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HOMOEOPATHIC MANAGEMENT OF CASES OF MISCARRIAGE WITH CONSTITUTIONAL MEDICINES

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ABSTRACT:

In some cases, a thorough pelvic exam and possibly an ultrasound (sometimes called a sonogram) will help determine whether a miscarriage has occurred or whether the fetus is still viable. In other cases, the patient may need special blood tests of a "pregnancy hormone" called beta-HCG levels to help determine whether the pregnancy has a chance of survival. Monitoring these levels over many days can be helpful in determining whether or not a miscarriage has occurred. Once a miscarriage is diagnosed, the patient has the option of waiting for all the placental tissue to pass or having a D&C (dilation and curettage) of the uterus to remove the tissue through outpatient surgery. This is a very individual decision that requires discussion between the patient and her doctor. A number of problems can cause a miscarriage. By far the most common is a chromosomal abnormality, where the genetic material from the sperm and egg does not combine properly. This accounts for about half of all miscarriages and is most often an accidental event that is essentially very unfortunate. A variant of this is when a "rotten egg" occurs, where the amniotic sac and placenta (after birth) develop, but not the fetus (baby). Fortunately, in about 9 out of 10 cases, the next pregnancy after these types of abortions will be normal!

Some conditions lead to repeated pregnancy losses, where the patient loses a series of pregnancies and seems unable to "carry" the baby. Doctors usually suggest evaluation after 3 of these losses, although in many situations evaluation after 1 or 2 losses is prudent. Doctors can find the cause of a recurrent miscarriage in about half of cases.

An abnormality of the uterus (womb) can cause about 15% of recurrent miscarriages. In this situation, the uterine muscle is slightly deformed and the pregnancy cannot grow adequately. This problem is diagnosed with a special x-ray or ultrasound of the uterus, and surgery is usually successful in curing the problem.

Some unusual vaginal infections can cause recurrent miscarriages, although this does not seem to be common. Vaginal cultures and antibiotics are sometimes helpful if your doctor suspects an infection.

Rarely (about 3% of cases), a chromosomal problem in one or both partners can lead to repeated pregnancy loss. This problem, usually a "balanced translocation", is diagnosed by taking a sample of blood or tissue from each partner and doing a "karyotype" to check the chromosomes. Patients who have such a chromosomal problem have a higher rate of miscarriage, although many of them give birth to normal and healthy babies.

KEYWORDS: Miscarriage, Abortion, Constitutional Homoeopathic Medicines, OBGY, Homoeopathy.

INTRODUCTION:

One of the most devastating events in a couple's life is the loss of a child due to miscarriage. Although magazines and other media sources have begun to discuss this sensitive topic, most people do not realize that up to half of all pregnancies end in miscarriage, usually within the first few weeks of pregnancy. Because it is such a common and serious problem, it is important to understand the causes of miscarriage, the appropriate assessment of patients who have had a miscarriage, and what to say (and not say) to a friend or loved one who has had a miscarriage. .Technically, a miscarriage is any pregnancy loss that occurs before the 20th week of gestational age, which is around the 5th month. (The formal medical term for miscarriage is "miscarriage," but many doctors disagree with this terminology because of the confusion it creates with termination of pregnancy, which is also called "miscarriage"). Many women who experience miscarriage don't even know they're pregnant, while others notice cramping, bleeding, and possibly passage of clots or tissue from the vagina. Most scientists agree that about 20% of all pregnancies end in miscarriages that cause symptoms like these, while about the same number cause "silent" miscarriages.Women with symptoms such as bleeding, cramping or passage of tissue or large clots should notify their doctor. Sadly, there is almost never anything you or your doctor can do to prevent a miscarriage once symptoms appear, and while some doctors and midwives recommend bed rest, this has not been proven to help prevent miscarriage. Most health care providers recommend limited activity and abstinence from intercourse or strenuous exercise. Autoimmune problems, where certain chemicals in the bloodstream attack cells and tissues in the body, can lead to repeated pregnancy loss. These chemicals, called "antibodies," circulate in the bloodstream and may not cause problems or lead to disorders such as diabetes, lupus, antiphospholipid syndrome, or hypothyroidism. They can also lead to blood clots in the placenta, which will cut off the blood supply to the developing fetus and cause miscarriage. Special blood tests can diagnose this problem, and treatment with low-dose

aspirin and sometimes a "blood thinner" called heparin will usually result in a successful pregnancy. These are "risky" pregnancies because of the increased risk of small babies, fetal stress, preeclampsia ("toxemia," when blood pressure rises dangerously during pregnancy) and other problems. During pregnancy, a benign cyst on the ovary, called the corpus luteum, produces the hormone progesterone, which is necessary to maintain the pregnancy during the first trimester. Although somewhat controversial, some doctors believe that a "luteal phase defect" can cause repeated pregnancy losses. This condition can occur when not enough progesterone is present to act on the lining of the uterus. The diagnosis is made when 1 (and often 2) endometrial biopsies are performed by taking a tissue sample from the uterine lining, and treatment is usually with either progesterone supplements or a drug called clomiphene citrate. Finally, a highly controversial potential cause of recurrent miscarriage is an autoimmune disorder where a man and a woman share too much genetic material. The theory is that the mother's body will "reject" the fetus in a similar way that a transplant patient might reject a new organ. Some doctors advocate extensive (and expensive) testing to diagnose the condition and use injections of the male partner's white blood cells into the female partner's bloodstream to prevent future miscarriages. Many doctors disagree with this testing and treatment, saying there is a lack of research to prove it is helpful. Many believe that doctors should not try such expensive testing and treatment until more research shows that the therapy is helpful. In fact, most women who have miscarried tell me that they have heard incredibly insensitive comments from their friends and family, and in some cases it has led to permanently damaged relationships. Comments like "the baby would be deformed anyway", "it must be punishment for something you did wrong" or even "you can always have more" can be extremely painful for the woman and her partner. A similarly disturbing comment reads: "How can you be so upset, you were barely pregnant?" Women and their partners who miscarry often suffer severe grief over the loss of their child. It doesn't matter how far along the mother was at the time of her loss, and in fact many women grieve the loss of a baby in the first trimester as much as they do a stillbirth or a baby that has died many times. months or years after birth. Grief is very individual and friends and loved ones should try to be kind and supportive during this difficult process. Miscarriage is common and can be caused by a number of problems. Fortunately, there is about a 90% chance that the next pregnancy after a miscarriage will be normal. And patients who have repeated pregnancy losses can often be successfully treated so that they are able to carry a baby to full term. Supportive, patient and non-judgmental friends and family members can be extremely helpful to a couple who has suffered a miscarriage.

REVIEW OF LITERATURE:

Miscarriage

Miscarriage can be a very sad and scary experience. A pregnancy that seemed normal ends suddenly and the parents-to-be are devastated. About 15 to 20 percent of recognized pregnancies end this way.

A miscarriage is the loss of a pregnancy in the first 20 weeks. On average, about 15 percent of known pregnancies end in miscarriage, and in more than 80 percent of cases, this occurs in the first trimester. (This doesn't include situations where you lose a fertilized egg before you get a positive pregnancy test. Studies have found that 30 to 50 percent of all fertilized eggs are lost before a woman knows she's pregnant because they happen so early that they leave. If you lose a baby after 20 weeks of pregnancy, it is called a stillbirth.

Causes of abortions

The causes of miscarriage are not fully understood. When a woman miscarries in the first trimester, her doctor often can't determine the cause. However, most occur when the pregnancy does not develop normally. There is usually nothing a woman or her doctor can do to prevent this.

Among the factors known to cause miscarriages in the first trimester, the most common is a chromosomal abnormality in the fetus. Chromosomes are the tiny fibrous structures in each cell that carry our genes, which determine everything from eye color to the functioning of our internal organs. Each person has 23 pairs of chromosomes, for a total of 46, with one chromosome per pair coming from the mother and one from the father. Up to 70 percent of first-trimester miscarriages are caused by chromosomal abnormalities in the fetus.Most chromosomal abnormalities result from a defective egg or sperm. Before pregnancy, the immature egg and sperm divide to form mature cells with 23 chromosomes. Sometimes the cell divides unevenly, resulting in eggs or sperm with too many or too few chromosomes. If the cell has the wrong number of chromosomes, the embryo has a chromosomal abnormality and is usually aborted. Chromosomal abnormalities become more common with age, and women over 35 are at higher risk of miscarriage than younger women.Chromosomal abnormalities can also result in a "rotten egg" - a gestational sac that contains no fetus, either because the embryo did not form or because it stopped developing very early. Early in pregnancy, a woman may notice that her pregnancy symptoms have stopped and she may experience dark brown vaginal bleeding. An ultrasound scan will show an empty gestational sac. A "rotten egg" will eventually result in a miscarriage, though often not for weeks. Because waiting for a miscarriage is traumatic, doctors generally recommend emptying the uterus through a procedure called a D&C (dilation and curettage). This procedure is also recommended after some first-trimester abortions, as it can help prevent heavy bleeding and infection.In most cases, when a woman miscarries for the first time in the first trimester, her doctor will tell her that a chromosomal abnormality was most likely the cause. However, other factors can also contribute, including infections and hormonal and maternal health problems.

A recent study found that women with bacterial vaginosis infection were 5 times more likely to miscarry than uninfected women.

A mother's lifestyle can also increase her risk of miscarriage in the first trimester. Studies suggest that women who drink alcohol, smoke cigarettes, or use illegal drugs increase their risk.A second-trimester miscarriage is often caused by problems with the uterus (such as an abnormally shaped uterus) or a weakened cervix that dilates prematurely. As with first-trimester losses, maternal infections and chromosomal abnormalities can cause later miscarriages. Chromosomal abnormalities can cause up to 20 percent of second-trimester miscarriages. Certain immune system problems can also cause these losses.Factors that do not usually increase the risk of miscarriage include sex, work outside the home (except for harmful chemicals), and exercise.The following tests are done

Doctors usually don't do any tests after the first miscarriage in the first trimester. However, a woman who has had a first-trimester miscarriage should try to save tissue from the miscarriage in case the tissue can be tested to see if a chromosomal abnormality caused the loss. For a second-trimester miscarriage, doctors may recommend tests, including blood tests, to determine the cause of the loss.

It causes repeated miscarriages

While miscarriage is usually a one-off, up to one in twenty couples will experience two miscarriages in a row, and one in a hundred will have three or more. In some cases, these couples have an underlying problem that is causing losses. Couples who have had two or more miscarriages should undergo a complete medical evaluation to determine the cause of the miscarriages and how they can prevent another miscarriage. Testing can reveal the cause of recurrent miscarriages in at least 75 percent of couples. In recent years, doctors have learned a lot about why some couples have repeated miscarriages and how to prevent them. More common known causes include: chromosomal problems. While past studies suggested that chromosomal problems usually only occur once, more recent studies suggest that these problems can cause up to 60 percent of repeat losses. Most parents who suffer recurrent miscarriages have normal chromosomes; however, there is a 5 percent chance that one of the partners carries a chromosomal rearrangement that does not affect his health but can cause chromosomal abnormalities in the fetus that can result in miscarriage. A blood test (karyotype) is recommended to check these chromosomal rearrangements.

Abnormalities of the uterus.

Uterine abnormalities account for 10 to 15 percent of recurrent miscarriages. These losses can occur in the first or second trimester. Some women are born with a uterus that is too small or abnormally shaped or partially or completely divided. Others develop benign tumors (fibroids) or have scars in their uterus from previous surgery. Abnormalities of the uterus can limit the space for the growing fetus or interfere with the blood supply to the uterus. They are diagnosed by one or more of several methods of imaging the uterus, including ultrasound, X-ray, or hysteroscopy (viewing the uterus through special optics inserted through the cervix). Many can be surgically corrected, sometimes during the diagnostic procedure, with a better outlook for future pregnancies. A weakened (sometimes called incompetent) cervix (opening of the uterus) can lead to miscarriage, usually between 16 and 18 weeks of pregnancy. Repeated loss due to a weakened cervix can often be prevented by placing stitches around the cervix early in the next pregnancy (a procedure called cerclage).

Endocrine causes.

When the endocrine glands secrete too much or too little of certain hormones, the risk of miscarriage can increase. Low levels of the hormone progesterone, which is crucial for supporting early pregnancy, are thought to account for 5 to 40 percent of losses that occur before 10 weeks of pregnancy. Women who have low levels of progesterone in repeated menstrual cycles have what is called a luteal phase defect. This is diagnosed by endometrial biopsy (removal of a small piece of uterine lining to check progesterone levels) or repeated blood tests for progesterone levels. Treatment with clomiphene citrate, natural progesterone suppositories, or human chorionic gonadotropin injections may help prevent another miscarriage; however, studies have not yet demonstrated the effectiveness of this treatment. Poorly controlled diabetes or thyroid abnormalities can occasionally contribute to recurrent miscarriages.

Immune system problems.

While everyone produces proteins called antibodies to fight infections, some people produce antibodies (called autoantibodies) that can attack their own tissues and cause various health problems. Specific types of autoantibodies (such as anticardiolipin) cause blood clots that can clog blood vessels in the placenta. Studies suggest that these and related antibodies (called antiphospholipid antibodies) cause 5 to 10 percent of recurrent miscarriages. Special blood tests can measure antibody levels. Treatment with low-dose aspirin and the blood thinner heparin results in a healthy baby in 70 to 80 percent of affected women. Researchers are also studying whether other problems with the immune system can cause a woman's body to reject her fetus. A genetic abnormality called the Factor V Leiden mutation, which affects blood clotting, may also play a role in repeated losses. Researchers are studying whether treatment with aspirin and heparin can also help prevent these losses.

Infection and other factors.

Certain asymptomatic infections of the genital tract play a role in recurrent miscarriages. If an infection is diagnosed, the couple will be treated with antibiotics before the next pregnancy. Exposure of a pregnant woman or her partner in the workplace to certain industrial solvents can sometimes cause miscarriage. Couples should discuss chemicals in their workplace with their doctor.

One study also suggested that women with low blood levels of folic acid may also have an increased risk of recurrent early miscarriage. The March of Dimes recommends that all women of childbearing potential take a multivitamin containing 400 micrograms of folic acid daily before pregnancy and during the first few weeks of pregnancy to help prevent certain birth defects of the brain and spinal cord. Taking folic acid can also help prevent early miscarriages.

In about 25 percent of cases, it is not possible to find out the cause of repeated miscarriages. However, couples in this situation should not lose hope: even without treatment, about 60 percent of women with recurrent miscarriages eventually have a healthy pregnancy.

Miscarriage Recovery

It takes weeks to a month or more for a woman to physically recover, depending on how long she was pregnant. For example, some pregnancy hormones remain in the blood for one to two months after an abortion. Most women experience menstruation four to six weeks after an abortion.

Often emotional recovery takes much longer. Both parents may experience intense grief as they grieve their loss. A woman may experience many emotions including numbness, sadness, guilt, difficulty concentrating, depression and anger. She and her partner may handle their grief differently, creating tension between them at a time when they need each other the most. They should not hesitate to ask their doctor for a referral to a counselor experienced in dealing with pregnancy loss. Many couples also use support groups.

The woman tries for another pregnancy

A woman should not try to become pregnant again until she is physically and emotionally ready and has completed all the tests recommended to determine the cause of the miscarriage. Medically, it seems safe to become pregnant after a woman has had one normal period (as long as she is not undergoing tests or treatment for the cause of her miscarriage). However, it can take much longer before a woman feels emotionally ready to try to conceive.

Many women who have had a miscarriage fear that it will happen again. Fortunately, at least 85 percent of women who have experienced one miscarriage will have a successful pregnancy the next time, as will 75 percent of those who have experienced two or three miscarriages.

Some women should consult a professional before trying to conceive. If a woman has had two or more miscarriages (especially if she is over 35), or if she has a medical condition (such as diabetes or systemic lupus erythematosus) that may affect her pregnancy, or has had fertility problems, she should

see a doctor. risk pregnancy expert. Her doctor can refer her to an appropriate specialist in maternal-fetal medicine, genetics, or reproductive endocrinology, who can recommend tests so she can get the best treatment to increase her chances of having a healthy next pregnancy.

Cause

Most early miscarriages (up to 60% of those in the first trimester) remain unexplained. These losses are usually thought to be genetic, where the chromosomes simply did not replicate correctly. Many people will assume that something that happened recently, such as an illness, fall, or exposure to something, caused the miscarriage. This is rarely true because by the time the miscarriage is diagnosed or started, the baby has already been lost for some time. Hopefully this section will help you understand the causes; you should also read the section on myths.

There are several categories of causes of miscarriage:

• Hormones
• Chromosome defects
• A physical problem with the uterus or cervix
• Immune disorders
• Premature rupture of membranes and premature birth
• Other
• Unknown
• Damaged egg, ectopic pregnancy, molar pregnancy and stillbirth

There are a number of things that are not on the list above, even if you have heard that they cause miscarriage, because they are not documented causes of loss. Here are two links to follow for them:

Hormones

Speaking of hormonal issues, you probably miscarried at less than 10 weeks. After that, the placenta has taken over hormone production and your normal deficiency is not a factor. Low progesterone, the most common problem, is not as easy to treat as you might hope. Progesterone suppositories, although often prescribed, are not proven to be helpful and often actually make non-viable pregnancies last longer than they should.

The only situation where progesterone is a sure solution is a luteal phase disorder, when the corpus luteum, which is formed together with the egg during ovulation, does not produce the hormones needed to maintain the pregnancy. However, this is usually not a monthly problem for most women. Usually the situation is corrected with another egg and another corpus luteum. This problem, if persistent, can be diagnosed with two separate endometrial biopsies. Progesterone must be started 48 hours after ovulation to work. By the time you miss your period, it's too late to save a luteal phase disorder pregnancy. However, low progesterone is usually a symptom of a non-viable pregnancy, not its cause. Doctors often prescribe progesterone suppositories from a patient's pressure when hormone levels are low, but their use is controversial and usually completely ineffective. A common treatment for a suspected progesterone problem is Clomid, a pill taken for five days at the beginning of the cycle to increase hormone production. Not everyone is a candidate for Clomid, and 25% of women will have decreased cervical mucus, which can actually make you less fertile. See the Sperm Meets Egg Plan for more information.Other hormonal problems can develop when you have an untreated thyroid disorder. Thyroid function is easy to test and the problem is very treatable.

HOMOEOPATHIC THERAPEUTICS:

Arnica Montana. During the later years of my obstetrical work, I routinely administered Arnica 6X to all of my obstetrical patients postpartum, unless some other drug was specifically indicated. It accelerated recovery and reduced tissue soreness. It also helped prevent any fever or other complications. The 6X potency was used instead of higher because there are too many things commonly used in today's modern hospitals that would interfere with the higher potency.calendula Calendula used externally is not really homeopathic, but I always kept a bottle of tincture in the maternity ward to use on any stitches where there were lacerations.The OB nurses were very careful to tell me when the bottle was empty because they said they had never seen anything reduce the pain of the lacerations like it did. Many doctors recommend diluting calendula, but I have found it to be more effective when taken at full strength, only sparingly. It is also useful as a vaginal douche when diluted to one-fourth or one-fifth strength. I wouldn't want to practice medicine without calendula, because it's practically the only antiseptic we use loyally.Pulsatilla. One of the first complaints of a pregnant woman is morning sickness. It can vary from a condition that is merely annoying to a condition that is very serious. The choice of drug depends on the type of patient and accompanying symptoms. Pulsatilla is for a timid, tearful and angry woman who is temperamentally phlegmatic and slow in her reactions. Worse in the evening, I can't sleep at night. Cool, yet aggravated by heat. Aggravated by rich food, pork. No thirst. Pulsatilla is indicated when labor pains subside; disturbing ; spasmodic ; irregular ; too weak; too strong; too slow; ineffective. False and labor-like pains that force her to walk for relief. Dr. W. A. Yingling, in his Accoucheur's Emergency Manual, says that abnormal presentations may be corrected if Pulsatilla is given before the membranes are ruptured or the presenting parts are definitely engaged. Other drugs will do the same, but Pulsatilla is probably more often indicated for such a condition. It is suitable for mild, timid women who are in an apparently healthy state, but the uterus seems almost inactive in childbirth.Natrum Mur. Natrum mur. the patient is excited, laughs immoderately at something that is not funny, and then is sad and anxious. When she comforted her, she got angry. Throbbing headache, pain as if the head would burst. Violent hiccups. Nausea is caused by bread, sour food, fats and the smell of tobacco. Worse in morning, better from cold things. Nausea is accompanied by pyrosis and vomiting of thin watery fluid. Unquenchable thirst but craves salt. Natrum mur. may be indicated when labor pains are ineffective.Ignatius. Ignatius has many symptoms of Natrum mur. but is characterized by hysteria, great sighing and sobbing. Nausea with a faint sinking feeling in the stomach is relieved by eating or taking a deep breath. Desire for acids and indigestible things. Violent twitching and spasms, worse from pressure. An Ignatius headache is usually a sharp, dull ache. Nervous spasms reaching almost convulsions during childbirth. It is useful for nausea, stalled labor, after pain and bleeding where indicated.Arsenicum album has nausea from the sight or smell of food; regurgitation of acrid matter, worse after eating or drinking. It often craves a small amount of acidic water, but loves heat. Irritable, restless, anxious with fear of death. It is indicated during childbirth, when there is a feeling of exhaustion after every effort, even the smallest. Nux Vomica has pyrosis after sour or fatty foods and constant nausea, worse in the morning. Sleepless at night, irritable without appetite and

constipated. Nux vom. they may be indicated in metrorrhagia, false or ineffectual labor pains, and where the pains after labor are too violent. Moschus has violent vomiting in the morning at the sight of food. Fainting, hysteria, violent rage. Feels cold, is better from heat. There is a worsening of pressure, movement or cold. Plastic surgery is indicated in labor when the pains are too weak or stop, and in cases of retained placenta with hourglass contractions. The symptoms are sudden and frequent flushes of heat over the whole body, burning belching, worse from heat and at 11 o'clock. Great sweet tooth, aggravation from milk. Weakness at 11:00 and must eat but eats little and drinks much. Cimicifuga racemosa is another medicine with a tonic effect on the uterus that prevents abortion. The patient is worse from touch, movement, cold air and better from rest. When abortion pains are severe and tiresome, Cimicifuga causes the pains to become rhythmic and softens the stiff axis. It promotes normal involution and accelerates recovery. She has nausea of pregnancy with severe frontal headaches with intense eye pain, better from pressure. Despondency and constant talking. It is used in the treatment of painful and irregular menstruation, and in pregnancy with a tendency to miscarriage, and administration before the due date facilitates childbirth, prevents fading.Aletris farinosa often brings relief in the most obstinate vomiting of pregnancy and in debilitated persons prone to abortion. Weakness, constipation, loss of appetite and nausea are better from drinking coffee or dinner. It is also indicated in menorrhagia with profuse, very dark blood.Helonias, like the two preceding remedies, is a uterine remedy of great power, tonic in its effects on prolapsed uterus and ligaments, valuable in threatened abortion, and often also in albuminuria of pregnancy. My breasts are sensitive and I have severe back pain, worse through my kidneys. Worse from moving cold air and better from warm air. If indicated, it helps with amenorrhoea and dysmenorrhoea.Vipera torva is often indicated for varicosities and phlebitis during pregnancy and menopause. A prominent modality is a feeling as if the legs would burst when hanging down. Also remember Hamamelis for knotty, swollen, painful varicose veins and ulcers.Many more drugs of value in obstetrics and gynecology could be listed that are not listed here. In conclusion, I can say that prescribing homeopathy prevents many complications in pregnancy, averts a number of malformations in the newborn and brings the patient through menopause much more comfortably than with any other form of treatment.

CONCLUSION:

According to our master Dr. According to Samuel Hahnemann, the true characteristic symptoms appear when there is stress in the mind and body. Pregnancy, from a homeopathic point of view, is also an overload or stress on susceptibility, mind and body. So the characteristic symptoms or miasmatic symptoms are expressed by future mothers. These symptoms help us diagnose the underlying load of the miasma. Finally, it helps in the selection of acute, deep-acting and intercurrent drugs in cases. My study revealed that homeopathy plays a better role in prenatal cases. Homeopathy is based on the science of individualization. Each mother reacts to the inducing stress factor, i.e. pregnancy, in a different way. Thus, although the causative factor is the same, the response given by each individual, the effect is variable. nother conclusion that would matter here is that the new life that the mother nurtures in her womb demands from the mother all the things that support life. My observations in this project included middle and lower middle class women where family comes first. Therefore, they generally lack a balanced diet during pregnancy. This type of increased demand by the fetus and less supply by the mother creates a shortage in women. According to Dr H.A. Roberts Psora is caused by a deficiency, therefore 60% of cases had psora in the background.The clinician's perception of complexity and prognostic judgment clearly improved during this task. An important final addition that I would like to make is that when we deal with these types of cases, in IPD or OPD formations, it is desirable to have a team of appropriate consultants. Complications that may require surgical interventions during treatment would thus be handled by expert hands. It must be remembered that homeopathy is based on the natural law of cure, but a man with an unnatural habit cannot expect the blessings of nature. Here is also scope for future long-term research by homeopathy devotees who can easily motivate patients and retain patients for longer periods with confidence.Homeopathy is based on antimiasmatic treatment. There may be a chance of change or modification of miasmatic expression as the gene has been continuously affected by mutagens from the external environment and the effects of miasmata on the mutant gene may vary accordingly & this needs to be investigated. Homeopathic medicines should therefore be administered with caution. Not only that, but the complications of the disease without medication, including simple management, have a long-term effect. Adverse reactions or complications of strong non-homeopathic medicines have either an immediate effect that may worsen the patient's illness or be sufficient to cause a chronic artificial illness.Now is the time to prove that in addition to the primordial primary, secondary and tertiary prevention, homeopathic antimiasmatic, constitutional individualistic treatment can prevent the outbreak of the disease from generation to generation and has great support for reducing the economic burden of our country. as a whole. There is room for further long-term research here. I encourage and welcome people who are interested in research to come forward in this regard, working with a geneticist (if necessary) to demonstrate the effectiveness of individualistic medicine in this regard. In this connection I would like to quote the following –

According to Flanders Dunbar, a pioneer of psychosomatic medicine, it is often "more important to know what kind of disease the patient has than what kind of disease the patient has."

These are the findings of the study

1. Prevalence occurs more often in the age group of 24-35 years and, according to occupation, more often in housewives.
2. Miasmatic statistics show that psora was found in 16 cases, sycosis in 12 cases, and syphilis in 2 cases.
3. Various complaints during pregnancy were found more in the middle economic class.
4. High, i.e. 200 potency which proved effective in majority of 16 cases then 30th potency was found useful in 08 cases and 1M potency was used and found effective in 06 cases.
5. The statistical scale used to evaluate the treatment effect also showed a significant improvement after treatment. Out of 30 patients, 26 patients experienced tremendous improvement and 04 patients could not continue with pregnancy.
6. The constitutional remedy prescribed in the matter found to be more effective than the remedy intended for acute totality.

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