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Shri. R. P. Chordiya Hospital And Bhamashah Shri. V. D. Mehta,
Dev-vijay P. G. Institute of Homoeopathy & Research Centre**



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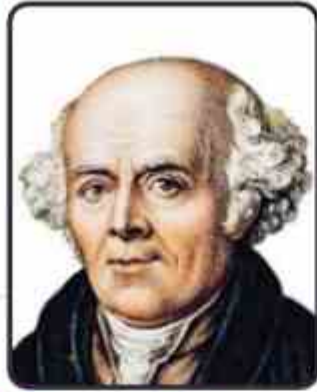
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Founder of Homoeopathy



Dr. Samuel Hahnemann

Founder of SNJB



**Karamveer Keshavlaji 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.

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Editorial

Homoeopathy is a system of medicine which is popular amongst the community because of its simplest way of treatment which is less expensive and without any side effects and so on. As per the report published in times of India on 20 July 2022, "India leads in terms of the number of people using homeopathy, with 100 million / 10 crore people depending solely on homeopathy for their medical care. Homeopathy is the second-highest funded as well as used category under AYUSH, by the Indian government and public respectively." Worldwide, over 200 million people use homeopathy on a regular basis.

Even though it is worldwide accepted science by community, implausibility from scientific stand point is often cited as a reason for criticism about Homoeopathy. Evidence-based results are presented by researcher in many studies to prove the effectivity of Homoeopathic medicines in different disease conditions to prove the excellence of Homoeopathic system. But the quantity of Homoeopathic medicinal substance and their action in human body are the only questions which acts as barrier for minds of materialistic & so-called scientific people to accept the excellence of Homoeopathic treatment. whereas these people only endorse the cause of various diseases is idiopathic or unknown if they are unable to find it. This is nothing but wasted interest in knowing the taste of smell, colour, temperature, vision etc. Logically what is its result is more important not how it acts. So evidently homoeopathy is the most judicious, rational, scientific and artistic system of medicine.

In order to sustain the position and express the excellence of Homoeopathic system in scientific world it is a responsibility of every homoeopath to involve in research activity. It is achieved by simple steps like to maintain case records with all possible evidences. Prepare case study reports of the similar clinical conditions with evidences like investigation reports, images, diagnostic findings and change in health status of patient and last step is to publish these findings in the medical journals. Most of the homoeopath has the evidences but difficulty is how and where to present these records. There are certain protocols to proceed for the scientific research and paper publications.

In this journal every opportunity is provided to researcher to present their case study reports, research papers, literary works. In this issue case study report on management of cervical spondylosis, hypothyroidism, PCOD and haemorrhoids are presented. Also considering the importance of awareness about conducting research and writing research article or proposal, we are planning to publish series of article. In this issue article on guidelines to conduct research and to write research proposal is presented. Our aim is to satisfy the quest of reader.



Prof. Dr. A. O. Dahad
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Management of Cervical Spondylosis With Individualized Homoeopathic Medicine: A Case Report.



Dr. Minakshi Potdar
M.D.Hom, PhD Scholar
Associate Professor Department of Medicine

Abstract :

Cervical spondylosis is a common age-related condition that affects the cervical spine, causing degeneration of the intervertebral discs and joints. This degenerative condition can result in symptoms such as neck pain, stiffness, and sometimes, radiating pain down the arms. While conventional treatments focus on pain relief and physical therapy, an alternative approach that has gained popularity is homeopathy. Homeopathy, with its individualized and holistic approach, aims to address not just the symptoms but the underlying causes of cervical spondylosis. Individualized homeopathy treatment for cervical spondylosis is safe, effective, and without any side effects. After individualization, constitutional homeopathic medicine selected for cervical spondylosis is completely based on symptoms and genetic constitution. It helps to relieve pain and stiffness of the neck by treating the root cause of the condition. It halts the further progression as well as improves overall well-being. Homoeopath prescribe the most appropriate homeopathic remedies after a thorough analysis of the past and present health history, family history, causes, lifestyle, and physical, mental, and emotional condition of the individual.

Keywords :

Cervical spondylosis, Individualised Homoeopathy, Kali carb.

Introduction : Understanding Cervical Spondylosis : Cervical spondylosis occurs due to wear and tear of the cervical spine over time. Factors such as age, poor posture, repetitive neck movements, and genetic predisposition contribute to its development. The condition can lead to the formation of bone spurs,

herniated discs, and narrowing of the spinal canal, resulting in discomfort and pain.

Homeopathy is a natural and non-invasive form of medicine that considers the individual's unique symptoms and overall health. Dr Hahnemann only had given importance to individualization. Individualization is defined as a process of differentiating one person from others of the same group by some peculiar or unique features same holds good when it comes for Homoeopathic drugs as well. In the case of cervical spondylosis, a homeopathic practitioner will conduct a detailed assessment, considering not only the physical symptoms but also the patient's mental and emotional state.

Lifestyle Recommendations : In addition to homeopathic remedy, lifestyle modifications can complement the management of cervical spondylosis. These may include maintaining proper posture, regular exercise, and avoiding activities that strain the neck. Physical therapy and neck exercises may also be incorporated into the treatment plan.

A case of cervical spondylosis

PRELIMINARY DATA

Name- Mrs. A.S.G
AGE-49 yrs. Date :27/01/2023.
SEX- Female
EDUCATION- B. Com.
OCCUPATION- House Wife
MARITAL STATUS -married
RELIGION-Hindu

PRESENTING COMPLAINT

1. Pain in neck (Cervical region), slight heaviness

Since 1-2 years, < morning, exertion
2. Pain in lumbar region since 5 months
< in morning, bending forward, exertion, walking
> lying on back

3. C/O Haemorrhoids – burning at rectal region, complaint started at pregnancy in 2000 <taking less water intake

4. C/O knee joint pain since 5-6 months – pain more in right knee joint than left knee

PAST HISTORY :

Measles and chickenpox in childhood

FAMILY HISTORY :

1. Mother : HTN
2. Father : Diabetes mellitus and HTN (died)
3. Brother : Diabetes mellitus
4. Husband : Apparently healthy

PERSONAL HISTORY :

APPETITE: Adequate
 DESIRE: Nothing specific
 AVERSION: Nothing specific
 FOOD < : Nothing specific
 HABIT : Nothing specific
 ALLERGIES: Nothing specific

THIRST: 3-4lit/day

URINE: -4-5times/day

STOOL: satisfactory

PERSPIRATION: scanty mainly in axilla

SLEEP: sound but nonrefreshing

DREAM: N.S.

THERMAL : Chilly patient

	SUMMER	RAINY	WINTER
COVERING	✓	✓	✓
WOOLEN	X	✓	✓
BATHING	Luke water	Luke warm	Luke warm
FANNING	✓	X	X
TOLERANCE	✓	X	X

MENSTRUAL HISTORY :

MENARCHE – 13 yrs

Menopause at age of 45 years

LEUCORRHOEA-NO

OBSTETRIC HISTORY :

Gravida 3, Para 2, Abortion 1, Living 2

DELIVERY HISTORY : FTLSCS

PHYSICIAN'S REMARK &

OBSERVATION : Built – average

Complexion – wheatish

MIND:

- According to husband : she is very aggressive, screaming, angry on children, scolding them, otherwise she is good in nature.

- She is talkative. Expressive.
- Worried about everyone. Becomes anxious easily. Anxiety about future and about health, even becomes anxious if someone comes late at home.
- Tension for children, about their future
- Childhood was very good. Now lives in joint family.
- Hobbies: Reading newspaper, stories
- Likes neatness and cleanliness
- Anxiety about health
- Almost always in hurry-all work should be done in hurry.
- Starting easily++

ON EXAMINATION

PHYSICAL EXAMINATION

BP - 120/70 mm hg PULSE – 74/min

NAIL- pink CONJUNCTIVA- pink

SCLERA - white

TONGUE – pink and moist

PALLOR – no

SYSTEMIC EXAMINATION

CVS – S1S2 normal

CNS – conscious and well oriented

RS – AEBE clear

PER ABDOMEN –soft and non tender

LOCAL EXAMINATION

- INSPECTION-NAD
- PALPATION – tenderness at lower cervical region
- MOVEMENT OF NECK - pain present while movement of neck especially while flexion of neck and extension of neck
- Neurological Examination - Normal
- REFLEXES – biceps reflex – normal
 Triceps reflex – normal
 Brachio radialis - normal

ANALYSIS OF SYMPTOMS :-

CHIEF COMPLAINT	LOCATION	SENSATION	MODALITIES	COC OMIT ANT	CLASSIFICATION OF SYMPTOMS
1) Pain in neck	Musculoskeletal	Slight	<morning, evening		Complete particular symptom
(Cervical region) Since 1-2 years,	system-cervical region	harves			

CHIEF COMPLAINT	LOCATION	SENSATION	MODALITIES	CONCOMITANT	CLASSIFICATION OF SYMPTOMS
1) Pain in neck (Cervical region) Since 1-2 years,	Musculoskeletal system-cervical region	Slight heaviness	< morning, exertion		Complete particular symptom
2) Pain in lumbar region since 5 months	Lumbar region		< in morning, bending forward, exertion, walking > lying on back		Incomplete particular symptom
3) C/O Haemorrhoids - burning at anal region, since many years	GIT system-rectum	Burning	< taking less water intake		Complete particular symptom
4) C/O knee joint pain - pain more in right knee joint than left knee since 5-6 months	Knee joint				Incomplete particular symptom
5) Anxiety about health					Mental general symptom
6) Always in hurry					Mental general symptom
7) Desire for company					Mental general symptom
8) Aggravation when alone					Mental general symptom
9) Starting easily					Mental general symptom
10) Anxiety about future					Mental general symptom

EVALUATION OF SYMPTOMS

MENTAL GENERAL

- 1) Anxiety about health
- 2) Always in hurry
- 3) Desire for company
- 4) Aggravation when alone
- 5) Starting easily
- 6) Anxiety about future

PHYSICAL GENERAL

Thermal-chilly patient

PARTICULAR


1. Pain in neck (Cervical region), slight heaviness
Since 1-2 years, < morning, exertion
2. Pain in lumbar region since 5 months
< in morning, bending forward, exertion, walking
> lying on back
3. C/O Haemorrhoids - burning at rectal region, complaint started at pregnancy in 2000
< taking less water intake.
4. C/O knee joint pain since 5-6 months- pain more in right knee joint than left knee

POSSIBLE RUBRICS

- 1) Mind-Anxiety-health about⁺⁺⁺
- 2) Mind-hurry⁺⁺
- 3) Mind-company desire for- alone-aggravation to

- 4) Mind-starting easily⁺⁺
- 5) Mind-anxiety future about⁺⁺
- 6) Back -pain-cervical region⁺⁺
- 7) Back- pain-lumbar region-lying amelioration
- 9) Back-pain-lumbar region-morning
- 10) Extremities-pain-knee-night

REPERTORIAL SHEET :-



POSSIBLE REMEDIES -

Natrum mur, Kali carb, Nux vomica

PRESCRIPTION -

Kali Carbonicum 200 3 doses 2hrly.

Phytum 30 tds for 15 days

FOLLOW UP 1 Date:10/02/2023	1. Pain in neck (cervical) region slightly better 2. Pain in lumbar region as it is: < morning, bending forward > lying on back, 3. burning at anal region slightly better, no bleeding 4. c/o knee joint pain as it is (right knee joint pain is greater than left knee joint) 5. Mind: Anxiety, at trifles, 6. Tension about children family	RX Placebo 200 3 doses 8 hrly. Phytum 30 tds 15 days
FOLLOW UP 2 Date:15/02/2023	1. Pain in neck region, reduced < after exertion only 2. Pain in lumbar region, better < while bending forward, < exertion 3. Burning at anal region, less than before 4. Pain in left knee reduced, pain in right knee occur. < while walking, while standing from sitting	RX SL 200 3 doses 8 hourly Phytum 30 TDS for 30 days
FOLLOW UP 3 Date:24/03/2023	1. Pain in lumbar region better . 2. pain in neck (cervical) region not present. 3. Burning at anal region not present. 4. Pain at knee joint is better	RX Sac lac 200 3 doses Phytum 30 TDS for 15 days

Conclusion:

While homeopathy offers an individualized approach to managing cervical spondylosis, it is essential to consult with a qualified homeopathic practitioner for personalized guidance. Integrating homeopathic remedies with lifestyle modifications can contribute to overall well-being, providing relief from symptoms and improving the quality of life for individuals dealing with cervical spondylosis. As with any medical condition, it's crucial to seek professional advice for an accurate diagnosis and appropriate treatment.

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Effectiveness Of Individualized Homoeopathic Medicine In Hypothyroidism – A Case Study.



Author: Dr. Reena. R. Bhanushali
(PG part 1st, REPERTORY)



Co-Author: Dr. Arpana S. Pareek
Professor and HOD
Department of Repertory

ABSTRACT:

Background:

Hypothyroidism is caused by insufficient secretion of thyroid hormones resulting from a defect in the HPT (Hypothalamic Pituitary Thyroid) axis. It is characterized by a broad clinical spectrum from asymptomatic / subclinical condition to myxoedema. Levothyroxine is the treatment of choice; however, the limitation is under or over-treatment in multiple cases and lifelong medication. Homeopathy has a wide scope in the treatment of such cases providing improved quality of life and overall well-being along with restoration of health. Individualized homeopathic medicine is the one selected based on similia similibus curentur (like cures like) after a detailed case taking which includes mental, physical as well as particular characteristic symptoms of the patient in disease. A case representing the same is described below with emphasis on the process of selecting a remedy as well as case taking and management.

Materials and methods: The case was analysed using symptomatology classification according to Organon of Medicine and was repertorized further using Synthesis 9.1 repertory from RADAR (Rapid Aid for Drug

repertory from RADAR (Rapid Aid for Drug Aimed Research) homeopathic software. The final remedy selection was done on the basis of Homoeopathic Materia Medica knowledge and clinical experience.

Results:

The case showed a gradual improvement in symptoms, swelling of the thyroid gland, menstrual cycles and a general wellbeing of the patient as a whole.

Conclusion:

Homeopathy has significant efficacy in treating hypothyroidism cases using individualized approach and application of homeopathic laws and principles i.e. like cures like.

Keywords:

Hypothyroidism, Homeopathy, Individualized, Hpt Axis, Repertorization.

Introduction:

Hypothyroidism is caused by insufficient secretion of thyroid hormones which results from a defect anywhere in the HPT axis⁽¹⁾. The signs and symptoms of hypothyroidism range from fatigue, slowness, cold intolerance, delayed reflexes, dyspnea

on exertion, bradycardia, weight gain, depression, cognitive dysfunction, coarse skin, edema, puffy faces, loss of eyebrows, constipation, periorbital edema, growth failure, menorrhagia, myalgia and arthralgia. Investigations includes thyroid function test, electrolytes, complete blood count and thyroid peroxidase antibody testing. The patients are treated with lifelong dose of Levothyroxine based on the TSH value⁽⁴⁾.

Homoeopathy is a system of medicine based on individualisation and symptom similarity between patient and medicine. The Homoeopathic physician seeks to understand a person's subjective and unique experience of his or her disease/ life in the deepest, most compassionate, non-judgmental and unbiased way possible. a person's mental, emotional, and physical symptoms are taken into consideration along with characteristic particular symptoms and pathognomonic for the disease. The key is finding the "more striking, singular, uncommon and peculiar or characteristic signs and symptoms" in each case, as brilliantly defined by Samuel Hahnemann in aphorisms 153 and 154 of The Organon of Medicine⁽⁵⁾.

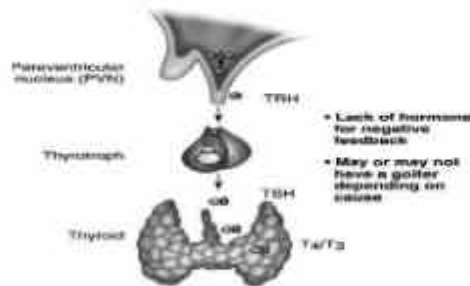


Fig. HPT Axis

Case Presentation:

A 29-year-old female presents with complains of weight gain, fatigue, dyspnea on walking, swelling in the neck, and excessive perspiration on 31st December 2023. She feels weak during the day and reports non offensive sweating. She is married (2 years ago) and has one child (born in May 2023). Currently she is working from home since 8 months and denies any stress related to work. She is very hard working and manages household duty along with office job. She lives in a joint family with 9 members.

Mentals: She has an irritable nature and feels anger when tired or questioned about her work. She behaves rudely with anyone she is not agreeable to and expresses herself loudly in the family. She says that she cannot keep her emotions to herself and rarely suppress anger or sadness. She mentions that she did not wish to get pregnant until she completes her distance education from Gujarat. She is currently in the first year and feels her studies have been hampered due to health issue and child bearing. She mentions that she later resolved the conflict of unwanted pregnancy after entering the second trimester. She reports of quarrels in the family during her 6-7 month of pregnancy between her mother-in-law and aunt in law. She was worried about family separation and was angry about the sad remarks passed on her mother-in-law. She mentions of speaking on behalf of her mother-in-law and resolving things by the end of the 9th month of pregnancy. She was concerned about financial burden on her husband in case of separation. She has clear thoughts and does not require support or consolation. She has strong decision-making capacity and will power. She is sensitive to opinion of others and wants perfection in her work. She has been a good employ and has received two promotions in two years. She is not very social, emotional, and religious. Her goal is to have secure future and be independent financially.

Childhood history:

She has irritable and angry nature since childhood. She took all the responsibility of the house after her elder sisters' marriage strongly and helped her siblings in their studies. She has hasty speech. She reports no major childhood concerns.

Past history: No major illness

Past history: No major illness

Family history:

Mother: No major illness.

Sister: Hypothyroidism

Father: Hypertension

Physical Generals :

Appearance: Overweight (78 kg), Wheatish complexion Appetite and thirst: Normal.

Ferrum metallicum was the final remedy selected for the case with reference to Homoeopathic Materia Medica literature by stalwarts of Homoeopathy.

Potency selection and Repetition: A single dose of 30 C potency was selected based on patient's susceptibility and nature of disease.

Final prescription:

^R
^x
Ferrum metallicum 30 C single dose Sac Lac 30 4 pills TDS for 7 days.

Advice: Liquid and fiber rich food, diet including green vegetables and fruits intake should be more. Avoid foods such as fatty, carbohydrate rich and sweet. Avoid goiterogenic food like cabbage, cauliflower and broccoli. Regular brisk morning walk along with yoga and meditation ⁽⁹⁾.

Discussion: Homeopathic medicine are carefully selected medicine based on symptoms similarity between patient and disease. The mental, physical generals and characteristics particulars are considered totality of symptoms.

The above mentioned case describes the importance of ailments in diseases. It depicts how a person who is unable to resolve his conflicts reaches a stage of diseases depending on organ susceptibility. Anger, stress, irritability, grief, remorse, anxiety are different emotions elicited in a patient's life ⁽⁹⁾. The cause of disease is the unresolved conflict of his/her life. Here the patient was in a conflict of identity and respect. She was a pure case which did not have any intervention of other systems of medicine instead she reported for Homoeopathy as soon as she was found to have symptoms and changes on lab results. She mentioned of her sister suffering with mood changes due to daily dose of levothyroxine which made the patient think about alternative treatment instead of modern treatment. For understanding her case, study of rubrics, different Homoeopathic Materia Medica, literature by different stalwarts like Gorge Vitholкус, Jan Scholten ⁽¹⁰⁾, Dr. Milind Rao, Dr. Rajan Sankaran, Dr. Praful Vijaykar, Dr. Farokh Master, and many other. After taking the remedy, the patient felt the difference in her sensitivity towards things, her reaction to things, she feels calmness inside her, and also in her dreams, menstrual cycle, appetite, and sleep ⁽²⁾. An overall wellbeing is one where the patient feels the difference along with changes in labs and investigations. Disease affect an individual on a physical and mental level too and hence, importance to both the aspect is given in each case presented at a homeopathy clinic.

A significant improvement in TSH level, T3 level and T4 level was noted. The case is still under care and regular follow up with labs and physical examination will be done for minimum one year. Ferrum metallicum is obtained from iron. The basic quality of these individuals is determination, perseverance, hardworking and strength to fight. Ferrum group

Progress notes:

Date of follow up	Main Symptom	Prescription	Justification
9/01/2024	Patient feels better, sleep was adequate, and appetite was normal, perspiration reduced. No dreams.	Placebo	Favourable follow-up
25/01/2024	Patient continues to feel better, improvement in energy level. Mental calmness reported.	Placebo	Favourable follow-up. Advised to repeat thyroid function test.
1/02/2024	Patient feels better. Weight loss of 2 kg. Neck swelling 50% reduced. TSH - 30.24, T3 - 139.9 and T4 - 5.06 (Tested on 31/1/2024)	Placebo	Favourable follow-up
13/2/2024	Patient complains of delayed periods for more than 7 days.	Ferrum Met 30C single dose and Placebo	Repetition.
1/3/2024	She had menses two days after taking the dose, all new complaints continues to feel good. Had stress related to acute complaints of chd. Otherwise, stable.	Placebo	Favourable follow-up. Advised to repeat thyroid function test.
8/3/2024	TSH - 4.4, T3 - 151.2 and T4 - 9.07 (Tested on 08/3/2024)	Placebo	Favourable follow-up

Medical Laboratory Report

Dr. [Name] [Address] [Phone] [Email]

Investigation: Thyroid panel (TSH, T3, T4)

Investment Value	Unit	Biological Reference Interval
15.2	µIU/L	0.1-0.45 µIU/L (Total Thyroxine - 110.0 - 200.0) (Free Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)
139.9	µg/L	Free Thyroxine - 0.91 - 1.40 (Total Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)
5.06	µg/L	Free Thyroxine - 0.91 - 1.40 (Total Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)

TSH - 30.24, T3 - 139.9 and T4 - 5.06 (Tested on 31/1/2024)

Medical Laboratory Report

Dr. [Name] [Address] [Phone] [Email]

Investigation: Thyroid panel (TSH, T3, T4)

Investment Value	Unit	Biological Reference Interval
4.4	µIU/L	0.1-0.45 µIU/L (Total Thyroxine - 110.0 - 200.0) (Free Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)
151.2	µg/L	Free Thyroxine - 0.91 - 1.40 (Total Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)
9.07	µg/L	Free Thyroxine - 0.91 - 1.40 (Total Thyroxine - 1.00 - 1.70) (T3 - 100.0 - 200.0) (T4 - 10.0 - 20.0)

TSH - 4.4, T3 - 151.2 and T4 - 9.07 (Tested on 08/3/2024)

is known to be duty oriented personality with a sense of force. Appropriate selection of potency and repetition is equally important in management of case. Management of cases with Homeopathy involves a wholistic approach with advice related to lifestyle changes, diet, and exercises.

Conclusion:

A well taken case is half done followed by appropriate selection of remedy, potency, and repetition. Homoeopathy has a wide scope in treatment of all endocrine diseases. A further study in variety of chronic diseases, acute diseases, cancer, and hormonal imbalances is the need for further development and exploring complete potential of Homeopathy.

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HOMOEOPATHY IN PCOD - EVIDENCE BASED CASE



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PhD Scholar

Abstract :

PCOD (Polycystic Ovarian Disease) is mostly caused due to hormonal imbalance and genetic tendencies. In a standard menstrual cycle, the two ovaries will release matured and ready-to-be-fertilized eggs each month alternately. However, in PCOD, the two ovaries will not release mature eggs. These immature or partially mature eggs develop into cysts. This leads to menstrual abnormalities and then hormonal imbalances. If left untreated, patients will develop symptoms like male pattern hair loss, weight gain, infertility, etc.

The case reported here is about a 15-year-old girl who was treated with homoeopathic medicine shows the effectiveness of homoeopathy.

Key Words : PCOD, Homoeopathy

Introduction :

PCOD has become a burning issue in India. PCOD is seen in 4-12% of females of conceptive age (12-45 yrs. Old) (Farah et al, 1999). If left untreated, it leads to various health problems such as thinning of hair, acne, obesity, infertility, etc. (Randeva et al., 2012). Studies show that ladies with family ancestry of polycystic ovaries are half bound to create PCOS. Recent findings from countries such as China and India, which are undergoing rapid nutritional transitions due to Westernised diets and lifestyles, indicate 52% prevalence rates of PCOS (Hurd et al, 2002).

The homoeopathy approach is a holistic approach that might help to regulate menstrual cycles, dissolve the cysts in the ovaries and enhance the normal functioning of ovaries.

Case History

On 11-10-2015 at noon, Miss. X. aged 15 Years, in 10th class, came along with her Maternal Aunt with the following complaints.

❖ Delayed Menses since 1 year.

Menarche – 13 years

LMP – 27/07/2015

Cycle of menses – 2-3 days / 45-60 days.

This time, more delayed

Late, scanty, dark red, sticky

Earlier used to come in time, but it was scanty, dark red i.e. 2-3 days / 30-32 days

O/E:

PR: 78/min, **Temp:** N

Tongue: Dry+, Slight White

Past history: Measles – 10 years old.

Personal History:

➤ **Desire / Aversion** – Not specific

➤ **Thirst:** - Appro.2 – 2½ lit / day

➤ **Menses** - late, scanty, dark red, sticky

➤ **Thermal:** Hot

➤ Medium built

About her nature:

➤ Short tempered

➤ Cannot tolerate contradiction

➤ One and half years back, was failed in maths. Her Sir said, 'You cannot pass in Maths'. Before it, she used to get out of marks. She was disappointed by hearing these negative words from the teacher.

➤ Since then, she has not got the good marks she expected; and gets very low marks in Maths. Constantly thinks about Marks

➤ She used to like to do some activities but since few months she does not like them.

➤ Likes travelling

➤ Likes dance, singing songs

Investigation

USG of Abd (25/09/2015):

Rt Ovary - 4.4 x 2.0 x 2.1 cm Vol – 10 cc

Lt Ovary – 3.3 x 2.2 x 2.4 cm Vol – 9.4 cc

Both ovaries reveal increased central echogenic stroma & multiple small peri-pherally arranged follicles s/o polycystic ovaries.

Diagnosis – Polycystic Ovarian Disease

DD of Remedies – Graph, Mag Carb, Nux Mos, Nat Mur, Puls, are close coming group of remedies, having scanty, dark red and delayed menses. The totality of symptoms of the patient is similar to Lachesis.

Final Selection of Remedy - Lachesis

Indication of Lachesis

- Short tempered
- Cannot tolerate contradiction
- A girl used to love to be involved in activities, but now for a couple of months, she doesn't like it.
- Ailments from frequent disappointment as she gets lower marks in examination
- Amusement desire
- Late, short, scanty, dark red, sticky
- Hot patient

Potency Selection – Sensitivity, Susceptibility, Nature & Intensity of Disease and Duration of Disease of the patient were moderate. So, moderate potency was selected. Lachesis was given in 30 potency.

Homoeopathic Treatment

Lachesis 30 – three times a day for 2 days

Follow up:

22/02/2016 –

Menses were regular, but flow did not improve Flow – very scanty, dark red, sticky

Treatment: Repeated **Lachesis 30** – three times a day for 2 days

01/02/2017 –

Menses did not appear since 3 months. Last month, Lachesis 30 – three times a day for 3 days was given. No response found

Treatment: **Lachesis 200** – three times a day for 2 days

12/10/2018 –

Menses did not appear since 3 months. After repetition and increased doses of Lachesis 200, the patient did not respond.

Treatment: **Lachesis 1M** – two times a day for 2 days

13/10/2018 to 21/08/2019 Sac Lac was given two times per day as menses appeared every month. Flow was good for 4-5 days.

Reports

Before Treatment

(01a USG of Abdomen)



Before Treatment

(01b USG of Abdomen)



Before Treatment

(01c USG of Abdomen)



Before Treatment

(02 USG Report)



Reports

After Treatment - (01a USG of Abdomen)



After Treatment - (01b USG of Abdomen)



After Treatment - (01c USG of Abdomen)



After Treatment - (01d USG of Abdomen)



After Treatment - (02 USG Report)



Discussion -

Homoeopathic medicines are effective in the management of Polycystic Ovarian Disease. In this case study, menstrual cycles became regular and cysts in the ovaries were dissolved which was assessed by USG.

As per the conventional system of medicine, there is no set 'cure' as such for PCOD, but it can be kept under control by introducing lifestyle changes, exercising and maintaining a healthy diet.

Seeing the result of this case study, boosted my confidence that PCOD is treatable by homoeopathic medicines. For this, longer and broader studies are required.

Conclusion -

1. Homoeopathic medicines are effective in regularizing the menstrual cycle.
2. Homoeopathic medicines are effective in the management of PCOD.

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A Case Of Haemorrhoids Treated With Aesculus Hippocastanum

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SBHMC,
AURANGABAD.

Abstract -

A female patient presented with the complaints of constipation with mass protruding from the anus some bleeding from rectum, lump in anus, constipation since child-hood, she had not taken any treatment before. Considering the totality of symptoms, Aesculus Hippocastanum 30CH was prescribed which proved effective and resulted general improvement and relief was observed from first follow up.

Keywords-

Homoeopathy, Hemorrhoids, Constipation, Aesculus Hippocastanum,

Introduction -

Hemorrhoids are enlarged veins located in the lower part of the rectum and the anus. External hemorrhoids originate below the dentate line, while internal hemorrhoids are above the line and are classified according to their degree of prolapse from the anal canal. [1]

Grades of Hemorrhoids

Grade I - Visualized by anoscopy, there is bulge into the lumen but do not extend below the dentate line,

Grade II- prolapse out of the anal canal with defecation or with straining but reduce spontaneously

Grade III - prolapse out of the anal canal with defecation or straining, and require reduction,

Grade IV - are irreducible and may strangulate. [2][3]

It is important to differentiate a hemorrhoids from other growths like anal papillae or polyps. Polyps are usually asymptomatic but occasionally grow large enough to be felt by the patient or are likely to prolapse. Hypertrophied anal papilla, composed of a smooth mass located near the anal verge, is also considered a differential diagnosis especially in a patient with a history of chronic anal irritation or infection. [4]

About 75% of people have hemorrhoids at some point in their lives [5]. Hemorrhoids is most common among adults aged 45-65. [6]

About 80% of people in India develop hemorrhoids and about 80% aged over 50 have some form of symptomatic hemorrhoidal disease.

Some common symptoms include bleeding from the rectum, anal itching, general discomfort and an external anal protrusion. Patients who are suffering from this condition should be treated quickly and monitored carefully in order to prevent the development of infections associated with the condition for which homoeopathy is effective. [7]

Septic complications following both conservative and surgical treatment of hemorrhoids are rare but may be catastrophic. [8]

Globally, over 600 million people use homoeopathy as a system of medicine to treat ailments. Of this, about 100 million are Indians.

Under classical Homeopathic treatment, hemorrhoid patients improve considerably in their symptoms severity. [9]

Surgical procedures like haemorrhoidectomy open method, closed method, stapler haemorrhoidectomy, Doppler guided hemorrhoidal artery ligation are available but some severe complications can occur. [10]

Case Report

A 35-year-old married woman, housewife, presented with bleeding per rectum, Stitching type of pain⁺⁺ in the anal region
Intolerable pain

No other discharge

Sensation as if the mass is protruding and blocking the anal canal

Aggravated while walking⁺ and sitting

Amelioration—none

Local examination

On inspection, there was a protrusion of a mass, possibly two with swelling around the anal orifice and blue in colour. No fresh bleeding from the affected site [Figure 1].



She reported intense pain and tenderness bleeding after stool.

Diagnostic assessment

Complaints of the patient and local rectal examination suggested a diagnosis of external haemorrhoids. The BPRST classification was used to evaluate and grade the most frequent complaints.

Totality of symptoms :

- Mass protruding from the anal canal some bleeding.
 - Mass protruding from the anal canal is bluish in colour
 - Sensation as if a mass is protruding and blocking the anal canal
 - Stitching type of pain in the anal region
 - Aggravation from walking and sitting
- Constipated stools were difficult to evacuate

Repertorial totality :

- Rectum – Haemorrhoids – External
- Rectum – Haemorrhoids – Protruding – Prolapsed
- Rectum – Haemorrhoids – Bluish
- Rectum – Haemorrhoids – blind
- Rectum – Pain – stitching, sharp
- Rectum – Haemorrhoids – Walking – Aggravation
- Rectum – Haemorrhoids – Sitting – Aggravation
- Rectum – Constipation – Difficult stool.

Repertorial analysis was done with complete repertory using Hompath classic version 8.0

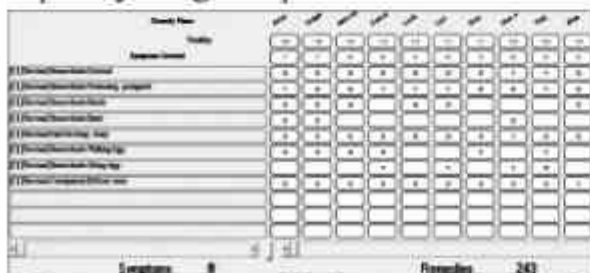


Figure 2 : Repertorial sheet using hompath classic software,

Therapeutic intervention :

After acute case taking and repertorial analysis, *A. hippocastanum*, Sulphur and Muriaticum acidum were found to cover the symptoms of the patient. The patient did not complain about itching and burning, therefore, Sulphur was ruled out. Muriaticum acidum is indicated in involuntary evacuation of faeces with itching and bleeding, which were not seen in the patient. Finally, after thorough Materia Medica differentiation *Aesculus hippocastanum* 30 was prescribed as a pathological prescription considering its action on the rectal veins; the haemorrhoidal vessels become intensely congested. This leads to violent inflammation of the anus and rectum, producing haemorrhoids in their most aggravated form. *Aesculus* also covers most of the symptoms like large blue-coloured haemorrhoids which block up the rectum, with sharp stitching pain in the anus, and less tendency to bleed, all of which were seen in our patient. Accordingly, in this case, 30C potency was prescribed for a day with three doses

Follow-ups and outcomes :-

Changeability in symptoms, BPRST classification and staging were done at every follow-up. Details are shown in [Table 3].

Table 3: Follow-ups and outcomes

S. No.	Date of visit	Symptoms	Prescription
1	First visit 29 November 2023	Intolerable stitching type of pain and tenderness in the anal region with feeling as if some mass is protruding and blocking the anal canal, aggravated by walking and sitting with constipation for a long time	<i>Aesculus hippocastanum</i> 30C Thrice a day
2	30 November 2023 2 nd day	After two doses of medicine, pain had reduced to 50%, Bowels were satisfactory. No any new complaints were noted	Placebo 30/2 days/Thrice a day. The patient was asked to report after 2 days
3	1 December 2023 4 th day	Pain in anal region still persists. No new complaints were noted	<i>Aesculus hippocastanum</i> 30C/3 doses/thrice a day/7d
4	10 December 2023	After taking one dose of medicine, Pain and tenderness in rectum is reduced. Feeling of protrusion of mass from anal canal only during passing stools and spontaneously reduced after passing stools. Bowels: clear	Placebo/thrice a day/1 month
5,	18 January 2024	All complaints recovered. No new complaints were noted	Placebo/1 week/Thrice a day



Figure :18 January 2024

Discussion : External haemorrhoids are always considered to be effectively managed with surgery. However, in this case, the patient opted for homoeopathic treatment. Consideration of the patient's most peculiar presenting symptoms and pathological changes indicated *A. hippocastanum*. In this case, after the third visit, the complaints had not improved further; hence, we repeated the same medicine and potency with the instructions to stop the medicine once the pain reduces. Later, a single dose of medicine helped to improve the patient's complaints subjectively; objectively, changes were observed as well.

CONCLUSION : This case experience emphasises the role of homoeopathy in cases of haemorrhoids, preventing surgery. Consideration of pathological phenomena in

the evolution of disease helped.

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Guidelines for Researcher to Conduct Research, write Research Plan and Research Proposal.



Dr. Anagha N. Kulkarni
M.D. (HOM)PhD scholar
Prof. Dept. Organon Of Medicine

ABSTRACT :

Writing the plan and proposal of a research work in the present era is a challenging task due to the constantly evolving trends in the qualitative research design and the need to incorporate medical advances into the methodology. The proposal is a detailed plan or 'blueprint' for the intended study, and once it is completed, the research project should flow smoothly. Even today, many of the proposals at post-graduate evaluation committees and application; proposals for funding are substandard. An attempt has been made to provide broad guidelines for writing a scientifically appropriate research proposal.

KEYWORDS :

Guidelines, Researcher, Research, Research Plan, Research Proposal, Research Protocol

INTRODUCTION :

New researcher is often quite enthusiastic but due to lack of proper direction may often fail to present his research which maybe of great value.

The new researcher who is going to conduct the research can get the accurate directions for his scientific presentation of research by studying the various terms which are used often. So he first should understand what is a Research, Research Plan and Research protocol.

Researcher :

A researcher must be balanced, with a realistic understanding of what can be achieved. He is the student, a person who carries out academic or scientific research in an organized and systematic investigation into something. Scientists are described as Researchers.

Research :

It is a Search of knowledge or A Scientific and Systematic search for pertinent information on a specific topic. According to Advanced Learner's Dictionary - Current

English gives the meaning of Research as A Careful investigation or inquiry especially through search for new facts in any branch of knowledge. Redman and Mory define Research as a 'systematized effort to gain new knowledge'.

A Research plan :

It is a documented overview of your entire project from the research you conduct to the results you expect to find at the end of the project. Within the Research Plan, you determine your goals, the steps to reach them and everything you need to gather your results.

A research plan is a framework that shows how you intend to approach your topic. The plan can take many forms: a written outline, a narrative, a visual/concept map or timeline. It's a document that will change and develop as you conduct your research.

Components of a research plan

1. Research conceptualization - introduces your research question
2. Research methodology - describes your approach to the research question
3. Literature review, critical evaluation and synthesis - systematic approach to locating, reviewing and evaluating the work (text, exhibitions, critiques, etc) relating to your topic
4. Communication - geared toward an intended audience, shows evidence of your inquiry

Research Plan involves 4 steps: Orienting yourself to knowledge-creation, Defining Research Question, Reviewing previous research related to your Research Question and Choosing relevant data to formulate your answers. Focus is to plan a research project and not to conduct the research, this section does not connect with data collection and analysis. Fourth part is some basic strategies you could use in planning a data selection and analysis process appropriate to your research question.

Research Proposal :

Research proposal can also be written in detailed way, has 7 steps such as

1. Introduction-It is also sometimes termed as 'need for study' or 'abstract'. Introduction is an initial pitch of an idea; it sets the scene and puts the research in context. The introduction should be designed to create interest in the reader about the topic and proposal. It is related to need for study

2. Review of Literature -It refers to all sources of scientific evidence pertaining to the topic in interest. In the present era of digitalisation and easy accessibility, there is an enormous amount of relevant data is available. It is summary of all the reviews from various literatures related to current study topic of researcher.

3. Aim and Objectives - The aim of the researcher should be clearly stated in simple language that describes the research in a way that non-specialists can comprehend, without use of jargons.

The objectives related to parameters or tools used to achieve the aim are generally categorised as primary and secondary objectives.

4. Ethical considerations- Medical research introduces special moral and ethical problems that are not usually encountered by other researchers during data collection, and hence, the researcher should take special care in ensuring that ethical standards are met. Ethical considerations refer to the protection of the participants' rights.

5. Budget: When the researcher prepares a research budget, he/she should predict and cost all aspects of the research and then add an additional allowance for unpredictable disasters, delays and rising costs. All items in the budget should be justified.

6. Appendices- Appendices are documents that support the proposal and application.

7. Citations- A **citation** is a [reference](#) to a source. More precisely, a citation is an abbreviated alphanumeric expression embedded in the body of an intellectual work that denotes an entry in the bibliographic references section of the work for the purpose of acknowledging the relevance of the works of others to the topic of discussion at the spot where the citation appears.

The proposal must be capable of convincing the evaluation committee about the credibility, achievability, practicality and reproducibility (repeatability) of the research design.

CONCLUSION- Thus Researcher acquires knowledge of how to prepare research plan and conduct research step by step. Accurate study of these terms and understanding the deeper meanings will surely help the researcher to come with Systematic scientific dissertation.

Bibliography:

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4. <https://en.wikipedia.org/wiki/Citation>.



News bulletin

Activities Conducted In The Institute



Seminar on the topic “Utility of repertory in psychiatric cases” by Dr. Vrishinit Saudagar on



Seminar on the topic “Practical approach to acute and chronic case taking & case processing - A case-based learning module” by Dr. Yogesh Niturkar M. D. (Homoeopathy) on 9th October 2023



Foundation program of 1st BHMS batch 2023 -24 from 1st November 23 to 10th November 23



“Value added program – Motivational speech” By Mr. Sachin Parab on 18th Dec. 2023



← A workshop on “Utility of Bhramari Pranayam in Management of Exam related Stress” By Dr. Pallavi Nikam on 30th Dec. 2023.

Departmental activity



Department of Physiology organised "Quiz competition" on 7th October 2023



Department of FMT organised "Moot court" on 14th October 2023



Department of HMM organised "Exhibition of Homoeopathic drugs Charts & Models" on 17th October 2023



Department of gynaecology and Obstetrics organised "Competition on Role of Homoeopathic remedies in OB/GY" on 18th October 2023

Faculty Invited As Resource Person



Dr. M. H. Parewal, Asso. Prof. Dept. of Physiology, invited as Resource Person for MET Basic Workshop at RJS, Homoeopathic Medical college, Kopergaon on 4th Dec. 2023.



Dr. Mrs. S. R. Kale, Asso. Prof. Dept. of OB/ GY, invited as Resource Person for MET Basic Workshop at RJS, Homoeopathic Medical college, Kopergaon on 5th Dec. 2023.



Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory, invited as Resource Person for MET Basic Workshop at RJS, Homoeopathic Medical college, Kopergaon on 5th Dec. 2023.



Dr. Mrs. P. P. Kapadni, HOD, Dept of Hom. Pharmacy, invited as resource person for seminar on "Development of soft skills" at S N D College of nursing, Yeola on 29th December 2023.



Miss Stuti Shah, III BHMS student, received Grant of Rs. 25,000/- for her research Proposal under Short term Studentship in Homoeopathy (STSH) 2023 from CCRH,

Teacher Training



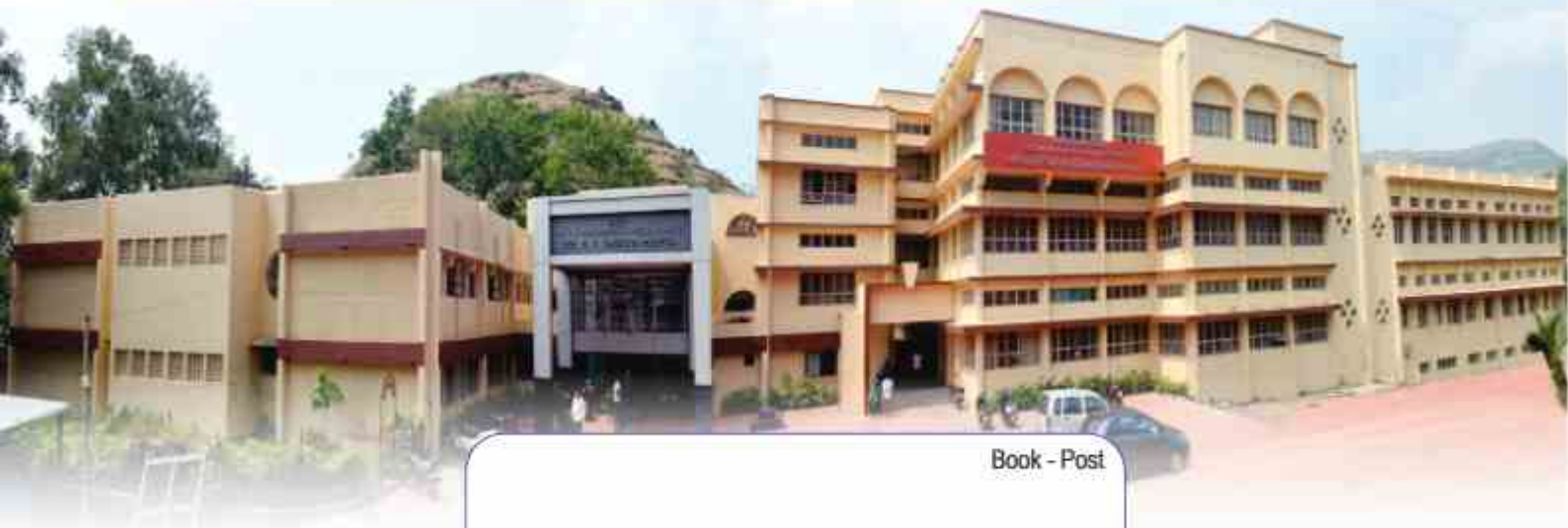
Workshop on the topic “Communication skill & its importance in social & professional setting” By Dr. Mukesh Parewal, Asso. Prof., IQAC in charge



Institutes Run by the SNJB (Jain Gurukul)



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



Book - Post