



Role of Causative Factors in Homoeopathic Medicine: A Case Series

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Abstract

Background

Causative factors are central to classical homeopathic prescribing. Unlike conventional biomedicine, which often emphasizes identifiable pathological agents, homeopathy explores etiological dimensions including trauma, emotional stress, environmental exposure, and inherited miasmatic predispositions. This case series evaluates the clinical relevance of causative factors in remedy selection.

Methods

Four cases were analyzed retrospectively. Detailed case-taking emphasized exciting, maintaining, and fundamental causes. Repertorial analysis was performed using Kent's and Synthesis repertories. Remedies were selected based on etiological rubrics and individualized totality.

Results

Post-traumatic knee pain resolved following *Anacardium orientale*. Chronic insomnia linked to psychological guilt improved with *Lyssinum* and *Natrium muriaticum*. Oesophageal stricture associated with long-standing grief responded to *Natrium muriaticum*. A cerebellar glioma case showed sustained symptomatic improvement with *Zincum metallicum* and subsequent individualized remedies.

Conclusions

Identification and management of causative factors appear clinically significant in individualized homeopathic prescribing. Further structured research integrating conventional diagnostics with etiological analysis is recommended.

Keywords: Homeopathy; Etiology; Causative factors; Miasm theory; Personalized medicine.

Introduction

Understanding disease causation is fundamental to homeopathic philosophy. While modern medicine focuses on microbial pathogens, genetic mutations, and molecular pathology, homeopathy extends analysis to psychological trauma, environmental influences, and dynamic disturbances of the vital force [1,17].

Samuel Hahnemann described disease as a disturbance of the vital force, requiring individualized treatment directed at underlying causes rather than symptom suppression [2]. Etiological factors may include trauma, emotional stress [3], suppressive treatments [9], environmental exposures [12], or inherited miasmatic predispositions [4–6].

This case series explores how identification of causative factors influenced remedy selection and clinical outcomes.

Materials and Methods

Study design: Retrospective descriptive case series.

Inclusion criteria: (1) Clearly identifiable causative factor; (2) Adequate clinical documentation; (3) Follow-up of at least six months.

Case analysis included detailed history-taking, identification of exciting/maintaining/fundamental causes, repertorial analysis (Synthesis and Kent repertories), individualized remedy prescription, and follow-up documentation.

Ethics and consent

Consent was obtained from patients for publication of this case series and any accompanying clinical details. Patient identifiers were removed to preserve confidentiality.

Case Presentations

Case 1: Post-Traumatic Knee Joint Pain

A 36-year-old male presented with persistent right knee pain following a motorcycle accident on 25 November 1989, resulting in fractures of the lower femur, upper tibia and fibula, and patella, with associated tendon injury. After immobilization and subsequent orthopedic management, severe pain persisted despite analgesics and other measures.

Several commonly indicated post-traumatic remedies like *Arnica montana*, *Bellis perennis*, *Hypericum perforatum*, *Natrum sulphuricum*, and *Ruta graveolens* were used sequentially without relief. Re-evaluation using Kent's repertory identified the rubric: Generalities - Injuries - Tendons. Based on this etiological rubric, *Anacardium orientale* 30C was prescribed. Four doses, one every three hours)

Outcome: The next morning the patient reported complete relief of knee pain and was able to walk slowly. No relapse was reported in follow-up.

Case 2: Chronic Insomnia

A 35-year-old businessman reported chronic insomnia for more than 18 years, with difficulty initiating sleep, frequent nocturnal awakenings, and nighttime wandering. Sedatives provided temporary relief but caused physical weakness with long-term use. During insomnia episodes he smoked and consumed alcohol.

The insomnia began after adolescent emotional trauma related to an unintended pregnancy of his girlfriend and its termination, followed by persistent guilt and distress. Mental symptoms included anxiety about death, hallucinations of deceased individuals whispering, delusions of grandeur, anger with striking objects, and fear of punishment. Physical symptoms included heat intolerance, profuse perspiration, and marked craving for salty food.

Prescription: Lyssinum 1M, two doses at long intervals, was administered on 31 March 1990, later followed by Lyssinum 10M as clinically indicated. Natrium muriaticum 1M was prescribed once based on characteristic dreams of imprisonment and guilt.

Outcome: The patient reported marked improvement with gradual resolution of insomnia, restoration of strength, weight loss, improved libido, and reduced anxiety and delusional experiences.

Case 3: Oesophageal Stricture

A 62-year-old widow presented with chronic dysphagia and shortness of breath. Liquids such as milk and water frequently caused choking; solids were relatively easier but could be regurgitated if stuck. Warm drinks aggravated swallowing difficulty. Additional complaints included wheezing, constipation, scanty perspiration, and right-sided hemiplegia with aggravation from motion. Symptoms were worse around midnight.

Psychological features suggested long-standing silent grief following her husband's death 20 years earlier, with preference for solitude and embarrassment from sexual dreams. Craving for salt was prominent despite medical advice.

Prescription: Natrium muriaticum 1M single dose (15 February 1995). As improvement was insufficient, Natrium muriaticum 12C was prescribed (16 doses, four times daily) on 26 April 1995, followed by ascending potencies over subsequent months.

Outcome: Gradual but marked improvement in dysphagia, breathing difficulty, and general well-being over approximately six months, with return to relatively normal daily life.

Case 4: Cerebellar Glioma

A 45-year-old woman presented with severe constant throbbing headaches aggravated after dinner, with dim vision during attacks and pain radiating to the eyes. She also reported evening abdominal bloating and fullness, with aggravation from milk and vomiting. She had undergone total hysterectomy three months earlier for uterine fibroids and prolonged bleeding.

Investigations (CT scan, 8 June 2013) showed a mass in the right cerebellar region consistent with low-grade glioma and a lacunar infarct in the pons; later CT (16 March 2017) showed stroke in the right cerebellar region and multiple lacunar infarcts in white matter.

Prescription: Zincum metallicum 30C, 3 doses at 15-minute intervals, on 15 June 2013; repeated on 11 July and 11 September 2013. Zincum metallicum 200C was prescribed on 27 October 2013 and repeated in 2014. Subsequent individualized remedies included Pulsatilla nigricans, Plumbum metallicum, and Phosphorus as symptom evolution required.

Outcome: Over four years, headache frequency and intensity reduced substantially. Vision improved modestly and associated symptoms were better controlled with individualized follow-up prescriptions.

Table

Summary of cases, causative factors, key rubrics, remedies, and outcomes.

Case	Causative factor	Key symptoms	Key rubric(s)	Remedy	Outcome
1	Trauma: fractures/tendon	Knee pain after immobilization	Gen - Injuries - Tendons	Anacardium 30C	Relief in 24 h
2	Psychological trauma/guilt	Insomnia; fear; delusions; salt desire	Mind - Ailments from; Dreams	Lyssinum 1M/10M; Nat-m 1M	Sleep restored
3	Silent grief (long-standing)	Dysphagia; worse warm drinks; < midnight; salt desire	Mind - Grief; Gen - < midnight	Nat-m 1M then 12C+	Improved ~6 mo
4	Post-surgery; chronic neuro disease	Headache to eyes; dim vision; bloating; worse after dinner	Gen - Ailments from injury/operation	Zinc 30C/200C; follow-up	Sustained relief

Discussion

This case series highlights the clinical importance of identifying etiological factors in individualized homeopathic prescribing. In conventional medicine, causal inference often centers on pathology, imaging, and molecular markers such as gene mutations in neoplasia [17]. In homeopathy, the case history is expanded to include triggers and maintaining causes (trauma, grief, fear, adverse effects of interventions), together with constitutional susceptibility and miasmatic concepts [2,4–6].

Case 1 illustrates a persistent post-traumatic state in which commonly used trauma remedies were ineffective until a more specific etiological rubric (tendon injury) guided selection. Case 2 suggests that unresolved guilt and fear acted as dominant exciting causes, manifesting as chronic insomnia and characteristic mental symptoms. Case 3 demonstrates the potential influence of prolonged grief on chronic physical pathology, with improvement following a remedy strongly associated with silent grief and salt craving. Case 4 shows how past surgery and injury history may be considered in longitudinal management of chronic neurological illness.

Limitations include the observational nature of case series design, absence of controls, and reliance on clinical outcomes without standardized patient-reported measures. Future research may combine conventional diagnostics with structured homeopathic documentation frameworks and outcome instruments.

Conclusions

Matching homeopathic remedies with clearly identified etiological factors may enhance individualized care. Prospective and methodologically rigorous studies are needed to validate this approach and explore integration with conventional diagnostic and outcome frameworks.

References

1. Lillie AK, Clifford C, Metcalfe A. Caring for families with a family history of cancer: Why concerns about genetic predisposition are missing from the palliative agenda. *Palliat Med.* 2011; 25:117-124.
2. Hahnemann S. *Organon of Medicine.* New Delhi: B Jain Publishers; 1992.
3. Khadim AI, Shail V. Role of homeopathy in psychological disorder. *International Journal of Homeopathic Sciences.* 2020; 4:95-99.
4. Vithoulkas G, Chabanov D. The evolution of miasm theory and its relevance to homeopathic prescribing. *Homeopathy.* 2023; 112:57-64.
5. Allen JH. *The Chronic Miasms.* New Delhi: B Jain Publishers; 1978.
6. Kent JT. *Lectures on Homeopathic Philosophy.* New Delhi: Indian Books & Periodicals Publishers; 2002.
7. Welch MD. Why should cell biologists' study microbial pathogens? *Mol Biol Cell.* 2015; 26:4295-4301.
8. van Woensel E. The importance of causative and disease-maintaining factors in homeopathic analysis and treatment. *Homoeopathic Links.* 2017; 30:14-17.
9. Bawaskar RS, Shinde VH. Effect of suppressed emotions on health-homoeopathic aspect. *Homoeopathic Links.* 2019; 32:141-144.
10. Gunavante SM. *Introduction to Homoeopathic Prescribing.* New Delhi: World Homoeopathic Links; 1984.
11. *Synthesis (Repertorium Homeopathicum Syntheticum).* London: Homeopathic Book Publishers; 2004.
12. Phatak SR. *A Concise Repertory of Homeopathic Medicine.* New Delhi: B Jain Publishers; 1992.
13. Kishore J. *Evolution of Homoeopathic Repertories and Repertorisation.* New Delhi: Kishore Cards Publications; 1998.
14. Li X, Jiang O, Wang S. Molecular mechanisms of cellular metabolic homeostasis in stem cells. *Int J Oral Sci.* 2023; 15:52.
15. Cucurull E, Espinoza LR. Gonococcal arthritis. *Rheum Dis Clin North Am.* 1998; 24:305-322.
16. Gilmore A, Roller J, Dyer JA. Leprosy (Hansen's disease): An update and review. *Mo Med.* 2023; 120:39-44.
17. Bui L, Bhuiyan SH, Hendrick A, Chuong CJ, Kim Y. Role of key genetic mutations on increasing migration of brain cancer cells through confinement. *Biomed Microdevices.* 2017; 19:56.
18. Krewski D, et al. Human health risk assessment for aluminium, aluminium oxide, and aluminium hydroxide. *J Toxicol Environ Health B.* 2007; 10:1-269.
19. Xu S, Xu Z, Liu Z. Paper-based molecular-imprinting technology and its application. *Biosensors (Basel).* 2022; 12:595.
20. Chowdhury D, Kamal S. Vaccination: A literature review from inception till date. *Homoeopathic Links.* 2022; 35:125-130.

21. Lingeswaran R, Mohan J. Scientific interpretation of Hahnemann's theory on disease causation and homeopathy as a holistic medical system. *Indian J Integr Med.* 2024; 4:71-83.
22. Milgrom LR. Vitalism revitalized? Towards a quantum theoretical perspective on the vital force. *AJHM.* 2024; 117:25-30.

