

## CHRONIC OSTEOMYELITIS - A BONE INFECTION CASE TREATED WITH CLASSICAL HOMEOPATHIC MEDICINE (A CASE STUDY)

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### ABSTRACT

Osteomyelitis often referred as a bone infection, while bone tuberculosis (TB) is a peculiar, chronic type initiated by *Mycobacterium tuberculosis*. About 1 to 3% patients with tuberculosis have bone infection, commonly from emphasis of acute visceral disease, direct extension or lymphatics. In this paper we have presented a case study of patient suffering from osteomyelitis and bone tuberculosis getting completely cured from homeopathic medicine.

**KEYWORDS:** Osteomyelitis, Bone Tuberculosis, Bone Infection, *Mycobacterium Tuberculosis*, Visceral Disease, Lymphatics, Chronic Osteomyelitis, Homeopathic Medicine Etc.

### INTRODUCTION

Osteomyelitis is an infection of the bone. It can happen in any bone in the body. But it most often affects the long bones (leg and arm), the spine, and foot bones. Bone and joint tuberculosis (TB) is an ancient disease. Tuberculous osteomyelitis and arthritis generally arise from reactivation of bacilli lodged in bone during the original mycobacteria of primary infection.

Bone and joint TB currently account for 2.2-4.7 % of all TB cases in Europe and the USA and around 10-15 % of EPTB cases, whereas in undeveloped countries, particularly Asia, the incidence of EPTB increases to 15-20 %.

Medullary superficial or localized osteomyelitis developed on the various affecting site of bone. Subsequent bone damage is the result of this ailment. The sequelae of osteomyelitis vary, depending on age at onset, site of infection, presence or absence of foreign bodies, and presence or absence of adjoining joint infection.

Bone can get infected when bacteria travels through the bloodstream from another spot in your body, or the bone itself can become infected directly. Osteomyelitis can be acute, meaning symptoms last a few months, or chronic,

meaning symptoms last a long time. How the disease is treated depends on which type it is.



**Image of osteomyelitis and bone tuberculosis.**

### Symptoms of osteomyelitis and bone tuberculosis

- Discomfort & Soreness:
- Inflammation & Reddishness:.
- Temperatenss:.
- Fever & Chills:.
- Tiredness:
- Pus or discharge from a wound or surgery site.
- Restricted Movement

**Diagnosis of Osteomyelitis**

- Physical Exam
- CBC (Complete Blood Count)
- ESR & CRP
- Blood Cultures
- X-rays
- MRI (Magnetic Resonance Imaging)
- Bone Scan (Scintigraphy)
- CT Scan
- Bone Biopsy/Aspiration

**CASE STUDY****Patient Information**

**Name:** Mr. Abhishek Kumar, Basti District, Uttar Pradesh, India

**Age:** 24 Years

**Sex:** Male

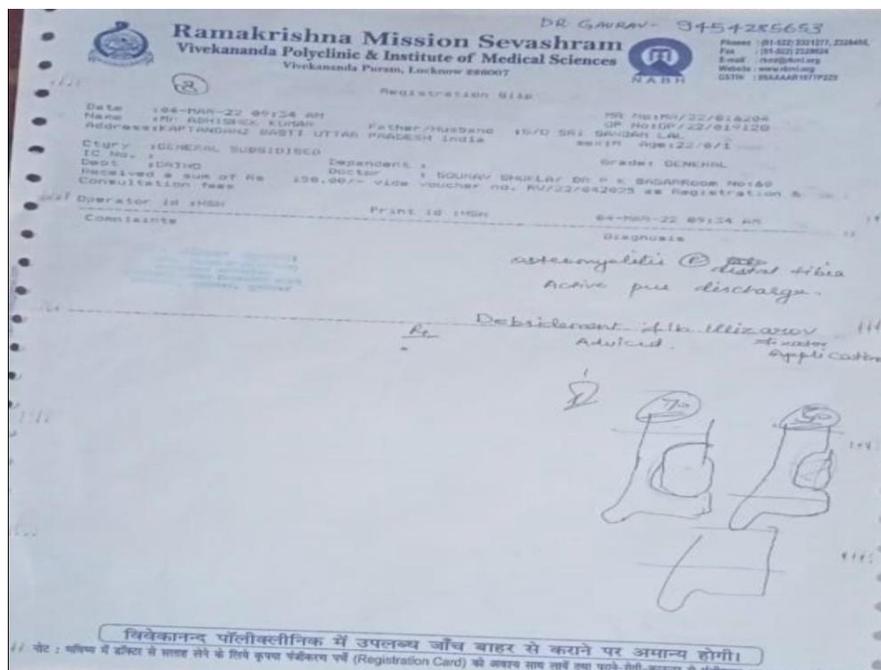
**Findings****History**

History date backs to (HDBT) IN THE YEAR 2013, Patient named Abhishek Kumar from Basti District of Uttar Pradesh, India got a fracture of tibia bone in the right leg after a fall which was totally normal after a few weeks of plaster that is a standard procedure to reunite the bone.

**March 2019** first got swelling and Infection on that fracture area and that started spreading suddenly and without proper testing only based on X-Ray, an orthopedic Doctor in hospital declared that some

Tuberculosis infection has happened inside the bone and advised the one year and 2 months treatment of Tuberculosis. The wound got healed up so the patient was happy and without any testing or scanning he was declared healthy. After about one year in **March 2020** patients got infection again in the same area and due to pain and swelling patient could not walk and from the wound yellow Pus discharge started coming out. again, the contacted in hospital and he was diagnosed again with chronic osteomyelitis and advised for debridement surgery to remove the dead area of the bone. And now the patient was in panic state, and he started thinking about an alternative option for treatment of chronic osteomyelitis.

As the patient was not very aware of the situation, in March 2020 he opted for some local homeopathic doctor who advised him to take silica in 1M potency continuously for 1 year and 9 months. Along with ATT that is Anti Tuberculosis treatment, and this was purely irrelevant and illogical. And this is how the case deteriorated... And the infection started spreading inside the bone marrow cavity that was clear from the first visit in Ramakrishna mission Seva ashram on dated 4th March 2022 where he was diagnosed finally about chronic osteomyelitis and was again advised for debridement surgery. Then after searching different websites for the treatment of a chronic osteomyelitis patient approached Dr Vikas Singhal in Chandigarh and he opted for online treatment.



**Image of Spread of Infection.**

**NCCT RT.LEG (27-02-2024)****Observations**

- Small lytic lesion measuring approx. 7x3x8mm seen in medullary cavity of distal tibia left shaft with

cortical breach at posterior aspect with diffuse adjacent cortical thickening, suggestive of partially united fracture with focal osteitis.

- Diffuse osteopenia noted.

- Otherwise, visualized bones are normal.
- No dislocation/subluxation seen.
- No evidence of any congenital abnormality.
- No joint effusion is seen.
- Joint spaces are normal.

### Impression

Small lytic lesion in medullary cavity of distal tibia left shaft with cortical breach at posterior aspect with diffuse adjacent cortical thickening, suggestive of partially united fracture with focal osteitis.

Diffuse osteopenia.

### Course of Treatment at Dr Singhal Homeo, Chandigarh

8th March 2022:

#### Analysis Of Symptoms And Selection Of Medicine

So as per the characteristic symptoms like deep suppurations with deep yellow thick and bloody pus and injuries which are slow to heal were showing as calcarea sulph. And silicea as the major medicines but when we entered hectic fever with burning of soles and warm room aggravates. Calcarea sulphurica wins the battle. As

### Repertory Sheet

Remedy	Calcs.	Sil.	Sulph.	Hep.	Merc.	Puls.	Carb-v.	Lach.	Calc.	Sep.	Lyc.	Caust.	Graph.	Phos.	Ars.	Carbn-s.	Croc.	Iod.	Kali-s.	Mez.	Nit-ac.	
<b>Total</b>	13	15	12	11	10	15	11	9	8	8	11	8	8	8	7	7	7	7	7	7	7	7
<b>Rubrics</b>	8	6	6	6	6	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4	4	4
<b>Kingdom</b>	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Generalities; Abscesses, suppurations; deep (7):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Generalities; Abscesses, suppurations; pus; bloody (46):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Generalities; Abscesses, suppurations; pus; thick (32):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Generalities; Injuries (blows, falls and bruises); heal, slow to (17):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Skin; Ulcers; discharges; yellow (57):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Extremities; Pain; burning; foot; sole (130):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Extremities; Pain; burning; foot; sole; hectic fever, with (1):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
R.R. - Generalities; Warm; room; agg. (149):	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

### DISCUSSION

Since April 2025 till date patient is totally deprived of medicines means no medicine and the final MRI report is taken in the month of January 2026 which is finally showing the total Bony union of the distal end of tibia with just minimal fluid signals and mild inflammatory changes but any abnormality was ruled out with normal CBC, ESR and CRP quantitative blood test.

### Recommended Diet

Balanced anti-inflammatory and bone-reinforcement diet can help in aiding the immune system, decreasing inflammation, and recovering bone health. Following diet was recommended during the course of treatment:

patient was a hot patient and everything was pointing towards calcarea sulph. So we decided to start with the indicated simillimum medicine.

First medicine prescribed was Calcarea sulph 1M. For the first day of the month then followed by sugar of milk (Rubrum) For next 3 months.

### 10th June 2022 to 6th March 2024

After second examination medicine prescribed was Gun powder 30 in 5 drops once daily for 6 months followed by only sugar of milk for next 6 months.

### 7th March 2024 till 30 June 2024

During third examination the same medicine was prescribed Again i.e. Gunpowder 200 potency was given in 5 drops just once daily for 3 months. Followed by sugar of milk (Sac lac) for next 9 months.

### JULY 2024 TILL 27TH MARCH 2025

During fourth examination everything was clear in terms of infection and patient was healthy so only Pure Sugar Of Milk was prescribed.

- Warm Lemon Water or Turmeric Tea which helps in Detoxification
- Oats with chia seeds, flaxseeds, honey, and berries or Ragi
- Herbal tea or green tea, Buttermilk or coconut water
- Yogurt with flaxseeds, fresh fruits
- Brown rice, dal (lentils), steamed vegetables, and paneer/tofu
- Stir-fried vegetables with tofu and quinoa or khichdi

### Images of Recovery



Initial

During Treatment

Completely Cured

### X-Ray Image



Before Treatment

After Treatment

### Observation on X-Ray

From the X-Ray Imaging before treatment, it can be clearly seen that the leg bone is not in union. After the treatment it can be clearly seen that the bones are now in union and there is no infection. Blood flow is also normal.

### Image of bone piece coming out during treatment



During the course of treatment a bone piece came out from the spot of infection, this shows that this stuck bone piece was the main cause of infection and during the treatment this bone piece came out and the patient's condition got normal.

This is the turning point of this case. actually the biggest bone piece came out gradually and slowly with the help of medicine only no surgery.

### MRI After Treatment (12-01-2026)

#### MRI RIGHT LEG

#### Findings

#### Bones

Evidence of an old irregular fracture line involving the distal end of the tibia.

Bony union is noted, however the fracture margins appear irregular.

Altered bone alignment is seen at the fracture site, suggestive of mild malalignment.

#### Post-operative Tract

Minimal fluid signal is noted along the post-operative tract, which may represent mild inflammatory changes.

**Soft Tissues**

Mild surrounding soft tissue edema/inflammatory changes are present adjacent to the post-operative region. No evidence of deep soft tissue abscess. No abnormal muscle edema or necrosis.

**Neurovascular Structures**

Appear unremarkable in the visualized segments.

**Impression**

Healed old distal tibial fracture with evidence of bony union, associated with mild malalignment. Post-

operative changes along the posterior aspect of the tibia with minimal fluid along the surgical tract, likely representing low-grade inflammatory changes/superimposed mild infection No definite abscess or acute collection identified.

Post-operative tract infection cannot be entirely excluded; recommend clinical correlation and laboratory markers (CRP, ESR, TLC) for further evaluation.

**MRI Reports**

**ADVANCE DIAGNOSTIC CENTRE**  
Near- Satyendra Guest House Malviya Road- BASTI  
Mob: 7207632993, 7985849759, 7860306876  
adcbasti786@gmail.com | Website: www.bastiadc.com

PATIENT NAME	MR.ABHISHEK KUMAR	PATIENT ID	170202
AGE/SEX	24 YRS./ MALE	DATE	17-Feb-24
REF DOCTOR	DR.VIKASH SINGHAL		

**NCCT RT-LEG**

**OBSERVATIONS:**  
Small lytic lesion measuring approx. 7x3x8mm seen in medullary cavity of distal tibia left shaft with cortical breach at posterior aspect with diffuse adjacent cortical thickening, suggestive of partially united fracture with ? focal osteitis. Diffuse osteopenia noted. Otherwise visualized bones are normal. No dislocation / subluxation seen. No evidence of any congenital abnormality. No joint effusion is seen. Joint spaces are normal.

**IMPRESSION:**  
• Small lytic lesion in medullary cavity of distal tibia left shaft with cortical breach at posterior aspect with diffuse adjacent cortical thickening, suggestive of partially united fracture with ? focal osteitis.  
• Diffuse osteopenia.  
- Adv:- MRI Tibia will be more informative.

DR CHETAN GARG  
MBBS, DNB  
Consultant Radiologist  
RMC REG NO - 31607

During Treatment

NAME: MR. ABHISHEK KUMAR	AGE/SEX: 24 Y/M
REF. BY: DR. D.K GUPTA	DATE: 12/01/2026

**MRI RIGHT LEG**

**Findings**

**Bones:**

- Evidence of an old irregular fracture line involving the distal end of the tibia. Bony union is noted, however the fracture margins appear irregular. Altered bone alignment is seen at the fracture site, suggestive of mild malalignment.

**Post-operative Tract:**

Minimal fluid signal is noted along the post-operative tract, which may represent mild inflammatory changes.

**Soft Tissues:**

- Mild surrounding soft tissue edema/inflammatory changes are present adjacent to the post-operative region. No evidence of deep soft tissue abscess. No abnormal muscle edema or necrosis.

**Neurovascular Structures:**

- Appear unremarkable in the visualized segments.

**Impression**

- Healed old distal tibial fracture with evidence of bony union, associated with mild malalignment. Post-operative changes along the posterior aspect of the tibia with minimal fluid along the surgical tract, likely representing low-grade inflammatory changes/superimposed mild infection. No definite abscess or acute collection identified. Post-operative tract infection cannot be entirely excluded; recommend clinical correlation and laboratory markers (CRP, ESR, TLC) for further evaluation.

Dr. Isra Khan  
MBBS MD  
Radiologist

After Treatment

Clinical correlation and laboratory markers (CRP, ESR, TLC) for further evaluation done

**अभि पैयालोजी**  
वैद्य सुधीर शरणवर्मा / वैद्य सुधीर शरणवर्मा से सुवृत्त  
जन्मपीठानं वाजापे-उदडी

LAB CONT.: 7317357417, 7317357418

LAB No	LB-1027	Name	MR. ABHISHEK KUMAR
Age / Sex	24Yrs / M	Referred By	Dr. SELF
Date	18/11/2024	Profile	COMPLETE BLOOD COUNT

**COMPLETE BLOOD COUNT**

Test Name	Result	Units	Normal Ran
HAEMOGLOBIN	14.2	gm%	(14-18)
TOTAL LEUCOCYTE COUNT	7,600	cell/cum	(4000-11000)
<b>D.L.C</b>			
POLYMORPH	03	%	(40-70)
LYMPHOCYTES	20	%	(20-40)
EOSINOPHILS	08	%	(01-06)
MONOCYTES	01	%	(0-02)
BASOPHILS	00	%	(0-01)
RED BLOOD CELLS	4.12	Millions	(3.5-5.5)
PLATELET COUNT	1.01	laks/cu mm	(1.5-4.5)
P.C.V.	38.3	%	(40-54)
M.C.V.	93.0	fl	(76-96)
M.C.H	34.4	pg	(27-32)
M.C.H.C.	37.0	%	(31-35)

**HAEMATOLOGY ROUTINE**

Test Name	Result	Units	Normal Ran
E.S.R (WINTROBE)	07	mm /1st	(00-10)

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Test Name	TECHNOLOGY	VALUE	UNITS
C-REACTIVE PROTEIN (CRP)	IMMUNOTURBIDIMETRY	0.54	mg/L

**Bio. Ref. Interval:** 1-  
Acute phase determination: < 5 mg/L.

**Clinical Significance:**  
It's a protein present in the sera of acutely ill patients that bound cell wall C-polysaccharide of streptococcus pneumoniae and agglutinates the organisms. CRP is one of the strongest acute-phase reactants, with plasma concentrations rising up after myocardial infarction, stress, trauma, infection, inflammation, surgery, or neoplastic proliferation.

Concentrations >5 mg/L suggest the presence of an infection or inflammatory process. Concentrations are generally higher in bacterial than viral infection. The increase in peak is proportional to tissue damage. Determination of CRP is clinically useful to screen activity of inflammatory diseases such as rheumatoid arthritis; SLE; Leukemia; after surgery; to detect rejection in renal allograft recipients; to detect neonatal septicemia and meningitis. However, it is a nonspecific marker and cannot be interpreted without other clinical information.

**Method:** FULLY AUTOMATED LATEX AGGLUTINATION - BECKMAN COULTER

Processed At :

CP-67, Viraj Khand, Gomti Nagar,  
Lucknow 226010

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Patient Name : ABHISHEK SHARMA (24Y/M) Sample Collected on (SCT) : 02 Jan 2026 20:48  
 Referred By : SELF Sample Received on (SRT) : 03 Jan 2026 02:45  
 Sample Collected At : (2721635193), ABHI PATHOLOGY, NEAR BARODRA UP BANK, Report Released on (RRT) : 03 Jan 2026 04:04  
 JALEBIGANJ, BASTI, 272163 Sample Type | Barcode : EDTA Whole Blood | EM097350

TEST NAME	METHODOLOGY	VALUE	UNITS	Bio. Ref. Interval.
<b>HEMOGLOBIN</b>	SLS-Hemoglobin Method	15.8	g/dL	13.0-17.0
<b>Hematocrit (PCV)</b>	<b>CPH Detection</b>	<b>52</b>	<b>%</b>	<b>40.0-50.0</b>
<b>Total RBC</b>	<b>HF &amp; EI</b>	<b>5.55</b>	<b>X 10<sup>6</sup>/μL</b>	<b>4.5-5.5</b>
Mean Corpuscular Volume (MCV)	Calculated	93.7	fL	83.0-101.0
Mean Corpuscular Hemoglobin (MCH)	Calculated	28.5	pg	27.0-32.0
<b>Mean Corp.Hemo. Conc (MCHC)</b>	<b>Calculated</b>	<b>30.4</b>	<b>g/dL</b>	<b>31.5-34.5</b>
Red Cell Distribution Width - SD (RDW-SD)	Calculated	43.9	fL	39-46
Red Cell Distribution Width (RDW - CV)	Calculated	12.6	%	11.6-14
RED CELL DISTRIBUTION WIDTH INDEX (RDWI)	Calculated	212.7	-	*Refer Note below
MENTZER INDEX	Calculated	16.9	-	*Refer Note below
<b>TOTAL LEUCOCYTE COUNT (WBC)</b>	HF & FC	5.69	X 10 <sup>3</sup> / μL	4.0 - 10.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils Percentage	Flow Cytometry	56.9	%	40-80
Lymphocytes Percentage	Flow Cytometry	36.9	%	20-40
Monocytes Percentage	Flow Cytometry	4.2	%	2-10
Eosinophils Percentage	Flow Cytometry	1	%	1-6
Basophils Percentage	Flow Cytometry	0.4	%	0-2
<b>Immature Granulocyte Percentage (IG%)</b>	<b>Flow Cytometry</b>	<b>0.6</b>	<b>%</b>	<b>0-0.5</b>
Nucleated Red Blood Cells %	Flow Cytometry	0.01	%	0.0-5.0
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
Neutrophils - Absolute Count	Calculated	3.24	X 10 <sup>3</sup> / μL	2.0-7.0
Lymphocytes - Absolute Count	Calculated	2.1	X 10 <sup>3</sup> / μL	1.0-3.0
Monocytes - Absolute Count	Calculated	0.24	X 10 <sup>3</sup> / μL	0.2 - 1.0
Basophils - Absolute Count	Calculated	0.02	X 10 <sup>3</sup> / μL	0.02 - 0.1
Eosinophils - Absolute Count	Calculated	0.06	X 10 <sup>3</sup> / μL	0.02 - 0.5
Immature Granulocytes (IG)	Calculated	0.03	X 10 <sup>3</sup> / μL	0-0.3
Nucleated Red Blood Cells	Calculated	0.01	X 10 <sup>3</sup> / μL	0.0-0.5
<b>PLATELET COUNT</b>	<b>HF &amp; EI</b>	<b>143</b>	<b>X 10<sup>3</sup> / μL</b>	<b>150-410</b>

**Remarks :** Alert!!!WBCs: Some degenerated cells are seen. Platelets:Mildly reduced in smear. Macroplatelets are seen.

\*Note - Mentzer index (MI), RDW-CV and RDWI are hematological indices to differentiate between Iron Deficiency Anemia (IDA) and Beta Thalassemia Trait (BTT). MI >13, RDWI >220 and RDW-CV >14 more likely to be IDA. MI <13, RDWI <220, and RDW-CV <14 more likely to be BTT. Suggested Clinical correlation. BTT to be confirmed with HB electrophoresis if clinically indicated.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(Reference : \*FC- flowcytometry, \*HF- hydrodynamic focussing, \*EI- Electric Impedence, \*Hb- hemoglobin, \*CPH- Cumulative pulse height)

Tests Done : HBA PROFILE,HEMOGRAM

Report Remarks : Labcode:020114614/UP322

Dr.Shaffaly Gagneja MD  
(Path)

Dr.Ch.Pawan.S  
MD(Path)

## Patients Review

As I was not very aware of the situation, in March 2020 I opted for some local homeopathic doctor who advised me to take silica in 1M potency continuously for 1 year and 9 months. Along with ATT that is Anti Tuberculosis treatment, and my situation deteriorated further while taking this medicine.

Then I contacted Dr Singhal Homeopathy in Chandigarh on 08<sup>th</sup> march 2022 and taken the prescribed medicine from time to time, and done the tests regularly, I followed up regularly and everything became normal and my leg got completely cured in 3 years, neither any operation was done nor all my problems of patients was

solved sitting at home. Now I am able to walk normally and with the help of Homeopathy this was possible thanks to Dr. Vikas Singhal of Dr Singhal Homeopathy.

## CONCLUSION

Actually the history of the case was very different from a any other osteo myelitis case so this case was totally destroyed and mis-diagnosed and mis-treated and after losing all hope the patient switched to classical homeopathy medicine. Scan report taken in the month of January 2026 along with all types of blood reports like CBC TLC and CRP are supportive for the total cure of chronic osteomyelitis in this patient. After successfully treating this case in dr. Singhal homeopathic clinic

Chandigarh, we can proudly conclude that homeopathic medicines can completely treat chronic osteomyelitis cases and also bone tuberculosis as homeopathy works on the principle of finding out the similar and the most peculiar characteristic symptom and prescribing the medicine on the basis of genetic constitutional similitudo.(g.c.s). It's really a question of concern here that how many people suffering from chronic osteomyelitis or other types of bone infection throughout the world can get a ray of hope in homeopathy without using surgeon's knife, we can proudly say that yes, we can save such patients from deterioration if they come to us in earlier stages of the disease. And that is why Dr. Vikas Singhal is of the opinion of integrative holistic medicine.

#### ACKNOWLEDGMENTS

We acknowledge that the patient has cooperated with us to record this case as well as to help in giving all types of reports and investigations by himself.

#### Conflict of Interest

There is no conflict of Interest in this case report.

#### Consent of patient

Patient himself has given full written consent to publish the case and use all types of photographs and videos.

#### BIOGRAPHY

Dr. Vikas Singhal ([drvikassinghal38@gmail.com](mailto:drvikassinghal38@gmail.com), +91-7897178971) is a classical homeopath with over two decades of experience, treating patients from 70+ countries. He is Founder Director, Homeo Saga Pvt. Ltd. He is also Founder Director at Dr. Singhal Homeo Clinic. He is a supporter and donor member of UNICEF. Also working and making research in the field of chronic and although otherwise called as incurable diseases and creating scientific publications. His expertise in managing chronic viral and autoimmune disorders, including HPV-related and syphilitic infections, reflects the power of homeopathy as a holistic, natural system of healing. He is one of the best Homeopathic Physicians to treat acute & chronic, recurring, autoimmune, and resistant diseases in the Tricity and India. He is offering treatment for rheumatoid arthritis, Ulcerative Colitis, Vitiligo, Ankylosing spondylitis, Psoriasis, Osteomyelitis, and various rare diseases considered incurable in other systems of medicines to Indian Patients and patients from different parts of the world. Dr. Singhal is known for his individualized, evidence-based approach to treatment. His commitment to evidence-based, classical homeopathic practice has earned him respect and recognition which also earned him several honors and awards for his selfless service to human being, he is the recipient of prestigious Bharatshri Award (2025). Dr. Singhal is a Life Member of leading professional bodies like the Indian Institute of Homeopathic Physicians (IIHP), Akhil Bhartiya Chikitsak Association (ABCA), Liga Medicorum Homoeopathica Internationalis (LMHI), and the Australian Homeopathic Association

(International Allied Member Practitioner). He is also an Honorary Physician at Tiny Tots Preparatory School, Chandigarh. Dr Singhal is a well-known speaker at various national and international seminars and conferences. His **Youtube channel** is very popular named as Homeo Doctor (<https://youtube.com/@homeodoctor?si=gAG2li49yCKrOr0k>).

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