### RHINITIS CURED BY HOMOEOPATHY

Homoeopathy has been traditionally honoured its cure over untreatable diseases. I am repersenting two cases of rhinitis cured by Homoeopathy andam trying my ablest to draw a tentative conclusion which can be substantiated and confirmed in future with same conclusion with larger number of case study.

#### Case - I

Mrs. X of 21 years old reported on 12.7.85 with the following compaints.

Running nose irritation soreness of throat, soreness of submaxillary region and chest for last 3-4 years. All complaints were worse from exposure to cold both dry and moist. She has also had alternate nasal obstruction with occasional dyspnoea. She was better in summer warm weather with more other complaints. She was resorting to allopathic treatment all through and was getting temporary relief.

More over there was profuse sweating only during attack and she overslept during the attack. She was thirstless with moist tongue but during fever tongue was dry,

Mentally she was irritable fastidious. Blood picture: Eosinophil count was 22% There was rawness of nostrils, submandibular gland enlarged, pharyngitis.

She was prescribed Ars. Alb-0/3 B  $\cdot$  D  $\cdot$  3days after she came with severe dysphoea paroxysmal dry cough, running nose with nasal obstruction, continued type of fever 101 degree farenheit to 102 degree Farenheit and reduced appetite.

She was given placebo.

On 18.7.85- She reported of no dyspnoea, no

Cough, no running nose, no obstruction, no body
- ache, no fever. But she had no appetite. She was prescribed Ars. Alb. 0/5 Subsequently she was prescribed
higher dilutions till the appetite came to normal. In the middle chelidonium 30 was prescriped to increase the
appetite.

Since then she reported not to be attacked by rhini and pharyngitis. Her D  $\cdot$  C  $\cdot$  showed 9% Eosinophil on 7.2.86.

#### Case II

Mr. Y, 25 years old reported on 2.11.87. to have the complaints of sneezing rhinorrhoea, nasal obstruction, sore throat and dyspnoea, with cough sinc 23 year i.e from childhood.

Dyspnoeea worse from 11 p.m to 2 am. in cold breeze, dust sour food, change of weather Relief from bending forward. He was under allopathic treatment and getting temporary relief.

He had eosinophil count 28% On Auscultation there were fine rhonchi all over the lung field Congrestion of pharynx and rawness of nostrils.

Ars. Alb. 0/3 B.D. was prescribed on 26.11.87,3 days. after he devloped severe dyspnoea & wheezing, Lobelia inflanta was prescribed as he was moving about to get relief Within 2-3 hrs. he got relief. It Continued for 2 days.

Ars. Alb. 0/5. 0/7, 0/9, were prescribed. On 19.12.87 there was no dyspnosa, no Cough, no other Symptoms except running of nose. But on 29.12.87 he suddenly devloped acute dyspnoea, cough with stringy expectoration, Kali bi 0/1 6 hourly was prescribed hogher dilution (0/18) of Ars. Alb.

On 21.1.88 he started devloping ring worm on the left foot. Sulphur 200/1d. was prescribed followed by Ars. Alb. 0/21 But no improvement. Rather on 31st march he stated the same on the right side. Sulphur 0/3 & subsequent higher potencies made the case clear.

On 19.5.88 he devloped Slight dy spnoea which was cleared by Ars. Alb. 0/23, Eosinophil came down to 12% Till now he was no Complaints.

#### Conclusion

It is Concluded that Homoeopathic medicines can act not only at the level of Symptoms but also at the level of pathology as from the above two cases it is seen that eosinophil count come down along with disappearance of Symptoms.

However eith illustration of only two cases. it is unjustified to opine any conclusion. Hence large number of study and observation are felt immperative in this line.

#### PERVENTIVE ASPECT OF HYPERTENSION IN HOMOEOPATHIC PRACTICE

The term "Hypertension" is a nightmare in the diction of clinical medicine, one of the most obscure and intractable diseases the mankind has ever witnessed, which from its nascence has disabled the immurable victims, on the contray a perspicaceous study of this statistical treatment of hypertension has unfurled the fact that the erudites of all the systems of treatment, many votaries of diffarent systems have been plundering seriouly from different angls to combat such inverterate and obstinate disease. Veterrans of preventive school has given much credence to this diseases to minimise the load on the clinicians is the persuit of our study today.

## W. H. O. chairman W. A Mallea told that :-

- 1) Cheak up blood pressure in almost all cases irrespective of complaints.
- 2) Emphasise on mind of the patient that, with treatment there will be satisfactory result in the patient if follow the advices property.
- 3) Compliance with the patient to follow up the case.

## Again comparism of Japan advised

- 1) Check up the blood pressure property.
- 2) Proper follow up the case

3) Creat a community awareness.

## PREVENTING SCIENCE ENCOMPASSES MANY THINGS LIKE-

Helth promotion,

Specific promotion,

Early diagnosis and treatment,

Disability limitation,

Rehabilitation.

## PREVENTION OF HYPERTENSION CAN BE MADE AT THE THREE FOLLOWING LEVELS.

- I) Primary prevention .
- II) Secondary prevention.
- III) Tertiary prevention.

## I) PRIMARY PREVENTION:

#### **HEREDITY:**

A) As we know if both the parents are hypertensive the occurance of disease to the offsprings are 45%. So if it is known earlier the majors can be taken at various levels. Before maraige: If the maraige is over, bith partners should be kept under certain regulate mode of life and treatment.

That is - constitutional treatment by Homeopathic medicine.

- If obes, then under dietary regulations which is discussed later.
- Removal of stress and strain
- B) Age: As we know that hypertention is more in the age group of 40-60 years so special attention for particular age for chech up blood pressure invarible with or without complaints is necessary.
- C) Exercise: It is more common in people with secondary workers and those taking externe physical extention. So moderation is to be maintained.
- D) Mental Stress: Strenous occupation, sudden, prolonged exertion, overwork, worry and emotional stress are to be avoided.
- E) Smoking: This leads to atherosclerosis. So prohibition is necessary.
- F) Regular bowel habit: If no regular bowel movement, it will cause hypertention. So following things are to be seen in the patient.

- a) Give sufficient roughage food.
- b) Adequate drink.
- c) Exercise to permisable extent.
- d) Salt is curtailed to some extent.
- G) Salt intake: Normally 10 gm. salt is required for a normal indivisual per day. It has been seen that increase salt can cause hypertention in experimental animals. Previously patients were instructed to curtail sodium intake drastically presently with oral diuretics, the most practical approach is now to advice mild distray sodium restriction (up to 5 gm./day)
- H) Over weight: the obese should be intructed to have calloric restriction.
- I) Diabetic diets:

Fats (containing saturated fatty acid such as animal fa, fat derived from dietary products and hydrogenated vegeatable oils) but there should be intake of unsaturated fat like groundunt oil, cotton seed oil and marine oil,

N.B: only unsaturaetd fat causes peptic uncer and carinoma as it is oxidised repidly.

PROTEINS: casein prevents atherosclerosis, so milk can be given to hypertensive persons.

CARBOHYDRATES: Body can synthesize lipids from carbohydrates. Endogenous synthesis is to be controlled by reducing the daily. carbohydrate Intake to 120- 150 gms. as/ starch and excluding sugars such as sucrose, fructose & lactose.

ALCOHOL: This increases calloric intake and stimulates the production of beta lipoprotein.

Moreover in addition to above criterias for our Homoeopathic purpose diet should be such that the substances which are having medicinal action of its own should be removed so that small minute doses of Homoeopathic Medicine may not be over whelmed extinguished and distrubed.

As hypertension is a chronic disease. our patient should have moderation in all things even in harmless are the chief duty of chronic patient.

Actual rule is to be observed is that patient should partake of light digestible nursing food to satisfy hunger.

Among the list of foods:

- Coffe (stictly prohibited)
- Tea (limited to two cups)

"Tea flatteringly allures the nerves and so secretly, inevitably infest and weaknes them"

- Raw onion, garlic, hengue, campho, zingar & spices are limited as those peases the medicinal property of their own.

## II) SECONDARY PREVENTION:

Early diagnosis and treatment (HOMOEOPATHIC TREATMENT): After thorough case history on totality of symptoms, a constitutional treatment is provided.

Advice for general management:

- a) Rest.
  - Going to bed early
  - Resting after meal
  - Cultivate the art of relaxation.
- b) Adoidance of physical & mental strass and strain.
  - Nine hours sleep must be advised.
  - Strenous occupation, sudden strees, prolonged exertion are to be avoided.
  - Overwork, worry, emotional strees are avoid.
  - Free bowel movement etc.

## **III) TERTIARY PREVENTION:**

# A) Disability limitation:

Known case of hypertension is to be treated readly to halt other complications.

- a) Curative treatment : By antimiasmatic drugs.
- b) Palliaive treatment : If antimiasmatic drugs are not responding reacily, then palliative treatment may be resorted,
- B) **Rehabilitation**: Cases developed cerebrovascular accidents should be given treatment with our indicated drugs and along with physiotherapy to restore the function of paralysed parts of thr body.

## **CONCLUSION:**

Above script is a mere venture to unfurl the general principle of prevention for me of the most stubbrn and unyielding diseases that the human rase has even effected with the unbiased clinical research in the erena of treatment of this disease is highly indispensable to fill up the existing vacum in the literature of homoeopathy

But in the name of clinical research we should not forget the holistic concept of the patient and should never dare to treat the patient and should in the name of disease.

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