

# 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**



Accredited by NAAC & NABH



Add.: CHANDWAD - 423101 DIST.: NASIK (M.S.)

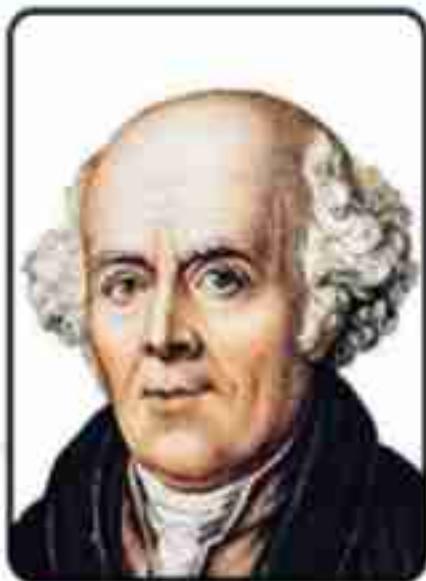
\* Tel. (02556) 252544, 252054

\* FAX (02556) 253282

\* E-mail : [kbahmc\\_nsk@rediffmail.com](mailto:kbahmc_nsk@rediffmail.com)

\* Visit us at - [www.snb.org](http://www.snb.org)

*Founder of Homoeopathy*



**Dr. Samuel Hahnemann**

*Founder of SNJB*



**Karamveer Keshavlalji H. Abad  
(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.

**\* Patrons**

Hon. Bebilalji Sancheti  
 Hon. Ajitkumarji Surana  
 Hon. Dr. Sunilkumarji Bagrecha  
 Hon. Nandkishorji Brahmecha  
 Hon. Sumatilalji Surana  
 Hon. Dr. Akashji Jain

**\* Editorial Board**

**Editor**  
**Prof. Dr. A. O. Dahad**

Principal & Professor  
 Email : principal.hmc@snjb.org

**Managing editor**

**Dr. Mrs. S. S. Thorat**  
 Asst. Prof. HOD, Dept. of FMT  
 Email : thorat.saphashmc@snjb.org

**Peer / Members****Dr. Mrs. S. N. Doshi**

Vice Principal, Professor &  
 HOD, HMM  
 Email : doshi.snhmc@snjb.org

**Dr. Mrs. A. N. Kulkarni**

Professor, Organon  
 Email : kulkarni.anhmc@snjb.org

**Dr. Mrs. A. S. Pareek**

Professor & HOD, Repertory  
 Email : pareek.ashmc@snjb.org

**Dr. M. H. Parewal**

Asso. Professor, Physiology  
 Email : parewal.mhhmc@snjb.org

**Dr. N. V. Dhawankar**

Professor & HOD Practice of Medicine  
 Email : dhawankar.nvhmc@snjb.org

**Published by :****Dr. A. O. Dahad**

Smt. K. B. Abad Hom. Med. College,  
 Chandwad - 423101 Dist -Nashik (MS)

**Contents**

1. "Molecular Mimicry Meets Miasmatic Theory" A Clinical Study on Homoeopathic Management of Recurrent Pharyngitis in Children  
 - Dr. Y. B. Thakkar  
 - Dr. N. V. Dhawankar 03
2. 'Your hair deserves healing, not hiding-' the Homoeopathic way to treat alopecia Areata with the help of Homoeopathy through synthesis repertory.  
 - Dr. Monali S. Mali (Pawar)  
 - Dr. Arpana S. Pareek 05
3. To Study The Role of Psychological Factors In The Development of Atopic Dermatitis & Its Homoeopathic Management - A Prospective Case Series Study  
 - Dr. Arwa M. Kanchwala  
 - Dr. S. P. Tripathi 08
4. A clinical study of utility of second prescription in chronic disease using MONARCH Criteria  
 - Dr. Reena Bhanushali  
 - Dr. Arpana S. Pareek 11
5. To Study The Significance of Second Prescription In Homoeopathic Management of Migraine in The Age Group of 15 To 60 Years- A Prospective Case Series Study.  
 - Dr. Sayli S. Lolge  
 - Dr. S. P. Tripathi 15

Views expressed by the author are their own and does not necessarily reflect the views of Editorial board.

## Editorial

### Advancing Homeopathic Knowledge Through Research and Publication

Research is the backbone of any evolving scientific discipline, and homeopathy is no exception. As practitioners and academicians, it is our collective responsibility to strengthen the evidence base of our system. In recent years, the demand for clinically validated, systematically documented homeopathic work has grown rapidly. This calls for a stronger research culture one that emphasizes inquiry, critical evaluation, and most importantly, publication.

Publishing research is not merely an academic formality; it is a professional obligation. Well-documented clinical studies, case reports, and experimental findings help refine our understanding of disease, expand the therapeutic horizon of homeopathic remedies, and enhance the credibility of our system in the wider medical community. When shared through peer-reviewed journals, research becomes part of a permanent scientific dialogue, accessible to students, teachers, clinicians, and researchers worldwide.

In this issue, we take a significant step in promoting this culture by showcasing research contributions from our postgraduate students. Encouraging young scholars to publish their work early in their careers helps cultivate the habit of scientific writing, disciplined clinical observation, and analytical thinking. This not only strengthens their academic foundation but also paves the way for future homeopathic researchers who will carry the discipline forward with clarity and confidence.

The current issue includes a diverse collection of research papers and clinical explorations: Homoeopathic Management of Pharyngitis, Treatment Approaches in Alopecia Dermatitis and its Homeopathic Treatment, Utility of the Second Prescription in Chronic Cases. Each article reflects the dedication, rigor, and emerging scholarly spirit of our postgraduate researchers. Let us continue fostering inquiry, sharpening our clinical insights, and strengthening the scientific foundation of homeopathy—one publication at a time.



**Prof. Dr. A. O. Dahad**  
Principal, Editor



**Dr. Mrs. S. S. Thorat**  
Managing Editor  
HOD Dept. of  
Forensic Medicine & Toxicology

## "Molecular Mimicry Meets Miasmatic Theory" A Clinical Study on Homoeopathic Management of Recurrent Pharyngitis in Children



Author-

Dr. Y. B. Thakkar M.D.(Hom)

Assistant Prof. Dept. of Anatomy,

Government Homeopathy College Jalgaon



Co Author-

Dr. N. V. Dhawankar M.D.(Hom)

Professor, Practice of Medicine

Smt. K. B. Abad HMC, Chandwad

### Abstract:

Pharyngitis is one of the most common upper respiratory infections among children aged 6–12 years. Although it is often self-limiting, recurrent episodes can lead to serious complications such as Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD), primarily due to Group A  $\beta$ -hemolytic Streptococcus (GABHS). The present study evaluates the effectiveness of individualized homoeopathic management by integrating miasmatic and constitutional approaches with modern immunopathological insights such as molecular mimicry and protein misfolding. A prospective case series of 30 children from diverse socio-economic backgrounds was conducted at institutional OPD, IPD, and peripheral camps. The study concludes that individualized homoeopathy offers a safe, gentle, and cost-effective solution for pediatric pharyngitis, bridging classical principles with modern immunological understanding, and thus contributing to integrative pediatric care.

### Keywords:

Pharyngitis, Children, Homoeopathy, Rheumatic Fever, Molecular Mimicry, Protein Misfolding, Miasmatic Approach.

### Introduction:

Pharyngitis refers to the inflammation of the pharyngeal mucosa accompanied by symptoms such as sore throat, fever, and painful swallowing. It often coexists with other upper respiratory tract infections such as tonsillitis, laryngitis, or sinusitis. The condition is particularly prevalent among children due to their developing immunity, predisposing them to recurrent infections. The *M protein* of GABHS plays a central role in the pathogenesis of ARF by mimicking human cardiac tissue antigens, leading to autoimmune cross-reactivity and potential cardiac valve. Modern therapeutic strategies, largely antibiotic-based, often fail to address the

underlying susceptibility or emotional factors influencing recurrence. In contrast, Homoeopathy, with its holistic and individualized approach, emphasizes the totality of symptoms-mental, emotional, and physical-while considering the child's constitutional and miasmatic background.

Alongside remedy administration, the approach integrates dietary advice, lifestyle regulation, and attention to psychosomatic influences such as emotional distress or maternal factors during pregnancy.

### Review of Literature-

#### Pharyngitis—Medical Perspective

Although often viral, a significant proportion of cases are caused by *Group A  $\beta$ -hemolytic Streptococcus*. While acute cases may resolve spontaneously, recurrent infections carry a risk of progression to ARF and RHD. Medical literature highlights a concerning trend of antibiotic overuse, antimicrobial resistance, and neglect of the psychosomatic dimension of the illness.

#### Pharyngitis—Homoeopathic Perspective

Homoeopathic scholars such as Hahnemann, Kent, and Boger emphasize that recurrent infections arise from underlying constitutional and miasmatic imbalances. The objective of Homoeopathic treatment is not merely to palliate local inflammation but to strengthen the vital force, thereby enhancing immunity and reducing recurrences. Clinical experiences show that individualized constitutional treatment leads to longer symptom-free intervals, better emotional stability, and overall vitality in children.

#### Molecular Mimicry and Protein Misfolding

The *M protein* of GABHS exhibits structural similarity to human cardiac myosin, causing *molecular mimicry* and autoimmune cross-reactivity. Moreover, *protein misfolding*-alteration in protein structure due to inflammatory changes-amplifies immune dysfunction,

sustaining chronic inflammation and potential tissue damage. These mechanisms explain how recurrent minor throat infections can evolve into systemic autoimmune diseases.

#### Integrative Perspective :

There exists a gap between modern immunopathological understanding and the holistic philosophy of Homoeopathy. While conventional medicine targets infection through antibiotics, Homoeopathy focuses on the susceptibility that predisposes the host to recurrent infections. This integrative perspective bridges both schools of thought, proposing that the combination of molecular insights and individualized therapy offers the most comprehensive pediatric care.

#### Predisposing Factors for Chronicity :

Scientific and clinical literature highlight conditions favoring chronicity:

- Frequent acute infections without complete recovery
- Hindrance to healing by repeated antibiotic use
- Persistence of infection due to resistant organisms
- Autoimmune cross-reactivity between microbial and host antigens
- Environmental and psychosomatic factors altering immune response

#### Methodology

This was a **prospective case series** conducted at the Outpatient Department, Inpatient Department, and peripheral camps of the Institute. Thirty pediatric patients aged 6–12 years, of both genders and varying socio-economic backgrounds, were selected by simple random sampling over 18 months.

**Inclusion Criteria :** Diagnosed cases of acute or recurrent pharyngitis

**Exclusion Criteria :** Patients with systemic diseases, congenital anomalies, deep pathologies, or receiving parallel allopathic treatment

**Withdrawal Criteria:** Irregular follow-up or non-compliance

**Data Collection:** A specially designed proforma was used for detailed case taking, including personal, medical, family, and emotional history. Clinical and systemic examinations were supported by investigations where required. Repertorization was performed using standard texts.

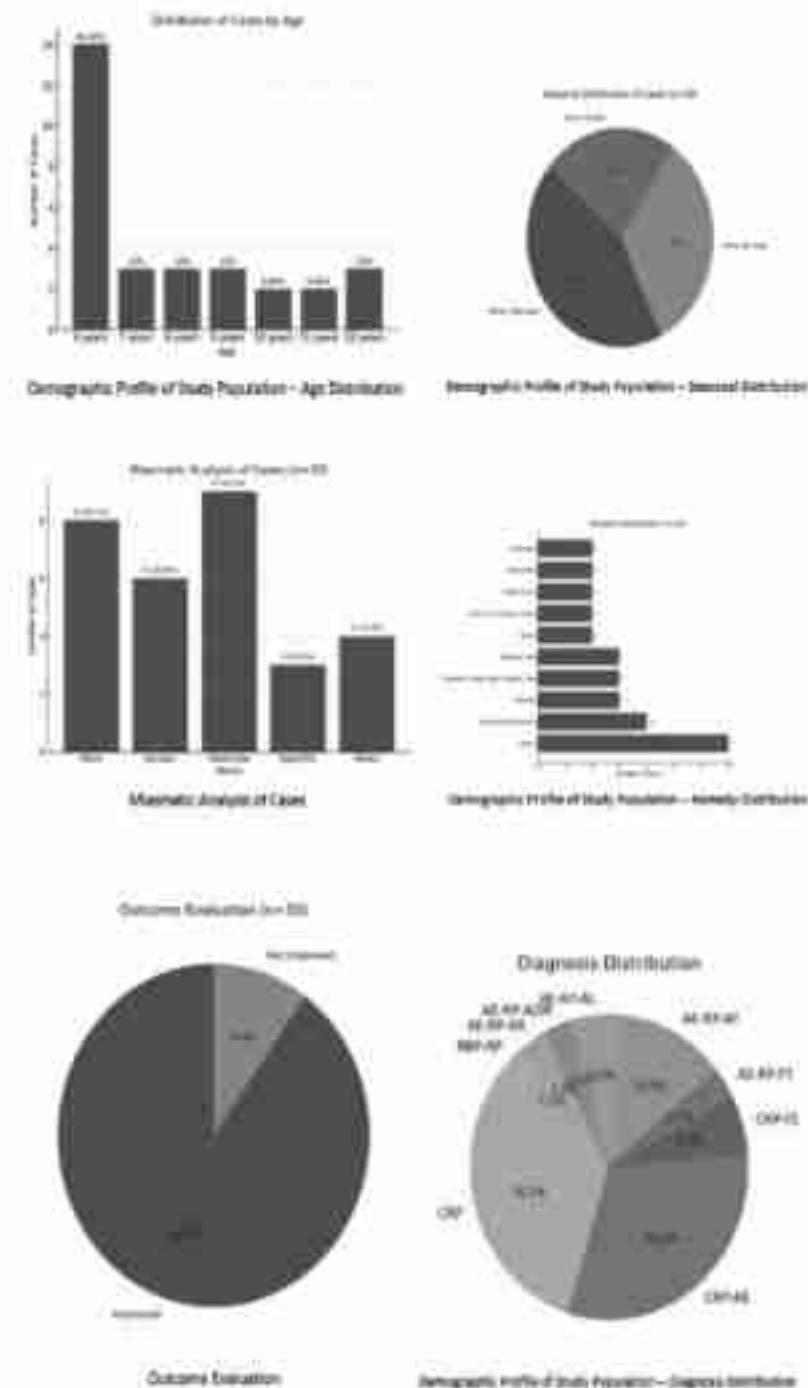
**Treatment Protocol :** Remedies were selected based on totality of symptoms and miasmatic background. Single, simple prescriptions were preferred. Potency and repetition were individualized.

#### Outcome Criteria:

- Relief in throat pain, fever, and swallowing difficulty
- Reduced frequency and intensity of recurrences
- Improvement in general health and emotional balance
- Prevention of complications (otitis media, sinusitis, rheumatic fever)
- Parental satisfaction and absence of adverse effects

Follow-ups were scheduled every 15 days or as required. Data were analyzed using descriptive statistics and presented through charts and diagrams to evaluate therapeutic efficacy. Informed consent was obtained from parents or guardians.

#### Observation :



**Discussion :**

Out of 30 cases, 87.5% showed significant improvement-defined as  $\geq 50\%$  reduction or complete recovery of symptoms. Recurrences markedly declined, and no antibiotic or steroid use was required throughout the study.

**Demographic Trends :**

- Predominant age: 6–8 years and 12 years
- Slight male predominance
- Seasonal peaks during winter and monsoon
- School-going children most affected due to exposure

**Miasmatic Distribution :**

- *Tubercular miasm* was most prominent in recurrent cases
- *Psoric* traits in milder forms
- Mixed *sycotic-syphilitic* tendencies in complicated or suppressed cases

**Commonly Prescribed Remedies :**

*Calcarea carb, Pulsatilla, Hepar sulph, Silicea, Tuberculinum, Carcinosin, Medorrhinum*

**Holistic Outcomes :**

Apart from symptomatic recovery, children displayed improved appetite, energy, sleep quality, and academic performance. Emotional and behavioral stability improved remarkably, supporting the psychosomatic connection in recurrent infections.

**Conclusion :**

Individualized Homoeopathic management in pediatric pharyngitis has demonstrated significant efficacy in relieving acute symptoms, preventing recurrences, and enhancing overall health. The study establishes Homoeopathy as a scientifically relevant, safe, and child-friendly alternative that aligns with modern immunopathological insights. By addressing not just the physical infection but also the child's emotional, constitutional, and miasmatic background, Homoeopathy ensures holistic restoration of health-truly fulfilling Hahnemann's ideal of "rapid, gentle, and permanent cure."

**Bibliography**

1. Davidson's Principles and Practice of Medicine, 24th Edition
2. API Textbook of Medicine, 12th Edition
3. Hahnemann S. *Organon of Medicine*, 6th Edition
4. Hahnemann S. *Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*
5. Dubey R. Demystify: The Scientificity Of Homoeopathy. Notion Press; 2019
6. Dubey R. True Perception of Chronic Diseases. Notion Press; 2016



## 'Your Hair Deserves Healing, Not Hiding-, The Homoeopathic Way To Treat Alopecia Areata With The Help of Homoeopathy Through Synthesis Repertory'



Author-

Dr. Monali S. Mali (Pawar)

PG Part 2 Repertory

Smt. K. B. Abad HMC, Chandwad



Co Author -

Dr. Arpana S. Pareek M.D (Hom)

Prof. &amp; HOD Department of Repertory

Smt. K. B. Abad HMC, Chandwad

### Abstract :

Alopecia areata is an autoimmune disorder characterized by patchy hair loss and is often linked to emotional or systemic triggers. This case study highlights the successful homeopathic management of alopecia areata in a 25-year-old male using individualized treatment. RADAR 10.5 software and the Synthesis repertory were used to analyze the case and select the most appropriate remedy. The patient exhibited a sensitive, expressive personality with anxiety and craving for cold food, leading to the prescription of *Phosphorus 200C*. The case showed marked improvement over five months, with full hair regrowth and emotional stability. This case supports the efficacy of classical homeopathy in managing autoimmune conditions when properly repertorized and individualized.

### Keywords :

Alopecia areata, Phosphorus, Homeopathy, RADAR 10.5, Synthesis repertory, Individualized remedy, Autoimmune

### Introduction :

Alopecia areata affects nearly 2% of the population and may have autoimmune, genetic, or stress-related origins. While conventional medicine focuses on immunosuppressants and topical therapies, the homeopathic approach aims at stimulating the body's inherent healing by addressing the individual holistically. This case demonstrates how technology-assisted repertorization (RADAR 10.5 with Synthesis Repertory) and classical homeopathic principles can lead to effective outcomes.

### Case Description :

#### Patient Profile :

- Age: 25 years      • Gender: Male
- Occupation: Engineer Student
- Date of Consultation: January 2025

#### Chief Complaints:

- Multiple round patches of hair loss over the scalp for the past 4 months

- No itching, pain, or scaling
- Emotional distress due to appearance and peer comments

#### Onset & History:

- Gradual hair loss noticed after a stressful final exam period
- No prior treatment taken other than coconut oil application
- General fatigue and heaviness of head reported

#### Personal History:

- Appetite: Good
- Cravings: Cold drinks, ice cream
- Thirst: Increased
- Thermal: Hot patient
- Sleep: Light, with vivid dreams
- Stool/Urine: Normal

#### Mental & Emotional Symptoms:

- Sensitive to criticism
- Friendly, talkative, easily excitable
- Anxiety before presentations
- Easily frightened by loud noises or sudden events

#### Family History:

- Mother with hypothyroidism
- No known hereditary alopecia

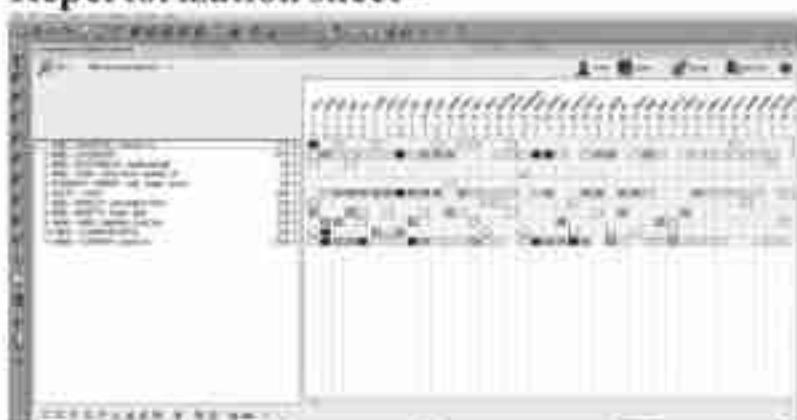
#### Repertorization :

**RADAR Software 10.5 & Synthesis Repertory** were used.

#### Rubrics Selected:

1. Mind - Sensitive - to criticism
2. Mind - Fear - sudden noises
3. Mind - Cheerful
4. Skin - Eruptions - bald spots
5. Generalities - Food & drinks - cold drinks - desire
6. Generals - Heat - aggravates

#### Repertorization sheet -



**Top Remedies Output:**

- *Phosphorus*      • *Sulphur*
- *Pulsatilla*      • *Natrum muriaticum*

**Remedy Selection :**

**Final Choice:** *Phosphorus 200C*, single dose

**Justification:**

- Strong match to mental profile: extroverted, sensitive, anxious, impressionable
- Strong craving for cold food and drinks
- Bald patches with no itching or scaling
- Aggravation from heat
- Well-represented in repertorization & clinically known for alopecia

**Follow-ups (with chart)**

Date	Observation	Prescription
Jan 10, 2025	Case taken. <i>Phosphorus 200C</i> , 1 dose given	<i>Phosphorus 200C</i> - 1 dose
Feb 15, 2025	Some hair regrowth in smaller patches	Placebo
Mar 15, 2025	Clear regrowth in 3 patches; emotionally calm	Placebo
Apr 20, 2025	90% hair regrowth; no new patches	Placebo
June 1, 2025	Full regrowth; patient emotionally stable	No remedy needed - closed

**Discussion :**

This case reflects the efficacy of constitutional homeopathic treatment when the emotional and physical characteristics of the patient are accurately matched with the remedy. *Phosphorus*, known for its sensitivity,

sociability, and craving for cold drinks, closely mirrored the patient's profile. The use of RADAR 10.5 facilitated systematic repertorization, helping to prioritize *Phosphorus* among close differentials. Timely intervention with the correct potency (200C) and minimal repetition helped stimulate the patient's vital force without aggravation.

**Conclusion :**

Homeopathic treatment, when individualized and supported by digital tools like RADAR, can offer significant improvement in autoimmune disorders such as alopecia areata. This case demonstrates that addressing both emotional and physical aspects of the patient is critical for long-lasting healing.

**References :**

1. Alkhalifah A, Alsantali A, Wang E, McElwee KJ, Shapiro J. Alopecia areata update: Part II. Treatment. *J Am Acad Dermatol*. 2010;62(2):191–202.
2. Madani S, Shapiro J. Alopecia areata update. *J Am Acad Dermatol*. 2000;42(4):549–66.
3. Happle R. A new look at the pathogenesis of alopecia areata. *Arch Dermatol Res*. 1983;275(3):127–32.
4. van Haselen RA. Case reports in homeopathy: A review of journal reporting. *Homeopathy*. 2016;105(4):329–34.
5. Schroyens F. *Synthesis: Repertorium Homeopathicum Syntheticum*. 9th ed. London: Homeopathic Book Publishers; 2001.
6. RADAR 10.5 [Computer program]. Archibel S.A., Belgium. 2009.
7. Boericke W. *Pocket Manual of Homoeopathic Materia Medica*. New Delhi: B Jain Publishers; 2001.
8. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 1990.
9. Phatak SR. *Materia Medica of Homoeopathic Medicines*. 2nd ed. New Delhi: B Jain Publishers; 2002.



## To Study The Role of Psychological Factors In The Development of Atopic Dermatitis & Its Homoeopathic Management - A Prospective Case Series Study



Author-

Dr. Arwa M. Kanchwala

MD - II, (Homoeopathic Philosophy)

Smt. K. B. Abad HMC, Chandwad



Co Author -

Dr. S. P. Tripathi M.D.(Hom)

Professor, Dept. of Organon of Medicine

Smt. K. B. Abad HMC, Chandwad

### ABSTRACT

#### INTRODUCTION:

Atopic Dermatitis (AD) is a long-standing, relapsing inflammatory skin condition characterized by intense pruritus, xerosis, and eczematous lesions. It commonly begins in childhood but may persist into adulthood, significantly impacting the quality of life due to its physical discomfort and psychological burden. The condition is multifactorial, involving genetic predisposition, immune dysregulation, and environmental triggers. Understanding its chronic nature and exploring holistic approaches to management, including homoeopathic perspectives, is essential for improving patient outcomes and long-term care strategies.

#### METHODOLOGY:

In this experimental study 30 Patients suffering from Atopic Dermatitis for more than 6 months were selected. Then severity of symptoms was assessed using 5-D Pruritis scale and POEM (Patient Orientation Eczema Measurement) Scale. Consents were taken from the patients after diagnosis. The data was collected in modified case record format prepared for the topic. Then analysis and evaluation of symptoms, totality of symptoms was done. The dermatology life Quality index scale was used to assess the impact of atopic dermatitis in patient's life. Repertorization was done with the help of repertory by using synthesis repertory 9.0 in Radar software. Then similimum was selected on the basis of totality of symptoms and with the help of homoeopathic *materia medica*.

#### RESULTS:

All 30 cases were observed after administration of constitutional homoeopathic prescription in Atopic Dermatitis out of which 26 cases are Improved & 4 were not improved.

#### CONCLUSION:

In this study it is found that Psychological

factors play a role in the development of atopic dermatitis and Homoeopathic medicines are effective in the treatment of AD.

#### KEYWORDS

Psychological factors, Constitutional prescription, Atopic Dermatitis, Totality of symptoms, Homoeopathy.

#### INTRODUCTION

Atopic Dermatitis is a complex disease with a wide spectrum of clinical presentations and combinations of symptoms. Patients with skin diseases experience a wide range of symptoms ranging from, erythema, oedema, eczematous skin lesions, xerosis, lichenification, and severe pruritus. AD affects 10–20% of children worldwide and persists into adulthood in a minority of cases, affecting approximately 2–3% of the adult population, with an increased prevalence over the past decades in urbanized societies. While the exact etiology of AD is undefined, laboratory and clinical data point to a multifactorial pathogenesis comprised of both genetic and environmental factors. Stress is a well-established trigger and aggravator of AD. While the term "stress" includes both physiological and psychological stress, for the purposes of this review, we will focus on psychological stress and its role in AD.<sup>[1]</sup>

Atopic Dermatitis is marked by a high degree of psychological and emotional burden in both paediatric and adult populations leading to stress, disturbed sleep, and affecting the daily activities of individual and hampering the quality of life.

The consideration of psychological factors that may be present and significant (i.e., manifest symptoms, personality features, coping styles, stress reactions, and lifestyle factors that affect the dermatologic condition or compliance with medical regimen) is required.

Several types of stress may be a trigger and aggravate AD. In general, different triggers have been shown to give rise to different biological response. While the term "stress" includes both physiological and psychological stress, we have focused on psychological stress and its role in AD. There are epidemiological studies on the relationship between AD and psychological stress, stress being reported to exacerbate AD. In addition, higher levels of psychological stress have been found in patients with AD compared to adults without AD. It has also been reported that a substantial number of patients with moderate-to-severe AD worsened their eczema by anxiety and depression, from a neurobiological point of view being difficult to differentiate from chronic stress.

The modern medicine agrees that psychological stressors cause disease. But for dermatitis documented evidences do not focus on psychological factors but rather on pathological factors.

So this study is therefore aimed to find out the psychological role in development of specifically Atopic Dermatitis and how these factors help in its Homoeopathic management.

**MATERIALS AND METHODOLOGY:**

- **Study Design :** A prospective case series study.
- **Study Setting:** The cases will be collected from College OPD and peripheral OPD.
- **Study population-** Individuals suffering with Atopic Dermatitis.
- **Duration of study:** 18 months
- **Sample Size:** 30 cases
- **Sampling Technique:** Simple random sampling.
- **Method of selection of study objects:**

- **Inclusion Criteria:**

- All the age groups
- Both the sexes.
- Patients suffering from Atopic Dermatitis for more than 6 months.

- **Exclusion Criteria:**

1. Sample with congenital diseases, autoimmune diseases and malignancies will be excluded from the study.

- **Withdrawal Criteria:**

1. Sample who are irregular for the follow ups will be withdrawn from the study.
2. Sample showing increase in severity of

2. Sample showing increase in severity of symptoms even after receiving treatment for 3 months
3. Sample not willing for consent.

• **Operational Definitions:**

1. Atopic Dermatitis – Atopic Dermatitis is a chronic relapsing and remitting inflammatory skin disease characterised primarily by scaly, pruritic, and erythematous lesions located on flexural surfaces of the skin.
2. Psychological factors - Psychological factors are characteristics or facets that influence an individual psychologically and/or socially.

• **Methods of measurements:**

1. Case Record Format
2. Study instrument / Data collection tool:
3. History taking.
4. Case Record Format.
5. Material Medica and Repertory Tool.

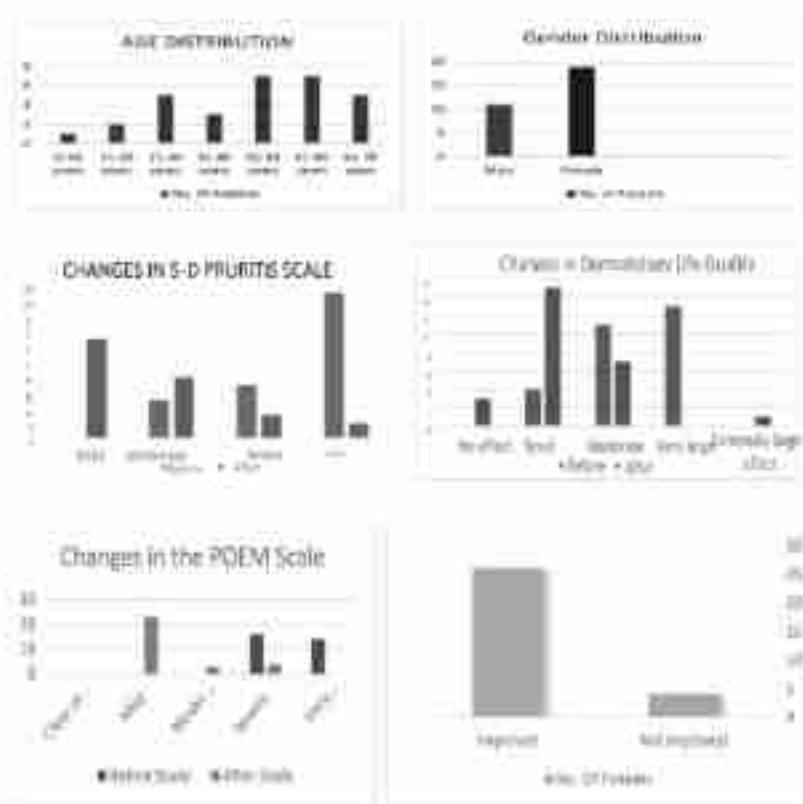
• **Scales used:**

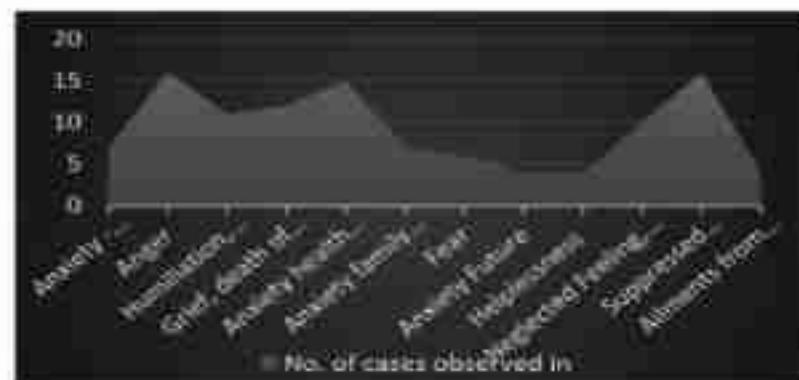
1. 5-D Pruritis scale, published in final edition as - Br J Dermatol 2010 March 162.
2. Patient Oriented Eczema Measure- published by CR Charman in 2004
3. Sum Of Regional Totals- Adapted from Berth-Jones (1998)

• **Data Analysis Plan and Method:**

1. After completion of study, observations and results will be represented statistically by means of graphs, tables, charts, etc.
2. The result will be verified by the use of a standard test as per the need of the study.
3. Results will be represented in the form of improved and not improved.

**RESULTS:**





### DISCUSSION:

The presented study was primarily aimed at finding out the role of psychological factors in the cases of Atopic Dermatitis and its homoeopathic management and to record the improvement in the quality of life of such patients. To conduct this study we took 30 cases, suffering from Chronic Atopic Dermatitis, their pruritus was measured with the help of 5 D pruritus scale before the prescription and after every follow up, along with POEM scale and the dermatology life quality index which was used to study the improvement in the quality of life of such patients.

This study found a significant association between psychological stress and the severity of atopic dermatitis (AD). Patients experiencing higher levels of anxiety and emotional distress tended to present with more severe dermatological symptoms. Additionally, individualized homoeopathic management showed promising results in symptom relief and overall patient well-being.

The observed link between psychological stress and AD severity aligns with previous research indicating that stress can exacerbate inflammatory skin conditions. Studies by Gupta et al. and Kim et al. have similarly reported heightened AD symptoms in patients with elevated stress markers. However, unlike conventional pharmacological trials, our study explored homoeopathic interventions, which remain underrepresented in mainstream literature.

The positive outcomes noted here differ from some earlier studies that reported limited efficacy of homoeopathy, possibly due to differences in case individualization, remedy selection, and follow-up duration.

### CONCLUSION:

The present study underscores the profound interplay between psychological disturbances and the pathogenesis of atopic

dermatitis. Clinical findings and supporting literature reveal that individuals suffering from atopic dermatitis often present with heightened emotional reactivity, unresolved stress, anxiety, or suppressed emotions. These psychological states contribute to immune system dysregulation via psychoneuro-endocrine pathways, amplifying the skin's vulnerability and intensifying inflammation, pruritus, and barrier impairment.

Case analyses conducted in this study reveal marked improvements in dermatological conditions following homoeopathic intervention that considered psychological inputs during remedy selection. Remedies such as *Arsenicum album*, *Sulphur*, *Graphites*, and *Pulsatilla*, when administered according to miasmatic tendencies and emotional expression, have demonstrated significant symptomatic relief, improved sleep, reduced stress perception, and sustained remission of eczema.

Thus, this study validates the hypothesis that psychological factors significantly influence both the emergence and chronicity of atopic dermatitis, & that homoeopathic management by integrating mind-body assessment and individualized remedy selection provides a compelling, holistic framework for lasting recovery. By acknowledging and addressing the emotional landscape of the patient, homoeopathy transcends symptom suppression and facilitates a return to health from within, offering an elegant solution to a complex & relapsing condition.

### REFERENCES:

- NIAMS. Atopic Dermatitis [Internet]. National Institute of Arthritis and Musculoskeletal and Skin Diseases. 2022. Available from: <https://www.niams.nih.gov/health-topics/atopic-dermatitis>
- Steinhoff M, Suárez A, Feramisco J, Koo J. Psychoneuroimmunology of Psychological Stress & Atopic Dermatitis: Pathophysiologic & Therapeutic Updates. *Acta Dermato Venereologica* [Internet]. 2012;92(1):7–15. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3704139/>
- Lönndahl L, Abdelhadi S, Holst M, Sol-Britt Lonne-Rahm, Klas Nordlind, Johansson B. Psychological Stress and Atopic Dermatitis: A Focus Group Study. *Annals of Dermatology*. 2023 Jan 1;35(5):342–2.



## A Clinical Study of Utility of Second Prescription in Chronic Disease Using MONARCH Criteria



Author-

Dr. Reena Bhanushali

PG Part II of Repertory

Smt. K. B. Abad HMC, Chandwad



Co Author -

Dr. Arpana S. Pareek M.D. (Hom)

Prof. &amp; HOD Department of Repertory

Smt. K. B. Abad HMC, Chandwad

### Abstract :-

**Background :** Chronic diseases have a gradual onset, slow progress, derange the living organism in their own peculiar manner, if not treated. These cases need a series of medicines in order to restore the health and general wellbeing of the patient. Hence second prescription is utmost important in chronic diseases hence, practical knowledge related to it must be obtained by every homeopathic physician. The MONARCH is a tool used to evaluate the likelihood of causal attribution of homeopathic treatment to clinical outcome.

**Objective :** To understand the clinical utility, effect and frequency of different varieties of second prescription along with the use of MONARCH tool.

**Design :** This is a case series study of chronic diseases to understand the utility, effect and frequency of second prescription using MONARCH tool for evaluation of cases.

**Materials and methods :** 45 cases with chronic diseases were studied from OPD over a period of 6 months, the response of the patient to first prescription was analysed and second prescription was made, evaluation of outcome and treatment was done using MONARCH and the utility and frequency of each type of second prescription was studied.

**Result :** There was improvement in 41 cases out of 45 cases with MONARCH score above 6 and repetition of the same medicine [115 times], was observed to be the most frequently type followed by placebo, [ 88 times] and change of potency [29 times], change of remedy [14 times], complimentary remedy [7 times] and intercurrent remedy [3 times] respectively.

### Keywords :

Homeopathy, Second Prescription, Remedy Relationship, Complementary, MONARCH.

**Introduction:** A second prescription is the prescription given to the patient after the first prescription has acted, i.e., caused some

change in the disease condition of the patient. After the action of first prescription a second more accurate and well interpreted second prescription is to be given after proper analysis, evaluation and reference to *Materia medica* and *Organon* to reach the correct remedy and potency needed for the present state of the patient.

In aphorism 183, the 6th edition of *Organon of Medicine*, Dr. Samuel Hahnemann has given introduction to the guidelines about what is to be observed and how a physician can reach to a second prescription which can be repetition of the first prescription, change of remedy which can be an antidote, complementary, cognate to the previously indicated remedy or a new remedy based on the changed totality, change in potency or placebo<sup>[1]</sup>. The aim of treatment is to cure which means restoring the health of the patient, on the basis of fixed homeopathic principles. After the first prescription, the natural observations seen in patient are well depicted in Kents 12 observations<sup>[2]</sup> which is a useful guide in deciding further management and prognosis of the case. Herings direction of cure guides the physician in evaluating the progress in course of disease.

The Modified Naranjo Criteria for Homeopathy<sup>[3]</sup> (MONARCH) score is useful assessment tool which consist of 10 domains for evaluation of clinical outcome using preassigned score to each domain. The total of which signifies the likelihood of causal attribution between the clinical outcome and homeopathic treatment.

Studies related to chronic diseases have elicited the use of Gibson Miller remedy relationship table while selecting second prescription, also use of complementary and cognates remedies have elicited valuable improvement in difficult chronic cases. Chronic diseases have a miasmatic background and many cases require an

intercurrent remedy to remove the miasmatic block and progress towards improvement studies regarding use of intercurrent with effective results have also been done.

In this study, all the patients were observed with great detail and care at each follow up and were evaluated at the end of study period for results on the basis of MONARCH score and the utility of different types of well selected second prescription, their frequency and efficacy in bringing improvement in chronic diseases was studied in each case.

#### **MATERIALS AND METHODS:**

##### **Setting and study design**

The present study was conducted at college OPD located at Nashik, Maharashtra, India. A case series study of 45 patients with chronic disease under homeopathic treatment was done to evaluate the outcome and study the clinical utility of second prescription in each case.

Each case was clinically diagnosed and treated individually with indicated homoeopathic medicines on the basis of Homoeopathic principles for 6 months. The response of patient after first prescription was evaluated for making second prescription following guidelines mentioned by Dr. Hahnemann and other stalwarts of Homeopathy. The objective of carrying out this study was to understand clinically the utility of different varieties of Second prescription and observe its frequency and effect in chronic diseases using MONARCH as evaluation tool.

##### **Methodology:**

The study sample of 45 patients with clinically diagnosed chronic disease were individually evaluated at OPD and provided with homeopathic treatment up to the 6th follow up of each case. The score of MONARCH was considered at the end of the study duration for evaluating the result of the treatment given in each case.

##### **Inclusion criteria :**

Patients between the age group of 5 to 60 years suffering from clinically diagnosed true chronic diseases were included in the study after taking their wilful consent.

##### **Selection of second prescription :**

The second prescription was selected

based on the action of the first prescription and patient's response considering the present totality at each follow up based on guidelines of given by Dr. Hahnemann and stalwarts of Homoeopathy. All the cases were analysed in reference to Kent's 12 observation, Hering's direction of cure, Synthesis Repertory, Gibson Miller remedy relationship table and Families of remedies 21.b] using RADAR software.

##### **Assessment of the second prescription :**

The cases were evaluated at the end of study according to MONARCH and score of each was considered as a basis of improvement related to the homeopathic treatment given.

##### **Result:**

In this study, out of 45 patients with chronic disease 41 patients showed improvement (91.11%) and 4 patients were not improved [1 case of hypothyroidism and essential hypertension each and 2 cases of hyperthyroidism]. Second prescription was found to be of great importance in treatment and management of chronic diseases [Fig No:1], repetition of same remedy was observed 115 times, placebo 88 times, change of potency 29 times, change of remedy 14 times, complementary remedy 7 times and intercurrent 3 times. The highest MONARCH score was 12 and lowest was 4 with improvement seen in 41 cases attributing to definitive relation between the result and the homeopathic treatment [Fig No:2]. The gender distribution was 11 males and 34 females with most common age group of 31 to 40 years.

##### **Discussion :**

A second prescription is the one which follows a remedy which has acted. Dr. Hahnemann in aphorism 182-184 mentions the need of the second more accurately suitable homoeopathy remedy in the treatment of the sick individual in order to ensure cure. This theoretical view point is the foundation basis for this study. The points observed were change in diseases condition, overall feeling of the patient, appearance of old or new symptoms, no improvement or severe reaction or aggravation of symptoms and direction of cure. MONARCH scoring was done using its 10 domains to evaluate the clinical outcome. Many stalwarts have given their clinical

experiences and guidelines for accurate case taking during the first visit and subsequent follow up visits, to reach to the decision of selection of second prescription.

#### Types of second prescription used :



**Fig No – 1-** Graphical presentation of different types of second prescription used.  
MONARCH scoring of 45 cases.



**Fig No – 2 -** Graphical presentation of MONARCH SCORE of 45 cases.

In this study, 45 patients suffering from chronic disease were evaluated, out of these 41 patients showed improvement, repetition of the same remedy was the most common type of second prescription seen 115 times of all cases. The types of second prescription observed were placebo used 88 times, change in potency used 29 times, Change of remedy used 14 times due to change in present totality of symptoms, Complementary remedy (Nux vomica and Sepia, Natrum Mur and Pulsatilla, Silicea and Pulsatilla, Belladonna and Sulphur, sulphur, Lycopodium and Calcarea carb) used 7 times in cases of PCOD, post viral arthralgia and migraine which showed improvement and Intercurrent remedy [Sulphur, Medorrhinum, Tuberculinum] used 3 times in case of tinea cruris, allergic rhinitis and recurrent aphthous ulcers. All the cases were The MONARCH score of three cases was 4 which showed possible association between medicine and outcome along with no marked improvement, twenty-four cases had score between 5-8 which showed probable association of treatment and outcome with marked improvement and eleven cases had score between 9-12 which suggested definitive association between treatment and outcome with improvement in each case. The patient with score between 6-12 were considered as improved on homeopathic treatment.

outcome with marked improvement and eleven cases had score between 9-12 which suggested definitive association between treatment and outcome with improvement in each case. The patient with score between 6-12 were considered as improved on homeopathic treatment.

In this study, 45 patients suffering from chronic disease were evaluated, out of these 41 patients showed improvement, repetition of the same remedy was the most common type of second prescription seen 115 times of all cases. The types of second prescription observed were placebo used 88 times, change in potency used 29 times, Change of remedy used 14 times due to change in present totality of symptoms, Complementary remedy (Nux vomica and Sepia, Natrum Mur and Pulsatilla, Silicea and Pulsatilla, Belladonna and Sulphur, sulphur, Lycopodium and Calcarea carb) used 7 times in cases of PCOD, post viral arthralgia and migraine which showed improvement and Intercurrent remedy [Sulphur, Medorrhinum, Tuberculinum] used 3 times in case of tinea cruris, allergic rhinitis and recurrent aphthous ulcers. All the cases were The MONARCH score of three cases was 4 which showed possible association between medicine and outcome along with no marked improvement, twenty-four cases had score between 5-8 which showed probable association of treatment and outcome with marked improvement and eleven cases had score between 9-12 which suggested definitive association between treatment and outcome with improvement in each case. The patient with score between 6-12 were considered as improved on homeopathic treatment.

The use of Gibson Miller remedy relationship table, Families of remedy repertory in RADAR 10 software were used for finding the related remedies, the cases were repertorized using Synthesis Repertory 9.0 [English] in RADAR 10 software. The dose of modern medicine in case of hypothyroidism, migraine and hypertension was reduced by their respective physician. The acute complaints were managed as per the presenting acute totality with mental, physical general and particulars as required. Further studies related

to specific chronic diseases, grave pathologies and acute diseases shall be conducted to elaborate the use of second prescription and remedy relationship and enhance the knowledge of practical utility of homeopathic principles along with evaluation of efficacy of homeopathy in various disease condition.

**Conclusion:**

The use of second prescription on basis of guidelines provided by stalwarts is clinically important in treatment and management of chronic diseases. The most common type of second prescription was repetition of same remedy at interval of 15 days to 1 month. The highest score in MONARCH scoring was 12 and the lowest was 4 with improvement in 41 cases which elicited a definitive association between outcome and homeopathic treatment.

**Scope of further research:**

Further studies related to specific chronic diseases, grave pathologies and acute diseases shall be conducted to elaborate the use of second prescription

**Acknowledgement:**

The author take pleasure to thank Dr. Arpana Sandeep Pareek (H.O.D. REPERTORY Department) for sparing her valuable time and knowledge in our study.

**References :**

1. Lamba C, Gupta V, van Haselen R, Rutten L, Mahajan N, Molla A et al. Evaluation of the Modified Naranjo Criteria for Assessing Causal Attribution of Clinical Outcome to Homeopathic Intervention as Presented in Case Reports. 2020. Available from: <https://doi.org/10.1055/s-0040-1701251>
2. Mengji D. Interpreting the second Prescription. [www.vitalhomoeopathy.com](http://www.vitalhomoeopathy.com). [cited 23 January 2022]. Available from: <http://www.vitalhomoeopathy.com/img/pdf/interpreting%20the%20second%20prescription.pdf>
3. Dhawale M. Principles and Practice of Homoeopathy and Repertorization. 4th Ed. New Delhi: B. JAIN PUBLISHERS (P) LTD; 1967.
4. Kent, J.T. (2022) "The Second Prescription," in Lectures on Homoeopathic philosophy. 6th ed. New Delhi, India: B. Jain Publishers, pp. 256–263.
5. Das D, Mondal A. Case Study Advancements in Homeopathic Research A Case Report of Chronic Facial Urticaria and Homoeopathy. Homoeojournal.com.2021 [cited 18 January 2022]. Available from: <https://homoeojournal.com/wp-content/uploads/2021/07/A-Case-Report-of-Chronic-Facial-Urticaria-and-Homoeopathy.pdf>
6. Organon and homoeopathic philosophy for everyone. 3rd ed. Pune Vidyarthi Griha;



## To Study The Significance of Second Prescription In Homoeopathic Management of Migraine in The Age Group of 15 To 60 Years- A Prospective Case Series Study.



Author-

**Dr. Sayli S. Lole**MD II, Homoeopathic Philosophy  
Smt. K. B. Abad HMC, Chandwad

Co Author -

**Dr. S. P. Tripathi M.D.(Hom)**Professor, Dept. of Organon of Medicine  
Smt. K. B. Abad HMC, Chandwad

### Abstract

#### Introduction:

Migraine is a debilitating neurological disorder with significant global prevalence, causing recurrent attacks of pulsating headaches, often associated with nausea, photophobia, and phonophobia.

**Methodology :** A prospective case series study of 30 patients was conducted using a defined inclusion & exclusion criteria.

**Results:** Results demonstrated that the second prescription; whether repetition of first prescription, placebo, change of potency, change of remedy, played a crucial role in guiding further treatment.

**Discussion:** Stress emerged as the most common trigger (43%), and Natrum muriaticum was the most frequently prescribed remedy (17%). Overall, 90% of cases improved, highlighting the importance of accurate and timely second prescriptions in homoeopathic management of migraine.

**Introduction :** Migraine is a spectrum disorder presenting as episodic or chronic headaches lasting from hours to days.<sup>[1]</sup> Conventional therapies often provide suboptimal relief and may be poorly tolerated. Homoeopathy offers a holistic approach by addressing both symptoms and underlying susceptibility.<sup>[2]</sup> After the first prescription has acted; patients, especially migraine cases with recurrent attacks, must not be left unattended. The physician should carefully observe, analyse, and interpret post-remedy changes to guide the next prescription appropriately.

#### Two main forms are recognized :

Migraine without aura (common migraine) – unilateral throbbing pain, 4–72 hours duration, aggravated by activity, with nausea/photophobia.

Migraine with aura (classical migraine) – transient neurological symptoms (visual, sensory, speech) preceding headache, lasting <60 minutes.

#### Aetiology<sup>[3]</sup>

Migraine onset commonly occurs in adolescence and continues until the sixth decade. Risk factors include:

- Age and sex – Typical migraine appears in adolescence and continues at intervals until the sixth decade when the attacks may cease apart from occasional teichopsias; more common in women.
- Hereditary influences- the transmitted factor being an abnormal response of cranial and other vasculature to certain external or endogenous stimuli.
- Precipitating causes – fasting, bright light, head trauma, foods like cheese/chocolate.

#### Triggers of Migraine<sup>[4]</sup>

Stress (80%), Hormonal fluctuations (65% of women), Skipped meals, weather changes, lack/excess of sleep, Odors, neck pain, alcohol, noise, exercise, Exposure to lights/Heat.

#### Second Prescription :

##### Definition :

Second Prescription is the prescription made after the one that has acted.<sup>[5]</sup> After studying a case and after proper evaluation of each symptom simillimum is to be prescribed after which the patient shows desired reaction to the administered remedy during the follow up, it should be carefully observed and noted. This observation guides the physician in deciding the further plan of treatment.<sup>[6]</sup> The first prescription is the one that has acted, the one that has affected changes and subsequent to that the next prescription is second.<sup>[7]</sup>

#### Types of Second Prescription<sup>[8]</sup>

##### I. Repetition of the First Prescription

- If the first remedy acted well but symptoms reappear, the same medicine is repeated in the same potency and dosage.
- Indicated when improvement halts and old symptoms return.

**2. Wait and Watch / Placebo :**

- Used when the patient is improving or when in doubt.
- Placebo allows time to observe the natural action of the previous remedy without disturbing it.

**3. Change of Potency :**

- Given when the first remedy acted but its effect has ceased.
- Higher or sometimes lower potencies are prescribed to stimulate further action.

**4. Change of Remedy :**

- a) Antidote – given to neutralize harmful effects of a wrongly prescribed medicine.
- b) Complementary Remedy – follows and completes the action of the first remedy.
- c) Cognate Remedy – closely related remedy prescribed after the first has completed its action.
- d) Change of Plan of Treatment – when another miasm emerges requiring a new approach.
- e) Intercurrent Remedy- Usually a nosode, prescribed to remove obstacles in chronic cases where progress has stopped.

**Aims and Objective of the study :**

**Aim :** To understand the significance of second prescription in homoeopathic management of Migraine in the age group of 15 to 60 years.

**Objectives :**

Primary objective: To understand the effect of second prescription in homoeopathic management of Migraine.

**Secondary objective:**

1. To measure the frequency of different varieties of second prescription observed in cases studied.

2. To find out commonest triggering factors associated with Migraine.

**Materials and Methods**

**Source of data :** 30 cases of patients suffering from migraine attending OPD and IPD of institute of homoeopathic medical college, Camps conducted by the institute, Peripheral OPDs run by the institute.

**Method of study :** A prospective case series of 30 patients was conducted. Patients are selected on the basis of eligibility, inclusion criteria and screening is done. The data is represented in modified case record format prepared for the topic. Pain intensity assessment is done using

Verbal Rating Scale. Then analysis and evaluation is done and totality of symptoms is formed. Repertorisation is done with the repertory best suited to the case. Similimum is selected on the basis of individualisation. Duration of study was 18 months. Follow ups are taken at regular intervals of 15 days or 1 month. During each follow up, response to the remedy prescribed is observed, analysed, and recorded and as per the rules of second prescription, consecutive prescriptions are carried out. The outcome of treatment in each case is evaluated using Verbal Rating Scale for Pain assessment.

**Inclusion criteria:**

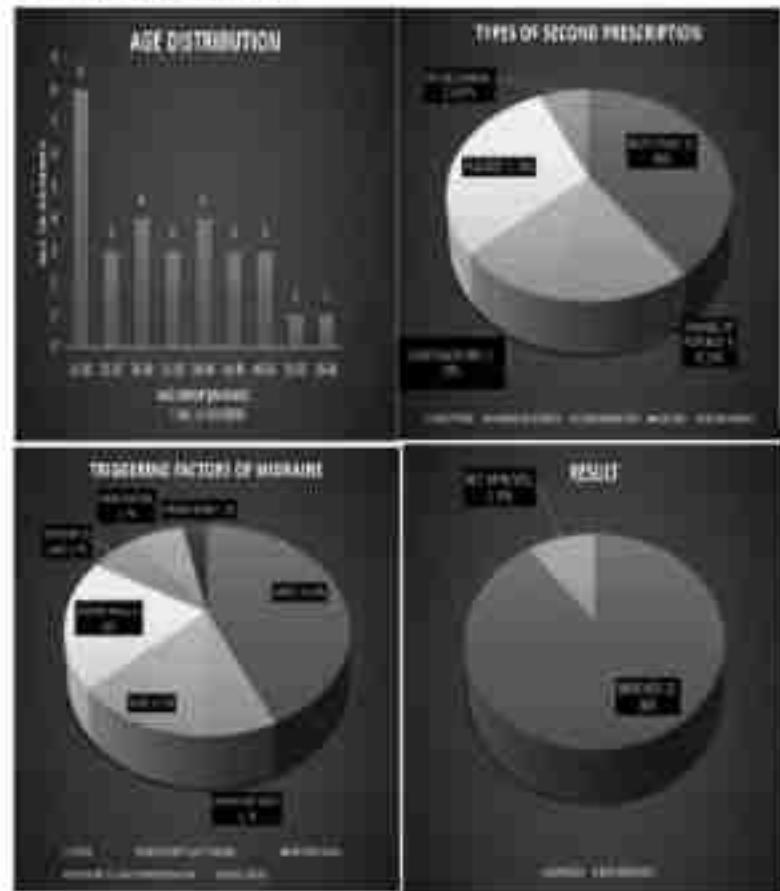
- 1) Patients from different socio- economic backgrounds are considered.
- 2) Patients in the age group of 15 to 60 years.
- 3) Patients willing to give consent.

**Exclusion criteria:**

- 1) Patients above 60 years and below 15 years of age.
- 2) Patients not willing to give consent.
- 3) Patients having other associated systemic diseases or comorbidities.

**Subject withdrawal criteria:**

- 1) Patients with irregular follow ups.
- 2) Cases who are not taking prescribed medicines timely.
- 3) Patients who are not willing to further continue homoeopathic treatment.
- 4) Any of the exclusion criteria developed during the study.



**Discussion :**

This study evaluated the significance of the second prescription in homoeopathic management of migraine, focusing on its frequency and types in 30 cases (age 15–60 years) followed using the Verbal Rating Scale (VRS). Second prescriptions, whether repetition of the previous remedy, change of potency, use of complementary/intercurrent remedies, or placebo were crucial in sustaining improvement and preventing relapse. Stress was the most common trigger (43%), followed by missed meals and noise. Migraine prevalence was higher in females (56.67%) than males (43.33%), likely due to hormonal factors such as menstruation, pregnancy, and ovulation. The most affected age group was 15–20 years (27%), followed by 26–30 and 36–40 years (13% each), highlighting stress-related influence. Natrum muriaticum was the most frequently prescribed remedy (17%), addressing both physical and emotional aspects. The commonest second prescription approach was repetition of the first remedy, reflecting the importance of remedy response observation. Based on VRS, 90% of cases improved while 10% did not. Overall, accurate and timely second prescriptions were found vital for guiding case management, ensuring follow-up, and achieving recovery.

**Conclusion :**

This study reinforces the dynamic and individualized nature of homoeopathic treatment, emphasizing the physician's role not only in the first prescription but also in timely second prescriptions and continuous follow-ups. Its strengths lie in the prospective design and focus on a neglected aspect of homoeopathy, while limitations include small sample size and single-centre data, restricting generalisability. Clinically, it highlights the crucial role of the second prescription in long-

term migraine management. In some cases, placebo alone maintained improvement, stressing the value of waiting and observing after the first prescription. Although larger, long-term studies are needed, this work provides useful evidence and guidance for practice.

**References/Bibliography :**

1. Foxhall K. Introduction [Internet]. [www.ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov/books/NBK544087/). Johns Hopkins University Press; 2019. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK544087/>
2. Suresh Patil P, Priyanka Jibhyenkar, Mahendra U, Pawar. International Journal of Research Publication and Reviews HOMOEOPATHIC MANAGEMENT OF MIGRAINE. International Journal of Research Publication and Reviews [Internet]. 2025 ;(6). Available from: <https://ijrpr.com/uploads/V6ISSUE3/URPR40082.pdf>
3. Sainani GS. API textbook of medicine. fifth ed. Bombay, Maharashtra: association of physicians of India; 1997. p. 807
4. Golwalla AF. Golwalla's medicine for students a reference book for the family physician. New Delhi: JayPee, The Health Sciences Publisher; 2017. p. 505, 507
5. [Internet]. [cited 2023 Jul 24]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560787/>
6. Kent JT, Nigam H. Lectures on Homoeopathic philosophy: With classroom notes and word index. USA: B. Jain Publishers (P) Ltd.; 2016. p. 305-314
7. Roberts HA. The Principles and Art of Cure, low price edition ed. Noida, U.P (India): B. Jain Publishers (P) LTD; 2002. p. 144-149
8. Dhawale ML. Principles & Practice of homoeopathy. Mumbai: Reprographic Ventures; 2008. p. 281-283



News bulletin**Activities Conducted In The Institute**

Department of community medicine organized "A visit to Water Purification Plant" IV BHMS Students Today.



Dept. of Gync. & Obgy. has organised seminar by Dr Trupti Devrakhkar, Professor & HOD, Dept of OBGY, CMP HMC Mumbai, on the topic "Polycystic ovarian disease" on 18.09.2025.



Lecture on "Puberty and importance of HPV vaccination" at Sri Neminath Jain School, Neminagar, Chandwad, by Prof. Dr. Jaishree Wankhade, HOD, department of Gy/Obs, under Swasth Nari Sashakt Bharat campaign on 19 th September 2025.



NSS Day celebration on 24/09/2025.



Department of Gynaecology and obstetrics has organised on the topic "Integrated study of gynaecological Conditions with respect to predisposition miasm & personality" on 27<sup>th</sup> September 2025.

### Camp Organized by Hospital



Department of HMM and NSS unit has organised the blood donation & Thalassemia detection camp in collaboration with Arpan blood bank Nashik on 3<sup>rd</sup> July 2025.



Health check up camp organized at Nanhave on 24<sup>th</sup> July 2025.



Chief Minister's Secretariat, Charitable Hospital Assistance and SNJB's Smt. K.B. Abad Homoeopathic Medical College & Shri R.P. Chordiya Hospital Chandwad has organized Community Health Camp on 16<sup>th</sup> August 2025 at Rural Hospital, Pimpalgaon Baswant.



Health check up camp at Redgaon on 12<sup>th</sup> September 2025.



SNJB's Smt K B Abad HMC & Shri R P Chordiya Hospital, Chandwad, started Free Homoeopathic OPD on every Wednesday at Aapla Dawakhana, at Malegaon Terapanth Bhawan, Satana naka, Malegaon from 3 September 25.



SNJB's Smt. K.B. Abad Hospital and Nova IVF Nashik held a free Infertility Camp on 13th September 2025.



Inauguration of Health Check-up Camp during Navratri Ustav at Renuka Mata Mandir at the Hands of Management Members on 23 Sept 2025.

## Glimpses of Advance Research Methodology Workshop, Organized from 15<sup>th</sup> -20<sup>th</sup> September 2025



Felicitations of speaker, Dr. Sandeep Kadu COE, MUHS, Nashik, Dr. Prashant Shivgunde, MUHS, Nashik,



Lecture by Dr Pradip Awale, MUHS, Nashik on the topic " objective of workshop, introduction to Research methodology



Valedictory function in the presence of respected Shri Nandkishorji Brahmecha, trust board member, Dr. Shri Sunilji Bagrecha, Shri. Sumatilalji Suran, Shri Akashji Jain, Shri. Pankajji Chopda



# *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 <sup>th</sup> & 12 <sup>th</sup> )	1975-76	252124
05.	Shriman Pemrajji Dalichandji Surana Arts & Commerce (Junior) College	1976	252125
06.	Smt. Sagunbai Kadulalji 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 Pramilalbai 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 Mishrimalji 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

