

Homoeo Spirit

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JAWAHARLAL NEHRU

HOMOEOPATHIC MEDICAL COLLEGE

Parul University Campus, At & PO Limda, Ta: Vaghodia, Dist: Vadodara.

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EDITORIAL

Vol. II (June) Year 2022

Greetings from Jawaharlal Nehru Homoeopathic Medical College.

As the second quarter has finished we are here with our second volume of “ Homoeo Spirit ” of the current calendar year 2022.

Jawaharlal Nehru Homoeopathic Medical college is probably the only college in Gujarat who has a U.G. (B.H.M.S.), P.G (M.D.{HOM}) and Ph.D courses to offer and is living up to its Legacy from the past so many years. Qualitative measures are implemented with continuous efforts from our faculty to ensure no page remains unturned in overall development of our students, who are the future of the medical system as well as are a mirror reflection of the efforts put in by the Institute in the formative years of development of the students.

College promotes regular seminars, webinars, Medical Camps, co- curricular and extracurricular activities which are an integral part of Academics and helps inducing confidence in students to look in to the future.

HOMOEOPHY- A BOON FOR A VERY COMMON MALE PROBLEM, BENIGN HYPERTROPHY OF PROSTATE



Dr P S Mandal

Prof. & HOD,
Organon of Medicine Department,
JNHMC

Author: Mr Abhishek Mehta (Student 4th BHMS)

ABSTRACT:-

Benign prostate hyperplasia or BPH refers to a non-cancerous enlargement of the prostate gland. The enlargement of the prostate gland blocks the urinary outflow and results in many urinary symptoms. Homeopathic medicines for prostate enlargement can potentially save a person from surgical intervention.

KEYWORDS-

BPH :- Benign prostatic hyperplasia, PROSTATE- It is a walnut-sized gland located between the bladder and the penis. The prostate is just in front of the rectum. The urethra runs through the center of the prostate, BENIGN means Non malignant, HYPERPLASIA - Increase in size

INTRODUCTION-

It is benign enlargement of prostate gland occurs commonly after 50 years, usually between 60 and 70 years. Pain during urination, obstructed flow of urine, frequent urging of urination can be a nuisance for a person. Prostate gland located between the bladder and the penis. The prostate is situated just in front of the rectum. The urethra runs through the center of the prostate. The prostate secretes fluid that nourishes and protects sperm. Enlarged prostate is usually treated by surgical methods and there is a common belief that there is no other treatment for enlarged prostate other than surgery.

However, Homeopathy can be used for the treatment of an enlarged prostate gland effectively. Homeopathic medicines are safe and completely natural and treat the underlying cause of an enlarged prostate, instead of just relieving the symptoms.

PATHOLOGY-

BPH usually involves median and lateral lobes or one of them.

It involves adenomatous zone of prostate, i.e. submucosal glands. Median lobe enlarges into the bladder. Lateral lobes narrow the urethra causing obstruction.

Urethra above the verumontanum gets elongated and narrowed. Bladder initially takes the pressure burden causing trabeculations, sacculations and later diverticula formation.

Enlarged prostate compresses the prostatic venous plexus causing congestion, called as vesical piles leading to haematuria.

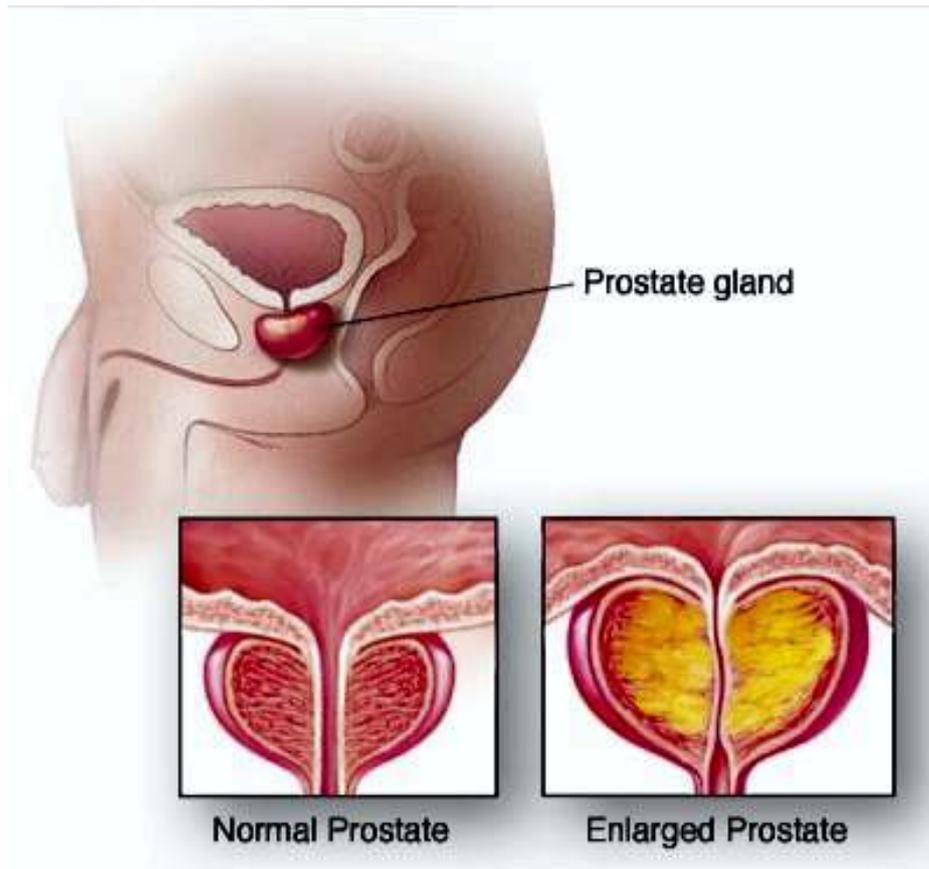
Kidney and ureter: Backpressure causes hydronephrosis and hydronephrosis.

Secondary ascending infection can cause acute or chronic pyelonephritis.

Often severe obstruction can lead to obstructive uropathy with renal failure.

BPH may cause impotence.

HOMOEOPHY- A BOON FOR A VERY COMMON MALE PROBLEM, BENIGN HYPERTROPHY OF PROSTATE



SIGN AND SYMPTOMS-

Retention with overflow, Urine dribbles and patient complains swelling in hypogastrium. Haematuria A drop of blood comes out at beginning or end of micturation. Occasionally profuse haematuria occurs due to rupture of prostatic vein.

Renal insufficiency In later stage, patient may suffer from renal failure.

EXAMINATION

CLINICAL-

On inspection, palpation and percussion a varying degree of retention may be present in old sufferers. There may be tenderness and enlargement of kidney on palpation of renal areas.

Dirty brown tongue and urine of low specific gravity indicates considerable degree of renal insufficiency.

Per rectal examination: It is carried out in absence of full bladder, bimanually in the dorsal position. In benign enlargement of lateral lobes, increase in their size is evident.

USG- Gives detailed idea regarding BPH

MANAGEMENT

Patient with acute retention of urine requires urethral catheterisation.

If urethral catheterisation fails, then suprapubic cystostomy (SPC) is done.

If patient presents with uraemia, then urethral catheterisation is a must.

Serum electrolytes should be corrected properly in these patients.

HOMEOPATHIC VIEW POINT

TOTALITY OF SYMPTOM APPROACH is the best when individualistic symptoms are available but sometime patient may only present very few symptoms beside USG findings. Treatment of such cases described in

HOMOEOPHY- A BOON FOR A VERY COMMON MALE PROBLEM, BENIGN HYPERTROPHY OF PROSTATE

'Organon of Medicine' in between aphorisms 172-184.

In comparison to the above mode of treatment, the homeopathic approach is much safer and effective ; as the treatment is based upon the holistic approach.

ANTI MIASMATIC POIN OF VIEW

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ANTI MIASMATIC POIN OF VIEW

In Homoeopathic ,we relate diseases condition with the miasmatic consept. BPH is mainy corelated with the sychotic miasm which is related with the over growth of prostatic gland.

The chronic venereal miasm is primarily manifested as a typical discharge from external urethral orifice, which when suppressed leads to the triggering or proliferation of cells, characterized by exaggerated cell growth or tissue growth. Thus, when you are not getting proper result by using indicated homoeopathic medicine there we should think about suitable anti sychotic (anti miasmatic) medicine to handle the situation.

Few common Homoeopathic medicines for BPH

SABAL SERRULATA:-

Most commonly used, cliniclly indicted medicine.

-There is difficulty and pain during urination.

-The person also experience a frequent desire to pass urine at night.

CONIUM MAC:-

-Interrupted urine flow in BPH.

-Here the urine starts and stops several times before complete voiding.

-After passing urine, burning pain may be felt in the urethra.

CANTHARIS VESICATORIA & SARSAPARILLA OFFICINALIS:-

-Burning pain, while passing urine.

-Burning in urethra is felt before, during of after passing urine.

LYCOPodium:-

-There is frequent urination at night.

-He waits to start urination

Homeopathy is an ideal treatment for an enlarged prostate gland for people who want to avoid surgery without any side effects. It works naturally and gives great results.

Bibliography -

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2. Pocket book of materia medica- W. Boericke
3. Theory of chronic disease- Dr. S. Hahnemann

CRATAEGUS OXYACANTHA – A HEART PRESERVER

Author: Dr Tushar Acharya

Prof.
Dept of Hom.Materia Medica,
JNHMC.



Introduction

Kingdom: Plantae Order: Rosales Family: Rosaceae

Genus: Crataegus Common Names: Hawthorn Berry, May blossom, White thorn, Red Haw; Mayflower, Bread & Cheese tree.

Parts Used: Flowers, leaves, berries

Phytochemicals: Tannins, flavonoids, oligomeric proanthocyanidins, and phenolic acids.

Crataegus oxyacantha from the Greek kratos, meaning hardness (of the wood), oxcus (sharp),

and akantha (a thorn) referring to the thorns of some species) is a large genus of shrubs and trees native to temperate regions of the Northern Hemisphere in Europe, Asia and North America. The name haw, originally an Old English term for hedge, applies to the fruit. (Botanical.com)

Uses

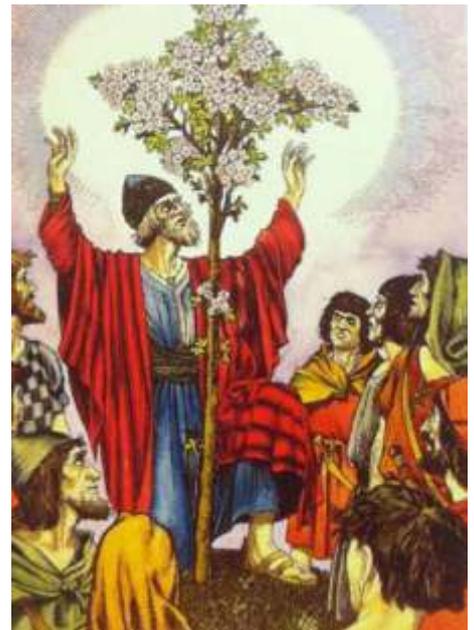
- All over the world including England, Ireland, Canada, Mexico, Iran, China, Japan, etc. it has certain culinary uses. Fruits are used to make jelly, jam, homemade wine, juices, candies etc. The leaves are edible, and if picked in spring when still young, are tender enough to be used in salads. The young leaves and flower buds, which are also edible, are known as "bread and cheese" in rural England.
- The plant is also used as herbal medicine since ancient times for cardiovascular diseases and gastric complaints.
- It is also used for landscaping and has an ornamental value. The common hawthorn is extensively used in Europe as a hedge plant. Hawthorns are among the trees most recommended for water conservation landscapes.



CRATAEGUS OXYACANTHA – A HEART PRESERVER

Folklore

- In Ireland most of the isolated trees, or so-called 'lone bushes', found in the landscape and said to be inhabited by faeries, were hawthorn trees. Such trees could not be cut down or damaged in any way without incurring the often fatal wrath of their supernatural guardians.
- The site of Westminster Abbey was once called Thorney Island after the sacred stand of thorn trees there.
- There was a very strong taboo against bringing hawthorn into the house. In the early 1980s the Folklore Society's survey of 'unlucky' plants revealed that 23% of the items referred to hawthorn, more than twice as many instances as the second most unlucky plant. Across Britain there was the belief that bringing hawthorn blossom into the house would be followed by illness and death, and there were many instances of hapless children being scolded by adults for innocently decorating the home.
- Mediaeval country folk also asserted that the smell of hawthorn blossom was just like the smell of the Great Plague in London. Botanists later discovered that the chemical trimethylamine present in hawthorn blossom is also one of the first chemicals formed in decaying animal tissue. In the past, when corpses would have been kept in the house for several days prior to burial, people would have been very familiar with the smell of death, so it is hardly surprising that hawthorn blossom was so unwelcome in the house.
- Britain's most famous hawthorn is the Holy Thorn of Glastonbury. Legend tells of how Joseph of Arimathea, the uncle of the Virgin Mary, arrived at a hill overlooking Glastonbury Tor with a few disciples and two sacred vessels containing the blood and sweat of Jesus. Where he thrust his staff into the ground it sprouted and grew into a thorn tree.
- A sprig of one of these Glastonbury thorns from outside St Johns Church is traditionally sent to the Queen, who is said to decorate her breakfast table with it on Christmas morning.



Homoeopathy

Dr John Henry Clarke, in his Dictionary of Materia Medica, tells us that: 'Crataegus was introduced into medicine as a heart remedy by Dr Greene of Ennis Ireland, and it has been used empirically with much success in cases of heart' and 'Crataegus is the nearest approach to a positive heart tonic that I know of...but it is not a heart poison like Digitalis, and has no cumulative action.'

CRATAEGUS OXYACANTHA – A HEART PRESERVER

Dr Green never revealed the source of his success with 'hearts' during his lifetime, but after his death, his daughter gave the knowledge to the world of medicine.

Characteristic Symptoms

Mind: Irritability, crossness & melancholy. Hurried, flurried feeling, with rapid action of heart. An unusual rush of blood to the head with confused feeling; followed by a feeling of quiet and calmness mentally.

Stomach: Nausea. Dyspepsia & nervous prostration, with heart failure.

Heart: Arteriosclerosis. Said to have a solvent power upon crustaceous & calcareous deposits in arteries. Cardiac dropsy. Extreme dyspnoea on least exertion. Pain in region of heart and under left clavicle. Faintness & collapse. Heart failure in hypertrophy & valvular disease. Heart collapse in typhoid.

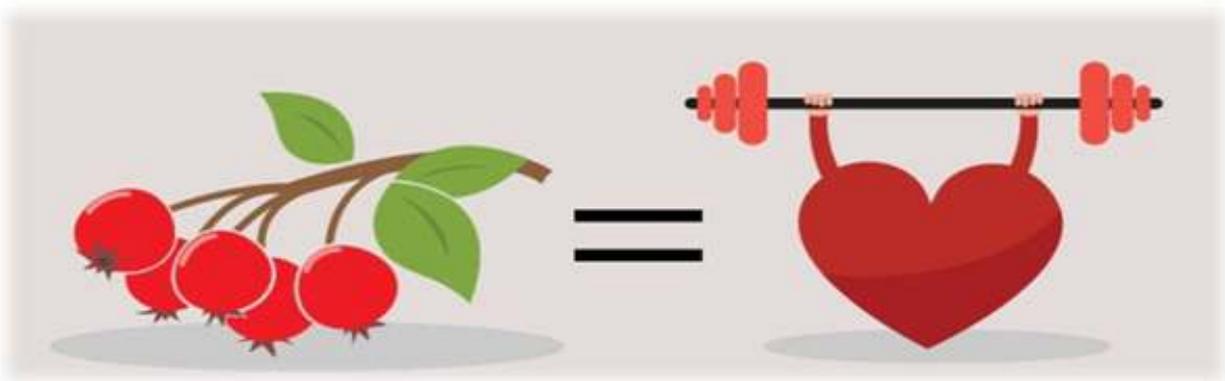
Modalities: Worse, in warm room. Better, fresh air, quiet & rest.

Relationship: Strophanthus, Digitalis, Iberis, Naja, Cactus.

Dose: Fluid extract or tincture, 1-15 drops. Must be used for some time in order to obtain good results.

Research

The cardioprotective qualities of Hawthorn extract WS 1442 have been demonstrated by Krzeminski and Chatterjee. They used the ischemia/reperfusion model in 2 groups of rats, 1 receiving 100 mg·kg⁻¹·d⁻¹ of the standardized Hawthorn extract WS 1442 orally for 6 days before induction of ischemia and the other serving as a control group. Active treatment effectively protected the animals from reperfusion-induced arrhythmia, mortality, and hypotensive crisis, as observed in the control animals after 7 minutes of coronary occlusion. A better understanding of the pharmacological working principles of WS 1442 is offered by Chatterjee et al. They fractionated the Hawthorn extract and demonstrated that a subgroup of the flavonoids, namely, the oligomeric procyanidins, possess potent radical scavenging and human neutrophil elastase inhibitory activities. Further research is being carried out with this special Hawthorn extract to investigate its pharmacological properties and its clinical significance, not only in early but also in advanced stages of heart failure and for secondary prevention after myocardial infarction. (Krzeminski T, Chatterjee SS. Ischemia and early reperfusion induced arrhythmias: beneficial effects of an extract of Crataegus oxyacantha L. Pharm Pharmacol Lett.1993; 3:45–48.)



ENDOMETRIOSIS & ADENOMYOSIS

A GYNECOLOGICAL DISORDER WITH HOMOEOPATHIC PERSPECTIVE

Dr Dhaval Jadhav

Prof. & HOD,
Obstetrics & Gynaecology Department,
JNHMC



In this new era, there are so many disorders emerged out due to alteration in daily routine and dietary changes which had compelled us to think about them seriously. There are number of disorders which are developed due the recent lifestyles out of which one is Endometriosis and Adenomyosis. So far as its basic concept is concerned, it's due to delay in conception after marriage or one can say may be due to new concept of getting married lately i.e. after getting settled in life and start the family after earning a good income. Apart from this another concept is also associated with this disorder and i.e. increased involvement in diagnostic laparoscopy.

So far as its definition is concerned, endometriosis is a condition in which there is growth of functional endometrium in sites other than uterine mucosa. So one can also called it as ectopic endometrial growth and when endometrial cells grow at myometrium it's called as Adenomyosis. The condition is usually a benign condition but there is possibility of malignant transformation so one can't take it lightly. Endometriosis is a complex disease that affects some women globally, from the onset of their first period (menarche) through menopause regardless of ethnic origin or social status. The exact origins of endometriosis are thought to be multifactorial, meaning that many different factors contribute to its development. Several hypotheses have been proposed to explain origins of endometriosis. At present endometriosis is thought to arise due to:

- Retrograde menstruation, which is when menstrual blood containing endometrial cells flows back through the fallopian tubes and into the pelvic cavity at the time that blood is flowing out of the body through the cervix and vagina during periods. Retrograde menstruation can result in endometrial-like cells being deposited outside the uterus where they can implant and grow.
- Cellular metaplasia, which is when cells change from one form to another. Cells outside the uterus change into endometrial-like cells and start to grow.
- Stem cells giving rise to the disease, which then spreads through the body via blood and lymphatic vessels.

Other factors may also contribute to the growth or persistence of ectopic endometrial tissue. For example, endometriosis is known to be dependent on estrogen, which facilitates the inflammation, growth, and pain associated with the disease. However, the relationship between estrogen and endometriosis is complex since the absence of estrogen does not always preclude the presence of endometriosis. Several other factors are thought to promote the development, growth, and maintenance of endometriosis lesions. These include altered or impaired immunity, localized complex hormonal influences, genetics and potentially, environmental contaminants

Endometriosis has significant social, public health and economic implications. It can decrease quality of life due to severe pain, fatigue, depression, anxiety, and infertility. Some individuals with endometriosis experience debilitating endometriosis-associated pain that prevents them from going to work or school. In

ENDOMETRIOSIS & ADENOMYOSIS

A GYNECOLOGICAL DISORDER WITH HOMOEOPATHIC PERSPECTIVE

these situations, addressing endometriosis can reduce absence from school or increase an individual's ability to contribute to the labour force. Painful sex due to endometriosis can lead to interruption or avoidance of intercourse and affect the sexual health of affected individuals and/or their partners. Addressing endometriosis will empower those affected by it, by supporting their human right to the highest standard of sexual and reproductive health, quality of life, and overall well-being.

The commonest clinical features associated with endometriosis is dysmenorrhea, abnormal uterine bleeding, infertility, dyspareunia, chronic pelvic pain, abdominal pain and other symptoms depending upon invasion of endometrial tissues like urinary complaints, dyschezia, diarrhoea, constipation, rectal bleeding or even melena. Patient may also develop chronic fatigue as premenstrual symptoms, haemoptysis or pain at surgical scar.

Treatment can be with medications and/or surgery depending on symptoms, lesions, desired outcome, and patient choice. Contraceptive steroids, non-steroidal anti-inflammatory medications, and analgesics (painkillers) are common therapies. All must be carefully prescribed and monitored to avoid potentially problematic side effects. Medical treatments for endometriosis focus on either lowering estrogen or increasing progesterone in order to alter hormonal environments that promote endometriosis. These medical therapies include the combined oral contraceptive pill, progestins, and GnRH-analogues.

Adenomyosis is nothing else but endometriosis interna where there is ingrowth of endometrium both glandular and stromal components directly into the myometrium. The cause of Adenomyosis is not known yet it is commonly seen in elderly woman with increased parity may be related to repeated childbirths, vigorous curettage or excess of estrogen effect. In majority of cases it coexists with pelvic endometriosis.

Patients with Adenomyosis usually represents with clinical features like – menorrhagia, dysmenorrhoea, dyspareunia or frequency of micturition, infertility etc.

So far as investigations are considered USG (3D) and colour Doppler may be helpful yet for perfect diagnosis laparoscopy is ideal.

Homoeopathic remedies for Endometriosis:

Ammonium mur: Menses too early, too free, dark, clotted; flow more at night.

Apis Mel: Dysmenorrhoea, with severe ovarian pains. Ovarian tumors, metritis with stinging pains. Bearing-down, as if menses were to appear.

Belladonna: Menses increased; bright red, too early, too profuse. Haemorrhage hot. Cutting pain from hip to hip.

Cimicifuga: Menses profuse, dark, coagulated, offensive with backache, nervousness; always irregular. Pain across pelvis, from hip to hip.

Lachesis: Climacteric troubles, palpitation, flashes of heat, haemorrhages, vertex headache, fainting spells; worse, pressure of clothes. Menses too short, too feeble; pains all relieved by the flow. Left ovary very painful and swollen, indurated.

Natrum Mur: Menses irregular; usually profuse. Bearing-down pains; worse in morning.

Nux Vomica: Menses too early, lasts too long; always irregular, blood black with faint spells. Metrorrhagia, with sensation as if bowels wanted to move.

Platina: Menses too early, too profuse, dark-clotted, with spasms and painful bearing-down, chilliness, and sensitiveness of parts. Vaginismus. Nymphomania.

Sabina: Menses profuse, bright. Uterine pains extend into thighs. Discharge of blood between periods, with sexual excitement. Pain from sacrum to pubis, and from below upwards shooting up the vagina.

Sepia: Bearing-down sensation as if everything would escape through vulva. Menses Too late and scanty, irregular; early and profuse; sharp clutching pains.

Xanthoxylum: Menses too early and painful. Ovarian neuralgia, with pain in loins and lower abdomen; worse, left side, extending down the thigh, along genito-crural nerves. Neuralgic dysmenorrhoea, with neuralgic headaches; pain in back and down legs. Menses thick, almost black.

GALLERY

(March 2022- April 2022- May 2022)



An Interactive awareness session was conducted in college Hospital on the occasion of Anti Tobacco Day on 10/03/2022.



A sensitisation and awareness talk was conducted by Teaching faculty and Hospital staff of JNHMC at Devalia Village on World TB Day on 25/03/2022.



GALLERY

(March 2022- April 2022- May 2022)

Event cell, Social Responsive Cell and Department of community medicine of Jawaharlal Nehru Homoeopathic Medical College & Hospital, Parul University in association with Lions Club of Vishwamitri organized a Health awareness Program, School Health Checkup and Homoeopathic medical camp on the occasion of World Health Day on 07/04/2022 at 10 am at Kanhaiyalal Munshi Primary School, Kapurai, Vadodara.



Event Cell of Jawaharlal Nehru Homoeopathic Medical College, Parul University organized series of events such as Chart Blizzard competition, Extempore Relay Competition, unveiling of JNHMC quarterly Homoeopathic Journal 'Homoeo Spirit' on the occasion of World Homoeopathy Day on 11/04/2022 at 10 am at Jawaharlal Nehru Homoeopathic Medical College.



Visiting Parent Cell of Parul University organized a Recreational Statue of Unity Tour for faculty and staff members of Jawaharlal Nehru Homoeopathic Medical College on 13/04/2022 .



GALLERY

(March 2022- April 2022- May 2022)

World Asthma Day was celebrated in college hospital on 11/05/2022.



World Hypertension Day was celebrated in college Hospital on 17/05/2022



Jawaharlal Nehru Homoeopathic Medical College and Parul Institute of Homoeopathy and Research of Parul University organized a freshman induction program- 'AAGAMAN' for the batch 2021-2022 on 02/06/2022 at 1.30 pm onwards at Central Auditorium, Parul University, Vadodara.



Medical Camp Details

Sr.no	Date	Time	Place	Doctors	Nursing staff/attendent	PG SCHOLARS	INTERNS	No. of beneficiaries
1	08-03-2022	9:30am to 12:30pm	Vaikunth Char Rasta	Dr T.K.Das	Mr Hitesh Parmar	DR Divya Gamit Dr Rachita Joshi Dr Shivangi Lad Dr Akanksha Barot	Yashasvi Gohil, Monika Gangwani, Jaydeep Damor, Anchal Singh, Darshita Gamit, Hemangini Chavada, Divyakant Damor	48
2	25-03-2022	10:00am to 1:00pm	Devaliya	Dr T.K.Das Dr Vedant Pandya	Vikeshbhai Rabari	Dr Rachita Joshi Dr Aditi Gheewala Dr Rohan Parmar Dr Vishal Shukla	Mansi Dedaniya, Hemangini Chavada, Divyakant Damor, Jaydeep Damor	145
Sr.no	Date	Time	Place	Doctors	Nursing staff/attendent	PG SCHOLARS	INTERNS	No. of beneficiaries
1	01-04-2022	10am to 1pm	Ghuntia	Dr T.K.Das Dr Smit Dad	Minaxi Patel Dineshbhai	Dr Snehal Gohil Dr Ashish Nardiya Dr Krina Patel Dr Ayushi Patel	Mansi Dedaniya, Hemangini Chavada, Kuldeep Chaudhary, Jaydeep Damor	75
2	07-04-2022	09am to 12pm	govt primary school, Kapurai	Dr Shalini Bali Dr Zankhana Desai Dr Nidhi Tiwari	Vikeshbhai Rabari	Dr Aastha Raval Dr Roma Israni Dr Jeni Desai	Thakor Jigar, Acharya Jahnvi, Chaudhary Dinesh, Kishori Vibha, Rathva Dipalee, Gangwani Monika	152
Sr.no	Date	Time	Place	Doctors	Nursing staff/attendent	PG SCHOLARS	INTERNS	No. of beneficiaries
1	02-05-2022	10am to 1pm	Bediya	Dr T.K.Das Dr Vedant Pandya	Mamta Rathva Dineshbhai Vasava	Dr Mahima Pandya Dr Khyati dodiya Dr Shivani Upadhyay Dr Ekta Virani	Drashti Bavaliya, Priyanka Malaviya, Vishal Chauhan, Nisarg Panchal, Swapnil Chaudhary, Amit Bhoi	95
2	05-05-2022	10am to 1pm	Navalja	Dr T.K.Das Dr Nirav Khunt	Hitesh Parmar Prabhudas Parmar	Dr Karan Shah Dr Hiren Parmar Dr Shivani Upadhyay Dr Hinal Patel	Srushti Thakkar, Priyank Vaghela, Vishal Vankar, Jayshree Vasava	65



JAWAHARLAL NEHRU HOMOEOPATHIC MEDICAL COLLEGE



Chief Editor



Dr. Poorav Desai

Dean of Homoeopathic Faculty,
Principal & Professor
JNHMC, Parul University

Co-Editor



Dr. Gaurav Sharma

Associate Professor
Dept. Of Materia Medica,
JNHMC, Parul University