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SUSCEPTIBILITY AS A POINTER TO THE TYPES OF TOTALITIES IN HOMOEOPATHIC MANAGEMENT OF MALARIA

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ABSTRACT:

Dr. Hahnemann is called in 2 aphorism of his philosophy that treatment should be fast and permanent and this process is the most important part of the formulation of totalitarianism in the case. No other process was like a widespread effect on the path of treatment other than that, because if totalitarianism is incorrect, the drug is not similar. The formulation of the case of the case has long been recognized as the most important and most important process of drug to reach. Malaria is unique in the presentation because it is a chronic disease and also shows acute episodes that affect the functioning of patients daily. Malaria represents different phases either isolated or together, depending on the ability of the individual to respond to the harmful effect (sensitivity). General symptoms, characteristic data, characteristics and modality are useful to create acute totalitarianism, while characteristic generals, layout properties and responses to the environment are useful in creating chronic completeness. Depending on the sensitivity, if there are very few characteristic symptoms, the completeness of key links can be formulated. As a huge scope of symptomatology, it is available in malaria, so it can learn through this study management of its various presentations.

There was a very small work focused on the susceptibility and especially on its impact on totalitarianism. Understanding this aspect and what kinds of totality is present in cases of malaria could prove to be useful in its management.

This study examines the effect of sensitivity on symptomatology and a different type of totalitarianism that ultimately helps in the treatment of malaria. Attention was also paid to both the qualitative and quantitative aspect of the susceptibility and its final influence on totalitarianism.

In the study, we found that both aspects of sensitivity affect completeness. Cases of malaria with acute presentation are usually obtained by mild and high susceptibility, in which acute totalitarianism is usually formed by the maximum number, as proposed by Dr. Allen. In one case, slight sensitivity could formulate the totalitarian notes. But when cases are changed chronic or sensitivity, it is difficult to create acute totalitarianism and in this situation the form is only chronic completeness.

The consequences of these results for malaria are that when a patient comes with an acute presentation physician, he should try to obtain a characteristic acute totalitarianism using tuberculin as intertrurre, and while susceptibility is a poor physician. The use of intercultural depends on the degree of similarity and coverage of the tubercular Miasm. The use of tuberculin usually helps to compare miasmatic loads and compare the susceptibility from which we can obtain an indicated medicine.

KEYWORDS: Malaria, Susceptibility, Totality of symptom, Organon of Medicine, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

"Humanity has only three big enemies: fever, famine and war: of which is by far the largest, by far the most terrible is fever" - William Osler [Harrison 17.

About 109 countries in the world are considered endemic for malaria. In India, it is difficult to find out the real burden of malaria. But about 27% of the population lives in the area of high malaria transmission. Each year is estimated to be 70 million to 100 million cases, but only 1.6-1.8 million cases report the National Program of Control of Diseases transmitted by Vector (NVBDCP). [API 10. Edition volume 2 Page 1611]

Malaria is one of the most common infectious diseases around the world and requires a high socio -economic burden for humanity. The Plasmodium genus consists of more than 200 species, but only 10 of them cause human infection. Five species cause almost all malaria infection in humans. These are P. Falciparum, P.Vivax, P. OVale, P. Malariae and P. Knowles.

Malaria is a disease that is very different in epidemiology and its clinical manifestations are very diverse and unlike. This variability is the result of factors, such as the type of malaria parasites, their susceptibility to commonly used or available antimalarial drugs. But after observing various cases, it

was clear that even after infection from the same species disease, it expresses differently. Many people represent a very mild image, while some others come to the extent of complications of structural changes to death. Along with this, the reaction of individuals to the same treatment is also immense. It is therefore a conclusion that the level of immunity of the host and the susceptibility of the exposed human population, along with the climate, plays a key role in this variability.

Immunity is a defensive mechanism of the body and depends on various factors, such as the right diet, exercise, rest and sleep, etc. While in modern lifestyle people always rush against time, they try to realize their ambitions and intensively competitive. Thus, one cannot get the right things to increase immunity and become a burden for their constitution. Sensitivity is a simple force to receive impressions and respond appropriately. However, when stress becomes chronic, the system is no longer able to maintain homeostasis and one becomes a victim of countless diseases. There is a lot of illness in the causal environment, but the disease expresses when human susceptibility cannot handle the stress of infection and respond in an abnormal way. This explains that malarial fever is not not only caused by plasmodium infection, but mainly the impaired sensitivity becomes fertile soil for the development of malaria.

The state of sensitivity (the force of the individual for admission and reaction thus determines the reaction and clinical presentation of the disease that may be from slight change in health to the development of complications in malaria infection. Conventional medicine plays a limited role with the exception of suppressing treatment. and restores the susceptibility and allows the system to return to the state of harmony and balance known as health.

Understanding the state of sensitivity in malaria and its reflection on the clinical presentation is therefore important to doctors because these expressions use these terms to create characteristic totalitarianism and finally select the right drug and dose to restore sensitivity and better treatment of malaria.

Our homeopathic masters had excellent knowledge of so -called intermittent fever and there are many instructions in the literature, but the concept of sensitivity and its direct correlation with the expression of the disease and other treatment is not listed in the literature, so it is a research. So I was fascinated when I knew the role of susceptibility in the development of characteristic totalitarianism and management in cases of malaria.

It is therefore a observational study where we took 30 diagnosed cases of malaria and recorded various symptoms of patients in the format of totalitarian LSMC and fever designed by Dr. M.L. Dhawale. We also tried to take the characteristic layouts of the mental and physical level with the miasmatic burden in the family where it was possible. Later, we discussed the perception of each case with its parameters as susceptibility to the level of tissue, the level of mind and nerve, pathology, clinical presentation in terms of common symptoms, characteristic symptoms, concurrent, etc. with miasmatic load and dominant and eventually vitality. After assessing the quantitative and qualitative aspect of sensitivity, we formulate the totalitarianism as an acute/chronic/intercury/key lecture, etc., which will become the only guide to select the right drug. For the whole work, a standard format of cases was necessary to maintain uniformity, so we used SCR as a standard case record for 30 cases.

REVIEW OF LITERATURE:

Malaria has been known since time immemorial, but before understanding the real causes has been centuries. References to his symptomatology are found in ancient Indian, Greek, Egyptian and Chinese manuscripts.

The Plasmodium genus has more than 200 species, but only 10 of them cause human infection. This genus Plasmodia is further divided into nine subgener, of which 3 are in mammals and four in birds and two are in lizards. Plasmodium vivax, plasmodium oval and plasmodium malariae belong to the sub-genus plasmodium, while the Plasmodium falciparum belongs to the sub-gen Laverarania. Five species cause almost all malarial infections in humans. Fever associated with the rupture of schizont may be more continuous than periodic, especially Falciparum malaria.

Given that malaria has such a long history, it also has a wide range of symptoms, from simple fever to failure of more organs and death of a person. This variability depends on the sensitivity of the person and the virulence of the parasite. There are very different pictures we have seen in clinical life, and many of them can be explained by understanding basic pathophysiology. Basic pathological processes for this diverse presentation are as follows –

Clinical feature of malaria and responsible pathological process for those symptoms according to Harrison edition 17th page 1281, 1282,1283,1284, 1285 :

Symptoms	Underlying Pathological Process
Acute	Active stage of merogony and rupture of schizont.
Recurrent	Hypnozoites in liver become active
Paroxysm regular	Erythrocytic asexual cycle complete and rupture of Schizont and RBC destruction in fix time as in P.vivax and P.ovale.
Chills – heat –sweat	Heat conservative measures starts – contraction of muscles& increase metabolic rate (hepatic and cellular) along with increase autonomic activity.
Pallor	Increase spleenic clearance, RBC destruction and altered erythropoisis.
Bleeding petchial or internal with coagulation defect	Hepatocellular injury and cholistasis with hepatic dysfunction.
Yellowish discoloration	Haemolytic anaemia, Hepato-cellular injury and cholistasis with hepatic dysfunction altered hepatic gluconeogenesis.

Hypoglycaemia- sweating and unconsciousness	Altered hepatic gluconeogenesis.
Hepato-splenomegaly over months	Increase Hepato spleenic clearance with suppress immune process
Shortening of breath	Ketoacidosis, lactic acidosis-RBC sequestration.
Breathlessness	Peripheral vascular damage and leaking of fluid.
Decrease urine volume with hematuria and black water urine	RBC sequestration- obstruct microcirculation of organs like kidney and brain and so others.
Altered consciousness, convulsion, coma	

Although malaria is a clinical entity and can be diagnosed with characteristic symptomatology and a classic formula of fever, but as time happens, the status of the host of its sensitivity and virulence of pathogens also modifies that it seems different clinical presentations. Therefore, there is a laboratory investigation to verify the clinical likely diagnosis, which helps confirm the confirmation diagnosis. There are investigations that help diagnose malaria as a parasite and antigen for malaria and PFHRP2 card or card test, card tube, plasmodium LDH gauge or card test, methods of micro tube concentration with Acridine Orange and peripheral thick and thin blood film. Urine examination should also be performed for the exclusion of UTI, because in clinical presentations it is more or less similar to malaria.

As we have seen that malaria has a broad symptomatology and, according to the knowledge of pathophysiology, we can understand diverse symptomatology, but which person will react in which way and why it reacts, so it is difficult to assess. Hence the homeopathic world begins, if we understand the person, its disposition properties and its reaction pattern (sensitivity) to a certain stimulus, we can assess the spectrum of the disease.

Sensitivity

Hahnemann's view of sensitivity is given in aphorism of 30 to 34 in "organon medicine" through various examples. Later, other pioneers explained their opinion on the susceptibility in their lectures. According to H.A. Robert "We can define sensitivity primarily as a reaction of the organism to external influence." It is the general quality of the living organism to receive the impression and the strength of the response to stimuli.

The development of sensitivity depends on inheritance and early and late environmental factors. In a state of health, the body maintains different vital operations normally, even after exposed to various unfavorable external and internal influences. Sensitivity has both a qualitative aspect (increase / decrease) and a qualitative aspect (miasmatic load).

There are various parameters that affect our understanding of susceptibility such as age, custom and environment, ongoing duration (forgiveness) of the disease, pathological conditions (functional or structural changes, reversibility or irreversibility of pathology), seat and intensity of the disease, constitution and temperament, Miasmatic background (essential and dominant).

Sensitivity to malaria

In the past, a lot of work is done in malaria, but on the strategies of management and clinical picture of drugs, more stress has been given. Data on sensitivity in malaria cases are not very available in literature, so I took links from dissertation and diary to understand this problem.

The main fever is chronic relapting nature diseases. It is clear from modern science that this is due to the parasites of plasmodium, but this is evidence in various studies that emotional factors also play an important role in the causes and maintaining malaria fever.

It has a wide range of symptomatology and books that represent it from their classic image. However, this classic book picture of fever with chills followed by a stage of heat and sweat is rarely visible in practice. In practice, the presence of other diseases complicates the clinical presentation of malaria fever, which can delay the diagnosis and thus the right control. The most common diagnostic symptoms that occur in all age groups of the patient are fever with all 3 phases, headaches, vomiting, weakness and loss of appetite. Symptoms that occur at least often are constipation, diarrhea and back pain. In the study, although strictness were observed only in 16.66% of cases, the chills remain the most important symptom in malaria. (Page 268 Dr. Rrakesh Kumar Murarilal Dissertation Thesis

Gupta, the "study of the correlation of clinical presentation with a state of sensitivity in cases of malaria") The most common paroxysma fever that appeared in the study was the first daily paroxysma, which was observed in 60% of patients and 13% showed alternative day of paroxysm and irregular paroxysms. Although classic quartane or terrible paroxysms were not a common trend of the disease, the classic stages of malaria were still observed. In malaria, the patient, together with common diagnostic symptoms, has some individual characteristic symptoms, as a weakness, no desire to work, sleepy, thirsty less thermal stages during and feel better.

In the study, in a ratio of 1: 1.7 common diagnostic symptoms compared to the individualization of characteristic symptoms. (Page 268 Dr. Rrakesh Kumar Murarilal Gupta, on "Study of correlation of clinical presentation with a state of sensitivity in cases of malaria"). The presence of characteristic symptoms was significantly high compared to common symptoms. This suggests the susceptibility in most individuals showed a sufficient response to the insulting Plasmodium. Individualization features include characteristic general symptoms, modality and characteristic data.

The observation points to two different aspects of the role of sensitivity in malaria.

A. The report of patients in the first week of fever had a deviation of sensitivity from mild to medium.

b. Reporting the patient for recurring chronic fever, relapsing had a deviation of sensitivity from mild to severe.

As available in literature, the importance of symptoms during apyrexia and prodromal phases, but various studies show that in many cases the symptoms were not significantly present or very non -specific (Party 170 dissertation Dr. Sunil Bhalinge. It was not taken by earlier patients.

position. However, a study of symptomatology in all stages of fever is the most valuable guide in choosing Simili. The location and extension of the cold whenever available is to become a reliable guide to select Similimum. A detailed case study, including basic and dominant miasmatic activities, is necessary for comprehensive sensitivity evaluation. In this study, we will therefore try to administer the symptoms of all phases of proprome-chills-bull-a-on-apyrexia stage along with past diseases of the disease and the layout of the person.

In the study dr. Rrakesh Gupty observed that 18 cases were 17, had a slight deviation of sensitivity, and 22 cases had a slight sensitivity. Throughout the scenario, he treated about 43.33% of cases treated with acute medicine and 27% of cases with chronic and relaxing cases treated with both types of drugs. . Mild to high susceptibility expresses the characteristic completeness of the fever in the form of a special modality of time and well -defined parallel substances, especially in the thermal stage. Cases with moderate sensitivity and sensitivity respond rapidly to these phase medicine (selected on the basis of fever totalitarianism) at 1 or 2 doses of efficiency of 200 ° C. This must be followed by a constitutional remedy to prevent relapse.

Cases with slight susceptibility often evoke constitutional characteristics during a complete fever. Therefore, it can be concluded that studying symptoms of malaria fever can be a good guide for the selection of institutional medicine. In our study, it will therefore be interesting to assess this claim that the system has been caused many times by institutional and specific symptoms during the acute paroxysm of the fever. The low susceptibility that was observed in cases that previously received allopathic treatment or suffering for a longer period of time lacking in the characteristic completeness of the fever. All cases that show a relapsed and /or persistent formula leading to a state of low susceptibility that requires the use of deeper constitutional and antimiasmatic drugs. These types of cases often respond to sepia as an introductory regulation and later to be followed by institutional medicine. (Page 55 Pediatrics in Homeopathy 2. Edition and 4th reprint). In cases where other diseases with fever malaria are present, institutional medicine must be more often repeated. In these circumstances, there may be no sampling symptomatology many times. Such a decrease in susceptibility results in

Suppression not only of the manifestations of the disease, but also the ability of the patient to respond to the simimimum. .

Understand the susceptibility of the organism. M.L. Dhawale has developed a tool known as planning and programming. This tool was divided into four segments. 1. The segment helps to understand the reactivity of the body on external stimuli. 2. The segment helps to decide on the susceptibility of the individual to the remedies. 3. The segment integrates pathogenesis, change in the expression of diseases along with a change in vitality. 4. The segment includes a way of presenting with basic and dominant Miasm, sector, recent group and confusion and leads us about different levels of expression. (Page 116 from the 3rd edition I.C.R.

Each of the parameters must be quantified and qualitatively described. The overall assessment of sensitivity is the synthesis of quantitative evaluation and a qualitative description of the above parameters. The assessment of sensitivity is therefore a reflection of the holistic approach. The synthesis of the above parameters can be quantified into a slight deviation, medium deviations and serious deviations from the original state of health. Many studies have shown that most patients had a slight deviation from health followed by severe deviations and at least common was a slight deviation.

According to Dr. Hahnemanna is found in the inherited dyscrasia of the patient, psoric or syphilitic diathesis. Hahnemann says that all fever (acute phases) or acute disease are caused by a transient explosion of Psor. [Allen H.C.1928, Therapeutic of Fevers Page 10].

Dr. H. C. Allen presents in his preface to the "therapeutic of fever" that the latest and deeper dyscrasia, the more lengthy fever. Another cause of malaria and especially for the most dangerous types and cause -Measure unevenly neglected or excessively looked up by most homeopathic doctors, is found in inherited dyscrazia of the patient, psoric or tubercular presses.

Dr. Kanjilal considered malaria to be miasmatic origin. Being not only psorics in character, but also sykotic, as the magnification of the liver and spleen and other diverse hydrogenoid dyscrasical symptoms (NJH edition September-October 1994: malaria: human inability and mites show.

We understand a disease such as a phenomenon where time performs the highest control. In order to understand completeness, we must have the correct recognition of the dimensions of time.

Study Dr. Rchessh Gupta showed that there was a very strong tubercular basic Miasm in the case of malaria; Followed by the sykotic Miasm and the syphilitic was the least often mentioned Miasm. This shows that individuals with tubercular basic miasm are more susceptible to malaria if they are exposed to sporozoit positive bite of mosquitoes. It supports the concept that the basic MIASM predisposes an individual to a certain type of disease. Basic miasm mostly shows inherited soil. Basic MIASM can be studied through past history, family history and institute studies. The study showed the predominance of tubercular miasm followed by psorical miasm in the dominant miasmatic state in cases. Sykotic Miasm was very smaller.

This shows that the study of Miasm on two levels is essential, one at the level of soil study by assessing the basic MIASM, two studying the dominant activity of MIASM at the current stage of the disease. The dominant MIASM informs us about the current Miasmatic activities and the possibilities of the future course of the disease. Miasm gives their characteristic shades of the individual's susceptibility and makes gentle qualitative differences during the disease. Integrating the Above Understanding of the Miasmatic Theory with the Knowledge Derived From the Modern Research in Pathhshysiology of Malaria Fevers. Hypersensitive Immune Responses Leading to Micro-Vascular Damage To Organs Like Kidney and Brain, What are Irreversible and Fatal. In addition, the relapsed nature, weight loss and cachexia can also be seen. We can conclude that tubercular miasm is based on most cases of Malar Fever.

In malaria cases, in acute paroxysm, the susceptibility to mild to high and more characteristic symptoms usually remains, slight susceptibility shows a slight number of characteristics and also changes in tissues at functional and structural levels. In the case of chronic malaria or in cases with complications of sensitivity to malaria, the poor remains and the properties are less or are missing and there are serious structural changes. So if we understand the susceptibility, we understand the whole aspect of the disease and help to create totalitarianism (portrait of the disease). Thus, in any case, malaria differs by totalitarianism according to the characteristic clinical manifestation, which always depends on the susceptibility, as mentioned above. Therefore, a drug that covers this completeness should be selected for the patient.

The account of symptoms in malaria

The totalitarianism is externally reflecting the image of the inner essence of the disease, so it is the only guide to selecting a homeopathic drug as expressed in chap. 18.
It is a sum of symptoms reflecting the individual's individuality. "Totalitarianism" is not merely random, accidental mixing of symptoms thrown together without cold and reason. This is an idea that unifies symptoms in a special way to provide them with its characteristic form. The whole, with the correct drawing, will display an individual case with all its features, personalities, characteristic peculiarities - which will lead to accurate therapeutic diagnosis. According to the form and nature of the physician, the disease makes the disease and decides on the strategy of the management that whether it is acute, etiological, main, constitutional, intercurrent, miasmatic, nosological, organopathic, pathological regulation, synthetic regulation, tautopathic and palliative regulations for the treatment of malarial case. There are different methods of malaria treatment. In recent Indian experience, the approach of Sehgal is relevant. He treated patients with all those who showed mere mental and based on them only on them. It is really interesting that when in cases the usual paroxysms with characteristic physical character and concurrent are present, but the regulation is performed on mental and we are still getting results. (Edition NJH September-October 1994: Malaria: Inability of Man and Mites)

But for the characteristic malaric fever of the totalitarianism of Dr. H.C. Allen leads that symptoms that occur before and during cold, heat, sweat and apyrexia; The time of the occurrence of paroxysm; Parts of the body in which cooling first appears; The regularity of its phases, degree or absence of thirst and its appearance, as well as constitutional diseases arising from fever, should be carefully recorded [Allen H.C.1928, Therapeutic of Horevers Page 13]. From all this, we will try to achieve the unsuspecting symptoms, because the sensitivity to the quality of symptoms. After finding these characteristic symptoms, it will be appropriate and the prescription will be based on the similarity.
Manage Strategy in Malaria

Although to manage the case of malaria, many devoted instructions have given instructions. In this series of the first name is Dr. Hahnemann. He explained the management plan in various stages as in the swamp area, in the non -shaped area, in epidemics. Dr. Hahnemann asked for a change in the environment and prescribed anti-psychic treatment (China) after the launch of medicine. He developed an individualistic approach to each case of intermittent fever. Organon of Medicine 6. The edition represents the principles of homeopathic control of intermittent fever in aphorisms 236-250. In Aphorism 236, 237, 238, 245, he explains the way of homeopathic medicine unless he / she should not be administered, except for the last delivery and medicine that would not be repeated and medicine that would not be repeated until the last demonstration and medicine that should not be repeated and repeated. It is not to prove, except for the last proveing and medicine that would not be repeated and medicine that would not be repeated and not to prove, except for the last proveing. It also explains the reason for one dose that it can prevent several attacks and a new dose and the previous drug that has proved beneficial, disrupts the recovery process. In the case of malaria, however, there are certain basic factors on which the management strategy would depend. Are -

2. Type of infection such as vivax, falciparum, malaria of malaria.
3. A one -off infection or multiple infections.
5. The way in which localization takes place, ie many times it seems that the presenting disease differs from the underlying, eg malaria presenting bronchitis of gastroenteritis or pneumonia as a mask of malaria.
6. Type of treatment already used by the patient, eg antipyretics, antibiotics antelalalarial and its effect on the form and course of the disease.
7. The level of characteristics available in this case.

The integration of the above factors will help in assessing sensitivity, sensitivity and dominant Miasm. According to the form and nature of the physician, the disease is complete and decides on the strategy of management, as mentioned above. (Page 55 Pediatrics in Homeopathy 2. Edition and 4th reprint)
When the symptoms are located, the drug is prescribed. However, we used acute and sectoral resources less often in the management of malaria, as the use of intercultural and chronic/constitutional forces in the treatment of fever dramatically changed the therapeutic result. In many cases, after intercurrent remedy, a dose of constitutional /chronic power for the next day before bedtime completed the work (point 6 on page 155 on page 155 DR. Sometimes you need another dose. However, before the introduction of drug force, one must accurately assess the state of sensitivity. The reaction of the constitutional force without prior administration of intercruhu is not as useful.
It is important to deal with the active miasmatic condition in mala -malaic fever using antimiasmatic medicine. Repair Intercurrent is the drugs listed during homeopathic medicine for some chronic diseases to remove any acute disease and accelerate the method of treatment by removing the miasmatic block. Intercurrent prescribing fills the gap as a result of insufficient data, unsatisfactory coverage of miasmatic background to axle when the clinical picture is not clear. Indications for intercurrent medicine in the case of malaria are -

- Strong genetic load.
- sensitive morbid constitution - diathesis
- When Miasma is dominant and the system is depressing.
- If the form is not clear and there are no or few characteristics and have insufficient completeness.
- If there is a bad / slow / and insufficient response to that drug / efficiency and repetition.
- suppression

Clinically, we understand the needs of the intercerry by acute progressing disease or frequent relapse or advanced pathological cases. Another indication for the use of intercurer is to change the sensitivity and sensitivity by allopathic drugs. We understand changed susceptibility when institutional medicine does not help or generals play a role at the sector level. This is experienced that intermediate medicine should be supplemented to previous medicine and should provide a higher dose for satisfactory results. (http://hpathy.com/homeopathy-papers/intercurrent-prescribering/ 5/7/17 23:50 PM)
Constitutional / chronic and intercultural remedial measures should be administered before bed and during affection. If the fever was continuous, we used antipyretics to reduce the temperature before the introduction of forces. The concept of this action is that the released force faces less resistance during

the falling phase of fever, if it is administered during the ascending phases of the fever, the reaction is not satisfactory or we can get worse. The timing of the introduction of these forces is therefore important. Sometimes a few deteriorations can be expected and the fever can be higher than the previous day, but the general feeling of the patient is improving. (Page 55 Pediatrics in Homeopathy 2. Edition and 4th reprint)

It has been observed that special attention must be paid to the second regulation in malaria cases, as the judgment error at this level may adversely disrupt the susceptibility. Therefore, it is better to wait and look rather than act in a hurry. Fever and duration of fever should not alarm the doctor to take hasty steps. These conclusions are based on the study.

Gauge

If the remedy is not similar, regardless of what efficiency is given, the answer is not favorable. The drug was administered in the stage of apyrexia after the temperature dropped below 100, because one dose is repeated only after the study of another paroxysm, if the next paroxysma later repeats. If the next paroxysm is partially better and no change in totalitarianism, the dose of the same efficacy is repeated or a cache (depending on the miasmatic assessment), followed by the same drug. If the answer is not satisfactory, if the completeness changes, the corrective measures will change. Cases where the forms are changing, institutional medicine selected on constitutional characteristics is best suited. Patients with splenomegalia require repetition of several doses to ensure complete freedom from the disease.

In the study of Dr. Rchessh's conclusion that 200 C is the most commonly used efficiency. Another most common is 1000 C. Too low efficiency and too high efficiency of institutional or acute medicine is not meant. The dose repetition was the only dose with occasional repetition, while the intercury was used at high efficiency. Anti-mixed remedy tuberculinum is used in 1m efficiency. Indications are the activity of the dominant weakness of Miasm persisting after the end of the disease, splenomegaly is not regressive. Monitoring of the assessment showed that in 94 % of cases the improvement of the generals followed an improvement in specific symptoms. Subsequent evaluation of the case must be based on subjective and objective criteria according to Herrings instructions, which are generals for details, and from subjective relief to improvement of objective pathological parameters. 94% of the patient showed an improvement in subjective and objective parameters.

CONCLUSION:

Malaria is caused by the group of plasmodium-P. vivax, P. Malariae, P. Falciparum and P. Ovla, of which P. Vivax and P. Falciparum are most commonly observed in India. The most common way to obtain malaria is the bite of mosquitoes. It mainly affects the population, especially those that remain around rural swamps, the water allows you to stay and where there is an excess mosquito of anopheles. The study also showed the predominance of men, approximately 64% were men.

Homeopathy as a science has a very good scope and role in the treatment of malaria because homeopathy works at a fine level, ie immunity and restores the susceptibility to normal state. Homeopathic literature is full of instructions for managing the case of malaria and the fundamental right for management involves thorough admission of cases, selecting the right similim and prescribing in proper effectiveness and benefits.

A prognosis case from a homeopathic point of view is also a very important step in the management of the case. Understanding sensitivity, its reflection on clinical presentation and the formulation of totalitarianism in individual cases is therefore a key step in the standardization of homeopathic approach in malaria.

Studies 30 diagnosed cases of malaria were performed according to the criteria. Each case was attempted to study for individualization characteristics of the patient, the completeness of symptoms and susceptibility, which includes the pace, pathology, characteristics, sensitivity, immunity, reactivity, basic and dominant Miasma. Malaria is known for its intermittent fever, which was also observed in the study and in cases seen in cases. The sensitivity study also helped to understand its condition on the timeline. Most cases had acute paroxysms, but few cases of relapse and chronic malaria were also observed, but a very smaller number. Understanding the condition of the disease was equally important that ranges from the functional phase of the disease to the structural stage, which includes hepato-splenomegaly to complications. In these cases, a number of symptoms were observed from common characteristics that eventually helped understand the sensitivity and formulation of totalitarianism. An attempt was made to quantify the criteria and describes them qualitatively. In most cases where there was no recurring fever and no history of drug intake. Only a few cases had a serious deviation of the susceptibility

Due to chronic nature and multiple drug regime or resistance to treatment. The study showed the predominance of tubercular Miasm in the dominant miasmatic state in cases. The degree of Miasm activity is variable depends on the basic Miasm, the state of sensitivity and the immunity of the patient. This shows that the study of Miasm on two levels is essential, one at the level of soil study by assessing the basic MIASM, two studying the dominant activity of MIASM at the current stage of the disease. The dominant MIASM informs us about the current Miasmatic activities and the possibilities of the future course of the disease.

The study of sensitivity and miasm has helped in determining a complete case that is very important for the management of the case. With mild and high sensitivity, the acute fever comes very clearly and is mostly about 90% of cases and 1 case has key totalitarianism, while in cases with poor susceptibility and activity of Miasm, the image makes the image unclear and there is interpcurrent and the constitutional remedy is irritated.

Since malaria is chronic diseases, so after settling an acute paroxysm constitutional axle, it is also necessary to prevent relapse. So, on behalf of the totality of the case, five different therapeutic approaches are used in the case of malaria. The use of an intercrisal drug was mandatory to reduce miasmatic loads and prevent relapse and restore sensitivity.

After this approach, the therapeutic result is good, fast and permanent and also took care of other coorbid conditions and there was a general sense of well -being with increased productivity, which is called a holistic remedy. This suggests that understanding the sensitivity, the formulation of totalitarianism and developing a standardized approach is a quantitative and qualitative difference in malaria management.

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