

Homoeo Spirit

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HOMOEOPATHIC MEDICAL COLLEGE

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EDITORIAL

Happy New Year 2022!!

The beginning of new year came up with new dawn of Hope & Fight against the Pandemic as we were hit by the 3rd Wave during this quarter but recovered out of it rather early and swiftly as probably the “O-MICRON” strain was more infectious but less deadly.

India became the 1st country to successfully Vaccinate 150 crore doses of the covid vaccine.

We at Jawaharlal Nehru Homoeopathic medical college have always taken the positive steps in the right direction for the development of Institute as well as over all development of the students pursuing BHMS & MD (Hom) .

The Last Quarter(Dec- 2021 to Feb 2022) has seen various Curricular and Extra Curricular activities organised by JNHMC . Special mention must be given to NSS and SRC Unit along with the Technical event cell of JNHMC who organised different events at various platforms . Workshops & Symposiums were also organised by various departments in the college.

JNHMC is Committed to provide quality education along with instilling moral values, sincerity & discipline in its students for their overall development. We wish our 4th year students who are going to appear in the university exams “All the best” and wish they will perform well and make all of us very proud.

Role of Homeopathy in Benign Prostate Hypertrophy, A retrospective observational study

Author: Dr Zankhana Desai

Professor,
Community Medicine Department,
JNHMC.



Author : **Dr Zankhana Desai**, Prof. Community Medicine Department, JNHMC.

Author : Intern - **Mayur Bachani** (Batch: 2020-21)

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is common Condition in aging men which is progressive and lead to AUR and ultimately need surgery. Symptoms of BPH are age related and if untreated, it may affect quality of life. Patient with huge prostatic enlargement mostly undergoes intervention. The objective was to assess the usefulness of Homoeopathic medicine in patient of BPH. This observational Retrospective Study was conducted at Jawaharlal Nehru Homoeopathic Medical College Hospital in Limda, Waghodiya. A total of treated 20 patient were shortlisted for case study and data collection was done during year 2020-21 (Internship at JNHMCH). Patients were consulted at outpatient department and treated with individualized homoeopathic treatment. Assessment of symptoms was done with using International Prostate Symptom Score. The result of the study show effectiveness homoeopathic medicine in treatment of BPH with relief in sign and symptoms. Statistical calculation was done by paired t-test and found p value < 0.001 at 95% confidence interval which is highly significant.

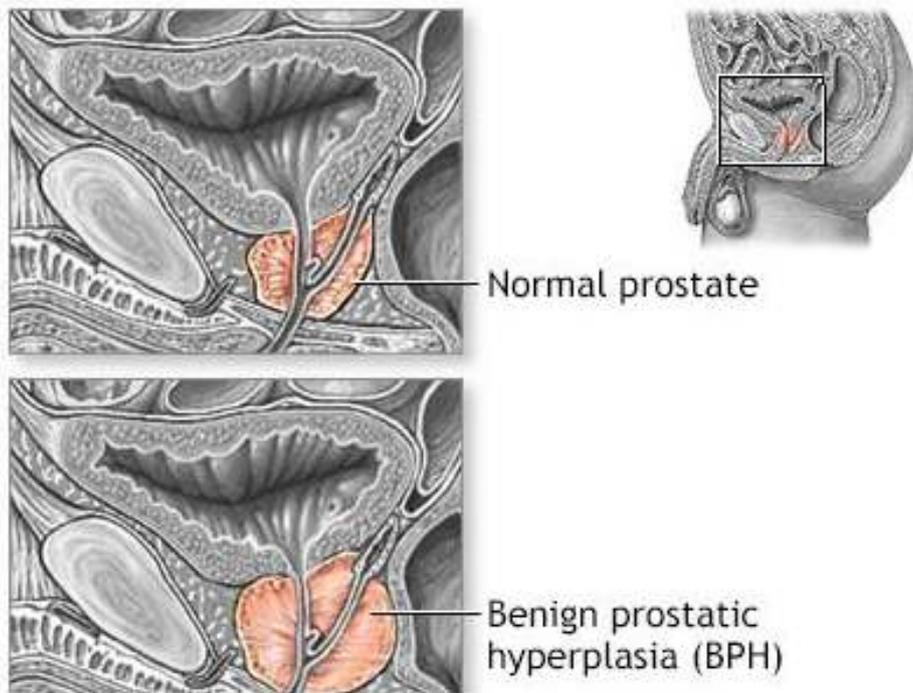
Introduction of BPH

Benign prostatic hyperplasia (BPH) refers to the nonmalignant growth or hyperplasia of prostate tissue and is a common cause of lower urinary tract symptoms in men. Disease prevalence has been shown to increase with advancing age. Indeed the histological prevalence of BPH at autopsy is as high as 50% to 60% for males in their 60's, increasing to 80% to 90% of those over 70 years of age.

Several definitions exist in the literature when describing BPH. These include bladder outlet obstruction, lower urinary tract symptoms, and benign prostatic enlargement (BPE). BPH describes the histological changes, benign prostatic enlargement (BPE) describes the increased size of the gland (usually secondary to BPH) and bladder outlet obstruction describes the obstruction to flow. Those with BPE who present with BOO are termed benign prostatic obstruction. Lower urinary tract symptoms simply describe urinary symptoms shared by disorders affecting the bladder and prostate (when in reference to men). LUTS can be subdivided into storage and voiding symptoms. These terms have largely replaced those historically termed "prostatism."

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The development of benign prostatic hyperplasia is characterized by stromal and epithelial cell proliferation in the prostate transition zone (surrounding the urethra), this leads to compression of the urethra and development of bladder outflow obstruction which can result in clinical manifestations of lower urinary tract symptoms, urinary retention or infections due to incomplete bladder emptying. Long-term, untreated disease can lead to the development of chronic high-pressure retention (a potentially life-threatening emergency) and long-term changes to the bladder detrusor (both over activity and reduced contractility).



Aetiology

The aetiology of BPH is influenced by a wide variety of risk factors in addition to direct hormonal effects of testosterone on prostate tissue.

Although they do not cause BPH directly, testicular androgens are required in the development of BPH with dihydrotestosterone (DHT) interacting directly with prostatic epithelium and stroma.

Testosterone produced in the testes is converted to dihydrotestosterone (DHT) by 5-alpha-reductase 2 in prostate stromal cells and accounts for 90% of total prostatic androgens. DHT has direct effects on stromal cells in the prostate, paracrine effects in adjacent prostatic cells, and endocrine effects in the bloodstream, which influences both cellular proliferation and apoptosis (cell death)

BPH arises as a result of the loss of homeostasis between cellular proliferation and cell death, resulting in an imbalance favoring cellular proliferation. This results in increased numbers of epithelial and stromal cells in the periurethral area of the prostate and can be seen histopathologically. (DAS, 2008) (Love, 2018)

Symptoms

Hesitancy Dysuria Frequency Hematuria Pain

Retention of urine

Evaluation

Standard investigation of BPH may include bedside urine dipstick, post-void residual, IPSS, and urine flow

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studies to establish if there is evidence of obstructive voiding. Further tests may be indicated depending on the patient/history. (Mayoclinic)

Blood Tests

Blood tests, including renal function tests, are useful to establish baseline renal function and can help support the diagnosis of renal failure/acute kidney injury in someone with chronic high-pressure retention or acute retention. Urinalysis

Urine specimen testing can help detect infection, non-visible haematuria, or metabolic disorders (glycosuria). Leucocytes and nitrites are common findings with infection; the presence of proteinuria may point towards nephrological conditions. The American urological association recommend urinalysis using a dipstick test, further tests may be requested based on abnormal dipstick findings (culture, etc.).

Prostate-Specific Antigen (PSA)

Prostate-specific antigen testing has been shown to predict prostate volume. Prostate-specific antigen (PSA) testing should be used with caution, however, and should not be done routinely in the investigation of BPH. Levels may be raised in a large range of conditions (large prostate, infection, catheterization, prostate cancer) and can cause undue anxiety or further unnecessary investigations for the patient. It is the author's preference to conduct PSA testing in specific circumstances, i.e., where cancer is suspected (malignant feeling prostate, metastatic disease suspected) or a previous baseline established.

Ultrasound

Ultrasound scans are used to look for evidence of hydronephrosis and are indicated in patients with high residual volumes or renal impairment. Other indications include suspicion of urinary tract stones or the investigation of haematuria.

Flow Studies

Urine flow studies are used to determine the volume of urine passed over time. This can help establish whether there is objective evidence for obstruction to flow. Urodynamic studies are used to see how the bladder empties and fills. They can help further assess patients where the diagnosis is not certain or where a neurogenic/overactive bladder is suspected (i.e., neurological conditions that may affect the bladder, flow studies equivocal, diagnosis not clear).

Cystoscopy

Flexible cystoscopy should be used to investigate red flag symptoms such as visible haematuria/suspected bladder cancer and can also be used to look for urethral strictures, which may also result in poor flow/decreased urinary flow studies.

Treatment

Conservative measures:-

Regular prostatic massages may combat prostatic congestion.

To protect vesicle tone the patient should be cautioned against excessive intake of fluid in a short period of time.

Use of anti-androgen therapy – estrogens or orchidectomy may have beneficial effect, but the cost to the patient is too much in the form of impotence.

Testosterone, if given to these cases, has produced improvement in the obstructive symptoms by

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increasing vesicle tone. Carcinoma of the prostate must be excluded as androgen therapy will hasten its growth (Bhatt, 2019)

Surgery:-

The indications for surgery have already been narrated. The operation which is performed to cure this condition is prostatectomy. The term 'prostatectomy' is a misnomer, as it is not excision of whole of prostate, but enucleation of the nodular hyperplastic prostatic tissue, keeping intact the surrounding surgical capsule the prostate, which is nothing but the compressed peripheral glandular tissue of the prostate (Love, 2018)

Four main types of prostatectomy are commonly practised. These are :

Suprapubic prostatectomy, Retropubic prostatectomy Transurethral prostatectomy Perineal prostatectomy

Complication

Urinary retention

Chronic retention

Urinary tract infection (due to incomplete emptying)

Haematuria

Bladder calculi

Homoeopathic View

These are the some remedies which have been useful in relieving the symptoms of BPH. Symptomatic indications of some remedies for BPH with reference of Homoeopathic materia medica are:

SABAL SERRULATA

A frequent urge to urinate at night, with difficulty passing urine, and a feeling of coldness in the sexual organs, suggest a need for this remedy.

It is sometimes also used in lower potencies for urinary incontinence in older men. This remedy is made from saw palmetto which is also used as an herbal extract for similar prostate problems.

Sabal Serrulata is one of the top grade medicines for benign prostate hyperplasia(BPH). The first among them is difficulty and pain once you start urinating.

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

CLEMATIS

This remedy is often indicated when swelling of the prostate seems to have narrowed or tightened the urinary passage.

Urine usually emerges slowly, in drops instead of a stream, with dribbling afterward. Clematis Erecta is indicated when there is difficulty in starting to urinate due to prostate enlargement.

The person needs to strain hard before urine starts to flow. Intense burning may arise while passing the last drops of urine.

Dribbling after urination may also be present in some cases.

CHIMAPHILA UMBELLATE

This remedy is often helpful when the prostate is enlarged, with urine retention and frequent urging. The person may have the feeling that a ball is lodged in the pelvic floor, or experience pressure, swelling, and soreness that are worse when sitting down. It is helpful where a person needs to strain hard to start passing

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urine.

Urine is scanty and may also be offensive. Burning or scalding while passing urine may also be present. In extreme cases, the urine is passed with a lot of strain, with the body inclined forwards.

THUJA

When the prostate is enlarged, and the person has a frequent urge to urinate, with cutting or burning pain felt near the bladder neck, this remedy may bring relief.

After urine passes, a dribbling sensation may be felt.

A forked or divided urine stream is sometimes seen when this remedy is needed. In case of marked urgency to urinate in benign prostate hyperplasia, Thuja Occidentalis is the most appropriate prescription

CANTHARIS

The burning in urethra is felt before, during or after passing urine. There is also a constant desire to pass urine in such cases.

In some cases, the scalding sensation is extreme, with passing of urine in drops.

CAUSTICUM

Urine loss when the person coughs or sneezes often indicates a need for this remedy.

Once urine has started passing, the person may feel pressure or pulsation extending from the prostate to the bladder.

It is also indicated when sexual pleasure during orgasm is absent or diminished.

CONIUM

For Interrupted Urine Flow in BPH a major indication for use of Conium Maculatum is interrupted urine flow from enlarged prostate. Here the urine starts and stops several times before complete voiding .After passing urine, burning pain may be felt in the urethra

STAPHYSAGRIA

This remedy may be indicated if a man feels burning pain in his urinary passage even when urine is not flowing, and urine retention is troublesome.

Men who are likely to respond to Staphysagria are often sentimental and romantic, and may also have problems with impotence.

Review of Literature

Age is a significant predictor of both development of BPH and subsequent lower urinary tract symptoms(LUTS), with 50% of men over the age of 50 shown to have evidence of BPH and the association with the development of LUTS shown to increase with age in a linear fashion.

This is supported by studies that have demonstrated increase in prostate volume with age (2% to 2.5% increase in size per year).In the US, studies have shown BPH prevalence to be as high as 70% in those between 60 and 69 years of age and more than 80% in those over 70 years. The prevalence of male LUTS alone demonstrated a significant increase with age from 8% (30 to 39yrs) to 35% (60 to 69yrs) in the Boston area community health survey, other US population-based studies have shown 56% of men between 50-79 yrs reported symptoms.

At a population-level, the prevalence of BPH increased dramatically between 1998 and 2007 in the US, nearly doubling in the number of cases. These increases are suggested to be attributable to an aging

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population, with those over 80 years of age projected to be around 19.5 million in 2030 (from 9.3 million in 2003). As populations age, the number of cases can, therefore, be expected to rise.

International studies have suggested that Western populations have significantly higher prostate volumes compared to those from Southeast Asia. Further studies looking at the correlation of prostate volume with LUTS, however, found that lower prostate volumes did not necessarily correlate with symptoms, with higher mean IPSS (international prostate symptom scores) observed in a cohort of Indian men compared to western populations.

METHOD AND PROCEDURE

The objective was to assess the usefulness of Homoeopathic medicine in patient of BPH.

1. The Primary objective of this study was to ascertain therapeutic usefulness of homoeopathic medicines in management of BPH.
2. To Get knowledge regarding Homoeopathic management of BPH

A hospital based cross sectional study was conducted over one year in OPD, Department of Surgery of JNHMC Hospital. (Year 2020-21)

All the clinical data were collected at outpatient department.

Selection of cases

Inclusion and Exclusion criteria were fixed for selection.

Inclusion criteria

- Diagnosed patients are ranging from 40 to 75 years of age
- Cases were selected according to the Criteria for the USG report and PSA level.

Exclusion criteria

- Patient below the age of 40 are excluded.
- Patient with other major diseases are been excluded
- Cases in which lab investigation not done are excluded.

Methodology used for the Study:

All the cases were selected as per the inclusion and exclusion criteria.

A total of 20 patients were included in the study. Patients were reviewed every fortnightly and evaluations were done.

Homoeopathic medicines prescribed based on symptoms totality of each case. Homoeopathic medicine was administered in the form of 4 globules per oral route in dosage and frequency as required for individual case.

They were also advised to maintain good diet and regimen.

The International Prostate Symptom Score of the patients before and after the prescription are tested statistically by using Paired "t TEST".

RESULT AND SUMMARY

Distribution of BPH cases according to age incidence

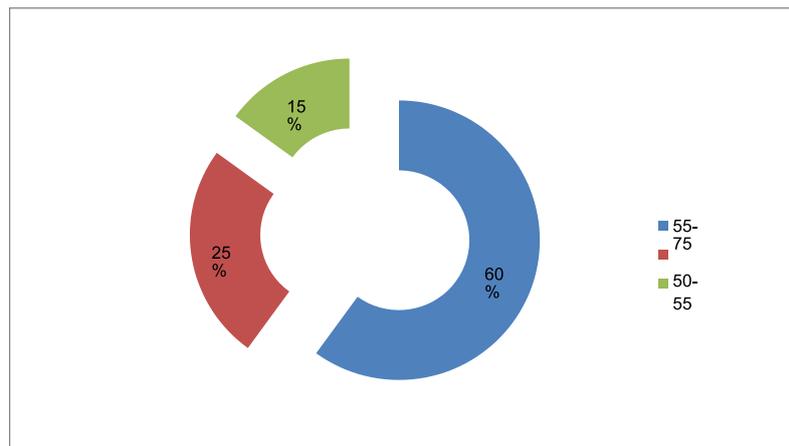
Total 20 different cases of male suffering from BPH were studied. Out of 20 cases, 13 were between 55 to 75 age group, 4 cases were between 50 to 55 age group and 3 cases were between 40 to 50 age group.

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Table 1 Distribution according to Age Group

Sr. No.	Age Group (In years)	No. of Patients
1.	55-75	13
2.	50-55	4
3.	40-50	3

Figure 1: Distribution of according to Age Group



Distribution of patients according to presenting complaint

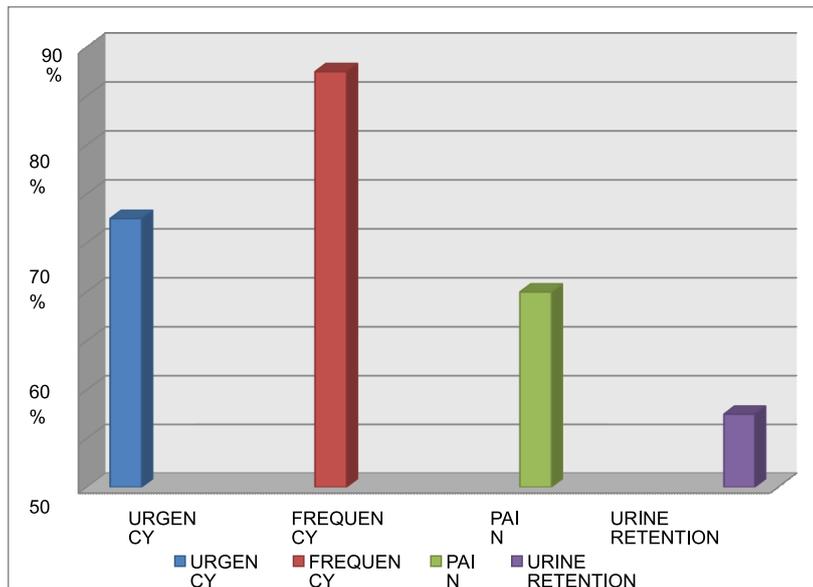
It is found that out of 20 pts 17 patient had complain of Increase Frequency of urine, 11 patient had complaint of urgency of urine, 8 patient complained of pain while passing urine and around 3 patient complained of urine retention

Table 2 Distribution of patient acc. to presenting complaint

Sr. No.	Symptoms	No. of patient narrated	Percentage (%)
1.	Frequency	17	85%
2.	Urgency	11	55%
3.	Pain	8	40%
4.	Urine Retention	3	15%

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Table 1 Distribution according to Age Group



Distribution of cases according to selection of medicine

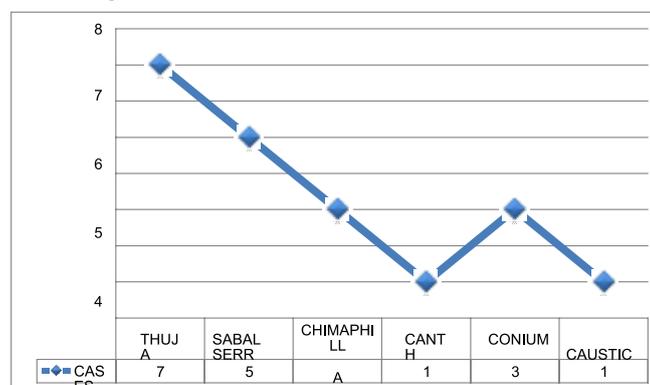
With the help of the most similar homeopathic medicine in all cases with repetition of the dosage it has been noticed that suffering was lowered down in their 2nd or 3rd visit at hospital.

There are many remedies which are indicated for BPH. Out of all Thuja found indicated frequently and other medicines were like Cantharis, Conium, Chimaphila.

Table 3 Distribution of cases acc. to selection of medicine

Sr. No.	Medicine	No. of Cases
1	THUJA	7
2	SABAL SERR	5
3	CHIMAPHILLA	3
4	CANTHARIS	1
5	CONIUM	3
6	CAUSTICUM	1

Figure 3: Distribution Acc. to Medicine



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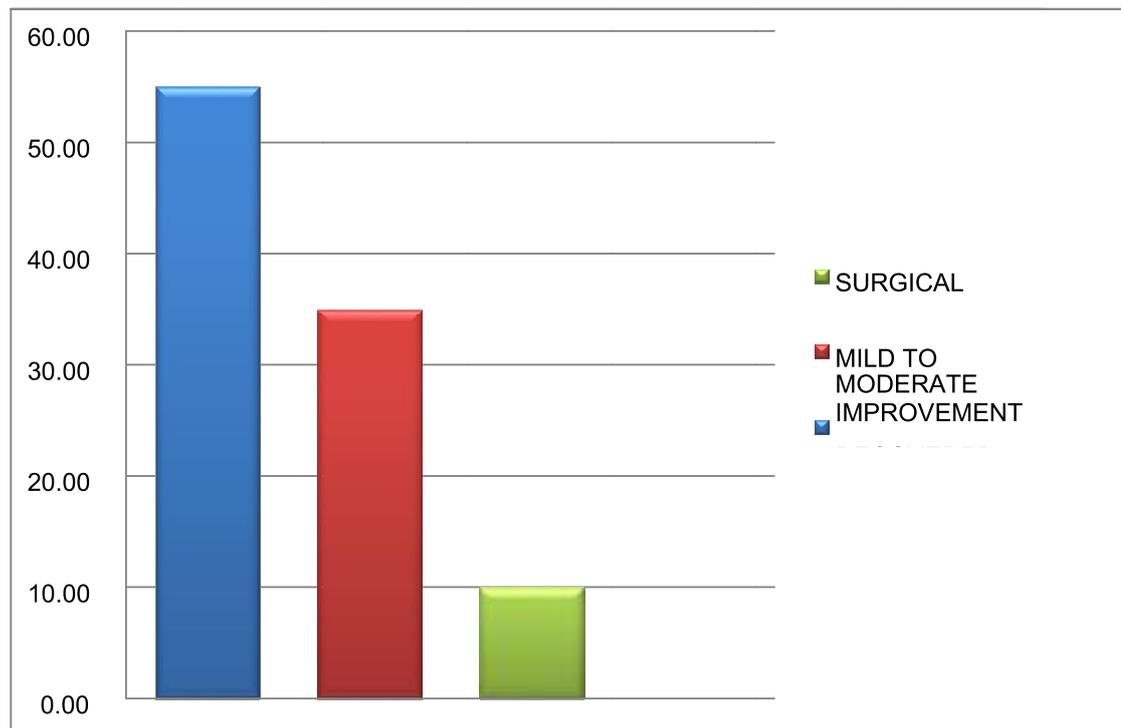
Distribution of cases according to result:

After overall retrospective observational study done on 20 patient of BPH, it was found that 11 patient out of 20 were recovered 7 patient show mild to moderate improvement and only 2 patient went under surgical intervention

Table 4 Distribution according to results criteria

Result	Cases	Percentage
Recovered	11	55%
Mild to moderate improvement	7	35%
Surgical intervention	2	10%

Figure 4: Distribution of cases according to result



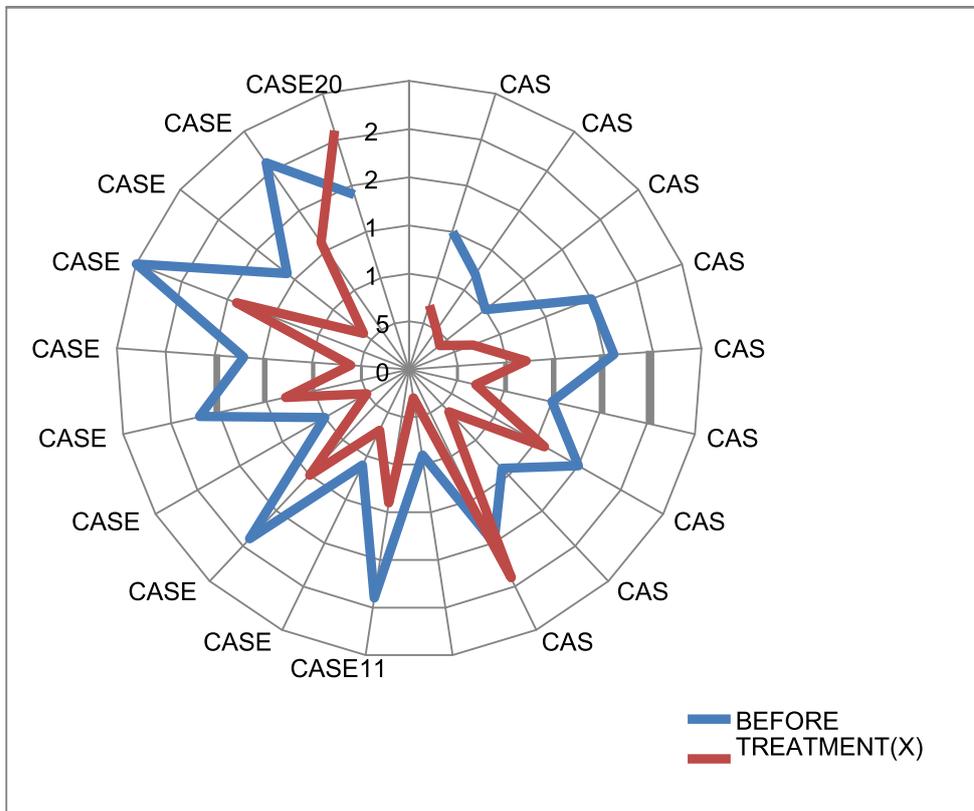
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Table 5 Statistical Analysis – IPSS value

CASE NO	BEFORE TREATMENT(X)	AFTER TREATMENT(Y)	X-Y
CASE 1	15	7	8
CASE 2	12	5	7
CASE 3	10	4	6
CASE 4	20	7	13
CASE 5	21	12	9
CASE 6	15	7	8
CASE 7	20	16	4
CASE 8	14	6	8
CASE 9	20	24	-4
CASE 10	9	3	6
CASE11	24	14	10
CASE 12	11	7	4
CASE13	24	15	9
CASE 14	10	5	5
CASE15	22	13	9
CASE16	17	6	11
CASE17	30	19	11
CASE18	16	6	10
CASE19	26	16	10
CASE20	19	26	-7
		MEAN	6.85
		STANDARD DEV	4.74631436
		T TEST	6.290827

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**Figure 5:
Graph of
IPSS value**



Null Hypothesis (H₀): Statistically there is no difference in the patients after administration of the Homoeopathic medicine.

Alternate Hypothesis (H_a): Statistically there exists a significant difference in the patient after administration of the Homoeopathic medicine.

H₀ : $\mu_1 = \mu_2$ Which is equivalent to test H₀: D = 0

H_a : $\mu_1 \neq \mu_2$ There is a significant difference before and after the treatment

Arithmetic Mean =
6.85

Standard Deviation
= 4.74631436

6.290827
= 2.09302405

Degree of freedom (n-1) = 20-1 = 19 & Level of significance: 5%

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As we can observe $t_{calculated} > t_{tabulated}$, thus Null Hypothesis H_0 is rejected and we can conclude there is a significant difference before and after the treatment.

Furthermore, the mean of cases before treatment \bar{X} is greater than the mean of cases after the treatment \bar{Y} .

Therefore, it can be said that the treatment has made a significant improvement.

Discussion:

Twenty clinically diagnosed cases of BPH were taken up for the study. The patients were from the age group of 40 years to 75 years. Cases mostly belonged to low socio economic group. The study showed that it commonly affected patients 55 to 75 age group(60% of cases) , 50 to 55 age group(25% of cases) and 40 to 50 age group(15% of cases)

Thuja was found to be frequently indicated medicine and other medicines were like Cantharis, Conium, Chimaphila also indicated in this condition. It is observed that remedies in 30th potency is more effective. Statistically there existed a significant improvement in patient of BPH before and after administration of the Homoeopathic medicine which is evaluated by IPSS with p Value <0.0001 .

So the Null hypothesis is rejected and the alternate hypothesis is accepted at 5% Level of Significance i.e. statistically there exists a significant difference in the IPSS (International Prostate Symptom Score)of BPH patients before and after administration of the Homoeopathic medicine. So we can accept that the differences between the groups are statistically significant and this is not due to any chance.

55% of cases were having good recovery with homoeopathic medicine, around 35% of cases shows mild to moderate improvement and around 10% of cases went under surgical intervention

CONCLUSION

The outcome of this evidence based study is encouraging.

The result is based on the observation and outcome of 20 cases under the study, and interpretation was done based on the statistics. In this study BPH is found in the age group between 55-75 years.

Homoeopathic treatment in symptomatic cases can be inexpensive, safe, feasible approach to manage & help in various surgical conditions.

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REVIEW ON MIGRAINE

Author: Dr Bhavik Purohit
Assoc. Prof.
Dept of Practice of Medicine



Introduction

A severe headache often associated with visual disturbance and nausea or vomiting. It's a commonest form of headache increasing nowadays due to modern habits and these migranous attacks could be successfully treated with homoeopathic system of medicine.

Migraine is the commonest form of vascular headache. It is characterized by episodic throbbing hemicranias, beginning in childhood, adolescence or early adult life which tends to decrease in intensity and frequency as age advances. These are periodic headaches which are typically unilateral and are often associated with visual disturbances and vomiting.

- First attack usually occurs by age 30 incidence decreases with age.
- More common in females.
- Some time run in families.
- Stress and certain food can trigger the attack.

Types of migraine

There are two major types of migraine headache:

- Migraine with aura
- Migraine without aura

An aura is a group of symptoms, mainly visual that develops before the onset of the main headache. Migraine with aura accounts about 1 out of 5 cases. Some people experience both at different time.

Causes of migraine

The underline cause of migraine is unknown, but increased blood flow of blood vessels in the brain is known to occur during the migraine. About 8 in 10 people who have migraine have a close relative with the disorder. Stress and depression may be trigger factors. Other trigger factors are missed meal, lack of sleep, certain foods, such as cheese and chocolate. Many women find that their migraines occur at the time of menstruation.

- Physical (fatigue / over - exertion / relaxation)
- Psychological (depression / worry / shock / anxiety)
- Diet (consumption of alcohol / various type of food and drink, e.g. chocolates).
- Medical (contraceptives/ blood pressure / menstruation)

REVIEW ON MIGRAINE

Symptoms

Migraine headache with or without aura, are preceded by a group of symptoms that are collectively known as prodrome. The prodrome symptoms tend to appear about an hour before the main symptoms begin. The prodrome often includes.

- Anxiety or mood changes
- Altered sense of taste and smell
- Either an excess or lack of energy
- Visual disturbance such as blurry vision and bright flashes.
- Pins and needles, numbness or sensation of weakness on the face
- Headache that is severe, throbbing made worse by movement, and usually felt on one side of the head, over one eye or around one temple.
- Nausea or vomiting.
- Dislike of bright light or loud sound.

A migraine may last from few hours to few days and then eventually cleans up. After a migraine, patient may feel tired and unable to concentrate.

Diagnosis is made mainly from history

- Long duration of illness, Onset during childhood, Positive family history, Relief with ergot derivatives is in favor of migraine.

At least two of the following features:

- Unilateral location, Throbbing character, Worsening pain with routine activity, Moderate to severe intensity,

At least one of the following features:

- Nausea and/or vomiting
- Photophobia and phonophobia

Classical Migraine

Here episode begins with prominent neurological symptom such as visual disturbances as zig zag lines, spreading scotoma homonymous hemianopia, field defects or rarely total blindness, sensory disturbances as affecting one half of body or parasthesia, disturbances of speech or hemi paresis may be present. These symptoms are associated with focal cerebral oligemia. There is commonly a sensation of white or colored lights, scintillating spots, wavy lines or defects in visual fields. Sometimes there may be numbness of both hands and around the mouth. These symptom may last for up to half an hour and are followed by head ache which begins in one spot and subsequently involve the whole one side of head, this may be same side or side opposite to the visual or sensory disturbances.

The side affected is not constant with each attack and headache often becomes bilateral. The pain is usually severe and throbbing and is associated with vomiting, photophobia pallor sweating and prostration, which may necessitate the patient taking to bed in a dark room. All these events may last for 1-2 days. In majority of cases duration is much shorter

NEED FOR A REPERTORY

Author: Dr Prashant Shah

Associate Prof.
Department of Repertory,
JNHMC.

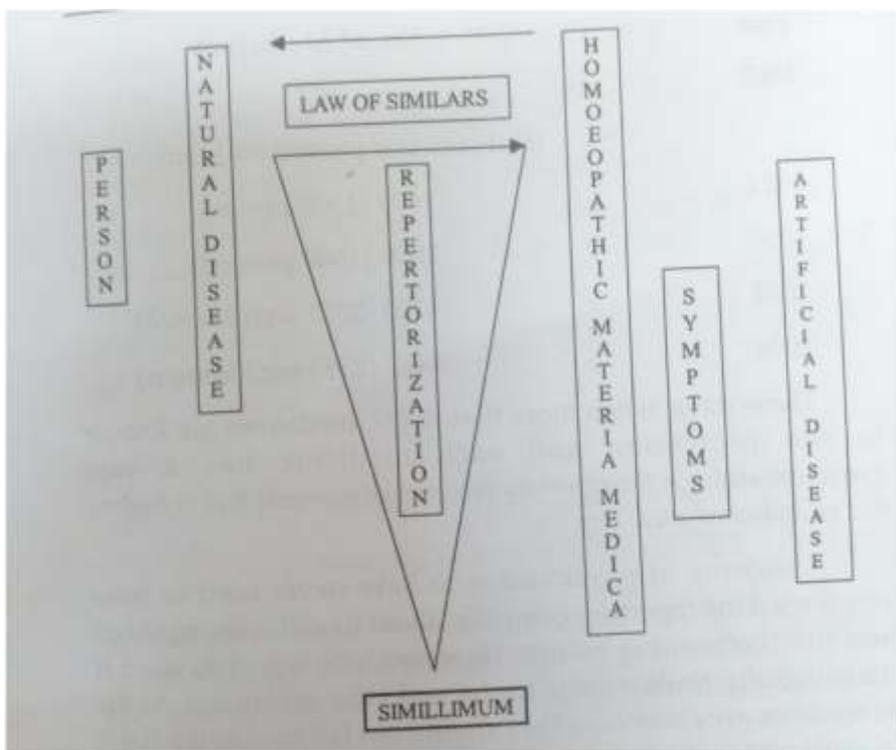


Homoeopathic medicines are prescribed, on the basis of law of similars. A physician, with his knowledge and experience, establishes a similarity between the natural disease and artificial disease.

After the evolution of the dynamic theory and innovation of potentisation in homoeopathy, the provers were surrounded by a maze of mental and physical symptoms. Such symptoms were useful for the treatment of chronic and acute diseases as well as for constitutional therapy, but it confused the practitioners to find out the most similimum out of similars.

The Homoeopathic Materia Medica is like an ocean of drug symptoms. One can certainly not afford to refer to all the similar drugs corresponding to the disease picture because it would be time consuming and confusing too. Therefore, the need for a working manual was felt by most of the stalwarts to ease the task of finding out a specific drug without much labor.

REPERTORY is the outcome of the logical human mind.



The goal of a medical school should be to lead the students to the realization that there is no short cut to learning and to encourage students to have a workable strategy for learning medicine. The student must realize the difference between re-arrangement of facts and simple recall memorizing, thinking and to be able to use all three.

To quote, " No one can know everything and that is why in all honesty one must admit that no conscientious homoeopathic doctor can practice homoeopathy in a serious and really scientific way without a repertory. To meet the challenge of the exploding Materia Medica, the Homoeopathic Repertory was born".

GALLERY

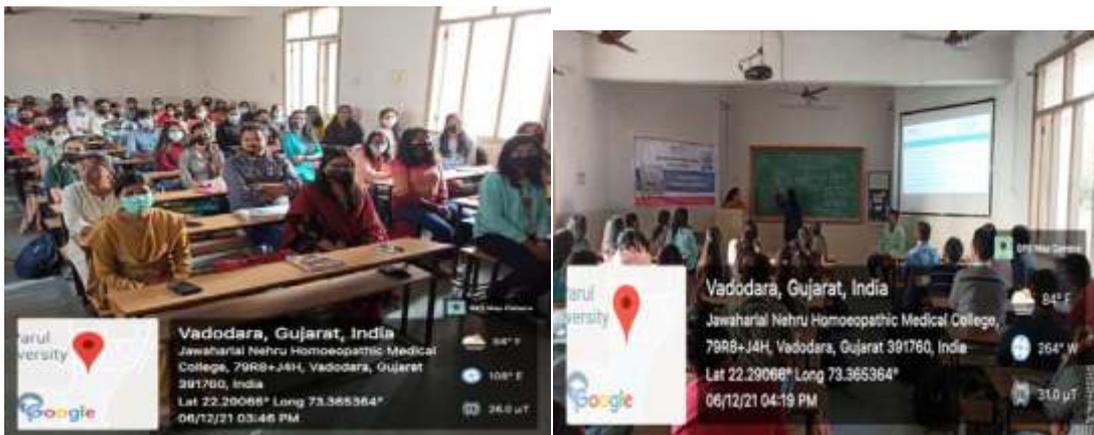
(Dec 2021 – Jan 2022 – Feb 2022)

Faculties of JNHMC@ urban & rural schools, spreading awareness of Homoeopathy & factors of health, among school children under the banner of “Azadi ka amrut Mahotsav”.



A

Symposium was conducted by Department of Practice of Medicine of JNHMC on 06.12.2021 in the guidance of Dr Rakesh Shah & Dr Bhavik Purohit on the topic of Congenital Heart disease(CHD)



Event Cell Of JNHMC organised a Felicitation Program for the Meritorious students of the college in association with Bakson's Homoeopathy Company on 28.12.2021 at 1:30 at J K Patel Seminar Hall PIHR Ishwarpura Vadodara



GALLERY

4th BHMS Students of JNHMC, Parul University were brought to Rajiv nagar Sewage Treatment Plant by Dept of Community Medicine as a part of their Education Field Visit... on 29.12.2021



4th BHMS Students of JNHMC, Parul University were brought to Dodka Water Treatment Plant by Dept of Community Medicine as a part of their Education Field Visit...on 30.12.2021



JNHMC - Social Responsive Cell in collaboration with SRC cell of Parul Polytechnic Institute and ONGC's CSR activity organised an awareness programme on “Urinal Disease Caused by Unhygienic Western Toilets” on 06.01.2022 in Central Seminar Hall of Parul University.

The session was followed by DISTRIBUTION OF HYGIENE SEAT COVER to all female student and faculties. The moto was to aware females about risk of UTI and it's prevention by taking little efforts for maintaining of their hygiene.

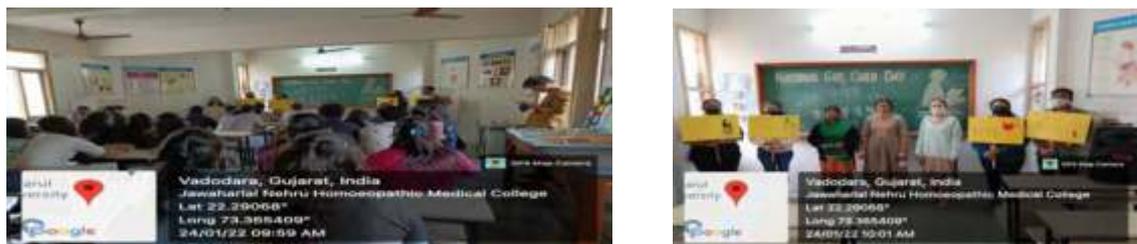


GALLERY

Event Cell in association with F.M.T and community Medicine department of Jawaharlal Nehru Homoeopathic Medical College, Parul University organized an awareness program on Consumer Protection Act (2019) with Medico legal aspect and Food Adulteration conducted by Consumer Right organization with Food and Drug Control administration, Vadodara, Gujarat government on 07/01/2022 at 2 pm at J K Patel Seminar hall PIHR, Ishwarpura, Vadodara.



On the occasion of National Girl Child Day an Awareness session was being arranged by Event Cell in Association with Women Development Cell of Jawaharlal Nehru Homoeopathic Medical College on 24/01/2022 by arranging an Umang Rangoli Utsav Competition at JNHMC. Dr Srabani Pal, Dr Falguni Patel, Dr Shweta Patel were the esteemed juries for the session. An Awareness Session was being held at Pramukh Swami Hospital, Dabhoi where students performed Street Performance, dance, drama, Self Defence Act to create awareness regarding different issues faced by girl child and women in society.



Organon of Medicine department of Jawaharlal Nehru Homoeopathic Medical College, Parul University organized a “Workshop” on 03/02/2022 at 09:30am at Central Auditorium, Parul University.



Department of Surgery Jawaharlal Nehru Homoeopathic Medical College, Parul University organized a “Workshop” on 05/02/2022 at 09:30am at Central Auditorium, Parul University.



GALLERY

In the remembrance of Pulwama Attack a blood donation drive was being arranged by Event Cell in association with NSS, Social responsive cell of Jawaharlal Nehru Homoeopathic Medical College on 14th February, 2022 at 10 am at JNHMC Hospital to pay Homage to the Martyrs of Pulwama attack and contributing to the society by donating blood. Dr Krishna kant Shiromani, Dr Hemang Joshi, Jatin Vaidya, Dr Amita Shah attended the event as Guest of Honour. NSS Program Officer Dr Bhavik Purohit along with NSS Coordinators Dr Gaurav Sharma & Dr Nidhi Tiwari supervised the whole event for smooth functioning. Enthusiastic participation of Students for such noble cause was witnessed.



Event Cell of Jawaharlal Nehru Homoeopathic Medical college in association with Technical Events Cell organized an Inter College Debate Competition on the Topic “ Online Education a boon or a curse” on 17th February, 2022 at 9.30 am at lecture hall 3, PIMSR. Dr Lalit Lata Jha (Principal & Professor-School of Pharmacy, Shri Hemantkumar Patadia (HOD, Department of Paramedical and Health Sciences), Dr Bhavana Gadhavi (Dean & Professor, Parul Institute of Physiotherapy) graced the occasion as an esteemed Jury. With the sudden surge of pandemic and changes and development in education system its important to know the viewpoint of young crowd upon the Online Education.



Department of Homoeopathic Materia Medica Jawaharlal Nehru Homoeopathic Medical College, Parul University organized a “Symposium” on 23/02/2022 at 1:30pm at Central Auditorium, Parul University.



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