

Efficacy of *Cantharis Vesicatoria* as a First-Line Homoeopathic Remedy in Burn Management: A Clinical and Theoretical Analysis

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Abstract: Burns are one of the most devastating conditions encountered in medicine. The injury represents an assault on all aspects of the patient, from the physical to the psychological. The visible physical and the invisible psychological scars are long lasting and often lead to chronic disability. Burn injuries remain one of the most common and debilitating conditions, affecting both the physical integrity and emotional well-being of patients. The skin, comprising the epidermis and dermis, plays a vital role in protection, thermoregulation, and wound healing following injury. This research aims to evaluate the clinical efficacy of *Cantharis vesicatoria* as a first-line homeopathic remedy in the management of minor and moderate burns, and to study its potential in synergistic internal and external therapeutic applications. The study also explores the structural and functional aspects of the skin relevant to burn healing and investigates homeopathic formulations containing *Cantharis* for their effects on epithelial regeneration, pain reduction, and infection prevention.

Keywords: Burns, Scalds Homoeopathy, *Cantharis Vesicatoria*, External Applications, Skin Injury, Thermal Injury, Burn Management, Homoeopathic Therapeutics.

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I. INTRODUCTION

➤ Background:

Burns are global public health problem with estimated deaths of 1, 80,000 annually. These occur in low and middle income countries, especially in Africa and south East Asia. In wealthier countries burn related deaths have decreased but children in poorer regions are still over 7 times more likely to die from burns compared to the richer nations. Even though burns don't cause death they can leave long lasting problems like disability, scarring, disfigurement and emotional distress. Many patients face social stigma and rejection. Women have slightly higher death rates from burns than men. Burn injuries can happen in many ways from direct flames, hot liquids or accidents with heating and lighting sources. In some circumstances they can even result from violence.²

➤ Aims

- To understand the complex physical, psychological, and social impacts of burn injuries on patients.
- To explore the historical development, classification, and management approaches of burns in medical science.
- To evaluate the clinical efficacy of Cantharis vesicatoria as a first-line homoeopathic remedy in the management of minor and moderate burn injuries.
- To study the role of external homoeopathic applications, including Cantharis-based topical preparations, in promoting wound healing and reducing local symptoms in burn patients.

➤ Objectives

- To describe the structure and function of the skin and its role in burn wound healing.
- To evaluate the effect of Cantharis-containing external applications, gels, or dilutions on epithelial regeneration, pain relief, and prevention of secondary infection.
- To assess the physical complications such as scarring, disfigurement, and functional impairment associated with burns.

II. MATERIALS AND METHODS

➤ Primary Data

Classical homoeopathic texts —Materia Medica Pura, Chronic Diseases, and contemporary sources such as Homeopathic Medical Repertory by Robin Murphy, Lotus Materia Medica, and Manual of Materia Medica and Therapeutics.

➤ Secondary Data

Medical And Scientific Databases Such As PubMed, Europe PMC, and Google Scholar using search terms:

“burns,” “scalds,” “homeopathy,” “Cantharis,” “external applications,” and “burn wound management.”

• Method of Analysis:

Comparative and integrative review of homoeopathic therapeutic approaches with standard clinical management protocols.

III. REVIEW OF LITERATURE

➤ Definition

- Burns: A burn is a wound where the skin and tissues undergo coagulative necrosis due to heat, chemicals, electricity, radiation or cold.³

➤ Types Of Burns³:

- Ordinary burns: Caused by dry heat flame, fire, hot metal, bomb blast injuries.
- Scalds: Caused by moist heat, hot liquids (water, oil, milk) or steam.
- Electrical burns: Due to low or high voltage electricity, entry and exit wounds are seen. Skin may show small burns but deep muscles, nerves and blood vessels suffer major damage; high voltage causes muscle necrosis, haemoglobinuria, risk of kidney failure.
- Chemical burns: Caused by strong acids, alkalis, or other chemicals, severity depends on concentration and duration of contact. Results in tissue necrosis, slough and ulcers.
- Radiation burns: Seen after overexposure to X-rays or radiotherapy. Acute radiodermatitis: redness, swelling, peeling of skin. Chronic radio dermatitis: pigmentation changes, ulcers, skin atrophy, may turn cancerous.
- Cold burns : Caused by exposure to cold which includes freezing injuries (frost bite), or non freezing cold injuries ,for example chill blains (localized painful erythema in the fingers, toes , ears produced by cold damp weather).Trench foot (seen in soldiers due to prolonged exposure to the extreme cold water combined with circulatory disturbances, predisposed by tight clothing or ill fitting shoes).Immersion foot(a condition resembling trench foot occurring in ship wrecked persons who have spent protractive periods in water logged boats),frost bite(results in actual freezing of tissue with the formation of ice crystals, mostly the skin subcutaneous tissues of hands, feet, ears , nose are affected.

- ✓ 1st degree frost bite: redness, edema.
- ✓ 2nd degree: blisters
- ✓ 3rd degree: necrosis of skin
- ✓ 4th degree: necrosis of muscle and bone.

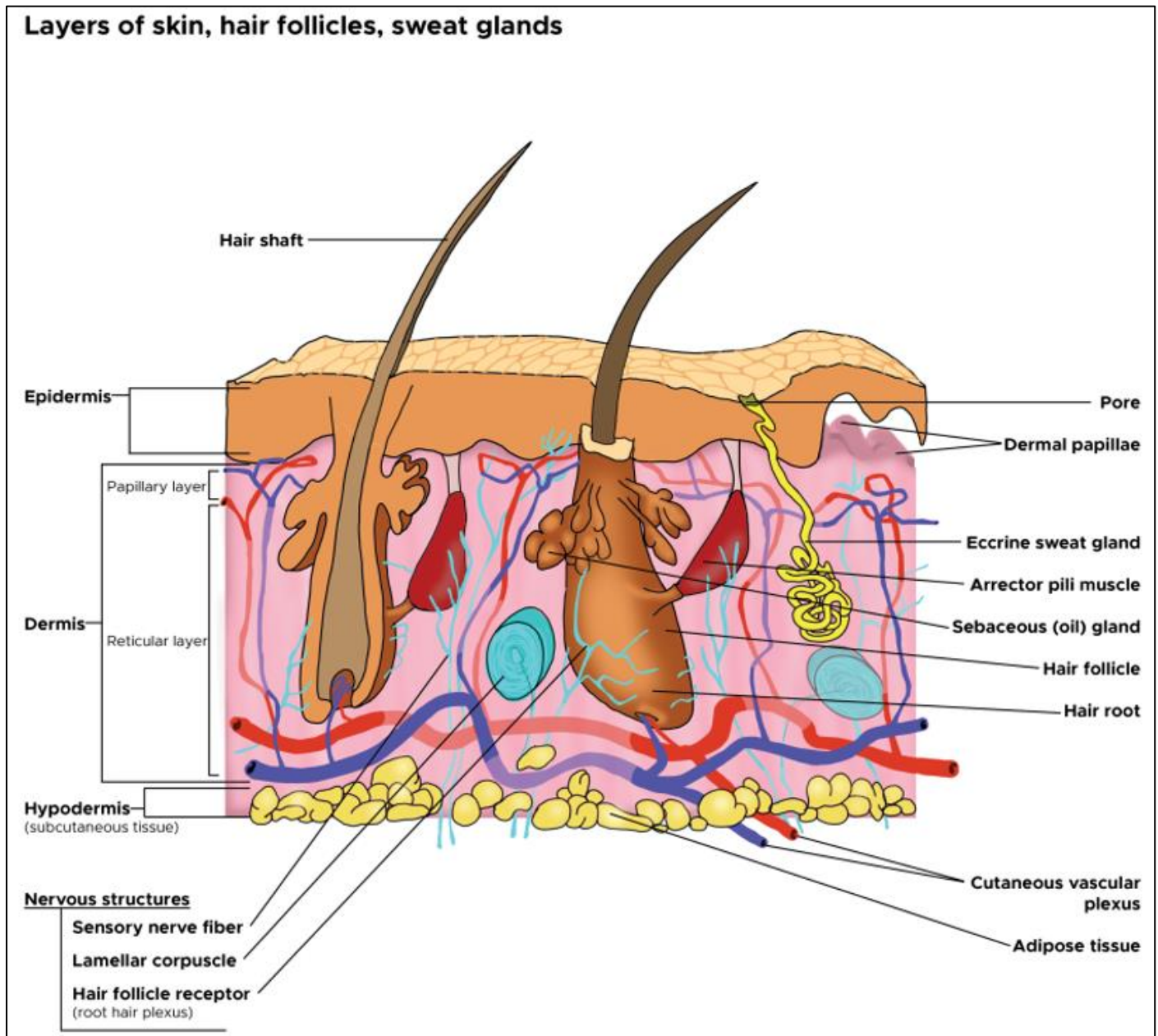


Fig 1 Homoeopathic Therapeutics

Source: <https://www.ncbi.nlm.nih.gov/books/NBK470464/figure/article-21212.image.f2/?report=objectonly>(image.nlm.nih.)

IV. PATHOLOGY OF BURNS

❖ *Local Changes:*

A. Severity of Burns:

Burns are classified based on how deeply they damage the skin.

- First degree burns (superficial) - These affect only the outer skin layer i.e., epidermis. The skin looks red, painful and dry with no blisters as in case of mild sunburn. Long-term damage is rare but there may be temporary skin color changes.³
- Second degree burns (partial thickness) – These effect both the epidermis and a part of dermis. The skin looks red, swollen, and painful with blisters.³

- Third degree burns (full thickness) – These burns destroy both the epidermis and dermis; can sometimes extend into the fat tissue underneath. The area burned appears white, blackened and there is no sensation as the nerve endings are destroyed.³
- Fourth degree burns – These are the most severe; going beyond skin layers to damage muscles, bones and deeper tissues, there is no sensation as similar to 3rd degree burns.³

B. Extent of Burns

The size of the burn is estimated using the rule of nines, which divides the body into sections of roughly 9% each (e.g. each arm = 9%, each leg = 18% e.t.c)

In children, the proportions differ (e.g., the head represents a larger percentage).³

➤ Rule of Nines

This is employed for the assessment of percentage of burns (used when burns are superficial in nature). It is important to remember that the calculation is slightly different in children less than five years old, since the head is proportionately larger in a child relative to the rest of the body as compared to that of an adult, the percentage allowed for the head and neck is 18% not 9%. Since the lower limbs are proportionately smaller, the percentage allotment is 13.5 percent for each lower limb, i.e., 27% for both put together instead of 36%.⁵

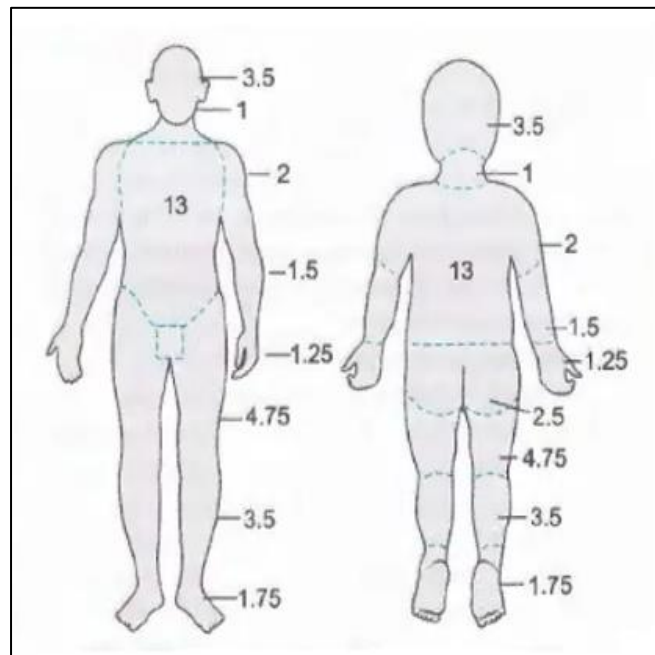


Fig 2 Estimation of the Extent of Surface Burns in Children

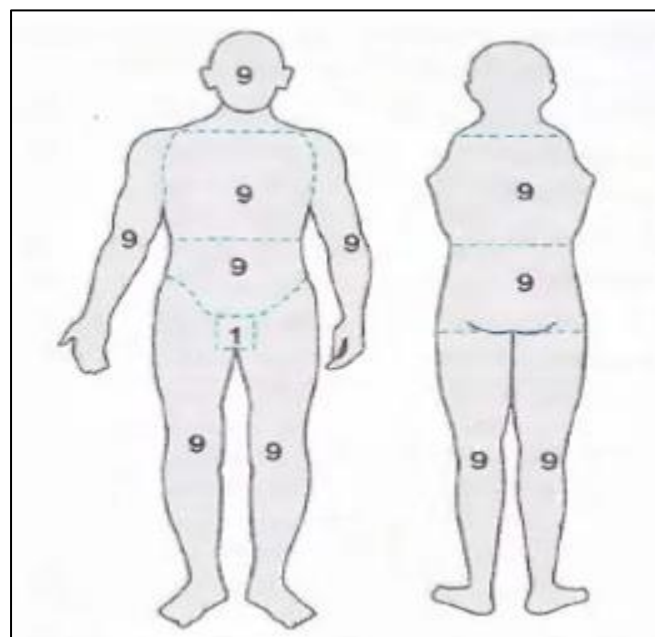


Fig 3 Estimation of the Extent of Surface Burns

Table 1 Estimation of Percentage of Body Surface Area Burned (Lund and Browder).

Area of Body	1 to 4	5 to 9	10 to 14	Adult
Head and neck	19	15	14	09
Front of trunk	16	16	16	18
Back of trunk	16	16	16	18
Upper limb	19	19	19	18
Lower limb	30	34	34	36
Genitalia	0		1	1

C. Vascular Changes

Small blood vessels in the burned area dilate and become leaky due to heat damage and histamine release. This causes fluid and plasma to leak out, forming blisters and swelling. The fluid loss can lead to dehydration and shock if burns are extensive.³

D. Infection:

The burned skin loses its barrier function and becomes an ideal site for bacterial growth. If not managed, this can lead to sepsis (infection spreading through the body).³

➤ Systemic Changes

• Shock:

The biggest danger in the first hours after a severe burn is fluid loss that leads to oligemic shock. Large amounts of fluid leak from blood vessels into tissues leads to poor tissue perfusions.

• Blood Changes:

Loss of RBC from heat damage leads to anemia and blood becomes thicker due to plasma loss.³

• Organ Effects:

- ✓ Liver - may show areas of necrosis.
- ✓ Kidneys- reduced blood flow causes acute renal failure; Hemoglobin from damaged cells may clog kidneys.
- ✓ Adrenal glands -often enlarged due to stress, may fail in severe burns.
- ✓ GIT-reduced blood flow can cause ulcers in the stomach or intestines.
- ✓ Lungs- large burns can lead to pulmonary edema and distress.³

V. CLINICAL MANAGEMENT OF BURNS

➤ Mild / Moderate Burns:

• First Aid:

- ✓ Cool the area with running water for 20 mins.
- ✓ Cold water compresses are usual for localized burns.
- ✓ Do not apply ice.

- ✓ For chemical and eye burns irrigate with copious volumes of water.
- ✓ Plastic wrap useful after cooling (limits evaporation and heat loss).³

- *Airway and Breathing:*

Assess for presence of stridor, hoarseness, black sputum or respiratory distress, singed nasal hairs, facial swelling. Oropharyngeal burns and significant neck burn usually require immediate intubation even if the airway is not yet compromised.³

- *Circulation:*

- ✓ Early hypovolemia is rarely related to the burn injury and other sources of bleeding should be sought.³
- ✓ Circumferential burns check for signs of circulatory obstructions and the need for an escharotomy, elevate the limb.³
- ✓ For electrical burns monitor ECG continuously if high voltage limb burn early fasciotomy might be required.³

➤ *Severe Burns:*

- *Airway and Breathing:*

For signs of airway burn / lung injury arrange intubation as soon as possible and before airway filling occurs.³

- *Circulation:*

- ✓ If more than 10 % of body surface is involved commence burns fluid resuscitation and calculate fluid requirements from the time of injury, preferably insert IV line through uninvolved skin.
- ✓ Insert urinary catheter if burn is more than 15%, if significant perineal burn.
- ✓ If more than 10% deep of partial thickness or full thickness burns start feeding within 6-18 hrs.³

➤ *Eyecare:*

Burns to the eyes require early copious irrigation with normal saline or water and ophthalmologic opinion.³

➤ *Document the Following in Case of Burn Injury³:*

- Time of burn
- Extent: consult charts
- Depth
- First aid
- Tetanus status.

➤ *Other Measures³:*

- Immobilization with sling and splinting is suggested for upper limb burns.
- Closed dressings are recommended for partial thickness burns.
- Blisters have a protective function and reduce pain if they are left intact for a few days. If blisters are small not near a joint, not obstructing the dressing leave alone. Large

blisters and those overlying a joint should be deroofed. Opaque blister fluid occurring after a few days suggest infection, the blister should then be dressed and deroofed.

VI. HOMOEOPATHIC MANAGEMENT FOR BURNS

➤ *Homoeopathic Therapeutics*

- *Cantharis Vesicatoria:*

- ✓ Common name- Spanish fly
- ✓ Source: Animal kingdom
- ✓ Synonyms: Blister beetle, Spanish fly
- ✓ Class: Cantharideae
- ✓ Prover: Dr Hahnemann and reproved by others in USA
- ✓ Duration of Action: 30 to 40 days
- ✓ Miasmatic Background: Psora
- ✓ Temperament: Irritable
- ✓ Thermal Relationship: Hot patient.⁷



Fig 4 Homoeopathic Therapeutics

<https://homeopathyplus.com/know-your-remedies-cantharis-vesicatoria-canth/>⁸

➤ *Preparation:*

The whole dried fly is used for preparation of the medicine. The flies are killed by exposing them to fumes by boiling vinegar. They are then dried and powdered with the help of a pestle and mortar. The powdered flies are triturated in alcohol. Higher potencies are prepared from triturations or mother tincture.⁷

Physiological Action - This agent when applied to the skin produces a burning pain, hyperæmia, vesicles which tend to coalesce, and if the action is continued will terminate in sloughing and ulceration.⁹

Constitution and Physiognomy: It is best suited to people who are uneasy, restless, dissatisfied and want to move about constantly.⁷

Active Principles (Chemical Constituents): The chemical substance is called cantharidin. It has a blistering property.⁷

CLINICAL- Bladder, infections. Blisters Burns. Chordee. Cystitis. Diphtheria. Dysentery. Eczema.

Emissions. Erysipelas. Eyes inflammation. Gastritis. Gonorrhea. Herpes zoster. Hydrophobia. Kidneys, disorders. Mania. Neuralgia. Nymphomania. Ovaries, disorders. Peritonitis. Pleurisy. Pregnancy, disorders. Retained, placenta. Satyriasis. Scar- latina. Sexual, mania. Spermatorrhea. Stran- gury. Sunburn. Thirst. Throat, sore. Tongue inflammation. Urine, abnormal. Vesicles.¹⁰

Seat of Action (Pharmacodynamics): Genitourinary system, mucous and serous membranes, skin, urinary bladder, ureters, digestive system, respiratory system, etc.⁷

Rapid and intense action. Characteristic irritation. Hypersensitiveness of all parts. Burns and scalds. Vesication. Erysipelas, blisters. Burning, stitches, shooting pains and exudation are the indications. Pains are cutting, smarting or burning, biting or as if raw, causing mental excitement. Raw, burning pains.¹⁰

Skin - Burns and scalds with rawness and smarting, relieved by cold applications. followed by undue inflammation. Severe sunburns. Eruptions burn when touched. Dermatitis with bleb formation. Eruption with mealy scales. Vesicular eruptions turning black with burning and itching. Erysipelas, vesicular type with great restlessness. Secondary eczema about scrotum and genitals. following excessive perspiration. Tendency to gangrene. Burning in soles of feet at night.¹⁰

On the skin, the action of Cantharis is prominently marked When applied locally, it produces inflammation rapidly developing into vesication. These vesicles fill up with yellowish white serum. These bullae, as they are called, are so large that the parts look as if burnt or scalded. On these indications it may be applied in burns. It thus becomes a very important remedy in burns as well. Hering recommended that the injured parts should be bathed constantly with a solution of Cantharis. He has challenged sceptics to burn their fingers and then immerse them in a solution of Cantharis. This, we feel certain, will lead to a cure of all their scepticism and a confirmation in the immutable law of "similars".¹¹

Cantharis.-Burns and scalds of an erysipelatous, vesicular character: superficial ulcerations caused by burns; with burning pains and lachry- mation ; tetanic or epileptiform convulsions, followed by coma.¹²

Dorothy Shepherd ("Magic of the Minimum Dose") has treated the most severe burns during World War II in London. She says - "Cantharis will heal up the local burn in a much shorter time than orthodox treatment can accomplish, and the renal and bladder infection will be cured in a short time".¹³

Dosage 1. 3x to 30c for internal use. 1x to 2x in water or vaseline for external use 2. If skin is broken, alcoholic preparations should not be used. Dilution in boiled water promptly relieves the burning pain.⁷

➤ Repertory General Rubric:

BURNS , general acet-ac., acon., agar., aloe, alum., alumn., ant-c., apis., arist-cl., arn., ARS., bar-c., bell., bry.,

calc., calc-p., calc-s., çalen., CANTH., carb-ac., carb-s., carb-v., caust., chin., cic., crot-h., cycl., echi., euph., ferr., gaul., graph., grin., ham., hep., hyos., hyper., ign., piloc. kali-bi., kali-c., kali-m., kreos., lach., mag-c., mag-m., merc., nat-c., nux-v., op., par., passi., petr., phos., pic-ac., plan., plat., plb., puls., rad-br., ran-b., rhus-t., ruta, sabad., sec., sep., sil., SOL, spira., stram., sul-ac., ter., thuj., URT-U., verat. ¹⁴

➤ Cantharis is a First Line Remedy for Burns. Why?

Cantharis is considered a first line remedy for burns in homeopathy because of its specific action on skin, mucous membrane and urinary organs and its characteristic symptom picture that closely matches the nature of burn injuries. Cantharis contains cantharidin, a substance that produce intense inflammation and blistering of skin and mucous membrane. Cantharis symptom picture perfectly matches the pathology of burn injuries; burning pain, vesication, restlessness and relief from cold. It acts quickly to reduce pain, prevent blistering and promote healing. Hence it is considered the first and foremost homeopathic remedy for burns.¹⁵

➤ External Applications in Homeopathy

External application in homeopathy refers to the use of medicinal substances applied to the skin or mucus membranes for therapeutic purposes. While homeopathy primarily advocates internal administration of medicine based on principle of "LIKE CURES LIKE", the concept of external application holds significant, particularly in acute, local or superficial conditions. External applications refer to the local use of homeopathic substance in the form of ointment, liniments, compresses or lotion applied to the skin or mucus membranes.¹⁶

➤ Advantages:

- Provide localized and direct therapeutic effect.
- Minimal systemic side effect.
- Useful in acute injuries and superficial conditions.
- Can offer symptomatic relief.
- Enhance patient complaints in certain cases.¹⁶

➤ Limitations:

- Risk of symptoms suppression is misused.
- Limited efficacy in deep or systemic diseases.
- Potential for skin irritation and allergic reactions.
- May delay constitutional treatment if over relied upon patient.¹⁶

➤ Case Report:

A 7-year-old child presented with severe burn injuries on the forearm and hand, as depicted in the images. The skin is intensely red, swollen, and extremely sensitive to touch, especially around and within the wound margins. The child is experiencing excruciating, burning pain at the site of injury, often described as "raw" or "scalding." The area is hot, red, and there are open sores with possible oozing. Blisters have ruptured, leaving behind raw and bleeding skin, which corresponds to the classic cantharis profile.

➤ *Symptoms:*

- Intense burning pain at the site of the burn or ulceration, with a sensation of rawness or scalding.
- Blister formation or vesicle development, which may burst and lead to raw, ulcerated surfaces.³⁾ Extreme sensitivity to touch; the child cries or withdraws the arm when the affected skin is touched or even approached.
- Restlessness and agitation, with episodes of intense discomfort and difficulty staying still due to the pain.
- 6) Relief from cold applications: The pain and burning feel temporarily better with cold compresses or cold air, while heat or warm water aggravates the pain.

➤ *Mental and Emotional State:*

- The child is irritable, anxious, and cries excessively due to pain.
- The child appears fearful of being touched or approached because of the heightened pain sensitivity.

➤ *Modalities:*

- Worse: From touch, heat, and movement.
- Better: From cold applications, quiet environment, and protective dressings.

➤ *Homeopathic Prescription:*

Cantharis 200C 9 doses along with external application is given for the case.

• *Cantharis Vesicatoria is Indicated for this Case Due to:*

- ✓ Classical symptoms of violent burning pain,
- ✓ Rapid blistering and vesiculation,
- ✓ Ulcerated, raw skin,
- ✓ Marked aggravation from touch and relief from cold.^{17 18}

➤ *Follow up:*

Table 2 Homoeopathic Therapeutics

S. No	Date	Observation	Prescription
1	6-5-25	The burn area remains red and tender with occasional oozing. Blisters have mostly ruptured. Pain and sensitivity to touch still marked. Child remains irritable and anxious.	Cantharis 200CH, 9 doses TID SI- 28 days, QID Cantharis external lotion (1MT:9 PW)
2	7-6-25	Redness and swelling have reduced. Burning pain less intense but still present on touch. Slight dryness and scab formation seen around wound margins. Sleep and mood improving.	Cantharis 200CH, 6 doses, TID SI- 27 days, QID Cantharis external lotion (1 MT:9 PW)
3	7-7-25	Significant reduction in pain and inflammation. Oozing stopped completely. New epithelial tissue forming at wound edges. Child more comfortable and less fearful of touch.	Cantharis 200CH, 3 doses, TID SI- 27 days, QID Cantharis external lotion (1MT:9 PW)
4	10-8-25	Healing progressing steadily. Most areas covered with new pink skin. Minimal pain remains only on movement. No new vesicles or ulceration	Cantharis 200CH, 1 dose, TID SI- 27 days
5	11-9-25	Nearly healed. Skin dry, non-oozing, mild itching as a sign of regeneration. Sensitivity almost gone. Child cheerful, active, and pain-free.	Cantharis 200CH, 1 dose, TID SI- 28 days
6	10-10-25	Complete healing observed. Skin smooth, supple, and free from pain or redness. No scarring or secondary infection. Child in good general health	SI- 28 days

➤ *Before Treatment:*



Fig 5 Before Treatment

➤ *After Treatment:*



Fig 6 After Treatment

VII. DISCUSSION

Cantharis vesicatoria, derived from the Spanish fly, holds a central position in homeopathic practice as a first-line remedy for burns due to its symptom similarity to the pathology of burn injuries. The essence of its therapeutic efficacy lies in the principle of *similia similibus curentur*—“like cures like”—since the crude substance cantharidin produces intense blistering, inflammation, and burning of the skin and mucous membranes, mirroring the symptoms of thermal and chemical burns described in *Materia Medica Pura* by Hahnemann. Several clinical and observational studies support the use of *Cantharis* in burns, particularly for its analgesic and anti-inflammatory effects in first- and second-degree burns.

VIII. CONCLUSION

Cantharis vesicatoria is rightly regarded as a first-line homeopathic remedy for burns because its symptom picture, pharmacological effects, and therapeutic action for burn injuries. Its ability to relieve burns pain, vesicle formation, and accelerate tissue repair demonstrates its curative alignment with the principle of similars. Both clinical experience and Therapeutics confirms that *Cantharis*, used internally and externally rapid and comprehensive relief by addressing inflammation, pain, and emotional distress.

Thus, the dual approach—internal remedy supported by external application—offers a holistic model of care in burn management, uniting classical homeopathic doctrine with practical therapeutic efficiency. This integrative method allows patients not only symptomatic relief but also enhanced wound repair, minimal scarring, and psychological comfort, reaffirming *Cantharis*'s place as the foremost remedy for managing burns in homeopathic therapeutics.

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➤ Conflict of Interest

The authors declare that there is no conflict of interest associated with this publication.

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