


**An Evidence based Homoeopathic Treatment Protocol
for HEPATITIS-B and other Viral Hepatitis**



**CLINICALLY VERIFIED PROTOCOLS
FROM 28 YEARS OF EXPERIENCE**

DR S.G BIJU MD(HOM)




An Evidence Based Homoeopathic Treatment Protocol for Hepatitis-B and other viral hepatitis

Clinically verified protocols from
28 years of experience

By

Dr. S. G. Biju, MD (Hom)



Congratulations IFPH for your
wonderful PR work for
Homoeopathy

I dedicate this work for all Hepatitis
B patients. In every 2 minutes a life
is vanishing from this world due to
Hepatitis B.


Preface

Though the hepatitis B virus was isolated in the year 1947, it was not that much common till late 90s in India. It was a case in the year 1999 that made me dare and act. That case transformed my perceptions about life and profession of a young Homoeopath. This was Mrs. S's case; let us call her Sheeba for convenience. She was brought in for Jaundice. Her husband, let us call him Mr. Simon, told me she was suffering from Jaundice. When I looked through her Serum Bilirubin, it was normal. Liver function was also normal. Then why were they saying it was jaundice? Sheeba showed me an old lab result. It was Hepatitis-B. She was a lab assistant. I was seeing a Hepatitis-B case for the first time in my life. There were no symptoms of Hepatitis. Her mother had expired and she was in grief. Weakness and some difficulties occurred after the death of her mother. Simon was working as a sexton in a Christian church. We must learn from Simon how to take care of a wife. He was always with her. Even the minor test detail was informed by him. Ailments from the death of loved ones ..., I prescribed Ambragrisea that covered a few other symptoms too. She used to come every two weeks. I repeated the same treatment. Once she came before the prescribed time. There was a small problem.

Sheeba was pregnant. She wanted medicine to abort her pregnancy. As she was diagnosed with Hepatitis-B, her earlier

pregnancy was aborted by a gynecologist. They were asked not to try to conceive again. Now she said if she goes there again, they would scold her. She asked, "Doctor, please find a way out." "There is no way. Homoeopathy is a natural science. We can't do anything against nature. You should consult a gynecologist."


I expressed my helplessness. She cried and went away. After two days, at 8.30 PM, there was a phone call. It was Simon. "What is it Simon? Has she been aborted?" I asked. "Yesterday it was done sir. The people from the hospital here didn't do it. Then we went to Thiruvananthapuram, and it was done there in a hospital. They gave an injection and applied some medicine inside as well. Then nobody took care of her. The baby came half out and half inside. Neither the doctor nor the nurse touched her. She was asked to remove it herself. As she had knowledge of the lab and all, she did it herself. When she was returning, there was blood all over the table. They called us back. She was made to clean the table herself by applying lotion, etc. and they asked her to take the clothes outside and burn them away. Then she was asked to carry that big table outside. She was fully exhausted. She lost much blood. She fell unconscious. When I asked whether she will be admitted, they said they won't. They asked me to take her home and we got back. That night, she consumed poison. I had no idea. When I looked at her in the morning, I saw her dead. Her postmortem is being carried out. My parishioners complained to police that she committed suicide only because I tortured her. They are my old enemies. Police may arrive now to arrest me. I cannot take part in her funeral. Some people know that we came to your hospital. They don't know what her ailment was. They have some doubt, whether she committed suicide because of illness. They might possibly call you. But don't tell them



what her ailment was. I realize that this is deadlier than AIDS. Let it be that she died because of me. She must not suffer a bad name. As she died, all I can give her is this only. Let my Sheeba go to heaven with a good name. Please doctor, I am not pleading innocence in the case. I am going to jail. If I come back, we will meet"- Simon cut his phone call. I sat stunned for some time.

I came back after washing my face. I wanted to fight this Hepatitis virus. But, it was not simple. I called Director of Red Cross hospital at Kottayam, where I was working as a medical officer, and asked him to organize a camp exclusively for Hepatitis B patients. He felt as if he was encountering what he had been longing for. It was the demand of Red Cross people to organize a camp for HBV vaccination. He did not like the vaccine kick programs. He was a strong supporter of Homoeopathy.

In a few days, I was forced to close the camp. The hospital was 'live' from morning till night. The work was being carried out without even going home. Seeing this, patients with other diseases too had come into the camp. Active cases soon made a positive result. That gave huge publicity. Complicated cases too were cured. The journey started there, looking back at HBV cases after 20 years, I can see 5000 and odd cured cases. Hepatitis cases have been taken care of by my junior doctors like, Dr. Rahees K, Dr. Susanth C, Dr. Suneef A H, Dr. Deepu Ravi, Dr. Shabna, Dr. Bini Baiju etc since 2014. They are now doing it better than me. It is high time for me to stop treating hepatitis cases and publish the protocol developed out of 20 years of experience to the Homoeopathic world. That's the reason why I penned this short handbook on "evidence based Homoeopathic treatment protocol for Hepatitis - B and other viral hepatitis." Thank you very much for your support to



Symphony of Homoeopathy, my first book published by B Jain Publishers, New Delhi, India.

DR. S.G. Biju

MD (HOM)

Acknowledgement

I am greatly thankful and indebted to Dr. Sohan Singh MD (Hom) my guide in post-graduation under whose valuable guidance I conducted a study on Hepatitis B Homoeopathic management. I am extremely grateful to him for his valuable advice in preparing the thesis. I am highly obliged to Dr. (Mrs.) Page.MD(Hom), Dean, Principal & Director Member of Board of Studies University of Mumbai and CCH Member, New Delhi. I express my sincere thanks to her for her noble advices. I take this opportunity to thank Board of Study Members, University of Mumbai namely Dr (Mrs.) P.P.Page.MD.(Hom), Dr.A.N.Bhasme, Dr.S.M.Desarada, Dr.J.D.Patil, Dr.K.Kelkar, Dr.J.Patel for their support. I express my gratitude and thanks to Research and Recognition Committee Members, University of Mumbai, P.G.Faculty Homoeopathy namely Dr. (Mrs.)P.P.Page.MD(Hom), Dr.J.D.Patil and Dr.(Mrs.)S.M.Bhagwat. A special word of thanks to Mr.Khole, Pro-Vice Chancellor, University of Mumbai. I express my thanks and gratitude to Dr.A.T.Jagose.MD(Hom), P.G.Co-ordinator&Asst.Professorof YMT Homoeopathic Medical college and P.G.Institute, NaviMumbai who have guided me and helped to complete this work. I am grateful to Dr.(Mrs)P.P.Page.MD(Hom), Professor & Head of the Department, Dr.A.T.Jagose.MD(Hom), P.G.Co-ordinator&Asst.Professor and staff members of the Homoeopathic Repertory Department who helped me and assisted me with this work.

I take this opportunity to thank late Sri. K.T. Ouseph, Chairman, Red Cross Homoeopathic super specialty hospital Kottayam. I thank Dr. T.N. ParameswaraKurup & Late Dr. P RaveendraNadh who inspired me in doing this work. I thank my friends Dr.Rahees K, Dr. Susanth C, Dr. Suneef A H, Dr. Deepu Ravi, Dr. Shabna& Dr. BiniBaiju who still fighting against hepatitis – B and C with homoeopathic armamentarium.

I cannot begin without expressing my heartfelt gratitude to my 5000 and odd patients who trusted me with their health. Thanks are always due to my father Sri. N. Gopalan Nair who stood by my ambition to be a homoeopath, Late Swami Athuradasji who allotted me a seat at ANSS HMC Kottayam, my better half Bindu P Kurup and my daughter Advaita B Nair who are generous enough to sacrifice their vast and valuable time for my works. My deepest respect to my gurus Dr.Jayaram, Dr. Jayakumar and Dr .EsmailSait who would continue to be my perpetual guidance. Special thanks to Team SAHYA, my go-to for anything and everything. Grateful remembrance of my motivation and inspiration till my last breath, my own Mother Late K. N. Leelamaniaamma and my father-in-law late V PurushothamaKurup. Not to be forgotten are the gratitude I owe to organizations that made me who I am, SAHYA and IHK. Thanks are still due to Dr. Mansoor Ali who forwarded my maiden book "Symphony of Homoeopathy " and did it for this E Book too, to Dr. Suneef AH who designed the cover pages of this book as well as Symphony of homeopathy, to Dr. Basma Ali my language bank, and last but not least to my hard core friend A.K. Ajai who inspired me and toiled his day out for the E Publication of this book.

DR. S.G. BIJU

Contents

Forward	02
Preface	04
Acknowledgement	08
Contents	10

SECTIONS

1. Drug Medicine Remedy	12
2. Protocols	15
3. Treatment protocol for Acute Hepatitis	22
4. Treatment protocol for CAH	39
5. Treatment protocol for Caririer HBV	56
6. Even after HBV Negative	83

7. Homoeopathic Prevention and management of Liver cirrhosis and malignant Liver diseases	85
8. Treatment guidelines for Alcoholic or Non alcoholic or Hepatitis – B/C related Cirrhosis	87
9. Hepatic failure and MELD Score	98
10. Hepatocellular Carcinoma	102
11. Clinical Cases	105
INDEX	173

1

Drug, Medicine & Remedy

It is a saying that Homoeopathy is more concerned with chronic diseases than acute ones. But beginners in this branch of medical science have to face a lot of acute diseases especially when they start practice in rural areas. Even senior and veteran practitioners are facing acute exacerbation of chronic disease and acute diseases in chronic cases. In Kerala only few Govt. hospitals are working round the clock. Almost all private sector service will be withdrawn by 8 to 9 PM. So, most of the acute exacerbations of chronic diseases and intensified symptoms and emergencies of acute diseases are being managed by allopathic doctors. People still believe that Homoeopathy is not suited for acute emergencies and Allopathy is not nice for chronic diseases. To rewrite this concept Homoeopathy has to strive hard to convince people about the effectiveness of Homoeopathic medicines in the management of acute diseases.

Homoeopathy is the only system of medicine that treats patients with predominantly internal medicines. Even for Ayurveda there are lots of auxiliary methods to treat patients. We have dynamic medicines to treat patients and seldom use the material doses. We randomly call our weapons in the armamentarium as Drugs, Medicine and Remedies. As we know Drugs, Medicines and remedies are different entities.



Drug is a substance that can alter the state of health.


Medicines are proven drugs

Remedies are those medicines that effect cure (permanent) after administration.

We can't call a drug as a medicine or a medicine as a remedy. If so, which case is to be treated with drugs and which one with medicine or remedy should be a question in our mind.

Stalwarts of Homoeopathy advised us to keep off our hands from treating the result of diseases. Result of disease means advanced pathological conditions. Richard Hughes advised us to consider pathological symptoms for selection of medicines as it is also one of the criteria for selection of similimum. But in this new era it is believed by people that Homoeopathy can reverse pathology. All most all well-known practitioners are concentrating on advanced pathological conditions and they have been winning in their endeavor. Such leading practitioners are making documents of treated cases and thus won the heart of public as well as colleagues. Skeptics all over the world are scared of such documents and are still trying to defame Homoeopathy by denying such proofs. This international scenario indicates the need of treating advanced pathological condition.

Those who have a passion for treating acute cases and advanced pathological conditions should know the protocols for treating the same. Before that we need an assessment from patients. In acute diseases patients are in need of immediate relief from symptoms. In advanced pathological conditions patients are in need of an arrest in the progression of pathology and reversal of pathology if possible. They



may be ready to suffer from a few of their symptoms as they know the pathology is advancing.

So thinking of Drugs, Medicines & remedy is the need of the hour.

Homoeopathic Treatment Protocols for various diseases

There are enough treatment protocols for various diseases in Modern Medicine. A treatment protocol will be beneficial to patient as well as doctors. As a system based on individualization it is quite difficult to develop a treatment protocol in Homoeopathic system of medicine. One who understands Drug, Remedy & Medicine shall develop a treatment protocol for various diseases without cumbersome methods because he knows he is giving a drug for relief of symptoms of the disease and a Medicine for Totality of symptoms. Remedy has little role in a treatment protocol, but to prevent recurrence and complications remedies are also necessary in certain diseases. Miasm will help a Homoeopath to reach at right remedy to prevent complications and recurrence of diseases. Each disease has a particular miasmatic combination and one who has the disease knowledge knows about complications and he knows the recurring nature of diseases very well.

We must have number of trials before publishing a protocol because our colleagues will experiment it on their patients. So one who publishes a protocol must experiment it first and then repeat it with his

dear and near doctors at various parts of the globe and make sure it will work. So it takes years to publish a protocol. Here we are going to discuss some protocols of common disorders. You can be sure of a minimum of 7 years experience in all the protocols you are going to read and these protocols are repeatedly verified by my Homoeopathic friends in various countries and in India at various states at various climates. So it is purely practical. It is evidence based too; I have enough clinical records and documents to prove the efficacy of every Drug, Medicine & remedy.

Evidence Based Homoeopathic Treatment Protocol

You can also develop treatment protocol with the help of your homoeopathic brothers and sisters. Once you do it, it must be evidence based i.e. you have to keep documentation of cured cases.

Why there must be a Protocol?

❓ **presenting to a scientific world:** We have to submit at least the clinical evidence of our medicines. Action of medicine or material content in Homoeopathic medicines, nano/molecular particle in Homoeopathic medicines etc are the headache of scientists. Proving the efficacy of our medicines in curing diseases is our duty.

❓ **Recurring Results:** We are badly in need of repetition of results in a Particular Disease Condition with a particular Medicine in a particular potency. If the results are repeated then people all over the world will believe in it and practitioners all over the world can use that medicine to make such an effect even if it is not a permanent cure.

❓ **Omission of Disease if necessary:** Certain diseases should not be treated with a general protocol because it is an Individual disease. Such diseases should be reserved for constitutional treatment and constitutional treatment only.

❓ **Togetherness in Dispensing:** There is no uniformity in dispensing medicines. Once a particular medicine in potency or in mother tincture form in a particular dosage produces favorable effect it can be dispensed in a uniform manner all over the world. This will remove the ambiguity in dispensing medicines.

❓ **Openness instead of secrecy:** Once we publish the name of medicines it will remove unnecessary secrecy about our medicines. People want to know everything in black and white especially regarding their diseases. No doctor will lose a chance to treat their patients by revealing the name of their medicine as medicine is only one part of treatment plan, there are ever so many things handled together by a physician.

❓ **Convince General Public:** It is the duty of a Homoeopath to convince the general public about efficacy of Homoeopathic Medicines. Once we develop a protocol of treatment of some common disease we can very well explain what we are doing. Now people want to know which medicines we are giving for his disease and how and why the other Homoeopath is not giving that medicine etc. A treatment protocol will be a solution for such confusions among general public. It won't reduce the clinical significance of a Homoeopath. Though there are treatment protocols in modern system of medicine no sane patient would directly go and purchase medicines and he won't take it without advice of a doctor.

☒ **Optimism in results:** Though different Homoeopaths tend to prescribe different remedies for the same patient with their own justifications, most of them are not optimistic in their prescription. They are not at all fully confident in their prescription. Sometimes they would become pessimists too after facing failures in their prescription. If a group of doctors are prescribing same medicine for same condition and gets the same results then they all will become optimistic in their prescription.

☒ **Logical Explanation:** Drug, Medicine & remedy according to various stages of a disease itself is a logical explanation of treatment protocol. Why a drug now and why this medicine is a simillimum in this disease can be explained logically. Why a remedy is needed in certain cases to prevent complications and recurrence could also be explained logically according to Homoeopathic philosophy if a large number of Homoeopaths do the same thing and collectively gather the results to make sure the effectiveness of our medicines.

Before developing treatment protocols of certain diseases we tried it in different parts of the world in different races of people for the same disease.

5 Ds of Protocol

1. **Drug:** One should know useful drugs in a disease to give relief to patients. An alteration of health within no time must be there when one give drugs to a patient.

2. **Division of Disease:** Each disease has a beginning and a course of disease and an end. One must know which are the medicines suited for

each division of a disease. A totality of initial symptoms and symptoms during the course of disease and symptoms of terminal end of disease may not be helpful in preventing disease from progressing further.

3. Disease Vs Medicine: Apart from the aforesaid sectarian totality, a totality of disease will be covered by a medicine in some disease like Baptisia in typhoid, RhusTox in Chicken Pox, Eupatorium Perf in Chikungunya.

4. Duration of disease: Whenever we are developing a protocol our aim is to reduce the duration of the illness. If the patient suffered a lot and completed the course of disease even after treatment that means our treatment didn't benefit him. He has to come back to normal life as early as possible.

5. Documentation: Each case treated under a treatment protocol must be documented either with investigation reports or with photographs/videos for confirmation of a protocol. Then only this generation can hand over the protocol to the generation next.

Requirements to Develop a Protocol

1. TEAM: A single person cannot develop a treatment protocol for any disease. I thank TEAM SAHYA, TEAM MINHANS and my friends in UAE, Australia, Singapore, UK and USA for helping me for confirmation of various protocols.

2. Investigations: First of all we must diagnose the case because a protocol always revolves around disease rather than patient.

3. Statistics: A minimum of 30 cases should be included in a pilot study of a protocol. If the pilot study confirmed 9 times or more at various parts of the world, then it can be published as a protocol.

4. Clinical Confirmation: Clinical Confirmation of protocols should be done with your homoeopathic colleagues all over the world and across the country after publishing a protocol. Be generous enough to accept failures if any too.

5. Logical Explanation: One who develops a protocol must explain the reason for giving drugs and medicines and how and why he restricted to a small group of drugs or medicines in a particular disease.

7 Steps of A Treatment Protocol:

A minimum of 7 things should be there in a Homoeopathic treatment protocol of any disease.

1. Investigation for confirmation: As we are developing protocol for disease we must diagnose the case with advanced and confirmatory investigations and repeat it after curing the disease.

2. Drugs as per the course of Disease: Patients need immediate relief to distressing symptoms. So, a treatment protocol must be patient-oriented than physician-oriented. It is for our patients we are developing a treatment protocol not for making physicians' job easy.

3. Medicine for disease in total: Certain diseases need a medicine only. Some diseases have the exact symptomatology of a Medicine. Some of the nosodes are enough to manage the disease product from



which the nosode is prepared like Staphylococcin in Impetigo. Disease totality includes pathology and complications too.

4. Remedy to prevent complications/Recurrence:

Homeopathy offers gentle and permanent cure. A remedy may vary from patient to patient. But certain diseases occur in certain constitutions only. So a disease with multitude of symptomatology itself may lead to a constitutional remedy in some cases. Selection of nosode is also easy once you interpret the symptomatology of disease in terms of Miasm.

5. Potency, Dose & Repetition: Once we develop an all time effective treatment protocol we must specify the potency and dosage too. Then only a repetition of result will be obtained in further applications of the protocol.

6. Logical Philosophic Guideline: Though we are focusing on disease in developing a protocol, we can't waver from the basic principles of Homoeopathy. So a protocol must be explained in terms of Homoeopathic Philosophy at any sector of a treatment protocol.

7. The End point: Treatment is a never ending process. Once you develop a treatment protocol for any disease you must have a finishing point. Either you must stop treatment by curing patient totally or you must stop treatment as the case is not getting cured. An end point is a must in any treatment protocol.

3

Treatment Protocol For Acute Hepatitis

Step 1: Investigation for confirmation

Step 2: Drug as per the course of disease (Pathological Prescriptions)

- Where liver enzymes are raised
- When we anticipate a crossing of BBB
- To reduce serum bilirubin
- *Drugs to reduce serum bilirubin*
 - **Cheldonium Q**
 - **Kalmegh 6c**
 - **Chionanthus Q**
 - **Bryonia 200c**
 - **Natrumsulph 6x**
- *Drugs for Jaundice*
 - **Lycopus Q**: Diarrhea during Jaundice
 - **Taraxacum 30, Pic-ac 30, Fer-pic 30**: Weakness during Jaundice
 - **Chelidonium Q**: To reduce Serum bilirubin in cases with typical symptoms of hepatitis
 - **CornusCircinata 30**: Eruptions with Jaundice, Aphthae
- *Drugs in Active Hepatitis B*

- Kalmegh Q: When Liver Enzymes are increased above 1:10 ratio with Serum bilirubin total
- Ceonanthus/Chionanthus: When there is Hepato-splenomegaly with anemia
- Carduus Mar Q or 0/3: Portal Hypertension

Step 3: Medicine for disease

- Medicines are proven drugs for viral hepatitis
- Some medicines cover almost all symptoms of hep B
- They are “Prepaid Medicines” that can cut short the duration of disease
 - **Leptandra 30**: Jaundice with black stools or white stools (Clay coloured stools). Doubtful about recovery is an additional indication.
 - **Laurocerasus 30**: Extreme weakness. When well selected remedy fails. (Lack of reaction)
 - **Podophyllum 30**: For painful jaundice. Patient holds the liver region.
 - **Dolicos**: Carrier gets aggravated during pregnancy. Presented as itching. White stools and sleeplessness.
 - **HeparSulph 200 + Dolichos Q 5 drops BD**: Itching of Jaundice. No eruption, only itching.

Step 4: Remedy to prevent complication/Recurrence

- *Most effective medicines*
 - Chel Q
 - Kalmegh 6c
 - Myrica 6c
 - Carduus Q or 0/6

- Bry 200
- Lyco 1M or 0/3
- Nuxvom 200
- Ceonanthus Q
- Dig 30
- Podo 30
- ***History of Homoeopathic Management of Viral Diseases in Kerala***
 - Chikungunya : EupPerf
 - Mumps : Puls, Jaborandi
 - Chickenpox : Rhustox
 - Measles : Puls
 - Conjunctivitis : Euphrasia, Bell
 - Hepatitis : Nuxvom
 - Dengue : Eup pef

All are PLANTS

Why Plants???

- SENSITIVITY is the theme of PLANT Remedies
- Viral Diseases affected sensitive patients only
- Acute stage of viral diseases is an expression of Sensitivity.

Step 5: Potency, Dose and Repetition

Mentioned along with each Drug, Medicine and Remedy

Step 6: Logical philosophical guidelines

- ✓ **MIASM of Acute Viral Hepatitis**
 - Most of the viral diseases are SYCOTIC in Origin

- Acute Stage of all viral diseases including hepatitis B shows SENSITIVITY, EXCITABILITY and INFLAMMATION. i.e, PSORIC.
- So all acute viral diseases of liver are to be treated with ANTI SYCO PSORIC Medicines
- Acute HBV and other viral infections are to be treated with **Anti-SYCO PSORIC PLANT Remedies**

Step 7: The End point

EBH-Documentation in Hepatitis

- Treat all viral hepatitis, but document cases with **Serum Bilirubin above 20 only**
- Consider **MELD Score above 20 only** (Model for End Stage Liver Disease Score)
- Get it **countersigned** as much as possible

Deliver what you offer

- Serum bilirubin Reduction rate : 1mg/dL in every 2 days; best one is 1mg/dL per day (possible in cases with serum bilirubin below 20 mg/dL)
- If SB Total = 35.5 in the beginning of treatment, so allotted days is $35.5 \times 2 = 71$ days!!!

100% Rapid cure is guaranteed in Active HBV cases if you are selecting **Anti SYCO PSORIC PLANT Remedy**

CASES

CASE 1

Mrs. RJA

56/F

S.Bilirubin T – 26 Mg/dl,

Active Hepatitis – B,

Treated at MCH Ktm (countersigned)

HBs Ag +ve

SGPT 2200



MEDICAL COLLEGE HOSPITAL
GANDHINAGAR, KOTTAYAM - 688008.

DISCHARGE CARD

Name: [Redacted] Age 52 Sex Male

I.B.No. 54540 Unit 200

Date of Admission: 25/12/02 Date of Discharge: 22/12/02

Diagnosis:
VIRAL HEPATITIS - HBsAg POSITIVE

Clinical Notes: Admitted with c/o fever, yellowish discoloration of eyes and vomiting. HBsAg result comes as positive. Got relieved and discharged.

Treatment:
Investigations:

Hb = 13.7, TC = 5700, DC = 2664, ESR = 20

Routine Urine = NAD
RBS = 165 → 2.27, FBS = 175
Al. urea = 15, S. creat = 0.7 mg/dl
SGPT = 2200

Signature of M.O

(ഇന്റർനെറ്റ് സ്പെഷ്യലിസ്റ്റായും, അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസറായും പ്രവർത്തിക്കുന്നു.)
[Signature]

K8.AVRG.C 16.36.02.10.000



ROYAL DIAGNOSTIC & RESEARCH CENTRE

(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☑ 0484-431270 (Lab)
Email: info@rdrcdiagnostics.com

Specimen ID
Name
Age
Sex

SUGAR

Age

Years

Sex


FEMALE
15.01/03

Date Received

S. BILIRUBIN TOTAL	--	26.0 Mg/dl
(NORMAL)	--	0.4 - 1.9 Mg/dl
S. G.P.T.	--	290 U/L
(NORMAL)	--	UP TO 40 U/L
ALKALINE PHOSPHATASE	--	270 U/L
(NORMAL)	--	100 - 280 U/L

QUANTIFIED BY: HEMATOLOGY ANALYSER, DRY-CHEMISTRY STRAINERS, THREE CHANNEL, E.C.O. (USA) READER, JETRA 5000 (DAVAR) NO.

RDRC Form 1, 03.07



After Few Doses of **Leptandra 30** (White stools,
Doubtful About Recovery)

S. Bilirubin came into 20 mg/dL



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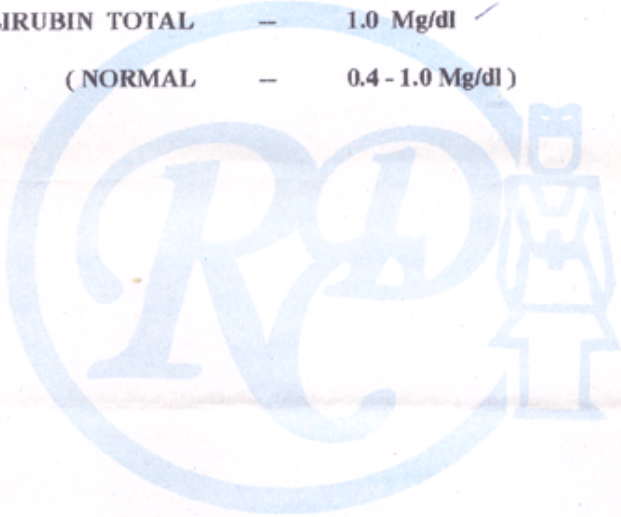

Specimen ID	30322	Age	Years	Sex	PRMTR
Name					
Address					
Ref. by	Dr. SAJITH KUMAR			Date Received	06/01/03

FASTING BLOOD SUGAR	-	136 Mg/dl	✓
(NORMAL	-	70 - 120 Mg/dl)	
S.BILIRUBIN	-	20.0 Mg/dl	✓
(NORMAL	-	0.4 - 1.0 Mg/dl)	
ALKALINE PHOSPHATASE	-	149 U/L	✓
(NORMAL	-	15 - 112 U/L)	
S.G.P.T	-	770 U/L	✓
(NORMAL	-	UPTO 140 U/L)	

ANALYZED BY - HAEMATOLOGY, ANALYSER, DRY CHEM 5000 ANALYSER, THREE CHANNEL ECLIA IM & ELISA READER, ULTRA SOLID SCANNER ECLIA

DR. S. S. TECHNOLOGIST


After 25 days with few doses of Leptandra 30
S. Bilirubin came to 1mg/dL

	ROYAL DIAGNOSTIC & RESEARCH CENTRE (FULLY AIR-CONDITIONED) HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA	☎ 0481 - 2401270 (Lab) E-mail : royallab@rediffmail.com
Specimen ID Name Address Ref. by Dr.	33360 Dr. S.G.BIJU	52 Age Years FEMALE Sex 24/03/03 Date Received
<p>S. BILIRUBIN TOTAL — 1.0 Mg/dl ✓ (NORMAL — 0.4 - 1.0 Mg/dl)</p> 		
AUTOMATED BY - HAEMATOLOGY, ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM x ELISA READER, ULTRA SOUND SCANNER etc.		
Sig.: LAB TECHNOLOGIST 		


And after another couple of days

S. Bilirubin- 0.8 mg/dl

HBsAg Negative

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HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☎ 0481 - 2401270 (Lab)
E-mail : royallab@rediffmail.co

Specimen ID **33577**
Name  Age **52** Years **FEMALE**
Address _____
Ref. by Dr. **Dr. S.G.BJU** Date Received **02/04/03**

S. BILIRUBIN TOTAL	—	0.8 Mg/dl ✓
(NORMAL	—	0.4 - 1.0 Mg/dl)
S. BILIRUBIN DIRECT	—	0.2 Mg/dl ✓
(NORMAL	—	0.0 - 0.2 Mg/dl)
HBsAg	—	NEGATIVE ✓

AUTOMATED BY - HAEMATOLOGY, ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM x ELISA READER, ULTRA SOUND SCANNER etc.

Sig: LAB TECHNOLOGIST

Just Avoided a Transplantation, That's all !!

CASE – 2

Mrs.RSA 43/F

HBsAg +ve

S.Bilirubin – 26.2 mg/dl

SGPT - 1170

Date – 17 – 01 – 04

Under Allopathic treatment

Phone : 40277

DIVINE DIAGNOSTIC LAB & E.C.G CENTRE
COMPUTERISED
Near Govt. Hospital Changanacherry

Name: [REDACTED] Age: 43 Sex: FEMALE
Ref Dr: [REDACTED]

INVESTIGATION	RESULT	UNIT	NORMAL
BLOOD TEST			
H.Bs Ag	POSITIVE (+ve)		
BIO-CHEMISTRY			
S. Bilirubin (Total)	26.2	mg/dl	0.2-1.0
S.G.P.T	1170	UNITS	5.0-35

Date: 21/01/2004

[Handwritten Signature]
Signature of Lab. Technician

She was under treatment Modern medicine.

Scientific System could make an increase in S. Bilirubin from **26.2 Mg/dl** to **35.5 Mg / dl!!!** And advised for transplantation

So patient herself Switched over to Unscientific System, Homoeopathy!

Date - 27 – 01 – 2004

- S.Bilirubin - Total 35.52 Mg/dl
- S.Bilirubin – Direct 24.4 Mg/dl
- Switch over to Homoeopathy though it is Unscientific



ST. JOHN'S DIAGNOSTIC CENTRE

Near Govt. Hospital, Changanacherry, Kottayam Dt.
Phone; 420691, (R) 426340

300 MA X-RAY, COMPUTERISED LABORATORY, E.C.G & PHYSIOTHERAPY

LABORATORY RESULT

Name Age/Sex 43 F Test Date 27/01/04

Ref. By. Dr. Dr. S.G. BLJU No 8495

Test	Result	Normal Values
S.BILIRUBIN TOTAL	35.52 Mg/dl ✓	
(NORMAL)	0.4 - 1.0 Mg/dl	
S.BILIRUBIN DIRECT	24.48 Mg/dl ✓	
(NORMAL)	0.0 - 0.2 Mg/dl	
S.BILIRUBIN INDIRECT	11.04 Mg/dl ✓	

All investigations are done by Qualified Technicians

[Signature]
Technician

There were Hepato-splenomegaly with anemia.
Patient was **unable to lie on left side.**

**Ceonanthus Americana Q 5 drops BD was
prescribed**

On 57th Day!! Date – 25 – 03 – 2004

S.Bilirubin T – 1.2

S.Bilirubin D - .5

HBsAg – Negative



ST. JOHN'S DIAGNOSTIC CENTRE

Near Govt. Hospital, Changanacherry, Kottayam Dt.
Phone: 2402691, Mobile-0481 3123616, E-mail : stjohns@wmcmail.com

300 MA X-RAY, COMPUTERISED LABORATORY, E.C.G & PHYSIOTHERAPY

LABORATORY RESULT

Name

Age/Sex 43 F

Test Date 25/03/04

Ref. By. Dr. Dr. S.G. BIJU

No 9338

Test	Result	Normal Values
S.BILIRUBIN TOTAL	1.2 Mg/dl ✓	
(NORMAL)	0.4 - 1.0 Mg/dl)	
S.BILIRUBIN DIRECT	0.5 Mg/dl ✓	
(NORMAL)	0.0 - 0.2 Mg/dl)	
S.BILIRUBIN INDIRECT	0.7 Mg/dl ✓	
HBsAg	NEGATIVE ✓	

All Investigations are done by Qualified Technicians


Technician

**Just Avoided a Transplantation, Better the System
Unscientific !!!**

4

Treatment Protocol in Chronic Active Hepatitis (CAH)

Step 1: Investigation for confirmation

Routine

- SGPT, SGOT, ALP, Serum Albumin, Serum Globulin, A/G Ratio, GGT, AFP, S. Ferritin
- Should be investigated at time to time

Advanced

- Platelet count
- S. Ferritin
- Prothrombin Time
- CT, BT, INR
- Anti histoplasma Antibody (AHA)
- **MRCP** (**M**agnetic **R**esonance **C**holangi**p**ancreatography)

Step 2: Drug as per the course of disease

- *Drugs based on Investigation Reports for elevation of values*
 - SGPT – Merc Sol 200
 - SGOT – MercCor 30

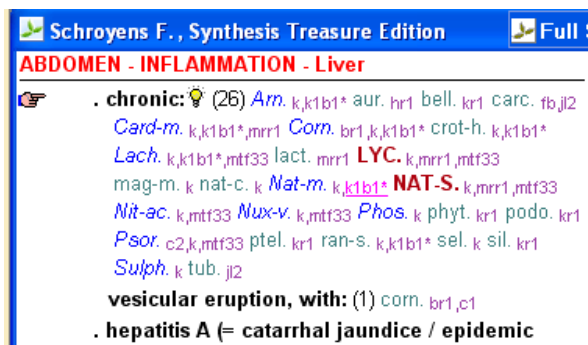
- ALP – Flouric Acid 30
- GGT – Aur Mur Nat 30
- AFP – Cadmium Sulph 30
- S. Ferritin – FelTauri 30
- Platelet count – Mag Mur 200
- S. Ferritin – Fel Tauri 30
- Prothrombin Time – CrotalusHor 30
- CT, BT, INR – Phos 200 + Crotalhor 30
- Anti histoplasma Antibody(AHA) – Thuja 1M + Podophyllum 6
- A/G RATIO ALTERED (SYCOSIS) -
Acid Picricum 30, Beryllium met 30
- *Drugs for Accompanying Symptoms*
 - Head ache with jaundice – SEP 1M
 - Itching during jaundice – HEP 200
 - White coating of tongue with jaundice – MERC SOL 200

Step 3: Medicine for disease

- **PIC ACID (A Medicine for weakness in jaundice)**- The Hero in CAH
 - PICRIC ACID – Picric acid exists as bright yellow glistening crystals.
 - Like so many other yellow substances, Pic. ac. acts powerfully on the liver, and produces jaundice, cachexia, and cancerous tints. (*J.H Clarke dictionary of practical material Medica*)

- PIC ACID - May show a yellow tint. Purities may be troublesome, especially at night. (*Gibson D M Study of homoeopathic remedies*)
- Yellow discoloration of skin, Vomiting, coming on suddenly and without warning, ejected matter being of bright-yellow color and very bitter; (*Hering's Guiding symptoms of our Materia Medica*)

- **CHELIDONIUM ???**



- ***Chelidonium is not a Medicine for chronic hepatitis. !***
- **ACETIC ACID** – Sleeplessness during chronic hepatitis. (Dol.)

Step 4: Remedy to prevent complication/Recurrence

- Chronic Active Hepatitis always shows Degenerative changes. Progressive degenerative changes will lead to total destruction. So the selected remedy should be an anti-syphilitic prominent one.
 - **Merc Sol:** Liver parenchymal Changes
 - **Kali Iod:** Jestig even in sinking stage.
 - **Aurum Mur Nat:** Genetic Degenerative diseases
 - **Acid Flour 30 :**Alcoholics
 - **MercCor 200 :** Fatty changes (Phos)
 - **Iodum 30 :** Emaciation with CAH

- Effective Ant Syphilitic Minerals for CAH
 - MercCor 30
 - Nat Sulph 6x
 - Merc Sol 200
 - Phos 200, 1M
 - Fl Acid 30
 - Aur Mur Nat 30
 - Muriatic Acid 200
- When Fight inside the system starts by the development of Antibodies like Anti HBs Ag, Anti HBc Ag, think about an Animal Remedy.
- Antisyphilitic Animal Remedies, are found effective where there is a problem of fight for Survival
 - CrotalusHor
 - Lach
 - Vipera

Step 5: Potency, Dose and Repetition

Mentioned along with each Drug, Medicine and Remedy

Step 6: Logical philosophical guidelines

- Structure is the theme of Mineral Remedies
- Degeneration is the basic character of Syphilitic Miasm
- In CAH Structural changes will occur, Degenerative pathology Develops. So An Anti Syphilitic Mineral Remedy will be more effective
- When Destruction and degeneration starts in liver and other vital organs and is evident by GGT and AFP, think about an Antisyphilitic remedy

Step 7: The End point

100% Cure is guaranteed in **CAH** if you are able to select an **Anti syphilitic Mineral Remedy**

Treating a hepatitis case won't help you win the hearts of people.

Without deviating from the norm, progress is not possible.

CASES

Case 1

Date: 12 – 06 – 04

Patient Mrs.VJO

S.BilirubinT 10.6 Mg/dl

Direct 7.0 Mg/dl

Slowly increasing for last 3 years



ROYAL DIAGNOSTIC & RESEARCH CENTRE

0481-2401270
E-mail: KERIITyrocare2@hotmail.com


(FULLY COMPUTERISED LAB)

GOVT. HOSPITAL ROAD, CHANGANACHERY - 686 101 - KERALA


Specimen ID: 46792
Name:
Address:
Ref. by Dr.:
Year: 09 Sex: FEMALE
Date Received: 12/06/04

S. BILIRUBIN TOTAL — 10.5 Mg/dl ✓
(NORMAL — 0.4 - 1.0 Mg/dl)
S. BILIRUBIN DIRECT — 7.0 Mg/dl ✓
(NORMAL — 0.0 - 0.2 Mg/dl)

AUTOMATED BY - HAEMATOLOGY ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IMxELISA READER, ULTRASOUND SCANNER etc.

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 **UnitedHealthcare**
A United Health Group Company

MINI JOSEPH
D.M.L.T.
Reg. No. 47-94

Sig: LAB TECHNOLOGIST



After 17 Days

Date – 1 – 07 – 04

**After Acid Pic 200 (weakness and yellow staining
of perspiration)**

HBs Ag Positive

S.Bilirubin: 1.3 Mg/dl



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(FULLY COMPUTERISED LAB)

GOVT.HOSPITAL ROAD, CHANGANACHERY - 686 101 - KERALA

0431-2401270
E-mail:KERFII@tyrocare2@hotmail.com

Specimen ID 47328
Name Age 29 Years Sex FEMALE
Address
Ref. by Dr. DR.S.G.BIJU Date Received 01/07/04

S. BILIRUBIN TOTAL — 1.3 Mg/dl
(NORMAL — 0.4 - 1.0 Mg/dl)
S. BILIRUBIN DIRECT — 0.6 Mg/dl
(NORMAL — 0.0 - 0.2 Mg/dl)
HBsAg — POSITIVE


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 **UnitedHealthcare**
A United Health Group Company

MINI JOSEPH
B.Sc. MLT
FRANCIS
Sig: LAB TECHNOLOGIST



Date 26 – 7 – 04, After 44 Days

After few Doses of Acid Pic 200

HBsAg – Negative

S.Bilirubin - 0.9



ROYAL DIAGNOSTIC & RESEARCH CENTRE

0481-2401276
E-mail:KERIITyrocare2@hotmail.com

(FULLY COMPUTERISED LAB)

GOVT.HOSPITAL ROAD, CHANGANACHERY - 686 101 - KERALA

Specimen ID

Name

Address

Ref. by Dr.

478006

Age 29 Years

Sex FEMALE

Date Received 26/07/04

Dr.S.G.Biju

S. BILIRUBIN - 0.9 Mg/dl ✓
(NORMAL - 0.4 - 1.0 Mg/dl)
HBsAg - NEGATIVE ✓

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UnitedHealthcare
A United Health Group Company

MINI JOSEPH
D.M.L.T.
10/07/94
Sig: LAB TECHNOLOGIST



CASE 2

Mr. JMS 26/M

C A H

SBT – WNL

SGPT – 301 IU/L

Started Merc Sol 200 HS



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(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

③

Specimen ID 2447

Name [Redacted]

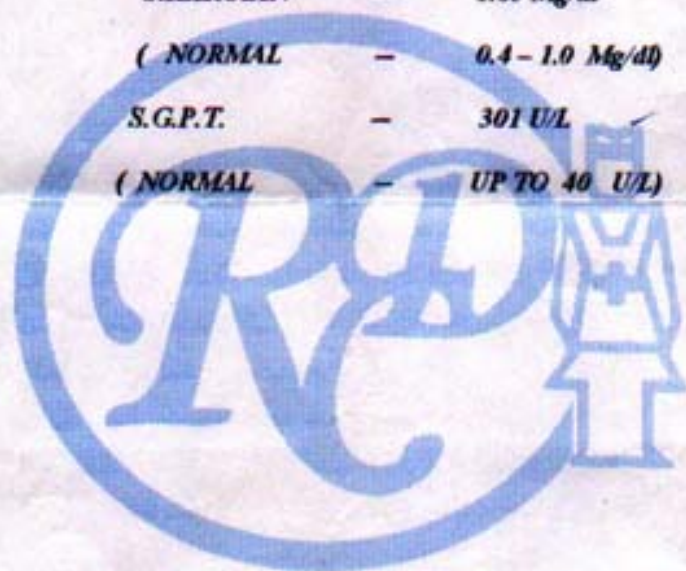
Age 26 Years Sex MALE

Address

Ref. by Dr.


Date 7/08/2009

S.LIRUBIN	-	1.05 Mg/dl	✓
(NORMAL	-	0.4 - 1.0 Mg/dl	
S.G.P.T.	-	301 U/L	✓
(NORMAL	-	UP TO 40 U/L	



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Sig. LAB TECHNOLOGIST



After 35 days

S.Bilirubin – WNL

SGPT – 191 IU/L

SGOT 73 IU/L

&

HBs Ag – Still Positive

Switch over to **Constitutional Mineral Anti
Syphilitic**



ROYAL DIAGNOSTIC & RESEARCH CENTRE

☎ 0481 - 921270 (Lab)

(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA



Specimen ID

24729

Name

Age 26 Years

Sex MALE

Address

Date Received 11/08/2000

Ref. by Dr.

S.BILIRUBIN - 0.7 Mg/dl ✓

(NORMAL - 0.4 - 1.0 Mg/dl)

S.G.O.T. - 73 U/L ✓

(NORMAL - UP TO 40 U/L)

S.G.P.T. - 191 U/L ✓

(NORMAL - UP TO 40 U/L)

HBsAg - POSITIVE ✓

AUTOMATED BY - HAEMATOLOGY ANALYSER, BIO CHEMISTRY ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL F.C.G., IM + ELISA READER, ULTRA SOUND SCANNER

Sig: LAB TECHNOLOGIST

150% Millennium view (progressive)

J.Sherr Luc Rajan's Miasms Display Strategy Restrict to

	lyc.	sulph.	sep.	bar-c.	ign.	verat.	nux-v.	lach.	nat-m.	als.	ag-
1	2	3	4	5	6	7	8	9	10	11	
11	11	10	10	10	10	9	9	9	8	8	
21	16	14	12	12	12	22	18	10	22	16	
1. MIND - CONTRADICTION - c... (77) 2	■	□	□	□	□	■	■	□	■	□	
2. MIND - DESPAIR - recovery, ... (76) 2	■	□	■	□	□	■	□	□	■	□	
3. MIND - FEAR - cancer; of (43) 2	□	□	□	□	□	□	□	□	■	■	
4. MIND - INDISCRETION (41) 2	□	□	□	■	□	■	□	□	□	□	
5. ABDOMEN - INFLAMMATION... (26) 1	■	■	□	□	□	■	■	■	□	□	
6. GENERALS - FAMILY HISTOF... (8) 1	□	□	□	□	□	□	□	□	□	□	
7. GENERALS - FOOD and D... (192) 2	■	■	■	□	□	■	■	□	■	■	

Clipboard 1

After 13 Days with infrequent repetitions of Baryta Carb 30

HBs Ag – Negative

SGPT – 47 IU/L

SGOT – 19 IU/L



ROYAL DIAGNOSTIC & RESEARCH CENTRE
(FULLY AIR-CONDITIONED)
HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☎ 0481 - 421278 (Lk) ⑥

Specimen ID: **25432**
Name: **JAMES**
Age: **24** Years Sex: **MALE**
Address: **[Redacted]** Date Received: **24/08/00**
Ref. by Dr. **[Redacted]**

S.G.O.T	-	19 U/L ✓
(NORMAL	-	UP TO 40U/L)
S.G.P.T.	-	47 U/L ✓
(NORMAL	-	UP TO 40 U/L)
S.BILIRUBIN	-	0.8 Mg/dl ✓
(NORMAL	-	0.4 - 1.0 Mg/dl)
HBsAg	-	NEGATIVE ✓

Automated by: HAEMATOLOGY ANALYSER, BIO CHEMISTRY ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM + ELISA READER, ULTRA SOUND SCANNER

Sig. LAB TECHNOLOGIST

Basic protocol in CAH

CAH Needs Antisyphilitic Mineral Remedies



Treatment Protocol In Carrier HBV

Step 1: Investigation for confirmation

- **No Symptom of Disease, Only Investigation reports**
- HBs Ag (ELISA), HBe Ag, HBc Ag, DNA PCR, Anti HBs, Anti HBc, & Viral Load.

Step 2: Drug as per the course of disease

There is One and Only Drug in Carrier!!!

- **An Effective plant to develop Vitality**
 - Corydalis Formosa Q 8 to 10 Drops BD for 45 Days

Step 3: Medicine for disease

There is no Medicine for Carrier HBV, only Remedies

Step 4: Remedy to prevent complication/Recurrence

- If no disease at all treat the negatives of patient, if any.

The screenshot shows the RADAR 10.0 for Windows software interface. The main window is titled "Investigation window for remedies" and displays a list of 10 symptoms and a corresponding table of remedies. The symptoms are listed in a table with their respective counts in parentheses. The remedies are listed in a table with their respective counts in parentheses.

Symptom	Count	ars.	calc.	calc.	phos.	sulph.	alum.	merc.
1. GENERALS - COMPLAINTS - chronic	(27)	12	12	12	12	10	10	
2. GENERALS - REACTION - lack of	(126)	2	1	1	1	1	2	-
3. MIND - ANXIETY - health; about - relatives; of	(11)	2	3	1	2	3	2	2
4. MIND - ANXIETY - health; about - own health; one's	(85)	2	-	1	2	-	-	1
5. MIND - ANXIETY - future, about	(200)	3	2	1	3	1	1	1
6. MIND - DESPAIR - recovery, of	(77)	1	3	1	3	2	1	1
7. MIND - DOUBTFUL - recovery, of	(37)	3	4	2	1	1	3	2
8. MIND - DOUBTFUL - recovery, of - medicine is useless; thinks	(3)	3	1	1	1	1	2	2
9. MIND - DOUBTFUL - skeptical	(7)	1	-	-	-	-	-	-
10. MIND - ANXIETY - hypochondriacal - read books; mania to - medical boo...	(5)	-	-	-	-	-	-	-
		-	3	-	-	1	-	-

The interface also shows a status bar at the bottom indicating "306 remedies / 10 symptoms" and "All remedies considered". The Windows taskbar at the bottom shows the Start button and several open applications: Microsoft PowerPoint, HBV Case - Microsoft, and RADAR 10.0 for Windows. The system clock shows 1:36 PM.

- If no negative at all

consider the positives of patient except HBsAg !!!

The screenshot shows the RADAR 10.0 for Windows software interface. The main window is titled "Investigation window for remedies" and displays a list of 11 mind symptoms and their corresponding remedy counts. The symptoms are:

1. MIND - HOPEFUL (56)
2. MIND - HOPEFUL - recovery, of (2)
3. MIND - INDIFFERENCE - suffering; to (13)
4. MIND - COURAGEOUS (52)
5. MIND - COMMUNICATIVE (32)
6. MIND - INDUSTRIOUS (156)
7. MIND - ACTIVITY - desires activity (160)
8. MIND - REASSURED - easily (2)
9. MIND - POSITIVENESS (47)
10. MIND - COMPLAINING - never (3)
11. MIND - READING - desires - medical books; to read (6)

To the right of the list is a table showing the counts for various symptoms (op., calc., lach., sulph., atom., phos., podb., staph., ver.) across the 11 remedies. The table is as follows:

	op.	calc.	lach.	sulph.	atom.	phos.	podb.	staph.	ver.
1	2	1	1	1	1	-	1	2	1
2	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
4	2	1	1	1	1	1	-	1	1
5	-	1	2	2	1	3	1	1	-
6	2	1	2	1	1	1	1	1	1
7	3	1	3	2	1	2	1	1	3
8	-	-	-	-	-	2	-	-	-
9	1	1	2	1	-	-	3	-	1
10	1	-	-	-	-	-	-	-	-
11	-	1	-	1	-	-	-	1	-

- As the sensitivity is too low Plants can be avoided (Exception **Thuja, Opium, NuxVom**)
- As in course of disease structural changes happens, **Minerals** shall be considered with priority.
- **Anti-Sycotic Mineral Remedies**
 - ArsAlb
 - Nat Sulph
 - Kali Sulph

- Nat Mur
- **Anti Sycotic plants:** Thuja, Opium

Step 5: Potency, Dose and Repetition

Mentioned along with each Drug, Medicine and Remedy

Step 6: Logical philosophical guidelines

- 90% of carrier HBV is in need of anti Sycotic remedies.
- Because of the existing high percentage of Sycosis, system is not even able to cry for help.
- Sycosis grabbed the system from being responding to the virus.
- Very low titer of Antibodies confirms Sycosis.
- Carrier HBV is a typical example of one sided disease. Disease without any symptom!!

Step 7: The End point

- 70% cure is guaranteed in HBV Carrier Cases if you can select an Anti Sycotic Mineral remedy.
- 100% Cure is guaranteed in CAH if you are able to select an Anti Syphilitic Mineral Remedy.
- 100% Rapid cure is guaranteed in Active HBV cases if you are selecting an Anti Psoric Plant Remedy.

5000 and odd cured cases of HBV recorded till date.

Difficult roads often lead to beautiful destinations!!

CLINICAL CASE - HEPATITIS – B

Mr. RK a 38 years old man consulted me on 1 – 5 – 1999. He was working at Coimbatore. The company in which he was worked transferred him to it's branch at USA with a promotion. But when he appeared for emigration clearance, he was declared unfit due to an HBsAg +ve blood result. His promotion was withheld and transfer cancelled due to Hepatitis – B.

He heard about the effectiveness of Homoeopathic treatment in Hepatitis – B through a medical magazine and he requested his doctor (An allopathic doctor) for discontinuing the treatment and try Homoeopathy. His doctor agreed and thus he came to me for treatment. He showed the blood results that he got from the laboratory at Coimbatore. The unfit report of the emigration people was being kept in his office.

When he entered the consulting room he had kicked at the weighing balance placed near the door. He expressed sorry and his wife laughed at him. (MIND - AWKWARD - strikes against things?) He told me that he had tried a lot of allopathic medicines and a number of 'panaceas' for curing Hepatitis – B, but they were ineffective to cure this disease.

Finally he settled under the impression that it was an incurable disease.

He said: "Doctor I am fed up with all the medicines and I had tried except Homoeopathy". (MIND - DESPAIR - recovery, of). He told me that he had heard about me as a 'specialist' (!) in treating Hepatitis - B cases and if I was able to cure him, he will bring a good number of patients to me. There are many patients suffering from Hepatitis – B and other incurable disease at Coimbatore. But I have to cure him then only he will refer such patients to me. (MIND – BARGAINING).

I interfered with his speech mid-way and asked him

“What are your complaints now?”.

“ No complaints except that my physical built up beginning to lose its tone now a day. I am losing weight and my face becomes shrunken and muscles are reducing in its bulk.”

His wife interfered, and then told.

“No he is not losing weight; He was 68 Kgs earlier and keeping the same still. It is only a false belief that he is reducing in weight and losing the bulk of muscle etc.”

He responded immediately

“Though the weight is steady, still I am losing flesh and my muscles are shrunken”.

She told that he was the same for the past 10 years.

(MIND - DELUSIONS - emaciation, of)

He said that it was unbearable for him to frequently hear from his acquaints “what happened to you; you looks too lean and weak”. And the most unbearable thing was to hear the words of people who knew that he was suffering from Hepatitis – B. They may say, “it is a pity to see your misfortune” etc.

“I don’t like such words”, he said. (MIND - SYMPATHY from others - aversion to).

Whenever somebody showered sympathy over him he became angry and then he will not talk to anybody for some time. His wife said that he would not express his anger to anybody but keep mum for long. If he was keeping mum, it was a sign of his anger. (MIND - ANGER - taciturnity; with).

He said,

“Of course I kept mum when I become angry but this is not the only occasion I kept mum, I frequently thought about my misfortune, about the missed promotion and about the incurable disease I am put in”.

(MIND - DWELLS - disappointments, on).

His wife said further:

“Another thing make him angry is----“ She paused and asked her husband “may I tell it?”.

“Oh yes”, he said.

She continued,

“Spending money for domestic affairs is unbearable for him”.

He retorted

“No, I am spending money than anything for celebrations travels and all”.

To this she replayed,

“Yes it is correct, he is extravagant enough for his friends, that is why I said that he get angry when I spend money for household affairs”.

He laughed and nodded agreeing to what his wife said. (MIND - AVARICE - generosity towards strangers, avarice as regards his family).

While tracing the source of infection he told me that there was a dental surgery for him some 4 months back. Causally I asked him whether there any hospitalization, Injections, Accidents, Falls, Etc; His wife said that minor accidents and falls is a regular occurrence in his life.

She asked

“Doctor did you observe that he strikes to something when he entered this room?”

He always strikes against dining table and chairs in house. Sometimes it becomes major injuries and 2 times fractures had occurred to his toes, but he never go for injections and surgery.” (MIND - AWKWARD - strikes against things – Confirmed the rubric).

No other striking Physical generals were observed except a desire for spices and eggs that also was told after asking leading questions. So we avoided those physical generals for repertorisation.

But he told that his bowel was moving only once in 3 days. (RECTUM - INACTIVITY of).

Apart from the above observations and their corresponding rubrics we took one more rubric for the chronic carrier stage of Hepatitis – B, GENERALS – CHRONICITY.

MIND - AWKWARD - strikes against things

MIND - DESPAIR - recovery, of

MIND - BARGAINING

MIND - DELUSIONS - emaciation, of

MIND - SYMPATHY from others - aversion to

MIND - ANGER - taciturnity; with

MIND - DWELLS - disappointments, on

MIND - AVARICE - generosity towards strangers, avarice as regards his family

RECTUM - INACTIVITY of

GENERALS – CHRONICITY

The emerged remedy in Repertorisation was NAT MUR in VES

(Vithulkas Expert System) of RADAR and SULPHUR in combined analysis, NAT MUR was prescribe with confidence rating 125 points.

So, on 1/5/1999 I gave NAT MUR 10 M 1 dose, SL and BT for 15 days.

16/5/1999 – He reported with several complaints: feeling of uneasiness, headache after night watching, slight abdominal discomfort, constipation intensified, stools only once in 4 days, scanty stool & vague feeling of ill health. He had to go to Coimbatore for re-joining his job. So he wanted medicine for 40 days

SL 1XBD & BT 5 grain 1XBD was prescribed for 40 days

Later he contacted me over telephone and complained that he was suffering from intense constipation; body pain and severe head ache after every episode of irregular diet, after every exposure of the sun etc. He was asked to continue the medicine.

26/6/2001 – Reported: He was totally disappointed with the treatment. He had made a blood examination at Coimbatore. Blood showed HBsAg +ve. (See Lab Report II). Total symptomatology remains worsened. He told me “if things are going like this I have to discontinue your treatment, I will leave you and take treatment from any other system of Medicine. So if it is curable in Homoeopathy, please give me that remedy, Otherwise I will tell others that I am HBsAg +ve even after your treatment”.

So, I took one more rubric - MIND - COMPLAINING - threatening, and

I told him,

“OK, you may try other systems of medicine, we can stop the treatment”.

He confessed immediately.

“Sorry Doctor, because of my dejection and anger I told those words. I know there is no treatment in any other system of medicine except Homoeopathy, I want to continue your treatment”.

I took one more rubric, MIND - ANGER - alternating with - repentance; quick

Addition of the above rubrics did not change VES selection.

On 26/6/2001 I prescribed another single dose of NAT MUR 10 M because of aggravation of complaints and feeling of ill health.

SL & BT were also prescribed for 10 more days.

He reported on 6th July with general feeling of well-being; and amelioration for headache, his bowels were moving daily. He appeared very cheerful with full of confidence in his face regarding the cure of his disease.

He asked me

“Doctor can I go for another blood examination?”.

Because of the previous experience of positive blood result and his negative attitude towards me when he got the previous +ve result, I told him



“ No you may go for a blood investigation in the next time ie. after one month”.

“OK”, He agreed.

SL & BT were prescribed for another month.

He contacted me over telephone on 21st July and told, “Doctor, I am HBsAg – ve now I will come to you tomorrow”

22nd July was a Sunday.

On 23rd July he reached my clinic & said

“Doctor, I went for a blood investigation because I got another chance for promotion and USA trip”.

He showed me the result and said

“Doctor I am grateful to your valuable help, now I become HBsAg negative and I am selected for the promotion and transfer to USA. I am ready to continue the medicine for any time under your advice.” (See the Lab Result).

I told him.

“Ok you may discontinue the medicine; there is no need for continuing the medicine for months”.

He was regularly contacting me at least once in a month up to 2001 January. He sent me a greeting card in January 2001. The words in the



greeting card were as follows -

“Though you are staying miles ago, you are always residing in my heart, in my mind & in my soul”.

CASES

CASE 1

Mrs. AMB

HBV Carrier

Date 25/1/02



ROYAL DIAGNOSTIC & RESEARCH CENTRE

(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☎ 0481 -421270 (Lab)

E-mail : royallab@rediffmail.com

Specimen ID

Name

Address

Ref. by Dr.



Dr. S.G.BIJU

Age

Years

Sex

FEMALE

Date Received

25/11/01



HBsAg

POSITIVE ✓

AUTOMATED BY - HAEMATOLOGY, ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM x ELISA READER, ULTRA SOUND SCANNER

Sig.: LAB TECHNOLOGIST



Thyrocare Technologies Ltd.

Thyrocare House, Thane,
Mumbai - 400 607

Thyrocare®

World's largest thyroid testing laboratory

Tel : 022-539 3501-02-03 Fax : 022-537 8348 E-mail : thyrocare@hvsnl.com Website : www.thyrocare.com

Dr. A. Velumani
M.D.

Dr. (Miss) D.H. Shah
M.D. (USA)

Dr. (Mrs) I. Gopinathan
M.D.

Dr. Sushant Agrawal
M.D.

REPORT

Name :		Date :	19-Jan-2002
Ref. By :	DR.S.G.BJU MULTI SPECIALITY HOSPITAL	Lab Code :	19010614/TAMBH 19010087/KER11

Test Description	Value	Units
HEPATITIS B SURFACE ANTIGEN (HBsAg)	0.15	RATIO

Method : C.LIA

Normal Ranges :

Negative	:	<= 0.90
Equivocal	:	0.91 - 1.10
Positive	:	>= 1.11

(Fully Automated Chemiluminescence System)

HB-A N° 245256



Data Verified by

Dr. Sushant Agrawal
M.D. (Path.)

REDEFINED QUALITY STANDARDS IN LABORATORY MEDICINE

Negative on 25/02/01

Just after 35 days 2 doses of Natrum Mur 1M on 15 days interval

HBs Ag - Negative



ROYAL DIAGNOSTIC & RESEARCH CENTRE

(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☎ 0481 - 421270 (Lab)
E-mail : royallab@rediffmail

Specimen ID

Name

Address

Ref. by Dr.



Age

Years 24

Sex

FEMALE

Dr. S.G. HJFU

Date 14/04/02

S.BILIRUBIN — 1.0 Mg/dl ✓
(NORMAL — 0.4 – 1.0 Mg/dl)
HBsAg — NEGATIVE ✓

AUTOMATED BY - HAEMATOLOGY, ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM & ELISA READER, ULTRA SOUND SCANNER

Sig: LAB TECHNOLOGIST

CASE 2

Smt. MRM 50yrs

HBs Ag positive

On 30/07/2000

DOCTORS DIAGNOSTIC CENTRE
Opp. Medical College Hospital, Gandhi Nagar, Kottayam, Phone : 586237, 586215 Fax : 586590
(Approved by Govt. of Kerala & Recognized by BARC, Govt. of India.)

Name: **[Redacted]** Age/Sex : 50/F Bill No : 404462 - CR
Doctor : Sample On : 30/07/2000 Ref No :
Hospital: COUNTER CREDIT Report On : 30/07/2000 Ip/Op No:

Test	Result	Normal Values
HBs Ag(ELISA)	POSITIVE	

DAY & NIGHT SERVICE

[Signature]
Microbiologist

- Prof. Dr. BALARAMAN NAIR
M.B.B.S. MD (Path. & Bac.) DPM FICP
- Dr. AMARIN BABU
B.Sc., U.S., M.B.B.S. M.P.S. (G.S.) D.M.P.
Post-Graduate of American Pathologist
- Prof. Dr. J. A. S. HARILAL
B.Sc., M.B.B.S. MD (Path.) DCP
- Dr. THOMAS CHEERAN
M.B.B.S. FRCP (C) Diplomate American Board of Pathology
- Dr. M. C. Joseph
M.B.B.S. MD (Path) Internal Pathologist
- Prof. Dr. B. JAYALEKSHMI
M.B.B.S. MD (Path.)
- Prof. Dr. J. A. S. REMANEY
M.B.B.S. MD (Path.)
- Dr. SURET JOHN PUNOY
M.B.B.S. MD (Path.)
- Dr. LEENA P. K.
M.B.B.S. MD (Path.)
- Dr. VARDHANI RAJAN
M.B.B.S. DCP
- Prof. Dr. J. THOMAS ANAYAN
B.Sc., M.B.B.S. MD (Med)
- Dr. SIBU THIRIAS
M.B.B.S. MD (Med)
- Dr. BABU BATHIN
M.Sc. Microbiology
- Dr. ANNE MICHAELA
M.B.B.S. (Genl)
- Prof. Dr. J. GEORGE THOMAS
M.B.B.S. MD

30/07/2000

S. Bilirubin Normal

(Carrier stage)

DOCTORS DIAGNOSTIC CENTRE
Opp. Medical College Hospital, Gandhinagar, Kollayam, Phone : 596437, 596415 Fax : 596585
(Approved by Govt. of Kerala & Recognized by BARC, Govt. of India.)

Name: [Redacted] Age/Sex : 50/F Bill No : 301878 - CR
Doctor : Sample On : 30/07/2000 Ref No :
Hospital: COUNTER CREDIT Report On : 30/07/2000 IprOp No:

Test	Result	Normal Values
BILIRUBIN(TD)		
BILIRUBIN (T)	0.9 mg/dl	0.2 - 1.0 mg/dl
BILIRUBIN (D)	0.4 mg/dl	0.2 - 0.5 mg/dl

DAY & NIGHT SERVICE

Day Done 30/07/00
Biochemist

- Prof. Dr. BALARAMAN SASTRI, MS, (Path. & Bac.), DPM, FRCP
- Dr. ARVIND BABU, B.Sc., L.L.B., MBB, MAFS (USA), DABP, Fellow College of American Pathologists
- Prof. Dr. S.R. RAJULU, B.Sc., MBB, MD (Path.) DCP
- Dr. THOMAS CHEPANA, MBB, FRCP (C), Honorary Member Board of Pathology
- Dr. M.C. Jagan, MBB, MD (Path. Normal Pathology)
- Prof. Dr. B. JAYALAKSHMI, MBB, MD (Path.)
- Prof. Dr. J.V. MENON, MBB, MD (Path.)
- Dr. SUDY JOHN BLADY, MBB, MD (Path.)
- Dr. LERENA PILLAI, MBB, MD (Path.)
- Dr. SIBIRAJI RAJA, MBB, DCP
- Prof. Dr. THOMAS KAMARAN, B.Sc., MBB, MD (Path.)
- Dr. BRAD THOMAS, MBB, MD (Path.)
- Dr. BABU MATHEW, M.D. (Microbiology)
- Dr. ANNE DRULLA, MBB, DCP
- Prof. Dr. GEORGE THOMAS, MBB, M.S.



	Kali-C	Calc	ars	Phos	Sulph	lact	bry	alum	nat-m	posph	sep	acon	ph-ac	caust	plub	mag-C	nat-s	nat-s	graph	Pet
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
9	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	6	6	6
10	20	18	13	13	11	16	14	13	12	11	11	11	9	9	7	7	10	9	6	6
1. MIND - DESPAIR - recovery, of																				
2. MIND - ANXIETY - future, about																				
3. MIND - ANXIETY - children - about his																				
4. MIND - DOUBTFUL - recovery, of																				
5. MIND - THOUGHTS - persistent - unpleasant subjects, haunted by																				
6. MIND - DOUBTFUL - skeptical																				
7. GENERALS - REACTION - lack of																				

Date 10/10/2000

(After 70 days and 2 doses of KALI CARB 200)

HBs Ag Negative and working in UAE



CASE 3

Mr.RN

HBs Ag Positive

DLP

On 21/08/2001

LABORATORY REPORT



SABARIGIRI DIAGNOSTIC SERVICES

ANCHAL, KERALA, PH : 0475-273382

HAEMATOTOLOGY

No. Date

Name Age Sex

Ref. by Dr.

Test	Result	Normal Value	Test	Result	Normal Value
Haemoglobin	13.0 gm% ^A	M-13-16 g/dl F-12-15 g/dl	ESR	14 mm/hr	M-3-5mm/hr F 4-7mm/hr
Total WBC	4,800/cumm	4800-10000 cumm	PCV		M-40-54% F36-47%
Differential Count			Malaria Parasites		
			Microfilaria		
Polymorpha	54%	40-75%	Platelet Count		1.5-4 Lakhs/Cumm
Eosinophils	0.3%	1-6%	Reticulocyte Count		5-2%
Basophils	0%	0-2%	Absolute Eosinophil Count		40-440/cumm
Lymphocytes	43%	20-40%	Bleeding Time		2-7 mts
Monocytes	0%	0-11%	Coagulation Time		5-11 mts
Atypical Cells			Group & Rh		

Other Tests HBSAg - positive, Cholesterol - 295 mg%.

Mantoux Test

Blood Picture

Signature of Pathologist

Signature of Technician

	Calc.	caps.	nut-w.	ars.	plds.	salph.	aldr.	bell.	nat-my.	acon.	am-C.	brv.	inrad.	ser.	chm.	cooc.	con.	sil.	phos.	acr.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
9	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	5	4	
17	14	14	12	12	10	10	10	8	8	8	8	8	8	6	6	6	6	9	8	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. GENERALS - HYPERLIPIDEMIA																				
2. RESPIRATION - PANTING - ascending stairs agg.																				
3. GENERALS - OBESITY																				
4. GENERALS - SEDENTARY habits																				
5. GENERALS - FOOD and DRINKS - alcoholic drinks - desire																				

After 2 doses of Calc Carb 1M

Exactly after 1 Month on 29/09/2001

HBS Ag Negative and now working at KSA



ROYAL DIAGNOSTIC & RESEARCH CENTRE

(FULLY AIR-CONDITIONED)

HOSPITAL ROAD, CHANGANACHERRY - 686 101 - KERALA

☎ 0481-421270 (Lab)

E-mail : royallab@rediffmail

Specimen ID

11778

Name



Age 39 Years

Sex

MALE

Address

Ref. by Dr.

Dr. S.G.BIJU

Date Received 22/08/01

HBcAg - 0.04 OD RATIO
(NEGATIVE - LESS THAN 1.1 OD RATIO)

AUTOMATED BY - HAEMATOLOGY, ANALYSER, DRY CHEMISTRY ANALYSER, THREE CHANNEL E.C.G., IM x ELISA READER, ULTRA SOUND SCANNER

Sig.: LAB TECHNOLOGIST

CASE 4: Hepatitis C

Mr. SHB

Unfit due to HCV Carrier

On 12/10/2000

AMBADI CLINICAL LABORATORY
Opp. Casualty, Medical College P.O.,
Thiruvananthapuram-11

Date : 12.10.2000
Name : Mr. Shrinis Babu
Age :
Sex : M

SI 434474

ANTI HCV : POSITIVELY REACTIVE
(ELISA METHOD)
(Bioelisa HCV)

UNFIT

For AMBADI CLINICAL LABORATORY

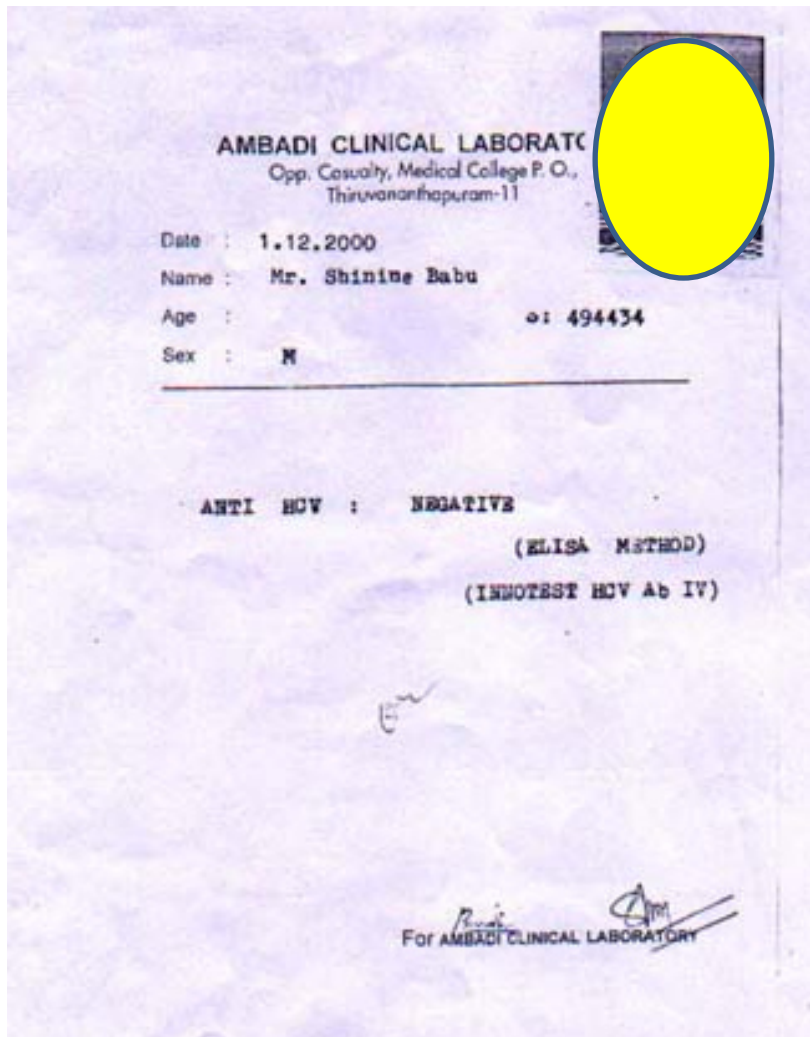
All Positive Symptoms taken

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
6	5	4	4	4	4	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2
7	8	4	4	4	5	3	3	6	4	4	4	4	4	4	2	2	2	2	2	2
1. MIND - BENEVOLENCE (27) 2	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
2. MIND - COMMUNICATIVE (8) 1	Dark Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
3. MIND - CONFIDENT (8) 1	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
4. MIND - HOPEFUL - recovery, of (1) 1	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
5. MIND - POSITIVENESS (14) 2	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
6. ABDOMEN - INFLAMMATION - Liver - hepatitis C (1) 2	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

On 1/12/2000

After 48 Days and a Dose of Sulph 1M

HCV Negative



70% cure is guaranteed in HBV Carrier Cases if you can select an Anti Syctotic mineral Remedy

100% Cure is Guaranteed in CAH if you are able to Select an Anti syphilitic Mineral Remedy

100% Rapid cure is guaranteed in Active HBV cases if you are selecting Anti Psoric Plant Remedy

6

Even After HBV Negative ...!

- Seroclerence doesn't mean good Prognosis
- 4 out of 35 Seronegative developed HCC in a study in 2009.
- HCC developed 15 to 24 Months after Seronegative results.

Probable Reasons

- Old Age
- Previous Cirrhosis or liver damage
- Persistent low baseline albumin after sero clearance is a risk factor for HCC

Follow Up investigation in all cured cases

- **S. Albumin, S. Globulin , A/G Ratio** → every 2 months for 2 years
- **Gama G T, AFP, CEA** → every 4 Months for 2yrs

Follow Up Treatment in all cured cases

- S. Albumin, S. Globulin , A/G Ratio → If elevated, give Beryllium Met 30 BD
- Gama G T, AFP, CEA → If elevated, give Cardus mar 0/6, Carc 0/3 1d, Calendula 30 BD

EBH – HBV So far HMS Hospital Changancherry -1, (2002 – 2014)

- Hepatitis – B Carrier 162 (X30) samples
- Total 4860 cases (1211 cases excluded)
- 70% up to 2010, 62% '10-'12, 37% 13-14

EBH, HBV Active HMS Hospital Changanacherry -1, (2002 – 2015)

- HBV Active – 124 samples 3720 case
 - ✓ 12 cases not treated as S. Bilirubin below 1.5Mg%
- 99.99% result
 - ✓ 0.32% failure 2 cases referred 2 cases died due to cirrhosis

There are enough and more records ready for convincing people about efficacy of Homoeopathy....

Never Let it be like sea water in Bucket. It wont count for Homoeopathy...

Remember

Only A homoeopath Can do this

Are You Ready.....????

7

Homoeopathic Prevention management of Liver cirrhosis and Malignant Liver diseases

Accept Challenges and excite yourself.

"Constantly challenge yourself"

Treating and curing more serious liver diseases will be really an exciting experience. Homeopathy can do it by simple means. Few simple investigations will reveal dangerous pathology. If we treat it as simple as possible then the result will be exciting and that will definitely raise the scale of effectiveness of Homeopathy. It will place on records. Let us see some advanced liver pathology treated and cured by simple Homeopathic medicines.

Common Causes of Cirrhosis

- Chronic **alcohol** abuse
- Chronic **viral** hepatitis (hepatitis B and C)
- Non alcoholic **fatty liver** disease

Rare Causes of Cirrhosis

- Cystic fibrosis
- Copper accumulated in the liver (Wilson's disease)
- Biliary atresia
- Autoimmune hepatitis
- Destruction of the bile ducts (primary biliary cirrhosis)
- Schistosomiasis
- Medications

8

Treatment guidelines for Alcoholic or Non alcoholic or Hepatitis – B/C related Cirrhosis

Investigation for confirmation

- USG Abdomen
- Gamma G T
- Liver Biopsy
- S. Ferritin
- Albumin
- Globulin
- A/G ratio
- SGPT, SGOT, ALKP,
- CT, BT, INR, Prothrombin Time, Platelet Count

Treat Common Liver Parenchymal diseases

- CLD – Chronic Liver Disease
- Chronic liver disease refers to disease of the liver which lasts over a period of six months.

- Don't forget to give a Warning!!

1) Non - Alcoholic Steato Hepatitis (NASH)

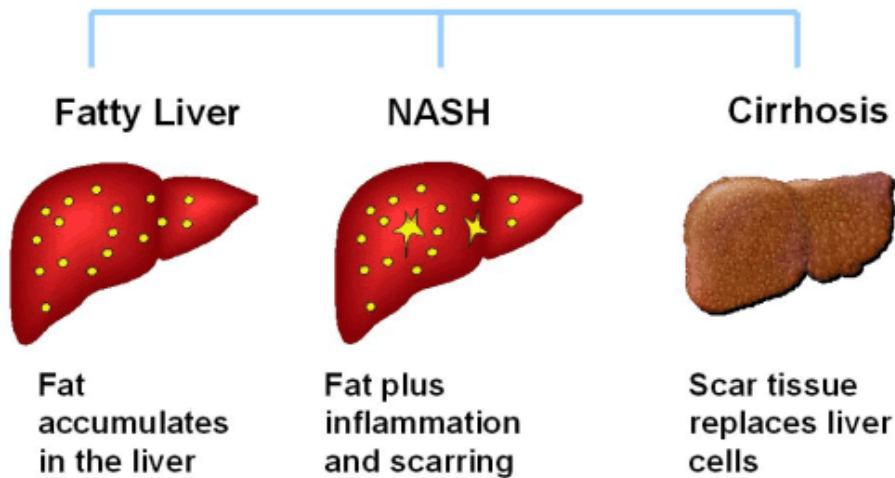
- Steatohepatitis - fatty liver disease, characterized by inflammation of the liver with concurrent fat accumulation in liver.
 - ✓ Lyco 0/3
 - ✓ Merc Sol 200
 - ✓ Phos 200
 - ✓ Calc flour 6x

2) NAFLD (Non-Alcoholic Fatty Liver Disease)

Fibrosis Score

- Normal liver is placed at stage F0 and F1
- Light fibrosis makes stage F2 → Calc flour 6x
- Severe fibrosis begins from stage F3 → Medo 10M
- Stage F4 already defines cirrhosis with extended scar tissue → Thiosinaminum 6x

The Spectrum of NAFLD



3) Alcoholic Hepatitis (Pre Cirrhotic)

- NuxVom 200 TDS followed by Medo 10M 1 dose

4) Alcoholic Cirrhosis

- Flouric Acid 30 BD
- PerhexilinumMaleatum Q 1 drops in SOM TDS

5) Advanced Cirrhosis (= Fibrosis)

- **Thiosinaminum 3x + Medo 10 M**
- **PteliaTrifolia 30** : Ascites + External Swelling (feet)
- **Hedra Helix 30**: Prolonged Cirrhosis (platelet reduction)
- **Cardus Mar 0/3**: With Portal hypertension

6) PBC – Primary Biliary Cirrhosis (Primary Biliary Cholangitis)

- Damage to the bile ducts in the liver.
- Damaged tissue is replaced with **scar tissue** (fibrosis)
- Autoimmune nature

- Common Symptoms of Obstructive Jaundice + **Dry eyes and mouth + Vaginal dryness.**
- **AMA (Anti mitochondrial antibody confirms)**

PBC – Primary Biliary Cirrhosis

- Curare 30, Thiosinaminum 6x, Iris Ver 200, Fel Tauri 30
- **ArsAlb 30, Lyco 1M, NuxVom 1M, China 1M, Plumbum Met 200, CannabisSativa 30**

Switch over to Constitutional Treatment

- Once **Ascites** is over
- Once **GGT** touches normal
- Once **No Scarring** found in USG
- Once **Platelet count** is normal
- Once **Prothrombin time** is normal
- Once **Hepatitis B/C** becomes negative

Constitutional Treatment works at any Stage, **If patient is Stable (mentally more than physically)**

CASES: Active Hepatitis C with Liver Cirrhosis

Date 24 – 01 – 2004

Patient: MN

HCV Positive

S.Ferritin – 292 Mg/MI

VIII

MEDI CROSS
DIAGNOSTIC AND RESEARCH CENTRE

COMPUTERISED LABORATORY, X RAY & E.C.G.
HOSPITAL ROAD, CHAMAKADA, KOLLAM . PHONE-762350

Lab no : _____ Age/Sex : _____
Name : _____ Hospital : _____
Doctor : _____

Test	Result	Normal Values
NAME : _____ REPORTING TIME : 7.00 PM AGE : 45 SEX : MALE DATE : 18.02.2004		
BLOOD:-		
SERUM FERRITIN	: 202.7 ug/mL.	(20-200)

SAJITH A. A. M. DMLT.
MEDICAL COLLEGE
THRISSUR

VII

MEDI CROSS
DIAGNOSTIC AND RESEARCH-CENTRE

COMPUTERISED LABORATORY, X RAY & E.C.G.
HOSPITAL ROAD, CHAMAKADA, KOLLAM . PHONE-762350

Lab no : _____ Age/Sex : _____
Name : _____ Hospital : _____
Doctor : _____

Test	Result	Normal Values
NAME : Mr.R. MANI REPORTING TIME : 3.15 PM AGE : 45 SEX : MALE DATE : 27.1.2004		
BLOOD:-		
FERRITIN	: 267.3 ng/mL.	(20 - 200)
(Iron deficiency anaemia)	: Upto 15)	
Anti H C V	: POSITIVE	
SERUM BILIRUBIN (Total)	: 0.8 mg/dL	(Upto 1.2)
SERUM BILIRUBIN (Direct)	: 0.2 mg/dL	(Upto 0.4)

SAJITH A. A. M. DMLT.
MEDICAL COLLEGE
THRISSUR

Diabetic Patient contracted Hepatitis –c who is an alcoholic developed Cirrhosis
Countersigned by Modern Medicine

<p>SAPT 143</p> <p>Treatment / Operation</p> <p>Alk Phos 92</p> <p>Prot 7</p> <p>Alb 4.9</p> <p>Glob 2.1</p> <p>Ca 9.4</p> <p>Uric Acid 5.3</p> <p>Trigly 127</p> <p>Condition at Discharge</p>	<p>Pt</p> <p>C 15"</p> <p>K 35"</p> <p>VITK C 30"</p> <p>Urine ME - 2-lypus cells</p> <p>HbA1c - 11%</p> <p>HBs Ag Neg.</p> <p>HCV Positive.</p>	<p>Serum Ferritin</p> <p>1019</p> <p>(normal 32-111)</p> <p>TIBC Report</p> <p>awaited</p>
---	--	--

O.G.I.S - Reflux oesophagitis.

Small nodular lesion at GIE j^m

Grade I Oesophageal varices.

Biopsy taken from GIE j^m.

Diagnosis

Diabetes mellitus

Hypertension.

Cirrhosis of Liver -

- ① Alcoholism
- ② HCV Positive.
- ③ ? Haemochromatosis.

Treatment Recommended.

As the serum Ferritin level is high, and Anti HCV Positive, and in view of cirrhosis of liver & oesophageal varices, pt. was advised to take Interferon & Ribavirin - after Liver biopsy.

(3 times/wk)

pt. of TIBC high - Blood letting.

Medical Officer

pt. would like to come at a later date for the same.

Medicine advised (condition not for)

Alcoholic Cirrhosis Complicated with Hepatitis C
Advised for transplantation (but no scope as infected with HCV)

RADAR 10.0 for Windows (..\VCASES\report - Mani R.Cirrhosis)

File Edit Search Take View Options Window Help

Investigation window for remedies

125% Millennium view (progressive)

J.Sher Luc Rajin's Miams Display Strategy Restrict to

	carc	lyc	sulph	nux.v.	ars.	aur.	puls	Phos.	veat	plat	calc	nat.m	cupr.	posph	lach	kol	plut.m	cooc	kal.c	merc	ign	thuj	aur.m	ham	staph	meat	sil	chr
1	18	16	14	14	14	14	13	12	12	12	12	12	12	11	11	11	11	11	11	11	10	10	10	10	10	9	9	
2	18	25	25	23	20	20	18	18	16	15	15	14	14	14	17	15	15	14	11	11	20	16	15	15	12	16	13	

Clipboard 1

- MIND - AFFECTIONATE (75) 1
- MIND - AMBITION - increased (64) 2
- MIND - ANXIETY - family, about his (30) 1
- MIND - CONFIDENT (43) 2
- MIND - CONSCIENTIOUS about trifles (103) 2
- MIND - INDUSTRIOUS (148) 2
- MIND - RESPONSIBILITY - taking responsibility too seriously (26) 2

Clipboard 2

- MIND - ALCOHOLISM (152) 2
- MIND - DEATH - thoughts of - fear, without (6) 1
- MIND - DELUSIONS - friendless, he is (14) 1
- MIND - FORSAKEN feeling - isolation; sensation of (72) 2
- MIND - SECRETIVE (42) 1
- ABDOMEN - CIRRHOSIS of liver (38) 2
- ABDOMEN - INFLAMMATION - Liver - hepatitis C (1) 1

355 remedies / 14 symptoms Sum of symptoms, sort degree No restriction All remedies considered

Patient is “Mentally “Stable

Schroyens F., Synthesis Treasure Edition

MIND - SMILING - involuntarily

- **. speaking; when:** (1) aur.
 - *High-spirited*
 - *Laughing - causeless*
 - *Vivacious*
- **never:** (8) alum. ambr. **ARS. AUR.** bell. lyc. ol-eur. verat.
 - *Cheerful - never*
 - *Laughing - aversion*
 - *Laughing - contemptuous*
 - *Serious*
- . **children; in**
 - girls; young:** (1) verat.
- **sardonic:** (1) bell.

After 81 days (17 – 04 – 2004)

With few doses of AUR MET in various potencies

HCV – Negative

Date :

Age/Sex :
Hospital :

Test	Result	Normal Values
NAME : <u> </u>	REPORTING TIME : 05.30 PM	
AGE : 45	DATE: 29-05-2004	
SEX : MALE	NORMAL RANGE:-	
BLOOD:-		
SERUM BILIRUBIN (Total) :	0.5 mg/dL	(Upto 1.2)
RANDOM BLOOD SUGAR :	160 mg/dL	(80 - 140)
SERUM FERRITIN (Iron Deficiency Anaemia < 15) :	265.0 ng/mL	(40-400)

Praveen P.O
DMCI, BSc Microbiology
29-05-04

XI

Date :

no :
ne :
tor :

Age/Sex :
Hospital :

Test	Result	Normal Values
NAME : <u> </u>	REPORTING TIME : 12.30 PM	
AGE : 45	DATE: 17-04-2004	
SEX : MALE	NORMAL RANGE:-	
BLOOD:-		
SERUM BILIRUBIN (Total) :	1.0 mg/dL	(Upto 1.2)
SERUM BILIRUBIN (Direct) :	0.1 mg/dL	(Upto 0.4)
SGOT :	35 U/L	(Upto 46)
SGPT :	12 U/L	(Upto 49)
SERUM FERRITIN (Iron Deficiency Anaemia < 15) :	196.9 ng/mL	(40-400)
Anti HCV (ELISA)	NEGATIVE	

Sajith Ameen A.M.
SAJITH AMEEN. A.M. DMCL.
MEDICAL COLLEGE
THRISSUR

AUR MET 30 to 1M

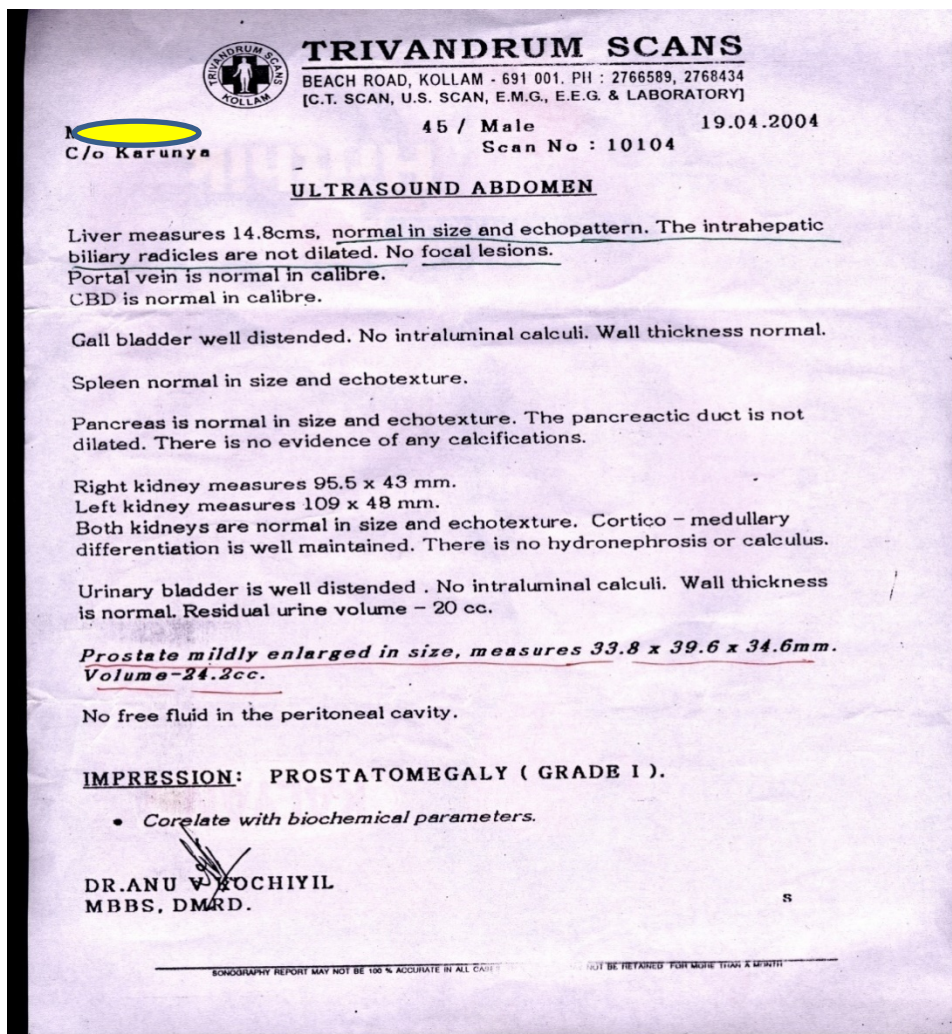
Asking questions one after another, High goals with feeling of utter worthlessness but Smiling.

+ Degenerative Syphilitic pathology.

After 83 Days of Homoeopathic treatment

No Cirrhosis!

No IHBR dilatation!



Better our system Unscientific!!!!

9

Hepatic failure and MELD Score

Diseases that lead to hepatic Failure

- Drug induced - Acetaminophen (pain killer in arthritis antipyretic overdose)
- Hepatitis B and C
- Alcoholic & Non Alcoholic Cirrhosis
- HCC
- Autoimmune liver disease / PBC (primary Biliary cirrhosis)

Challenging liver disease with MELD Score – (Model of End-stage Liver Disease)

- prioritizing for receipt of a liver transplant **More than 20**
- Formula for MELD Score

$$\begin{aligned} \text{MELD} = & \\ & 3.78 \times [\text{serum bilirubin (mg/dL)}] + \\ & 11.2 \times \ln [\text{INR}] + \\ & 9.57 \times \ln [\text{serum creatinine (mg/dL)}] + \\ & 6.43. \end{aligned}$$

Challenge the challenging disease with **MELD Score more than 20**

Homoeopathy is competent enough to manage

- Alcoholic & Non Alcoholic Cirrhosis (GGT)
- HCC (AFP)
- Autoimmune liver disease / PBC (Primary Biliary cirrhosis) (AMA)

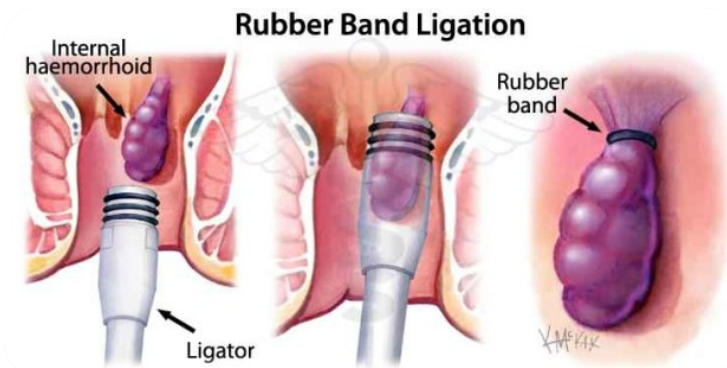
Major Challenges when MELD score above 20

- Ascites
- Portal hypertension – Oesophageal varices
- BBB Breaking S. Bilirubin
- Hepatic coma
- Hepato- splenic - renal failure

All are vulnerable to **Pathological prescription** & Pathological Prescription Only

1) Oesophageal varices

An alternative to –EVL (Endoscopic Variceal Ligation Banding)



- Cardus Mar 0/3 + Hamamelis 30 repeated doses

2) Portal hypertension

- Cardus Mar 0/3, 0/6 TDS
- Aloes 6c
- Collinsonia can 30
- Podophyllum Q 1 drop TDS

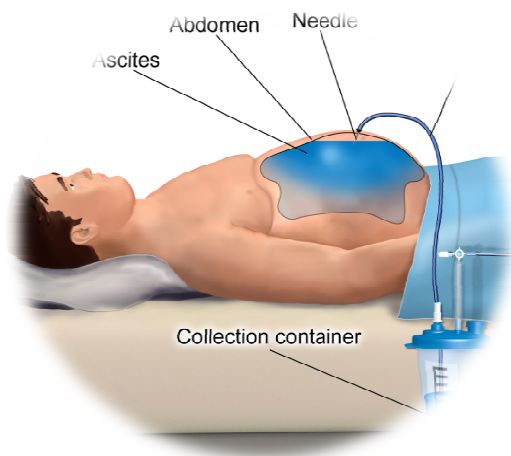
Better Avoid drop doses ...

3) Ascites (Mild & Moderate)

- Cardus Mar 0/3 TDS
- Apocynum 6 QID
- ArsAlb 0/3 (Soft)
- Conium Mac 30 (Hard)
- *Teribinthina 3x TDS (+Renal)*
- *Eel Serum 30 2 hourly (+Renal)*

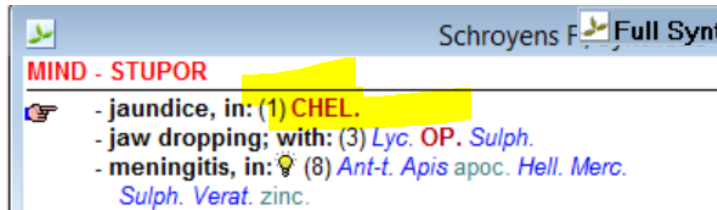
4) Gross Ascites

- Muriatic Acid 30 BD +Cardus Mar 0/3 TDS +Eel serum 30, 2hourly



- Interdisciplinary management is the best option- abdominal paracentesis/ Lasix along with Homoeopathic treatment will make recovery speedy.

5) Hepatic Coma – Chelidonium 10M



6) Hepato-splenic -Renal failure

- Berberis Vulgaris Q 2 drops TDS followed by 200
- CeanothusAmer Q 3 drops TDS
- Sarsaparilla 6, 2 hourly then 30
- Opium 1M
- Carbo veg 10 M

10

Hepatocellular Carcinoma (HCC)

- **Investigations:** AFP + CEA + Biopsy
- **STAGES**

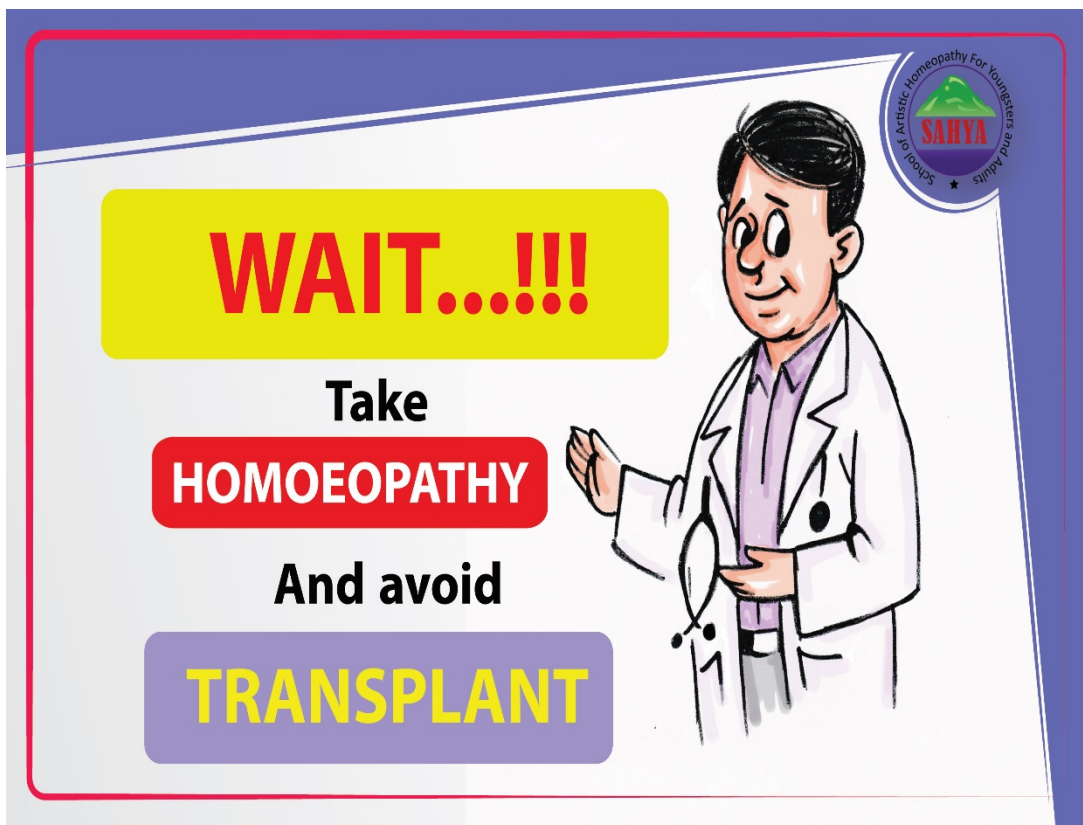
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Prevent TRANSPLANTATION

Promote DONATION

Transforming Liver Lives Through Homoeopathy

Homoeopathy a New Dawn of Hope For Liver Patients !!!



WAIT...!!!

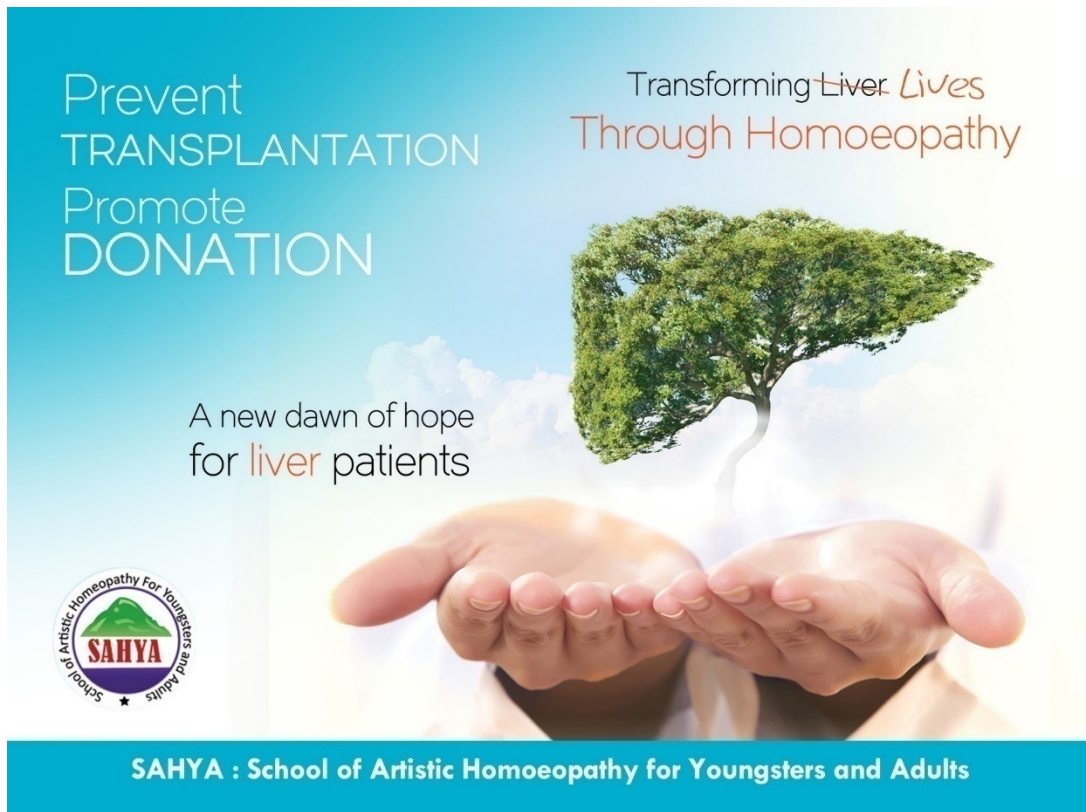
Take

HOMOEOPATHY

And avoid

TRANSPLANT

School of Artistic Homoeopathy For Youngsters and Adults
SAHYA



11

Clinical Cases

CASE 1: HBV Carrier

***The Homoeopathic Multi Specialty Hospital
Changanacherry – 1, KERAL, S.INDIA***

Case No.6



CASE RECORD

Reg.No. 12354/06

Date: 25.10.06

Name.....

Address.....

.....

Vypin, KERALA

.....

Age: 33 yrs **Sex:** M **Religion:** Muslim **Caste:**

Occupation: Doctor **Marital Status:** Married

Diagnosis: HBV Carrier

Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

Weakness after Exertion

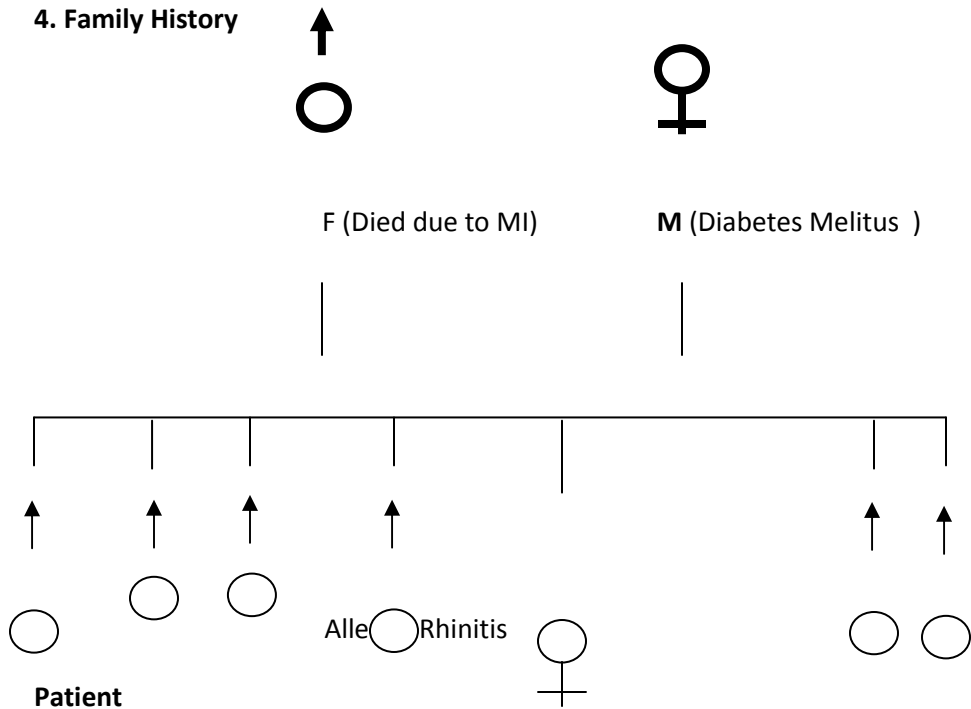
2. History of Present Illness

Accidentally noted during Blood examination on 25/06/2004.

3. History of past Illness and Treatment

H/o Hydrocele undergone surgery 5 years back

4. Family History



5. Personal History

Place of Birth : Cochin
Religion : Muslim
Education : ITI
Economical status : Upper class
Marital status : Married
Occupation : Doctor

Habits

Food : Non Vegetarian
Addictions : Nil
Sleep : Good

6. Physical Generals

Excessive Perspiration of Hands

Offensive perspiration of feet

Bloody Diarrhea after meet

Habit of tobacco Smoking

7. Mental Features

Indifference to suffering

Lack of circumspection

8. Physical Examination

BP: 130/90 Weight: 79Kg Pulse: 86/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE on25/10/2006

PROVISIONAL DIAGNAOSIS:

HBV Carrier

USER

10
6

DEFFERENTIAL DIAGNOSIS:

FINAL DIAGNOSIS: HBV Carrier

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
HBs Ag Positive	Indifference to suffering	Excessive Perspiration of Hands
Weakness after exertion	Lack of circumspection	
Bloody Diarrhea after meet	Offensive perspiration of feet	
	Habit of tobacco Smoking	

B. Miasmatic Evaluation of essential Totality:

Psora	Sycosis	Syphilis
Weakness after exertion	Excessive Perspiration of Hands	Bloody Diarrhea after meet Indifference to suffering Lack of circumspection Offensive perspiration of feet Habit of tobacco Smoking F/H Myocardial Infarction F/H of Diabetes Mellitus

REPERTORISATION TABLE

1. MIND - INDIFFERENCE - suffering; to
2. MIND - INDISCRETION
3. EXTREMITIES - PERSPIRATION - Foot - offensive
4. EXTREMITIES - PERSPIRATION - Hand
5. GENERALS - FAMILY HISTORY of - diabetes mellitus
6. GENERALS - FOOD and DRINKS - meat - agg.
7. GENERALS - TOBACCO - desire for tobacco - smoking; desire for

The screenshot shows the RADAR 9.2. for Windows interface. The main window is titled "Investigation window for remedies" and displays a repertorisation table. The table has 7 columns representing symptoms and 187 rows representing remedies. The symptoms are: 1. MIND - INDIFFERENCE - suffering; to, 2. MIND - INDISCRETION, 3. EXTREMITIES - PERSPIRATION - Foot - offensive, 4. EXTREMITIES - PERSPIRATION - Hand, 5. GENERALS - FAMILY HISTORY of - diabetes mellitus, 6. GENERALS - FOOD and DRINKS - meat - agg., and 7. GENERALS - TOBACCO - desire for tobacco - smoking; desire for. The table shows the degree of association for each remedy to each symptom. A clipboard window is open, showing the list of symptoms and their counts.

	1. MIND - INDIFFERENCE - suffering; to	2. MIND - INDISCRETION	3. EXTREMITIES - PERSPIRATION - Foot - offensive	4. EXTREMITIES - PERSPIRATION - Hand	5. GENERALS - FAMILY HISTORY of - diabetes mellitus	6. GENERALS - FOOD and DRINKS - meat - agg.	7. GENERALS - TOBACCO - desire for tobacco - smoking; desire for
1. MIND - INDIFFERENCE - suffering; to (5) 2	-	-	-	-	-	-	-
2. MIND - INDISCRETION (38) 2	1	2	3	1	1	1	1
3. EXTREMITIES - PERSPIRATION - Foot - offensive (58) 1	3	-	3	2	2	2	3
4. EXTREMITIES - PERSPIRATION - Hand (107) 2	2	2	1	3	3	3	1
5. GENERALS - FAMILY HISTORY of - diabetes mellitus (2) 1	-	-	-	-	-	-	-
6. GENERALS - FOOD and DRINKS - meat - agg. (62) 2	1	1	2	2	1	1	1
7. GENERALS - TOBACCO - desire for tobacco - smoking; desire for (27) 2	1	1	-	-	-	-	-

Drug-Symptom Table

	sep.	lyc.	nux-v.	puls.	calc.	sulph.	graph.	nat-m.	bamb-a.	staph.
	9/14	9/13	8/12	7/15	7/14	7/12	7/9	7/9	7/7	7/7
1	-	-	-	-	-	-	-	-	-	-
2	1	1	2	3	1	1	1	1	-	1
3	2	3	-	3	2	2	3	1	1	1
4	3	2	2	1	3	3	1	2	1	-
5	-	-	-	-	-	-	-	-	-	-
6	1	1	1	2	2	1	1	1	1	1
7	1	1	1	-	-	-	-	-	1	1

MANAGEMENT & TREATMENT

A. Plan of Treatment

Miasmatic Treatment

B. General / Accessory

Avoid Meat And advised to stop Smoking.

C. Medicinal – First Prescription *Lyc 200*

BASIS OF SELECTION

- (i) Medicine : Miasmatic, Inherited Syphilitic and Acquired Sycotic Miasm well Represented by LYC
- (ii) Potency : 200th medium potency
- (iii) Dose : 1 Dose

FOLLOW UP CRITERIA

FOLLOW UP

Date	1	2	3	4	5	6				Prescription
25/10/06	++	++	++	++	+	++				SUL 1M 1Dose
18/11/06	+	+	+	+	+	>				Sac Lac
30/11/06	+	+	++	++	+	+				Sac Lac 1 DOSE
29/12/06	+	+	+	>	+	>				Sac Lac
08/01/06	+	>	>	>	+	>				No Medicine

Patient reported with the Lab Report Showing HBc Ag (ELISA) Negative. So he was advised to discontinue treatment on 08/01/06.

CASE 2: Active Hepatitis B

**THE HOMOEOPATHIC MULTISPECIALITY HOSPITAL &
RESEARCH CENTER**

Changanacherry – 1, KERALA, S.INDIA

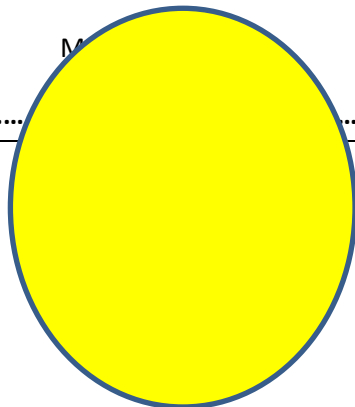
Case No.2

CASE RECORD

Reg.No.1806/06

Date: 19.08.06

Name.....



USER

11
2

BinuBhavan

Address.....

Kavalam

.....

Alappuzha, KERALA

.....

Age: 30 yrs **Sex:** M **Religion:** Hindu **Caste:** Ezhava

Occupation: Lab Assistant **Marital Status:** Married

Diagnosis:

Active Hepatitis - B

Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

Vomiting immediately after eating and drinking for 5 days.

Burning pain in lower abdomen. Red Discoloration of urine.

Yellow discoloration of sclera. Extreme prostration. Aching pain in left lower limb. Constant nausea. Itching around eyes. Loss of appetite

2. History of Present Illness

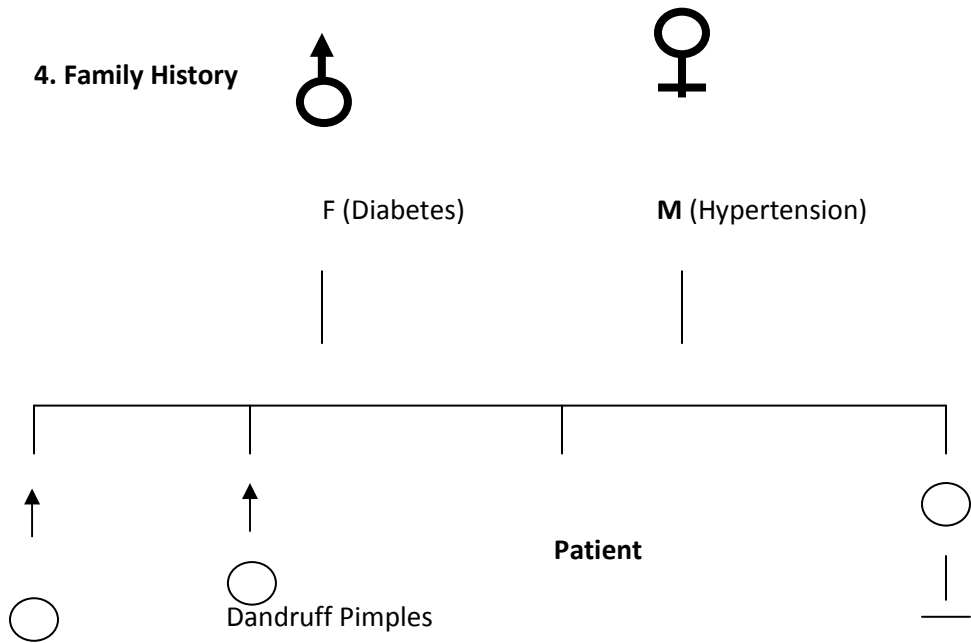
Patient is suffering from vomiting since 4 days. Yellow discoloration of sclera for 3 days and aching lower limbs for 2 days. Vomiting started after taking lime juice from Alappuzha. There was malaise and weakness for 2 weeks and history of aversion to food in the beginning that end up with complete loss of appetite 3 days back.

History of past Illness and Treatment

There was history of dental carries undergone for Root canal treatment from local dentist 2 months back.

History of a bike accident 5 years back with # Rt. Elbow 4 years back

4. Family History



5. Personal History

Place of Birth : kavalam
Religion : Hindu
Education : BSc, BLT
Economical status : Middle class
Marital status : Married at the age of 25
Children : 1
Occupation : Lab technician
Nutritional status : Good
Habits
Food : Non Vegetarian
Addictions : Nil

Sleep : Good

6. Physical Generals

Appetite-Loss,

Thirst-Increased but can take because of vomiting,

Sleep-Sleepless due to itching around eyes.

Stool-Inactivity of rectum,

Sweat-Yellow staining the cloths,

Dreams – of his own death,

Desires cool drinks,

Tendency to exhaust,

Chilliness

7. Mental Features

Facial expression-Anxious,

Anxious about his own health.

Fear of death.

Fear of contagion to his family members.

Anxiety about the health of his family members.

8. Physical Examination

BP: 130/90 Weight: 48Kg Pulse: 86/mt

Palpation – 2 finger enlargement of liver. Tenderness in

Right Hypochondriac.

Odema - Mild in ankle joints

Sclera – yellow discoloration in day light.

Skin – Pallor, No cyanosis, Dark discoloration around eyes.

9. Laboratory Findings

15 -08 - 06

HBsAg - +

19 – 08 – 06

Serum Bilirubin – 7.0 Mg/dl

S. Total protein – 6.9 Mg/dl

S.Albumin – 4.0

S.Globulin – 2.9

SGOT – 112 IU/MI

SGPT – 98 IU/MI

Alkaline Phosphatase – 7.6 KAU

PROVISIONAL DIAGNOSIS: HBV Infection

DEFFERENTIAL DIAGNOSIS: HBV Active, HAV, HCV, Toxic Hepatitis

FINAL DIAGNOSIS: **Active hepatitis B.**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
HBs Ag Positive	Dreams of His awn death	Anxiety about others
Yellow Coating of Tongues	Inactivity of rectum	Anxious facial Expression
Yellow Discoloration of Sclera	Fear of death	
Vomiting Immediately After Eating	Fear of contagion for others	
Want of appetite	Desire cold things	
Burning pain in Hypogastrica	Chilliness	
Red Discoloration of urine		
Weakness		



Itching around eyes		
Constant nausea		

B. Miasmatic Evaluation of essential Totality:

Psora	Sycosis	Syphilis
Burning pain in Hypogastria	Serum Bilirubin – 7	Fear of contagion
Weakness	Yellow Discoloration of Sclera.	SGPT – 98 IU/ML
Itching around eyes		SGOT – 112 IU/ML
Constant Nausea	Yellow coating on tongue	Red discoloration of urine.
Want of appetite		
Vomiting immediately after eating		Dreams of his own death.
Inactivity of rectum		

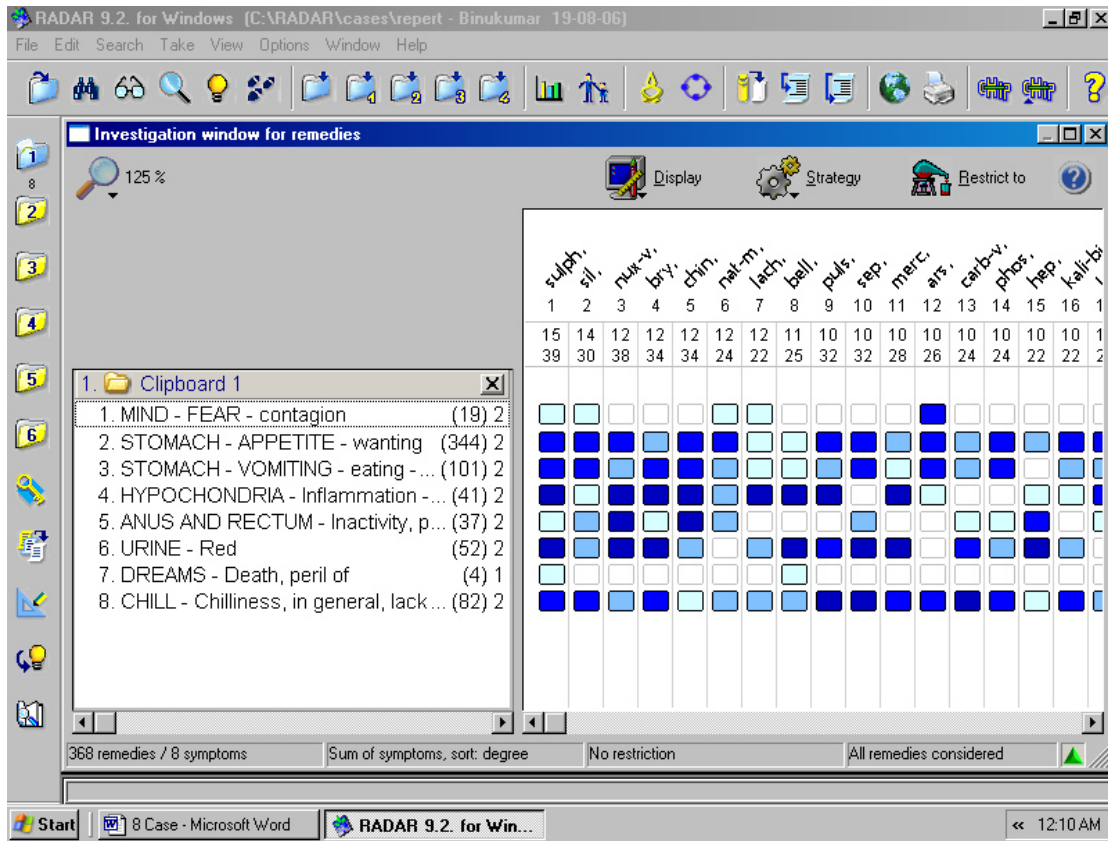
Anxiety about others		
Anxious facial Expression		
Chilliness		

REPERTORISATION TABLE

Name Of Repertory/Repertories Used –

Boenninghausen's repertory By C.M.BOGER & Synthesis by F.Shroyens

Rubrics taken
<ol style="list-style-type: none"> 1. MIND - FEAR - contagion 2. STOMACH - APPETITE - wanting 3. STOMACH - VOMITING - eating - after - agg. 4. HYPOCHONDRIA - Inflammation - liver 5. ANUS AND RECTUM - Inactivity, powerlessness rectum 6. URINE - Red 7. DREAMS - Death, peril of 8. CHILL - Chilliness, in general, lack of vital heat



Drug-Symptom Table

	sulph.	nux-v.	bry.	chin.	puls.	sep.	sil.	merc.	ars.	bell.	
	39/15	38/12	34/12	34/12	32/10	32/10	30/14	28/10	26/10	25/11	
1	1	-	-	-	-	-	1	-	3	-	
2	3	3	2	3	3	3	3	2	3	1	
3	3	2	3	3	2	3	3	1	3	1	
4	4	4	4	4	4	-	1	4	1	4	
5	1	4	1	4	-	2	2	-	-	-	
6	4	4	4	2	3	4	2	4	-	4	

7	1	-	-	-	-	-	-	-	-	1
8	3	2	3	1	4	4	3	3	3	2

MANAGEMENT & TREATMENT

D. Plan of Treatment

Constitutional Treatment with importance to Syphilitic symptoms/rubric as the case is pathological.

E. General / Accessory

Fat free diet. Vegetarian diet. Advised to take plenty of water as vomiting relieved. Salt restricted as patient is suffering from itching.

F. Medicinal – First Prescription *SILICEA 30*

BASIS OF SELECTION

- (i) Medicine : Constitutional (Chilly), Syphilitic
- (ii) prominence with Psora in the back ground
- (iii) Potency : 30th medium potency
- (iv) Dose : 1 Dose

FOLLOW UP CRITERIA

1. MIND - FEAR - contagion
2. STOMACH - APPETITE - wanting
3. STOMACH - VOMITING - eating - after - agg.
4. HYPOCHONDRIA - Inflammation - liver
5. ANUS AND RECTUM - Inactivity, powerlessness rectum
6. URINE - Red

- 7. DREAMS - Death, peril of
- 8. CHILL - Chilliness, in general, lack of vital heat

CHILL - Chilliness, in general, lack of vital heat

FOLLOW UP

Date	1	2	3	4	5	6	7	8	Prescription
19/08/06	++	++	++	+	+	++	+	++	SILICAE 30 1Dose
4/09/06	+	+	++	+	+	++	+	++	Sacclacc
20/09/06	+	+	+	+	+	>	+	++	Sacclacc
28/08/06	+	+	+	>	+	+	+	+	Sacclacc
14/10/06	+	+	+	>	+	+	+	+	SIL 30 1 Dose
29/10/06	+	+	+	>	+	+	+	+	Sacclacc
20/11/06	+	>	+	>	+	>	+	+	Sacclacc
15/11/06	+	>	+	>	+	>	+	+	Sacclacc
05/12/06	>	>	>	>	>	>	>	>	No Medicine

Patient reported that all his symptoms are relieved and s/he came with the Lab Report on 04 – 12 -06 Showing

S. Bilirubin – 1.4, HBsAg – NEGATIVE. One more dose of Silica 30 was given and sent him for HBs Ag ELISA

Reported on – 5/12/06

S.Bilirubin Total – 0.6 Mg/dl

S.Bilirubin Direct – 0.2 Mg/dl

HBs Ag (ELISA) Negative.

So he was advised to discontinue treatment on 22/12/06.

CASE 3 : Chronic Active Hepatitis B

***The Homoeopathic MultiSpecialityHospital
Changanacherry – 1, KERAL, S.INDIA***

Case No.8



CASE RECORD

Reg.No. 12354/06

Date: 12.10.06

Name.....

Address.....

.....

Changanacherry , KERALA

.....

Age: 23 yrs Sex: M Religion: Christian Caste: RC

Occupation: MBA Student Marital Status: Unmarried

Diagnosis: Chronic Active Hepatitis – B

Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

Pain right hypochondria.

Pain in Epigastria during fasting

Yellow discoloration of urine in the morning.

Progressive emaciation

Want of appetite

2. History of Present Illness

Complaint started one year back as active jaundice. Patient

Undergone Ayurvedic treatment and jaundice was relieved but SGPT & SGOT

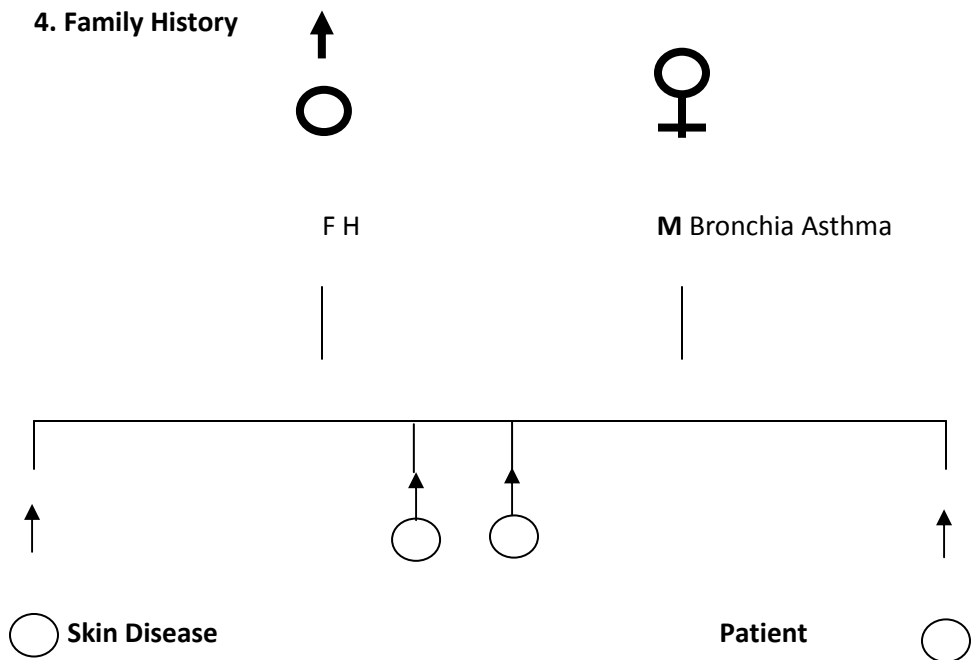
Levels raised. Patient has been under allopathic and Homoeopathic

Treatment since one year.

3. History of past Illness and Treatment

History of Jaundice during child hood > by Ayurvedic treatment.

4. Family History



5. Personal History

Place of Birth : Changanacherry

Religion : Christian
Education : MBA Student
Economical status : Middle Class
Marital status : Not married
Occupation : Student

Habits

Food : Non Vegetarian
Addictions : Nil
Sleep : Good

6. Physical Generals

Irritability during sleep .

Position – Only on Back

<during winter, Dry Cold

Hot patient

Constipation alternating with diarrhea

Increased sexual desire. Disposition to Masturbate.

7. Mental Features

Weakness of memory – only for studying things

Lack of concentration.

8. Physical Examination

BP: 120/80 Weight: 38 Kg Pulse: 65/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE on 11/08/2006

PROVISIONAL DIAGNOSIS : HBV Infection

DEFFERENTIAL DIAGNOSIS : HAV, CAH, Gilbert Syndrome

FINAL DIAGNOSIS: **Chronic Active Hepatitis – B**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
-----------------	-----------------	----------------

Pain right hypochondria.	Irritability during	Weakness of memory only for studying things
Pain in Epigastrium during fasting	Sleep	
Yellow discoloration of urine in the Morning.	Position – Only on Back	Lack of concentration
Progressive emaciation	< during winter, Dry Cold	
Want of appetite	Hot patient	
Constipation alternating with diarrhea.	Increased sexual desire.	
	Disposition to Masturbate.	

B. Miasmatic Evaluation of essential Totality:

Psora	Sycosis	Syphilis
Pain right hypochondria.	Increased sexual desire.	Weakness of memory only for studying things
Pain in Epigastrium during fasting		
Want of appetite	Disposition to Masturbate	
Constipation		Progressive

alternating with diarrhea. < during winter, Dry Cold Irritability during Sleep	Position – Only on Back Lack of concentration	emaciation
---	--	------------

REPERTORISATION TABLE

1. MIND - CONCENTRATION - difficult
2. MIND - MEMORY - weakness of memory - mental exertion; for
3. STOMACH - PAIN - fasting agg.
4. ABDOMEN - INFLAMMATION - Liver - chronic
5. ABDOMEN - PAIN - Hypochondria
6. MALE GENITALIA/SEX - MASTURBATION; disposition to
7. MALE GENITALIA/SEX - SEXUAL DESIRE - excessive
8. GENERALS - EMACIATION - progressive

Drug-Symptom Table

1. MIND - CONCENTRATION - difficult
2. MIND - MEMORY - weakness of memory - mental exertion; for
3. STOMACH - PAIN - fasting agg.
4. ABDOMEN - INFLAMMATION - Liver - chronic
5. ABDOMEN - PAIN - Hypochondria
6. MALE GENITALIA/SEX - MASTURBATION; disposition to
7. MALE GENITALIA/SEX - SEXUAL DESIRE - excessive
8. GENERALS - EMACIATION - progressive

	sil.	lyc.	nat-m.	sulph.	phos.	lach.	nux-v.	graph.	nat-c.	bar-c.	
	13/21	12/28	12/24	12/20	11/24	10/24	10/24	10/22	10/20	10/18	
1	3	3	2	2	3	3	4	3	2	3	
2	2	1	3	1	-	-	-	1	3	1	
3	-	-	-	-	-	2	-	3	-	2	
4	1	3	2	2	2	2	2	-	1	-	
5	1	3	2	2	1	-	1	2	2	1	
6	1	2	1	2	2	3	2	-	-	2	
7	2	2	2	1	3	2	3	2	2	-	
8	1	-	-	-	2	-	-	-	-	-	

MANAGEMENT & TREATMENT

G. Plan of Treatment

Constitutional Treatment

H. General / Accessory

Advised to Avoid Non vegetarian and to take plenty of water.

I. Medicinal – First Prescription *Lycy 200*

BASIS OF SELECTION

- (i) Medicine: Lycy Covered Patient symptoms as well the syphilitic and Sycotic symptoms.
- (ii) Potency : 200th medium potency
- (iii) Dose : 1 Dose

FOLLOW UP CRITERIA

1. MIND - CONCENTRATION - difficult
2. MIND - MEMORY - weakness of memory - mental exertion; for
3. STOMACH - PAIN - fasting agg.
4. ABDOMEN - INFLAMMATION - Liver - chronic
5. ABDOMEN - PAIN - Hypochondria
6. MALE GENITALIA/SEX - MASTURBATION; disposition to
7. MALE GENITALIA/SEX - SEXUAL DESIRE - excessive
8. GENERALS - EMACIATION - progressive

FOLLOW UP

Date	1	2	3	4	5	6	7	8	Prescription
11/08/06	++	+	++	++	++	++	++	++	SUL 1M 1Dose
13/08/06	+	+	+	+	+	+	+	+	SaccLacc
17/08/06	+	>	>	>	>	>	>	>	SUL 200 1 DOSE

Patient reported relieved all complaints he came with the Lab Report Showing HBc Ag (ELISA) Negative. So he was advised to discontinue treatment on 17/08/06.

CASE 4 : HBV Carrier

**The Homoeopathic MultiSpecialityHospital
Changanacherry – 1, KERAL, S.INDIA**

Case No.4

CASE RECORD

Reg.No. 12354/06

Date: 24.03.06

Name.....

Address.....

.....

KOLLAM

.....

Age: 52 yrs Sex: M Religion: HINDU Caste: NAIR

Occupation: Gulf Employee Marital Status: Married

Diagnosis: HBV Carrier



Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

Asymptomatic.

2. History of Present Illness

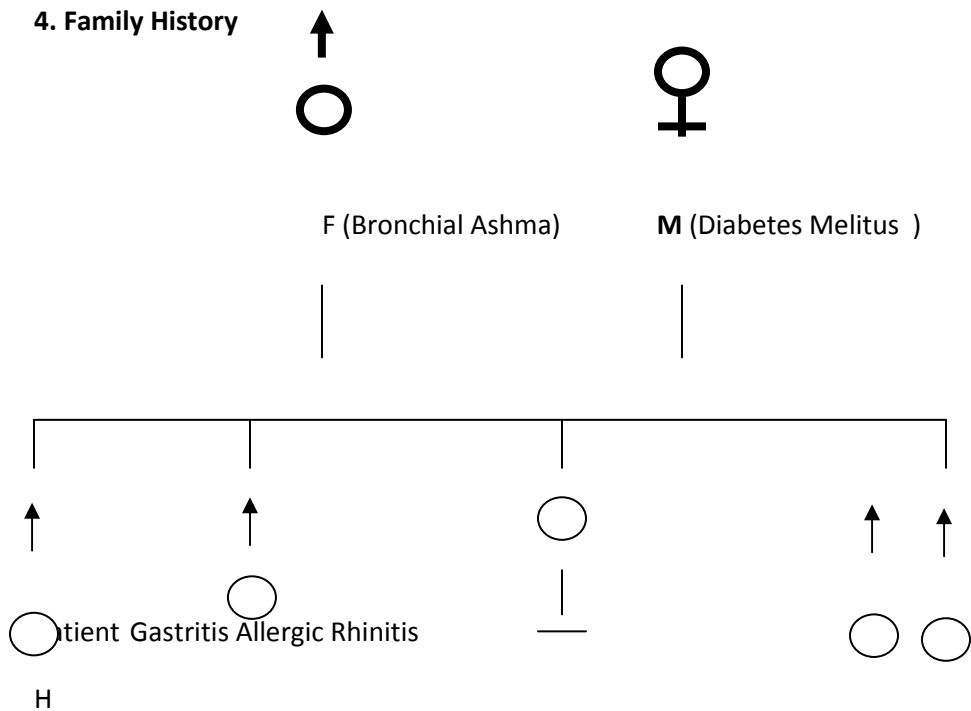
Accidentally noted at during a Medical Fitness Examination on 10/07/2005.

3. History of past Illness and Treatment

H/o Accident at Gulf 2 years back

H/o Skin Eruption > by Homoeopathic Treatment

4. Family History



5. Personal History

Place of Birth : KOLLAM
Religion : Hindu
Education : ITI
Economical status : Middle class
Marital status : Married
Occupation : Mechanic

Habits

Food : Non Vegetarian
Addictions : Nil
Sleep : Good

6. Physical Generals

General ill feeling during cloudy weather

< During Wet rainy weather

Desire for Meat

Desire Alcohol (Whiskey)

Perspiration on nose

Sleep Position on Abdomen

Obesity

7. Mental Features

Doubtful about hisrecovery.

Anxiety about future

Suspicious about medicine

Do not want to reveal his condition to others

Insulted his wife by saying that she don't know anything

8. Physical Examination

BP: 140/80 Weight: 55Kg Pulse: 78/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE 21/08/2006

RE –TC – 4200/cmm, Poly – 54%, E – 3%, E – 0%, L-43%, M-0%

ESR – 14 mm/hr, Hb-13%, S.Cholestrol T - 225

PROVISIONAL DIAGNAOSIS : HBV Carrier

DEFFERENTIAL DIAGNOSIS : HCV Carrier

FINAL DIAGNOSIS: **HBV Carrier**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
	General ill feeling during cloudy weather	Desire for Meat



HBs Ag Positive	< During Wet rainy weather	Perspiration on nose
	Desire Alcohol (Whiskey)	Sleep Position on Abdomen
	Obesity	
	Suspicious about medicine	
	Do not want to reveal his condition to others	
	Insulted his wife by saying that she don't know anything	

B. Miasmatic Evaluation of essential Totality:

Psora	Sycosis	Syphilis
	<p>General ill feeling during cloudy weather</p> <p>< During Wet rainy weather</p> <p>Desire Alcohol (Whiskey)</p> <p>Obesity</p> <p>Suspicious about medicine</p> <p>Do not want to reveal his condition to others</p> <p>Insulted his wife by saying that she don't know anything</p> <p>Desire Meat</p>	<p>Desire – Alcohol</p>

REPERTORISATION TABLE

Name Of Repertory/Repertories Used – Synthesis – By F.Shroyens

Rubrics taken

1. GENERALS - FOOD and DRINKS - alcoholic drinks - desire
2. GENERALS - WEATHER - cloudy weather - agg.
3. GENERALS - WEATHER - wet weather - agg.
4. MIND - SUSPICIOUS
5. MIND - SENSITIVE - moral impressions, to
6. MIND - ABUSIVE - husband - insulting; husband is - wife before children or vice versa
7. GENERALS - FOOD and DRINKS - meat - desire

The screenshot shows the RADAR 9.2 software interface. The main window is titled "Investigation window for remedies" and displays a synthesis window for remedies. The window shows a list of 7 rubrics on the left and a grid of 16 columns (representing different remedies) and 7 rows (representing the rubrics). The grid shows the degree of association between each rubric and remedy, with blue squares indicating a degree of 2 and white squares indicating a degree of 1. The status bar at the bottom shows "426 remedies / 7 symptoms" and "Sum of symptoms, sort: degree".

	lach.	verat.	puls.	ars.	nux-v.	sulph.	sep.	calc.	aur.	bry.	merc.	chin.	hydrog.	rhus-t.	arnic.	nat-c.
1. GENERALS - FOOD and DRINK...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
2. GENERALS - WEATHER - cloudy ...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. GENERALS - WEATHER - wet v...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
4. MIND - SUSPICIOUS	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
5. MIND - SENSITIVE - moral impres...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. MIND - ABUSIVE - husband - insultir...	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
7. GENERALS - FOOD and DRINK...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Drug-Symptom Table

1. **GENERALS - FOOD and DRINKS - alcoholic drinks - desire**
2. **GENERALS - WEATHER - cloudy weather - agg.**
3. **GENERALS - WEATHER - wet weather - agg.**
4. **MIND - SUSPICIOUS**
5. **MIND - SENSITIVE - moral impressions, to**
6. **MIND - ABUSIVE - husband - insulting; husband is - wife before children or vice versa**
7. **GENERALS - FOOD and DRINKS - meat – desire**

	lach.	verat.	puls.	ars.	nux-v.	sulph.	sep.	calc.	aur.	bry.
	11/25	11/19	10/23	10/22	10/17	9/20	9/17	9/14	9/13	9/13
1	3	2	2	3	3	3	2	1	2	1
2	1	1	2	1	-	1	2	1	1	1
3	2	2	3	3	1	2	2	3	1	1
4	3	1	3	3	2	3	2	1	2	3
5	-	-	2	-	1	-	-	-	-	-
6	3	3	-	1	1	-	-	-	-	-
7	1	1	1	-	2	2	1	2	1	1

MANAGEMENT & TREATMENT

J. Plan of Treatment

Miasmatic Constitutional Treatment

K. General / Accessory

Avoid Night watching.

L. Medicinal – First Prescription *Lach 200*

BASIS OF SELECTION

- (i) Medicine : Constitutional (Hot Patient), Sycotic prominence, Family History of Bronchial Asthma
- (ii) Potency : 200th medium potency
- (iii) Dose : 1 Dose

FOLLOW UP CRITERIA

1. GENERALS - FOOD and DRINKS - alcoholic drinks - desire
2. GENERALS - WEATHER - cloudy weather - agg.
3. GENERALS - WEATHER - wet weather - agg.
4. MIND - SUSPICIOUS
5. MIND - SENSITIVE - moral impressions, to
6. MIND - ABUSIVE - husband - insulting; husband is - wife before children or vice versa
- 7.
8. GENERALS - FOOD and DRINKS - meat - desire

FOLLOW UP

Date	1	2	3	4	5	6	7			Prescription
21/08/06	+	+	+	++	+	++	+			LACH 200 1Dose
29/08/06	>	+	+	>	>	>	>			No medicine

Patient reported that all his symptoms are relieved and he came with the Lab Report Showing HBc Ag (ELISA) Negative. So he was advised to discontinue treatment on 29/08/06.

CASE 5: Hepatitis B Active

***The Homoeopathic MultiSpecialityHospital
Changanacherry – 1, KERAL, S.INDIA***

Case No.3

CASE RECORD

Reg.No. 12354/06

Date: 14.07.06

Name.....

Address.....

PathanamthittaDist, K

Age: 30 yrs

Sex: F

Religion: Hindu

Caste:Nair

Occupation: House Wife.

Marital Status: Married

Diagnosis: Hepatitis – B (Active)

Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

Headache and sleeplessness for 5 days.

Aversion to food. Reddish discoloration of sclera.

Burning dorsal region. Agglutination of eyes in the morning.

Blurred vision

Colic < night

2. History of Present Illness

Sleeplessness Started one week back.

Loss of appetite since taking chicken from hotel 8 days back

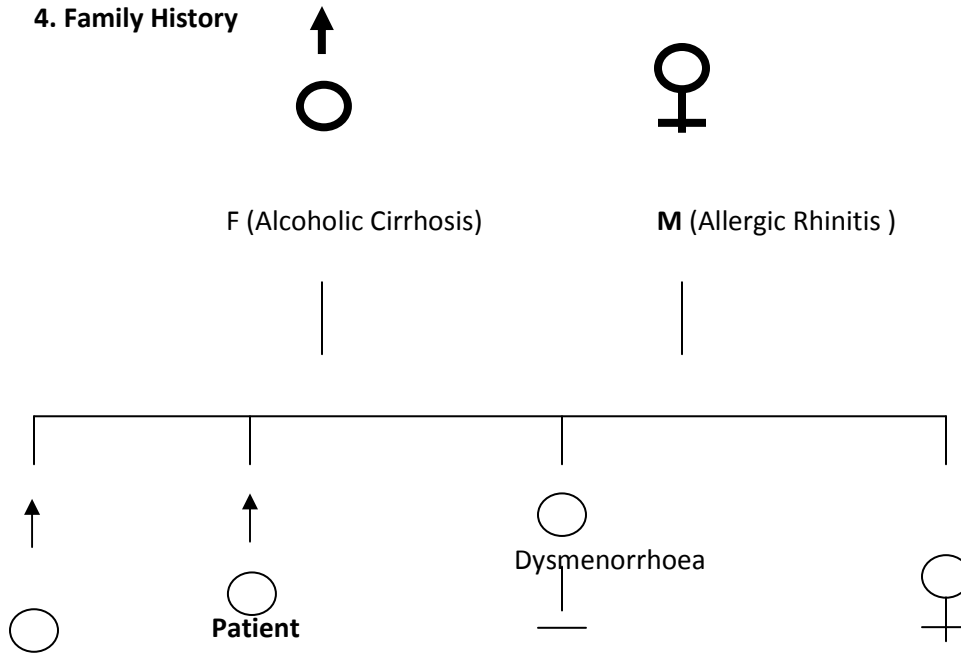
Burning dorsal region started 2 days back now get aggravated for 1 day.

3. History of past Illness and Treatment

H/o Cesarean Session 6 months back

H/o Dysmenorrhea before marriage

4. Family History



5. Personal History

Place of Birth : Pathanamthitta

Religion : Hindu

Education : +2

Economical status : Middle class

Marital status : Married

Occupation : House wife

Habits

Food : Non Vegetarian

Addictions : Nil

Sleep : Sleepless

6. Physical Generals

Hot patient. Desire for warm drinks. Aversion to covering.

Sleeplessness due to anxiety.

Desire for egg

Desire vinegar, onion

Menses: Dark Clotted, Painful

7. Mental Features

Anxiety about children

Despair recovery

Aversion to conversation

Introverted

Reserved displeasure due to quarrel with mother in law

Chronic grief due to husband's alcoholism

8. Physical Examination

BP: 110/70 Weight: 45Kg Pulse: 75/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE 15/11/2006

S.Bilirubin – 5.5 Mg/dl

PROVISIONAL DIAGNOSIS : HBV Infection

DEFFERENTIAL DIAGNOSIS : HBV Active, HAV, HCV

FINAL DIAGNOSIS: **Hepatitis – B Active**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
Head ache and sleeplessness	Anxiety about children	Desire Vinegar
Aversion to food.	Despair recovery	Desire Egg
Red discoloration of sclera.	Aversion to conversation	Desire Onion
Burning dorsal region.	Introverted	Hot patient
Agglutination of eyes in the morning.	Reserved displeasure due to quarrel with mother in law	Desire Warm Drinks
Blurred vision	Chronic grief due to husband's alcoholism	
Colic < night		



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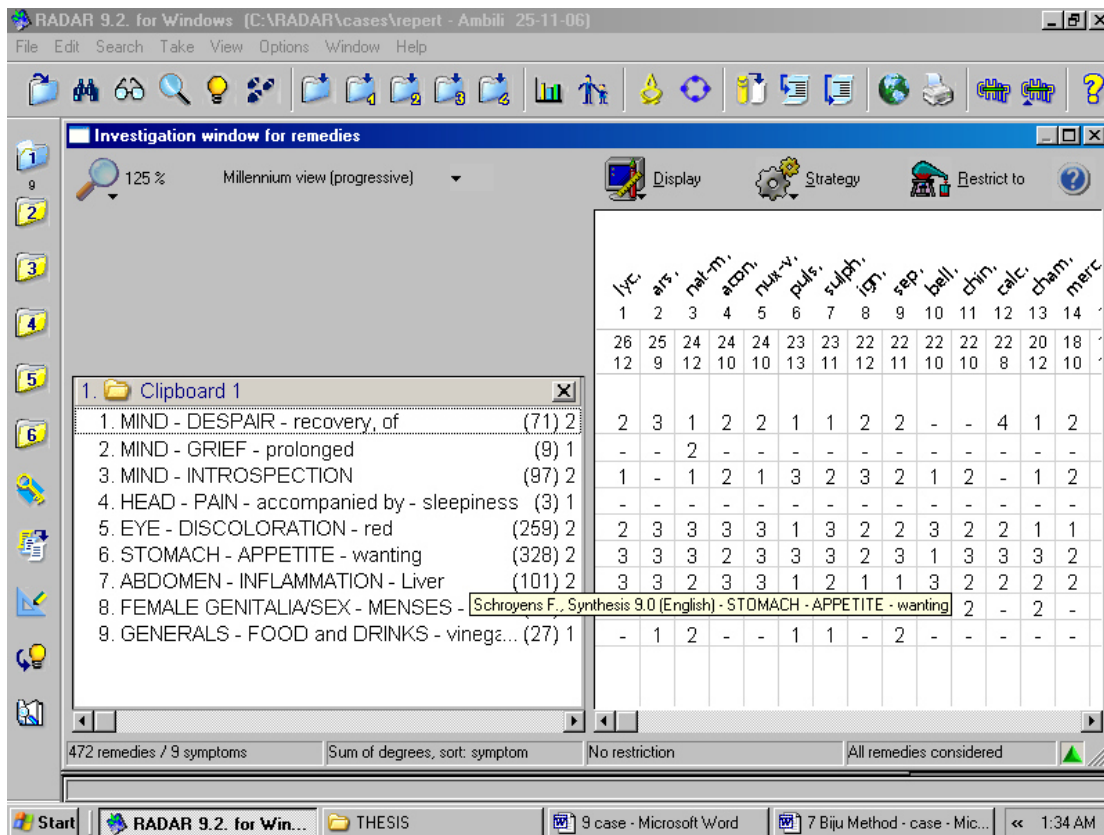
B. Miasmatic Evaluation of essential Totality :

Psora	Sycosis	Syphilis
Want of Appetite	Desire vinegar, onion	Despair recovery
Sleeplessness due to anxiety	Reserved displeasure	Aversion to conversation
Burning dorsal region	Chronic grief	Introverted
Desire for warm drinks	Agglutinated eyes in the morning	Menses : Dark Clotted
Desire egg		
Painful Menses		Red Sclera

REPERTORISATION TABLE

Name Of Repertory/Repertories Used – Synthesis – By F. Schroyens

Rubrics taken
<ol style="list-style-type: none">1. MIND - DESPAIR - recovery, of2. MIND - GRIEF - prolonged3. MIND - INTROSPECTION4. HEAD - PAIN - accompanied by - sleepiness5. EYE - DISCOLORATION - red6. STOMACH - APPETITE - wanting7. ABDOMEN - INFLAMMATION - Liver8. FEMALE GENITALIA/SEX - MENSES - clotted - dark clots9. GENERALS - FOOD and DRINKS - vinegar - desire



Drug-Symptom Table

1. MIND - DESPAIR - recovery, of
2. MIND - GRIEF - prolonged
3. MIND - INTROSPECTION
4. HEAD - PAIN - accompanied by - sleepiness
5. EYE - DISCOLORATION - red
6. STOMACH - APPETITE - wanting
7. ABDOMEN - INFLAMMATION - Liver
8. FEMALE GENITALIA/SEX - MENSES - clotted - dark clots
9. GENERALS - FOOD and DRINKS - vinegar - desire

	lyc.	ars.	nat-m.	acon.	nux-v.	puls.	sulph.	ign.	sep.	bell.	
	26/12	25/9	24/12	24/10	24/10	23/13	23/11	22/12	22/11	22/10	
1	2	3	1	2	2	1	1	2	2	-	
2	-	-	2	-	-	-	-	-	-	-	

3	1	-	1	2	1	3	2	3	2	1
4	-	-	-	-	-	-	-	-	-	-
5	2	3	3	3	3	1	3	2	2	3
6	3	3	3	2	3	3	3	2	3	1
7	3	3	2	3	3	1	2	1	1	3
8	2	-	-	-	-	2	-	1	-	3
9	-	1	2	-	-	1	1	-	2	-

MANAGEMENT & TREATMENT

M. Plan of Treatment

Constitutional Treatment by considering Syphilitic Symptoms/Rubrics and person symptoms of the case

N. General / Accessory

Fat free diet. Vegetarian diet. Advised to take plenty of water as vomiting get relieved. Salt restricted as patient is suffering from itching. Avoid Severe Physical exertion. Advised for abstinence from coition

O. Medicinal – First Prescription *Nat Mur 200*

BASIS OF SELECTION

- (i) Medicine: Constitutional covered patient symptoms like prolonged Grief, Desire vinegar as well as syphilitic symptoms like red sclera, Introspection, despair about recovery.
- (ii) Potency : 200th medium potency
- (iii) Dose : 1 Dose

FOLLOW UP CRITERIA

- i. MIND - DESPAIR - recovery, of
- ii. MIND - GRIEF - prolonged
- iii. MIND - INTROSPECTION
- iv. HEAD - PAIN - accompanied by - sleepiness
- v. EYE - DISCOLORATION - red
- vi. STOMACH - APPETITE - wanting
- vii. ABDOMEN - INFLAMMATION - Liver
- viii. FEMALE GENITALIA/SEX - MENSES - clotted - dark clots
- ix. GENERALS - FOOD and DRINKS - vinegar - desire

FOLLOW UP

Date	1	2	3	4	5	6	7	8	9	Prescription
25/11/06	+	+	++	++	+	++	+	+	+	NAT MUR 200 1Dose
28/11/06	+	+	++	++	+	++	+	+	+	SaccLacc
1/12/06	++	+	+	++	++	++	++	++	+	NAT MUR 200 1 DOSE
19/12/06	+	+	+	>	>	>	>	+	+	SaccLacc
24/01/06	+	+	>	>	>	>	>	+	+	SACC LACC 1 Dose

Patient reported that all her symptoms are relieved and she came with the Lab Report Showing HBs Ag (ELISA) Negative AND Serum Bilirubin – 1 Mg/dl. So she was advised to discontinue treatment on 24/01/07.

CASE 6: HBV Carrier

*The Homoeopathic MultiSpecialityHospital
Changanacherry – 1, KERAL, S.INDIA*

Case No.7

CASE RECORD

Reg.No. 12354/06

Date: 12.10.06

USER

15
4



Radhakrishnan	
Name	
Radhanilayam	
Address	
Thiruvankulam	
.....	
Cochin , KERALA	
.....	
Age: 48yrs	Sex: M
Religion: Hindu	Caste: Nair
Occupation: Returned Gulf Employee	Marital Status: Married
Diagnosis:	HBV Carrier
Attended By: Dr.S.G.BIJU	

1. Presenting Complaints:

Itching all over the body especially after bathing.

2. History of Present Illness

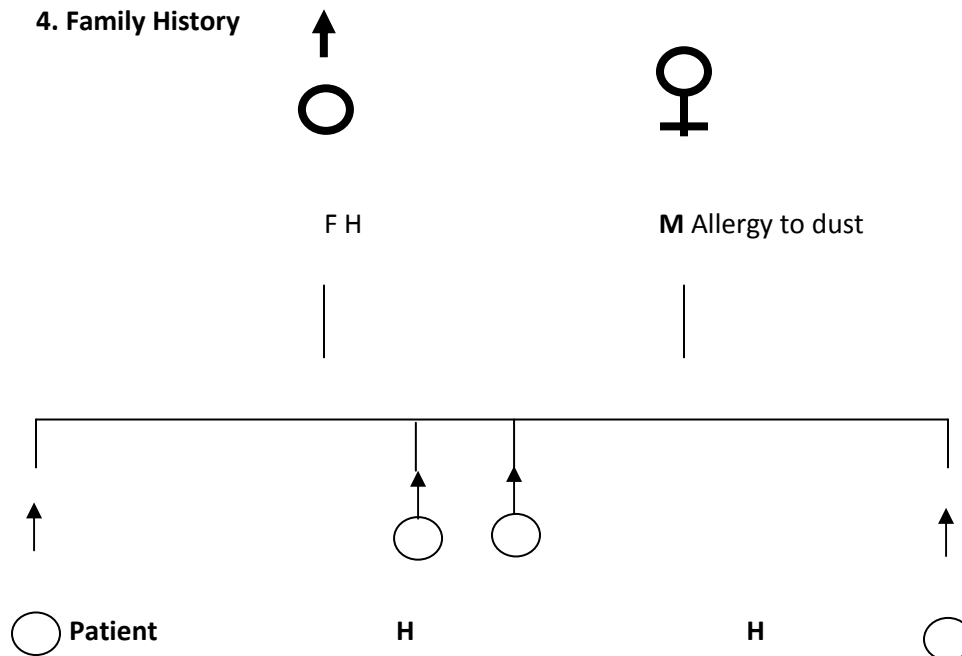
HBs Ag positive since the year 2000. Became medically unfit during medical examination.

3. History of past Illness and Treatment

Repeated vaccinations for various epidemic disease at Gulf

H/o Septic Injury Rt. Index Finger 10 years back and is partially amputated.

4. Family History



5. Personal History

Place of Birth : Cochin
Religion : Hindu
Education : ITI
Economical status : Poor
Marital status : Married
Occupation : A/C Mechanic

Habits

Food : Vegetarian
Addictions : Nil
Sleep : Good

6. Physical Generals

Thirst for warm water.

Sensitive to cold air

Chilly Patient

Frowning in forehead

7. Mental Features

Answering Very slowly

Speech in very soft low voice

8. Physical Examination

BP: 120/80 Weight: 58 Kg Pulse: 80/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE on 12/01/2006

PROVISIONAL DIAGNOSIS : HBV Carrier

DIFFERENTIAL DIAGNOSIS :

FINAL DIAGNOSIS: **HBV Carrier**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
Itching all over the body especially after bathing.	Thirst for warm water. Sensitive to cold air Chilly Patient Answering Very slowly	Frowning in forehead Speech in very soft low voice



B. Miasmatic Evaluation of essential Totality:

Psora	Sycosis	Syphilis
Itching all over the body especially after bathing	Answering Very slowly	
Speech in very soft low voice	Frowning in forehead	
Thirst for warm water.		
Sensitive to cold air		
Chilly Patient		

REPERTORISATION TABLE

1. MIND - ANSWERING - slowly
2. MIND - FROWN, disposed to
3. MIND - SPEECH - low, soft voice
4. SKIN - ITCHING - bathing - after
5. GENERALS - COLD - air - agg.
6. GENERALS - FOOD and DRINKS - warm drinks - desire
7. GENERALS - HEAT - lack of vital heat

The screenshot shows the RADAR 9.2 software interface. A window titled 'Investigation window for remedies' displays a table of drug-symptom relationships. The table has 7 columns for symptoms and 16 columns for remedies. A clipboard window is open over the table, showing the following list of symptoms:

Symptom	Count	Order
1. MIND - ANSWERING - slowly	(38)	1
2. MIND - FROWN, disposed to	(17)	2
3. MIND - SPEECH - low, soft voice	(9)	2
4. SKIN - ITCHING - bathing - after	(2)	1
5. GENERALS - COLD - air - agg.	(187)	2
6. GENERALS - FOOD and DRINKS...	(51)	2
7. GENERALS - HEAT - lack of vital...	(241)	2

The main table in the software shows the following data (Symptoms are numbered 1-7, Remedies are numbered 1-16):

Symptom	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	9	9	9	8	8	7	7	7	7	7	7	7	7	7	7	7
2	19	16	13	20	10	17	15	13	13	13	12	12	9	9	7	7
3	1	2	1	-	-	1	3	3	3	1	2	2	1	1	1	1
4	2	1	1	3	-	-	-	-	1	1	-	-	-	1	-	-
5	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
6	3	2	2	3	2	3	2	2	3	3	2	2	1	1	1	1
7	2	2	-	-	1	3	1	1	-	-	1	1	1	-	1	1
8	2	2	2	3	1	2	3	2	1	2	2	2	2	2	1	1

Drug-Symptom Table

1. MIND - CONCENTRATION - difficult
2. MIND - MEMORY - weakness of memory - mental exertion; for
3. STOMACH - PAIN - fasting agg.
4. ABDOMEN - INFLAMMATION - Liver - chronic
5. ABDOMEN - PAIN - Hypochondria
6. MALE GENITALIA/SEX - MASTURBATION; disposition to

- 7. MALE GENITALIA/SEX - SEXUAL DESIRE - excessive
- 8. GENERALS - EMACIATION - progressive

MANAGEMENT & TREATMENT

P. Plan of Treatment

Constitutional Miasmatic Treatment

Q. General / Accessory

Avoid night watching

R. Medicinal – First Prescription *Sulphur 200*

BASIS OF SELECTION

- (i) Medicine : Miasmatic constitutional. Patient has inherited and acquired Psoric Miasm.
- (ii) Potency: 200th medium potency
- (iv) Dose : 1 Dose

FOLLOW UP CRITERIA

- 1. MIND - ANSWERING - slowly
- 2. MIND - FROWN, disposed to
- 3. MIND - SPEECH - low, soft voice
- 4. SKIN - ITCHING - bathing - after

5. GENERALS - COLD - air - agg.

6. GENERALS - FOOD and DRINKS - warm drinks - desire

7. GENERALS - HEAT - lack of vital heat

FOLLOW UP

Date	1	2	3	4	5	6	7			Prescription
12/10/06	++	+	++	++	+	++				SUL 1M 1Dose
19/01/06	+	+	+	+	+	>				Sacclacc
2/11/06	+	+	+	++	+	+				SUL 200 1 DOSE
19/12/06	+	+	+	>	+	>				Sacclacc
9/01/06	+	+	+	>	>	>				No Medicine

Patient reported that itching relieved and he came with the Lab Report Showing HBc Ag (ELISA) Negative. So he was advised to discontinue treatment on 9/01/06.

CASE 7 : HBV CARRIER

*The Homoeopathic MultiSpecialityHospital
Changanacherry – 1, KERAL, S.INDIA*

Case No.5

CASE RECORD

Reg.No. 12354/06

Date: 19.05.05

Name.....

Address.....

Kurisummood.P.O

Kottayam, KERALA

Age: 43 yrs **Sex:** M **Religion:** Christian **Caste:** RC

Occupation: Teacher **Marital Status:** Married

Diagnosis: HBV Carrier

Attended By: Dr.S.G.BIJU

1. Presenting Complaints:

General feeling of weakness especially after noon.

Increased appetite at night

2. History of Present Illness

Unexpectedly noted during Blood donation on 10/07/2005.

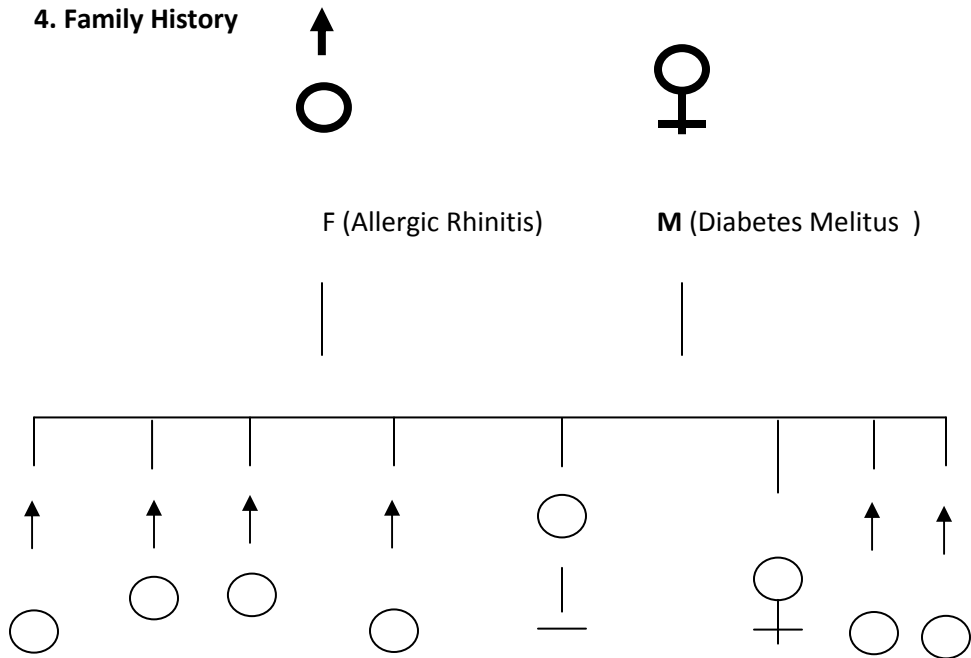
3. History of past Illness and Treatment

H/o Pneumonia 2 years back.

H/o Typhoid 6 months back

Both were treated by allopathic injections

4. Family History



5. Personal History

Place of Birth : KOLLAM

Religion : Hindu

Education : ITI

Economical status : Middle class

Marital status : Married

Occupation : Mechanic

Habits

Food : Non Vegetarian

Addictions : Nil

Sleep : Good

6. Physical Generals

Perspiration –offensive, on nose

Constipation with difficult stool.

Anxiety leads Sleeplessness

7. Mental Features

Anxiety about his future.

Anxiety about money matters.

Hasty Speech

8. Physical Examination

BP: 140/80 Weight: 59Kg Pulse: 80/mt

10. Laboratory Findings

HBs Ag (ELISA) – POSITIVE Test Value – 51. 41 on 19/05/2006

PROVISIONAL DIAGNAOSIS : HBV Carrier
DEFFERENTIAL DIAGNOSIS : HCV Carrier
FINAL DIAGNOSIS: **HBV Carrier**

A. Analysis & Evaluation of the case

Disease Symptom	Patient Symptom	Person Symptom
HBs Ag Positive	Perspiration –offensive Constipation with difficult stool. Sleeplessness due to anxiety. Anxiety about his future. Anxiety about money matters.	Perspiration on nose Hasty Speech

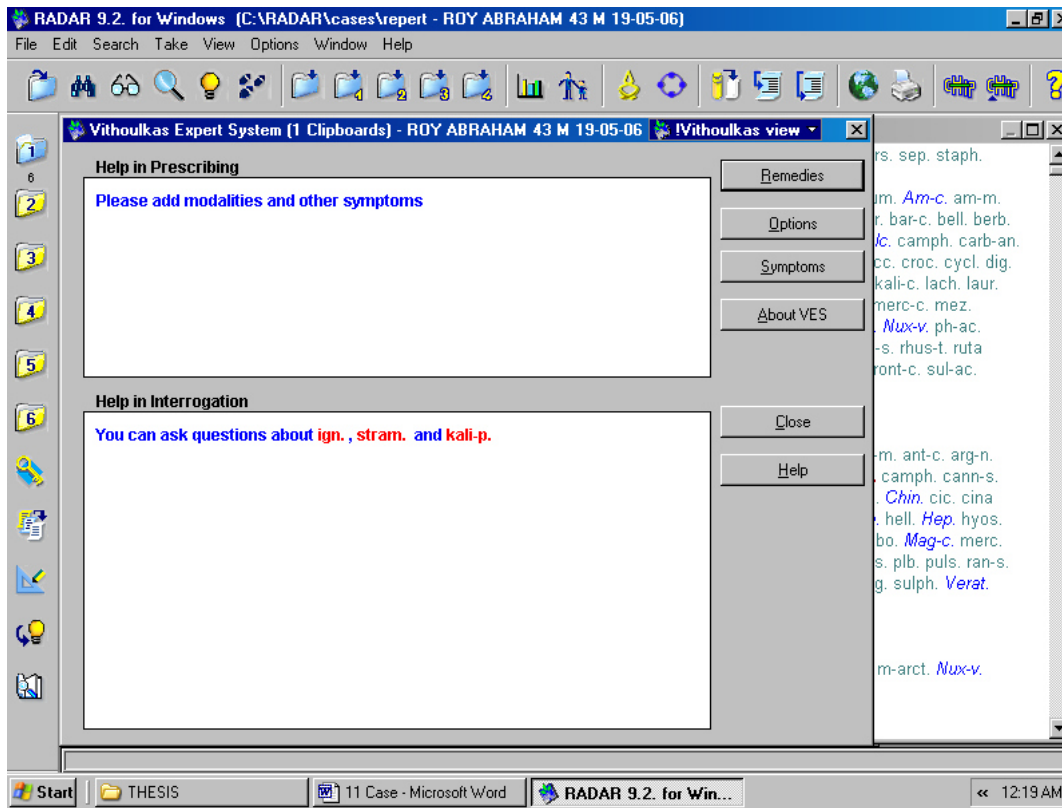
B. Miasmatic Evaluation of essential Totality :

Psora	Sycosis	Syphilis
Sleeplessness due to anxiety	Constipation with difficult stool Anxiety about money matters	Perspiration – offensive

Hasty Speech	Anxiety about his future	

REPERTORISATION TABLE

1. MIND - SPEECH - hasty
2. MIND - ANXIETY - future, about
3. MIND - ANXIETY - money matters, about
4. NOSE - PERSPIRATION on
5. SLEEP - SLEEPLESSNESS - anxiety, from
6. RECTUM - CONSTIPATION - difficult stool



Drug-Symptom Table

6. MIND - SPEECH - hasty
7. MIND - ANXIETY - future, about
8. MIND - ANXIETY - money matters, about
9. NOSE - PERSPIRATION on
10. SLEEP - SLEEPLESSNESS - anxiety, from
11. RECTUM - CONSTIPATION - difficult stool

	ign.	bry.	calc.	bell.	lach.	nat-m.	sep.	caust.	cocc.	merc.
	8/11	7/13	7/10	7/9	6/15	6/13	6/13	6/11	6/11	6/11
1	2	1	-	2	3	-	2	1	1	3
2	-	4	3	-	2	2	2	2	1	1
3	1	2	1	-	-	-	-	-	-	-
4	1	-	1	1	-	3	-	-	-	-
5	1	1	1	1	2	1	2	2	3	1
6	2	3	2	1	3	3	3	3	2	2

MANAGEMENT & TREATMENT

S. Plan of Treatment

Constitutional Treatment

T. General / Accessory

Avoid Night watching. Vegetable fiber food.

U. Medicinal – First Prescription *Ignatia 200*

BASIS OF SELECTION

- (i) Medicine : Constitutional
- (ii) Potency : 200th medium potency
- (iii) Dose : 1 Dose

FOLLOW UP CRITERIA

- i. MIND - SPEECH - hasty
- ii. MIND - ANXIETY - future, about
- iii. MIND - ANXIETY - money matters, about
- iv. NOSE - PERSPIRATION on
- v. SLEEP - SLEEPLESSNESS - anxiety, from
- vi. RECTUM - CONSTIPATION - difficult stool

FOLLOW UP

Date	1	2	3	4	5	6				Prescription
19/05/06	+	+	++	++	+	++				IGNATIA 200 1Dose
16/07/06	+	+	++	++	+	++				SaccLacc
26/11/06	+	+	+	++	++	++				NAT MUR 200 1 DOSE
19/12/06	+	+	+	>	>	>				SaccLacc



Cadmium Met 102
Cadmium Phos 102
Cadmium Sulph 40
Calc Carb 78, 102
Calc Flour 88
Calc Iod 102
Calendula 83, 102
Cannabis 90
Carbo Veg 101
Carc 83, 102
Carduus 23, 24, 89, 99, 100
CEA 83, 102
Chel 22, 23, 41, 101, 103
Chicken Pox 24
Chikungunya 24
China 90
Chionanthus 22, 23, 24
Conium 100, 102

Conjunctivitis 24

CornusCircinata 22

Corydalis Formosa 56

CrotalusHor 40, 42

Curare 90



Dengue 24

Digitalis 24

Dolicos 23



Eel Serum 100

EVL 99



Fatty Liver 85, 88

Feltauri 40

Fer Pic 22

Flouric Acid 40, 41, 89

G

GGT 29, 40, 43, 90, 99

Gross Ascites 100

H

Hamamelis 99

HCC 98, 102, 83, 98

HCV 80, 91, 121, 140

Hedra Helix 89

Hepar Sulph 23

Hepatic Coma 99, 101

Hepatic Failure 98

**Hepato Spleno Renal Failure
101**

I

Iris Vers 90

Iodum 42

K

Kali Carb 74

Kali Iod 41

Kali Sulph 58

Kalmegh 22, 23

L

Lachesis 42, 145

Laurocerasus 23

Leptandra 23, 29, 31

Lycopodium 24, 88, 90, 103

Lycopus 22

M

Mag Mur 40

Measles 24

Medo 88, 89

Meld Score 98, 99

MercCor 39, 41, 42

Merc Sol 39, 40, 41, 42, 88

Metastasis 102, 103

MRCP 39

Mumps 24

Muriatic Acid 100

Myrica 23, 102



NAFLD 88

NASH 88

Nat Mur 59, 64

Nat Sulph 58

NuxVom 24, 58, 89, 90



Oesophageal Varices 99

Opium 58, 59, 101



Palliative 102, 103

PBC 89, 90, 98, 99

Perhexilinum Mal 89

Phos 41, 88

Pic Ac 40, 41, 46, 48

Platelet 87, 89, 90, 39, 40

Plumbum 90

Podo 23, 24, 40, 100

Portal Hypertension 23, 89, 99, 100

Prothrombin Time 39, 40

PteliaTrifolia 89



Sarasaparila 101

Seroclearance 83

S.Ferritin 39, 40, 87, 91

Scrrhinum 102, 103

SenecioAureus 102

Sepia 40



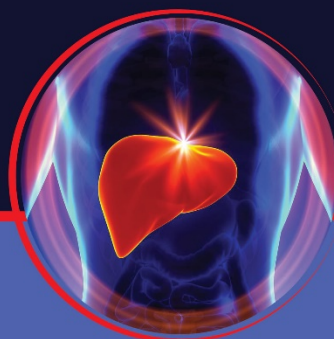
Taraxacum 22

Thiosinaminum 88, 89, 90

Thuja 40, 58, 59



Vipera 42



Dr.S.G.Biju is an ardent, seasoned and passionate Homoeopath. He is practicing this genre of medical science since 1992. He is an Assistant Professor in department of repertory in WMH Medical College, Kanyakumari Tamil Nadu. His main area of interest and speciality is Hepatitis-B. He cured almost 5000 patients who were diagnosed Hepatitis-B positive shows his result oriented approach Autoimmune disease, & Metabolic disorders, Developmental abnormalities in children, foetal anomalies ADHD are his other areas of interest. His accolades include Dr.Samuel Hahnemann National Award 2003, N.K Jayaram State Award 2007, & Best guest lecturer award in the year 2009. He is selected for the Best Private Practitioner Award of Government of Kerala for the year 2017.

He presented papers in various national and International Seminars. 'Homeopathic treatment protocol for Hepatitis-B ' in Dubai, Homeopathic management of Cancer at Kula Lumpur Malasya/Singapore and Sri Lanka were appreciated by one and all. He is a Trainer, Mentor and beyond all a Philanthropist. He adopted 165 HIV affected children since 2005, Accommodated 103 junior doctors for training in his hospital where many of them are practicing independently as successful Homoeopaths. He always support and foster the young buds in Homoeopathy to take the best out of them. He has published various articles in leading international and national Homoeopathic Journals like Homoeopathic heritage. His Maiden book "The Symphony of Homoeopathy" was one of the best sellers from B Jain Publishers India. Within 32 days first edition is sold out. Second & 3rd editions of Symphony of Homoeopathy are also a best seller till date. This book is an avid contribution to Homoeopathy through his 25 years of experience, knowledge and wisdom.



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