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1	Clinical evaluation of <i>Arnica montana</i> 1m in post-stroke neurological deficits: An observational study	Dr. Harshvardhan S Bhosale Dr. Bajirao A Shinde	International Journal of Homoeopathic Sciences
2	Effectiveness of homoeopathic medicine <i>Calcarea carbonica</i> in management of filiform wart: A case report	Dr. Anuradha S Sakate Dr. Bajirao A Shinde	International Journal of Homoeopathic Sciences
3	Homoeopathic management of gout with <i>Bryonia Alba</i> : A case study	Dr. Rahul Manvendra Ganbavale	International Journal of Homoeopathic Sciences
4	Miniature of Organon of Medicine" i.e. "The Epistemological and Clinical Foundation of Rational Homoeopathic Practice and Conceptual Understanding of Aphorism No.3.	Dr. Sambhaji Jagtap Dr. Chandrakant Patil	IJARESM International Journal of All Research Education & Scientific Methods
5	Importance of the Knowledge of Homoeopathic Physician in Homoeopathy – Aphorism No.3: Qualities of Homoeopathic Physician or the Knowledge of Homoeopathic Physician.	Dr. Sambhaji Jagtap Dr. Ashwini Patil	International Journal of Homoeopathic Sciences
6	Homoeopathy Mind Index, A Comparative Study of Mind Rubrics from Kents Repertory	Dr. Harshvardhan S Bhosale	Book Published by BJain Publishers New Delhi




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Clinical evaluation of *Arnica montana* 1m in post-stroke neurological deficits: An observational study

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Abstract

Background: Stroke is a major global cause of death and disability, commonly resulting in long-term motor, sensory and cognitive deficits. Conventional management focuses on acute interventions and rehabilitation, but many patients are left with residual symptoms. *Arnica montana* 1M, a homeopathic remedy traditionally used in trauma, vascular injury and inflammation, is proposed as an adjunct in stroke recovery.

Aim: To analyse the efficacy of *Arnica montana* 1M in the management of post-stroke neurological deficits.

Methods: An observational clinical study was conducted on 15 patients with clinically and radiologically diagnosed stroke, attending the Homoeopathic OPD of Late Mrs. Housabai Homoeopathic Medical College and Hospital, Nimshirgaon. Patients above 25 years of age with ischemic stroke, hemorrhagic stroke or transient ischemic attack (TIA) were included. All patients received *Arnica montana* 1M in individualized doses along with standard stroke care. Follow-up was done every 15 days for 2 months. Outcomes were assessed on the basis of neurological examination, changes in motor and speech function, subjective symptom relief and overall functional status.

Results: The study group comprised 10 males (66.67%) and 5 females (33.33%). Age incidence was highest in the 50-59 years group (46.67%), followed by 60-69 years (33.33%). Acute ischemic stroke was seen in 8 patients, hemorrhagic stroke in 3 patients and TIA in 4 patients. Overall, 13 patients (86.67%) showed some degree of clinical improvement, while 2 (13.33%) showed no response during the study period. Notable improvement in motor and speech function was observed in all hemorrhagic stroke cases and in most TIA cases, whereas ischemic stroke cases showed limited or no significant neurological recovery.

Conclusion: *Arnica montana* 1M may offer supportive benefit in post-stroke recovery, particularly in hemorrhagic stroke and TIA. Its role appears limited in established ischemic stroke. Larger, controlled studies are needed to validate these findings and to define the place of homeopathic remedies within standard stroke rehabilitation protocols.

Keywords: Stroke, *Arnica montana* 1M, haemorrhagic stroke, transient ischemic attack, homoeopathy, neurorehabilitation

Introduction

Stroke is a medical emergency caused by a sudden interruption of blood supply to the brain, leading to death or damage of brain cells. It may result from arterial occlusion (ischemic stroke) or rupture of a cerebral vessel (hemorrhagic stroke). Ischemic strokes account for the majority of cases, whereas hemorrhagic strokes are less common but often more severe. Typical clinical manifestations include sudden hemiparesis or hemiplegia, facial asymmetry, speech disturbances, visual impairment, dizziness and altered consciousness.

Globally, stroke remains one of the leading causes of mortality and long-term disability. The World Health Organization estimates millions of new cases every year, with a higher burden in low- and middle-income countries due to uncontrolled hypertension, diabetes, smoking, obesity and other vascular risk factors. Despite significant improvements in acute stroke management—thrombolysis, thrombectomy and intensive care—many survivors are left with residual neurological deficits and impaired quality of life.

Standard post-stroke care emphasizes multidisciplinary rehabilitation, including physiotherapy, occupational therapy and speech therapy. However, there is growing interest in complementary systems such as homoeopathy to support recovery, reduce inflammation,

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improve circulation and address psychological sequelae. *Arnica montana* is a well-known homoeopathic remedy, classically indicated for trauma, bruising, hemorrhage, vascular congestion and post-injury shock. On this basis, it is hypothesized that *Arnica montana* 1M may aid post-stroke recovery, especially in hemorrhagic and traumatic vascular events. The present study was undertaken to evaluate the clinical efficacy of *Arnica montana* 1M in stroke patients with persistent neurological deficits.

Aim and Objectives

Aim

To analyse the efficacy of *Arnica montana* 1M in the management of stroke.

Objectives

1. To assess the impact of *Arnica montana* 1M on post-stroke neurological deficits, particularly motor and speech functions.
2. To evaluate subjective changes in symptoms such as weakness, numbness, dizziness and fatigue.
3. To observe psychological effects (stress, anxiety, emotional trauma) during recovery.
4. To monitor safety and any adverse effects associated with *Arnica montana* 1M.
5. To explore the feasibility of integrating *Arnica montana* 1M as a complementary modality in stroke rehabilitation.

Materials and Methods

Study Design

Observational clinical study.

Study Setting

Homoeopathic Outpatient Department (OPD)

Study Population and Sample Size

A total of 15 patients diagnosed with stroke (ischemic, haemorrhagic or TIA) were included.

Inclusion Criteria

- Patients with clinically and radiologically diagnosed stroke (ischemic, haemorrhagic) or TIA.
- Age above 25 years.
- Both male and female patients.
- Patients able and willing to give consent and attend regular follow-up.

Exclusion Criteria

- Immunocompromised patients (e.g., HIV/AIDS).
- Patients with severe comorbid illnesses or bedridden due to other causes.
- History of major neurosurgical procedures or irreversible brain damage.
- Patients unwilling or unable to complete follow-up.

Intervention

All enrolled patients were under standard stroke management as per conventional medicine. *Arnica montana* 1M was prescribed as an adjunct homoeopathic remedy:

- **Potency:** 1M
- **Mode:** Single or repeated doses as per individual case assessment.

- Placebo was given on subsequent days or weeks, while *Arnica* was repeated only when indicated.

No other homoeopathic remedy was introduced during the study period.

Follow-Up and Duration

Patients were followed every 15 days over a period of 2 months. At each visit, detailed neurological assessment and symptom review were performed.

Outcome Measures

- Changes in motor power and coordination.
- Improvement in speech (articulation, fluency, comprehension).
- Subjective relief in weakness, numbness, dizziness, fatigue and emotional distress.
- Overall functional status and daily activities.

Improvement was categorised as

- **Improved:** Clear objective and/or subjective improvement in neurological or functional parameters.
- **Not improved:** No meaningful change in neurological status or daily functioning.
- **Recovered:** Near-complete or complete restoration of function (not observed within this short study period).

Data were analysed descriptively in terms of frequency and percentage.

Results

Demographic Profile

Of the 15 patients, 10 (66.67%) were male and 5 (33.33%) female.

Age distribution was as follows:

- **40-49 years:** 2 cases (13.33%)
- **50-59 years:** 7 cases (46.67%)
- **60-69 years:** 5 cases (33.33%)
- **70-79 years:** 1 case (6.67%)

No cases were reported below 40 years. The maximum incidence was in the 50-59 year age group.

Clinical Profile

Based on clinical and imaging findings, patients were classified as:

- **Acute ischemic stroke:** 8 cases (53.33%)
- **Hemorrhagic stroke:** 3 cases (20.00%)
- **Transient ischemic attack (TIA):** 4 cases (26.67%)

Presenting features included slurred speech, limb weakness or paralysis, facial deviation, numbness, dizziness and imbalance.

Treatment Response

Overall outcome after 2 months of adjunct *Arnica montana* 1M therapy:

- **Improved:** 13 cases (86.67%)
- **Not improved:** 2 cases (13.33%)
- **Completely recovered:** 0 cases

By stroke type (clinical impression)

- **Hemorrhagic stroke (3 cases):** All showed notable

improvement in motor function and speech. Patients reported better strength, reduced heaviness and improved clarity of speech.

- **TIA (4 cases):** Majority showed symptomatic relief with reduced episodes of dizziness and weakness; no new TIA events were recorded during the follow-up period.
- **Ischemic stroke (8 cases):** Minimal or no significant neurological recovery was documented in several patients; any changes were mild and not sufficient to be considered functional recovery within the short study window.

No adverse effects attributable to *Arnica montana* 1M were reported.

Discussion

This observational study suggests a potential supportive role of *Arnica montana* 1M in post-stroke rehabilitation, particularly in hemorrhagic stroke and TIA. The high proportion of overall improvement (86.67%) must be interpreted cautiously, as natural recovery, physiotherapy and standard medical care also contribute substantially to outcomes.

The more favourable response in hemorrhagic stroke cases is consistent with the traditional homoeopathic indication of *Arnica* for trauma, bruising, vascular injury and hemorrhage. Stroke with intracerebral bleeding resembles a traumatic insult to brain tissue, where *Arnica* is classically prescribed to reduce inflammation, improve microcirculation and promote resorption of extravasated blood.

TIA, characterized by transient ischemia without permanent infarction, inherently carries a better prognosis. The observed improvement in TIA cases may reflect both natural course and possible circulatory support from *Arnica*, along with risk-factor control.

By contrast, ischemic stroke involves irreversible neuronal death in the infarct core. Within the short follow-up period of 2 months, *Arnica* did not appear to produce significant objective neurological recovery in these patients. This suggests that the scope of *Arnica* may be limited once extensive ischemic damage is established, although it may still offer symptomatic or emotional support.

From a homoeopathic perspective, *Arnica montana* is also indicated in patients who feel "sore, bruised" and mentally withdrawn, often insisting they are 'well' when they are not. Such mental and emotional traits are common after stroke and may have been favourably influenced, although formal psychological assessment was not undertaken in this study.

Areas for Further Improvement and Research

- The present study was conducted on a small sample (n = 15); therefore, larger multi-center studies are recommended to validate the findings.
- As this was an observational study without a control or placebo group, future research using randomized controlled trials will help establish stronger evidence.
- A longer follow-up period in future studies may provide clearer insights into long-term neurological recovery patterns.
- Incorporating standardized neurological assessment tools (e.g., NIHSS, mRS) in future research will allow more objective measurement of outcomes.

- Further studies designed to isolate the specific therapeutic role of *Arnica montana* 1M, independent of conventional rehabilitation, are encouraged.

Conclusion

Arnica montana 1M, used as an adjunct to standard stroke management, appeared to support clinical improvement in a majority of patients in this small observational study, with particularly encouraging results in haemorrhagic stroke and TIA. Its contribution in established ischemic stroke seems limited within the short period of observation.

These preliminary findings justify further research through well-designed, larger, randomized controlled trials to evaluate the true efficacy and scope of *Arnica montana* 1M and other homoeopathic remedies in stroke rehabilitation.

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Conflict of Interest

Not available.

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Effectiveness of homoeopathic medicine *Calcarea carbonica* in management of filiform wart: A case report

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Abstract

Warts are one of the most common skin affections in our society, it has been described since antiquity with their course and treatment in various eras of time. However, the site of warts are anywhere in the body but more commonly they are on the face, neck, extremities, and also on the genital site in some extent. Human Papillomavirus (HPV) driven *Verruca vulgaris* (warts) increases the risk of squamous cell carcinoma (SCC) in solid organs. Warts are cutaneous neoplasms that are caused by papilloma viruses. In school children dermal layer of skin which are benign in nature. Around 10% of it is 10-20% and it is common in immunocompromised patients & meat handling individuals. A 39 years male patient come with complaint of warts on face develop gradually since 2 years. Homoeopathy not only work on the skin surface, but it works from inside out to treat warts. Homoeopathic prescription was made with thorough case taking, in depth analysis of case and repertorization.

Keywords: Warts, *Verruca vulgaris*, *Calcarea carbonica*, HPV

Introduction

Warts are raised bumps on your skin caused by the human papillomavirus (HPV). It may be small, single, multiple, common, viral and of various types. Warts are benign epithelial growths developing, as a result infection of the skin with human papillomavirus^[1]. It is estimated that 40% of the population is infected with HPV, and in 7% to 12%, a wart develops. 5,14,24 Plantar warts exhibit an annual incidence of 14% in the general population^[2]. They are more common among immunosuppressed patients and meat handler. Warts are very common, especially among children and teenagers. Various studies have shown that up to 33% of children and teenagers have warts. They are estimated to be much less common in other age groups, affecting only about 3 to 5% of adults^[1].

Causation

Human papillomaviruses^[2]

Papillomaviruses are species specific and infect squamous epithelia and mucous membranes, inducing different types of warts or papillomata in their hosts. The human papillomavirus (HPV) infects only humans and grows only in organ cultures of human skin.

Filiform Wart^[14]

A thread- or finger-like wart, most common on the face, especially near the eyelids and lips, which is quite soft and usually covered with smooth skin. Usually, to be seen upon the eyelids, face and neck.

Risk factors^[3,12]

Center about increased exposure to HPV, increased risk of epidermal barrier penetration, and inappropriate immune responses. Factors that increase the risk include use of public showers, working with meat, eczema, and a low immune system. The possibility of spread of cutaneous warts during cosmetic procedures. Especially following temporary hair removal methods, such as shaving, waxing, threading, and using depilatory creams, so they practice the requisite safety measures.

Prevention [1, 4]

1. It can be prevented by avoiding skin contact with infected individual, not walking barefoot in public places.
2. Do not share towels, shoes, socks, or other personal items.
3. Wear footwear in communal showers and locker rooms
4. Maintain quality personal hygiene.
5. Treat current warts promptly
6. Diet: Avoid fat, carbohydrate, sweets, chocolates, tea, coffee, ice creams, pickles, spicy food, alcohol, cola drinks. - advice fresh juicy fruits, vegetables

Homoeopathic approach- [5, 6, 7] Homoeopathy corrects the root problem. Aphorism 185-203 (local disease): -local diseases are a kind of one-sided diseases in which the changes. Homeopathy is based on Holistic and Individualistic concept, the collective and selective thinking, which, is the principal of individualization allowing the physician to cater to the needs of an individual patient [5]. Homoeopathy is a system of the Law of similar. This law states that a drug Capable of producing a diseased state in healthy person can cure the similar condition in healthy person.

Calcarea Carbonica [7, 8, 9, 10, 11]**According to Dr. William Boericke**

Calcarea carbonica is indicated in warts which may be itchy, horny, painful, and offensive. Patient is usually chilly, lazy and indolent, and fearsome.

According to Dr. J. H Clarke

Calcarea carb. Warts on face, neck and upper extremities, a critical excretion on cutis on scrofulous, chlorotic, hydrogenoid patients, especially youthful ones.

According to M.L. Tyler

Warts here and there nettle rash, mostly disappearing in cold air.

Ulcers bleed on appearance of menses.

According to Dr. J. T Kent

Calcarea carbonica may be fleshy, horny, painful, and offensive. They can appear on various locations, including the face and hands. Eruptions are dry and scaly. Itching in the paralyzed parts.

According to Dr. Cowperthwaite

Calcarea carbonica: *Calcarea carbonica* is indicated in warts which may be fleshy, horny, painful, and offensive. Patient is usually chilly, lazy and indolent, and fearsome.

A Case

O.P.D./ I.P.D. NO.:1227

NAME OF PATIENT: Mr. A.M

AGE: 39

SEX: M

ADDRESS - xyz

RELIGION: Hindu

EDUCATION: 12

OCCUPATION: worker

MARITAL STATUS: married

SOCIOECONOMIC CONDITION: poor

DATE OF INTERVIEW: 05/1/24

CHIEF COMPLAINTS: warts on face since 2 yrs

HISTORY OF CHIEF COMPLAINTS (OPD):

patient had warts on face develop gradually since 2 years. There are 3 warts on right side lower lip and one on forehead. They are hard, painful to touch; not bleeding. They are increasing in size gradually.

Past history

Childhood: all vaccination are taken.

Adulthood: No major illness.

Family history

Patients own side: father having hypertension

Paternal side: Grandfather having hypertension

Maternal side: all are healthy

Personal history

Diet- vegetarian

Dreams - not remembering

Appetite - normal

Thermal state- chilly patient

Desire- fatty food, spicy food

Habits- not specific

Aversion -milk++

Perspiration- only while exertion

Thirst -large quantity small interval

Sleep- Disturbed

Bowel habits - satisfactory 1/day

Micturation- 5-6 times/day, 1time /night

Life space & Mentals**He is from middle class family**

Childhood -This is a good period for patient. Pt like playing much than study. He was the youngest one in family so all family member loves him very much Adulthood - Relation with all family members i e mother, father, one elder brother and one sister is good. All are very happy. There was only tension of job because after graduating M.A. in History. He is trying very much but he is not getting job. There is no vacancies.

Patient mainly thinks in negative way towards all things eg about health, future, jobs etc. this lids him to become anxious.

This anxiety starts since the time of death of one of his friend. Other friends say that his friend die due to cancer. as that friend is very close to patient, there is chance of infection to me(pt.) This start fear of diseases in him. In simple health problem also he take relation of cause of cancer may be. Due to this anxiety patient done many health examinations. Finally when after consultation to doctor anxiety about health not decrease.

General examination

Built - Thin

Nourishment -good

Height - 5'4"

Weight- 64 kg

Odema- absent

Pallor- absent

Cynosis- absent

Clubbing -absent

Icterus- absent

Lymphadenopathy- absent

Vital data

Temperature - afebrile
 Respiratory rate-18/c/min
 Pulse- 80/min
 Blood pressure -120/70 mmHg

Particulars

Head- black oily hair
 Throat- no complaint
 Eyes- no complaint
 Tongue- pink
 Ears- no complaint
 Back & neck- backache
 Nose- no complaint
 Extremities - no complaint
 Face-oily
 Skin-clear

Systemic examination

Respiratory system

Bilaterally symmetrical chest, no scar, TVF normal.
 Resonant note all chest except cardiac dullness. Equal air entry on both sides, vocal resonance equal.

Per abdomen

Scaphoid shape of abdomen. Soft, no tenderness. Tympanic note all over abdomen except hepatic dullness. Peristaltic sound audible.

Cardiovascular system

S1 S2 loud and clear, no any abnormal sound heard.

Central nervous system

Patient is conscious comfortable and cooperative. Well oriented of time place and person.
 Local examination -3 warts on right side lower lip, lobulated. Tenderness marked.
 One on forehead -hard, long thin finger like processes.

Provisional diagnosis: Wart

Final Nosological diagnosis: Filiform wart

Homoeopathic disease diagnosis: Fully developed true chronic miasmatic disease

Miasmatic assessment: Psora sycosis

Analysis and evaluation of symptoms

Symptoms	Analysis of symptoms	Evaluation of symptoms
Anxiety about health	Mental general characteristics	1st Grade
Fear disease of impending	Mental general characteristics	1st Grade
Aversion to milk	Physical general characteristics	2nd Grade
Desire- fat food	Physical general characteristics	2nd Grade
Warts painful	Particular characteristics	3rd Grade
Warts hard	Particular characteristics	3rd Grade
Warts face on	Particular characteristics	3rd Grade

Totality of The Case

Anxiety about health
 Fear disease of impending
 Desire fat food
 Aversion milk
 Warts painful
 Warts hard
 Warts face on.

Repertory used: Kent Repertory

Software used: Radar software

Technique of Repertorisation: Computer technique.

Repertorial Analysis

Mind Anxiety - Health; About
 Mind - Fear - Disease of Impending
 Generals - Food and Drinks - Fat - Desire
 Generals - FOOD And DRINKS - Milk - Desire
 Skin - Warts - Hard
 Face - Warts
 Skin - Warts - Painful

Results of repertorization

Calc. Carb 13/7
 Nitric acid 10/5
 Sulph 9/7
 Sepia.9/5

The screenshot shows a software window titled 'Investigator window for analysis'. It displays a table with columns for various symptoms and rows for different remedies. The symptoms listed in the columns are: MIND - ANXIETY - Health; About, MIND - FEAR - Disease of Impending, GENERALS - FOOD and DRINKS - Fat - Desire, GENERALS - FOOD and DRINKS - Milk - Desire, SKIN - WARTS - Hard, FACE - WARTS, and SKIN - WARTS - Painful. The remedies listed in the rows are: Calc. Carb, Nitric acid, Sulph, and Sepia. The table shows the following values for each remedy across the symptoms: Calc. Carb (13/7), Nitric acid (10/5), Sulph (9/7), and Sepia (9/5).

Remedy selected: CALC.CARB
Potency selected -200

First prescription

Calcarea Carb 200 single doses
SL BD....4 glob....15 days

Date	Follow up	Prescription
5/1/24	Considering totality remedy is given	Calc. carb 200 stat Pl of 40 no 4 globules BID For 15 days
16/1/24	One wart fall down in one week Anxiety reduced, appetite good	Pl of 40 no 4 globules BID for 30 days
30/1/24	All warts fall down within month, patient feels better.	Pl of 40 no 4 globules BID for 30 days
15/2/24	No new warts, patient feels better	S.L. of 40 no 4 globules BID for 30 days



Impression - Complete Clearance

Conflict of Interest

Not available

Financial Support

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Homoeopathic management of gout with *Bryonia Alba*: A case study

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Abstract

Gout is a common form of arthritis which can affect anyone except children. The cause is believed to be an idiopathic mostly and dietary factors. It is an inflammatory response to the MSUM (Mano Sodium Urate Monohydrate) in such a condition homoeopathy plays an important role instead of using NSAID drugs and or steroids. A study is presented below.

A patient attended OPD (Outdoor patient department) mainly with complaints of severe pain in all metatarsophalangeal joints of left foot with swelling and tenderness since 3 months. Patient came with laboratory serum uric acid report. After medications with modern medicine there is no relief. Therefore patient decide to take homoeopathic medicine in my OPD. After thorough case taking and careful Repertorisation I found *Bryonia Alba* is most indicated remedy by considering totality of symptoms. Thus, *Bryonia Alba* was prescribed and we get expected results.

Keywords: Gout, Homoeopathy, hyperuricemia, remedy, *Bryonia Alba*

Introduction

Gout is an inflammatory response to the MSUM (Mano Sodium Urate Monohydrate) crystals formed secondary to hyperuricemia. Uric acid (URATE) concentrations are age and sex related. Hyperuricemia has been defined as a serum or plasma urate concentration greater than 7.0 mg /dl in males and 6.0 mg/dl in females. The prevalence of hyperuricemia varies among communities from which only 10% of patients shows symptoms of Gout. The incidence of Gout varies in population from 0.2 to 3.5 / 1000 and prevalence is 2.0 to 26/1000 patients. The peak age of onset in males is between 40-50 years. Gout is rarely seen in animals due to their ability to produce uricase which breaks down uric acid.

Causes of Hyperuricaemia

Primary Hyperuricaemia

Increased uric acid production
Idiopathic (10%)
Specific enzyme defects.
Decreased uric acid excretion (90%)

Secondary Hyperuricaemia

- Increased uric acid production
- Macroglobulinemia
- Carcinomatosis
- Chronic hemolytic anemia
- Gaucher's disease
- Explorative Psoriasis
- Decreased uric acid excretion
- Renal Diseases chronic
- Drugs Diuretics, aspirin, etc.
- Hyperparathyroidism
- Downs syndrome
- Sarcoidosis
- Myxedema

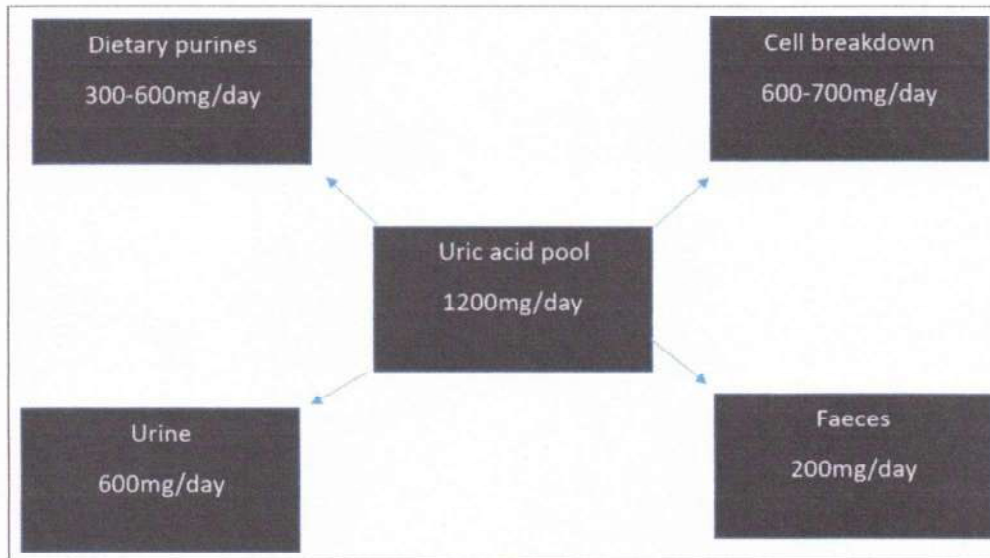
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Diagnostic Criteria

Hyperuricaemia is confirmed if fasting serum uric acid levels are elevated than normal. Radiographs may be normal in early detected cases.

Pathophysiology

Body pool of uric acid



Complications of gout

After gouty arthritis renal disease is common complication- Urate nephropathy.

Uric acid and or calcium oxalate stones may be occur frequently. Renal failure is seen in 10-25 % patients if not treated properly.

Case Study

Patient information

A 40 years old male patient came in OPD with severe pain in left ankle joint and pain in all metatarsophalangeal joints of left foot with burning and tenderness. Pains are aggravated by least touch. Ankle joint pains are better by rest. The patient shows a personality with marked irritability and is anxious about his future.

History of Present Complaints

Patient was apparently well 6 months back then he noticed dull, gradual pains starts in left ankle joint and all metatarsophalangeal foot at early morning. Then he took

allopathic line of treatment which includes NSAID and steroid which gives temporary relief.

Past History

Root canal treatment (dental) done before two years back.

Family History

Father, Mother, Wife and one Son and one Daughter all are healthy and alive.

Mental Generals

The [patient shows a personality with marked irritability and is very anxious about his future.

Physical Generals

He had desire for coffee
He had aversion to milk

Analysis and Evaluation of symptoms

Table 1: Analysis and Evaluation of symptoms a

	Symptoms	Miasmatic analysis
Mental Generals	1. Patient is irritable in nature 2. Patient is anxious about his future.	PSORA PSORA
Physical Generals	1. He has desire for coffee 2. He has aversion to milk	Syphilis Psora
Particulars	1. Pain in left ankle joint 2. Pain in all joints of left foot 3. Pains in foot region aggravated by touch 4. There is burning in ankle joint	Sycosis Sycosis PSORA PSORA
Uncommon	Nothing specific found in patient	
Common	Ankle pains are better by rest	

Repertorial Totality

- Mind-Irritability
- Mind-Anxiety-Future about

- Generals-Food and Drinks-Coffee-Dezire
- Generals-Food and Drinks-Milk-Aversion
- Extremities-Pain-ankle left

- Extremities-Pain-Foot-Joints of
- Extremities pain-foot-touching aggravation
- Extremities-pain-burning-ankle

Repertorisation

As the generals were more in this case was repertorised with the help of synthesis repertory from Radar 7.0 version.

Prescription

Brionia Alba 200, 1 dose/ stat was prescribed with placebo 30 for 15 days on first visit in OPD i.e. on 8th June 2025 on the basis of totality of symptoms.

Justification

On the basis of repertorial totality *Brionia Alba* was prescribed. Although considering the numerological values *Calcarea, China, Conium, Natrum Mur, Pulsatilla* and

Sulphur, Calcarea Carb were closed enough and secured second rank in mental symptom aspect. As under the evaluation process the desire and aversion are given more importance after mental generals therefore considering the same in this case *Brionia Alba* 200 was selected.

During follow up Patient showed amelioration day by day, thus same potency was repeated. (As per Dr. Kents statement-“In such a case when the symptom return when the patient has the same generals and particulars as formerly it means that the first prescription that the good one that the case is curable and the second prescription must be a repetition of the former”.

The potency was further increased up to M. (According to Dr. Stuart Close “Different potencies act differently in different cases and individuals at different times under different conditions. All may be needed no one potency high/low will meet the requirement of all the cases at all the times”.

Table 2: Follow up of the case

Follow up Date	Indication for prescription	Medicine with dose
23 rd June 2025	Pains ameliorated partially	Sac lac 30/1 dose Placebo 30/TDS For 15 days
8 th July 2025	Burning in left ankle joint reduced but pain is still there in joints of left foot.	<i>Brionia Alba</i> 200/2 doses/ weekly Placebo 30 / TDS For 21 days
7 th August 2025	Pains and burning reduced in all joints of left foot and ankle joint region.	Sac lac 30/1 dose Placebo 30/TDS For 28 days
5 th September 2025	Episodes of pains in ankle as well as all joints of left foot again.	<i>Brionia Alba</i> 1 M /2 doses/ weekly Placebo 30 / TDS For 28 days
2 nd October 2025	Pains reduced in all joints of left foot and left ankle. No burning sensations.	Sac lac 30/1 dose Placebo 30/TDS For 28 days
30 th October 2025	Completely pains are vanished in all joints of left foot as well as left ankle joint. There is no pain aggravation by touch.	Sac lac 30/1 dose Placebo 30/TDS For 05 days

Discussion and Conclusion

In this case report *Brionia Alba* was selected as similitum / most indicated homoeopathic remedy which is based on mental as well as physical aspects. *Bryonia Alba* with subsequent high potency was prescribed as per need of patients existing conditions. This case was followed up to 5 months. As further follow up could not be done as patient is clinically improved. As well as pathological investigations are also showing markedly reduction in serum uric acid concentration from 9 to 6.3mg / dl.

Homoeopathy treats the person as a whole. It not only treats the affected / diseased body part but also it restores the person mentally, physically as well as spiritually. It has been found that there are so many homoeopathic medicines for Gout and Arthritis like *Colchicum, Lithium Carb, Guaiacum, Ledum pal, Benzoic acid.....etc.* and they are found very effective in the management of Gout and Arthritis. This case shows efficacy of a single, individualized homoeopathic medicine in a case of Gout and also the importance of holistic approach. That means instead of treating the part of the body Homoeopathy believes treating the person as a whole.

Declaration of patient consent

The author certified that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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"Miniature of Organon of Medicine" i.e. "The Epistemological and Clinical Foundation of Rational Homoeopathic Practice and Conceptual Understanding of Aphorism No.3."

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ABSTRACT

The Knowledge -the acquisition of which is indispensable for a practitioner, of the healing art -for the Physician who aspires to treat the patient judiciously and rationally. The ultimate aim of the Homoeopathic Physician is to CURE the patient, according to all the Fundamental and Cardinal Principles of the Homoeopathy. Aphorism No. 3 of the Organon of Medicine represents one of the most fundamental methodological statements in the Homoeopathic Philosophy. In this aphorism, Samuel Hahnemann defines the three essential Qualities or Requirements of a true Homoeopathic Physician for his Rational and Universal Homoeopathic Practice. It emphasizes:-

- 1) Clear perception of what is to be cured in the Person? (knowledge of disease)
- 2) Accurate knowledge of what is to be curative in the medicines?
- 3) The ability to adapt the medicinal power and judiciously or appropriately application of Remedies to the individual case.

These main three components collectively establish the epistemological, clinical, and ethical framework or Foundation of the Classical Homoeopathic Therapeutics. The present conceptual analysis explores the review of philosophical depth, clinical implications, and contemporary relevance in the Modern Homoeopathic Education and Practice. It also argues that this aphorism no.3 remains the structural core of the rational, individualized, and Scientific Homoeopathic practice, especially in postgraduate education and modern integrative healthcare settings.

Keywords:-

Organon of Medicine, Aphorism No.3.

Individualization (Knowledge of Disease)

What is to be Curative in the Drug. (Knowledge of Medicine.)

Knowledge of Application of Homoeopathic Medicine to the Natural Disease.

Vital Force and its role in the Health, Disease and Cure.

Homoeopathic Philosophy and lastly the Rational Prescribing.

INTRODUCTION

The Organon of Medicine stands as the foundational text of Homoeopathic Philosophy and Methodology. Through systematically arranged aphorisms, Hahnemann articulated the principles that distinguish Homoeopathy as a Rational and Experiential System of Medicine. Each aphorism contributes to the progressive development of doctrine, yet certain aphorisms function as structural pillars. Among these, Aphorism No. 3 occupies a central and indispensable position, as it defines the core competencies required of a Homoeopathic Physician.

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While Aphorism No.1 defines the Mission of the Homoeopathic Physician ONLY is to restore the sick to health, to Cure as it is termed in the whole Organon.

Aphorism 3 establishes the intellectual qualifications required to accomplish that mission. It moves from purpose to method. It defines what the physician must know, how that knowledge must be obtained, and how it must be applied into the Practice.

Aphorism 3 therefore represents the epistemological and clinical foundation of Homoeopathic Therapeutics.

Textual Essence of Aphorism No.3:-

In Aphorism 3, Hahnemann states that the physician must clearly perceive:

What is to be cured in diseased person?

What is to be curative in the Homoeopathic Medicines?

How to adapt the curative power of medicines to what he has discovered to be morbid in the patient.

These three requirements establishes a tripartite structure of medical science in Homoeopathy which makes our Homoeopathic Prescription as a Rational and Scientific way.

- Conceptual Interpretation-

1) Knowledge of disease.

2) Knowledge of medicinal powers.

3) Application through similarity.

The aphorism emphasizes clarity of perception, suggesting that medical knowledge must be precise, unbiased, and grounded in observation.

- Epistemological Foundation-

Aphorism 3 defines the sources and limits of valid medical knowledge. Hahnemann rejected speculative pathology and theoretical constructs not supported by observation.

Instead, he emphasized experience as the basis of knowledge.

In Homoeopathy:-

Disease is known through the Signs and Symptoms

Medicines are known through provings.

Cure is achieved through similarity.

Thus, Aphorism 3 integrates observation, experimentation, and rational application. It establishes a systematic epistemology rooted in empirical evidence rather than conjecture.

1) Knowledge of Disease:- Every Homoeopathic Physician must have deep and thorough Knowledge of what is to Be Cured in a every patient.

Disease is a Dynamic Disturbance in the deranged Vital Force.

In homoeopathic philosophy, disease is not merely a structural lesion but a dynamic disturbance of the vital force. This disturbance manifests externally as well as internally through all the signs and symptoms. This understanding of the sick individual we will get all the detail information by the only process of **Classical Homoeopathic Case Taking**. Therefore, symptoms are not superficial phenomena but the only perceptible expression of the internal disorder.

"What is to be cured in a sick person" refers to the totality of symptoms in the individual patient.

Totality of Symptoms:-

It is the outwardly reflected picture of the internally deranged Vital Force.

The totality includes:

Mental and emotional symptoms, PQRS,

Physical generals,

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Particular symptoms,
Modalities and
Concomitant features.

Aphorism No.3 demands that the physician must “clearly perceive” this totality of the symptoms . This clarity requires careful detail case-taking, attentive listening, and unbiased observations .

Individualization-

The emphasis on totality naturally leads to individualization. Two patients with the same diagnostic label may require entirely different remedies because their symptom expressions differ.

This principle anticipates modern personalized medicine, which recognizes variability in disease expression and therapeutic response.

2) Knowledge of Medicines:- Understanding What Is Curative in the Homoeopathic Medicines.

Drug Proving in Homoeopathy is a Scientific Method.

Dr.Samuel Hahnemann introduced this unic and systematic *Drug Proving* on the healthy individuals in both the sexes and in different age groups to determine the symptom-producing capacity of medicines. This method established a reliable materia medica grounded in observation.

3) The knowledge of application of medicinal knowledge of our Materia Medica to the knowledge of Natural Disease is the next most important point in the Practice of Pure Homoeopathy.

Homoeopathic Materia Medica includes the following points of Homoeopathic Drugs :-Introduction, Prover name, Sphere of Action, constitution, temperament, Pathogenesis, Mental Symptoms, Key note Symptoms, Characteristic and guiding symptoms, particular symptoms from head to toe along with all general and specific particular modalities.

Without accurate knowledge of materia medica, the similarity principle cannot be effectively applied.

Avoidance of Speculation

Aphorism no.3 implicitly discourages theoretical speculation regarding medicinal action. This all Knowledge must arise from provings and verified clinical experience.

This insistence on experiential knowledge maintains scientific discipline within Homoeopathy.

Thus the Medicine is an essential instrument to Cure the Diseases.

Applying our basic Homoeopathic Law, "**Similia Similibus Curenter**" every Homoeopathic Physician is giving his sole of Homoeopathic Treatment to the sick individuals.

Here the selection of proper Similimum Homoeopathic Remedy, correct potency and proper repetition of the doses of the well selected Homeopathic Remedy is based on the reactive immunity and Susceptibility of the sick individual.

This adaptation of Remedy is nothing but The Art of the Therapeutic Application of our entire Homoeopathic Knowledge what we have learned in the five and half year course of Homoeopathy.

The **6th edition of the Organon** refined the understanding of potency and repetition, emphasizing the minimal doses necessary to stimulate the vital force without producing Homoeopathic aggravation.

Thus, the adaptation requires sensitivity, precision, and ethical responsibility.

Clinical Implications or Clinical Relevance.

Aphorism no.3 provides a systematic framework and operational guidelines for case taking and for exact Homoeopathic Similimum prescription.

It also helps in the

Clinical practice:

Detailed and individualized case-taking,

Symptom evaluation and Analysis.

Repertorial or conceptual comparison.

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Selection of Similimum.
Careful follow-up and assessment.

It prevents routine prescribing and polypharmacy. It always discourages symptomatic palliation and promotes curative intent.

Application in Chronic Diseases-

In chronic cases, clear perception of the underlying miasmatic background becomes essential. Without accurate understanding of the constitutional totality, remedy selection remains incomplete.

Thus, Aphorism 3 guides both acute and chronic prescribing.

Educational Significance:-

In postgraduate teaching, Aphorism 3 forms the intellectual foundation of Organon studies.

It trains students to:-

Develop analytical skills

Cultivate precise.

Observation.-

1. Strengthen The Materia Medica knowledge and

Apply it for Rational Decision-Making in Homoeopathic Practice

as a Head of the Department in Organon of Medicine and Homoeopathic Philosophy.

2) The Epistemological application of Aphorism no.3 becomes central in shaping competent practitioners.

Ethical and Professional-

Dimensions-

Aphorism 3 implies ethical accountability. *The physician must possess:-*

Clarity of perception,

Intellectual Honesty,

Commitment to study,

Disciplined application,

Therapeutic failure may result from deficiency in* *any of the three domains outlined in the aphorism.

Thus, Aphorism 3 establishes not only scientific requirements but professional standards. Contemporary Relevance Modern healthcare emphasizes.

Evidence-based medicine

Clinical reasoning

Rational pharmacology

Personalized treatment

Aphorism 3 parallels these principles within Homoeopathy .

Evidence and Observation:-

Drug proving corresponds to experimental pharmacology.

Case analysis corresponds to diagnostic reasoning. Adaptation corresponds to therapeutic strategy.

Integrative Perspective:-

In integrative medical settings, Homoeopathy must demonstrate **Rational Methodology**.

Aphorism 3 provides that methodological clarity.

Its emphasis on observation, evidence from provings, and individualized treatment aligns with contemporary scientific expectations.

Philosophical Integration-

Aphorism 3 unites three philosophical domains:-

Ontology: Nature of disease as dynamic disturbance.

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Epistemology:-

Knowledge derived from observation and proving

Methodology, Application through similarity.

This integrative structure explains why Aphorism 3 functions as the operational heart of the Organon.

DISCUSSION

Aphorism no. 3 synthesizes the entire Homoeopathic method into a concise framework. It defines the intellectual discipline required of the physician.

Failure in any of the three areas results in therapeutic error.

Incomplete perception leads to incorrect understanding of disease. Inadequate materia medica knowledge leads to wrong remedy selection. Improper adaptation leads to ineffective or harmful treatment.

Thus, Aphorism 3 safeguards methodological integrity and promotes rational therapeutics.

Its clarity and systematic structure ensure its continued relevance in both academic and clinical contexts.

CONCLUSION

Aphorism No. 3 of the Organon of Medicine constitutes the epistemological and clinical cornerstone of Homoeopathic practice.

By defining the essential competencies of knowledge of disease, knowledge of medicines, and their judicious adaptation, it establishes the scientific and ethical framework of rational prescribing.

Even in contemporary healthcare systems, this aphorism remains profoundly relevant. It promotes individualized, disciplined, and responsible medical practice. Mastery of Aphorism 3 is indispensable for any physician committed to authentic and scientific Homoeopathy.

Thus, this Aphorism No.3 covers all the points Mentioned and Explained by our Master Dr. Samuel Hahnemann in his book "Organon of Medicine" in Homoeopathy. That is why Aphorism No.3 is called as a "MINIATURE OF OORGANON."

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Homeopathy Mind Index

A Comparative Study of
Mind Rubrics from Kent's Repertory



Dr Harshvardhan S. Bhosale

Homeopathy Mind Index

Dr Harshvardhan S. Bhosale



About the Book

'*Homeopathy Mind Index – A Comparative Study of Mind Rubrics from Kent's Repertory*' is an insightful and analytical exploration of **Kent's Mind section**, presented through a **comparative and conceptual lens**. This book decodes the subtle shades of emotions, differentiates closely related rubrics, and helps readers understand the essence behind the words.

Drawing from the author's extensive teaching experience, this book bridges the gap between repertory and real-life clinical interpretation. It empowers students to grasp the true meaning of mind rubrics, guides teachers with a systematic comparative framework, and assists practitioners in perceiving the patient's individuality with greater depth.

Born from classroom discussions, clinical observations, and the inquisitive spirit of students, this book reflects a perfect harmony of philosophy, psychology, and practicality.

This book is not just a guide — it is a companion for every homeopath who seeks to understand the language of the mind through the wisdom of Kent.

About the Author



Dr. Harshvardhan Sadashiv Bhosale is an Associate Professor in the Department of Repertory at *Ashokrao Mane Homeopathic Medical College & Hospital, Peth Vadgaon (Maharashtra)*. A passionate academician, he is known for his unique ability to make repertory come alive in the classroom through simple, comparative, and thought-provoking teaching.

He completed his B.H.M.S. and M.D. (Hom.) from *MUHS, Nashik*, and has authored several research papers, articles, and comparative studies published in reputed homeopathic journals and magazines across India.

Through his teaching, writing, and inspirational talks, Dr. Harshvardhan Bhosale continues to nurture a generation of confident, empathetic, and insightful homeopaths — true healers who treat not just the disease, but the person as a whole.



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