

KBA's Mission



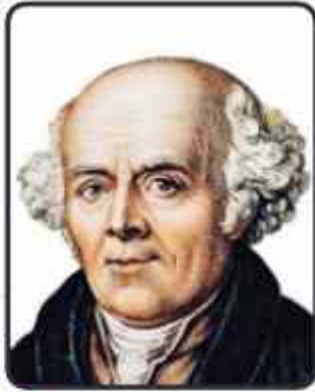
**Smt. K. B. Abad Homoeopathic Medical College
Shri. R. P. Chordiya Hospital And Bhamashah Shri. V. D. Mehta,
Dev-vijay P. G. Institute of Homoeopathy & Research Centre**



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Founder of Homoeopathy



Dr. Samuel Hahnemann

Founder of SNJB



**Karamveer Keshavlalji H. Abad
(Pujya 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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Contents

1. The Relationship between Iron Deficiency Anemia and Psoric Miasm : An In-Depth Analysis
- Dr. Vikram Dhaneshwar 03
2. Psoriasis Treated with Homoeopathic Constitutional Medicine – A Case Report
- Dr. Yogesh Rathore 06
3. "To Study The Role of 50 Millesimal Potency In Cases of Acne Vulgaris."
- Dr. Namita More
- Dr. Priti Kapadni 08
4. Homoeopathic Management of Acute Attack of migraine- A Case Study
- Dr. Bhagyashree Koli
- Dr. Anagha Ahire 13

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Editorial

Homeopathy, with its rich history and unique principles, has established an important place in the overall field of healthcare. Its individualistic case study approach which was introduced by Dr. Hahnemann long back hundred years before is matches with today's Patient- centric care method. Even the concept of potentization which was not accepted by modern science as they cannot show molecule fraction beyond Avogadro's number, but now with the help of Nano technology it has been proved that molecules are present in potentised medicine. It proves that whatever the principles put forth by Dr. Hahnemann was scientific and now the modern science verifying it through the modern technologies.

Homoeopathy is the world's 2 nd most accepted treatment method. Still Homeopathy has long been a subject of debate. Critics often mostly on the validity of its principles and outcomes. Previously many researches are conducted in the field of Homoeopathy but, the absence of rigorous scientific inquiry hinders its acceptance among healthcare professionals and regulatory bodies. This is where the imperatives for research come into sharp focus.

Firstly, conduct clinical trials that adhere to the highest standards of scientific methods. These trials should focus on exploring various aspects of homeopathic treatment—including its efficacy, mechanisms of action, and patient outcomes in diverse populations. Randomized controlled trials (RCTs), meta-analyses, and systematic reviews will provide a clearer picture of where homeopathy stands and how it can be integrated effectively into evidence-based practice. Observational and cohort studies helps to inform the Homoeopathic clinician how effective homeopathic treatments are for different health issues and populations how effective homeopathic treatments are for different health issues and populations.

The Mission journal dedicated to present research articles of budding researchers. This issue come up with on the topic Iron deficiency anaemia, treatment of psoriasis with individualistic approach, rope of 50 m millesimal in case of acne Vulgaris and management of Migraine. s



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The Relationship between Iron Deficiency Anemia and Psoric Miasm : An In-Depth Analysis



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Abstract :

Iron deficiency anemia (IDA) is a widespread health concern characterized by reduced red blood cell or hemoglobin levels, impairing oxygen transport in the body. While typically attributed to insufficient iron intake, increased demand, or blood loss, the persistent occurrence of IDA despite proper dietary measures indicates a deeper dysfunction. This study explores the relationship between IDA and psoric miasm, a chronic imbalance described in homeopathy by Samuel Hahnemann. Psora, seen as a functional disturbance within the body, may result in the inability to absorb and utilize iron effectively. The study investigates the potential role of antipsoric homeopathic remedies, combined with an iron-rich diet, in enhancing iron absorption and addressing IDA at a deeper level. By understanding IDA through the lens of psora, this paper highlights the need for a holistic approach that integrates nutritional and homeopathic treatments to restore health. The research bridges traditional homeopathic concepts with modern scientific perspectives on nutrition and disease management, offering a new avenue for addressing iron deficiency.

Keywords :

Iron Deficiency anemia, Psora, Antipsoric Medicines.

Introduction :

Iron deficiency anemia (IDA) is a prevalent health issue characterized by a reduction in red blood cells or hemoglobin in the blood, leading to a decreased ability to carry oxygen. The deficiency may arise from inadequate nutritional supply, increased demand, or blood loss. Iron plays a crucial role in various bodily functions, including oxygen transport, enzymatic reactions, and cognitive and physical growth. The link between psora—a chronic miasm described by Hahnemann & deficiency disorders highlights a complex

interplay between nutritional needs and the body's ability to assimilate essential elements.

Globally, iron deficiency affects around 1.6 billion people, making IDA the most common cause of anemia. The World Health Organization (WHO) identifies that 30%–50% of anemia in children and vulnerable populations is attributable to iron deficiency.⁽¹⁾ Although individuals may consume iron supplements or iron-rich foods, some fail to improve, potentially due to poor absorption and assimilation. This study explores the connection between IDA and psoric miasm, arguing that deficiency is a primary characteristic arising from psora. Additionally, it investigates the effects of antipsoric homeopathic medicines combined with an iron-rich diet on the absorption and assimilation of iron in patients suffering from IDA.

Psora and Deficiency :

A noteworthy concept in homeopathy is psora, introduced by Samuel Hahnemann, the father of homeopathy.⁽²⁾ Psora, a fundamental cause of chronic diseases, represents an imbalance that manifests as a deficiency or insufficiency within the body.

Deficiency, as discussed in homeopathy, refers not just to a lack of nutrients but also to a failure of the body's systems to assimilate essential elements, such as iron.⁽³⁾ Despite sufficient dietary intake or supplementation, individuals with psoric tendencies may still suffer from iron deficiency because of this underlying inability to absorb and utilize the nutrient properly. This functional disturbance is a core feature of psora, where even the most subtle imbalances can lead to significant health issues.

Psora is linked with various functional disturbances in the body, which, when triggered by emotional stress or other factors,

lead to a wide array of symptoms. Iron deficiency anemia can be viewed through the lens of psora as a disorder stemming from this inability to assimilate nutrients, particularly iron.

Iron Deficiency Anemia as a Psoric Condition :

When we examine IDA in the light of psora, we understand that it is not just a nutritional disorder but also involves deeper dysfunctions related to nutrient absorption and assimilation. Psora is described as a functional disturbance, primarily affecting the nervous and emotional planes, and this may result in the body's incapacity to utilize iron effectively, even when it is available in the diet.

As noted in the literature, IDA may persist even when individuals consume iron-rich foods or supplements. This phenomenon aligns with the homeopathic understanding of psora, wherein the body's deficiency in certain elements is not necessarily due to an external lack but an internal failure to process and assimilate them. This distinction is crucial in understanding why some patients with IDA do not respond to conventional iron treatments.

Iron : A Crucial Micronutrient :

Iron deficiency is a significant cause of malnutrition, contributing to approximately one million deaths annually worldwide. Dietary iron absorption is typically low, with only 5-15% of intake being utilized by the body.⁽⁶⁾ Iron losses occur naturally through various processes, and additional factors, such as menstruation and chronic blood loss, further elevate the requirement for iron. Understanding dietary sources rich in iron is crucial for managing and preventing deficiency, particularly in regions heavily burdened by IDA.

Causes and Clinical Features of Iron Deficiency Anemia :

The causes of IDA can be broadly categorized into increased demand, increased iron loss, and decreased intake or absorption. The initial symptoms of IDA are often nonspecific, such as fatigue, shortness of breath, and dizziness, progressing to more severe manifestations like cardiac complications. Laboratory tests, including CBC, serum iron, and ferritin levels, confirm the diagnosis of IDA.⁽⁹⁾

Conventional Treatment Approaches :

Treatment for IDA typically involves dietary adjustments, oral or par-enteral iron therapy, and blood transfusions in severe cases. Dietary recommendations include consuming iron-rich foods such as leafy greens, legumes, meats, and fortified cereals. For patients who cannot tolerate oral iron due to gastrointestinal side effects or those requiring rapid replenishment, intravenous iron therapy is recommended.

Homeopathic Approach to Psora and Iron Deficiency Anemia :

Hahnemann's concept of miasms, particularly psora, describes chronic diseases stemming from disturbances in the body's equilibrium. Psora, identified as a deficiency leading to functional disturbances, is relevant in understanding the underlying causes of IDA. Emotional and environmental stressors can exacerbate psoric conditions, indicating a complex interplay between nutritional needs and psychological factors.

According to general symptomatology forming psoric group we have Boenninghausen's list of antipsoric remedies.⁽⁶⁾ We have 50 remedies which are published at the time of Hahnemann.

- 16 Remedies- vegetable group
- 1 Remedy- Animal group
- 33 Remedies- Chemical elements or inorganic substances or combined from these elements or substances.

Psora and Deficiency : A Unique Perspective

Psora is characterized by a lack of balance in nutrient assimilation and the functional disturbances that arise from it. Emotional strain can exacerbate these conditions, resulting in symptoms that reflect the body's inability to adapt and thrive under stress. The antipsoric remedies identified by Hahnemann may aid in restoring this balance, potentially enhancing the absorption of nutrients necessary for combating iron deficiency.⁽⁷⁾

Role of Treatment for Psora in Iron Deficiency Anemia :

1. Correcting Nutritional Deficiencies :

Addressing deficiencies directly through dietary interventions or supplementation can alleviate symptoms and restore balance.

2. Facilitating Absorption :

If deficiencies are due to absorption issues rather than inadequate intake, addressing the underlying psoric miasm may improve nutrient assimilation.

3. Holistic Approach :

Integrating lifestyle changes with antipsoric remedies can enhance overall health, supporting the body's ability to assimilate nutrients effectively.

Conclusion

Iron deficiency anemia is not just a physical disorder but may also be linked to deeper functional disturbances within the body, particularly the psoric miasm. By addressing the psoric imbalance through homeopathic remedies and dietary modifications, patients with IDA may experience improved iron absorption and overall health. This holistic approach recognizes that health is not merely about providing the body with nutrients but ensuring that the body can effectively use them, a principle central to both homeopathy and modern integrative medicine.

The relationship between psora and iron deficiency anemia offers an exciting area for further research, blending traditional homeopathic theories with modern scientific understanding of nutrition and disease.

References :

1. McLEAN E, COGSWELL M, EGLI I,

WOJDYLA D, DE BENOIST B 2009. Worldwide prevalence of anaemia, WHO Vitamin and Mineral Nutrition Information System, 1993–2005. *Public Health Nutr* 12: 444–454 [[PubMed](#)] [[Google Scholar](#)]

2. HAHNEMANN S: The chronic diseases, their peculiar nature and their homoeopathic cure, volume 1, Published by B. Jain publishers (P) Ltd., 13th impression: 2011

3. ORTEGA P S: Notes on the miasm, Published by National Homoeopathic Pharmacy, First English Edition 1980

4. HOWARD M, HAMILTON P (2013). Haematology: An Illustrated Colour Text, pp. 24–25. ISBN 978-0-7020-5139-5.

5. VITERI FE 1998. A new concept in the control of iron deficiency: Community-based preventive supplementation of at-risk groups by the weekly intake of iron supplements. *Biomed Environ Sci* 11: 46–60 [[PubMed](#)] [[Google Scholar](#)]

6. ROBERT H A: The principles and art of cure by homoeopathy, B. Jain Publishers Pvt. Ltd. , Low Price Edition: 2002, 22nd Impression: 2019

7. DHAWLE M.L. Principles and Practice of Homoeopathy. 3rd ed. Mumbai: Institute of Clinical Research Publishers; 2000.



Psoriasis Treated with Homoeopathic Constitutional Medicine – A Case Report



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Abstract :

Psoriasis is a chronic inflammatory skin disorder characterized by rapid skin cell turnover, leading to the formation of erythematous, scaly plaques. While conventional treatments primarily focus on symptom management, homeopathy offers a holistic approach by addressing the root causes of the disease through individualized constitutional treatment. This case study presents the treatment of a 28-year-old male with chronic psoriasis, using a single dose of homeopathic constitutional medicine. The patient, who had suffered from persistent psoriasis for several years, was treated with a remedy selected based on a detailed evaluation of his physical, emotional, and psychological state. After the administration of the remedy, significant improvement was observed in the patient's skin condition, including reduced scaling and erythema. Moreover, the patient reported enhanced overall well-being and a reduction in stress, which had been contributing factors to the exacerbation of the psoriasis. This case highlights the potential of homeopathic constitutional treatment in managing Chronic conditions like psoriasis, suggesting that addressing the individual's constitutional profile can offer a long-term therapeutic benefit and improved quality of life.

Keywords :

Psoriasis, Homoeopathy, Constitutional medicine

Introduction :

Psoriasis is a chronic, inflammatory skin disorder characterized by hyperproliferation of keratinocytes, leading to the formation of well-demarcated, erythematous plaques covered with silvery scales. It typically affects the scalp, elbows, knees, and lower back but can involve any area of the skin. The condition is believed to be immune-mediated, with genetic and environmental factors playing

a key role in its onset and exacerbation. Psoriasis is associated with various comorbidities, including psoriatic arthritis, cardiovascular diseases, and mental health issues such as depression. While the exact cause remains unclear, immune dysregulation, particularly involving T-cells, is considered central to its pathogenesis. Treatment options include topical therapies, phototherapy, systemic immunosuppressants, and biologics, with the goal of controlling symptoms, preventing flare-ups, and improving quality of life.

Case report :

28 years old male patient came with the complaints of multiple circular reddish maculopapular lesions all over the body and scalp. This complaint developed gradually over 1 & ½ years. Eruptions first appeared over left arm, followed by chest, scalp and whole body. There is no itching or bleeding from eruptions. Scaling of eruptions are present. Patient took several treatments but had temporary relief only and eruptions reappeared.

Life space investigation :

Patient comes from a poor family , where his childhood education was completed with the financial help of his maternal uncle. He completed his diploma in ITI. Then after many years of struggle and hardship he secured a stable job in IT profession. He described his progress and development by saying, "I had to take the responsibility of whole family as financial condition was bad. We didn't had any vehicle. I bought bike, father didn't drive bike, so I bought scooty for him. I put borewell in our farms, and purchased more land for agriculture." He said he always wanted to do something big for his family. He described himself as a quiet person , doesn't share his problem with others. Whenever he faces any difficulty he tries to sort his problems on his own. Now he is fed up of his skin disease, he wants permanent solution for same.

Physical generals :

Moderate built, wheatish complexion
Thermally hot
Desire – sweets
Perspiration – profuse, easily
Stool – satisfactory

Totality of symptoms :

Reserved Independent
Ambitious Delusion of wealth
Thermal hot Sweet desire

Profuse perspiration

Eruptions - psoriasis

Repertorisation-

1 MIND - AMBITION - increased	+
2 MIND - DELUSIONS - wealth, of	+
3 MIND - INDEPENDENT	+
4 MIND - RESERVED	+
Perspiration	
5 PERSPIRATION - PROFUSE	+
Skin	
6 SKIN - ERUPTIONS - psoriasis	+
Generals	
7 GENERALS - FOOD and DRINKS - a desire	+
8 GENERALS - WARM - age	+
Remedy	DDm DDg DDp DDs
sulph.	9 11 1,2,3,4,5,6,7,8
carb.	8 10 1,2,3,4,5,6,7,8
phos.	7 12 1,2,3,4,5,6,7,8
natr.s	7 12 1,2,3,4,5,6,7,8

Final prescription:

Sulphur 30 single dose
Sac lac TDS for one month

FOLLOW UP :

DATE	FOLLOW UP	PRESCRIPTION
29/06/24	Chief complaints, case taking done	Sulphur 30 single dose SL TDS X 30 DAYS
27/7/24	c/o mild itching eruptions -SQ	SAC LAC DROPS TDS X 30 DAYS
27/8/24	Eruptions better 20%	SAC LAC TDS X 30 DAYS
2/10/24	c/o itching, eruptions -SQ	SULPHUR 30 SINGLE DOSE SAC LAC TDS X 30 DAYS
30/10/24	70% eruptions better	SAC LAC TDS X 30 DAYS
30/11/24	90% eruptions better, no redness, no itching	SL TDS X 30 DAYS

BEFORE TREATMENT IMAGES :



AFTER TREATMENT IMAGES



DISCUSSION :

In this case, sulphur was prescribed on the basis of totality of symptoms. Communicative patient along with skin affections, thermally hot, sweet desire- all this indicated sulphur as the constitutional medicine. Our master, Dr. Samuel Hahnemann has advocated the use of single dose. This case represents the potential of minimum dose of similimum remedy in case of autoimmune disease like psoriasis.

REFERENCES –

1. William Boericke, Pocket manual of homoeopathic material medica and repertory, AITBS publishers, india, reprint edition 2023
2. H.C.Allen, Allen's keynotes rearranged and classified with leading remedies of the material medica and bowel nosodes, 10th edition, B Jain publications
3. William Boericke, 6th edition of organon of medicine
4. Dr.S.R.Phatak, Materia Medica of Homoeopathic Medicines, second edition-revised and enlarged, B Jain publications.



“To Study The Role of 50 Millesimal Potency In Cases of Acne Vulgaris.”



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ABSTRACT:

Objective : This study investigates the efficacy of 50 millesimal potency (LM potency) homeopathic treatments in managing acne vulgaris, a common dermatological condition characterized by inflammatory lesions and scarring.

Methods : A cohort of patients diagnosed with acne vulgaris was treated with LM potency homeopathic remedies tailored to their individual symptoms. The study employed a randomized, controlled design with a treatment group receiving LM remedies and a control group receiving a placebo. Clinical assessments were conducted at baseline and after 8, 12, and 16 weeks, evaluating the severity of acne lesions, patient-reported outcomes, and overall skin health. **Results:** Preliminary findings indicate that patients receiving LM potency treatments experienced a statistically significant reduction in acne severity compared to the placebo group. Subjective improvements in skin appearance and reduction in associated symptoms, such as inflammation and pain, were also reported.

Conclusion : The study suggests that 50 millesimal potency homeopathic remedies may offer a promising alternative or adjunctive therapy for acne vulgaris. Further research with larger sample sizes and longer follow-up periods is warranted to validate these findings and explore the mechanisms underlying the observed effects.

Introduction:

Acne Vulgaris : - Acne vulgaris is a long-term skin disease that occurs when hair follicles are clogged with dead skin cells & oil from the skin. It is characterized by blackheads or whiteheads, pimples, oily skin, & possible scarring. It primarily affects areas of the skin with a relatively high number of oil glands including the face, upper part of chest & glands.

Definition: -

It is the chronic skin disease of the pilosebaceous unit & develops due to blockages in the skin's hair follicles. These blockages are throughout occurring as a result of the following four abnormal processes: -

- a. A higher than normal amount of oily sebum production
- b. Excessive deposition of the protein keratin leading to comedo formation.
- c. Colonization of the follicles by *Propionibacterium acnes* (*P. acnes*) bacteria.
- d. Local release of pro-inflammatory chemicals in the skin including the face, upper part of chest & back.

INCIDENCE:

Acne is the most commonly encounter skin condition in adolescents & young adults between ages 12 & 35 years. Both genders are affected equally although onset is slightly earlier for girls. Acne becomes more marked at puberty & during adolescence because the endocrine glands that influence the secretions of the sebaceous glands are functioning at the peak activity.

CAUSES OF ACNE:

- 1) Genes :- The predisposition of acne for specific individuals is likely explained by a genetic component, a theory which is supported by studies examining the rates of acne among twins & first-degree relatives. Severe acne may be associated with XXY syndrome.
- 2) Hormones :- Hormonal activity, such as occurs during menstrual cycles & puberty, may contribute to the information of acne. During puberty, an increase in sex hormones called androgens causes the skin follicle glands to grow larger & make more oily sebum. Several hormones have been linked to acne, including the androgen, testosterone, dihydrotestosterone (DHT), dehydroepiandrosterone (DHEA); high levels of growth hormone (GH)

& insulin like growth factor-1 (IGF-1) have also been associated with worsened acne.

3) Medications :- Several medications can worsen pre-existing acne, with examples like lithium, hydantoin, isoniazid, glucocorticoids, iodides, bromides & testosterone.

4) Infections :- It is widely suspected that the anaerobic bacterial species *Propionibacterium acnes* (*P. acnes*) contribute to the development of acne. There are specific sub-strains of *P. acnes* associated with normal skin & moderate or severe inflammatory acne. These strains have the capability of changing, perpetuating or adapting to the abnormal cycle of inflammation, oil production & inadequate sloughing of dead skin cells from acne pores.

5) Diet :- High-glycaemic-load diets have been found to have different degrees of effect on acne severity. Dairy milk consumption is positively associated with a higher frequency & severity of acne. Vitamin B12 may trigger skin outbreaks similar to acne or worsen existing acne, when taken in doses exceeding the recommended daily intake.

6) Stress :- 21 Some research indicates that increased severity is associated with high stress levels in certain contexts such as hormonal changes seen in premenstrual syndrome.

7) Environmental factors :- Mechanical obstruction of skin follicles with helmets or chinstraps can worsen pre-existing acne.

CLINICAL FEATURES –

Acne usually affects the face, often the trunk, shoulders & back. - Greasiness of the skin may be obvious (seborrhoea). - The hallmark is the Comedones; open Comedones (blackheads) are dilated keratin filled follicles, which appear as black papules due to keratin debris. - Closed Comedones (whiteheads) usually have no visible follicular opening & are caused by accumulation of sebum & keratin deeper in the pilosebaceous ducts. - Inflammatory papules, nodules & cysts occur & may arise from Comedones. - Scarring may follow deep-seated or superficial acne & may be keloidal. - Acne is the common feature of Poly-Cystic Ovarian Disease (PCOD).

THERAPEUTICS :

1) *Eugenia Jambosia* :- It is specially indicated for indurated & painful acne along with Comedones. The pimples are painful for some distance around. It is also useful for acne rosacea.

2) *Berberis Aquafolium* :- The acne eruptions come in blotches. The rest of the skin is dry & scaly. Pimples extend from face towards the neck. It is an old age remedy to clear the complexion of the face.

3) *Antimonium Crudum* :- Pimples that chiefly affects the cheek & chin. Simple acne that turn into pustules & then gradually develop into boils. Pimples that they associated with gastric derangement. There is burning & itching sensation in the acne, worse at night.

4) *Calcarea Phosphoricum* :- The face is pale, yellowish, earthy full of pimples. They ulcerate very easily & form deep scars. Also tend to suppurate easily. Acne vulgaris in individuals who are tall, lean, anaemic with glandular enlargement.

5) *Graphites* :- Acne that exudes a gluey moisture but bleeds easily & has a tendency to develop thick crusts. Acne vulgaris before the menses. The skin symptoms alternate with digestive complaints.

6) *Sulphur* :- Pale sickly face with bright red lips with multiple, painful acne. Acne associated with dry, rough, wrinkled scaly skin. There is burning & itching sensation in acne which is worse at night in bed. Acne alternate with other complaints like asthma.

7) *Medorrhinum* :- Acne & pustules come out in blotches of reddish colour during menses; worse after menses. The discharge from acne has a fishy odour.

8) *Nux-Vomica* :- Pimples & acne that develop after excessive use of liquors & cheese. Pimples associated with gastric derangements.

9) *Kali-Bromium* :- The face is blotchy red appearance with multiple acne & especially during puberty. The scar remains after the acne had disappeared. Acne developing in individuals after sexual excess.

10) *Carbo-Veg* :- Pimples with mottled cheeks & red nose. Pimples developing in individuals who is fat, old, sluggish, lazy & lifeless. Pimples that suppurate & have an offensive odour.

11) *Bovista* :- Acne worse in summer. Acne due to use of cosmetics. Pimples over the entire body.

12) *Arsenic Idolum* :- Acne hard, shotty, indurated base with pustule at apex. Dry, scaly skin.

13) *Juglans Regia* :- Comedones & acne of the face that itch violently. When acne bursts, it

forms thick crusts. Acne that are associated with menstrual irregularities.

14) Carbo-Animalis: - Acne rosacea having sensation of burning & rawness in it. The skin has a tendency to develop ulcers with indurated glands especially neck, axilla & groins.

15) Calcarea Sulphuricum: - Tendency to suppuration after the pus has found its vent. Face is full of pimples & pustules. Discharge is thick, yellowish, lumpy & bloody. Obstinate pimples that refuse to heal early. Even though a hot patient, calc. sulph patient feels better by local heat.

50 – MILLESIMALSCALE:

Introduction: - 50 – millesimal scale is the finer & latest scale of potency, introduced in the 6th edition of Organon of medicine prepared in the ratio 1: 50,000 & was mentioned clearly about its preparation, preservation & administration. This name was given by Pierre Schmidt of Geneva. Hahnemann himself termed this new method as, “Renewed Dynamization” (§ 161). Potencies prepared under this method are named by Schmidt as “50-millesimal potencies” because of the factor that the material part of the medicine was said to be decreased by 50,000 times for each degree of dynamization. Pierre Schmidt, published an article entitled, “The Hidden Treasure of the Last Organon”, in “The British Homoeopathic Journal” in July October 1954. Designation: - In India: - 0/1, 0/2, 0/3, 0/4, 0/5, etc. In Bangladesh: - M/1, M/2, M/3, M/4, etc. In Western World: - 1/0, 2/0, 3/0, 4/0, etc. According to Hahnemann: - 0/1, 0/2, 0/3, 0/4, etc. It would be better if we write - LM/1, LM/2, LM/3, LM/4, etc. Here, L = stands for 50 M = stands for millesimal

PREPERATION OF 50-MILLESIMAL SCALE:

1. First trituration: - Original substance 1 drop (1 grain) + 100 grains of sugar of milk + 1-hour trituration by grinding, pounding, scraping, etc. This is the first trituration = 1/100.
2. Second trituration: - 1 st trituration 1 grain + 100 grains of sugar of milk + 1-hour trituration = 2nd trituration. = $1/100 \times 1/100 = 1/10,000$.
3. Third trituration : - 2 nd trituration 1 grain +

100 grains of sugar of milk + 1-hour trituration = 3rd trituration = $1/10,000 \times 1/100 = 1/10,00,000$.

4. Mother tincture: - 3 rd trituration 1 grain + 500 drops of mixture containing 1 part of 20% alcohol & 4 parts of purified water (100 drops of dispensing alcohol + 400 drops of purified water) = Mother Tincture. Drug power = $1/10,00,000 \times 1/500 = 1/50,00,00,000$. 38

5. First potency: - 1 drop of mother tincture + 100 drops of absolute alcohol + 100 succussions = LM/1, the 1st Potency. = $1/50,00,00,000 \times 1/100 = 1/50,00,00,00,000 = 1/5 \times 10^{10}$.

6. Conversion in the form of globules: - 1 drop of the first potency moistened with 500 globules & dried quickly.

7. Second Potency: - 1 globule of 1st potency + 1 drop of purified water + 100 drops of pure alcohol + 100 succussions = 2nd Potency.

8. In this way, LM/3 or 0/3 onwards will have to be prepared and potentised.

ADMINISTRATION OF MEDICINE IN 50-MILLESIMALSCALE :-

A. Medicinal solution: - Mode of preparation of medicinal solution for dispensing: -

1. Firstly, one brand new phial of 120 / 60 / 30 ml with new washer & cap are taken.
2. Then 3/4th part of phial is filled up with purified or distilled water.
3. Only one medicated globule of no.10 of selected medicine is desired potency is added.
4. To this solution 5 / 8 / 10 drops of rectified spirit are added as preservative agent.
5. The phial is closed with cork tightly.
6. The phial is marked with 16 / 8 / 7 / 4 or less equal doses.
7. Now, this medicinal solution is ready for use.

Direction of the patient for taking of medicinal solution :-

1. Before taking the medicine each time 8 / 10 / 12 downward succussions are given, according to the susceptibility of the patient – 10 for a less sensitive patient, & 12 times for least excited & sensitive patients.
2. After succession, one dose (marked over the phial) is taken in 3/4th glass of pure water. 3. Then stir it well, with a teaspoon.
4. One or two teaspoonful (as directed by the

physician) from it should be taken by the patient, & the rest portion of the solution is to be thrown away.

5. Each dose from the medicinal solution of each potency is to be applied in the same manner.

B. Dose: -

1. Single medicine

2. Minimum dose

3. Exceptions to be the minimum dose: - In the treatment of primary psora, syphilis, & sycosis, large doses of their specific remedies of over higher & higher degrees of dynamization daily must be administered.

4. Form: - Medicine must be administered in liquid form.

C. Repetition of dose: - Repetition of doses, in 50-millesimal potency, mainly depends upon the nature of disease which are: -

1. In chronic disease - Once a day or once every alternate day.

2. In acute disease - Once every 2, 3, 4 or 6 hours.

3. In very urgent case - Every hour or oftener.

ADVANTAGES OF 50-MILLESIMAL SCALE:

1) Minimum homoeopathic aggravation: - Homoeopathic aggravation may be avoided, minimized & even controlled, due to less amount of material quantity.

2) Quick cure of chronic disease: - Long lasting complicated & intractable chronic diseases may be cured within the shortest period of time.

3) Frequent repetition permissible: - Medicine can be frequently repeated - both acute as well as chronic disease - & also in emergency conditions. Even the long acting anti-miasmatic constitutional medicines & nosodes can be repeated too frequently as per need. It can be repeated: - 1. Daily on every 2nd day, in chronic disease. 2. Once every 2, 3, 4 or 6 hours in acute disease. 3. Every hour or oftener, in very urgent cases.

4) Judge of appropriate medicine: - The correct less of the selected medicine can be judged within 2-4 days in chronic disease, & within 2-4 hours or even earlier in acute cases by the use of this potency.

5) Palliative & curative purpose: - No separate medicine is essential for palliation when needed. The same constitutional medicine may be used.

6) Mental diseases: - Very useful in mental disease where least aggravation may be very much harmful to the patient & confusing to the physician.

7) Change from incurable to curable stage: - Incurable disease may turn to be curable after few months of treatment by using this potency.

8) Effective to bring back the suppressed state: - The repeated administration of 50-millesimal potency can easily bring back the suppressed state within a short period of time.

9) Effective for palliation in incurable diseases: - In incurable disease, where palliation is the only method of choice this potency is infallible for ideal palliation.

10) Primary manifestation of miasms: - In primary stage of psora, syphilis, & sycosis-administration of large doses & repeated doses- this potency proves to be very helpful.

11) Highest development of latent power: - 100 succussion are given to develop the powers of medicine to the desired extent, for a more & long-lasting penetration.

12) This new system gives full freedom to both physicians & patients from the tyranny of centesimal scale. Thus, medicines can be used off & on & when necessary.

DISADVANTAGES OF 50-MILLESIMAL SCALE:

1) Medicines must be administered in liquid form (i.e. in distilled water). So, to prevent the decomposition of water, rectified spirit is required.

2) Standard quality of phial & cork is essential to preserve the medicinal solution for long time.

3) It is very difficult to regulate the effect of the medicine administered if the patient lives far away from the physician's residence.

4) If the medicine administered is not "simillimum" & covers only the local symptoms, it may act as palliative & the symptoms take the wrong direction for cure.

5) Prolonged administration of partially selected medicine repeatedly may develop drug disease or iatrogenic disease, which are difficult to cure, sometimes incurable.

6) In simple & complicated chronic diseases of dynamic pathology, it is easier to observe the effect of the medicine by administering a single dose of centesimal potency.

7) The intricacy of the mode of use of the medicine & regulation of the so-called aggravation, through very mild, lead to lack of enthusiasm amongst many of us.

SUMMARY & CONCLUSION:

After studying this topic, we had come to conclusion that, with the homoeopathy, we can do betterment in cases of ACNE VULGARIS, as homoeopathic medicines touch the root cause of disease, which we had obtained the cure through case taking after complete repertorization. After this detail study, we find that acne more common in puberty or in adults & homoeopathic medicines are best acted upon the chronic skin diseases. So, we can use the LM potency i.e. 50- millesimal potency for the treatment because smallest quantity of medicine is sufficient to stimulate the vital force & produces the least possible aggravation in a particular case as well as frequent repetition is permissible. With the proper selection of homoeopathic simillimum with proper potency & doses, we can revert back the disease condition to normal.

References :

1. Hahnemann, S. (2003). *Organon of Medicine* (6th ed.). B. Jain Publishers.
2. Banerjee, A. (2015). *50 Millesimal Potency in Homeopathy*. New Delhi: Narayana Publishers.
3. Mathur, S. (2019). "Homoeopathic Management of Acne Vulgaris in Teenagers Using 50 Millesimal Potencies: A Case Series." *International Journal of Homeopathic Research*, 13(2), 75-80.
4. Sharma, R., & Verma, P. (2020). "Evaluating the Usefulness of 50 Millesimal Potencies in Chronic Diseases." *Indian Journal of Research in Homoeopathy*, 9(2), 45-53.
5. Joshi, M. (2022). "Role of Homoeopathic Medicines in Acne Vulgaris: An Integrative Approach." *Journal of Complementary Medicine Research*, 8(3), 105-112.
6. Bakson Homoeopathic Medical College. (2023). "Role of Homoeopathic Medicines in Cases of Acne Vulgaris in Young Adults." Retrieved from baksonhmc.com.
7. Thieme Connect. (2021). "Homoeopathic Management of Acne Vulgaris in Teenagers." Retrieved from thieme-connect.com.
8. Patel, R. (2018). "Efficacy of LM Potencies in Treating Chronic Acne Vulgaris." Master's thesis, Bharati Vidyapeeth Homoeopathic Medical College.



Homoeopathic Management of Acute Attack of migraine- A Case Study



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Abstract

Migraine : Headache is one of the most common and difficult clinical problems in medicine. In the majority of patients the cause is trivial and reversible and a careful clinical history and examination often allows a specific diagnosis there by avoiding unnecessary investigation. Prevalence of migraine usually starts after puberty and continues until late middle life. Worldwide, 15% females & 6% males are suffering from migraine. Frequency of occurrence is more common in females as compared to male is matter of interest because of this disproportionate sex ratio. The case reported here is that of a migraine in 45 years female who was treated successfully with homoeopathic medicines.

Keywords: Migraine, Homoeopathy medicine, Headache, Acute attack, Nausea, Vomiting, vertigo, visual disturbance

Introduction "Migraine is a benign and recurring syndrome of headache, which is clinically characterized by nausea, vomiting, photophobia, visual disturbances, vertigo and light-headedness." Migraine is characterized by episodic headache, which is typically unilateral and often associated with vomiting and visual disturbance. The single most characteristic feature is the episodic nature of headache. Frequently women notice an aggravation of migraine symptoms during peri-menstrual phase or in patients taking oral contraceptives. Approximately half of patients who suffer from migraine have family history of cases of migraine, suggesting a genetic predisposition. Recurrent episodes of this disease having predisposing factors of dietary factors, including chocolate, cheese, and alcohol may precipitate attacks.

1. PRELIMINARY DATA –

- Name : A.B.C. • Age : 45 years
- SEX : Female • Occupation : Housewife

- Address – Nasik • Marital status – Married
- Religion – Hindu

2. CHIEF COMPLAINT –

Pain in left side³⁺ of the head³⁺ with nausea³⁺ and vomiting³⁺ since 10 years.

3. History of chief complaint:

A patient was apparently all right 10 years back.

As she met a road traffic accident 10 years back then she since then she started complaining of headache.

First it was on and off but gradually it became more persistent and localized to left side of the head.

Headache generally starts suddenly mostly confined to left side³⁺ of the head settles above the eye.

Irritability³⁺ increases 1-2 days prior to headache without any cause.

There is itching in the ears²⁺ every time with noises²⁺ whenever there is headache since past few months.

Then headache gradually becomes more intense with throbbing³⁺ sensation, located frontal region involving left supra-orbital region and she becomes more irritable during headache preferring to be in a quiet room as slight noise is also unbearable³⁺.

There is a nausea³⁺ every time as soon as headache commences increases gradually ending every time in bilious vomiting³⁺

< Light 3+, Noise 3+ (during headache), Sun exposure 3+, While travelling 2+, Sour food 1+

> Rest 3+, Pressure 3

4. Associated complaint = Not any

5. Past history = chickenpox- When in 7th standard.

Left sided renal calculi – treated with homoeopathy 2-3 years ago

No H/O Pneumonia, Hepatitis, T.B., Typhoid, Malaria, COVID

6. Family history = Father – HTN-since 20 years. * Mother – HTN – Since 15 years.

7. Personal history =

- Appetite – normal, three meals a day.
- Desires – Nothing specific
- Aversion – Meat³⁺, pulses²⁺, bakery items²⁺
- Thirst – normal, 2-3 lit/day
- Bowels – normal, satisfactory, once a day
- Micturition – Normal
- Perspiration – only on exertion
- Menstrual and obstetric history –
- Lmp – 2 months ago, not remembered
- Menarche – at 14 years of age, normal, regular
- Duration of flow – 2/3 days
- Character – dark red, no clots
- Menses are irregular since past few months, scanty flow.
- Before – headache²⁺ 2-3 days prior to menses (since 1 year)
- Irritability²⁺
- During – irritability, lethargy
- After – no complaints. • Sleep - normal
- Dreams – nothing specific
- Thermals – ambithermal, towards hot²⁺ (fan - required in all seasons, bath – lukewarm water, covering – n.s., season - winter)

Mind / life space investigations :-

Since childhood she is introvert²⁺.

As a elder amongst the siblings she used to be responsible person.

Attached to her family – since childhood she looks after her younger siblings and now to her children. she is always worried about her children, family members that they must be healthy, safe.

Does not easily open up with others. Has very close circle of friends. Does not like to share her problems or thoughts with others but will keep I mind and talks only if she feels the person worthy.

she is irritable³⁺, irritability gets amplified now a days during headaches.

When she gets angry she keeps quiet will not go and quarrel but when she want she can and if then someone contradicts her she gets furious³⁺.

Likes to be alone, does not want sympathy.

Mood swings²⁺ – she is very moody person overall.

Confidence level good.

Sensitive – cries but not in front of others

H/o domination by her husband - but as she is she suffered all that quietly, but now all is well.

She used to eat too much salt almost on every dish but now she has controlled it.

8. Physical examination :- General survey :-

- Built:-well built
- Weight:-65 kgs
- Height:-150cm
- Pulse:-75/min
- B.P.:-100/80mmofhg
- Respiratory rate:-
- Pallor:-mild
- Cyanosis:-no
- Clubbing:-no
- Peripheral pulse:-well felt
- Lymph node:-no swelling
- Oedema:-no
- Icterus:-no

9. Systemic examination:-

- CVS:-s1 s2 normal
- CNS:-conscious oriented
- P/A:-soft non tender
- R.S:-AEBE CLEAR
- Examination for refractory error
NORMAL EYE VISION

10. D/D: Migraine headache

Tension headache Cluster headache

11. probable diagnosis – migraine headache

12. ANALYSIS :-

• Physical particular symptoms -

LOCATION	SENSATION	MODALITIES	CONCOMITANT
Head -Left side ³⁺ , Frontal above the eye	Throbbing ³⁺	< Light ³⁺ Noise ³⁺ (during headache) Sun exposure ³⁺ , While travelling ²⁺ , Sour food ¹⁺ > Rest ³⁺ , Pressure ³⁺	Itching and noises in the ears ²⁺

• Physical general symptoms –

symptoms	Name of symptoms
Aversion meat ³⁺	Characteristic physical general
Aversion bakery items ²⁺ , pulses ³⁺	Characteristic physical general
Thermally towards hot ²⁺	Characteristic physical general

- mental general symptoms –

symptoms	Name of symptoms
Irritable pain during ³⁺	Characteristic mental state
Quite wants to be ³⁺	Characteristic mental state
Anxiety about her family ³⁺	Characteristic mental state
Contradiction agg. ³⁺	Characteristic aggravating emotional modality
Mood changable ²⁺	Characteristic mental state
Introvert ²⁺	Characteristic mental state

13.EVALUATION –

- Mental generals –

1. Irritable pain during³⁺
2. Quite wants to be³⁺
3. Anxiety about her family³⁺
4. Contradiction agg.³⁺
5. Mood changable²⁺
6. Introvert²⁺

- Physical general symptoms –

1. Aversion meat³⁺
2. Aversion bakery items³⁺, pulses³⁺
3. Thermally towards hot²⁺

- Physical particular symptoms –

1. concomitant - Itching and noises in the ears 2+
2. modalities - < Light 3+
Noise 3+ (during headache)
Sun exposure 3+, Before menses 3+
While travelling 2+,
Sour food 1+ > Rest 3+,
Pressure 3+

3. sensation – Throbbing 3+

4. Location – Left side 3+ of the head frontal settles above the eye

14. TOTALITY OF SYMPTOMS –

1. Irritable pain during³⁺
2. Quite wants to be³⁺
3. Anxiety about her family³⁺
4. Contradiction agg.³⁺
5. Mood changable²⁺
6. Aversion meat³⁺
7. Aversion bakery items³⁺, pulses³⁺
8. Thermally towards hot²⁺
9. concomitant - Itching and noises in the ears 2+
10. < Light 3+ 11. < Noise 3+ (during headache)
12. < Sun exposure 3+ 13. Before menses 3+
14. While travelling 2+ 15. > Rest 3+,
16. > Pressure 3+ 17. Sensation throbbing 3+
18. left side of head 3+, settles over eye.

15. HAHNEMANIAN CLASSIFICATION OF DISEASE – True Natural Chronic Disease.

16. MIASMATIC CHART –

Miasmatic analysis - Psora

Sr.no.	symptoms	psora	sycosis	syphilis
1	Irritable pain during ³⁺	+		
2	Quite wants to be ³⁺			
3	Anxiety about her family ³⁺	+		
4	Contradiction agg. ³⁺	+		
5	Mood changable ²⁺	+		
6	Aversion meat ³⁺			+
7	Aversion bakery items ³⁺ , pulses ³⁺		+	+
8	Thermally towards hot ²⁺	+		
9	itching and noises in the ears 2+ during headache	+		
10	< Light 3+	+		
11	< Noise 3+ (during headache)	+		
12	< Sun exposure 3+	+		
13	< Before menses 3+	+		
14	< While travelling 2+	+		
15	> Rest 3+,	+		
16	> Pressure 3+	+		
17	Sensation throbbing 3+	+		
18	left side of head 3+, settles over eye.	+		

17. PROBABLE MEDICINES – Natrum mur, china, belladonna

18. FINAL REMEDY – Natrum Mur

19. SUSCEPTIBILITY – High

20. Reportorial totality – (repertory used – SYNTHESIS Mob.edition)

1. Mind – Anxiety – family; about his
2. Mind – Contradiction – agg.
3. Mind – irritability – headache, during
4. Mind – Mood – changeable
5. HEAD – Pain- sun- exposure to sun ; from
6. Hea- pulsating menses before agg.
7. Head – pulsating motion
8. Head – pulsating pressure amel.
9. Head – pulsating talking agg.
10. Ear noises in
11. Generals – food and drinks fat aversion
12. Generals – food and drinks meat aversion

1. NAME - ANANTA	2. SEX - F
3. AGE - 35	4. OCCUPATION -
5. ADDRESS -	6. PHONE NO -
7. DATE OF BIRTH -	8. DATE OF PRESENT ILLNESS -
9. DATE OF CONSULTATION -	10. DATE OF PRESENT ILLNESS -
11. DATE OF PRESENT ILLNESS -	12. DATE OF PRESENT ILLNESS -
13. DATE OF PRESENT ILLNESS -	14. DATE OF PRESENT ILLNESS -
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99. DATE OF PRESENT ILLNESS -	100. DATE OF PRESENT ILLNESS -

21. principles and plan of management –

• PRESCRIPTION –

R_x

Natrum mur 200 x 1 dose. S.L. x b.d. x 15 days.

Diet and Regimen –

1. To avoid triggering factors like going out in sun, avoiding sun exposure as much as possible.
2. Yoga and other relaxation therapies for mental stability.

Date	Symptoms	Remedy
1/3/2023	Headache - sun exposure, Less severe in intensity, itching in the ears reduced, unises stopped.	S.L. X B.D. 1 MONTH
1/4/2023	Headache 3 times in at 15 days interval, bearable. Noises and itching in the ears completely stopped.	S.L. X 1 MONTH
1/5/2023	No follow up for 2 months.	n.a.

FOLLOW UP 4 – (1/7/2023)

She came with a complaint of severe frontal headache 3+, left sided, settling over left eye., since 2-3 days.

On enquiry she told that she was busy in hospitals and taking care of her ill father who was suffering from paralysis so she couldn't make it possible to come and contact.

Last month she lost her father due to which she is really upset. she feels that they could save him and thinks that she neglected her duty as a daughter.

Acute totality –

- a/f – loss of loved ones • grief
- overthinking as she was very attached to her father the thoughts keep recollecting in her mind, brooding over thoughts
- mood swings – one time normal, calm other wants to cry
- headache left sided • throbbing pain
- probable remedies – natrum mur, ignatia, staphysagria
- final remedy – Ignatia

PRESCRIPTION – Ignatia 200 x 3 doses For 3 days Follow up after 3 days.

Supportive measures - Yoga therapy for mental relaxation.

Follow up 5 – headache was reduced by 50-60 % She was feeling better.

The little pain she could feel was bearable and less intense.

So, S.L. b.d. for 1 month was prescribed and told to meet SOS IF REQUIRED.

At subsequent follow up after 1 month she again complained of Headache 3+, itching in the ears 2+, and on symptom similarity Natrum Mur 1M 2 doses was prescribed at montly interval.

At next follow up, As told by patient she was better.

Headache now comes but it is bearable and less frequent.

So she is on S.L.

And repeated dose as and when required.

Comes regularly for follow up but tells everytime she is better.

CONCLUSION –

Homoeopathic medicines consider the patient as a whole. Accurate selection of individualistic homeopathic medicine allows for rapid relief from pain. They are helpful to manage acute attack and prevent recurrence as fast as other system of medicine. Homoeopathy serves as a tailor made approach to patient as it takes into consideration minute details of the patient including his physical as well as mental condition and the most important root cause of the incidence to be treated. so, totality of most characteristic symptoms is most important to guide the physician in each and every case.

Bibliography –

- 1) Harrison's Principles of internal medicine, 21st edition, volume 1, mobile edition, AFEKE BOOKS, pg no. 3357, 3358, 3359
- 2) Hahnemann s. Organon of medicine 6th edition New Delhi B Jain publisher, pg no. 95, 96
- 3) Synthesis repertory mobile version.
- 4) Allen HC, key notes and characteristics with comparison of some of the leading remedies of material medica with bowel nosodes, English edition, B Jain publishers, new delhi



News bulletin

Activities Conducted In The Institute



Department of repertory organized value-added course on "Cognitive Behavioral Therapy" for 4th BHMS student on 1st October 2024.



Teaching learning and evaluation committee organized "Simulator Training Workshop" in association with Delta Health Care lab, Vadodara, on 3rd October 2024



Department of Gynecology & obstetrics and Repertory organized Integrated learning activity for 2 year BHMS student on 4th October 2024.



Department of Surgery DOAP session on "Shifting of injured person & CPR technique" for 2nd BHMS student on 5th October 2024.



Department of Practice of Medicine organized Debate competition on the occasion of "world Mental Health day" ON 10th October 2024.



Department of HMM organized "Exhibition of chart and models" prepared by 1st BHMS student on 16th October 2024.



Department of Library celebrated “Vachan din” on the occasion of Birth Anniversary of Dr. A. P. J. Abdul Kalam on 18th October 2024.



Department of HMM organized Quiz competition for 3rd BHMS students on 22 October 2024.



Department of Homoeopathic Pharmacy organized study tour at Medicine Manufacturing company unit of JSPS Government Homoeopathic Hospital, Hyderabad on 22nd October 2024.



NSS unit conducted poster competition on “Communal Harmony” on 25th November 2024.



Department of Practice of Medicine and Hospital organized orientation program by Dr. Ashwini Deshpande, Symbiosis, Pune, on “Emergency Medical Services” for Interns & 4th BHMS students on 27th November 2024.



Teaching learning and evaluation committee organized “simulation training workshop” in association with Delta Health Care lab, Vadodara, on 20th December 2024

Glimpse of Community Health Checkup Camp Conducted



Free community health checkup camp at Somwar peth, Chandwad, on 1st October 2024.



Inauguration of Medical OPD of Shri R. P. Chordiya Hospital at Renuka Devi Yatra at the hands of Dhri Subhash Pawar, Manger Renuka Devi Mandir Trust



Free community health checkup camp at Uswad, on 9th October 2024.

Faculty invited as recourse person



Dr. A. N. Brahmane invited as resource person at K B J Engineering College, Chandwad, on 26th October 2024



Dr. M. H. Parewal, HOD, Department of Physiology & Dr. A. S. Pareek, HOD, department of Repertory invited as resource person for "CBDC teachers training program" at Kakasaheb Mhaske Homocopathic College, Nagar on 26th December 2024.

Faculty Achievements



Dr. S. N. Doshi, Vice Principal, HOD, Department of HMM, Honored with "SAMAJIK PRERNA AWARD" by Rakshita Nari Sanghatana, Chandwad, on 29th December 2024



Dr. M. H. Parewal, HOD, Department of Physiology, appreciated & felicitated at the hands of Management as received Dr. A. P. J. Abdul Kalam Nation Star Award on 26th October 2024.



Dr. Shalini Sharma, Department of practice of medicine, stood 4th in MUHS Marathon & received Award and cash prize at the hands of honorable Lt. Gen. Dr. Madhuri Kanitkar V. C. MUHS Nashik on 19th October 2024



Dr. Minakshi Potdar, Department of practice of medicine, stood 4th in MUHS Marathon & received Award and cash prize at the hands of honorable Lt. Gen. Dr. Madhuri Kanitkar V. C. MUHS Nashik on 19th October 2024

Glimpse of **"BHOOMI PUJAN SOHALA"** of new girls' hostel at the hands of
Sau. Leelabaiji Shantilalji Chhajed and Shree Shantilalji Chhajed
in the presence of Trust board & Prabandh samiti, management and
Principal, teaching and Non-teaching faculty at the new compus on 22nd December 2024.

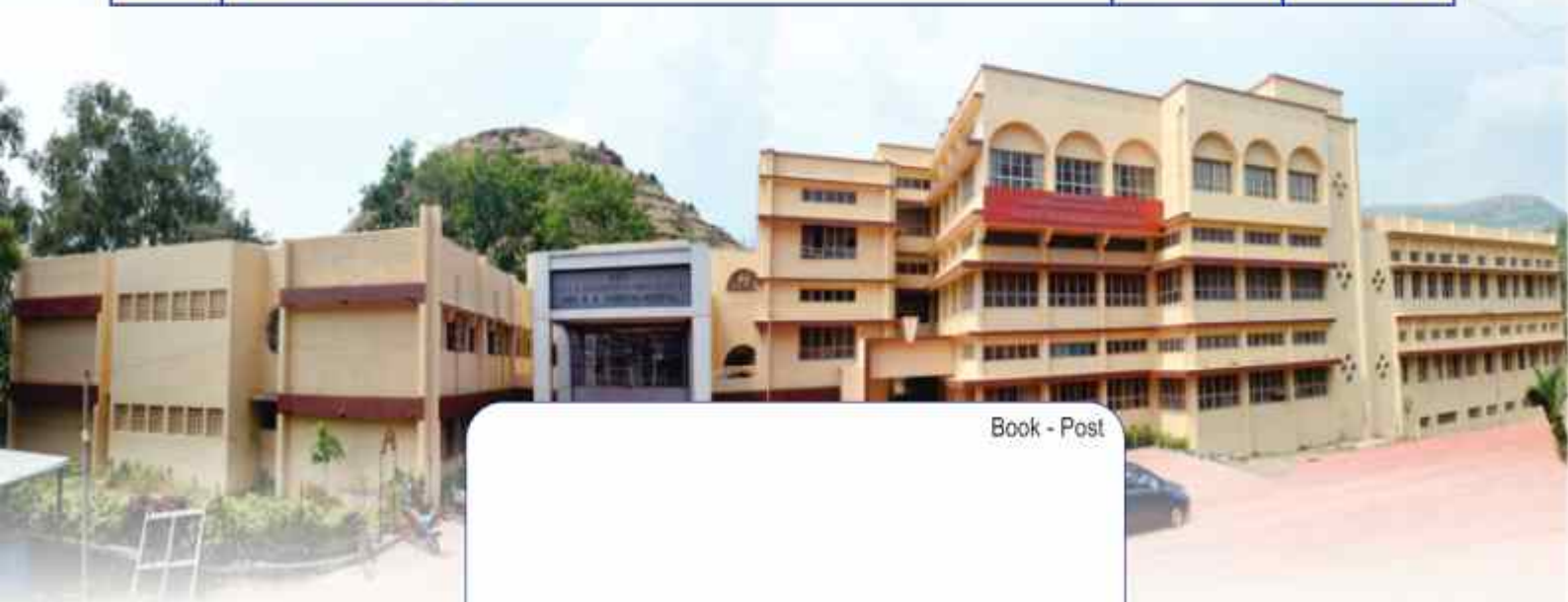




Institutes Run by the **SNJB (Jain Gurukul)**



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 Girdharlalji 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 Pemraji 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 Pramila Bai Danmalji Nahar (Premdan) Minimum Competency Vocational Course	1988	252124
10.	Smt. Kanchanbai Babulalji Abad Homoeopathic Medical College & Shriman Ratanlalji Premraji Chordiya Hospital	1989	252544 252054
11.	SNJB's Late Shri. Dhanraji 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 Devraji Mehata Dev- Vijay Post Graduate Institute of Homoeopathy & Research Center (M. D. Homo.)	2007	253282 252041
16.	SNJB's Smt. Sushilabai Mishrilalji Lunkad College of M. Pharmacy and Research Center	2008	253179
17.	SNJB's Ayurved & Multispeciality Hospital	2021	299070
18.	SNJB's Law College	2022	252150



Book - Post