IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/

International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article | Volume 14 Issue 11 | November 2025

HOMOEOPATHIC CONSTITUTIONAL TREATMENT OF WORM INFESTATION - ENTEROBIASIS USING TUBERCULINUM – A CASE REPORT

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ABSTRACT –

Background: Enterobiasis (pinworm infestation) is one of the most common helminthic infections in children, often presenting with intense nocturnal perianal itching and visible expulsion of worms. While conventional antihelminthics remain the standard treatment, homeopathic intervention is increasingly being explored for recurrent cases and for improving constitutional susceptibility.

Case Presentation: A 7-year-old female presented with a 2 day history of severe nocturnal anal itching, repeated expulsion of small white thread-like worms from the anus. The child also exhibited irritability and disturbed sleep. Stool routine examination revealed *Enterobius vermicularis*, confirming pinworm infestation. Based on the totality of symptoms—marked itching at night, irritability, disturbed sleep, and recurrent tendency—the homeopathic remedy **Tuberculinum** was selected as the constitutional prescription.

Outcome: Significant improvement was noted within one week of treatment. No further expulsion of worms was observed, nocturnal itching markedly reduced, and sleep became calm and uninterrupted. Repeat stool examination after three weeks showed absence of *Enterobius*. The child remained symptom-free during a 10-month follow-up period without recurrence.

Conclusion: This case demonstrates the potential effectiveness of individualized homeopathic treatment with **Tuberculinum** in managing pinworm infestation in children. Beyond relieving acute symptoms, Tuberculinum appeared to reduce the child's susceptibility to recurrent enterobiasis, highlighting the complementary role of homeopathy in helminthic infections.

KEYWORDS

Enterobius vermicularis, Oxyuris, Pinworms, Tuberculinum, Homoeopathy, Paediatric helminthiasis, Nocturnal anal itching, Constitutional remedy, Worm expulsion.

INTRODUCTION

Enterobius vermicularis, commonly known as the pinworm, is among the most prevalent nematode infections worldwide. It was originally classified as Oxyuris vermicularis. Humans serve as the sole natural host for this parasite. The infection spreads easily in overcrowded settings and frequently circulates among members of the same household. The adult worms are small, slender, white, and thread-like, with the female worm distinguished by a pointed, pin-shaped tail that gives the species its name.
Pinworm infestation is seen most often in infants and young children, and transmission occurs primarily through direct contact with contaminated objects or surfaces. A typical history includes observation of tiny worms about 2–3 mm long, which is considered a very dependable clinical clue.[1,2]

PREVALANCE –

High prevalence of infection is reported from South Asia (39% in Thailand) and India (61%). Prevalence of infection is highest in children 5–14 years of age.[3]

LIFE CYCLE:

Pinworm infection requires no intermediate host. The eggs deposited on the perianal skin contain larvae that mature within 24–36 hours, provided oxygen is available. Humans acquire the infection by ingesting these mature eggs. Once swallowed, the egg shells are dissolved by digestive enzymes, releasing larvae in the small intestine, where they continue to grow into juvenile worms.

After reaching sexual maturity, the male fertilizes the female and then dies. The gravid female migrates from the small intestine to the cecum, colon, and at times the vermiform appendix, remaining there until the eggs are fully formed. She then travels down the rectum and exits the anal canal at night to deposit her eggs on the perianal region.

The entire life cycle is completed within 2 to 8 weeks. Individuals who handle the clothing or bedding of infected patients often become infected due to contact with contaminated materials.

Both sexes of the parasite are white and thread-like. The adult male is typically 2–4 mm long and 0.1–0.2 mm wide, with the posterior third of the body sharply curved and truncated; it is seldom seen because it usually dies soon after fertilizing the female. The adult female is

larger, measuring 8–12 mm in length and 0.3–0.5 mm in width, and may carry 11,000–16,000 eggs when gravid.[3]

TRANSMISSION:

Pinworm infection spreads from one person to another through the ingestion of infectious eggs. Although the eggs are sensitive to heat, they can survive in cool, moist environments for up to three weeks. Because newly deposited eggs are highly sticky, they can easily transfer from the perianal region to fingernails, hands, nightwear, bedding, toys, bathroom surfaces, food items, water, and even the fur of household pets. When contaminated bedding or clothing is shaken, the lightweight eggs can become airborne, later inhaled and swallowed, leading to infection.

In some cases, larvae that hatch near the perianal area migrate back into the intestine by moving upward, a process known as retro infection, which increases worm burden and helps maintain the infestation. Autoinfection occurs when eggs collected on a child's fingertips during scratching are carried to the mouth, allowing the cycle to restart. Because children frequently place their hands in their mouths and live in close contact with other family members, persistence of infection and repeated reinfection are extremely common in this age group.[3]

CLINICAL FEATURES

- Perianal itching (pruritus ani) is the most frequent symptom, and intense scratching may lead to secondary bacterial infection.
- Girls may develop vulvovaginitis, as the worms can migrate to the external genital area.
- A portion of affected children may show irritability, disturbed sleep, restlessness, and behavioural issues such as bruxism (teeth grinding), masturbation, enuresis, along with abdominal discomfort, loose stools, and reduced appetite.
- Serious complications are uncommon, but pinworms have occasionally been linked to appendicitis and salpingitis.[2]

COMPLICATIONS

- Chronic salpingitis, hepatitis, pelvic inflammatory disease, and peritonitis from aberrant migration of worms. Eosinophilic ileocolitis is rare.[3]

DIAGNOSIS:

- Diagnosis of pinworm infection is confirmed by detecting the female worm or its eggs. If a worm is seen—usually measuring one-quarter to one-half inch—it should be collected and stored in 75% ethyl alcohol for microscopic evaluation.
- When adult worms are not easily visible, the early-morning tape test is recommended. A strip of transparent adhesive tape is pressed onto the perianal skin folds to collect eggs or worms, then sealed in a plastic bag and sent for laboratory examination.
- Performing the test on multiple mornings increases the likelihood of identifying the characteristic eggs, which are plano-convex, non–bile stained, enclosed in a clear shell, contain a tadpole-like larva, and float in a saturated salt solution.
- Pinworms are seldom detected in stool specimens.
- Since bathing or defecation can wash away eggs, the tape test should be carried out immediately after waking, before toileting or washing.[3]

TREATMENT

- Pharmacotherapy: Currently, albendazole, mebendazole and pyrantel pamoate are the drugs of choice
- Preventive measure: Hand hygiene, cutting short of nails and treatment of other family members simultaneously is important.

THERAPEUTICS

CINA - Cina is one of the most frequently indicated remedies for worm infestations, especially in children who show marked irritability, obstinacy, and constant restlessness. Characteristic signs such as grinding of teeth during sleep, boring of fingers into the nose, and a pale face with bluish rings around the eyes strongly point toward Cina. Abdominal colic around the umbilicus, increased appetite with emaciation, and disturbed sleep caused by worms.

SANTONINUM - Santoninum is useful in worm complaints where intense anal itching dominates and is often accompanied by spasmodic twitching's, disturbed sleep, and greenish diarrhoea. Children requiring this remedy are highly restless at night, and the itching around the anus is so intense that it leads to excoriation.

TEUCRIUM MARUM VERUM - Teucrium Marum Verum is a classical remedy for pinworm (Enterobius vermicularis) infection. It is especially suited for cases where persistent rectal itching, crawling sensations in the anus, and recurrent threadworm infestation occur despite treatment.

SPIGELIA - Spigelia is indicated when worm infestation presents with marked abdominal colic, particularly around the navel, along with pallor of the face and nervous irritability. These children may have irregular appetite, nausea, and hypersensitivity to touch.

CHENOPODIUM ANTHELMINTICUM - Chenopodium anthelminticum is beneficial in roundworm and hookworm infestations, where abdominal distension, irritability, and foul-smelling stools predominate. It acts as a classical anthelmintic remedy.

RUBRICS RELATED TO WORM INFESTATION[22]

MIND – IRRITABILITY – WORM AFFECTIONS IN – Abrot, *carb – v*, CINA, filix max, nat phos, teucrium

MIND – BITING – WORM AFFECTIONS: IN – *carb-v, croc.*

ABDOMEN -WORMS; COMPLAINTS FROM – acon. Asar.bell. *cic, CINA,* ferr, hyos. Ign. Lach. *merc.* nux-m, nux-v, ruta, *sabad, sil,* SPIG, sulph, *teucr.,* valer. Verat.

FEMALE GENITALIA – ITCHING – WORMS – *calad.*

RECTUM – WORMS – COMPLAINTS OF WORMS - abrot. acet-ac. acon. aesc. ager-c. *Agn*. agri. *Ail*. all-c. all-s. alum. am-c. ambr. ambro. anac. ant-c. ant-t. apoc. apoc-a. aq-calc. aq-mar. arec. arg-n. arge. *Ars*. art-v. asaf. asar. asc-t. atis. *Bapt*. bar-c. bar-m. bar-s. bell. borx. bufo. calad. CALC. calc-caust. callil-l. cara-p. carb-an. carb-v. carbn-s. carbn-tm. carc. card-m. carli-a. cassia-o. caust. celo-t. cham. *Chel*. chelo. *Chen-a*. chen-vg. chim. chin. *Cic. Cina*. cinnb. claus-an. claus-in. clerod-g. coff. colch. *Coli*. coloc. croc. crot-h. crot-t. cuc-m. cuc-p. cupr. cupr-act. cupr-o. cupr-ox. dig. diph-t-tpt. dol. dryop-i. dryop-p. dulc. emb-k. emb-r. emb-sc. erlan-c. eucal. *Ferr*. ferr-i. *Ferr-m*. ferr-s. fil. *Form*. frag. gaert. geb-k. gran. graph. grat. haru-ma. hed. helm. hyos. ichth. ign. indg. iod. *Ip*. jab. jatr-c. kali-c. kali-chl. kali-i. kali-m. kam. *Kou*. lach. laur. lipp. luna. Lyc. mag-c. mag-m. *Mag-s*. med. *Merc*. merc-c. Merc-d. mill. napht. naphtin. nat-c. *Nat-m. Nat-p*. nat-s. nit-ac. *Nux-m*. nux-v. oci-sa. othon-n. pann. passi. pellin. peti-a. petr. ph-ac. phos. physal-an. pin-s. plan. *Plat*. plect. podo. prot. psor. ptel. puls. quas. rat. rhus-t. ruta. sabad.

sabin. sal-ac. santin. *Scir*. sec. sep. ser-a-c*. Sil.* sin-a. *Sin-n*. SPIG. spong. squil. *Stann*. staph. stry. strych-h. SULPH. sumb. tab. tell. teph-v. TER. teucr. thom-h. *Thuj.* thymol. trem-or. urt-u. *Valer*. vanil. verat. vern-a. vern-am. viol-o. *Viol-t*. zinc.

RECTUM – WORMS – COMPLAINTS OF WORMS – ROUNDWORMS - *Abrot*. acon. aesc. *Agn*. all-s. anac. ant-c. arg-n. *Ars*. asaf. asar. bar-c. bell. borx. calc. carbn-s. caust. cham. *Chel*. chelo. *Chen-a*. chen-vg. chin. cic. CINA. clerod-g. coloc. cupr. emb-r. ferr. *Ferr-s. Gran*. graph. helm. hyos. ign. indg. iod. kali-c. kali-chl. lyc. mag-c. mag-m. merc. merc-c. merc-d. napht. nat-m. nat-p. nux-m. nux-v. petr. phos. pin-s. plect. psor. rhus-t. ruta *Sabad*. santin. sec. *Sil*. SPIG. stann. staph. SULPH. ter. teucr. *Thuj*. urt-u. valer. viol-o.

RECTUM – WORMS – COMPLAINTS OF WORMS – PINWORMS – abrot. Acet-ac. Acon. Agn. Alum. Ambr. Ant-t. aq-calc. arg -n. *ars.*asar. asc-t. *bapt.* BAR-C. bar-m, bar-s. bufo. *Calc,* carb-v, carbn-s. chelo. Chin. Cina. Colch. Croc. Crot – t. cupr. Dig. Dol. *Ferr.* Ferr-m. graph. Grat. Hyos. *Ign*. Indg. Kali-c. lyc. Mag-c. *mag-s.* med. Merc. *Merc-d.* mill. Nat-c. NAT-M. *nat-p.* nux-m. nux-v. petr. Phos. Plat. Psor. *Ptel. Rat.* Rhus-t. SABAD. Sabin.*sep.* sil. Sin -a, *sin-n. spig. Spong. Sulph.* Tell. TER. *Teucr.* Thuja. *Valer.* Zinc.

RECTUM – WORMS – COMPLAINTS OF WORMS – TAPEWORM - agn. agri. *Ail*. alum. ambr. anac. arec. *Arg-n*. arge. ars. CALC. calc-caust. callil-l. *Carb-an*. *Carb-v*. carbn-s. carli-a. caust. chin. cina cinnb. claus-in. clerod-g. coff. colch. croc. cuc-p. cupr. cupr-act. cupr-o. cupr-ox. emb-k. *Fil*. *Form*. frag. geb-k. gran. *Graph*. grat. ign. kali-c. kali-i. kam. kou. laur. lyc. *Mag-m*. merc. *Nat-c*. nat-m. nat-p. nat-s. nit-ac. nux-v. othon-n. pann. pellin. petr. phos. *Plat.* psor. *Puls*. rhus-t. *Sabad*. sabin. sal-ac. santin. *Sep. Sil*. spig. spong. Stann. stry. strych-h. sulph. ter. teucr. thuj. thymol. valer. *Verat*. zinc.

RECTUM – ITCHING – ASCARIDES, FROM - anth. *Calc*. calc-f. chin. *Ferr*. graph. ign. indg. irid-met. laur. med. mez. nat-m. *Nat-p*. nit-ac. psor. *Sabad*. sacch. sin-a. sulph. *Teucr. Urt-u*

FEVER – WORMS FROM – ACON, ambra, anac, ars, asar, bell, *CALC, CHINA,* CINA, dig, *ferr, graph,* hyos*, merc,* nat mur, nux vom, passi, petro, phos, *plat,* puls, ruta, SABAD, sabina, SIL, *spigelia,* ,spong, stann, stram, SULPH, teucr, thuja, valer.

CASE DETAILS

7 Yrs female presented with itching in anus increased at night, parents observed expulsion of worms from anus as well as during passing stool since 2 days

Worms described as white, tapering tail, moving outside from anus.

Pain abdomen aggravated in the evening in the last 5 days, spasmodic type of pain.

Previously when the child was 5yrs old, child had similar complaints, they used allopathic medications, improved then but complaints recurred. Child is affected with recurrent respiratory tract infections.

PAST HISTORY – Repeated cold & coryza for which they used allopathic medication and used to get temporary relief.

FAMILY HISTORY - paternal grandmother died from brain cancer 4 yrs ago, other family members are apparently healthy.

GENERALS

Appetite normal, eats in small quantities,

Thirst - drinks 1-2lits/day,

Desires for dal^{+2}, rice^{+2}, sweets^{+3}, ice-creams^{+3}, cold water^{+2},

No particular aversions or aggravations.

Passing stools regularly, hard stools, worms in stools

Perspiration is scanty,

Disturbed sleep,

Thermals Ambi thermal.

LIFE SPACE - child is very playful, active, fearless, wants everything neat and clean, if things are not clean, she does it, cooks food until parents come home, washes utensils, her academics is bad, has to read daily to remember, forgets easily. She has fear of dogs^{+3}, as a dog near her home bites everyone around. Child is irritable^{+3}, restless^{+3} at night due to worm complaints.

MIND SYMPTOMS –

Fear of dogs^{+3}

Irritability in worm infections

Restlessness at night

GENERAL PHYSICAL EXAMINATION

Lean and thin, poorly nourished,

No pallor, no cyanosis, no lymphadenopathy,

Bilateral tonsils are enlarged, grade 2, with mild congestion, nose block is observed,

Skin shows pale patches on face.

INVESTIGATIONS –

STOOL ROUTINE EXAMINATION

tenet DIAGNOSTICS

NAME – [redacted]
AGE – 7 yrs
REG no. – NVN0014

SEX - FEMALE
DATE -01/03/2025
REFERRAL DOCTOR - SELF

STOOL ROUTINE EXAMINATION

SPECIMEN - STOOL

PARAMETER	RESULT
Macroscopic Examination	
Color	Red Brown
Consistency	Solid
Mucus	Absent
Blood	Absent
Microscopic Examination	
Pus	4-5/HPF
RBC	2-3/HPF
Macrophages	1-2 HPF
Protozoal Trophozoites/ Cyst	Nil
Helminth Ova	Nil
Bacterial Flora	Scanty
Undigested Food Particles	Present
Other	Adult Worm Enterobius Vermicularis (Long Slender Pointed Tail)
Occult Blood	Positive

TOTALITY OF SYMPTOMS –

Fear of dogs^{+3}

Irritability in worm infections

Restlessness at night

Desire for dal^{+2}, rice^{+2}, sweets^{+3}, ice-creams^{+3}, cold water^{+2}

Recurrent respiratory infections

Inflammation of tonsils.

Recurrent worm infestations.

MIASMATIC EVOLUTION

DOMINANT - TUBERCULAR

Miasm	Evidence
Tubercular	Fears, restlessness, recurrent infections, cravings for cold/sweets, night-time restlessness, worms
Psoric	desires, irritability
Syphilitic	H/o cancer in family

REPERTORIAL TOTALITY-

Mind – fear – dogs of – children in

Mind – irritability – worm affections in

Mind – restlessness – night

Rectum – worms – complaints – pinworms

Generals – food and drinks – sweets – desire

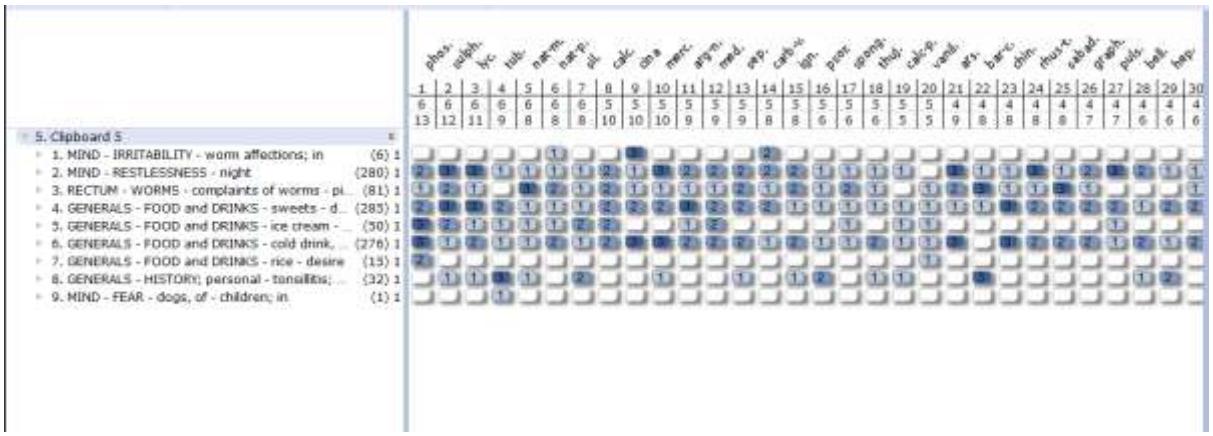
Generals – food and drinks – ice-creams – desire

Generals – food and drinks – cold drinks – desire

Generals – food and drinks – rice – desire

Generals – history – personal – tonsillitis, of recurrent.

REPERTORIAL CHART



PRESCRIPTION – 04-03-25

After reference from Materia medica, tuberculinum was selected based on the presenting symptoms, dominant miasmatic background.

1. TUBERCULINUM 200 1 dose
2. SL TDS for 3 weeks.
3. **FOLLOW UP**

DATE	SYMPTOMS	PRESCRIPTION
18-03-25	No appearance of worms from 7 days, Anal itching reduced completely, irritability, restlessness reduced, pain abdomen seen intermittently.	SL BD for 3 weeks Adv for repeat Routine Stool Examination after 3 weeks.
09-04-25	No complaints of worms, No pain abdomen observed, no new complaints, came to review reports. Stool routine showed – absence of worms in stool. Generals - normal	SL OD for 3 weeks
10-10-25	Patient reported to the hospital after long time, for patient mother's follow-up. Child is healthy, no recurrent worm complaints or respiratory complaints.	

INVESTIGATIONS – AFTER – STOOL ROUTINE EXAMINATION

teinet DIAGNOSTICS
It's Good to Know

NAME – L[redacted]
AGE – 7 yrs
REG no. – NVN0014

SEX - FEMALE
DATE -08/04/2025
REFERRAL DOCTOR - SELF

STOOL ROUTINE EXAMINATION

SPECIMEN - STOOL

Parameter	Result
Macroscopic Examination	
Color	Yellow
Consistency	Solid
Mucus	Absent
Blood	Absent
Microscopic Examination	
Pus	0-1/HPF
Rbc	Nil
Macrophages	Nil
Protozoal Trophozoites/ Cyst	Nil
Helminth Ova	Nil
Bacterial Flora	Scanty
Undigested Food Particles	Absent
Other	Nil
Occult Blood	Negative

DISCUSSION

Worm infestation remains one of the most common chronic paediatric problems in developing countries, often leading to malnutrition, irritability, recurrent infections, and poor academic performance. Conventional deworming agents may provide temporary relief, but relapse is common because the underlying susceptibility of the child remains unaddressed. This case highlights the importance of individualized homoeopathic prescribing, where the totality of symptoms—including physical, mental, and miasmatic indicators—guides remedy selection.

The child exhibited a constellation of clinical features that clearly indicated a tubercular constitutional pattern. Symptoms included a marked fear of dogs, prominent irritability during worm episodes, restlessness during the night, recurrent pinworm infestations, repeated tonsillar inflammation, and frequent respiratory infections. Additionally, the child showed strong cravings for sweets, ice creams, cold water, and starchy foods such as dal and rice. When considered together, these manifestations reflect a typical Tuberculinum profile—characterized by heightened sensitivity, low resistance to infections, behavioural restlessness, and a tendency to develop recurrent parasitic and respiratory ailments. This

integrated totality pointed toward an underlying tubercular diathesis, making Tuberculinum the most appropriate constitutional remedy to address both the recurrent helminthic infestations and the broader susceptibility pattern observed in the child.

Overall, this case demonstrates that Homoeopathy, when practiced in its classical, individualized form, offers a holistic and sustainable solution for recurrent worm infestations and their far-reaching consequences on a child's physical and mental development.

CONCLUSION –

The present study underscores the exceptional value of Homoeopathy, particularly *Tuberculinum*, in the management of chronic and recurrent worm infestations. While conventional therapies aim to eliminate the parasites temporarily, Homoeopathy works at a much deeper level by correcting the child's constitutional and miasmatic susceptibility, thereby preventing frequent recurrences.

ACKNOWLEDGEMENT-

We gratefully acknowledge JIMS Homoeopathic Medical College for providing a supportive academic atmosphere and necessary resources that facilitated the completion and publication of this article. we also extend my sincere thanks to the Director, Principal, PG Coordinator and HOD, faculty members of the Paediatrics department for their insightful suggestions and constant encouragement

DECLARATION OF PATIENT CONSENT

The patient's parents have been given the detailed information sheet about treatment and laboratory investigation; they have received the detailed assent form in which they give complete consent for his medical reports and other clinical details anonymously to be published in medical journal. Patient's parents understand that his identity will not be revealed during the same.

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ABBREVIATIONS

Abbreviation	Full Form
Abrot.	Abrotanum
Acet-ac.	Acetic acid
Acon.	Aconitum napellus
Aesc.	Aesculus hippocastanum
Ager-c.	Ageratum conyzoides
Agn.	Agnus castus
Agri.	Agaricus muscarius
Ail.	Ailanthus glandulosa
All-c.	Allium cepa
All-s.	Allium sativum
Alum.	Alumina
Am-c.	Ammonium carbonicum
Ambra.	Ambra grisea
Ambro.	Ambrosia artemisiifolia
Anac.	Anacardium orientale
Ant-c.	Antimonium crudum
Ant-t.	Antimonium tartaricum
Apoc.	Apocynum cannabinum
Apoc-a.	Apocynum androsaemifolium
Aq-calc.	Aqua calcis
Aq-mar.	Aqua marina

Arec.	Areca catechu
Arg-n.	Argentum nitricum
Arge.	Argenitum metallicum
Ars.	Arsenicum album
Art-v.	Artemisia vulgaris
Asaf.	Asafoetida
Asar.	Asarum europaeum
Asc-t.	Asclepias tuberosa
Bapt.	Baptisia tinctoria
Bar-c.	Baryta carbonica
Bar-m.	Baryta muriatica
Bar-s.	Baryta sulphurica
Bell.	Belladonna
Borx.	Borax
Bufo.	Bufo rana
Calad.	Caladium seguinum
Calc.	Calcarea carbonica
Calc-caust.	Calcarea caustica
Calc-f.	Calcarea fluorica
Callil-l.	Callilepis laureola
Carb-an.	Carbo animalis
Carb-v.	Carbo vegetabilis
Carbn-s.	Carboneum sulphuratum
Carbn-tm.	Carboneum tetrachloratum
Carc.	Carcinosinum
Card-m.	Carduus marianus
Carli-a.	Carlina acaulis
Caust.	Causticum
Celo-t.	Celosia trigna
Cham.	Chamomilla
Chel.	Chelidonium majus
Chelo.	Chelydrine
Chen-a.	Chenopodium anthelminticum
Chen-vg.	Chenopodium vulvaria
Chin.	China officinalis
Cic.	Cicuta virosa
Cina	Cina maritima
Cinnb.	Cinnabaris
Coff.	Coffea cruda
Colch.	Colchicum autumnale
Coloc.	Colocynthis
Croc.	Crocus sativus
Crot-h.	Crotalus horridus
Crot-t.	Crotalus terrificus
Cuc-m.	Cucurbita maxima
Cuc-p.	Cucurbita pepo
Cupr.	Cuprum metallicum

Cupr-act.	Cuprum aceticum
Cupr-o.	Cuprum oxydatum
Cupr-ox.	Cuprum oxydatum nigrum
Dig.	Digitalis purpurea
Dol.	Dolichos pruriens
Dulc.	Dulcamara
Dryop-i.	Dryopteris filix-mas (male fern)
Dryop-p.	Dryopteris patula
Eucal.	Eucalyptus globulus
Ferr.	Ferrum metallicum
Ferr-m.	Ferrum muriaticum
Ferr-i.	Ferrum iodatum
Ferr-s.	Ferrum sulphuricum
Fil.	Filix mas
Form.	Formica rufa
Frag.	Fragaria vesca
Gaert.	Gaertner's nosode
Gran.	Granatum
Graph.	Graphites
Grat.	Gratiola officinalis
Hed.	Hedeoma pulegioides
Helm.	Helminthia
Hyos.	Hyoscyamus niger
Ichth.	Ichthyol
Ign.	Ignatia amara
Indg.	Indigo
Iod.	Iodum
Ip.	Ipecacuanha
Jatr-c.	Jatropha curcas
Kali-c.	Kali carbonicum
Kali-chl.	Kali chloricum
Kali-i.	Kali iodatum
Kali-m.	Kali muriaticum
Kam.	Kamala
Kou.	Kousso
Lach.	Lachesis muta
Laur.	Laurocerasus
Lyc.	Lycopodium clavatum
Mag-c.	Magnesia carbonica
Mag-m.	Magnesia muriatica
Mag-s.	Magnesia sulphurica
Med.	Medorrhinum
Merc.	Mercurius solubilis
Merc-c.	Mercurius corrosivus
Merc-d.	Mercurius dulcis
Mill.	Millefolium
Napht.	Naphthalinum

Nat-c.	Natrum carbonicum
Nat-m.	Natrum muriaticum
Nat-p.	Natrum phosphoricum
Nat-s.	Natrum sulphuricum
Nit-ac.	Nitric acid
Nux-m.	Nux moschata
Nux-v.	Nux vomica
Oci-sa.	Ocimum sanctum
Petr.	Petroleum
Ph-ac.	Phosphoric acid
Phos.	Phosphorus
Pin-s.	Pinus sylvestris
Plat.	Platina
Plb.	Plumbum metallicum
Podo.	Podophyllum
Puls.	Pulsatilla
Psor.	Psorinum
Rhus-t.	Rhus Toxicodendron
Ruta	Ruta graveolens
Sabad.	Sabadilla
Sabin.	Sabina
Santin.	Santoninum
Sec.	Secale cornutum
Sep.	Sepia officinalis
Sil.	Silicea
Sin-a.	Sinapis alba
Sin-n.	Sinapis nigra
Spig.	Spigelia anthelmintica
Spong.	Spongia tosta
Stann.	Stannum metallicum
Staph.	Staphysagria
Stry.	Strychninum
Sulph.	Sulphur
Tab.	Tabacum
Tell.	Tellurium
Ter.	Terebinthina
Teucr.	Teucrium marum verum
Thuj.	Thuja occidentalis
Thymol.	Thymol
Urt-u.	Urtica urens
Valer.	Valeriana officinalis
Verat.	Veratrum album
Viol-o.	Viola odorata
Viol-t.	Viola tricolor
Zinc.	Zincum metallicum