

# Can Herbology Discover Cures for Tomorrow's Diseases?

13<sup>TH</sup>  
WIEF  
SARAWAK  
MALAYSIA



**PRESENTED BY: DR ANIRBAN SUKUL**  
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Director, Sukul Institute of Homeopathic Research,  
Kolkata, India

Editor, Clinical and Experimental Homeopathy

Member, Research Committee. Liga Medicorum,  
Homoeopathica, Internationalis (LMHI), Germany

Researcher and Homeopathy physician at  
Calcutta, Santiniketan and Silchar, India

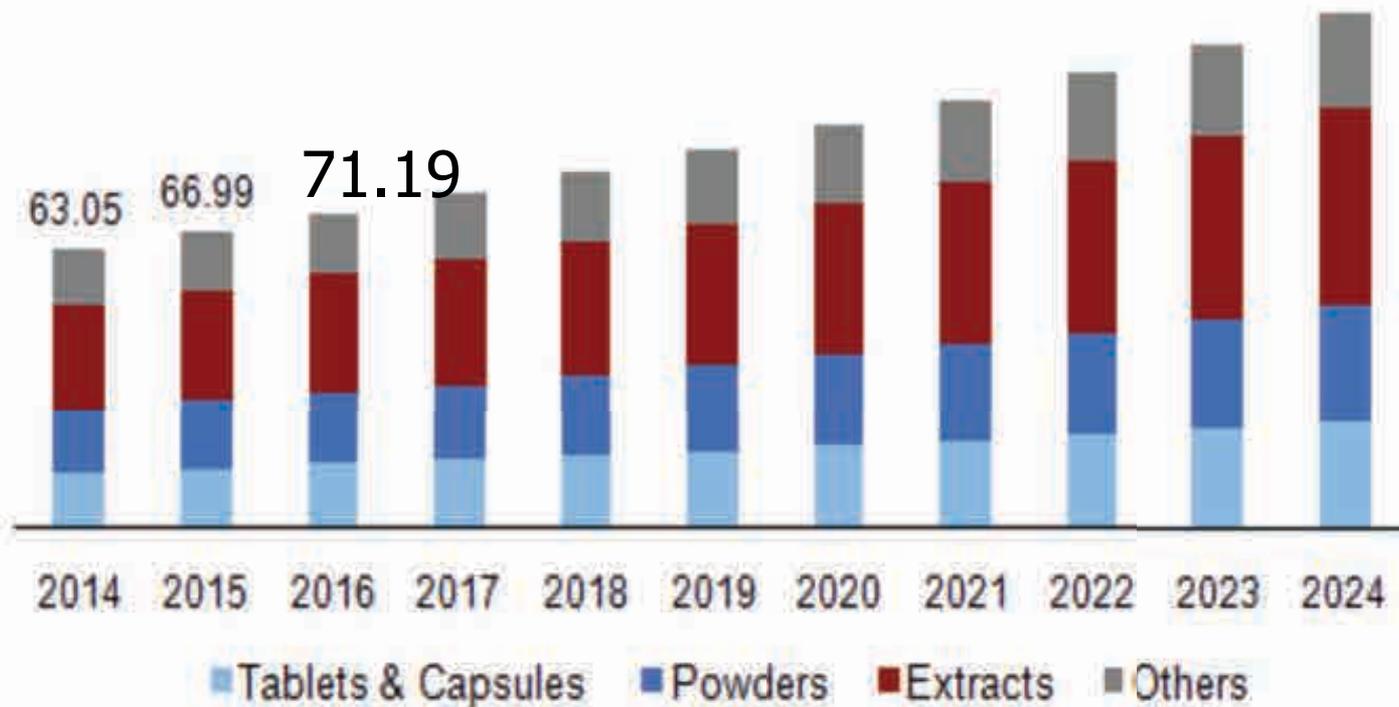
Honorary Homeopathy Physician, Ministry of  
Public Health, Govt of Thailand, Bangkok

[www.sukulhomeopathy.com](http://www.sukulhomeopathy.com) | +91 98304 22496

## Can Herbology Discover Cures for Tomorrow's Diseases?

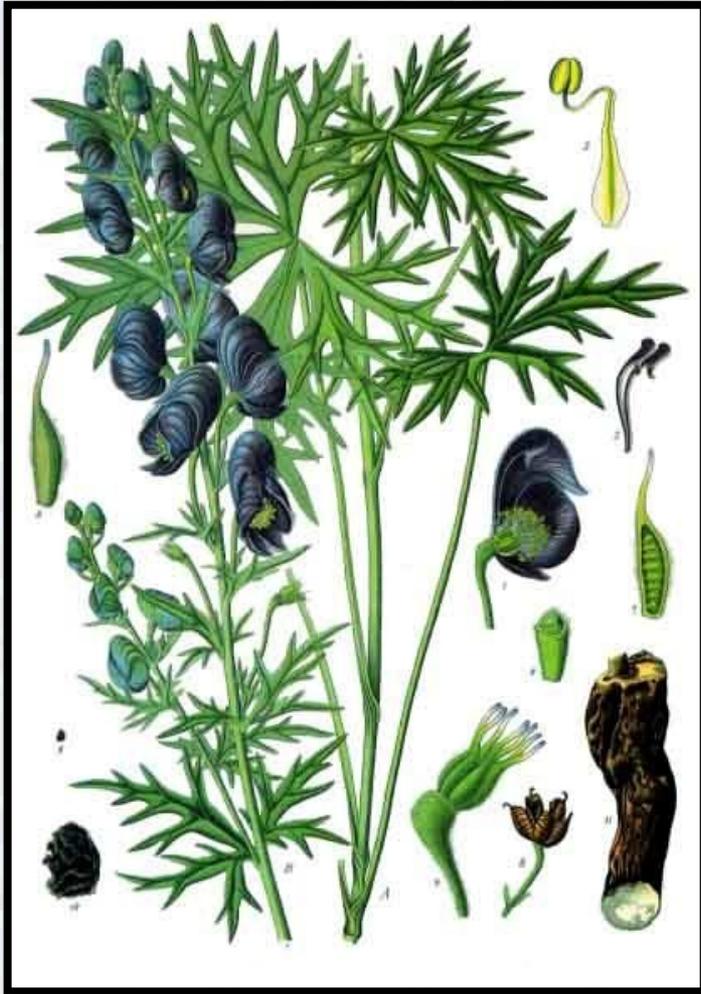
Medicines of plant origin neither produce undesired effects nor do they pose threats to our vital organs. Herbal medicines are cost effective, hence can be reached to the common people in rural areas. The global herbal market is booming and people are well aware of the hazards of consuming chemical drugs. There are new diseases have developed in recent years and of course, herbal medicines are a good solution for them.

# Global herbal medicine market revenue by product 2014 - 2024 (USD Billion)



<https://www.hexaresearch.com/research-report/global-herbal-medicine-market/>

# *Aconitum ferox* Wall ex Ser



- ❖ Medicinal uses:
  - Cardiac stimulant
  - Anti-rheumatic
  - Anti-inflammatory
- ❖ Parts use: Tubers
- ❖ Distribution: Himalaya

# *Allium sativum* L



- ❖ Medicinal uses:
  - Anti-hypertensive
  - Anti-hyperlipidemic
  - Platelet aggregation

❖ Parts used: Bulb

❖ Distribution:

Central Asia (Wild)

# *Berberis aristata* DC



## ❖ Medicinal uses:

- Astringent
- Renal calculus
- Anti-rheumatic
- Conjunctivitis

❑ Parts used: Stem bark and root bark extract

❑ Distribution: India

# *Viscum album* L



- Common name Mistletoe.
- Natural extract is very successfully used to treat all types of cancer patients.

- Three main types of mistletoe: European Mistletoe (*Viscum album*), Korean Mistletoe (*Viscum album* var. *coloratum*) and American Mistletoe (*Phoradendron leucarpum*).
- Usually abbreviated as A for the fir tree, P for the pine tree, and M for the apple tree.

# *Strychnos nux-vomica* L



## ❖ Medicinal uses:

- Alcohol addiction
- Insomnia

## ❖ Parts used:

- Seeds

## ❖ Distribution:

India and South East Asia

# *Gymnema sylvestre* R Br



## ❖ Medicinal uses:

➤ Diabetes

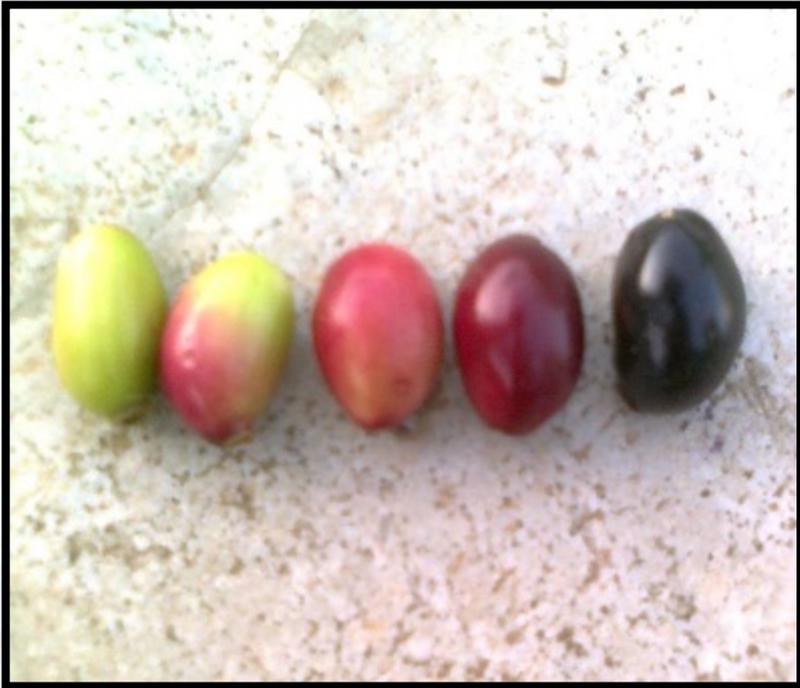
## ❖ Parts used:

➤ Leaves

## ❖ Distribution:

India and Sri Lanka

# *Syzygium cumini* (L) Skeels



## ❖ Medicinal use:

➤ Diabetes

## ❖ Parts used:

➤ Seeds of the fruit

## ❖ Distribution:

India , South East Asia,  
China

# *Holarrhena Pubescens* Wall ex G Don



## ❖ Medicinal use:

➤ Dysentery, diabetes

## ❖ Parts used:

➤ Seeds and bark

## ❖ Distribution:

India, Malaysia

# *Rauvolfia serpentine* (L) Benth ex Kurz



## ❖ Medicinal use:

➤ Hypertension

## ❖ Parts used:

➤ Roots

## ❖ Distribution

India, Thailand,  
Malaysia, Indonesia

# *Passiflora incarnate* L



## ❖ Medicinal use:

- Parkinson's
- Insomnia
- Anxiety

## ❖ Parts used:

Fresh and dried

- Fruits
- Leaves
- Flowers

## ❖ Distribution:

South East United States

# *Asparagus officinalis* L



## ❖ Medicinal use:

➤ Erectile dysfunction

## ❖ Parts used:

➤ Tuberous roots

## ❖ Distribution:

Europe, North Africa,  
Western Asia

# *Panax quinquefolius* L ( Ginseng)



## ❖ Medicinal use:

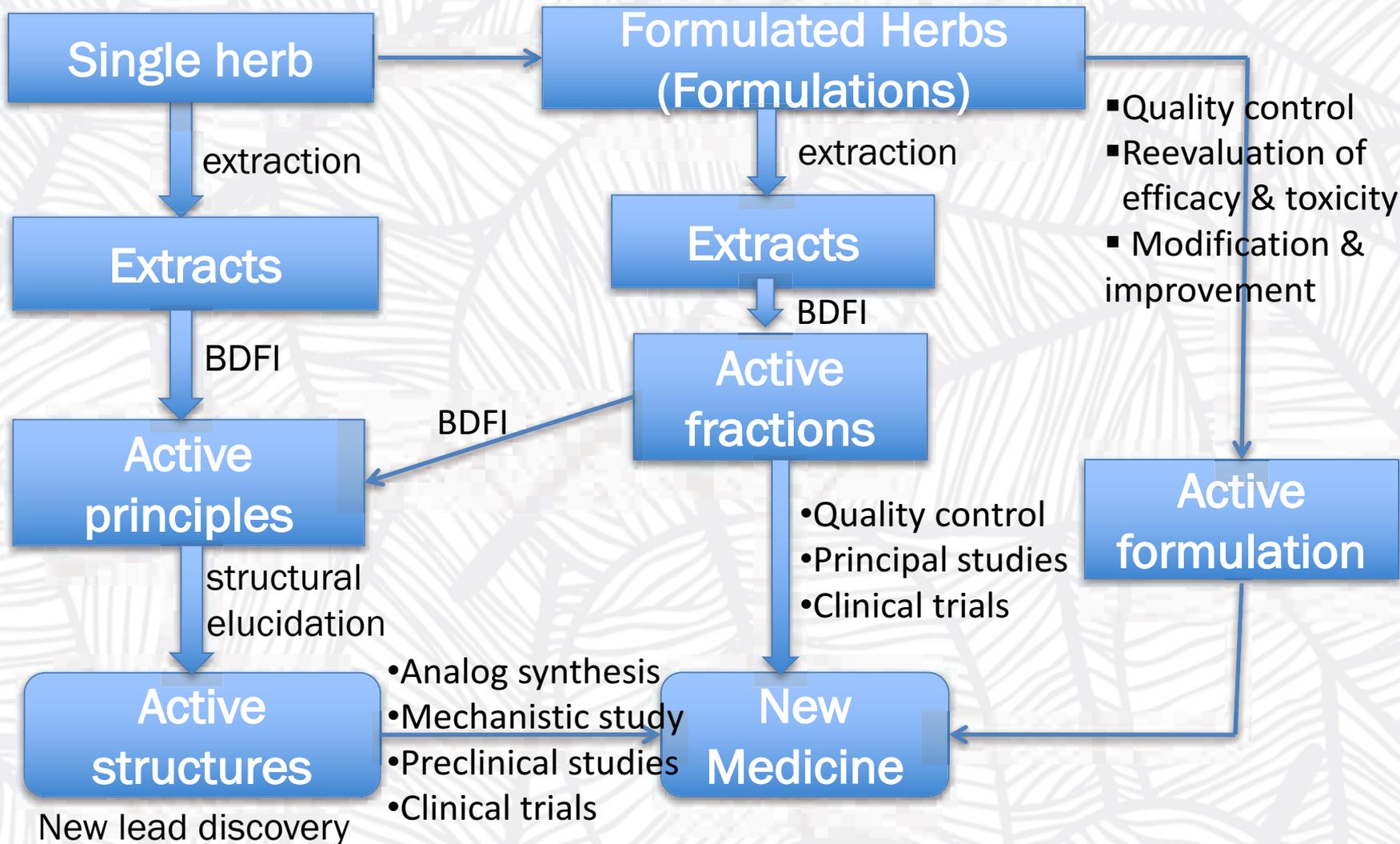
- Stress
- Diabetes
- Neural disorders
- Sexual dysfunction

## ❖ Parts used:

- Roots

## ❖ Distribution:

North America, Eastern  
Asia, China



**Principal concepts of research on new medicines**

# Righting reflex model

Potentized *Nux vomica* reduces alcohol induced sleep time in mice.

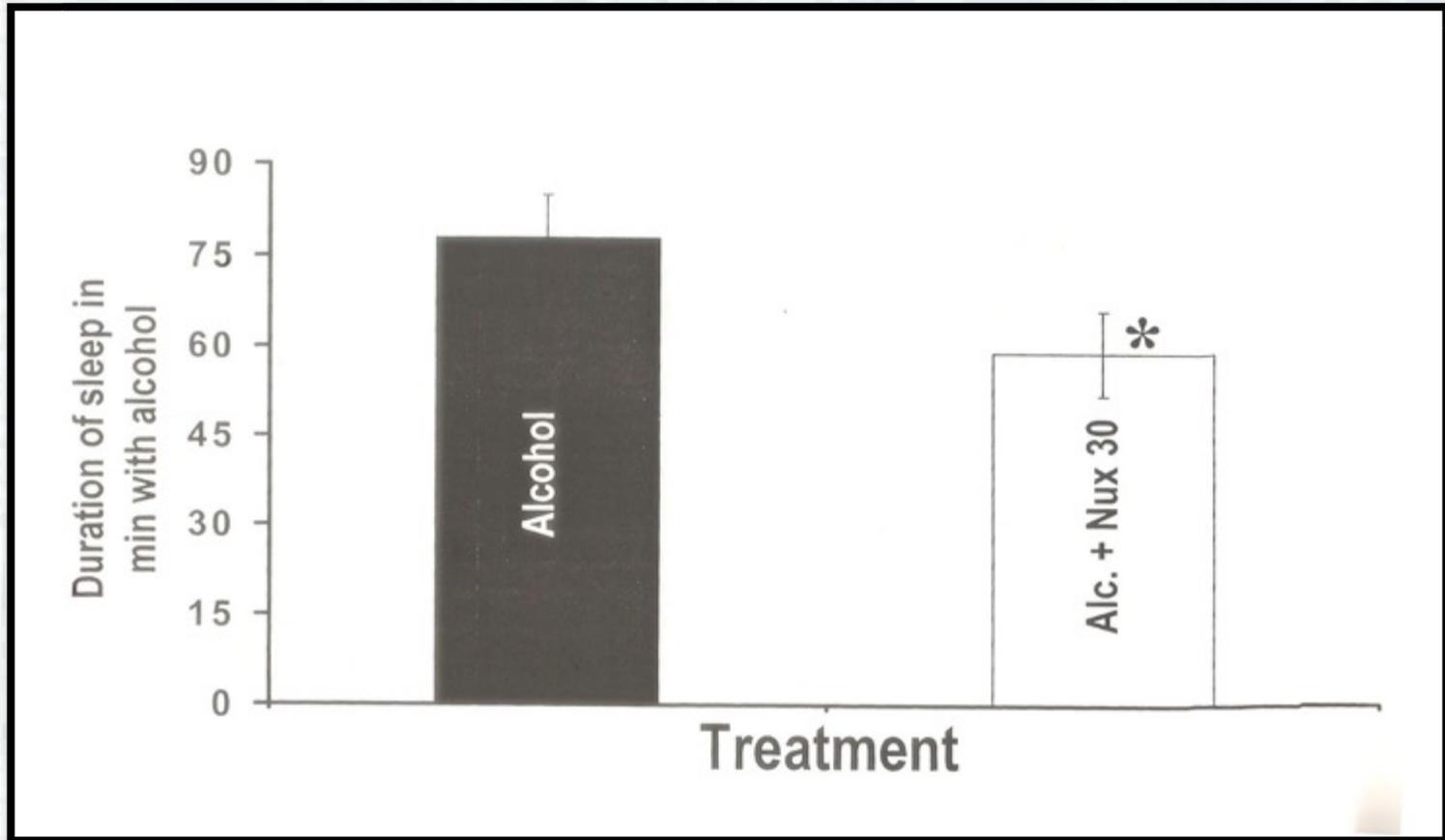
Potentized drugs have been found, in experimental studies to be effective on mammals (rats/mice), amphibians (toads) and fishes.

Righting reflexes maintain the normal erect posture of an animal and operate through a series of responses which are integrated mostly in the nuclei of the midbrain. In experiments on righting reflex we used ethanol which is known to produce the loss of righting reflex. We used some potentized drugs to see how these drugs could counter the alcohol induced loss of righting reflex in mice.

# Mouse given *Nux vomica* 200C orally

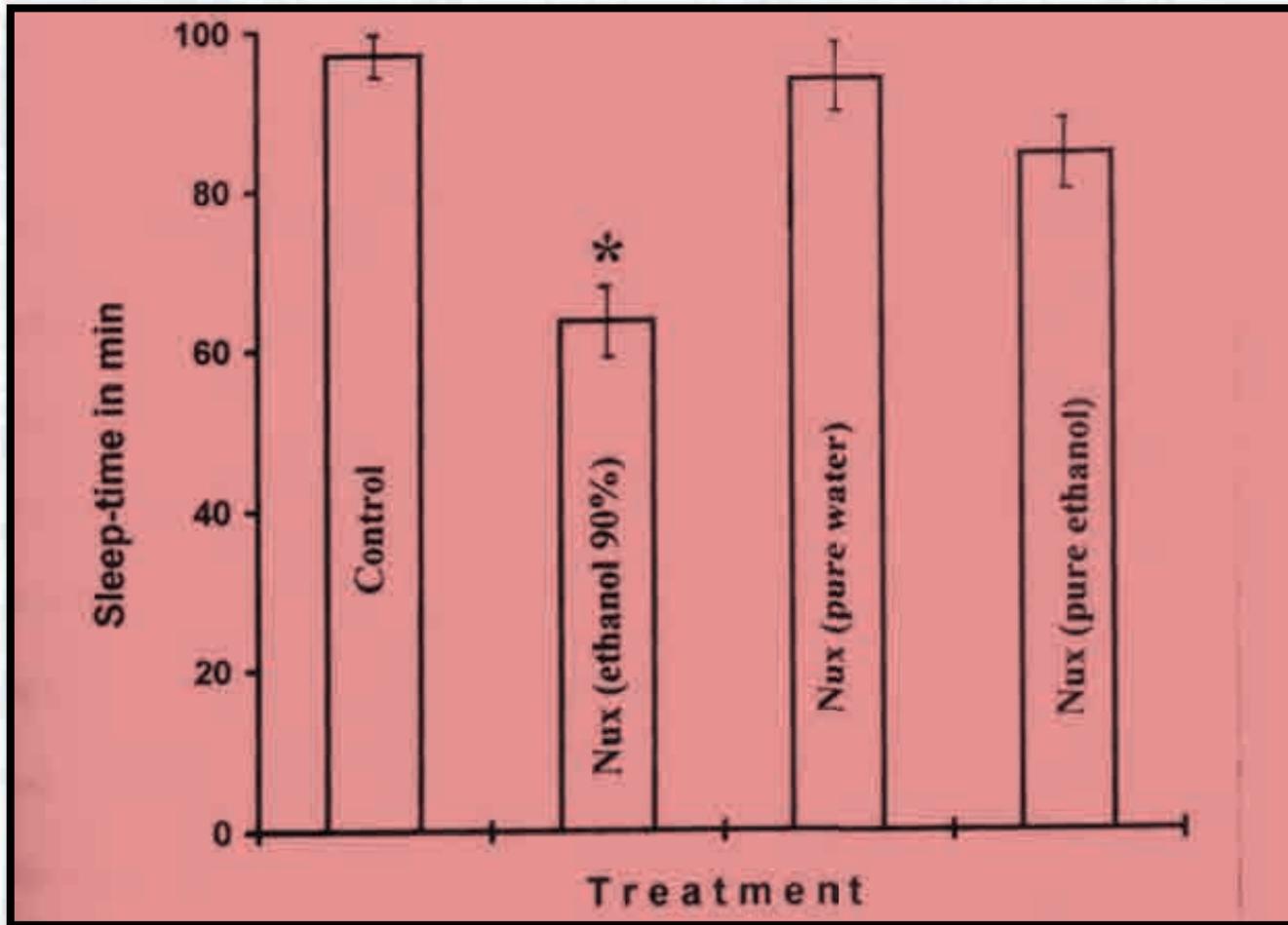


Effect of *Nux vom* 30C administered in stomach on alcohol-induced loss of righting reflex in mice (n=20)

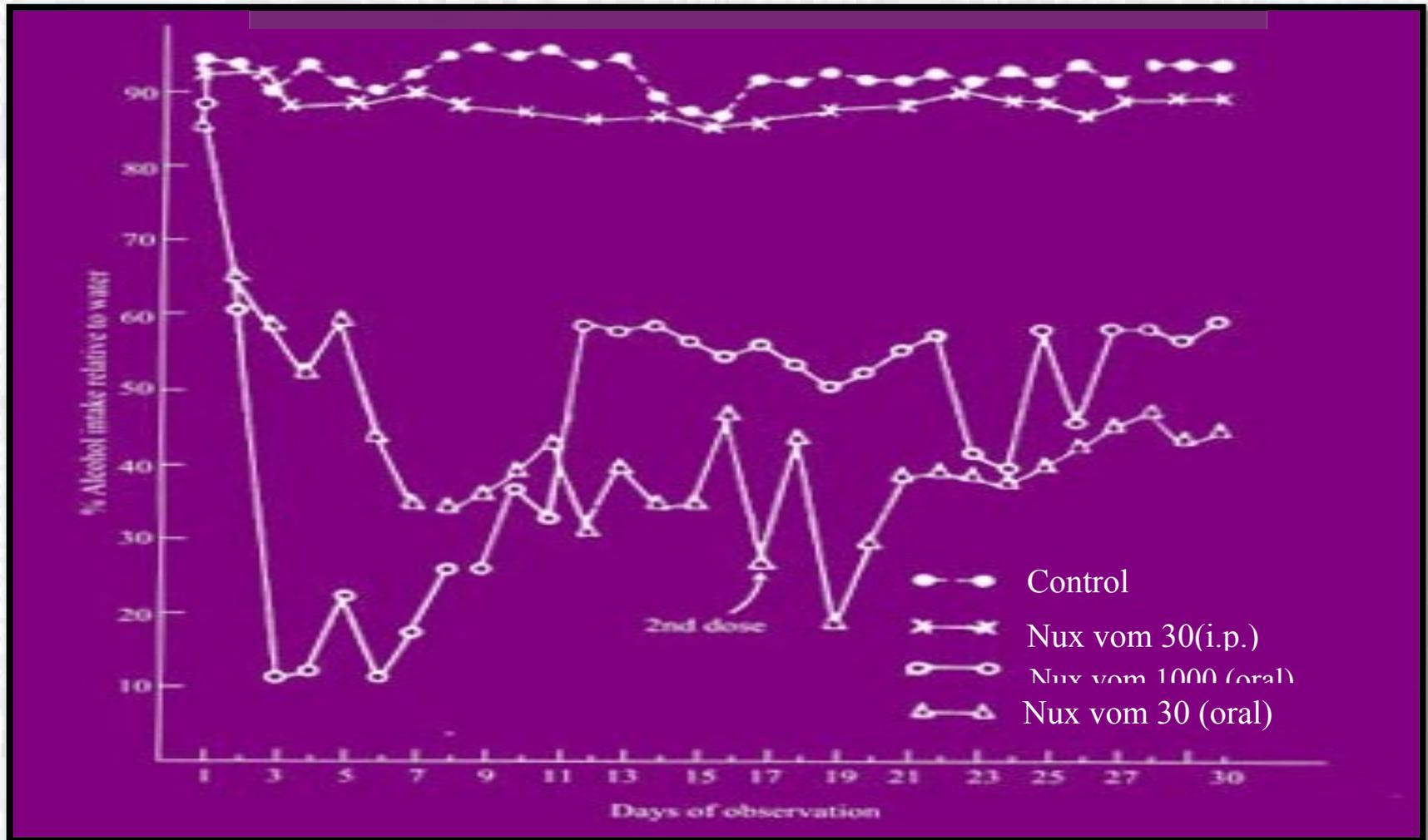


\*= significant difference from alcohol alone by Mann-Whitney test ( $P < 0.05$ )

Reduction of alcohol-induced sleep time in albino mice by *Nux vom* 30C prepared by 90% ethanol.



# Effect of alcohol intake in toad



# What is SMA syndrome

**Superior mesenteric artery (SMA) syndrome** is a gastro-vascular disorder in which the third and final portion of the duodenum is compressed between the abdominal aorta (AA) and the overlying superior mesenteric artery. This rare, potentially life-threatening syndrome is typically caused by an angle of  $6^{\circ}$ – $25^{\circ}$  between the AA and the SMA, in comparison to the normal range of  $38^{\circ}$ – $56^{\circ}$ , due to a lack of retroperitoneal and visceral fat (mesenteric fat).

# Symptoms include

- abdominal fullness,
- bloating after meals,
- nausea and vomiting of partially digested food, and mid-abdominal “crampy” pain that may be relieved by the prone (lying on the stomach) or knee-chest position.

A number of factors may contribute to the syndrome,  
including:

- prolonged bed rest, weight loss, rapid growth, previous abdominal surgery,
- increased curvature in the lumbar portion of the spine (lordosis), use of body casts, and
- loss of tone in abdominal wall musculature.
- The syndrome has also been reported in conjunction with pancreatitis, peptic ulcer, and other intra-abdominal inflammatory conditions.



**LIVER AND DIGESTIVE INSTITUTE**  
**Samitivej Sukumvit Hospital**

Date Wednesday, 28 December, 2016 5.00

RN. 11-00-291432

Age 27 Yrs 10 Mths 10 Days

Gender ชาย (Male)

**ENDOSCOPIC NO.**

**ENDOSCOPIST** PITULAK ASWAKUL, M.D.

**INSTRUMENT** 11. Olympus Video Colonoscope PCF-H180AL 2100079

**ANESTHESIOLOGIST** Siriporn, M.D.

**TYPE OF ANESTHESIA** Deep Sedation

**MEDICATION** Propofol 300 mg IV, Fentanyl 60 mcg IV

**INDICATION** For evaluation of colonic CD

**CONSENT** The procedure of the examination, possible complications which may occur, other procedures of investigations were explained and discussed clearly with the patient and family. Then a consent form for this procedure has been signed by the patient and / or family.

**PROCEDURE** The patients was monitored for blood pressure, pulse rate and oxygen saturation before, during and after the examination as shown on the anesthetic record . The 8.8 mm gastroscop was passed up to 20 cm from anal verge and stricture was found, the scope was change to 5.9 mm gastroscop and could passed to descending colon with tightness. There were colonic mucosal ulceration and erythema with multiple pseudopolyps from 20-35 cm, The descending colon was full of fecal content

**FINDINGS**

**Anal Canal**

**Rectum**

**Sigmoid Colon**

**Descending Colon**

**Splenic flexure**

**Transverse colon**

**Hepatic Flexure**

**Ascending Colon**

**Cecum**

**Ileo-cecal valve**

**Terminal Ileum**

**Others**

**DIAGNOSIS**

**BIOPSY**

**THERAPEUTIC PROCEDURE**

**SUGGESTION**

Erythematous mucosa with multiple pseudopolyps

Erythematous mucosa with multiple pseudopolyps

Erythematous mucosa with ulcer and granulation tissue with multiple pseudopolyps

Full of fecal content

Not evaluated

Not evaluated

Not evaluated

Not evaluated

Not evaluated

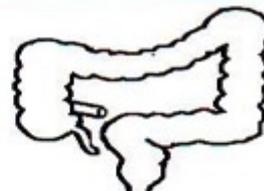
Not evaluated

None  
Active Crohn disease with colonic stricture- consult surgery

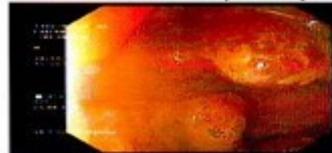
Not Done

None

consult surgery



1. active colitis with pseudopolyp



2. pseudopolyp



3. stricture



4. stricture



5. stricture 5.9 mm diameter



65,328

Signature : *P. Am*

Samitivej Sukumvit Hospital 133 Sukumvit 49 Klong tan nua, Vadana, Bangkok 10110 Tel 02-7118822-24 , 02-7118000 Fax 02-7118833  
โรงพยาบาลสมิติเวชสุขุมวิท 133 สุขุมวิท 49 คลองตันเหนือ เขตวัฒนา กรุงเทพฯ 10110 โทร 02-7118822-24 , 02-7118000 โทรสาร 02-7118833



LIVER AND DIGESTIVE INSTITUTE

Samitivej Sukumvit Hospital Email Liver-c@samitivej.co.th

Date Friday, 27 January, 2017 12.30

RN. 11-00-291432

Age 27 Yrs 11 Mths 9 Days

Gender ชาย (Male)

ENDOSCOPIC NO. SVH

ENDOSCOPIST PITULAK ASWAKUL,M.D.

INSTRUMENT 10. Olympus Video Gastroscope GIF-N 190  
2001902

ANESTHESIOLOGIST MAYUREE THONGPAN , M.D.

TYPE OF ANESTHESIA

MEDICATION as per anesthesiologist

INDICATION NJ tube insertion for SMA syndrome

CONSENT The procedure of the examination, possible complications which may occur, other procedures of investigations were explained and discussed clearly with the patient and family. Then a consent form for this procedure has been signed by the patient and / or family.

PROCEDURE The patient was monitored for blood pressure, pulse rate and oxygen saturation before, during and after the examination as shown on the anesthetic record. The nasal gastroscope was passed with ease through the Rt. nose, esophagus to the stomach and duodenum. The findings described below were visualized. nasojejunal tube (using Triluminal) insertion was performed by over the guidewire technique. The position of the 3-tip was located in jejunum and contrast injection was done to verify the location. The patient tolerated the procedure well without any sequelae or complications.

QUICK UREASE ENZYME TEST FOR H.Pylori Not Done

FINDINGS

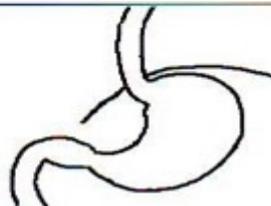
Oropharynx	Normal
Esophagus	Normal
EG Junction	Normal Z-line
Stomach Fundus	Normal
Cardia	Normal
Body	erythematous with edematous mucosa without erosion
Antrum	erythematous with edematous mucosa without erosion
Pylorus	Normal
Duodenal Bulb	Normal
2nd Part	Normal
3rd Part	Narrowing of third portion without any mucosal lesion( extrinsic compression is the most likely)*
Others	Retained dark greenish gastric content 800 ml

DIAGNOSIS Post NJ insertion

BIOPSY Not Done

THERAPEUTIC PROCEDURE NJ tube insertion

SUGGESTION FU after feeding



1.Upper stomach



2.mid stomach



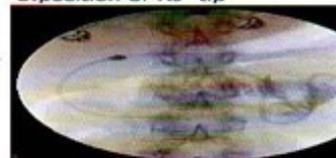
3.Narrowign portion of 3 rd du



4.Narrowign portion



5.position of NJ tip



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Signature : .....



### Computed Tomography

<b>Date</b> 26/Jan/2017	<b>DOB</b> 18/Feb/1989	<b>Age</b> 27Y10M10D	<b>Sex</b> ชาย (Male)
<b>Patient Name</b>		<b>HN</b> 11-00-291432	
<b>Report Doctor</b> HATAIRAT YENBUTRA,M.D.		<b>Patient Ward/Location</b> 1-ICU 1 / 1-GI Endoscope Unit	
		<b>Request Doctor</b> CHINGYIAM PANJAPIYAKUL,M.D.	

#### Radiological Examination CT Whole Abdomen

##### - CT SCAN OF WHOLE ABDOMEN

History: Known Crohn' disease S/P explor-lap and sent for evaluate intraperitoneal collection.

Technique: Plain and enhanced axial CT scan of whole abdomen were performed with 2.5 mm slices thickness and post processing Coronal & Sagittal reformats.

COMPARISON: 11/01/2017

**FINDINGS:** The study reveals fluid-filled, dilated thoracic esophagus down to stomach, 1st,2nd&3rd part duodenum at level of originated SMA. After this level, the bowel is not dilated but markedly thickened jejunum and ileum wall; still normal enhanced wall. The aortomesenteric angle 14.5 degree and aortomesenteric distance 7.7 mm.

S/P explor-lap and in placed tubal drainage lines along bilateral subphrenic spaces and bilateral lower abdominal cavity with theirs tip placement in pelvic cavity.

S/P colectomy and on colostomy at RUQ and LUQ regions.

Significant decreased amount of intra-abdominal fluid collections.

Complete clearing of fluid collection along bilateral subphrenic spaces.

Small residual fluid collection in peri-splenic, bilateral paracolic spaces and left-sided pelvic cavity.

Significant decreased amount of pneumoperitoneum.

No longer seen bilateral pleural effusion.

No recent focal mass lesion in the liver and spleen.

The visualized GB, pancreas, spleen and both kidneys are unremarkable.

##### IMPRESSION:

Suggestive of SMA syndrome

Markedly decreased amount of intra-abdominal fluid collection; as described above.

S/P explor-lap and in placed tubal drainage lines along bilateral subphrenic spaces and bilateral lower abdominal cavity with theirs tip placement in pelvic cavity.

S/P colectomy and on colostomy at RUQ and LUQ regions.



**Computed Tomography**

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Patient Name				HN	11-00-291432		
Report Doctor	HATAIRAT YENBUTRA,M.D.		Patient Ward/Location	1-ICU 1 / 1-GI Endoscope Unit			
			Request Doctor	CHINGYIAM PANJAPIYAKUL,M.D.			

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S/P colectomy and on colostomy at RUQ and LUQ regions.



**D.S.I.**

Date	17/Mar/2017	DOB	18/Feb/1989	Age	27Y10M10D	Sex	ชาย (Male)
Patient Name				HN	11-00-291432		
Report Doctor	Jidapa Patisang , M.D.	Patient Ward/Location	1-FI 6 B / 1-Liver Center		Request Doctor	PITULAK ASWAKUL,M.D.	

**Radiological Examination Long Gi**

**- LONG GI STUDY:**

- Known case of SMA syndrome, S/P naso-jejunal tube placement. He is sent to exclude small bowel obstruction.
- The swallowing function appears normal under fluoroscopy.
- The esophagus is normal in caliber & peristalsis.
- The stomach appears normal mucosal surface without filling defect or ulcer.
- Significant improved degree of mild dilatation duodenal bulb & 2nd part duodenum. Contrast medium can pass to 3rd & 4th parts duodenum without delay.
- DJ junction is normal in position.
- The rest of small bowel loops are normal in caliber without dilatation or obstruction.
- At 60-90 minutes images, contrast filling ascending colon, normal transit time. Visualized terminal ileum, ileocecal valve & ascending colon are unremarkable.

**IMP:** Almost complete resolution of duodenal obstruction.  
Normal small bowel transit time.

Report Doctor : Jidapa Patisang , M.D.  
Report Date : 17/Mar/2017  
Verified Date : 17/Mar/2017 15:20:10



**PROBE**  
Diagnostic (P) Ltd  
www.probediagnostic.org

121, A. J. C. Bose Road, Kolkata - 700 014  
(Opp. N. R. S. Medical College & Hospital)  
Ph: 2217 1184 / 2227 1379 & 2265 8449  
E-mail: helpdesk@probediagnostic.org  
www.probediagnostic.org



REG. NO : W-8205

DATE OF RECEIPT : 22-11-2016

Ms. LATIKA DIBAR  
SEX : F AGE : 27 YRS  
NO PH

DATE OF REPORT : 22-11-2016

Referred By : Dr. OF N.R.S.M.C.H. (RADIOTHERAPY)

Cont..... P/2

**URETERS :**

Are not seen dilated.

**URINARY BLADDER :**

It is normal in capacity and contour. The bladder wall is normal.  
No calculus or mass is seen within the urinary bladder.

**UTERUS :**

The uterus measures 73 x 43 x 20 mm in size. It is normal in shape and outline. Endometrial echo is normal and thickness is 4.7 mm. No SOL is seen in the myometrium. No obvious sonological abnormality is noted in cervix transabdominally (Follow up of cervical mitotic lesion on therapy).

**OVARIES :**

Right ovary measures 20 x 14 mm.  
Left ovary measures 28 x 10 mm.  
Both are normal in size, shape, outline and echotexture.

P.O.D. : Clear.

ADNEXAE : No adenexal mass is seen.

**RETROPERITONEUM :**

No obvious enlarged lymph node is seen.

No free fluid is seen in the abdomen.

**IMPRESSION :** No obvious sonological abnormality noted in present scan.

Regular interval follow up suggested under oncological supervision.

-- End-of-Report --

*Dr. [Signature]*

**MRI - PELVIS**

**HISTORY**

Known case of Ca. cervix.

**PARAMETERS**

Multiplaner MR imaging of above region is done using following sequences.

T<sub>1</sub> weighted SE - axial

T<sub>2</sub> weighted FSE - axial & sagittal.

T<sub>2</sub> weighted STIR - axial.

T<sub>2</sub> weighted GRE - coronal.

**FINDINGS**

T<sub>2</sub> weighted FSE & STIR images is showing few signals from cervix region but no significant mass effect is seen. Adjacent fat planes are mildly obliterated. Uterine fundus is normally seen.

Urinary bladder appears distended with mildly thick mucosa.

No such iliac lymphnodes are seen.

No evidence of any pelvic collection seen.

Pelvic bones are showing normal signals.

**IMPRESSION**

MRI findings in this known case of Ca. cervix at present is showing -

Few signals from cervix region but no significant mass effect is seen likely remnant of previous lesion

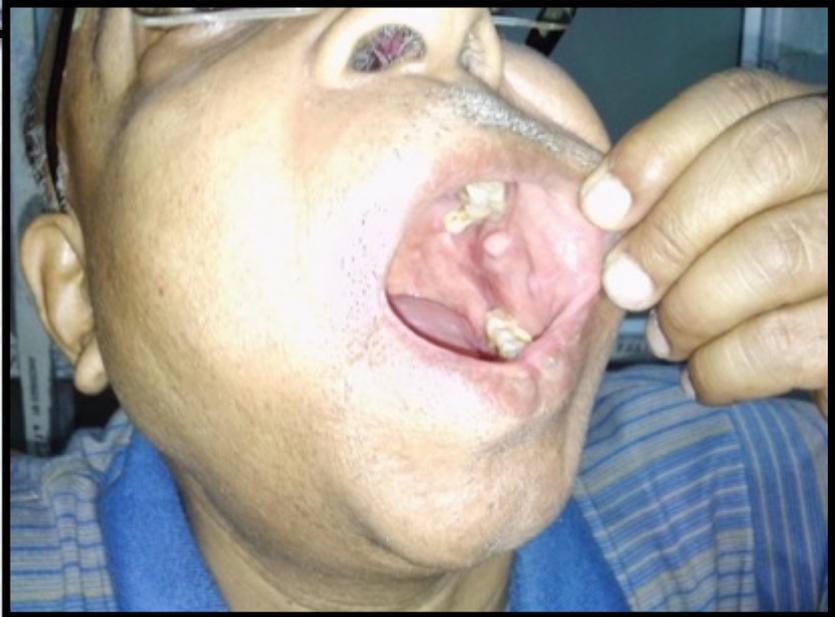
*(To be further clinically correlated and evaluated)*



**DR.M.A. HASHMI**  
M.D.



Cystic tumor inside  
mouth cured with  
*Thuja*





Leucoderma cures  
with *Thuja*, *Calcarea  
carb*, *Lycopodium*,  
*Chelidonium*





Leucoderma cures  
with *Thuja*,  
*Lycopodium*,  
*Chelidonium*,  
*Berberis*





Tumor cured by  
*Thuja, Arnica,*  
*Hypericum*





Tumor getting cured  
with *Thuja*, *Arnica*,  
*Calcarea fluor*



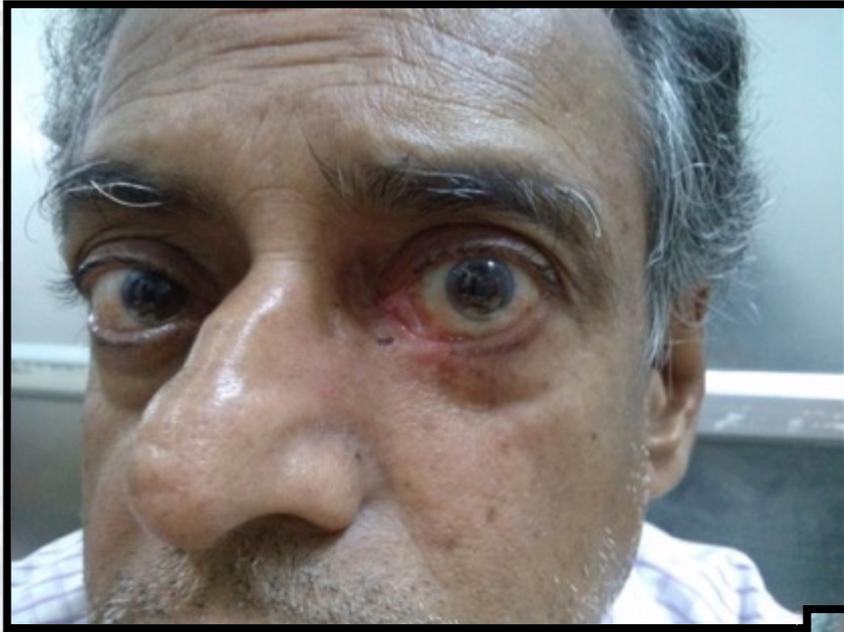


Psoriasis cured  
with *Thuja*, *Arnica*  
*Ocimum sanct*,  
*Lycopodium*,  
*Curcuma*



An advanced case of arthritis showing deformity. *Thuja, Rhus tox, Arnica, Colchicum*





A remarkable success  
in treating skin cancer.  
*Thuja, Euphrasia,  
Viscum alb*





A complete cured case of alopecia. *Nux vomica*, *Allium sat*, *Chelidonium*





A tumor of 12 years burst out after 3 months of treatment. *Thuja, Arnica.*



An extreme case of leg ulcer cured with  
*Thuja, Arnica, Ocimum sanct, Curcuma*



## KALPATARU DIAGNOSTIC CENTRE

SHOW-SARKAR MORE, KALNA, BURDWAN Ph ## (03454)256231 / 09732090894 / 9732049221

Patient Name	SUMITA MONDAL	Age / Sex	27/Female
Patient ID	00001763	Visit Date	14/07/2008
Referred By Dr.	S. CHAKRABORTY MD		
USG OF :	LOWER ABDOMEN		

### -: REPORT :-

**URINARY BLADDER :-** Optimally distended, wall thickness normal. No obvious Calculus or intraluminal lesion seen.

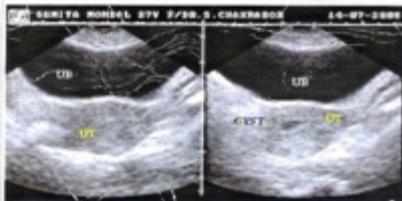
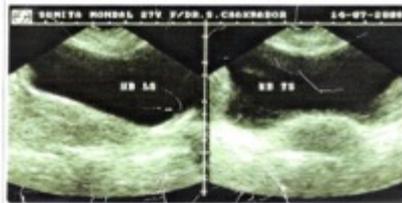
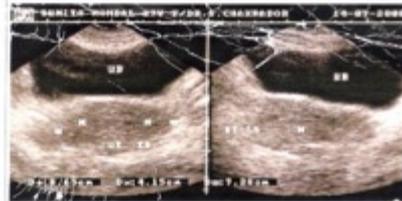
**UTERUS :-** Retroverted, bulky in size, irregular shaped & echotexture heterogeneous. It measures 86 mm. x 41 mm. x 72 mm. Endometrial thickness normal. Multiple SOL seen in the myometrium. Largest one measurs 32mm x 25mm. One hypoechoic cystic lesion is seen near fundus.

**OVARIES :-** Rt. Ovary measures 25 mm. x 19 mm. Lt. Ovary measures 22 mm. x 21 mm. Both Ovaries are normal in size, shape and echopattern. No obvious focal SOL seen.

**P O D :-** It is clear.

**IMPRESSION :-** Multiple fibroid uterus. One is submucus. Clinical correlation is suggested.

  
 Sonologist  
 Dr. N. G. Chakraborty



USG report  
 of a patient  
 showing  
 uterine  
 fibroid



NAME :- Sumita Mondal 27 Yrs(F).

DATE OF REPORT :- 15/03/09

REFD. BY :- Dr. A. Sukul DHMS

**REPORT OF ULTRASONOGRAPHY**  
(Lower Abdomen)

**URINARY BLDDER :-** Urinary bladder is distended wall thickness is normal.  
No calculus or mass is seen.

**UTERUS: -** Uterus is normal in size, shape and is retroverted maintaining a normal body cervix ratio. Endometrial echo is seen. Uterine cavity is empty.  
Cervix is clear. No pol or mass is seen.  
Uterus measures - 8.3 X 5.4 X 3.3 cm.

**BOTH OVARY :-** Both ovaries are normal in size and echotexture.  
Right ovary measures :- 4.2 X 2.7 cm.  
Left ovary measures :- 3.3 X 2.2 cm.

**POD :-** No fluid is seen.

**IMPRESSION: -** Retroverted Uterus.

Note :- Clinical Correlation & relevant investigation suggested.

Dr. R. K. Sinha  
M.B.B.S., DMRD (Cal.)

Dr. R. Bhattacharyya  
MD., DM (Neuro)

Dr. U. K. Ghosh  
M.D. (Path), PGI, Chandigarh

Dr. S. K. Ghosh  
D.M.R.E., M.D. (Cal.)

Dr. B. Mukherjee  
M.B.B.S., DMRD

Bone Marrow, FNAC, Biopsy, U.S.G., E.E.G. (24 Channel), E.C.G., X-Ray (Siemens 300 M.A.) Done here.

**24 HOURS SERVICE**

USG report of the same patient showing no fibroid on the uterus after treatment with *Thuja*, *Pulsatilla*, *Calcarea carb*, *Lycopodium*.

# Filderklinik Hospital, Germany



## Filderklinik Hospital, Germany



# Filderkliniek Hospital, Germany



# Filderklinik Hospital, Germany



With Dr Stefan Hiller, Director, Filderlinik  
Hospital, Germany



# Paracelsus Hospital, Germany



## Paracelsus Hospital, Germany



## Paracelsus Hospital, Germany



# Glasgow Homeopathic Hospital. UK



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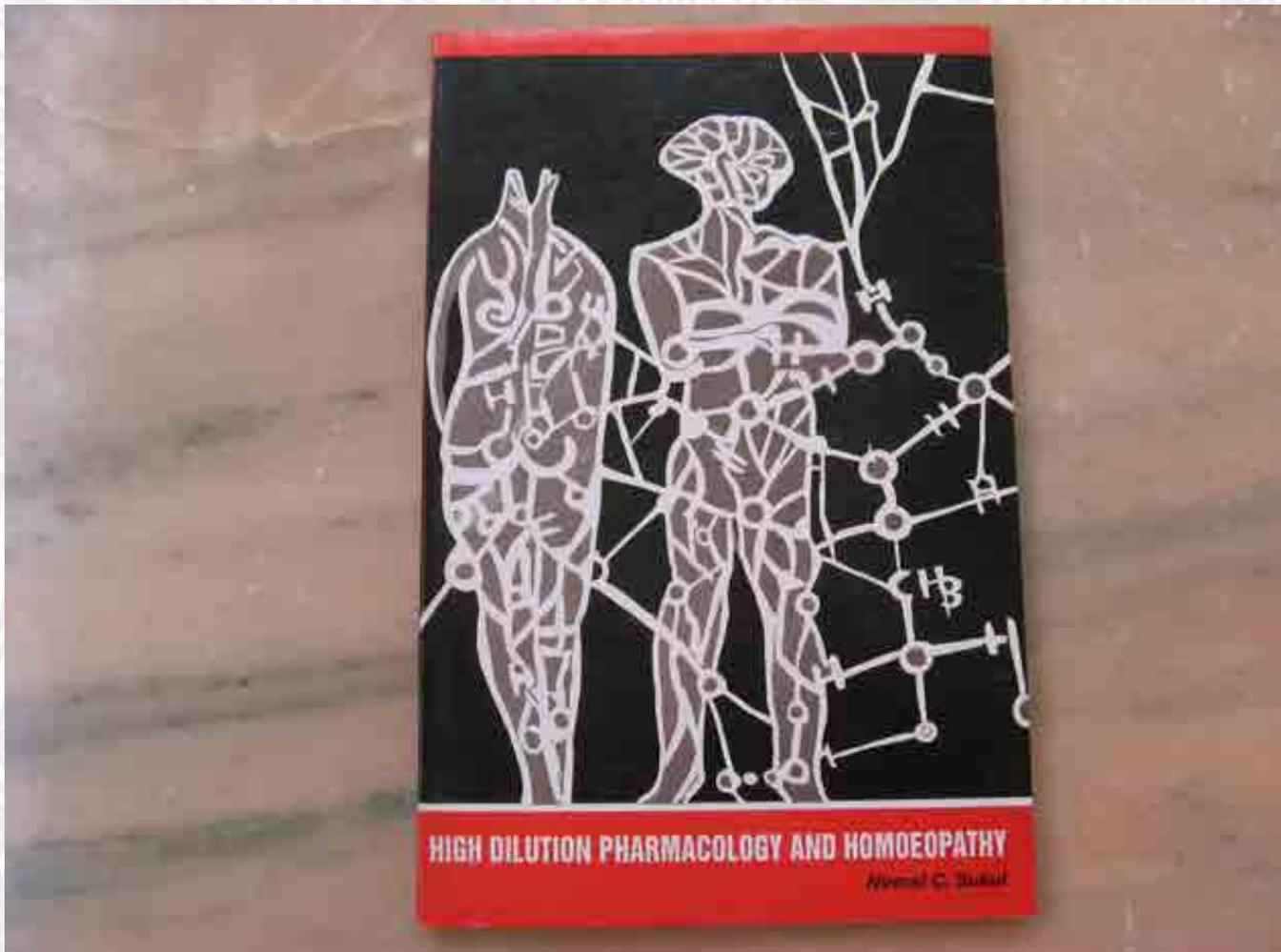
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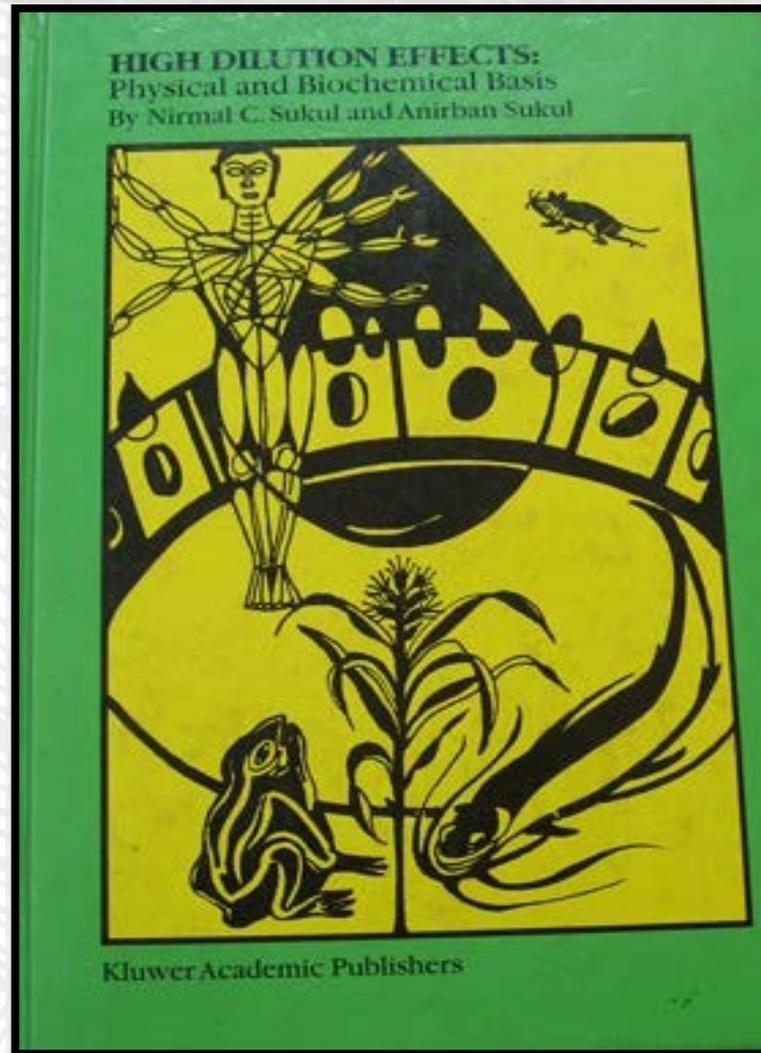
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Book by Prof N C Sukul



Co-authored by myself; published by Kluwer Academic Publishers, The Netherlands



## Italian version





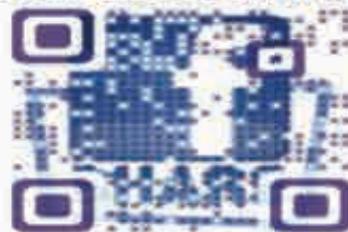
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# Thank you

