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Management of Distress During Climacteric Years by Homeopathic Therapy

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Abstract

Objectives: The purpose of this study was to ascertain the usefulness of homeopathic therapy in the management of distressing symptoms encountered during climacteric years in women (primary objective) and also the changes brought about in the levels of follicle-stimulating hormone (FSH) and lipid profile in these women after homeopathic treatment (secondary objective).

Materials and methods: An open, multicenter, prospective, observational study was carried out to ascertain the usefulness of homeopathic treatment in distress during climacteric years (DDCY). Patients were enrolled from the general outpatient department of the six Institutes/Units of Central Council for Research in Homoeopathy (CCRH) and were required to complete a follow-up period of 1 year as per the protocol designed by the CCRH. A uniform questionnaire assessing 15 predefined symptoms of menopause was adopted, with assessment of each symptom at every visit. Levels of serum FSH and lipid profile were monitored at entry and at completion. Effect size of the study was also calculated. CARA Software was used for repertorization of the presenting symptoms of menopause along with the characteristic attributes of each patient to arrive at a simillimum. The selected medicine was prescribed in a single dose as per the homeopathic principles. The assessment of the results was made through statistical analysis using the Wilcoxon signed rank test on Statistical Package for Social Sciences (SPSS) comparing symptom score at entry and completion of 1 year of treatment and *t* test for analyzing improvement in laboratory findings.

Results: Homeopathic therapy was found to be useful in relieving menopausal distressing symptoms such as hot flashes, night sweats, anxiety, palpitation, depression, insomnia, and so on. Influence on serum levels of FSH, high-density lipoprotein, and low-density lipoprotein was not significant but serum levels of cholesterol, triglycerides, and very-low-density lipoprotein decreased significantly. Effect size of the study was found to be large. The medicines found to be most frequently indicated and useful were *Sepia, Lachesis, Calcarea carb., Lycopodium,* and *Sulphur.*

Conclusions: This study proves the usefulness of homeopathic medicines in relieving DDCY.

Introduction

Climacteric is the phase in the aging of women marking the transition from the reproductive phase to the nonreproductive state. This phase incorporates the perimenopause by extending for a longer variable period before and after the perimenopause.[1]

The time of menopause is determined genetically and occurs at a median age of 51 years.[2]

By the year 2025, the World Health Organization estimates that 1.1 billion women will be aged 50 or over.[3] A total of 130 million Indian women are expected to live beyond the menopause into old age by 2015.[4]

According to a survey, overall, 44% of postmenopausal women reported having ever used hormone replacement therapy (HRT).[5] The most frequently cited primary use for HRT was symptom relief, particularly hot flashes (HF), with 70% of women stating that this was a reason for taking the therapy.[6]

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Since the publication of results of a study on risks and benefits of estrogen plus progestin in healthy postmenopausal women indicated that overall health risks exceed benefits,[7] it has led women to seek alternatives. In 2008, conventional HRT use over age 50 had dropped to 11.8%, compared to 22% in the year 2000.[8]

Menopausal symptoms have been treated with homeopathic medicines for more than one and a half centuries.[9] Homeopathy is based on the principle of "Similia," first stated by Hippocrates and propounded into a therapeutic system by Samuel Hahnemann in the late 18th century.[10] Homeopathic medicines are prepared as per the directions of the Homoeopathic Pharmacopoeia of India,[11] and 12.7% of the Indian population prefers homeopathic therapy.[12]

A pilot study on homeopathic treatment of hot flashes was carried out on 31 patients. Overall, at least 73% of patients reported improvement in both severity and frequency of symptoms, with a reasonable agreement between doctor- and patient-assessed outcomes.[13]

In another prospective observational study on 45 patients with breast cancer, 38 had hot flashes. Other symptoms such as mood disturbances, joint pains, fatigue, sleeplessness, and so on were also present in these patients. Significant improvement was seen in HF, and quality of life also showed an improvement.[14]

The observational study on treatment of hot flashes with homeopathy in 438 patients revealed a significant reduction ($p < 0.001$) in the frequency of HF and in daily discomfort they cause.[15]

An audit report of a National Health Service community menopause clinic through homeopathic intervention suggested that the greatest response was in those who reported headaches, vasomotor symptoms, emotional/psychologic symptoms, and tiredness/fatigue as their primary symptoms.[16]

Randomized clinical trials (RCTs) on homeopathy for menopausal symptoms[17] and estrogen withdrawal symptoms[18] in breast cancer survivors did not show the statistically significant results as the primary outcome measure for homeopathy over placebo.

The study was undertaken by the Central Council for Research in Homoeopathy (CCRH), with the primary objective to ascertain the role of homeopathic therapy in the management of distress during climacteric years (DDCY) with regard to improvement in symptom complex and the secondary objectives to assess the effect on the level of the serum follicle-stimulating hormone (FSH) and the changes in lipid profile.

Materials and Methods

An open prospective observational study was undertaken by the CCRH at six centers from October 2005 to September 2009 (including a follow-up period of 1 year) as per the protocol. Female patients between the ages of 40 and 55 years and with changes in menstrual pattern or with cessation of menstruation for at least 1 year were screened from the general outpatient department of the institutes/units. Of the screened cases, patients who fulfilled the inclusion criteria (i.e., cessation of menstruation for at least 1 year with FSH level > 40 mIU/mL) or women in the perimenopausal period with serum FSH ranging between 10 and 40 mIU/mL on the second day of menstrual cycle, after submission of informed written consent were enrolled in the study. The patients who had an artificial menopause and were on HRT, had a history of breast or reproductive organ cancer, uncontrolled hypertension, diabetes mellitus, chronic renal failure, and severe psychiatric disturbance based on the history, relevant investigations, or physical examination were excluded. Two hundred and ninety three (293) women were studied from October 2005 to September 2009 including a follow-up period of 1 year. A flow chart the inflow of patients is given below (Fig. 1). The study protocol was in accordance with the Helsinki declaration on human experimentation[19] and Guidelines of Good Clinical Practice.[20] Clearance was obtained from the Institutional Ethical Committee of the Council.

As the study was done at six centers, a uniform questionnaire "Distress During Climacteric Years Symptom Scale" (DDCYSS) was devised by the Council to remove the bias of the investigator for assessing the individual symptoms. (Table 1).

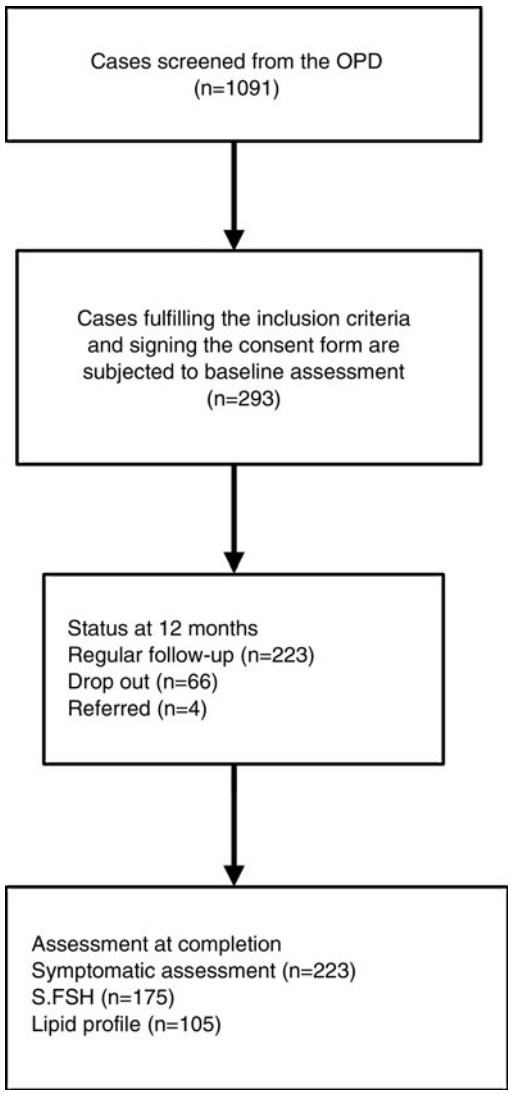

FIG. 1. Flow chart depicting inflow of patients. OPD, outpatient department; S.FSH, serum-follicle-stimulating hormone.

At entry, an objective assessment of 15 predefined symptoms of menopause was done on DDCYSS. Each symptom in DDCYSS was quantified considering its frequency, duration, and intensity by attributing scores 0–4. Depending upon the baseline symptom score, the intensity of the distress was classified into *mild* (4–11), *moderate* (12–24), and *severe* (25–36). Also, every patient was subjected to per vagina and/or per speculum examination as required at the baseline.

Following a detailed homeopathic consultation with assessment of signs and symptoms, each patient was treated with an individualized homeopathic medicine after repertorization on CARA Software[21] in final consultation with Materia Medica. The selected medicine was given in single dose in 30 C potency.

After the first visit, follow-up was done every week for a month, then every 2 weeks for 3 months (if required maybe early with the consultation of a gynecologist), and then monthly for 8 months. Evaluation of symptoms was done as per DDCYSS at every follow-up and per vaginal/per speculum examination was done at the third, sixth, ninth, and twelfth month. Serum FSH and lipid profile assessment was done at entry and on completion of 1 year. The patients were followed up for a period of 1 year.

Medicine was repeated, first in the same potency and subsequently in higher potencies only when the patient did not improve further.

Investigators were allowed to change the medicine only twice after reviewing the case. In case the patient did not improve even after changing the medicine twice, the case was to be declared as a treatment failure.

The data were analyzed statistically by using the Wilcoxon signed rank test on SPSS for analyzing the score and *t* test

Table 1. Distress During Climacteric Years Symptom Scale (DDCYSS) Developed by the Central Council for Research in Homoeopathy

		Symptom score			
S. no.	*Symptoms*	*0*	*1*	*2*	*3*
1	Hot flashes	Not at all	1–2 Times/24 hrs	3–5 Times/24 hrs	>5 Times/24 hrs
2	Night sweats	Not at all	1–2 Times/24 hrs	3–5 Times/24 hrs	>5 Times/24 hrs
3.	Mood swings				
	a) Anxiety psychic (irritability)	Not at all	Worrying about minor matters	Apprehensive attitude apparent in speech	Fear and anxiety expressed without questioning
	b) Depression	Not at all	Feelings expressed on questioning	Expresses nonverbally through facial expression	Expresses in verbal and nonverbal communication

		0	*1*	*2*
4.	Palpitation	Not at all	2 to 3 Times/week	> 3 Times/week
5.	Pruritus vulvae	Not at all	Present but not disturbing work	Present and disturbing work
6	Dysuria	Not at all	Tolerable	Intolerable
7.	Sexual desire (change from previous)	Not at all	Decreased	Increased
8.	Poor memory	Not at all	Occasional	Disturbing routine work

		0	*1*	*2*
9.	Stress incontinence	Not at all	Symptom revealed on enquiry	Symptom expressed spontaneously
10	Dyspareunia if observed	Not at all	Symptom revealed on enquiry	Symptom expressed spontaneously
11	Vaginal dryness on p/s examination	Not at all	Symptom revealed on enquiry	Symptom expressed spontaneously
12	Vaginal discharge	Not at all	Symptom revealed on enquiry	Symptom expressed spontaneously
13	Insomnia	Not at all	Occasional	Disturbing routine work

		0	*1*	*2*	*3*	*4*
14	Are work and activities affected (lack of concentration)?	Not at all	Thoughts & feelings of incapacity, fatigue related to activities	Loss of interest in work and activity	Decrease in actual time spent in working	Stopped activities because of present illness
Total symptom score	*Intensity of the disease: Mild [4–11], Moderate [12–24], Severe [25–36]*					

S. no., serial number; p/s, per speculum.

for analyzing improvement in laboratory findings, as per protocol. On completion of a 1-year period of treatment, the outcome was assessed by using the following formula:

$$\%\,\text{improvement} = \frac{(\text{Score at entry} - \text{Score at completion})}{\text{Score at entry}} \times 100$$

Accordingly, improvement indices were formulated as marked improvement (75% or more improvement in symptoms score from baseline score), moderate improvement (50% to <75% improvement in symptoms score from baseline score), mild improvement (25% to <50% improvement in symptoms score from baseline score), and not significant improvement (<25% improvement in symptoms score from baseline score).

The value of Cohen's *d* and the effect-size correlation, $r_{Y\lambda}$, were calculated by using the means and standard deviations of two groups (before and after treatment) by applying the following formula:

$$\text{Cohen's } d = M_1 - M_2/\sigma_{\text{pooled}}$$

where $\sigma_{\text{pooled}} = \subset/\varphi\text{ov}\tau > [(\sigma_1? + \sigma_2?)/2]$.

Results

Of 1091 women screened, only 293 qualified for the inclusion criteria. Of these 293 patients, 223 patients regularly followed up for symptomatic assessment for 1 year, 66 dropped out, and 4 were referred. One hundred and seventy-five (175) patients were investigated for FSH both at entry and completion, and 105 patients were investigated for dyslipidemia before and after treatment. The data pertaining to symptom score and medicines found useful were analyzed and conclusions drawn thereupon (Tables 2 and 3). The mean score at the end of the study was reduced to 3.30 from 14.10 at baseline, which was statistically significant ($p = 0.0001$).

Table 3. Medicines Found Useful for Improvement in Status

Medicine	*No. of cases prescribed*	*Marked improvement in no. of cases*	*Moderate improvement in no. of cases*	*Mild improvement in no. of cases*
Sepia	53	37	14	2
Pulsatilla	27	15	9	3
Lachesis	24	13	6	5
Sulphur	27	17	8	2
Calcarea carb.	25	19	4	2
Lycopodium	17	14	1	2
Natrum mur.	9	4	5	0
Arsenic alb.	4	3	1	0
Phosphorus	4	2	1	1
Ferrum met.	4	4	0	0
Kali carb.	3	3	0	0
Silicea	2	2	0	0
Sabina	1	1	0	0
Graphites	2	1	1	0
Crotalus horridus	3	2	1	0
Belladonna	1	1	0	0
Amyl nit.	1	1	0	0
Merc. sol.	1	1	0	0
Glonoine	1	1	0	0
Causticum	1	0	1	0
Nux vom.	1	1	0	0
Mag. carb.	1	1	0	0
Zinc. met.	1	0	1	0
Psorinum	4	4	0	0
China	1	1	0	0
Nitric acid	2	2	0	0
Syphillinum	2	0	2	0
Cocculus	1	1	0	0
Total	*223*	*151*	*55*	*17*

Table 2. Comparison of the Symptom Score at Baseline and at End by Using Wilcoxon Signed Rank Test

Symptoms	*Symptom present in no. of cases before treatment (%)*	*No. of cases after treatment (%)*	*Mean score at baseline (SD)* (n)	*Mean score at end (SD)* (n)	*Z- value**	p-*Value**
Hot flashes	205 (91.93%)	54 (24.22%)	1.90 (0.84) ($n = 205$)	1.24 (0.47) ($n = 54$)	12.13	0.0001
Night sweats	189 (84.75%)	46 (20.63%)	1.89 (0.84) ($n = 189$)	1.15 (0.42) ($n = 46$)	11.66	0.0001
Anxiety	195 (87.44%)	45 (20.18%)	1.79 (0.78) (n = 195)	1.22 (0.42) ($n = 45$)	11.90	0.0001
Depression	162 (72.65%)	35 (15.70%)	1.66 (0.78) ($n = 162$)	1.17 (0.45) ($n = 35$)	10.02	0.0001
Palpitation	152 (68.16%)	26 (11.66%)	1.31 (0.46) ($n = 152$)	1.04 (0.20) ($n = 26$)	10.84	0.0001
Pruritis vulvae	88 (39.46%)	14 (6.28%)	1.20 (0.41) ($n = 88$)	1.00 (0.00) ($n = 14$)	8.28	0.0001
Dysuria	70 (31.39%)	10 (4.48%)	1.16 (0.37) ($n = 70$)	1.30 (0.48) ($n = 10$)	7.39	0.0001
Sexual desire (change from previous)	117 (52.47%)	72 (32.29%)	1.56 (0.50) ($n = 117$)	1.46 (0.50) ($n = 72$)	6.43	0.0001
Poor memory	180 (80.72%)	119 (53.36%)	1.40 (0.49) ($n = 180$)	1.18 (0.38) ($n = 119$)	9.21	0.0001
Stress incontinence	119 (53.36%)	51 (22.87%)	1.30 (0.46) ($n = 119$)	1.06 (0.24) ($n = 51$)	8.57	0.0001
Dyspareunia	52 (23.32%)	19 (8.52%)	1.19 (0.40) ($n = 52$)	1.11 (0.32) ($n = 19$)	5.51	0.0001
Vaginal dryness	55 (24.66%)	13 (5.83%)	1.13 (0.34) ($n = 55$)	1.08 (0.28) ($n = 13$)	6.33	0.0001
Discharge per vagina	94 (42.15%)	13 (5.83%)	1.32 (0.47) ($n = 94$)	1.15 (0.38) ($n = 13$)	8.44	0.0001
Insomnia	152 (68.16%)	44 (19.73%)	1.30 (0.46) ($n = 152$)	1.09 (0.29) ($n = 44$)	10.51	0.0001
Work & activities affected	185 (82.96%)	60 (26.91%)	1.92 (0.88) ($n = 185$)	1.23 (0.46) ($n = 60$)	11.55	0.0001
Total score	223 (100.00%)	223 (100.00%)	14.1 (4.79) ($n = 223$)	303 (2.92) ($n = 223$)	12.96	0.0001

*$p < 0.05$ is considered significant.
SD, standard deviation.

The level of FSH was reduced in 98 of 175 patients, which was not statistically significant ($p = 0.86$). Statistically significant results were seen in serum levels of cholesterol ($p = 0.033$), triglycerides ($p = 0.022$), and very low density lipoprotein (VLDL) ($p = 0.006$). However, HDL and LDL values did not show statistically significant results. The degree of improvement in 223 patients was as follows: *marked* = 151, *moderate* = 55, and *mild* = 17.

The medicines found indicated were *Sepia, Lachesis, Sulphur, Pulsatilla, Nat.mur., Lycopodium, Calc. carb., Arsenic alb., Phosphorus, Ferrum met., Kali carb., Silicea, Sabina, Graphites, Crotalus hor., Belladona, Amyl nit., Merc. sol., Glonoine, Causticum, Nux. vom., Mag. carb., Zinc. met., Psorinum, China, Nitric acid, Syphillinum, and Cocculus.*

Besides the objectives, it was found that cervicitis, cervical erosion, cervical polyp, cystocele and rectocele also improved in 37 patients after treatment.

The value of Cohen's *d* and the effect size correlation, $r_{Y\lambda}$, worked out to be: Cohen's $d = 2.7226193$ and effect size $r = 0.8059230$ ($r = 0.8059230$, which suggested a large effect size of the study).

Discussion

The mean menopausal age of the sample population was 46.66 years. This corroborates with the results of a demographic study conducted on the onset of menopause on 129 women in the Haridwar district of Uttarakhand, India, in which it was found to be 46.82 years.[22]

The DDCYSS was useful in quantifying the individual symptoms and the total distress. It was easy to fill out and quick to assess.

Homeopathic treatment was found to be effective in HF,[13–15] vasomotor symptoms, emotional/psychologic symptoms, and fatigue.[16]

It was observed that the medicines found frequently indicated and useful were *Sepia, Lachesis, Sulphur, Pulsatilla, Nat.mur. and Lycopodium.*[15]

Sepia, *Sulphur*, *Lachesis*, *and Pulsatilla* have been successfully used by homeopathic practitioners for the treatment of menopausal distress symptoms.[23–25]

Amyl nit., *Graphites*, *Psorinum*, *Lachesis*, *Sepia*, *and Sulphur* are also mentioned as first-grade medicines under the rubric "menopause" in the Synthesis Repertory.[26]

Influence on serum levels of FSH, HDL, and LDL was not significant, but serum levels of cholesterol, triglycerides, and VLDL decreased significantly.

The effect size of the study was also found to be large.

Apart from the primary objective, it was found that cervicitis, cervical erosion, cervical polyp, cystocele, and rectocele were also improved. This is again a reconfirmation of the holistic tenet of homeopathy where a holistically selected simillimum not only relieves the primary complaint of the patient but at the same time takes care of other problems as well.

In the present-day scenario with the HRT scare, women are looking forward to safer and effective treatment options. This study reconfirms the scope of homeopathy for effective management of menopausal complaints.

Conclusions

The results of the study imply that homeopathic medicines prescribed on the basis of totality of symptoms act holistically in relieving symptoms of menopause. Further RCTs can be conducted to validate these results.

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Disclosure Statement

No competing financial interests exist.

References

1. International Menopause Society. Menopause Terminology. Online document at: www.imsociety.org/menopause_terminology.php Accessed September 17, 2010.
2. Hurd WW, Amesse LS, Randolph JF Jr. Menopause. In: Berek JS, ed. Novak's Gynecology. Philadelphia: Lippincott Williams & Wilkins, 2002:1110.
3. Menopause Stats, Signs, Symptoms. Online document at: http://content.nhiondemand.com Accessed August 4, 2010.
4. Sengupta A. The emergence of the menopause in India: Climacteric. Menopause J Int Menopause Soc UK 2003;6: 92–95.
5. Use of Hormone Replacement Therapy Among Postmenopausal Women in the United States, 1988–94. Online document at: www.cdc.gov/nchs/data/nhanes/databriefs/hrtinwomen Accessed April 8, 2010.
6. Ballard K. Women's use of hormone replacement therapy for disease prevention: Results of a community survey. Br J Gen Pract 2002;52:835–837.
7. Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the Women's Health Initiative Randomized Controlled Trial. JAMA 2002;288:321–333.
8. Health Omnibus Survey (HOS). Survey finds women turning to untested HRT alternatives. Online document at: www.adelaide.edu.au/news/news32841 Accessed September 17, 2010.
9. Guernsey HN. The Applications of the Principles and Practice of Homoeopathy to Obstetrics and the Disorders Peculiar to Women and Young Children. Calcutta, India: Sett, Dey & Co., 1866.
10. Dudgeon RE. Lectures on the Theory and Practice of Homoeopathy. New Delhi: B. Jain, 2002:4–5.
11. Ministry of Health and Family Welfare, Government of India. Homoeopathic Pharmacopoeia of India, vols. I–IX, 1971–2006.
12. Singh P, Yadav RJ, Pandey A. Utilization of indigenous systems of medicine & homoeopathy in India. Indian J Med Res 2005;122:137–142.
13. Clover A, Ratsey D. Homeopathic treatment of hot flushes: A pilot study. Homeopathy 2002;91:75–79.

14. Thompson EA, Reilly D. The homeopathic approach to the treatment of symptoms of oestrogen withdrawal in breast cancer patients: A prospective observational study. Homeopathy 2003;92:131–134.
15. Bordet MF, Colas A, Marijnen P, et al. Treating hot flushes in menopausal women with homoeopathic treatment: Results of an observational study. Homeopathy 2008;97:10–15.
16. Relton C, Weatherley-Jones E. Homeopathy service in a NHS community menopause clinic: Audit of clinical outcomes. J Br Menopause Soc 2005;11:72–73.
17. Jacobs J, Herman P, Herron K, et al. Homeopathy for menopausal symptoms in breast cancer survivors: A preliminary randomized controlled trial. J Altern Complement Med 2005; 11:21–27.
18. Thompson EA, Montgomery A, Douglas D, et al. A pilot randomised double blind placebo controlled trial of individualised homeopathy for symptoms of oestrogen withdrawal in breast cancer survivors. J Altern Complement Med 2005;11:13–20.
19. World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. Online document at: www.who.int/bulletin/archives/79(4)373.pdf. Accessed October 3, 2005.
20. Guideline for Good Clinical Practice. International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use. 1996. www.ich.org/LOB/media/MEDIA482.pdf Accessed March 16, 2009.
21. Witko D, rev by Stevenson J. CARA Professional. London: Miccant Ltd, 1997.
22. Kapur P, Sinha B, Pereira BM. Measuring climacteric symptoms and age at natural menopause in an Indian population using the Greene Climacteric Scale. Menopause 2009;16:378–384.
23. Fames S. What can we learn from the recent HRT scare? Health Homeopathy 2004;Spring:25.
24. Luthra N. The Transitional Phase: Perimenopause. Homeopathy For All 2007;8:19.
25. Worden J. After HRT, how homeopathy can help with menopausal symptoms. Health Homeopathy 2007/2008; Winter:12–14.
26. Schroyens F. Repertorium Homeopathicum Syntheticum. London: Homeopathic Book Publishers, 1983:894–895.

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