

# KBA's Mission



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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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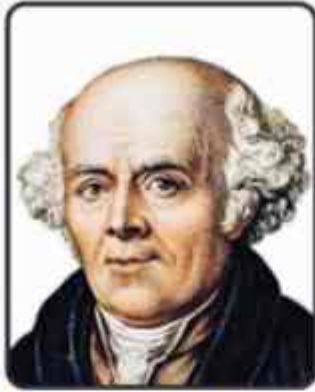
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**Founder of Homoeopathy**



**Dr. Samuel Hahnemann**

**Founder of SNJB**



**Karamveer Keshavlalji H. Abad  
(Puja Kakaji)**

## **Our Inspiration**



**Smt. Kanchanbai B. Abad**



**Late Shri. R. P. Chordiya**

### **VISION**

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



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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**

**"Truth in science is always defined by observation" - David Jou, ss.**

Our journal Dr. Samuel Hahnemann wanted to knowopathy a holistic disease based on the natural law of cure which has always been the basis of all true cure in allopathy. In the nature law of cure – in the living organism a weaker dynamic affection is permanently extinguished by a stronger one, if the latter (with difference in kind, is very similar to the former in its manifestations). Homeopathic medicine selects on the basis of similia, act as stronger dynamic force which extinguish the weaker dynamic affection that means disease in living organism and cure take place. The materialistic scientific community believe changes observed in the physical level and not on the dynamic level, this is one of the reasons they do not accept the Homeopathic medicine. Always asks for evidences of the cure.

In para 8 Dr. Samuel Hahnemann explains that "for this natural law of cure manifests itself in every pure experiment and every true observation in the world, the fact is consequently established, it matters little what may be the scientific explanation of how it takes place, and I do not attach much importance to the attempt made to explain it. But the following view seems to command itself as the most probable one as it is founded on premises derived from experience." When homeopathic medicine prescribed on the basis of similia, we experience nature law of cure changes take place at the patient's general & mental level, in lab tests & in other diagnostic reports. These are the observational facts. Such evidence based case studies are the answer to all the questions raised by the materialistic scientific community.

Our journal tries to provide the platform for author to present their evidence-based case study records, scope of homeopathic remedies in different clinical conditions. In this issue case study of alopecia areata and homeopathic management of different clinical conditions like frozen shoulder, premenstrual syndrome, obesity is presented. These studies will boost budding homeopaths and increase their confidence in themselves. Homeopathy never fails, it's an instrument which must be used with skills. If we are not expertise in using it we will fail, not the instrument i.e., not the homeopathy. So, test it, reverify it, present it and every time you will get more affirmation.



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## FROZEN SHOULDER : A THERAPEUTIC APPROACH

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### ABSTRACT :

Also known as adhesive capsulitis, a condition characterized by stiffness and pain in shoulder joint, restricting day-to-day activities and incapacitates the daily routine of patient

No exact cause known, but accompanies many systemic diseases like Diabetes, thyroid disorders, Parkinson's etc., hence proving difficult for cure.

With the limitation of treatment in other systems, Homoeopathy is proving boon in these cases and help relieving the symptoms and improving quality of life.

### AIM :

To study the Homoeopathic management of frozen shoulder - a therapeutic approach.

### Objective :

- 1) To study in detail the Aetio-clinical presentation of Shoulder . frozen.
- 2) To study the homoeopathic drugs useful in the management of frozen shoulder.

### Introduction :

In day to-day life, if the daily routine of the Patient is hampered & becomes incapacitated due to pain and stiffness, even Simple activities like head combing, raising the arm above head, or even dressing becomes difficult causing severe pain and more psychological stress due to growing dependency. Hence a need to find the solution to the pain and stiffness of shoulder joint & improve the quality of life.

### Review of literature :

Frozen shoulder is a condition more frequent in women and in age group of 40 plus. No exact cause is known, predisposing causes are like Injury to shoulder (sports) surgical after Mastectomy, with cervical Spondylosis, in systemic diseases. like Diabetes, hyper & hypothyroid, Tuberculosis etc. Cardiac diseases & Parkinson & disease etc. may also predispose the condition.

The pathogenetic features observed are, the bones, ligaments & tendon around the shoulder joint are encased in a Capsule of connective tissue. When the capsule thickens & tightens around the shoulder, causes restricted movements with stiffness & pain. Also shoulder bursitis & rotator cuff tendinosis lead to a frozen shoulder.

The clinical picture is seen stage wise

- a) Freezing stage - any slightest movement

causes pain & range of movement becomes limited.

- b) Frozen stage - pain may decrease but shoulder. Becomes more stiff & Using it becomes increasingly difficult.

- c) Thawing stage. The range of movement in shoulder begins to improve, Pain worse at night due to pressure effect, & sleeping on sides. With gradual start, the progress slow, develops from pain to stiffness within a span of one to three years.

### Management:

Auxillary measures like physiotherapy Hot & cold compression pack, may be helpful in alleviating the pain. Homoeopathic drugs which are more frequently useful are like Calc. phos, Ferrum met, Rhus tox, Ruta, Sanguinaria, kali iod, Calc flour, Silicea, Lryonia, Arnica, Ledum pal etc. are very effective in frozen shoulder. I would also like to share the therapeutic indications of some rare & specific medicines mentioned to be useful.

- a) Ruta -Traumatic sprain, strain, wrenching pain in shoulder joint on hanging down the arm or resting on the thighs. Sore bruised, As if beaten pains, with paralytic stiffness

- b) Sanguinaria- Rheumatic pain In right Shoulder, cannot raise the arm, pain in top of right shoulder. Right arm hung helpless, with coldness, stiffness & burning.

- c) Thiosinaminum- Torn ligament especially of shoulder, like in sports injury, for Resolving scar tissue & adhesions.

- d) Guaiacum - Rheumatic diathesis in acute stage, contraction, stiffness & immobility of limbs. Swollen, painful feeling that he must stretch the limb. Intolerance to pressure. Cannot tolerate heat.

- e) Ammonium causticum- Rheumatism of shoulder. Skin hot & dry, excessive exhaustion and muscular debility. contracted tendons, Rheumatic tearing in limbs, better by warmth- especially heat of bed.

- f) Stellaria media- pain in shoulder and arms, synovitis, sharp shifting, rheumatic pains darting in every direction, sore bruised feeling on touch, morning aggravation. Worse motion & warmth, better by cold air.

### Conclusion :

As no specific cause and treatment available, only Right approach is Holistic one, a perfect constitutional similitum, would permanently relieve the complaint. Also supportive, specific homoeopathic medicines are very useful for the same, with adjuvant exercises & physiotherapy, will give more better results.

**References :**

1) Boericke, W. and Boericke, O., 20-4. Pocket manual of homœopathic materia medica. 9th ed. New Delhi: B Jain.  
 2) Murphy, R., 2010. Homeopathic medical repertory. New Delhi: B. Jain.  
 3) Nash, E., 2006. Leaders in homeopathic therapeutics. New Delhi: B. Jain.  
 4) Kent, J., 2015. Lecture on Homoeopathic Materia medica. New Delhi: Indian Books & periodic Publisher.

5) Allen, H., 2009. A keynote with leading remedies of materia medica and bowel nosode. 9th ed. New Delhi: B Jain.  
 6) Homoeomart. 2022. Home - Homoeomart. [online] Available at : & It;https://homoeomart.com/&gt; [Accessed 24 August 2022].  
 7) Mayoclinic.org. 2022. Mayo Clinic - Mayo Clinic. [online] Available at : & It;https://www.mayoclinic.org/&gt; [Accessed 24 August 2022].  
 8) Editorial, 2021. The Pharma Innovation Journal,.



**Homoeopathic Approach To The Premenstrual Syndrome**

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**Abstract**

Homoeopathy the only rational system of medicine bears a holistic approach for understanding diseased condition. It attempts to treat the sick constitution that has a disease and not as a single disease entity. Thus the gynaecological condition like PMS, premenstrual syndrome, should not be treated as separate entity, rather every patient suffering from PMS must be viewed from the constitutional viewpoint.

**Key words – PMS**

**AIM :**

To study the Homoeopathic management of Premenstrual syndrome - a therapeutic approach.

**Objective :**

- 1) To study in detail the Aetio-clinical presentation of Premenstrual syndrome.
- 2) To study the homoeopathic drugs useful in the management of Premenstrual syndrome.

**Introduction -** Every living constitution is a composition of trinity of soul, mind and body. The mind and body function are in close coordination under the control of vital force. A living organism who adopts himself successfully in an environment in which the life is put up without any disturbance is considered to be in the state of health. Contrary to this, any disturbance anywhere in mind or body is termed as a disease This is expressed in the form of symptoms, at mental or physical plane e.g., PMS in gynaecological conditions.

**Review of literature -**

PMS is a recurrent, variable cluster of troublesome physical and emotional symptoms that develops 7-14 days before the onset of menses and subsides when the menstruation occurs. Approximately, one third of all pre-menopausal women are affected primarily those between 25-45 years of age

**Criteria to diagnose PMS**

1. Not related to any organic lesion
2. Regularly occurs during the luteal phase of each ovulatory menstrual cycle.
3. Symptoms must be severe enough to disturb the lifestyle of the women or she requires medical help.
4. Symptom-free period during rest of the cycle.

**Aetiology:** Since the aetiology of PMS remains unknown several hypotheses have been put forward to explain this.

1. Hormonal- This is the most widely held view. According to this, excessive estradiol and deficiency of progesterone in the second half of the cycle Perhaps due to inadequate corpus luteal function is the main abnormality in PMS
2. Increased production of aldosterone.
3. Vitamin deficiency- Deficiency of Vit B6. Pyridoxine and Vit A have long been implicated in this without any evidence.
4. Neuroendocrine factors – Fluctuations in serotonin, a brain chemical (neurotransmitter) that is thought to play a crucial role in mood states could trigger PMS symptom
5. Psychological -The apparently unrelated symptoms. The frequency of personality problems and the considerable placebo response of the condition suggests a large psychological component in the causation
6. Menstrual toxins

**Symptoms --** Symptoms that are associated cyclically with the menstrual cycle are many. Almost every system in the body may be affected. The severity of symptoms may change from cycle to cycle, the nature of symptoms remains constant. Symptoms are less frequent

in the early reproductive years and become progressively worse with age towards the menopause.

**Physical Symptoms :**

Commonest are Breast tenderness, swelling, nausea, vomiting, abdominal bloating. Constipation, peripheral oedema and weight gain, Headache, migraine, pelvic discomfort may also be present. Many medical conditions, eg Epilepsy, asthma, knee pain, skin disorders or herpes may aggravate pre-menstrual problems.

**Psychological Symptoms :**

Tension, irritability, depression, lassitude, excitability and fatigue are the commonest. Sleep, libido and appetite may be altered. These symptoms are by far the most distressing to the patient. Behavioural changes; suicide attempts, criminal behaviour, proneness to accidents have been reported at this time in the menstrual cycle.

**Management :**

First described by Frank in 1931. You no longer have to cope with premenstrual syndrome (P.M.S.), curling up in bed or cringing away from daily activities, you can deal it with it just by homoeopathic remedies & by changing your life style and nutrition

**1. Lifestyle modification :**

Do take up regular meditation, yoga and suryanamskars on regular basis to balance and harmonies the vital energy force in the body.

**2. Role of dietary supplements :**

Specific dietary supplements have proven value in improving PMS frequency and severity. B-vitamins More than a dozen double blind clinical trials suggest that vitamin B6 supplementation is useful in the treatment of PMS. Vitamin B6 is a co-factor in oestrogen detoxification in the liver, in the synthesis of mood elevating neurotransmitters (brain chemicals), and in the formation of anti-inflammatory prostaglandin hormones. In some of these applications, vitamin B6 works synergistically with other B vitamins, such a niacin, folic acid, and vitamins B12 and B2. Some studies suggest that vitamin B6 taken in conjunction with 300-400mg of magnesium per day is beneficial in PMS management. Vitamin B6 works with magnesium, many enzyme systems, and thus are synergistic nutrients with proven value in the treatment of PMS. Along with vitamin B6, Vitamin B12.

Also helps to counter weakness and enhance emotional wellbeing. Some natural sources include bananas, potatoes, lentils, other whole grains, chili peppers, green vegetables and dairy products.

**Vitamin E-** Supplementation at 400 IU per day can reduce various symptoms at PMS, including nervous tension, headache, fatigue, depression, insomnia, breast tenderness, anxiety, and food cravings. Among the natural sources are soybeans, raw nuts and seeds, cold-pressed oils (like olive oil) peanuts, cornmeal, sweet potatoes, broccoli leaves, raw spinach and asparagus.

**Magnesium :** Having 200-400mg per day, helps relieve PMS symptoms. Some natural sources are grains, nuts, legumes, dark leafy vegetables, shellfish, figs, lemons, grapefruit, yellow corn, almonds, seeds, apples, lentils, split peas, tofu, peanuts, cashews, wheat germ, bean sprouts, spinach milk.

**Calcium:-** Well-designed trial found that 1,200mg of elemental calcium per day was effective in reducing depression, water retention, pain, food craving, fatigue and insomnia in women with PMS. Soyabeans, green leafy vegetables like turnip greens, mustard greens, broccoli are some natural sources of calcium.

**Manganese :** A study indicated the PMS sufferers with increased mood and pain scores had low manganese status. The dose for supplementation should not exceed six mg per day according to experts in this area. The recommended dietary allowance [RDA] for manganese is 1.8mg Apart from this consume more grain fibre (wheat bran, psyllium) and cruciferous vegetables such as cabbage, cauliflower, broccoli and sprouts.

**3. Reportorial approach -**

A proper case taking is essential. This is mostly sycopsoric state with superimposed tubercular state. It is hydrogenoid constitution. For acute conditions or in emergency and temporary relief from physical symptoms of PMS with reference to appropriate chapters in the repertory would definitely yield a very good result. Repertory will be definitely helpful when it is used wisely. Let us look further into the advantages of the commonly used repertories so that it may be used wisely according to the case in question. Let us see how the symptoms of PMS are distributed in various repertory, over the different chapters.

**1. Kent repertory :-**

Chapter Mind- sub rubric - Menses before  
Other chapters to be referred to with sub rubrics  
e. g. Head, stomach, Abdomen, Rectum, Back, Sleep etc.

The chapter Female genitalis includes rubrics such as congestion before menses

Generalities- Menses before

**2. KUNZLI :-**

KUNZLI's repertory gives clinical verification of drugs mentioned in Kent.

3 - Boger Bonninghausens characteristics and repertory.

On referring to BBCR, management of PMS becomes very simple and quick. Rubrics like Before menses, at start of menses and chapter 'concomitants help a lot in selection of remedy. All symptoms of PMS are listed in this chapter. Other chapter - Mind, Vertigo, Chest, Mammae, Genitalia female organs, Back, Palpitation, Circulation along with their subchapters Menses before and concomitant menses.

4 - Boericke has most of the rubrics of PMS included in chapter on Female genital system.

Hence, symptoms are very few. Menses complaints preceding and attending the flow on page 837 gives most of the import in and relevant symptoms of PMS.

- Phatak has given most of the symptoms of PMS under the rubric 'Menses before disturbance and all other concomitants. Apart from this individual symptom may be looked up in alphabetical order. Example - Anger, before menses

**4. Homoeopathic Remedies :-**

Homoeopathy treats the sick, we select the medicine on the basis of *similimum*. Best selected homoeopathic medicine on the basis of *similimum* helps to treat the disease condition. Homoeopathic medicine has therapeutic action. Therapeutic indication of few remedies are as follows.

**Sepia :-**

Sepia is the best remedy for treatment of premenstrual syndrome when selected on the basis of *similimum*. The *similimum* indications of Sepia are extreme irritability, a few days before periods. Irritability is mostly accompanied by an aversion to indulge in any kind of physical or mental labor. Sepia helps to calm the minds of women suffering from irritable conditions. Sensation of bearing down pains in uterus accompanying mental irritability, irregular menstrual cycle.

**Natrum Mur :-**

Natrum Mur is beneficial for women with pimples who are mainly reserved in nature. They may have weeping episodes while alone. Craving for salt may be found in women requiring Natrum Mur.

**Ignatia :-**

Ignatia the key feature is depression and mood swings, sad and depressed emotional state before periods. Along with sadness, there is an aversion to company. Women desire to be left alone and keep on weeping for long. Women who experience sudden mood swings prior to their menstrual cycle can also benefit by the use of Ignatia.

**Chamomilla :-**

Chamomilla is best remedy when there is irritability is accompanied by an aversion to talking. If forced to speak, such women communicate in a very irritable manner. They may even snap and use abusive language, with an aversion to the company of people.

**Pulsatilla :-**

Pulsatilla is indicated when there is increased sensitivity towards every little thing during PMS. Weeping tendency, the smallest of things tend to affect women deeply and they also start to weep over little, insignificant issues, feel better when offered sympathy. Feels better in Open air, absence of thirst. Menstrual problems like suppressed or delayed menses frequently.

**Lachesis :**

Such women experience pains in various parts of body a few days before the expected date of periods. Excessive headache starts and body pains at the start of menses and get relieved when flow starts. Along with it the key feature of Lachesis is excessive talking, hot flush and aversion to tight clothing.

**Conium :**

Conium is indicated when complaints of breast tenderness in women are seen before menses. Breast symptoms are swelling, enlargement, and pain in the breast before their periods. The pain gets worse by touching. Along with pain, the breast also becomes hard.

**Bryonia :-**

Bryonia is indicated when there is symptoms of excessive heaviness and pain in breasts before menses. The pain relieved support or on holding the breast. Along with other symptoms the important symptom of bryonia is the stool is extremely hard and dry.



### Silicea :-

Silicea is very beneficial for women who have great difficulty in passing stool or poop. A lot of straining is required in order to pass stool. The stool even slips back after being partially expelled. Silicea helps in easy expulsion of stool without putting in much effort.

### Nux Vomica :-

Nux Vomica is the medicine that is prescribed when the urge to pass stool is very frequent. But the stool passed is very scanty and unsatisfactory. This can be accompanied by pain in the abdomen.

### Melilotus :-

Melilotus indicated when the symptoms like headache accompanied with vomiting occurring as a part of Premenstrual Syndrome. The head feels extremely heavy and full.

As flow appears the head pain, heaviness and vomiting relieved.

### Bovista :

Bovista is of great help for all those women who pass loose stool before periods. The women may also experience heavy bleeding and Inter Menstrual Bleeding episodes.

### Carbo Veg :-

Bloating sensation is key feature and is effective in giving immediate relief and are best suited for women who have a distended abdomen before menses. Eating is followed by extreme heaviness and distension in abdomen. This is accompanied by excessive gas in the abdomen. The accumulation of wind in the abdomen may also lead to pain. The women may also experience vomiting, which usually contains undigested food.

These are the therapeutic indications of the Homoeopathic medicines which are used in PMS, on the basis of similimum we can prescribe other medicines also.

### Conclusion :

When we make use of all these rubrics in our prescription it is important to remember that for sustained relief and cure from PMS, the drug prescribed is the constitutional, in the choice of which the symptoms of PMS is given importance, depending on the characteristic value in the order of evaluation. What is most dependable is the mental state and basic nature of the patient which is very often expressed more intensely and clearly in the premenstrual phase and these are the symptoms one can completely rely on.

### Reference :

Dutta D. C., Textbook of Gynaecology, Jaypee Brothers Medical Publishers (P) Ltd.; 9th edition 30 November 2016. Malhotra Narendra; Jeffcoate's Principles of Gynaecology, Edition: 9th Publisher: Jaypee Brothers Medical Publishers (P) Ltd. Year: 2019

Kent JT, Repertory of the homoeopathic materia medica, B. Jain: New Delhi; 57th impression, 2019..

Boericke W. Pocket manual of homoeopathic materia medica and repertory. B. Jain, New Delhi; 1994.

Kunz J; Kents repertorium generale; eighth edition, Barthel & Barthel publisher.

Boger C. M., Boger Boenninghausen's Characteristics and Repertory with corrected and revised abbreviations and word index, B. Jain Publishers (Pvt.) Ltd., Page No. 375

Dhawale M.L. Principles & Practice of Homoeopathy. Published by B. Jain Publishers Pvt. Ltd. B. Jain. ISBN

Muzumdar K. P.; A Textbook of Homoeopathic Therapeutics with Clinical Approach; Edition, revised; Publisher, New Central Book Agency, 2018; ISBN.

Rishimukh – The art of living Monthly magazine, April 2015 Issue.





## Dietary Management of Obesity

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### ABSTRACT :-

Obesity is a multi-factorial disorder, which is often associated with many other significant diseases such as Diabetes, Hypertension and other cardiovascular diseases, Osteoarthritis and certain cancers. A primary reason that prevention of obesity is so vital in children is because the likelihood of childhood obesity persisting into adulthood increases as the child ages. Although there are genetic, behavioral, metabolic and hormonal influences on body weight, obesity occurs when you take in more calories than you burn through normal daily activities and exercise.

### KEYWORDS -

Weight management, Dietary strategies & Patterns, Satiety, Healthy eating behaviors, Regular physical activity, and Reduced sedentary activity,

### INTRODUCTION -

Obesity in urban India is becoming a major public health problem largely because of the changing lifestyles and inadequate knowledge on nutrition and health. These days people try everything from fad diets to weight control pills in order to lose weight, but to no avail. Efforts to lose weight at the weight loss clinics are also temporary.

The Scientific Way to managing Obesity is meant for those who wish to keep their weight under control and remain healthy, for those who want to run weight loss programs and for all those academicians who to update themselves with the latest scientific principles of weight management. It also gives guidance on the type of foods that can be consumed to achieve targeted weight loss. The readers will be tempted to try out the exhaustive list of therapeutic recipes given in the book.

Obesity is a chronic condition defined by an excess amount of body fat. It indicates a weight greater than what is considered healthy. Obesity has been more precisely defined by the National Institute of Health as a BMI of 30 and above. The obesity epidemic is one of the most predominant public health challenges of the century and its prevalence continues to rise globally with now more than 500 billion obese individuals around the world.

The recent surge in rates of obesity is driven by eating behaviors and food choices that promote excessive energy intake. Current recommendation for weight management

emphasizes the importance of healthy eating pattern that include a variety of nutrient dense foods, limit portions of energy density dense food, and reduce overall energy density. Dietary management, also known as "foodservice management", is the practice of providing nutritional options for individuals and groups with diet concerns through supervision of foodservices. Practitioners in dietary management, known as dietary managers, work in hospitals, long - term care facilities, restaurant, school and college cafeterias, correctional facilities, and other foodservice setting, usually implementing meal plans established by a dietitian or nutritionist. They are responsible for supervising the work of other nutrition personal such as cooks and dietary aides. The professional requirements of dietary managers vary across countries and employment settings, but usually include some formal education and on the job experience in nutrition care and therapy, management of foodservice operations, human resource management and sanitation and food safety. Dietary management is not usually subject to professional regulation, although voluntary certification is preferred by many employers. A number of dietary patterns that reduce energy intake in relation to energy expenditure led to similar weight loss. A key strategy and for weight management that can be applied across dietary patterns is to reduce energy density. Clinical trials show that reducing energy density is effective for weight loss and weight loss maintenance. The optimal diet for prevention of weight gain, obesity, metabolic syndrome and type 2 diabetes is fat-reduced, fiber- rich, high in low energy density carbohydrates and intake of energy-containing drinks is restricted. There are five major dietary guidelines?

- Follow a healthy eating pattern across the lifespan. All food and beverage choices matter....
- Focus on variety, nutrient density, and amount...
- Limit calories from added sugars and saturated fats and...
- Shift to healthier food and beverage choices....
- Support healthy eating patterns for all.

The micronutrient pattern for weight loss advice to alter the proportion This article will discuss current evidence related to dietary approaches for weight management and will provide strategies and tools to create lower-

energy-dense eating patterns that can be tailored to the individual to achieve sustainable and healthy weight management program.

Macronutrient pattern for weight loss advice to alter the proportion of the macronutrients consumed has been the foundation for many weight loss diets. Different macronutrient recommendations have all led to similar clinically significant weight loss at six months, one year, and even two years. One large clinical trial that compared four diets with different proportions of macronutrient. The preventing overweight using novel dietary strategies study, found that weight loss was similar across the diets. While the macronutrient composition did not affect weight loss or maintenance of lost weight, regression analysis showed that reductions in dietary energy density and increases in fiber intake were strong predictors for six-month weight loss in all diet groups.

**SIGNIFICANCE :-**

Being overweight or obese increases the risk of cardiovascular disease, Diabetes, Cancer and Musculoskeletal disorders, resulting in approximately 3 million deaths worldwide each year. Westernized dietary patterns and a lack of physical activity are considered to be the primary causes.

Management of obesity can include lifestyle changes, medications or surgery. Although many studies have sought effective interventions, there is currently no evidence based, well defined and efficient intervention to prevent obesity.

**METHODS :-**

- Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. ...
- Focus on variety, nutrient density, and amount. ...
- Limit calories from added sugars and saturated fats and. ...
- Exercise often: Studies prove that people with high activity levels are more likely to maintain their weight loss than others who are not as active. ...
- Eat a healthy breakfast daily. ...

- Stay hydrated. ...
- Eat whole foods. ...
- Eat responsibly and mindfully. ...
- Plan your meals ahead of time. ...
- Get cookbooks. ...
- Decrease screen time.

**CONCLUSION & SUMMARY :-**

Obesity has been recognized as a major challenge for healthcare systems and economies around the world and has emerged on the public health agendas of numerous countries and international organizations which have set in place policies and strategies to enable individuals and societies to change their behavior and mitigate obesity prevalence and risks. These policies range from targeting individual behaviors such as mass media campaigns to managing the food and built environment such as fiscal measures and regulation of food advertisements and labeling and a convincing body of evidence corroborates their cost-effectiveness.

Historically, Human obesity was commonly associated with gluttony and lack of self – control and as such treatments were primarily directed towards individual behaviors. However, research over the past decades has identified a myriad of genetic, epigenetic, physiological and environmental factors that interact within a highly convoluted framework to influence food intake and eating behaviors, leading to overweight and obesity.

**REFERENCE BOOKS :-**

- 1) Harrison’s, Principles of Internal Medicine, 15 th edition, 2001, Vol. 1, Pg. No. 479
- 2) K. Park, Preventive and Social Medicine, 20 th edition, 2009, Pg. No. 345
- 3) Best and Taylor’s, Physiological Basis of Medical Practice, 12 th edition, 1996, Pg. No. 741
- 4) Davidson’s, Principles and Practice of Medicine, 21 st edition, 2010, Pg. No.116





## EXPLORING THE MATERNAL AND FETAL EMOTIONAL RELATIONSHIP WITH THE HELP OF HJM JEPATHY

Dr. Sarika K. Ghodke, [MD.HOM.] Lecturer [H.M.M.]

### ABSTRACT:-

An unborn baby develops and grows inside the uterus and get affected positively or negatively, due to mother's state of mind. Mother and child are prone to develop as a result of their constitutional weakness. An attempt is made to explain some homoeopathic remedies here to elaborate the thought i.e. "the state of mind affects the foetus."

### KEYWORDS-

Oncogenesis, Conscientious, Contempt, Forsaken.

### INTRODUCTION-

The life of a man starts while he is still in the uterus, where he can experience emotions both painful and pleasant which will ultimately condition his state of mind.

It is very useful to outline the embryological development to understand this Complex mechanism of transmitting this state to the child from the mother. During oncogenesis, early neuronal circuits develop on the basis of strict co-ordination of various complex events in space and time, any alteration of this complex co-ordination will modify the precision of the neurons circuits such a damage, most probably cannot be repaired afterward because neurons are not able to multiply.

Foetal suffering is expressed both with a numerical reduction of movement and with a

regression towards primitive behavioral patterns and extension of the gestational age.

E.g. during sudden fright on the pregnant mother, the foetus reacts with an enormous hyperexcitability with conclusive movements.

During severe depression in the pregnant mother, there is markedly reduced motility.

### THE STATE OF MIND -

The state of mind consists of a group of symptom. Which has a hidden meaning if one carefully independent them. If there is a cause, i.e. exciting cause, this state of mind is quite reasonable, i.e. directly proportionate to the cause. But if there is no cause then it has come from the patient's past experience.

When the exiting cause persist for long the reaction to the state somewhat become permanent. And person feels it is his normal state. This state of mind is called as an "ARTIFICIAL STATE".

Transmission of the artificial state takes place under following circumstance -

- 1] Prolongation of the exciting cause which ultimately continues.
- 2] Transmission of the mother's state during pregnancy to the unborn child.

From the time of conception till 3 months, this is a very crucial period in the life of a mother hand hence utmost care should be taken.

SR.NO	MONTHS OF PREGNANCY	CAUSES	EFFECTS ON CHILD	EFFECTS ON MOTHER
01	1st to 3rd month	<p>If pregnancy is not planned or unwanted.</p> <p>If pregnant women is neglected by the family</p> <p>If she is neglected by the husband</p> <p>During pregnancy, if the women is tormented either by the inlaws or family members</p> <p>If all the states described are very severe, then congenital malformations occur.</p>	<p>Increase chances of abortion</p> <p>The child is born with typical naja, arg. or palladium state.</p> <p>The child is born with Stramonium state.</p> <p>The child develops either lysistrum, china, hyoscyamus, naja or Lachesis state</p> <p>Congenital malformations chiefly form in the first 2 to 3 months could be either neurological, cardiovascular malformation, chromosomal malformation can occur</p>	<p>Abortion, antepartum haemorrhage, anemia, hyperemesis gravidarum, hydramnios, oligoamnios.</p>
02	3rd month till the 6th month	<p>During this period, if the conflict continues.</p>	<p>Congenital anomalies may continue. There may be Intrauterine growth retardation, intrauterine foetal death.</p>	<p>Antepartum haemorrhage, depression, toxemia of pregnancy, placenta praevia, diabetes, hypertension, urinary tract infection, haemorrhoids, incompetence of cervix.</p>
03	Between 6th and 9th month		<p>Intra uterine growth retardation may continue abnormal presentations.</p>	<p>Diabetes, hypertension, recurrent infection, depression may continue, placenta praevia, scatica, premature labour.</p>
04	During labour		<p>Neonatal asphyxia, cord round the neck.</p>	<p>Prolong labour, retained placenta.</p>
05	After labour		<p>Respiratory distress syndrome, neonatal convulsions, neonatal meningitis, atopic eczema.</p>	<p>Post partum haemorrhage, septicemia, post partum depression, agalactia, venous sinus thrombosis.</p>

Some homoeopathic remedy explain here to elaborate this thought i.e. "the state of mind that affect the foetus"

**1] BISMUTH -**

The basic state of bismuth is the feeling of isolation and solitude. IN CASE OF PREGNANT WOMEN - this woman comes from a highly protected environment in her childhood. When she gets married she demands the same treatment from her husband. When the ever busy husband fails to meet her needs of emotional dependency she develops tremendous insecurity and feeling of isolation which get accentuated during the pregnant state. To gain the attention of her husband and other well wishers she keeps complaining about her situation. She becomes totally indifferent to pleasurable things around her and dwells in her own self pity.

Pathological condition in the mother – hyperemesis gravidarum. Pathological condition in the child - recurrent vomiting, cholera infantum, epilepsy, attention deficit disorder.

**2] CALCAREA CARBONICA -**

The calcarea carb women require very strong emotional and physical security. A newly married woman, in a new situation or surroundings, requires a lot of protection and the safety of emotional bonds. DURING PREGNANCY, the need for emotional support is greater. Inability to get that protection leads to the development of many emotions and strong feeling in the mind of the women. e.g.

- a) the husband is very abrupt in his talk
- b) Mother-in-law demand respect but when given treat the women outrageously
- c) Her maiden family has been a very loving family but in the new surroundings of her marital home, the people are not as gentle and caring.

Also, a calc. carb. Women need a lot of protection physically in the form of company support and assurance. Another typical situation would be when a calc. carb. Women marry a drug addict. Then she becomes full of fears, nervous and tense.

**3] CARCINOSIN -**

The carcinosin state is the product of a long history dating back to the mother's childhood. The mother faces a harsh upbringing and strict parentage. When married into a family with a similar dominating set up, she becomes more timid, mild and submissive. This state leads to a yearning for affection and love of other. So she goes out of her way to please her family members. This makes her more duty conscious, so much so that she develops undeserving feeling of guilt and wrong-

doing towards her family members. The patients find an escape route from her problems, by indulging on other activities like dancing, art, travelling, etc. Her need for bonding and affection is satisfied by expression of sympathy not only towards people but also toward animal.

**4] NAJA :-**

The state of the mother who requires Naja is typically known as "THE DAUGHTER-IN-LAW SYNDROME". The conflict arises after marriage when the mother- in law comes in, who is very dominant and subjugates the daughter-in-law. The daughter-in-law is subjected to a lot of harassment but still she performs her duty without complaining. The daughter-in-law feels a lot of anger and resentment and broods a lot about it and makes herself miserable but ends up performing her duty. This is primarily because Naja is very CONSCIENTIOUS AND DUTY BOUND. This is because of the conflict going on inside her mind whether to do or not to do. When this state continues for a long time, the Naja individual develops a lack of confidence and irresolution. She becomes very sad and gets suicidal thoughts and loathing of life. She starts remaining depressed and morose with no inclination to talk to anyone. She also feels worthless.

**5] NATRUM MURIATICUM -**

One can consider the case of women who has married a person who she imagined herself to be in love with. Then as time passes she finds the shutters opening from her eyes and she has to face the reality of being married to someone unsuitable. She realizes, her husband does not love her and treats her with derision and contempt. Being trapped in such a situation makes her angry and hurt, but she knows she cannot do much about it. She may also have to face taunts, insults from family or neighbors. She may be nagged constantly about her farce of a marriage. She cannot express this anger that she feel because she realizes that the situation is of her own making.

**6] STRAMONIUM :-**

The state that fits the situation in the life of a pregnant woman needing the above remedy can be seen in the rubric.

It means that the person is all alone in a dangerous situation and she is expecting injury from every corner. In real life this could be a woman whose husband dies while she is pregnant or if she is an unmarried mother and the father of her child refuses to accept her. She does not know where to go or whom to turn to. Now she has to face family and society all alone. It could also be indicated for a

person who has witnessed a grave situation like floods, earthquakes, wars, fires, riots etc or any life threatening situation. These people are very deserted and forsaken, with no support.

**7] TUBERCULINUM -**

It may be a first pregnancy or a pregnancy after a long time or a precious pregnancy. This leads to a lot of excitement and also anticipation. It could also be the case of working woman, who, because of her socio-economic conditions is not able to take enough rest and hence has to do tremendous amount of mental and physical work. It could also be useful for mothers who are appearing for exams. There may also be an impending threat which a woman may face about her family.

Even though there is no direct abuse.

**References :-**

1. Boericke W. Pocket manual of homoeopathic materia medica and repertory. B. Jain, New Delhi; 1994..
2. Allen HC, Key notes and characteristics with comparisons of some of the leading remedies of the materia medica with bowel nosodes, Eighth edition, B.Jain: New Delhi; 2002.
3. Nash, E., 2006. Leaders in homeopathic therapeutics. New Delhi: B. Jain.
4. Kent, J., 2015. Lecture on Homoeopathic Materia medica. New Delhi: Indian Books & periodic Publisher.



**URINARY TRACT INFECTION AND ITS HOMOEOPATHIC MANAGEMENT**



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**Introduction :**

A urinary tract infection, or UTI, is an infection in any part of your urinary system, which includes your kidneys, bladder, ureters, and urethra. Each type of UTI may result in more-specific signs and symptoms, depending on which part of your urinary tract is infected.

**Causes :**

Urinary tract infections typically occur when bacteria enter the urinary tract through the urethra and begin to multiply in the bladder. Although the urinary system is designed to keep out such microscopic invaders, these defenses sometimes fail. When that happens, bacteria may take hold and grow into a full-blown infection in the urinary tract.

The most common UTIs occur mainly in women and affect the bladder and urethra. Infection of the bladder (cystitis). This type of UTI is usually caused by Escherichia coli (E. coli), a type of bacteria commonly found in the gastrointestinal (GI) tract. However, sometimes other bacteria are responsible.

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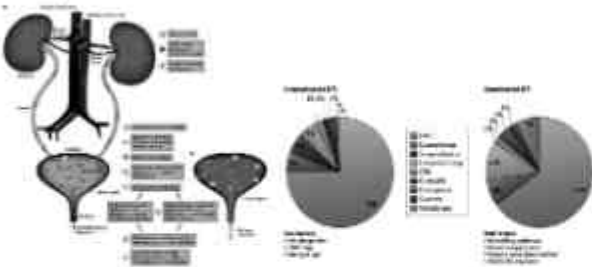
Part of urinary tract affected	Signs and symptoms
Kidneys (acute pyelonephritis)	<ul style="list-style-type: none"> <li>• Pain in the back and side (flank, pain)</li> <li>• High fever</li> <li>• Shaking and chills</li> <li>• Nausea</li> <li>• Vomiting</li> </ul>
Urethra (urethritis)	<ul style="list-style-type: none"> <li>• Pelvic pressure</li> <li>• Lower abdomen discomfort</li> <li>• Frequent, painful urination</li> <li>• Blood in urine</li> </ul>
Urethra (urethritis)	<ul style="list-style-type: none"> <li>• Burning with urination &amp; discharge</li> </ul>

**Homocopathy Management :**

Homeopathic medicines work wonderfully well on urinary tract infections, whether acute or chronic. Natural and safe, these medicines strengthen the disease-fighting mechanism of the body.

**1- Cantharis :**

Strong urging to urinate—with cutting pains that are felt before the urine passes, as well as during scalding sensation. may feel as if the bladder has not been emptied, still feeling a constant urge to urinate. and after—may indicate a need for this remedy. Only several drops pass at a time, with a



**2 - Nux vomica :**

Irritable bladder with a constant need to urinate, passing only small amounts, suggests a need for this remedy. Burning or cramping pain may be felt in the bladder area, with an itching sensation in the urethra while the urine passes. The person may feel very irritable, impatient, and chilly. Symptoms may be relieved by hot baths or other forms of warmth.

**3 - Sarsaparilla**

This remedy is often useful in cystitis and often helps when symptoms are unclear, or if other remedies have not been effective. Frequent urging is felt, with burning pain at the end of urination. Urine passes when the person is standing up, but only dribbling occurs while sitting. Flakes or sediment are sometimes seen in the urine.

**4 - Aconitum napellus :**

This remedy is often useful when a person feels anxious both before and during urination, with hot, scanty urine, and a burning or spasmodic feeling in the outlet of the bladder. It can also be helpful if retention of urine occurs after a person has been very cold and chilled, or after a shaking experience.

**5 - Apis mellifica :**

This remedy is indicated when the person frequently needs to urinate, but only small quantities are passed. Stinging and burning sensations are felt (especially with the last few drops) and the person may also experience soreness in the abdomen. Heat and touch make the symptoms worse, and cold applications, cool bathing, and open air bring relief. A lack of thirst is another indication that Apis.

**6 - Belladonna :**

This remedy may be beneficial if urging to urinate is frequent and intense, and the bladder feels very sensitive. A cramping or writhing sensation may be felt in the bladder area. Small amounts of highly-colored urine pass. (This remedy is sometimes helpful if a person passes small amounts of blood and no serious cause can be found on medical examination.)

**7- Berberis vulgaris**

Cystitis with twinges of cutting pain, or a burning feeling that extends to the urethra and its opening, may indicate a need for this remedy. The passage may also burn at times when no attempt at urination is being made. After emptying the bladder, the person feels as if some urine still remains inside. Urging and discomfort are often worse from walking.

**8 - Clematis**

This remedy may be indicated if a person has to urinate frequently with only a small amount being passed. A feeling of constriction is felt in the urinary passage, and the flow may be interrupted, or there may be dribbling afterward. A tingling sensation may occur, lasting long after urination is finished.

**9 - Equisetum : 1**

If cystitis is accompanied by dull but distressing pain and a feeling of fullness in the bladder, even after urinating, this remedy may be helpful. Urging and discomfort are more intense when the bladder has recently been emptied, improving over time as the bladder become more full.

**10 - Lycopodium :**

This remedy may be helpful if a person has to urinate frequently during the night and passes large amounts of urine. Or the person may feel a painful urge, but has to strain to make the urine flow. Pain may be felt in the back before the urine passes.

**13 - Sepia :**

This remedy may be helpful if a person has to urinate frequently, with sudden urging, a sense that urine will leak if urination is delayed, and small amounts of involuntary urine loss. The person may experience a bearing-down feeling in the bladder region, or pressure above the pubic bone. A person who needs this remedy often feels worn-out and irritable, with cold extremities, and a lax or sagging feeling in the pelvic area.

**14 - Staphysagria**

This remedy is often indicated for cystitis that develops in a woman after sexual intercourse, especially if sexual activity is new to her, or if cystitis occurs after every occasion of having sex. Pressure may be felt in the bladder after urinating, as if it is still not empty. A sensation that a drop of

urine is rolling through the urethra, or a constant burning feeling, are other indications. Staphysagria is also useful for cystitis that develops after illnesses with extended bed rest, or after the use of catheters. RUBRICS FROM DIFFERENT REPERTORY

**1-phatak Repertory :**

Urination, Desire, Morbid Urging  
 Urine, Retained, Urging Without  
 Urine, Hot Burning  
 Urine, Ammoniacal, Strong Odour (9)  
 Fishy Odour, (3)  
 Urine, Sweetish, Odour (2)

**2-complete Repertory**

Pain General Urinate, During Urging To  
 Urging To Urinate, Morbid Desire Absent  
 Urging To Urinate, Morbid Desire Absent  
 Distended Bladder, With  
 Pain Burning Urination Before  
 Pain Burning Urination During  
 Pain Burning Neck Urination During  
 Pain Burning Morning Urination During  
 Pain Burning Urination Agg. Before  
 Pain Burning Urination Agg. Beginning Of, At  
 Pain Burning Urination Agg. During  
 Pain Burning Urination Agg. After

Pain Burning Meatus Urination During  
 Pain Burning Urination While  
 Pain Burning Urging To Urinate

**3- Boericke Repertory**

Urination, After, Pains, Burning, Smarting  
 Urination, During Act, Burning, Smarting  
 Urine, Odor, Pungent, Ammoniacal (9)  
 Urine, Odor, Sweet, Violaceous (10)  
 Pain Lancinating Extending To Pelvis (10)  
 Uterus, Pain, Pressing, Heaviness, Dragging In  
 Pelvis (38)  
 Urine, Odor, Fetid, Foul  
 Urine, Odor, Sharp, Intensely Strong (15)

**4- Bonninghusen Repertory :**

Micturition: Urination Burning  
 During Urination: Urethra, Burning In

**Refernce :**

Phatak Repertory  
 Krishnadas K V; Textbook Of Medicine; 5th Ed  
 Harrison's Principles Of Internal Medicine 19th  
 Edition  
 Boger Boenninghausen's Characteristics And  
 Materia Medica  
 Boericke W; Pocket Manual Of Materia Medica  
 A Concise Repertory Of Homoeopathic Medicines  
 By Pathak  
 Complete Repertory

**Scope of homeopathy in alopecia areata – A case study**



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**Abstract :-**

Alopecia areata is an autoimmune disease affecting genetically susceptible people characterized by loss of hair in sharply defined areas of skin. Alopecia areata affects all ages people and affects 1 to 2% of the human population. Alopecia areata is still a puzzle to many dermatologists due to its unpredictable response to medications like the recurrence of complaints, variation in clinical presentations like alopecia totalis, alopecia universalis, ophiasis. A 11 years old girl presented with clinically diagnosed Alopecia areata condition at OPD, Nashik. The patient was treated with individualized homeopathic medicine for 6 months. There was a complete cure of Alopecia areata without any side effects and recurrence of lesions. Individualized homeopathic medicine selection after considering totality of symptoms proves worth. This case report supports the positive role of homeopathy in treating alopecia areata.

**KEYWORDS :-**

Alopecia, Homeopathy, Individualization, Phosphorus.

**INTRODUCTION :-**

Alopecia areata (AA) is an autoimmune disorder characterized by patches of non-scarring hair scalp and body hair. This condition may affect the eyebrows, eyelashes and beard. AA is the most prevalent autoimmune disorder and the second most prevalent hair loss disorder after androgenetic alopecia. The lifetime incidence of AA is approximately 2% worldwide. The disease may be limited to one or more discrete, well circumscribed, round, or oval patches of hair loss on the scalp or body. But in some cases, it may affect the entire scalp is known as alopecia totalis or the entire body is known as alopecia universalis. In diffuse alopecia areata cases prognosis may be bad. In most patients the onset is within the first 3 decades of life, although alopecia areata can start any age. The



sex incidence is probably equal. Psychosocial stress has been reported to play a role in the onset and/or exacerbation of alopecia areata. AA is associated with psychiatric and medical comorbidities including depression, anxiety, and several autoimmune disorders. Diagnosis is made by Clinical history, the pattern of alopecia, clinical examination, in diffuse cases, trichogram and biopsy are advised. In conventional medicine there is no preventative therapy or cure and it is increased global burden of disease, a systematic review on epidemiology and burden of alopecia areata had concluded. Whereas the homeopathy system of medicine will offer promising results in the treatment of alopecia areata with individualized homeopathic medicine, and it can treat root cause to prevent recurrence and ensure healthy hair growth. This case report further provides evidence for individualized homeopathic medicine effectiveness in the treatment of alopecia areata

**Material and methods :**

The case was treated at private OPD. A 11-year-old female patient with alopecia areata was treated with individualized homeopathic medicine between 10th march 2021 and 11th august 2021. During the follow-up visits, the outcome was assessed.

**CASE -**

Name of the patient: Miss T.P.  
 Age: 11 years Sex: female  
 Occupation: student.  
 Address: xyz

**Presenting complaints :-**

Hair fall in patch in the last 6 months

**History of presenting complaint :**

Hair fall in patch in right parietal region since 6 month Progress: gradually

**Past history : NS**

**Family history :** mother and father apparently healthy.

**Personal history :**

Appetite – good  
 Thirst- thirst approx. 2 lit/day  
 Stool – once/day  
 Craving – NS Desires- NS.  
 Sleep – sound. Dreams- NS  
 Perspiration – normal  
 THERMAL – HOT

**Menstrual history : NA**

**Obstetrics history : NA**

**Life space :** She is living with her parents.

She is happy go lucky girl, very playful, easily makes friends

Mother – housewife and father – businessmen.

**Mental state :**

Throughout the case she was very attentive and alert. Easily communicating.  
 Sensitive Lively and expressive.

**PHYSICAL EXAMINATION -**

Pallor: absent Clubbing: absent  
 Icterus: absent Edema: absent  
 Cyanosis: absent Lymph nodes: NAD  
 Pulse: 81/min B.P: – 130/90 mm/hg  
 Temperature: 96.9 R.R.: 18/min

**SYSTEMIC EXAMINATION :**

R.S. - AeBe clear  
 C.N. S- conscious and oriented

CVS - s1s2 audible, P/A- soft, NT

**LOCAL EXAMINATION - NA**

**Probable Diagnosis :**

Tinea capitis Alopecia  
 Areata.

**Final diagnosis :** Alopecia areata.

**Analysis and evaluation :**

Symptoms	Location	Sensation	Modalities	Classification of the symptom
Hairfall in patch	Head - scalp	-	-	Physical Particular Symptom
Thermal-hot	-	-	-	Physical General Symptom
Affectionate	-	-	-	Mental General Symptom
Alert	-	-	-	Mental General Symptom
Vivacious	-	-	-	Mental General Symptom

**Evaluation :**

**MENTAL GENERAL SYMPTOMS**

1. Affectionate
2. Alert.
3. vivacious

**PHYSICAL GENERAL SYMPTOMS -**

- Thermal- hot

**Particular Symptoms :-**

Hairfall in patches.

**Totality of symptoms :**

Affectionate Alert  
 Vivacious Thermal – hot  
 Hairfall in patches.

**HAHNEMANNIAN CLASSIFICATION OF DISEASE -**

Chronic disease – with fully developed symptoms - miasmatic disease - single miasmatic disease -Psora Disease.

**Miasmatic Diagnosis - Psora**

Symptom	Psora	Sycosis	Syphilis
Alert	✓		
Affectionate	✓		
Vivacious	✓		
Thermal hot	✓		
Hairfall in Patch	✓		

**HAHNEMANNIAN CLASSIFICATION OF DISEASE -**

Chronic disease – with fully developed symptoms - miasmatic disease - single miasmatic disease -Psora Disease.

**Miasmatic Diagnosis - Psora**

**Repertorization :**

- MIND – affectionate
- MIND-Alert                      • MIND –vivacious
- HEAD –HAIR –BALDNESS – PATCHES
- HEAD –HAIR – FALLING

**Probable Remedies :**

- Phosphorous                      • Arsenic album
- Lycopodium

**Final Remedy:** Phosphorus

**Susceptibility & Sensitivity :**

According to age, occupation, nature of disease and seat of disease patient is moderately susceptible and sensitive, so moderate potency is selected.

**Prescription And General Advice To Patient :**

Phosphorus 200 Stat dose for 1 day and SL 4 pills B D for 1 month

**FOLLOWUP :**

Date	Follow up	Prescription
11-04-2021	Slight hair roots were seen in patch	SL 4pills BD for 1 month.
12-05-2021	Slight increase in hair growth	SL 4pills BD for 1 month.
11-06-2021	No change seen	Phosphorus 200 stat dose, SL 4pills BD for 1 month.
10-07-2021	Changes were noticed	SL 4pills BD for 1 month.
11-08-2021	Hair fully grown	SI 4 pills BD for 1 month

**RESULTS :**

Over an observational period of 6 months, positive results from homoeopathic medicine were seen. This treatment can be used by the physicians in the treatment of alopecia areata as a complementary healthpractice.



**Conclusion :**

Homoeopathy is a system of medicine based on the principle of "Similia Similibus Curentur". It treats patient as a whole and not just symptoms. In homoeopathy, causes of acute and chronic diseases are dynamic, diseases express as dynamic symptoms as general symptoms which are most important, cure is possible by administration of similimum in dynamic. After careful case taking, analysis and repertorization done systematically, then the selection of the right medicine with a suitable scale of potency and dosage results in remarkable cures. Complete hair re-growth and without any recurrence of bald patches in observation period is documentary evidence. This case showed a positive role of Homoeopathy in treating Alopecia areata. Considering the multi-factorial aetiology of alopecia areata, homoeopathic medicine may be effective in treating alopecia areata.

**References :**

1. Davidson's Principles and practice of medicine, edit. Nicholus AB, Nicki RC, Brain RW, 20th edition, Churchill Livingstone/Elsevier, Edinburgh;2010: p1278.
2. Alexandra C Villasante Fricke AC, Miteva M. Epidemiology and burden of alopecia areata: A systematic review. Clin Cosmet Investig Dermatol: 2015;8: 397-403.
3. Arthur R, Rook's textbook of dermatology, Edi. Tony, Stephen b, Neil c, Christopher G, Eighth edition, John Wiley Sons, 2010; Vol 4, Chap.66, pp. 66.31-66.38.
4. Shivakumar K, Hair problems answered with homoeopathy, Alopecia Areata, B.jain: New Delhi; 2016. p-46-75.
5. Gupta MA, Gupta AK, Wateel GA Stress and alopecia areata: a psychodermatologic study, ActaDermato-venereologica. 1997,77(4):296-298.
6. Allen HC, Key notes and characteristics with comparisons of some of the leading remedies of the materia medica with bowel nosodes, Eighth edition, B.Jain: New Delhi; 2002.
7. Kent JT, Repertory of the homoeopathic materia medica, B.jain: New Delhi; 57thim-pression, 2019..
8. Harries MJ, Sun J, Paus R, King LE Jr. Management of alopecia areata. BMJ 2010; 341 : c3671.
9. Hahnemann CFS, Organon of medicine, 6th edition, B. Jain Publishers, New Delhi; 2008: Aph270, p221-223.
10. Dr. hahnemann's new dimension of 'Dynamic concept in today's field of medicine – Homoeopathy – a Holistic science- Dr. Anagha Kulkarni.



**ACTIVITIES CONDUCTED IN THE INSTITUTE**



Seminar on the topic " understanding of man in disease through mind method, common say, behaviour and reactions of person" by Dr. Anil Chodke on 02/07/22



Seminar on the topic "Understanding of mind rubrics and it's utility in the management of various disease" by Dr. Sandesh Chaudhary Alumni, on 09/04/22



Alumni Conference Seminar on the topic "Understanding the importance of a holistic approach to health" by Homoeopathic, P. R. on 27/09/22



Group of people standing together, possibly receiving an award or certificate.



Seminar on the topic "Symposium writing" by Dr. A.S. Pareek on 14/09/22



Seminar on the topic "Symposium writing" by Dr. A.S. Pareek on 14/09/22

**Faculty As Resource person**



Seminar on the topic "Importance of health, hygiene and safety" by Dr. P. K. Patil at SNJB's (H.H.) Polytechnic College Chanauli on 16/09/22



NAA Orientation workshop at FDH, Aurangabad by Dr. M.H. Preval and Dr. A.S. Pareek on 24-25<sup>th</sup> August 2022

## Health Checkup Camp



Free heart disease diagnostic camp and 2 D echo test conducted in association with S. M. B. Hospital and Sut. district Hospital Chandwad on 12<sup>th</sup> September 2022.



Health check- up camp at Lasgaon on 14/09/22



Blood donation camp conducted in association with Arpan Blood Bank on 6/9/22



Health check up camp at Chandwad on 6/9/22

## Student Activity



Street play on "Awareness of Homoeopathy" by 1<sup>st</sup> BHMS Students & HMM Department on 22/7/22



Moot court presented by 2<sup>nd</sup> BHMS students & FMT Department on 29/6/22



FMT Department Organised Court visit for 2<sup>nd</sup> BHMS students at the first class judicial magistrate court Chandwad from 17/9/22 to 22/9/22.



Pharmacy department organised "Exhibition on Anima-an Mineral Groups" on 1<sup>st</sup> 8/22

**FACULTY ACHIEVEMENT**



Prof. & HOD Dr. Mrs. A. S. Pareek honoured with "Best contribution in the Institution", on 05/09/22.

**Extracurricular Activities**



Tree plantation In the institute On 07/07/22



NSS Day celebration on 24/09/22



Skit presented by NSS volunteer on the occasion of NSS Day, on 24/09/22



'Har Ghar Kiranga' campaign under the aegis of Azadi Ka Amrit Mahotsav, celebrated on 13/08/22 In the Institute to evoke the feeling of patriotism in the hearts of students



"Sanskrit Kashiagan" under the aegis of Azadi Ka Amrit Mahotsav on 17/08/22

## Instructions to the Authors

1. A manuscript will be reviewed for possible publication with the understanding that it is being submitted to KBA's Mission journal alone at that point in time and has not been published anywhere simultaneously submitted, or already accepted for publication elsewhere.
2. Article must be submitted through e-mail- [kbasmission@gmail.com](mailto:kbasmission@gmail.com) and in hard copy to college address within stipulated time period with covering letter.
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4. Manuscripts that are found suitable for publication in KBA's Mission journal are sent to expert reviewers. The selection of these reviewers is at the sole discretion of the editor.
5. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required the author is requested to provide a point-by-point response to reviewers' comments and submit a revised version of the manuscript within three days. This process is repeated till reviewers and editors are satisfied with the manuscript.
6. Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by

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7. Manuscript must be typed in word file, Calibri font, size 12 for text and 14 for title, with single line spacing, in 1500-2000 words, in English (correct grammar and diction). Figures and tables must be properly labeled and self-explanatory. Abbreviation must be avoided. Paper must be written in the following sequence:

Title, Title page, Structured Abstract, Keywords (5-7), Text Organization like Introduction, Material & Methods, Results, Discussion, Conclusion, List of Abbreviations (if any), Conflict of Interest, Funds for study, Acknowledgements, References, Appendixes, Figures/Illustrations, Tables, Supportive / Supplementary Material and IR/IEC approval.

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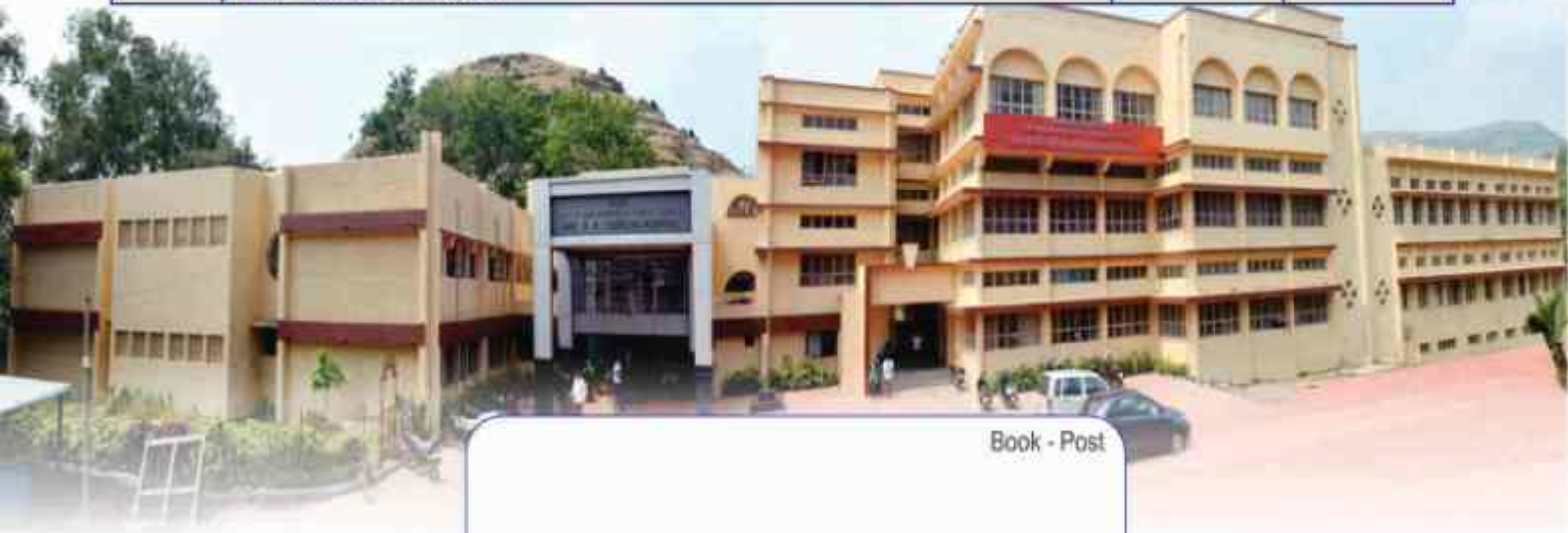
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Sr. No.	Name of the Education Branch	Year Est.	Tel. No. (02556)
01.	Shri. Neminath Jain Primary School	1928	253373
02.	Shri. Neminath Jain Secondary School	1928	252124
03.	Karmveer Keshavlalji Harkchandji Abad Arts & Shri. Motilalji Girdharlalji Lodha Commerce (Senior) & Science College	1970	252125
04.	Shri. Neminath Jain Higher Secondary School (Sci. Std. 11 <sup>th</sup> & 12 <sup>th</sup> )	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.	Shriamn 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
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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
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