



Original Research Article

Volume 15 Issue 05

May 2026

EVALUATION OF THERMAL STATE AS A DETERMINANT FOR CURE IN PATIENTS WITH DYNAMIC DISEASES: AN OBSERVATIONAL CASE-CONTROL STUDY

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Abstract

In the modern era of homeopathic practice, physicians face the challenge of prescribing accurately and efficiently amidst a vast Materia Medica. While mental symptoms and hard physical facts are standard in totality formation, the **thermal state** of the patient remains a simplified yet potentially vital criterion for remedy selection. This study aimed to evaluate whether matching the thermal state of the patient with the remedy significantly affects the proportion of cure in dynamic diseases. A **prospective observational case-control study** was conducted with 300 patients, divided into Group A (thermal ignored) and Group B (thermal matched). Results showed a **65.33% cure rate** in the thermal-matched group compared to **45.33%** in the control group. Statistical analysis via Chi-square ($X^2 = 12.12$) and Z-proportion tests ($p = 0.0005$) confirmed these findings were significant. The study concludes that the thermal state is a reliable physical general symptom that enhances the certainty of an ideal cure.

Key Words: Homoeopathy, Thermal State, Repertory, Individualization, Generals

1. Introduction

The central pillar of homeopathic prescribing is **individualization**, the process of distinguishing a sick individual from others with the same pathology through a portrait of unique symptoms. (Hahnemann, 2000) While traditional approaches focus on location, sensation, modality, and concomitants, conceptual features such as miasm and **thermal state** are often marginalized or used merely as secondary drug filters.

The **thermal state**—an individual's preference for or sensitivity to heat and cold—is an expression of the physical plane and reflects the organism's integrated response to the environment. Dr. Robert Gibson Miller was a pioneer in advocating for the division of the Materia Medica into "hot" and "chilly" remedies. (G., 1995) Despite its practical use, there is a lack of rigorous scientific evaluation to determine if thermal matching is essential for achieving an "Ideal Cure" as defined by Hahnemann. This research was undertaken to provide clinical confirmation of the thermal state's role as a primary determinant for cure.

AIMS AND OBJECTIVES –

Aim:-To find out how much the matching or Ignoring of thermal state of the patient in selection of medicine affect the cure in patient having dynamic disease.

Primary Objectives:

To find out through case studies, to what extent **thermal state of patient** become a determinant in curing the patient by selecting the remedy through homoeopathic principle.

Secondary Objective:

1. To establish definite criteria/aspect to decide the thermal state of patient.
2. To establish correct Parameter to understand the thermal state of Medicine in Homoeopathic Materia Medica.

Research Question- Whether the Matching the 'Thermal State' of Patient & of selected medicine increase the certainty of cure in the patient having dynamic diseases as compare to not considering thermal state.

1. **Hypothesis-** Does the Matching of Thermal State of Patient having dynamic disease and of selected medicine helpful for getting certain cure.

2. **Null Hypothesis-** There is no significance of considering Thermal state in medicine selection for getting certain Cure in patient having dynamic disease.

$H_0 = \text{Cure proportion in Group A} = \text{Cure proportion of Group B}$

P value = or < 0.05

(Group A where Thermals state is ignored while selecting the similar medicine, Group B where Thermals state is consider while selecting the similar medicine).

3. **Alternative Hypothesis-** There is definite significance of considering Thermal state in medicine selection for getting certain Cure in patient of dynamic disease.(H1)

$H_1 - \text{Cure proportion in Group A} \neq \text{Cure proportion of Group B}$

P value > 0.05

2. Materials and Methods:- For the purpose of this study only primary data is used not retrospective study has done so no secondary data is used in term of cases. All cases are newly enrolled. To conform the thermal state of remedy is decided by the secondary data of the Materia Medica from the source book as well other practical useful Materia Medica as & when required. For this study (sample) patients were pulled from the regular general outpatient department of Institute as direct primary source of data.

2.1 Study Design

This was a **prospective observational case-control study** conducted in a general outpatient department.

2.2 Participant Selection

A total of **300 patients** manifesting dynamic diseases through mental, physical, and particular expressions were enrolled.

- **Inclusion Criteria:** Patients with dynamic derangements showing a clear "thermal cleavage" (distinctly hot or chilly).
- **Exclusion Criteria:** Cases of indisposition, artificial chronic diseases, and terminal illness.

Patients were alternately assigned to **Group A** (150 patients) or **Group B** (150 patients).

2.3 Intervention

- **Group A (Control):** The most similar medicine was selected based on homeopathic principles **without considering the thermal state.**
- **Group B (Study Group):** The remedy selection was **mandatory thermal matching** between the patient's state and the remedy's profile in the Materia Medica.

2.4 Thermal Assessment Protocol

To elicit an accurate thermal state, a standardized questionnaire was utilized, assessing preferences for: (Amar-, 2007)

1. **Covering:** Requirements in summer, winter, and rainy seasons.
2. **Bathing:** Preference for hot or cold water.
3. **Environment:** Need for fanning, AC, or open air.
4. **Sensitivities:** Tolerance to sun exposure or cold drafts.

2.5 Outcome Assessment

"Cure" was defined as a sense of well-being at mental, physical, and particular levels. (Hahnemann, 2000) (JT., 2010.) Outcomes were categorized as:

- **Marked:** >75% disappearance of symptoms.
- **Moderate:** 50-70% disappearance.
- **Mild:** <50% disappearance.

Acute cases were followed every 24–48 hours for two follow-ups, while chronic cases were followed every two weeks for up to four follow-ups.

3. Results and Observation

3.1 Demographic Data

The study population showed a normal distribution, with the maximum frequency of patients in the **20–30 age group.**

3.2 Comparative Cure Proportions

The clinical outcomes revealed a stark difference between the two groups:

- The computed value was **12.12**, significantly exceeding the critical value of 3.841 (df=1, $\alpha=0.05$). **This indicates the difference in cure rates is statistically significant and not due to chance.**
- **Z-proportion Test:** The z-value was -3.484 with a **p-value of 0.0005**, further **rejecting the null hypothesis that thermal matching has no significance in cure proportion.& accepting the alternative hypothesis.**
- **Non-Parametric Tests:** Both the Kruskal-Wallis H test (H = 461.85, $p < 0.001$) and the Mann-Whitney U test (U = 8485, $p = 0.00032$) confirmed significant differences in the median improvement levels across follow-ups between the groups.

4. Discussion

4.1 Interpretation of Findings

The study provides strong clinical evidence that **considering the thermal state increases the certainty of cure**. While Group A did see some success (43.33%), retrospective analysis often showed that the prescribed medicine in those cured cases coincidentally matched the patient's thermal state. However, the 20% higher cure rate in Group B demonstrates that intentional matching serves as a crucial differentiator for close-running remedies.

4.2 Physiological and Homeopathic Relevance

Physiologically, the human body functions as an **integrated whole**, and thermoregulation (homeostasis) is a central core process managed by the hypothalamus. (GYTON., 2000.) Homeopathically, this vital force reaction manifests as **physical generals**. These symptoms represent the "person as a whole" rather than just the disease parts, often holding more weight than particulars. (Delhi:, 1998.)

4.3 Comparison with Previous Work

These results align with the findings of Patil et al. (2017-18), who concluded that thermals play a precise role in repertorization and case management (Jayant., 2018 October). Similarly, the theories of Dr. Prafull Vijaykar suggest that thermal changes are compensatory reflections of the genetic constitution. (P., 1999)

4.4 Clinical Implications

The thermal state should be raised to the level of a **PQRS (Peculiar, Queer, Rare, and Strange) symptom**. It acts as a powerful "drug filter" that simplifies the method of prescribing without violating the cardinal principles of homeopathy.

4.5 Strengths and Pitfalls

The study's strengths include **randomization**, which minimized observational bias, and the inclusion of various dynamic diseases across all age groups. A pitfall identified was the lack of definitive thermal profiles for certain Indian drugs in existing literature, (H., 1999.) which suggests a need for retrospective studies on those specific remedies.

5. Conclusion

This research confirms that the **thermal state is an essential determinant for cure** in homeopathic practice. Matching the thermal state of the patient with the medicine significantly improves clinical outcomes (67% vs. 43% cure proportion). Therefore, the thermal state should not be viewed merely as an optional filter but as a vital **physical general symptom** that reflects the individuality of the patient as a whole.

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