



UTILITY OF HOMOEOPATHIC REMEDIES IN TREATING MALADAPTION OF MODERN LIFESTYLE WITH THE AID OF KENT'S REPERTORY

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ABSTRACT:

Lifestyle disease, subset of non-transferable diseases (NCDs) are the result of the way we live, work and go about our everyday life. In the last few decades, our diet has become unhealthy, our lifestyle is sedentary and many of us still use tobacco and alcohol abuse. These four risk factors have led to an ever-increasing prevalence of five lifestyle diseases; Namely obesity, diabetes, cancer, chronic lung disease and cardiovascular disease (CVD). According to the World Health Organization (WHO), NCD has become the main contributors to higher morbidity, mortality and the only largest obstacle to development around the world. In addition, the NCD continues to increase in virtually all areas of the world, with the WHO showing a higher load in the countries of medium and low incomes.

Lifestyle concerns the amount and quality of time spent in the activities of everyday life. Lifestyle disease arises due to the inappropriate relationship of people with the environment and incorrect selection, such as sedentary habits, poor diet and lack of physical exercise, alcohol abuse and smoking. The primary reason for launching lifestyles among people is the lifestyle of people. It is therefore necessary to control this risk factor to improve health. Diseases are widespread around the world and both developing and developed countries face lifestyle-style burden. Millions of people in developing countries accept westernized lifestyle, as a result the health of people is at great risk.

The aim of the study is to study individual clinical presentations of lifestyle and the effectiveness of homeopathic medicinal products in the treatment of diseases in lifestyle. A total of 30 patients aging from 20 to 60 years suffering from various lifestyle diseases were randomly selected for the study. The specialized questionnaire "General Welfare Questionnaire (GWBQ)" is used in the form of a preliminary test assessment and after the test to evaluate the outcome of the study.

The study has shown that the total prevalence rate in common lifestyle diseases is in the age group of 41 to 50 years. LSDs are more common in men than women. It was found that diabetes and hypertension were found in society. Studies also show that stress and diet are the most common risk factors. Miasmatic expression of LSDS cases shows the dominance of Miasmus psorics both as basic Miasm and dominant MIASM. Most cases in the study had a serious presentation of LSD disease. Most patients included in this study group showed significant improvement after homeopathic treatment. The statistical score used to assess the effect of treatment also showed a significant improvement after treatment.

The conclusion of the study means that homeopathic drugs prescribed after repertorization with Kent's repertoire seem to be more effective in reducing the frequency and intensity of maladaptation by increasing the immunity and mechanism of managing patients suffering from lifestyle.

KEYWORDS: Maladaptation, Modern Lifestyle, Kent's Repertory, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

Maladaptation:

"But by far the most important point of view is that the main part of the organization of each being is simply because of heritage; And as a result, although anyone who is sure is well equipped for their place in nature, many structures now have no direct relationship to the habits of every kind of life". -

Charles Darwin.

Darwin took advantage of various case studies of domesticated species to illustrate how the selection manages a phenotypic change. He also stressed that domestication is unique in creating these changes through the "methodological" artificial selection for features with people and the selection of "unconscious" for other features that are unintentionally evolving through distribution in captivity in an unnatural environment. Both of these components of the domestication process are often assumed that they leave taxa, which will be left for life outside captivity and reduce their potential for further

adaptive development. However, animal breeders continue to improve many aspects of captivity and diverse populations of previously domesticated taxa (eg wild dogs, cats and pigs) are doing all over the world. The mechanisms that allow or prevent this success deserve further investigation, because cultivated, urbanized and wild ecosystems are increasingly interconnected and because in each setting they can make a rapid evolutionary change.

A generation of evolutionary biologists emphasized adaptation, inspired by the power of natural selection to control and improve organisms suitable for their environment. Nevertheless, biologists have long known about the other side of this coin: in order to act on the population, individuals must be determined from adaptive optimal. Maladaptations therefore deserve the same way as an adaptation. Although maladaptation is neither a new concept nor an unexpected result, it is often underestimated compared to its addition, adaptation. Like "Rubin's vase" - an illusion in which we tend to see a single picture where two are present (ie vases and two faces). Biologists therefore tend to see evolution in terms of its achievements (adaptation) rather than about its failure (maladaptation), although both results are present.

Lifestyle disease (LSD):

Lifestyle disease (LSD), subset of non-transferable diseases (NCDs) are the result of the way we live, work and walk in our everyday life. In the last few decades, our diet has become unhealthy, our lifestyle is sedentary and many of us still use tobacco and alcohol abuse. These four risk factors have led to an ever-increasing prevalence of five lifestyle diseases; namely obesity, diabetes, cancer, chronic lung disease and cardiovascular disease (CVD). According to the World Health Organization (WHO), NCD has become the main contributors to higher morbidity, mortality and the only largest obstacle to development around the world. In addition, the NCD continues to increase in virtually all areas of the world, with the WHO showing a higher load in the countries of medium and low incomes. Health support and preventive health approaches have been shown to be effective strategies in reducing the disease with lower costs compared to the cost of NCD treatment. However, the prevention and control of the NCD cannot be carried out with food control and increased physical activity itself. It requires steps on multiple levels with healthcare providers and governors along with stronger health care systems and more involved in the involvement of more parties. Ensure that interventions meet the set goals; Regular reports, global monitoring and responsibility are important. With rapid economic development and increasing westernization of lifestyle in the last few decades, the prevalence of lifestyle diseases alarming proportions between the Indians has achieved. Quick urbanization and industrialization leads to increased risk factors of lifestyle and thus lifestyle. Lifestyle diseases have been caused by more deaths and disabilities in recent years. This study is therefore necessary to assess the lifestyle and lifestyle factors and to know the prevalence of lifestyle disease between the urban and rural population. Lifestyle learns through social interaction with the immediate family (microenvironments), community exposure, peers, friends, school, place of work and mass media (macro-media).

REVIEW OF LITERATURE:

Maladaptation:

BACKGROUND:

Since the human left Africa about 100,000 years ago, they have experienced numerous environmental and social transitions. During these transitions, their genome also experiences various forms of selective pressure and retained favorable alleles in their genome either by a positive selection or balance of the selection, removing harmful alleles by cleaning the selection. However, when an individual with a certain convenient genetic diversity migrates into a new contrasting environment or lifestyle, the advantageous genetic diversity becomes disadvantageous and eventually causes maladaptation. Understanding the role of evolution in adaptation as well as in the regulation of the dynamics of the population is therefore very important for identification of naturally occurring advantageous risks in the current populations. Recent advances in high-performance sequence technologies have facilitated understanding the impact of evolutionary forces on human genetic composition in various environmental and social conditions in a much better way.

The survival of our late paleolithic ancestors (50,000-10,000 BC) depended on hunting and gathering - a lifestyle that was maintained for about 7 million years. This shift led to settlements, denser populations, food surpluses and subsequently to food production specialists - ingredients for civilized but sedentary society. Laureate Tim Flannery² claims that one of the key elements of culture is "... embodiment, in faith and customs actions that help people survive in their specific environment". Flanners also say that maladapted cultures "... are dramatically incompatible with the environment in which they find themselves ...". With regard to this, can the formation in contemporary sedarism, especially in Western countries, be considered to be a suitable adaptation of the environment in which we find ourselves, or is it maladaptation? This communication will represent arguments for and against sedentarism as a cultural maladaptation, followed by final remarks.

Lifestyle, adaptation and human health:

We live in a world that meets with foreign substances, some inanimate and others living microbes, soil, water and air that are potentially hostile to human health. During evolution, deep sea and high peaks, niches have long gone for these substances, which are hard but permissible to the human species to adapt, and also abuse not only by amazing them, but sometimes by profiting and gaining profits in return, plants and animals, people between them.

Successful adaptation to these foreign agents and the surrounding trigger factors includes classic manifestations of protective immunity of human beings. Nowhere is the maladaptation of these environmental agents and various trigger factors come in the daily life of human beings better illustrated than in the field of medicine, in which, as soon as survival and progress in evolution indicates successful adaptation, but where its persistence is responsible for many of the different chronic illnesses today. Although it is clear that mammals are deeply informed about how effectively we can adapt to these naturally found environmental agents, it is equally obvious that science and technology and lifestyle factors can play a major role in successful adaptation or maladaptation of these environmental problems.

Maladaptation concept: The use of maladaptation as a concept in the sphere of climate change dates back to the end of the 90's. Scheraga and Grambsch¹⁴ are indirectly referred to it through nine principles that characterize effective adaptation, including the importance of accounting "potential adverse side effects of adaptive strategies... to avoid solutions that are worse than the problem". According to them, "maladaptations can result in negative effects that are as serious as avoiding the effects of the climate induced". The term also occurs in the third IPCC evaluation report, which defines maladaptation as "adaptation that fails to reduce vulnerability, but instead increases it".

Smithers and Smit and Schipper also mention the term maladaptation in their work. Barnett, O'Neill & S. Rogers, and at the same time focus on reactions to water stress engineering in Melbourne (Australia), refer to "a lawsuit adopted to prevent or reduce the vulnerability of climate change that adversely affects or increases the vulnerability of other systems, sectors or social groups". The IPCC Working Group II post on the fifth rating report (AR5-WGII) contains a number of concept links, including one page section dedicated to the "Maladaptation solution". This suggests that there is a maladaptation scholarship and that the concept is in the mainstream, but it does not mean that there is a clarity of what it means. Glossary of the AR5-WGII report, which proposed to define maladaptation as: "Actions that may lead to an increased risk of adverse climate-related results, increased vulnerability to climate change, or reducing well-being, now or in the future". This definition is partially derived from the definition developed in November 2012 by sixteen experts during the three -day workshop on the issue of maladaptation: "Maladaptation is a process that results in increased vulnerability to climate variability and changes directly or indirectly and/or significantly undermine capacities or opportunities for current and future adaptation.

Adaptive and maladaptive behavior:

Life rarely goes as expected. When we face obstacles, we can adapt or not. At this point, this does not necessarily have to be a conscious choice. It could be a temporary reaction until we have a chance to think about it.

Adaptive behavior decides to solve the problem or minimize an undesirable result. You can do something you don't necessarily want to do or find a way to circumvent it. You adapt to the circumstances.

In adaptive behavior, people grow to face challenges in everyday life. You may not want to get up and go to work, but he does. Anyone may not want to take medication, but they realize that they need these pills for better quality of life, so he took them. Adaptive behavior does not just do something that one does not want to do, but faces challenges and search for ways to deal with the need to do things that one does not want. Sometimes we find strategies to deal with things we don't want to do.

Maladaptive behavior can result in when one simply does not see the way to their desired future. This can happen with any chronic disease or significant lifestyle change. Maladaptive behavior is accepted by self -destructive action to avoid undesirable situations.

Maladaptive behavior affects people of all age groups and backgrounds.

Maladaptive means that it does not provide adequate or appropriate adaptation of the environment or situation. Maladaptive behavior is the one that some people use to avoid direct confrontation with the discomfort of new situations or environment. They facilitate pain that they are not willing to adapt to new situations. Using various measures to reduce this pain without changing is common maladaptive behavior.

Unfortunately, it almost never works well. Avoiding situations due to unrealistic fears may initially reduce anxiety, but this avoidance is just: it does not solve real problems. In the end, problems can become so big that the pain that avoids them is stunning. They can no longer be ignored. This is considered to be maladaptive behavior instead of reinstating addictions such as alcohol or drugs for refuge, instead of resolving the challenge.

Examples of maladaptive behavior:

Avoidance:

Avoid threat or disconnecting from inconvenience is often the best step, especially for temporary things that people do not have control over. When a person is constantly avoiding something he doesn't have, it's maladaptive behavior.

Suppose a person has social anxiety, but his work requires to mix and mix regularly. If he gets used to pretending to pretend or slip from the back door after 5 minutes, he does not solve the problem.

Other behavior avoiding is:

- During conversation does not make eye contact
- Talk too quietly or not at all
- Don't ask questions when you need more information

Withdrawal:

There is nothing wrong if someone prefers the time itself over social activities. When avoiding the strategy of a person who effectively withdraws them from social interaction.

In the long run, avoiding does nothing to improve skills management. Invitations stop coming, building anxiety and resulting in insulation.

Passive aggressiveness:

Feelings are woven into the activity of someone.

Self -harm:

Some people are dealing with stressful events by injuring themselves, for example:

- cutting, scratching or burning the skin
- Collection on scabbes or wounds
- Pulling hair, eyelashes or eyebrows
- self -mate or banging head
- Refusing to take the necessary medication

This can provide temporary relief, but only deteriorates problems and can potentially damage human health.

Anger:

Anger is normal emotions. The anger that stimulates a constructive action is useful.

Using the substance:

One uses it to alleviate anxiety or to smooth its feelings.

Causes of maladaptive behavior:

There are many reasons why a person could form a maladaptive pattern of behavior. It could happen that he did not have good examples of adaptive behavior or chaotic life prevented you from developing good skills management. Maybe chronic blind disease. Perhaps he will not be able to determine the cause. The essence of different causes of maladaptive behavior follows:

Trauma:

Sexual abuse of childhood is associated with self-harm, use of addictive substances and dangerous sexual behavior. Maladaptive behavior can also rise from adult trauma.

Developmental disorders:

A small study published in 2010 found a link between sleep disorders and maladaptive behavior among people with development delay.

Research shows that avoiding is a maladaptive behavioral response to fear and anxiety. The avoidance formula while providing temporary relief may increase anxiety.

Maladaptive behavior and autism:

Maladaptive behavior, including aggression, disobedience and lively seizures, are common in autistic spectrum disorder. The reasons are not clear.

Maladaptation and lifestyle diseases:

BACKGROUND:

Diseases date back to the dawn of the human race. As people evolved, they also have their illnesses: some that were once rare have become common, others have disappeared and new varieties have emerged. Many of these changes occurred as a result of important transformations in human civilizations and ecology. A bad lifestyle is a predominant health problem that is associated with a high risk of many chronic diseases with a number of health consequences. Chronic diseases, often referred to as non-transferable diseases, usually occur in the middle age after a long exposure to an unhealthy lifestyle that includes tobacco use, lack of regular exercise and consumption of standardized "fast food" that lacks fiber but rich in saturated fats, sugars and salts. This lifestyle leads to a higher level of risk factors such as hypertension, diabetes and cancer, which act independently and synergist. Risk factors are often undiagnosed or insufficiently managed in medical services intended to treat acute conditions. The profile of the disease in the world is changing rapidly, especially in countries with low and medium income.

Chronic non-transferable diseases are currently the main cause of disability and death around the world. This heterogeneous group of diseases, including cardiovascular conditions, cancer, chronic respiratory conditions and diabetes, affect people of all ages and social class. The globally of the 58 million deaths that occurred in 2005, approximately 35 million or 60% were caused by chronic causes. Most of them were caused by cardiovascular disorders and diabetes (32%), cancer (13%) and chronic respiratory diseases (7%). 33 This load deteriorates in the coming years.

The WHO study assumed an increase in global death by another 17% in 2005-2015, which means that 41 million people will die of chronic diseases of 64 million estimated deaths in 2015. Chronic lifestyle-related diseases are now the main cause of death around the world. According to the World Health Organization report, developing countries are the most difficult and killing 36 million people a year.

The prevalence of one or more leading chronic states related to lifestyle has increased annually. If this increase continues, especially in younger adults, the management of patients with multiple chronic conditions in the aging population will continue to question public health and clinical practice. The current burden of chronic diseases reflects the cumulative effects of unhealthy lifestyle and the resulting risk factors during people's lives. Some of these influences are present before the child is born.

Lifestyle-related diseases:

Lifestyle-related diseases are chronic diseases including cancer, diabetes and heart disease. This is also known as non-transferable diseases (NCD), against which worldwide measures are carried out around the world. However, since the prevention of such diseases required considerations based on the current state of someone's lifestyle and behavior factors such as diet, physical activity, smoking and alcohol consumption, as well as problems related to those, the concept of "lifestyle-related illnesses" in recent decades in recent years in previous years. Another interesting fact is that progress in the medical field reduces mortality due to chronic diseases, but the increasing incidence of these chronic diseases even in the younger generation has become a problem.

Lifestyle plays an important role in determining chronic diseases and changes in lifestyle are likely to be responsible for a significant part of their increase over time. It is estimated that the smoking itself is responsible for 22% of cardiovascular diseases in industrial countries and the vast majority of some cancer and chronic respiratory diseases. Alcohol abuse is considered to be a source of 8% - 18% of the total load on men in men and 2% - 4% in women. Public health and long-term care expenditure is increasing, indicating an increase of 5.7% of GDP to 9.6% in 2005.

Five major causes of death - cancer, diabetes, heart disease, chronic lower respiratory disease and cerebrovascular disease - represented more than half of all deaths and represent a high percentage of health care costs. A similar strategy of the disease also monitors the profile of Indian disease (Figure 1). Other chronic conditions show severe tolls in terms of illness, disabilities, quality of life and economic costs. Because the roots of chronic states that are the main causes of morbidity and mortality can be traced to lifestyle-style-haired, diet and physical inactivity-despite significant reduction of smoking, a low-risk profile could lead to increasing impact, prevention, prevalence and Prevalence.

Homoeopathic Asseauoch:

Homeopathy is one of the important modality that can help in the treatment of lifestyle and play an important role in delaying the occurrence of lifestyle and also in their control. Homeopathy treats patients with a holistic approach and considers individualistic characteristics for one person along with the symptoms of the disease. Homeopathic drugs are prescribed on the basis of the similarity of the symptoms of the drug and the patient. If the correct homeopathic medicine is selected with regard to the physical and mental composition of the person; Its individualization properties significantly delay lifestyle disorders and its impact.

Homeopathy by his holistic approach causes each patient to provide gentle and permanent relief. As a result of our unbalanced contemporary lifestyle, we face many new challenges for our health with new tribes of bacteria and viruses resistant to antibiotics, increase in cancer, diabetes and other diseases and many other diseases. At the moment, the most important thing is that we support our bodies that own innate intelligence and the capacity of healing. Homeopathy is a system in which a drug is selected on the basis of individual symptoms of the patient that consists of his mental, emotional and physical condition that receives treatment in our recent chemical substance (especially mass use of vaccination, chemical drugs on a free scale) and emotional

stress in our culture). In our case, the nosological terms do not have too important acceptance and prescribing medicine (we never prescribe the name of the disease).

The concept of individualization, as reflected in the completeness of symptoms, provides the only sound foundation for the selection of a homeopathic drug; Individualization is another name of the synthesis process based on precise and complete data obtained after observation and examining the patient. It is believed that homeopathic medicines stimulate the immune and defensive system of a person that increases their overall level of health, allowing it to restore health and prevent diseases.

Help Kent Repertory in reached the drug:

Using the repertoire in homeopathic practice is an absolute necessity, such as for the treating lifestyle disease to consult material Medica every time we want to select medicine Will Not only Burdensome Work, But Also Very Imustical, Because It Is Looking for Needle Predicament only repertory Save US, THUS repertory teaches More About Materia Medica, and Widens Range of Therapeutic Field J. T. Kent States That, "The Use of Repertory in Homoeopathic Practice is and Necessity IF One is a careful job. Our Materia Medica is so cumbersome without a repertoire that the best prescribing physician must encounter only indifferent results.

Why Kent Repertory Superour than others:

In the treatment of lifestyle disorder, our approach is holistic, a person as a generally generally, we treat a person in illness and not by illness in person. In such cases:

- Kent repertory is more reliable, more reliable and more systematic and general repertoire that has surrounded hard and acid tests of confirmation, verification and repeated verification for almost 100 years.
- Kent's repertoire is immediate
- Kent's repertoire design confirmed the Hahnemannian idea of the patient in arranging symptoms from general to specific groups
- It also builds on the Hahnemannian scheme also work from mind to generality.

Repertorial approach to LSD:

LSD has become leading disorders according to the current scenario of India. They proceed more and more and affect the health conditions of most of our country's population. There are currently many lifestyle disorders, among which are the most common, in India HTN, DM, obesity, etc.

In our repertoire of the homeopathic material Medica Dr. J. T. Kent existed different sections related to LSD in different chapters of Kent's repertoire.

There are several important sections in Kent's repertoire related to LSD:

- Anxiety Future O: Calc, Bryo, Nat Mur, Phos, Pulse
- Extravagance: AMM-C, Bell, Corborne, Ph. Demanding: ARS, Nux vomica
- Fear of business failure: psor
- Grave: Ars, Bell, Bry, Calc, Cham, Cina, IP, Kali-C, Stap Chagrain: Arg-N, Aur, Bell, Cham, Ign, Lyco, Nat Mur, Nux V, Stap, Sulph, Sulph, Sulph, Sulph
- Mania to work (hardworking): ARS, BRYO, AURM, IGN, TARENT
- disgust: ARS, MERC, PULS, SULPH.
- Dissentment: Acon, Bell, Calt, Lyco, Nux vomica, Stram
- Business conversations about: ARS, Bell, Bryo, Hyos, Sulp
- Seeding lifestyle (aversion of society) Anac, AUR, Bar-C, Bell, Cham, IGN, NAT M, NUX in Misanthropic: Amm. C, Bell, Calc, Lyc, Phos, Pulse
- Delaze Forsaken: Aur, Psor, Puls, Stram
- Alcoholism (Mania-A-Pot): AGAR, ARS, NAT M, NUX V, Stram Obesity: Calc, Caps, Graph, Ferr, Lyco, Puls, Sulp
- Diabetes mellitus: BOV, CALT, LYCO, PHOS, sulp liver cirrhosis: Cupr, HEP, PHOS, SULPH
- DNA: Benz-AC, Calc, Graph, Lyco, Nux V, pulse

CONCLUSION:

From the study, the usefulness of Kent's repertoire was recognized in the treatment of maladaptation of modern lifestyle cases, and I close the following findings.

Lifestyle disease (LSD) is more common in the age group of 41 to 50 years.

LSDs are more common in men than women.

The study shows that diabetes and hypertension are the most common among LSDs affecting the population.

The study also shows stress and diet as the most common risk factors for LSD development.

Miasmatic expression of LSDS cases shows the dominance of Miasmus psorics both as basic Miasm and dominant MIASM.

Most cases in the study had a serious presentation of LSD disease.

Constitutional remedial measures such as Nux Vomica, Arsenicum, Calcarea Carb, Natrum Mur are commonly marked in most cases LSDS involved in the study.

Most patients included in this study group showed significant improvement after homeopathic treatment.

The statistical score used to assess the effect of treatment also showed a significant improvement after treatment.

The study shows that homeopathic drugs prescribed after repertorization with Kent's repertoire seem to be more effective in reducing the frequency and intensity of maladaptation by increasing the immunity and mechanism of coping with patients suffering from lifestyle.

LIMITATIONS:

1. Considering the nature of LSDs, the improvement of the cases could not be followed for sufficient period since it is a time bound study.
2. Generalizing the result and conclusions of this study needs to be done cautiously since the sample size is limited to 30 cases alone.
3. Considering the time and sample size blinding could not be followed in this study.
4. Some cases demanded the long term observation for the proper study which practically was not possible due to time limit.

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