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MIASMATIC EVALUATION AND HOMOEOPATHIC MANAGEMENT OF ACID PEPTIC DISORDERS

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ABSTRACT:

Modern civilization and scientific development have provided their contribution to the well-being of humanity. Electricity and electronic devices made our lives easier. However, it is not a blessing. With the help of the scientific god, we maintain further and further from nature and try to isolate against common natural phenomena. One discovery causes scientists to immerse themselves deeply to subsequent scientific investigation; One comfort in human life forces him to desire further comfort. Our eating habits, our housing, our thinking and our regimes in our daily lives contribute to the development of these diseases.

Peptic ulcer disease is one of the upcoming problems in terms of the number of patients suffering, the cause is a sedentary lifestyle and an increased level of stress at work and at home. Peptic ulcer disease can be defined as an ulcer found either at the lower end of the esophagus, stomach or duodenum due to the digestion of acid - pepsin mucosa. Peptic disease of gastrointestinal ulcers includes stomach ulcer and duodenal ulcer, each of these disorders has a significant impact on the quality of life. In fact, the most important gastrointestinal disease is probably diagnosed and controlled by primary care doctors. Their costs in terms of health resources are huge.

In the epidemiology of peptic ulcer disease in the last few decades, there has been a significant shift. Where duodenal ulcers in young men were once predominant acid by peptic disorder. In the elderly, Gerd & stomach ulcers prevail. This shift reflects a reduction in the prevalence of the prevalence of H. pylori- prevailing causes of duodenal ulcers in young people and a possible protective factor against GERD and increasing the use of NSAIDs, especially in the elderly.

The stomach is called stomach or stomach ulcer. In the duodenum, this is called a duodenal ulcer. Peptic ulcers are usually raw spots that are 1-2 C.m. on average. When you see with a gastroscope, they look like a small patch like ulcers in the mouth.

Peptic ulcers can be acute or chronic. Often several acute ulcers are together and you may not create any symptom. They often recover without long-term consequences. Chronic ulcers are deeper and usually occur individually and cause symptoms. When they recover, they leave a scar. Persons whose blood group is "o", and persons who are non-hazardous antigens of blood groups are exposed to an increased risk of instinct.

Duodenal ulcers affect up to 1 in 10 people at a certain point in their lives and tend to influence especially younger men. The stomach ulcers are less common. In people before middle age, they are rare and are most common in elderly.

KEYWORDS: Acid Peptic Disorder, Miasm, Homeopathy and Homeopathic Medicine.

INTRODUCTION:

A peptic ulcer is a mucosal break, a size of 3 mm with a depth that can include a stomach or duodenum. The most important contributing factors are H. pylori, nsoids, acid & pepsin. Other aggressive factors include smoking, ethanol, coffee, tea, aspirin, bile acids, steroids and stress. Important protective or defensive factors are mucus, bicarbonates, mucosal blood flow. Prostaglandins, alkaline influx and epithelial restoration.

There have been many changes in understanding these disorders over time. The scenario has changed with the discovery of H. pylori spiral bacteria. The former dictum "without ulcer without ulcer" Schwarzov was questioned in a certain exception. Currently, the field moves rapidly towards the concept of therapy, which considers peptic ulcers to be an environmental disease for which permanent treatment is possible if the basic cause can be identified and eliminated. This is not always easy to achieve, because in the maximum number of cases the cause of maintaining in operation is due to an increased number of believers in H. pylori as the whole and only causes of peptic acid disorders. The aim of in homoeopathic treatments is to kill bacteria, but the chances of re-concept through an animal tank, fomits, etc. are much more in developing countries such as India.

If you want to correctly apply a homeopathic remedy so that the condition of an individual patient has to be known in the voice of nature and speaks through symptoms.

The arrival of antibiotics and steroids was a history of a history. Previously, medicine was based on empirical theories and ignored scientific experimentation. In antibiotics, death has decreased significantly to infectious diseases. However, the side effects of antibiotics were very soon manifested. Steroids have proven to be one of the most harmful drugs. Currently, infectious diseases have been replaced by deactivating conditions. Now we see a significant increase in the occurrence of heart disease, allergic conditions, diabetes, hypertension, peptic ulcers, kidney failure, modern medicine is able to determine this disease, but often can do very little. For many of these diseases it offers only excuses and not solutions. In this situation comes homeopathy and offers an answer.

Modern medicine offers temporary relief using antacids, H2 receptor antagonists and proton pump inhibitors. After the healing preparations, however, the original patient returns with stronger intensity, which is more susceptible to complications such as bleeding, perforation of peptic ulcers and pyloric obstruction.

In such cases, surgery is inevitable.

Homeopathy is a unique branch of medicine that treats a man in illness and not about diseases in humans, thus offering a lasting solution to the problem. Any branch of medicine, which offers a permanent solution for peptic ulcers, would be most awarded. I feel a great science of homeopathy has the answer to the same.

REVIEW OF LITERATURE:

Peptic ulcer

Ulcer means erosion of the surface of any organ due to the release or flush of inflamed necrotic tissue that lines the organ. A peptic ulcer means an ulcer in the wall of the stomach or duodenum caused by the digestive action of stomach juice. If the peptic ulcer is in the stomach, it is called stomach ulcer and, if located in the duodenum, is called a duodenal ulcer.

Causes

- i. Increased peptic activity due to excessive secretion of pepsin in stomach juice
- II. Gastric juice hyperacidity
- III. Reduced alkalinity of duodenal content
- IV. Reduced Mucin content in stomach juice or on the basis of protective activity in the stomach or duodenum
- v. constant physical or emotional stress
- VI. Long -term use of “anti -inflammatory medicines such as aspirin, ibuprofen and naproxen and
- VII. Helicobacter pylori infection.
- VIII. Excess smoking, alcohol, chewing tobacco, etc.

Function

The most common symptom of peptic ulcer is severe combustion pain in the epigastric area. In stomach ulcers, pain or drinking occurs. In the duodenal ulcer, the pain is felt 1 or 2 hours after eating and during the night.

Other symptoms accompanying pain are nausea, vomiting and heartburn (hot pain in the esophagus due to regurgitation acid from the stomach). In stomach ulcers, anorexia and weight loss may also develop.

Diagnosis:

- 1) X -ray beam Barium, which shows the bars in the ulcer craters.
- 2) Endoscopy with optical fibers upper GI showing ulcerative lesions either at the lower end of the esophagus, stomach or duodenum.

Treatment

- 1) Using antacid, receptor antagonists, proton pump inhibitors.
- 2) Use of deposits, anxiolytics to alleviate stress and anxiety.
- 3) Drugs of ulcer coatings such as sukralphate.
- 4) If conservative treatment fails by surgical intervention in the form of partial gastrectomy and selective vagotomy.

Complication:

- 1) bleeding due to erosion of the underlying blood vessel due to ulcer
- 2) perforation due to the spread of ulcers in muscle mass
- 3) Obstruction caused by the creation of restrictions after the healing of ulcers
- 4) Penetration to neighboring organs such as liver, pancreas or bile.

The definition and clinical variety Peptic disorder is a wide spectrum of the disease and refers to a lifelong background tendency to develop a mucosal ulcer in places exposed to peptic juice (acid and pepsin).

A peptic ulcer is a term used to reference to a group of ulcerosis disorders of the upper gastrointestinal tract, including the nearest part of the duodenum and stomach, which have a common participation of acid pepsin in their pathogenesis.

The main forms of common peptic ulcers are duodenal ulcers and stomach ulcer, which are chronic disease. The ulcer associated with the Zollinger-Ellison syndrome, caused by a tumor of islets releasing gastrin (gastrinoma), is also considered a form of peptic ulcer. This term is also used in reference to stomach or duodenal ulcer associated with stress or ingestion of drug.

From a pathological point of view, the ulcer is the loss of an enteric surface epithelium, which extends deep enough to achieve or penetrate the mucous membranes of muscularis. From a clinical point of view, the ulcer is the loss of mucosal surfaces, visible by endoscopy or radiography, which, in addition to the depth, must have a diameter of at least 5 mm. The ulcer differs from erosion, which are small (<5 mm) surface mucosal lesions.

Gastritis is defined as an inflammatory reaction of the gastric mucosa for injury and is an extremely common condition throughout the world.

Gastritis classification introduced by the world congress gastroenterology is Sydney in Australia in 1990 as follows:

- acute gastritis
- Chronic gastritis
- Special form of gastritis.

Acute gastritis is a condition where the gastric mucosa is inflamed, red and shows changes to catarrhal, often due to irritated surfaces. Basic histological changes in acute inflammation with hyperemia, swelling and infiltration of polymorphonuclear cells along with variable loss of epithelium. Endoscopically, these changes are observed as swelling, petechial or submucosal bleeding, small erosion or ulcers.

Chronic gastritis is a condition where the exudate of the stomach mucosa is predominantly lymphocytes, although there is often an admixture of neutrophil. Histologically chronic gastritis is divided into three types, namely superficial gastritis, atrophic gastritis and stomach atrophy.

Endoscopically the body of the stomach appears to be shiny with an adherent mucosa, a significant redness, the contact of friability, especially along the folds and ridges.

Duodenitis is an inflammatory condition of the duodenum surrounding a stagnant ulcer, often observed endoscopically as uneven erythematous and exudative changes in the duodenal bulb. This is now generally accepted that this uneven "peptic" duodenitis is part of the spectrum of duodenal ulcer and therefore falls under an acidic peptic disease.

The importance of duodenitis is controversial. Some believe that duodenitis associated with ulcers represents an inflammatory reaction of the surrounding mucosa caused by the presence of ulcer. Others believe that duodenitis is part of the pathogenic spectrum of duodenal diseases of ulcers.

Duodenal ulcer is characterized by a chronic recurrent disease with a significant turning point of the duodenum mucosa almost always in the duodenal bulb. They are usually deep and sharply bounded and penetrate through the mucous membranes and submucosa often to the muscularis propria.

More than 95% of the duodenal ulcer occurs in the first part of the duodenum and approximately 90% of them are located in 3 cm from the junction of pyloric and duodenal mucus.

Gastric ulcer: Benign stomach ulcer is the only circular or semicircular turning point in the stomach mucosa. The ulcer can be anywhere in the stomach, but most develop on a smaller curvature at the intersection between the acidic acid and the Antrum's Acid.

The historical overview of diseases of the symptomatology of peptic ulcer was first described in detail in 1857, when the stomach ulcer was a common finding in autopsy of women.

With the ability to clinically diagnose the upper gastrointestinal conditions in the second half of the 19th century and in 1881 it developed for the first time a potentially applicable endoscope in 1881. The use of bismut as a contrasting material was reported in 1897 by radiological diagnosis of peptic ulcers.

In 1893, the bizzero Italian pathologist first reported spiral bacteria in the dog's stomach, and in 1896 similar bacteria were mentioned in the stomach of cats and mice.

Spiral bacteria were first reported in the human stomach in 1906 from a patient suffering from a gastric carcinoma. Nine years later, spiral bacteria were reported from the stomach and patients with duodenal ulcers. But it was felt, organisms are contamination of oral cavities. During this time, however, the presence of urease activity was reported, but was considered to be from stomach mucosal cells and is not associated with the presence of bacteria.

In modern times, the idea of the relationship between spiral bacteria and ulcers in 1981, when a medical student in the second year of Barry Marshall and Robin Warren and Robin Warren worked together and Russian patient with gastritis was treated with tetracycline tetracycline and concurrent gastritis.

In 1989, this organism from its original *Campylobacter* group was transported to a new family called *Helicobacter*.

Geographic variations in prevalence and incidence: The trend of peptic-ulcers disease varied in different parts of the world. There is a significant regional difference in India; The peptic ulcer prevails in southern India than in northern India. The area with a high prevalence from the south to the west coast to the bombai, to the east coast and in the plains of Assam and Kashmir.

Ulcers' ulcers are rare in Eskimos in northern Greenland and among the southwestern indigenous American and also unusual among Fijian, Indonesian and Australian natives in Scotland. The peptic ulcer states that it is more frequent along the west coast of Africa, Cameroon, Nigeria and Ghany than along the east coast; There was a high incidence in the Nile-Congo basin. Ethiopia is also a high predominance of areas, but more common in high countries and rare in lower countries. Rural prevalence is low, increased frequency of duodenal ulcer is located in large cities such as Durban, Capetown in South Africa.

Aetio-Pathogenesis: The cause of Discorded Acid-Peptic was a matter of speculation. The health of the gastric mucosa depends on the balance maintained between the aggressive secretion of acid pepsin and the defense of the mucous membranes against ulceration. Over the past two decades, there have been at least three concepts that have forced to explore the etiology of peptic ulcer disease from new angles. The first concentration is that duodenal and stomach ulcer are a heterogeneous group of disorders of multifactorial origin and belong to the same category as most other chronic diseases. The second concept is acidity, which plays a central role in the pathogenesis of peptic ulcer and the third concept came after the discovery of *H. Pylori*, small spiral bacteria bearing in the human stomach as the cause of antral gastritis and probably the basic inflammation of the mucosa.

The production of the disease depends on the balance between the aggressive effects of sour pepsin and the protective effects of the stomach and duodenal mucosal resistance. The production of acid peptic disease from acute gastritis to ulcers or perforation depends on the balance of two antagonistic factors.

The genetic factor has a huge role in the production of acidic peptic disorder. Several studies show the relationship between inheritance and peptic ulcer. The importance of the genetic factor is based on 3 lines of evidence: family studies, twins and blood groups, because the concentration of the disease of the disease can be caused by common inheritance and a common family environment such as shared habits of diet or shared infection. In order to clearly solve the difference between dual influence, it is a complex matter, especially if its etiology is not fully clarified, it is quite possible that both factors work.

Family Study: A patient of a peptic ulcer tends to report a family history of the disease. Positive family history can be caused in 20-50 % of ulcer patients. A more accurate assessment of familial aggregation compares the prevalence of a disorder between specific related individuals, with a single -related control group.

The anatomy and physiology of the stomach and duodenum most vertebrate animals have an actively secreting glandular stomach. Human stomach consists of three anatomical areas, namely fundus, body and antrum. Fundus is a part lying above the horizontal line drawn by a gastroesophageal intersection of a greater curvature. The body lies between the fundus and the point of lesser curvature marked as the incisura angularis. The antrum begins where the body ends and extends to the pylorus.

The transmural part of the stomach through the stomach wall shows that Serosa, the farthest layer, is a muscle layer that is composed of three layers: internal, medium and external. The inner majority is incomplete and denser in the fundus; The circular layer is complete and more concentrated in antrum and responsible for emptying the stomach. The submucosa lies between the muscle layer and the mucosa and is from connective tissue, mainly collagen and is the strongest layer of stomach. The superficial for submucosa is the mucosa of muscularis and is important in maintaining rugal folds of the stomach.

The stomach mucosa has two important cell types; The main cells that eliminate pepsinogen, proceedings that have been activated by a strong proteolytic enzyme pepsin during exposure and these cells are primarily placed in the stomach body, little in cardia and no antrum.

Parietal cells are placed in the gastric gland distributed through cardia, fundus and stomach body. Parietal cells secrete hydrochloric acid (also an internal factor) at approximately 0.16 N or 160 meq/l.

The stomach also has endocrine G cells placed by mounds on the pyloric gland mucosa mixed with parietal cells that the Hormone Gastrin secrete. If, as histological and physiological properties of the gastric mucosa, it differs depending on the location; The antrum does not contain parietal cells secreting acids, where it has a large amount as a body and has several fundus. Gastrin cells are abundant in antrum, but thin in fundus and body.

The secretion and control mechanism of stomach acid is one of the most extensive processes of secretion in physiology. The ancient Greeks first recognized the importance of the stomach during digestion and linked this organ with the "stove".

200 years. Later William Prout Identified Gastric Acid in Avian Stomach as Hydrochloric Acid and in 1833 William Beaumont Observed Influence of Emotion, Anger on Gastric Acid Secretion.

Oxyntic (parietal) cells that are highly differentiated cells carrying a number of receptors that, after stimulation, eliminate hydrochloric acid and can generate maximum luminal pH 0.8. The apical cell membranes prevent acid backward diffusion and maintain an acidic gradient.

The first phase of secretion of parietal cell acid involves activation with external stimulus and there are four physiologically relevant stimuli for secretion of acid: histamine, acetylcholine and gastrin, which bind to specific receptors and extra cell Ca^{2+} .

In 1833, William Beaumont first suggested that the brain function has an effect on stomach acid secretion. Pavlov later examined the cephalic phase of gastric acid secretion in dogs. The secretion of stomach and pepsin acid increased in response to false feeding, as well as the sight and smell of food. Cushing has described hyper-performance associated with peptic acid in patients with brain lesion.

Vagus nerve brings afferent neuronal fibers that respond to the stomach distention. Efferent neuronal connection from the core of the dorsal engine in the Medulla project into the stomach.

Gastric acid secretion is usually divided into three -phase, cephalic, stomach and intestinal phases. The cephalic phase begins with the smell, looking at food and even tempting dishes at the time of meals. The gastric phase continues to the wall of the stomach wall with intraluminal content activates mechanoreceptors that mediate the stimulation of acid secretion with long vagal and short intragastric reflex.

The intestinal phase is the part of the whole process where stomach acid secretion is still there when foods enter the small intestine, of course, the secretion of stomach acid is of course a continuous process and accelerates in the presence of the smell, looking at food.

Gastric distribution also releases gastrin, hormone, the main physiological gastrin is G17 and is an endocrine stimulator of gastric acid secretion and is transmitted from the stomach to the corpus and fundus in microvasculature.

Most duodenal ulcers Symptoms of duodenal ulcer are pain, which is classic epigastric, food related and occurs during the night with a great individual variation. Heavy ulceration to the ulceration point can be practically without symptoms. Epigastric pain is dominant symptoms in 60 to 80 % of a patient with duodenal ulcer, which occurs 1-3 hours after eating, often awakens the patient at night and is relieved by food or antacid. The pain is described as burning, hunger pain or simply vague discomfort. Pain is usually episodic, lasting 0.5 to 02 hours.

Nausea, vomiting is relatively unusual if the pain is not serious or pyloric. Pain quite often brings relief.

Duodenal ulceration is a condition of spontaneous relapse and remission. Changing the clinical picture from relapse to remission is remarkable. The patient is caused by severe epigastric pain and loss of sleep due to the symptoms of the night time. He can return for several days, he feels perfectly well between them. This episode of duodenal ulcer with relapse generally takes 1-2 weeks, the problematic duration of the last few days feels perfectly well. This episode of duodenal ulcer with relapse generally lasts for 1-2 weeks, problematic pain lasts several days.

Tent of peptic ulcers that occur or worsen cyclically. During autumn and winter months it is less and less observable in the summer. Pore (1954 and 1957), Ahmed (1966), Bradley (1966) has repeatedly agreed. But Tidy (1945), Doll (1951), Welsh (1960) questioned this view.

The duodenal ulcer is a recurring disease, after the initial diagnosis Precses in clinical practice is adequate to rely on the return of dyspeptic symptoms to indicate the relapse of ulcers.

Natural history of untreated duodenal ulcer is unclear, although the disease may go into long-term remission of 10-15 years of intermittent disease and some are due to the fact that peptic diseases are a dynamic condition changing its frequency over the past 100 years and also in the year.

The action ulcer benign stomach ulcer usually occurs in epigastric pain, and no special feature can distinguish it from pain for another cause. The "classic" difference between stomach and duodenal ulcers with regard to relief or deterioration of food is more often misleading than useful. Weight, nausea, vomiting and early satiety may be more typical of stomach ulcer, but not diagnostic. Hood (1976) found in the study that relief from food pain is very unusual and only 20 % had a function.

The patient usually describes the matte localized pain in the epigastrium or retosternal or elsewhere in the abdomen and may relieve alkalia, food or twist, symptoms are less episodic than duodenal ulcer.

Homeopathic understanding of the disease Sammel Hahnemann (1755-1843), which was called health as the work of the body in rhythm and harmony not only with the mind, but also with Indian for higher purpose of existence. According to the understanding of homeopathy, the disease in itself is nothing but a change in the health of a healthy individual caused by the dynamic effect of the enemy forces on the life principle of the living organism, which is independent only by perceptible symptoms and symptoms. Qualitative completeness, which for all practical purposes is a disease and homeopathy is based on a receptive phenomenon that avoids futile theory, hypothesis and speculation to prescribe a medicine.

The disease syndrome is first formed by the reactions of the mechanism of central life; Secondly, the special contributions that different body systems, when they are sick, can bring these syndromes; Thirdly, these adjustments to those contributions that may affect the characteristic personality reaction of patients; And the fourth and finally according to elements in syndromes for which the "element of syndrome" is completely responsible.

Hahnemann when studying the cause of relapse in patients who had a tendency of manifest periodic or consecutive syndrome or pathological conditions with a certain similarity or relationship to each other, revealed the connection of identity, characterized by the connecting connection; Where an apparently different disease presented by the same sick person was tried according to his biopathology, it was actually connected by a background that presented a predisposition to a characteristic form with regard to dysfunction and the lesion itself. This predisposition, created or constant aspect of an organic man was called hahnemann miasm, and acute disease is an extension of the constitutional, which determines it and is its final cause.

Thus, the leaves, its latent form, and its performance at the front at the forefront at intensity, if stimulated by environmental or emotional conditions favorable for its development. Miasm is Manifested When there is homogeneity or similarity between the external morbid harmful agent and predisposition or patient condition.

Miasma is classified by Hahnemann to three, psora, sycosis and syphilis. Psora is an imbalance due to lack, insufficiency, inhibition, a rhythm change in the sense; All organs and Cells produce insufficiency. In the mental empire, limiting his mental life to contemplative, imaginative, conceptual condition to repeat or otherwise lose forgotten everything.

Sycosis is characterized by the production of "neoformation" with dentized or pedunculated growth resembling figs. It is an unusual constitutional state resulting from any and unnatural suppression of flows, catarrhal elimination affection and abnormal secretion caused by an excess, and whose suppression is relieved of natural healing forces, its possibility of removal and re-re-engraving gentle and homeostasis.

Syphilis consists of an imbalance transmitted to the depth of being, causing a deformed rhythm.

All functions of the living organism depend on the constant effect between the different components of the body within and the whole organism with its external environment and its components. The disease is an expressive adaptation of organisms to the pathogenetic agent or its passive destruction with this agent. Adaptation is an aspect of all physiological processes and their physicochemical components and uses more processes to achieve its goal. Since adaptation is not located in one region and in disease it seeks to maintain the same unity as when an individual is in health. Therefore, no interference is limited to a single organ. Homeopathy therefore seeks to identify the disease as a whole and to treat the patient, not the disease on the basis of qualitative "overall symptoms".

Homeopathy, also remarks chronic diseases that result from different long continuing exhibitions for different external factors and plan to treat in a different way. In the Language of Hahnemann "those diseases are inappropriately launched chronic, then persons incur who expose themselves to continous noxious influences, who are in the habit of indulging in injuries, liquors or aliments WHO UNDERMINE The Health, WHO Undergo prolonged Abstinence From Things that Are Necessary for the Support of Life, WHO Resides in Unhealthy Localities, Especially Marshy Districts, WHO are located in cellars or other limited dwellings that are deprived of exercise the mind who lives in a constant state of concern, & c". This only speaks of environmental factors.

Life usually maintains its integrity by being against external predictions when it is not sufficiently against pathological results.

Acid-peptic disorder has not been provided with any special categorization in terms of treatment. The whole spectrum of this disease is a multifactorial origin, where both inheritance and the environment play a role, is to create this disorder. Since the host reaction to the environment, in order to survive unfavorable environmental factors, it varies and because no two different individuals are the same and are attributed to variable hereditary traits and the same variable effects of the environment on them.

Miasmatic approach

(Hahnemann S. 1976) Hahnemann says in his organon 9. Aphorism- "in a healthy state of man, spiritual vital power (autocracy), dynamics that revive the material body (organism), rules with unlimited mixtures, and preserve all parts that are in direct condition that is healthy. The healthy, and keeps it healthy, it is possible that it is healthy and retains that it is okay, it is basically that is possible for a higher purpose of our existence.

10. Aphorism:- "Material organism, without vital strength is unable to be sensational, no function, no self-confidence; derives all feelings and performs all functions of life only by intangible being (vital principle) that revives the material organism in health and illness".

11. Aphorism:- When a person becomes ill, it is only this spiritual (automatic) vital force, every one present in his body, which is primarily disturbed by the dynamic influence on him by a morbid agent for life; It is only a vital principle, disturbed by an abnormal state that can provide the body with its unpleasant feelings and lean it towards irregular processes we call the disease; Because as the force invisible in it, and only knew the manifestation of the disease in the feelings and functions of those parts of the body exposed to the senses of the observer and the doctor, that is morbid symptoms and does not mean any otherwise".

Close defines: "Life is invisible, essential, intelligent, individual, coordination force and cause, control and control of force involved in the production and activity of any organism that has individuality".

Health is the condition of the living organism, in which the integral harmonic performance of vital functions tend to maintain the organism and the normal development of the individual.

The disease is an unusual vital process, a changed state of life that is unfavorable to the real development of an individual and has a tendency to organic dissolution”.

Robert concerns: “We recognize life in three parts, the body of the mind and the spirit. This is a trio that is always present throughout life and in some form in every part of our body.

The healthy state of life (harmonious) changes to the condition of the disease (changed) by various causes that are essential. They are chronic miasma that are expressed;

Hahnemann says that in the 80. Aphorism of his organon "incalculable and more important than two chronic miasma, but just named, is chronic Miasma Psora, who, although these two reveals their specific dichasia, the second form of peculiarism. The organization, which is in the inner organism, announces with the internal organization, which is in internal infection, which is in internal dichasia, which is in internal dichasia, which is in internal dichasia, which is in inner dichasia, which is in inner dichasia. smell), monstrous internal chronic miasm-writes, the only real basic cause and producer of all others numerous, I can say countless forms of the disease”.

Allen states that "Hahnemann said that" if it was not for the presence of psor in the body, the organism could not be affected by any other disease, not even syphilis or sycosis. " It is the basic principles, it is that they are entering another disease.

Phatak declares that "Sycosis Psora, Syphilis are the parents of all our patients and physical".

Ortega Says "The Real Sick Patient's Were Seen To Pass Through Periodic States of Illness, WHICH APPEARED DISTINCT to the Superficial Observer But in Which Careful Examination Disclosed and Nexus of Identity, and Characteristic Connecting Link. The Same Sick Person, AS Judged by HIS BIO-PATHOLOGY, WERE IN FACT LINKED BY AND BACKGROUND WHICH CONSTITUTED AND PREDISPOSITION TO A CHARACTERISIC FORM IN RESPECT BOTH TO DYSFUNCTIONS AND TO TO THE RESIA itself.

Homeopathic approach

Homeopathic drugs and treatment of peptic acid disorders

China officinalis is useful in cases where, like Carbo vegetabilis, there is a depression of vital forces, but it seems to be particularly limited to the loss of animal fluids. Like Lycopodium and Colchicum, it has tympany and is still the first to feel saturation after several foods. The distance that called China is painful and releases for a moment. There are acidic or bitter eruptions and Flatus is offensive; There is slow digestion and patients easily fainted, as in Nux Moschaata, and after late dinners are worse. There is also a feeling as if the food has been stored in the esophagus behind the thoracic skin. Pulsatilla has it, but to a lesser extent than China. The feeling of boiled egg Abies Nigra is lower. Many times these symptoms of China are caused by excess tea. When China is well indicated, there will be yellow diarrhea that is worse at night and after eating. China has no rancid burning with tan, which distinguishes it from Carbo vegetabilis.

Anacardium with this axle There is a feeling of diving, which comes about two hours after eating, and the matte pain in the stomach extending to the spine, and often exist without taste or occasional acid erection. However, the great characteristic of the drug is a great relief after meals, but the symptoms return and increase in intensity until the patient is forced to re -eat for relief. These patients become real "lunch devils". There are three other drugs that have significant relief from eating. They are oil, Chelidonium and graphite. The petroleum has a significant symptoms of Ravenys Hunger and gastralgia, which is released by eating, and this is particularly required in long -term stomach problems with great nausea. Dyspepsia accompanied by diarrhea sometimes indicates oil. Chelidonium is indicated by its significant symptoms of the liver. Anacardium has a violent gastralgia, especially at night, and greatly urges a stool like Nux, but unlike Nux, when it comes to the stool of desires that die; Then we also have a characteristic symptom of the plug in the rectum that Nux does not have. The anacardium gastralgia was relieved by food that the Argentum nitric was worse of food. Mentally anacardium has a large amount of hypochondria, confusion of mind and loss of memory. The patient is hungry for most of his time, and although eating is released, it is just a temporary relief, because it is really worse after a meal. Another distinguishing feature between Nux and Anacardius is the paretic state of the anacardium that Nux lacks. Anacardium also has some flatulence and a symptom that the patient must beat to start gas sometimes meets.

Sépia is more often considered useful in women, but symptoms that agree that they can of course be used in men. It is a medicine that has a vehost and irocibility of Nux and the tear despair Pulsatilla, as well as aversion to household matters than in the Muriaticum. Then there are also hot flashes, as in sulfur, with hot hands and cold legs, but in the sepia it is appropriate to have a characteristic yellow saddle over the nose. In the mouth is a white coated tongue and an acidic or nasty taste. The most respected symptom, however, is the feeling of gonite in the pit of the stomach that is released. It is only similar to carbo animals, because in Anacardio, Natrum Carbonicum, Phosforicum and Sulfur This feeling away is always better after eating. The smell or view of food is nausea and Colchicum has nausea in the thought of food; Even mention food and vomits. The abdomen is bloating and the liver is painful and have sharp pain in them; But here again, sepia differs from all others, because it was relieved by lying on the right side. Urine sepia can help decide between him and Lycopodium and Kali Carbonicum, even though it always stores the sediment of Littic acid, which holds steadily on the side and bottom of the blood vessel and is offensive. The Sepia patient is worse in the top and evening and there is a great desire for acids and cucumbers. This can be useful for Dyspepsia from tobacco overuse.

Sulfur is a great medicine in dyspepsia, but its value is rarely appreciated. It has a bitter or acidic taste and nasty eraction, acidic vomiting, overloaded liver and as Nux, constipation. It is useful in the flatulent dyspepsia of those who drink heavily, and feels the saturation of a small amount of food is in a former symptom such as carbo vegetabilis and in the second, such as Carbo vegetabilis, lycopodium and sepia. It is impaired with starch food like Natrum Carbonicum and Natrum sulfuricum. There is a predatory desire for sweets that make him sick; It has only one other medicine, and this is Argentum Nitricum, which has diarrhea caused by, while under the sweets of sulfur cause acid stomach and heartburn. Sulfur patient also longs for alcohol and milk, unlike habit, increases the acidity of the stomach and causes vomiting; It also has an aversion to meat. There is a dog hunger; The patient can hardly wait for food and is forced to get up at night to eat, which is like phosphorus, and when she feels inflated; or there is a loss of appetite. If we have the general properties of sulfur, hot flashes, hot heads and cold legs, early morning diarrhea, "cat nap" like sleep, aversion to washing, etc., the choice will be easy. "He drinks a lot, little," there is a good hint of sulfur. Robinia causes excessive acidity, one of our best drugs in hyperchlorhydria. Vomiting sour.

The digestion of starch is prevented. It has burning in the epigastrium. When the stomach is an empty frontal headache, frequent acid eructation. How sometimes the patient doubles. Capsicum is very useful in stomach hyperchlorhydria, chronic pyrosis. Dr. Cartier praises this medicine highly in hyperacidity, prefers 3 and dilution.

Kali Carbonicum is indicated where the system is divided by loss of fluids or lengthy diseases, such as China or Carbo vegetabilis. Kali Carbonicum meets dyspepsia aging or weak, anemic and easily exhausted patients with tired feelings and back pain. Before eating, there is a weak diving feeling in the epigastrium without a feeling of hunger, with acidic eructures, heartburn and a special weak nerve feeling. The patient is sleepy while eating. After eating, the flatulent distension of the abdomen is disproportionate. It seems that everything he eats will turn into a gas that is the same as under Argemone nitricum and iodine. Belching is nasty and is similar to carbo vegetabilis, in that it is released; There may also be intense pain in the spine. All signs of the Kali carbonicum stomach are impaired with soup or coffee. There is a desire for sugar and sweets.

Graphite This drug has a tympanitic goal of the stomach and intestines, the patient is obliged to release clothes like lycopodium, carbo vegetabilis, Nux and China. In the epigastrium and nasty eructations, burning cramps are like carbo vegetabilis. It has aversion to meat, cold, mental symptoms and chlorosis similar to Pulsatilla. It has gastralgia, which is burning, varicose, colic pain and is relieved by food as in anacardio, oil and Chelidonia. Sweets do not vote and disgust, hot drinks do not agree and after eating there is a rush of blood. The patient with graphite tends to obese and sagging, it may always be cold and eruptions on the skin characteristic of the drug. In the morning it is an unpleasant taste as if he ate eggs. The aversion to the meat is found in all chlorotic drugs such as Ferrum and China. Flatus graphite is rancid or disgust that distinguishes it from lycopodium. Graphity is a drug that is not neglected in stomach disorders. Dr. In most cases Dyspepsia recommend Nux and graphite alternation; Nux gives Nux 12 hours before eating and graphite 12 hours after eating; And he claims that in most cases dyspepsia is versatile; This continues for eight days and restored after the rest interval; However, this routine prescribing method cannot be recommended.

Argentum nitricum needs to be remembered in stomach feeling. (1) its flatulence; He has a lot of it, and therefore it is violent and great relief. The patient may not be able to beat for a long time, but when he succeeded, Flatus comes in huge volume. (2) pain. It is a gnawing, ulcerative pain referred to the stomach pit. From this place of pain they emit in all directions. The least ordinary food worsens the pain. Gastralgia, especially in subtle and nerve women; It can be indicated if caused by emotions, loss of sleep or menstrual problems. Feeling of lump in the stomach. Intense spasms of the chest muscles. Vomiting Glairy ACUS that can be attracted to chains. The desire for sugar and deterioration of sweets producing diarrhea, etc., stomach ulcer, characteristic glorifying pain bounded in a small place, worse of pressure and eating, with mucus vomiting, blood, etc. Sixth centesimal efficiency recommends jousset. In higher potency, it certainly works better. Dioscorea, in addition to its influence on colic, may be required in stomach problems; It is useful in pyrosis of pregnant women. Ignatia corresponds to acid stomach, nausea and vomiting. Hunger and vomiting may exist at the same time. It is a medicine in irritated stomach hysteria. It is the main remedy in the gastralgia that is approaching at night or after eating, worse of movement or pressure, excessive bloating, especially in hysterical entities. In fact, hysterical symptoms differ from Nux vomica. Iris Versicolor. There should be liver involvement, billion headaches, vomiting bile, jaundice.

ARSENICUM album: This medicine can be indicated if one feels anxious, restless, but exhausted and is worse of the smell and looking at food. In the stomach and esophagus, burning pain, which is often alleviated by heat and sitting, is felt. Vomiting and diarrhea are possible. This medicine often responds to upset from spoiled food or from eating too much fruit.

Bryonia: When this drug is marked, the stomach feels heavy, with rising acid and bitter or acidic taste. Pain and nausea are worse of moving any kind. A person may have a dry mouth and thirst for long drinks, which can increase discomfort. Bryonia is strongly designed if one is grumpy and wants to remain completely calm and cannot be touched or touched with it.

Karbo vegetabilis: an acidic zone that brings only little relief, hot pain in the stomach and abdomen, and flatulence after eating can be seen when this medicine is needed. The person feels cool and weak, with a strong desire for fresh or movable air. Digestion can be slow and incomplete, with nausea or convulsions.

Colocynthis: cutting, varicose pain in the stomach and abdomen, with relief from hard pressure or doubling through, indicating the need for this drug. The bitter taste in the mouth, the feeling that the intestines are about to burst, or there may be a feeling that the stones are grinding in the abdomen. The initiation may be worse when a person feels angry, especially after suppressing anger.

Lycopodium: This medicine is marked for many digestive problems. The appetite can be rough, but eating even a small amount can cause a sense of fullness and bloating. In the abdomen, the wind can form in the abdomen, push up and make breathing difficult. The person often has a strong desire for sweets, is sleepy after eating and in the late afternoon and in the evening feels the worst.

Natrum Carbonicum: This medicine can be useful for mild people who have problems with digestion and assimilation of many foods and must remain on a limited diet. If offensive foods are consumed, it may happen that it is digestion, heartburn and ulcers. Milk or dairy products can lead to flatulence or spray diarrhea that leaves an empty feeling in the stomach. The desire for potatoes and sweets is common; Also milk, but thanks to this these people are sick, so they usually learned to avoid it.

Natrum phosphoricum: acidic taste in the mouth, sensing acid or burning in the stomach, acidic vomiting, regurgitated pieces of food and yellow coating on the tongue are a sign of this remedy. A person may have problems after consuming dairy products or too much sugar. Another hint for Natrum Phos is the desire for fried eggs.

Nux vomica: This medicine is often useful for digestive problems and is particularly suitable for those who exaggerate in stimulance, food and alcohol. Often you can see coldness, irritability and sensitivity to odors, sound and light. Pain and weight can be felt in the stomach, with convulsions or restricting pain. A person often feels the urge to vomit or move the intestines (which can cause one to feel better, but rarely successful).

Phosphorus: Burning stomach pain that feels better from eating ice cream or other cold, refreshing foods indicate the need for this corrective measure. The person is usually thirsty for cold drinks, but often feels sick or vomits as soon as the fluids have been heated in the stomach. People who need phosphorus may tend to easily bleed and sometimes develop stomach ulcers.

Pulsatilla: a part that is worse of food of rich and greasy meals, with a feeling of lump or pulsation in the stomach, indicates the need for this drug. The discomfort is often worse of heat, especially in a clogged room, and the person may feel better during a gentle walk in the fresh air. The bitter taste in the mouth can choose pleasure from food. A person who needs Pulsatilla usually does not feel thirsty and can be tear and emotional.

CONCLUSION:

Homoeopathic case taking permits no short cuts. A physician confining himself to enquiry of the presenting symptoms and trying to fix a remedy for it does deceive to the patient and robs himself of an opportunity to know the totality of the case. The general totality, his expression, the mental and physical generals of the patient have to be taken accurately. The physical appearance of the patient is also important and needs to be noted in the case. A tall, slim individual having a pointed chin and delicate eyelashes or a lean and lanky, dirty, stoop shouldered individual or a fair, fat and flabby child are self expressions of the remedy. The patients dream and his mental state provides a lot of information about the state of the mind.

In recording a child's case it is important to note the gestation phase of the mother to know the environment of the child during the early phase of its development. In female the menstrual cycles, abortions and unwanted pregnancies. Normal and abnormal deliveries, lochia and lactation as well as to the complaints a receiving accompanying following are attributed of having been caused by them are also important factors to be recorded in a case.

During the case taking a patient can not be confined to the pre-set formation for recording the symptoms. He cannot follow an area in a line so he allowed to take freely but should leave sufficient space with each symptoms so that we can finish them accurately at the end of his narration to get the detailed information about these, to cover the case as a whole then is the case completed and the doctor can hunt a similimum. He should stop that session there as the long interesting story might loose sight of the object of the inquiry. Thus the scope of repertory in upper respiratory tract infection in children is studied in my work.

In spite of wide variations in the cases, all of them were recorded as completely as possible. Every data pertaining to the different areas that could be ascertained was recorded. The chief complaint, the associated complaints, the physical description of the patient, his appetite, thirst, craving, dislikes, addiction, idiosyncrasies, sex functions, life space, sleep and dream, sensitivity to temperature, weather, form of posture, bath, approach to life, past and family history and the physical and pathological findings as well as findings obtained from specialized technology have also been recorded in each case.

Since the acute cases were of recent origin and the patient vividly remembers all the details pertaining to his illness and elaborate case taking was necessary. The symptoms belonging to the sector as well as those characteristics expressions at the general level were recorded in each case.

The data gathered was subjected to analysis and synthesis as per the integrated methodology discussed earlier. On the strength of available data an attempt was made to diagnose the disease in every case. Conventional methods for this purpose, the patient's symptoms, brief history of their origin and progress. The findings of physical examinations and the data available from laboratory investigation were focused to a point to arrive at the said diagnosis.

In some cases, the patients were already investigated elsewhere and diagnosed by the specialists. A clinical diagnosis served useful in separating the common symptoms from the uncommon. Common symptom having an intensity marked against them were consider as uncommon symptoms and carried forward for constituting the totality.

In all chronic cases attempts were made to define the problem of the patient. This has facilitated by arranging the symptoms chronologically from the birth till the present time.

The data obtained in the patients life space was arranged tabularly as it is evolve in the different phases of his life. The various events and the response to them were interpreted to assess the basic mental state responsible for the expressions. The state and expressions were arranged on the time scale according to their evaluation to comprehend the psychodynamic of case. The uncommon, peculiar, characteristic symptoms at the mental, physical and pathological levels were then tabulated under the miasmatic heads as conceived how they evolved from the pre-disposition to the disposition phase. The mental and physical type known from the miasmatic characteristics they presented were added to the above to know the constitution and diathesis of the patient. The prodromal expression, wherever obtained, were identified. The functional and structural phase of disease were recognized next.

The uncommon symptoms were then arranged logically in that order, from causation, modalities, sensation including complaints in general as well as pathological generals, followed by mental generals to the characteristics particulars of the disease, keeping tag on the subtle changes occurring in the expression during their transit from one miasm to the other.

Once the above miasmatic cleavage was achieved, it permitted the formation of an evolutionary totality, from this point onwards the similimum could be worked out by two methods Repertorial and non-repertorial. Where the similimum becomes evident from the evolutionary totality itself the repertorisation were not needed.

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