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Dev-vijay P. G. Institute of Homoeopathy & Research Centre**



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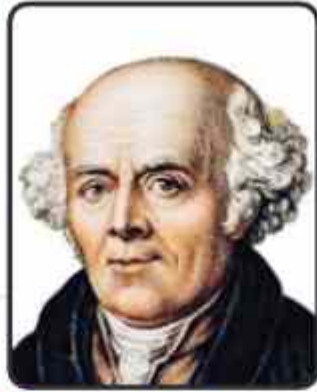
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Dr. Samuel Hahnemann

Founder of SNJB



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(Puja Kakaji)**

Our Inspiration



Smt. Kanchanbai B. Abad



Late Shri. R. P. Chordiya

VISION

To Promote Homoeopathy a Holistic Medical Science to beget Healthy Society.



MISSION



To nurture young aspirants into cultured, ethical ideal Homoeopathic Physicians by imparting quality Medical Education, serving the society, Nation and Humanity.

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Editorial

"Learn from yesterday, live for today, hope for tomorrow, the important thing is not to stop questioning" Albert Einstein

In medical field researches are conducted to validate the previous findings, establish new theories, cause and effect relation, effectiveness of newly invented drugs, preventive measures etc. The question 'why to research?' and 'what to research?' is very important topic. In homoeopathic field most of the researches conducted to prove the role or effectivity of the homoeopathic medicine in particular disease condition. That means till date we are trying to prove homoeopathy is effective. There are many challenges before a homoeopathic physician in research. The most important challenge is conceptual differences between homoeopathy and conventional medicine, in the understanding of disease and its treatment. In conventional medicinal system most of the randomized control trials are conducted to show the effectivity of particular drug on one disease condition or comparison of two drugs in that disease. There is limitation for such type of researches in Homoeopathy due to Concept of individualization. Other factors like inability to prove remedy reaction of homoeopathic medicine, lack of knowledge of research methodology, resources and infrastructure.

We must conduct innovative research in different fields like methods to assess susceptibility (tools for assessment of susceptibility), drug proving, reproving, standardised format of case taking, etc. and its publications. To overcome these challenges, it is necessary to improve research education among homoeopathic fraternity, ensuring concise application of principles of homoeopathy as well as utilising correct research methodology, promoting interdisciplinary communication and encouraging interaction between academicians, researchers and practitioners and taking steps to improve the quality of documentation.

Documentation of research work is an important step in research. This journal provides platform for researchers to publish their work for benefit of others. In this issue literature review of telemedicine, case study report on psoriasis, primary dysmenorrhea, tinea corporis & irritable bowel syndrome is presented which will help to the practitioner as a reference.



Prof. Dr. A. O. Dahad
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Dr. Mrs. S. S. Thorat
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Effectivity of Homoeopathic Remedy Kalium Arsenicum in The Management of Psoriasis - A Case Report



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Abstract -

Background/ objectives -

Psoriasis is a skin disease that causes a rash with itchy, scaly patches, most commonly on the knees, elbows, trunk and scalp. It is long-term (chronic) disease. It is considered to be the immune system response in which skin cells grows faster than usual and results in to dry scaly eruptions. There are 5 different types of psoriasis out of that 90% cases are Plaque psoriasis. A male patient of age 43 yrs with complaints of red dry scaly skin eruption on ventral aspect of hand and on thigh, diagnosed as plaque psoriasis was treated with homoeopathic medicine by following homoeopathic principles. The objective of this case study was to understand the role of Homoeopathic medicine in the case of psoriasis.

Method -

In this case of plaque psoriasis Kali ars was selected on the basis of individualization. Considering the totality of the symptoms, thermal state and modalities of the case Kali ars. 30 single dose was given along with sac. lac for 1 week. Dose of Kali ars. 30 was repeated after 1 week. After that no remission of symptoms and patient is asymptomatic till date.

Results -

The red dry scaly eruptions were completely subsided after the treatment. Follow up of the case was maintained for 2 yrs. Dose was repeated once in the follow up and till date patient is absolutely asymptomatic. The result of this study shows that Homoeopathic medicine selected on the basis of similimum and properly selected patency are effective in the treatment of plaque psoriasis.

Conclusion-

This case study reflects that Homoeopathic medicine Kali. ars. selected on the basis of individualisation is effective in the management of plaque psoriasis.

Key words -

Plaque psoriasis

Introduction -

Psoriasis is non – infective, inflammatory disease of skin, characterised by well defined erythematous plaques with large, adherent, silvery scales. These areas are red, pink, or purple, dry, itchy, and scaly. It is a long-lasting, non-contiguous disease. Eruption varies in severity from small localized patches to complete body coverage. It can be painful and may disturb the persons daily routine and sleep. It shows cyclical relapsing condition. It flares for few weeks to months then subsides and again appears after few weeks.

Predisposing factor - genetic factor, infection, injury and certain medication are some predisposing factors of psoriasis.

Causes -

Psoriasis is an immune system problem in which skin cells to grow faster than usual. Rapid turnover of cells results in dry, scaly patches. Infection-fighting cells attack healthy skin cells by mistake. Genetics and environmental factors play important role. It is not contagious.

Triggering factors -

- Infections, such as strep throat or skin infections, Weather, especially cold, dry conditions, Injury to the skin, such as a cut or scrape, a bug bite, or a severe sunburn which is known as the Koebner phenomenon, Smoking, Heavy alcohol consumption, Certain medications — in, Rapid withdrawal of oral or injected corticosteroids.

Common signs and symptoms of psoriasis -

- A patchy rash, may be small spots of dandruff-like scaling to major eruptions over most of the body.
- Rashes - colour of eruption varies from person to person, it may be pink, red, purple with silver scale on white skin.
- Small scaling spots (commonly seen in children)
- Dry, cracked skin that may bleed

- Itching, burning or soreness
- Cyclic rashes that flare for a few weeks or months and then subside

Types of psoriasis : -

• **Plaque psoriasis.** The most common type of psoriasis, plaque psoriasis causes dry, itchy, raised skin patches (plaques) covered with scales. There may be few or many. They usually appear on the elbows, knees, lower back and scalp. The patches vary in color, depending on skin color. The affected skin might heal with temporary changes in color (post inflammatory hyperpigmentation), particularly on brown or Black skin.

• **Other sites**

• **Nail psoriasis, scalp, Flexures, Palms, Napkin rash**

• **Other types -Guttate psoriasis, Inverse psoriasis, Pustular psoriasis, Erythrodermic psoriasis.**

• **Complications -**

• Psoriatic arthritis, Temporary skin color changes (where plaques have healed), Eye conditions, such as conjunctivitis, blepharitis and uveitis, Obesity, Type 2 diabetes, High blood pressure, Cardiovascular disease, Other autoimmune diseases, such as celiac disease, sclerosis and the inflammatory bowel disease called Crohn's disease, Mental health conditions, such as low self-esteem and depression

Case study :-

Preliminary information

Name of the patient – GSB

Age – 45 yrs

Marital status – married

Education – BA

Occupation – service – driver in company

Address- Nashik

Location	Sensation	Modalities	Accompaniments
1. Skin - Itch forums on dorsum, near wrist joint medially since 2 years.	Dry scaly eruption ++	Agg. Scratching	
	White scales ++	Agg. After mid Night	
	Itching +++	Agg. Warmth	
	Burning ++		
2. Skin- It thigh medial side - since 2 years.	Dry scaly eruption ++	Agg. Scratching	
	White scales ++	Agg. After mid Night	
	Itching +++	Agg. Warmth	
	Burning ++		

Patient as a person

Craving – tea

Aversion – milk

Perspiration – not so marked

Stool – regular bowel habit

Urine- no any significant change

Thirst – increased

Thermal – chilly

Sleep- disturbed due to thoughts

Dreams – fearful, wakes up with fearful dreams but don't remember the content

Life span

Patient is from Nashik, he is the elder son of the family. His father was labor, mother was housewife. His family condition was very weak during his childhood. He is having 1 brother and 1 sister, both are married. He is married and having 2 kids. He is working as driver in private company.

He got separated from his parents 2-3 years back due to disputes in the family. His wife was unable to adjust with his family members and repeated quarrels in the family. So, he decided to get separated from family. Since then, he was disturbed as departed with his parents. Constantly thinking about it till date. Feels guilty for this. Also, worried how he can accomplish all his responsibilities alone. Worried about future. His son is not listening to him because of that also he is disturbed. But never shouts on any one as wants harmony. Thinks that everyone is trying to torture him, everyone in the family against him. He said that – its better to finish himself.

Mental symptoms - anxiety about future⁺⁺⁺, Want of harmony⁺⁺, Suicidal thoughts, Suspicious⁺

Physical examination –

BP- 130/80 mm of Hg

Pulse – 82/min

R.R. – 18/min

Pallar - absent

Temperature – Afebrile

Local examination –

Eruption - pink colored eruption with dry dandruff like white scales on left ventral side of forearm near wrist joint and around left thigh on medial side.

Systemic examination –

CNS – well oriented, tone & reflexes normal

CVS - heart sound normal no added sound

R.S – air entry bilaterally equal no added sound

Clinical Diagnosis –Psoriasis

Analysis and Evaluation of symptom

Mental generals -	Physical general -	Physical particular
Anxiety about future	Increased thirst	< after mid Night
Want of harmony	chilly	< Warmth
Suicidal thoughts	Sleep- disturbed due to thoughts	Dry scaly eruption ++
Suspicious		

Totality of symptoms :-

- Anxiety about future⁺⁺⁺
- Want of harmony⁺⁺
- Suicidal thoughts
- Suspicious
- Increased thirst
- chilly
- Sleep- disturbed due to thoughts
- < after mid Night
- < Warmth
- Dry scaly eruption ++

Prescription :-

Kali. ars. 30 single doses were prescribed, followed by placebo for one weeks. Justification - The symptoms favouring the prescription of Kali. Ars. are dry scaly eruptions agg. After mid Night, agg. Warmth even though patient is chilly, sensitive to cold. anxiety about future, want of harmony, suicidal thoughts, suspicious

Follow up -

Date	Complaint	Prescription
8/08/21	Dry scaly eruption Itching, burning agg. After mis night, agg. warmtn	Kali ars. 30 single dose Sac. Lac 4 pills twice a day for 1 week
15/08/21	Size of eruptions reduced Burning and itching reduced	Kali ars. 30 single dose Sac. Lac 4 pills twice a day for 1 week
26/8/21	Eruption completely absent, feels better	Sac. Lac 4 pills twice a day for 2 weeks
24/09/21	Skin texture normal, symptoms better	Sac. Lac 4 pills twice a day for 2 weeks
14/11/21	Skin texture normal, symptoms better	Sac. Lac 4 pills twice a day for 2 weeks



Discussion:

Remedy selected is Kali ars. Kali ars. Is having its sphere action over skin and best suited medicine for psoriasis where key note symptoms are anxiety about future, want of harmony, fear of being alone, suspiciousness and suicidal thoughts agg. By warmth even though the patient is chilly and at 1- 3 am, which shows symptom similarity with the case.

Individualisation of case was done based on the mental and physical complaints of the patient - anxiety about future, want of harmony, Suicidal thoughts, Suspiciousness, chilly, Dry scaly eruption ++, < after mid Night, < Warmth even though patient is chilly.

Conclusion:

The outcome of this case report may help to clinician to manage the case of psoriasis with the help of Kali ars. On the basis of symptom similarity. This was a retrospective study involving a single case. So, a prospective research study with a larger sample size can be done for scientific validation.

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Role of Constitutional Homoeopathic Treatment in Primary Dysmenorrhea : A Case Report



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Abstract

Primary dysmenorrhoea is one of the most common gynaecological complaints. Primary dysmenorrhoea means cramping pain accompanying menstruation. Primary dysmenorrhoea refers to one that is not associated with any identifiable pelvic pathology. It affects more than 50% postpubescent women in the age group of 18–25 years with ovulatory cycles. The painful menstruation thought to be due to excessive production of hormones known as prostaglandins, as well as ischaemia of the myometrium during menstruation with increased contractions and vasoconstrictions. Treatment focused on the physical manifestations in each participant as an individual, as well as the constitutional and emotional aspects of the individual primary dysmenorrhoea is associated with symptoms like headaches, nausea, vomiting, diarrhoea or constipation and also irritability with mild depression.

Homoeopathy is used to treat primary dysmenorrhoea. Homoeopathy is a system of therapy that restores health by stimulating the body's own system of defence and repair. Homoeopathic Simillimum is the remedy that fits the local, mental and general symptoms that is totality of symptoms of the patient, which when used brings about rapid and gentle cure.

Keywords:

Primary dysmenorrhoea, Homoeopathy, Phosphorus.

Introduction

Primary dysmenorrhoea is one of the commonest gynaecological disorder. It is the single cause of loss of work and school in young girls. Though the pain during menstruation is the first thing to manage but in homoeopathy we are not considering the single symptom of pain, we take the whole case of the patient and formulate the totality of symptoms which helps us for selection of proper homoeopathic Simillimum. For totality of

symptoms different authors has different concepts but everyone gives importance to totality of symptom for selection of constitutional homoeopathic medicine. Dysmenorrhea affects more than half of all women who are menstruating at least one or two days of each menstrual cycle.

Classification of dysmenorrhoea

There are two types of dysmenorrhea – primary and secondary.

Primary dysmenorrhea

It refers to menstrual pain or cramps that usually occur at the beginning of a woman's period and last a day or two. The good news is that many women who experience primary dysmenorrhea notice that it diminishes as they age or after childbirth.

Secondary dysmenorrhea

Secondary dysmenorrhea usually develops in women who have previously had normal periods. The pain from secondary dysmenorrhea lasts longer than primary dysmenorrhea pain. It also may not decrease or diminish when a woman's period ends

As it is mentioned in the Organon, 'The affection of the morbidly deranged, spirit-like dynamis (vital force) that animates our body in the invisible interior, and the totality of the outwardly cognizable symptoms produced by it in the organism and representing the existing malady, constitute a whole; they are one and the same', totality of symptoms is the key to a perfect prescription.

Law of Similia, as the primary principle of homoeopathy, helps in treating Primary Dysmenorrhea and one can get better results with the same.

Causes :

Although aetiology of dysmenorrhea is not fully understood but the cause of pain related to menses is supposed to be due to the production of prostaglandins in the endometrium in an ovulatory Cycle. Some reports indicate that the levels of 'prostaglandin F_{2α}' measured in menstrual fluid from tampons and found to be twice higher in the

dysmenorrheic as against the non dysmenorrheic Women.

As a remedial measure significant beneficial effect of prostaglandin inhibitors is reported in patients with dysmenorrhea.

Signs and symptoms:

A Cross-sectional study was conducted on 1000 healthy females aged 11-28 years where Prevalence of dysmenorrhea was seen 70.2%.

- Majority of the subjects experienced pain for around two days during menstruation.
- 23.2% of the dysmenorrheic girls experienced pain for 2-3 days.
- The most common symptom during the menstrual periods was tiredness and second most prevalent symptom was back pain.

If we summarize symptoms and signs commonly experienced by a menstruating female having disturbed period are:

- Pain concentrated in the lower abdomen or pelvis also commonly felt in the right or left side of the abdomen. It may radiate to the thighs and lower back.
- nausea and vomiting
- diarrhoea or constipation
- headache, dizziness, disorientation
- Hypersensitivity to sound, light, smell and touch, fainting, and fatigue.

CASE -

Preliminary data -

Name -Miss. A. S

Date-

Age-20yrs.

Occupation- Student

Religion - Hindu.

Marital status- Unmarried

Education - Student

Veg/non-veg - Both

Address - C.R.N.

Presenting complaint -

Pain in lower abdomen and in low back at every menses,

Pain is abdomen and in low back is since menarche

Pain starts just half or one hour before onset of menses,

Pain is present for two days, more severe on first day then reduces on second day.

LMP - 14/1/22

Unrefreshing sleep since 2 months

Headache after getting in morning -
Heaviness +

History of presenting complaint -

1. Pain in lower abdomen and in low back at every menses,

Pain is abdomen and in low back is since menarche

Pain starts just half or one hour before onset of menses .

LMP - 14/1/22

Flow - Regular

Characteristic of blood - Dark, offensive

Location - Lower abdomen,

Associating complaint - Backache

Pain duration - 1 days (sometime 2 days)

Sensation - Dull aching pain

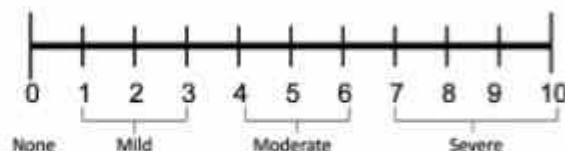
Duration - 4-5/28-30 days

Unrefreshing sleep since 2 months

Δ/F - shock, exam stress (result of exam - failed)

Headache after getting in morning - Heaviness +
Intensity of pain - severe.

Pain scale -



Past history -

No major illness

Family history -

Mother - App. Healthy

Father - App. Healthy

Personal history -

- 1) Appetite - Adequate
- 2) Aversion - Potatoes
- 3) Desire - Meat +
- 4) Thirst - Increased
- 5) Urine - 4-5times/day.
- 6) Stool - Satisfactory, once/day
- 7) Perspiration - Not specific
- 8) Sleep - Disturbed
- 9) Dream - Ghost +

Menstrual history -

- 1) Menarche - 13 yrs.
- 2) LMP - 14/1/22
- 3) Menstruation -
Flow - Regular
- Duration and frequency - 4-5/28-30 days
- Characteristic of blood - Dark and offensive
- Sensation -
- 4) Leucorrhoea - Not specific

Constitution -

- 1) Build - Lean
- 2) Skin color - Dark
- 3) Thermal state - Chilly

	Summer	Rainy	Winter
Cover		✓	✓
Woolen		✓	✓
Fan		✓	✓
Bath	Tap water	Luke warm water	Warm water
Tolerance	✓		

Systemic examination

- 1) Cardiovascular system – sound 1 and sound 2 normal
- 2) Central nervous system – conscious and well oriented
- 3) Respiratory system – Air entry bilaterally clear and equal
- 4) Per abdomen – Soft and non-tender

General examination -

- 1) Pulse - 72 beats/min
- 2) Blood pressure – 120/80 mm of Hg
- 3) Sclera - White
- 4) Tongue – Pink and moist
- 5) Nails – Pink
- 6) Lymph Nodes - NAD
- 7) Throat – NAD
- 8) Conjunctiva – Pink
- 9) Weight – 49 kg

Mind –

- 1) Talkative
- 2) Ambitious+
- 3) Affectionate
- 4) Fear of dark, failure
- 5) I was shocked when my result were out I shouldn't have failed. I had written my paper so well, still I failed (she keeps in mind continues)
- 6) Anxiety about exam results have started then I can't sleep before of this tension, I work so hard all day and might I feel that the exam should get over fast – I want get out of this

ANALYSIS OF SYMPTOM -

Presenting symptom	Location	Sensation	Modality	Concomitant	Classification of symptom
1) Affectionate	Lower abdomen	Dull aching	-	-	Incomplete particular symptom
2) Ambitious	-	-	-	-	mental general symptom.

3) Loquacity	-	-	-	-	mental general symptom
4) Fear-dark, failure in exam.	-	-	-	-	mental general symptom
5) Aversion potatoes	-	-	-	-	Physical general symptom
6) Desire- meat	-	-	-	-	physical general symptom
7) Sleep – disturbed.	-	-	-	-	physical general symptom
8) thermally - chilly	-	-	-	-	physical general symptom
9) MENSES offensive	Lower abdomen	-	-	-	Incomplete particular symptom
10) Dysmenorrhoea	Lower abdomen	Dull aching	-	-	Incomplete particular symptom

Evaluation of symptom -

- 1) Mental generals –
 - a) Affectionate
 - b) Loquacity
 - c) Ambition
 - d) Fear of dark
 - e) Fear of failure in exam
 - 2) Physical generals –
 - a) Desire – Meat
 - b) Aversion – potatoes
 - c) Sleep – disturbed
 - d) Thermally –chilly
 - e) Menses - offensive
 - 3) Particulars –
 - a) Dysmenorrhoea -lower abdomen, backache
 - b) Headache heaviness
- Repertorial totality –**
- 1) MIND – AFFECTIONATE
 - 2) MIND – AMBITION – increased
 - 3) MIND – FEAR, dark of
 - 4) MIND – FEAR, failure of examination in
 - 5) MIND – LOQUACITY
 - 6) FEMALE GENI/SEX – MENSES – offensive
 - 7) FEMALE GENI/SEX – MENSES – painful
 - 8) SLEEP – DISTURBED
 - 9) DREAM – GHOST
 - 10) GEN – COLD – AGG
 - 11) GEN – FOOD AND DRINKS – meat – desire
 - 12) GEN – FOOD AND DRINKS – potatoes - aversion

Repertorial sheet -



Probable remedies:-

1. Phosphorus,
2. Sulpher,
3. Carcinocin

Final remedy – Phosphorus

Final prescription –

Phos 200 / 1 dose
Sac lac / BD / 30 days

Management -

1) Diet and Regimen –

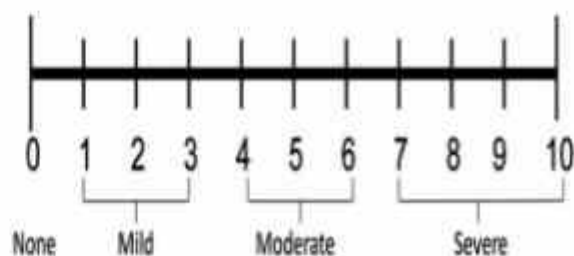
- a) Adequate food intake
- b) Fibrous food consumption
- c) Avoid spicy, acidic, carbohydrate food

Follow up -

Follow up no-1 Date -20/2/22	<ol style="list-style-type: none"> 1) No relief for dysmenorrhea LMP- 20/2/22 Pain occur on 1st and 2nd days of menses Cannot do any daily activity. Flow – regular Characteristic – Dark red, offensive Duration – 4/28days 2) Anxiety about giving exam - exam are so near and I am stressed 3) Sleep is unrefreshing Headache and heaviness as it is 3) Nausea < morning 	Prescription – Sac lac 200 / 1 dose Phytum 30 / TDS / 30 days
Follow up no-2 Date -25/3/22	<ol style="list-style-type: none"> 1) Dysmenorrhea decreased but still can't do daily activities. LMP – 22/3/22 2) Anxiety as it is 3) Cannot sleep d/t tension 4) Headache reduced 3) No new complaints 	Prescription – Phytum 30 / TDS / 30 days

Follow up no-3 Date-30/4/22	<ol style="list-style-type: none"> 1) Dysmenorrhea since morning but bearable Do daily activities LMP -29/4/22 2) Sleep disturbed – Anxiety about future ++ 3) Headache < morning, sun > pressure 	Prescription – Phos 200 / 1 dose Phytum 30 / BD / 30 days
Follow up no-4 Date-5/6/22	<ol style="list-style-type: none"> 1) Dysmenorrhea reduced Pain bearable Do daily activities LMP -30/5/22 2) Headache better 3) Sleep disturbed (can't sleep when she takes excess tension) 4) Nausea after getting up in the morning 	Prescription – Phos 1M / 1 dose Phytum 30 / BD / 30 days
Follow up no-5 Date-7/7/22	<ol style="list-style-type: none"> 1) No dysmenorrhea now this time Do daily activities LMP -27/22 2) No fresh complaint 3) Sleep-better (40%) – sound sleep for few days after taking medicine 	Prescription – Sac lac 200 / 1 dose Phytum 30 / TDS / 30 days
Follow up no-6 Date -12/8/22	<ol style="list-style-type: none"> 1) Dysmenorrhea not present now this time Do daily activities properly LMP - 6/8/22 2) Sleep sound but unrefreshing 3) No new complaint 4) All previous complaints are better 	Prescription-Sac lac 200 (3dose) / 8 hrly Phytum 30 / TDS / 30 days

Repertorial sheet -



Intensity of pain-Mild.

Case summary –

A patient Miss. A. Sage of 20 yrs. came with complaints of severe lower abdominal pain and backache during menses and disturbed daily activities during menses, headache and disturbed sleep based on symptom similarity prescribed homeopathic medicine Phosphorus 200 1dose. But in third follow intensity of pain during menses increased so we repeated medicine again, after that intensity of pain during menses reduced and do daily activities but little pain, so this case is well improved.

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Homoeopathic Management Of Tinea Corporis : A Case Report Study



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ABSTRACT :

A 37 years old female patient came with complaint of Eruption on hands, thighs, back and face since 1 year. These eruption progress slowly, with Intense itching got aggravated by scratching. She had taken allopathic treatment this before .After considering the totality of symptoms; Tellurium 200 was prescribed. Significant improvement was found in the case.

KEY WORDS :

Homoeopathy, Tinea Corporis, Eruptions

INTRODUCTION:

Dermatophytosis is extremely common in India due to its tropical climate. Adults, young and middle aged are typically affected. Predisposing factors include obesity, diabetes mellitus, sweating, wearing damp or absorbent or thick clothing or footwear in humid atmosphere. It is contagious disease it infects person by sharing personal article like towel or bed sheets, Household crowding. According to site of affection Dermatophytosis is categorized as Tinea capitis, Tinea Corporis, Tinea Cruris, and Tinea Unguinum, Tinea Barbae, Tinea Manuum, Pedis and Cruris.⁽¹⁾

Tinea Corporis refers to any Dermatophytosis of glabrous skin except palm, soles and groin. Although any dermatophytes can cause Tinea Corporis, but most common causes T. Rubrum, T. Mentagrophytes, M. Canis and T. Tonsurans. The classic presentation is an erythematous annular and scaly with well define edge and central clearing. There may also be pustules at active edge. Lesions are usually asymmetrical and may be single or multiple.

Modern medicine is limited in cases of Tinea Corporis, the oral & antifungal medicines, and corticosteroids or topical only suppress the condition leading to recurrence of infection with more intensified symptoms. Hahnemann once said, **“there are no diseases, but sick people.”** As Homoeopathy is the system of medicines which works on dynamic level and the person as a whole and hence it is thereby the best form of medicine to treat the skin disease by using the holistic approach.⁽²⁾ In Homeopathy holistic approach contributes to the general strengthening of the patient's state of health; in particular by taking into account the need to strengthen their natural

defenses from the outset. This approach is only possible because homeopathy includes an examination of the psychological context, the living environment, etc. in its treatment.

Tinea corporis is an external presentation of an internal disorder due to lowered vitality and immunity. Homeopathy does not believe in treating only skin disease by simply applying ointment or creams.⁽³⁾

Homeopathic remedies have been formulated to treat Tinea Corporis, with homeopathic remedies, the patient not only recover but also improve generally as whole.

Keeping this in view the present study is undertaken to know effectiveness of homeopathic medicine in treating Tinea Corporis.

PRELIMINARY DATA

Name: Mrs. S. R. T

Age: 37 years

Sex: Female

Address: Urdul, Chandwad

Occupation: Housewife

Marital status: Married

Religion: Hindu

Socio economic status: Middle class

Presenting complaint:

Eruption on hands, thighs, back and face³¹ since 1 year

H/O chief complaint:

White patchy eruption having ring/ circular shaped lesion sensitive to touch over both hands and thighs, back, and face³¹ since 1 year

Onset: Gradual

Duration: 1 year

Cause: Unknown

Progress: Gradually

Location: Both hands & thighs, upper side of back and face

Sensation: intense itching along with burning³¹

Modalities :< scratching²¹, touch²¹, evening²¹, sun¹¹ >cold bathing²¹, open air¹¹

Past history: NAD

Family history: All family members having same skin problem

Personal history:

Food habit: veg

Appetite: Normal

Desire: fruits esp. apple

Aversion: not specific

Thirst: 3-4lit/day

Micturition: 4-5times/day

Bowel: satisfactory

Sleep: disturbed due to skin itching

Dream: Not remember

Perspiration: on exertion offensive sweat

Thermal: ambithermal

Menstrual history:

Menarche 13 years

Menses regular

Duration of flow 3-4 days

Mind:

1) Strained interpersonal relationship with in laws, Suppressed emotion³¹

2) Irritable due to itching

Physical examination

BP: 120/85 MM HG

Pulse: 80/Min

Temp: Afebrile

RR: 18/min

Weight: 50 kg

Built: Avg

Icterus: Ab

Lymphadenopathy: Lymph node not enlarge

Edema: Ab

Cyanosis: Ab

Clubbing: Ab

Nails: Not pale

Particulars :

i. Head: no any scar

ii. Hair: White and slightly black

iii. Eyes: No redness, conjunctiva pale

iv. Skin: Dry skin, circular white

patches

having red margin

v. Nose: No DNS

Systemic Examination :

RS: AEBE

CVS: S1 & S2 N

CNS: Conscious and well oriented

Local Examination

Of face, both hands, both thighs and upper side of back

Inspection : white circular patches having red margin is seen Dryness of skin

Probable Diagnosis :

1. Psoriasis 2. Tinea Corporis

Final Diagnosis : Tinea Corporis

Analysis of symptoms :

Location	Sensation	Modality	Conc.
Both Hands	Intense Itching	<scratching ²⁺	No
Both Thighs	with burning ²⁺	<touch ²⁺	
Upper side of back		<sun ¹⁺	
Whole face		<evening ²⁺	
		>cold bathing ²⁺	
		>open air ²⁺	

Totality of symptoms :

- 1) Suppressed emotion³¹
- 2) Irritable due to itching³¹
- 5) Disturbed sleep³¹
- 6) White patchy eruption Both Hands, Both Thighs, Upper side of back, Whole face³¹
- 7) Intense Itching with burning²¹
- 8) < Scratching²¹, <touch²¹, <sun¹¹, <evening¹¹
- 9) > cold bathing³¹, >open air²¹

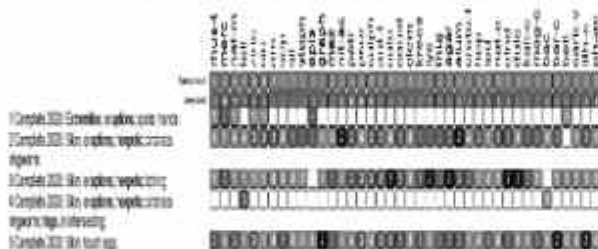
Hahnemannian Classification Of Disease :

True natural chronic miasmatic disease

Miasmatic Cleavage : Psoro-sycosis

REPERTORISATION :

done with Complete Repertory-



Spectrum of Remedy :

- a) Rhus Tox (12/4) b) Merc (11/4)
 c) Nat Mur (9/4) d) Tellurium (9/4)

Final selection of remedy : Tellurium

Reason for selecting Tellurium: Ringworm; covering the whole body; lower limbs, circular; eruptions; lesions. Ring shaped lesions were the main indicating symptom for the selection of Tellurium.

Administration of remedy: Tellurium 200th

PRESCRIPTION : Date: 18/7/2022

Rx

Tellurium 200 (BDX3 days)
 Saclac 30 (BD x 15 days)

Follow up :

Date	Observation	Prescription
4/8/2022	Slight relief to patient Itching reduced 30 %. Reduced rash also	Sac lac 30 Bd x15 days
17/8/2022	Itching reduced 60 % Skin eruptions reduced slight reddish discolouration Generals are improve	Tellurium 200 (SD) Saclac 30 Bd x15 days
07/09/2022	No itching, Patches disappear. Patient feel confident	Sac 30 Bd x15 days
29 /09/2022	Patient seen improvement	Saclac 30 Bd x 15 days



CONCLUSION :

With the demonstration of case it can be proved that homoeopathy is very effective in treating Dermatophytosis. Homoeopathy is based on individualization. If the case is properly analyzed and individualized, similimum can be found easily which acts effectively. In Homoeopathy patients are treated as a whole with the help of holistic concepts, which contributes to the general strengthening of the patient's state of health.

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Scope of Telemedicine for a Homoeopath in Today's Times.

Dr. Anagha Nitin Kulkarni

M. D. (Hom.) PhD Scholar

Prof. Dept. Organon of Medicine and Homoeopathic philosophy

Abstract:

Health services has taken revolution with the advent of newer technologies which connects people within fraction of second around the globe. Telemedicine is extension of health care through electronic media. Homoeopathic physician must captures this opportunity for the extension of health services to patients at remote areas. Internet connectivity is reaching to the remotest areas in India. So homoeopathic physician can master the technique of telemedicine for the benefit of patients as Homoeopathy has remained a holistic healing science.

Introduction:

Telemedicine practice has risen tremendously since the Corona pandemic. Important guidelines for prevention of Corona pandemic on humans was social distancing and due to lockdown situations worldwide, telemedicine has acted as a boon to the patients. The rise of the internet age brought with it profound changes for the practice of telemedicine. Technology at its highest and fastest speed of progress came down with newer applications where people got connected across the globe within seconds.

Homoeopathic Medical field is not behind to master this opportunity and Telemedicine practice is in demand.

Keywords:

Telemedicine, Telehealth, Registered Medical Practitioner

Review of Literature :

“Tele ” is a Greek word meaning “distance “and “ *mederi* ” is a Latin word meaning “to heal”.

Telemedicine:

It includes all the channels of communication with the patient that leverage Information Technology platforms, including Voice, Audio, Text & Digital Data exchange

It is the use of electronic information to communicate technologies to provide and support healthcare when distance separates the participants.

World Health Organization defines telemedicine as:

The delivery of health care services, where distance is a critical factor, by all health

care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.'

Time magazine called telemedicine “healing by wire”.

Although initially considered “futuristic” and “experimental,” telemedicine is today a reality and has come to stay in our lives.

Telehealth :

The delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies.

Medical council of India has laid the guidelines for telemedicine practice.

Telemedicine Practice Guidelines Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine [This constitutes Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002]

Definition of Registered Medical Practitioner (RMP)-

For the purpose of the document a 'Registered Medical Practitioner' is defined as a person who is enrolled in the State Medical Register or the Indian Medical Register under the IMC Act 1956.

Role of Technology in correlation with health care :

The proliferation of smart devices, capable of high-quality video transmission, opened up the possibility of delivering remote healthcare to patients in their homes, workplaces or assisted living facilities as an alternative to in-person visits for both primary and specialty care.

Role of Telemedicine:

In the early days, telemedicine was used mostly to connect doctors working with a patient in one location to specialists some -

where else. This was of great benefit to rural or hard to reach populations where specialists aren't readily available. The approach has been through a striking evolution in the modern technologies of the last decade and it is becoming an increasingly important part of the Indian healthcare infrastructure. Everyday technology is advancing and getting refined. Today is the era of Artificial Intelligence where humanity is influenced by the existence of robots. So, the medical field needs to take maximum advantage of this advancing technology.

Role of Telemedicine in Homoeopathy:

Homoeopath needs to understand the laws and principles and then can master the technique of Telemedicine. It is quite beneficial to the patient as well as to the practitioner. Telemedicine allows Homoeopathic Doctors to evaluate, diagnose and treat patients at a distance using modern telecommunications technologies.

Implementation of Telemedicine Practice:

Follow-up visits

Using health software for routine follow-up visits is not only more efficient for providers and patients, but it also increases the likelihood of follow-up, reducing missed appointments and improving patient outcomes.

Remote chronic disease management -

The increasing rate of chronic disease is a major challenge for our health system and scope of homoeopathy is wide in chronic diseases. Telemedicine makes it easier and less expensive for patients to maintain their health. This is an ideal area where Homoeopathy can be very much beneficial.

Preventative care support -

Education of society is possible through telemedicine. Weight loss and smoking cessation are the keys to reducing heart disease and a host of other conditions. Telemedicine can be a valuable tool in connecting Doctors with patients to make sure they get the support they need to be successful in health care management as a Preventive health care.

School based Telehealth :

When children become ill at school, they might visit a school nurse or be picked up by their parents and taken to an urgent care center. Some innovative districts have teamed up with

doctors to conduct remote visits from the school. The treating physician can assess the urgency of the case and provide instructions or reassurance to parents.

Assisted living center support -

Telemedicine has already proven to be useful in keeping residence of assisted living facilities out of the hospital. Problems often occur at night or on weekends, making hospitalization the only option even for less urgent problems. With telemedicine, on-call doctors can conduct an online visit to determine if hospitalization is necessary.

Privacy and Security -

Because patient data will be transmitted when telemedicine is used, it is subject to HIPAA regulations. [The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a set of regulatory standards that intend to protect private and sensitive patient data from hospitals, insurance companies, and healthcare providers]. Consumer video services like Skype and Facetime do not meet this standard. In order to maintain compliance, Physicians must choose technology solutions that use data encryption to protect patient data.

Limitations of Telemedicine -

Major Limitations of Telemedicine is technological. There should be reliable internet connection, continuous access to technology and capacity to use technology effectively.

Ethical issues in Telemedicine

Main ethical issue is insufficient clinical information transfer to the opposite side, broken communication between doctor and patient, inaccurate and unclear reporting, security of personal health information maintained in electronic form.

Conclusion:

Telemedicine serves easy, fast health care to the patients. Homoeopath also can take maximum advantage of this practice So, let us all join hands together for the successful integration of Telemedicine in Homoeopathy thus making Homoeopathic care easily accessible & attainable to a larger audience. Homoeopath in this way can reach to humanity around globe with Holistic Homoeopathic healing science.

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■■■■

Efficacy of Individualized Homeopathy Medicine In Irritable Bowel Syndrome – A Case Study.



Dr. Sanket Kailas Lodha
PG Scholar, MD Part - I
Department of Repertory



Guided By : **Dr. Arpana S. Pareek**
MD (Hom.)
Prof. and HOD Dept. of Repertory

ABSTRACT

Background : Irritable bowel syndrome (IBS) is characterized by abdominal pain linked to defecation or changes in bowel habits, often accompanied by disruptions in defecation patterns and abdominal distension. It impacts the quality of life of a substantial portion of the population. Psychosocial factors play a pivotal role in the development and perpetuation of its symptoms. It becomes essential to explore the intricate interconnections between psychosocial factors and physiological mechanisms that underpin the disorder. In homeopathy, the mental, physical and the particular symptoms are considered as a basis of forming the totality, which represents the whole of an individual. The action of individualised homoeopathic medicine on PNEI (**Psycho Neuro Endocrino Immunological**) axis is explored in the case presented. The improvement in quality of life and prevention of complications of IBS were achieved as a secondary goal in the treatment.

Materials and methods :

The case was analysed using symptomatology classification according to Organon of Medicine and was repertorized further using Synthesis 9.1 repertory from RADAR (Rapid Aid for Drug Aimed Research) homeopathic software. The final remedy selection was done on the basis of Homoeopathic Materia Medica knowledge and clinical experience.

Results :

The case showed a gradual improvement in symptoms and a general wellbeing of the patient as a whole.

Conclusion :

Homeopathy has significant efficacy in treating IBS cases using individualised approach and application of homoeopathic laws and principles i.e. like cures like.

Keywords:

IBS, HOMEOPATHY, INDIVIDUALIZED, PNEI, REPERTORIZATION.

Abbreviations :

IBS - Irritable Bowel Syndrome,
RADAR - Rapid Aid to Drug Aimed Research
– RADAR, PNEI axis - **psycho neuro endocrino immunological axis.**

Introduction :

Functional gastrointestinal disorders represent a pervasive health challenge on a global scale, affecting millions of individuals worldwide. Among these, irritable bowel syndrome (IBS) emerges as one of the most prevalent conditions. Characterized by abdominal pain linked to defecation or changes in bowel habits, often accompanied by disruptions in defecation patterns and abdominal distension as common disease presentation⁽¹⁾.

While the pathogenesis of IBS has yet to be fully understood, it is widely acknowledged that psychosocial factors such as depression, stress, neurosis, and somatization, stands out as major triggers for this disorder. However, Gut microbiota, increased mucosal permeability, and low-grade inflammation are implicated in the pathophysiology of IBS⁽³⁾.

It becomes essential to explore the intricate interconnections between psychosocial factors and physiological mechanisms that underpin the disorder. In homeopathy, the mental, physical and the particular symptoms are considered as a basis of forming the totality, which represents the whole of an individual. The mental consisting of will, emotion, and intellect forms the internal core of the human being⁽⁴⁾. Effective management strategies that address both the psychological and physiological aspects can be achieved with homeopathy which acts on the PNEI axis. The quality of life of such patient can significantly be improved with homoeopathy. An individualized medicine is the one which covers the complete totality of the patient formed after considering his core symptoms. This approach will not only improve symptomatically but also improves assimilation and digestion of the patient.



Figure: Gut-Brain Axis mechanism

Development of IBS: IBS developed due to the following mechanism, which is the main responsible factor:

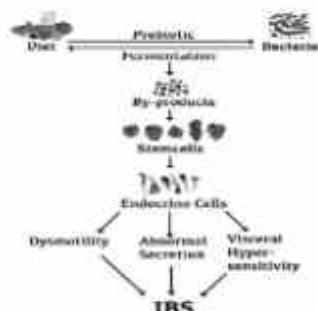


Figure: Pathogenesis of IBS

Clinical presentation^[5]:

- a) Altered bowel habit
- b) Colicky abdominal pain
- c) Abdominal distension
- d) Mucous per rectum
- e) Unsatisfactory defecation

Diagnostic Criteria^[6]:

ROME IV criteria for IBS: Recurrent abdominal pain (average at least 1 day/week in the last 3 month) that is associated at least 2 of the following:

- a) Related to bowel movements.
- b) Associated with a change in form of appearance of stools.
- c) Associated with a change in frequency of stools.

Conventional Treatment^[7]:

Treatment options include diet therapy, behavioural modification, antidiarrheal, anticholinergics, and laxatives. Patients with associated anxiety and depression receive antidepressants and anxiolytics along with psychotherapy.

Case Presentation :

A 42-year-old female patient presented with complaints epigastric pain, abdominal fullness, and a constant uneasiness. She had disturbance in her daily activities and was suffering symptomatically since 8 years. Her complaints started two years after delivery.

She reports experiencing profound weakness, dullness, and discomfort accompanied by frequent acidity and eructation, particularly aggravated by sour foods like curd and oranges. Notably, indigestion is exacerbated with spicy meals. The patient experiences alternating episodes of diarrhoea and constipation along with fullness in abdomen after eating. She does not feel fresh due to disturbed sleep. She desires rest due to extreme evening weakness and had dyspnoea upon exertion.

Past history :

Appendectomy in 8th standard, tonsillectomy in 5th standard,

Family history:

Mother – Varicose veins

Father – DM, Hypertension

Patient as a person :

Lean and thin, fair complexion

Sweets: likes, salt-normal, spicy: intolerable.

Appetite and thirst- Normal.

Stool: Unsatisfactory, Diarrhoea alternating with constipation

Urine: Normal

Sleep: Disturbed, unrefreshing

Thermal: Chilly

Life space investigation :

Mrs. S. T., a 42-year-old homemaker. She resides with her husband, parents-in-law, and two children—a son pursuing engineering in Hyderabad and a 10-year-old daughter. Her health concerns emerged after her marriage into a strict, conservative family. In her surrounding environment, her husband and mother-in-law exhibited dominating traits, particularly her husband. Her mother-in-law is impatient and wanted work to be done at a faster pace whereas she herself was very particular about her work and finished it meticulously. This resulted in delay for completion and quarrels in the house. She feels frustrated from this behaviour and informs she was obliged to take permission for every minor activity. These boundaries were maintained by her in spite of the suppressed anger and irritation. She was unable to take her stand and demand her rights. After her delivery the chaos in house increased and later started having physical symptoms. On questioning about the impact of the environment on her mental health she informed she wants her family to like her and appreciate her work. She feels sad and depressed due to daily quarrels. This complex interplay of family dynamics, rigidity,

and suppressed emotions has a significant impact on her well-being, necessitating a holistic assessment and support.

Physical examination:

Tenderness in epigastrium in abdominal examination

Clinical diagnosis : Irritable bowel syndrome

Chronic totality :

1. Underconfident
2. Suppressed anger
3. A/f humiliation, mortification
4. A/f domination
5. Wants good opinion about her from everyone
6. Positive mindset
7. Sweets desire
8. Diarrhoea alternating with constipation
9. Fullness in abdomen after eating
10. Eructation

Analysis of symptoms :

Underconfident	behavioural emotional dispositional
Suppressed anger	qualified mental emotional general
A/f humiliation, mortification	causative emotional modality
A/f domination	causative emotional modality
Wants good opinion about her from everyone	qualified mental emotional general
Positive mindset	behavioural emotional dispositional
Sweets desire	physical general
Diarrhoea alternating with constipation	Particular symptom
Fullness in abdomen after eating	Particular symptom

Repertorization table:

Remedy differentiation and final selection :

Carcinosin was selected as the final remedy after considering repertorial analysis and correlating it with Materia medica literature. The close running remedies lycopodium, ignatia, sepia, and natrum mur differed in their conduct on mental plane as well as physical generals which formulate the core of an individual and essence of totality for prescription^[8-10].

Remedy selection :

Carcinosin 30c single dose was given. A lower potency was selected based on susceptibility which was low and pathological effect of the class. Prescribed on 04 April 2023.

Progress Notes :

Date of follow up	Main Symptom	Prescription	Justification
26 April 2023	Patient feels better, sleep was adequate, appetite was normal, but pain in the abdomen is on and off present.	Placebo	Favourable follow-up
08 May 2023	Abdominal discomfort observed after eating curd, oranges.	Carcinosin 30c single dose, Placebo	Increase in symptom intensity, same remedy repeated
19 May 2023	Epigastric pain, abdominal fullness, acidity reduced.	Placebo	Favourable follow-up
17 June 2023	Diarrhoea was not occurring since last visit, bloating is reduced, patient feels better.	Placebo	Favourable follow-up
19 July 2023	Diarrhoea and constipation symptoms reappeared.	Carcinosin 200c single dose, Placebo	Increase in symptom intensity, Potency increased
23 August 2023	No complaints at all. Patient is in a happy, cheerful mood. Appetite & sleep was normal.	Placebo	Favourable follow-up

Conclusion :

The case depicts the profound effectiveness of individualized homeopathic medicine in the management of IBS. This highlights the vast potential of homeopathy in addressing various gastrointestinal disorders. As we continue to explore alternative avenues for healthcare, this case serves as a testament and holistic approach that homeopathy can play in providing comprehensive and sustainable relief for patients with gastro-intestinal ailments.

References :

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News bulletin

Activities Conducted in the institute



IQAC & PG Department organised CME on "Interdisciplinary approach to Management of Pain" by Dr. Prasad J. Kasliwal (MBBS), Dr. Shishir Pande (BAMS, MD), Dr. S. Moh. Akram (BUMS, MD), DR A. O. Dahad (MD Hom.), Dr. Shrunkhala Kaushik (Mpt, PhD Scholar) on 12th April 2023.



Seminar on the topic "Simplified Homoeopathy" by Dr. Sanjeev Dole, M. D. (Homoeopathy) Director Sanjeevan Homoeopathy, Health care & research, Pune on 10th April, 2023.



Department of Community medicine organised poster competition on "importance of Pulses" on 6th April, 2023.



NSS Unit celebrated "World health day"
on 8th April, 2023



NSS Unit organised "Poster competition on
Organ Donation" on 13th April 2023



NSS Unit organised "Beat plastic poster competition"
on 5th June, 2023



"Yoga day" celebration on 21st June 2023



"Annual Prize distribution ceremony" at the hands Dr. Sandeep Kadu, C.O.E, MUHS, Nashik
on 10th April, 2023

Faculty Achievement



Inauguration of book "Bach flower remedies" written by Dr. Mrs. A. S. Pareek and Dr. S. N. Pareek, at the hands of Dr. Sandeep Kadu C.O.E MUHS Nashik on the occasion of World Homoeopathy Day 10th April 2023.

Faculty Invited as Resource Person



Seminar on the topic "Homoeopathic treatment and its benefit" by Prof. & HOD Dr. Mrs. A. S. Pareek at Sub district hospital, Chandwad on 10th April, 2023.



Lecture on "education Psychology" by Prof. & HOD Dr. A. S. Pareek at SNJB's LSDMB English Medium School on 13th June, 2023.

Institutional Achievement



MUHS, On the Occasion of Silver Jubilee foundation day, awarded Smt. K. B. Abad Homoeopathic Medical College as **"BEST COLLEGE AWARD"** at the hands of Honourable Mrs. Bharatitai Pawar, Minister of State for Health and Family Welfare of India & in the presence of Honourable Dr. Mrs. Madhuri Kanitkar, VC, MUHS, Nashik, on 10th June, 2023.

Dr. Sandeep Kadu, COE, MUHS, Nashik on the occasion of **"Annual Prize Distribution program"** on **"World Homoeopathy Day"** On 10th April, 2023.



Our Jewels



MUHS, on the Occasion of Silver Jubilee foundation day, awarded **"Best student Scholarship"** to Miss Sonal Tripathi, IV BHMS student, at the hands of Smt. Kiran Bedi, IPS(Retd), Former LG Puducherry & Honourable Dr. Mrs. Madhuri Kanitkar, VC, MUHS, Nashik on 10th June, 2023.



Miss Priyanka Sampat Shinde
III Rank in II BHMS in the state at
MUHS Winter 2021 exam



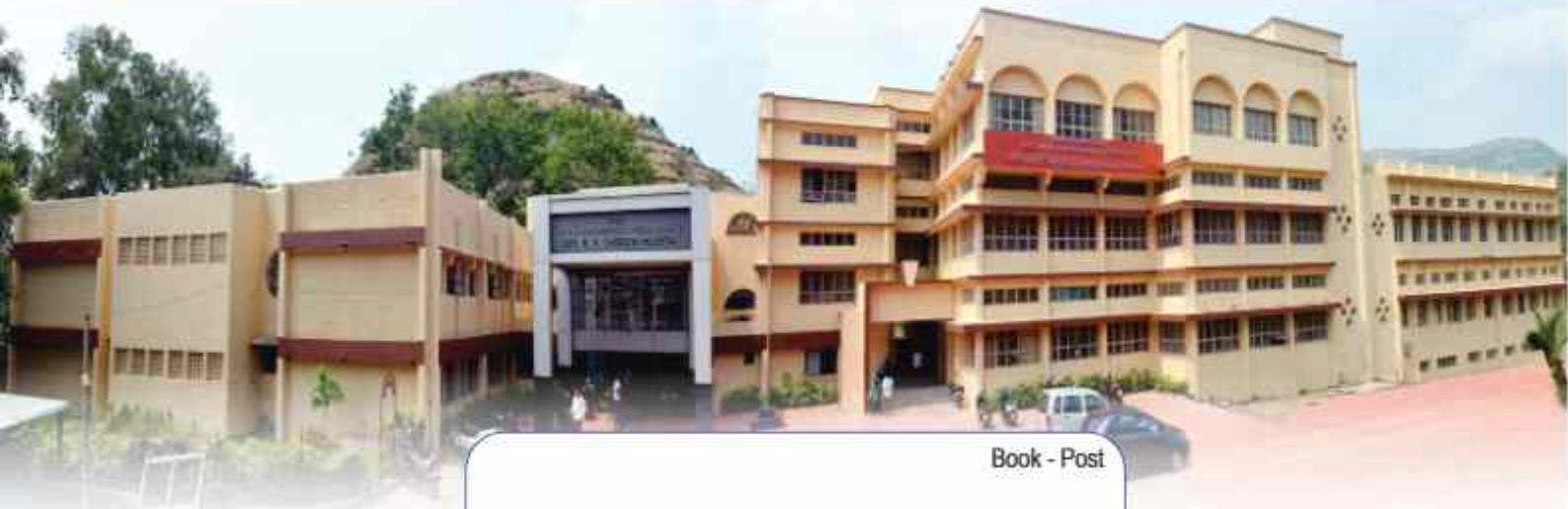
Miss Sayyami Dilip Mutha
Topper in Anatomy in the state at
MUHS Winter 2021 exam



Institutes Run by the SNJB (Jain Gurukul)



Sr. No.	Name of the Education Branch	Year Est.	Tel. No. (02556)
01.	Shri. Neminath Jain Primary School	1928	253373
02.	Shri. Neminath Jain Secondary School	1928	252124
03.	Karmveer Keshavlalji Harkchandji Abad Arts & Shri. Motilalji Giridharlalji Lodha Commerce (Senior) & Science College	1970	252125
04.	Shri. Neminath Jain Higher Secondary School (Sci. Std. 11 th & 12 th)	1975-76	252124
05.	Shriman Pemrajji Dalichandji Surana Arts & Commerce (Junior) College	1976	252125
06.	Smt. Sagunbai Kadulaji Tatiya Adarsha Balvikas Mandir	1981	253373
07.	Shriman Hiralalji Hastimalji (Jain Brothers, Jalgaon) Polytechnic	1983	252127
08.	Shriman Deepchandji Fakrichandji Lodha Pharmacy College (D. Pharm)	1985	252529
09.	Shriman Pramilabai Danmalji Nahar (Premdan) Minimum Competency Vocational Course	1988	252124
10.	Smt. Kanchanbai Babulalji Abad Homoeopathic Medical College & Shriman Ratanlalji Premrajji Chordiya Hospital	1989	252544 252054
11.	SNJB's Late Shri. Dhanrajji Mishrilalji Bhansali English Medium School	1996	253314
12.	Shriman Sureshdada Jain College of Pharmacy (B. Pharmacy)	1999	252529
13.	SNJB's Late Sau. Kantabai Bhavarlalji Jain College of Engineering	2004	253750
14.	SNJB's Sau. Leelabai Dalubhau Jain (Jalgaon) D. T. Ed. College	2007	253987
15.	SNJB's Bhamashah Shri. Vijaykumarji Devrajji Mehata Dev- Vijay Post Graduate Institute of Homoeopathy & Research Center (M. D. Homo.)	2007	253282 252041
16.	SNJB's Smt. Sushilabai Mishrialji Lunkad College of M. Pharmacy and Research Center	2008	253179
17.	SNJB's Law College	2022	252150



Book - Post