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HOMOEOGLEANINGS

QUARTERLY MEDICAL BULLETIN

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Greetings of the season to one and all. The season of health and the season of love has arrived. The results of the 1st and 2nd year university exams have been declared. This is the season which is bustling with activity on all fronts. There is lots of activity on the Political front as well as sports and extracurricular front. A lot of activity is also seen on the academic front as well. A lot of changes are happening all around and we sincerely hope that they are for the good of everybody involved. This year we have a seen an extended period of winter chill. Henceforth, this chill will gradually decrease along with the period of nights and the warmth will start increasing. This warmth will also increase ,for the students of 4th BHMS old syllabus , due to their upcoming university exams. Here's Wishing all those students best luck for the preparation with congratulations to the successful students of 1st and 2ndBHMS Students.

- Editor

Dr. Gaurav Sharma

Dr Arpita Chatterjee

Assistant Professor Dept. Of Pathology

Chronic Diseases Of Organon In The Light Of Chronic Inflammatory Reaction Of Modern Pathology.

Dr.Hahnemann has described Latent Psora in the following way “Psora slumbering within him shows much semblance of health, but happens upon the opposite of the above described favourable conditions of life, when his health and whole organism have been very much weakened and shaken by a prevalent epidemic fever or an infectious acute disease.” In the footnote to acute disease he writes in the Chronic diseases that,” But the itch – disease cannot now be generated or arise or be created anew of itself, just as no small pox or cow pox, no measles, no venreal chancre disease etc, can now make its appearance with any man without previous infection”. In clear cut words Hahnemann says that there needs to be a predisposing to the disease for it to manifest. The predisposing causative factors leads to the trigger of the latent psora which then flares up and results in chronic disease. Unless that favourable condition occur the body tries to maintain itself. This state in which a person may appear to be in health but yet he has some vague sign and symptoms is termed as the phase of latent psora. In today's context the concept of latent psora may appear to be alien and to provide a valid explanation to it may seems unrealistic. In paradox it turns out that modern pathology have accepted the notion in a much elaborate way. Lets look into it in detail.

Although the word Latent Psora is not used but the understanding of it can be very well illustrated through cellular pathology, especially through the concept of cellular adaptation. The book of pathology by Robbins describes the following lines “Cells respond to excessive physiological or pathological stimuli by undergoing a number of physiologic and morphologic cellular adaptions, in which a new but altered steady state is achieved, preserving the viability of the cell and modulating its function as a response to such stimuli. They provide the cells with the agility to survive in their environment and

perhaps escape injury." these are reversible changes but if the stimuli continues for prolonged period of time, it breaks the body's homeostasis and lead to what is known as irreversible cellular changes or chronic disease.

As we see in both the texts it describes how the body maintains or tried to adapt inspite the presence of a noxious agent. In the words of Dr. Hahnemann this was termed as Miasm and more specifically psora. But for psora to manifest it requires the suitable stimuli or environment which is the weakened vital force. Here in pathology textbook Robbins describes the Latent psora as a state of steady health maintained through cellular adaptatation. Dr. hahnmaan in his days didn't have the understanding of cells or its mechanism, so what he relied on were only signs and symptoms. These sign and symptoms he termed as symptoms of latent psora. Examples of these symptoms were:-

1. Pulling out of hair
2. Moderate emotional disturbances
3. Ulcerated nostrils
4. Frequent headache
5. Predisposition to catch cold
6. Dryness of scalp etc

In today's time with all the latest improvement in the field of medical science and medical technology we can now see the changes that take place inside the cells. Although the patient may appear to be healthy from outside still the manifestation of the latent psora can be found out through the vague signs and symptoms produced by the body which are in turn are a result of the cellular adaptations which could be of the following types:-

Hyperplasia:- it constitutes an increase in the number of cells in an organ or tissue , which may then have increased volume. Hahnemann termed it as sycosis.

Hypertrophy:- it refers to an increase in the size of cells and with such change , an increase in the size of the organ. It was referred in our old literature as sycosis.

Atrophy :- Shrinkage in the size of the cell by loss of cell substance is known as atrophy. Its akin to the word syphilis.

Metaplasia:- it is a reversible change in which one adult cell type epithelial or mesnchymal is replaced by another adult cell type. Moreover the influences that predispose to such metaplasia , if persistent , may induce cancer transformation in metaplastic epithelium. It is similar to what could be termed as complex miasm having both the element of sycosis i.e over growth and destruction i.e syphilis.

Intracellular accumulation it could be either normal substances like lipids, proteins, iron etc or abnormal endogenous products like proteins produced by altered genes, or by exogenous products which include environmental agents such as soot or anthracotic pigment.

When it comes to chronic inflammation the severity of reaction,its specific cause and the particular tissue and site involved all introduce morphologic variations in the basic patterns of acute and chronic inflammation. The following four varieties of inflammatory morphological changes can be observed, these are :-

Serous Inflammation:- It is marked by the outpouring of a thin fluid , depending on the size of the injury, is derived from either the blood serum or the secretion of mesothelial cells lining the peritoneal, pleural and pericardial cavities(called effusion).Examples are the skin blisters either within or immediately beneath the epidermis of the skin.this is quite similar to what in the books of chronic disease Dr Hahnemann says about psora, the itch or the vesicle that appears and if suppressed may become latent and later flare up when vital force is weakened or impaired to the forces or influences of external or internal agents.

Fibrinous inflammation: - With more severe injuries and the resulting greater vascular permeability ,larger molecules such as fibrin pass the vascular barrier. A fibrinous exudates is characteristics of inflammation in body cavities such as the pericardium and pleura. Fibrinous exudates may be removed by fibrinolysis and other debris by macrophages. A process called as resolution , may restore normal tissue structure, but when the fibrin is not removed , it may stimulate the ingrowth of fibroblast and blood vessels thus leading to scarring. For example inflammation leading to thickening of the pericardium and epicardium in the area of the exudation. In this case two types of manifestation can be seen, it can either be psora if resolution takes place on the other hand it can be sycosis if scarring takes place.

Suppurative Inflammation:- It is characteristised by the production of large amounts of pus or purulent exudates consisting of neutrophils, necrotic cells and oedema fluid. For example abscess. This is a result of the sycotic maism which leads to accumulation

Ulcers :- an ulcer is a local defect or excavation , of the surface of an organ or tissue that is produced by the cloughing of inflammatory necrotic cells. For example stomach ulcers. Ulcers can be termed as the way the manifestation of syphilis which occur.

Hahnemann found that chronic diseases arise from a deep inner susceptibility that he called maism. External causes of diseases ,he observed can bear fruit only in the fertile

ground of miasmatic foundation, which passes by various means from person to person and creates the predisposition to particular type of chronic inflammatory reaction or disease states. In this way if we examine closely miasm could be considered as the way in which an organism reacts to a stimuli. This stimuli could be biological, physical, chemical , social, environmental etc which are found to be causing disease if it persist for long, the severity is more and the phase is progressive. Till the time the body can maintain the equilibrium or homeoastsis the state of health persist after which the body undergoes the mechanism of compensatory adaption wherein subtle changes takes place in the body physiologically and finally when that breaks chronic disease results. What homeopathy answers here is very interesting , it tries to explain through miasm the individual differences that we see in the manifestation of diseases.

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www.homeopathycentre.org/hom

Dr Dhara Joshi

Assistant Professor Dept. of Physiology

WINTER RASH

A rash is a noticeable change in the texture or color of your skin. Your skin may become scaly, bumpy, itchy, or otherwise irritated.

As temperatures drop, so does the moisture content in your skin. This can lead to a winter rash. A winter rash is an area of irritated skin. It's most often caused by dry skin. Even if you have healthy skin the rest of the year, you may develop a winter rash during cold seasons. The condition is common and often recurs year after year. Most people who live in cold climates have experienced it at least once.

Symptoms of Winter Rashes

A winter rash may include any of the following symptoms:

- redness
- swelling

- itching
- flaking
- sensitivity
- bumps
- blisters

The rash may impact a single area of your body, often your legs, arms, or hands. In other cases, it may be widespread on your body.

Possible Causes of a Winter Rash

Your skin's outer layer contains natural oils and dead skin cells that hold water inside your skin. This helps keep your skin soft, moisturized, and smooth.Bitter cold temperatures can affect the condition of your skin. Cold air, low humidity, and high winds outdoors strip your skin of much-needed moisture. Turning up the heat and taking hot showers indoors do the same. These harsh conditions cause your skin to lose its natural oils. This allows moisture to escape, leading to dry skin and potentially a winter rash.

Other possible causes of a winter rash include:

- sensitivity to antibacterial soaps, deodorizing soaps, detergents, or other chemicals
- skin conditions, such as psoriasis or eczema
- a bacterial infection
- a viral infection
- stress
- fatigue

· Sunburns can also lead to a winter rash. The sun's ultraviolet (UV) rays can be potent, even in winter.

Treating a Winter Rash

Most treatments for a winter rash are inexpensive and don't require a prescription. For example:

· Moisturizers are often the first defense against a winter rash because they help lock moisture into your skin. Apply moisturizer several times a day, especially after bathing and hand washing.

· Petroleum Jelly also acts as a barrier to help seal moisture into your skin. If you don't like the idea of using petroleum products, consider trying petroleum substitutes, such as Waxelene or Un-Petroleum, which also prevent moisture loss.

· Natural oils, such as olive oil and coconut oil, may help soothe your irritated skin and replenish moisture. Apply to your skin as needed.

· Bathing with milk may help soothe your itchy skin. Dip a clean washcloth into whole milk and dab it on the affected area of your body, or soak in a warm bath with milk added for about 10 minutes.

· Most winter rashes improve with lifestyle changes and home remedies. Others may persist or get worse. Scratching may cause your skin to crack and bleed. This gives bacteria the perfect opening and puts you at risk of infection.

Dr Jigar Bhavsar

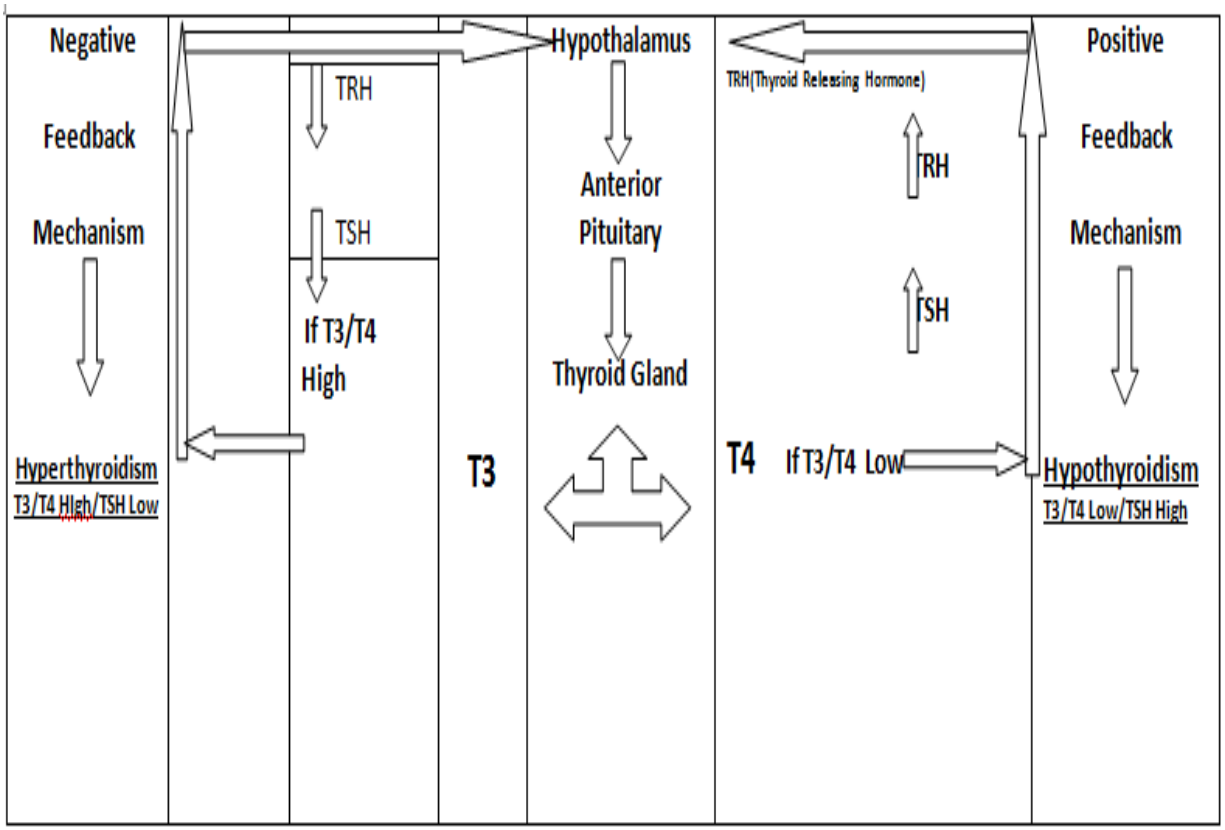
Guest Associate Professor (Department Of Medicine)

Thyroid Illness

Introduction:

Thyroid is an Endoctine gland situated in the lower part of the Neck has 2 lobes and 1 isthmus and produces thyroid Hormones Namely T3 &T4.

Physiology:



Functions Of Thyroid Hormones:

Morphogenesis (Growth of Cell & Differentiation
Calorigenesis – Energy Production

1) Calorigenic Effect – Increased BMR, Increased Body Temperature, Decrease in Body Weight.
2) Growth & Development
3) Carbohydrate Metabolism – Hypoglycemia – Increases Glycolysis
- Hyperglycemia – Increases Glycogenolysis.
4) Protein Metabolism – Both Protein Synthesis & degradation.
5) Fat Metabolism – Both Lipogenesis & Lipolysis.
6) CVS – Increases Heart Rate, Cardiac Contractility, Stroke Volume & Cardiac Output.
7) GIT – Increases GI secretion,Absorption, Motility
8) Nervous System- Essential for formation of Synapses & Myelination in developing brain.
9) Respiration – Increase rate & depth of respiration.

Differentiation between two states of Thyroid

Sr No	Hypothyroidism	Hyperthyroidism
1	Thyroid Function Decreases	Thyroid Function Increases
2	TSH High	TSH Low
	T3 T4 Low	T3 T4 High
3	Etiology – Primary	Etiology – Primary
	Transient	Thyrotoxicosis without Hyperthyroidism
	Secondary	Secondary
4	Clinical Manifestations -	Clinical Manifestations -
	Skin – Dry (Decreased Sweating)	Skin – Moist (Increased Sweating)
	Body Temperature – Decreased	Body Temperature – Increased
	Body Weight – Increased	Body Weight – Decreased
	BMR – Decreased	BMR – Increased
	Growth – Retardation of Growth in Children	***
	Hyperglycaemia,	Hypoglycaemia
	Protein Synthesis	Protein Degeneration
	Lipogenesis	Lipolysis
	Decreased Heart Rate & Blood Pressure	Increased Heart Rate & Blood Pressure
	Hypoperistalsis & Constipation	Hyperperistalsis & increased frequency of stool
	Water Retention majorly seen as Pedal Oedema	Waterloss
	Memory Impaired & Dementia	Hyperexcitability & Irritability
	Tendon Reflex Delayed	Normal to Increased reflexes
	Puffiness of Eyelids & Face	Exophthalmos

Diagnostic approach:

1) History & clinical symptoms differentiating between Hypo & Hyper State.
2) Blood Investigations for evaluation of TSH , T3 & T4 levels
3) Evaluate - Cardiac functions – ECG, @D Echocardiography, TMT
- Respiratory Functions – X Ray, PFT, ABG
- BMI – Height , Weight.

Treatment as per guidelines along with Management of Hypothyroidism with Iodine Supplementation, Healthy Diet & Exercise.

Complication/s : Hypothyroidism :- Myxedema Coma Hyperthyroidism :- Thyrotoxicosis Crisis & Ophthalmopathy.

Dr Kalpana Arora
Assistant Professor Department of Anatomy

ANATOMY OF ORGANS OF FEMALE REPRODUCTIVE SYSTEM

Female reproductive organs include external and internal genital organs.

The internal genital organs in female are located in pelvis.

The internal genital organs comprise of a pair of ovaries, a pair of uterine/fallopian tubes, single uterus and vagina.

Ovary is comfortably located in the lateral pelvic wall and can withstand the body temperature during oogenesis.

Fallopian tube connects the ovary with the uterus and carries the secondary oocyte to get fertilized and to be nurtured in the uterus.

Ovaries:- The ovaries are the female gonads. The female gametes, called oocytes are formed in them.

In young girls, before onset of ovulation, the ovaries have smooth surfaces which are greyish pink in colour. After puberty, the surface becomes uneven and colour changes from pink to grey.

Functions of ovaries:-

1. Production of oocytes.
2. Production of hormones :- Oestrogen and progesterone.

Liberation of an oocyte from the ovary is called ovulation.

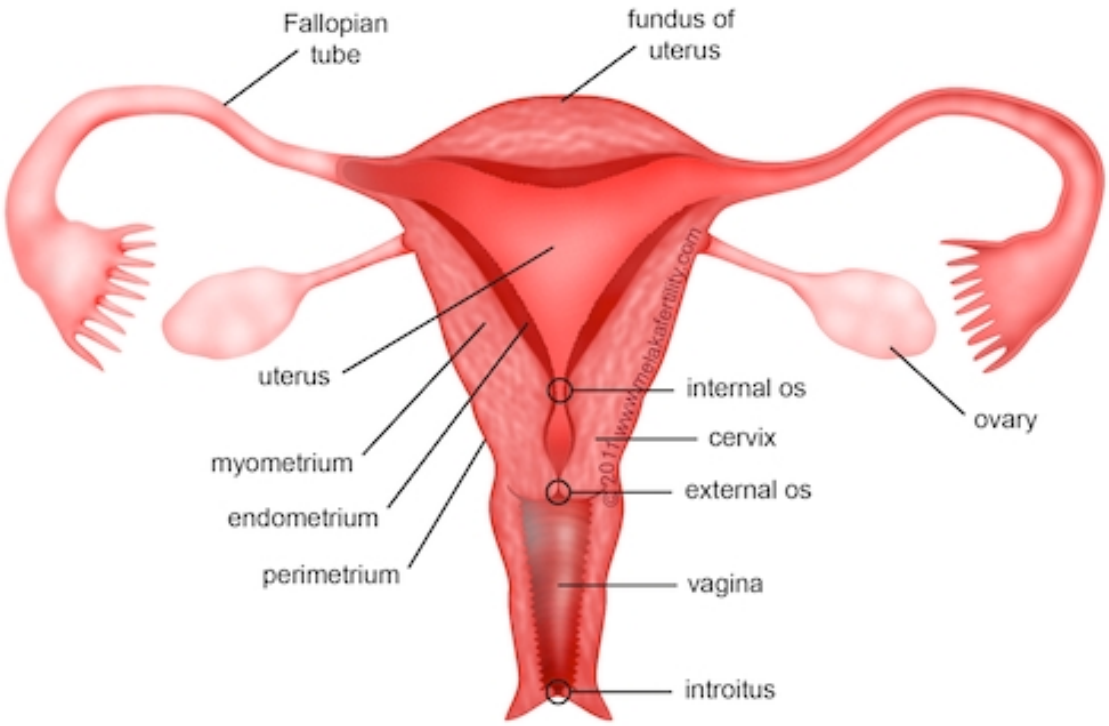
Uterine tubes:- They are tortuous ducts which convey oocyte from the ovary to the uterus. Spermatozoa introduced into the vagina pass up into the uterus, and from here into the uterine tubes. Fertilization usually takes place in the lateral part of the tube.

Uterus :- Uterus is a child bearing organ in females, situated in the pelvis between bladder and rectum. Though hollow, it is thick walled and firm, and can be palpated bimanually

during a per vaginum examination.

It is a organ which protects and provides nutrition to a fertilized ovum, enabling it to grow into a fully formed foetus.

The uterus is a mobile organ which undergoes extensive changes in size and shape during the reproductive period of life. It is supported and prevented from sagging down by muscles and ligaments surrounding it.



Dr Kiran Gangapure
Professor & H.O.D. Dept of Physiology

MENOPAUSE

It is permanent cesation of menstrual cycle. Ovary stops functioning.

A year after last menstrual cycle is considered as menopause So there are four phases,

Perimenopause Premenopause

Menopause Postmenopause.

Reproductive life of female begins with puberty i.e. onset of menses and ends with stoppage of menses. Durning menarche to menopause ovar secrets oestrogen and progesteron. Many females suffet from various symptoms during perimenopause to menopause. These are as follows

*hot flushes
*anxiety, depression, mood swing, irritability
*hypertension
*osteoporosis
*irregular menses
*excessive bleeding
*acidity
*constipation
*fungal infections
*disturb sleep/insomnia
*dryness
*hairfall
*Obesity
*Tinitus

There are many medicines in various pathies, but certain dietary &lifestyle changes gives relief to patient . Diet-patient must take good quality &amount of protein which include eggs,fish chicken, avocado, ground nuts,chana, 2.phytooestrogen _patient must include soyaben or edamame.

3.seeds ..flax seeds, chia seeds, lotus seeds, sunflower seeds, water melon seeds,almonds&walnuts are beneficial. 4.fruits &vegetables _green leafy vegetables like spinach,kale are good as rich in fibers . Cruciferous vegetables like broccoli, cauliflower must be included in diet. Roots like carrots as rich sources of caroten, beet root for iron also useful. Apple,banana,strawberry, cranberry,blueberries, amla,are rich source of minerals and antioxidants. 3.Dairy products _ such as mill, curd, paneer, ghee, butter milk are essentials in diet, as they supply good amount of calcium and other minerals.

*curd is natural probiotic. Ghee helps in lubrication prevents dryness.

6.fiber _oats ,green vegetables rich in cellulose and chlorofil, are best source.fibers prevents constipation.

7.Water _ it detoxify ourbody. One must consume 8 to 10 glass of water,depending upon climateric condition .

8.sleep _6 to 8 hour sleep every day is essential , as stress preventing hormones secrets

9. Exercise _regular exercise is must, particularly abdominal. Excessive fat deposition is a predisposing factor for ovarian malignanacy in menopauze. Breathing exercise, yoga, brisk walking is aldo helpful.

1o.Hobbies _ such as dance, painting, reading, tracking Travelling, music, cooking, sports, swimming, helps in treatment.

11.hormonal replacement therapy _is recommended in certain condition. Vitamins, iron ,calcium suppliments are essential. Homoeopathic remedies also work magically in menopause. This advice is beneficial to tackle this transition in life smoothly .

Lastly support of family and friends is work like magic in these cases.

Dr Prital Shah
Assistant Professor Dept Of Repertory

UNDERSTANDING STRESS AND ITS MECHANISM

Tabassum was feeling on her toes.....
All day long Tabassum was facing obstacles back to back. At breakfast she spilled tea on her ironed salwar that she was to wear for work. When she got to work, there were 32 e-mails and 15 phone messages that she had to address. In the afternoon, her boss told her to prepare a financial report for the board meeting that was to occur at 9A.M. the next morning, but her computer crashed and she couldn't access the financial records of her division.
Tired and overwhelmed, when she got home, she called her mother for support, only to discover that her father had been hospitalised with chest pain.
After hanging up the call, she felt disoriented, her heart was pounding and racing and she began to get a migraine attack.

The kind of stress Tabassum was experiencing is familiar to many of us. Exposure to stress can lead to painful emotions, physical illness, both minor or severe.
Peoples reactions to stressful events differ widely: some may develop serious psychological or physical problem, whereas some who face with the similar stressful event develope no problems and may even find the event challenging.
This is because there are differences between people's way of thinking about stress and coping with stress, thus contributing to their adjustment.
We commonly say- “I'm stressed out”
But what is stress-
Stress refers to experiencing events that are perceived as endangering one's physical or psychological well being. These events are referred as – stressors, and people's reaction to them are – Stress Responses.

Characteristics of stressful events

Countless events create stress.

Some are major changes affecting large number of people- earthquake, war etc.

Others are major changes in the life of an individual- shifting to new area, change of job, getting married, growing milestones, losing a loved one, suffering from major illness etc. Everyday hassles can also be stressors- losing a wallet, stuck in a traffic, exam, job interview etc. The events can be acute and short lasting, or long lasting and chronic.

Categories of stressful events-

· Traumatic events outside the usual range of experiences.-

Sources of stress are traumatic situation of extreme danger that is outside the range of usual human experience.

Natural disasters, accidents physical assaults, sexual assaults etc.

· Controllability of events.-

The degree to which we can stop an event or bring it influences our perceptions of stressfulness. The more uncontrollable the event, more likely it is to be perceived as stress. Major uncontrolled events can be death of a loved one, illness etc. Minor uncontrolled events can be dispute within friends or family exams etc.

The reason for uncontrollable events to be stressful is that we cannot control them or stop them from happening.

· Predictability of events-

The degree to which we know if the event will occur and when the event will occur

· Events representing major changes in life circumstances.

· Internal conflicts- unresolved issues that may be conscious or subconscious.

Reactions to stress-

1. Psychological.
2. Physiological.

Psychological reaction to stress-

· Anxiety.

- Anger and Aggression.
- Apathy and Depression.
- Cognitive impairment

Physiological reaction to stress-

- Increased metabolic rate.
- Increased heart rate
- Dilatation of pupils.
- Higher blood pressure.
- Increased breathing rate.
- Tensing of muscles.
- Secretion of endorphins and ACTH
- Release of extra sugar from the liver.

Coping skills-

Coping is the process by which a person attempts to manage stressful demands.

A person can focus on a specific situation or problem that has arisen by trying to find some way of changing it, or avoiding to occur in future. This is Problem Focused Coping.

A person can also focus on alleviating the emotions associated with the stressful situation, even if the situation cannot be changed. This is Emotion Focused Coping.

People who used avoidance to cope with stress or strategies with negative emotions, show longer and more severe Distress after the negative events; than people who seek social support or reaapraise an event to cope with their emotions.

Dr Rahul Gangapure

Professor & H.O.D Dept Of Community Medicine

Recommended Daily Allowances (RDA)

Group	Particulars	Body weight kg	Net Energy Kcal/d	Protein g/d	Visible Fat g/day	Calcium mg/d	Iron mg/d
Man	Sedentary work	60	2320	60	25	600	17
	Moderate work		2730		30		
	Heavy work		3490		40		
Woman	Sedentary work	55	1900	55	20	600	21
	Moderate work		2230		25		
	Heavy work		2850		30		
	Pregnant woman		+350	+23	30	1200	35
	Lactation 0-6 months		+600	+19	30	1200	21
	6-12 months		+520	+13	30		
Infants	0-6 months	5.4	92 Kcal/kg/d	1.16 g/kg/d	–	500	46 µg/ kg/day
	6-12 months	8.4	80 Kcal/kg/d	1.69 g/kg/d	19		5
Children	1-3 years	12.9	1060	16.7	27	600	09
	4-6 years	18	1350	20.1	25		13
	7-9 years	25.1	1690	29.5	30		16
Boys	10-12 years	34.3	2190	39.9	35	800	21
Girls	10-12 years	35.0	2010	40.4	35	800	27
Boys	13-15 years	47.6	2750	54.3	45	800	32
Girls	13-15 years	46.6	2330	51.9	40	800	27
Boys	16-17 years	55.4	3020	61.5	50	800	28
Girls	16-17 years	52.1	2440	55.5	35	800	26

MINERALS

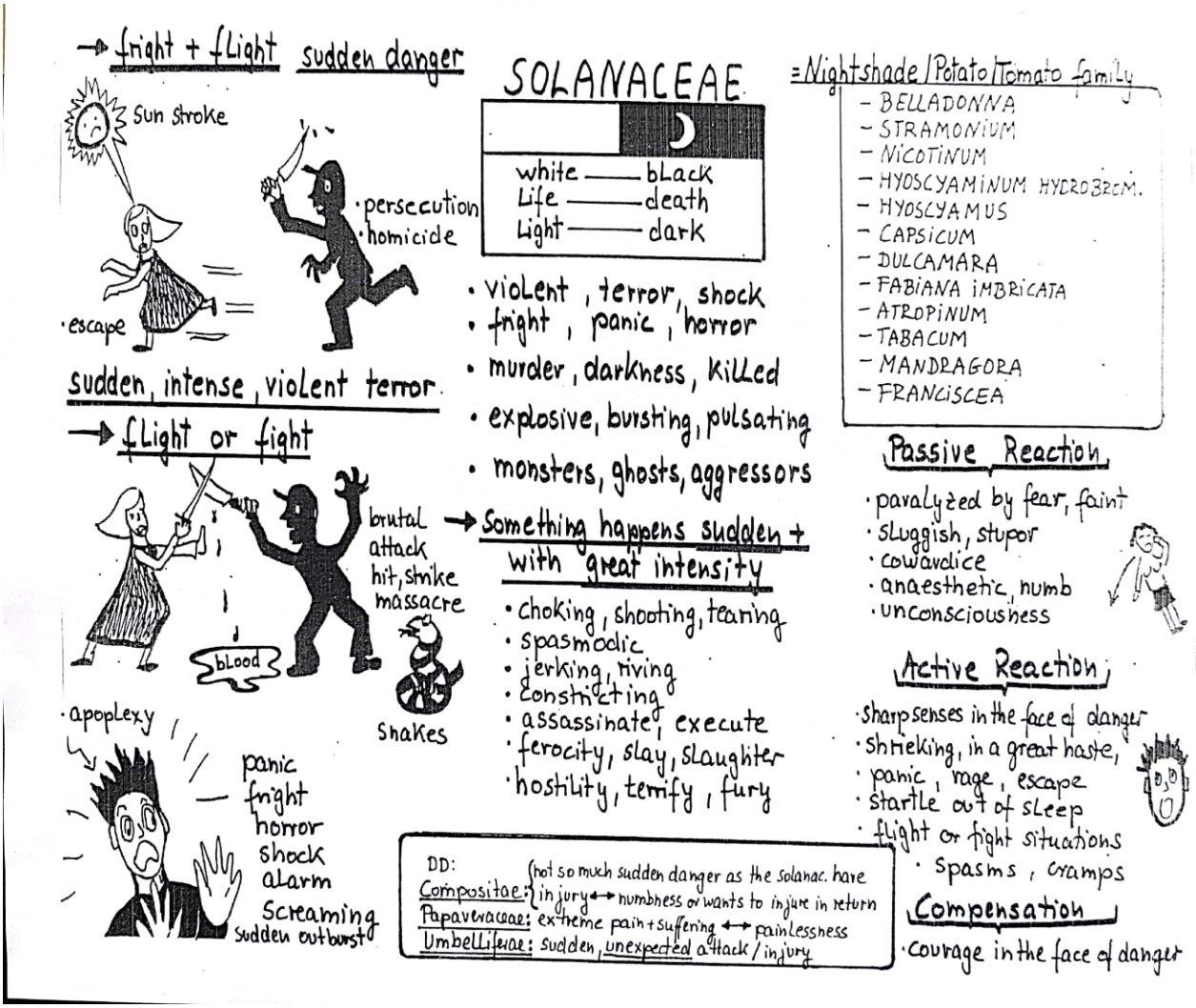
- Inorganic elements that form ash when burnt.
- Without minerals, energy metabolism is hampered.
- Certain minerals act as antioxidants.

16 key minerals are essential for human biochemical processes by serving structural and functional roles, as well as electrolytes			
	What it does	**Deficiency**	**Excess**
Potassium	A systemic (affects entire body) electrolyte, essential in co-regulating ATP (an important carrier of energy in cells in the body, also key in making RNA) with sodium	Hypokalemia (can profoundly affect the nervous system and heart)	(Can also profoundly affect the nervous system and heart
Chloride	Key for hydrochloric acid production in the stomach, also important for cellular pump functions.	Hypochleremia (low salt levels, which if severe can be very dangerous for health).	Hyperchloremia (usually no symptoms, linked to excessive fluid loss).
Sodium	A systemic electrolyte, and essential in regulating ATP with potassium	Hyponatremia (cause cells to malfunction; extremely low sodium can be fatal).	Hypernatremia (can also cause cells to malfunction, extremely high levels can be fatal).

Calcium	Important for muscle, heart and digestive health. Builds bone, assists in the synthesis and function of blood cells	Hypocalcaemia (muscle cramps, abdominal cramps, spasms, and hyperactive deep tendon reflexes).	Hypercalcaemia (muscle weakness, constipation, undermined conduction of electrical impulses in the heart, calcium stones in urinary tract, impaired kidney function, and impaired absorption of iron leading to iron deficiency).
Phosphorus	Component of bones and energy processing.	Hypophosphatemia, an example is rickets. (Skeletal disorder)	Hyperphosphatemia, often a result of kidney failure.
Magnesium	Processes ATP and required for good bones	Hypomagnesemia (irritability of the nervous system with spasms of the hands and feet, muscular twitching and cramps, and larynx spasms)	Hypermagnesemia (nausea, vomiting, impaired breathing, low blood pressure). Very rare, and may occur if patient has renal problems
Zinc	Required by several enzymes	Short stature, anemia, increased pigmentation of skin, enlarged liver and spleen, impaired gonadal function, impaired wound healing, and immune deficiency	Suppresses copper and iron absorption.
Iron	Required for proteins and enzymes, especially hemoglobin	Anemia.	Iron overload disorder; iron deposits can form in organs, particularly the heart
Manganese	A cofactor in enzyme functions	Wobbliness, fainting, hearing loss, weak tendons and ligaments. Less commonly, can be cause of diabetes.	Interferes with the absorption of dietary iron
Copper	Component of many redox	Anemia or pancytopenia (reduction in the number of red and white blood cells, as well as platelets)	Can interfere with body's formation of blood cellular components; in severe cases convulsions, palsy, and

		and a neurodegeneration	insensibility and eventually death (arsenic poisoning).
Iodine	Required for the biosynthesis of thyroxine (a form of thyroid hormone)	Developmental delays, among other problems	Can affect functioning of thyroid gland.
Selenium	Cofactor essential to activity of antioxidant enzymes	Keshan disease (myocardial necrosis leading to weakening of the heart), kashing-beck disease (atrophy degeneration and necrosis of cartilage tissue	Garlic-smelling breath, gastrointestinal disorders, hair loss, sloughing of nails, fatigue, irritability, and neurological damage
Molybdenum	Vital part of three important enzyme systems, xanthine oxidase, aldehyde oxidase, and sulfite oxidase. It has a vital role in uric acid formation and iron utilization, in carbohydrate metabolism, and sulfite detoxification	May affect metabolism and blood counts, but as this deficiency is often alongside other mineral deficiencies, such as copper, it is hard to say which one was the cause of the health problem.	There is very little data on toxicity, therefore excess is probably not an issue.

Dr Sarika Mehta
Assistant Professor
Department of Forensic Medicine & Toxicology



02.02.2019

1st YR,2nd YR & 3rd YR BHMS STUDENTS OF SMMHMC CELEBRATED" UNITY + MOTIVATIONAL DAY"


01.02.2019

1st YR,2nd YR & 3rd YR BHMS STUDENTS OF SMMHMC CELEBRATED"CULTURAL DAY"
DRESSED in SOUTH INDIA,GOA, PUNJAB, RAJASTHAN, BENGAL & GUJARAT TRADITIONAL OUTFITS






31.01.2019

2nd YR & 3rd YR BHMS CELEBRATED "DENIM DAY" AND 1st YR BHMS CELEBRATED "PROFESSIONAL DAY"



30.01.2019
1st YR,2nd YR & 3rd YR BHMS STUDENTS OF SMMHMC CELEBRATED"SAREE DAY"



29.01.2019
1st YR,2nd YR & 3rd YR BHMS STUDENTS OF SMMHMC CELEBRATED"FASHION DAY"



28.01.2019

1st, 2nd & 3rd YR BHMS STUDENTS OF SMMHMC CELEBRATED “KURTI +JHUMKA+TURBAN DAY”



28.01.2019

An information and education lecture on financial inclusion was conducted in SMMHMC under the CSR activity of ICICI Bank by members of Disha Trust , Mr P S Bhatt and Mr Manohar Puranik,


26.01.2019

70th Republic Day was celebrated with Patriotic Fervour by the Management, Staff and Students of Shree Mahalaxmiji mahila Homoeopathic medical college, Vadodara.

24.01.2019

A WOMEN EMPOWERMENT SESSION WAS ARRANGED BY GUJARAT POLICE AT SMMHMCVADODARA CAMPUS

10.01.2019

Students of 4th BHMS old syllabus visited Baroda Dairy on Thursday 10th January 2019, to observe the process of Milk Pasteurization.

06.01.2019

Students of SMMHMC enthusiastically participated in the Vadodara International "Swachhata Run" Marathon

02.01.2019

1 batch of Students of 4th BHMS (old syllabus) visited the I D Hospital (Infectious Diseases Hospital) on 2nd Jan 2019, and observed and studied the procedure of Isolation. Dr Pradeep Upadhyay explained the various measures of prevention and management of infectious diseases...

31.12.2018

4th YR (OLD COURSE) STUDENTS VISITED THE ESTEEMED DR R P PATEL INSTITUTE.VADODARA AS A PART OF REPERTORY SUBJECT

27.12.2018

The 4th BHMS(old course) students visited the Institute of Mental Health Sciences at Karelibaug

13.12.2018

Dr George Joshy Vergheese conducted a seminar on "Thyroid Disorders-An awareness session " in SMMHMC.

08.12.2018

A FAREWELL PARTY WAS ARRANGED BY THE 4th YR(NEW COURSE)STUDENTS FOR THE 4th YR(OLD COURSE)STUDENTS AT THE CAMPUS OF SMMHMC.

20.11.2018

A fun filled skin care health activity was held by HIMALAYA Herbals company in the SMMHMC campus with a message to keep your face free from "Pimples ", a very common ailment in the young age. Students and female staff members actively participated in the event.

09.10.2018

STUDENTS AND STAFF MEMBERS CELEBRATED “RATRI BEFORE NAVARATRI “@ SMMHMC CAMPUS

30.09.2018
Students and Staff of SMMHMC participated in the 'Healthy Heart Walkathon ' organised by Rhythm Heart institu and Spandan Hospital at Manjalpur

FIRST B H.M.S. - 2018-19
OCT. NOV. DEC. - 2018

SHEIKH MAHEEN MOHD TAUFEEQ

College – **FIRST**
68.10%

KHATRI ISRAA ABDUL NASIR

College – **SECOND**
67.30%

ADODARIYA BANSI PRAVINBHAI

College – **THIRD**
66.90%

SECOND B H.M.S. 2018-19
OCT. NOV. DEC. - 2018

SHAH PRIYANKA SURYANARAYAN

College – **FIRST**
University - Fifth
68.00%

BHESANIYA RUCHITA MANSUKHBHAI

College – **SECOND**
University - Sixth
66.78%

PATEL SHAHIN MEHMUD

College – **THIRD**
University - Eighth
65.89%

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