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KBA's Mission

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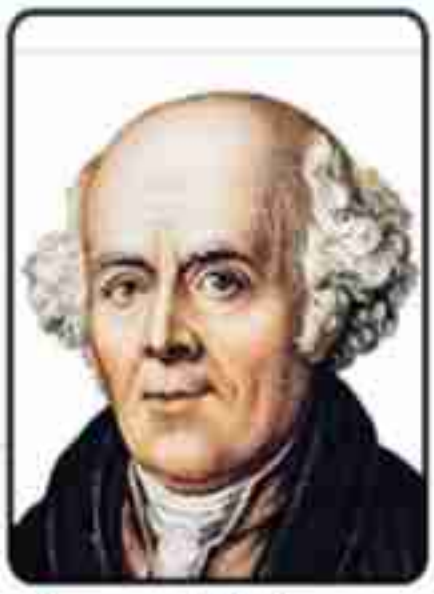
Founder of Homoeopathy



Dr. Samuel Hahnemann

Founder of SNJB

Karamveer Keshavlalji H. Abad
(Pujya Kakaji)

Our Inspiration

Smt. Kanchanbai B. Abad

Late Shri. R. P. Chordiya

VISION

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

MISSION

To nurture young aspirants into cultured, ethical ideal Homoeopathic Physicians by imparting quality Medical Education, serving the society, Nation and Humanity.

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KBA's Mission

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Contents

Published by :
Dr. A. O. Dahad
Smt. K. B. Abad Hom. Med. College,
Chandwad - 423101 Dist -Nashik (MS)

Editorial

The advancement of Homoeopathy as a scientific and reliable system of medicine depends greatly on continuous academic dialogue, clinical documentation, and research-oriented thinking. A scholarly journal serves as an essential platform where knowledge, experience, and innovation can be shared among practitioners, faculty members, and students.

This issue of the journal brings together a collection of case study reports, scholarly articles, and dissertation topics contributed by postgraduate students and experienced faculty members. Such contributions play a crucial role in strengthening the academic foundation of Homoeopathy. Case reports, when carefully documented and analyzed, demonstrate the practical application of homoeopathic principles in clinical settings and help in validating the effectiveness of individualised treatment.

Evidence-based case documentation is particularly valuable for homoeopathic education and practice. It not only highlights the therapeutic potential of homoeopathic remedies but also encourages practitioners to adopt systematic methods of observation, analysis, and follow-up. For faculty members, the process of writing and publishing evidence-based articles enhances academic engagement and contributes to the collective growth of homoeopathic literature.

Equally important is the involvement of postgraduate students in research activities. Dissertation topics and research articles provide budding homoeopaths with an opportunity to explore clinical, fundamental, and applied aspects of the science. Through such academic exercises, students develop critical thinking, scientific reasoning, and a deeper understanding of homoeopathic philosophy and methodology.

This journal aims to foster a culture of research, encourage meticulous case documentation, and inspire students and practitioners to contribute meaningfully to homoeopathic literature. By sharing well-structured case studies and research findings, we collectively move toward strengthening the evidence base of Homoeopathy and enhancing its credibility in the broader medical community.

We hope that the articles presented in this issue will motivate budding homoeopaths, students, and educators to engage actively in research, maintain high standards of clinical documentation, and continue exploring the vast potential of Homoeopathy for the benefit of patients and the profession.

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

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

To Study the level of Anxiety and Personality Trait Among the Working and Nonworking Women with Hypothyroidism

Author-
Dr. Swapna Thorat M.D. (HOM)
Assit. Prof. Department of FMT
Smt. K. B. Abad HMC, Chandwad

Abstract

Background

In present scenario it has observed that most of the patients are suffering from diseases caused due to stress, anxiety and behavioural problems. Anxiety reaction toward thing or situation or place etc. is depending upon the personality and these together forms disease proneness towards psychosomatic disorders like hypothyroidism, diabetes mellites, hypertension etc. This study is intended to study the level of anxiety by using **State and trait anxiety inventory** and studying personality trait using **Eysenck's personality questionnaire,** among the working and nonworking women with hypothyroidism. This retrospective observational study will reflect the personality trait and anxiety level in females with hypothyroidism. This will help us to conclude which personality trait and anxiety level is more related to hypothyroidism. Which will help to prevent hypothyroidism by giving proper psychological and constitutional treatment to that type of personality, as prevention is better than cure

Key word –

Anxiety, personality trait, hypothyroidism

Materials and methods -

Thirty females with hypothyroidism are selected by convenience sampling method. Out of which 15 females are working and 15 are nonworking. State and trait anxiety inventory and Eysenck's personality questionnaire are used to assess the anxiety level and personality trait of selected sample.

Result -

Responses to State and trait anxiety inventory and Eysenck's personality questionnaire are taken and with the help of key evaluation and interpretation is done.

Conclusion

Aim –

Assessment of the level of anxiety and personality trait among patients with hypothyroidism

Objectives:

- To find the relation between anxiety and personality traits among working and nonworking women with hypothyroidism
- To study the personality traits among the working and nonworking females with hypothyroidism
- To study the difference of anxiety level among the working and nonworking females with hypothyroidism

Introduction and study topic-

Hypothyroidism also called **underactive thyroid** or **low thyroid**, is a disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone. Hypothyroidism is commonly seen in females and the Predisposing causes are Hereditary or **genetic or constitutional factors,** Goitorous regions, Females, Age – usually after 35 yrs. To understand the constitutional factors which are responsible for the condition this study is conducted to find the level of anxiety by using **State and trait anxiety inventory** and which personality trait is prone to develop hypothyroidism using **Eysenck's personality questionnaire** in hypothyroid women and also one more variable is considered that is working and nonworking women with hypothyroidism, whether work stress or house work affects the results.

Anxiety (about/over something) the state of feeling nervous or worried that something bad is going to happen.

Anxiety is a normal reaction to stress and can be beneficial in some situations. As it can alert us to dangers and help us prepare and pay attention. But in Anxiety disorders this reaction is more than normal it involves excessive fear or anxiety. Anxiety disorders are seen in most of common of mental disorders. Anxiety disorders types :- Generalized anxiety disorder, Specific phobia, Social anxiety disorder, Separation anxiety disorder, Agoraphobia, panic disorder, Selective mutism.

Personality – word meaning - the combination of characteristics or qualities that form an individual's distinctive character.

• "Personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristics behavior and thought" (Allport, 1961, p. 28).

• Personality is dynamic and organized set of characteristics possessed by a person that uniquely influences their environment, cognitions, emotion, motivation and behavioral science in various situations. The word "personality" originates from the Latin persona, which means mask.

• Eysenck and Cattell arrived at a different number of personality dimensions. Eysenck, however, extracted only three general super factors. His three personality dimensions are **extraversion (E)** - "extraversion" and "introversion.", **neuroticism (N),** and **psychoticism (P),**

These personality traits also help to define the temperament of the individual. Temperament is the peculiar combination of bodily, mental and moral attributes that together shape the character of an individual and influence his way of acting, feeling and thinking. Temperaments are predisposing factors responsible for disease formation. There are 4 types of temperaments vis. Melancholic, Choleric, Sanguine & Phlegmatic which helps in selection of similimum in homoeopathic prescription.

RESEARCH METHODOLOGY -

Keeping in view the nature and main purpose of the study, survey method was considered to be the most appropriate for undertaking this study.

Hypotheses :

• There would be no significant relation between level of anxiety and personality trait among working and nonworking women with hypothyroidism

• There is no significant difference of personality traits among working and nonworking women of hypothyroidism.

• There is no significant difference of anxiety among working and nonworking women of hypothyroidism.

Sample :

The total sample in the present study was consisted of 30 Female. The sample was selected by using convenient sample method. The age will be ranging from 35 to 50 years. Women diagnosed within 5 yrs. with hypothyroidism. The sample was selected from outpatient department of sanjivini clinic in Nashik city. The criterion for the selection of the sample was effective understanding of writing and spoken English.

Tools:

State and trait anxiety inventory

State and trait anxiety test **(STAI)** has been developed with a view to provide a handy tool for identifying trait anxiety level of the individual and state anxiety level of the individual.

Eysenck's personality questionnaire

This scale is intended to measure the three general super factors. His three personality dimensions are **extraversion (E), neuroticism (N),** and **psychoticism (P),**

Research Variables:

- Married Female, working and nonworking
- Age 30 – 50 yrs.
- Anxiety level
- Personality traits

Controlled Variable:

Age: 30 to 50

Marital status: married women

Period of hypothyroidism: 5 yrs

Place : Nashik city

RESEARCH DESIGN:

Working Female - 15

Nonworking House Wife - 15

Total - 30

RESULT AND INTERPRITATION

Result and Discussions:

Table 1 shows the relation between anxiety level and personality traits among the nonworking women with hypothyroidism

Nonworking women trait anxiety level with	Psychoticism	Extraversion	Neuroticism
r=	-0.1329	-0.2359	0.03874
nonworking women state anxiety level with r=	0.1377	-0.3079	0.1887

Above value suggestive of the relation between anxiety level and personality traits of the nonworking women. It shows that there is negative correlation between trait anxiety and psychoticism trait and extroversion trait among nonworking women. There is positive correlation between trait anxiety and neuroticism among nonworking women. State anxiety level shows positive correlation with psychoticism and neuroticism and negative correlation with extroversion.

Table 2 shows the relation between anxiety level and personality traits among the working women with hypothyroidism.

trait anxiety level working)with	Psychoticism	Extraversion	Neuroticism
r=	-0.2926	0.1516	0.4585
state anxiety level (Working women) with r =	-0.5022	0.1798	0.4932

Above value suggestive of the relation between anxiety level and personality traits of the working women. It shows that there is negative correlation between trait anxiety and psychoticism trait among working women. There is positive correlation between trait anxiety and neuroticism among working women. There is positive correlation between trait anxiety and extroversion among working women. State anxiety level shows positive correlation with extroversion and neuroticism, negative correlation with psychosticism.

Table : 3 Shows the Mean, SD, and t' ratio of personality trait among nonworking and working females with hypothyroidism

		Psychoticism	Extraversion	Neuroticism
Working	Mean	3.86	17.8	18.8
Nonworking		6.86	15.6	19.2
Working	SD	.91	0.94	1.3
Nonworking		.83	1.24	1.6
t- test		1.9	3.8	0.27

The table.3 values indicates that mean of working women(3.86) for psychoticism is less than nonworking women(6.8), mean of nonworking women(15) for extraversion is less than working women(17.8), the mean of nonworking women(19.2) for neuroticism is more than working women (18.8). Interpretation of results shows that females are with high level of neuroticism trait and extraversion than psychoticism.

As t - value for psychoticism trait and neuroticism trait are less than table value (at 0.05 cl), it means that the hypothesis 2 is accepted. There is no significant difference in psychoticism and neuroticism trait in working and nonworking women with hypothyroidism.

t- value for extroversion trait more than table value it rejects the hypothesis for this trait. It means there is significant difference in extroversion trait in working and nonworking women with hypothyroidism.

Table: 4 Shows the sten score of personality trait among nonworking and working females with hypothyroidism

	Psychoticism	Sten scr	Extraversion	Sten scr	Neuroticism	Sten scr
Working	3.8	6	17.8	8	18.8	8
Nonworking	6.8	8	15	6	19.2	8

Table 4. values of sten score suggestive that both working and nonworking women with hypothyroidism are having strong neuroticism(8), working women are having strong extraversion(8). Nonworking women are having strong psychoticism(8).

Diagram 1. Shows the Mean of personality trait among nonworking and working females with hypothyroidism

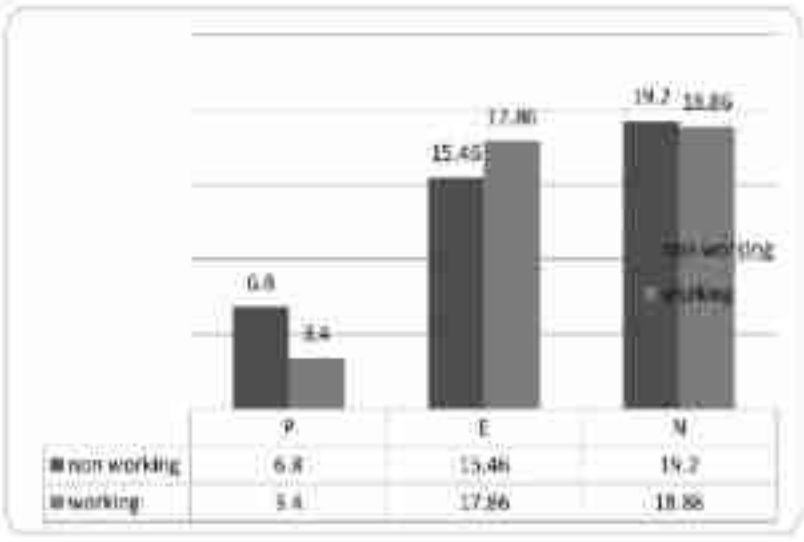


Table 5 1 Shows the Mean, SD, and t' ratio of anxiety among nonworking and working females with hypothyroidism

		Mean	Sd	T test
Nonworking	State anxiety	59.06	3.4	0.02
Working	State anxiety	62.1	2.9	
Nonworking	Trait anxiety	57.4	4.3	0.24
Working	Trait anxiety	58.4	4.7	
			Df=14	

t- value for state anxiety level in working and non working Women with hypothyroidism is than table value at 0.05 cl. This shows that hypothesis 3 is accepted. There is no significant difference in State anxiety level of working and non working Women with hypothyroidism.

t- value for trait anxiety level in working and non working Women with hypothyroidism is than table value at 0.05 cl. This shows that hypothesis 3 is accepted. There is no significant difference in trait anxiety level of working and non working Women with hypothyroidism.

The above results shows that females with hypothyroidism are having high state anxiety level as well high trait anxiety level.

1.2 Discussion:

This study is conducted to observe the relation of anxiety and personality trait of the female with hypothyroidism. Accordingly personality test EPQ – R and STAI is applied to both group of females.

Relation between anxiety level and personality trait among nonworking women is calculated using Pearson's product moment correlation test

All above observation suggest that there is positive correlation between anxiety level and neuroticism trait among the working & nonworking women with hypothyroidism.

This study reflects that there is positive relation between neuroticism personality trait and trait, state anxiety level among the working and non working women with hypothyroidism. There is no significant difference for neuroticism trait among working and nonworking women with hypothyroidism. There is no significant difference for psychoticism trait (0.05 cl) among working and nonworking women with hypothyroidism. There is significant difference for extroversion trait (0.05 cl) among working and nonworking women with hypothyroidism.

Conclusions

The present study highlights the following significant conclusion -

The above results shows that females with hypothyroidism are having high state anxiety level as well high trait anxiety level.

working and nonworking women with hypothyroidism are having strong neuroticism personality trait

Limitations

- The present research confines only to the patients in one particular clinic in Nashik city.
- The sample size is limited to 15 nonworking and 15 working females with hypothyroidism are included in this study
- The study is conducted only on female patients.

Suggestions

- Further research can be conducted on the large sample.
- The patients with hypothyroidism of different social economic background could studied for further research.

REFERENCES

1. Spielberger, C. D. (1989). State-Trait Anxiety Inventory: Bibliography (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

2. Shewchuk, R., Richards, J. S., & Elliott, T. (1998). Dynamic processes in health outcomes among caregivers of patients with spinal cord injuries. Health Psychology, 17, 125-129.

3. Hans Jürgen Eysenck & Sybil B. G. Eysenck (1975). Manual of the Eysenck Personality Questionnaire. London: Hodder and Stoughton.

4. Bartol & Bartol (2008). Criminal Behavior: A Psychosocial Approach. Upper Saddle River, New Jersey: (8th Edition)

5. "hypothyroidism". Dictionary.com Unabridged. Random House.
"hypothyroidism - definition of hypothyroidism in English from the Oxford dictionary". OxfordDictionaries.com. Retrieved 2016-01-20.

6. Friedman, Howard; Schustack, Miriam (2016). Personality: Classic theories and modern research. USA: Pearson. ISBN 978-0-205-99793-0.
Watt, Robert W. White ; Norman F. (1981). The abnormal personality (5th ed.). New York: John Wiley & Sons. ISBN 978-0-471-04599-1.

7. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Publishing. pp. 226–230. ISBN 978-0-89042-555-8.

Psychology, Michael Passer, Ronald Smith, Nigel Holt, Andy Bremner, Ed Sutherland, Michael Vliek (2009) McGrath Hill Education, UK: McGrath Hill Companies Inc. p 790

When the Mind Breaks After Birth: Understanding Postpartum Mental Health and Extreme Behaviour in Indian Mothers

Author-
Dr. Sonal Jagtap M.D. (HOM) Psychiatry
Assit.Prof. Dept. of Organon
Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune

Abstract

Maternal mental health following childbirth is a major public-health issue globally and in India. While most women experience "baby blues", a smaller but important proportion develops postpartum depression or the much rarer but severe postpartum psychosis. In India, socio-cultural, familial, economic, and healthcare system factors interplay to shape outcomes. We highlight an extreme recent case in which a mother placed her 15-day-old newborn in a refrigerator while the infant was crying, later diagnosed with postpartum psychosis. We review prevalence, risk factors, service gaps, legal/forensic implications and propose public health, clinical and policy-level intervention strategies.

Introduction

Childbirth and the immediate post-partum period give rise to complex physiological, psychological and social changes for women. Hormonal shifts, sleep disturbance, shifting identity, caregiving demands and often altered family and community dynamics combine to challenge maternal mental health. In high-income countries, screening and interventions for postpartum depression (PPD) are increasingly routine; in low- and middle-income countries such as India, barriers remain substantial.

Estimates suggest that postpartum depression in India may affect approximately 20–25% of new mothers. (Koul, 2025) The much rarer condition of postpartum psychosis (PPP)—reported incidence ~1–2 per 1,000 births globally—while uncommon, is a psychiatric emergency given its potential for harm to mother and child. (Yadav, 2025)

Case Illustration

In September 2025 in Moradabad, Uttar Pradesh, a 23-year-old woman placed her 15-day-old baby in a refrigerator. Her family discovered the infant crying, and medical evaluation confirmed the baby was unharmed. The mother was diagnosed with postpartum psychosis. On questioning she calmly said: "He was not sleeping, so I kept him in the fridge."(Yadav, 2025)

The family first consulted a local "tantrik" (ritual healer), believing "evil forces" to be involved, before pursuing psychiatric care.

While this is a dramatic case, it serves to emphasize how untreated or under - recognised severe post-partum psychiatric isorders may manifest in dangerous behaviours – for mother, infant and family alike.

Epidemiology and Prevalence in India

Table 1. Epidemiology and Prevalence of Postpartum Mental Disorders in India

Study/Source	Condition	Prevalence (%) / Incidence
Shinde et al., Indian J Ment Health 2018	Postpartum Depression	22.5%
Dubey et al., J Obstet Gynecol India 2021	Postpartum Depression (rural sample)	25.2%
International Health Policies 2025	Postpartum Psychosis	1-2 per 1,000 births
Patel et al., Lancet Psychiatry 2018	Any postpartum mental disorder	18-23%

Risk Factors and Socio-cultural Context in India

Several factors heighten risk of postpartum mental disorders in India:

Table 2. Risk Factors for Postpartum Mental Disorders in India

Risk Factor	Description	Supporting Source
Poor social support	Lack of spousal/in-law support and emotional isolationpostdelivery	Shinde et al., 2018
Cultural stigma	Mental illness perceived as weakness or possession, delaying psychiatric help	Telegraph India, 2025
Socioeconomic stress	Financial hardship, gender bias, and limited maternity leave	Patel et al., 2018
Unplanned pregnancy	Higher correlation with depressive symptoms postpartum	Dubey et al., 2021
Previous psychiatric history	Strong predictor for postpartum psychosis	IHP Report, 2025

- Lack of awareness of postpartum mental health: Many women and families assume mood swings after childbirth are "normal" and do not seek help. For example, one study recounts women saying "I was made to think that...my weeping, mood-swings post-delivery was normal... but I knew something was just not right."(Shinde, 2018)
- Family pressures, gendered expectations, and the burden of motherhood alongside other roles in an Indian context.(Shinde, 2018)
- Poor social or emotional support post-delivery: studies emphasize that when new mothers are neglected, isolated or subject to high stress (e.g., due to infant crying, feeding difficulties, in-law conflict) the risk of more severe problems rises. (Das, 2025)
- Misattribution to superstition or "evil forces" rather than recognizing psycho-pathology—delaying psychiatric intervention. In the Moradabad case, the family first sought help from an occult practitioner.(Yadav, 2025)
- Healthcare system gaps: poor screening, lack of integration between obstetric, paedia-tric and psychiatric services, and underlying stigma around mental illness.

Clinical Features of Postpartum Psychosis -

Key features distinguishing PPP from more common lesser disorders :

- Onset: often within the first 2-4 weeks (though may vary).
- Symptoms: hallucinations, delusions, confusion, irritability, agitation, disorganised thinking, and sometimes suicidal or infanticidal ideation.(Jha, 2025)
- Risk for severe outcomes: For example, research on maternal filicide shows that mothers with PPP may have thoughts of harming their child, or may actually do so. (Christie Merin Manoj, 2022)

Urgency : This is a psychiatric emergency requiring immediate assessment, ideally inpatient psychiatric care with liaison obstetric/paediatric support and monitoring of mother-infant bonding, breastfeeding implications, medication safety, and child safety.(The Logical Indian, 2025)

Public Health and Legal / Forensic Implications -

The extreme behaviour illustrated (baby in fridge) raises multiple concerns:

- Infant safety and child protection – systems must monitor for risk of harm when mothers demonstrate severe psychiatric disturbance.
- Legal accountability: Some cases of maternal filicide in India have resulted in criminal prosecution (despite underlying postpartum psychiatric disorders). (Aratrika Chakraborty, 2022)
- Need for guidelines to support clinicians in balancing maternal autonomy, infant safety, forensic risk and mental health treatment.
- Stigma and delay: The family's initial recourse to ritual healer illustrates how cultural beliefs may delay treatment, increasing risk.

Gaps in India and Proposed Interventions

Several gaps persist in the Indian context:

- Routine screening for PPD/PPP is not universally embedded within postnatal care in many settings.
- Lack of awareness among families and even primary care/obstetric professionals about postpartum psychiatric emergencies.
- Fragmentation between obstetric, paedia-tric and mental-health services; insufficient mother-infant psychiatric liaison.
- Social stigma, limited availability of specialised perinatal psychiatry services, especially in rural/semi-rural areas.

Proposed interventions include :

1. **Screening and early detection** :

Incorporate validated tools (e.g., Edinburgh Postnatal Depression Scale) into postnatal checkups at 2, 6 and 12 weeks; include questions on thoughts of harm to self/infant.

2. **Training of healthcare workers**:

Obstetricians, paediatricians, community-health workers (ASHAs/AWWs) should be sensitised to signs of severe maternal mental illness (e.g., hallucinations, confusion, obsessional thoughts, infant harm ideation) and trained in referral pathways.

3. **Integration of services**:

Create mother–baby psychiatric liaison clinics in tertiary centres; develop referral linkages from district hospitals to specialised care.

4. **Family support and psychoeducation**: Given cultural family structures in India, educating husbands/in-laws about postpartum mental health, facilitating practical support (household help, infant-care breaks) and creating peer support groups.

5. **Cultural adaptation**: Given the recourse to traditional healers in some cases, engage with community/tradition leaders to co-educate about mental health and reduce delays in seeking psychiatric care.

6. **Policy and legal frameworks**: Ensure child-protection protocols when mothers present with severe psychiatric disturbance; guidelines on safe mother–infant co-care when maternal mental illness is active.

7. **Research and data**: Strengthen epidemiological research in India on incidence of PPP, risk factors unique to Indian context (e.g., gender-preference stress, confinement practices, and extended family dynamics), outcomes and cost-effectiveness of interventions.

Discussion

The illustrated case is rare but serves as a powerful sentinel event. It highlights how postpartum psychosis, untreated or mis-managed, may manifest in behaviours that are extremely hazardous for infants yet may initially be misinterpreted (as "evil forces" or "tantric" issues). It underscores that maternal mental health is not only a private affair but a major child-safety and public-health issue.

From a clinical standpoint, postpartum mental illnesses span a spectrum—from mild transient mood changes ("baby blues") through depressive disorders to frank psychosis. The majority of attention to date has focused on depression; the rare but severe end (PPP) must receive equal vigilance in India. The socio-cultural realities (in-law dynamics, confinement practices, stigma, gendered expectations) add additional complexity.

From a system perspective, the Indian health-care system must evolve to integrate maternal mental health into routine perinatal care, with clear referral pathways, supportive infrastructure and community awareness. The risks are not only for mothers (with risk of suicide) but also for infants (with risk of neglect, harm or filicide) and families (legal/forensic consequences, trauma).

References

1. Aratrika Chakraborty, D. S. (2022). A Critical Analysis of Post-Partum. *Kashmir Journal of Legal studies*, 65-80.

2. Christie Merin Manoj, A. S. (2022). FILICIDE AND LAW: A COMPARATIVE CRITIQUE. *INTERNATIONAL JOURNAL OF ADVANCED LEGAL RESEARCH*, 1-24.

3. Das, H. (2025, Sept 10). *India Today*. Retrieved Oct 29, 2025, from indiatoday.in: https://www.indiatoday.in/india/story/up-woman-places-newborn-in-refrigerator-goes-to-sleep-baby-safe-2785066-2025-09-10

4. Jha, A. (2025). Beneath the Lullaby: A Mother's Pain Unheard, Unseen,. *IHP*, 2-4.

5. Koul, P. (2025, sept 9). *In focus*. Retrieved october 10, 2025, from The daily Jagran : https://www.thedailyjagran.com/india/moradabad-shocker-mother-puts-newborn-in-fridge-as-baby-wouldnt-sleep-family-rushes-to-tantrik-for-exorcism-rituals-10265799?

6. Shinde, S. (2018). Postpartum Depression and the Social Construction of Motherhood: A gendered perspective. *Indian Journal of Mental Health*, 42-47.

7. *The Logical Indian* . (2025, Sept 11). Retrieved october 29, 2025, from https://thelogicalindian.com/: https://thelogicalindian.com/23-year-old-up-mother-puts-baby-in-fridge-out-of-frustration-over-non-stop-crying-diagnosed-with-postpartum-psychosis/

8. Yadav, A. (2025). He Wasn't Sleeping, So...": Mother Puts 15-Day-Old Baby in Fridge in Uttar Pradesh. *The CSR Journal*.

Effectivity of Apocynapium in case of Ascites – A case study

Author-
Dr. Mukesh Parewal M.D. (HOM)
Professor, HOD, Department of Physiology including biochemistry
Smt. K. B. Abad HMC, Chandwad

Introduction :

As per guidelines given in aphorism , all affection and diseases properly so called must be cured only from within, by the homoeopathic medicines appropriate for the cause that lies at their root. Then only by the disappearance of the totality of the symptoms by the cure, the affection of the vital force, that is to say, whole internal and external morbid state is also removed(**aphorism 12).**

Case

1) Mrs.J.D.D
2) Age 30yrs
3) Female

4) Probable clinical diagnosis :- Ascites ,investigation done ,USG repoarts available .gynecologist diagnose a case prescription given for two times ,no relief ,so patient stop medication and approach to physician .

5) ODP (onset duration –progression) short synopsis of evolving clinical status and evolving characteristic totality Female patient age 30 years delivered male baby ,after 10 days ,she complaint bloating in abdomen ,little bit abdomen swelling ,heaviness of abdomen ,scanty urine even she drinks lots of water ,so approach gynecologist ,doctor done USG and diagnose Ascites and prescribe medicine ,but no relief for next two follow up and for almost 15 days so patient stop medication and ask for homocopathic medicine ,history taken on telephone and information collected from patients husband ,husband told she become irritable due to this discomfort ,no other symptoms.

6) Totality in evolution and Reportorial totality

Sr.no	Symptoms	Reasons
1)	Irritability pain during	Mental general
2)	Stomach -Thirst dropsy with	Physical general
3)	Abdomen –dropsy Ascites	Physical general
4)	Urine scanty	Physical general

7) Close coming remedies

Ars album ,
Aconite
Apis
Apocynapium

8) Final prescription with differentiation of close coming remedies

1)Patient is not at all fastidious as ARS ,thirst for small quantity
Where as in case thirst is for large quantity
2) pace of aconite and its other symptoms not going with aconite
3)Apis thirst less
4) Apocynapium is thirsty during dropsy ,he drinks plentifully and there is no out throw of water (page no.101 kents repertory)
So Apocynum REMDY PRESCRIBE

9) Potency selection and remedy repetition

Apocynum cannabinum 200 water dose given ,ask patient to repeat it for every half an hour for next two days and then reduce frequency

Water dose given according to aphorism no 247 and 248 as well as footnote of aphorism 246 as well as aphorism 270 and 272

10) Learning: concept helped in unlocking the case /conclusion

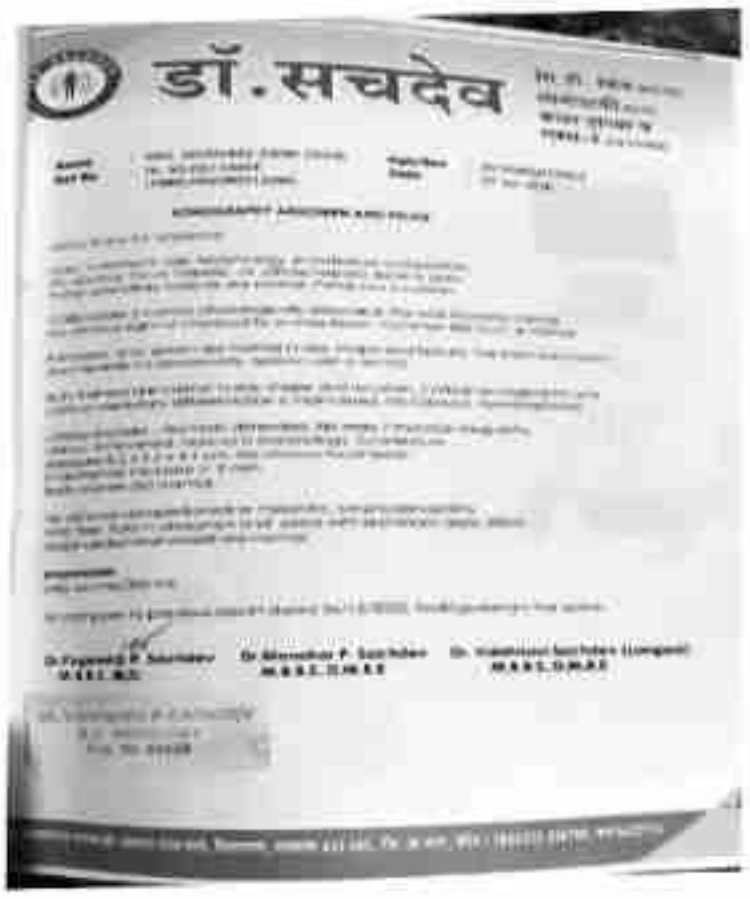
1) Thirst pattern with Ascites
2) Patho physiology
3) Diagnosis
4) Traditional therapeutics learn during academic years or college time
5) Pace of diseases

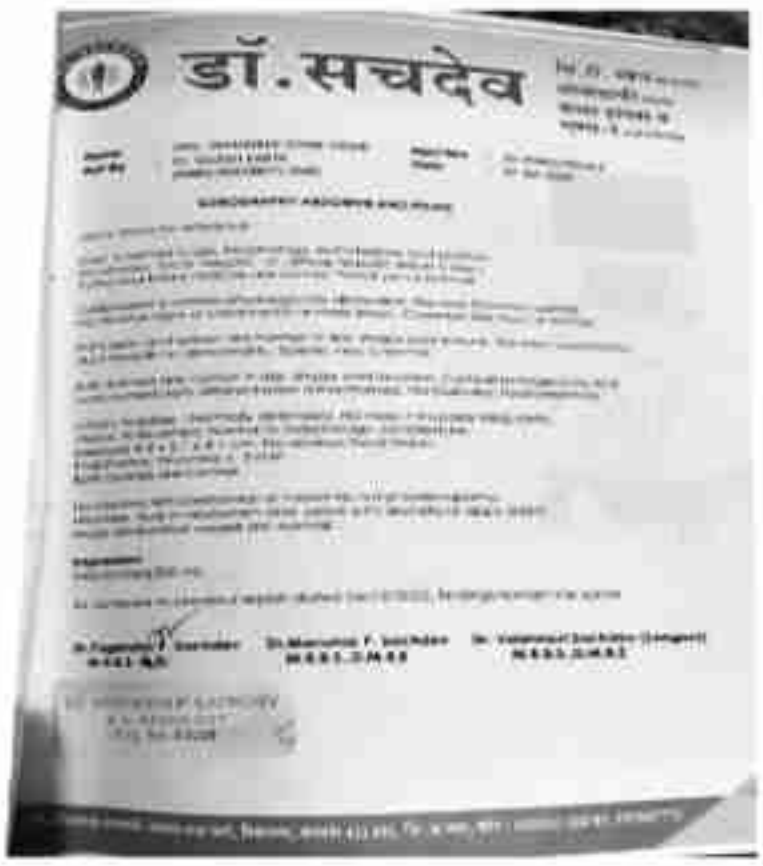
11) Reportorial sheet

12) **References: repertory /Materia medica**

1) Boerickes new manual of homoeopathic Materia Medica with repertory – wilium Boericke 3RD REVISED AND Augmented edition based o 9th edition page no 60
2) Lectures on homoeopathic Materia medica Kent's Materia medica page no.95,101
3) Organon of medicine

Before -





After -

A Case of Plaque Psoriasis Treated With Indiviualised Homoeopathic Medicine – A Case Report

Author-
Dr. Aditi Malkani
MD - II, (HMM) Batch 22-23
Smt. K. B. Abad HMC, Chandwad

Co Author -
Dr. S. N. Doshi M.D.(Hom)
Vice Principal, Prof. HMM Department
Smt. K. B. Abad HMC, Chandwad

ABSTRACT :

Psoriasis is a chronic, inflammatory skin disorder characterized by erythematous, scaly plaques affecting the quality of life as it affects physical appearance and psychological well- being. According to WHO prevalence rate of psoriasis is 1 to 3 % mostly from North India, the prevalence in adults vary from 0.44 - 22.8 % mainly 2nd and 3rd decades individuals are affected. Conventional treatments offer symptomatic relief and follow relapsing episode despite various treatment remission remains as challenge. Hence there is need of proper holistic approach. Homoeopathy, being a system of individualized medicine, emphasize holistic healing.

AIM:

To evaluate the effectiveness of Constitutional medicines in Psoriasis after individualizing and holistic approach, using PASI Scale.

INTRODUCTION:

Psoriasis is a chronic, inflammatory skin disorder characterized by erythematous, scaly plaques affecting the quality of life as it affects physical appearance and psychosocial well-being. Psoriasis is rapid proliferation of immature and unhealthy skin cells causing hypertrophy, thick, scaly, crusts with itching.

Epidemiology :-

Worldwide in all races and both genders ,1st peak at 20 years to 30 years, and 2nds at 50 yrs to 60 years.

Triggering factorsu are trauma of any kind physical, chemical, mechanical, allergen, or seasonal variations. Psoriasis is more in stress, specific infection, usage of drugs like haem blocking, beta-blockers, some antibiotics and antidepressants. Causes added,

Predisposing factors include trauma, streptococcal infection, drug.

Causes :- immunological, environmental, trauma, infection, stress, anxiety.

Types of psoriasis are plaque, guttate, inverse, nail, pustular, erythroderma. Lesion are usually irregular, asymmetrical, single or multiple.

Pathogenesis:-

The formation of keratinocytes is generated by movement of immune cells from dermis to epidermis which secretes cytokines that are found in condition of nail psoriasis and psoriatic arthritis since when any injury occurs to skin the psoriatic changes occurs at that site of injury which is known as Kobner's Phenomenon.

Clinical Features :

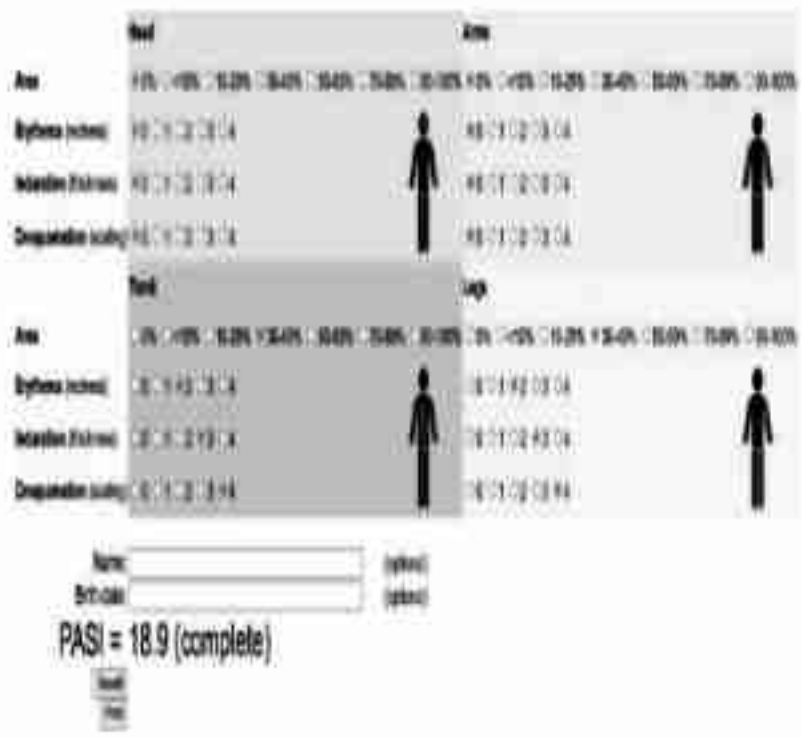
Shiny silvery white plaques scales, itching, burning, redness.

Differential diagnosis: -

seborrheic dermatitis, secondary syphilis, lichen planus, Tinea, Pityriasis rosea

PASI- Psoriatic Area Severity Index :-

Most widely used measurement tool which assess the severity of the condition and allows for the evaluation of treatment effectively, combines assessment of area of skin affected and intensity of lesion based on four key parameters: erythema(redness), induration (thickness), desquamation(scaling), and the affected body area.



Patient Information:

34 years married, female came to OPD of Smt. K.B.A.H.M.C, Chandwad, Nashik, Maharashtra, on 20.6.2024. With complaints of Itching, burning ,white scales ,plaques all on arms,abdomen, back since 10 years. Initial started with then on arms,wrist joint,abdomen, back itching seen warmth from ,covering when, and better when uncovering. Lesion 1st appear site arms,wrist joint, abdomen, then back Occupation current & past:- In past was working after marriage left for 1 year then joined but then conceived and later for son and further because of son schooling no one to look after him left job .Clothing Habit tight clothing in past and now too, having no known allergy to anything._No any past history or severe illness in family history seen .Menstrual History normal having LMP 14/6/24 having leg pain before menses , bearable weakness during menses and no complaint after menses, no significant Itching and Psoriasis relation with menses.No Leuccorhoeal complaints. Obstetric history as G1P1A0L1. Her appetite was normal, had craving of sweet, cold drinks, aversion for meat,thirst, bowel, bladder movements, sleep seen normal, where cold intolerance was seen. No eye contact when narrating symptom, initially was answering in monosyllabus manner, later had good communication in 1 visit only, Always come alone ,Husband at good position in office yet she is conservative for money part as don't want much dependency fear that he will dominate her again in future ,Concentration difficult in domestic work due ot complaints burning itching,Fearful future of family matters from thinking, her husband has other brother too so thinks wont get much part of property in future as she has disputes with in laws yet she reproaches them for their mistake she don't accept, she did mistake so obstinate she is ,Forget symptom when narrating and no attention when some question were asked ,No much communication with family members ,Continue thinking something bad is going to happen to her and her family from her inlaws side although never happened in these 10 15 yrs after marriage ,Complaints initally on scalp seen when there was clashes in house after marriage with inlaws then started living in nuclear family but yet discords seen much affected with it ,Lost job after marriage is also giving her disappointment feeling ,Anxiety thinks much before taking step regarding family, son ,self thinks behaviour of her seen since marriage only after disputes with inlaws ,With her siblings and her family and relatives bond is good also with her brother in law and sister in law bond is good. General examination patient had average built weight was 45 kgs., rest nails, tongue, teeth were normal no lymphadenopathy, cyanosis, icterus, Vitally patient was stable.On Local Examination Inspection– Scaly patches seen at, ,arms,forearms,abdomen ,wrist joint region,redness,mild bleeding areas seen, Distribution was approximately 75% covered Colour redness plaques scales seen,Eruptions plaques scales seen type of skin- irregular thick seen Appearance & texture rough scales plaques Shape irregularScales white silvery scles induration mild seen on Palpation mild induration seen Quality of crust/scaling: dryness mild, no local heat, no tenderness.

Diagnosis:- Plaque psoriasis

Evaluation:-

Mental generals :-

Reproaching others+++

Obstinate +++

Concenration difficult ++

Absent minded ++

Anxcity new decision take when +

Ideas aundant +

Pessimistic+

Physical generals :-

Desire cold drinks+++ and sweets++

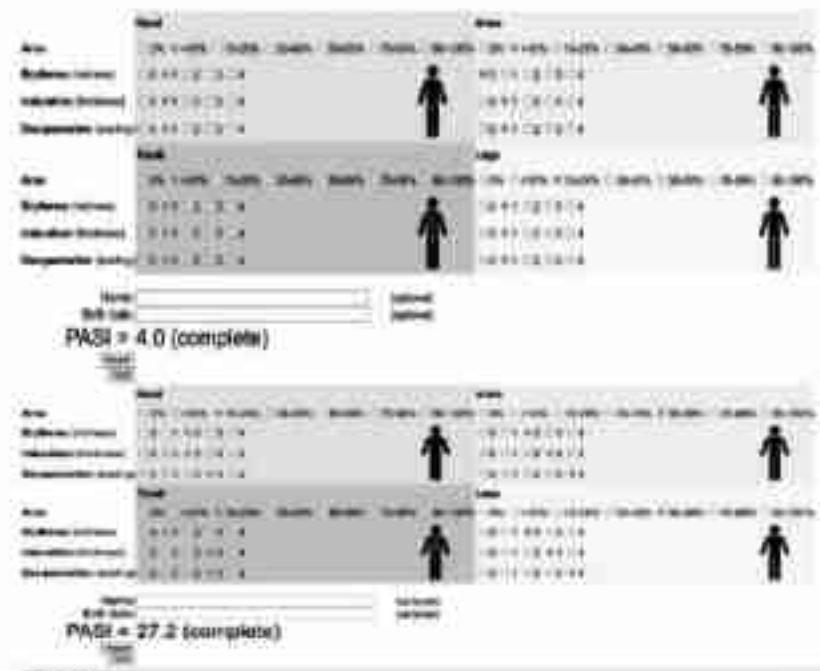
Particulars:- Itching ,burning and scales fall off much seen <warmth,covering > uncovering .

Miasmatic Diagnosis:- syco syphilis

Repertorization:- Synthesis 9.0 was used for repertorization

1 MIND - ABSENTMINDED	⊖
2 MIND - ANXIETY - attempting things	⊖
3 MIND - CONCENTRATION - difficult	⊖
4 MIND - IDEAS - abundant	⊖
5 MIND - OBSTINATE	⊖
6 MIND - PESSIMIST	⊖
7 MIND - REPROACHING others ●	⊖
8 GENERALS - FOOD and DRINKS desire	⊖
9 GENERALS - FOOD and DRINKS desire	⊖

Remedies	ΣSym	ΣDeg	Symptoms
kali-p.	9	11	1, 2, 3, 4, 5, 6, 7, 8, 9
nux-v.	8	18	1, 3, 4, 5, 6, 7, 8, 9
lach.	8	16	1, 3, 4, 5, 6, 7, 8, 9
calc.	8	14	1, 3, 4, 5, 6, 7, 8, 9
ars.	8	13	1, 3, 4, 5, 6, 7, 8, 9
caust.	8	13	1, 3, 4, 5, 6, 7, 8, 9
tub.	8	12	1, 3, 4, 5, 6,



Homeopathic Management:-

Probable Remedies:-Kali phosphoricum
Nux vomica
Lachesis
Calcarea carb

Final Remedy: Kali phosphoricum

Rx:- Kali phosphoricum 30 x 4 pills x 1 dose
Sac lac 4 pills x 7 days

Advice:- Avoid tight clothing,patient not to apply any type of ointment also educated her don't apply anything to avoivd psoriatic arthritis in future as patches are on joints elbow wrist

Follow Up:-

DATE	FU	RX
24/8/24	Itching increased since 15 days patient was out of Nasik so medicine gap seen no improvement scaling reduced all physical generals improving mental general increased since Aug/sep is finally increased	Kali phos 30 ml x 4 pills x 1 day Sac lac x tds x 4 pills x 30 days Topical
20/9/24	Itching reduced 20 to 25% rest all complaints improving	Sac lac x tds x 4 pills x 21 days
15/10/24	Itching reduced 35 to 40% mental generals improve physical generals improving	Sac lac x tds x 4 pills x 30 days
15/11/24	Itching reduced 50 % no scales no new patches seen physicals and mental improved	Sac lac x tds x 4 pills x 30 days
10/12/24	Itching reduced 60% mental and physical improved	Sac lac x tds x 4 pills x 30 days
14/1/25	Itching reduced 70% generals improved	Sac lac x tds x 4 pills x 30 days
22/4/25	itching reduced 75% pigmen improved	Sac lac x tds x 4 pills x 30 days

References:

1. MICHAEL GLYNN, WILLIAM DREAKE, Hutchinsons clinical method, 23rd edition, Saunders Elsevier publication, 2012.PG NO 333
2. GERARD J. TORTORA, BRYAN DERRICKSON, Principles of anatomy and physiology, 13th edition, Jhon Wiley and Sons, inc., 2008 PG NO 154,155
3. K. SEBULINGUM, PREMA SEMBULINGAM., Essentials of medical physiology, 5th edition, Jaypee publication., PG NO 334, 335, 336.
4. DR NICOLE YI ZHEN CHIANG, PROFFESOR JULIAN VERBOV, A Handbook for medical students & junior doctors, British Association of Dermatologist., PG NO 50, 51 https://jaims.in/jaims/article/view/4132
5. (Access on 13/5/25 at 7.35 pm) https://www.researchgate.net/publication/3672822007
6. (Access on 13/5/25 at 7.21 pm)

Conclusion:

Kali phosphoricum 200 was found to improve the case, without recurrence seen when case studied for 10 to 11 months.

Declaration : of patient was taken in written format to use the data and images for publication in journal.

To Study The Psychopathology Of Hypothyroidism And Its Homoeopathic Management In Patients of 20 To 45 Years of Age Group - A Prospective Case Series Study.

Author-
Dr. Roshni Lalwani
PG Part II - Practice of Medicine
Smt. K. B. Abad HMC, Chandwad

Co Author -
Dr. Nilesh Dhawankar M.D.(Hom)
Prof. HOD Practice of Medicine
Smt. K. B. Abad HMC, Chandwad

Introduction

Hypothyroidism is a prevalent endocrine disorder characterized by the thyroid gland's failure to produce sufficient hormones, leading to significant physical and psychosomatic effects[1]. Patients commonly experience not only classical symptoms like fatigue and weight gain but also psychological issues such as depression, anxiety, and cognitive decline[2]. This prospective case series was designed to study the psychopathology associated with hypothyroidism and to evaluate the effectiveness of individualized homoeopathic management in addressing both the physical and mental dimensions of the condition[3]. Homoeopathy, with its holistic and individualized approach, presents a therapeutic potential for managing this complex disorder[2].

Keywords:

Hypothyroidism, Psychopatho-logy, Homoeopathy, Individualized treatment, TSH levels, Case series.

Review of Literature:

Hypothyroidism, or an underactive thyroid, is the most common thyroid disorder globally, with a notable prevalence in women and a tendency for familial clustering. Epidemiological data indicates that it affects approximately 4–10% of the adult population, with rates being higher in regions with iodine deficiency[4]. The pathophysiology stems from insufficient production of the thyroid hormones thyroxine (T4) and triiodothyronine (T3), which regulate metabolism[1]. The biologically active hormoneT3, is primarily formed from the conversion of T4 in peripheral tissues. This entire process is controlled by the hypothalamic-pituitary-thyroid axis, and defects at any level can lead to the disorder. Critically, the central nervous system is highly sensitive to thyroid hormone levels, and a deficiency can lead to significant psychopathology, including mood instability, cognitive slowing, and in severe cases, psychosis, a condition sometimes referred to as myxedema madness.[5]

Methodology :-

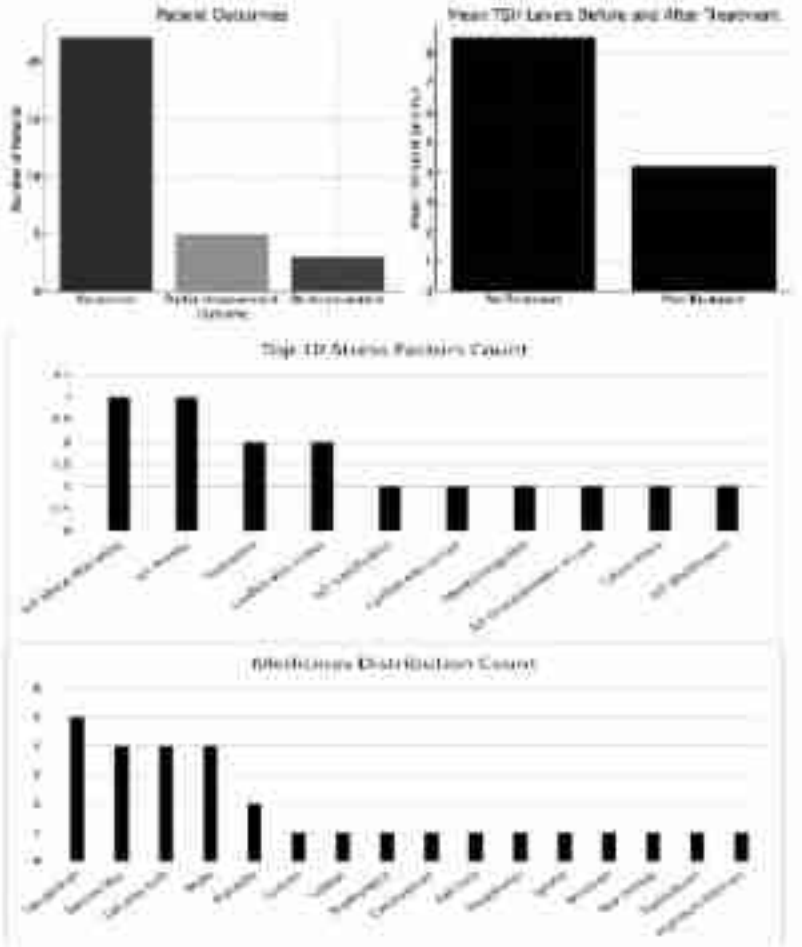
This study was conducted as a prospective case series at a postgraduate homoeopathic institute, including its outpatient departments, inpatient facilities, and community health camps. Thirty patients between the ages of 20 and 45 with a confirmed diagnosis of hypothyroidism were selected using a simple random sampling technique. Patients with pregnancy-related hypothyroidism, goiter, thyroiditis, or thyroid tumors were excluded. A detailed case-taking process was employed for each participant, focusing on physical symptoms, mental and emotional states, lifestyle, and key stress factors. Homoeopathic remedies were prescribed based on the totality of each individual's symptoms. The primary outcomes were assessed by tracking both clinical symptoms and biochemical markers, specifically TSH levels, at baseline and after five follow-ups. Patients were categorized as recovered (complete symptom relief and normalized TSH), improved (partial relief), or not improved. To determine statistical significance, a paired t-test was used to compare the TSH levels before and after the treatment period.

Results and Observations

The results of the homoeopathic intervention were highly encouraging. Out of the 30 patients who participated in the study, a significant majority—22 patients (73.3%)—were categorized as recovered, achieving complete relief from their symptoms and normalization of their TSH levels. Furthermore, 5 patients (16.7%) showed partial improvement, while only 3 patients (10%) did not show any improvement. The statistical analysis confirmed a significant reduction in TSH levels post-treatment

($p<0.05$), validating the clinical observations. The major stressors identified among patients included abuse, anxiety, grief, and interpersonal conflicts, highlighting the deep psychosomatic aspect of the disorder.

A graphical representation of the TSH levels would vividly illustrate the treatment's effectiveness. A bar chart comparing the mean TSH levels would show a tall bar representing the high average TSH before treatment, followed by a significantly shorter bar for the post-treatment levels, clearly demonstrating the marked reduction towards the normal range for most patients.



Discussion

This study's findings strongly support the therapeutic potential of individualized homoeopathy in managing hypothyroidism & its associated psychopathology. The successful outcomes reflect the strength of a holistic approach that does not separate the mind from the body. The research reinforces the bidirectional relationship between thyroid function and mental health, demonstrating how unre-solved emotional stressors like grief, anxiety, & interpersonal conflict can perpe-tuate the disease state. Homoeopathy's dual therapeutic action is a key takeaway; it not only led to measurable improvements in bioche-mical markers like TSH but also provided significant relief in psychological domains, which often remain unaddressed in conventional treatments.

The remedies most frequently indicated—such as Lycopodium Clavatum, Natrum Muriaticum, Calcarea Carbonica, and Sepia Officinalis—are well-established in homoeopathic Materia Medica for constitutional pictures that align with the symptoms presented by the patients. These results are consistent with previous homoeopathic research and offer a valuable perspective when compared to conventional medicine, where mood disturbances can persist even after TSH levels are normalized with levothyroxine therapy. The study's strengths include its use of authentic individualized prescriptions, the integration of both biochemical and psychological assessments, and a representative patient sample from diverse clinical settings. However, the primary limitations are its small sample size and the lack of a control group, which call for further research.

Conclusion :

In conclusion, this prospective case series demonstrates that individualized homoeopathic management has significant potential in treating hypothyroidism. The therapy proved effective in addressing both the physiological dysfunction, as evidenced by normalized TSH levels, and the associated psychopathology, including anxiety and depression. The encouraging outcomes suggest that homoeopathy can serve as a valuable integrative modality in the management of endocrine disorders. Although the study has limitations, its findings strongly justify the need for larger, randomized controlled trials to validate these results and further clarify the role of homoeopathy in modern healthcare.

References :-

1. Vanderpump MP. The epidemiology of thyroid disease. *Br Med Bull.* 2011;99:39–51.

2. Chaker L, Bianco AC, Jonklaas J, Peeters RP. Hypothyroidism. *Lancet.* 2017; 390: 1550–62.

3.Taylor PN, Albrecht D, Scholz A, et al. Global epidemiology of hyperthyroidism and hypothyroidism. *Nat Rev Endocrinol.* 2018;14(5):301–16.

■■■

News bulletin

Activities Conducted In The Institute

Student support & Progress committee Organised Parent- teacher meeting on 7th Oct. 2025

Department of Practice of Medicine and Organon of Medicine organised Debate competition on the topic "Is Homoeopath allows to practice allopathy, a step towards better health care? " on 13th Oct. 2025.

Department of Practice of Medicine and Organon of Medicine organised "A role play on journey of Homoeopathic pioneers From Sceptical to stalwart" on 13th Oct. 2025

Department of Community Medicine organised Field visit for 3rd year BHMS student at Primary health care centre, Uswad; on 14th Oct. 2025.

HSET & IQAC committee organized Orientation program for the Faculty on the topic "Assessment Tools" on 11th Nov 2025.

Lecture on "Emergency medical services" by Dr. Gayatri Malik Patil, Manager, Corporate relations, Symbiosis canter for Health skills, Lavale, Pune, on 18th Oct. 2025.

Leeture on the topic "Positive thinking and personality development through teaching of Bhagwad Geeta on 24th Nov 2025

Miss. Sakshi Pawar for volleyball & Miss Riya Jain for Discus through got selected in the team of MUHS for "Krida Mohostav" inter university sports competition on 11th Oct. 2025

Workshop on Basic life support in Emergency medical management by Dr. Umesh Aher, MD Medicine, consultant physician, on 1st Dec 2025.

NSS unit organized "Role play – Take the right path : My health My right" on occasion of World AIDS Day on 1st Dec. 2025.

Workshop on Quality enhancement awareness regarding Qualitative parameter of QCI By Dr. Swapna Thorat Dept. of FMT on 15th Dec 2025.

IQAC & Criteria 6 organized faculty development program "Personal & professional development training program" in Association with "Manoday trust" Nashik, on 19th Dec. 2025.

Camp Organized by Hospital

Dr Rashmi Lodha, Gynaecologist, provided consultation at Free Gynaecological, Diagnostic & Health check-up camp, organised by Shri R P Chordiya hospital Chandwad, on 8th Oct 2025

Health check -up camp at Magnrul on 23rd Nov 2025

Health check- up camp at B G Dargude Public school Manmad on 26th Nov 2025

Department of Physiology organized activity "Phyisio vitals – Rangoli competition, Learning through art," on 29th Nov 2025.

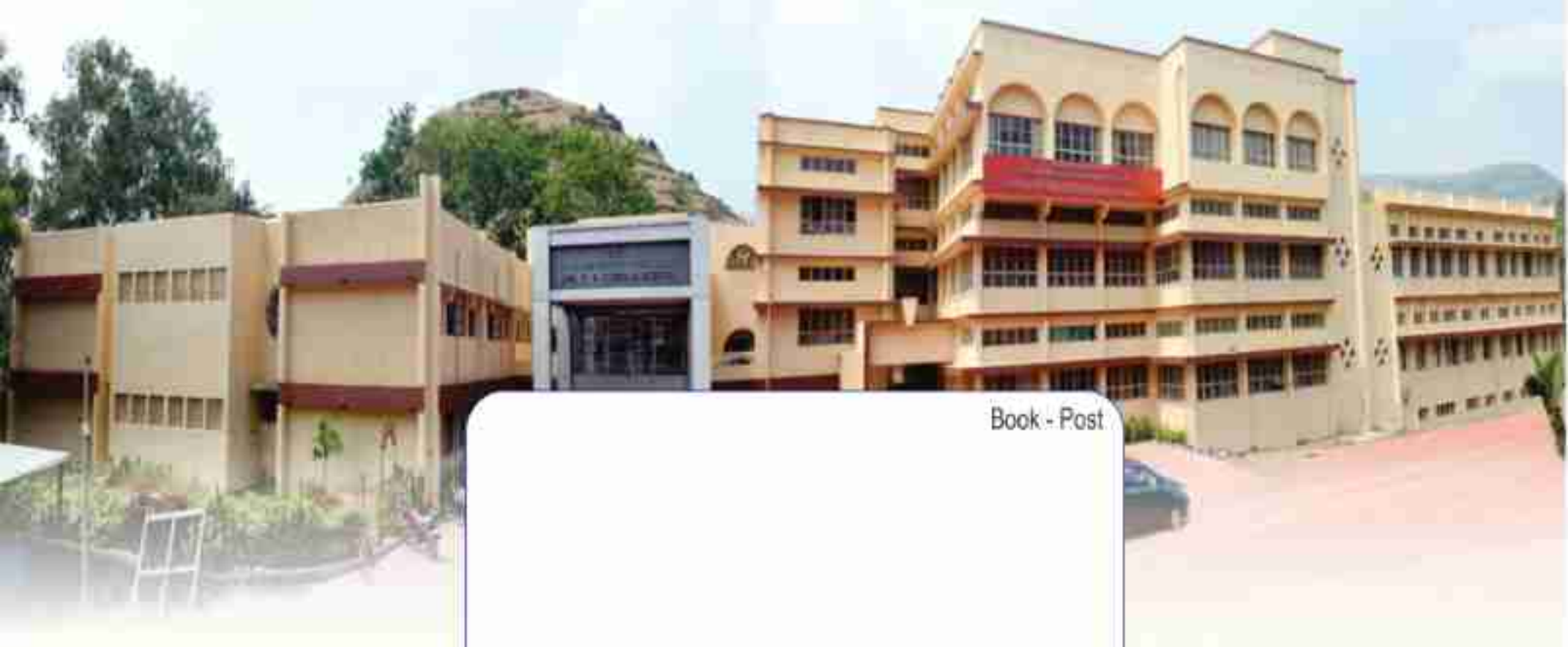
Miss Tirtha Dharamshi
II BHMS Student secured
1st rank in the institute at
MUHS Summer 2025 examination

Miss Prerna Jain
IV BHMS Student secured
1st rank in the institute at
MUHS Summer 2025 examination

Institutes Run by the
SNJB (Jain Gurukul)

SNJB

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. 11th & 12th)	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



Book - Post

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