



# HOMOEOPATHY SPIRIT

*Quarterly Bulletin*

**Vol: III (September) year 2022**



**Published by :-**

**JAWAHARLAL NEHRU HOMOEOPATHIC  
MEDICAL COLLEGE**

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

# OUR STAKEHOLDERS



**Dr. DEVANSHU PATEL**  
President, Parul University



**Dr. PARUL PATEL**  
Vice President,  
Parul University



**Dr. GEETIKA PATEL**  
Medical Director, Trustee,  
Parul University



**Dr. KOMAL PATEL**  
Director- Paramedical Institutions,  
Trustee, Parul University



**Dr. Amit Ganatra**  
Provost,  
Parul University



**Prof. (Dr.) M. N. PATEL**  
Advisor,  
Parul University



**Dr. H. S. VIJAYKUMAR**  
Pro-Vice Chancellor,  
Parul University



**Prof. MANISH PANDYA**  
Register,  
Parul University

# **EDITORIAL**

Edition: September 2022  
Vol: III (September) Year 2022

Greetings from Jawaharlal Nehru Homoeopathic Medical College.

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

This quarter has been very busy with lots of activities both Curricular and co curricular taking place in the college. We welcomed our 1st BHMS freshers into the world of Medicine. From Induction programme to Fresher’s party to Yoga Day celebration to various awareness programs and multiple medical camps to Har ghar TIRANGA rally etc to name a few events that made this quarter more interesting and enthusiastic participation of students was very heartening to see.

Teaching staff of JNHMC who secured positions in the ARC and API were felicitated by the Management in the annual event of 2nd “J K Patel Memorial faculty awards”.

No doubt in saying that life at Parul University is

**“Be Here Be Vibrant”**

# INDIAN PENAL CODE (IPC) TO AVOID MEDICO LEGAL ISSUES IN CLINICAL PRACTICE

## DR FALGUNI PATEL

H.O.D & PROFESSOR OF F.M.T DEPARTMENT  
JNHMC,  
PARUL UNIVERSITY



- **ABSTRACT:** The broad goal of the teaching of students in Forensic Medicine & Toxicology is She/he must be aware of medico legal responsibilities in practice of medicine. She/he acquires knowledge of law in relation to medical practice, medical negligence and respect for codes of medical ethics.
- **KEYWORDS:** forensic medicine, medico-legal issues, IPC
- **INTRODUCTION:** Forensic or legal medicine deals with the application of medical and paramedical knowledge to aid in the administration of justice. Some examples are: applying the medical knowledge in deciding cases of injuries, murder, suicide, accidents, sexual offences, poisoning, etc. In short, it deals with medical aspects of law.
- Medical jurisprudence deals with legal responsibilities of the physician with particular reference to those arising from physician-patient relationship, such as medical negligence cases, consent, rights and duties of doctors, serious professional misconduct, medical ethics, etc. In short, it deals with legal aspects of practice of medicine
- Some Important section of Indian Penal Code to avoid medico-legal issues in clinical practice.
- Medical law is the branch of law which concerns the prerogatives and responsibilities of medical professionals and the rights of the patient. It should not be confused with medical jurisprudence, which is a branch of medicine, rather than a branch of law. The Indian Penal Code 1860(IPC) is the most fundamental document in the entire judiciary of India, that lists all the cases and punishments that a person committing any crime is liable to be charged with, including doctors.

- Doctors are some of the most highly respected professionals in our society. We trust them with our lives and health, and we expect them to always put our best interests first. Unfortunately, this is not always the case. Doctors can make mistakes, and when they do, patients can file medical lawsuits against them. It is known that damages work differently in a medical malpractice case.
- The relationship between doctor and patient has undergone drastic changes in recent years and medico-legal aspects are becoming a routine, unlike earlier years. The best way to handle medicolegal issues is by adhering to the prescribed laws and provisions; Physician must know these sections to avoid negligence, malpractice and safe guard his practice and self.
- According to the provisions of Indian Penal Code 1860 (IPC) any act of commission or omission is not a crime unless it is accompanied by a guilty mind. The acts are not punishable only because it led to some mischievous results unless associated with intention or mental attitude of the person. Most of the times doctors treatment is in good faith, with the consent of the patient and hence most of the provisions of IPC are not applicable to the doctors unless or until there is rashness or gross negligence. The following Sections of IPC are related to medical profession:
  - **Sec. 29 Deals with documents**
  - **Sec. 52 Describes "good faith"**
  - **Sec. 90 Related to consent**
  - **Sec. 176 Failure to inform police whenever essential**
  - **Sec. 269-271 Related to spread of infectious disease and disobedience of a quarantine rule.**
  - **Sec. 272-273 Related to adulteration of food and drinks.**
  - **Sec. 274-276 Related to adulteration of drugs.**

- **Sec. 304-A Deals with death caused by a negligent act.**
- **Sec. 306-309 Related with abetment of suicide.**
- **Sec. 312-314 Related to causing miscarriage, abortion and hiding such facts.**
- **Sec. 315-316 Deals with act to prevent child being born alive or to cause it to die after birth.**
- **Sec. 319-322 Related to causing hurt, grievous hurt, loss of vision, loss of hearing or disfigurement.**
- **Sec. 336-338 Deals with causing hurt by rash or negligent act.**
- **Sec. 340-342 Related to wrongful confinement.**
- **Sec. 491 Related to breach of contract.**
- **Sec. 499 Related to defamation.**
- **Section 304 and 304-A:** There is lot of discrepancy while applying these sections in cases of professional negligence by doctors. Most of the times the police authorities register the cases of professional negligence deaths under Sec. 304 of IPC. According to this Section the offence is non-bailable. This causes lot of hardship, bad reputation and mental agony to the doctors. In fact the police should register the cases of deaths due to medical negligence under Sec. 304-A of IPC, in which the offence is bailable and the doctor can be released on bail.
- The basic difference is that in Sec. 304 there is intentional act of negligence while in 304-A the act is never done with the intention to cause death.
- **Grievous hurt:** Sec. 319-322 of IPC are related to causing grievous hurt for example loss of limbs, loss of vision, loss of hearing or disfigurement etc. Sec. 336-338 deal with causing grievous hurt by rash or negligent act. Any medical treatment or procedure which cause harm or loss of part or organ or senses organ or disfigurement that is consider as grievous injury.

- **Wrongful confinement (Sec. 340-342 of IPC):** A patient cannot be detained on the grounds of non-payment of hospital charges. This may constitute the offense of wrongful confinement under Sec. 340-342 of IPC. Doctors can take advance or fee from the patient before starting the treatment. If a police officer is keeping the doctor in detention, in cases of bailable offenses, he is liable for the offense of wrongful confinement under these Sections of IPC.
- **Medical negligence IPC punishment:**
- Section 304A, IPC reads as, “304A. Causing death by negligence.—whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.”
- Section 337, IPC reads as, “337. Causing hurt by act endangering life or personal safety of others.—Whoever causes hurt to any person by doing any act so rashly or negligently as to endanger human life, or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to five hundred rupees, or with both.
- Section 338, IPC reads as, 338. Causing grievous hurt by act endangering life or personal safety of others.—Whoever causes grievous hurt to any person by doing any act so rashly or negligently as to endanger human life, or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine which may extend to one thousand rupees, or with both.
- IPC 197: Issuing or Signing False Certificate: Whoever issues or signs any certificate required by law to be given or signed, or relating to any fact of which such certificate is by law admissible in evidence, knowing or believing that such certificate is false in any material point, shall be punished in the same manner as if he gave false evidence.

- Sec 468 IPC, as defined in the code reads as, “Whoever commits forgery, intending that the document or electronic record forged shall be used for the purpose of cheating, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.”
- IPC Sections 88 and 92 protect doctors against any professional liability for acts done in good faith
- The Indian Penal Code (IPC) has provisions for defences for doctors under sections 88 and 92, which protect doctors from allegations of negligence, for instance, when treatment given in an emergency or a cardiopulmonary resuscitation (CPR) done is not successful.
- Section 88 IPC provides for exemption for acts not intended to cause death, done by consent in good faith for person’s benefit: “Nothing which is not intended to cause death, is an offence by reason of any harm which it may cause, or be intended by the doer to cause, or be known by the doer to be likely to cause, to any person for whose benefit it is done in good faith, and who has given a consent, whether express or implied, to suffer that harm, or to take the risk of that harm”.
- Section 92 provides for acts done in good faith for benefit of a person without consent but with provisos: “Nothing is an offence by reason of any harm which it may cause to a person for whose benefit it is done in good faith, even without that person’s consent, if the circumstances are such that it is impossible for that person to signify consent, or if that person is incapable of giving consent, and has no guardian or other person in lawful charge of him from whom it is possible to obtain consent in time for the thing to be done with benefit: Provided—
- (FIRST) That this exception shall not extend to the intentional causing of death, or the attempting to cause death;

- (SECONDLY) That this exception shall not extend to the doing of anything which the person doing it knows to be likely to cause death, for any purpose other than the preventing of death or grievous hurt, or the curing of any grievous disease or infirmity
- (THIRDLY) That this exception shall not extend to the voluntary causing of hurt, or to the attempting to cause hurt, for any purpose other than the preventing of death or hurt;
- (FOURTHLY) That this exception shall not extend to the abetment of any offence, to the committing of which offence it would not extend”.
- “The Indian Penal Code has taken care to ensure that people who act in good faith should not be punished. Sections 88, 92 and 370 of the Indian Penal Code give adequate protection to the professional and particularly medical professional”
- Both Sections 88 and 92 protect the doctor against any professional liability or allegations of medical negligence, in situations when acts done for the benefit of the patient, with or without his consent, do not have the desired outcome. These sections provide that any act done in good faith is not negligence. Doctors should be aware of these sections as a defence against cases of negligence filed against them.
- **CONCLUSION:** Physician must be aware of IPC section which sections are favour of them and which sections are against them. Physician should consider the legal risk is part of practice and make his/her rules to practice safely. When doctor do everything for betterment of patient nothing against him. Whatever be the situation and circumstances, he must not be neglect is responsibility towards patient, society and nation. Doctor can practice safely without involving legal risk, if he understand some IPC section which are related to medical field.

# CLINICAL UTILITY OF HOMOEOPATHY IN CASE OF GOUT

## Dr. Ishani Acharya M.D.(HOM)

Assistant Professor, Department of Pathology & Microbiology, JNHMC, PARUL UNIVERSITY.



- **Gout is disorder of purine metabolism characterised by increased serum uric acid level ( hyperuricaemia ) & deposition of urate crystals in the joints & soft tissue. These aggregated crystals of urate leads to tophi formation in joints & even soft tissues. Generally, incidences of gout are seen in 3rd decade of life, & more commonly in men than women.**
- The fundamental biochemical hallmark test for diagnosis of gout is serum level of uric acid; more than 7mg/dl of serum uric acid increases the risk of developing gout.
- Gout usually presents with acute gouty arthritis & if not taken care leads to chronic tophaceous arthritis. Acute gout is characterised by acute synovitis triggered by precipitation of needle shaped crystals of monosodium urate from serum or synovial fluid. There is joint effusion containing polymorphs ( PMN ) ,macrophages & microcrystals of urates.
- The mechanism of acute inflammation appears to be phagocytosis of crystals by leucocytes, activation of complement system leading to release of lysosomal products in the joint effusion.
- Initially, there is monoarticular involvement accompanied with intense pain in lower extremities & most commonly great toe, later on it becomes polyarticular along with constitutional symptoms like fever, malaise, etc.

- Recurrent attacks of acute arthritis leads to progressive chronic arthritis. chronic tophaceous gout is characterised by synovial proliferation, pannus formation & progressive destruction of articular cartilage & subchondral bone. Tophi is mass of urate crystals located in joint spaces & even subcutaneous tissues.
- Tophi are surrounded by inflammatory reaction consisting of macrophages, lymphocytes, fibroblasts & giant cells.
- In advanced complicated cases, chronic gout involves kidney, leads to uric acid nephrolithiasis.
- **Role of diet & regimen** :As uric acid is main culprit here, we need to understand where does it come from? Uric acid is produced in body naturally as end product of purine metabolism, & regularly it gets excreted through urine.
- But when high quantity of purine ( a chemical compound that helps in making DNA & RNA ) rich diet is consumed ,i.e. meat, alcohol, seafood, high sugary food & drinks raises the risk of developing hyperuricaemia & gouty arthritis.
- **What homoeopathy has to offer in case of gout ?** According to research on gout, genetics or heredity plays important role. Such heredity or genetics is known as diathesis or predisposition to develop such disease due to certain genes.In homoeopathy there are many medicines like lycopodium, lithium carbonicum, ledum palustre, colchicum & many others which presents uric acid diathesis .

- **On the basis of principle of individualization, one can choose following medicines on the basis of symptoms similarity.**
- **1. LYCOPodium:** Uric acid diathesis, Numbness, also drawing and tearing in limbs, especially while at rest or at night. Heaviness of arms. Tearing in shoulder and elbow joints. One foot hot, the other cold. Chronic gout, with chalky deposits in joints. Profuse sweat of the feet. Pain in heel on treading as from a pebble. Painful callosities on soles; toes and fingers contracted.
- **2. COLCHICUM:** Affects markedly the muscular tissues, periosteum, and synovial membranes of joints. Has specific power of relieving the gouty paroxysms. It seems to be more beneficial in chronic affections of these parts. The parts are red, hot, swollen. Tearing pains; worse, in the evening and at night and from touch; stubbing the toes hurts exceedingly. There is always great prostration, internal coldness, and tendency to collapse.
- **3. LEDUM PALUSTRE:** Gouty pains shoot all through the foot and limb, and in joints, but especially small joints. Swollen, hot, pale. Throbbing in right shoulder, Pressure in shoulder, worse motion. Cracking in joints; worse, warmth of bed. Gouty nodosities. Ball of great toe swollen. Rheumatism begins in lower limbs and ascends (opposite). Ankles swollen. Soles painful, can hardly step on them.
- **4. LITHIUM CARBONICUM:** Uric acid diathesis Whole body is sore. Gout and tophi. Pain in hollow of foot, extending to knee. Swelling and tenderness of finger and toe joints; better, hot water. Nodular swellings in joints. Ankles pain when walking.
- **5. URTICA URENS:** Gout and uric acid diathesis. Favors elimination. Pain in acute gout deltoid; pain in ankles, wrists.

- **CONCLUSION:** Thus, with the help of homoeopathic similimum along with diet & lifestyle modification, a homeopath can definitely do wonders in cases of gout.

- **REFERENCES:**

- ROBBINS BASIC PATHOLOGY, TENTH EDITION
- DAVIDSON'S PRINCIPLES & PRACTICE OF MEDICINE, 24TH EDITION
- BOERICKE'S NEW MANUAL OF HOMOEOPATHIC MATERIA MEDICA BY WILLIAM BOERICKE, THIRD REVISED & AUGMENTED EDITION BASED ON NINTH EDITION

# MUCORMYCOSIS IN HOMOEOPATHY

## Dr. Dhwani Parikh

M.D. Homoeopathy, Department of  
Homoeopathic Materia Medica  
JNHMC,  
Parul University



- **INTRODUCTION:** Mucormycosis is a rare invasive fungal infection. It is one of the more serious, aggressive and deadly invasive mycoses. Patients with diabetes mellitus or immunodeficiency diseases are more likely to infect mucous membranes. Timely diagnosis is critical for survival and minimizing morbidity.
- **PATHOGENESIS:** Mucorales is a ubiquitous environmental fungus to which humans are constantly exposed. These fungi primarily infect diabetics or patients with impaired phagocytosis (eg, neutropenia or those associated with glucocorticoid therapy). Patients with elevated levels of free iron, which supports fungal growth in serum and tissues, are also at increased risk of mucormycosis. In patients with iron overload and end-stage renal failure, treatment with deferoxamine predisposes to the development of rapidly fatal disseminated mucormycosis.
- This agent is an iron chelator in the human host and acts as a fungal siderophore to directly supply iron to Mucorales. Additionally, patients with diabetic ketoacidosis (DKA) are at increased risk of developing rhinocerebral mucormycosis. Acidosis causes dissociation of iron from serum-sequestering proteins, resulting in improved fungal survival and virulence.
- Nevertheless, the majority of diabetic patients with mucormycosis do not have acidosis, and even in the absence of acidosis, hyperglycaemia directly contributes to mucormycosis risk through at least three possible mechanisms:

- (1) hyperglycation of iron-sequestering proteins, disrupting normal iron sequestration;
- (2) upregulation of the mammalian cell receptor (GRP78) that binds Mucorales and allows tissue penetration (a direct effect of hyperglycaemia and free iron levels that independently enhance his GRP78 expression; by both increases).
- (3) Induction of poorly characterized defects in phagocytic function.
- **TYPES:**
- **RHINOCEREBRAL MUCORMYCOSIS:** It starts as sinusitis with intense headache, bloody nasal discharge, changes in mental status, black eschar of the palate (hallmark of rhinocerebral mucormycosis), which indicates angioinvasion and tissue necrosis. Involvement of orbit leading to proptosis, ptosis, invasion of retinal artery causing blindness, progression of infection into the brain, and cavernous sinus thrombosis (ominous sign). CT/ MRI reveal sinus opacification and destruction of contiguous bone with brain involvement.
- **PULMONARY MUCORMYCOSIS:** Sever progressive tissue destructive pneumonia with high fever is the common sign. Cavitations of involved lung and haematogenous spread to other organs including brain.
- **GASTROINTESTINAL MUCORMYCOSIS:** It is more common in patients with protein – calorie malnutrition and usually present as perforated viscus.
- **CUTANEOUS MUCORMYCOSIS :** Infection follows traumatic injuries. Area of tissue necrosis enlarges rapidly involving all layers of skin and underlying structures.

- **CLINICAL FEATURES:**

- -Fever
- -Cough
- -Chest Pain
- -Shortness of breath
- -Swelling on one side of the face
- -Headache
- -Sinus congestion
- -Black lesions inside the nose and on bridge of the nose.

- **DIAGNOSIS AND TESTING FOR MUCORMYCOSIS:**

- 1. Tissue biopsy
- 2. Ct scan
- 3. Laboratory for evidence of mucormycosis under a microscope or in a fungal culture.
- 4. Medical history, symptoms, physical examinations
- 5. KOH staining

- **INVESTIGATION:**

- There are non-pathological hematologic changes. The main abnormality is the underlying diabetic ketoacidosis.
- White blood cell count and acute phase reactant levels are elevated. Blood cultures are usually negative.

- **WHO ARE AT RISK ? :**

- .Those with uncontrolled diabetes
- Prolonged ICU stay
- Immunosuppression by steroids
- Comorbidities-post transplant/malignancy

- **HOMOEOPATHIC MANAGEMENT OF MUCORMYCOSIS AND INFECTION:**

- **ARSENICUM ALBUM:**

- Burning pain, the parts burn like fire.
- Gangrenous aphthae, which burns like fire.
- All the symptoms worse at night, particularly after Midnight.
- Great anguish, extreme restlessness, and fear of death.
- Great thirst for cold water, drinks very often, but takes but little at a time.

- **SULPHUR IODATUM:**

- Obstinate skin affections; painless enlargement of glands, and infiltration of tissues with thickening and induration after inflammation are marked features of this remedy.
- Weakness; as from influenza. Prostration and sensitive to everything. Faint and sick. Raw burning heat internally with external coldness. Acrid discharges. Single parts, fingers etc. turn white and insensible. Suppuration.
- Breathing asthmatic, irregular, rattling and suffocative.
- Cough worse a. m.; spasmodic. Expectoration greenish, purulent, copious, viscid and yellow. Chest constricted, dropsy of pleura, and eruptions on chest.

- Itching.
- Ulcers.
- Moist eczema.
- Acne, suppurating.
- Barbers' itch.
- Aching soreness below knees. Soles of feet ache, burn and sore, when standing..

- **KALI BICHROMICUM :**

- Acts through the ganglionic system upon the mucous membranes; the glandular system; fibrous tissue and skin.
- The mucous membranes chiefly affected are the mouth, throat, cardiac portion of the stomach, duodenum, jejunum, and rectum.
- The whole respiratory membrane, including the conjunctiva and the uterus.
- Upon the skin it causes papules, pustules, and ulcers.
- Upon the fibrous tissue, about the joints and the periosteum, it has a marked and powerful influence. It also affects the cartilages, especially that of the nose, which it has entirely destroyed.

- **MEZEREUM:**

- Intense intolerable itching, especially on back of neck.
- Infected areas become moist and tend to form scabs.
- Inflammation in infected area, which is surrounded by small red boils, that burn and itch severely.
- Fungal growth which leads to formation of pus underneath the scabs.
- Increased itching with touch, humid weather, in the evening and at midnight.
- Amelioration by open air.

- **GRAPHITIS:**

- Profuse white discharge or leucorrhoea in case of fungal infection of the genital tract that is generally caused due to Candida albicans
- Profuse leucorrhoea throughout the day with severe itching and burning sensation in the genital region
- Yellowish to white leucorrhoea, with pain and weakness in the back
- Increased leucorrhoea while sitting, walking and in the morning
- Severe itching, which is aggravated at night in case of fungal infection of the skin
- Dry skin that develops cracks and fissures
- Intense itching of the infected areas with discharge of sticky fluid leading to burning sensation
- Increased itching with warmth and in humid weather

- **SEPIA :**

- Fungal infection of the skin (ringworm) that appears every year during spring on different body parts
- Ringworm on the face
- Moist skin folds with severe itching in areas such as the back of the knees and front of elbows.
- Scratching relieves itching and makes the skin rough, dry and pink in colour
- Slimy, gelatinous or yellowish vaginal discharge in case of fungal infection of the genital tract Intense itching and sore sensation in the vagina associated with a vaginal discharge
- Occasional lumpy vaginal discharge with an offensive odour
- Painful, bearing-down (heavyness) sensation in the abdomen, especially in the morning, associated with fungal infection of the genital tract
- Improvement in ringworm infection after a thunderstorm, and improvement in white discharge at night.

- **MEDORRHINUM:**

- An affinity for fungal infection of the scalp, with formation of sticky and foul-smelling discharge underneath the scabs.
- Intense itching which is not improved after scratching and gets worse when thinking of it or at night.
- Excess vaginal discharge accompanied by severe burning and intolerable itching in the genital area.
- Aggravation of itching in the genital region by rubbing the area and bathing with lukewarm water at frequent intervals

- **TELLURIUM:**

- Fungal infections on legs
- Multiple, ring-shaped areas of infection all over the body that coalesce in severe cases and cause intense itching
- Severe itching at night and while lying in bed
- Infected areas have a red central portion surrounded by small itchy eruption
- Dry skin with scaling in the infected regions
- Aggravation of itching on exposure to cold air.

- **SOME USEFUL TIPS:**

- Practice regular self-hygiene, sleep, diet and live a peaceful life.
- Have the patient choose the type of clothing according to their comfort level.
- Follow a healthy, nutritious diet with no added artificial flavours or colours.
- Keep fit with regular moderate walks and other activities.
- Avoid coffee, strongly scented drinks, and perfumes.
- Avoid excess spices, salt and sugar from your diet.
- Avoid being in hot, damp, damp or dirty rooms.
- Avoid clothing that is inappropriate for current weather conditions. Do not wear wool clothing in hot weather. Instead, use cotton and linen clothing in the summer.
- Avoid sexual intercourse while treating a genital yeast infection.

- **REFERENCE:**

- [1] Bennett John E, Harrison's Principles of internal medicine, Mucormycosis, McGraw Hill 2008 - 15th edition – ch.207
- [2] Phatak S. R. - Concise Materia Medica Of Hom. Remedies, B Jain Publishers Pvt Ltd; Enlarged Edition 2003.
- [3] Boericke William - Homoeopathic Materia Medica & Repertory, B Jain Publishers Pvt Ltd.2003.
- [4] Murphy N. D. Robin - Lotus Materia Medica - B Jain Publishers Pvt Ltd.2004 - 2nd Edition.

# GALLERY

## June 2022 - July 2022 - August 2022

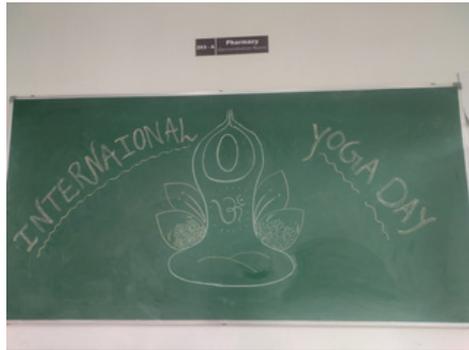
- Jawaharlal Nehru Homoeopathic Medical College Parul University organized a freshman induction program- 'AAGAMAN' of the batch 2021-2022 on 02/06/2022 at 1.30 pm onwards at Central Auditorium, Parul University, Vadodara to orient first BHMS students batch and their parents about the University, Institute, their course and curriculum.



- World Blood donors day was celebrated in JNHMCH on 14th June 2022



- Jawaharlal Nehru Homoeopathic Medical College, Parul University has organized a YOGA session for students on the occasion of International Yoga Day on 21st June 2022 at 4 pm along with the week long celebration of Yoga prior to that at first floor, JNHMC to create awareness among the students about the significance of YOGA and International Yoga Day**



- Jawaharlal Nehru Homoeopathic Medical College, Parul University has organized Doctors Day along with Fresher's Day celebration on 1st July 2022 at 11 am at Bhavan's Party plot, Vadodara.**



- **Students of 4th BHMS JNHMC Parul University went on an Education Field Visit at Amul Dairy - Anand, arranged by Dept. of Community Medicine as a part of their curriculum on 2nd July 2022.**



- **Jawaharlal Nehru Homoeopathic Medical College, Parul University has organized Mega Skills Fest on the occasion of International Youth Skills Day on 15th July 2022 at 1.30 pm at P.G department, JNHMC.**





- **An Annual Award Ceremony was organised by CEP Cell Parul University on 16th July 2022 where Dr Poorav Desai Principal JNHMC was awarded for organising the CEP course, “Certificate course in advance learning in Cardiology in Homeopathy” with highest number of Delegates in one CEP course whereas Dr Gaurav Sharma of JNHMC was also awarded for Coordinating the whole certificate course.**



- **World Breastfeeding week was observed in JNHMCH from 1st August 2022 to 7th August 2022**



- Rally for "Har Ghar Tiranga" was organised by NSS Parul University and NSS Unit of JNHMC on 9th August 2022 at Parul University, Vadodara, Gujarat to honour "Har Ghar Tiranga" initiative under the banner of "Azadi Ka Amrit Mahotsav" by Ministry of Education, GOI and National Council for Homoeopathy, New Delhi.



- JNHMC celebrated the 76th Independence day with Patriotic Fervor and Great Enthusiasm on 15th August 2022.



- On occasion of 2nd Death Anniversary of our Founder President of Parul University, the University had arranged an Event to reward those faculty members, who have done outstanding performance in Academic Year 2021-22 by Certificate of Appreciation and Monetary Prizes on 25th August 2022
- Congratulations to the following staff members of JNHMC for securing the awards
- Dr Gaurav Sharma, Dr Zankhana Desai, Dr Falguni Patel, Dr Poonam Jain Dr Kirtida Desai, Dr P S Mandal, Dr Tushar Acharya and Dr Ishani Acharya.





- **Jawaharlal Nehru Homoeopathic Medical College, Parul University has organized MED-BUZZ quiz competition on the occasion of 2nd death anniversary of Dr. J.K Patel Sir ( Founder President of Parul University) on 25/08/2022 at 1.30 pm at P.G department, JNHMC, Vadodara.**



- **Jawaharlal Nehru Homoeopathic Medical College, Parul University in association with Technical Events Cell and Physical Education and Sports has organized ‘Health & Sports’ competition comprising of Chess Champion and Tug of War competition on the occasion of National Sports Day on 29/08/2022 at 11 am at JNHMC, Vadodara.**



- Total medical camps : 09.  
Number of beneficiaries: 844





# JAWAHARLAL NEHRU HOMOEOPATHIC MEDICAL COLLEGE



## Chief Editor



**Dr. Poorav Desai**  
Dean of homoeopathic faculty,  
Principal and professor,  
Parul University

## Co-Editor



**Dr. Gaurav Sharma**  
Associate professor,  
Dept. Of Materia Medica,  
Parul University