

KBA's Mission



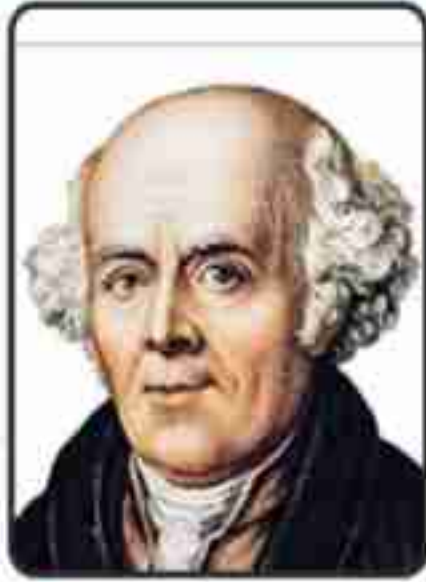
Smt. K. B. Abad Homoeopathic Medical College
Shri. R. P. Chordiya Hospital And Bhamashah Shri. V. D. Mehta,
Dev-vijay P. G. Institute of Homoeopathy & Research Centre



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Founder of Homoeopathy



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Founder of SNJB



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(Pujya Kakaji)**

Our Inspiration



Smt. Kanchanbai B. Abad



Late Shri. R. P. Chordiya

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Editorial

Digital Homeopathy: Teleconsultations and AI in Homeopathic Practice

Technology is changing how healthcare works all over the world, and homeopathy is becoming a part of that change. Since the COVID-19 pandemic, more homeopathic doctors have started using online consultations, digital patient records, and software tools. This shift has made it easier for people in faraway places to talk to a doctor, reduced waiting times, and helped continue treatment during lockdowns or emergencies.

Online consultations work well with homeopathy because the treatment depends a lot on detailed conversations with patients. Video calls allow doctors to ask important questions, understand the patient's emotions, and even notice their body language. Many patients also feel more comfortable speaking from home, which helps doctors get better information and choose the right medicine.

Along with online visits, technology like artificial intelligence (AI) is also helping doctors in new ways. Some programs can look at a patient's symptoms, compare them with many past cases, and suggest possible remedies. These tools don't replace the doctor but help make the process faster and more accurate. Mobile apps are also being used to track symptoms, send reminders for medicines, and keep communication open between patients and doctors.

Even with all these benefits, it's important to use technology carefully. Homeopathy is a healing system that focuses on the whole person, not just the illness. Too much dependence on screens and software might reduce the personal connection between doctor and patient. It's important to use digital tools to support—not replace—the human touch in treatment, and to make sure both patients and doctors know how to use these tools safely and responsibly.



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Efficacy of B. B. C. R. in cases of Rickettsial Fever



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ABSTRACT

Background : Rickettsial fever is a group of acute febrile illnesses caused by intracellular bacteria of the Rickettsia genus. Early diagnosis and effective treatment are crucial to prevent complications. The *Boenninghausen's Characteristics and Repertory (B.B.C.R.)* is a well-structured repertory in homeopathy that emphasizes characteristic symptoms and their relationships, aiding in precise remedy selection.

Objective : This study aims to evaluate the efficacy of B.B.C.R. in the homeopathic management of Rickettsial fever by analyzing symptomatology and clinical outcomes.

Methods: A retrospective and prospective analysis of cases diagnosed with Rickettsial fever was conducted, utilizing B.B.C.R. for remedy selection. Clinical responses were assessed based on symptom improvement, duration of fever, and overall recovery.

Results: The application of B.B.C.R. led to the successful selection of individualized homeopathic remedies, showing positive clinical outcomes, reduced symptom duration, and improved patient recovery rates.

Conclusion : The findings suggest that B. B. C. R. serves as a valuable tool in repertorization for Rickettsial fever cases, enhancing the precision of homeopathic prescribing. Further large-scale studies are recommended to validate these results.

Keywords: Rickettsial fever, Boenninghausen's Characteristics and Repertory, Homeopathy, Repertorization, Clinical efficacy.

Introduction:

Fever (also known as **pyrexia**, from the Greek *pyretos* meaning fire, or a **febrile response**, from the Latin word *febris*, meaning fever, and archaically known as **ague**) is a frequent medical sign that describes an increase in internal body temperature to levels above

normal. Fevers are components of many disease entities. Virtually all persons experience fevers at some time in their lives. Elevations in temperature are not reportable events. Thus, accurate data regarding the prevalence of fevers are not available. A recent study showed that most parents have misconceptions about fever and view it as a disease rather than a symptom. Being the most common; often it becomes difficult to handle certain conditions majorly other than the fever, the anxiety and fear associated with it, particularly in cases of children where the fear of high temperature might cause damage to the child in form of seizure or brain damage etc, it becomes difficult to console the mother and attending relatives accompanying the patient, in terms of assuring the patient and keeping live faith in homoeopathy.

How long a fever lasts and how high it may go depend on several factors, including its cause and the patient's age and overall health. Most fevers caused by infections are acute, appearing suddenly and then dissipating as the immune system defeats the infectious agent. An infectious fever may also rise and fall throughout the day, reaching its peak in the late afternoon or early evening. A low-grade fever that lasts for several weeks is associated with autoimmune diseases such as lupus or with some cancers, particularly leukemia and lymphoma.

Fever is the most sensitive index to understand the underline process happening in the body we know the fever is one of the body's immune mechanisms to attempt a neutralization of a perceived threat inside the body, be it bacterial or viral.

Carl Wunderlich discovered that fever is not a disease, but the body's response to a disease. If this response is been suppressed or been terminated by any means other than the nature's law, then we are doing no good to the

system but stopping the bodies activity in expressing its state, we will not be able to know what's happening internally as fever being the only sign of expression.

Fever is not new to Homocopathy. In fact, the experimentation of Cinchona bark by Dr Samuel Hahnemann subsequently laid to the development of this science i.e. application of the medicinal substances on the principle of "Like cures like."

Rickettsial infections are re-emerging and are prevalent throughout the world. In India, they are reported from Maharashtra, Tamil nadu, Karnataka, Kerala, Jammu and Kashmir, Uttaranchal, Himachal Pradesh, Rajasthan, Assam and West Bengal. In view of low index of suspicion, nonspecific signs and symptoms, and absence of widely available sensitive and specific diagnostic test, these infections are notoriously difficult to diagnose. Failure of timely diagnosis leads to significant morbidity and mortality. With timely diagnosis, treatment is easy, affordable and often successful with dramatic response to antimicrobials. As antimicrobials effective for rickettsial disease are usually not included in empirical therapy of nonspecific febrile illnesses, treatment of rickettsial disease is not provided unless they are suspected. Knowledge of geographical distribution, evidence of exposure to vector, clinical features like fever, rash, eschar, headache and myalgia along with high index of suspicion are crucial factors for early diagnosis.

What should be the approach in cases of fever? This was the question since beginning when I started seeing cases as intern and after passing.

How to assess the progress? Are we going in the right direction in treating the case? What should we see in subsequent progress? All these were the issues, so felt a study should be done in different cases and if some conclusion can be derived from it that would help us further in understanding the different aspect of fever & other associated with it.

Why B.B.C.R repertory

There are lots of cases of fever where there is less scope of cure in complicated cases. In homeopathy we have scope to treat with the

cases of fever through different repertory, but in B.B.C.R fever totality is well explained in detail with all 3 stages of fever along with compound fever. So with the help of B.B.C.R repertory we can treat the cases of Rickettsial fever and different aspects of fever.

Methodology and Materials:

IPD and OPD patient's data will be collected from Hospital. Each patient's data will be processed in a standardized format with the following steps:

1. Data receiving: Each patient will be given adequate time and data will be elicited in comprehensive manner as to elicit proper Patient's picture in the disease.
2. Processing of the case will be done as per the principles and guidelines of Homocopathy.
3. References from repertory will be availed for the selection of remedies. All the cases will be followed up for sufficient period required as per the guidelines from Organon of Medicine and Homocopathic Philosophy.
4. The cases will be given acute or constitutional remedy as per the need of patient after analysis and repertorisation.
5. MODE OF ADMINISTRATION - Single dose of medicine with 3-4 days of SL by oral route.
6. References from materia medica will be availed for selection of a single remedy out of indicated group of remedies.
7. Summary will be drawn after study of all relevant patients.
8. Result and discussions.
9. Summary and conclusion will be drawn by applying the statistics

Inclusion criteria

1. All the patients suffering from Rickettsial Fever.

Diagnosis based upon:

- Clinical presentation of fever
- Examination findings
- Blood investigations

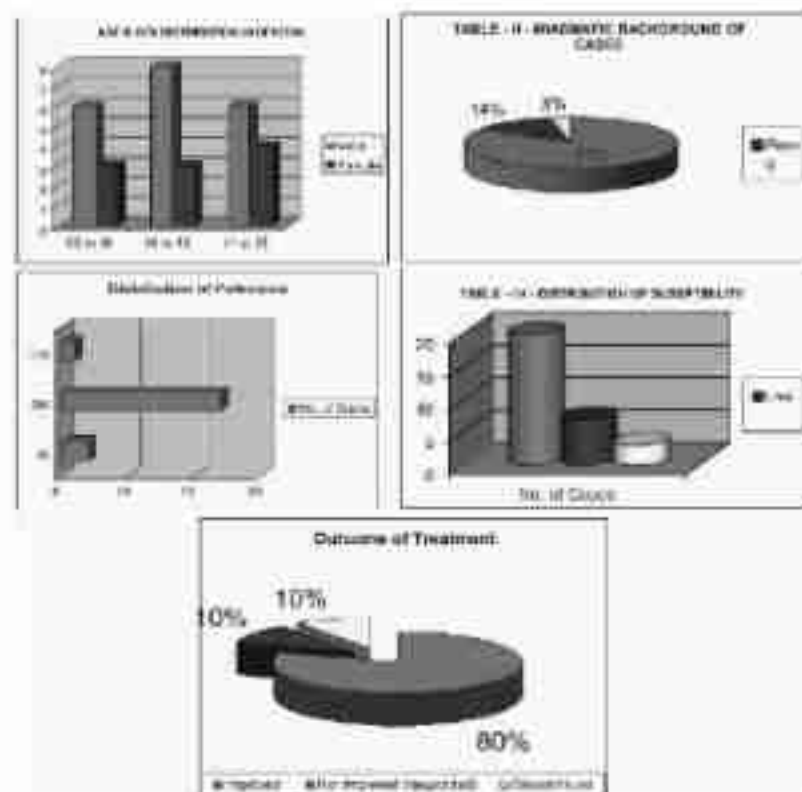
2. Patients of ages from 2-25 years without discrimination of colour, caste & religion are considered for the study.
3. Patients of both sexes

Exclusion criteria

1. Pyrexia of unknown origin.
2. Cerebral malaria

3. Malaria presenting with complications like convulsions, coma, hypoglycemia, acidosis, renal impairment, non-cardiogenic pulmonary edema Pregnant women.

Observations:



Summary :

These are findings of the study on **Rickettsial fever**

1. The prevalence of **Rickettsial fever** is equal in males [66%] and in females [34%] in this study.
2. Prevalence of **Rickettsial fever** is found more frequently in the age group of 06-10 years.
3. Constitutional and acute remedies like Natrum Mur, Silica & Calcarea carb are more effective in the treatment of **Rickettsial fevers** more in all above remedies Natrum mur is most effective. I will recommend that these remedies can be given whenever is indicated in cases of **Rickettsial fever**.
4. High i.e 200 potency seen to effective in majority of 24 cases, then 30th potency was found to be useful in 04 cases and 1M potency was used and found effective in 2 cases.
5. The statistical scale used for the assessment of the effect of the treatment also showed significant improvement after treatment. Out of 30 patients more than half the number of cases that is 24 patients got improvement and 03 patients got improvement within 07 days, while 03 cases discontinued the treatment.

Conclusion:

"In conclusion, out of 30 patients more than half the number of cases that is 24 patients

got tremendous improvement and 03 patients got improvement within 7 days, while 03 case discontinued the treatment. Immunity after the illness is partial and the immunity build up at one epidemic does not last or work for the other epidemic. Constitutional and acute remedies like Natrum Mur, Silica & Calcarea carb are more effective in the treatment of Rickettsial fever more in all above remedies Natrum mur is most effective. I will recommend that these remedies can be given whenever is indicated in cases of Rickettsial fever. Out of 30 cases, 24 cases [80%] completely cured. 03 cases [10%] got improvement in 7 days & 03 cases [10%] showed no significant improvement after the Homoeopathic treatment.

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Homeopathic Approach to Managing Guillain-Barré Syndrome



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Abstract

Background: Guillain-Barré Syndrome (GBS) is an acute autoimmune-mediated polyneuropathy that leads to progressive muscle weakness, sensory disturbances, and, in severe cases, respiratory failure. Conventional management includes intravenous immunoglobulin (IVIG), plasmapheresis, and supportive care. However, homoeopathy offers a complementary approach to aid nerve regeneration, relieve neuropathic symptoms, and support overall recovery. **Objective:** This article explores the role of homoeopathy in the management of GBS, focusing on individualized remedy selection based on clinical presentations and patient response.

Methods:

A review of homoeopathic therapeutics for GBS is presented, along with case examples demonstrating the efficacy of remedies such as *Gelsemium sempervirens*, *Causticum*, *Plumbum metallicum*, *Hypericum perforatum*, and *Conium maculatum* in different stages of the disease. Cases include acute-phase management, severe neuropathic pain, and long-term recovery from post-GBS weakness.

Results: Homoeopathic treatment, when integrated with standard medical care, showed positive outcomes, including symptom relief, faster recovery, and improved neuromuscular function. Early intervention with remedies targeting nerve inflammation, paralysis, and sensory disturbances played a key role in patient improvement. **Conclusion:** Homoeopathy serves as a valuable adjunct in the holistic management of Guillain-Barré Syndrome, aiding in symptomatic relief and post-recovery rehabilitation. Further clinical studies are warranted to establish its role as an evidence-based therapeutic option in neurological disorders.

Introduction :

Guillain-Barré Syndrome (GBS) is a rare but serious autoimmune disorder in which the body's immune system mistakenly attacks the peripheral nerves. It often follows infections, vaccinations, or other immune triggers. GBS can cause weakness, numbness, and even paralysis, which may progress over hours to weeks. Though most patients recover, severe cases can lead to respiratory failure and require intensive care.

Aetiology & Pathophysiology

- **Autoimmune-mediated** destruction of myelin or axons in peripheral nerves

- **Common triggers:**

- Viral or bacterial infections (e.g., *Campylobacter jejuni*, Cytomegalovirus, Epstein-Barr virus)
- Post-vaccination response
- Surgery or trauma

Clinical Features

1. **Progressive weakness** (starting in legs, ascending upwards)
2. **Areflexia** (loss of deep tendon reflexes)
3. **Paraesthesia** (tingling/numbness in extremities)
4. **Autonomic dysfunction** (BP fluctuations, arrhythmias)
5. **Respiratory compromise** in severe cases
6. **Pain** (neuropathic pain, muscle aches)

Diagnosis :

1. **Clinical examination** – Progressive, symmetrical weakness with areflexia
2. **CSF Analysis** – Elevated protein with normal WBC count (albuminocytological dissociation)
3. **Nerve conduction studies (NCS/EMG)** – Demyelination features
4. **MRI Spine** – Can show nerve root enhancement

Homoeopathic Management of Guillain-Barré Syndrome:

Homoeopathy aims at improving nerve function, reducing inflammation, and aiding recovery by enhancing immunity. The selection of remedies depends on individual symptomatology.

Key Homoeopathic Medicines:

Gelsemium sempervirens : Progressive paralysis with great weakness. Heaviness of limbs, drooping eyelids. Tremors, difficulty in coordination. Worse from mental exertion and motion

Causticum : Paralysis of single parts, especially facial and limb muscles. Difficulty in swallowing, urinary incontinence. Better from warmth, worse from dry cold

Plumbum metallicum : Paralysis with wasting of muscles (atrophy). Weakness with cramps, extreme sluggishness. Constipation, metallic taste in the mouth

Lathyrus sativus : Lower limb paralysis with spasticity. Marked weakness without loss of sensation. Gait disturbances, knee jerk exaggerated

Conium maculatum : Ascending paralysis, starting from lower limbs. Tremors, progressive muscular weakness. Worse from motion, better from pressure

Phosphorus : Burning pains along nerves, paraesthesia. Weakness, trembling, and muscle atrophy. Emotional sensitivity, anxiety about health

Hypericum perforatum : Nerve injuries, shooting pains along nerves. Weakness, tingling, and sensory disturbances. Better from lying down, worse from motion

Argentum Nitricum : Loss of coordination, difficulty walking. Tremors, anxious and impulsive nature. Worse from heat and emotions

Arsenicum album : Paralysis with great exhaustion and restlessness. Burning pains, tingling in limbs. Better from warmth, worse after midnight

Sulphur : Chronic neuralgias, numbness in extremities. Sensation of heat in soles and palms. Worse from standing long, better in open air

Case 1:

A 38-year-old male presented with progressive weakness in his legs for the past one week, which ascended to involve the arms. He also complained of tingling and numbness in his feet and hands. The patient had difficulty walking, and his family noticed that his grip strength had weakened.

He reported a history of fever with sore throat 10 days before the onset of symptoms. Examination revealed areflexia, symmetrical weakness, and mild autonomic symptoms (occasional palpitations and cold extremities).

Investigations & Diagnosis

• **CSF Analysis:** Raised protein with normal WBC count (suggestive of GBS)

• **Nerve Conduction Study (NCS/EMG):** Demyelinating polyneuropathy

• **MRI Spine:** Nerve root enhancement

The patient was diagnosed with **Guillain-Barré Syndrome (GBS)** and admitted for supportive care. **IVIg therapy** was initiated, but the patient sought homoeopathic treatment for faster recovery and relief from sensory disturbances.

First Prescription: Gelsemium 200, One dose

Reasons for Selection:

- Progressive ascending paralysis
- Heaviness of limbs and weakness
- Trembling and lack of coordination
- Post-infectious neurological sequelae
- Worsening with exertion, better by rest

After two days, the patient reported slight improvement in energy levels but continued weakness. Numbness persisted.

Follow-up & Remedy Change

Day 5:

- Weakness in limbs still present
- Tingling and numbness worsening in hands
- Anxiety about recovery

Change of Remedy: Phosphorus 200, One dose, followed by daily repetition of Phosphorus 30 for one week

Reasons for Remedy Change:

- Nerve involvement with burning pains
- Anxiety about health

- Weakness with tingling sensations
- Better with food, worse in evening

Response after 7 days:

- Numbness reduced
- Strength improved slightly
- Patient able to hold objects better
- Fatigue persisted

Long-term Management (2 months)

Plumbum Metallicum 30 (Twice daily for 3 weeks)

- Muscular atrophy signs beginning
- Sluggish nerve conduction
- Tremors on fine movements

Hypericum 200 (Once daily for 2 weeks)

- Residual nerve pain and tingling
- Weakness on exertion

Final Outcome (After 3 Months)

Patient recovered well

Independent walking restored

Minimal residual weakness in fingers

Improved confidence and energy levels

Case 2:

A 52-year-old male developed sudden ascending paralysis over 3 days, progressing from legs to arms, followed by difficulty in breathing and swallowing. He had tingling in extremities, no deep tendon reflexes, and a history of recent gastrointestinal infection (suspected *Campylobacter jejuni*).

Hospital Management:

- Patient admitted to ICU due to respiratory distress
- IVIG therapy initiated
- Ventilatory support needed
- Homoeopathic treatment given alongside conventional care

Prescription: Conium maculatum 1M, One dose

Reasons for Selection:

Ascending paralysis, worse from exertion

Difficulty swallowing (bulbar symptoms)

Tremors and weakness in hands

Paralysis progressing from lower to upper limbs

Follow-up (Day 5):

- Breathing improved
- Weakness remained but progression stopped
- Patient weaned off ventilator

Second Prescription: Causticum 200, Once daily for 10 days

- Slowly improving motor function
- Better from warmth, worse in cold
- Residual weakness in legs

Final Outcome (3 months):

Full respiratory recovery

Minimal weakness in limbs

Independent walking restored with physiotherapy

Case 3:

A 45-year-old female developed tingling, burning pains, and weakness in both legs after a viral fever 2 weeks prior. The pain was unbearable, with a feeling of electric shocks in the legs. Reflexes were absent, and there was no motor function loss yet, but she felt severe exhaustion and anxiety.

Prescription: Hypericum perforatum 200, Three times a day for 1 week

Reasons for Selection:

Severe nerve pain with tingling and burning

Pain radiating down limbs like electric shocks

Worse from touch, better by lying down

Follow-up (After 7 days):

- Pain significantly reduced
- Weakness remained but walking improved
- Sensation of "walking on cotton" persisted

Second Prescription: Phosphorus 200, Once daily for 2 weeks

- Helped with nerve repair and sensory recovery
- Better with food, worse in the evening

Final Outcome (2 months):

Complete resolution of nerve pain

Sensory functions restored

No residual weakness

Case 4:

A 35-year-old male who recovered from GBS 6 months ago still complained of persistent fatigue, muscle weakness, and difficulty in fine motor activities like writing and holding objects.

Prescription: Plumbum metallicum 30, Twice daily for 1 month

Reasons for Selection:

Post-paralytic weakness and muscle atrophy

Tremors on fine motor activities

Sluggish nerve conduction

Follow-up (After 4 weeks):

- Marked improvement in strength
- Better coordination
- Minimal fatigue

Second Prescription: Sulphur 200, One dose weekly for 1 month

For nerve regeneration and general vitality

Final Outcome (After 3 months):

Full strength regained

No residual fatigue

Patient resumed normal work

Conclusion :

Early intervention with homoeopathy improves outcomes.

Individualized remedy selection is crucial.

Homoeopathy complements conventional care effectively.

Long-term follow-up is essential for complete recovery

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■■■

Chronic Non-Healing Surgical Wound: A Case Study



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Abstract :

Surgical wounds are a common complication of surgical procedures. However, some wounds fail to heal, resulting in chronic non-healing wounds.

Key words :

Non-healing surgical wound, chronic wound, wound care, surgical site recurrent infection, constitutional remedy.

Case report :

1.1 Patient age 47 came in the OPD with the complaints of pustular discharge from the wound at the ankle joint. He had history of injury by roofing sheet while working. Had tendon cut at right ankle joint for which grafting was done. He is fabricator by profession and because of wound cannot work properly since six months. Surgeon reopened it as despite giving standard wound care it was not healing, but found nothing wrong.

1.2 Present complaints:

Known case of Hypothyroidism, hypertension and diabetes mellitus.

1] Pustular discharge from wound at right ankle joint, since 6 months.

< Bathing after

Now, no pain and no swelling.

2] Lumbar pain since 4 yrs

A/F fall from height

< Lying on back < Bending forward

Associated with giddiness intoxicated feeling sudden sleepiness.

1.3 Physical generals

Appetite: good

Desire: fried.

Aversion : not specific.

Thirst: Large quantity for Large intervals.

Stool : Regular

Urine: Urgent with scanty urination

Sleep: Sleepiness alternate with sleeplessness, snoring. Sleepiness while riding in carriage

Dreams - roaming on the road

Perspiration- scanty on exertion

Skin- h/o vitiligo 20 years ago

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

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

1.4 Past history:

Typhoid yrs back weight gain after that. 1988 Head injury with injury to spine one month back

1.5 Family history:

Father: Died when patient was in school.

Mother: Hypothyroid .

1.6 Mind :

Patient is mild.

Workaholic, aversion to rest, even do not take holiday unless very necessary.

Business desire.

Anxiety work should complete on time.

Lives with mother, wife and 2 sons

Constant quarrel between wife and mother.

He left home in frustration for 2 months

because of same reason. Wants they both

should support him as he has responsibility of family and doing hard work for family since early age as father died early.

Quarrels with mother on and off, Feels insulted by mother.

Anger suppression.

Sensitive to morals, respect others.

Anxiety conscience about.

Fear people will say something.

Thermals: Towards Hot d

	Summer	Winter
Sweater	No	No
Covering	Thin	Thin
Fan	Wants	Wants
Bath	Cold	Hot

1.7 General examination

BP: 130/90. Pulse: 68/min
Tongue: moist clean.
Weight - 84.5 kg Conjunctiva: Pink

1.8 Local examination

Right ankle surgical wound pustular discharge no swelling no redness.

1.9 Systemic examination:

RS AE=BE CVS-S1S2 normal
CNS- NAD
P/A Soft, non tender

1.10 Final diagnosis : Non healing surgical wound

1.11 Repertorial totality:

System	Findings	Repertorial totality	Findings	Repertorial totality
General	BP 130/90, Pulse 68/min, Tongue moist clean, Weight 84.5 kg, Conjunctiva pink	100	Local	100
Systemic	RS AE=BE, CVS-S1S2 normal, CNS- NAD, P/A Soft, non tender	100	Local	100
General	BP 130/90, Pulse 68/min, Tongue moist clean, Weight 84.5 kg, Conjunctiva pink	100	Local	100
Systemic	RS AE=BE, CVS-S1S2 normal, CNS- NAD, P/A Soft, non tender	100	Local	100
General	BP 130/90, Pulse 68/min, Tongue moist clean, Weight 84.5 kg, Conjunctiva pink	100	Local	100
Systemic	RS AE=BE, CVS-S1S2 normal, CNS- NAD, P/A Soft, non tender	100	Local	100

1.12 Repertorial Result: Sulph, Verat, Lachesis.

1.13 Final prescription: Kali sulph 30

1.14 Advice: Do regular dressing of wound. Eat food rich in vit. C. Stay hydrated. Avoid places of dust and infection. Control blood sugar level.

1.15 Follow up criteria :

A- Wound size B- Discharge from wound C- other symptom

Date	A	B	C	Prescription
11/01/2019	From wound surgical thread came out. Told pt to show to surgeon and remove it	decreased	BSL decreased	Kali sulph 30 BD
25/01/2019	Decreased	Decreased	BSL decreased	SL BD
07/02/2019	Decreased	Decreased	Better feeling	Kali sulph 30 SOS SL BD



1.16 Conclusion :

This case demonstrates successful treatment of non healing wound with help of KALI SULPH. Repertorisation shows sulphur but kali was added as patient had the feeling of not being supported by family members i.e. being disgraced. He is industrious. He is trying to do best for family but he was insulted.

1.17 Discussion

Present case shows the result of constitutional homeopathic medicine which is selected based on mental general symptoms and physical general symptoms of the patient. Constitutional remedy helped to expel the stitch thread which was maintaining cause of disease. Also his sugar levels decreased. Constitutional treatment gives cure to the patient as a whole.

1.18 Reference

Zomeo software: Complete repertory, Kent's repertory.
Boericke Materia Medica.
The soul of remedies by Dr. Rajan Sankaran

Nocturnal Enuresis : A Holistic Approach to Manage with Homeopathy

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ABSTRACT :

NOCTURNAL ENURESIS is characterized by involuntary urination during sleep beyond the expected age of nighttime bladder control. It is due to multifactorial, influenced by genetic, physiological, and environmental factors, with psychological stressors often playing a significant role. The impact of Nocturnal Enuresis extends beyond physical discomfort, leading to emotional distress, social withdrawal, and reduced self-esteem in affected children. Various remedies, including *Silicea*, *Pulsatilla*, *Natrum Muriaticum*, and *Thuja*, are prescribed based on patient-specific symptoms and psychological factors. A case study of a 9-year-old boy with Nocturnal Enuresis linked to social rejection demonstrated significant improvement with *Silicea* 200, followed by supportive placebo therapy. The patient experienced a gradual reduction in bedwetting episodes, improved confidence, and enhanced overall well-being over a three-month follow-up period.

Keywords : Nocturnal enuresis, Holistic, *Diagnostic and Statistical Manual of Mental Disorders*

Introduction: - Enuresis is defined as normal, nearly complete evacuation of the bladder at a wrong place and time at least twice a month after 5 yr of age. Bed is usually soaking wet in enuresis, compared to incontinence in which there is loss of urine without normal emptying of the bladder [1] According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, enuresis is repeated, involuntary urination during sleep that happens at least twice a week in children 5 or older for a minimum of 3 months or enuresis that results in clinically significant distress or social, functional, or academic impairment. Enuresis is the most frequent urologic complaint in paediatric patients in primary care and specialty settings. The condition significantly impacts both the child and

Nocturnal Enuresis is a widespread and distressing condition that can have a deep impact on the child/young person's behaviour and on their emotional and social life. Bedwetting affects normal daily routines and social activities such as sleep hours or school trips. It also generate much more serious feelings and behaviours, such as a sense of helplessness and lack of hope and optimism, feelings of being different from others, feelings of guilt and shame, humiliation, victimization and loss of self-esteem^[6]

CAUSES :- Delayed maturation of the cortical mechanisms that allow voluntary control of the micturition reflex

- Defective sleep arousal.
- Reduced antidiuretic hormone production at night, resulting in an increased urine output (nocturnal polyuria) [7].
- Genetic factors, with chromosomes 12 and 13q the likely sites of the gene for enuresis. □ Bladder factors (lack of inhibition, reduced capacity, overactive) [8].
- Constipation. - Organic factors, such as urinary tract infection, obstructive uropathy, or sickle cell anaemia nephropathy. □ Sleep-disordered breathing secondary to enlarged adenoids psychological factors more often implicated in secondary enuresis [9].

The following are the mental and emotional concerns-

1. Arrival of a new baby.
2. Moving into a new school.
3. Moving into a new home.
4. Death of a parent.
5. Being punished.
6. Being bullied or teased.
7. Feeling rejected.
8. Losing a family member.^[10]

Case Profile: A 9-year male comes with c/o Involuntary micturition at night since 1-1.5 years

History of presenting complaint: - The patient reported that having complaint of

involuntary micturition at night since 1-1.5 year. Having Sudden onset. When started, frequency was 4-5 times a week once per night, but now daily once at night. Causation- while taking details of **life space investigation**, cause was found i.e. A/F rejection. More in cold weather

No any major illness in the past. All family members are apparently healthy

Generalities: -The patient was chilly, adequate appetite and less thirst. Desire- cold drinks and cold food Aversion- not specific. The patient having sound sleep and no dreams. His urine is pale yellow and offensive. Sometimes, bowel movements are constipated, and he must give pressure to pass stool. Perspiration is on exertion, on palms and soles. He had clean and moist tongue. The patient weighed 25kg.No edema, pallor, icterus, or lymphadenopathy seen.

Mind-

Life space investigation -

Patient came with his grandmother.

Patient appeared a bit awkward, history was given by grandmother. Grandmother- since his complaint started, he is feeling low and awkward. He is basically very mild in nature. Also don't socialize much. He is shy type, takes time to meet with new people, and hesitates to talk first.

Dr- what caused your bedwetting issue?

Patient- didn't spoke and looked towards grandmother. Dr- tell me what happened?

Patient- after some time said, some 1.5 year back at my friend's birthday party, everyone was enjoying the party, playing games. I am shy type; I don't talk much, so they did not even ask me or talked to me. I was been rejected by them, I felt very bad that time. After that incident I started having this problem.

Systemic Examination-

RS- AEBE

CVS- S1 & S2 heard normally

P/A- non-tender, no any marks or scar, soft & palpable CNS- conscious & well oriented

Local Examination- GUS- examination relevant to the complaints was done, no any abnormality was found.

Provisional Diagnosis -

1. Nocturnal enuresis

2. Diabetes insipidus

3. Worm infestation

Investigation: - urine examination -

normal Final Diagnosis- Nocturnal Enuresis

Miasm- sycosis **Susceptibility-** high

Probable Medicines-

1. Pulsatilla

2. Silicea

3. Natrum mur

4. Thuja

5. Carcinocin

6. Lycopodium

Case analysis and repertorisation :-

Following complete case taking in accordance with following homeopathic principles, the following characteristic symptoms was taken into consideration for repertorisation after analysis and evaluation.

1. Complaints started when he was been rejected at party
2. Lack of confidence
3. Mildness
4. Timidity
5. Desires cold food and drinks
6. Thirstless
7. Involuntary micturition at night

The above symptoms were converted into rubrics and the case repertorised using radar opus software.after repertorisation,silicea covered the maximum symptoms

REPRTORISATION:-



Prescription-

Rx

Silicia 200 single dose

stat Sac lac 30 BD x

15 days

Follow up-

Date	Symptoms	Prescription
14/10/2020	Bedwetting episodes reduced by 45-50 %	Sac lac 30 4 gbs TDS for 15 days
30/10/2020	No episode of bedwetting occurred	Sac lac 30 4 gbs TDS for 15 days
15/11/2020	Confidence improving than before No episode of bedwetting occurred	Sac lac 30 4 gbs TDS for 15 days
30/11/2020	Mentally improving	Sac lac 30 4 gbs TDS for 15 days
15/12/2020	Better in general	Sac lac 30 4 gbs TDS for 15 days

Conclusion:

Nocturnal Enuresis is a distressing condition with both physiological and psychological dimensions. Homeopathic treatment, through its individualized approach, offers an effective and holistic solution for children suffering from Nocturnal Enuresis. The case study highlights the potential of homeopathy in addressing not only the physical symptoms but also the emotional and psychological triggers. Further research and clinical studies are warranted to establish its broader applicability in managing Nocturnal Enuresis.

Homoeopathic therapeutics for nocturnal enuresis

1. **Causticum**: chilly patient. Enuresis during first sleep at night. Enuresis from slightest excitement. Particularly in Children during first sleep worse in winter and ceases or becomes more moderate in summer with great debility.
2. **Dulcamara**: Enuresis after some disease of bladder. Worse from cold or damp. Child desires different things but rejects on receiving them. Copious turbid foul-smelling urine.
3. **Sabal serrulate**: Due to paralysis of sphincter, constant desire to pass urine at night.
4. **Kreosotum**: chilly patient. Irritable, peevish, dissatisfied. Enuresis with dream of urination in a decent manner, wets bed at night. Enuresis during first part of sleep, from which it is difficult to arouse child. Sudden urge to urinate [28].
5. **Sulphur**: Wetting bed at night copious

discharge of children who suffer from chronic cutaneous eruption. Desires sugar.

6. **Calcareo carbonica**: Complaints of children who are fat, fair and flabby. Much emission of urination at night. Sour vomiting of children during dentition with tendency to eat indigestible things such as chalk, pencil etc.
7. **Medorrhinum**: In children where there is a psychotic history of Nocturnal Enuresis. Weak memory, fear in the dark as if someone behind him/her.

8. **Sepia officinalis**: chilly patient. Involuntary urination during first sleep. Bed is wet as soon as the child goes to sleep, very offensive urine. Child is dull, depressed, moody indolent with a greasy skin. Disinterested in work worse from change of weather.

9. **Equisetum hyemale**: Enuresis Day and night, it acts well when it remains a mere force of habit, after removal of primary cause, dreams of seeing crowd of people. Profuse urine. Incontinence of urine in children with dreams or night mares.

10. **Natrum muriaticum**: Craving for salt. Aversion for bread and fats. Urine pass involuntarily when walking and coughing, has to wait a long time for it to pass if others are present.

11. **Rhus toxicodendron**: chilly patient. Bed wetting in children of older age group. Nocturnal enuresis in boys.

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Homoeopathic Management of Teething Troubles in Infants

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ABSTRACT

Teething is a natural milestone in an infant's development, but it can cause significant discomfort, irritability, and other systemic disturbances such as diarrhea, fever, and sleep disturbances. While conventional methods provide temporary relief, homoeopathy offers a gentle and holistic approach to managing teething-related symptoms without side effects. This article explores the role of homoeopathy in alleviating teething troubles and ensuring a smoother transition for infants.

KEYWORDS :

Teething, Homoeopathy, Infant Care, Natural Remedies

INTRODUCTION

Teething typically begins around 6 months of age and continues until the child is about 3 years old. Symptoms vary from mild discomfort to severe pain, irritability, excessive drooling, gum swelling, diarrhea, and even fever. The eruption of primary teeth can be distressing for both infants and parents, making symptom management crucial.

Homoeopathy follows the principle of *Similia Similibus Curentur* (like cures like), offering natural remedies that help infants cope with teething discomfort in a safe, non-toxic manner.

By addressing both physical and emotional symptoms, homoeopathic remedies ensure a holistic approach to teething-related issues.

PATHOPHYSIOLOGY OF TEETHING TROUBLES

Teething involves the movement of primary teeth through the gums, leading to localized inflammation and discomfort.

This process triggers a mild inflammatory response, which may present as swollen gums, increased salivation, and changes in feeding patterns.

Due to gum irritation, some infants may also experience digestive disturbances, mild fever, and increased susceptibility to infections.

Homoeopathic Concept For The Treatment Of Teething Troubles

Homoeopathy views teething discomfort as a manifestation of the infant's vital force adjusting to developmental changes.

According to homoeopathic philosophy, treatment should not merely suppress symptoms but should strengthen the child's overall constitution.

The selection of the appropriate remedy depends on the totality of symptoms, including the infant's temperament and response to discomfort.

Philosophical Concept Of Homoeopathy For Teething Management

Dr. Samuel Hahnemann emphasized the importance of individualized treatment based on a child's unique symptom presentation. Since teething is not a disease but a natural process, homoeopathic remedies focus on supporting the infant's body in adapting smoothly. Emotional and behavioral changes such as irritability, clinginess, and restlessness play a crucial role in remedy selection.

Approach Of Homoeopathy In Teething Troubles

For infants experiencing severe teething pain, homoeopathic mother tinctures and low-potency remedies can provide quick relief. Alongside remedy administration, simple interventions such as gum massage, the use of cold teething rings, and maintaining hydration can further ease symptoms.

Homoeopathic Remedies For Teething Troubles

1. Chamomilla – For Extreme Irritability & Pain

- Indicated when the baby is excessively irritable and cries continuously.

- The child demands to be carried but remains inconsolable.
- Gums are swollen and painful; may refuse to nurse.
- One cheek is red while the other is pale.

2. **Belladonna** – *For Teething with Fever and Swollen Gums*

- High fever with flushed, red, and inflamed gums.
- Excessive drooling with restlessness.
- May have ear pain associated with teething.

3. **Calcarea phosphorica** – *For Delayed and Difficult Teething*

- Suited for infants with slow teething and weak bones.
- Tendency to sweat on the head during sleep.
- Greenish stools or diarrhea during teething.

4. **Pulsatilla** – *For Tearful and Clingy Babies During Teething*

- The child seeks constant attention and prefers to be carried.
- Symptoms improve in fresh air and worsen in warm rooms.
- Teething may be accompanied by mild diarrhea and nasal congestion.

5. **Silicea** – *For Slow Teething with Weak Gums*

- Poorly developed teeth with delayed eruption.
- Baby is weak and sweats excessively on the head and feet.
- Reluctance to nurse due to gum pain.

6. **Mercurius solubilis** – *For Teething with Excessive Drooling and Bad Breath*

- Profuse salivation with swollen, painful, and bluish gums.
- Foul breath and difficulty swallowing.
- Increased thirst with sensitivity to hot or cold foods.

7. **Magnesia phosphorica** – *For Spasmodic Pain During Teething*

- Indicated for teething pain relieved by warmth or pressure.

- Associated with colicky abdominal pain.
- Helpful in cases where teething affects digestion.

8. **Coffea cruda** – *For Sleeplessness and Excitability Due to Teething*

- Hyperactive infants who have trouble sleeping.
- Extreme joyfulness followed by crankiness.
- Oversensitivity to pain.

9. **Nux vomica** – *For Digestive Disturbances During Teething*

- Suitable for infants who become irritable and easily angered.
- Teething associated with constipation or indigestion.
- Increased sensitivity to noise and light.

10. **Podophyllum** – *For Teething with Profuse Diarrhea*

- Watery, offensive, and profuse stools during teething.
- Weakness and dehydration due to diarrhea.
- Restless sleep with excessive drooling.

11. **Rheum** – *For Teething with Sour-Smelling Stools*

- Diarrhea during teething with an extremely sour odor.
- Irritable and cries constantly.
- May have a coated tongue and excessive salivation.

12. **Borax** – *For Teething with Mouth Ulcers*

- Baby refuses to nurse due to pain in the mouth.
- Ulcers or thrush in the mouth.
- Anxiety and fearfulness, especially during sleep.

Prevention And Lifestyle Management For Teething Troubles

While homoeopathy provides effective relief, parents can also adopt the following measures to ease teething discomfort:

- Offering safe, BPA-free teething toys.
- Gently massage the baby's gums.
- Use a cold washcloth to soothe swollen gums.

- Ensure proper hydration.
- Avoiding sugary foods that may irritate gums.

CONCLUSION

Homocopathy offers a natural, safe, and effective approach to managing teething troubles in infants. By selecting remedies based on individual symptoms, homoeopathy provides holistic relief without side effects. More clinical research is needed to validate its effectiveness, but its gentle action, coupled with proper care, can ensure a smoother teething experience for infants.

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News bulletin

Activities Conducted In The Institute



Value added course "cognitive Behavioural Therapy" conducted by Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory, for 4th BHMS students



Academic committee organised "Yoga workshop" for 1st BHMS students on 9th Jan 2025.



Department of FMT organized court visit for 2nd BHMS students from 20th Jan to 22nd Jan 2025.



Department of FMT organized police station visit for 2nd BHMS students from 20th Jan to 22nd Jan 2025



Department of FMT organized "Injury painting competition and exhibition" on 6th Feb 2025



Department of FMT organized "Moot court" on 17th Feb 2025.



Career orientation to 4th BHMS students regarding LLB Course by Advocate Palekar on 21st Feb 2025.



Inauguration of Annual social gathering – “ABHYUDAY 2025” on 8th March 2025.



Inauguration of “ABHYUDAY 2025”- Cultural night on 15th March 2025.



Gynaecological health check - up and Cancer detection camp on 29th March 2025.

Student Achievement



Dr. Nilesh Doere, Dr. Madhur Kahire, Dr. Aditi Malkani, Dr. Shubham Jain, Dr. Sanket Lodha & Dr. Yugam Thakkar, PG student and Miss Priyanka Shinde, Miss Simi Wani & Miss Tejal Wankhede Miss Bushra Ansari, Miss Kshamta Brahmecha, Miss Riddhi Prajapati, UG students honoured with “Academic excellence Award”, at AIHSAYA, Kolkata, on 12th Jan 2025.

Toppers in the Institute in MUHS Winter 2024 examination



Miss Ansari Bushra
Topper in III BHMS,
MUHS Winter 2024
examination.



Miss Tejal Wankhede
Topper in IV BHMS,
MUHS Winter 2024
examination.

Faculty Invited As Recourse Person



Dr. Prasad G Kapdani, Dept. of Medicine, invited as resource person for lecture on "Thyroid disease" at CME organised by Kopargaon Taluka Medical association Kopargaon on 12th Jan 2025.



Dr. Rohini A Thakare invited as resource person for lecture on "Care of skin and hair at pubertal age" at Art commerce college, Laslgaon on 24th Jan 2025



Dr. Minakshi Potdar invited as resource person for lecture on Oral Healthat Rural Hospital Chndwad on 21st March 2025.

Faculty Achievements



Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory, honoured with "Best Repertory teacher Award" at AIHSAYA, Kolkata, on 12th Jan 2025.



Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory, presented research paper and honoured at the hands of Dr. E Rajan at 27TH National IHP conference, Pune, on 22nd FEB 2025



Dr. M. H. Parewal, HOD, dept of Physiology, presented research paper and honoured at the hands of Dr. E Rajan at 27th National IHP conference, Pune, on 22 nd Feb 2025



Prof. Dr. A. O.Dahad, Principal, Smt . K. B. Abad Homoeopathic Medical college, Chandwad, honoured with “Best Principal” Award at AIHSAYA, Kolkata, on 12th Jan 2025.



On the occasion of 27th IIHP National conference, Prof. Dr. A. O.Dahad, Principal, Smt . K. B. Abad Homoeopathic Medical college, Chandwad, honoured with “Best Academician award” on 22nd Feb 2025.



On the occasion of 27th IIHP National conference, Prof. Dr. S. N. Doshi, Vice Principal, Smt . K. B. Abad Homoeopathic Medical college, Chandwad, honoured for “Excellent Contribution to the field of Homoeopathy” on 22nd Feb 2025.



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 Ayurved & Multispeciality Hospital	2021	299070
18.	SNJB's Law College	2022	252150



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