

“A RETROSPECTIVE CASE STUDY OF NATRUM MURIATICUM”

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IN

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**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,
KULASEKHARAM, TAMIL NADU.**



SUBMITTED TO

THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY, CHENNAI.

2023

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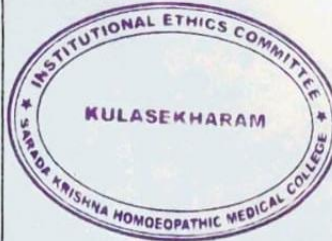
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ABSTRACT

One of the most often utilised polychrest drugs in homoeopathy is Natrum muriaticum. It is made from regular table salt and is a member of the mineral family. It is sometimes referred to as table salt, common salt, sodium chloride, and chloride of sodium, was proved by Dr. Samuel Hahnemann. It is one of the deep acting and constitutional remedy.

This Retrospective study shows that the evolution of Natrum muriaticum in well-defined manner. A sample of 100 cases were selected, which were having significant improvement after prescribing Natrum muriaticum has been taken to the study from the OPD, IPD, Peripheral centres of Sarada Krishna Homoeopathic Medical College, Kulasekharam. From this study it shows the importance of sphere of action mainly on musculoskeletal system, respiratory and dermatology, modalities especially time modalities, mental and physical generals, remedy relationship.

Keyword – Natrum Muriaticum, Sphere of Action, Mental and physical, particulars generals.

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1. INTRODUCTION

Natrum muriaticum was proved by Dr. Samuel Hahnemann, Dr. W. H. Schussler, Austrian Society of Provers. It is one of the most valuable antisycotic medicine.

Natrum muriaticum is widely used polychrest medicine in homoeopathy, used in the treatment of various kind of illness. Sphere of action, pathognomic symptoms, characteristics symptoms and constitution of the remedy was obtained through drug proving. I have seen cases prescribed Natrum muriaticum, according to symptom similarity in my clinical practice. Personally, I got inspired from results of those cases.

Holistic approach is the uniqueness of the homoeopathic treatment. So, I wish to carry out my study from a remedial point of view as Natrum muriaticum to understand the evolution of Natrum muriaticum, and somatization, rather studying from a disease point of view as hypertension, thyroid, migraine.

2. AIMS AND OBJECTIVES

2.1 AIM

- Retrospective study to understand the evolution of Natrum muriaticum in clinical conditions.
- The study aimed to determine and compare the guiding symptoms of the successful prescription of Natrum muriaticum.

2.2 OBJECTIVES

- To understand the Sphere of Action of Natrum muriaticum in various clinical conditions.

3. REVIEW OF LITERATURE

3.1 INTRODUCTION

Salt was of great economic value in trade, to produce salt, brine was collected and evaporated in large boiling's pans. Salt or sodium chloride, has long been a highly prized mineral resource. The word salary comes from the Latin "Salarium" which means to the payment of salt to soldiers. Although salt was used traditionally as a remedy in some diseases (e.g. malaria), it was generally considered medicinally inert until Hahnemann conducted his proving's in the 1820.^[3]

3.2. HISTORICAL BACKGROUND

Sir Humphry Davy was a British chemist , discovered sodium in 1807 , he electrolyzed slightly damp fused potash and soda (the substance which resisted decomposition) , later potash and sodium got isolated .^[1]

3.3. SPHERE OF ACTION

3.3.1. ACCORDING TO BOGER

REGION:

NUTRITION: Digestive tract. BRAIN. BLOOD. MUSCLES.

MIND, HEART, GLANDS: MUCUS. Spleen. Liver. Skin.

3.4. WILLIAM BOERICKE 'S POINT OF VIEW -

When too much salt is consumed over an extended period of time, the body undergoes significant nutritional changes that result in both anaemia and leucocytosis as well as salt retention symptoms including dropsies and oedemas. Moreover, it appears that impact components are retained in the tissues, leading to symptoms that could be roughly categorised as gouty or rheumatic gout. The evidence is replete with these signs (Dr. Stonham) a fantastic treatment option for many gastrointestinal and skin disorders, as well as many anaemia-related and chlorotic conditions. Extreme weakness, with the mornings being the weakest. Coldness. Neck emaciation is particularly noticeable. really risky to be chilly. Mucilage that is dry. feeling of constriction throughout the body. Great. Oversensitive to all sorts of influences. Hyperthyroidism. Goitre. Addison's disease. Diabetes.^[7]

3.5. CLINICAL CONDITIONS

J H CLARKE STATES THAT -

Clinical. — Addison's condition. Anaemia. Aphthae. Atrophy. Brain-fag. Catarrh. Chorea. Constipation. Cough. skin cracks. Debility. Depression. Diabetes. Dyspareunia. Dropsy. Dyspepsia. Epilepsy. Erysipelas. affections of the eyes. Eye-strain. poor complexion and face. Gleet. paralysis of the glottis. Goitre. Gonorrhoea. Gout. Headache. affections of the heart. Hemiopia. Hernia. Herpes. Circinate herpes. Hiccough. the illness Hodgkin's. Hydro. Hypochondriasis. fluctuating fever. Leucocythemia. Leucorrhœa. Lips are erupting now. lung swelling. problems of menstruation. inflammation of the mouth. Ruthless rash. Pediculosis. Ranula. Seborrhœa. Self-abuse. Somnambulism. speech, ashamed. male infertility. spine rubbing. An enlarged spleen. Sterility. Stomatitis. Sunstroke. Lost and disorganised taste. blistering, white-coated, and thick tongue. paralysis of the trigeminal nerve. Ulcers. Varices. Vaginismus. Vertigo. Warts. Whooping-cough. Worms. Yawning.

3.6. C. M. BOGER'S POINT OF VIEW -

BLOOD: Anaemia, great loss of red corpuscles

LYMPHATICS: Secretions Excessively Excoriating.

LIVER. Hypertrophy: Anaemia; Jaundice; Despondency.

SPLEEN: Hypertrophy, with Great Anaemia.

SALIVARY GLANDS. Increased and Perverted Secretions.

MUCOUS MEMBRANES. Congestion: Inflammation.

DIGESTIVE ORGANS. Increased Secretions; Constipation.

SKIN. Eczema; Boils; Urticaria; Fissures; Loss of hair

FEMALE SEXUAL O. Menses Delayed: Loss of Sex. Desire.

EYES: Excoriating secretions

SPINAL CORD: [POSTERIOR] Great chilliness from anaemia .^[5]

3.7. Dr. BURT'S STATES THAT -

Salt also stimulates the nervous system, keeping it in tone. Muscular tone is also benefited by the presence of salt in the muscles' tissues. This prompts me to advise you that, in situations where muscle and nerve weakness favours limb deformities, common salt may be used topically. When you initially notice that a child is walking on one side of its feet or when you come across a case of post-diphtheritic paralysis, you can apply friction with salt to great effect. Since that some anomalies are brought on by inflammation of the anterior grey cornea of the cord, I don't want to imply that it will treat all abnormalities. Hence, sodium chloride is not a treatment.^[6]

3.8. ACCORDING TO E. B. NASH

Natrum muriaticum exerts substantial effects on the heart and blood flow, as shown by the following notable symptoms: "Heart palpitations and a faint, weak feeling is made worse by lying down. Irregular heartbeat and pulse, which is exacerbated when lying on the left side. Violent heartbeats that cause the body to tremble." (Spigelia). All of these symptoms are more pronounced in anaemic individuals, whose constitution is typically weakened by stress, excessive sexual activity, blood loss, and other harmful factors. It works particularly well on people who have abused quinine. It is too well known among Hahnemannians to warrant much space here when referring to fevers. It is notably helpful in intermittent situations where Quinine only suppresses rather than cures, and its primary characteristic is the timing of the onset. Natrum appears characteristically at 10 to 11 A. M. ^[7]

3.9. PHILIP.M. BAILEY POINT OF VIEW

Keynote: Suppression of emotional pain

ORIGINS

Before Adam and Eve aroused the anger of the Creator, there were no Natrum's in the Garden of Eden. From that point on, they lived tough lives away from the gates of Paradise because they were ashamed, felt guilty, and yearned to go back. This small allegory is perfectly suited for outlining the historical roots of the Natrum psyche, which is currently the psyche shared by the vast majority of humanity.

(The emotional suffering at the core of Natrum's disease begins in infancy when the kid is denied the unconditional love they require. The parents normally have the best intentions and are loving in their own way, but because they are running away from their own emotional suffering, their love is not unconditional and freely offered.

CLOSED PARENT, CLOSED CHILD

Closed Natrum parents are frequently highly diligent in providing for the children's material and educational needs, but they are unable to provide the child's most basic needs, which include unconditional, unwavering love. The outcome is a serious and grumpy youngster since the emotional suffering the child experiences cannot be fully repressed. He is unable to express his feelings because his parents, who are accustomed to acting as though everything is fine, react horribly to any indication of unhappiness. The fact that everything is fine. When he does complain, he is either treated with animosity or confusion followed by assurances that everything is fine and he is just being silly. His parents unconsciously want him to learn to stay silent about his emotions, so he does. The following logic, which happens intuitively (and frequently deliberately) in the youngster, might be used to demonstrate the cause of Natrum's lifelong guilt: "If I'm not liked, there must be a problem with me. I have to be bad. I have to be at fault." These findings are at the very core of many people, including most Natrum's, deep psychotherapy shows. It is quite upsetting to witness how many disturbed kids who are brought in for consultations and who are constantly complaining to their parents about how no one loves them.

THE REBELLIOUS CHILD

The rebellious Natrum child is actually reacting to his perceived mistreatment in a psychologically healthy way. He has never had the love he deserves, and because both his parents and he are emotionally far from one another, neither can fully comprehend the other. Parents who don't communicate well with their kids often impose rules without first considering if the rules are reasonable given the child's personality and how the kid feels about them. Sending kids to boarding schools is a prime example. Unless things are particularly bad at home. Being sent to boarding school is the most terrifying and alien experience a child could ever have, yet parents have no idea what it does to their children, who are already feeling unwanted but are afraid to express it. Consequently, unless his parents are so threatening that he

remains in a state of terror, a child who is continually treated in a way that places undesirable conditions upon him will eventually get furious. The first step to conquering fear is anger because most Natrum's are disobedient.

MORALITY AND SEXUALITY

In contrast to opportunists like Lycopodium and Nux, the majority of Natrum have very high moral standards. When their behaviour falls short of their own lofty standards, they feel let down by themselves. So, one can put their trust in a Natrum's guarantee. Even fierce Natrum rebels more often than not stick to their word, which is perhaps where the saying "criminal code of honour" that it's okay to lie to the police but not to your fellow criminals came from. So, one reason for Natrum's morality is his propensity to stick with the group, which begins as a protective strategy.

Others have difficulty relaxing during sex because of previous traumatic sexual experiences. (There is one response to sexual abuse that is highly characteristic of Natrum women in particular. Many gain a lot of weight, in an unconscious (and often conscious) attempt to make themselves unattractive to the opposite sex, and hence less likely to be abused again. In my experience, the majority of very fat women are Natrum's, and a high proportion are using their weight to avoid sex. (Fat Calcarea and Graphite's are not usually fat for this reason.) Another is that Natrum has experienced suffering and can relate to others' suffering. Most Natrum's have extremely high emotional sensitivity and have deep empathy for others (Kent: "sympathetic"). The sensation of guilt that most Natrum people harbour subconsciously—guilt that is wholly undeserved—is a third factor that encourages morality. Natrum has a framework provided by society's moral laws that allows him to act morally and prevents him from experiencing remorse again.

Most Natrum women find loving sex to be enjoyable. Unfortunately, many people are unable to have an orgasm, even when they are with a loving partner. This is because they cannot truly 'let go' and be vulnerable emotionally, since they are frightened of getting wounded.

DISAPPOINTED LOVE

Natrum and Ignatia are very similar in that both have a deep-seated sense of abandonment and are especially sensitive to the loss of love. Because to these factors,

both types frequently experience severe loss when a loved one passes away or separates from them. Extreme mourning is a replay of a long-buried emotion. Such circumstances resonate with the childhood memory of emotional suffering, bringing the old sensations that had been suppressed at the age of (say) two or three, back to the surface. That never changes. The majority of Natrum's who have extensive psychotherapy go through a strong sensation of sadness whenever they recall how they felt as a young child.

With Natrum people, there are two typical "abnormal" grieving reactions. First is a total absence of response. The only sensation that might be present is numbness. When one first learns of a death, this is a typical reaction, but with Natrum, the usual sadness and tears may never follow since the wounded heart is resolved not to feel. A further layer of melancholy is pushed into the subconscious, further shielding the heart from emotion. Natrum might experience a lasting loss as a result of such silent sadness, without being able to identify it just that much less significance and joy are present in his life. High strength versions of the cure have the potential to undo this suppression and release previously suppressed tears.^[2]

3.10. Dr. J.T. KENT POINT OF VIEW

Mind: Hysterical behaviour of both body and the mind crying and laughing alternately, spasmodic laughter. She is unable to enter a state of joy, no matter how positive the situation is. Living in the past with unpleasant memories

The mental state was made worse by consolation; She seems to beg for pity and becomes angry when it is granted.

Head: Headaches are terrible; bursting, compressing, as if in a vice. Hammering and throbbing are present along with the pains. Pain aggravated on exertion.

Spine: Spinal problems due to pressure on spine. There is a tremendous lot of discomfort along the spine and sensitive vertebrae. It is from lying on something hard, or putting the back up against something hard; they may sit with a pillow or the palm pressed against the back. Coughing and walking make the discomfort in the spine worse.

Stomach and liver: The stomach and liver are connected in some way.

Flatus has inflated the stomach. There is a lump in the stomach after eating. Food digestion seems to take a very long period. through eating. With relief, white, sticky mucous is vomited.

Bladder: The bladder's function is being slowed down. Difficult micturition, dribbling with little force. There is a feeling that more urine is still in the bladder after urinating. He is unable to pass pee in a public area. Also, he must frequently discharge the urine due to persistent urging.^[8]

3.11. ALLENS KEY NOTE STATES THAT

For those who are anaemic and cachectic, whether as a result of a loss of critical fluids (prolific menstruation, seminal losses), or mental illnesses. Severe emaciation, shedding skin while still eating well (Abrot., Iod.), and a child's throat and neck fast losing weight throughout the summer are all complaints (Sanic.). a major liability to catch a cold (Cal., Kali c.). Child becomes irritable when talked to, cries for no apparent reason, and becomes passionate about little matters, especially while being comforted. awkward, hurried, and negligent due to nervous weakness (Apis, Bov.). A tendency to cry easily; a depressed mood that weeps without reason (Puls.); comforted by others' understanding of her problems. Headaches associated with anaemia in schoolgirls (Cal. p.); during the day; left sided clavus; as if bursting; with a red face, nausea, and vomiting prior to, during, and following menstruation; as if a thousand tiny hammers were hammering in the brain during fever; > by perspiration. Eye strain causes a headache that starts as blindness (Iris, Kali bi.) and progresses to zigzag dazzling, which feels like lightning in the eyes. Lachrymation; whenever he coughs, tears fall down his face (Euphr.). Hay fever is a wriggling sensation in the nostril, resembling a little worm, brought on by exposure to the sun's rays or the sweltering heat of the summer. sensation similar to a tongue hair (Sil.). Tongue: mapped, with red insular spots that resemble ringworm on the sides; difficult speech; kids take longer to learn how to walk, Constipation symptoms include a feeling of anus contraction, tearing, bleeding, and smarting following the stool (Am. c., Mag. m.); Unwilling stitches in the rectum; uncertain if flatus or faeces escape (Mur. ac., Olean., Pod.). When others are around, the need to urinate is involuntary

and occurs when moving, coughing, or laughing (Hep., Mur. ac.); the urethra is severed following the urge to urinate (Sars.). Seminal emission can cause impotence, spinal discomfort, paralysis, and impotence with delayed emission during an embrace. It can also occur shortly after coition with increased desire. Every morning, pushing and pushing towards the genitalia; must sit down to avoid prolapsus (Lil., Mur., Sep.). Heart fluttering; feeling weak and faint; lying down (Lach.). The body is jolted by the heart's pulsations (Spig.). palms of hands with warts (sore to touch, Nat. c.). Dreams: There are robbers in the house, and when you wake up, you won't think otherwise until you look for signs of burning thirst. Fever blisters, like pearls about the lips; lips dry, painful and cracked, ulcerated (Nit. ac). (Nit. ac.). Painful contractions of the hamstrings. craving salt and having a strong dislike for bread. Eczema, which is raw, red, and irritated, especially along hair edges and caused by consuming too much salt, being near the water, or travelling by boat. Urticaria, acute or chronic; across whole body; especially after intense exertion. Paroxysm around 10 or 11 a.m., old, chronic, poorly managed cases, especially after quinine suppression, headache with unconsciousness during cool and heat, and perspiration > aches are all intermittent symptoms.

At 10 or 11 a.m.; near the ocean or in heat from a stove; mental effort, such as conversing, writing, or reading; and lying down. Taking a cold shower outside, skipping regular meals, lying on your right side (the uncomfortable side, Bry., Ign., Puls.).^[9]

3.12. ARTICLES

3.12.1 Wart Treated with Constitutional Homoeopathic Remedy Natrum muriaticum:

Both younger and older people frequently experience warts. The neck, face, and armpits tend to have the most warts. Although a wart often causes no complaints, it can be treated because of its cosmetic problems. Homoeopathic remedies work well for treating them. Burning and chopping are two additional techniques that may do more harm than good. I'm going to show you a case of warts that Natrum muriaticum treated so expertly.^[10]

3.12.2 Production of tomato seedlings using seeds pelleted with Natrum muriaticum and submitted to saline stress

The impacts of salt have a direct impact on how plants grow and produce. Scientific research has revealed numerous instances of a considerable decline in tomato production and growth in soils with high electrical conductivity. It is vital to create new methods since, despite being theoretically viable, the correction or recovery of salinized soils is a slow and expensive procedure. This study's goal is to assess the growth of tomato (*Solanum lycopersicon* L.) seedlings from seeds pelleted with a homoeopathic version of Natrum muriaticum (Nat-m) that have been exposed to saline stress. Six dynamizations of Nat-m were used to pelletize tomato seeds as part of the treatments (3cH, 5cH, 7cH, 9cH, 11cH and 13cH). Seeds were inserted in phenolic foam blocks with either coated or uncoated surfaces (controls) in 50 mM NaCl saline solution—pre-moistened plastic trays (2.922 g. L⁻¹ of NaCl with an electrical conductivity of 4.5 dS/m and nutritional solution with an electrical conductivity of 0.15 dS/m and molarities of 4, 1, 2, 1, 0.5, and 0.5 mmol. N, P, K, Ca, Mg, and S are present in L-1 together with 17.5, 9.5, 10, 5, 2, and 0.45 mmol. Fe, Mn, Zn, Cu, and Mo each have L-1. Germination rate, germination speed index, shoot length, leaf area, number of leaves, root volume, root dry matter, and shoot dry matter were the variables examined. All variables were raised by the treatments pelleted seeds/talc Nat-m 5cH and pelleted seeds/talc Nat-m 7cH. They were statistically different from the controls and responded well to the disequilibrium-induced growth of tomato seedlings.^[11]

3.12.3 A Pilot Study of the Influence of Natrum muriaticum at 6CH and 30CH Potency in a Standardized Culture of Phaseolus vulgaris.

It is common practise to utilise diluted and dynamized solutions. All living things, including vegetables, can utilise it, and it works well in both primary and secondary metabolism. The current pilot study's objective was to confirm Natrum muriaticum's effects on populations of Phaseolus vulgaris at dilutions of 6 CH and 30 CH in comparison to the effects of a 5.0% NaCl solution when supplied individually (common bean). Relative Growth Rate (RGR) was measured in a bean population that had been treated for six weeks and divided into four groups, each with five vases: P1, the control group, which received only a 30% alcohol solution; P2, which received an aqueous 5.0% NaCl solution; P3, which received Natrum muriaticum at a 6 CH dilution; and P4, treated with 30 CH dilution of Natrum muriaticum. The findings demonstrated that an increase in soil salinity inhibited the growth of the bean population (P2). A considerable rise in the RGR of the bean population was also brought about by the use of the Natrum muriaticum dilution, which supported a significant increase in vegetable growth, mostly linked to the 6 CH (P3). The use of such large dilutions demonstrated the effectiveness of the approach for veggies.^[12]

3.12.4 The mechanism of sodium absorption in human small intestine.

With respect to the impacts of water flow, sodium content, the addition of glucose and galactose, and changes in the amniotic composition of luminal fluid, the present investigations were created to characterise sodium transport in the jejunum and ileum of people. The rate or direction of water flow had little effect on salt absorption in the ileum, which occurred despite extremely steep electrochemical gradients (110 mEq/liter, 5-15 mv), and the addition of glucose, galactose, or bicarbonate did not stimulate it. These results lead to the conclusion that sodium can be transported over a membrane that is somewhat sodium impermeable with efficiency. While water movement has a significant impact on sodium (chloride) absorption in the jejunum, it can only occur against a minor concentration gradient of 13 mEq/liter, and it is enhanced by the addition of glucose, galactose, and bicarbonate. Even when mannitol completely stopped net water movement, the stimulatory impact of glucose and galactose was still noticeable. These findings led to the conclusion that a limited portion of sodium absorption in the jejunum was

mediated by active transport related to either active bicarbonate absorption or active hydrogen ion secretion. The bulk flow of fluid along osmotic pressure gradients believed to be the mechanism behind the majority of salt absorption, or sodium chloride absorption. The stimulating effect of glucose and galactose was explained by a model in which the active transport of monosaccharide generates a local osmotic force for the absorption of solution (NaCl and water) from the jejunal lumen. This force is counterbalanced in the presence of mannitol by a reverse flow of pure solvent (H₂O) through a parallel set of channels that are impermeable to sodium. The finding that glucose and bicarbonate enhanced the absorption of the passively transported solute urea even when net water flow was kept at zero provided support for the concept.^[13]

3.12.5 Sex hormone effects on body fluid regulation.

Estradiol and progesterone largely regulate reproduction in young women, but they also have an impact on fluid balance. Estradiol raises plasma volume and reduces the operational point for arginine vasopressin and thirst osmoregulation. The data reported in this article imply that reproductive hormones alter homeostatic set points for body fluid and tonicity, even though total body water and sodium levels are only marginally modified.^[14]

4. MATERIALS AND METHODS

4.1 Study Setting

A sample of 100 cases, which were having significant improvement after prescribing Natrum muriaticum has been taken to the study from the In-Patient Department, Out Patient Department, Peripheral Health Centre of Sarada Krishna Homoeopathic Medical College, Kulasekharam .

4.2. SELECTION OF SAMPLES

Sample size of hundred cases

Sample Technique- Non – purposive Random sampling

Selection based on previous cases in which Natrum muriaticum is prescribed and in which there is symptomatic relief for the patient.

4.3. METHODOLOGY:

The case is processed through case -concept form which enables the analysis of the case, and finally the analyzed data synthesized together to form the concept involved in the treatment.

Case concept form enables a physician to identify the concepts utilized while solving a case. During the interaction between the patient and physician, an action is released to resolve the suffering patient. Right action meets with success. Any case treated homeopathically can be used for this form, provided adequate follow-ups should be included. In this form we can explore the various action of the physician in terms supportive philosophical foundations and how they are applied in practice.

The form comprises of 6 section and 20 areas.

Main sections are :-

- Problem definition
- Correlation
- Analysis and synthesis: and totality
- Problem: structurization
- Problem: resolution
- Education and training

Appropriate space with horizontal lines provided below each heading While filling up the form we should not remain confined to the action taken but focus on the concepts behind the action. The idea should be presented with the help of key words and connecting lines.

PROBLEM DEFINITION:

Case record. While going through any clinical records, certain areas stand out prominently, which allow the physician to unlock the case.

CORRELATION

The mass of data needs to be organized, processed and connected with each other through the different filters. These filters are

- Systematic: Classification and evaluation-different class of symptoms dominate each case and accordingly we value them. Symptoms form a homogenous block.
- Clinicopathological: We come across patients with multiple pathologies each affecting the course of the other. We should understand the correlation between the symptoms
- (Expressions) and the anatomic / pathophysiological/etiological relationships.
- Psychological: A disposition and circumstances interact through time to produce the mental state. Evolutionary study of this phenomenon allows us to identify these factors and establish correlation. Psychodynamic concepts where by the early life of individual comes to acquire an impact on the current life pattern, helps in the evolution of expression.
- Hahnemannian miasmatic pathology: Current interpretation-we assess the changes at the functional and structural level with the current knowledge of clinical medicine and pathophysiology. When these changes are understood in Hahnemannian theory of chronic disease we present a total view of the case.

ANALYSIS AND SYNTHESIS: TOTALITY

His section deals with the totalities on which remedial actions have been released and seeks clarity on the conceptual basis helps us to choose the similimum. But in chronic cases it is difficult to choose a single remedy fitting the entire totality. So, splitting of totality into homogenous blocks is required. For this Miasmatic expression

and phases of disease needs to be identified. The different totalities are acute totality, chronic totality, intercurrent totality, sequential totality, split totality, related totality etc.

Then the techniques are important. Reportorial and non-reportorial techniques are used. Non-reportorial techniques are structuralizing and works as a key-notes.

PROBLEM: STRUCTURALISATION

The total appreciation of the case can be presented in the form of a structure using the concept of homogenous blocks as well as the essential evolutionary totality. Structure is formed of parts with natural inter relationships. Time dimension should be added so that evolution is available.

PROBLEM: RESOLUTION

Physician tries to resolve the problem of a patient through remedial as well as non-remedial means. These are

- Management-General-Environment,
- Management-General Individual,
- Management-General-Replacement,
- Management-Mechanical measures and Auxiliary measures,
- Management-Specific-Homoeopathic-Planning and Programming, Prognosis.

EDUCATION AND TRAINING

- Each case has certain points important from the point of view of learning and should be highlighted in this area.
- Each case considered as new case.
- Learned a new tool called – Case Concept Form.

4.4 INCLUSION CRITERIA

- Both the sexes
- Patients of all age group.
- Cases which improved after one prescription of natrum muriaticum

4.5 EXCLUSION CRITERIA

- Cases treated with Natrum muriaticum but those have no significant improvement are excluded.
- Cases where patients did not attend the follow ups.
- Files of patients who were not prescribed natrum muriaticum.

5.

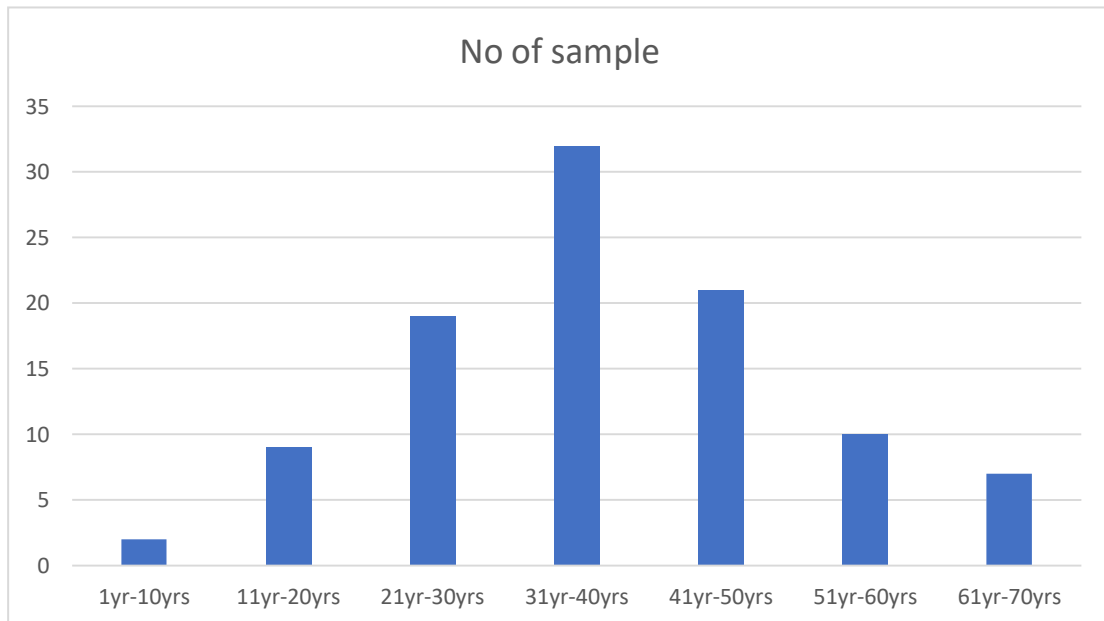
OBSERVATION AND RESULTS

DISTRIBUTION OF CASES ACCORDING TO AGE

TABLE: 1

AGE IN YEARS	NO. OF SAMPLES
1yr-10yrs	2
11yr-20yrs	9
21yr-30yrs	19
31yr-40yrs	32
41yr-50yrs	21
51yr-60yrs	7
61yr-70yrs	100

CHART: 1

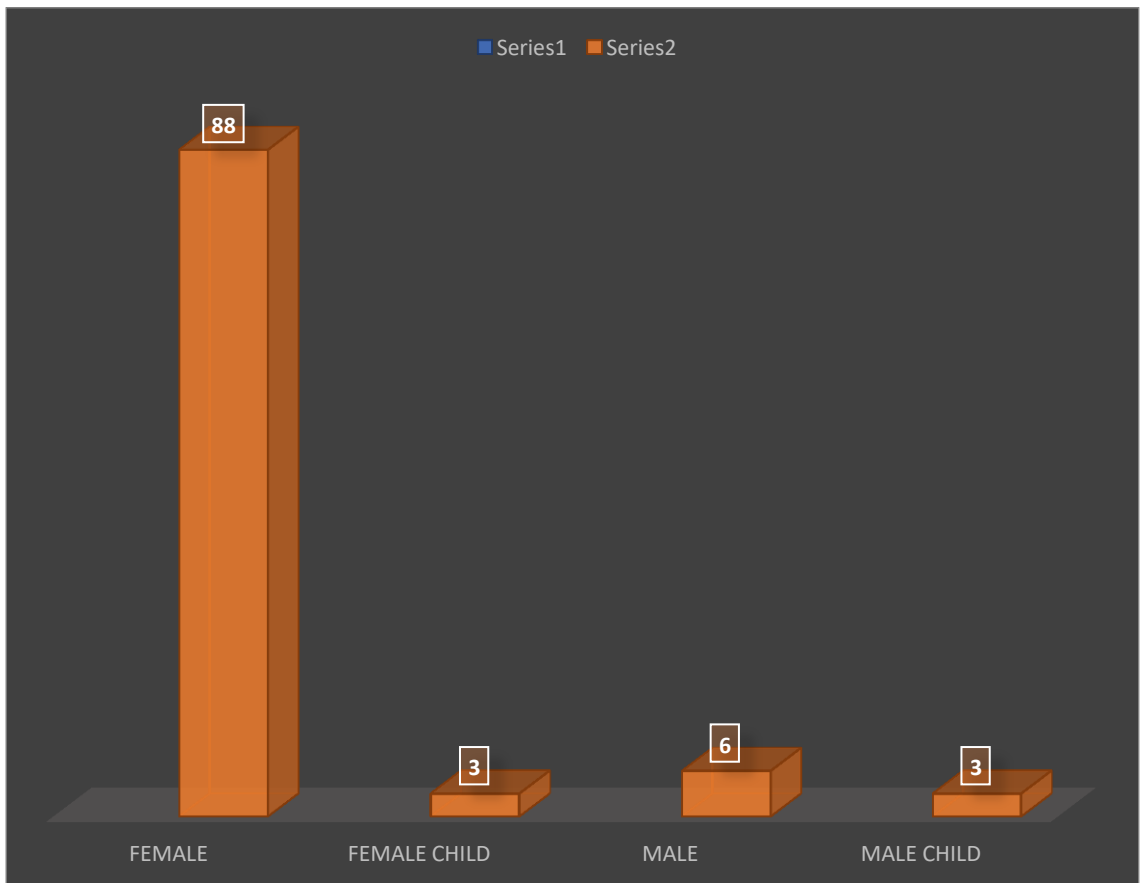


DISTRIBUTION OF CASES – ACCORDING TO GENDER

TABLE :2

GENDER	NO. OF SAMPLES
Female	88
Male child	3
Female child	6
Male	3
GRAND TOTAL	100

CHART:2

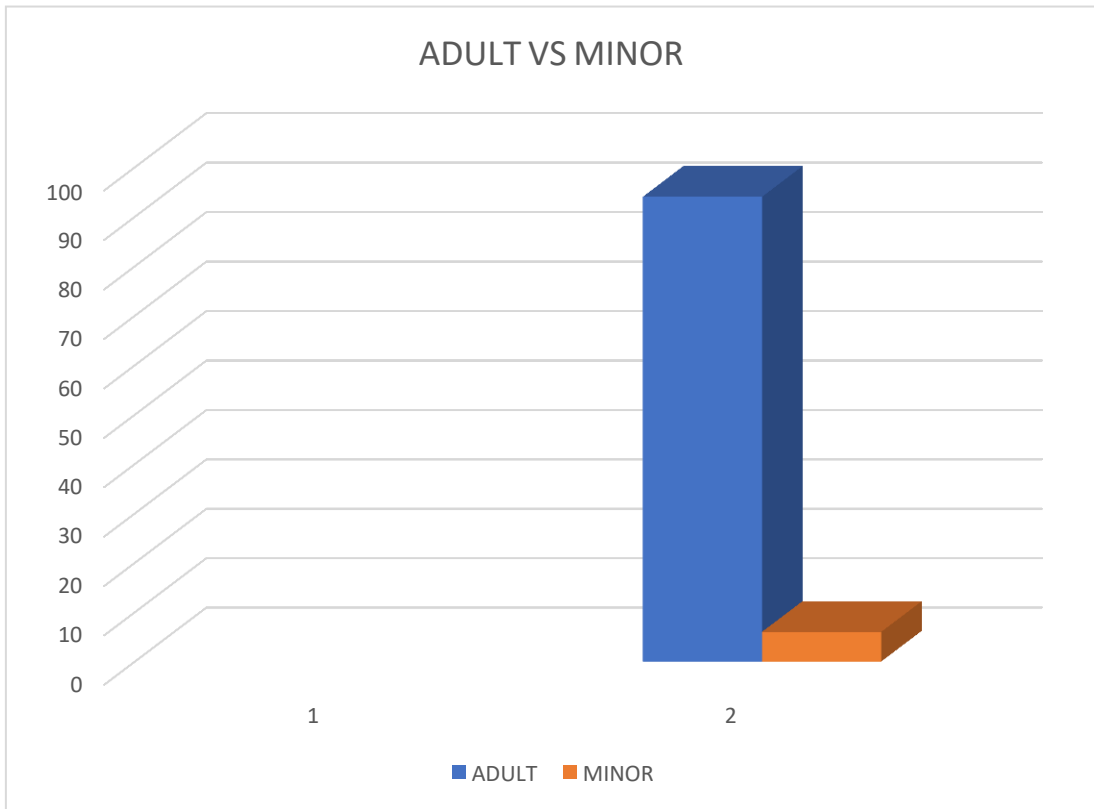


DISTRIBUTION OF CASES- ADULT VS MINOR

TABLE :3

Description	No of sample
Adult	94
Minor	6
GRAND TOTAL	100

CHART:3



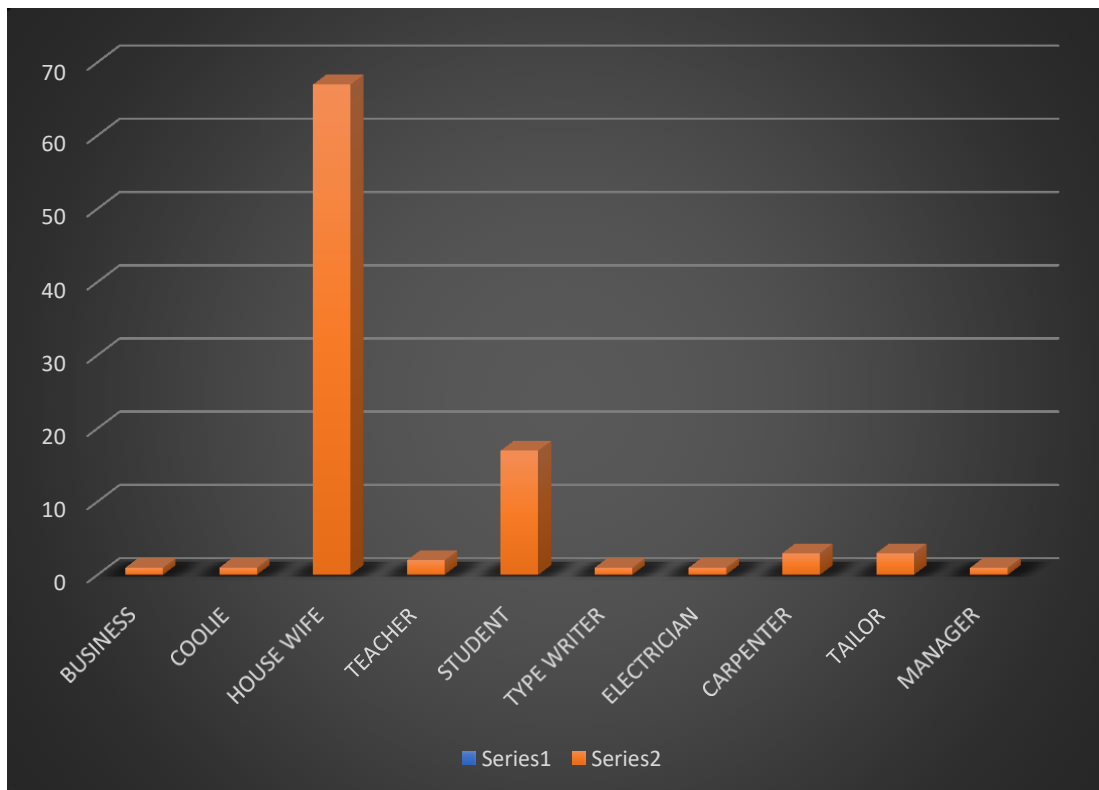
4.

DISTRIBUTION OF TOTAL CASES – BASED ON OCCUPATION

TABLE :4

OCCUPATION	NO. OF SAMPLES
Business	1
Coolie	1
House wife	68
Teacher	2
Student	20
Type writer	1
Electrician	1
Carpenter	3
Tailor	3
Manager	1
GRAND TOTAL	100

CHART:4

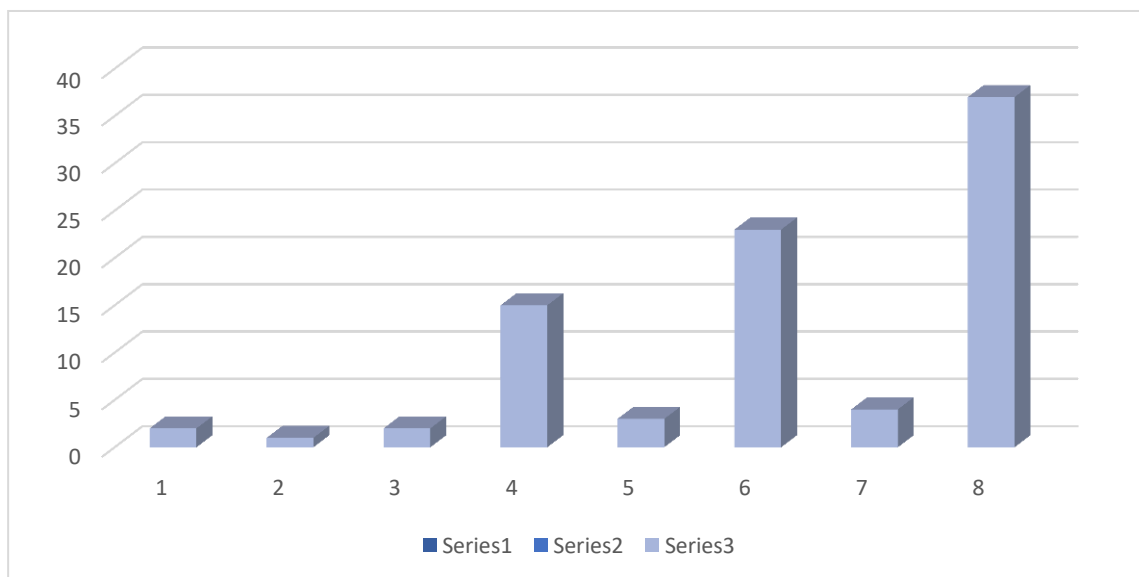


**DISTRIBUTION OF CASES IN RELATION WITH OCCUPATION , AGE
AND SEX.**

TABLE :5

AGE GROUP	OCCUPATION	NO. OF SAMPLES
1yr-12yrs	Student – male	2
	Student – female	1
13yr-25yrs	Student – male	2
	Student female	15
26yr-35yrs	Male	3
	House wife	23
36yr-60yrs	Male	4
	House wife	37
Others		
Grand total		100

CHART :5

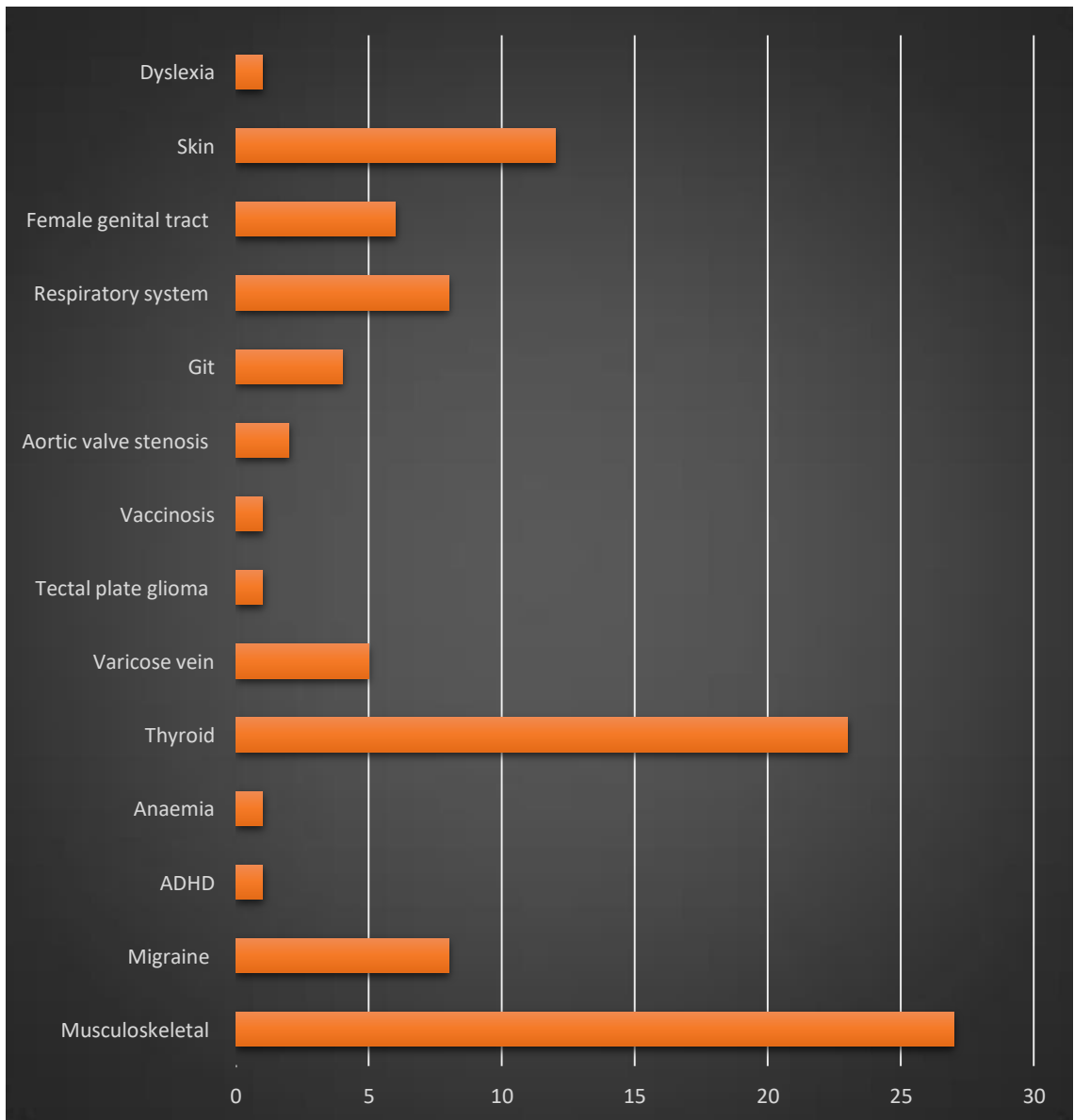


DISTRIBUTION OF CASES ACCORDING TO DIAGNOSIS

TABLE : 6

DIAGNOSIS	NO OF CASES
Musculoskeletal	27
Migraine	8
ADHD	1
Anaemia	1
Thyroid	23
Varicose vein	5
Tectal plate glioma	1
Vaccinosis	1
Aortic valve stenosis	2
Git	4
Respiratory system	8
Female genital tract	6
Skin	12
Dyslexia	1
Grand total	100

CHART : 6

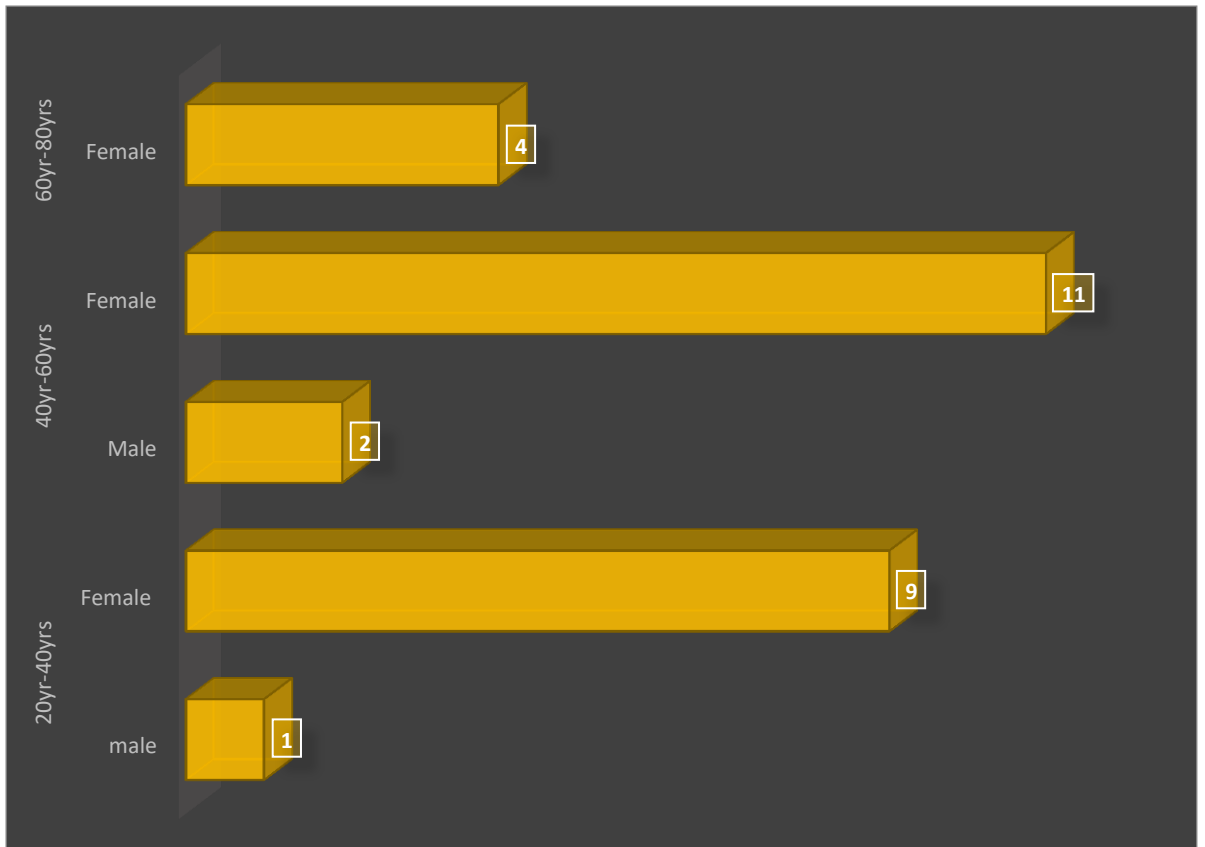


**DISTRIBUTION OF MUSCULOSKELETAL SYSTEM AFFECTION IN
RELATION TO AGE AND SEX**

TABLE-7

AGE GROUP	GENDER	NO OF SAMPLES
20yr-40yrs	Male	1
	Female	9
40yr-60yrs	Male	2
	Female	11
60yr-80yrs	Female	4

CHART:7

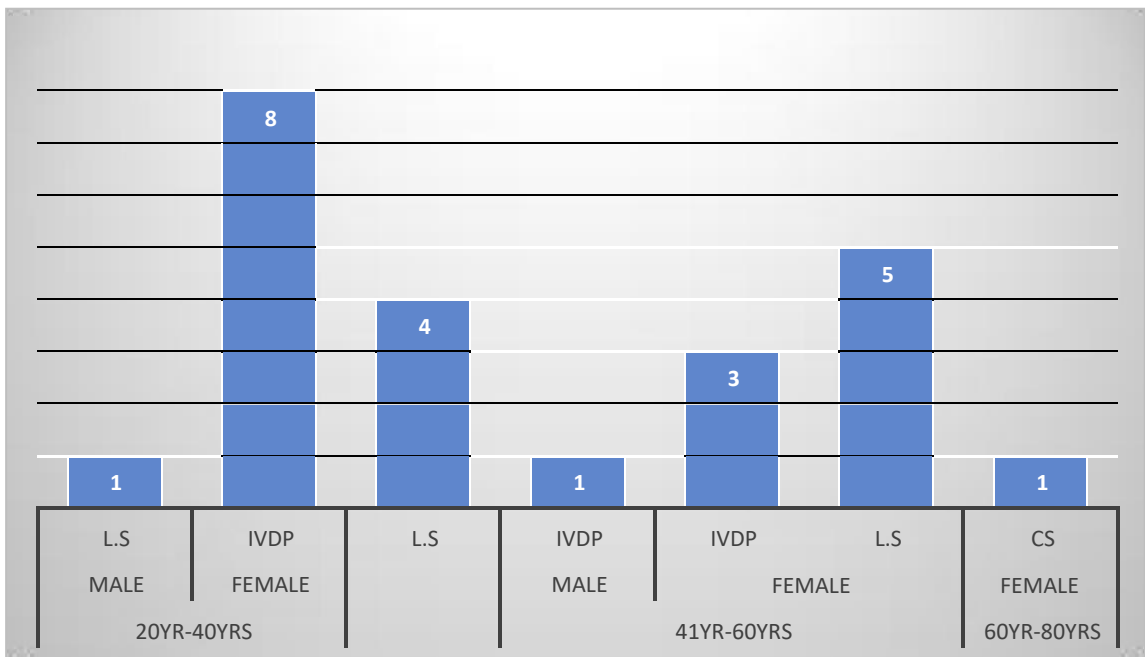


DIFFERENTIAL IN MSK AFFECTING IN RELATION WITH AGE AND SEX WITH SINGLE CO- MORBIDITY

TABLE :8

AGE GROUP	GENDER	MSK	NO OF SAMPLES
20yr-40yrs	Male	L.S	1
	Female	IVDP	8
		L.S	4
41yr-60yrs	Male	IVDP	1
	Female	IVDP	3
		L.S	5
61yr-80yrs	Female	CS	1
Grand total			23

CHART :8

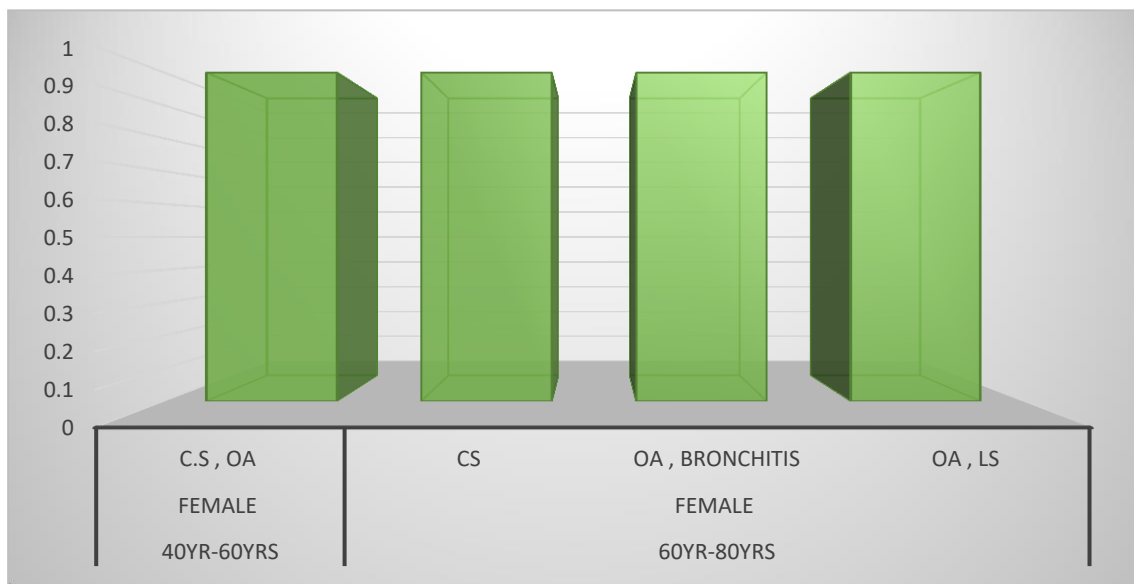


DIFFERENTIAL IN MSK AFFECTION IN RELATION WITH AGE AND SEX WITH MULTIPLE CO -MORBIDITY

TABLE:9

AGE GROUP	GENDER	MSK	NO OF SAMPLES
40yr-60yrs	Female	C.S , OA	1
60yr-80yrs	Female	CS	1
		OA , bronchitis	1
		OA , LS	1
GRAND TOTAL			4

CHART :9



**DISTRIBUTION OF MUSCULOSKELETAL CASES RELATION WITH
OCCUPATION AND CAUSATION**

TABLE:10

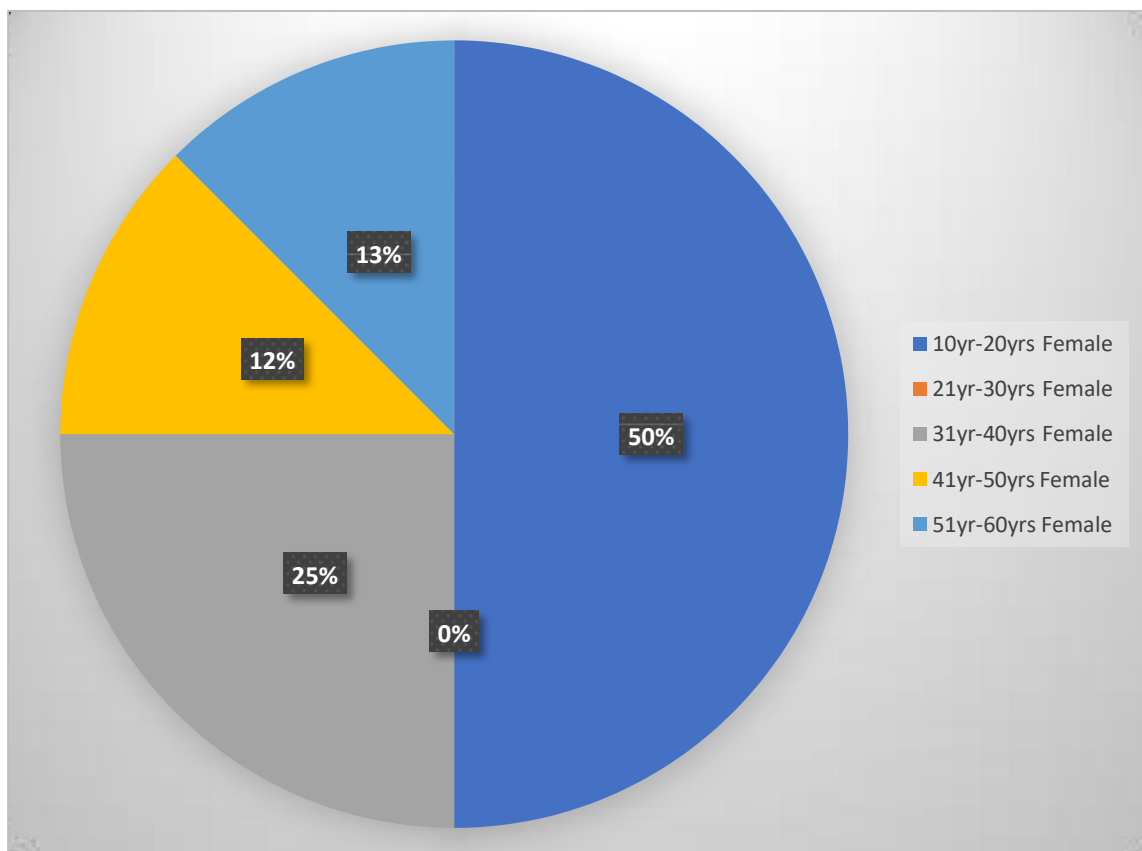
AGE FACTOR	GENDER	OCCUPATION	No.	CAUSATION	No.
20yr-40yrs	Male	Carpenter	1	Silent grief	1
	Male	Business	1	Silent grief	1
	Female	Student	1	Silent grief	1
		House wife	7	Silent grief	3
				Lack of love	2
				Suppressed Emotions	2
		Teacher	1	Silent grief	1
		Type writer	1	Lack of love	1
		Tailor	1	Grief	1
40yr-60yrs	Female	House wife	11	Grief	3
				Lack of love	2
				Not cooperative	5
				Suppressed Emotions	1
Above 60yrs	Female	House wife	3	Silent grief	1
				Suppressed Emotions	1
				Irritable	1
Grand total			27		27

DISTRIBUTION OF MIGRAINE CASE IN RELATION WITH AGE AND SEX

TABLE: 11

AGE GROUP	GENDER	NO OF SAMPLES
10yr-20yrs	Female	4
21yr-30yrs	Female	0
31yr-40yrs	Female	2
41yr-50yrs	Female	1
51yr-60yrs	Female	1
GRAND TOTAL		8

CHART :11

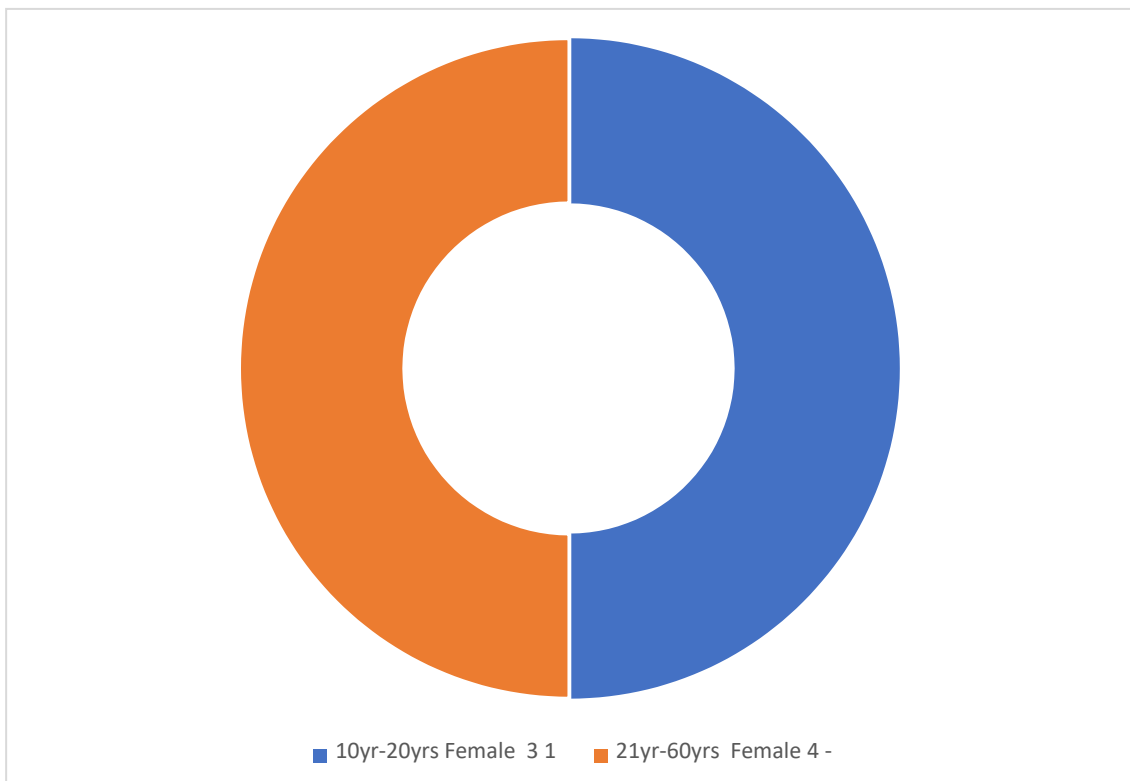


**DISTRIBUTION OF MIGRAINE CASE IN RELATION WITH SINGLE
CO- MORBIDITY VS MULTIPLE CO- MORBIDITY**

TABLE:12

AGE GROUP	GENDER	SINGLE COMORBIDITY	MULTIPLE COMORBIDITY	NO .OF SAMPLES
10yr-20yrs	Female	3	1	4
21yr-60yrs	Female	4	-	4
GRAND TOTAL				8

CHART:12

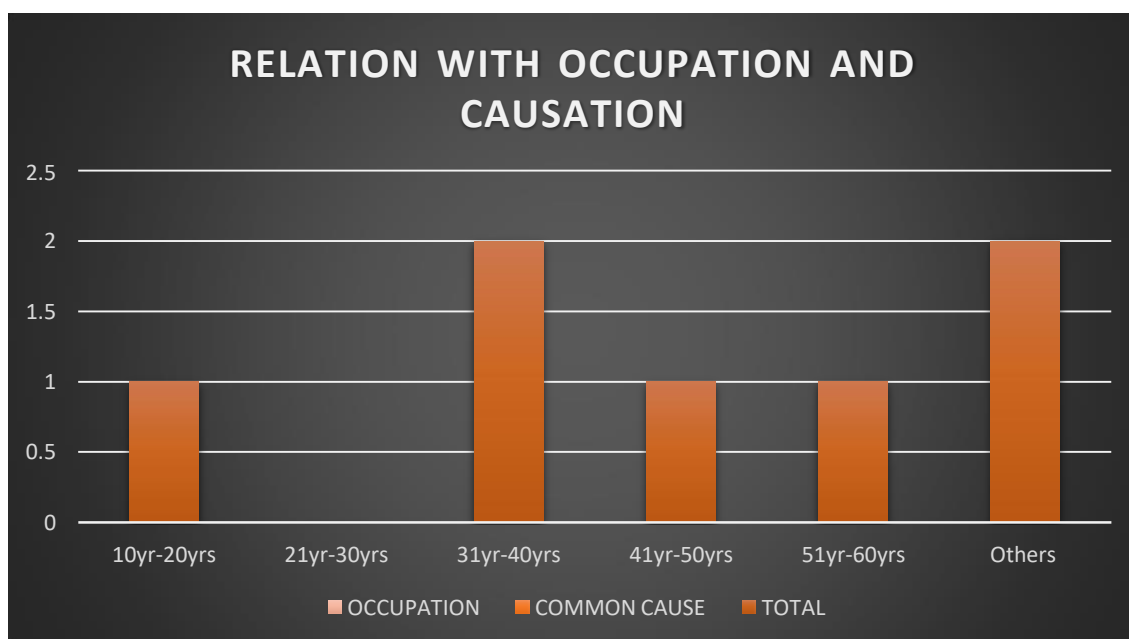


DISTRIBUTION OF CASE IN RELATION WITH CAUSATION AND OCCUPATION

TABLE : 13

AGE FACTOR	OCCUPATION	COMMON CAUSE	TOTAL
10yr-20yrs	Student	Disappointed love	1
21yr-30yrs	-	-	
31yr-40yrs	House wife	Silent grief	2
41yr-50yrs	House wife	Silent grief	1
51yr-60yrs	House wife	Silent grief	1
Others			2
Grand total			8

CHART 13



DISTRIBUTION OF MIGRAINE CASE IN RELATION WITH SIDE

AFFINITY

TABLE: 14

AGE FACTOR	OCCUPATION	SIDE AFFINITY		
		RIGHT	LEFT	WHOLE
10yr-20yrs	Student	3	1	
21yr-40yrs	House wife	3		
41yr-60yrs	House wife	1		
GRAND TOTAL		8		

CHART : 14

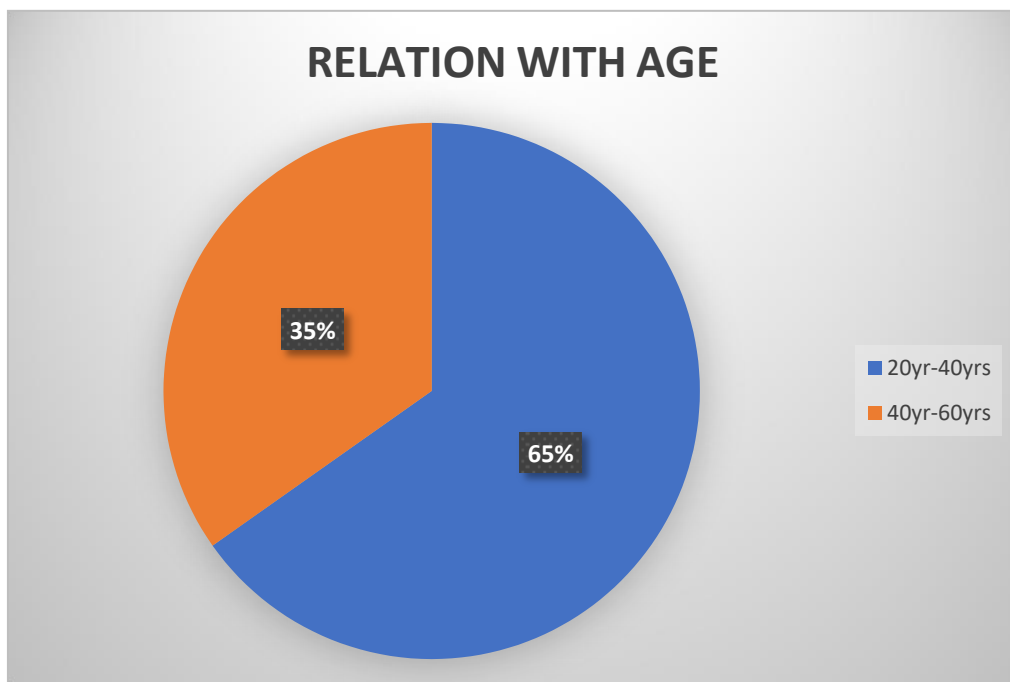


**DISTRIBUTION OF CASE IN RELATION WITH THYROID RELATED
DISEASES WITH AGE**

TABLE: 15

AGE FACTOR	NUMBER OF SAMPLES
20yr - 40yrs	15
40yr - 60yrs	8
Grand total	23

CHART:15

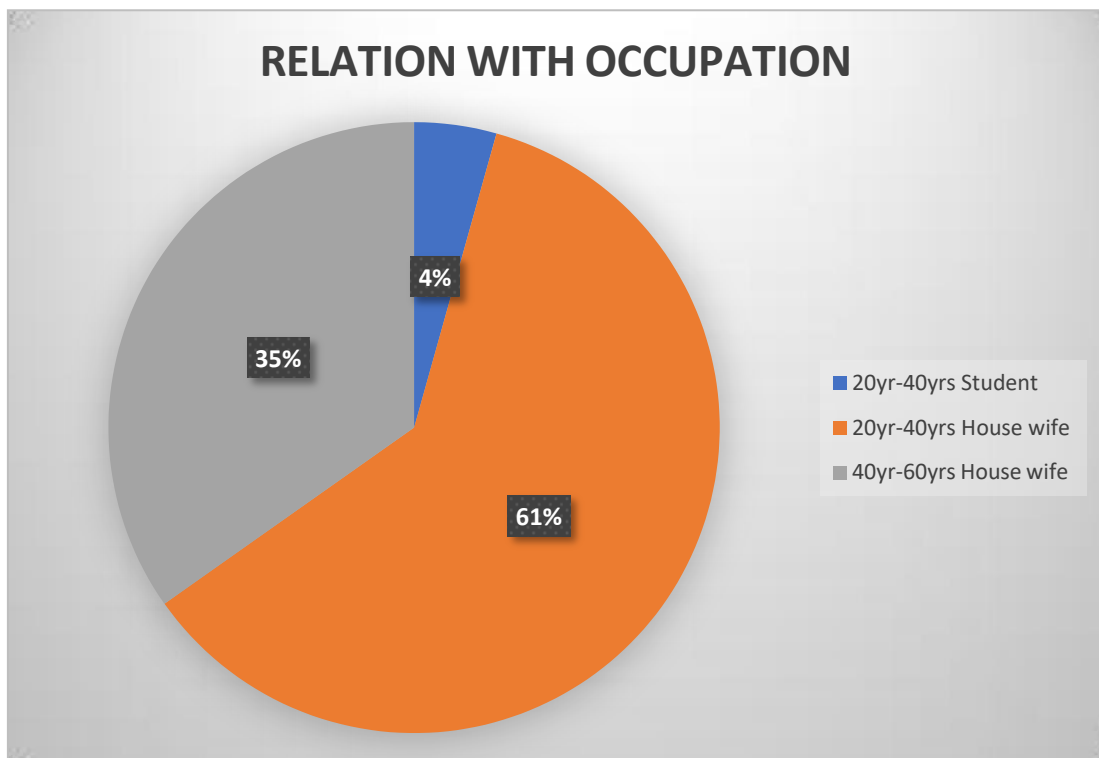


DISTRIBUTION OF CASE IN THYROID RELATION WITH OCCUPATION:

TABLE :16

AGE FACTOR	OCCUPATION	NO OF SAMPLES
20yr-40yrs	Student	1
	House wife	14
40yr-60yrs	House wife	8
GRAND TOTAL		23

CHART:16

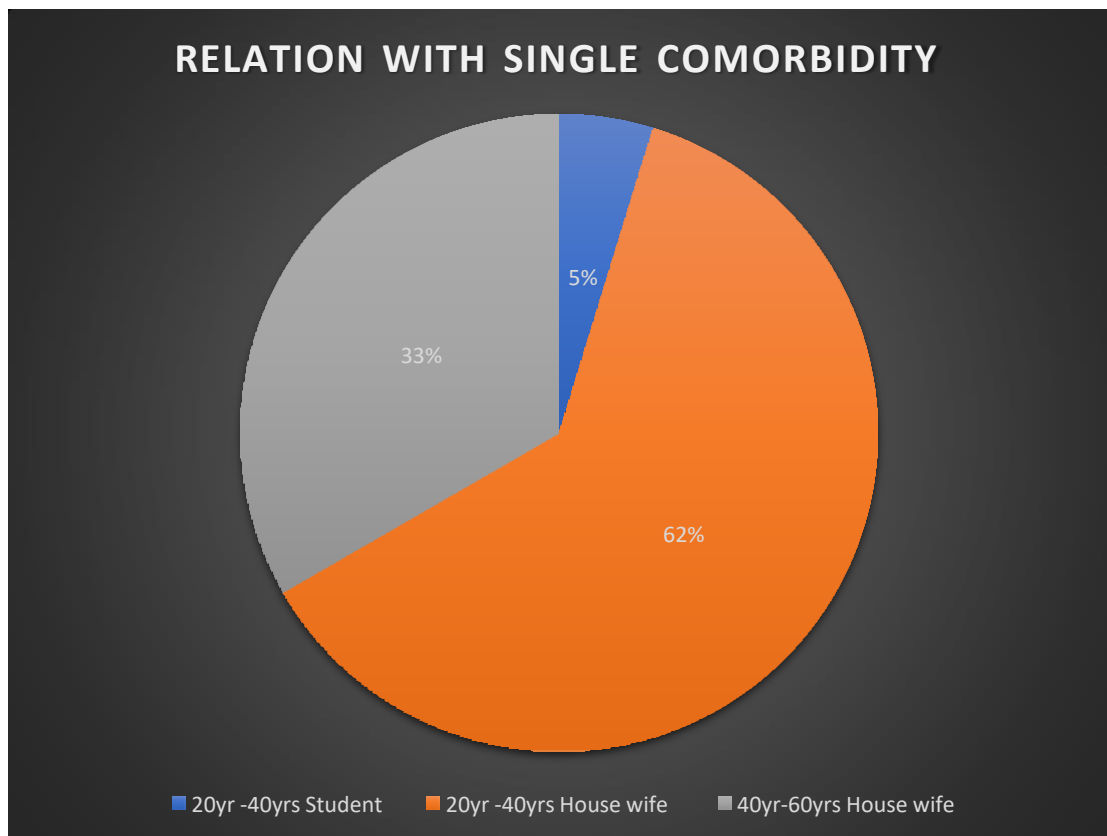


**DISTRIBUTION OF CASE IN THYROID RELATION WITH SINGLE
CO-MORBIDITY**

TABLE: 17

AGE FACTOR	OCCUPATION	SINGLE COMORBIDITY
20yr -40yrs	Student	1
	House wife	13
40yr-60yrs	House wife	7
GRAND TOTAL		21

CHART 17

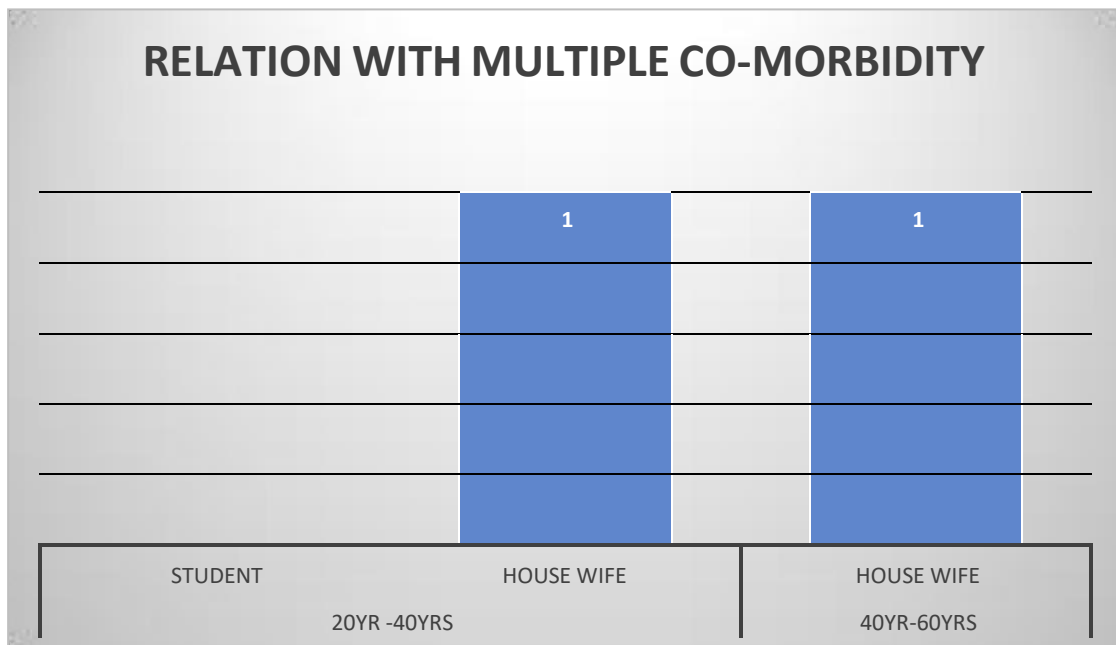


**DISTRIBUTION OF CASE IN THYROID RELATION WITH MULTIPLE
CO-MORBIDITY**

TABLE :18

AGE FACTOR	OCCUPATION	MUTILPE COMORBIDITY
20yr -40yrs	Student	
	House wife	1
40yr-60yrs	House wife	1
GRAND TOTAL		2

CHART: 18

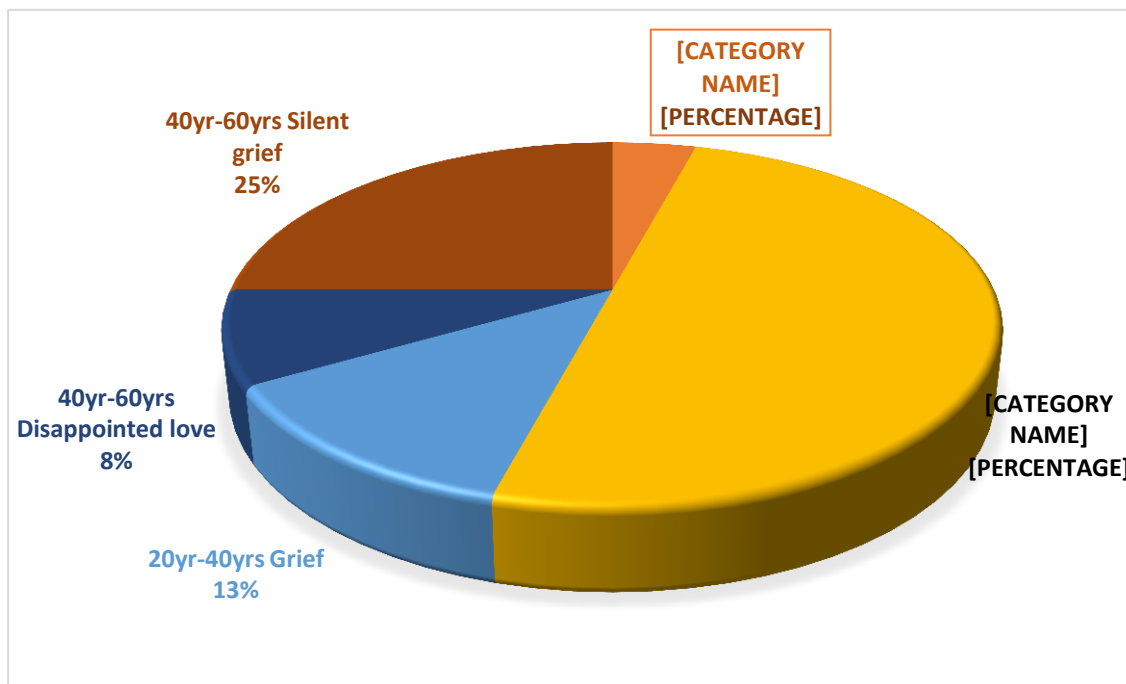


DISTRIBUTION OF CASE - THYROID RELATED DISEASE WITH CAUSATION

TABLE : 19

AGE FACTOR	OCCUPATION	CAUSATION
20yr-40yrs	STUDENT	
	Grief	1
	HOUSE WIFE	
40yr-60yrs	Silent grief	12
	Grief	3
	HOUSE WIFE	
40yr-60yrs	Disappointed love	2
	Silent grief	6
	GRAND TOTAL	23

CHART :19

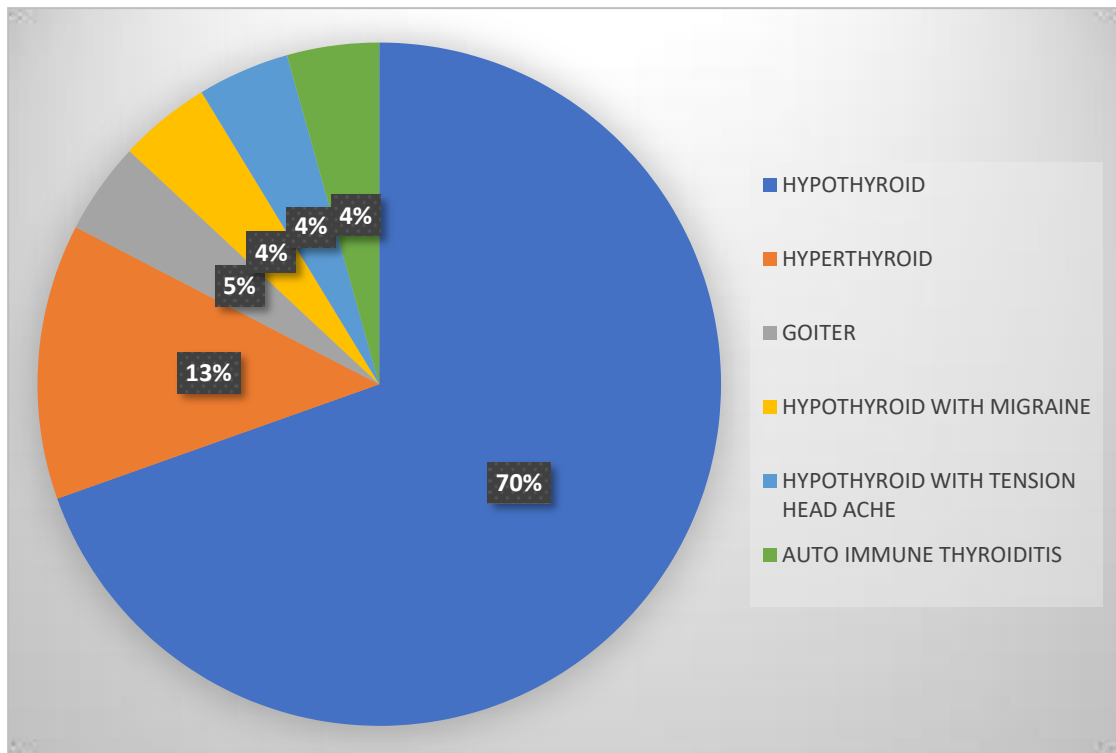


DIFFERENTIAL IN ENDOCRINE SYSTEM AFFECTING DIAGNOSIS
WITHIN SAMPLE PATIENTS

TABLE: 20

DIAGNOSIS	NO OF SAMPLES
HYPOTHYROID	16
HYPERTHYROID	3
GOITER	1
HYPOTHYROID WITH MIGRAINE	1
HYPOTHYROID WITH TENSION HEAD ACHE	1
AUTO IMMUNE THYROIDITIS	1
GRAND TOTAL	23

CHART :20



**DISTRIBUTION OF CASE - ATTENTION DEFICIT HYPERACTIVE
DISORDER**

TABLE : 21

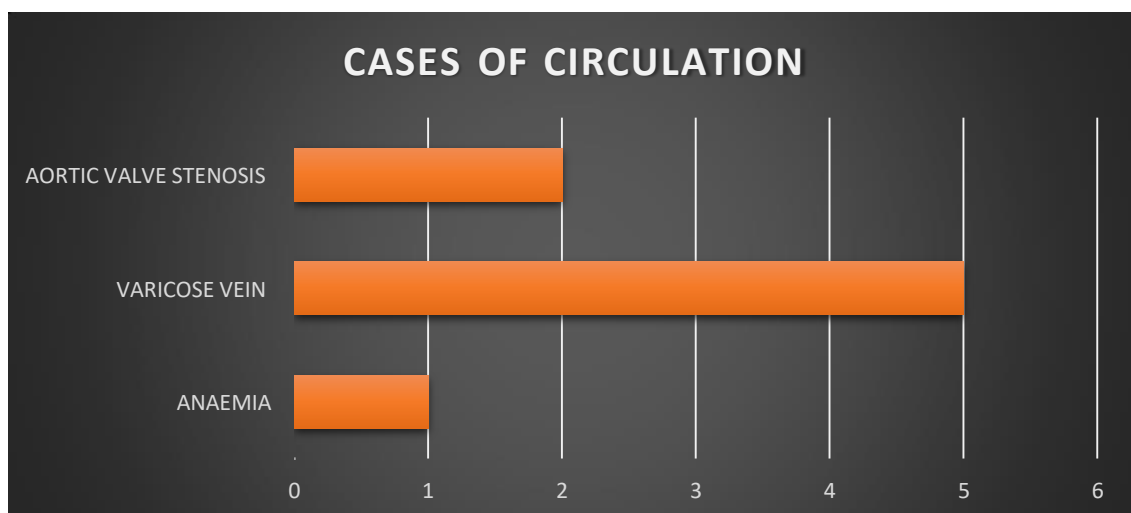
AGE FACTOR	GENDER	OCCUPATION	CAUSATION
10Yyear	Male	Student	No proper ante natal care given

DISTRIBUTION OF CASES OF CIRCULATION :

TABLE:22

DIAGNOSIS	NO OF SAMPLES
ANAEMIA	1
VARICOSE VEIN	5
AORTIC VALVE STENOSIS	2
GRAND TOTAL	8

CHART :22



DISTRIBUTION OF CASE - HYPOCHROMIC NORMOCYTIC ANAEMIA

TABLE :23

AGE FACTOR	GENDER	OCCUPATION	CAUSATION
28yrs	Female	House wife	CHRONIC SILENT GRIEF

DISTRIBUTION OF CASE -TECTAL PLATE GLIOMA

TABLE: 24

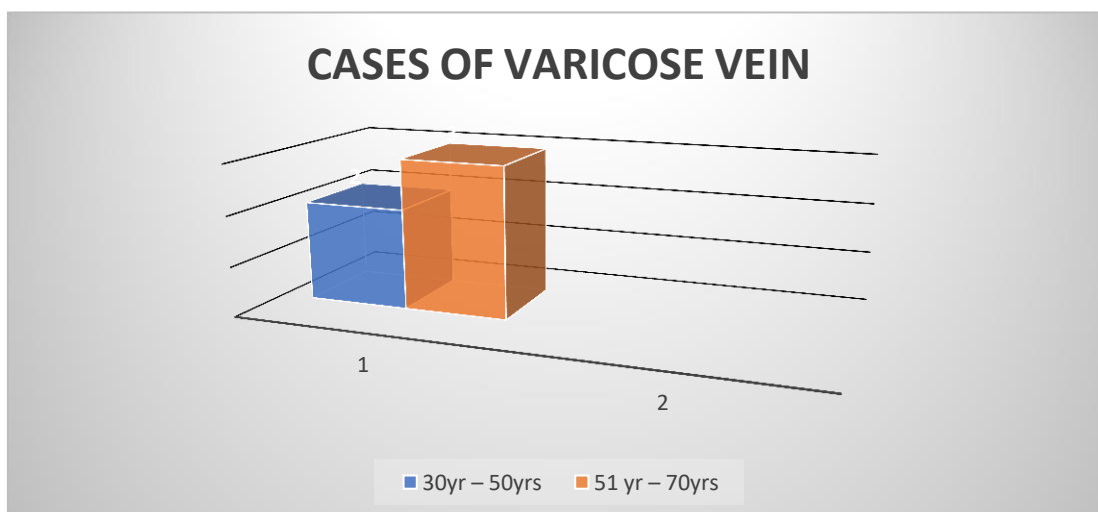
AGE FACTOR	GENDER	OCCUPATION
16 yrs	Female	Student
GRAND TOTAL		1

DISTRIBUTION CASE OF VARICOSE VEIN

TABLE : 25

AGE FACTOR	NO OF SAMPLES
30yr – 50yrs	2
51yr – 70yrs	3
GRAND TOTAL	5

CHART:25



DISTRIBUTION OF CASE – VARICOSE VEIN IN RELATION WITH CAUSATION

TABLE: 26

AGE FACTORS	OCCUPATION	CAUSATION
30yr – 50yrs	House wife	Grief
51yr – 70yrs	House wife	Grief

DISTRIBUTION CASE OF VACCINOSIS:

Table:27

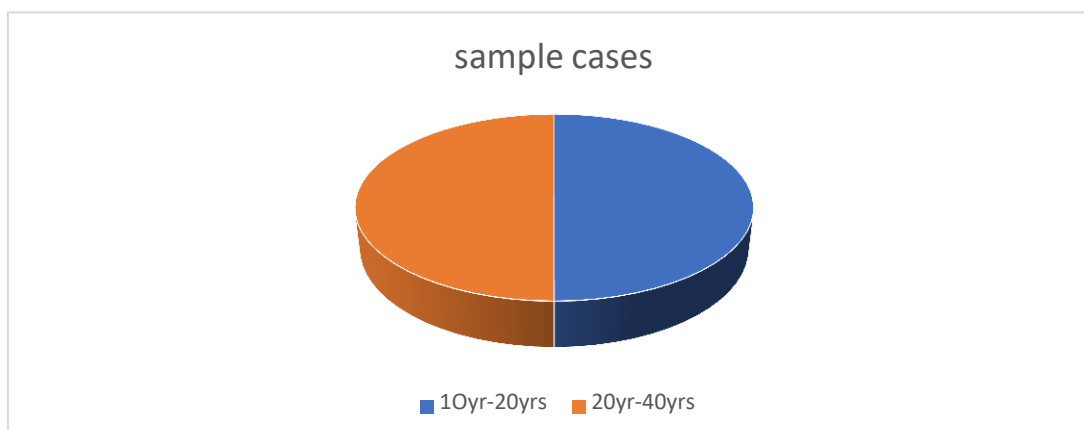
AGE FACTOR	OCCUPATION	CAUSATION
22yrs	STUDENT	Bad effects of vaccination

DISTRIBUTION OF CASE IN RELATION WITH GASTRO INTESTINAL TRACT WITH AGE

TABLE: 28

AGE IN YEARS	NO OF SAMPLE
10yr-20yrs	2
20yr-40yrs	2
GRAND TOTAL	4

CHART:28

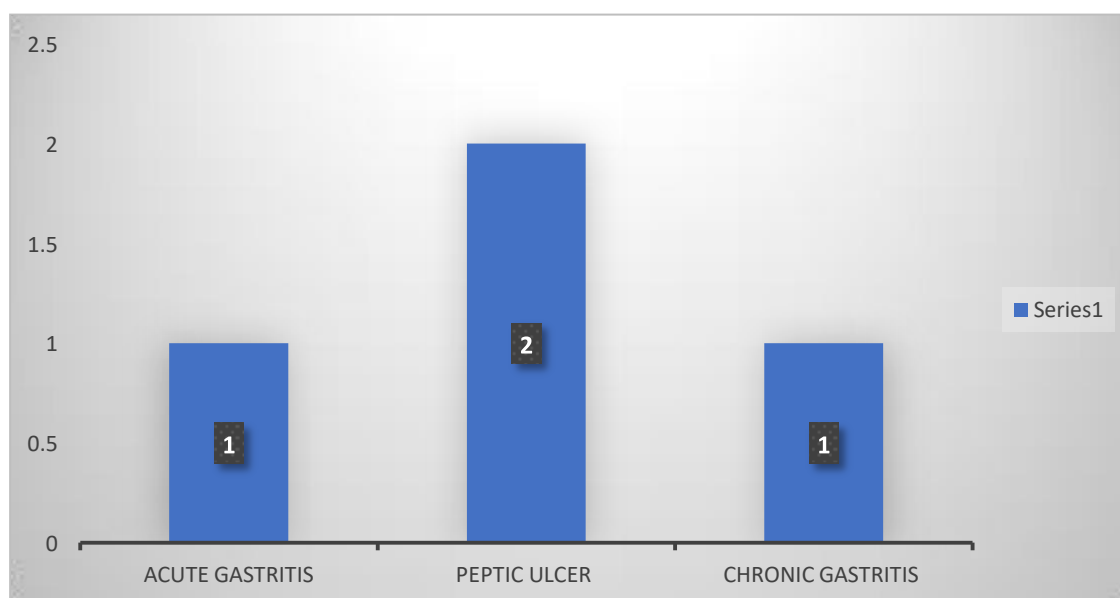


**DISTRIBUTION OF CASES IN RELATION WITH GASTRO INTESTINAL
TRACT DIAGNOSIS**

TABLE:29

DIAGNOSIS	NO.OF SAMPLES
Acute gastritis	1
Peptic ulcer	2
Chronic gastritis	1
Grand total	4

Chart :29

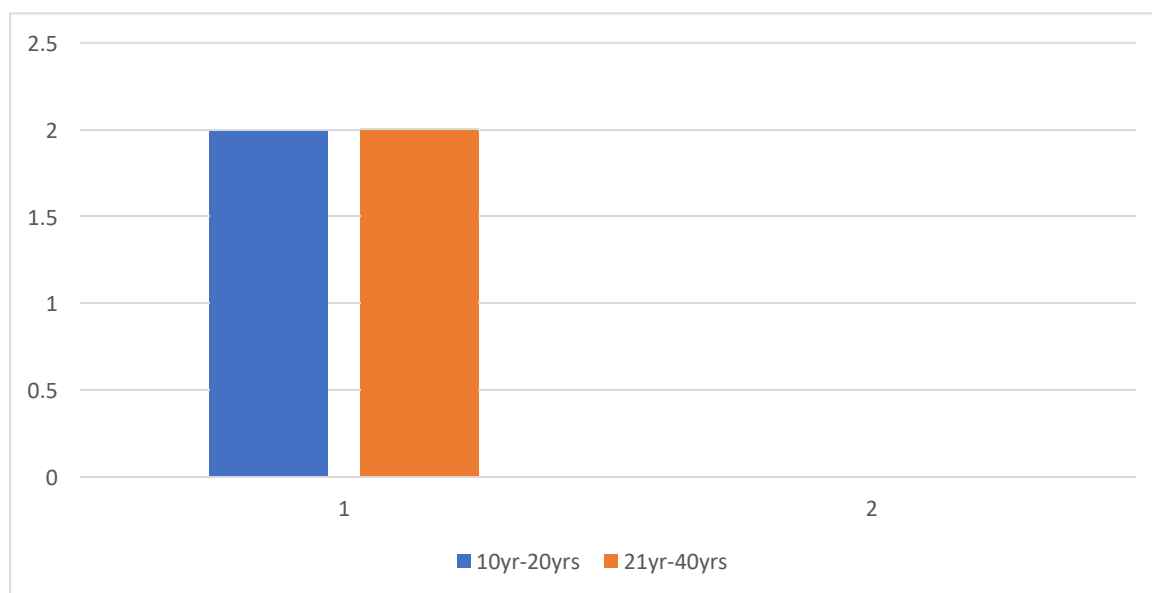


**DISTRIBUTION OF GASTRO INTESTINAL TRACT CASE IN RELATION
WITH AGE AND SEX**

Table :30

AGE GROUP	GENDER	NO OF SAMPLES
10yr-20yrs	Female	2
21yr-40yrs	Female	2
Grand total		4

Chart :30

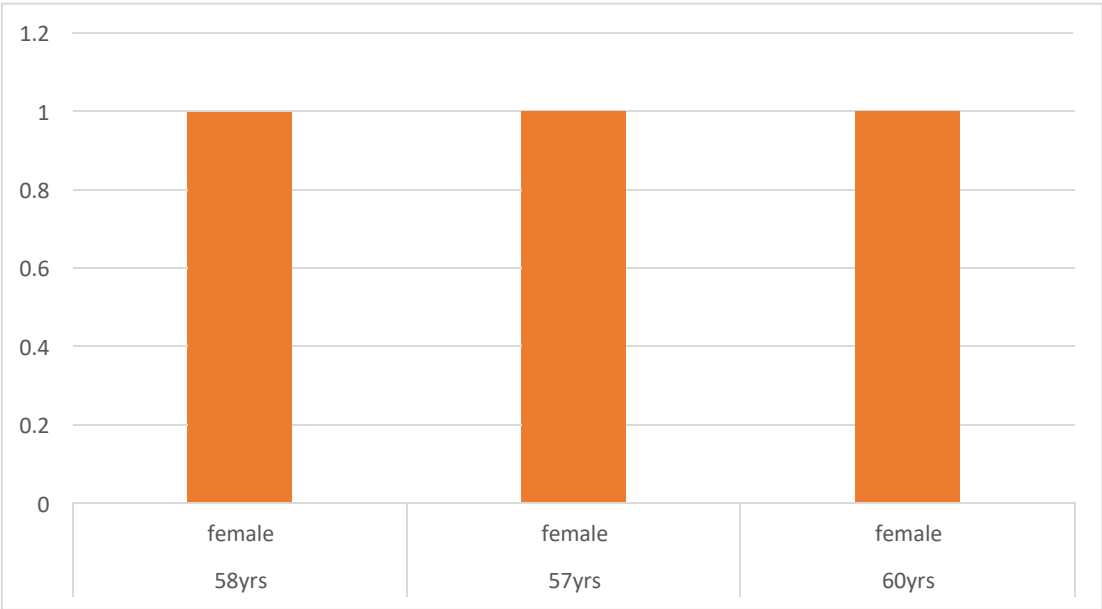


**DISTRIBUTION OF LOWER RESPIRATORY TRACT CASE IN RELATION
WITH AGE AND SEX**

Table: 31

AGE	GENDER	NO OF SAMPLES
58yrs	Female	1
57yrs	Female	1
60yrs	Female	1
Grand total		3

Chart :31

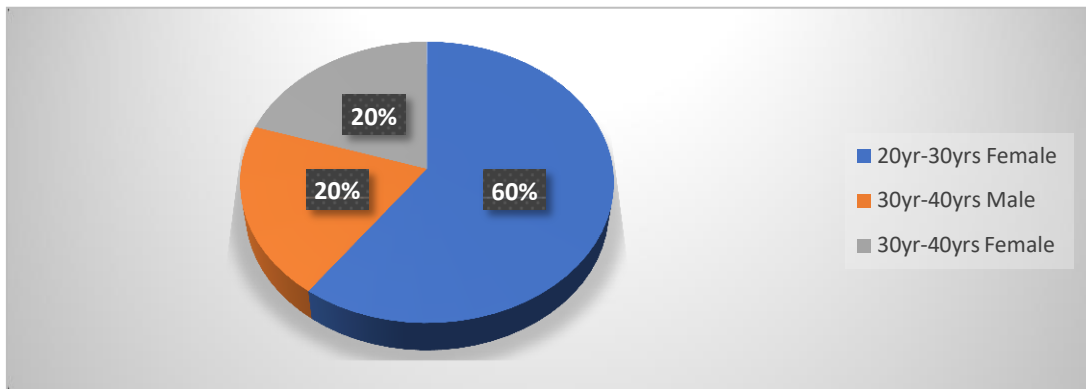


**DISTRIBUTION CASE OF UPPER RESPIRATORY TRACT INFECTION IN
RELATION WITH AGE AND SEX**

Table :32

AGE GROUP	GENDER	NO OF SAMPLES
20yr-30yrs	Female	3
30yr-40yrs	Male	1
	Female	1
Grand total		5

Chart:32

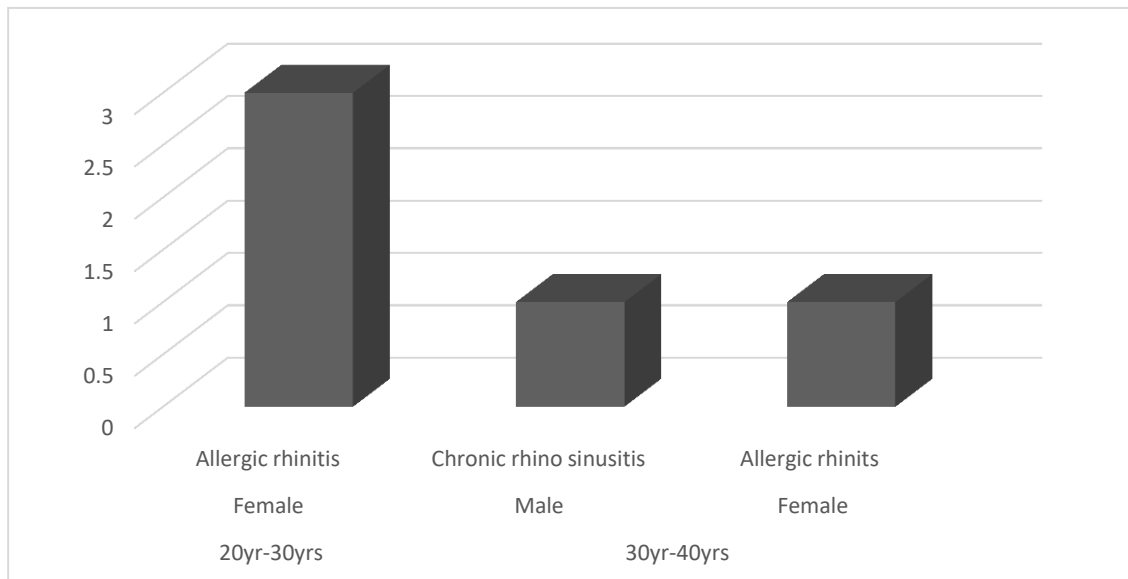


**DISTRIBUTION OF CASES IN RELATION WITH UPPER RESPIRATORY
TRACT AFFECTION WITH AGE , SEX AND DIAGNOSIS**

Table :33

AGE GROUP	GENDER	URTI	NO OF SAMPLES
20yr-30yrs	Female	Allergic rhinitis	3
30yr-40yrs	Male	Chronic rhino sinusitis	1
	Female	Allergic rhinitis	1
Grand total			5

Chart:33



DISTRIBUTION CASE OF DYSLEXIA

Table:34

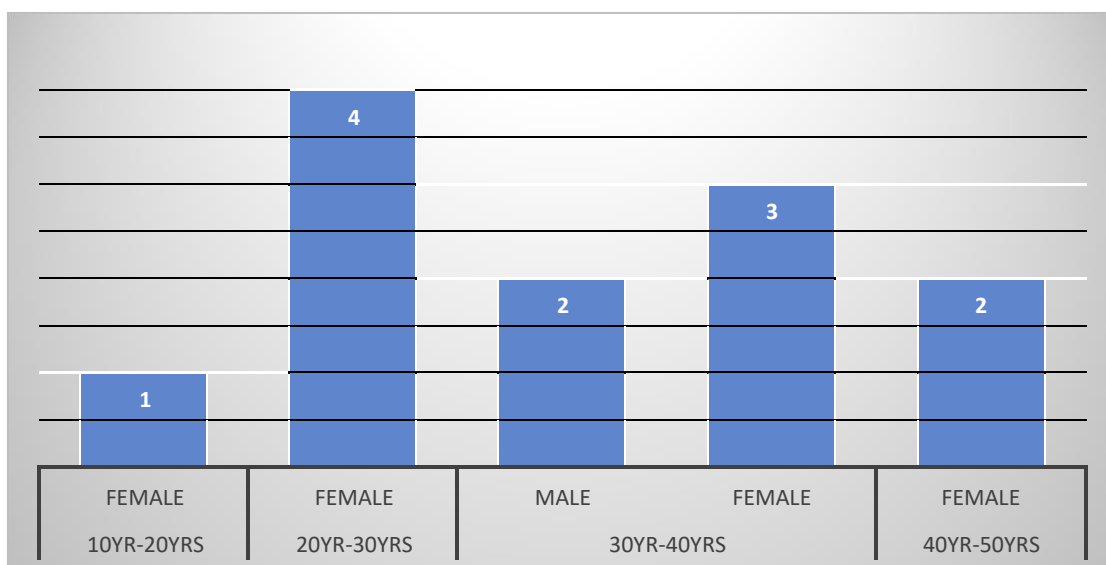
Age group	Gender	Dyslexia	No of sample
1yr-5yr	-	-	-
6yr-10yrs	Male		1
Grand total			1

DISTRIBUTION OF CASE SKIN AFFECTION IN RELATION WITH AGE AND SEX

Table : 35

AGE GROUP	GENDER	COUNT OF SKIN
10yr-20yrs	Female	1
20yr-30yrs	Female	4
30yr-40yrs	Male	2
	Female	3
40yr-50yrs	Female	2
Grand total		12

Chart:35

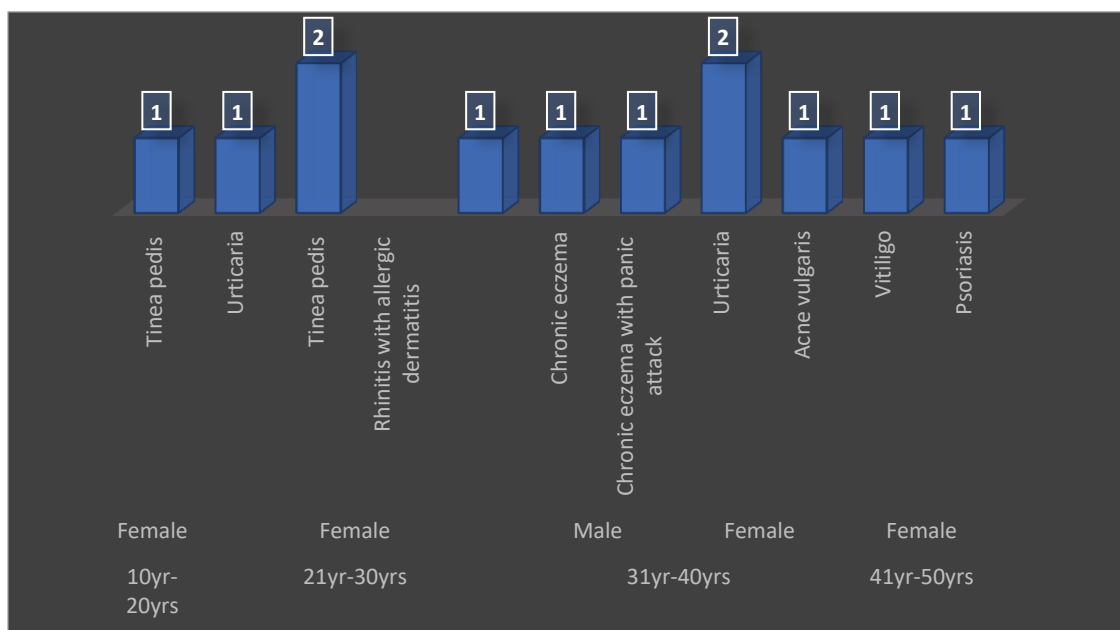


**DISTRIBUTION OF CASES OF SKIN AFFECTION IN RELATION WITH
AGE , SEX AND DIAGNOSIS**

TABLE:36

AGE GROUP	GENDER	SKIN	NO OF SAMPLE
10yr-20yrs	Female	Tinea pedis	1
21yr-30yrs	Female	Urticaria	1
		Tinea pedis	2
		Rhinitis with Allergic dermatitis	1
31yr-40yrs	Male	Chronic eczema	1
		Chronic eczema with panic attack	1
	Female	Urticaria	2
		Acne vulgaris	1
41yr-50yrs	Female	Vitiligo	1
		Psoriasis	1
Grand total			12

Chart:36

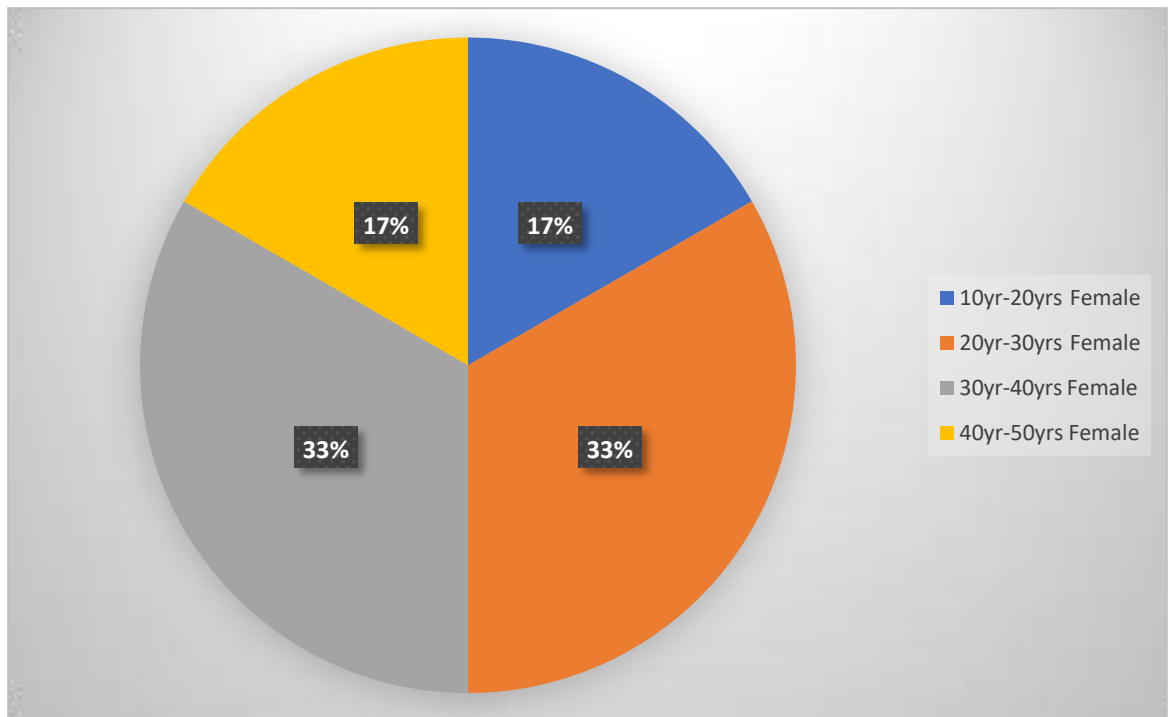


**DISTRIBUTION CASE OF FEMALE REPRODCUTIVE SYSTEM IN
RELATION WITH AGE**

Table:37

AGE FACTOR	GENDER	NO.OF SAMPLES
10yr-20yrs	Female	1
20yr-30yrs	Female	2
30yr-40yrs	Female	2
40yr-50yrs	Female	1
Grand total		6

Chart:37

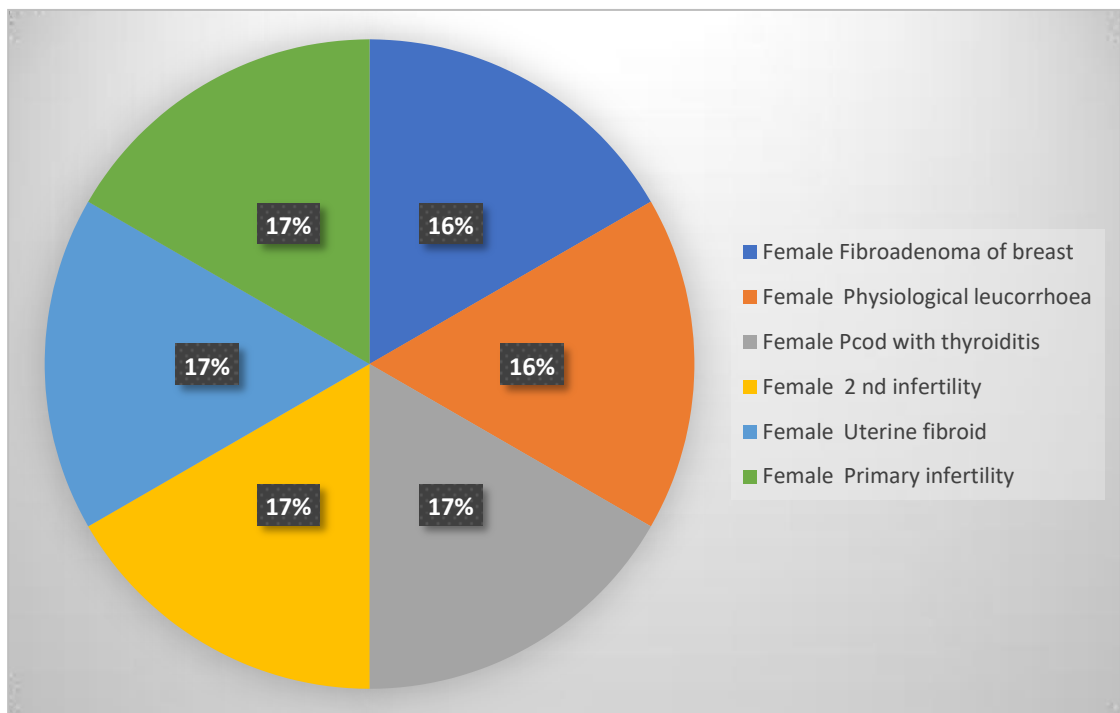


DISTRIBUTION CASES OF FEMALE REPRODUCTIVE SYSTEM

TABLE : 38

GENDER	FEMALE GENITALIA	NO OF SAMPLES
Female	Fibroadenoma of breast	1
	Physiological leucorrhoea	1
	Pcod with thyroiditis	1
	2 nd infertility	1
	Uterine fibroid	1
	Primary infertility	1
Grand total		6

Chart : 38

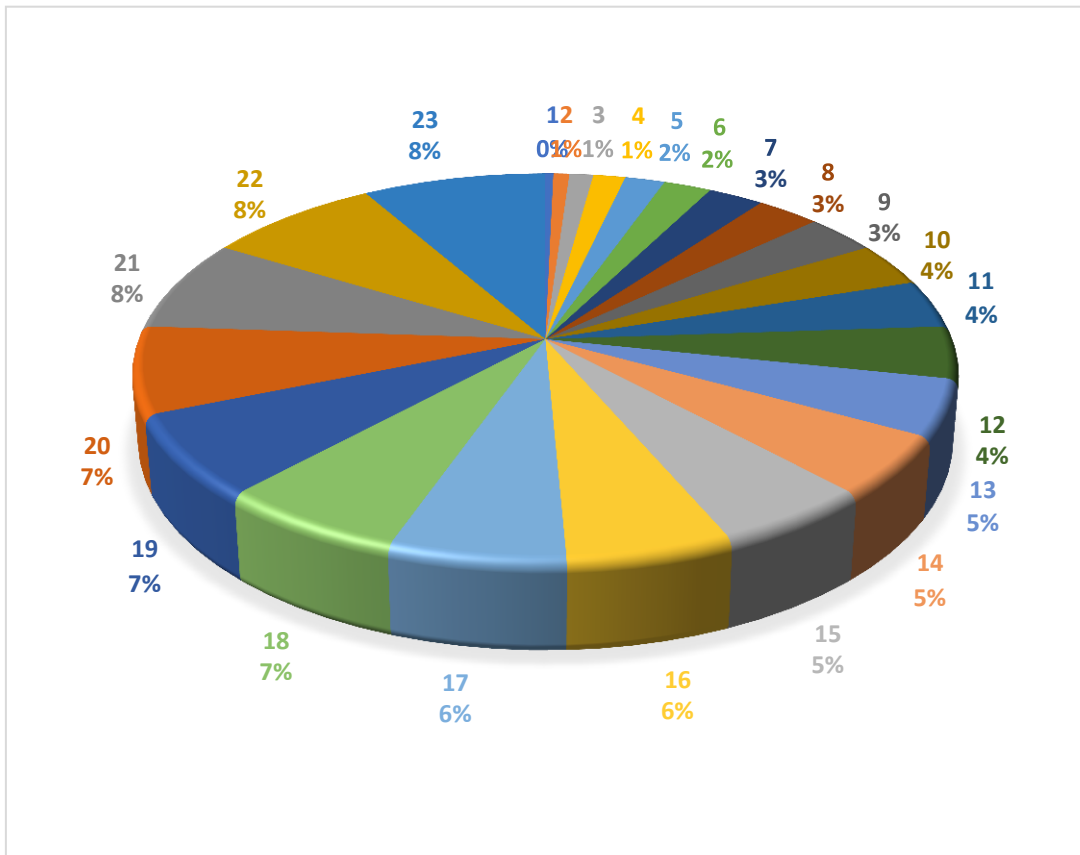


MIND SYMPTOMS

TABLE :39

S.NO	MIND SYMPTOMS	NO. OF SAMPLES
1.	Desires company	12
2.	Easily anger	16
3.	Desire solitude	12
4.	Obstinate	3
5.	Indifference	4
6.	Irritable	6
7.	Anxious about health	5
8.	Insecure	1
9.	Anxious about future	4
10.	Hopeless	1
11.	Introvert	2
12.	Easily offended	2
13.	Perfectionist	1
14.	Fastidious	5
15.	Religious	3
16.	Reserved	5
17.	Sensitive	1
18.	Calm	2
19.	Want of affection	1
20.	Forsaken feeling	1
21.	Responsible	5
22.	Aversion to sex	1
23.	Misanthrophy	1

Table:39

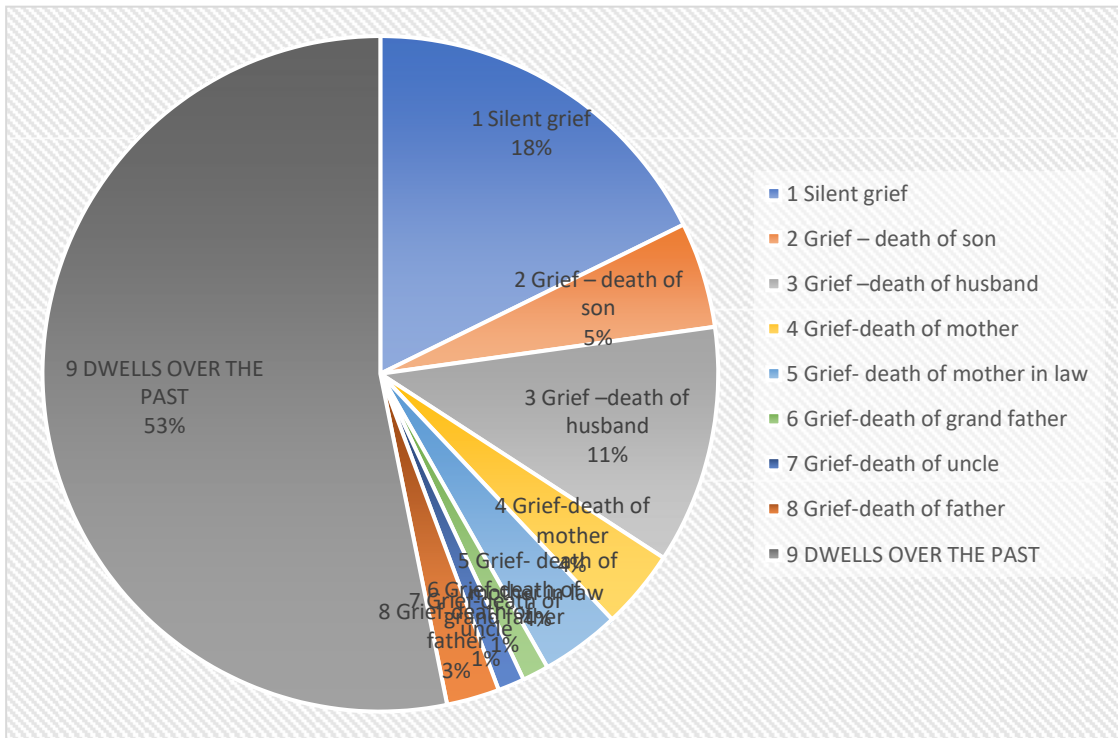


DISTRIBUTION OF GRIEF IN SAMPLE PATIENTS:

Table :40

S.NO	MIND SYMPTOMS	NO.OF SAMPLES
1.	Silent grief	14
2.	Grief – death of son	4
3.	Grief –death of husband	9
4.	Grief-death of mother	3
5.	Grief- death of mother in law	3
6.	Grief-death of grand father	1
7.	Grief-death of uncle	1
8.	Grief-death of father	2
9.	Dwells over the past	42

Chart :40



DISTRIBUTION OF OUTWARD EXPRESSION IN SAMPLE PATIENTS :

Table :41

S.NO	ACTIONS	NO. OF SAMPLES
1.	Weeps easily	10
2.	Weeps alone	10
3.	Easily angered	16
4.	Revengeful	8
5.	Religious	3
6.	Reserved	5
7.	Suppressed anger	5
8.	Suppressed emotions	8
9.	Sensitive	1
10.	Anger throws things	9
11.	Anger breaks things	5
12.	Rebellious	15
13.	Responsible	3
14.	Guilt	2

Table:41

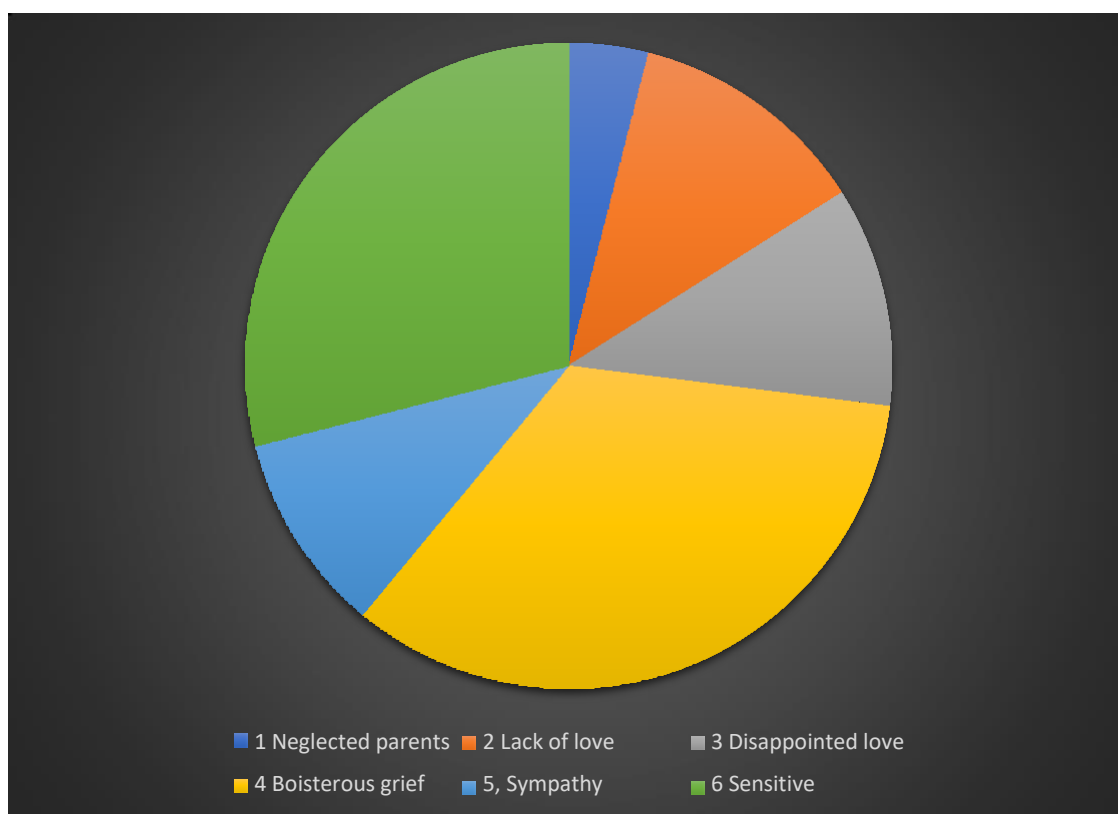


DISTRIBUTION OF CASES IN RELATION WITH CAUSATION

TABLE :42

S.NO	CAUSATION	NO.OF SAMPLES
1.	Neglected parents	4
2.	Lack of love	12
3.	Disappointed love	11
4.	Boisterous grief	34
5,	Sympathy	10
6.	Sensitive	29

Chart:42

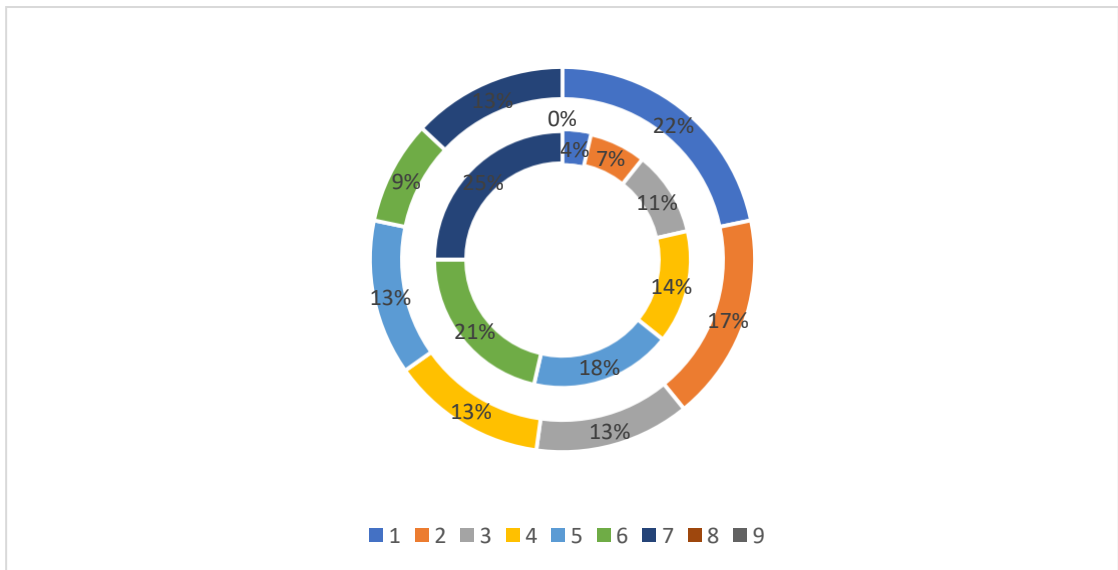


DISTRIBUTION OF CASES IN RELATION WITH FEAR

Table :43

S.NO	FEAR	NO OF SAMPLES
1.	Fear of dark	5
2.	Fear of dogs	4
3.	Fear of height	3
4.	Fear of ghost	3
5.	Fear of snakes	3
6.	Fear of reptiles	2
7.	Fear of death	3

Table:43

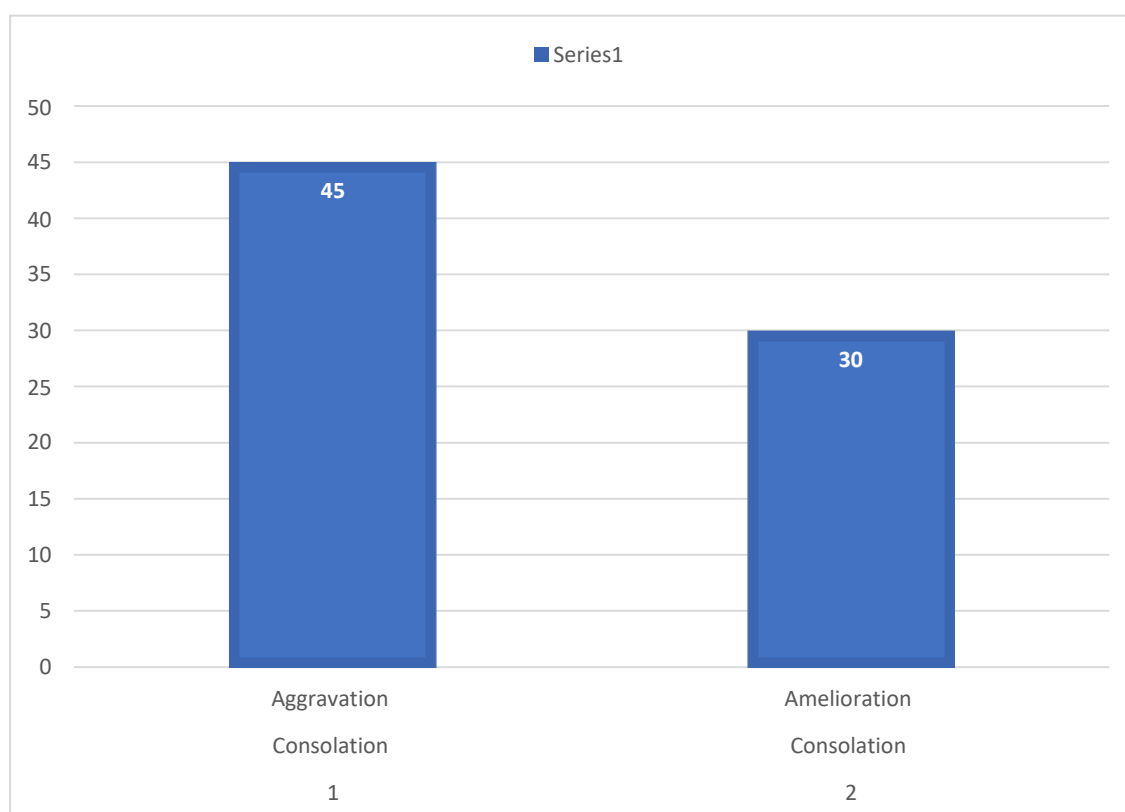


DISTRIBUTION OF CASES IN RELATION WITH MODALITIES

Table : 44

S.NO	MODALITIES	FACTOR	NO. OF SAMPLES
1.	Consolation	Aggravation	45
2.	Consolation	Amelioration	20

Chart :44

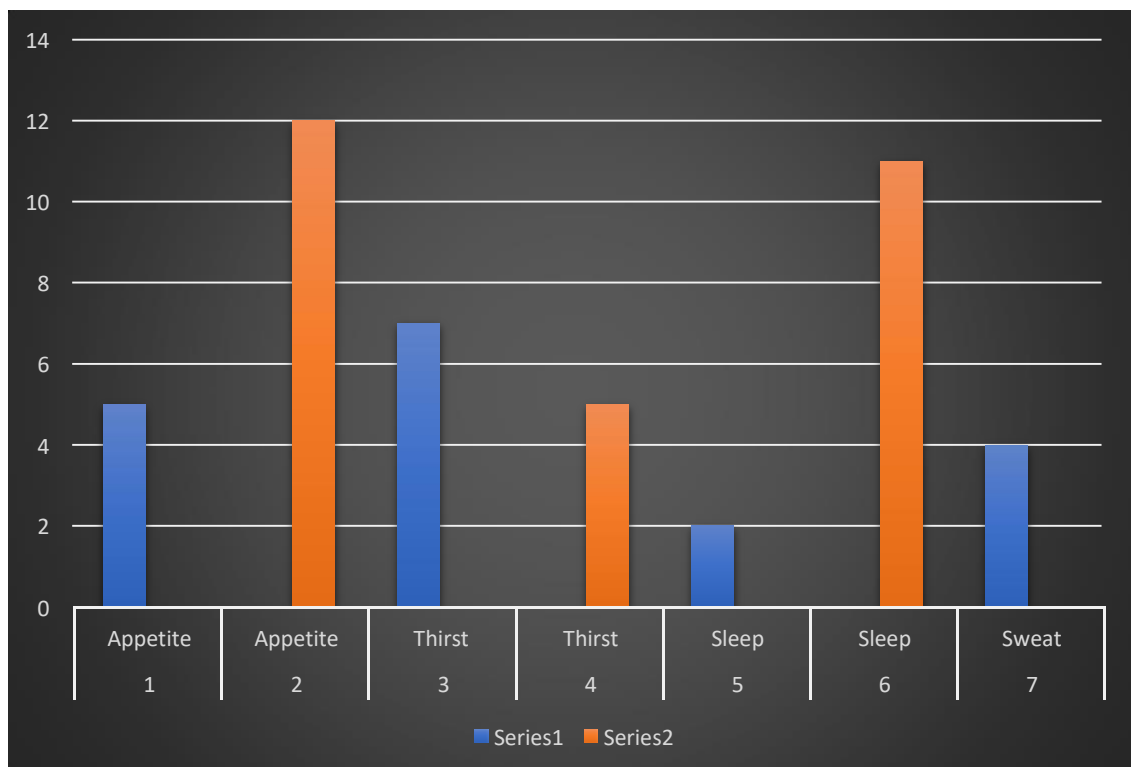


DISTRIBUTION OF CASES ACCORDING TO PHYSICAL GENERALS

Table:45

S.NO	SYMPTOMS	INCREASED	DECREASED
1.	Appetite	5	
2.	Appetite		12
3.	Thirst	7	
4.	Thirst		5
5.	Sleep	2	
6.	Sleep		11
7.	Sweat	4	

Chart :45

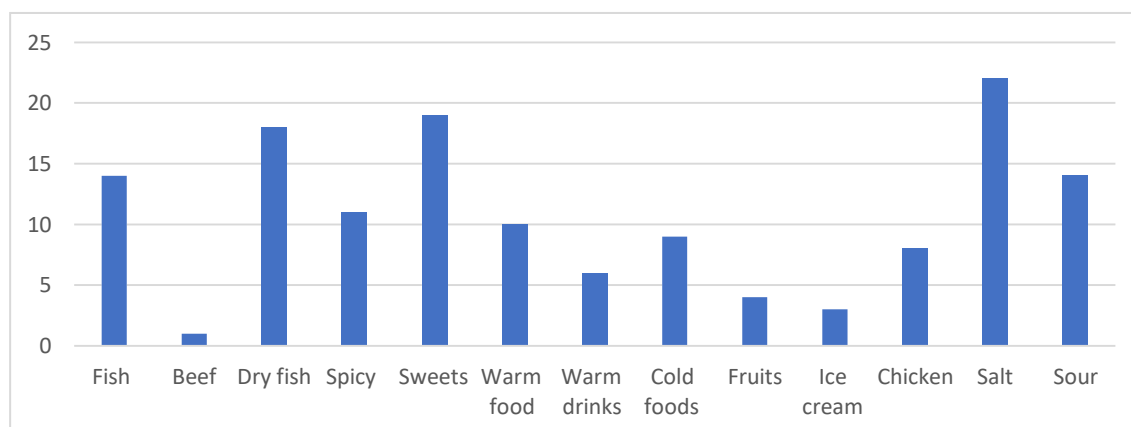


DISTRIBUTION OF CASES ACCORDING TO DESIRES

Table:46

SYMPTOMS	DESIRE
Fish	14
Beef	1
Dry fish	18
Spicy	11
Sweets	19
Warm food	10
Warm drinks	6
Cold foods	9
Fruits	4
Ice cream	3
Chicken	8
Salt	22
Sour	14

Chart :46

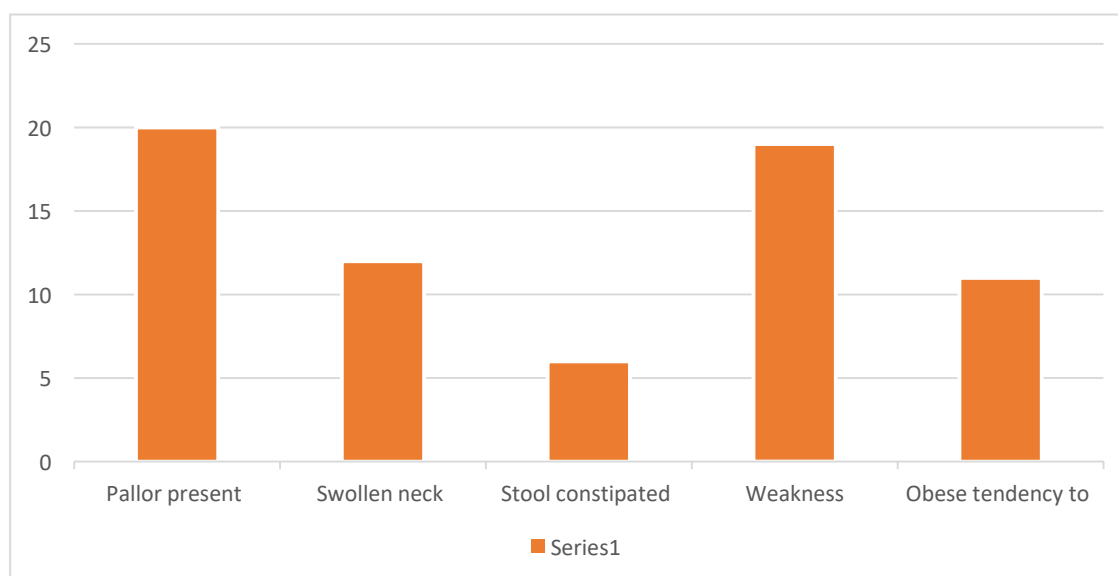


CLASSIFICATION OF OTHER PHYSICAL SYMPTOMS

Table: 47

PHYSICAL SYMPTOMS	NO OF SAMPLES
Pallor present	20
Swollen neck	12
Stool constipated	6
Weakness	19
Obese tendency to	11

Table:47

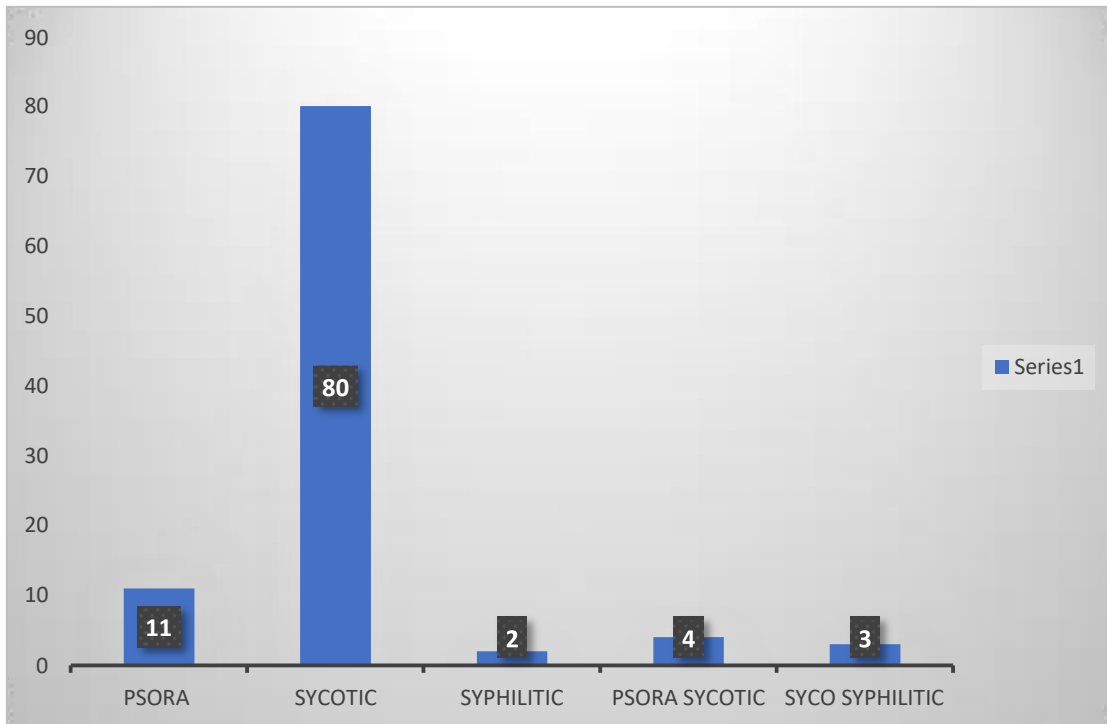


CLASSIFICATION OF CASES ACCORDING TO DOMINANT MIASM

Table:48

DOMINANT MIASM	NO. OF SAMPLES
Psora	11
Sycotic	80
Syphilitic	2
Psora sycotic	4
Syco syphilitic	3

Chart:48

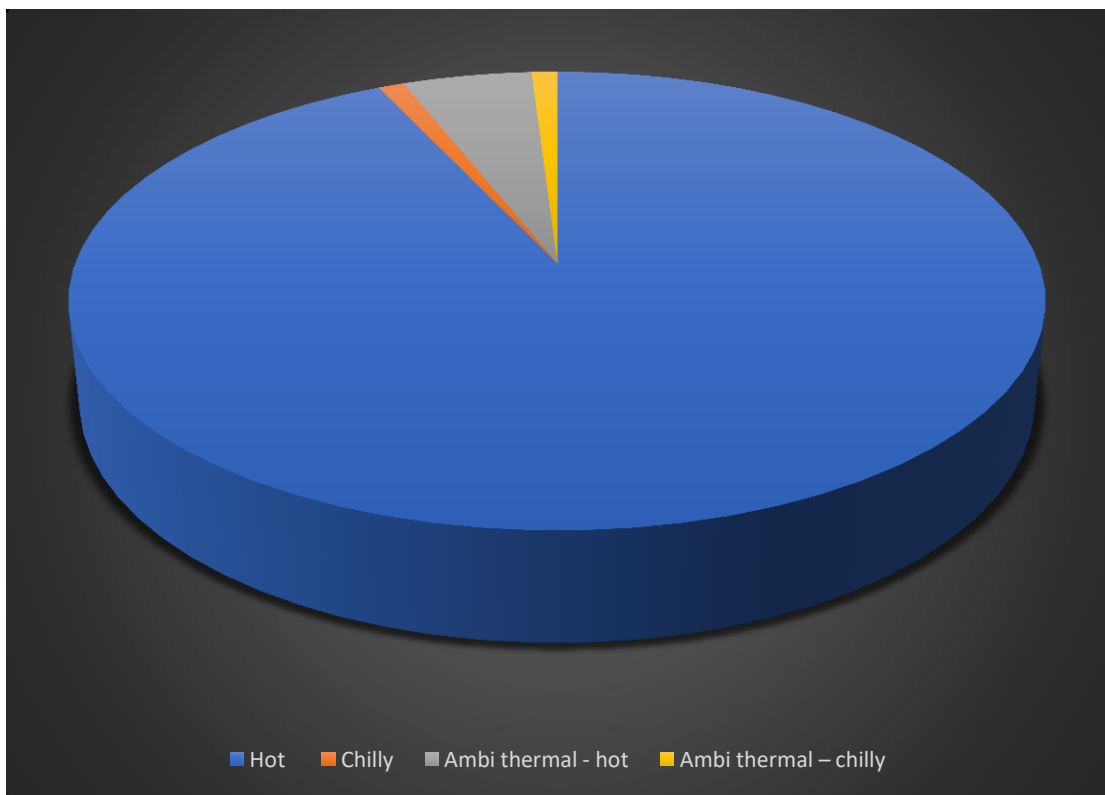


CLASSIFICATION OF THERMAL STATE AMONG SAMPLE PATIENTS

Table :49

THERMAL	NO. OF PATIENTS
Hot	93
Chilly	1
Ambi thermal – hot	5
Ambi thermal – chilly	1

Chart:49

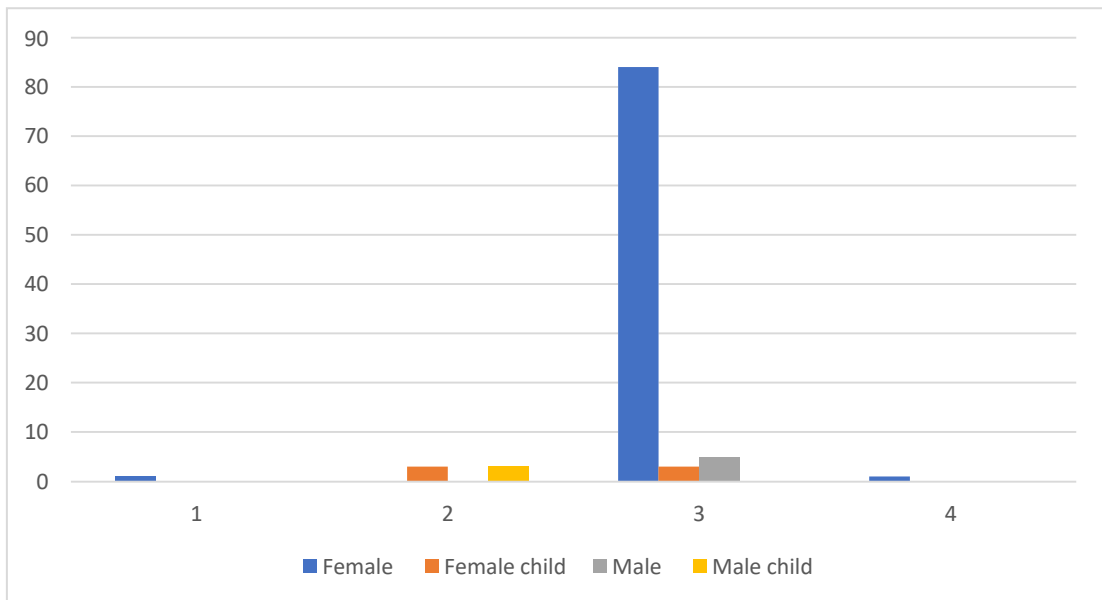


CLASSIFICATION OF THERMAL STATE ACCORDING TO SEX

Table :50

ROW LABELS	AMBI – HILLY	AMBI-HOT	HOT	CHILLY
Female	1		84	1
Female child		3	3	
Male			5	
Male child		3		

Table : 50

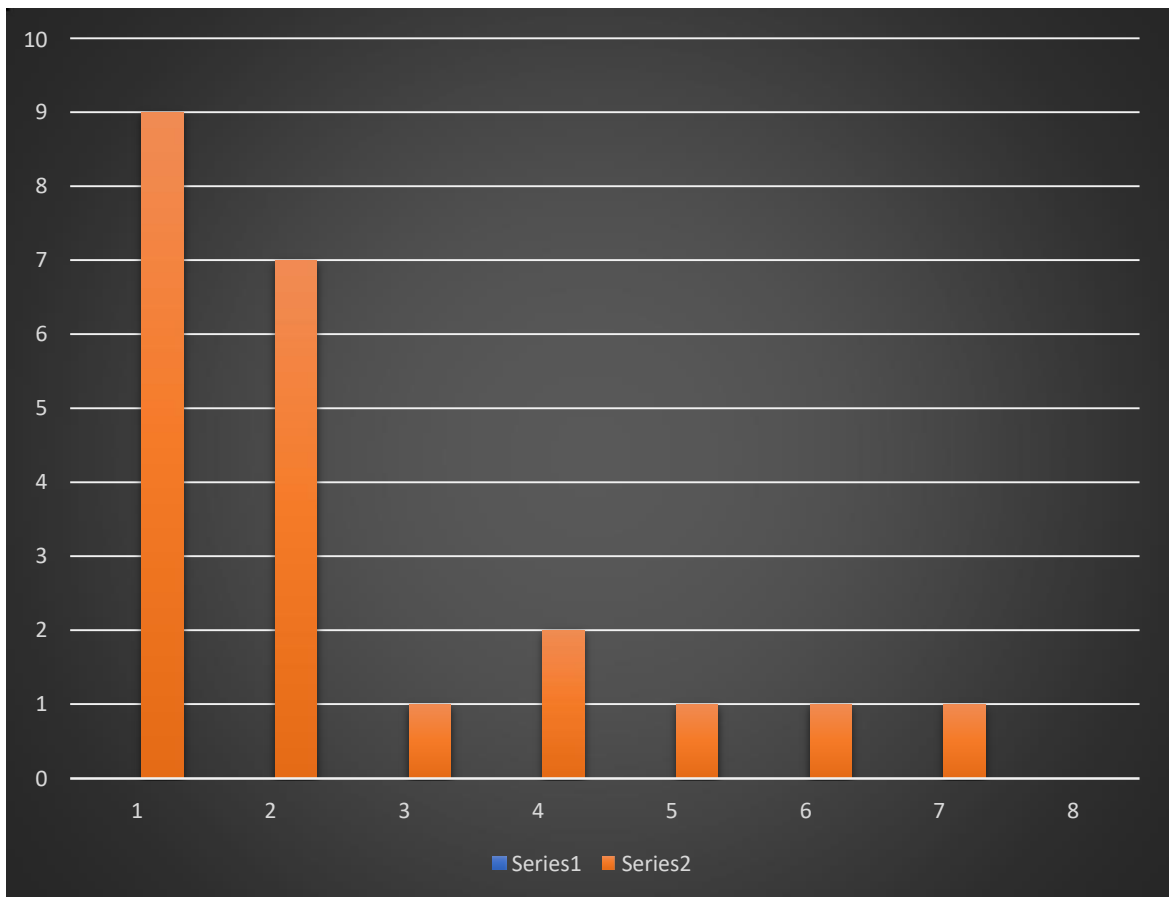


**DISTRIBUTION OF ACUTE AND PHASE MEDICINE PRESCRIBED IN
MUSCULOSKELETAL SYSTEM**

Table :51

SYSTEM AFFECTED	MUSCULOSKELETAL
BRYONIA	9
RHUSTOX	7
LEDUM PAL	1
IGNATIA AMARA	2
CONIUM MAC	1
LYCOPODIUM	1
NATRUM SULPH	1

Table :51



DISTRIBUTION OF MEDICINE PRESCRIBED IN SKIN COMPLAINTS

TABLE :52

SYSTEM AFFECTED	SKIN
Sepia	1
Aconite	1

DISTRIBUTION OF MEDICINE PRESCRIBED IN – HEAD COMPLAINTS

Table :53

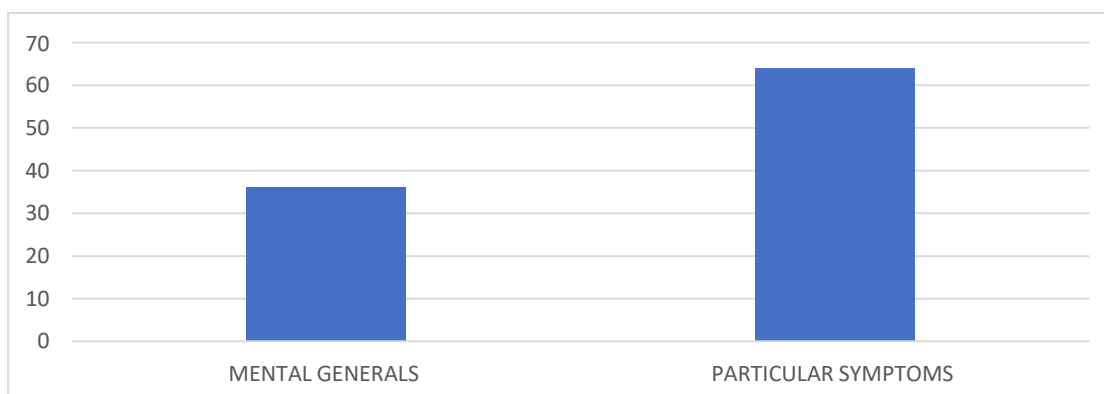
SYSTEM AFFECTED	HEAD
Natrum sulphur	1
Sanguinaria	1

DISTRIBUTION OF CASES IN RELATION WITH MENTAL GENERALS VS PARTICULAR SYMPTOMS

Table :54

MENTAL GENERALS	PARTICULAR SYMPTOMS
36	64

Chart:54

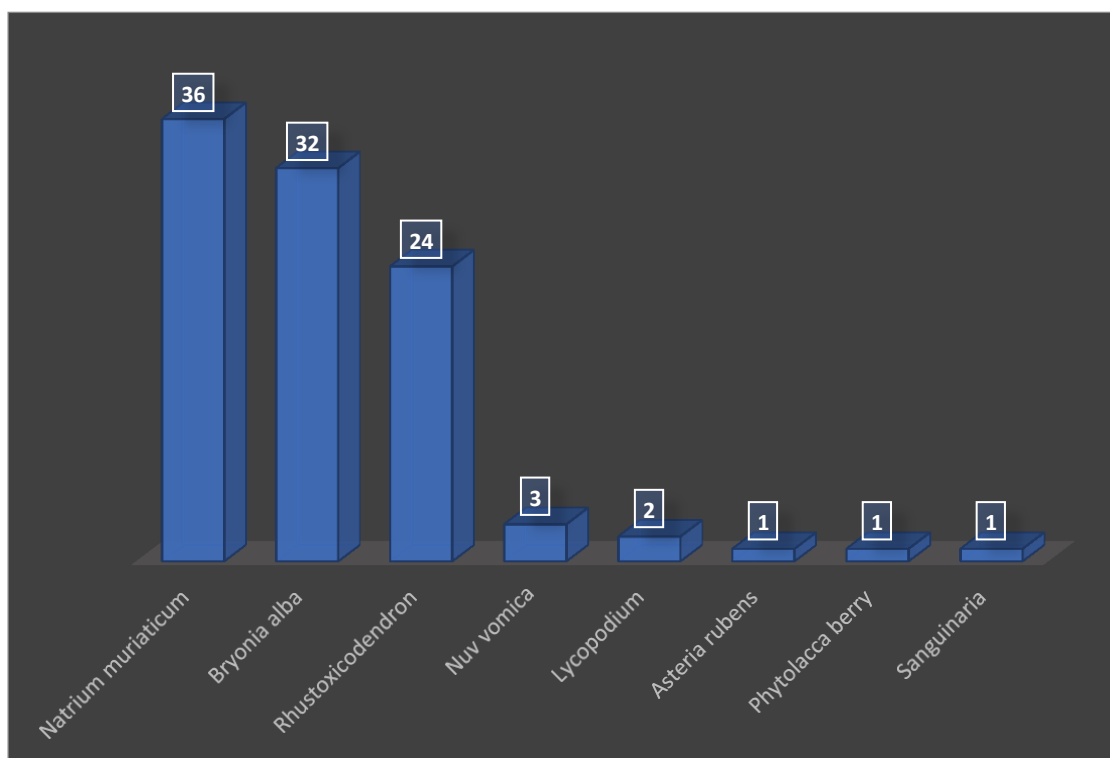


DISTRIBUTION OF CASES ACCORDING TO ACUTE AND PHASE
REMEDIES USED WITH NATRUM MURIATICUM

Table: 55

NATRIUM MURIATICUM	NO. OF SAMPLES
Natrium muriaticum	36
Bryonia alba	32
Rhustoxicodendron	24
Nuv vomica	3
Lycopodium	2
Asteria Rubens	1
Phytolacca berry	1
Sanguinaria	1

Chart :55

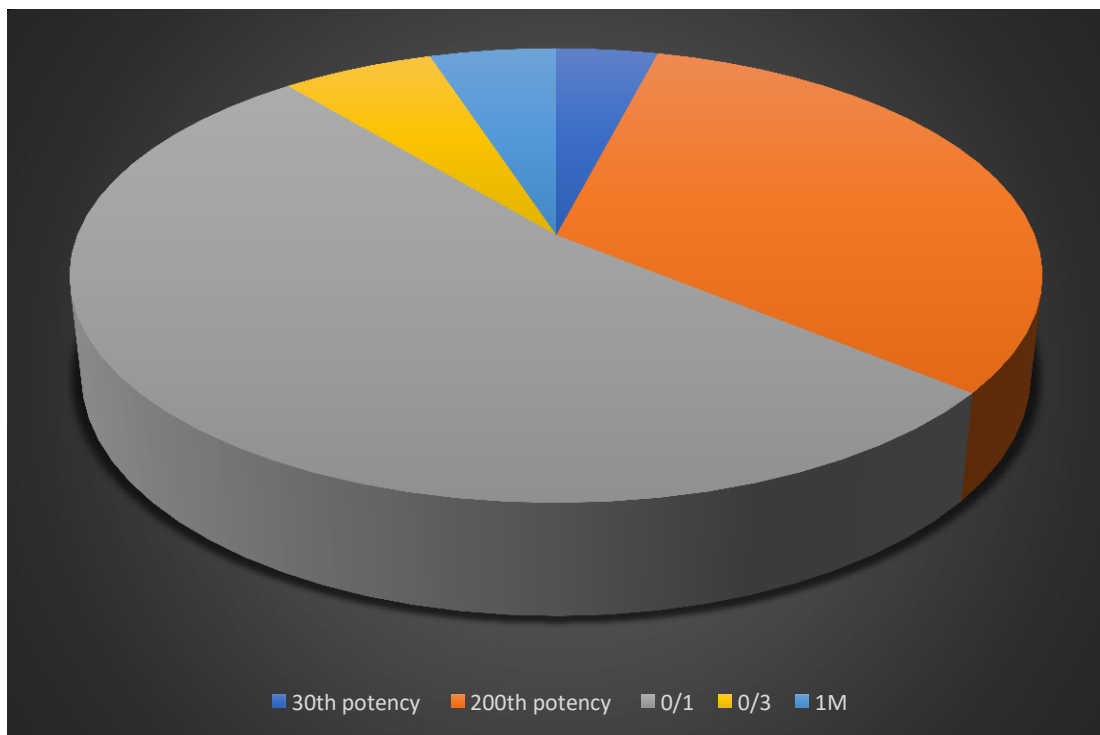


DISTRIBUTION OF CASES ACCORDING TO POTENCY

TABLE :56

ACC.TO POTENCIES	NO.OF SAMPLES
30 th potency	4
200 th potency	32
0/1	53
0/3	6
1M	5

CHART:56

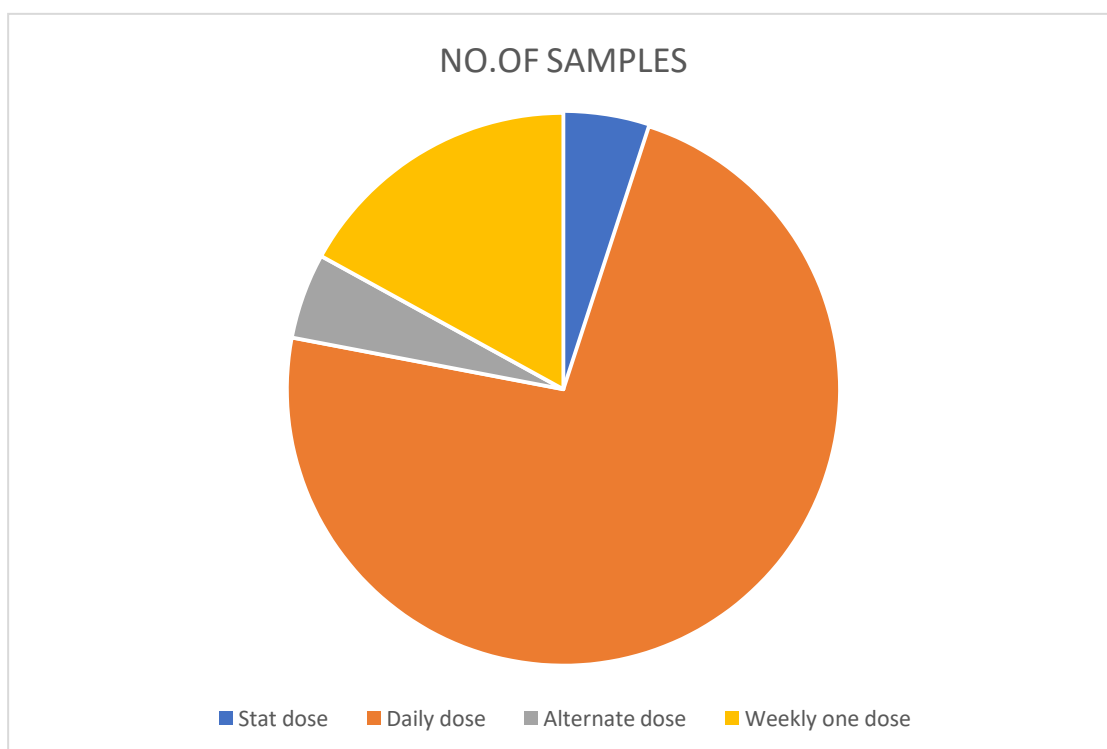


DISTRIBUTION OF CASES ACCORDING TO REPETITION

TABLE :57

REPETITION SCHEDULE	NO.OF SAMPLES
Stat dose	5
Daily dose	73
Alternate dose	5
Weekly one dose	17

Chart:57

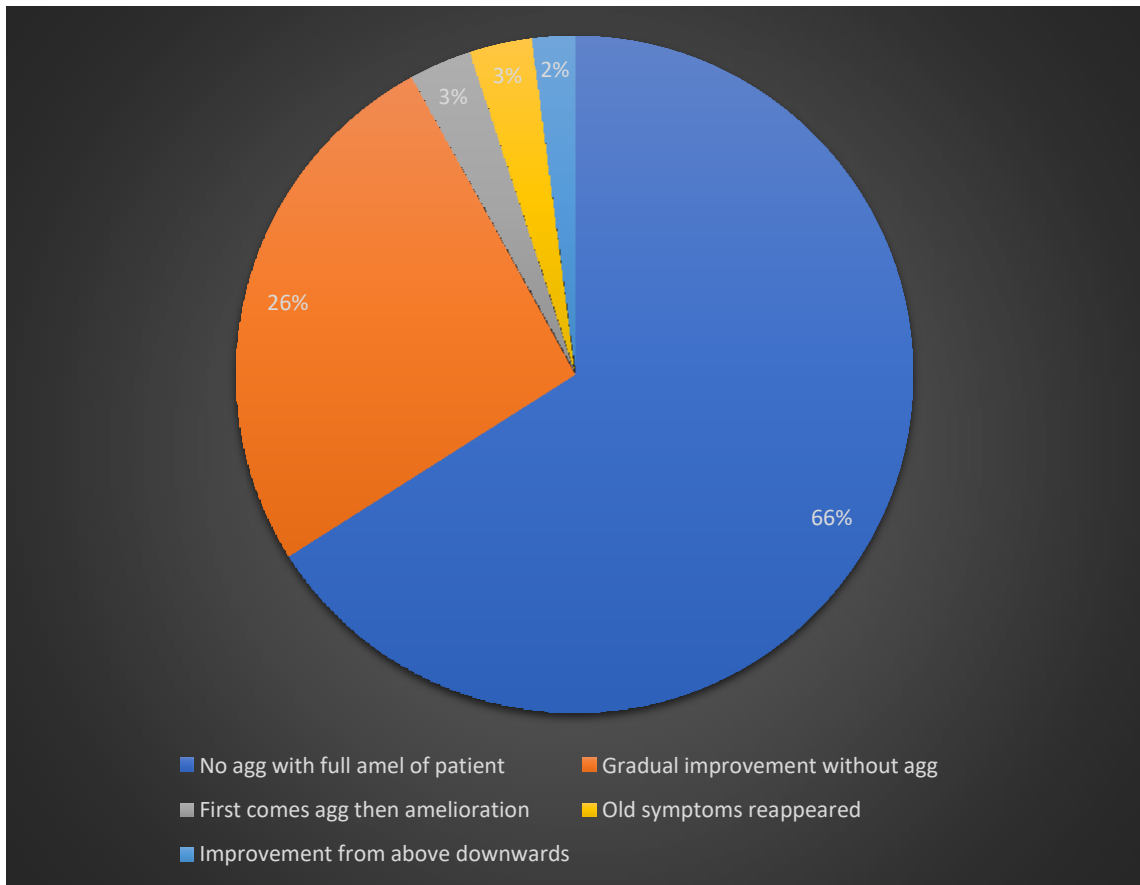


DISTRIBUTION OF CASES ACCORDING TO REMEDY RESPONSE

Table :58

REMEDY RESPONSE	NO OF SAMPLES
No agg with full amel of patient	66
Gradual improvement without agg	26
First comes agg then amelioration	3
Old symptoms reappeared	3
Improvement from above downwards	2

Chart :58



5.OBSERVATION AND RESULT

SOURCES OF CASES AND SELECTION

A sample of 100 cases, were selected which were having significant improvement after prescribing Natrum muriaticum has been taken to the study from the In-Patient Department, Out Patient Department, Peripheral Health Centre of Sarada Krishna Homoeopathic Medical College belonging to a period of 18 years [2005 – 2023]

In a total of 100 cases 40% of total population belongs to the age group of 36 year – 56 years. 38% of population belongs to the age group of 22 year – 35 years. 10% of cases were between the age of 57 year – 70 years, 9% of cases were between the age group of 12 year – 21 years, 3% of cases were under 1-12 years.

In this study 88% were females, 6% were female child, 3% were males, 3% were male children

Classification of affection of disease in relation with occupation 68% were house wives, 20% were students, 3% were carpenter, 3% were tailor, 2% were teacher 1% were Business, 1% were electrician and 1% were coolie worker and 1% were manager.

In musculoskeletal system 27% of cases diagnosed under single morbidity. Among that, 11% were inter vertebral disc prolapse among women, 9% lumbar spondylosis among women, 1% were lumbar spondylosis among male, 1% were among male inter vertebral disc prolapse, 1% were cervical spondylosis among female.

4% of cases classified under multiple co morbidity. 1% were cervical spondylosis and 1% case of osteo arthritis with bronchitis and 1% were cervical spondylosis. All are female.

23% of cases were diagnosed under endocrine disorders. Among that 22% were house wives' and 1% were student.

23% of cases noted under single comorbidity, 21% were mainly diagnosed as hypothyroidism.

2% of cases noted under multiple co morbidity.

Causation of Thyroid issues –

18% of cases due to Silent grief and

4% due to Grief and 2% due to Disappointed love.

12% of cases were diagnosed under dermatology. 10% of cases were females and 2% of cases were males.

3% of cases were diagnosed as urticaria and 3 % of cases were tinea pedis and 1 % of case were vitiligo and 1 % case were noted as psoriasis and 1 % of case were noted as acne vulgaris ,1% were chronic eczema, 1% were rhinitis with allergic dermatitis and 1 % were chronic eczema with panic attack.

Causation of Skin disease –

7% of cases due to Silent grief and

1 % of cases due to Indignation

4% of cases due to Grief.

8% of cases were under diagnosis of migraine. Among them 4 % of cases were student and 4 % of cases were house wives.

4% of patients has involvement of whole skull and 1% of case has involvement of right side alone and 1% of case has involvement of left side alone. There are no male cases under migraine.

Causation of Migraine –

1% of cases due to Disappointed love

6% of cases due to Silent grief.

1% - not noted.

1% of case diagnosed as attention deficit hyperactive disorder.

Causation of ADHD –

No proper Ante natal care given.

Causation of Anemia -

1% of case had complaint of hypochromic normocytic anaemia

Causation – Silent grief

Causation of Circulation

5% of cases diagnosed under varicose vein among them all are house wives' 1% of case diagnosed as vaccinosis

Causation of GIT

4% of cases are diagnosed under gastro intestinal affections. Among them 2% of cases diagnosed as peptic ulcer and 1% of case diagnosed as Acute gastritis and 1% of case diagnosed as chronic gastritis.

Ailments from - Chronic grief [death of closed ones]

5% of cases were diagnosed under upper respiratory system. Among them 4% of cases diagnosed as allergic rhinitis and 1% of case diagnosed as chronic rhino sinusitis.

Ailments from - silent grief.

Lack of love.

Suppressed anger.

Causation of LRTI

3% of cases are diagnosed under lower respiratory system. Among them 2% of cases diagnosed as Bronchial asthma and 1% of cases diagnosed as chronic bronchitis.

Ailments from – Chronic grief.

Causation of Female Reproductive system

6% of cases were diagnosed under female reproductive organ complaints. Among them 1% of case diagnosed as fibro adenoma of breast. 1% of case diagnosed as physiological leucorrhoea ,1% of case diagnosed as poly cystic ovarian disease with thyroiditis, 1% of case diagnosed as 2nd infertility with uterine fibroid, 1% case diagnosed as uterine fibroid, 1% case diagnosed as infertility.

Ailments from – Grief death of closed

one

Suppression of emotions.

1% of case were diagnosed as dyslexia.

Ailments from - silent grief – parents' separation

PHYSICAL GENERALS

While considering the physical generals out of 100 cases ,12% have decreased appetite, 11% has decreased sleep, 7% has increased thirst, 5% has decreased thirst 4% has increased sleep ,2% has increased sleep.

CRAVING AND AVERSION

While considering the cravings out of 100 cases 22% craves for salt, 18% craves for dry fish, 14% craves for fish, 19% craves for sweets and 11% craves for warm food. According to Kent repertory under rubric desire to salt Natrum muriaticum scored 3 marks ^[14]

While considering the cravings of 100 cases 3% were aversion to milk, 2% were aversion to butter.

THERMAL REACTIONS

Out of 100 cases 93% were hot patient, 5% were ambi towards hot, 1% were chilly patient, 1 % were ambi towards chilly.

According to Hot and Cold remedies by Dr. Robert Gibson miller Natrum muriaticum is predominantly < by heat. ^[15]

MIASM

While considering the miasm of 100 cases 80% were sycotic and 11% were psora and 2% were syphilitic, 4% were syco syphilitic and 3% were syco syphilitic.

While considering the acute and chronic phase remedy used with Natrum muriaticum of 100 cases, 32% of case were given Bryonia Alba, 24% of cases were given Rhustoxicodendron predominantly on musculoskeletal system.

While considering the potency acted on 100 cases, 53% were given 0/1 potency, 32% were given 200th potency, 6% were given 0/3 potency, 4% were given 30th potency, 5% were given 1M potency.

While considering the repetition schedule out of 100 cases ,73% were given daily Doses, 17% were given weekly one dose, 5% were given stat dose and 5 % were given alternate dose.

While considering the remedy response out of 100 cases, 66% cases have no aggravation with full time amelioration of patient, 26% were gradual improvement without aggravation, 3% were first comes aggravation then amelioration, 3% were old symptoms reappeared, 2% were improvement from above downwards.

5.

DISCUSSION

To study the evolution of Natrum muriaticum in detail and to understand its physiological and pathological actions, this study done with the collection of 100 cases were Natrum muriaticum administered and thus improved the quality of life. From those cases observation was made out by segregating the symptoms based on age, gender, occupation, diagnoses, mental and physical symptoms, miasm, thermal state, medicinal relation to Natrum muriaticum in acute and chronic conditions.

My study also includes age and sex relation with each case given above. Through my study 40% of total population belongs to the age group of 36 year – 56 years. 38% of population belongs to the age group of 22 year – 35 years. 10% of cases were between the age of 57 year – 70 years, 9% of cases were between the age group of 12 year – 21 years, 3% of cases were under 1 -12 years.

Philip M. Bailey states that – Through his experience he observed that one – third of people from countries of North America, Australia, England are Natrum's.

Out of 100 cases, female patients are more than men. As women are more emotional and sensitive, they suppress their emotions and it originates early in childhood when the unconditional love that the child need is not received.

Students 68% were house wives, 1% were business, 3% were carpenter and 2% were teacher, 3% were tailor, 1% were electrician and 1% were coolie worker and 1% were manager.

According to synoptic key Materia Medica, the sphere of action of Natrum muriaticum is described as -

NUTRITION:

Digestive tract

BRAIN

BLOOD

MUSCLES

MIND

HEART

GLANDS: MUCUS Spleen. Liver. Skin.

Sphere of action and clinical action are explained in the review.^[6]

1. MUSCULO SKELETAL SYSTEM

27% of cases diagnosed under musculoskeletal system affection. Among that, 11% were inter vertebral disc prolapse, 9% were lumbar spondylosis, 1% were lumbar spondylosis among male, 1% were inter vertebral disc prolapse among male, 1% were cervical spondylosis among female. Considering as multiple co morbidity among 4% cases of Musculo skeletal system affection, 1% were cervical spondylosis among female and 1% were osteo arthritis with bronchitis and 1% were osteo arthritis with bronchitis and 1% were cervical spondylosis.

Throughout my study, female cases were noted down under musculoskeletal system affection, as they bottle up their emotions from their child hood, later they develop muscular spasm, pathophysiological action explained below.

According to research, **calcium and sodium metabolism** are linked.

When intake of salt proportion is high it may increase the calcium excretion in urine leads to lower bone mineral density [BMD], salt induced volume expansion in the renal tubule, while inadequate levels of calcium in the body lead to thin bones and osteoporosis, main reason for osteoporotic fractures.

Low salt diet leads to imbalance in calcium and magnesium metabolism results in osteoporosis.

High salt diet leads to hypercalciuria.

Sodium and calcium homeostasis regulated by Endocrine systems.

Effects of Renin – angiotensin – aldosterone system [RAAS] on parathyroid [PTH] and sodium, vitamin D on calcium homeostasis.

SODIUM – CALCIUM EXCHANGER is an antiporter membrane protein that removes calcium from cells.

Consuming of more animal protein like fish, dairy products, eggs vanish calcium from bones excretes through urine.

2. ENDOCRINE SYSTEM

23% of cases were diagnosed under endocrine disorders. Among that 22% were house wife and 1% were student. Considering as single co morbidity in 23% of cases 21% were mainly diagnosed as hypothyroidism and 2% of cases has multiple co morbidity. Majority of the cases diagnosed as Hypothyroidism.

SODIUM IODINE CO TRANSPORT

Dietary iodine absorbed through gastro intestinal tract [predominantly in stomach and upper small intestines] converted into iodide ion before its absorbed and available from food and water. Iodine is a trace element required for the production of thyroid hormones, essential for metabolism, growth and brain development. Iodide extracted from blood vessels and into the thyroid cells via the 2 Na⁺ and for one I⁻ symporter. [Thyroid cells are the only cells which can absorb iodine]

Iodine is essential to make the production of thyroid hormones like tri-iodothyronine and thyroxine for normal metabolism, uptake of iodide into follicular cells of thyroid gland to synthesis of thyroid hormone. Excess iodine intake associated with elevated TSH leads to inhibit thyroid hormone production causing goitre or hypothyroidism.

Iodine metabolized in the body –

In liver T3 and T4 metabolized which release 60mg of iodine into extracellular fluid and 20mg of iodine into bile to be excreted in stools.

Approximately, 480mgs of iodine get excreted in urine

20mgs of iodine through stools per day.

3. DERMATOLOGY

Sodium hyaluronate attracts moisture in skin cells, reduces dryness and increases skin hydration.

Over accumulation of sodium in skin leads to pathogenic T helper 17 cell expansion, commonly affected skin complaints are psoriasis.

4. FEMALE GENITAL TRACT

Oestradiol is secreted from follicles of ovaries, fat, adrenal glands, breast, liver. Oestradiol and progesterone largely regulate reproduction in young women, but they also have an impact on fluid balance. Oestradiol raises plasma volume and reduces the operational point for arginine vasopressin and thirst osmoregulation. The data reported in this article imply that reproductive hormones alter homeostatic set points for body fluid and tonicity, even though total body water and sodium levels are only marginally modified.^[13]

Oestradiol has several functions in the female body. Oestradiol's helps to mature and then maintain the reproductive system. During the menstrual cycle, increased oestradiol levels cause the maturation and release of the egg, as well as the thickening of the uterus lining to allow a fertilized egg to implant.

Also, increased oestradiol, suppresses follicle stimulating hormone it causes infertility, as elevated oestradiol causes lower intra cellular fluid.

5. ANAEMIA

Erythropoietin secreted from renal tubules. Due to lack of plasma volume in blood [po₂], erythropoietin thus stimulates bone marrow, produces red blood cells.

RENIN – ANGIOTENSIN MECHANISM

Renin angiotensin mechanism controls fluid balance in body.

6. RESPIRATORY SYSTEM

ANGIOTENSIN – CONVERTING ENZYME MECHANISM

Sodium transport is particularly carefully controlled in the alveoli to keep an optimal fluid layer on the alveolar surface. Sodium transport involve a significant contribution from alveolar type II cells. The lung's amiloride-sensitive sodium channels are crucial for maintaining the proper fluid balance in the lung.

Angiotensin-converting enzyme (ACE) is essential for the conversion of angiotensin I to angiotensin II. Blood capillaries in the lung is the primary sites for ACE and angiotensin synthesis.

PSYCHOLOGICAL SYMPTOMS

While considering the psychological symptoms out of 100 cases 16% angers easily, 12% desire company, 12% desire solitude ,3% obstinate, 6% were irritable 5% has Anxious about health ,4% has indifference, 5% were fastidious, Grief is the commonest causation among 100 cases.

As patient dwells on unpleasant things over and over, long standing grief build ups, which starts from their childhood phase.

The lack of love from parents makes them to easily fall in love even to married men, this impulsiveness makes them to elope from home.

Generally, salt helps to preserve substances as it reduces the watery activity of foods from decaying this process is called as pickling, same the constituents of Natrum muriaticum also has the same property, they are master in preserving their emotions over years and they build up the grudge over them.

7. LIMITATIONS

1. Selection of cases from the large collections of case records was little difficult even when the records were arranged systematically.
2. In some cases necessary information was lacking and the study was based on available data.
3. Few case records were not preserved properly, so that the cases were not considered for study even when it was evidently a cured case
4. The inference of the acute or intercurrent prescription was not available in few cases, so that what made the prescriber prescribe at that instance could not be analysed.
5. As the study is elaborated some human errors are expected.
6. In some cases mental symptoms are not taken detailed.
7. There is lack of mental events on few cases.
8. In most of the cases, there is lack of Feeling, thinking, action.
9. Due to lack of data, acute phase of relationship of remedies learnt for few cases only.

RECOMMENDATIONS

1. A Prospective study of this kind should be done from different centres with large sample size so that symptoms would be more authentic
2. Study should be focus on different age group, Diagnosis, Acute & Chronic medicines.
3. All drugs should be analysed in all prospective clinically as a separate entity
4. A prospective study should be done to find out the mental evolution of Natrum muriaticum.
5. A prospective study should be done to find out the cycle or relationship of medicine.

8. CONCLUSION

- Conclusion that could draw from the retrospective case study to understand the evolution of Natrum muriaticum in clinical situations are- Female and female child male and male child.
- Most common affected group is 30 year – 50 years
- Most affected system is musculoskeletal system then endocrine system
- Desire solitude, silent grief, chronic grief, suppression of anger, suppression of emotions is common. Most common physical generals are Profuse sweat, Decreased Appetite, sleep decreased commonly seen in Natrum muriaticum.
- Commonest causation noted down are **grief and after menopause**
- Learned **physiological action of sodium** and chloride.
- Most common cravings are salt, fish, dry fish , Warm and cold food & drinks, Sweets, Spices Most common aversion are Milk, , butter .
- Most common thermals are Hot.
- Remedy following Natrum muriaticum is Apis mellifica , Sepia , Ignatia.
- In musculoskeletal system Bryonia alba follows well .

9. SUMMARY

The study was done retrospectively in which 100 cases were selected, which were having significant improvement after prescribing Natrum muriaticum, cases taken from OPD's & IPD's of Sarada Krishna Medical College hospital for the study of evolution of Natrum muriaticum in various clinical situations.

The study proved that Natrum muriaticum is a Psoric & Sycotic remedy which is having more action over female & female children's age group of 30year-50years respectively. Mostly suited for students and house wife's, with more affection over musculoskeletal system and endocrine system, respiratory system and dermatology who were hot and, where easily anger, weeps alone, cries easily, silent grief and chronic grief, Obstinate, Mild, desire solitude has been observed in cases.

From this study most of the patients were having desire for salt, dry fish, fish, warm and egg, spices, sweets. Some of them seem to have marked aversions towards milk, butter. Some of them have profuse sweat, decreased appetite and decreased sleep.

Mostly used acute remedies were Bryonia, Rhustox, Belladonna, Nux vomica, Lycopodium, and Asteria rubens.

Mostly used Intercurrent was Ignatia.

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Appendix - 1

"Case records are our valuable asset"

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU 629161.

CHRONIC CASE RECORD

O.P. No:

UNIT:

DATE

Name :

Age: Sex: Religion: Nationality:

Name of father/Spouse/Guardian/Son/Daughter:

Marital status:

Occupation:

Family size:

Dict:

Address:

Phone No[Mobile] :

FINAL DIAGNOSIS

Homoeopathic	
Disease	

RESULT :	Cured	Relieved	Referred	Otherwise	Expired
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2. INITIAL PRESENTATION OF ILLNESS

PATIENT'S NARRATION (in the very expressions used him/her)	PHYSICIAN'S INTEROGATION(details Regarding symptoms narrated	PHYSICIAN,S OBSERVATION

3. PRESENTING COMPLAINTS

LOCATION	SENSATION	MODALITY	CONCOMITANTS

4. HISTORY OF PRESENTING ILLNESS:

5. HISTORY OF PREVIOUS ILLNESS

6. HISTORY OF FAMILY ILLNESS

7. PERSONAL HISTORY

A. LIFE SITUATION

Place of birth:

Socio- economic status:

Nutritional status:

Dwelling:

Religion:

Educational status :

Marital status:

Family status:

Father:; Mother: Siblings: Male: Children:

B. HABITS & HOBBIES

Food:

Addictions:

Sleep:

Artistic:

C. DOMESTIC RELATIONS

With family members:

With other relatives:

With neighbours/friends/colleagues:

8. LIFE SPACE INVESTIGATION

9. MENSTRUAL HISTORY:

10. OBSTETICAL HISTORY:

11. GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

1. Appetite :

2. Thirst :

3. Sleep :

II. ELIMINATIONS

1. Stool :

2. Urine :

3. Sweat :

III . REACTIONS TO

1. Time :
2. Thermal :
3. Season :
4. Covering :
5. Bathing :
6. Desire :

IV . CONSTITUTIONAL

B. MENTAL GENERAL

12. PHYSICAL EXAMINATION

A) GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Lymphadenopathy:
- Pulse rate: Resp rate: B.P:
- Temp:

B.SYSTEMIC EXAMINATION

1. Respiratory system:
2. Cardiovascular system:
3. Gastro Intestinal system:

4. Urogenital system:

5. Skin and glands :

6. Musculoskeletal system

7. Central Nervous system:

8 . Endocrine:

9. Eye and ENT:

10. Others:

C. REGIONALS

13. LABORATORY FINDINGS

14. DIAGNOSIS

❖ Provisional Diagnosis :

❖ Differential Diagnosis:

❖ Final Diagnosis (Disease):

15 .DATA PROCESSING

A . ANALYSIS OF CASE

COMMON	UNCOMMON

B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

C. MIASMATIC ANALYSIS:

PSORA	SYCOSIS	SYPHILIS

D.TOTALITY OF SYMPTOMS

E.HOMOEOPATHIC DIAGNOSIS

16 . SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

17. SELECTION OF POTENCY AND DOSE

A.Potency

B. Dose

18. PRESCRIPTION

19.GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

A. General/Surgical/Accessory:

B. Restrictions (Diet, Regimen etc.):

Disease	Medicinal

Date	Symptom changes	Prescription

ANNEXURE II

CASE CONCEPT FORM

LEARNING SECTION RECORD : CASE CONCEPT REF NO: _____

Patient's name _____ Reg No: _____

DATE:

CLINICAL DIAGNOSIS _____ PHYSICIAN

REMEDY : ACUTE _____

2. CHRONIC _____ 3. INTERCURRENT _____

A. PROBLEM DEFINITION

1. INTERVIEW TECHNIQUE

2. CLINICAL RECORD

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B. CORRELATIONS

3. SYMPTOMATIC CLASSIFICATION 4. CLINICO PATHOLOGICAL

5. PSYCHOLOGICAL

&

EVALUATION

HAHENMANIAN MASMATIC PATHALOGY



CURRENT INTERPRETATIONS

C.ANALYSIS & SYNTHESIS : TOTALITY

7.ACUTE TOTALITIES	8 CHRONIC TOTALITIES	9.INTERCURRE NT TOTALITIES

10.SEQUENTIAL TOTALITIES	11.SPLIT TOTALITIES	12.RELATED TOTALITIES

13. TECHNIQUES REPERTORIAL

BOENNINGHAUSEN'S : T.P.B

BOGER'S: B.B

B.S.

CARDS

KENTS

MIXED

REFERENCE (CONFIRMATION)

REFERNCE (DIFERENTATION)

14.TECHNIQUES NON REPERTORAL

B.P

D.PROBLEM STRUCTURALIZATION

E.PROBLEM RESOLUTION

15. MANAGEMENT 16.MANAGEMENT
 16. MANAGEMENT

:GENERAL

:GENERAL

:GENERAL

ENVIRONMENT



INDIVIDUAL

REPLACEMENT

18. MANAGEMENT: MECHANICAL MEASURES & ANCILLARY

19. MANAGEMENT : SPECIFIC HOMOEOPATHIC PLANNING &
 PROGRAMMING

REMEDY-SECTION	POTENCY-SELECTION	REPETITIVE SCHEDULE

REMEDYRESPONSE

REMEDY REGULATION

PALLIATION

CURE _____

SUPPRESSION _____

HERING'S LAW OF DIRECTION OF

CURE _____

20.

PROGNOSISEDUCATION AND

TRAINING _____

--

OBSERVER'S SUGGESTIONS	GUIDE'S NOTES
------------------------	---------------

ANNEXURE II

CASE CONCEPT FORM

LEARNING SECTION RECORD : CASE CONCEPT FORM

REF NO: 1045/21

PATIENT'S NAME : Mrs.Ponmozhi

DATE 7.4.21

CLINICAL DIAGNOSIS : ? Varicose vein on both the legs

PHYSICIAN: Dr.WINSTON VARGHEESE .V

REMEDY :

1.ACUTE : -

2.CHRONIC : - NATRUM MURIATICUM

3 . INTERCURRENT

A.PROBLEM DEFINITION

1. INTERVIEW TECHNIQUE

2.CLINICAL RECORD

1. INTERVIEW TECHNIQUE	2.CLINICAL RECORD
	1.Particulars
	2.Physicals generals
	3.Mental generals

B.CORRELATIONS

3. SYMPTOMATIC

CLASSIFICATION

4. CLINICO PATHOLOGICAL 5.PSYCHOLOGICAL

EVALUATION

1.Tortoursity of veins on		1.Neglected
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both the legs with pain from thigh to calf muscles [4yrs]		parents since childhood . 2.lack of love from parents 3.desire solitude
.first appeared after delivery [1 st pregnancy] 3.a/f – husband’s death		4.silent grief 5. Suppressed emotions 6. GRIEF OF HUSBAND’S DEATH
2.Headache [3yrs] on & off		
< stressed ³⁺ < over thinking ²⁺ a/f – sun exposure		

HAHENMANIAN MASMATIC PATHALOGY



CURRENT INTERPRETAIONS – **PSORA**

[MENTAL ITCH]

C.ANALYSIS & SYNTHESIS : TOTALITY

7.ACUTE TOTALITIES	8 CHRONIC TOTALITIES	9.INTERCURRENT TOTALITIES
Head ache [since 3yrs]on & off	1.Tortoursity of veins on both the legs with pain from thigh to calf muscles [4yrs]	
< stressed ³⁺ < over thinking ²⁺ a/f – sun exposure	.first appeared after delivery [1 st pregnancy] 3.a/f – husband’s death	

10.SEQUENTIAL TOTALITIES	11.SPLIT TOTALITIES	12.RELATED TOTALITIES

13. TECHNIQUES REPERTORIAL

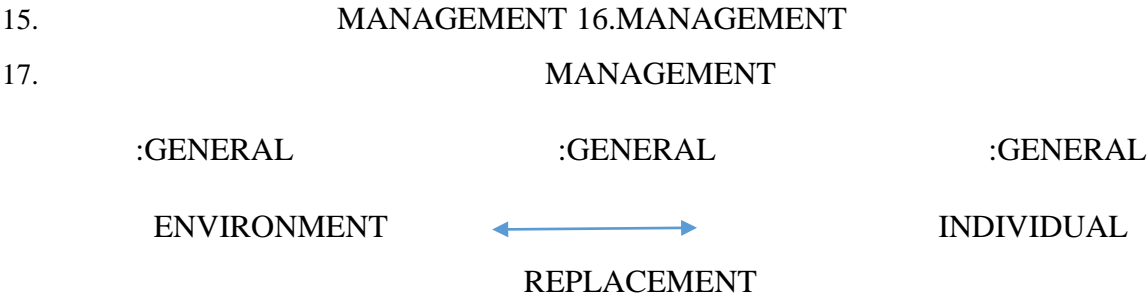
BOENNINGHAUSEN'S : T.P.B		1 .TECHNIQUES NON REPERTORAL
BOGER'S: B.B	B.P	
B.S.K	G.A	
CARDS		
KENTS		
MIXED		
REFERENCE (CONFIRMATION)		
REFERNCE (DIFERENTATION)		

D.PROBLEM STRUCTURALIZATION

Suppressed emotions	want of love & care Neglected parents Lack of love from Parents . Grief of husbands death . desire – solitude	silent grief
---------------------	---	--------------

1. Tortorsity of veins		desire – fish 3+,
	dry fish	
on both the legs with	thirst – increased	head ache [
	3yrs] on and off	
pain from thigh	appetite- decreased	a/f – sun
	exposure .	
	thermals – hot	
	calf muscles [4yrs]	
<hr/> first appeared after delivery diathesis – Thrombophilic [1 st pregnancy] a/f – husband’s death <hr/>		

E.PROBLEM RESOLUTION



Advised to do meditation

18. MANAGEMENT: MECHANICAL MEASURES & AXCELLARY

19.MANAGEMENT : SPECIFIC HOMOEOPATHIC PLANNING &
PROGRAMMING

REMEDY-SECTION	POTENCY-SELECTION	REPETITION SCHEDULE
Natrum mur	0/1	Daily dose hs

REMEDYRESPONSE - intensity of head ache gets reduced first

REMEDY REGULATION- daily 1 dose – hs

PALLIATION -

CURE -

SUPPRESSION -

HERING’S LAW OF DIRECTION OF CURE- above downwards

20.PROGNOSIS – Patient improved gradually .

EDUCATION AND TRAINING- Evolution of patient from pulsatilla – Natrum muriaticum

OBSERVER’S SUGGESTIONS	GUIDE’S NOTES
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Myself had taken the case, and i understood the evolution of Pulsatilla to Natrum muriaticum. after prescribing Natrum mur to patient, she feels good and able to sleep well on that day .later, internsity of head ache reduced well collected the feelings stateof all the event.