological state. The wounds of the patients can be divided into 3 groups:

1. Moderate injuries
2. Surgeries of the abdomen, tooth extraction and
3. Deep wounds with pus and putrescent flesh

The first group mostly children, had bruises on their skin after accidents such as push, collision or a little cut with a knife. High potencies of *Arnica Montana*, regulating blood circulation, and *Hypericum Perfoliatum*, curing the attacked nerves, were given. In order to close the wounds the calcium pathway was stimulated with Calcium phosphoricum and Silicea. More severe wounds after surgeries of the abdomen or tooth extraction, demanded additional remedies to heal the wounds. *Staphisagria* was applied supporting the calcium regulation too. Additional moderate inflammation was healed by the following remedies: *Kalium bichromicum*, *Mercurius solubilis*, *Silicea*, *Hepar sulphuris*, *Calcium fluoricum*, *Calcium phosphoricum* and *Aconite*. To cure the wounds, the inhibitors as matters of the calcium pathway were given as potentized remedies: *Kalium bichromicum*, *Mercurius solubilis* and *Silicea*.

At the top of the second main group of the periodic table are the elements magnesium and calcium, the natural elements working in a living body; below follow the elements from barium until mercury. All these elements are the poisons of the calcium biochemical pathway; at the top of the third main group there is alumina serving to support the body's structure. At the top of the fourth main group there are the elements carbon, below that silicon, and lead (Latin:plumbum). They form the structures of a living body and as homeopathic remedies they are necessary for healing deep wounds. Severe inflammation with pus and swelling is cured by

the following highly potentized remedies: Anthracinum, Pyrogenium. The snake venoms of *Elaps corallinus*, *Crotalus horridus*, *Lachesis mutus* stimulate the regeneration of the cells. These potentized snake venoms are used very often for healing inflammation of the veins. The toxicology of the used remedies as substance is described in toxicological books and in the symptom pictures of the *Materia Medica*. At the beginning of the therapy the remedies were given 3 times daily. When the symptoms were improving the remedies were taken twice daily, and then later once a day. In general the wounds were cured softly, more quickly and without any side effects. This new, advanced treatment is against the ideas of homeopaths, who give only one dose of one remedy and wait for the reaction. Reaction chains were developed for the homeopathic therapy of different sorts of wounds based on their pathological biochemistry and in this way according to the Law of Similars. This biochemical thinking may give a guideline for curing wounds and ulcers with homeopathic remedies.

**Keywords:**

Homeopathic healing of septic wounds; Magnetic Photons; Homeopathic healing of pathological pathways<sup>(24)</sup>.

**3.10.7 Silica in Plants: Biological, Biochemical and Chemical Studies**

**ABSTRACT:**

**BACKGROUND:**

The incorporation of silica within the plant cell wall has been well documented by botanists and materials scientists; however, the means by which plants are able to transport silicon and control its polymerization, together with the roles of silica *in situ*, are not fully understood.

Recent Progress

Recent studies into the mechanisms by which silicification proceeds have identified the following: an energy-dependent Si transporter; Si as a biologically active element triggering natural defence mechanisms; and the means by which abiotic toxicities are alleviated by silica. A full understanding of silica formation *in vivo* still requires an elucidation of the role played by the environment in which silica formation occurs. Results from *in-vitro* studies of the effects of cell-wall components associated with polymerized silica on mineral formation illustrate the

interactions occurring between the biomolecules and silica, and the effects their presence has on the mineralized structures so formed.

**Scope:**

This Botanical Briefing describes the uptake, storage and function of Si, and discusses the role biomolecules play when incorporated into model systems of silica polymerization as well as future directions for research in this field.

**Key words:**

Silica, biosilicification, stress resistance, silicon transport, silicic acid<sup>(25)</sup>.

## **4. MATERIALS AND METHODS**

### **4.1 Study Setting**

A sample of hundred cases taken from patients visiting the OPD of Sarada Krishna Homoeopathic Medical College.

### **4.2 Selection of Samples**

Sample size minimum hundred cases

Sample Technique-Random sampling

Selection based on previous cases in which Silicea Terra is prescribed and in which there is symptomatic relief for the patient.

### **4.3 METHODOLOGY:**

The case is processed through case –concept form and standardized paper on homoeopathic principles which enables the analysis of the case, and finally the analysed data synthesized together to form the concept involved in the treatment.

Case concept form enables a physician to identify the concepts utilized while solving a case. During the interaction between the patient and physician, an action is released to resolve the suffering patient. Right action meets with success. Any case treated homeopathically can be used for this form, provided adequate follow-ups should be included. In this form we can explore the various action of the physician in terms of supportive philosophical foundations and how they are applied in practice.

The form comprises of six section and twenty areas.

Main sections are

→problem definition

→correlation

→analysis and synthesis: and totality

→Problem: structuralisation

→Problem: resolution

→Education and training

Appropriate space with horizontal lines provided below each heading .While filling up the form we should not remain confined to the action taken but focus on the concepts behind the action .The idea should be presented with the help of key words and connecting lines.

### **PROBLEM DEFINITION:**

- Case record. While going through any clinical records, certain areas stand out prominently, which allow the physician to unlock the case.

### **CORRELATION**

The mass of data needs to be organized, processed and connected with each other through the different filters .These filters are

- **Systematic:** Classification and evaluation-different class of symptoms dominate each case and accordingly we value them. Symptoms form a homogenous block.
- **Clinicopathological:** We come across patients with multiple pathologies each affecting the course of the other. We should understand the correlation between the symptoms (Expressions) and the anatomic/ pathophysiological / etiological relationships.
- **Psychological:** A disposition and circumstances interact through time to produce the mental state .Evolutionary study of this phenomenon allows us to identify these factors and establish correlation. Psychodynamic concepts where by the early life of individual comes to acquire an impact on the current life pattern ,helps in the evolution of expression
- **Hahnemannian miasmatic pathology:** Current interpretation-we assess the changes at the functional and structural level with the current knowledge of



clinical medicine and pathophysiology. When these changes are understood in Hahnemannian theory of chronic disease we present a total view of the case.

### **ANALYSIS AND SYNTHESIS: TOTALITY**

His section deal with the totalities on which remedial actions have been released and seeks clarity on the conceptual bassist helps us to choose the similimum .But in chronic cases it is difficult to choose a single remedy fitting the entire totality. So, splitting of totality into homogenous blocks is required. For this Miasmatic expression and phases of disease needs to be identified. The different totalities are acute totality, chronic totality, intercurrent totality, sequential totality, split totality, related totality etc.

Then the techniques are important. Reportorial and non-reportorial techniques are used. Non-reportorial techniques are structuralisation and key-notes.

### **PROBLEM: STRUCTURALISATION**

The total appreciation of the case can be presented in the form of a structure using the concept of homogenous blocks as well as the essential evolutionary totality. Structure is formed of parts with natural inter relationships. Time dimension should be added so that evolution is available.

### **PROBLEM: RESOLUTION**

Physician tries to resolve the problem of a patient through remedial as well as non-remedial means. These are

Management-General-Environment,

Management-General Individual,

Management- General-Replacement,

Management-Mechanical measures and Auxiliary measures,

Management-Specific-Homoeopathic-Planning and Programming, Prognosis.

## **EDUCATION AND TRAINING**

Each case has certain points important from the point of view of learning and should be highlighted in this area.

### **4.4 INCLUSION CRITERIA**

→Patients of both sexes

→Those cases well-acted upon with Silicea Terra is only taken for study

### **4.5 EXCLUSION CRITERIA**

→Cases treated with Silicea Terra but those have no significant improvement are excluded

## 5. OBSERVATION AND RESULTS

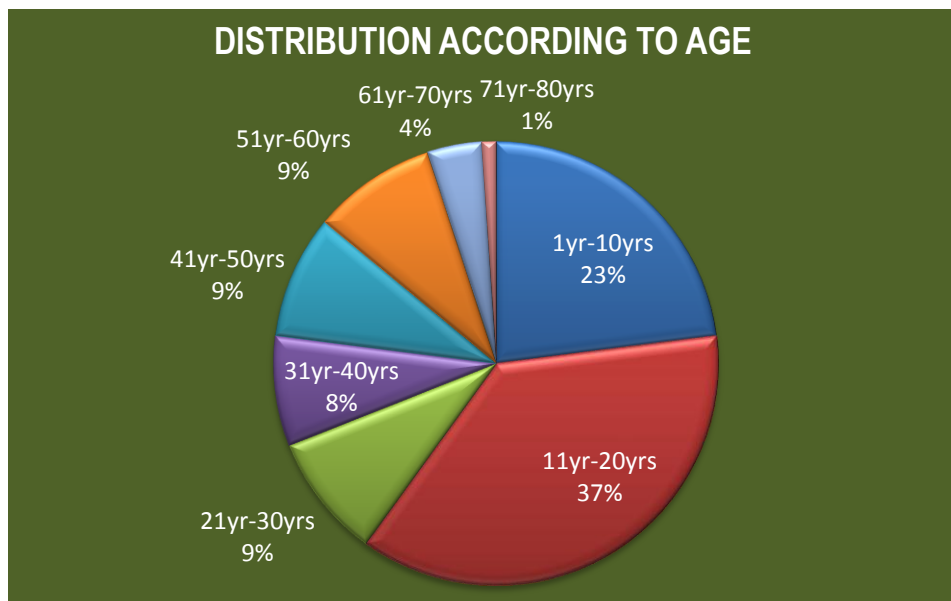
### 5.1 PATIENT SAMPLES BASIC CHARACTERISTICS ANALYSIS

#### 5.1.1 DISTRIBUTION OF CASES ACCORDING TO AGE (PERCENTAGE)

TABLE: 1

| AGE IN YEARS | NO.OF SAMPLES |
|--------------|---------------|
| 1yr-10yrs    | 23            |
| 11yr-20yrs   | 37            |
| 21yr-30yrs   | 9             |
| 31yr-40yrs   | 8             |
| 41yr-50yrs   | 9             |
| 51yr-60yrs   | 9             |
| 61yr-70yrs   | 4             |
| 71yr-80yrs   | 1             |
| GRAND TOTAL  | 100           |

CHART: 1

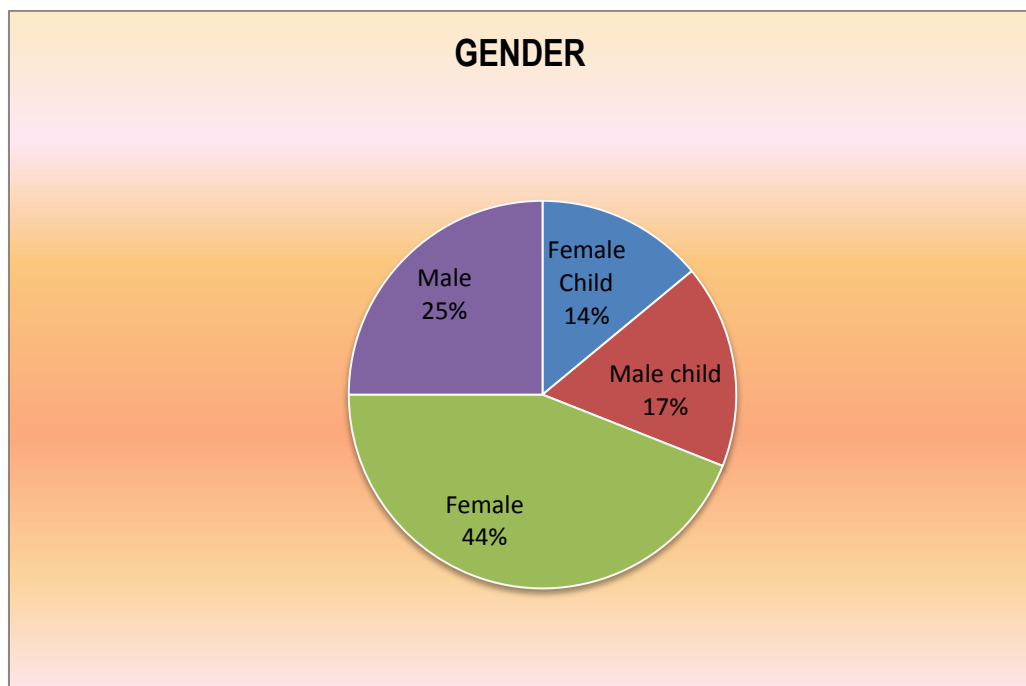


### 5.1.2 DISTURBUTION OF CASES ACCORDING TO GENDER (PERCENTAGE)

TABLE: 2

| GENDER             | NO OF SAMPLES |
|--------------------|---------------|
| Female Child       | 14            |
| Male child         | 17            |
| Female             | 44            |
| Male               | 25            |
| <b>GRAND TOTAL</b> | <b>100</b>    |

CHART: 2

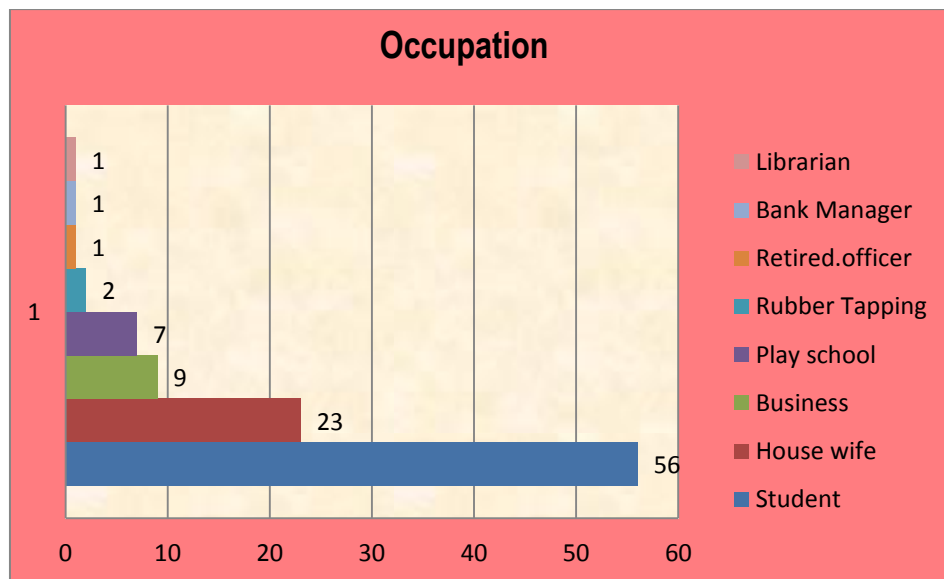


**5.1.3 DISTRIBUTION OF CASES ACCORDING TO OCCUPATION  
(PERCENTAGE)**

**TABLE: 3**

| OCCUPATION         | NO. OF SAMPLES |
|--------------------|----------------|
| Student            | 56             |
| House wife         | 23             |
| Business           | 9              |
| Play school        | 7              |
| Rubber Tapping     | 2              |
| Retired. Officer   | 1              |
| Bank Manager       | 1              |
| Librarian          | 1              |
| <b>GRAND TOTAL</b> | <b>100</b>     |

**CHART: 3**

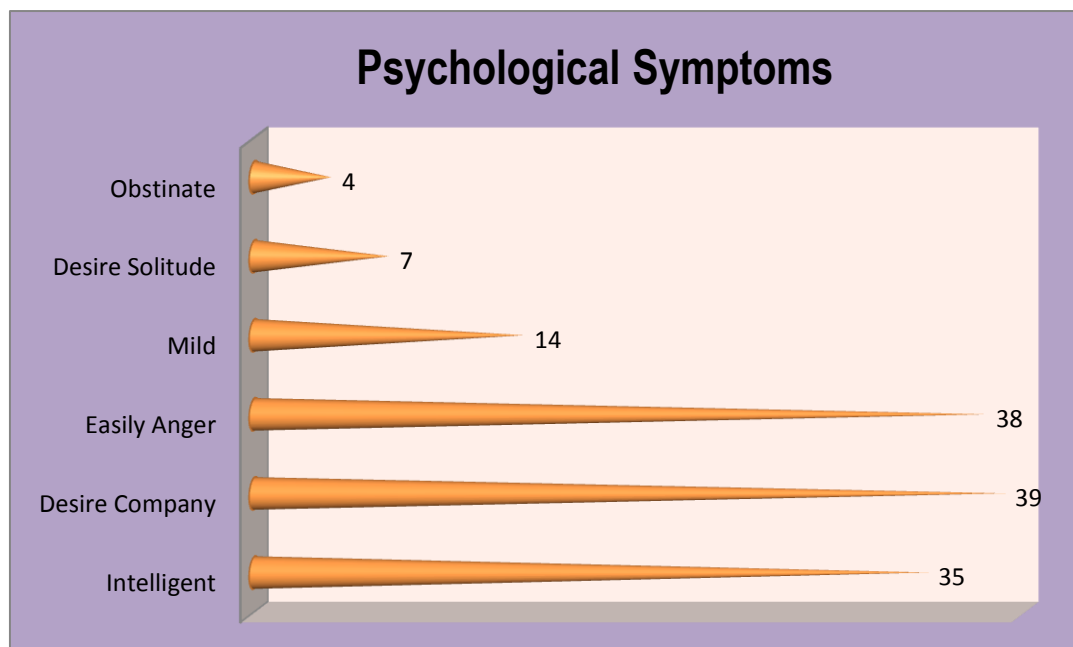


### 5.1.4 DISTRIBUTION OF CASES ACCORDING TO PSYCHOLOGICAL SYMPTOMS

TABLE: 4

| PSYCHOLOGICAL SYMPTOMS | NO.OF SAMPLES |
|------------------------|---------------|
| Intelligent            | 35            |
| Desire Company         | 39            |
| Easily Anger           | 38            |
| Mild                   | 14            |
| Desire Solitude        | 7             |
| Obstinate              | 4             |

CHART: 4

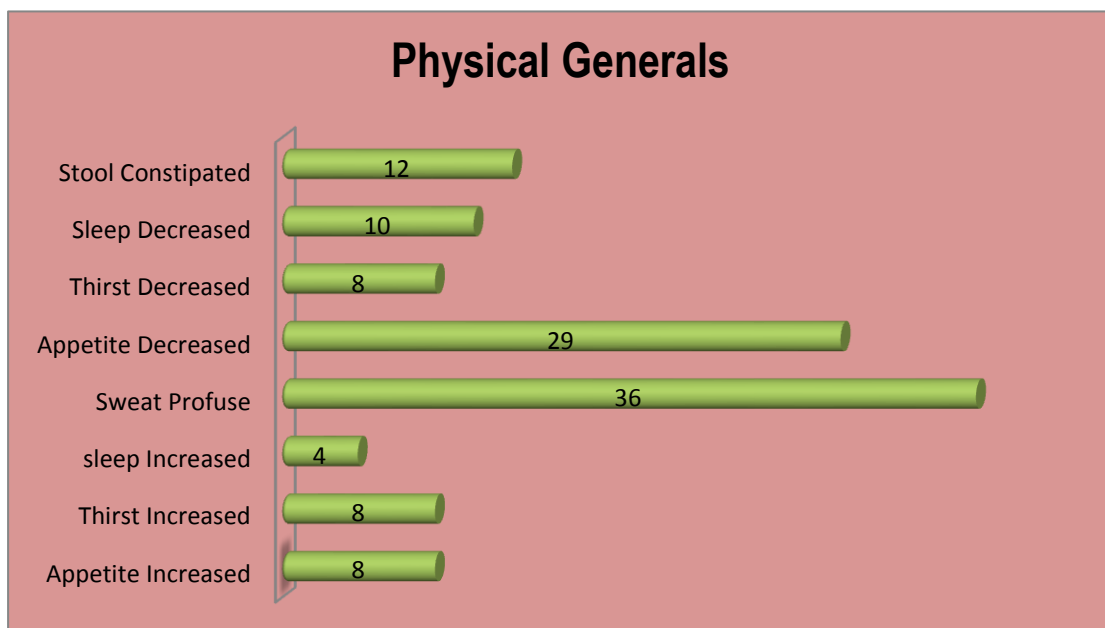


### 5.1.5 DISTRIBUTION OF CASES ACCORDING TO PHYSICAL GENERALS

TABLE: 5

| PHYSICAL GENERALS  | NO. OF SAMPLES |
|--------------------|----------------|
| Appetite Increased | 8              |
| Thirst Increased   | 8              |
| sleep Increased    | 4              |
| Sweat Profuse      | 36             |
| Appetite Decreased | 29             |
| Thirst Decreased   | 8              |
| Sleep Decreased    | 10             |
| Stool Constipated  | 12             |

CHART: 5

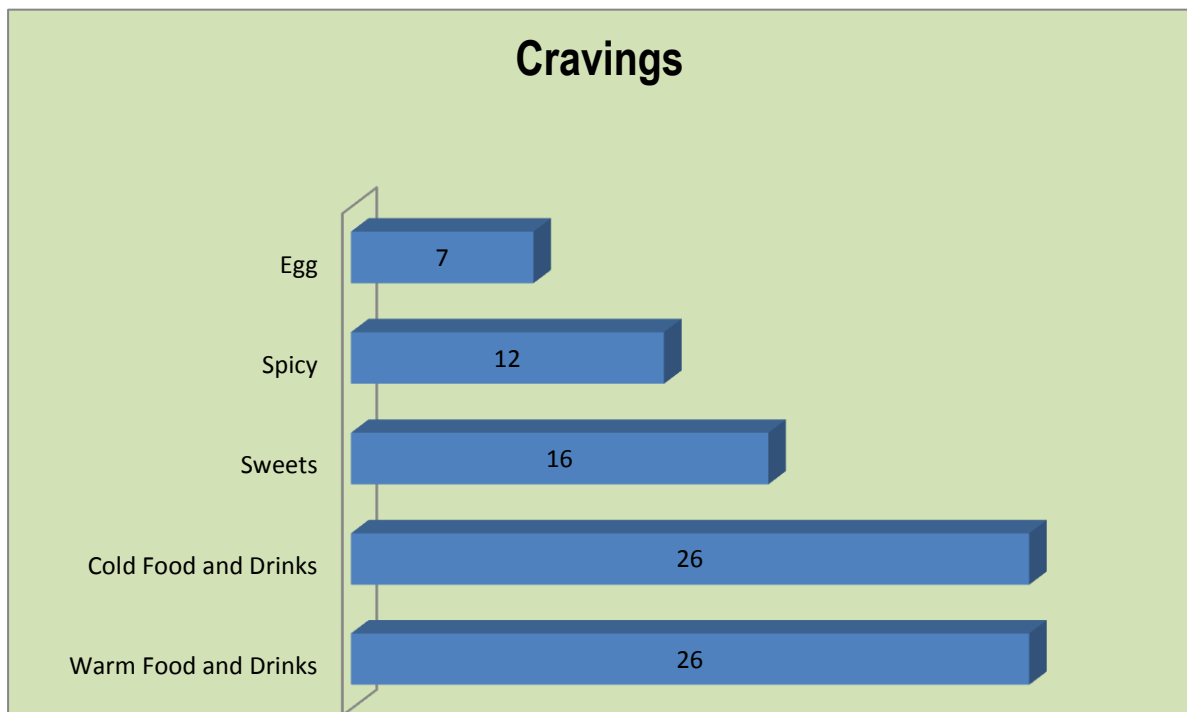


### 5.1.6 DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOMS WITH CRAVINGS

TABLE : 6

| CRAVINGS             | NO. OF SAMPLES |
|----------------------|----------------|
| Warm Food and Drinks | 26             |
| Cold Food and Drinks | 26             |
| Sweets               | 16             |
| Spicy                | 12             |
| Egg                  | 7              |

CHART : 6



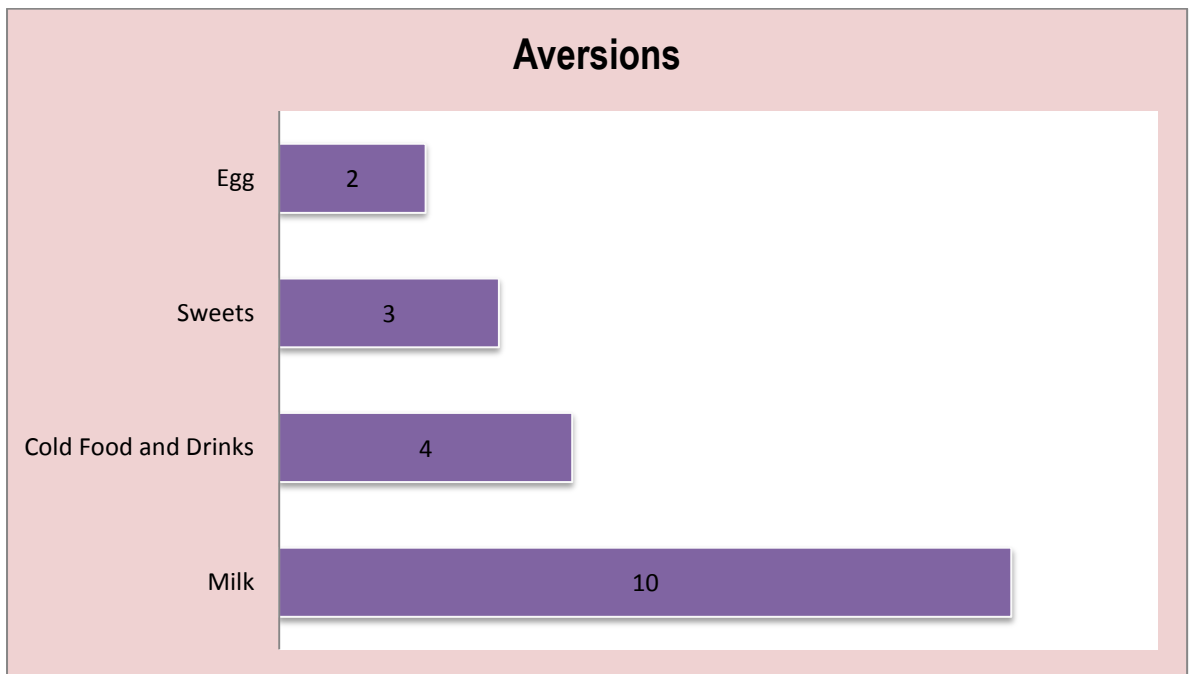


### 5.1.7 DISTRIBUTION OF CASES ACCORDING TO PHYSICAL SYMPTOMS WITH AVERSIONS

TABLE : 7

| AVERSION             | NO. OF SAMPLES |
|----------------------|----------------|
| Milk                 | 10             |
| Cold Food and Drinks | 4              |
| Sweets               | 3              |
| Egg                  | 2              |

CHART: 7

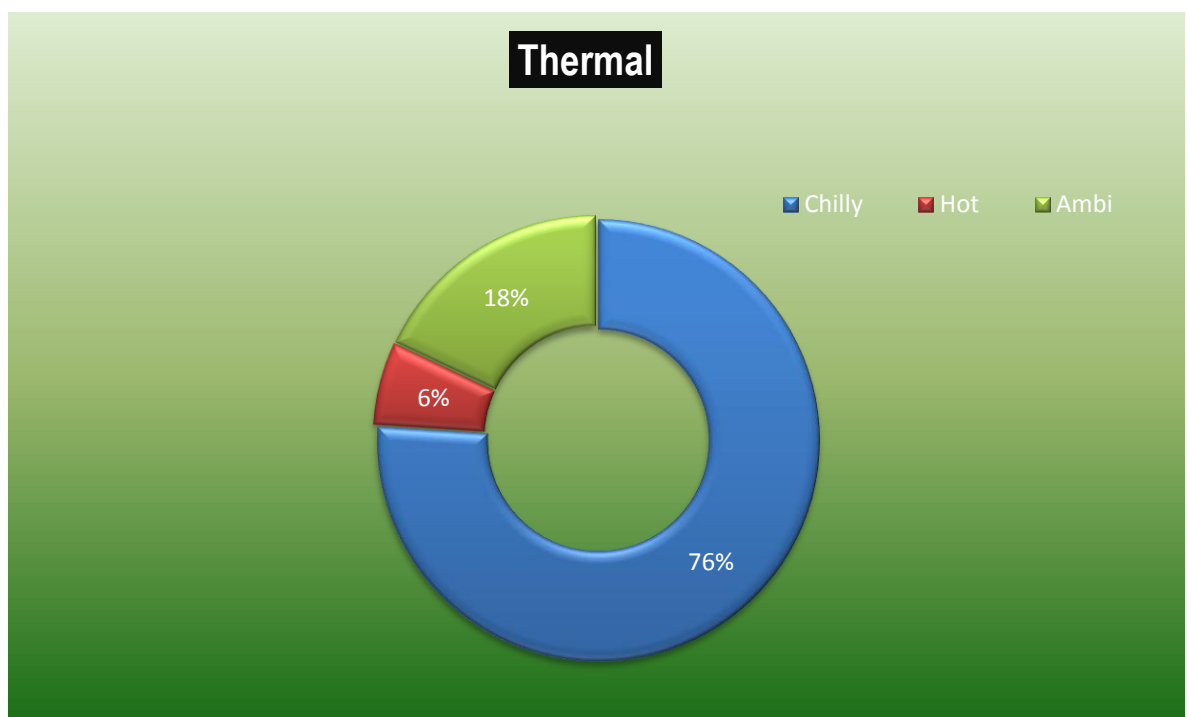


### 5.1.8 DISTRIBUTION OF CASES ACCORDING TO THERMAL REACTIONS (PERCENTAGE)

TABLE: 8

| THERMAL     | NO.OF SAMPLES |
|-------------|---------------|
| Chilly      | 76            |
| Hot         | 6             |
| Ambithermal | 18            |
| GRAND TOTAL | 100           |

CHART: 8



**5.1.9 D DISTRIBUTION OF CASES- OVERVIEW OF SAMPLE  
DIAGNOSIS (PERCENTAGE)**

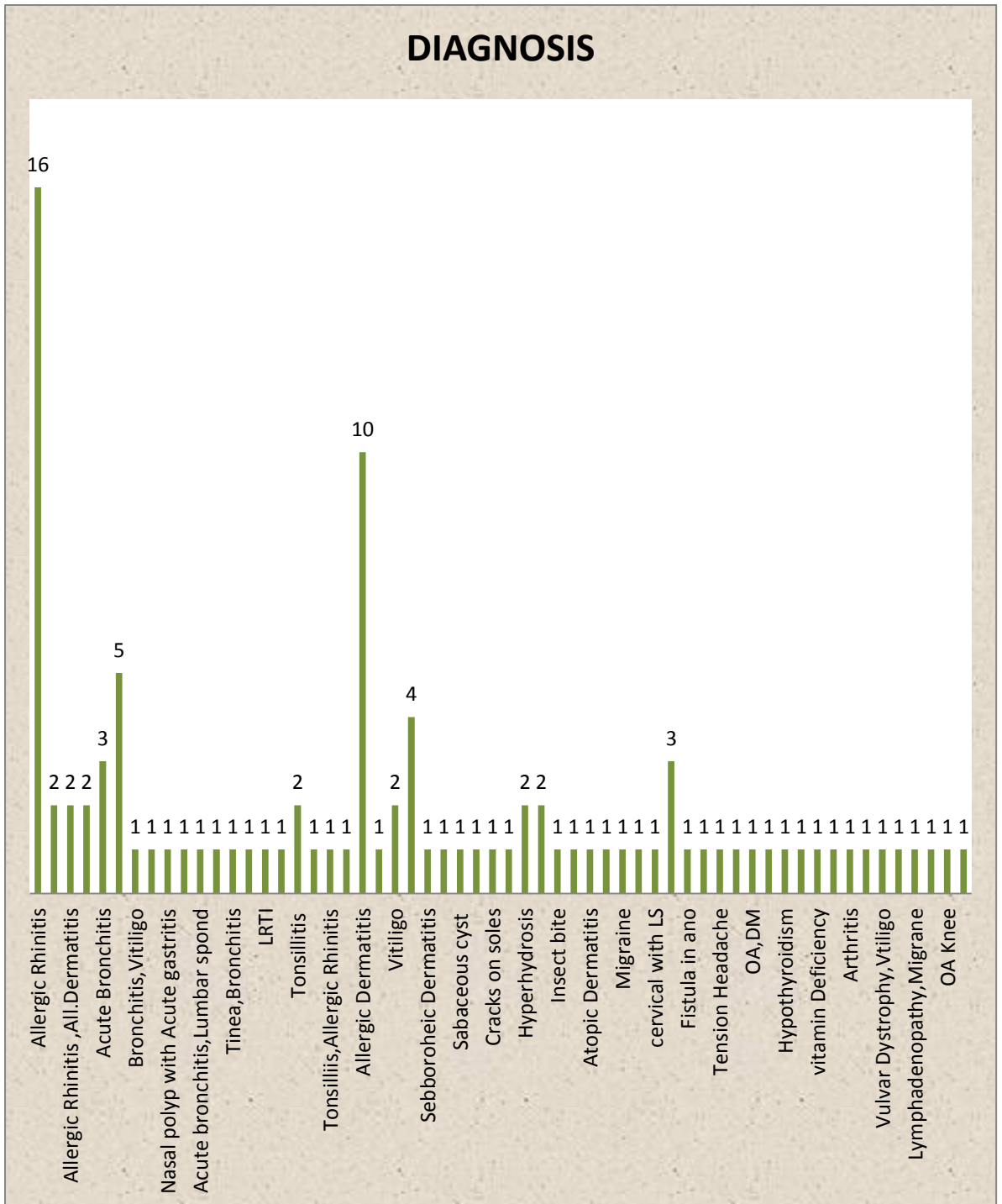
**TABLE: 9**

| <b>DIAGNOSIS</b>                                     | <b>NO.OF SAMPLES</b> |
|--|----------------------|
| Allergic Rhinitis                                    | 16                   |
| Allergic Rhinitis, Worm infestation                  | 2                    |
| Allergic Rhinitis, Allergic Dermatitis               | 2                    |
| Chronic Bronchitis                                   | 2                    |
| Acute Bronchitis                                     | 3                    |
| Bronchial Asthma                                     | 5                    |
| Bronchitis, Vitiligo                                 | 1                    |
| DNS, Dermatitis                                      | 1                    |
| Nasal polyp with Acute gastritis                     | 1                    |
| Sinusitis  | 1                    |
| Acute bronchitis, Lumbar spondylosis                 | 1                    |
| Acute bronchitis, DM                                 | 1                    |
| Tinea, Bronchitis                                    | 1                    |
| Bronchial Asthma, Hypothyroid                        | 1                    |
| LRTI   | 1                    |
| Acute bronchitis, Dermatitis                         | 1                    |
| Tonsillitis  | 2                    |
| Tonsillitis , Allergic Rhinitis, Allergic Dermatitis | 1                    |
| Tonsillitis, Allergic Rhinitis                       | 1                    |
| Tonsillitis ,Tension Headache                        | 1                    |
| Allergic Dermatitis                                  | 10                   |
| Leucoderma   | 1                    |
| Vitiligo   | 2                    |
| Allergic Dermatitis, Bronchitis                      | 4                    |
| Sebboroheic Dermatitis                               | 1                    |

|                                 |   |
|---------------------------------|---|
| Leucoderma ,Allergic rhinitis   | 1 |
| Sebaceous cyst                  | 1 |
| Hyper pigmentation of skin      | 1 |
| Cracks on soles                 | 1 |
| Urticaria                       | 1 |
| Hyperhidrosis                   | 2 |
| Onychomycosis                   | 2 |
| Insect bite                     | 1 |
| Scleromyositis                  | 1 |
| Atopic Dermatitis               | 1 |
| Allergic Dermatitis, DM         | 1 |
| Migraine                        | 1 |
| GERD                            | 1 |
| cervical with LS                | 1 |
| Hemorrhoids                     | 3 |
| Fistula in ano                  | 1 |
| Perianal Abscess                | 1 |
| Tension Headache                | 1 |
| Varicose vein                   | 1 |
| OA, DM                          | 1 |
| PCOS                            | 1 |
| Hypothyroidism                  | 1 |
| Anorexia                        | 1 |
| vitamin Deficiency              | 1 |
| Peri ventricular Leukomalacia   | 1 |
| Arthritis                       | 1 |
| Malnutrition                    | 1 |
| Vulvar Dystrophy, Vitiligo      | 1 |
| Diabetic retinopathy with OA    | 1 |
| Lymphadenopathy, Migraine       | 1 |
| Prostatic enlarge with cystitis | 1 |

|                    |            |
|--------------------|------------|
| <b>OA Knee</b>     | <b>1</b>   |
| <b>Dystonia</b>    | <b>1</b>   |
| <b>GRAND TOTAL</b> | <b>100</b> |

CHART: 9



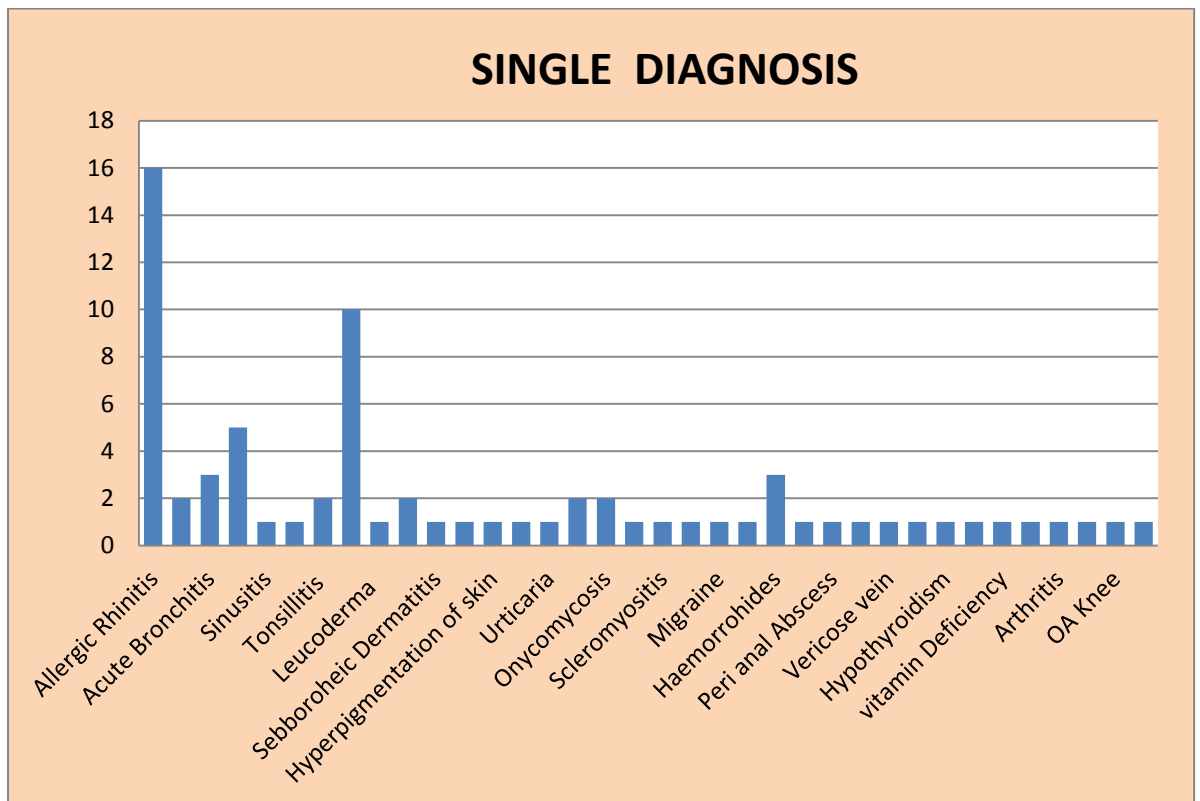
**5.1.10 DISTRIBUTION OF CASES- OVERVIEW OF SINGLE DIAGNOSIS  
(PERCENTAGE)**

**TABLE: 10**

| <b>SINGLE DIAGNOSES</b>    | <b>NO. OF SAMPLES</b> |
|----------------------------|-----------------------|
| Allergic Rhinitis          | 16                    |
| Chronic Bronchitis         | 2                     |
| Acute Bronchitis           | 3                     |
| Bronchial Asthma           | 5                     |
| Sinusitis                  | 1                     |
| LRTI                       | 1                     |
| Tonsillitis                | 2                     |
| Allergic Dermatitis        | 10                    |
| Leucoderma                 | 1                     |
| Vitiligo                   | 2                     |
| Sebboroheic Dermatitis     | 1                     |
| Sebaceous cyst             | 1                     |
| Hyper pigmentation of skin | 1                     |
| Cracks on soles            | 1                     |
| Urticaria                  | 1                     |
| Hyperhydrosis              | 2                     |
| Onycomycosis               | 2                     |
| Insect bite                | 1                     |
| Scleromyositis             | 1                     |
| Atopic Dermatitis          | 1                     |
| Migraine                   | 1                     |
| GERD                       | 1                     |
| Hemorrhoides               | 3                     |
| Fistula in ano             | 1                     |
| Peri anal Abscess          | 1                     |
| Tension Headache           | 1                     |
| Varicose vein              | 1                     |
| PCOS                       | 1                     |

|                               |           |
|-------------------------------|-----------|
| Hypothyroidism                | 1         |
| Anorexia                      | 1         |
| vitamin Deficiency            | 1         |
| Peri ventricular Leukomalacia | 1         |
| Arthritis                     | 1         |
| Malnutrition                  | 1         |
| OA Knee                       | 1         |
| Dystonia                      | 1         |
| <b>GRAND TOTAL</b>            | <b>73</b> |

**CHART: 10**



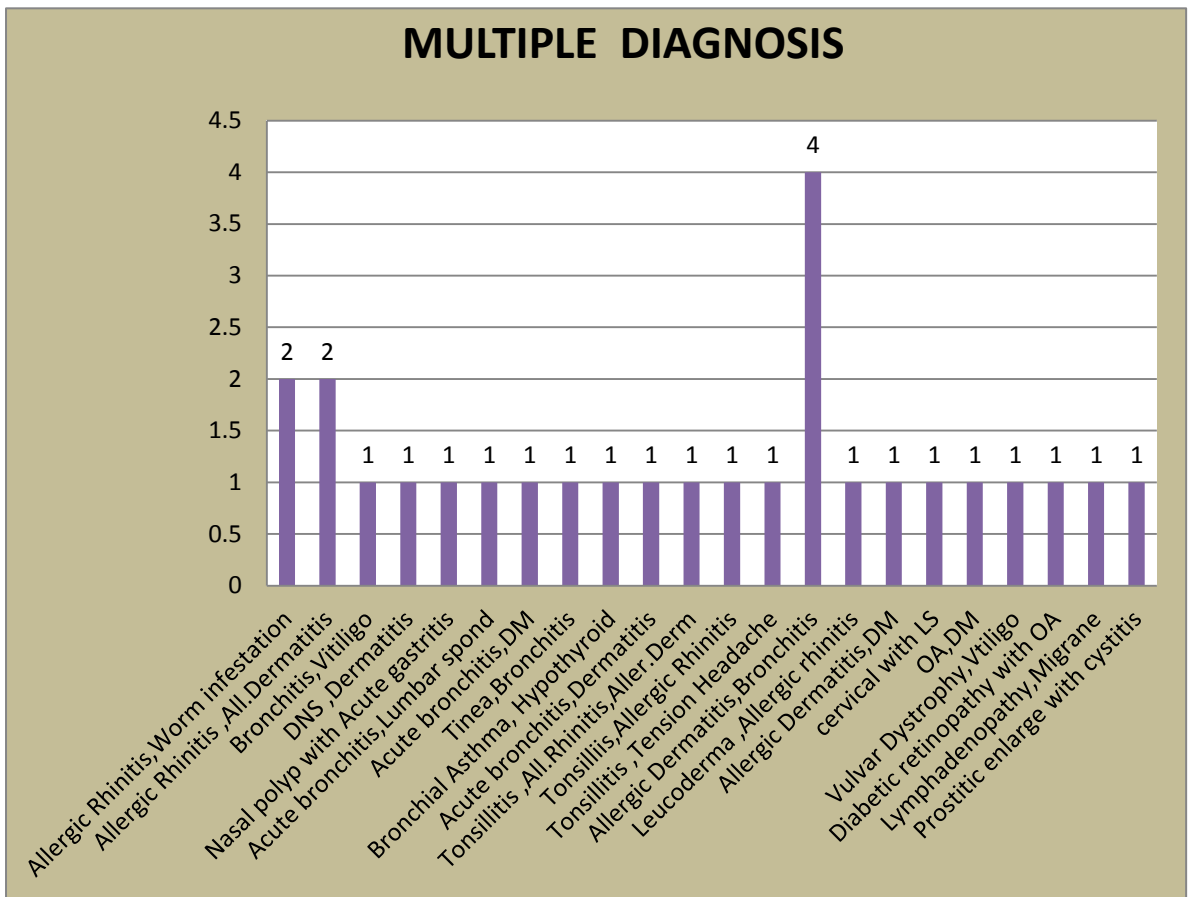


**5.1.11 DISTRIBUTION OF CASES- OVERVIEW OF MULTIPLE DIAGNOSIS  
(PERCENTAGE)**

**TABLE: 11**

| <b>MULTIPLE DIAGNOSIS</b>                           | <b>NO. OF SAMPLES</b> |
|---|-----------------------|
| Allergic Rhinitis, Worm infestation                 | 2                     |
| Allergic Rhinitis ,Allergic Dermatitis              | 2                     |
| Bronchitis, Vitiligo                                | 1                     |
| DNS ,Dermatitis                                     | 1                     |
| Nasal polyp with Acute gastritis                    | 1                     |
| Acute bronchitis, Lumbar spondylosis                | 1                     |
| Acute bronchitis, DM                                | 1                     |
| Tinea, Bronchitis                                   | 1                     |
| Bronchial Asthma, Hypothyroid                       | 1                     |
| Acute bronchitis, Dermatitis                        | 1                     |
| Tonsillitis ,Allergic Rhinitis, Allergic Dermatitis | 1                     |
| Tonsillitis, Allergic Rhinitis                      | 1                     |
| Tonsillitis ,Tension Headache                       | 1                     |
| Allergic Dermatitis, Bronchitis                     | 4                     |
| Leucoderma ,Allergic rhinitis                       | 1                     |
| Allergic Dermatitis, DM                             | 1                     |
| cervical with LS                                    | 1                     |
| OA,DM   | 1                     |
| Vulvar Dystrophy, Vitiligo                          | 1                     |
| Diabetic retinopathy with OA                        | 1                     |
| Lymphadenopathy, Migraine                           | 1                     |
| Prostatic enlarge with cystitis                     | 1                     |
| <b>GRAND TOTAL</b>                                  | <b>27</b>             |

CHART: 11

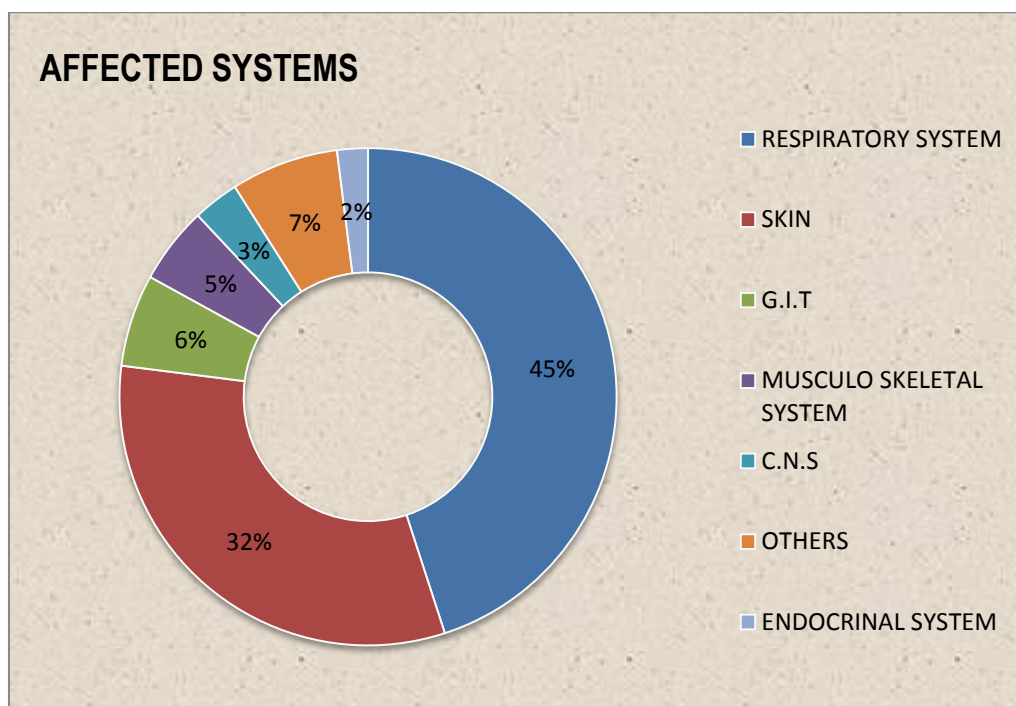


### 5.1.12 DISTRIBUTION OF CASE- OVERVIEW OF SAMPLE WITH AFFECTED SYSTEM (PERCENTAGE)

TABLE: 12

| SYSTEMS                 | NO.OF SAMPLES |
|-------------------------|---------------|
| RESPIRATORY SYSTEM      | 45            |
| SKIN                    | 32            |
| G.I.T                   | 6             |
| MUSCULO SKELETAL SYSTEM | 5             |
| C.N.S                   | 3             |
| OTHERS                  | 7             |
| ENDOCRINE SYSTEM        | 2             |
| GRAND TOTAL             | 100           |

CHART: 12

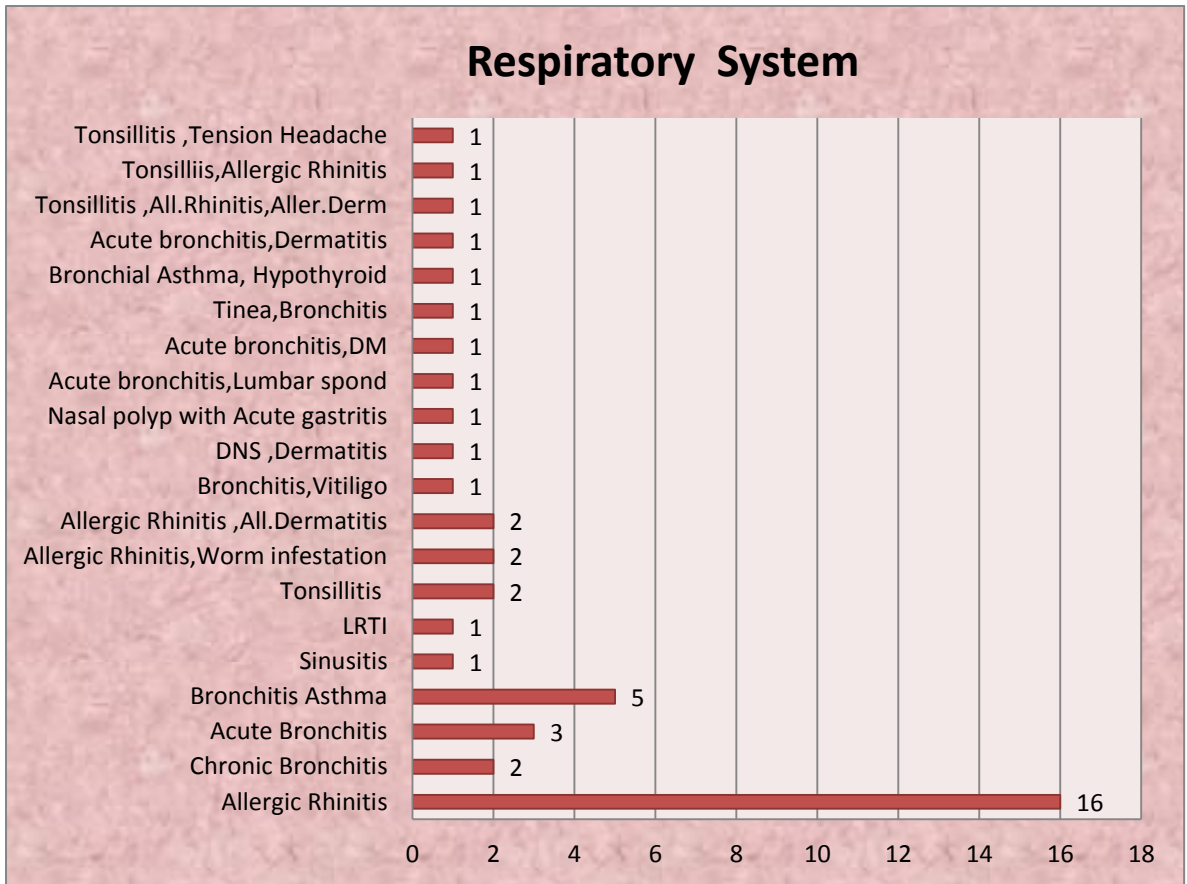


**5.1.13 DISTRIBUTION OF CASES- OVERVIEW OF RESPIRATORY SYSTEM  
DIAGNOSIS (PERCENTAGE)**

**TABLE: 13**

| <b>RESPIRATORY SYSTEM</b>                       | <b>NO. OF SAMPLES</b> |
|---|-----------------------|
| Allergic Rhinitis                               | 16                    |
| Chronic Bronchitis                              | 2                     |
| Acute Bronchitis                                | 3                     |
| Bronchitis Asthma                               | 5                     |
| Sinusitis                                       | 1                     |
| LRTI  | 1                     |
| Tonsillitis                                     | 2                     |
| Allergic Rhinitis, Worm infestation             | 2                     |
| Allergic Rhinitis, All. Dermatitis              | 2                     |
| Bronchitis, Vitiligo                            | 1                     |
| DNS ,Dermatitis                                 | 1                     |
| Nasal polyp with Acute gastritis                | 1                     |
| Acute bronchitis, Lumbar spondylosis            | 1                     |
| Acute bronchitis, DM                            | 1                     |
| Tinea, Bronchitis                               | 1                     |
| Bronchial Asthma, Hypothyroid                   | 1                     |
| Acute bronchitis, Dermatitis                    | 1                     |
| Tonsillitis, All. Rhinitis, Allergic Dermatitis | 1                     |
| Tonsillitis, Allergic Rhinitis                  | 1                     |
| Tonsillitis ,Tension Headache                   | 1                     |
| <b>GRAND TOTAL</b>                              | <b>45</b>             |

CHART: 13

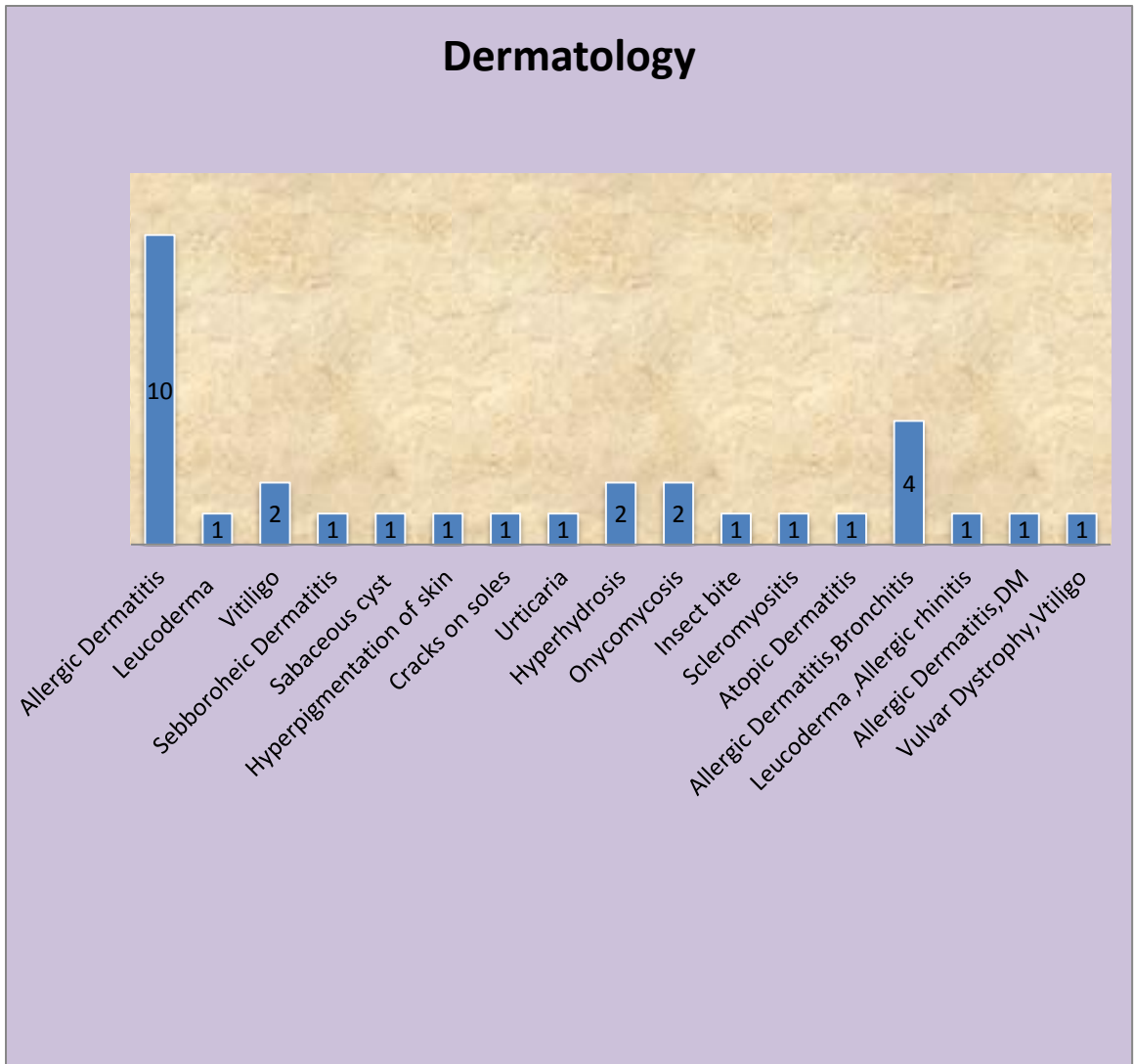


**5.1.14 DISTRIBUTION OF CASES- OVERVIEW OF DERMATOLOGY –  
DIAGNOSIS (PERCENTAGE)**

**TABLE: 14**

| <b>DERMATOLOGY</b>             | <b>NO. OF SAMPLES</b> |
|--------------------------------|-----------------------|
| Allergic Dermatitis            | 10                    |
| Leucoderma                     | 1                     |
| Vitiligo                       | 2                     |
| Sebboroheic Dermatitis         | 1                     |
| Sebaceous cyst                 | 1                     |
| Hyper pigmentation of skin     | 1                     |
| Cracks on soles                | 1                     |
| Urticaria                      | 1                     |
| Hyperhydrosis                  | 2                     |
| Onychomycosis                  | 2                     |
| Insect bite                    | 1                     |
| Scleromyositis                 | 1                     |
| Atopic Dermatitis              | 1                     |
| Allergic Dermatitis,Bronchitis | 4                     |
| Leucoderma,Allergic rhinitis   | 1                     |
| Allergic Dermatitis,DM         | 1                     |
| Vulvar Dystrophy,Vitiligo      | 1                     |
| <b>GRAND TOTAL</b>             | <b>32</b>             |

CHART: 14

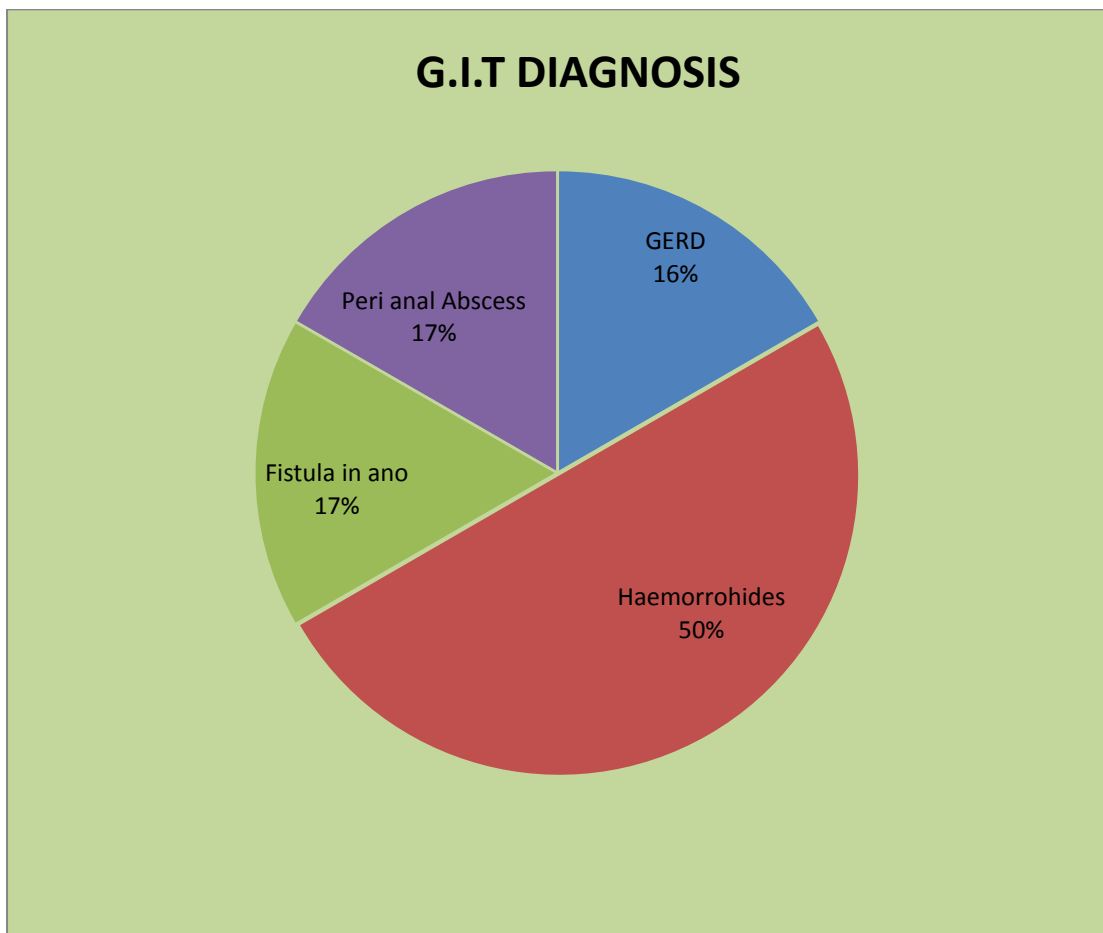


**5.1.15 DISTRIBUTION OF CASES- OVERVIEW OF G-I-T DIAGNOSIS  
(PERCENTAGE)**

**TABLE: 15**

| <b>G.I.T</b>       | <b>NO. OF SAMPLES</b> |
|--------------------|-----------------------|
| GERD               | 1                     |
| Hemorrhoids        | 3                     |
| Fistula in ano     | 1                     |
| Peri anal Abscess  | 1                     |
| <b>GRAND TOTAL</b> | <b>6</b>              |

**CHART: 15**



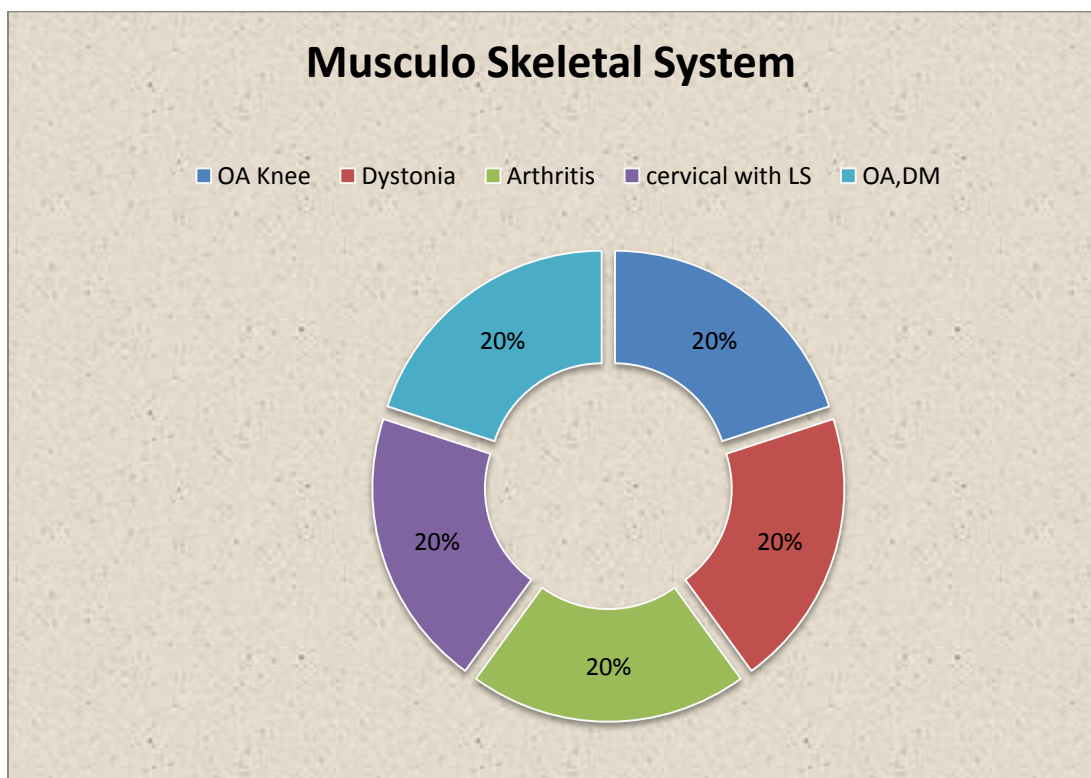


**5.1.16 DISTRIBUTION OF CASES- OVERVIEW OF MUSCULO SKELETAL SYSTEM DIAGNOSIS (PERCENTAGE)**

**TABLE: 16**

| Musculo Skeletal System | NO. OF SAMPLES |
|-------------------------|----------------|
| OA Knee                 | 1              |
| Dystonia                | 1              |
| Arthritis               | 1              |
| cervical with LS        | 1              |
| OA,DM                   | 1              |
| <b>GRAND TOTAL</b>      | <b>5</b>       |

**CHART: 16**

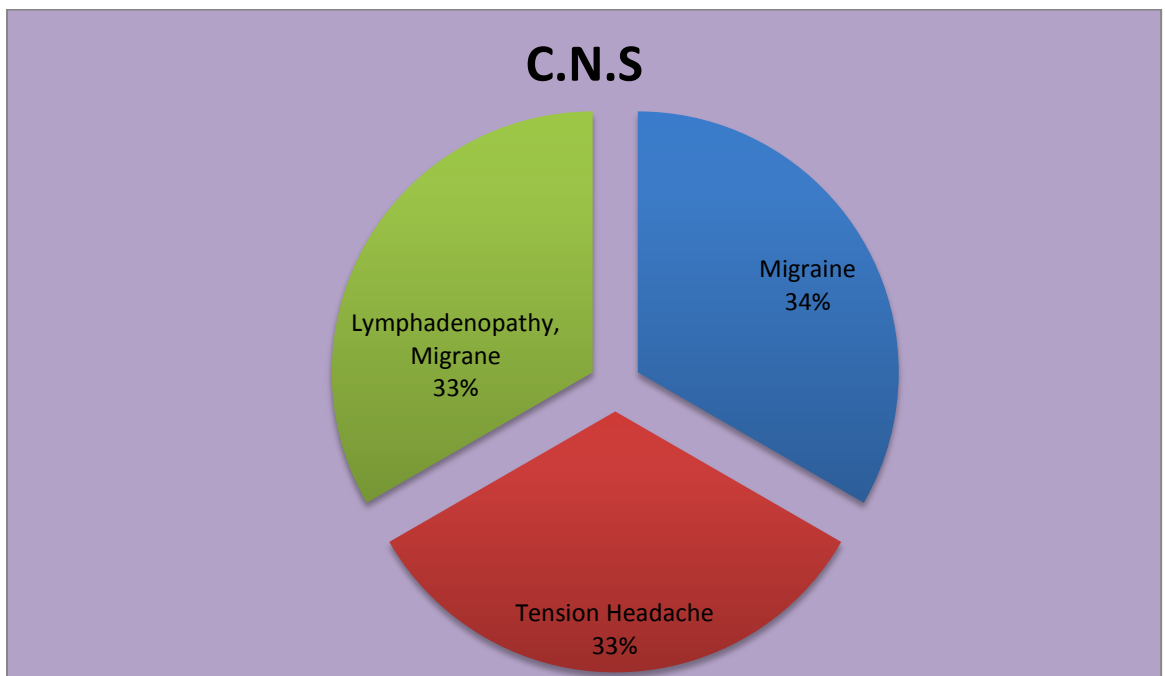


**5.1.17 DISTRIBUTION OF CASES- OVERVIEW OF CENTRAL NERVOUS SYSTEM DIAGNOSIS (PERCENTAGE)**

**TABLE: 17**

| CNS                       | NO.OF SAMPLES |
|---------------------------|---------------|
| Migraine                  | 1             |
| Tension Headache          | 1             |
| Lymphadenopathy, Migraine | 1             |
| GRAND TOTAL               | 3             |

**CHART: 17**

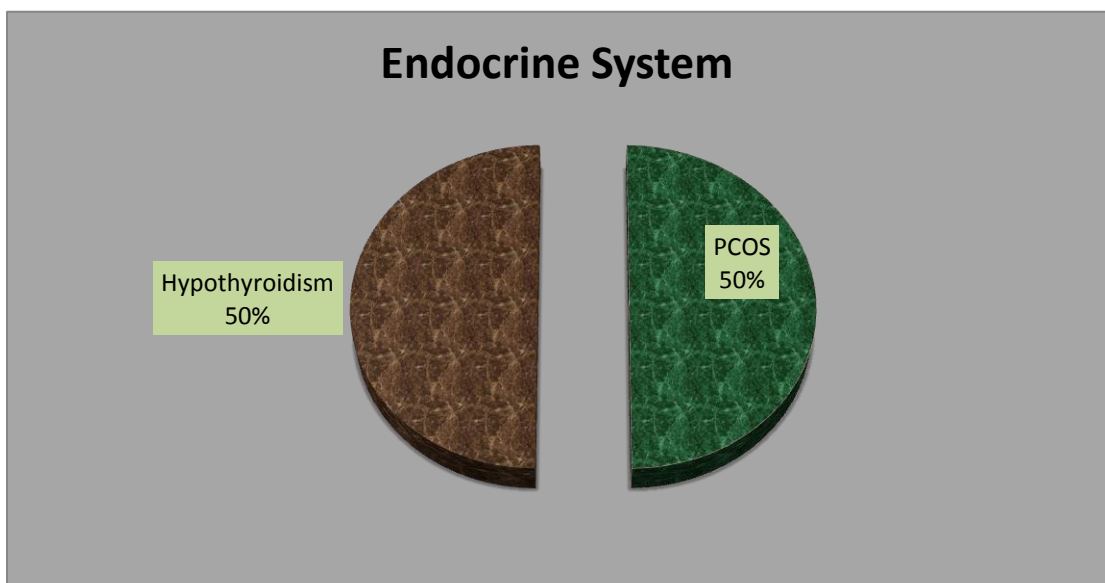


**5.1.18 DISTRIBUTION OF CASES- OVERVIEW OF ENDOCRINAL SYSTEM  
DIAGNOSIS (PERCENTAGE)**

**TABLE: 18**

| <b>ENDOCRINE</b>   | <b>NO. OF SAMPLES</b> |
|--------------------|-----------------------|
| PCOS               | 1                     |
| Hypothyroidism     | 1                     |
| <b>GRAND TOTAL</b> | <b>2</b>              |

**CHART: 18**

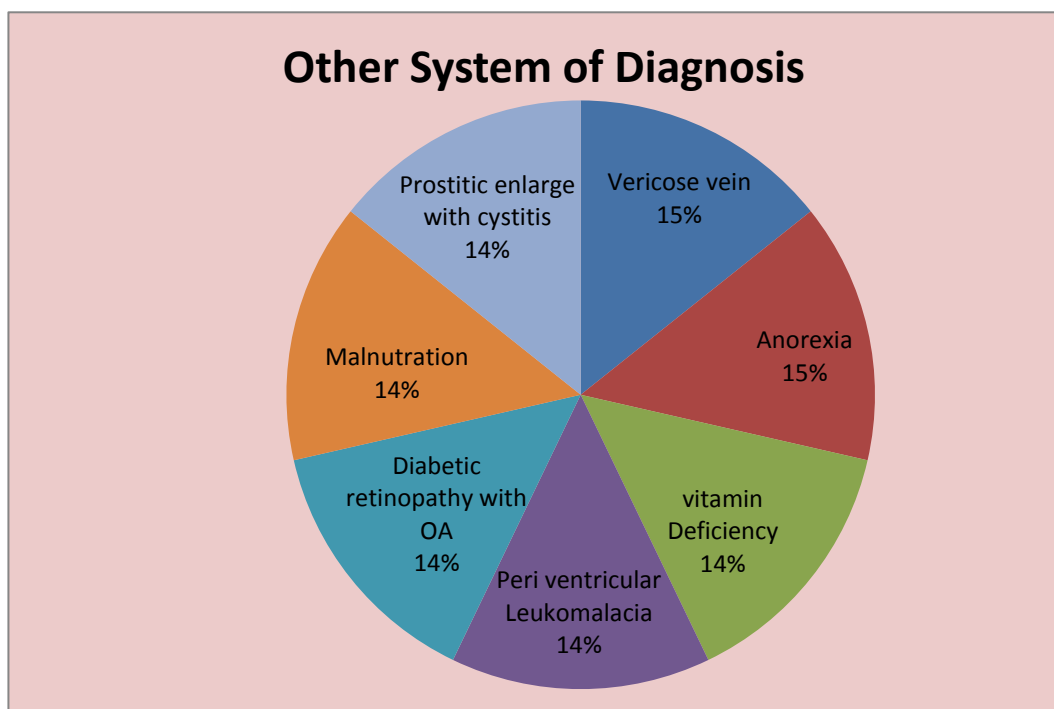


**5.1.19 DISTRIBUTION OF CASES- OVERVIEW OF OTHER SYSTEMS OF DIAGNOSIS (PERCENTAGE)**

**TABLE: 19**

| OTHERS                          | NO.OF SAMPLES |
|---------------------------------|---------------|
| Varicose vein                   | 1             |
| Anorexia                        | 1             |
| vitamin Deficiency              | 1             |
| Peri ventricular Leukomalacia   | 1             |
| Diabetic retinopathy with OA    | 1             |
| Malnutrition                    | 1             |
| Prostatic enlarge with cystitis | 1             |
| Grand total                     | 7             |

**CHART: 19**

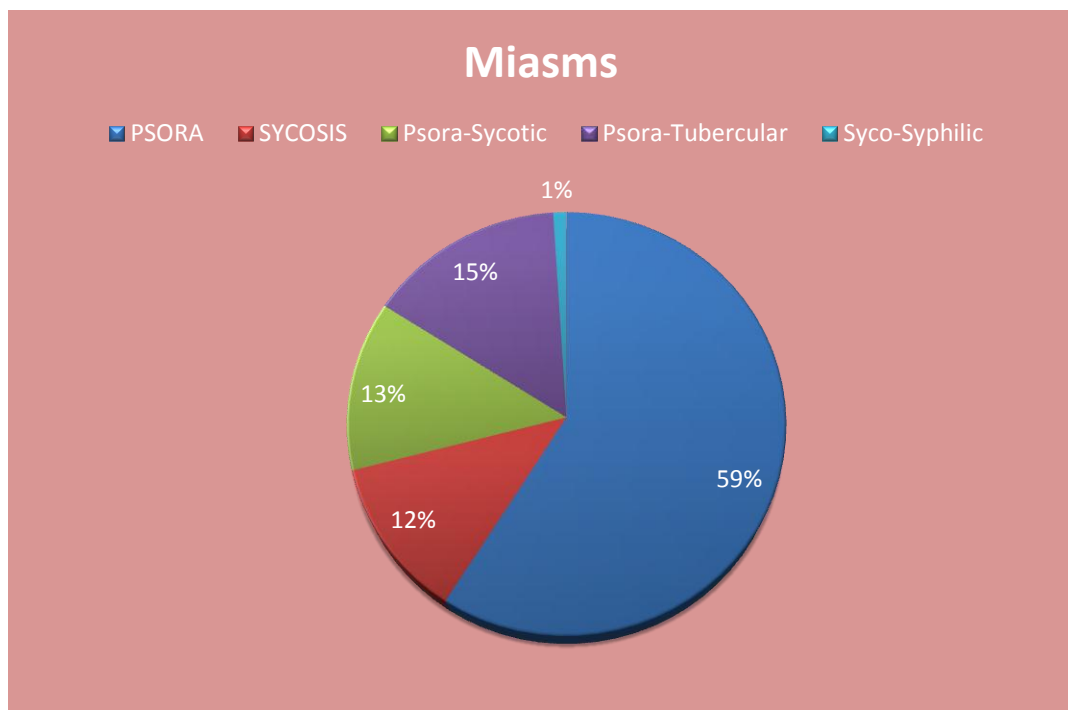


### 5.1.20 DISTRIBUTION OF CASES ACCORDING TO MIASM (PERCENTAGE)

TABLE: 20

| MIASMS           | NO.OF SAMPLES |
|------------------|---------------|
| PSORA            | 59            |
| SYCOSIS          | 12            |
| Psora-Sycotic    | 13            |
| Psora-Tubercular | 15            |
| Syco-Syphilitic  | 1             |
| GRAND TOTAL      | 100           |

CHART: 20

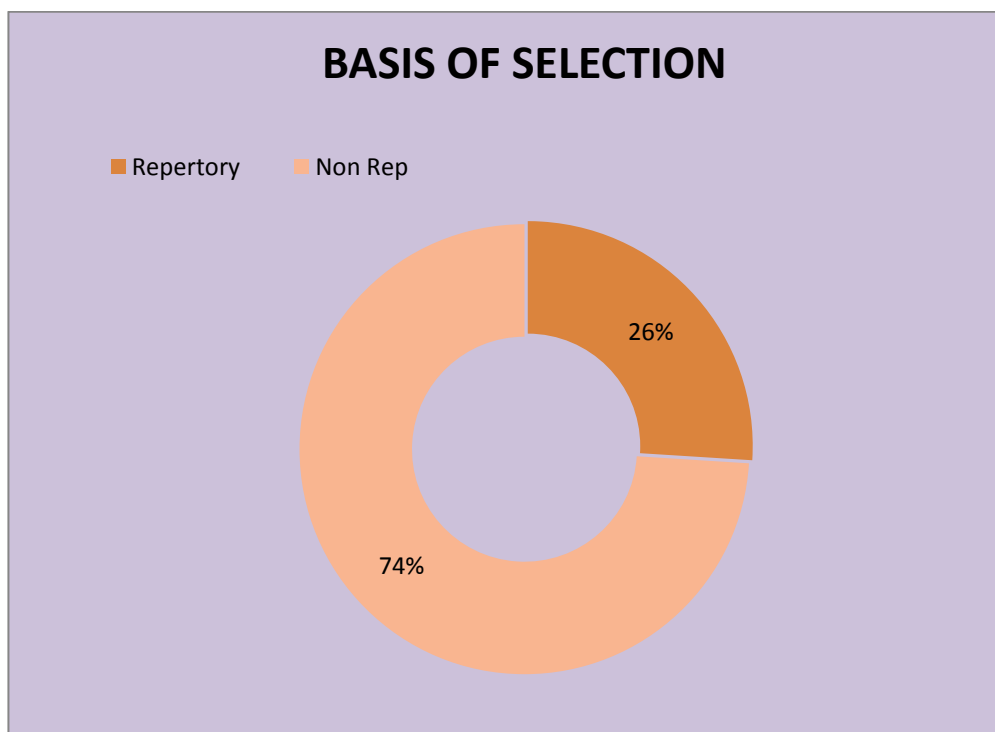


**5.1.21 DISTRIBUTION OF CASES ACCORDING TO BASIS OF SELECTION IN (PERCENTAGE)**

**TABLE: 21**

| <b>BASIS OF SELECTION</b> | <b>NO. OF SAMPLES</b> |
|---------------------------|-----------------------|
| Repertory                 | 26                    |
| Non Repertory             | 74                    |
| <b>GRAND TOTAL</b>        | <b>100</b>            |

**CHART: 21**

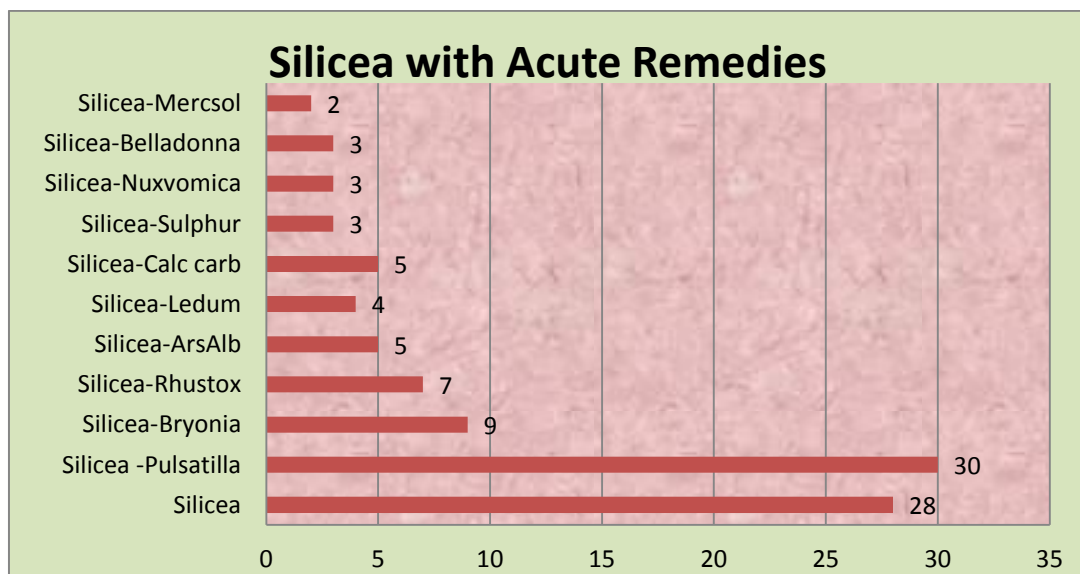


**5.1.22 DISTRIBUTION OF CASES ACCORDING TO ACUTE REMEDY USED WITH SILICEA**

**TABLE: 22**

| SILICEA AND ACUTE REMEDY   | NO. OF SAMPLES |
|----------------------------|----------------|
| <b>Silicea</b>             | 28             |
| <b>Silicea -Pulsatilla</b> | 30             |
| <b>Silicea-Bryonia</b>     | 9              |
| <b>Silicea-Rhustox</b>     | 7              |
| <b>Silicea-ArsAlb</b>      | 5              |
| <b>Silicea-Ledum</b>       | 4              |
| <b>Silicea-Calc.carb</b>   | 5              |
| <b>Silicea-Sulphur</b>     | 3              |
| <b>Silicea- Nux Vomica</b> | 3              |
| <b>Silicea-Belladonna</b>  | 3              |
| <b>Silicea-Merc.sol</b>    | 2              |

**CHART: 22**

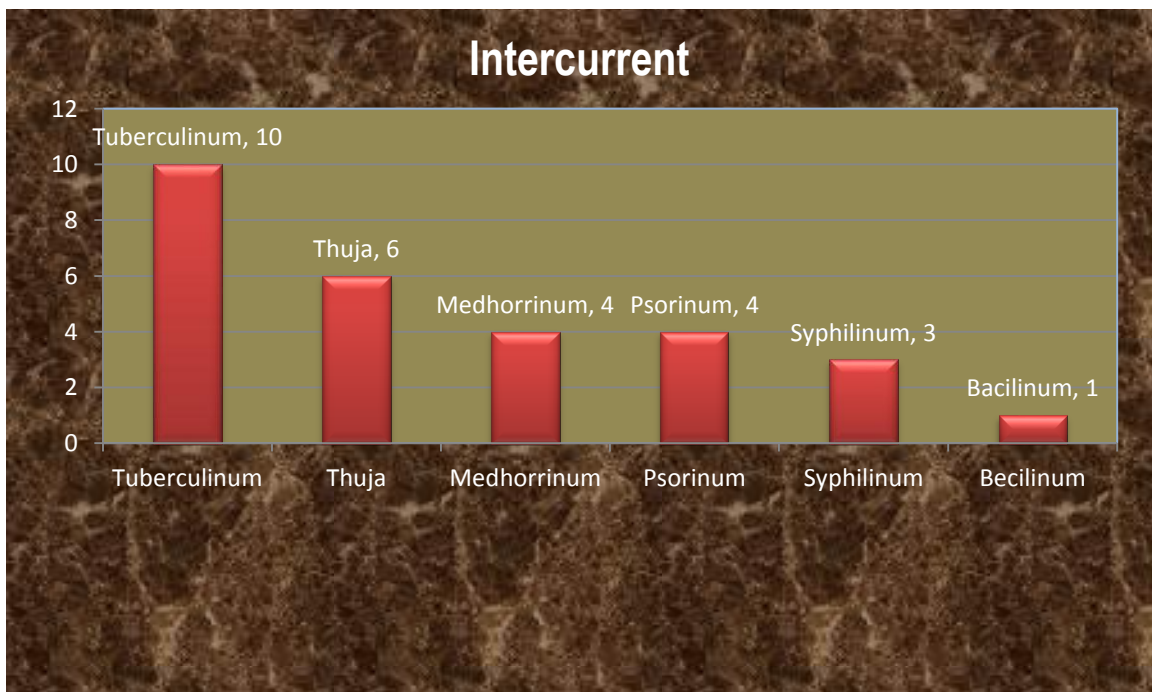


### 5.1.23 DISTRIBUTION OF CASES ACCORDING TO INTERCURRENT REMEDIES

TABLE: 23

| INTERCURRENT REMEDIES | NO.OF SAMPLES |
|-----------------------|---------------|
| Tuberculinum          | 10            |
| Thuja                 | 6             |
| Medhorrinum           | 4             |
| Psorinum              | 4             |
| Syphilinum            | 3             |
| Bacilinum             | 1             |

CHART: 23



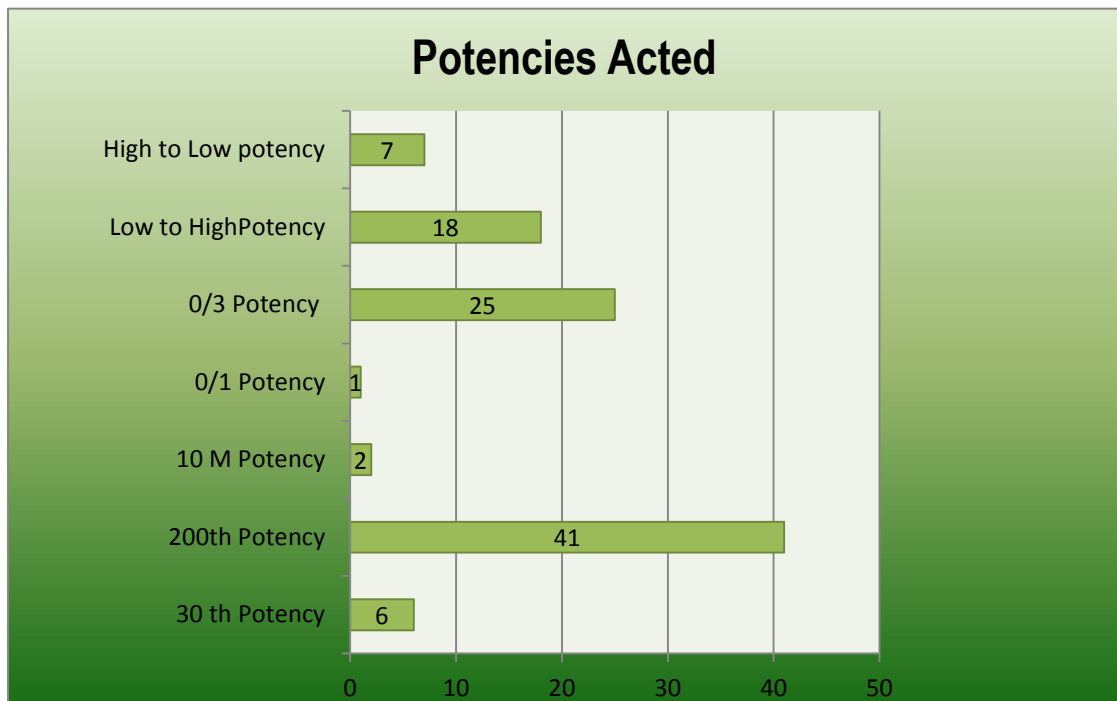


## 5.1.24 DISTRIBUTION OF CASES ACCORDING TO POTENCIES

TABLE: 24

| POTENCIES           | NO. OF SAMPLES |
|---------------------|----------------|
| 30 th Potency       | 6              |
| 200th Potency       | 41             |
| 10 M Potency        | 2              |
| 0/1 Potency         | 1              |
| 0/3 Potency         | 25             |
| Low to High Potency | 18             |
| High to Low potency | 7              |
| GRAND TOTAL         | 100            |

CHART: 24

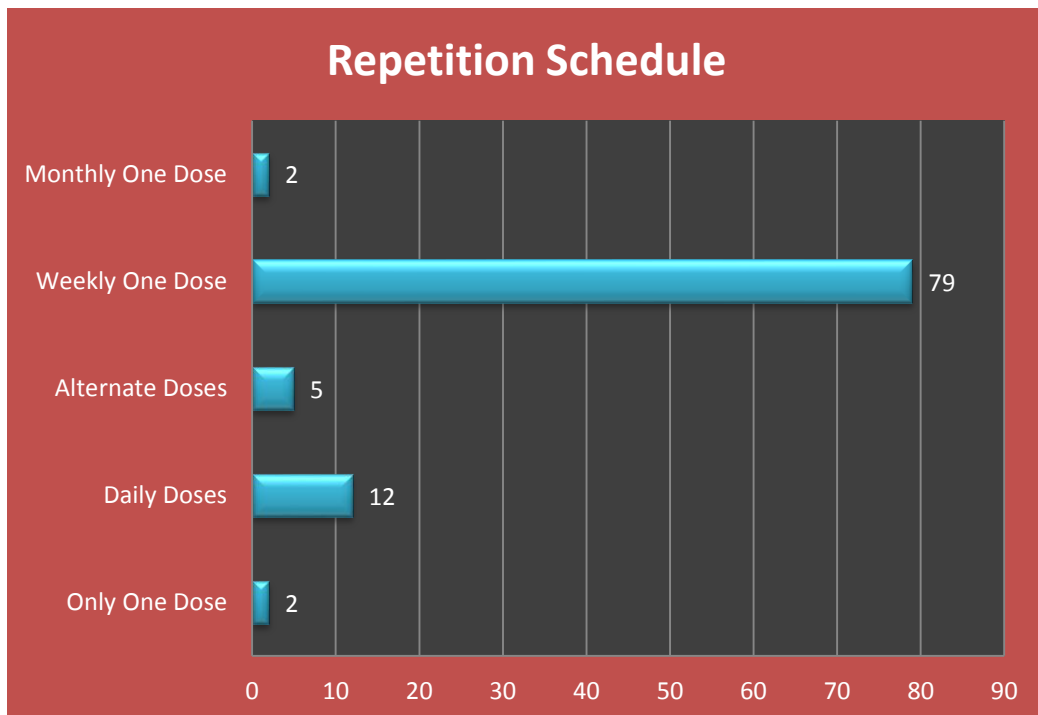


## 5.1.25 DISTRIBUTION OF CASES ACCORDING TO REPETITION SCHEDULE

TABLE: 25

| REPETATION SCHEDULE | NO.OF SAMPLES |
|---------------------|---------------|
| Only One Dose       | 2             |
| Daily Doses         | 12            |
| Alternate Doses     | 5             |
| Weekly One Dose     | 79            |
| Monthly One Dose    | 2             |
| GRAND TOTAL         | 100           |

CHART: 25

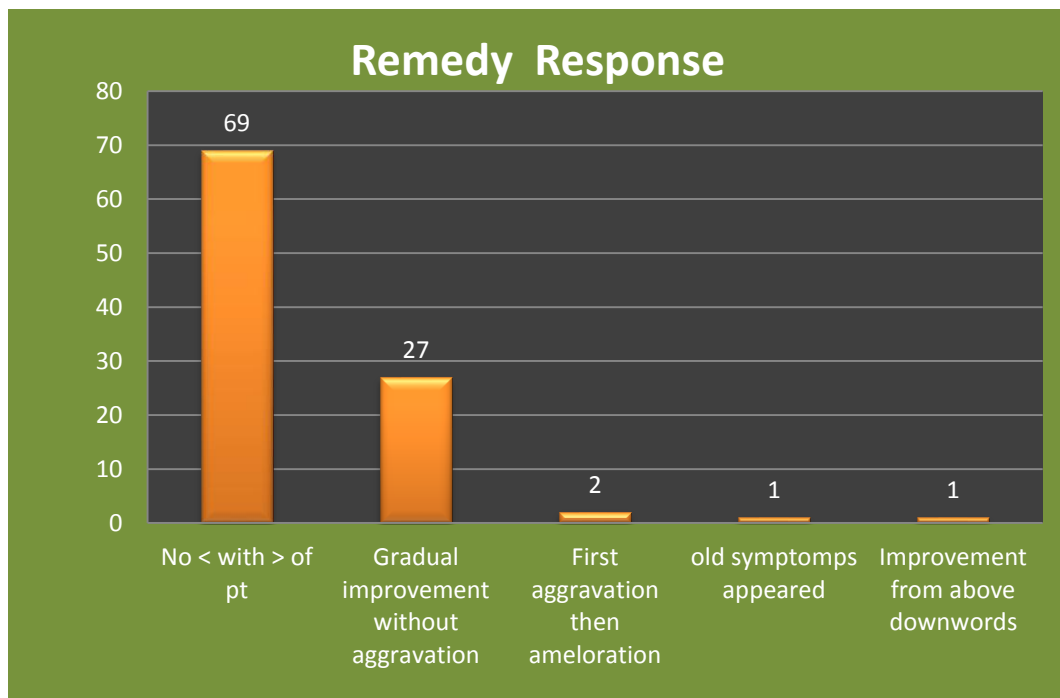


## 5.1.26 DISTRIBUTION OF CASES ACCORDING TO REMEDY RESPONSE

**TABLE: 26**

| REMEDY RESPONSE                                    | NO. OF SAMPLES |
|--|----------------|
| <b>No Aggravation with full Amelioration of pt</b> | 69             |
| <b>Gradual improvement without aggravation</b>     | 27             |
| <b>First aggravation then amelioration</b>         | 2              |
| <b>old symptoms reappeared</b>                     | 1              |
| <b>Improvement from above downwards</b>            | 1              |
| <b>GRAND TOTAL</b>                                 | <b>100</b>     |

**CHART: 26**



## Observational and Results Data analyses

Through my study Silicea was found to be most useful for the age group 11-20 years and is about 37%, 23% of cases belongs to 1-10 years, 9% of cases belongs to age group 21-30 years, 9% of cases belongs to age group 41-50 years, 9% of cases belongs to age group 51-60years, 8% of cases belongs to age group 31-40years, 4% of cases belongs to age group 61-70years and 1% belongs to age group 71-80years. From this observation it was clear that silicea is mostly suited to age group 11-20 years and 1-10 years.

In this study, 44% were females, 25% were males, 17% were male children and 14% were female children.

Considering the affection of disease in relation with occupation 56% were students, 23% were house wives, 9% were Business, 7% were play school children, 2% were rubber tapping and 1% each were retired officer, bank manager and librarian.

Considering the diagnosis, in 45% of cases Respiratory complaints were seen. Among that, 16 % were Allergic rhinitis, 5% Bronchial Asthma, 3% were Acute Bronchitis, 2% were Chronic Bronchitis and 2% with respiratory and GIT troubles(Allergic rhinitis & worm infestation). 2% with Respiratory and skin complaints (Allergic Rhinitis & Allergic Dermatitis). 2% were Tonsillitis And 13% cases were diagnosed with respiratory and other complaints.

Considering the diagnosis 32% of cases were involved in Dermatology as a grand total. Among that, 10% were Allergic dermatitis, 4% were Allergic dermatitis with Bronchitis, 2% each were Vitiligo, Hyperhidrosis and Onychomycosis, 1% each were Leucoderma, Seborrheic Dermatitis, Sebaceous cyst, Hyper pigmentation of skin, cracks on soles, Urticaria, Insects bite, Scleromyositis and Atopic Dermatitis. Remaining 3% of dermatological diagnosis accompanied with other system involvement.

Considering the diagnosis 6% of cases were involved in GIT as a grand total. Among that, 3% Hemorrhoids, 1% each was GERD, Fistula in ano and Perianal abscess.

Considering the diagnosis 5% of cases were involved in MSK as a grand total. Among that, 1% each was OA Knee, Dystonia, Cervical & Lumbar spondylosis and Arthritis, 1% were MSK system diagnosis accompanied with other system involvement.

Considering the diagnosis 3% of cases were involved in CNS as a grand total. Among that, 1% each was Migraine and Tension headache. Remaining 1% of CNS diagnosis accompanied with other system involvement.

Considering the diagnosis 2% of cases were involved in Endocrine disorders as a grand total. Among that 1% each was PCOS and Hypothyroidism.

Considering the diagnosis 7% of cases were involved in other systems as a grand total. Among that, 1% was varicose vein, Anorexia, Vitamin Deficiency, Periventricular Leukomalacia, Diabetic retinopathy with OA, Malnutrition and Prostatic enlarge with cystitis.

While considering the psychological symptoms out of 100 cases 39% were Desire Company, 38% were easily angered, 35% were Intelligent, 14% were Mild, 7% were Desire solitude and 4% were Obstinate.

While considering the Physical symptoms out of 100 cases 36% Sweat profuse, 29% were Appetite decreased, 12% were Constipated stool, 10% Decreased sleep, 8% were Increased Appetite, Decreased Thirst, Increased thirst and 4% were Increased sleep.

While considering the Cravings out of 100 cases 26% were Craves for Warm and Cold food & Drinks, 16% were Craves Sweets, 12% were Craves Spices and 7% were Craves Egg.

While considering the Aversion out of 100 cases 10% were Aversion to Milk, 4% were Aversion to Cold food & Drinks, 3% were Aversion to sweets, 2% were Egg.

While considering the Thermal Reactions out of 100 cases 76% were Chilly pt., 18% were Ambithermal and 6% were Hot.

While considering the Miasm out of 100 cases 59% were Psora, 15% Psora-Tubercular, 13% Psora-Sycotic, 12% were Sycosis, 1% were Syco-Syphilitic.

While considering the Basis of selection out of 100 cases 74% were Non-Reportorial and 26% were Reportorial.

While considering the out of 100 cases 28% were given only silicea, 30% cases were given Silicea with acute Pulsatilla, 9% were Silicea with acute Bryonia, 7% were given Silicea with acute Rhus tox, 3% were given Silicea with acute Nuxvomica and Belladonna, 2% were given Silicea with acute Merc.sol. Some of the cases given with Chronic remedy with Silicea such as Sulphur and Calcarea Carb among this 3% & 5% respectively.

While considering the Intercurrent remedies out of 100 cases 10% were Tuberculinum, 6% were Thuja, 4% were Medhorinum & Psorinum, 3% were Syphilinum and 1% was Bacilinum.

While considering the Potency acted out of 100 cases, 41% were 200 Potency, 25% were 0/3 Potency, 6% were 30<sup>th</sup> Potency, 2% were 10M Potency, 1% was 0/1 Potency, 18% were Low to High Potency and 7% were High to Low Potency.

While considering the Repetition schedule out of 100 cases, 79% were given Weekly one dose, 12% were given Daily doses, 5% were given Alternate doses, 2% were given as a Single dose and Monthly one dose.

While considering the Remedy response out of 100 cases, 69% were No aggravation with full time amelioration of patient, 27% were Gradual improvement without aggravation, 2% were First aggravation then amelioration, 1% case was Old symptoms reappeared and improvement from above downwards.

## 6. DISCUSSION

The study focus on understanding the evolution of Silicea in clinical situations .100 cases were selected and from those cases observation were made out by segregating the symptoms based on age, gender, occupation, diagnoses, mental and physical symptoms, miasm, thermal state, medicinal relation to silicea in acute and chronic conditions. My study also includes age and sex relation with each case given above.

Through my study Silicea found to be most useful for the age group 11-20 years and is about 37%, then 1-10years 23%,then 21-30years 9%,then 41-50years 9%,51-60years 9%,then 31-40years 8%,then 61-70years 4%.then 71-80years 1%.From this observation it was clear that mostly affected age group include 11-20years,1-10 years. According to the aurum project, homeopathic remedy Silica becomes a simple and powerful medicine with a capacity in children and adults<sup>(26)</sup>.

While considering the gender female and male children mostly 44 %, 17% respectively. Male and female child 25%, 14% respectively.

Considering the affection of disease in relation with occupation 56% were students, 23% were house wives, 9% were Business,7% were play school children ,2% were rubber tapping and 1% were retired officer, bank manager and librarian.

According to synoptic key Materia Medica the sphere of action of silicea is described as **REGION-NUTRITION, Children, Tissues- Elastic and cellular, NERVES GLANDS, Tubes: Eustachian, Tear ducts, etc. Fistulae, Bones, Cartilages, Mucous Membrane, Skin<sup>(8)</sup>.**

Considering the diagnosis the given sample Respiratory system covers 45 cases and Dermatology covers 32 cases ,GIT covers 6 cases, MSK covers 5 cases, CNS covers 3 cases and Metabolic disorders covers 2 cases other systems covers 7 cases. Sphere of action and clinical action are explained in the review

## RESPIRATORY SYSTEM

Considering the diagnosis 45% of cases were involved in Respiratory system as a grand total. Among that, 16 % were Allergic rhinitis, 5% Bronchial Asthma, 3% were Acute Bronchitis, 2% were Chronic Bronchitis and 2% with respiratory and GIT troubles(Allergic rhinitis & worm infestation). 2% with Respiratory and skin complaints (Allergic Rhinitis & Allergic Dermatitis). 2% were Tonsillitis And 13% cases were diagnosed with respiratory and other complaints.

According to William Boericke Materia Medica, it is described as Itching at point of nose. Dry, hard crusts form, *bleeding when loosened*. Nasal bones sensitive. Sneezing in morning. Colds fail to yield; sputum persistently muco-purulent and profuse. Slow recovery after pneumonia. Cough and sore throat, with expectoration of little granules like shot, which, when broken, smell very offensive. Cough with expectoration in day, bloody or purulent. Stitches in chest through to back. Violent cough when lying down, with thick, yellow lumpy expectoration; suppurative stage of expectoration<sup>(9)</sup>.

## DERMATOLOGY

Considering the diagnosis 32% of cases were involved in Dermatology as a grand total. Among that, 10% were Allergic dermatitis, 4% were Allergic dermatitis with Bronchitis, 2% each were Vitiligo, Hyperhidrosis and Onychomycosis, 1% each were Leucoderma, Seborrheic Dermatitis, Sebaceous cyst, Hyperpigmentation of skin, cracks on soles, Urticaria, Insects bite, Scleromyositis and Atopic Dermatitis. Remaining 3% of dermatological diagnosis accompanied with other system involvement.

According to the research, Silicon is the second most abundant element on Earth, and the third most abundant trace element in human body. It is present in water, plant and animal sources. On the skin, it is suggested that silicon is important for optimal collagen synthesis and activation of hydroxylating enzymes, improving skin strength and elasticity<sup>(1)</sup>.

## GASTRO INTESTINAL SYSTEM

Considering the diagnosis 6% of cases were involved in GIT as a grand total. Among that, 3% Hemorrhoids, 1% each was GERD, Fistula in ano and Perianal abscess.

According to William Boericke Materia Medica, Disgust for meat and warm food, Want of appetite; thirst excessive. Sour eructation's after eating. Pit of stomach painful to pressure.



Vomiting after drinking. Pain or painful cold feeling in abdomen, better external heat. Hard, bloated. Colic; cutting pain, with constipation<sup>(9)</sup>.

## **MUSCULO SKELETAL SYSTEM**

Considering the diagnosis 5% of cases were involved in MSK as a grand total. Among that, 1% each was OA Knee, Dystonia, Cervical & Lumbar spondylosis and Arthritis, 1% were MSK system diagnosis accompanied with other system involvement.

According to research, Physicians are aware of the benefits of calcium and vitamin D supplementation. However, additional nutritional components may also be important for bone health. There is a growing body of the scientific literature which recognizes that silicon plays an essential role in bone formation and maintenance. Silicon improves bone matrix quality and facilitates bone mineralization. Increased intake of bioavailable silicon has been associated with increased bone mineral density. Silicon supplementation in animals and humans has been shown to increase bone mineral density and improve bone strength. Dietary sources of bioavailable silicon include whole grains, cereals, beer, and some vegetables such as green beans. Silicon in the form of silica, or silicon dioxide (SiO<sub>2</sub>), is a common food additive but has limited intestinal absorption. More attention to this important mineral by the academic community may lead to improved nutrition, dietary supplements, and better understanding of the role of silicon in the management of postmenopausal osteoporosis<sup>(27)</sup>.

## **NERVOUS SYSTEM**

Considering the diagnosis 3% of cases were involved in CNS as a grand total. Among that, 1% each was Migraine and Tension headache. Remaining 1% of CNS diagnosis accompanied with other system involvement.

According to synoptic key Materia Medica the sphere of action of silicea is described as **REGION-NUTRITION, Children, Tissues- Elastic and cellular, NERVES GLANDS, Tubes: Eustachian, Tear ducts, etc. Fistulae, Bones, Cartilages, Mucous Membrane, Skin<sup>(8)</sup>.**

## **ENDOCRINE DISORDERS**

Considering the diagnosis 2% of cases were involved in Endocrine disorders as a grand total. Among that 1% each was PCOS and Hypothyroidism.

According to Pune Homoeopathy, an article suggested that Silicea is more effective on PCOS. Mild and sensitive natured female who is nervous yet quiet obstinate at times .Refined & with intellectual inclinations. Conscientious nature leading to anxiety<sup>(28)</sup>.

## **OTHER SYSTEMS**

Considering the diagnosis 7% of cases were involved in other systems as a grand total. Among that, 1% was varicose vein, Anorexia, Vitamin Deficiency, Periventricular Leukomalacia, Diabetic retinopathy with OA, Malnutrition and Prostatic enlarge with cystitis.

According to synoptic key Materia Medica the sphere of action of silicea is described as **REGION-NUTRITION, Children, Tissues- Elastic and cellular, NERVES GLANDS, Tubes: Eustachian, Tear ducts, etc. Fistulae, Bones, Cartilages, Mucous Membrane, Skin**<sup>(8)</sup>.

## **PSYCHOLOGICAL SYMPTOMS**

While considering the psychological symptoms out of 100 cases 39% were desire company, 38% were easily angered, 35% were Intelligent, 14% were Mild, 7% were Desire solitude and 4% were Obstinate.

According to Kent Lectures of Materia Medica: The mental state is peculiar. The patient lacks stamina. What Silica is to the stalk of, grain in the field, it is to the human mind. Take the glossy, stiff, outer covering of a stalk of grain and examine it, and you will realize with what firmness it supports the head of grain until it ripens; there is a gradual deposit of Silica in it to give it stamina. So it is with the mind; when the mind needs Silica it is in a state of weakness, embarrassment, dread, a state of yielding.<sup>(15)</sup>

## **PHYSICAL GENERALS**

While considering the Physical symptoms out of 100 cases 36% Sweat profuse, 29% were Appetite decreased, 12% were Constipated stool, 10% Decreased sleep, 8% were Increased Appetite, Decreased Thirst, Increased thirst and 4% were increased sleep.

According to Kent repertory under rubric constipation and perspiration silicea scored 3 marks for each symptom<sup>(29)</sup>.

## **CRAVING AND AVERSION**

While considering the Cravings out of 100 cases 26% were Craves for Warm and Cold food & Drinks, 16% were Craves Sweets, 12% were Craves Spices and 7% were Craves Egg. According to Kent repertory under rubric desire cold food silicea scored 2 marks<sup>(29)</sup>.

While considering the Aversion out of 100 cases 10% were Aversion to Milk, 4% were Aversion to Cold food & Drinks, 3% were Aversion to sweets, 2% were Egg. According to Kent repertory under rubric Aversion to Milk silicea scored 2 marks<sup>(29)</sup>.

## **THERMAL REACTIONS**

While considering the Thermal Reactions out of 100 cases 76% were Chilly pt., 18% were Ambithermal and 6% were Hot.

According to Dr. Gibson Miller's Hot and Cold remedies Silicea is predominately < by heat.<sup>(29)</sup>

## **MIASM**

While considering the Miasm out of 100 cases 59% were Psora, 15% Psora-Tubercular, 13% Psora-Sycotic, 12% were Sycosis, 1% were Syco-Syphilitic.

According to BBCR Repertory Silicea covers the Psoric Miasm predominantly

## **BASIS OF SELECTION**

While considering the Basis of selection out of 100 cases 74% were Non-Reportorial and 26% were Reportorial.

## **ACUTE AND CHRONIC REMEDY USED WITH SILICEA**

While considering the out of 100 cases 28% were given only silicea, 30% cases were given Silicea with acute Pulsatilla, 9% were Silicea with acute Bryonia, 7% were given Silicea with acute Rhustox, 3% were given Silicea with acute Nuxvomica and Belladonna, 2% were given Silicea with acute Merc.sol. Some of the cases given with Chronic remedy with Silicea such as Sulphur and Calcarea Carb among this 3% & 5% respectively.

According to the relationship of remedy it defines the relation of follows well; Silicea follows Puls, Rhustox, Belladonna and Nuxvomica<sup>(29)</sup>.

## **INTERCURRENT REMEDIES**

While considering the Intercurrent remedies out of 100 cases 10% were Tuberculinum, 6% were Thuja, 4% were Medhorinum & Psorinum, 3% were Syphilinum and 1% was Bacilinum.

According to the relationship of remedy Silicea follows well the Tub and act as Intercurrent<sup>(29)</sup>.

## **POTENCY ACTED**

While considering the Potency acted out of 100 cases, 41% were 200 Potency, 25% were 0/3 Potency, 6% were 30<sup>th</sup> Potency, 2% were 10M Potency, 1% was 0/1 Potency, 18% were Low to High Potency and 7% were High to Low Potency.

According to the Characteristic of Psora, It produces irritation, inflammation, and hypersensitivity. Since Silicea covers the Psoric miasm, due the hypersentivity it acted well in 200 potency<sup>(30)</sup>.

## **REPETITION SCHEDULE**

While considering the Repetition schedule out of 100 cases, 79% were given Weekly one dose, 12% were given Daily doses, 5% were given Alternate doses, 2% were given as a Single dose and Monthly one dose.

## **REMEDY RESPONSE**

While considering the Remedy response out of 100 cases, 69% were No aggravation with full time amelioration of patient, 27% were Gradual improvement without aggravation, 2% were First aggravation then amelioration, 1% case was Old symptoms reappeared and improvement from above downwards.

According to Kent 12 observation Silicea followed 7<sup>th</sup> observation<sup>(31)</sup>.

## 7. 1 LIMITATIONS

- 1 .Selection of cases from the large collections of case records was little difficult even when the records were arranged systematically.
2. In some cases necessary information was lacking and the study was based on available data.
3. Few case records were not preserved properly, so that the cases were not considered for the study even when it was evidently a cured case.
4. The inference of the acute or intercurrent prescription was not available in few cases, so that what made the prescriber prescribe at that instance could not be analysed.
- 5.As the study is elaborated one some human errors are expected.

## 7.2 RECOMMENDATIONS

1. A Prospective study of this kind should be done from different centres with large sample size so that symptoms would be more authentic
2. Study should be focus on different age group, Diagnoses, Acute & Chronic medicines.
3. All drugs should be analysed in all prospective clinically as a separate entity
4. A prospective study should be done to find out the mental evolution of silicea.

## 8. CONCLUSION

- Conclusion that could drawn from the retrospective case series study to understand the evolution of Silicea in clinical situations are –
- Female and male child are more seen than female and male child
- Most common affected group is 11-20 years
- Most affected system is Respiratory system then dermatology
- Desire company, Easily anger, Intelligent, Mild, Desire solitude and Obstinate commonly seen in Silicea
- Most common physical generals are Profuse sweat, Decreased Appetite, Constipation.
- Most common cravings are Warm and cold food & drinks, Sweets, Spices
- Most common aversion are Milk, Cold food & drinks
- Most common thermals are chilly and Ambithermal
- Most common miasms seen are Psora, Psora-Tubercular
- Acute remedy following Silicea is Pulsatilla, Bryonia and Rhustox
- Chronic remedy following Silicea is calcarea carb and Sulphur
- The major intercurrent remedies used along with Silicea is Tuberculinum & Thuja
- From my study I have come to know that Tuberculinum act very well as a Intercurrent for Silicea than other Intercurrent.
- So in skin complaints sequential of remedies Silicea a dose in a week followed by Tuberculinum for 2<sup>nd</sup> week then again followed by Silicea 3<sup>rd</sup> week followed by Psorinum in 4<sup>th</sup> week.
- Most common potency acted is 200potency than 0/3.
- Weekly one dose is more effective than other repetition of doses
- Hence No aggravation with fulltime amelioration of patient observed in Silicea

From this Retrospective series of case study I came to understand the reaffirmation & evolution of Silicea in well defined manner.

## 9. SUMMARY

The study was done retrospectively in which 100 cases were selected, which were having significant improvement with Silicea from different OPDs & IPDs of Sarada Krishna Homoeopathic Medical College hospital for the study of evolution of Silicea in clinical situations

The study proved that Silicea is a Psoric & Tubercular remedy which is having more action over Female & Male children's age group of 11-20years respectively, Mostly suited for Students and house wives, with more affection over Respiratory system and dermatology who were Chilly and Ambithermal than hot, where Easily anger ,Intelligent, Obstinate, Mild, desire company has been observed in cases.

From this study most of the patents were having Desire for sweets, warm and cold food & drinks, Egg and spices. Some of them seem to have marked aversions towards milk, egg, cold food & drinks and sweets. Some of them have profuse sweat, decreased appetite and constipation.

Mostly used acute remedies were Pulsatilla, Bryonia, Rhustox, Nuxvomica, Belladonna and merc.sol. Mostly used chronic medicines was Calcarea carb and Sulphur

Mostly used Intercurrent was Tuberculinum, Thuja, Medhorrinum, Psorinum, Syphilinum and Becilinum.



## Appendix - I

*“Case records are our valuable asset”*

**SARADA KRISHNA**

**HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**

*KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161*

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### CHRONIC CASE RECORD

O.P. No:                      UNIT :                                      Date:

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Name:

Age: Sex: Religion: Nationality:

Name of father/Spouse/Guardian/Son/Daughter:

Marital status:

Occupation:

Family size:

Diet:

Address:

Phone No (Mobile):

#### FINAL DIAGNOSIS:

|              |  |
|--------------|--|
| Homoeopathic |  |
| Disease      |  |

|                |       |          |          |           |         |
|----------------|-------|----------|----------|-----------|---------|
| <b>RESULT:</b> | Cured | Relieved | Referred | Otherwise | Expired |
|----------------|-------|----------|----------|-----------|---------|

---

**2. INITIAL PRESENTATION OF ILLNESS**

---

| PATIENT'S NARRATION<br>(in the very expressions<br>used by him/her) | PHYSICIAN'S<br>INTEROGATION (details<br>Regarding symptoms narrated | PHYSICIAN,S<br>OBSERVATION |
|---|---|----------------------------|
|   |   |                            |

### 3. PRESENTING COMPLAINTS

| LOCATION | SENSATION | MODALITY | CONCOMITANTS |
|----------|-----------|----------|--------------|
|          |           |          |              |

### 4. HISTORY OF PRESENTING ILLNESS:

### 5. HISTORY OF PREVIOUS ILLNESS

### 6. HISTORY OF FAMILY ILLNESS

### 7. PERSONAL HISTORY

#### A. LIFE SITUATION

Place of birth:

Socio- economic status:

Nutritional status:

Dwelling:

Religion:

Educational status:

Marital status:

Family status:

Father: Mother: Siblings: Male: Children:

#### B. HABITS & HOBBIES

Food:

Addictions:

Sleep:

Artistic:

### C. DOMESTIC RELATIONS

With family members:

With other relatives:

With neighbours/friends/colleagues:

## **8. LIFE SPACE INVESTIGATION**

### **9. MENSTRUAL HISTORY:**

### **10. OBSTETICAL HISTORY:**

### **11. GENERAL SYMPTOMS:**

#### **A. PHYSICALS**

##### **I. FUNCTIONAL**

1. Appetite:

2. Thirst:

3. Sleep:

##### **II. ELIMINATIONS**

1. Stool :

2. Urine :

3. Sweat :

##### **III . REACTIONS TO**

1. Time:

2. Thermal:

3. Season:
4. Covering:
5. Bathing:
6. Desire:

#### IV. CONSTITUTIONAL

#### **B. MENTAL GENERAL**

#### **12. PHYSICAL EXAMINATION**

##### A) GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Lymphadenopathy:
- Pulse rate: Resp rate: B.P:
- Temp:

#### **B.SYSTEMIC EXAMINATION**

1. Respiratory system:
2. Cardiovascular system:
3. Gastro Intestinal system:
4. Urogenital system:
5. Skin and glands:
6. Musculoskeletal system
7. Central Nervous system:

8 . Endocrine:

9. Eye and ENT:

10. Others:

**C. REGIONALS**

**13. LABORATORY FINDINGS**

**14. DIAGNOSIS**

❖ Provisional Diagnosis :

❖ Differential Diagnosis:

❖ Final Diagnosis (Disease):

**15 .DATA PROCESSING**

**A . ANALYSIS OF CASE**

| COMMON | UNCOMMON |
|--------|----------|
|        |          |

**B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS**

C. MIASMATIC ANALYSIS:

| PSORA | SYCOSIS | SYPHILIS |
|-------|---------|----------|
|       |         |          |

D. TOTALITY OF SYMPTOMS

E. HOMOEOPATHIC DIAGNOSIS

**16 .SELECTION OF MEDICINE**

**A. Non Repertorial Approach**

**B. Repertorial Approach**

**17. SELECTION OF POTENCY AND DOSE**

**A. Potency**

**B. Dose**

**18. PRESCRIPTION**

**19. GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES**

**A. General/Surgical/Accessory:**

**B. Restrictions (Diet, Regimen etc.):**

|         |           |
|---------|-----------|
| Disease | Medicinal |
|         |           |

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**20. PROGRESS & FOLLOW UP**

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| Date | Symptom changes | Inference | Prescription |
|------|-----------------|-----------|--------------|
|      |                 |           |              |



**APPENDIX II**

**CASE CONCEPT FORM**

LEARNING SECTION RECORD : CASE CONCEPTREF NO: \_\_\_\_\_

Patient's name \_\_\_\_\_ reg No: \_\_\_\_\_

DATE:

CLINICAL DIAGNOSIS \_\_\_\_\_

PHYSICIAN

REMEDY : ACUTE

\_\_\_\_\_

2.CHRONIC \_\_\_\_\_ 3

.INTERCURRENT \_\_\_\_\_

**A.PROBLEM DEFINITION**

**1. INTERVIEW TECHNIQUE**

**2.CLINICAL RECORD**


| 1. INTERVIEW TECHNIQUE | 2.CLINICAL RECORD |
|------------------------|-------------------|
|                        |                   |
|                        |                   |
|                        |                   |
|                        |                   |
|                        |                   |

**B.CORRELATIONS**

**3. SYMPTOMATIC**

**4. CLINICO PATHOLOGICAL CLASSIFICATIONS**

**5. PSYCHOLOGICALEVALUATION**

Hahenmannan masmatic Pathology 

Intenmetations

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C.ANALYSIS &SYNTHESIS : TOTALITY

| 7.ACUTE TOTALITIES | 8 CHRONIC TOTALITIES | 9.INTERCURRENT TOTALITIES |
|--------------------|----------------------|---------------------------|
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |
|                    |                      |                           |

| 10.SEQUENTIAL TOTALITIES | 11.SPLIT TOTALITIES | 12.RELATED TOTALITIES |
|--------------------------|---------------------|-----------------------|
|                          |                     |                       |
|                          |                     |                       |
|                          |                     |                       |
|                          |                     |                       |
|                          |                     |                       |
|                          |                     |                       |

13. TECHNIQUES REPERTORIAL

BOENNINGHAUSEN'S: T.P.B

B.B

BOGER'S: B.B

14. TECHNIQUES NON REPERTORAL

---

---

B.S.K

G.A

CARDS

KENTS

MIXED

REFERENCE (CONFIRMATION)

REFERNCE (DIFERENTATION)

D.PROBLEM STRUCTURALIZATION

E.PROBLEM RESOLUTION

15.MANAGEMENT                      16.MANAGEMEN                      T16.MANAGEMENT

:GENERAL :                                      GENERAL:                                      GENERAL

ENVIRONMENT                      INDIVIDUAL                                      REPLACEMENT

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18. MANAGEMENT: MECHANICAL MEASURES & ANCILLARY

---

---

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19. MANAGEMENT: SPECIFIC HOMOEOPATHIC PLANNING & PROGRAMMING

---

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| <u>REMEDY-SECTION</u> | <u>POTENCY-SELECTION</u> | <u>REPETITIVE SCHEDULE</u> |
|-----------------------|--------------------------|----------------------------|
|                       |                          |                            |
|                       |                          |                            |
|                       |                          |                            |
|                       |                          |                            |

PLACEBO- ADMINISTRATION

---

---

REMEDYRESPONSE

---

---

REMEDY

REGULATION

---

---

---

PALLIATION

CURE

SUPPRESSION

HERING'S LAW OF DIRECTION OF

CURE

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20.PROGNOSIS

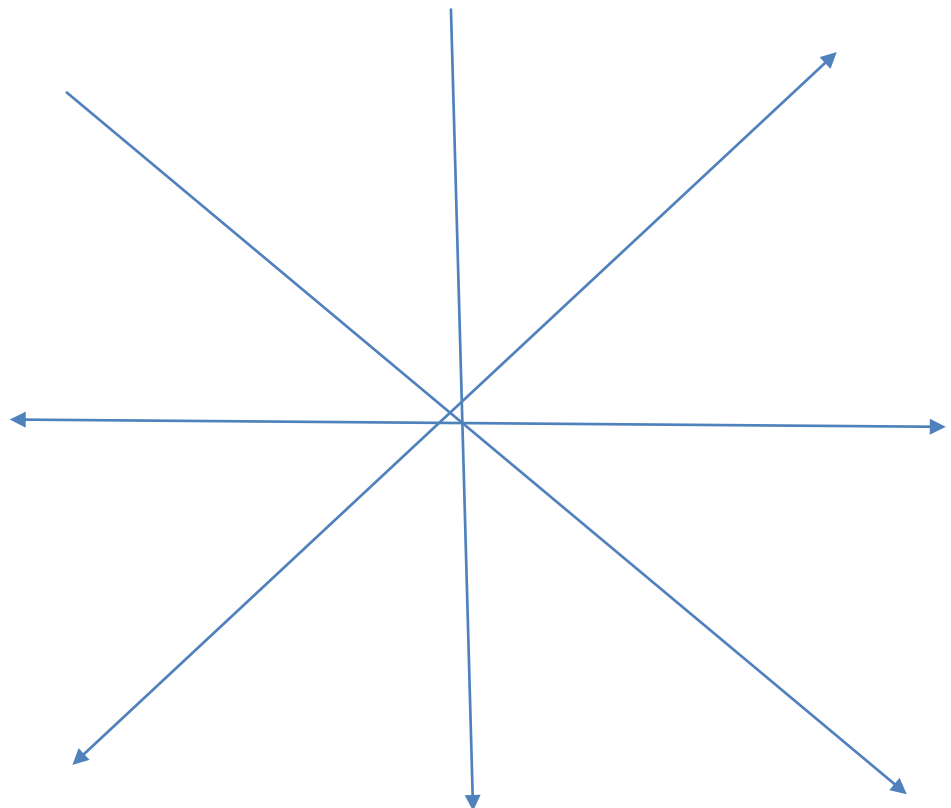
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EDUCATION AND TRAINING

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| OBSERVER'S SUGGESTIONS | GUIDE'S NOTES |
|------------------------|---------------|
|                        |               |



Appendix - I

*“Case records are our valuable asset”*

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

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CHRONIC CASE RECORD

O.P. No: 6249/18

UNIT: 1B

Date:

29/8/18

---

Name: THARIK AHMED

Age: 21      Sex: Male      Religion: Muslim      Nationality: Indian

Name of father/Spouse/Guardian/Son/Daughter:

Marital status: Single

Occupation: Student

Family size: Nuclear

Diet: Non veg

Address: Chennai

Phone No (Mobile):

8124444744

**FINAL DIAGNOSIS: DYSTONIA**

|              |  |
|--------------|--|
| Homoeopathic |  |
| Disease      |  |

|                |       |          |          |           |         |
|----------------|-------|----------|----------|-----------|---------|
| <b>RESULT:</b> | Cured | Relieved | Referred | Otherwise | Expired |
|----------------|-------|----------|----------|-----------|---------|

**2. INITIAL PRESENTATION OF ILLNESS**

| PATIENT'S NARRATION (in the ver<br>expressions used by him/her)   | PHYSICIAN'S<br>INTEROGATION (details<br>Regarding symptoms narrated | PHYSICIAN,S<br>OBSERVATIO |
|---|---|---------------------------|
| The patient narrated that he having<br>Difficult to walk and weakness of both<br>Upper and lower extremities since<br>4 years for these complaints he took<br>Siddha and allopathic medicines |   | Introverted<br>Calm       |

### 3. PRESENTING COMPLAINTS

| LOCATION                                  | SENSATION   | MODALITY                             | CONCOMITANTS |
|---|---|--------------------------------------|--------------|
| Upper and lower extremities since 4 years | Difficult to walk<br>Weakness more on left hand and right leg | <walking fast<br><writing<br><eating |              |

### 4. HISTORY OF PRESENTING ILLNESS:

The patient complaints started before 4 years, complaints started as weakness of upper limbs (Deviation) uncontrolled motion. After 1 year weakness of legs and difficult to walk, writing and eating. Abnormality in walking for this complaint he took Allopathic and Siddha medicines but no relief

### 5. HISTORY OF PREVIOUS ILLNESS

At age 5 –Chickenpox- Traditional treatment – relieved

### 6. HISTORY OF FAMILY ILLNESS

Nothing relevant

### 7. PERSONAL HISTORY

#### D. LIFE SITUATION

Place of birth: Chennai

Socio- economic status: Middle class

Nutritional status: Good

Dwelling: Chennai

Religion: Muslim

Educational status: Diploma in EEE

Marital status: Single

Family status: Good

Father: Live      Mother: Live      Siblings: 1      Female: 1



## E. HABITS & HOBBIES

Food: Vegetarian

Addictions: Tea

Sleep: Good

Artistic:

## F. DOMESTIC RELATIONS

With family members: Good

With other relatives: Good

With neighbours /friends/colleagues: Good

## 8. LIFE SPACE INVESTIGATION

Birth history- Late to walk (after 3 and half year)

The patient was born in moderate family, he has own sister, He is much affectionate with his mother, Does not having company with father, He is very silent during school days. At 14 years of age his complaints was started, initially he does not share his abnormality with others, very shy to family members

## 11. GENERAL SYMPTOMS:

### A. PHYSICALS

#### J. FUNCTIONAL

1. Appetite: Normal

2. Thirst: Normal

3. Sleep: Good

## II. ELIMINATIONS

4. Stool : regular
5. Urine : Normal
6. Sweat : Normal

## III. REACTIONS TO

1. Time: -
2. Thermal: chilly
3. Season: Desire summer
4. Covering: Desire
5. Bathing: warm water
6. Desire: Spicy food and ice cream, warm food and drinks

## IV. CONSTITUTIONAL

-

## **B. MENTAL GENERAL**

Easily angered (throws things)

Obstinate

Shyness

Desire consolation

Calm and introverted

Inferiority complex

Not shared anything to others

## **12. PHYSICAL EXAMINATION**

### A) GENERAL

- Conscious : Conscious

- General appearance: Lean –Dark complexion
- General built and nutrition: Lean
- Anaemia: Nil
- Jaundice: Nil
- Clubbing: Nil
- Cyanosis: Nil
- Oedema : Nil
- Lymphadenopathy: Nil
- Pulse rate: 78/min Resp rate: 17/min B.P: 120/80 mm of Hg
- Temp: Normal
- 

## **B.SYSTEMIC EXAMINATION**

1. Respiratory system: NAD

2. Cardiovascular system: NAD

3. Gastro Intestinal system: NAD

4. Urogenital system: NAD

5. Skin and glands: NAD

6. Musculoskeletal system: NAD

7. Central Nervous system:

Appearance & Behavior normal

Speech & Memory good

Orientation in time, place, and person's normal

Muscle tone, muscle bulk, muscle power decreased

Gait – unsteady

8. Endocrine: NAD

9. Eye and ENT: NAD

10. Others: NAD

## C. REGIONALS -

### 13. LABORATORY FINDINGS

-

### 14. DIAGNOSIS

#### DYSTONIA

- ❖ Provisional Diagnosis : Dystonia
- ❖ Differential Diagnosis: Amyotrophic lateral sclerosis , muscular Dystrophy
  
- ❖ Final Diagnosis (Disease): Dystonia

### 15 .DATA PROCESSING

#### A. ANALYSIS OF CASE

| COMMON                                     | UNCOMMON                        |
|--|---------------------------------|
| Difficult to walk                          | Obstinate                       |
| Weakness of both upper & lower extremities | Shyness                         |
| Uncontrolled motion while eating & writing | Easily angered(throwing things) |
| Desire warm food and drinks                | Introverted                     |
| Desire fanning                             | Desire consolation              |
| Desire covering                            | Calm                            |

#### B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

Mental symptoms- Desire alone, Introverted, easily angered, obstinate, shy & calm

Physical symptoms- Desire- Warm foods & drinks, Spicy food, ice cream

Particulars- Difficult to walk, weakness of extremities more on left hand –right leg

F. MIASMATIC ANALYSIS:

| PSORA              | SYCOSIS | SYPHILIS                |
|--------------------|---------|-------------------------|
| Desire consolation |         | Weakness of extremities |

G. TOTALITY OF SYMPTOMS

- Obstinate
- Shyness
- Easily angered (throwing things)
- Introverted
- Desire consolation
- Calm
- Difficult to walk
- Weakness of both upper & lower extremities
- Uncontrolled motion while eating & writing
- Desire warm food and drinks
- Desire fanning
- Desire covering

H. HOMOEOPATHIC DIAGNOSIS - chronic miasmatic disease

**16 .SELECTION OF MEDICINE**

**C. Non Repertorial Approach**

-

**D. Repertorial Approach**

- Mind anger – Throwing things around
- Mind – consolation- amel
- Mind-Timidty
- Mind- company aversion to – desire to solitude
- Generals Desire- Food and drinks –Warm food &drinks

Generals –fanned being desire to be  
 Generals Desire –food- Ice cream  
 Extremities-Walking-difficult  
 Extremities-Weakness-legs  
 Extremities-Weakness-hand  
 Back – curvature of spine - particular

**17. SELECTION OF POTENCY AND DOSE**

- A. Potency-** According to Susceptibility, sensitivity, vitality.
- B. Dose-** According to Homoeopathic principles single dose given

**18. PRESCRIPTION**

**SILICEA- 0/1 HS**

**19. GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES**

- C. General/Surgical/Accessory:**  
 Advised for physiotherapy
- D. Restrictions (Diet, Regimen etc.):**

| Disease                                 | Medicinal                               |
|---|---|
| Avoid over physical and mental exertion | Avoid tea , coffee and other stimulants |

---

**20 PROGRESS & FOLLOW UP**

---

| <u>Date</u> | <u>Symptom changes</u>   | <u>Inference</u> | <u>Prescription</u>             |
|-------------|--|------------------|---------------------------------|
| 25-9-18     | Weakness feels better<br>Uncontrollable movement persist<br>unsteady gait<br>Difficult in walking<br>P/G-  | Good             | Silicea 0/1 daily dose at night |
| 25-10-18    | Good<br>Weakness feels better<br>Uncontrollable movement better<br>Difficult in walking feels better<br>Pain in elbow joints<br>Sneezing after taking ice cream<br>P/G-    | Good             | Silicea 0/1 daily dose at night |
| 06-12-18    | Good<br>Weakness feels better<br>Uncontrollable movement better<br>Difficult in walking feels better<br>Pain in elbow joints feels better<br>Sneezing feels better<br>P/G- | Good             | Silicea 0/3 daily stat dose     |
|             | Good   |                  |                                 |

### 13. BIBLIOGRAPHY

1. Araújo LA de, Addor F, Campos PMBGM. Use of silicon for skin and hair care: an approach of chemical forms available and efficacy. An Bras Dermatol [Internet]. 2016 [cited 2019 Apr 3];91(3):331–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27438201>
2. DHAWALE DM. PRINCIPLES AND PRACTICE OF HOMOEOPATHY. THIRD EDIT. INSTITUTE OF CLINICAL RESEARCH,MUMBAI; 1967. 66 p.
3. Silica | Encyclopedia.com [Internet]. [cited 2019 Mar 2]. Available from: <https://www.encyclopedia.com/science-and-technology/chemistry/compounds-and-elements/silica>
4. Silica | National Center for Homeopathy [Internet]. [cited 2019 Mar 2]. Available from: <https://www.homeopathycenter.org/remedy/silica>
5. Prof. Dr. Farokh J.Master. SANDY SILICEA. PROF.DR FOROKH MASTER, DR.JAWAHAR SHAH, DR.KAMAL KODIA, DR SHAILEN PETIGARA DRN, editor. B.JAINPUBLISHERS (P)LTD.; 5 to 10.
6. MURUGAN D, NARAYAN DM, NAIR DS, DR SONNYMON. DYNAMICITY OF FLINT. In: DYNAMICITYOF FLINT. MAY 2016. HIPPOCRATES PUBLICATION,DEPT OF ORGANON,SKHMC,KULASEKHARAM; p. 12,13.
7. Mondal T.C. A Text book of Homeopathic Materia Medica,Vol-1. 2000. 656 p.
8. BOGER C. A SYNOPTIC KEY OF THE MATERIA MEDICA. THIRD IMPR. B.JAINPUBLISHERS (P)LTD.; 2015. 358 p.
9. BOERICKE W. POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA AND REPERTORY. 49 IMPRESS. B.JAINPUBLISHERS (P)LTD; 2009. 590 to 593.
10. J.H.CLARKE. A DICTIONARY OF PRACTICAL MATERIA MEDICA VOLUME-3. STUDENT ED. B.JAINPUBLISHERS (P)LTD; 2006. 1175, 1181 to 1188 p.
11. WM.H.BURT M. PHYSIOLOGICAL MATERIA MEDICA. Third Edit. B.JAINPUBLISHERS (P)LTD.; 2017. 851 p.
12. JAIN DRD. UNIVERSAL MINERAL MATERIA MEDICA. FIRST EDIT. DINAK PRAKASHAN JAIN HOMOEOPATHIC PHARMACY; 402 p.



13. C HERING. THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA -9. REPRINT 19. B.JAINPUBLISHERS (P)LTD.; 362 to426.
14. ALLEN TF. THE ENCYCLOPEDIA OF PURE MATERIA MEDICA VOL.1X. REPRINT 19. B.JAINPUBLISHERS (P)LTD.; 1997. 1 to 39.
15. KENT J. LECTURES ON HOMOEOPATHIC MATERIA MEDICA. 35TH IMPRE. B.JAINPUBLISHERS (P)LTD; 2009. 925 to 934.
16. NASH E. LEADERS IN HOMOEOPATHIC THERAPEUTICS. FIFTH EDIT. B.JAINPUBLISHERS (P)LTD; 2005. 66 TO 69.
17. H.C.ALLEN. ALLEN'S KEYNOTE. TENTH EDIT. B.JAINPUBLISHERS (P)LTD; 2005. 281 to 284.
18. Borland DM. CHILDREN'S TYPE. B.JAINPUBLISHERS (P)LTD.; 4,5.
19. Fyfe NCM, Price EW. The effects of silica on lymph nodes and vessels—a possible mechanism in the pathogenesis of non-filarial endemic elephantiasis. *Trans R Soc Trop Med Hyg* [Internet]. 1985 Jan 1 [cited 2019 Mar 14];79(5):645–51. Available from: <https://www.sciencedirect.com/science/article/pii/0035920385901804>
20. Silicea (2001) - British Homeopathic Association [Internet]. [cited 2019 Mar 14]. Available from: <https://www.britishhomeopathic.org/charity/how-we-can-help/articles/homeopathic-medicines/s/silicea-2/>
21. Anick DJ, Ives JA. The silica hypothesis for homeopathy: physical chemistry. *Homeopathy* [Internet]. 2007 Jul [cited 2019 Mar 14];96(3):189–95. Available from: <http://linkinghub.elsevier.com/retrieve/pii/S1475491607000562>
22. Oberbaum M, Markovits R, Weisman Z, Kalinkevits A, Bentwich Z. [dilutions in mice]Wound healing by homeopathic silica . *Harefuah* [Internet]. 1992 Aug [cited 2019 Mar 14];123(3–4):79–82, 156. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/1325402>
23. Bellavite P, Ortolani R, Conforti A. Immunology and homeopathy. 3. Experimental studies on animal models. *Evid Based Complement Alternat Med* [Internet]. 2006 Jun [cited 2019 Mar 14];3(2):171–86. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16786046>

24. Lenger K. Wound Healing According to Biochemical Laws by Highly Potentized Homeopathic Remedies Containing Magnetic Photons. *Int J Appl Sci - Res Rev* [Internet]. 2018 Nov 27 [cited 2019 Mar 14];05(04). Available from: <http://www.imedpub.com/articles/wound-healing-according-to-biochemical-laws-by-highly-potentized-homeopathic-remedies-containing-magnetic-photons.php?aid=23788>
25. Currie HA, Perry CC. Silica in plants: biological, biochemical and chemical studies. *Ann Bot* [Internet]. 2007 Dec [cited 2019 Mar 14];100(7):1383–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/17921489>
26. Homeopathic remedy: Silica. 2014 [cited 2019 Apr 3]; Available from: <https://aurumproject.org.au/homeopathic-remedy-silica/>
27. Price CT, Koval KJ, Langford JR. Silicon: a review of its potential role in the prevention and treatment of postmenopausal osteoporosis. *Int J Endocrinol* [Internet]. 2013 [cited 2019 Apr 3];2013:316783. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23762049>
28. POLYCYSTIC OVARY SYNDROME & HOMEOPATHY – punehomeopathy [Internet]. [cited 2019 Apr 20]. Available from: <https://punehomeopathy.wordpress.com/2013/07/30/polycystic-ovary-syndrome-homeopathy/>
29. KENT J. KENT REPERTORY. 50th ed. B.JAINPUBLISHERS (P)LTD.; 2012. 481,484,606,1293.
30. Psora Miasm - Ascension Glossary [Internet]. [cited 2019 Apr 20]. Available from: [https://ascensionglossary.com/index.php/Psora\\_Miasm](https://ascensionglossary.com/index.php/Psora_Miasm)
31. DR KENT 12 OBSERVATION EXPLAINED (HOMOEOPATHY ) - HOMEOPATHY [Internet]. [cited 2019 Apr 20]. Available from: <https://adnansiddiqui164.blogspot.com/2018/03/dr-kent-12-observation-explained.html>

## LIST OF ABBREVIATIONS USED

| SL.NO | ABBREVIATION | EXPANSION                         |
|-------|--------------|-----------------------------------|
| 1.    | <            | Aggravation                       |
| 2.    | >            | Amelioration                      |
| 3.    | SL           | Saccharumlactum                   |
| 4.    | SD           | Sara disket                       |
| 5.    | BT           | Blank tab                         |
| 6.    | SOS          | If necessary                      |
| 7.    | Wk           | Week                              |
| 8.    | OPD          | Out Patient Department            |
| 9.    | Pt           | Patient                           |
| 10.   | Yr           | Year                              |
| 11.   | Yrs          | Years                             |
| 12.   | %            | Percentage                        |
| 13.   | DNS          | Deviated Nasal Septum             |
| 14.   | DM           | Diabetic Mellitus                 |
| 15.   | LRTI         | Lower Respiratory Tract Infection |
| 16.   | GERD         | Gastro Esophageal reflux disease  |
| 17.   | LS           | Lumbar spondylosis                |
| 18.   | OA           | Osteoarthritis                    |
| 19.   | PCOS         | Polycystic ovarian syndrome       |
| 20.   | G.I.T        | Gastro Intestinal Tract           |
| 21.   | C.N.S        | Central Nervous System            |
| 22.   | Ars Alb      | Arsenicum Album                   |
| 23.   | Calc Carb    | Calcarea Carbonica                |
| 24.   | Merc.Sol     | Mercurius Solubulis               |