



# Efficacy of *Arnica* in controlling hemorrhage in Placenta Previa

**ABSTRACT:** *Third trimester bleeding continues to be the most ominous complication of pregnancy. It requires medical evaluation in about 5 - 10% pregnancies. The seriousness and frequency of obstetric hemorrhage makes it one of the 3 leading causes of maternal death and also a major cause of perinatal morbidity and mortality. Causes of bleeding may be obstetric or non-obstetric. Obstetric causes are of more concern. Most serious hemorrhages (2% - 3%) lose < 800 ml of blood and are due to premature separation of placenta or placenta previa.*

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## WHAT IS PLACENTA PREVIA (PP)?

In PP, the placenta is implanted in the lower uterine segment within the zone of effacement and dilatation of the cervix, thus constituting an obstruction to descent of the presenting part. PP is encountered in approximately 1 in 200 births but only 20% are total ie placenta cover the entire cervix. The incidence of PP is increased by advancing age, multiparity, previous cesarean delivery.

## CLASSIFICATION

- Partial Placenta Previa
- Complete Placenta Previa
- Marginal Placenta Previa

## DIAGNOSIS

Signs and symptoms  
 Sudden, painless and profuse hemorrhage  
 10% of cases begin with pain  
 Spontaneous labor expected in 25% cases  
 Ultrasonography

## MANAGEMENT

- Hospitalization for complete bed rest
- Prepared for cross matched blood at hand, for transfusion by profuse hemorrhage
- Avoid both vaginal and rectal examination

**TREATMENT:** Constitutional Medicines: *Arnica*

## WHY IS IT SO RISKY?

- Painless hemorrhage is the cardinal sign of Placenta Previa
- Blood loss is not extensive during 1st and 2nd trimester of pregnancy
- In 3rd trimester bleeding is extensive
- MATERNAL HAEMORRHAGE SHOCK DEATH may follow severe ante partum bleeding resulting from Placenta Previa
- FETAL PREMATUREITY (Gestational Age < 36 weeks) due to Placenta Previa accounts for 60% of perinatal deaths

## A CASE OF PLACENTA PREVIA

Mrs S M 26yrs HF, Cuttack, Orissa

## PRESENT COMPLAINTS

Patient presented with secondary sterility. Married since last 4 years.

Had two repeated miscarriages before 2 years within 16 to 20 weeks of pregnancy.

Menarche- 13 years.

Menses, 26 days/3-4 days, red, normal flow, backache during menses.

## P/G

THERMAL- Hot pt, Resistant to cold

DESIRES- Sweet                      AVERSION- Milk

APPETITE- Normal                  THIRST- Less



STOOL- Costive URINE- Clear  
SWEAT- Normal SLEEP- Sound

LIFE SITUATION

Married before 4 yrs, her in-laws were a joint family. She found it very difficult to adapt to the environment. Pt was very irritable, she forgets everything even her position while she becomes angry, shouts when angry. Very argumentative. But at the next moment, she was very happy with children and behaves in a childish manner. Easily insulted over trifles. Her degree of anger increases when somebody points out that she is childless, has lost interest life. Yet she

never expresses her grief to others. She is not an introvert. Says, others are planning to put her in trouble. She told her husband to shift to another place as she was scared of the gathering, but her husband denied. One became furious, so obstinate that she left her in-laws' house and returned to her parental house for 6 months.

PAST HISTORY: Eczema suppressed by ointments

FAMILY HISTORY: Not specific

PERSONAL HISTORY: Housewife

TREATMENT HISTORY: Allopathy

Repertorisation Table

Patient Name : Mrs. Spita Moharana

Reg. No. : 6

Reg. Date : 19/07/2002

Age

Residence

Lyc Arn Sep Sulph Nux-v Puls Aur Phos Staph Merc Calc Nat-m Nit-ac Hyos Plat

Totally Symptoms Covered

Table with 15 columns (Lyc, Arn, Sep, Sulph, Nux-v, Puls, Aur, Phos, Staph, Merc, Calc, Nat-m, Nit-ac, Hyos, Plat) and 13 rows of symptoms. Each cell contains a count of remedies covering that symptom.

Symptoms 1 to 13

Total Symptoms : 13

Remedies 1 to 15

Total Remedies : 383

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FOLLOW UP

15.03.2002: Lyco 0/2 am, 0/3 am, Lyco 0/11 am, 0/12 am

Pt conceived after 1 month but unfortunately had a miscarriage in 20th week. Eczema relapsed as discontinued medicine for 2 months.

23.12.2002: Lyco 0/14 am, 0/15 am, 0/16 BW,

0/17 BW continued Up to 0/21 BW, 0/22BW After 2 months again conceived Lycopodium again continued in LM potency. Eczema improved Soreness of uterus by 16 wks. Lyco + Arnica 200  
USG done on 27/7/2003- Low lying placenta  
03.08.2003: Lyco LM potency continued Arnica 200.



32<sup>nd</sup> week: backache with leucorrhoea < morning

Instead of *Lyco*, *Sepia* LM potency prescribed according to symptom similarity but *Arnica* continued up to full term.

Case was managed completely with Homoeopathic medicines along with regular Antenatal check up.

Patient was staying in a village did daily household routine work but had no bleeding at all even in 3rd trimester. No other complications.

Patient was admitted in a Medical College hospital by 39 weeks, by planned CS without any complication.

**WHY ARNICA??**

A clinical trial was undertaken to prove whether *Arnica* is efficacious to prevent hemorrhage in case of placenta previa and the result was very much encouraging. *Arnica-montana* was found to be very effective to prevent bleeding due to low lying placenta in placenta previa.

**THE OBSERVATION IS GIVEN IN THE FOLLOWING TABLE**

Medicine administered	No of cases	Bleeding +	No bleeding	Drop out
Constitutional drugs + <i>Arnica-mont</i>	10	2	8	0
Constitutional drugs	10	7	3	0

The preventive power of *Arnica* may be due to its anti hemorrhagic effect. Bleeding in case of PLACENTA PREVIA happens due to TRAUMA which is usually due to Mechanical separation of the placenta from its implantation site, either during formation of the lower uterine segment or during effacement, dilatation of cervix during labor or as a result of intra vaginal manipulation.

**CONCLUSION**

Constitutional medicines play a challenging role during antenatal care.

Management is quite essential.

*Arnica* is efficacious to prevent bleeding in case of Placenta Previa.

This action of *Arnica* may be due to its anti traumatic or anti hemorrhagic effect.

According to Richard Hughes in, "A Manual to Pharmacodynamics", "It will almost infallibly obviate the ill effects, if given before organic mischief has been set up. It becomes thus the great remedy to be administered in all cases of concussion, sprain or other suffering from violence." This version of Hughes corroborates completely to the view of Dr Hahnemann. There by, it is proved that *Arnica* is quite efficacious to prevent hemorrhage due to trauma in case of Placenta Previa.



Sardar joined new job. 1st day he worked till late evening on the computer. Boss was happy and asked what you did till evening.

Sardar: Keyboard alphabets were not in order, so I made it alright.



Museum Administrator: That's a 500-year-old statue u've broken.

Sardar: Thanks God! I thought it was a new one.



At the scene of an accident a man was crying: O God! I have lost my hand, oh!

Sardar: Control yourself. Don't cry. See that man. He has lost his head. Is he crying?

# Dr Sunil Anand Seminar on Homoeopathy and Paediatrics, Mumbai, Dec 08

**Dr TABASSUM ROOPAWALLA**  
Mumbai

As a student, I had the privilege of attending Dr SUNIL ANAND'S lectures in college. I was delighted when I learnt about his Seminar on December 14<sup>th</sup>, 2008, in Vile Parle organized by MediWhiz Health Sciences

SUNIL ANAND'S association with homoeopathy and Paediatrics is a field, in which I, as a doctor, have faced many challenges. The seminar by MediWhiz Health Sciences was scheduled exclusively on this subject. It opened my vision to an entire range of rubrics and remedies, which enhanced my repertoire of information.

The morning session commenced with a prayer offered to Lord Ganesha and lighting of lamp by Dr SUNIL ANAND, Dr JAYESH SHAH and Dr SUJIT CHATTERJEE. The first video case was of a child who received *Cimicifuga*; it highlighted the importance of the mother's history during pregnancy. The mother felt intensely insulted - the key theme of the *Ranunculaceae* Group. Feeling trapped as if she was in a straight jacket with desire to be free showed the depth of her feeling and pointed to the tubercular miasm. This led to the prescription of the remedy, *Cimimcifuga*. Following this was an audience warm-up session with active interaction. Many short cases were discussed and tips given on prescriptions that kept everyone asking for more.

The next video was of a child of 14 years suffering from Wilson's disease. It is a disease associated with disturbed copper metabolism and the main sites of copper accumulation are the liver and the brain. There were neuropsychiatric symptoms in the form of slowness in speech, lack of stamina, delayed growth as well as presence of Kayser-Fleischer rings (KF rings) around the iris of the eye in this boy.

Through this case he explained how the child's drawing on the creative case page could direct him towards the remedy. The drawing depicted scenery with trees, mountains and a river flowing down the slope with special mention of the source from where it originated. In the course of his case, he also spoke about how the Kohinoor diamond was taken away from India to Britain and that he would in some way try to get it back to India, where it rightly belonged. He had a strong desire to gift his mother the diamond that he saw in movie, 'Titanic' which he told very spontaneously during the case.

All this along with many other details prompted him to give the boy, *Adamas* (diamond) which is made of carbon. Dr ANAND drew our attention to the carbon series where separation from the parent figure is the key issue of these remedies. The initial elements like *Lithium* and *Beryllium* do not show any signs of separation. Their insecurity compels them to have an extreme dependence on the mother figure.

*Boron* is confused about whether he should separate or not, while for those elements on the right like *Carbon*, *Oxygen*, *Nitrogen*, the separation has already begun with the peak at *Fluorine* where the attachment is severed and they want to completely separate.

Dr ANAND'S use of creative drawings and doodles as one of the tools to come to the Vital Sensation, enabled us to get an insight into case taking. He explained how the patient himself leads us to the source words, if we are able to fine tune ourselves and are not pressurized by the need to find the remedy. The next three cases showcased a variety of doodles in every mood of the patient and with gentle prodding opened

up the case by probing the same words that they spoke back to them for further elaboration.

The third case was of a girl of about 10 years suffering from skin allergy. She created hearts with butterflies on her drawing sheet which she explained was her happy mood. When questioned in detail about them she went to make doodles of angry hearts and some with more evil entities that highlighted her anger and emotions which was an aspect of her nature that her own mother was not aware of. She spoke about anger with intent to kill those who troubled her. She enjoyed watching horror movies although she was petrified after watching them and would be afraid to walk into another room. The fright of having a vision of someone in the same room as hers persecuted her several times. She would touch her back to the wall whilst walking so that no one could attack her from the back. Dr ANAND then gave a lucid explanation about how her animated speech, threat to life (issue of survival) and magnetic state led him to the animal remedy, *Crotalus-cascavella*.

The following case titled as 'vaccine abuse' was yet another eye-opener where the use of MMR vaccine was the key factor that commenced a series of symptoms in a child of 13 years. He was affected at a tender age and had been treated previously with many homeopathic remedies with not much improvement. *Thimerosol* was the Homoeopathic remedy given to him. It is a substance that was used as a preservative in MMR vaccines previously and is still used in some flu shots. Traits of *Mercury* and *Sulphur* were evident in the case and so *Thimerosol* (mercury sulphide) was prescribed. Through this case, Dr ANAND wanted to bring forth the idea of tautopathy and showed how the boy didn't respond to *Merc-sol* which still seemed so close to his state and how *Thimerosol* which is a mercury derivative took the boy onto the path of recovery. Dr ANAND also enlisted a few homeopathic remedies that are available eg penicillin, prednisolone, insulin, adrenalin, progesterone,

durabolin etc which we were not aware of and which can be used by us on the principles of tautopathy when indicated. He stressed the need to keep ourselves updated about the new advancements in our science.

The final case of a girl of 15 years suffering from dyslexia with recurrent urinary tract infection who received *Helix-tosta* also led us to the source with the aid of doodles.

Dr ANAND also expressed the need to address cases like Down's syndrome, intrauterine anomalies and other genetic ailments that obviously cannot be reversed but can be helped by improving the immunity and general condition of such children so that they are able to lead much healthier lives.

A brief speech by the renowned Paediatrician Dr R K ANAND also pepped up the participants' conviction that Homeopathy works wonders. He described his experiences on the success of this science in many cases where he thought that only Allopathy could have cured.

Finally everyone congratulated the MediWhiz team for having done such wonderful work in providing us with a seminar exclusively of Dr ANAND, who shared with us his invaluable knowledge and insights. This was the first event organised by MediWhiz which was meticulously coordinated including smooth management of all seminar logistics. Their team work and drive was commendable. Their efforts and determination in empowering homoeopaths globally, conducting seminars, active sharing of ideas, and developing websites and research papers for the benefit of other homeopaths speaks volumes about their conviction, faith and belief in the system.

I left the auditorium completely satisfied and full of new thoughts to approach to paediatric cases. This is just the beginning as we join together to share and contribute to our wonderful Science of Homeopathy.

# Diabetic Day Celebration

**ABSTRACT:** *This was quite a unique event like Alcoholic Anonymous - where a group of people with some problem can show & learn the importance of Management of Diabetics.*

**Dr SHEETAL S PAWAR MD PART II**  
MLDT, Palghar

4<sup>th</sup> Dec 2008 was celebrated as 'Diabetic Day' in Dr M L DHAWALE Memorial Trust, Palghar. This was the 7<sup>th</sup> anniversary get-together of patients, Doctors as well as students under a single umbrella in Palghar, successfully organized by MLD Trust Diabetic Club, under the dynamic leadership of Dr N L TIWARI and Dr PRASHANT TAMBOLI and a team of 25 residents doctors. The camp received an overwhelming response was attended by almost 75 patients.

## THE EVENTS

The day started with blood collection, fasting blood samples of all the 75 patients.

The celebration began with our institutional prayer followed by lighting of the lamp and garlanding the portraits of Dr SAMUEL HAHNEMANN and our inspiration Dr M L DHAWALE by the guest of honour Mr MUKESHBHAI SHAH and Mr SURESHBHAI CHAWALA.

The program started with a welcome speech given by Dr DEVENDRA.

The students shared a wide range of information and the spectrum comprised of predisposing factors, sign and symptoms, complication, pictorial presentation which facilitated easy understanding in very common language so that the message was easily conveyed to the mass.

The camp was held in warm atmosphere and it was quite heartening to find old patients sharing their experience with diabetes (as friend/foe). They pictured their daily routine, the discipline adapted after being diagnosed as diabetic. How they coped up by living with diabetes and making it as a FRIEND. Awareness of

complications, which kept them away from it. Importance of regular exercise (yoga, pranayama), proper diet and strong will power, which made them get going through out their life.

## Dr N L TIWARI

The leader of the diabetic project focused on 'LIFE and LIVING' aspect.

The support and the inspiration needed for the patient from family members and society and the role of life partner for making diabetes a friend. He presented his own experience as a diabetic patient which made him quite emotional for a moment. Patients were impressed by his attitude of looking towards the disease. *"His message conveyed that both bad and good days are experienced when we stay with our friend."*

## Dr PRASHANT TAMBOLI

Expressed his gratitude towards the patients who shared their experience. Since those words were the actualities of life, which helps the physician to understand the problems of the patient. He also explained that 'THE ONLY SUPPORT WE WANT FROM THE PATIENT IS THEIR STRONG WILL; REST BECOMES EASY FOR THE PHYSICIAN TO TREAT'. He also lectured on Efficacy of Homoeopathic management in Diabetes Mellitus: A strong experience which he got from Diabetes Mellitus project co-sponsored by AYUSH.

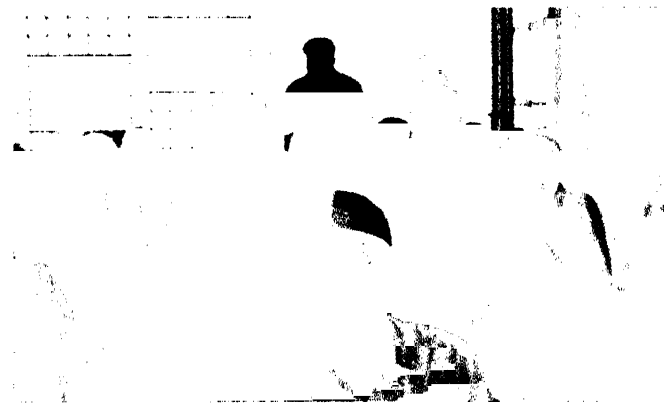
## LIFE AS A DRAMA

The students presented a drama which was a common story in every house. Problems faced by patients like irritability on personal level, at

family level and social level. Role of life partner, children, was well demonstrated in the play.

### IMPACT ON PATIENTS

Patients seemed to be satisfied as they got hints regarding how to live happily with Diabetes. They openly said that the story presented in



drama is nothing but their own.

### STATISTICAL EVALUATION

Total patients who took the privilege of camp: 75  
 New Patients: 16  
 Old Patients: 5  
 Patients with normal FBSL: 50  
 PT having high BSL: 07  
 PT with Moderate BSL: 11  
 Pt with Low BSL: 06  
 Newly detected cases: 12

The new patients willing for Homoeopathic treatment were given appointment for Homoeopathic line of treatment.

The enthusiasm of the participants has given MLD Trust, Diabetic club an impetus to make it an 6 monthly event.

### ANSWER NJH DOKU PAGE 58

5 MAG.C	2 AMBR	8 CACT	7 HELON	6 AM.C	3 KALI.C	7 CAUST	9 ABSIN	4 TUB
3 KALI.C	1 HELON	4 TUB	9 ABSIN	8 CACT	7 CAUST	6 AM.C	5 MAG.C	2 AMBR
7 CAUST	6 AM.C	9 ABSIN	2 AMBR	4 TUB	5 MAG.C	3 KALI.C	8 CACT	1 HELON
9 ABSIN	5 MAG.C	3 KLI.C	8 CACT	7 CAUST	1 HELON	4 TUB	2 AMBR	6 AM.C
8 CACT	4 TUB	6 AM.C	3 KALI.C	2 AMBR	9 ABSIN	5 MAG.C	1 HELON	7 CAUST
1 HELON	7 CAUST	2 AMBR	4 TUB	5 MAG.C	6 AM.C	9 ABSIN	3 KALI.C	8 CACT
6 AM.C	9 ABSIN	7 CAUST	5 MAG.C	1 HELON	2 AMBR	8 CACT	4 TUB	3 KALI.C
2 AMBR	8 CACT	5 MAG.C	6 AM.C	3 KALI.C	4 TUB	1 HELON	7 CAUST	9 ABSIN
4 TUB	3 KALI.C	1 HELON	7 CAUST	9 ABSIN	8 CACT	2 AMBR	6 AM.C	5 MAG.C