



HOMOEOGLEANINGS

QUARTERLY MEDICAL BULLETIN

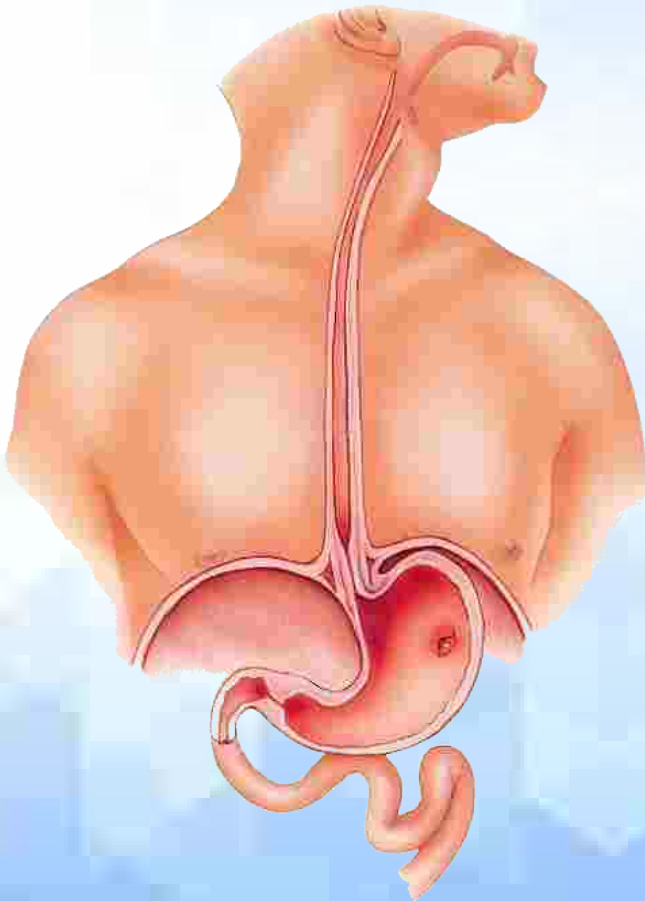
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Peptic Ulcers



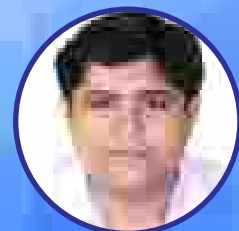
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Welcome one and all. Welcome to the season of pink. Welcome to the season of health. Actually this is the season which is financially dreadful for the doctors. But as far as medical education is concerned this season is important to study the factors which determine the health .

This Bulletin also coincides with the first Batch of the New Course appearing for their 4th Year University Exams. This year we had a good monsoon bringing a much-needed cheer among the farmer community. This is also the season of activities in the college, ranging from Curricular to extra-curricular ones, especially the farewell and fresher's parties. This Bulletin has articles on

different aspects of Peptic Ulcer whereas the next one will have articles on various aspects of Gastro-enterological disorders. We hereby wish the 1st Batch of the 4th BHMS new course students a Grand success for their University Exams.

-Editor



Dr Kalpana Arora

Assistant Professor

(Department of Human Anatomy)

Structural Basis of Peptic Ulcer

The digestive system contributes to homeostasis by breaking down food into forms that can be absorbed and used by body cells. The process is known as digestion.

The groups of organs compose the digestive system. The gastrointestinal tract is a continuous tube that extends from mouth to the anus.

The GI tract contains food from the time it is eaten until it is digested and absorbed or eliminated. Muscular contractions in the wall of GI tract physically break down the food by churning it and propel the food along the tract. The contractions also help to dissolve foods by mixing them with fluids secreted into the tract.

The wall of the GI tract from the lower oesophagus to the anal canal has the same basic four layered arrangement of tissues, from deep to superficial, are the mucosa, submucosa, muscularis and serosa.

Interior of the stomach:-

1. **Mucosa** :- The mucosa of an empty stomach is thrown into folds termed as gastric rugae. The **rugae** are longitudinal along the lesser curvature and are irregular elsewhere. The rugae are flattened in a distended stomach. The part of the lumen of the stomach that lies along the lesser curvature with longitudinal rugae is called the gastric canal. This canal allows rapid passage of swallowed liquids along the lesser curvature directly to the lower part before it spreads to the other part of stomach. Thus lesser curvature bears maximum insult of the swallowed liquids, which makes it vulnerable to **peptic ulcer**.
2. **Submucosa** coat is made of connective tissue, arterioles and nerve plexus.
3. **Muscle coat** :- consists of outer longitudinal fibres, middle circular fibres and innermost oblique fibres.
4. **Serous coat** consists of peritoneal covering.

Gastric Ulcers:-

*An ulcer is an open sore. **Gastric ulcers** are open lesions of the mucosa of the stomach, whereas the term **peptic ulcers** is applied to lesions of the mucosa of the pyloric canal or, more often, the duodenum. Most ulcers (9 of 10) of the stomach and duodenum are associated with an infection of a specific bacterium, *Helicobacter pylori* (*H. pylori*).

*The normal gastric mucosa is resistant to the action of acid present in the stomach. However, in some cases, the mucosa gets eroded leading to the formation of a gastric ulcer.

* People experiencing severe chronic anxiety are most prone to the development of peptic ulcers. They often have gastric acid secretion rates that are as much as 15 times higher than normal between meals. It is thought that the high acid in the stomach and duodenum overwhelms the bicarbonate normally produced by the duodenum and reduces the effectiveness of the mucous lining, leaving it vulnerable to *H. pylori*. The bacteria erode the protective mucous lining of the stomach, inflaming the mucosa and making it vulnerable to the effects of the gastric acid and digestive enzymes (pepsin) produced by the stomach.

* Cigarette smoke, alcohol, caffeine, and NSAIDs should be avoided because they can impair mucosal defensive mechanisms, which increases mucosal susceptibility to the damaging effects of HCL.

* Gastric ulcer occurs typically along lesser curvature due to following reasons:-

- Mucosa is adherent to the muscular coat and so is immovable.
- Epithelium is comparatively thin.
- Comparatively less blood supply and more abundant nerve supply.
- Because of the gastric canal.

* If the ulcer erodes into the gastric arteries, it can cause life-threatening bleeding.

* Because the secretion of acid by parietal cells of the stomach is largely controlled by the vagus nerves, vagotomy (surgical section of the vagus nerves) is performed in some people with chronic or recurring ulcers to reduce the production of acid.

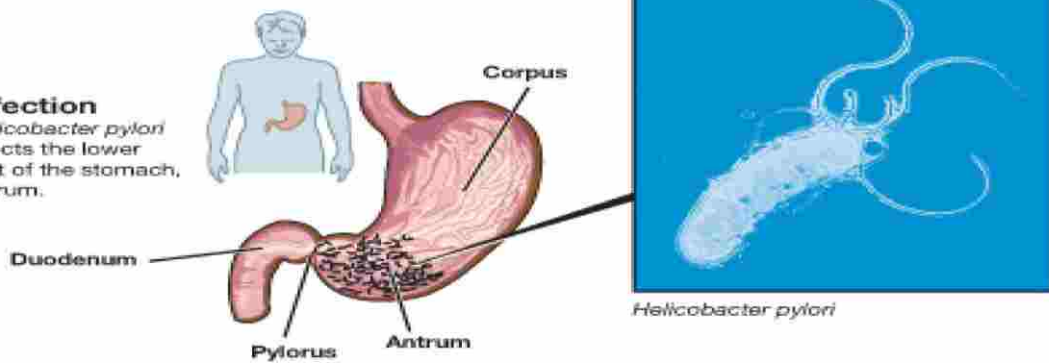
*A posterior gastric ulcer may erode through the stomach wall into the pancreas, resulting in referred pain to the back. In such cases, erosion of the splenic artery results in severe hemorrhage into the peritoneal cavity.

Helicobacter pylori

— the bacterium causing peptic ulcer disease

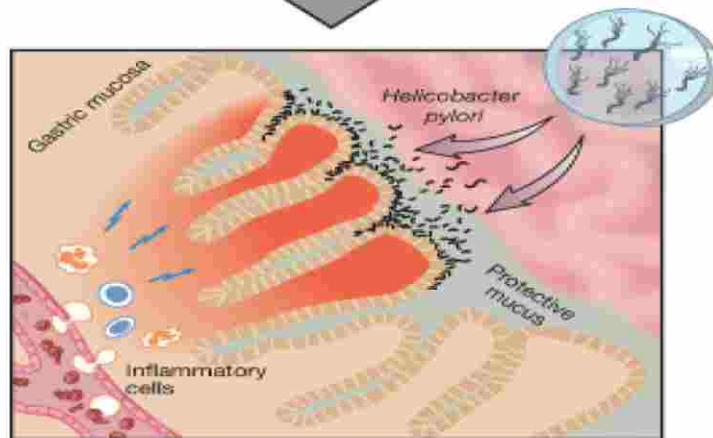
Infection

Helicobacter pylori infects the lower part of the stomach, antrum.



Inflammation

Helicobacter pylori causes inflammation of the gastric mucosa (gastritis). This is often asymptomatic.



Ulcer

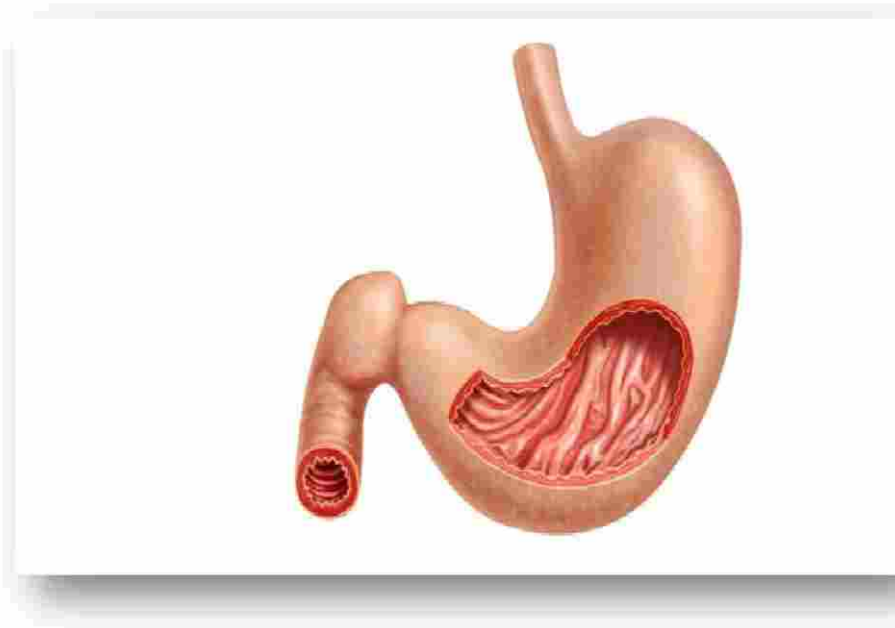
Gastric inflammation may lead to duodenal or gastric ulcer. Severe complications include bleeding ulcer and perforated ulcer.





Dr Dhara Joshi
Assistant Professor
(Dept. of Physiology)

A JOURNEY OF STOMACH- FROM NORMAL TO ULCERATION



Our stomach mostly plays a role in terms of digestion; very little absorption takes place here, other than certain medications, some water, certain salts and alcohol.

The stomach acts like a blender, with its multiple layers of muscle it is able to churn and toss our food to help mix it with gastric juices for digestion and eventually turn it into a soupy liquid known as chyme that gets passed through to the small intestine for further digestion and absorption.

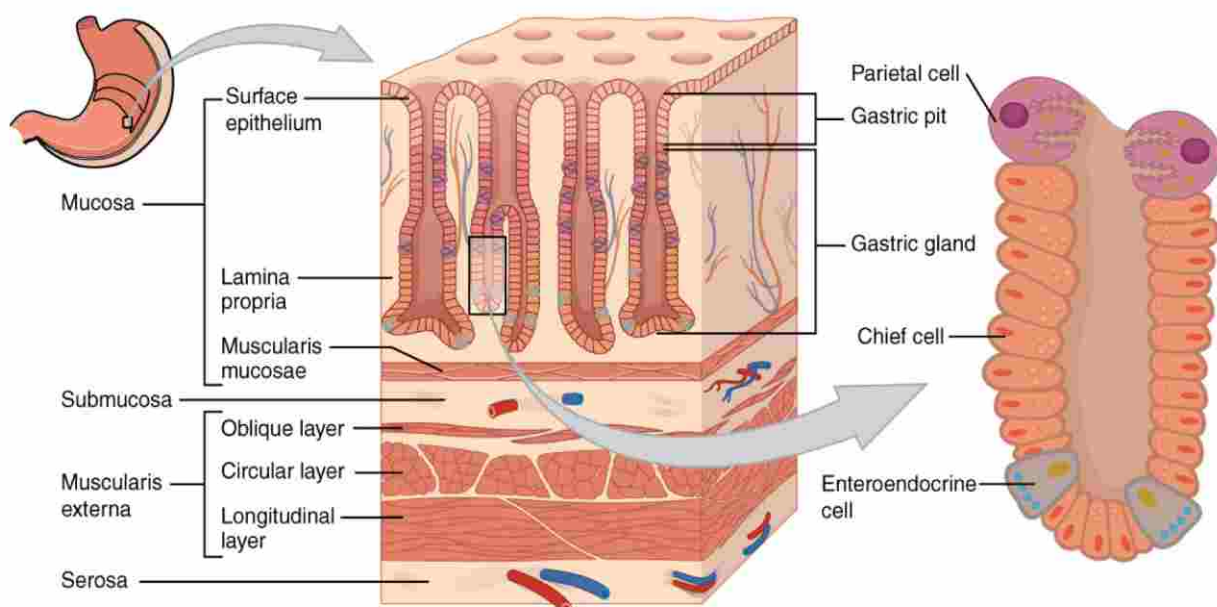
The stomach has 5 anatomical regions:

1. **Cardia** is the oesophagogastric junction and lacks the sphincter.
2. **Fundus** is the portion above the horizontal line drawn across the oesophagogastric junction.
3. **Body** is the middle portion of the stomach between the fundus and the pyloric antrum.
4. **Pyloric antrum** is the distal third of the stomach.
5. **Pylorus** is the junction of distal end of the stomach with the duodenum. It has powerful sphincter muscle.

Within the stomach we have some very important features. One of those being hydrochloric acid (HCl). HCl is crucial for:

1. Food sterilisation, helping kill of any nasty bugs from the outside that might be on your food. The lower your HCl levels the higher your risk of developing a digestive infection.
2. Lowering pH. When your acidic chyme gets passed into your small intestine it is the low pH/acidity from HCl production that stimulates other enzymes to be released or to act upon food for further breakdown. Thus low HCl or an increase pH may actually lead to poor digestion and absorption further down the chain.
3. Protein breakdown. HCl activates/converts the enzyme pepsinogen into pepsin. Pepsin is the enzyme that breaks down protein into peptides so they can be acted on more easily in the small intestine by other digestive enzymes.

LAYERS OF STOMACH WALL:



The stomach is made up of several layers of tissue:

- The mucosa (mucous membrane) is the inner lining of the stomach. When the stomach is empty the mucosa has a ridged appearance. These ridges (rugae) flatten out as the stomach fills with food.
- The next layer that covers the mucosa is the submucosa. It is made up of connective tissue that contains larger blood and lymph vessels, nerve cells and fibres.
- The muscularis propria (or muscularis externa) is the next layer that covers the submucosa. It is the main muscle of the stomach and is made up of 3 layers of muscle.

- The serosa is the fibrous membrane that covers the outside of the stomach. The serosa of the stomach is also called the Visceral Peritoneum.

ULCERATION

A Sore that develops on the lining of the oesophagus, Stomach or small intestine is called as Stomach Ulcer or Peptic Ulcer.

Peptic ulcers are the areas of degeneration and necrosis of gastrointestinal mucosa exposed to acid-peptic secretions. Though they can occur at any level of the alimentary tract that is exposed to hydrochloric acid and pepsin, they occur most commonly (98-99%) in either the duodenum or the stomach in the ratio of 4:1.

MORPHOLOGIC FEATURES:

Grossly:

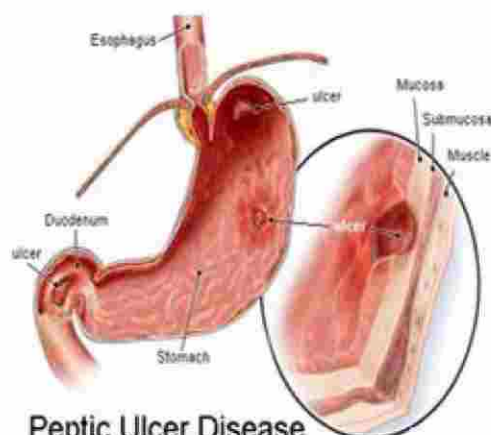
Acute stress ulcers are multiple (more than three ulcers in 75% of cases). They are more common anywhere in the stomach, followed in decreasing frequency by occurrence in the first part of duodenum. They may be oval or circular in shape, usually less than 1 cm in diameter.

Gastric ulcers are found predominantly along the lesser curvature in the region of pyloric antrum, more commonly on the posterior than the anterior wall

Microscopically:

The stress ulcers are shallow and do not invade the muscular layer. The margins and base may show some inflammatory reaction depending upon the duration of the ulcers. These ulcers commonly heal by complete reepithelialisation without leaving any scars. Complications such as haemorrhage and perforation may occur.

Typical Chronic Gastric ulcers are commonly solitary (80%), small (1-2.5 cm in diameter), round to oval and characteristically 'punched out'. Benign ulcers usually have flat margins in level with the surrounding mucosa. The mucosal folds converge towards the ulcer. The ulcers may vary in depth from being superficial (confined to mucosa) to deep ulcers (penetrating into the muscular layer).



Peptic Ulcer Disease



Dr Amola Chadha

Assistant Professor

(Dept. of Pathology)

MUST KNOW PATHOPHYSIOLOGICAL ASPECTS OF PEPTIC ULCERS

Peptic Ulcers are defects in gastric and duodenal mucosa that extend through muscularis mucosa.

Under normal conditions, a physiologic balance exists between gastric acid secretion and gastroduodenal mucosal defence. Mucosal injury and thus Peptic ulcer occurs when the balance between aggressive factors and defensive mechanisms are disrupted.

Gram –ve spirochete H-Pylori contributes to primary peptic ulcer disease. The unique microbiological characteristic of this organism such as UREASE production, allows it to alkalinize its microenvironment and survive for years in the hostile acidic environment of stomach, where it causes mucosal inflammation, and in some individuals worsens the severity of Peptic Ulcer Disease.

Heterogeneity is the most important consideration in the pathophysiology of peptic ulcer disease. Factors concerned with mucosal defence are relatively more important than aggressive factors such as acid and pepsin.

Recent evidence indicates genetic and familial factors in duodenal ulcers and increased acid-pepsin secretions in response to a variety of stimuli. It remains to be seen whether prostaglandins, mucus secretion or gastric mucosal blood flow are impaired in chronic ulcer disease.

H-Pylori related ulcers produce UREASE to protect it from acid, PROTEASE which breaks down glycoproteins in gastric mucus, PHOSPHOLIPASE, which damages epithelial cells and may release leukotrienes. They also attract neutrophils that produce myeloperoxidase which turns HCL into hydrochloric acid, combines with NH₃ to form monochloramine, both of which destroy mammalian cells.

NSAID related ulcers usually produce moderate / severe foveolar hyperplasia which is indicative of reactive and chemical gastropathy.

FEW LESSER KNOWN FACTS ABOUT PEPTIC ULCERS

- Pain from an ulcer is not caused by food.
- Medications that treat heartburn are also effective against ulcers.
- Stress doesn't cause ulcers but it can worsen symptoms.
- Ulcers can cause long term and serious health problems if not treated.
- Deep tenderness in midline of epigastrium is seen in Gastric Ulcer.
- The best way to diagnose an ulcer is by Endoscopy.
- Patients of Duodenal Ulcers have rapid emptying of stomach which leaves the mucosa exposed to aggressive action of gastric acid.
- Chronic Peptic ulcers are commonest cause of Haemetemesis and Malena.



Dr Himanshu Thakkar

R.M.O (SMMHMC-Hospital)

PEPTIC ULCER- A REVIEW

Peptic ulcer is a lesion in the lining of the digestive tract, typically in the stomach or duodenum, caused by the digestive action of pepsin & stomach acid.

CAUSES :

- **COMMON**

- Helicobacter pylori infection
- NSAIDS and ASA treatment
- Stress ulcers

- **UNCOMMON**

- Gastrinoma (Zollinger Ellison Syndrome)
- Hyperplasia/ Hyperfunction of antral G cells
- Systemic mastocytosis
- Myeloproliferative syndromes withbasophilia
- Viral Infection
- Vascular Insufficiency
- Ischemia caused by stenosis of celiac artery
- Radiation
- Chemoembolisation
- Crohn's disease
- Type II amyloidosis

-Neuhauser Syndrome

-Prophyria cutanea tarda

-Idiopathic

TYPES :

- Gastric peptic ulcer
- Duodenal peptic ulcer

SYMPTOMS :

- Dull pain in the stomach
- Weight loss
- Not wanting to eat because of pain
- Nausea or vomiting
- Bloating
- Feeling faint
- Feeling easily full
- Burping or acid reflex
- Heartburn, which is a burning sensation in the chest
- Pain that may improve when you eat, drink or take antacids
- Anaemia, whose symptoms can include tiredness, shortness of breath or pallor skin
- Dark, tarry stool
- Vomit that's bloody or looks like coffee ground

DIAGNOSIS :

- To rule out H.Pylori infection a blood, stool or breath test may be done.
- Barium swallow
- Endoscopy
- Endoscopic biopsy

COMPLICATIONS :

- Internal bleeding: bleeding can occur as slow blood loss that leads to anaemia or as severe blood loss that may require hospitalisation or a blood transfusion. Severe blood loss may cause black or bloody vomit or black or bloody stools.
- Infection: can eat a hole through the wall of your stomach
- Obstruction



Dr Keval Soni
H.O.D. & Professor
Dept of Repertory

Peptic Ulcers & It's Homeopathic Management

One of the most common problems with the gastrointestinal system, peptic ulcers occur when the lining of the stomach - the esophagus or the small intestines, gets damaged. This can be a very painful disorder and end up severely limiting your life. Peptic ulcers can cause intense abdominal pain, vomiting nausea, indigestion and sudden unexplained weight loss.

The Homeopathic Approach to Curing Peptic Ulcers

The treatment of peptic ulcers in conventional medicine primarily revolves around the treatment of symptoms. The symptoms may be suppressed for some time but eventually come back sooner or later. This results in a vicious cycle where the treatment becomes less and less effective over time. Homeopathy, on the other hand, has an approach of trying to correct the problems from the root and over time, remove the very cause that results in the problem. Some of the things a homeopathic doctor may ask you would include:

- Family history of ulcers
- General health history of the family to determine hereditary health problems
- Physical characteristics
- Psychological tendencies and likes and dislikes

among other information Homeopathy takes into account not just the symptoms but the general constitution of the patient as well.

This helps not only cure the ulcers but also the pre disposition to developing it again.

Effective Homeopathic Medications

Some of the effective homeopathic medicines for peptic ulcers are given below.

However, you shouldn't try to self-medicate as it is best to consult with a doctor who can properly diagnose the problems and prescribe medication according to the symptom similarity for you..

1. Argentum Nitricum One of the most effective medication in treating ulcers.

Argentum Nitricum is usually prescribed when you experience sharp burning pains from peptic ulcers that radiate to different area of the abdomen.

The pain is akin to the feeling of gnawing inside the stomach. Other symptoms such as vomiting, belching and nausea may also be present.

2. Nux Vomica If you have peptic ulcers and even eating the slightest amount of food causes pain, then Nux vomica may be a good option .Another indication in such cases is where the abdominal region is very sensitive and you may feel pain even with the slightest touch.

Nux Vomica is also very effective if your peptic ulcer symptoms tend to get worse after the consumption of tea, coffee, spicy foods or alcoholic beverages.

3. Kali Bichromicum Sometimes, peptic ulcers may cause the food in your stomach to sit like a heavy load immediately after meals. This can make you very uncomfortable and unable to do any other form of work. This is often accompanied by a low appetite. In such cases, Kali Bichromicum has been seen to work wonders . One has to look at the hallmark sign of “ the pain pointed by a finger or a finger tip”.

4. Lycopodium Clavatum If you have burning pain in your stomach along with the bloating of your abdomen, then Lycopodium Clavatum is the best medication for you.

Other indications for this medication are when ingestion of warm water helps relieve pain. If consuming certain vegetables such as cabbage and beans worsens the situation, moreover the patient feels increase in the intensity in evening hours from around 4 to 8 pm then Lycopodium Clavatum could be the best medication in such a case.

5. Carbo-veg An all-rounder in the field of homeopathy, Carbo-Veg is also effective when treating peptic ulcers which are accompanied by heartburn and acidity as well as sour belching. The pain from the ulcers may extend from the stomach all the way to the back. Other indication wherein Carbo-Veg may be effective is where the stomach area becomes very sensitive to touch and even small amounts of food may suddenly cause the symptoms to deteriorate.

6. Hydrastis Canadensis Stomach or abdominal pain accompanied by weight loss is one of the major indications where this medication may be prescribed.

The patient may become emaciated and have sharp cutting pains in the stomach. In such cases, Hydrastis has been seen to be very effective.

7. Graphites This medication is extremely useful where along with the ulcer pain, you may end up vomiting your food immediately after a meal. A sensation which is painful and constrictive may be present in your stomach. Graphites is also very effective when you suffer from excessive belching.

8. Phosphorus If you exhibit typical symptoms of peptic ulcer such as sour belching and a burning sensation in the stomach after eating, Phosphorus could well be the panacea. A lean thin emaciated body adds to its selection.



Dr Prital Shah
Assistant Professor
(Dept. of Repertory)

A Case demonstration of Peptic Ulcer

36 year old female

Known patient of Hypothyroidism since 5 years, under treatment for the same, came with complain of having digestive issues since 6-8 months.

She used to have discomfort in the epigastric region- severe burning, and many a times with waterbrash. She would have 3-4 episodes in a week, but now had become her daily routine.

The burning was constant and not relieved by anything- had taken anti- acidity pills, changed her diet and lifestyle, but still the same.

There would be occasions where she would have vomiting also because of the complain.

No amelioration with anything, but any food or drink would aggravate, she was very angry with her situation.

There was an event at her personal front which occurred 8months ago-

Her mother is a widow and lives with her nuclear family. 8months back her mother one day asked them to leave the house declaring that it was hers. Patient shared that her elder sister was on watch for the property, thus had convinced their mother and persuaded her to take this step.

They are still battling for the property, and this has brought in a lot of anxiety in her, about her husband and daughter, but most importantly her mother who is blindly trusting her sister and knows that her mother will suffer.

She feels she is responsible for this mess as she couldn't protect her mother from her sister. Has a lot of stress and is unable to handle it.

As a person she is a hard working conscientious lady, always up for family responsibilities. Chilly patient, has craving for sweets,

P/ H- recurring episodes of sinusitis when young

F/H- mother- Diabetes Mellitus and Hypertension, father- hypertension and expired due to cardiac arrest, both maternal and paternal grandparents had hypertension

Menstrual history is regular cycles with backache before and during menses. O/E- vitals in normal range

P/A- nothing significant

Investigation – nothing specific, endoscopy was not advised by me

Analysis of symptoms-

1. Self condemnation- characteristic mental state.
2. Apprehensive- characteristic mental state.
3. Conscientious- mental disposition.
4. Craving for sweets- characteristic physical general
5. Retrosternal

burning Miasmatic

understanding- Dominant

miasm- sycotic

Fundamental miasm-

sycotic

Remedy given was Kali carb 200 on the basis of totality, miasmatic understanding and susceptibility judgement.

Kali carb 200 single dose was given and asked to come for follow up after 3 weeks,

Patients said that the burning is the same, no change and has started experiencing sinus congestion with headaches- no medicine was given and asked to come after 15 days

2nd follow up- patient was better 50 percent in her burning, was able to eat without discomfort, no medicine was given.

3rd follow up – kali carb 200 was given and the next follow up were almost asymptomatic.

Presently the patient is still under treatment for hypothyroidism and her doses of thyronorm 50 micro gram have been tapered to 25micro gram.



Dr. Charmi R Thakkar

Assistant Professor

Dept of Organon of Medicine

Peptic Ulcer - A Case Report

A 43 years old female patient school teacher by profession and belonging to higher middle class family presented to me with chronic stomach pain and acidity since 2 years

She is fair and medium built.

She had complaint of pain in epigastric region < waking (for one and half hour) , < spicy food , < eating after < after mental stress or tension.

> after 1 hour of eating and little walking, > after stool

Sensation of pain is stinging and twisting type.

Patient has long history of habit of eating food from hotel which is spicy in nature. Also has long history of Allopathic treatment in form of antibiotic many times and treatment for primary infertility for 5 -6 years.

PAST HISTORY:

PCOD right side since puberty and history of delayed menses.

Primary infertility for 5 year after marriage and concieved with IVF.

FAMILY HISTORY:

Father - Hypertention

Mother - Peptic Ulcer.

Sister - Brain tumour

PHYSICAL GENERAL

Appetite - Good

Thirst - 2-3 lit/ day

Craving - Chicken

Perspiration - Scanty

Aversion - N. S
sleepless

Sleep - with medication else

Urine - NAD
Sleep on either left

due to excessive thought .

Stool - NAD

or right side

Thermal - Sensitive to extreme of heat and cold

Menstrual History:

SCANTY, LATE, only for 1 day every 45 days and scanty

Before Menses - irritability, sadness weakness+++

No Leucorrhoea.

OBSTETRIC HISTORY

History of primary infertility.

One male child after 5 year treatment with IVF.

LSCS done at the age of 32.

MENTAL HISTORY:

I am very family oriented type and always want family members around me. I feel very scary to be alone. I am basically from Indore and most of my family is there. I feel very lonely in Gujarat.

Before 2 years my father in law died suddenly from heart attack. He was very close to me and was taking my lot of care. His death was a big shock and stress to me. He was like an umbrella to me and after his death I started feeling uncertain and insecure. I am not physically and emotionally capable to handle everything alone. When he was there, then I don't have to worry about many small issues. I felt as if my cocoon is lost and I am insecured.

I also have imaginary fear of losing my husband and even thoughts that what will happen to my child if I or my husband died. He will be all alone.

I don't have big family. I feel very lonely. I always need support. My husband is like my pillar and support me at my every step or else I don't feel myself capable of handling everything.

Dreams- of plane crash. Still I have fear of travelling by aeroplane.

Dream - I am giving exam without proper preparation. I felt anxious, tensed and felt what if my family will ignore or leave me. My family is like umbrella to me and I feel very comfortable and secured with them like a baby. Without family I feel very unsecured and scary.

Fear - of poisonous snake

Hobbies - Movies which are romantic and comedy. Movies which don't give additional stress. I don't like movies when soldiers are in pain or dying. I can't see it. I don't like to see dead bodies.

ANALYSIS AND EVALUATION:

MENTAL GENERAL:

1. Ailment from death of loved ones.+++
2. Desire company and aversion to be alone.+++
3. Family is like an umbrella to her and feel extremely uncertain without it. +++
4. Dream of plane crash.
5. Fear of snake.

PHYSICAL GENERAL:

6. Craving Chicken+++
7. Sensitive to extreme of heat and cold.
8. Menses - late, scant only for one day.+++

PHYSICAL PARTICULAR:

10. Stomach - twisting, burning, stiching pain < eating after, on waking >walking.
11. Ovary - cystic tumour Right side.

REPERTORIAL TOTALITY:

Remedy Name	Lyc	Nat-m	Phos	Kali-c	Lach	Calc	Caust	Graph	Sep	Ars	Sulph	Mag-c
Totally	19	18	18	18	18	16	16	15	14	13	13	12
Symptoms Covered	8	8	8	7	6	10	7	6	6	9	6	6
Kingdom												
[Complete] [Mind]Company:Desire for:Family, of: (52)	1	1	1	3		1		2		1	1	1
[Murphy] [Mind]Fears, phobias, general:Happen, something bad ...			1			2	1		1	2		
[Complete] [Mind]Death:Allments from, agg.:Parents or friends, o...	1	3		1		1	4			1		
[Complete] [Mind]Fear:Snakes, of: (34)		3			3	1			1	1	1	
[Complete] [Generalities]Food and drinks:Chicken:Desires: (20)		1	3		1		1	3				1
[Complete] [Female Genitalia]Menses:Late, too: (303)	4	4	4	4	4	3	4	4	4	1	4	4
[Complete] [Female Genitalia]Menses:Scanty: (361)	4	4	4	4	4	3	4	4	4	3	4	4
[Complete] [Female Genitalia]Tumors:Cysts:Ovaries: (63)	3		1		3	1		1		1		
[Complete] [Stomach]Pain:Eating:After:Soon or immediately after...	3			3		1				1		
[Complete] [Stomach]Pain:Waking:On or after: (59)	1	1	1	1	3	2	1		1		2	1
[Murphy] [Stomach]ULCERS, stomach: (91)	2	1	3	2		1	1	1	3	2	1	1

PRESCRIPTION:

Calcarea Carb 200 BD for 2 days.

Sac Lac 4 globule 30 no. TDS.

JUSTIFICATION OF PRESCRIPTION:

Extract of calcarea carb from Soul of remedy book by Dr. Rajan Sankaran

Calcarea carbonica is a mineral remedy belonging to the psoric miasm. It also has some sycotic traits. The main feeling of Calcarea is the need for stability and security. Calcium offers protection not only to humans in the form of bone but also in earlier forms of life in the form of shell, exoskeleton, etc. The central theme of the Carbonates is of a vital reaction.

Thus the main theme of Calcarea carbonica is a need for protection. But in order to get this protection the person does not need to make any effort – all he has to do is show a vital reaction. There is a feeling of being too weak to face the cruelty and roughness of the world. So we have the rubrics: "Delusion, that he is weak" and "Delusion, that he is small", as the main delusions.

So Calcarea carbonica tries to build a protective wall of defence around himself which will ensure that he is safe, secure and covered like a developing embryo within an egg.

He seeks the protection he needs by expressing a lot of fears. He surrounds himself by a lot of people who protect him. The Calcarea carbonica persons are people who don't go out much, don't want any adventure in life. Rather they choose for themselves friends and partners who are protective and on whom they can depend.

It also cover desire for chicken and fear of snake.

FOLLOW UP:

Patient gradually improve in every aspect within 2 months.

Her acidity and stomach paing get reduced .

She can sleep better without medicine.

After 3 months periods were still late but quantity increased and remained for 2 days.

Calcarea carb one dose was repeated every 15 days for 3 months never given just before menses.

21.11.2019

Students of 4th BHMS along with the staff of Department of Repertory of SMMHMC visited R P Patel institute to understand and experience, various aspects and the importance, of Repertory in Homoeopathic Science.



15.11.2019

APPRECIATION CERTIFICATES BEING AWARDED TO THE MEMBERS OF THE TEACHING STAFF, NON TEACHING STAFF AND HOSPITAL STAFF, and STUDENTS of 1st, 2nd, 3rd & 4th BHMS WHO WON THE "EMPLOYEE OF THE MONTH" & "STUDENT OF THE MONTH" AWARD FOR THE MONTH OF OCTOBER 2019 IN THEIR RESPECTIVE CATEGORIES, BY THE MANAGEMENT.



07.11.2019

Heartiest **congratulations** to Miss Hirani Shruti who Secured 1st Rank in the 1st BHMS exams and Miss Khatri Israa who has secured 1st Rank in the 2nd BHMS exams conducted by M K Bhavnagar University in the Month of October 2019.

ભાવનગર ખાતે BHMSની પરીક્ષામાં શ્રી મહાલક્ષ્મીજી મહિલા હોમિયોપેથિક મેડિકલ કોલેજની બે વિદ્યાર્થિની પ્રથમ



તાજેતરમાં મહારાજા કૃષ્ણકુમારસિંહજી યુનિવર્સિટી, ભાવનગર દ્વારા લેવાયેલ ઓક્ટોબર ૨૦૧૯ની પરીક્ષામાં શ્રી મહાલક્ષ્મીજી મહિલા હોમિયોપેથિક મેડિકલ કોલેજની પ્રથમ વર્ષની વિદ્યાર્થિની કુ. હીરાની સૃષ્ટિ બીએચએમએસમાં પ્રથમ અને દ્વિતિય વર્ષમાં અભ્યાસ કરતી કુ. ઈસરા ખત્રી પ્રથમ ક્રમાંક મેળવ્યો છે.



14.10.2019

APPRECIATION CERTIFICATES BEING AWARDED TO THE MEMBERS OF THE TEACHING STAFF, NON TEACHING STAFF AND HOSPITAL STAFF, and STUDENTS of 1st, 2nd, 3rd & 4th BHMS WHO WON THE "EMPLOYEE OF THE MONTH" & "STUDENT OF THE MONTH" AWARD FOR THE MONTH OF SEPTEMBER 2019 IN THEIR RESPECTIVE CATEGORIES, BY THE MANAGEMENT



10.10.2019

The Fourth year Students of SMMHMC visited "The Institute of Mental Health Sciences Vadodara " along with the staff members on occasion of "World Mental Health Day".



03.10.2019

A seminar on " Miasmatic Diagnosis " by Dr Chintan Shah was conducted in SMMHMC for the interns and 4th BHMS.



01.10.2019

" A Night of Navratri Celebration" was organized by the Management of SMMHMC at "The Grand Mercure" Hotel Surya Palace from 6pm to 11pm. The Management, Staff , Interns and Students enthusiastically participated in the event.



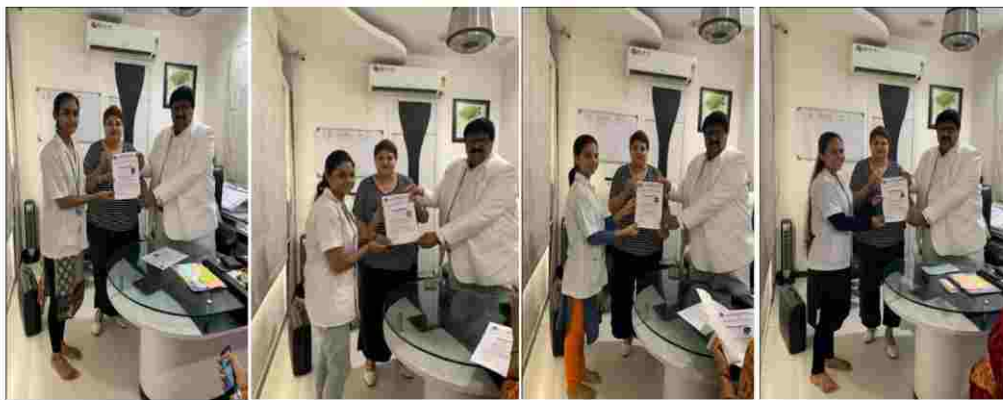
26.09.2019

A seminar on " Latest Trends in research in Homoeopathy " by Dr Rakesh Gohel was conducted in SMMHMC for the interns and 4th BHMS.



11.09.2019

APPRECIATION CERTIFICATES BEING AWARDED TO THE MEMBERS OF THE TEACHING STAFF, NON TEACHING STAFF AND HOSPITAL STAFF, and students of 1st, 2nd, 3rd & 4th BHMS WHO WON THE "EMPLOYEE OF THE MONTH" & "STUDENT OF THE MONTH" AWARD FOR THE MONTH OF AUGUST 2019 IN THEIR RESPECTIVE CATEGORIES, BY THE MANAGEMENT



09.09.2019

A seminar on "Career Guidance " was conducted in SMMHMC, by a team from Endeavour Career Private Limited.



06.09.2019

"Ganesh Visarjan" was conducted in SMMHMCampus. The Management, Staff and Students bid Adieu to Our Favorite diety with heavy hearts, but with a promise of Return Same Time Next Year...Ganapati Bappa Morya



03.09.2019

A seminar on "Role of Symptom classification in erecting Repertorial totality and its implications on selection of Simillimum" was conducted in SMMHMC .



02.09.2019

As per tradition The "Ganesh Sthapana" was conducted in the SMMHMC Campus on the Auspicious Occasion of Ganesh Chaturthi, with a lot of enthusiasm and religious fervour.



21.08.2019

The festive event of "Dahi-Handi" was celebrated with much zeal and enthusiasm by the students of SMMHMC in the college campus



15.08.2019

73rd Independence Day was Celebrated in the college campus. We the people of India will always be indebted to our freedom fighters who sacrificed their lives for building free nation. It was celebrated by students and staff with great enthusiasm, spirit of independence and patriotism.



08.08.2019

APPRECIATION CERTIFICATES WERE AWARDED TO THE MEMBERS OF THE TEACHING STAFF, NON TEACHING STAFF AND HOSPITAL STAFF, AND STUDENTS OF 1ST, 2ND, 3RD & 4TH BHMS WHO WON THE "EMPLOYEE OF THE MONTH" AND "STUDENT OF THE MONTH" AWARD FOR THE MONTH OF JULY 2019 IN THEIR RESPECTIVE CATEGORIES, BY THE MANAGEMENT



SHREE MAHALAXMIJI MAHILA HOMOEOPATHIC MEDICAL COLLEGE

FIRST B.H.M.S. (NEW COURSE) 2018-19 OCT. NOV. - 2019 RANKERS



**HIRANI SHRUSHTI
SHAILESHBHAI**

College - FIRST
University - FIRST
73.30%



**PATEL NIDHIBEN
DILIPBHAI**

College - SECOND
University - FOURTH
70.80%



**BUTANI HAPPY
MAHENDRABHAI**

College - THIRD
67.30%



**GARUDA NEHABEN
MUKESHBHAI**

College - THIRD
67.30%

SECOND B.H.M.S. (NEW COURSE) 2018-19
OCT. NOV. - 2019 RANKERS



**KHATRI ISRAA ABDUL
NASIR**

College - **FIRST**
University - **FIRST**
70.22%



**PRAJAPATI JINALBEN
VINODBHAI**

College - **SECOND**
University - **SECOND**
69.56%



**PATHAN NAURIN
NASIRKHAN**

College - **THIRD**
University - **THIRD**
69.11%

THIRD B.H.M.S. (NEW COURSE) 2018-19
OCT. NOV. - 2019 RANKERS



**BHESANIYA RUCHITA
MANSUKHBHAI**

College - **FIRST**
68.92%



**SHAH PRIYANKA
SURYANARAYAN**

College - **SECOND**
68.42%



**SHAIKH ASMABANO
MOHAMMED AAMIR**

College - **THIRD**
67.50%

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