

HOMEOGLEANNINGS

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Similia Similibus Curetur

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EDITORIAL

Seasons greetings to one and all. Finally, the season that we all are waiting for, is here. This is the season of festivities, the season of excitement(ushering of the new year), the Season of the romantic chill and the season of fun and frolic. This season is also about changes that happen in our life. Some are regular while some are surprising and unexpected. We are experiencing this phase. These changes add spice to our life and also makes it challenging. The admission process is over and the new batch has been Inducted .The academic year is now entering the most Active and buzzing phase, especially for the senior batches. So, with a nervous optimism, let us enter this phase with a Resolution to perform with the best of our abilities for the betterment of our lives, our institution and Homoeopathy.



Dr Gaurav Sharma

**Assistant Professor Department of Materia Medica
Homoeopathic First Aid**

Holidays are just around the corner, and whether you're packing your kids off to overnight camp for a few days, or you're planning a family trip, here's a list of remedies you'll always want to have in your First Aid Kit on hand to deal any type of sudden mishaps!

Aconite: Best used when a cold or cough comes on suddenly, especially after getting a chill. Also a good remedy for fear and fright, like after a nightmare, especially when sleeping away from home for the first time! One to two doses a few hours apart should do the trick.

Arnica: the pre-eminent remedy for injuries, falls, bruises, concussions, strains and sprain No remedy kit should be without this one! Depending on the severity of the injury, dose of the medicine should be decided so as to get you or your kids up and running again. I've had so many patients describing to me with amusement how they felt the first time they used Arnica for an injury and watched the “huge red bump” go down before their eyes within minutes. It is also available in a cream to topical use.

Apis: The first remedy to think of in stings or bites– whether it be wasp, bee, mosquito, black fly, red ants, etc.- if the area is red, hot and itchy (and feels better from cold), Apis is the one for you. Apis is one of those remedies you can even take before going on a hike or

sitting around a camp fire in the evening when the bugs come out – if you are the one they love to bite, try it preventatively and see if you get fewer than usual. You can also try Staphysagria and Culex for good results

[Arsenicum Album](#): Especially for those going away from home, an upset stomach can ruin the day. Whether it be from food poisoning (Ptomaine Poisoning), anxiety or a mild gastric upset, Arsenicum is most often the homeopathic remedy likely to help.

[Belladonna](#): This is a good choice at the first sign of fever - with red, hot skin. Also, it can be used with a sunburn, in such case, few doses are really good enough to get the heat out and the skin healing.

[Calendula cream](#): A must for any first aid kit – to be applied topically with scrapes. Make sure they are well cleaned before applying. It is an excellent and effective natural alternative to OTC creams.

[Gelsemium](#): The first remedy to think of for colds and flu. (especially if the symptoms are vague and do not indicate a clear remedy) where the person is chilly, has little thirst, and low energy.

[Hypericum](#): For injuries to nerve-rich areas, like a stubbed toe, a finger slammed in the door, a fall on the tailbone with characteristic “nerve” pain – shooting, sharp and tingling. Ouch! Doses will Depend on how painful the part is. .

[Ignatia](#): I always sent Ignatia in my kids' sleep away camp remedy kits (maybe it was just wishful thinking that they would miss us a bit....), but if homesickness strikes, this should stop any crying and sighing and missing home in a flash. One dose should do it most of the times.

[Ledum](#): This is a good remedy to think of with a puncture wound – stepping on a nail or something sharp. Also for bites, especially if Apis doesn't help or is not indicated as Ledum's bites feel cold to the touch (vs. Apis which feels hot). I have also found Ledum to be particularly effective with large bruises (like poking your thigh into the corner of a desk), when Arnica doesn't help. Finally, it is often the best remedy to use with a black eye (best if used immediately after baseball or elbow makes contact with eye socket!)

[Rhus-tox](#): This remedy has two very useful indications: one is with poison ivy rashes. Second, Rhus-tox is a very useful remedy with strains or sprains, especially when the joint is stiff in the morning and feels better after movement. Use following Arnica, when that remedy no longer provides any benefit.

[Ruta](#): Easily confused with Rhus tox for use in sprains. Seems to have more affinity for

tendons - but if unsure, try Rhus-tox first and if no results after a day or so, change to Ruta.

[Silicea](#): This remedy can sometimes be effective in encouraging splinters to be expelled. Give it a try.

This is a small compilation of remedies which can help you in a sudden crisis where you can not find medical attention immediately. This compilation never rules out the selection of Similimum on symptom similarity if otherwise indicated.



Dr. Vidisha Parekh M.D (Hom)

Associate Professor Department of Organon

LIVER REMEDIES

1) Bryonia alba

- "Inflammation of liver. -Liver, especially right lobe, lies like a load in hypochondrium.

-Every breath, every motion, every touch cause pain. Stitches and burning, with nausea and retching. Spits up bile.

-When he coughs, feels liver will burst" (Nat. sulph.). KENT.

-Jaundice, with liver symptoms.

-Liver, especially right lobe, lies like a load.

-Soreness to pressure : cannot move.

-Worse motion, touch, respiration.

-A deep breath causes pain through liver : it burns and stitches. When he coughs, it feels as if liver would burst.

2) Mercurius solubilis

-Hepatitis,

-Pressing pain or stitches, liver. Cannot lie on right side (Bell., Mag. mur.).

-Liver tender to touch. swollen, hard. Distension.

-Bitter taste, thirst, little appetite.

-JAUNDICE.

-Worse Spring, night, warmth of bed.

-Desire for beer (Bell., Nat. m.); iced water; milk; for sweets, which disagree; bread and butter.

- Aversion to meat, wine, brandy, coffee.
- Skin yellow : great itching, worse at night, worse warm in bed.
- Intense thirst with moist tongue and much saliva. Taste bitter : sweet : saltish : putrid.
- Tongue large, flabby, shows imprint of teeth (Chel.).
- Profuse sweat, which does not relieve : may stain yellow.
- "Rarely give Merc. if tongue is dry".
- Characteristic, Worse lying on right side.
- Characteristic, offensive sweat and saliva.

4. Chelidonium majus

- Congestion; inflammation; fullness; enlargement; in semi-chronic and acute cases.
- Stitching; shooting; tearing pains from liver region through to back. (See Bell., Kali carb.).
- Characteristic pain below right shoulder angle; cord-like constriction round hypochondria (Lyc.).
- JAUNDICE.
- Better hot drinks (Ars.) : HOT MILK : eating.
- "Pressive pain liver region. Bitter taste in mouth.
- Tongue thickly coated yellow, with red margins showing imprint of teeth.
- Yellow whites of eyes, face, hands, skin. -Stools gray, or yellow as gold.
- Urine yellow, or dark brown, leaves a yellow colour on vessel.
- Loss of appetite, disgust and nausea, or vomiting of bile.
- Patient can retain nothing but hot drinks.
- A usual characteristic symptom, right infra-scapular pain.

5) Phosphorus -Diffuse hepatitis.

- Hyperaemia and enlargement of liver.
- Liver hard, large, with subsequent atrophy.
- Jaundice. Pale stools. Abdomen tympanitic.
- Hepatic congestion, quantities of bright, or dark blood discharged with stool.
- Craves cold food and drink : ices ice cream : wine.
- "Bad effects from excessive use of salt".
- A characteristic symptom : as soon as water becomes warm in stomach it is vomited.
- Jaundice with liver symptoms. Phos. causes and may cure, congestion, fullness, pain, tenderness, induration of liver.
- Is worse lying on the left side.
- Is better after sleep, even a short sleep (Sep.).
- Usually loves salt : fears thunder - the dark - being alone. Cirrhosis and atrophy may also

call for Phosphorus. The jaundice is indicative of organic diseases, and the remedy is a useful one in malignant diseases of the liver.

6. Nux vomica Hepatitis, Portal congestion, Chronic alcoholics

- Constrictive pain hypochondriac region.
- Liver swollen, indurated, sensitive, with pressure and stinging : must loosen clothing.
- Soreness, with pain right shoulder (Bell., Chel., Crot. h.). Acute congestion, liver.
- Jaundice from anger (Cham.), high living. -Sufferings from much worry; from too much mental and too little bodily exertion.
- Longs for brandy, beer, fats which disagree.
- Aversion to meat, tobacco, coffee, water, ale.
- Chilly : irritable (Cham., Hep.)to verge of insanity : hyper-sensitive to air, light, noise.
- Jaundice-Face yellow.
- Jaundice after anger (Cham.).
- Jaundice after anger (Cham.).
- Sullen : surly : scolds and abuses if talked to.
- Chilly if he moves or uncovers : can't turn in bed because if air gets under bed
- clothes it makes him chilly.
- Bitter taste : bread tastes bitter.
- Liver may be swollen, indurated, sensitive, sore.
- Hyperaesthesia, mental and physical.
- In liver affections occurring in those who have indulged to excess in alcoholic liquors, highly seasoned food, quinine, or in those who have abused themselves with purgatives, Nux is the first remedy to be thought of.

7) Natrum sulphuricum-Liver enlarged, swollen and sore to touch.

- With deep breath, violent stitch as if in liver; as if it would burst open there (Bry.).
- Worse lying on left side (Card. m., Kali carb.).
- Cannot bear tight clothing about waist.
- Nausea : vomit sour : then bile.
- vomiting of bile
- Dirty greenish coating on tongue :brown bitter coating on tongue.
- Thirst for something cold. -Worse wet weather : damp houses : sea air. -Jaundice after anger (Cham., Nux) with hepatitis. -Cannot digest starchy foods. -Food wells up -

regurgitation.-Suicidal.After head-injuries.

8) *Carduus marianus* The action of this drug is centered in the liver, and portal system, causing soreness, pain, jaundice. * Abuse of alcoholic beverages, especially beer. * Dropsical conditions depending on liver disease, and when due to pelvic congestion and hepatic disease. * Disturbs sugar metabolism. * Influenza when liver is affected. Gallstone disease with enlarged liver. - Swelling of gall bladder with painful tenderness. - Cirrhosis, with dropsy. - Left lobe very sensitive.

9) *Myrica cerifera* -Proving shows "an accurate picture of severe catarrhal jaundice". -Dull : drowsy : despondent : giddy.

jaundice due to imperfect formation of bile in the liver, and not to any obstruction,-Jaundice of infants.



Dr Samir Parekh M.D (Hom)
Associate Professor (Department of Medicine)
Shree Mahalaxmiji Mahila Homoeopathic Medical College

Irritable bowel syndrome

Now a days we find many disease increasing due to stress and anxiety.Lifestyle induce disease are also increasing .

People become prone to disease where we see all the reports are normal and still they are suffering, Many times label as psychiatric disease.

One of such disease is irritable bowel syndrome. Now days we will see no of patient of IBS is increasing and all the reports are normal, they are having a big file including blood reports and USG, CT scan, endoscopy etc.

More over frustrated and now last resource coming to homeopathy.

We can provide a good help to such people with medicine and counseling.

IBS is the most common single reason for referral to gastroenterologists.

Functional gastrointestinal disorders are extremely common and are defined by the

absence of structural pathology, in which abdominal pain is associated with defecation or a change in bowel habit.

-2-3 times more common in female.

-Around 50% of patients referred to hospital meet criteria for a psychiatric diagnosis.

- A range of disturbances are identified, including anxiety, depression, somatisation and neurosis.

Panic attacks are also common. Acute psychological stress and overt psychiatric disease are known to alter visceral perception and gastrointestinal motility in both irritable bowel patients and healthy people.

This is usually colicky or 'cramping', is felt in the lower abdomen and relieved by defecation.

Abdominal bloating worsens throughout the day.

Passage of mucus is common but rectal bleeding does not occur.

SYMPTOMS

- Altered bowel habit
- Colicky abdominal pain
- Abdominal distension
- Rectal mucus
- Feeling of incomplete defecation.
- In patients with constipation, sense of incomplete evacuation is a particularly distressing symptom.
- Extraintestinal symptoms like dysmenorrhoea, dyspareunia, urinary frequency and headache are also common.
- Most patients alternate between episodes of diarrhoea and constipation.
- it is useful to classify patients as having predominantly constipation or predominantly diarrhoea. The constipated type tend to pass infrequent pellety stools, usually in association with abdominal pain or proctalgia.
- Those with diarrhoea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms.



Dr Jigar Bhavsar

**Guest Associate Professor (Department Of Medicine)
Diabetes Mellitus**

Introduction

What is Diabetes □

Diabetes is an endocrine disease of Pancreas in which body control of sugar is affected & which leads to high sugar levels in blood beyond the normal parameters.

High Suagr levels affects multiple body systems.

Etiology & Types

Type I	Type II	Others	GDM
-Childhood	-Environmental	- Post surgical	(Gestational Diabetes Mellitus)
-Below Adoloscence due to – Viral infection,Autoimmune, Post Immunization etc	-life style	-MODY (Maturity onset Diabetes of Young)	
	-Genetic	- LADA	
	-Twins	-Infection	
		-Autoimmune	
		-Drug Induced	

Pathology

According to Normal Physiology

Glucose---EnterBeta Cells of Pancreas DepolarizationInsulin Secretion} Control of Sugar

This Glucose control is affected by different mechanisms

1. Insulin secretion decrease.
2. Insulin Resistance – Peripheral Utilization decrease.

Diagnosis

Criteria for Diagnosis

1. FBS>or = 126 mg/dl or
2. PP2BS> or= 200mg/dl or

3. HbA1C > 6.5

Impaired Glucose Tolerance

1. FBS \geq 110 to 126 mg/dl or
2. PP2BS \geq 140 to 200mg/dl or
3. HbA1C > 5.6 to 6.5

Impaired glucose tolerance is a condition in which Glucose level is in between Normal & Diabetic range.

Most of the population is under this limit.

This condition in future leads to Diabetes Mellitus.

This condition can be prevented by LIFE STYLE MODIFICATION >

Management

For Management there are three processes:

1. Life style Modification
2. OHA Therapy
3. Insulin Therapy

1. Life style Modification

A. Diet:

- First diet should be explained to the patient,
- Strict diet is to be maintained.
- Frequent small diet,
- Daily fix quantity,
- Low in Carbohydrates,
- PUFA
- Diet which have low glycemic index

B. Exercise: Regular exercise should be maintained along with weight reduction in Obese patients.

The BMI should be maintained between 20-25.

- Daily 30 minutes exercise
- 150 mins/week.
- Aerobic Exercise

-Cycling/swimming/jogging etc

2. OHA(Oral Hypoglycemic Agents)

A. Sulfonyl group – Glimipiride/Glipizide/Gliclazide.

B. Bigunides – Metformin.

C. Pioglitazone- Pioglitazone/ Roziglitazone

D. Alpha Glucosidase Inhibitor- Acarbose/Voglibose

E. Gliptins – Sitagliptin/ Vildagliptin etc

3. Insulin

A. Short acting Insulin (4-6 Hrs Action)

B. NPH (6-10 Hrs Action)

C. Long Acting (14-20 Hrs Action)

Complications

1. Acute Complications

A. DKA (Diabetic Keto Acidosis)

B. HONK (Hyperosmolar Non- Ketotic Coma)

C. Hypoglycemia.

2. Chronic Complications

A. Diabetic Retinopathy

B. Diabetic Nephropathy

C. Diabetic Neuropathy

D. Diabetic Gasteropathy

E. Autonomic Neuropathy

To Conclude:

Diabetes is a chronic disease which is preventable by lifestyle modification (Diet & Exercise); regular monitoring is required for effective sugar control.

Prevention is always better than cure.



DR. Manish R. Shah [M.S.(Ortho.)]

Guest Associate Professor Department of Surgery

Shree Mahalaxmiji Mahila Homoeopathic Medical College Vadodara

-Ex. Asst Professor Medical college, Vadodara

-Ex. Clinical Asst. P D Hinduja Hospital, Mumbai

-Fellow NUH (Singapore), KHMC (South Korea)

LIMB SALVAGE SURGERY FOR BONE MALIGNANCY (BONE CANCER)

Treatment of malignant bone tumors is always worrisome even to normal Orthopaedic surgeon. In olden days and in present era bone cancer means a havoc to the lay person.

The traditional teaching is to do the amputation of the affected limb and let the patient walk with the artificial limb (prosthesis). Unfortunately such patients are in young age ranging usually from 10-25 years. They may be the only son/ daughter on whom whole family is dependent upon. Apart from it that youth can be helpful to the society in future if properly treated.

With the development of new techniques and infrastructure, now a days we are able to save the limb of the affected patient by Limb Saving operations (Limb Salvage Surgery). Orthopaedic oncology has now become a known sub-speciality of Orthopaedics. Orthopaedic Oncologist treats the malignant musculoskeletal tumors by excising the tumor and replacing it with metal implants (may be full bone or part of bone and whole joint). The implants used for these surgeries are much bigger than one used for routine joint replacement surgeries- so known as Mega-prosthesis. After replacement the soft tissues are repaired and reconstructed so that limb can be maximally utilised.

The advantages of such surgeries are:

- (1) Patient can be mobilised immediately after surgery.
- (2) Patient can use the limb like a normal limb (in comparison to artificial limb used after

amputation).

- (3) Boosts morale of the patient and family members.
- (4) Can return to his normal job.
- (5) Reported incidence of recurrence is nil or much lower.

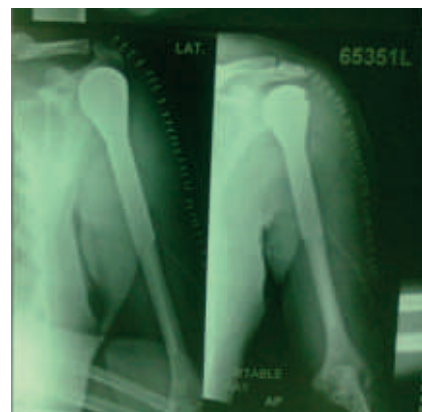
Following are few of the cases treated of Malignant bone cancers;

CASE 1

- Mr XYZ – 53 years/ male, painter by occupation and only earning member of the family was diagnosed as having bone cancer involving humerus (arm bone).
- Was treated by megaprosthesis – replacing his 2/3rd of his arm bone
- Presently living happy life and driving his car
- Having all functional movements



X-ray before operation



X-ray after operation

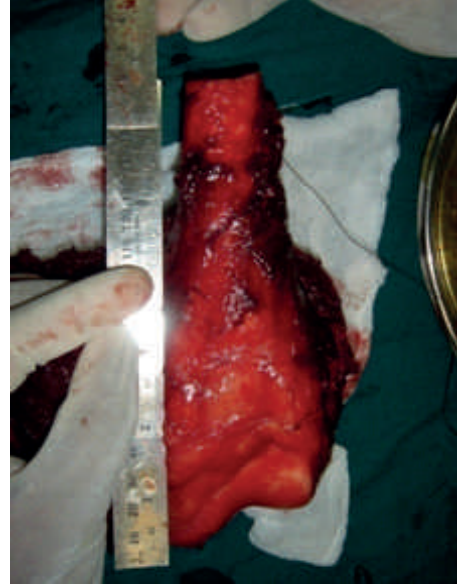


CASE 2

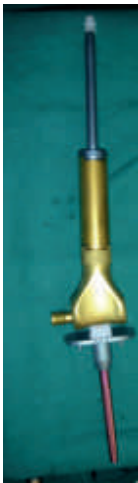
- ABC, 27 years Male
- Young patient with bone cancer over back of knee joint and might have been advised amputation and life long artificial leg.



Before Operation



showing bone resected during surgery



Actual implant –Megaprosthesis
(Titanium Metal)
replacing lower thigh bone (femur)
Knee joint and upper leg bone (tibia)



Patient walking on next day of surgery

CASE 3

- Mr. PQR, 72 years male patient diagnosed as having bone cancer involving left upper femur (thigh bone)
- Was treated by limb salvage surgery
- Upper femur with hip joint was replaced with mega prosthesis
- Living happy life at present



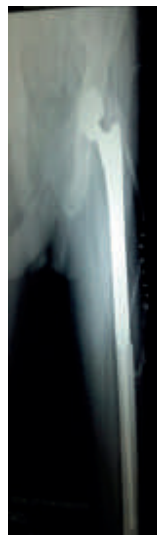
X-ray before operation



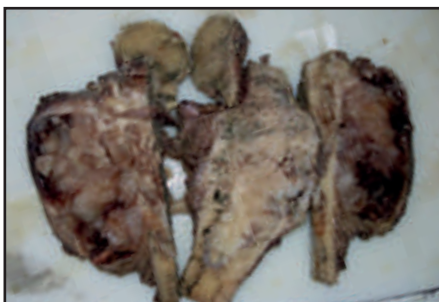
MRI before operation



Actual implant-Mega prosthesis



X-ray after operation



Cancerous bone removed from body

CASE 4

- Mr. STP, 39 years male patient was diagnosed having rapidly increasing bone cancer of Upper leg
- Treated by excision of cancer, replacement by mega prosthesis and soft tissue reconstruction.
- Living happy life at present



Before operation



Prosthesis used for reconstruction of leg



After Operation



Follow up

Pre requisites of such surgeries are :

- (1) Early diagnosis
- (2) There should not be any metastasis
- (3) Proper infrastructure
- (4) Skill of a Surgeon

Toppers of M K Bhavnagar University 1st BHMS(New Course) Examination November 2017



1st Rank
Ms. Shrutika Pradeep



2nd Rank
Ms. Shah Priyanka S



3rd Rank
Ms. Patel Yashvi K



Visit to Dr R P Patel Institute By DrRutvi Raichura and Dr Charmi Thakkar of Department of Repertory along with Final BHMS Students on 12th December 2017



Visit to Mental Hospital by Dr Rahul Gangapure HOD Department of Community Medicine along with Final BHMS Students on 15th December 2017

3rd BHMS Students gave a Farewell Party to the 4th BHMS students on 16th of December 2017



FUNCTION OF RELEASE OF "QUEST" A JOURNEY TOWARDS UNLOCKING OF ORGANON"-A BOOK AUTHORED BY DR CHINTAN SHAH A FACULTY OF SMMHMC, WAS ORGANISED IN SMMHMC CAMPUS ON 18 DECEMBER 2017. THE FUNCTION WAS ATTENDED BY DR H T MADRASI, DR G D JAISWAL, DR BHASKER MAHETA, DR RANDEEPSINGH, DR CHANDARANA AND ALL TEACHING ,NON TEACHING STAFF & STUDENTS OF SMMHMC



A Welcome Party -hosted by senior students welcoming their juniors on 23rd of December 2017

TO



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