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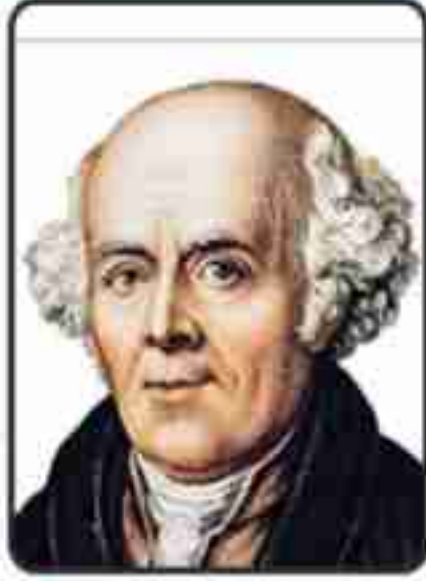
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Founder of Homoeopathy



Dr. Samuel Hahnemann

Founder of SNJB



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

Our Inspiration



Smt. Kanchanbai B. Abad



Late Shri. R. P. Chordiya

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



MISSION

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



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Editorial

**Books are only made so that they may point the way to a higher life; but
no good results unless the path is trodden with unflinching steps!**
— Swami Vivekananda

Dr Samuel Hahnemann in his life time wrote many essays, thesis and books on materia medica, organon of medicine, lesser writings etc. He propagated his findings, principles, theories through his writings. Every time in practice whenever we find any difficulty, we can take references from his writings and can provide cure to the patient. Writing of observations, experiences, research finding are the only tools to provide information, easy references for generations. So, it is essential to write research papers, case study reports, proving findings, clinical experiences and to publish them for the reference to the practitioners and scholar. By documenting clinical experiences, case studies, and experimental findings, we can build a substantial body of evidence that supports the efficacy of homeopathy. This documentation not only enhances our understanding of homeopathic principles but also provides a solid foundation for future research endeavours.

Furthermore, research papers serve as a platform for sharing knowledge and insights within the homeopathic community. This exchange of ideas fosters collaboration and innovation, essential components for the evolution of homeopathic practice.

In a world where healthcare decisions are increasingly guided by evidence-based practices, homeopathy must present itself as a legitimate and scientifically validated option. By producing well-structured, peer-reviewed research papers, we can engage with the broader medical community, policymakers, and the public, demonstrating that homeopathy is not only relevant but also deserving of respect and consideration.

In this issue the case study report of case of anal fissure, primary dysmenorrhoea is presented, article on understanding the miasmatic background of allergic rhinitis, analytical study of Delusion section of Murphy's repertory and use of 50 millesimal potency in management of acne vulgaris is described. This will help to all aspirants who believes in Homocopathy and willing to propagate homocopathy through publication.

It would be fitting tribute to our respected Dr Samuel Hahnemann if we choose to follow in his footsteps, adhering to principles and cultivating habit of writing and publishing papers, articles & books.



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A Gentle Cure with Homoeopathy Through Individualization in Anal Fissure



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Abstract:

Anal fissure, a common and painful anorectal condition, possess significant discomfort and impairs the quality of life. Conventional treatments often provide temporary relief but are associated with side effects and high recurrence rates. The thesis explores a more individualized approach through homoeo-pathy, which seeks to address the root cause rather than merely alleviating symptoms. Homoeopathy, based on the principle of "like cures like," offers a holistic and gentle alternative by tailoring treatment to each individual's unique physical and emotional constitution.

This study investigates the efficacy of homoeopathic remedies in treating anal fissures, focusing on individualized prescriptions based on a comprehensive assessment of the patient's symptoms, lifestyle, and psychological state.

Keyword :

Anal fissure, homoeopathy, individualization

INTRODUCTION :

DEFINITION: An anal fissure is a tear in the anoderm distal to the dentate line, usually less than 5 mm in length.

• **ETIOLOGY :**

Most common causes;

- Passage of very hard stools or watery stools.
- Crohn's disease.
- Inflammatory Bowel Disease.
- Childbirth.
- Anal intercourse.

Less common causes:

- Anal cancer (Malignancy).
- HIV.
- Syphilis.
- Tuberculosis.
- Herpes

• **LOCATION**

- Most commonly in the posterior midline.
- In 25% women and 8% men located in midline.

- Lateral fissure in rare cases (HIV, cancer, Tb, crohn's disease.).

• **TYPES**

1. Acute Anal Fissure : Appears like fresh laceration with a course of less than 2 to 3 months, heals naturally.

2. Chronic Anal Fissure : If fissure fails to heal within 6 weeks it is considered chronic fissure due to scarring and poor blood flow, often requires surgical intervention & usually associated with skin tags (Sentinel piles) at the distal end of the fissure.

• **CLINICAL FEATURES :**

- Pain: Sometimes severe during and after bowels than can last up to minutes to hours.
- Bleeding: Red blood streaks on stool or toilet paper after a bowel movement.
- Itching or irritation in and around the anus.
- Malodorous discharge may occur due to the discharge of pus from the fissure.
- In chronic fissure a small skin tag or lump can be seen, next to the tear called as sentinel pile.

• **DIAGNOSIS AND EXAMINATION-FINDINGS**

- Physical examination: By gentle separation of the buttocks and examination of the anus , a linear separation of the anoderm can be identified at the lower half of the anal canal.

- On digital examination chronic fissure feels rough, raised, or fibrotic in the mid-distal anal canal and a skin tag, called sentinel pile.
- Anoscopy if tolerated by the patient.

• **MANAGEMENT AND TREATMENT**

- The goal is to relieve the worsening constipation, to break the cycle of hard bowel movement, associated intense pain.
- High fiber diet along with sufficient water intake for stools to become softer.

- Sitz bath with Calendula mother tinctures are also advisable for quick healing of fissures

• **PREVENTION**

An anal fissure can't always be prevented, but one can reduce risk of getting it by taking the following preventive measures:

- Keeping the anal area dry.
- Cleansing the anal area gently with mild soap and warm water.
- Avoiding constipation by drinking lot of fluids, eating food rich in fiber, and exercising regularly.
- Treating diarrhea immediately.
- Changing diapers frequently (For infants).

• **HOMOEOPATHIC APPROACH**

It is always through the process of individualization. It is possible only by discovering the strange, rare, and peculiar symptoms of the particular individual, to arrive at the best similimum. As Hahnemann said in aphorism 153, Characteristic peculiar symptoms are the sole guide for drug selection whatever the name of disease it may be. Vital force shows the symptoms through altered sensations and functions. So, sensation, if peculiarly present for the case also helps for proper drug selection. We may not get them in the first visit but by proper questionnaire we can get the peculiar sensations which guide us for selection of remedy.

1. **NITRICUM ACIDUM**

Causation – mercury, syphilis, continued loss of sleep, long lasting anxiety, over exertion of body and mind, loss of dearest friend.

Character – Irritable, vindictive skin and mucous membrane join with cracks and fissures with splinter like pricking pain. Horse smelling strong urine, acrid offensive discharge.

Modality – Aggravation: after midnight, change of temperature, on waking.

Amelioration: all symptoms better by riding in a carriage

Concomitant – bright red blood oozing out of cracks and fissures.

2. **PAEONIA**

Causation – long operated injury, chronic ulcer, trauma

Character – chronic non-healing ulcer of lower extremities, fissures, fistula, pricking pain, stitching pain, Bleeding per rectum

Modality- Aggravation: motion, warmth, trauma

Amelioration: rest, cold

Concomitant – constant pricking pain lasting for hours after defecating.

3. **RATANHIA**

Causation – hard stools, diarrhea

Character – burning for long hours after each other. Pin worms with itching in anus.

Modality – Aggravation: by lying (compelling to rise up and walk about)

Concomitant – excruciating pain after stools, burning after stools

4. **HAMAMELIS**

Causation – trauma or injury, hemorrhage

Character – Intense soreness of affected part. Dark passive non-coagulable, passive venous hemorrhage.

Modality – Aggravation: from motion, mental or physical strain, warmth, touch

Amelioration: outdoor and open air

Concomitant – extreme soreness of the part.

5. **SILICEA**

Causation – vaccination, suppressed foot sweat, exposure to draught

Character – pain fissure and hemorrhoid which causes irritation and spasms of ano rectum , stool passes out with great straining

Modality – Aggravation: new moon, full moon, washing , uncovering

Amelioration : warmth, wrapping head and summer

Concomitant – Chilly patient with low vitality

MATERIALS AND METHOD

The study was conducted in our college OPD

STUDY DURATION : One year

SAMPLE SIZE : 16 cases

INCLUSIVE CRITERIA

- Age: Above 15 years and below 65 years
- Sex: Both sexes.
- Diagnosed case of Anal fissure.
- Cases selected mainly on clinical setting, clinical presentation and examination finding of the patient who are willing to co-operate.

EXCLUSIVE CRITERIA:

- Those who were not willing to give consent.
- Cases with complications and cases of complex disease were excluded.

INTERVENTIONS:

Intervention will be done by using homoeopathic similimum administered through oral route. Potency selected according to requirement of the cases.

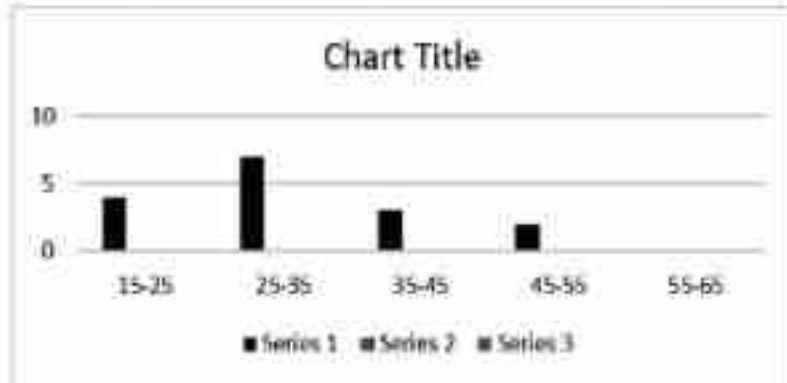
OBSERVATION AND RESULT OF STUDY

The study includes 16 cases and its homoeopathic management in anal fissure between 15 – 65 years of age group

AGE INCIDENCE

In 16 patients all age groups were divided into subgroups of analytical study.

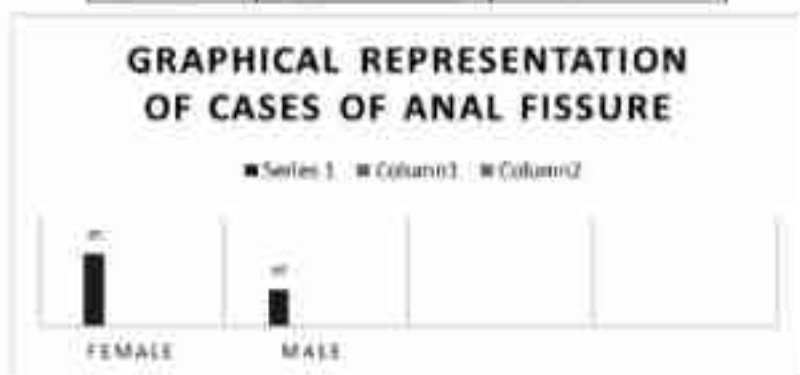
Sr.No.	Age group	No. of patient	%
01.	15-25	04	25%
02.	25-35	07	43.75%
03.	35-45	03	18.75%
04.	45-55	02	12.5%
05.	55-65	00	0%



GENDER DISTRIBUTION:

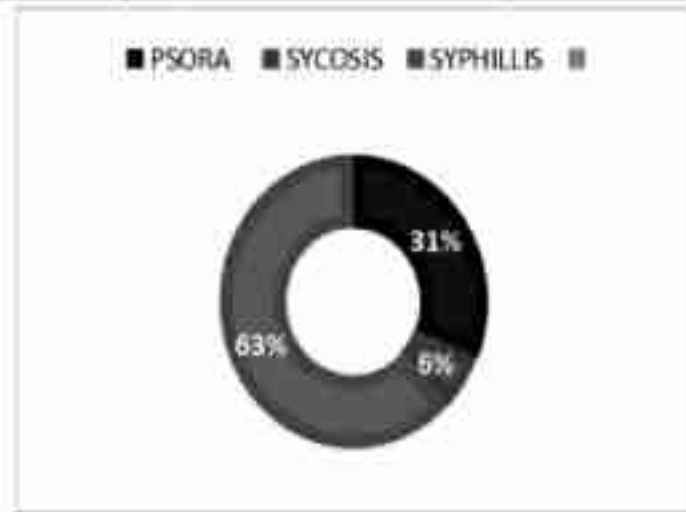
In the analytical study both the incidences are same. In that 50% male and 56% for female were found

Sex	No of cases	Percentage
Female	09	56%
Male	08	44%



MIASMATIC DISTRIBUTION :

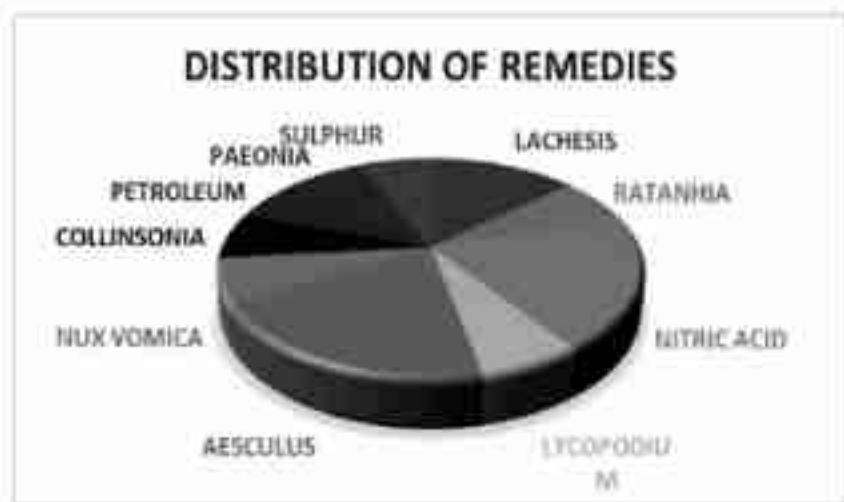
01	Psora	05	31.25%
02	Sycosis	01	6.25%
03	Syphillis	10	62.5%



SELECTED REMEDIES:

Based on individual approach, these remedies were selected for each case and statistical data was given

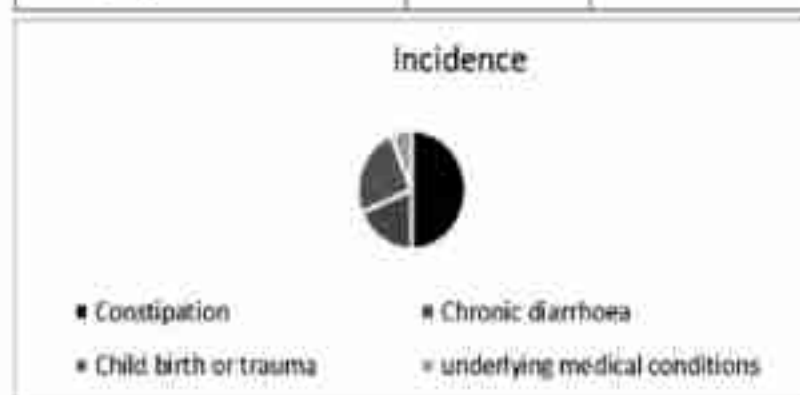
Sr. No	Remedy	No. Of cases	Percentage of cases
01	Lachesis	02	12.5%
02	Ratanhia	01	6.2%
03	Nitricum acidum	03	18.7%
04	Lycopodium clavatum	01	6.2%
05	Aesculus	03	18.7%
06	Nux vomica	01	6.2%
07	Collinsonia	01	6.2%
08	Petroleum	01	6.2%
09	Paeonia	01	6.2%
10	Graphites	01	6.2%
11	Sulphur	01	6.2%



INCIDENCE BY CAUSE OF ANAL FISSURE

In the analytical study anal fissure occurred due to following cause

Causes	No of cases	Percentage
Constipation	8	50%
Chronic Diarrhoea	3	18%
Child Birth Or Trauma	4	25%
Underlying Medical Conditions	1	6%



RESPONSE TO TREATMENT

Sr.no	Result	No .of cases	Percentage
01	Marked improvement	09	56%
02	Mild improvement	05	31%
03	No improvement	02	12%

GRAPHICAL PRESENTAION OF RESULT OF STUDY



SUMMARY & CONCLUSION :

Our Materia Medica is rich in remedies which can very well treat the chronic or acute cases. In the present thesis the Aim of using Homoeopathy as the treatment of cases was achieved as, results were to be of a good success rate. Considering the total data, out of 16 cases, 09 cases showed marked improvement, 05 case were showing mild improvement and 2 cases showed no improvement. While working on topic "A GENTLE CURE WITH HOMOEOPATHY

THROUGH INDIVIDUALISATION IN ANAL FISSURE" Different types of aspects have been observed and many cases showed marked improvement.

This study included 16 patients of after screening the cases as per the inclusive criteria. In case study there are 16 cases of in which 07 (43.7%) were males and 09 (56.3%) were females.

Cases were repertorised with the Help of Kent Repertory and the Homoeopathic Remedy i.e., were prescribed on the basis of totality of symptoms.

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(https://www.homeopathycenter.org)

Offers case studies and treatment protocols for anal fissures in homeopathy.



Primary Dysmenorrhea With An Anti-miasmatic Approach In Twelve - Year - Old Girl Treated With Sulphur - an Observational Case Study.



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ABSTRACT :

Background : Primary dysmenorrhea is pain linked with menstruation, which prevents women from functioning normally for one or two days every month. It is a common gynaecological condition in pubertal age. In this case, the patient is treated with an acute prescription based on characteristic particulars followed by the miasmatic prescription. As the acute and chronic manifestations had occurred in mixed ways this has been resolved following acute remedy with constitutional.

Aim : To observe acute and anti-miasmatic interventions and compare them to other traditional treatment modalities.

Methodology: The case study was conducted in OPD. We adapted homoeopathic case-taking and case-processing methodology, and medicine was prescribed according to the Homoeopathicity following the rules of homoeopathic posology.

Results: Prescription of Magnesia phosphorica in acute manifestation followed by an intercurrent dose of sulphur 1 M potency on the miasmatic basis for consequence days relieved the patient's complaint and showed effective results in the six months.

Conclusion: Primary dysmenorrhea which started with the onset of menses, responded fairly to the acute remedies in the acute phase but recurred in the consequence period, thus an anti-miasmatic medicine Sulphur was prescribed with a positive result.

Keywords :

Homoeopathy, Miasm, primary dysmenorrhea, sulphur, anti-miasmatic.

Abbreviation :

PGs [Prostaglandin], OPD [Out door patient department], SL - Saccharum lactis.

INTRODUCTION :

Dysmenorrhea occurs in 50% to 90% of adolescent girls and women of reproductive age and is a leading cause of absenteeism.

type, begins a few hours to 24 hours before menses and rarely persists beyond 48 hours. The lower abdomen is mostly reflected with pain that may radiate to the lower back and medial aspect of the thighs. The aches and pain may be associated with other discomforts like nausea, vomiting, fatigue, diarrhoea, headache and tachycardia. Proper health management is required to overcome the malady.

Reportorial Totality :

Synthesis 9.0 repertory use Dreams; amorous Mind; fastidious Minds; fear suffering of Mind; company desire for Generals; food and drinks; milk; desire Generals; food and drinks; onion; aversion.

AETIOPATHOLOGY :

Primary dysmenorrhea is defined as menstrual pain in the absence of pelvic disease. It is characterized by overproduction of Prostaglandins by the endometrium, causing uterine hyper-contractility that results in uterine muscle ischemia, hypoxia, and, subsequently, pain.[2] Prostaglandin a hormone from an eicosanoid family is synthesized by clipping a 20-carbon fatty acid called arachidonic acid. Thromboxane is modified prostaglandin that constricts blood vessels and promotes platelets. Prostaglandin also promotes inflammation and intensifies pain.

The pathophysiology of primary dysmenorrhea is likely a result of the cyclooxygenase pathway producing increased prostanoids, particularly prostaglandins (PGs). The increased PGs cause uterine contractions that restrict blood flow and lead to the production of anaerobic metabolites that stimulate pain receptors [3]

Despite numerous studies, the pathomechanism of dysmenorrhea is not fully understood. Previous research indicates the complexity of biochemical reactions between the endocrine, vascular, and immune systems. Prostaglandin plays a major role in the patho-

mechanism of dysmenorrhea. In contrast, cytokines and other pro-inflammatory factors in primary dysmenorrhea are less studied.[4]

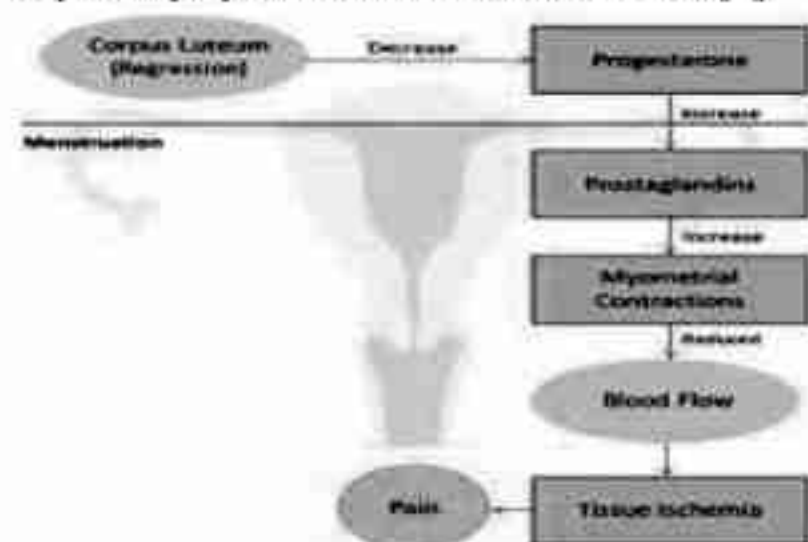


Fig: 1. Aetiopathogenesis Of Primary Dysmenorrhea

CASE REPORT :

Preliminary Data :

Name: Miss A J
Age - 12 years, Sex - Female, Education - 8th standard, Occupation - Student Religion - Christian, Marital status - Unmarried.

Chief complaint :

The patient reported pain in the abdomen during menses.

LOCATION	SENSATION	MODALITY	CONCOMITANT
FEMALE GENITALIA Hypogastric region, thighs	Sharp, cramping pain	< few hours before menses up to 2 days > by warm fomentation, Pressure, begin of menstrual flow	No any specific.

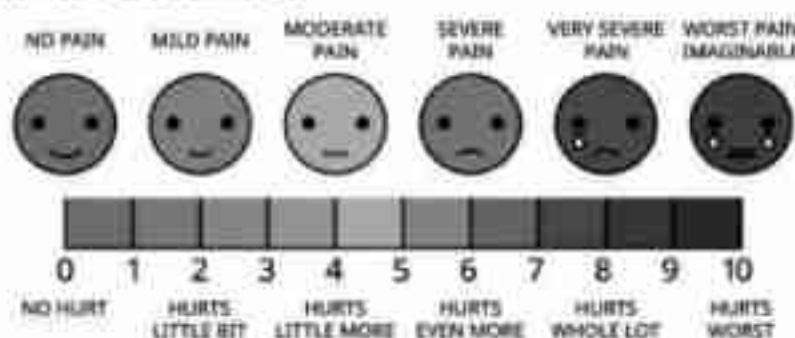
History of presenting illness :

Menarche at the age of 10, earlier two cycles were painless. Then the menses were painful, the pain started a few hours before menses and lasted for one or two days, ameliorated by menstrual flow, located in the hypogastric region and was extended to right thigh. Menses was a regular of 28 -30 days cycle previously but now it showed eight days earlier. The character of flow was dark initially then bright fluid. It was non-offensive, no history of leucorrhoea.

Score scale:

Likert pain score scale was used to detect the intensity of the pain. The patient

rated an 08 score, which can be assessed as severe discomfort.



Past History : The patient reported taking NSAID [Ibuprofen 500 mg BD x2 days] when the pain was unbearable, but pain was aggravating more then previous condition.

Physical generals :

- Appetite : Good, satisfactory
- Thirst : Thirsty 2 -3 liters per day, satisfactory.
- Desire : Sweets
- Aversion : Milk
- Thermals : Chilly
- Perspiration : On Exsertion.
- Bowel : Regular, satisfactory
- Urine : Flow regular, 3 to 4 times per day.
- Sleep : Sound
- Dreams : No any.

Mind : Patient is a student. She likes school and friends. She becomes anxious during menses due to pain. Good in her studies. She is friendly with all. Like to read comics. She is a badminton player.

Physical Examination:

- General examination
- Height: 4'3" ft Weight: 35 kg
- Built: Average Pallor: Absent
- Icterus: Absent
- Oedema: Absent
- Clubbing: Absent
- Nails: Pinkish
- Tongue: Clear
- Skin: Dry
- Hairs : Dry, lusterless.
- Lymphadenopathy: Not palpable.

SYSTEMIC EXAMINATION :

- RS: Equal air entry in both the lungs.
- CVS: S1 and S2 was normal.
- CNS: Patient is well oriented to place and person.

PER ABDOMEN: Soft, No any mass palpable.

LOCAL EXAMINATION :

Female genital organ: No any Uterine mass was palpable.

Final diagnosis :

Primary dysmenorrhea

Totality of symptoms

1. Anxious during pain in abdomen
2. Pain in hypogastric region extending to thigh
3. Sharp cramping pain
4. < menses during
5. > by pressure
6. > by warm application.
7. Aversion to milk
8. Thermally chilly.

Emerging remedies

Arsenic album 5/8 Colocynthis 6/8

Magnesia carb 6/8

Final selection of medicine :

Magnesia Phosphorica 1M 4-5 globules single dose.

SL 2 hourly review in evening.

JUSTIFICATION

The emerging remedies were Arsenic album, Colocynthis and Magnesia Phosphorus. Magnesia Phosphorica is the final choice of remedy as it covers all characteristic symptoms of the patient, it is right sided remedy patient is anxious, chilly, sharp cramping pain, hypogastric pain extended to thighs, ameliorated by warm and pressure. Colocynthis was excluded as it is left sided remedy. Arsenicum album is also excluded as there is burning pain during menses.

MATERIAL AND METHODS :

A case of dysmenorrhea was collected from Martandya Homoco clinic, personal OPD. Indicated medicine was prescribed, observations and results are as follows

DATE	NATURE OF PAIN	PRESCRIPTION
04.04.2024 [LMP-04.04.2024]	Pain severe	Magnesia phosphorica 1M, 4 to 5 globules single dose.
04.04.2024	Follow up in the evening, Pain ameliorated but still slight discomfort noted	Magnesia Phosphorica 1M, 4 to 5 globule single dose.
05 April 2024	Pain subsided completely	Securam lactis was prescribed.
5.05.2024 LMP - 06.05.24	Severe pain was reported during menses.	Magnesia phosphorica 1M, 4 to 5 globules single dose
07.05.2024	No new symptoms appeared. The pain subsided no complaint	Securam lactis was prescribed
05.06.2024 [LMP - 5.06.24]	Severe pain in the abdomen since morning, menses appeared in the evening, with the appearance of pimples eruptions on the forehead, itching < getting heated after bedtime, and the warmth of bed.	Sulphur 1M, 4 globules stat single dose S.I

Auxiliary treatment :

Topical heat, exercise, and nutritional supplementation may be beneficial in patients who have dysmenorrhea [5]. counselling with appropriate diet chart was given to the patient. se the reactive power of the system.

CONCLUSION:

Homoeopathic acute remedies subsides the acute crises on the basis of individualization and totality of symptoms with fixed principles of posology. To achieve radical cure It requires an intercurrent remedy pertaining to the dominant miasm.. Thus in this case indicated similimum was prescribed considering the characteristic particular symptoms followed by anti-psoric medicine which cured the patient. There were no recurrence noted thereafter.individualization and totality of symptoms with fixed principles of posology. To achieve radical cure It requires an intercurrent remedy pertaining to the dominant miasm.. Thus in this case indicated similimum was prescribed considering the characteristic particular symptoms followed by anti-psoric medicine which cured the patient. There were no recurrence noted thereafter.

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“A STUDY ON MIASMATIC BACKGROUND OF ALLERGIC RHINITIS & ITS HOMOEOPATHIC MANAGEMENT.”



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ABSTRACT :

Our healthy life depends upon the healthy environment, but now days the rapidly growing industrialization, civilization and urbanization is polluting the surrounding atmosphere. In country like India growth of industries, rampant proliferation of the automobiles, preparation of different types of artificial things and changes in life patterns results in different intractable diseases out of which, the disease allergic rhinitis or hay fever is most common in now a days

Homoeopathy is an alternative method of treatment based on the nature's law of cure, namely 'like cures like'. Homoeopathy is revolutionary, natural medical science. It is gentle and effective system of medicine. Homoeopathy is rational, time safe and satisfactory, method of treating the disease that would not merely get rid of symptoms but would cause any distress to the patient.

Homoeopathy is a therapeutic system which implies a particular way of applying drug to disease according to a specific principle 'SIMILIA SIMILIBUS CURENTUR' and it implies as well the theories of vital force, chronic miasms and dynamization of drug. Miasm is the fundamental cause of all diseases. Hahnemann after 20 years of research came to know that the fundamental miasms namely psora, sycosis, and syphilis are the true causes of disease. It is obviously important to analyze evolution of miasm in the treatment of Allergic Rhinitis to give appropriate anti miasmatic drugs.

KEYWORDS :

I_emediator, interleukin 1, miasm.

INTRODUCTION

Allergic rhinitis is an IgE mediated immunologic response of nasal mucosa to airborne allergens and is characterized by watery nasal discharge nasal obstruction, sneezing and itching in the nose. This may be associated with symptoms of itching in the eyes, palate and pharynx.

Prevalence of allergic diseases including asthma rhinitis, anaphylaxis food, drug or insect allergy, is rising worldwide affecting about 10-25% of population. Though it often adversely affects the quality of life, In majority of children had one or more comorbidity, allergic rhinitis adversely affected behavior, work performance and life style of patients.

The present treatment for allergic rhinitis is antihistamines, nasal corticosteroid sprays, Leukotriene inhibitors Sublingual immuno-therapy treatment.

Homeopathy offers lot of potential in treating various genetic disorders and it has contributed in treating patients with allergic, autoimmune and hereditary disorders worldwide. Miasma has a significant role in the treatment of allergic rhinitis.

Methods :

Total Thirty cases clinically diagnosed were taken for the study by simple randomization. The final diagnosis was based on strong clinical history, clinical presentation and examination findings wherever necessary.

Simple random sampling procedure was adopted and detail case history was taken by interview as per the case record format prepared for the study. Investigations were done wherever necessary. Prescription of each case was based on considering the generals. Treatment was based on homoeopathic principles. Various homoeopathic drugs were given in different potencies orally. Outcome was assessed to measure the reduction in the severity of symptom.

DISCUSSION

30 cases were taken from college OPD and IPD. Patients were examined thoroughly as per the case performa. Individual symptoms were considered. For statistical analysis t test was applied. The processing of the case was done as per principles of homoeopathy. Here is a case discussion for example.

Case 1

PRELIMINARY DATA-

NAME- T.S AGE- 23Yrs
 SEX-Male OCCUPATION-working
 MARITAL STATUS-Unmarried
 DATE- 9/01/2023

PRESENTING COMPLAINTS-

- itching of nose & eyes, Sneezing ,headache since 15 days
- white like egg nasal discharge since last one week.
- Associate complaints of generalized body ache
- sleeplessness since 2months.

H/O PRESENTING COMPLAINT:

ONSET : Gradual DURATION: 2 months
 PROGRESS: increased since 15days

PAST HISTORY:

Similar complaints 6months & 1 year back

FAMILY HISTORY:

M-Osteoarthritis, F-Hypertensive

PHYSICAL GENERAL-

Constitution: Lean, Thin, Tall

Dietary Habits :

- Appetite: Adequate Desire: Fish,salt
- Aversion: Aggravation:
- Sleep – sleeplessness for 1hr
- Position: on left side
- Dream: NS
- Thirst : Thirsty for large quantity of water
- Sexual desire - decreased
- Habits(tobacco, drink, smoking etc): no
- Stool : daily Odor : no
- Frequency : Once/day
- Urine: • Odor: no
- Frequency: 3-4 times/day
- Perspiration: on exertion
- Odor: no
- Location: axilla ➤ Thermal : Hot

	Summer	Winter	Rainy
Bathing	cold water	Warm water	cold water
Covering	No	2	1
Fanning	Yes	Yes	Yes

MENTAL AND EMOTIONAL STATE:

- A 23 yrs male pt. belongs to middle class family
- never share his feelings with others ,get easily hurt feeling,
- disappointment in love due to break up in love affair,
- does not like company, feels better by being alone,
- fear high places such as high buildings.

General examination -

- 1. Height – 5’4’ 2. Weight – 62kg
- 3. Pallor-no 4. Icterus –no
- 5. Cyanosis – no 6. Edema – no
- 7. Nails- Pink 8. Gait-
- 9. Temperature- afebrile
- 10. Pulse – 78/min

Systemic examination -

- 1. GIT- soft 2. CNS – Oriented
- 1. 3.CVS – S₁S₂ Normal 2. 4.RS – Clear

Local examination - Redness of Nose

Case Analysis -

- Diagnosis of disease- Allergic Rhinitis
- Diagnosis of phase of disease- Chronic
- Miasm- Sycotic

Analysis of symptom-

- **Mental General-**
 - Reserved 3+ - disappointment in love 3+
 - Desire to be alone, 3+
 - fear high places 2
- **Physical General-**
 - Thermal: Hot - Sleeplessness
 - Sleep position on left - Desire: fish, salt
- **Pathological-**
 - itching of nose & eyes, Sneezing , headache since 15 days
 - white like egg nasal discharge since last one week.
 - Associate complaints of generalized body ache

Totality of symptoms -

- Nose-Itching - Eye-Itching
- Nose- Sneezing
- Nose – discharge- white-egg like
- Sleep-sleeplessness
- Sleep-position-side on- left on
- Mind-Ailments from- love, disappointment
- Mind-company-aversion
- Mind-Reserved
- Mind-Fear high places of
- General-Warm-in general

Analysis of Symptoms :

<ul style="list-style-type: none"> - Reserved 3+ - disappointment in love.3+ - Desire to be alone, 3+ - fear high places? 	Mental general symptoms
<ul style="list-style-type: none"> - Thermal: Hot - Sleeplessness - Sleep position on left - Desire: fish, salt 	Physical general symptoms
<ul style="list-style-type: none"> - itching of nose & eyes, Sneezing headache since 15 days - whitelike egg nasal discharge since last one week. - Associate complaints of generalized body ache 	Particular symptoms

EVALUATION OF SYMPTOMS :

1. Mind -reserved
2. Mind - disappointment in love
3. Mind - desire to be alone.
4. mind- fear of high places
5. General- desire - fish, salt
6. Generals- sleeplessness
7. nose- white like egg nasal discharge

MIASMATIC EVALUATION :

Sl. No	Symptoms	Psora	Sycosis	Syphilis	Tubercular
1.	Reserved		✓		
2.	Desire to be alone	✓			
3.	Fear of high places	✓			
4.	Desire fish, salt		✓		
5.	sleeplessness	✓			
6.	Family h/o osteoarthritis		✓		✓
7.	White egg like nasal discharge		✓		
8.	Aversion milk	✓			
9.	Warm weather < in general		✓		

Diagnosis of miasm: Psora-Sycosis

Reportorial approach :



Case Prescription –

- Nat mur 1m, 1 dose
- Sac lac, TDS, 15 days

Advice -

- Clean & dry nose
- Avoid cold things
- Follow up after 15 days

Sr.no	Date	Follow up	Prescription
1	27.01.2023	itching of nose & eye decreased 10% sneezing decreased 12% Discharges same Energy increased 20% sleeplessness better	sac lac 15 days
2	10.03.2023	itching of nose & eye decreased 40% sneezing decreased 12% Discharges better 20% Energy increased 40% sleeplessness better Appetite better still desire for fish and salt disappointment in love decreased 50% headache since 2 days	sac lac 15 days
3	26.06.2023	Agg. light noise Navel-ting Energy good Appetite good no headaches	sac lac 3 days
4	05.08.2023	itching of nose and eyes decreased 60% Headache decreased 42% disappointment in love decreased 50% Sneezing decreased 50% Energy increased 60% sleeplessness better Appetite better	sac lac 15 days
5	20.08.2023	itching of nose and eyes decreased 90% sneezing decreased 25% disappointment in love decreased 70% Energy increased 70% sleeplessness better Appetite better	sac lac 15 days

Case no. 2 - Mr. P. K, aged 39 years, married, teacher by occupationally, came with complaints of itching nose and eyes. Chronic nasal discharges, agg. Cold, uncovering since 2years lumbago since 6month. Chilly patient. Agg. Uncovering & draft of air

Mentals - Irritability, cannot tolerate pain and suffering

P/H - Malaria at age 25

F/H:F-Hypertensive.

Diagnosis- Allergic Rhinitis

Miasmatic diagnosis- Psoric.

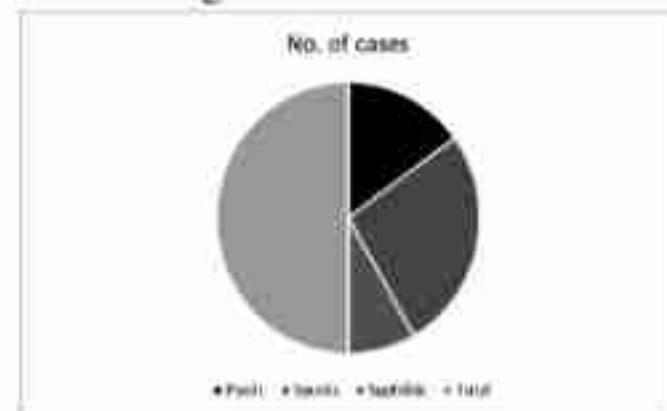
Remedy - Hepar Sulph

Result - Improved



OBSERVATIONS AND RESULTS

Distribution of cases according to Miasmatic Diagnosis



Miasmatic Diagnosis	No. of cases	Percentage
Psoric	09	30%
Sycotic	16	53.33%
Syphilitic	5	16.66%
Total	30	100%

Out of 30 cases, 9 cases belong to Psoric miasm, 16 cases sycotic and 5 cases syphilitic.

Distribution of cases According to remedy prescribed

REMEDY	NO. OF PATIENTS	PERCENTAGE
NAT MUR	1	3.33%
ARS ALB	2	6.67%
HEPARSULPH	1	3.33%
CALC CARB	3	10%
ALLIUM CEPA	4	13.33%
SABADILA	2	6.67%
SULPH	2	6.67%
THUJA	1	3.33%
SILICEA	2	6.67%
NUX VOMICA	3	10%
KALIBICH	1	3.33%
WYTHIA	1	3.33%
LYCO	2	6.67%
STAPHY	2	6.67%
NAT CARB	1	3.33%
BARYTA C	1	3.33%



CONCLUSION:

In this research, the role of miasmatic study in prescribing the similimum in patients of allergic rhinitis was seen to be effective. The results were found to be of good success rate.

In this study, 30 cases were studied and **Following Inference Were Drawn:**

A total of 30 cases were selected according to Inclusion and Exclusion criteria. Following were the findings of this study on Allergic Rhinitis.

1) Study revealed that miasmatic approach helps in dealing with difficulties in cases and also helps in prognosis of case.

* Sycotic dominance was noted in majority of the cases. (53% cases).

* Holistic approach of homoeopathy hold good even in miasmatic approach of understanding of the case.

* Remedies that were prescribed on dominant or presenting miasm, showed marked

improvement that concluded the miasmatic approach plays important role in treating Allergic Rhinitis.

* Correct remedy brought Miasm to higher level of health, which was seen during follow ups.

* The study revealed the prevalence of Allergic Rhinitis is comparatively more in working. Majority of the patients belonged to above the age groups 31-40yrs.

* The study showed that Homoeopathic medicines are potential enough to improve the level of health, susceptibility, limiting progress of disease. Study revealed that the constitutional treatment seemed to be efficacious in reducing the intensity of the disorder. Remedies like Allium cepa, Pulsatilla, Calc carb, Staphysagria, Sulph were indicated in majority of cases, along with acute remedies on the basis of acute symptoms.

* The statistical scales used for the assessment of the effect of the treatment also showed significant improvement after treatment as without any adverse systemic effects and can safely be employed as a comprehensive health care therapeutics.

* Thus we conclude that for recovery with constitutional prescription we need to see miasmatic background.

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Analytical study of 'Delusion' section of Murphy's Repertory in the Management of Psychosomatic Disorders.



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ABSTRACT

Repertory has become one of the essential disciplines of the homoeopathic practice for finding out the most appropriate remedy. Repertorization is one of the most important applications of science of homoeopathy for this forming a totality of symptoms and rubric selection is needed. Homoeopathic treatment improves all the levels of health i.e. Physical, Psychological, Social and Environmental aspects, not mere eradication of physical symptom. This work intends to throw light on section and the reportorial picture of delusion in a psychosomatic case from murphy's repertory. Thus, the study was undertaken with the aim to study the delusion section from murphy's repertory in the management of psychosomatic disorders. A detailed observational study of 30 cases was done and statistical techniques were used to analyze the results. This brought us to a conclusion that Study of murphy's repertory is useful in treating delusion in psychosomatic cases.

INTRODUCTION

A delusion is a belief that is clearly false & that indicate an abnormality in the affected person's content of thought.

Delusion, false belief firmly held by a person even though other people recognize the belief as obviously untrue. Delusion are a type of psychotic symptom that indicates a person has lost contact with reality. Delusion can be difficult to distinguish from overvalued ideas, which are unreasonable ideas, that person holds, but the affected person has absolutely convinced that the delusion is real. Delusion according to the psychiatric point of view, are considered in very extreme cases & treated accordingly. But in homoeopathy these are coined into rubrics & medicine acting on such delusions are given under that rubric, according to the intensity of the symptoms produced gradation (marks) are given. Per say every situation is unique & is also just

a happening. Therefore man is expected to react to the situation uniquely, but we see that this not practically seen in day to day life. Therefore, whatever beliefs a man harbors (though a fact for a similar previous happening) becomes his delusion. Disease according to a renowned homoeopath is man's delusion itself & removal of that delusion is cure. This has been understood & practiced since long.

Now we intend to study the utility of this chapter 'delusion' through murphy repertory. And explore possibilities in reaching the simillimum and improving patient diagnosis and cure. This is separate chapter given in this repertory. This repertory is mixture of all repertories so, it's useful to study 'delusion'.

MATERIALS & METHODS :

Study setting :

The data will be collected from private OPD'S, IPD, OPD, and Peripheral OPD & patient will be considered on the basis of clinical presentation with mind symptoms.

Selection of sample: 30cases

Inclusion criteria:

- a) Patient of both sexes have been taken for the study
- b) The duration of the study for each case has been kept variable according to the case.

Exclusion criteria:

- a) Patient below age 12 years excluded from study
- b) Psychiatric illness

Study design:

- 1) Individual case study
- 2) Descriptive case records

Intervention: Homocopathic Simillimum

Selection of tools :

- Murphy's Repertory
- Case records
- Potentized homocopathic medicine with different potency
- Private OPD'S, IPD,OPD, & Peripheral OPD

Brief Procedure :

- Data for case taking will be obtained from patient, patient's attendants, Physician's observation, & examination finding.
- Diagnostic- criteria: According to Signs, Symptoms, Mental condition. Selection of simillimum after complete case taking, analysis, evaluation & repertorization will be done & simillimum will be given depending on the case.

Outcome Assessment criteria : Though regular follow -ups, changes occurring in a patient's illness during homoeopathic treatment will be observed, recorded & analyzed. Observed patient's mental condition.

Improved : All signs & symptoms totally better. Mental condition during illness have been remove. Delusion of patient better

Not-improved : Some signs & symptoms remaining or patient condition as it means no change in patient's mental condition & delusion state.

Treatment discontinue: Patient not continue the treatment

Data collection : The data will be collected from private OPD'S, IPD & OPD, Peripheral OPD & Camps conducted in native places.

Statistical Techniques & Data Analysis: Observation & result will be statistically by means of tables, Pie diagram, Bar-charts For Data analysis used- Paired T-test

Ethical Issues:

Yes, Ethical clearance has been obtained from the concerned authorities.

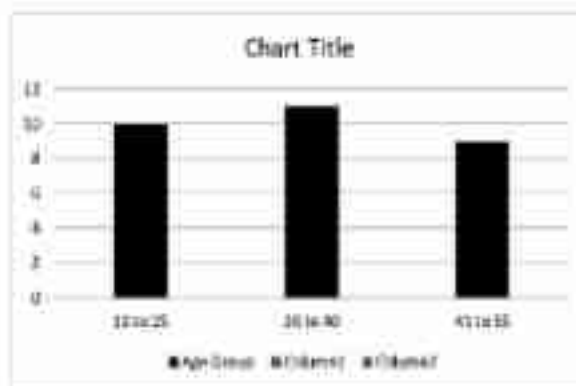
Expected Outcome & Usefulness :

The outcome Expected from this study was to analyzed delusion through Murphy's Repertory in the management of psychosomatic disorders.

OBSERVATION & RESULT :

Psychosomatic patients were observed for the study of Delusion. In this study 2 female & 8 males patients from 12-25 years of age, 8 female & 3 male patients from 26-40 years of age, 5 female & 4 male patients from 42-55 years of age were observed. The maximum patients were from age group 26-40 years i.e. 11 patients.

1. Age Distribution

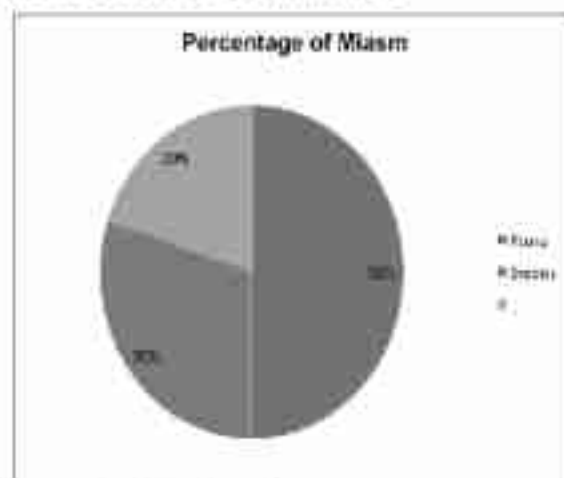


2. Sex Distribution :

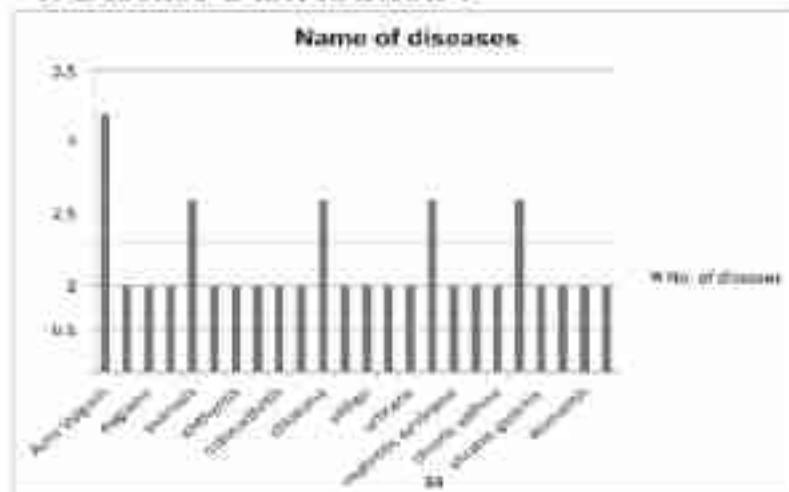
Percentage of Sex Distribution



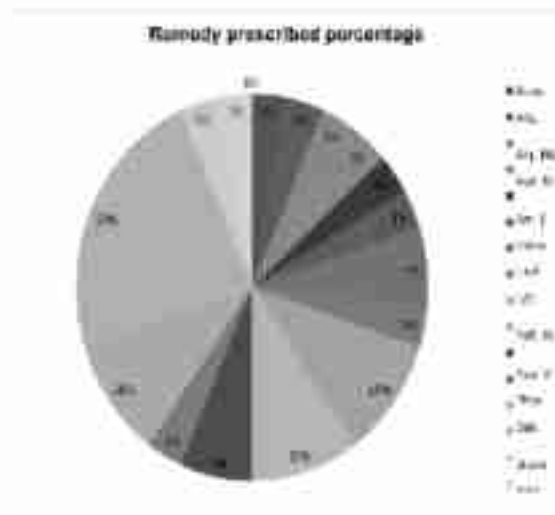
3. Distribution of Miasms :



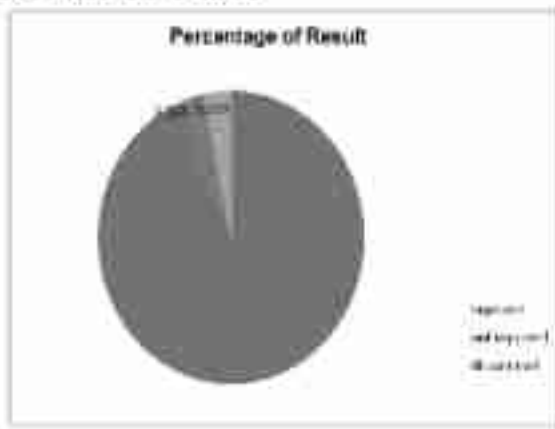
4. Disease Distribution :



5. Prescription of Remedy to Patient :



6. Result of cases



CONCLUSION :-

After detailed observations and analysis of the 30 cases, the following conclusions were drawn :-

- 1) In Psychosomatic diseases Acne Vulgaris is more commonly seen in 3 cases(10.00%), as compared to other diseases like- Lumbago, Migraine, Psoriasis, Tinea-cruris, Tinea-corporis, Ichthyosis, Eczema, Osteo-arthritis, Tension-headache, Chloasma, Pharyngitis, Vitiligo, Phrynoderma, Urticaria, Rheumatoid arthritis, Nephrotic syndrome, Lumbar spondylitis, Chronic asthma, Acid-peptic disorder, Chronic gastritis, Avascular necrosis of femur, Stomatitis.
- 2) Here I found importance of keen observation, converting information collected from the patient & his relatives into Repertorial language which helps in finer differentiation of the remedies & arriving at rational prescription.
- 3) In the Murphy's Repertory has a studied variety of rubrics and sub-rubrics related to 'delusion' which is given a separate chapter that help a lot in the finer differentiation in a more specific manner.
- 4) The most important conclusion is that, 'Repertory is a means & not an end in itself.' Repertorization helps to come to group of remedies. Final court of appeal is Materia Medica & so you have to go back to Materia

Medica after Repertorization. Murphy's Repertory constructed alphabetically & having clinical format. It is useful to find out symptoms easily but generals are lacking this Repertory.

5) Delusion is a false belief which is given separate chapter in Murphy's Repertory so, many rubric & sub-rubric of delusion we must understand properly.

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News bulletin

Activities Conducted In The Institute



Seminar on the topic "Financial management & Awareness" by Mrs. Dipali Ashish Chandak Director, WX Consultant pvt. Ltd. Nashik. On 6th July 2024.



Seminar on the topic "Patent application filing" by Dr. Hemraj R Kumawat, R C Patel Engi. College Shirpur, on 3rd August 2024.



Celebration of Independence Day on 15th August 2024.



Department of Physiology and Medicine Organized "DOAP session on Lung capacity measuring" with the help of Breath -o Meter & Lung volume with use of spirometry on 28th August 2024.



Celebration of Birth anniversary of founder "Pujya Shri Keshavlalji Harakachandji Abad" on 28th August 2024.



Department of Gynecology & Obstetrics organized Competition on "Role of Homocopathic medicine in Gynecology & Obstetrics" on 28th August 2024.



Student support and progression committee organized "Personality development Program" by Mrs. Sneha Manojkumar Chopada, Trainer of Arham vijja foundation, Pune. On 12th September 2024.



Department of Gynecology & Obstetrics organized "Med Mater Quiz Competition" on 28th September 2024.

Activities Conducted By NSS Unit



Student support and progression committee & NSS unit organized "Tree Plantation program" On 10th July 2024.



Student support and progression committee & NSS unit organized program on "Organ Donation Day" & Administered Pledge to Students on 3rd August 2024.

Camps



"Health check up and Diagnostic Camp" organized at Dighwad on 28th August 2024



"Health checkup and Diagnostic Camp" organized at Pate on 29th August 2024

**Glimpse of Free community Health Checkup Camp –
Conducted under campaign of Government of Maharashtra 2024**



Health Checkup Camp at puri on 10/09/2024



Health Checkup Camp at Chandwad on 01/10/2024



Health Checkup Camp at Bazar Tal, Chandwad on 24/09/2024



Health Checkup Camp at Kheldari on 26/09/2024

Faculty Achievements



Prof. Dr. A. S. Pareek, HOD, Dept. of Repertory, PhD. Schol. Felicitated at the hands of Dr. Arun Bhasme, Principal, SKIMC, Beed as secured 2nd position in State Level Research competition 23-24 in PhD. Category by MHUS. On 15th August 2024.



Prof. Dr. A. S. Pareek, HOD, dept. Of Repertory, PhD. Schol. Felicitated at the hands of Management as registered patent on "Automatic sanitizer dispensing machine" on 15th July 2024.



Prof. Dr. A. O. Dahad, Principal & Dr. S. P. Tirpathi, Asso. Prof. Dept. of Organon of Medicine Felicitated at the hands of Management for their Academic achievement on 13th September 2024



Dr. S. R. Jungada, Deputy Superintendent felicitated at the hands of Management for Academic achievement on 21st September 2024.



Dr. P. P. Kapadni, HOD, Dept of Pharmacy Felicitated at the hands of Management for her contribution in Text book of Homocopathic Pharmacy by Dr.D D Banerjee on 13th September 2024



Dr. A. N. Bramhane, Assit. Prof. Dept. of Anaotomy Felicitated at the hands of Management for his Academic achievement on 13th September 2024



Department of Physiology organized **“Physiosomes- Model competition”** on 21st August 2024.



Department of HMM organized **“Blood donation and Thalassemia Detection Camp ”** on 4th July 2024.



Student support and progression committee & NSS unit organized **“Tree Plantation program”** under the title of **“EK PED MAA KE NAM”** on 1st August 2024.



Institutes Run by the SNJB (Jain Gurukul)



Sr. No.	Name of the Education Branch	Year Est.	Tel. No. (02556)
01.	Shri. Neminath Jain Primary School	1928	253373
02.	Shri. Neminath Jain Secondary School	1928	252124
03.	Karmveer Keshavlalji Harkchandji Abad Arts & Shri. Motilalji Giridharlalji Lodha Commerce (Senior) & Science College	1970	252125
04.	Shri. Neminath Jain Higher Secondary School (Sci. Std. 11 th & 12 th)	1975-76	252124
05.	Shriman Pemraji 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 Premraji Chordiya Hospital	1989	252544 252054
11.	SNJB's Late Shri. Dhanraji 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 Devraji 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