

Clinical Verification and Some Observations on a Polychrest Homoeopathic Remedy *Lachesis Muta* in a Primary Health Center

Research Article

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Email: homoeopathygyan@gmail.com**Received:** July 12, 2017 | **Published:** August 31, 2017**Abstract**

Introduction: Polychrest remedies like *Lachesis muta* are commonly found to be useful in both the acute and chronic morbid conditions. Between April 2012 and March 2013, more than 21000 patients visited the Delhi Government Homeopathic Dispensary Aali village, primary health centre, out of which nearly 1.4% cases presented with keynote symptomatology of *Lachesis muta*. It provided an ample opportunity to clinically verify some of the well-known indications of the polychrest.

Objectives: a. To clinically verify the indicating symptomatology of *Lachesis muta* in the study group. b. To observe, with respect to the polychrest remedy: The various clinical conditions in which it was prescribed; Posology; The minimum time of favorable response to the remedy in various clinical conditions; the mean time of recovery in each diagnostic condition, and; the therapeutic outcome.

Materials and Methods: A retrospective data analysis as per the objectives, of 193 patients confirming with the defined inclusion criteria was conducted.

Results and Discussion: These patients fell between 6 months and 70 years with 29.6 years being the mean age of presentation; out of these 67 were males and 126 were females. 25 characteristic features/concomitant symptoms or modalities of *Lachesis muta* from textbooks of homoeopathic materia medica were clinically verified and guided the polychrest remedy selection in 36 different diagnostic conditions. It was strongly verified in various acute conditions, that the response to indicated homoeopathic remedy can be judged within a few hours.

Conclusion: Though the homoeopathic materia medica by stalwarts is irreplaceable, their clinical sections require a scientific appraisal. This work is a first attempt to identify the clinical conditions amenable to a polychrest remedy in the current times and gauge the posology and remedy response time as well as therapeutic outcome. Further multi-centric studies with more scientific rigour can validate as well as clinically verify the symptomatology of *Lachesis muta* by the use of Bayesian statistics.

Keywords: Homoeopathic remedy; *Lachesis muta*; Data analysis; Symptomatology; Polychrests portray; Exclusion criteria; Bayesian statistics

Introduction

Some medicines produce many symptoms on nearly the entire healthy human body during homeopathic drug proving (controlled human pathogenetic trials), which often correspond to the morbid symptoms commonly met with; hence they admit of frequent homoeopathic employment and often do good. Hahnemann termed these remedies of many uses, both in acute and chronic morbid conditions, as polychrest remedies [1].

These polychrests portray several archetypes, each of which embodies a wide range of symptoms and personality traits of which the individual patient is but a partial copy. *Lachesis* is one such polychrest remedy of homeopathic materia medica, which was introduced by Constantine Hering after proving the remedy upon himself and others. "The Guiding Symptoms of Materia

Medica', reveals successful application of the remedy by various clinical authorities in nearly 175 diverse clinical conditions [2,3].

During the period between 1st April 2012 to 31st March 2013, more than 21000 patients visited the Delhi Government Homeopathic Dispensary Aali village (DGHDAV), primary health centre, who received their indicated homoeopathic remedy (including *Lachesis muta*) as per their individualizing totality.

The group of patients who received *Lachesis muta* presented with two of the most recognized signs, intolerance of constriction around neck and fine tremors in tongue. The former was identified in females, as the traditional Indian women (visiting DGHDAV) tend to wear some basic ornaments or use veil around neck, which was surprisingly missing. In the males, there was an uncommon frequency of visits to dispensaries wearing unbuttoned shirts

(nearly top 2-3 buttons in all of the cases) and keeping collars pulled apart from the neck. In most of the cases in the study group, the loquacity was also well-marked objective symptom, without any regard to the diagnostic condition. The description of complaints or few more questions easily confirmed choice of the remedy.

It provided an ample opportunity to clinically verify some of the well-known indications of the polychrest remedy. The patients on the study group were further included for analysis (as per inclusion criteria) to ascertain its usage and response in terms of clinical conditions, therapeutic outcome, time for recovery.

Objectives

- I. To clinically verify the indicating symptomatology of *Lachesis muta* in the study group
- II. To observe with respect to *Lachesis muta*:
 - a. The various clinical conditions in which it was prescribed.
 - b. Posology.
 - c. The minimum time of favourable response to the remedy in various clinical conditions
 - d. The mean time of recovery in each diagnostic condition, and
 - e. The therapeutic outcome.

Materials and methods

During the study period between 01-04-2012 and 31-03-2013, 296 patients with different diseased conditions received lachesis as a first or second prescription at DGHDAV. A retrospective cross-sectional data analysis as per the objectives, of all the cases the cases that confirmed with the defined inclusion criteria was undertaken. Prior approval of the ethical committee was not taken since it was merely a retrospective data analysis.

Study setting

Aali Village is a rural area in the National Capital Territory of Delhi with a population of over 100,000 people, mostly migrants from various states of India, consisting of skilled labor and working class of low socio-economic group and their families with poor literacy rate. For them, each day of illness costs dearly on their meager sources of income as well as job opportunity/availability. The DGHDAV has been providing primary health care services in the area since 1999.

The PHC functions with a basic staff of a single doctor and pharmacist. Since the patient turnout is high, the diagnosis and remedy selection is on the basis of objective signs (pathognomonic of disease or remedy) or accurate recording of the precisely described complaints. Since their tone and mannerisms are usually matter-of-fact and non-indulgent, nailing the diagnosis and selecting the remedy becomes comparatively simpler.

Due to poor financial status and absence of any government supported pathological laboratories nearby, serological/radiological correlation cannot be conducted regularly.

Inclusion/ exclusion criteria

The following cases were included for data-analysis:

- a. Presented with pre-defined symptomatology of lachesis, as available in the textbooks of homeopathic materia medica i.e. Constantine Hering's The Guiding Symptoms of our Materia Medica vol VI, Timothy Field Allen's The Encyclopedia of Pura Materia Medica vol V and John Henry Clarke's A Dictionary of Practical Materia Medica vol II [4-6].
- b. Received lachesis as a first prescription at DGHDAV.
- c. Lachesis was prescribed as a single homeopathic remedy, in accordance with homeopathic principles.
- d. Followed up at least three times.

To minimise the effects of confounding variables, the patients were asked to discontinue the usage of all anti-inflammatory, anti-pyretic, antibiotics and analgesic remedies at the onset of treatment. Only the allopathic medications deemed necessary viz. anti-hypertensive, hypoglycemic drugs, were to be continued during the observational period. The usage of dietary supplements was also allowed only if necessary. Patients with a history of alcohol/drug abuse or under narcotic medication were excluded from the study.

Frequency of remedy repetition, potency selection and dosage

Only the centesimal potencies of the remedy were readily available at DGHDAV and all the patients received that. The remedy repetition and potency selection was in accordance with the guidelines of homeopathic philosophy [7]. Persons below 15 years of age received 2 globules and those above, received 4 globules as one dose.

Assessment and follow-up

All the cases were assessed between 2-14 days depending on the severity of complaints and convenience of the patient.

Results

Lachesis muta was prescribed in 296 out of 21000 patients (1.4%) who visited DGHDAV between 1st April 2012 and 31st March 2013.

While 46.63% patients visited the PHC for treatment as first line of choice, the other patients patients called upon after failure/unsatisfactory response after previous treatment (53.37%) – Allopathic (48.19%), Homoeopathy (0.52%), Ayurveda (3.63%), Others (1.03%). 193 patients were taken up for retrospective data analysis as per the inclusion criteria (Figures 1-2), (Tables 1-2).

Lachesis was prescribed in 36 diverse clinical conditions both acute and chronic [Table 3]. This verifies the polychrest nature of the remedy.

30, 200 and 1000 potencies of *Lachesis muta* were administered, in ascending order, as per the need of the case, in all the treated clinical conditions and, their repetition (posology) may be seen in Table 4. Minimum mean time for gauging positive remedy response in each patient, along with average recovery

time and the therapeutic outcome may also be seen below.

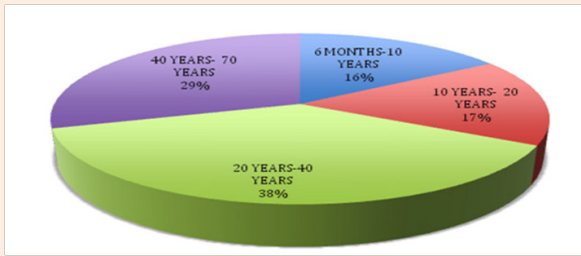


Figure 1: Age-wise percentages of patients who received Lachesis muta.

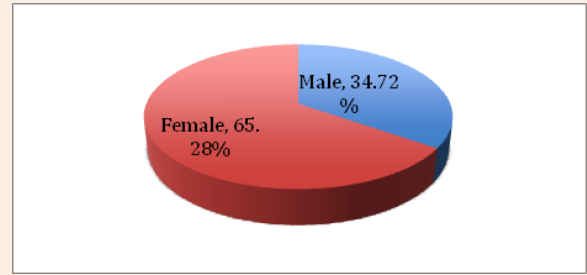


Figure 2: Gender distribution of patients receiving lachesis.

Table 1: Clinical verification.

S.No	Indicative Symptomatology	Objective (O)/ Subjective (S)	Number of Patients	Percentage	Remarks	Hering's Guiding Symptoms	Allen's Encyclopedia	Clarke's Dictionary	Henry Clay Allen's Keynotes(8)
1.	Insane jealousy	O	70	36.27%	Mostly discerned in children and adolescents	✓	✓	✓	✓ (Ailments from jealousy; Epilepsy from jealousy)
2.	Suspiciousness	O	62	32.12%		✓	✓ (Mistrust)	✓	-
3.	Talkativeness/ loquacity	O	154	79.79%		✓	✓	✓	✓
4.	Religious	O	72	37.31%		✓	✓	✓ (Desire to meditate)	-
5.	Suffocation	S	161	83.42%	In the absence of any pathological reason, they are prone to sensation of suffocation. For example in a warm place (hence may need doors and windows open, but this is not typical claustrophobia), while pulling down a pullover, can't sleep facing the wall (shall face the open area) etc.	✓	✓	✓	✓
6.	Intolerance of constriction around neck	O	193	100%	Could not wear any clothing with collar/ high neck/ jewellery pieces/ neck-ties around neck etc.	✓	✓	✓	✓
7.	Intolerance of tight fitting garments	O/S	187	96.89%	These patients could not tolerate any ring, bracelets/ bangles, belts etc.	✓	-	✓	✓
8.	Aggravation of complaints while falling asleep	S	135	69.95%	In almost all these patients the aggravation of complaints was felt while the patient was about to fall asleep i.e. they would wake up soon after falling asleep (within a few minutes)	✓	✓	✓	✓

9.	Left sided	S/O	86	44.56%	S- sensations; O- lesions	✓	✓	✓	✓
10.	Left to right	S/O	81	41.97%		-	✓	✓	✓
11.	Bluish discoloration around mouth	O	89	46.11%	A faint bluish peri-oral discoloration could be seen	¶ (Bluish discoloration/ spots/ hue on face)	✓	✓	-
12.	Bluish discoloration	O	6	3.11%	Of skin lesions	✓	✓	✓	✓
13.	Tongue: difficult to protrude	O	98	50.78%	A lot of patients would protrude the tongue with a jerk or could not keep it protruded for long.	✓	✓	✓	✓
14.	Tongue: catches in teeth	O	87	45.08%	These patients also could not protrude tongue easily as it would get caught in teeth.	✓	✓	✓	✓
15.	Tongue: fine tremors	O	193	100%	The characteristic tremors were fine tremors not coarse	✓	✓	✓	✓
16.	Complaints improve with onset of menstruation	S	30	15.54%	In most of these patients the symptomatology improved as the menstrual flow increased	✓	✓	✓	✓
17.	Menses at regular time	S	8	4.15%	These patients had a clock like regular menstrual cycle, like every 28 or 30 days.	✓		✓	✓
18.	Swallowing liquids aggravates	S	8	4.15%	Seen in acute cases only.	✓	✓	✓	✓
19.	Swallowing empty aggravates	S	6	3.11%		✓	✓	✓	-
20.	Inclination to swallow	O	12	6.22%		✓	✓	✓	-
21.	Desire to take a deep breath/ involuntary sighing	O	15	7.77%	In the absence of any respiratory difficulty.	✓	✓	✓	✓ (Mentioned under Ignatia)
22.	Ailments during spring weather	O/S	23	11.92%		✓	✓	✓	✓
23.	Thermal reaction: hot	S	107	55.44%	Though primarily a 'hot' polychrest remedy, patients requiring this remedy may be chilly or sensitive to extreme temperature too. Even when chilly they can't bear over-clothing/ over-covering and feel suffocated.	✓	✓	✓	✓
24.	Thermal reaction: chilly	S	33	17.1%		✓	-	✓	-
25.	Thermal reaction: sensitive to extremes of heat/ cold	s	53	27.46%		✓	✓	-	✓

The following symptoms (Table 2), though not mentioned in textbooks of materia medica, were also clinically verified in the presence of other characteristic features of remedy.

In accordance with the first objective, twenty-eight signs and symptoms of *Lachesis muta*, mentioned in the textbooks of homoeopathic materia medica could be clinically verified (Tables 1 & 2).

Table 2: Other symptoms of *Lachesis muta* that were clinically verified.

S. No	Indicative Symptomatology	Objective (O)/ Subjective (S)	Number of Patients	Percentage	Remarks	Verification from Old Text books
1.	Sibling rivalry*	O	69	35.75%	Mostly discerned in children and adolescents	Though not mentioned in any textbook of Materia Medica, but in the background of jealousy, verified in numerous cases when other symptoms of lachesis were also present.
2.	Fear of snakes	S	34	17.62%	Six of these patients dated these fears to unexpectedly coming across a snake at their village. None of the others could correlate their fear of snake with any past experience.	Hering, in his Guiding symptoms, mentions the case of a 9 years old girl frightened by snake [9]. Out of 34 patients only 6 could correlate this fear to some happening in their lives. The remedy is mentioned under this rubric of Synthetic Repertory and attributed to Pierre Schmidt [10]
3.	Dreams of snakes	S	24	12.44%	Out of these 24 nearly 10 also had a strong fear of snakes. In 3 male and 2 female patients these dreams were sexual in nature.	Mentioned under rubric of Synthetic Repertory and attributed to Pierre Schmidt [11]

*Though not mentioned in any textbook of Materia Medica, but in the background of jealousy, verified in numerous cases when other characteristic symptoms of lachesis were also present.

Table 3: Various clinical conditions in which polychrest were prescribed at PHC.

S. No.	Name of Disease/ Diagnosis	No. of Patients	Male; Females	Percentage
1.	Bronchial asthma	12	4;8	6.22%
2.	Migraine	4	0;4	2.07%
3.	Upper respiratory tract infection with fever	10	4;6	5.18%
4.	Non-specific cervical lymphadenitis (in children)	4	1;3	2.07%
5.	Warts	3	1;2	1.55%
6.	Tinea capitis	6	2;4	3.11%
7.	Tinea cruris	4	3;1	2.07%
8.	Vitiligo	5	2;3	2.59%
9.	Acne vulgaris	9	4;5	4.66%
10.	Seborrhoeic dermatitis	8	2;6	4.15%
11.	Amoebic colitis	2	1;1	1.04%
12.	Irritable bowel syndrome	2	2;0	1.04%
13.	Hypothyroidism	3	0;3	1.55%
14.	Diabetes mellitus	2	0;2	1.04%
15.	Hypertension	4	2;2	2.07%
16.	Rheumatoid arthritis	9	1;8	4.66%
17.	Alopecia areata	5	3;2	2.59%
18.	Molluscum contagiosum	6	3;3	3.11%

19.	COPD	8	5;3	4.15%
20.	LRTI with fever	6	3;3	3.11%
21.	Ovarian cyst	4	0;4	2.07%
22.	Uterine fibroids	5	0;5	2.59%
23.	DUB	9	0;9	4.66%
24.	ASOM	10	5;5	5.18%
25.	Glue ear	9	5;4	4.66%
26.	CSOM	4	2;2	2.07%
27.	Thyrotoxicosis	2	0;2	1.04%
28.	Melasma	9	1;8	4.66%
29.	Carpal tunnel syndrome	4	1;3	2.07%
30.	Dengue fever	5	3;2	2.59%
31.	Chikungunya fever	3	2;1	1.55%
32.	Post chikungunya chronic arthritis	1	0;1	0.52%
33.	Anal fissure	6	2;4	3.11%
34.	Hemorrhoids	4	2;2	2.07%
35.	Psoriasis	5	1;4	2.59%
36.	Epidermolysis bullosa	1	0;1	0.52%

Table 4: Posology, remedial action and therapeutic outcome.

S. No.	Name of Disease/ Diagnosis	Potency Prescribed	Repetition	Time of Response of Remedy	Therapeutic Response
1.	Bronchial asthma	30, 200	Three doses: each to be taken every 4 hours if the patient consulted during acute phase or every 12 hours during remission	30 min-5 hours during acute phase. 3-6 weeks to subjectively feel improvement in chronic cases.	Four acute cases responded very well and could be managed without supportive measures at the PHC. The 8 chronic cases are still under follow-up: <ul style="list-style-type: none"> • Two cases faced no acute episode over six-eight months • Five cases faced minor episodes which could be managed with placebo and reported decreased sensitivity to triggers. • One case dropped out after three months follow-up due to job transfer. He also reported improvement.
2.	Migraine	30, 200, 1000	Three doses: each to be taken every 4 hours if the patient consulted during acute phase or every 12 hours during remission	2-6 hours during acute phase.	<ul style="list-style-type: none"> • One lady consulted during acute phase and recovered without any analgesic. She did not face any episode of migraine during next 5 months follow-up. • Three other ladies consulted during remission and were still being followed-up at the conclusion • Two cases faced no episode over last four months. • One reported decreased sensitivity to triggers and frequency.

3.	Upper respiratory tract infection with fever	30, 200	Three doses: each to be taken every 3 hours	The best sign of action of remedy was undisturbed sleep; it took 4-6 hours for the fever to start subsiding.	Complete recovery within 2-4 days in all cases.
4.	Non-specific cervical lymphadenitis (in children)	200, 1000	Three doses: each to be taken every 12 hours	7-14 days	Complete recovery in all cases within 12- 44 days
5.	Warts	200	Three doses: each to be taken every 12 hours	14 days-1 month	Complete recovery without any topical application was seen in all three cases within 6-8 weeks.
6.	Tinea capitis	200	Three doses: each to be taken every 12 hours	14 days to 1 month	<ul style="list-style-type: none"> • Complete recovery without any topical application was seen in four cases within 6-8 weeks. • Two cases showing improvement dropped out of treatment as they went back to their native villages after 3 follow-ups
7.	Tinea cruris	200	Three doses: each to be taken every 12 hours	14 days to 1 month	<ul style="list-style-type: none"> • Complete recovery without any topical application was seen in two cases in 3 & 5 months respectively. • Two cases showing improvement dropped out of treatment as they went back to their native villages after 4 & 5 follow-ups
8.	Vitiligo	200	One dose given stat	4-5 weeks	<ul style="list-style-type: none"> • Complete re-pigmentation in a case of focal vitiligo of hands in 4 months • Partial re-pigmentation observed in two cases without new spots • Two cases dropped out after 4-5 follow-ups citing slow improvement
9.	Acne vulgaris	200	One dose stat	2-4 weeks	<ul style="list-style-type: none"> • Complete recovery in four cases in 4-5 months • Marked reduction in number and frequency of eruptions in two cases within 4-5 months • Three cases dropped out after 4-5 follow-ups citing slow improvement
10.	Seborrhoeic dermatitis	200	One dose stat	4-6 weeks	<ul style="list-style-type: none"> • Marked improvement in four cases in 6-8 months of follow-up with reduction in scalp/ face oiliness and frequency of eruptions • Four cases dropped out after 4-5 follow-ups citing slow improvement
11.	Amoebic colitis	30 followed by 200	Three doses of 30 potency during acute phase, 12 hourly; after recovery 3 doses of 200 potency, 12 hourly	4 hours	Complete recovery in both the cases. Since both were chronic patients having relapse of diarrhoea with griping & bleeding every 2-3 months, no further complaints were seen during 8 months of follow-up.

12.	Irritable bowel syndrome	200	Three doses: each to be taken every 12 hours	--	<ul style="list-style-type: none"> One case showing improvement dropped out of treatment as he went back to his native village after 4 & 5 follow-ups One case dropped out after 4-5 follow-ups, citing slow improvement
13.	Hypothyroidism	200, 1000	One dose stat of 200 in two cases; third case required a dose of 1000 potency after 5 months	4-8 weeks	<ul style="list-style-type: none"> One lady, clinically euthyroid, presented with TSH 5.67; repeat TSH levels after 4, 8 and 12 weeks were <4 One lady with menorrhagia and TSH 8.67 recovered in 3 months; TSH levels stayed <4 in repeat tests at 5 and 7 months One lady is taking reduced dosage of Eltroxin from 125 mcg to 50 and 75 mcg alternate day after 11 months of follow-up
14.	Diabetes mellitus	200	Three doses: each to be taken every 12 hours	--	Both the cases had symptomatic improvement in weakness, episodes of diarrhoea, symptoms of peripheral neuropathy and skin complaints. No reduction in usage of hypoglycaemic drugs during 9 & 10 months of follow-up
15.	Hypertension	200	Three doses: each to be taken every 12 hours	--	<p>All the cases were followed up for 6-11 months:</p> <ul style="list-style-type: none"> Two cases had symptomatic improvement in frequency & episodes of headache and dizziness. No reduction in dosage of anti-hypertensive medications. One case had no further episode of headache with epistaxis during 8 months of follow-up (pre-treatment: 2 episodes every 3 months). No reduction in dosage of anti-hypertensive medications. One case had symptomatic improvement in frequency & episodes of headache and vertigo; insomnia improved considerably. No reduction in dosage of anti-hypertensive medications. After 6 months repeated blood tests showed Triglycerides decreased from 415 to 275; Cholesterol from 255 to 210; LDL from 199 to 127; VLDL from 49 to 33; HDL increased from 35 to 42.
16.	Rheumatoid arthritis	30, 200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours	2-4 weeks	<p>All the cases were followed up between 4-11 months.</p> <ul style="list-style-type: none"> Two cases discontinued DMARD's and analgesics after starting homoeopathic treatment. No other medication required during 7 and 8 months of follow-up respectively. Four cases, not on DMARD's, reported 50-70 % reduction in usage of analgesics after homoeopathic treatment and are still being followed-up. One lady, not on allopathic medication, improved significantly after homoeopathic treatment; in four months CRP levels reduced from 12 to less than 7 & RA factor decreased from 45 to 20; discontinued follow up after that as husband got transferred. Two cases with symptomatic improvement and reduced intake of analgesics, dropped out of treatment after 4 and 6 months

17.	Alopecia areata	200	One dose stat	2-3 weeks	<ul style="list-style-type: none"> Three cases recovered within 2 months. One case required a repeat dose of 200 potency after two months and recovered in 4 months. One case dropped out after a month of treatment
18.	Molluscum contagiosum	200	One dose stat	2-3 weeks	<ul style="list-style-type: none"> Four cases recovered within 2 months with single dose. Two cases required a dose of 200 potency after every month and recovered in 4 months.
19.	COPD	30, 200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours	2 weeks ???	<p>All the cases were followed up between 6-11 months:</p> <ul style="list-style-type: none"> Five cases reported marked improvement and a comfortable winter without any trouble; no other medication required. Two cases reported marked improvement and dropped out of treatment after going back to village mid-winter One case required allopathic treatment during winter twice as he refused to quit smoking (two courses of antibiotics and nebulisation)
20.	LRTI with fever	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	12-24 hours	<p>All six cases recovered within 5 days of treatment.</p> <p>All the cases were prescribed three doses of 30th potency initially.</p> <ul style="list-style-type: none"> Two cases recovered without further repetition of medicine Four cases were prescribed 200th potency if fever persisted on 3rd day too.
21.	Ovarian cyst	200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours (not during or 1week prior to menses)	Symptomatic improvement noticed in the following menstrual period	<p>The cyst sizes were between 15-40 ml. All the cases improved symptomatically.</p> <ul style="list-style-type: none"> Only one lady repeated ultrasound 5 months she received a single dose of lachesis 200 (symptomatic relief was reported in the following menstrual cycle). Her left sided hemorrhagic ovarian cyst disappeared. Three patients with left sided cysts refused repeat ultrasound citing financial inability in the absence of any physical complaint
22.	Uterine fibroids	30, 200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours (not during or 1week prior to menses)	--	<p>All cases presented with multiple uterine fibroids with sizes varying between seedling and 12x10 mm (maximum).</p> <ul style="list-style-type: none"> Three cases followed up for 5,7 & 8 months respectively. All of them reported decreased bleeding and pain. None of them repeated ultrasound. Two cases dropped out of treatment after two menstrual cycles as they felt no relief in pain and bleeding.

23.	DUB	200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours (not during or 1 week prior to menses)	--	<p>All the cases reported with normal ultrasound reports.</p> <ul style="list-style-type: none"> • Three cases followed up for nearly 6 months and reported markedly decreased bleeding and pain. After 2nd menstrual cycle they did not need any allopathic medication. • Two cases reported 75% decreased requirement of allopathic medication during 7 & 8 months of follow-up respectively. • Four cases dropped out of treatment after 2 or 3 menstrual cycles as they felt no relief in pain and bleeding.
24.	ASOM	30, 200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours	12-24 hours	<p>All the cases recovered within 10 days of treatment.</p> <p>All the cases were prescribed three doses of 30th potency initially.</p> <ul style="list-style-type: none"> • Two cases recovered without further repetition of medicine • Seven cases were prescribed 200th potency if pain & fever persisted on 3rd day too. • One case required 1000th potency on 7th day due to persistent pain.
25.	Glue ear	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	3-4 weeks	<ul style="list-style-type: none"> • Three cases followed up for nearly 6 months and reported no discharge after 2 or 3 months of medication. • One case reported 75% reduction in discharge during 8 months of follow-up. • Five cases dropped out of treatment after 2 or 3 months citing slow improvement or village visit.
26.	CSOM	200	Three doses: each to be taken every 12 hours	3-5 weeks	<p>All were diagnosed cases; two with perforation.</p> <ul style="list-style-type: none"> • Three cases followed up for nearly 6 months and reported no discharge after 2 or 3 months of medication. • One case reported 75% reduction in discharge and then dropped out citing slow improvement.
27.	Thyrotoxicosis	200, 1000	Three doses of any potency prescribed: each to be taken every 12 hours	--	<ul style="list-style-type: none"> • One girl diagnosed with graves disease and post surgery advised radioactive iodine therapy. After lachesis 200, reported over 9 months with marked symptomatic improvement, improved eye signs & symptoms, weight gain, reduced allopathic medication (neomercazole and ciplar). Radioactive iodine therapy deferred by consulting endocrinologist. • One lady reported symptomatic improvement over 6 months of follow-up. No change in allopathic medication.

28.	Melasma	200	Three doses: each to be taken every 12 hours	6-8 weeks	<p>All the cases were asked to refrain from using any medicated/ herbal face product.</p> <ul style="list-style-type: none"> In two cases (one man) pigmentation cleared up within 4 months Three cases followed up for nearly 6 months and reported nearly 75% reduction in pigmentation. <ul style="list-style-type: none"> Two cases reported 30-40% decreased requirement of allopathic medication during 4 & 6 months of follow-up respectively. Two cases dropped out of treatment after 4 follow-ups due to village visit.
29.	Carpal tunnel syndrome	30, 200, 1000	One dose of each potency on three consecutive mornings	--	<ul style="list-style-type: none"> One case improved completely within 2 months of follow-up. Three cases dropped out of treatment after 4-6 follow-ups citing slow improvement/ village visit.
30.	Dengue fever	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	24-36 hours	<p>All consulted with platelet counts less than 1 lac; none got dengue NS1 antigen, TLC or PCV tested citing financial inability.</p> <p>All cases were initially prescribed three doses of 30th potency. 200th potency was prescribed in each case on 3rd-4th day due to persistent pains.</p> <p>No case required anti-pyretic drug after homoeopathic treatment.</p> <p>All cases were afebrile by 3rd day and by 5th day, had no pains.</p> <p>Only one case repeated platelet count on 3rd and 5th day, which were 1.2 lacs and 1.9 lacs respectively.</p>
31.	Chikungunya fever	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	24-36 hours	<p>Only one came with chikungunya IgM antibody (pre-treatment); others were diagnosed symptomatically.</p> <p>All the cases were initially prescribed three doses of 30th potency. 200th potency was prescribed in each case on 3rd-4th day due to persistent pains.</p> <p>No case required anti-pyretic drug after homoeopathic treatment.</p> <p>All cases were afebrile by 3rd day and by 6th day, had no residual pains or symptoms.</p>
32.	Post chikungunya chronic arthritis	30, 200, 1000	One dose of each potency on three consecutive mornings	7 days	<p>She cited persistent pains after an episode of chikungunya fever 1 year back (IgM positive).</p> <p>Pains, stiffness and weakness disappeared within 5 weeks of homoeopathic treatment.</p> <p>CRP and IgM were not repeated by patient citing financial inability.</p>

33.	Anal fissure	200	Three doses: each to be taken every 12 hours	24-48 hours for pain and/ or bleeding to stop Symptom free within a week	<p>None of the patients could comply with the advise of sitz bath. No local applications were allowed/ prescribed.</p> <p>Three patients presented with acute anal fissure and became symptom free within a week's time.</p> <p>Three patients consulted for chronic anal fissure</p> <ul style="list-style-type: none"> One remained symptom free after a week all through her 11 months follow up. Two patients with symptomatic relief within a week's time dropped out of treatment after 6 follow-ups due to village visit.
34.	Hemorrhoids	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	24-48 hours for bleeding to stop	<p>Clinical history suggested that three patients were having 1st degree hemorrhoids and one 2nd degree hemorrhoids.</p> <ul style="list-style-type: none"> Three patients (including one with 2nd degree hemorrhoids) remained symptom free for 6-8 months of follow-up. One patient, symptom free, dropped out after 2 months of treatment without citing any reason
35.	Psoriasis	30, 200	Three doses of any potency prescribed: each to be taken every 12 hours	--	<p>All the cases were having multiple lesions, and were asked to discontinue all local applications (except coconut oil) during the course of treatment.</p> <p>All the cases have been followed up for 6-11 months and are still under observation.</p> <ul style="list-style-type: none"> Lesions tend to clear up above downwards and new lesions were seen to appear only distally, in accordance with Hering's law. No repetition of remedy in any case after initial prescription
36.	Epidermolysis bullosa	200	One dose	--	<p>Pre-diagnosed case at Safdarjung hospital with histopathology reports and prescriptions.</p> <p>Prescription was based on the intra-uterine history of her mother's rivalry with her sister in law, both vying for her father's attention, left sided onset of lesion and worsening of her lesions after birth of younger sibling.</p> <ul style="list-style-type: none"> Lesions cleared out in accordance with Hering's law and skin cleared in 4 months completely. No relapse over last 6 months.

Discussion

Importance of polychrest remedies

The identification of polychrest remedies in our materia medica is just another of Hahnemann's contribution to clinical homoeopathic practice. All those practitioners of homeopathy viz. Hering, Stapf, Gross, Hale etc., who strictly adhered to Hahnemann's guidelines while conducting drug provings, added

to the treasury of polychrest remedies, which can be useful in multiple diseased conditions, both acute and chronic. The reality check is that none of the recently proved drugs can be added to the group.

Prescribing on concomitants/ characteristic symptoms

Prescribing on the basis of concomitants or characteristic symptoms forms the backbone of homeopathic practice. It was

seen in all the 193 patients, who received *Lachesis muta*, that drug selection was not dependent on common pathological (pathognomonic) symptomatology, rather on non-diagnostic symptomatology. And, wherever, local symptomatology was considered, modalities guided the remedy selection. Common symptoms are therefore usually not of much use in homeopathic drug prescribing and homeopathic case taking should delineate all the characteristic features/ concomitant symptoms or modalities that shall guide the remedy selection.

No specifics in homeopathy

Since the remedy selection is solely dependent on the non-pathognomonic symptoms of the case, it rules out the possibility of having absolute specific remedies for any diseased condition in homeopathy.

Symptoms of mind and disposition are mostly observable signs

Six symptoms of mind and disposition of *Lachesis muta*: intolerance of constriction around neck, insane jealousy, religious disposition, loquacity, sibling rivalry and suspicion, which were clinically verified, were mostly interpreted from close observation of patient's behavior or demeanor. Since these symptoms are observable signs by the attending physician, the importance

of thorough case taking, with close monitoring of the patients expressions and gestures is vital for homeopathic treatment [12].

Homeopathy is effective for both acute and chronic diseased conditions

Homeopathic treatment is effective for both the acute and chronic diseased conditions. This has especially been verified for the remedy *Lachesis muta*.

Gauging the remedial response time

It was strongly verified in various acute conditions, that the response to indicated homeopathic remedy can be judged within a few hours.

Clinical verification of symptoms

Twenty-eight signs and symptoms of *Lachesis muta*, mentioned in the homeopathic literature could be clinically verified. Out of these, nearly 17 were objective.

Chalking the clinical sphere of a homeopathic remedy

At the PHC, the remedy was found to be useful in 36 diverse clinical conditions, some of which have been mentioned in full or part by Hering and Clarke and this may be seen below in Table 5.

Table 5: Clinical sphere of *Lachesis muta*.

S.No.	Name of DISEASE/ DIAGNOSIS	Hering's Guiding Symptoms	Clarke's Dictionary
1.	Bronchial asthma	✓	✓
2.	Migraine	- (Headache, megrim, cephalalgia, supraorbital neuralgia are mentioned)	-(Headache is mentioned)
3.	Upper respiratory tract infection with fever	- (Coryza, affections of nose, scarlet fever, tonsillitis, throat affection of are mentioned)	- (Sore throat, scarlatina and hay fever are mentioned)
4.	Non-specific cervical lymphadenitis (in children)	-	-
5.	Warts	-	✓
6.	Tinea capitis	- (Skin affection and itch are mentioned)	-
7.	Tinea cruris	- (Skin affection, itch, eruptions on arms & abdomen, eczema are mentioned)	-
8.	Vitiligo	-	-
9.	Acne vulgaris	- (Skin affections and pustular eruptions are mentioned)	-
10.	Seborrhoeic dermatitis	- (Skin affection, eczema and itch are mentioned)	-
11.	Amoebic colitis	- (Diarrhoea, croupous enteritis, typhilitis and dysentery are mentioned)	- (Caecum, affections of is found)
12.	Irritable bowel syndrome	- (Dyspepsia, diarrhoea, constipation and dysentery are mentioned)	- (Dyspepsia, flatulence are mentioned)

13.	Hypothyroidism	-	-
14.	Diabetes mellitus	-	-
15.	Hypertension	- (Retinitis apoplectica is found)	- (Apoplexy is found)
16.	Rheumatoid arthritis	- (Pain below knee, pain in joints are found)	-
17.	Alopecia areata	-	-
18.	Molluscum contagiosum	-	-
19.	COPD	- (bronchitis, bronchial catarrh, respiratory affections, dyspnoea, asthmatic cough, lung affections etc are mentioned)	- (Cough, asthma,
20.	LRTI with fever	- (bronchitis, respiratory affections, chest/ lung affections are mentioned)	- (Pneumonia is mentioned)
21.	Ovarian cyst	- (Ovaritis and ovarian tumor are mentioned)	- (Ovaries, affections of, is mentioned)
22.	Uterine fibroids	- (Uterine tumors are mentioned)	- (Tumors are mentioned)
23.	DUB	-	- (Hemorrhages are mentioned)
24.	ASOM	- (Affection of ear is mentioned)	- (Ear, otorrhoea are mentioned)
25.	Glue ear	- (Affection of ear is mentioned)	- (Ear, otorrhoea are mentioned)
26.	CSOM	- (Affection of ear, partial deafness are mentioned)	- (Ear noises in, otorrhoea are mentioned)
27.	Thyrotoxicosis	-	-
28.	Melasma	-	-
29.	Carpal tunnel syndrome	-	-
30.	Dengue fever	-	-
31.	Chikungunya fever	-	-
32.	Post chikungunya chronic arthritis	- (Pain below knee, pain in joints are found)	-
33.	Anal fissure	- (Affections of anus and rectum are mentioned)	-
34.	Hemorrhoids	✓	✓
35.	Psoriasis	- (Skin affections is mentioned)	-
36.	Epidermolysis bullosa	- (Skin affection, pustular eruption are mentioned)	-

Limitations of study

All the patients who received *Lachesis muta* could only be observed for clinical improvement. Only a few of them could be documented properly with investigation reports due to poor financial status of patients and limited resources.

Possibility of a bias in study

Since the entire data collection and review was done single

handedly by the author, there may be a possibility of confirmation bias. This fact was also pointed out during the recently concluded 3rd conference organized by Homeopathy Research Institute, where this paper was presented. Simultaneously, another researcher pointed out that if we move from the two basic observations viz. intolerance of constriction around neck and fine tremors on tongue, then we are already biased about these symptoms as guiding symptoms of the remedy and we have not regarded the possibility of prescribing the remedy in

those patients who do not have it or manifest an opposite state. However, to this objection, I can only respond by saying that just like it is impossible to conceive of an elephant without a trunk, it is similarly impossible to conceive of a patient of *Lachesis muta* without these two cardinal symptoms.

Conclusion

The concept of polychrest remedy is individual to homoeopathy alone. We have attempted to gauge the vast clinical applicability of one such polychrest, *Lachesis muta* in the PHC set-up over a year.

It has been many years since Hering, Allen or Clarke published their materia medica mentioning the clinical conditions responding to each remedy by that time, many of which are today found to be obsolete and requiring a scientific appraisal. This work is a first attempt to clinically (scientifically) verify some of its symptomatology, identify the clinical sphere amenable to such a polychrest remedy in the current scenario, with due regards to the textbooks of homoeopathic materia medica of these stalwarts, and gauge the posology and remedy response time as well as therapeutic outcome.

Further multi-centric studies with more scientific rigour can validate as well as clinically verify the symptomatology of *Lachesis muta* by the use of Bayesian statistics.

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