

Quatarly Bulletin VOL: 2 (JUNE) YEAR 2024



THE OBJECTIVE OF THIS INSTITUTIONAL **BULLETIN IS:**

- 1. To provide regular updates and propagate information about the accomplishments of all the faculty members and students.
- 2. To share significant information regarding the exceptional services rendered by the corresponding departments.
- 3. To keep everyone in this institution well informed and engaged with the objective to maintain motivation and raise morale.
- 4. This bulletin is for internal circulation and for educative purpose only.

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JAWAHARLAL NEHRU HOMOEOPATHIC MEDICAL COLLEGE

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EDITORIAL

Here we are presenting the Second volume of this year's Homoeo Spirit with all of you.

As the Year 2024 is around midways a lot of curricular and co curricular activities took place in the quarter.

Jawaharlal Nehru Homeopathic Medical College has always attempted steps in improvement and overall development of its students.

University exam of 2nd , 3rd and 4th BHMS displayed exceptional outshining performance and results and we are so proud of our students.

Various departments encouraged and motivated students to participate in symposiums and workshops.

Many PG Scholars showed their exceptional talent as many articles were published in various reputed Journals.

Our Hospital team keeps on working tirelessly planning many health awareness programs and various medical camps from time to time.

Management should be given all the appreciation and credit for providing a congenial environment for nurturing the students and taking care of the staff as well.

"Be Here Be Vibrant."

"TRIVIA GALORE – APPLIED ANATOMY AT YOUR FINGERTIPS"

PART TWO



Dr Poorav Desai Professor & H.O.D Dept. Of Human Anatomy



Dr Sunderlal Longjam Assistant Professor Dept. Of Human Anatomy

The sole purpose of starting the series "Trivia Galore – Applied Anatomy at your fingertips" is to simplify Human Anatomy for the students as well as to enlighten and refresh the knowledge the practicing doctors. Every part will highlight five points everytime in the sequence. With this volume we are sharing the Second part

No	QUESTION	ANSWER				
1	One student is climbing the stairs at a fast pace as he is late for his examination and the lift got out of order. His heart is beating fast against his chest wall. He has dryness of mouth and sweating of the palm. 1. What is the reason for rapid heart beat (tachycardia)? 2. What is the effect of sympathetic system on the skin?	As he is late for the examination, the sympathetic system gets overactive, increasing the heart rate, and blood pressure. Sympathetic system has three fold effect on the skin, i.e. vasomotor, pilomotor and sudomotor. The sweat secretion is markedly increased, including the pale skin with hair standing erect. Sympathetic activity decreases the secretion of the glands. Dryness of mouth results from decreased salivary secretion.				
2	A young boy with sore throat while playing with small coins, puts 3 coins in his mouth. When asked by his mother, he takes out two of them, and is not able to take out one. 1. Where is the third coin likely to pass? 2. What can be the dangers to the boy?	Since the boy was having sore throat, it is likely the coin has been inhaled into his respiratory passages. The coin would pass down the larynx, trachea, right principal bronchus, as it is in line with trachea. The coin further descends into lower lobe bronchus, and into its posterior basal segment. That segment of the lung would get blocked, causing respiratory symptoms. If the coin goes into oropharynx and oesophagus, it will comfortably travel down whole of digestive tract and would come out in the faecal matter next day.				

"TRIVIA GALORE – APPLIED ANATOMY AT YOUR FINGERTIPS"

No	Question	Answer
3	A patient presents with lots of dilated veins in the front of chest and anterior thoracic wall 1. What is the reason for so many veins seen on the anterior body wall? 2. How does venous blood go back in circulation?	This appears to be a case of blockage of superior vena cava after the entry of vena azygos. The blood needs to return to heart and it is done through inferior vena cava. The backflow occurs: Superior vena cava blockage → brachiocephalic veins→ subclavian veins → axillary veins → lateral thoracic veins → thoraco-epigastric veins → superficial epigastric veins - great saphenous veins → femoral veins → common iliac veins inferior vena cava → right atrium of heart
4	An adult man was stabbed on his upper left side of chest. He was taken to the casualty department of the hospital. The casualty physician noted that the stab wound was in left third intercostal space close to the sternum. Further the patient has engorged veins on the neck and face. 1. What is the site of injury? 2. Why are the veins of the neck and face engorged? 3. What procedure would be done as an emergency measure before taking him to operation theatre?	The injury is in left third intercostal space injuring the pericardium and right ventricle, causing haemopericardium. Veins of the neck and face are engorged as the venae cavae are not able to pour blood in the right atrium. Pericardial tapping is done to take out the blood from the pericardial cavity. It is done as an emergency measure.
5	A 10-year-old boy had mild cough and fever. The physician could feel the increased rate of his pulse but could not hear the heartbeat on the left side of his chest. After some thought the physician was able to feel the heartbeat as well. 1. Where is the normal apex beat heard? 2. Name the congenital anomaly of the heart which could cause inability of heartbeat to be felt on the left side.	Apex beat is normally heard in the left fifth intercostal space, 9 cm from midsternal line, within the left lateral line. The congenital anomaly in this case is dextrocardia, when the heart is placed on the right side of the heart. The apex beat is heard in right fifth intercostal space to the right of the inferior end of the sternum. In few cases not only the heart but the viscera of abdomen and thorax are a mirror image of normal. The condition is called "situs inversus".



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ABSTRACT:

Hordeolum or Stye is a prevalent eye issue affecting individuals across various age groups and demographics worldwide. The bacterial infection of the meibomian gland, primarily caused by Staphylococcus bacteria, is a common underlying factor in its development. Moreover, poor hygiene practices can exacerbate the risk of developing Styes.

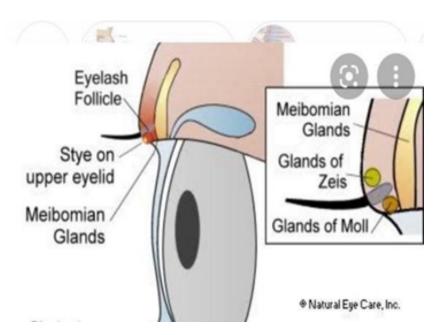
REVIEW OF LITERATURE:

 Styes can be external, appearing on the outer surface of the eyelid, or internal, forming on the inner surface of the eyelid. Internal styes are often caused by infection of the meibomian glands.

- While styes are usually harmless and resolve on their own, they
 can cause discomfort and may be unsightly, leading to selfconsciousness for the individual affected. Sometimes, especially
 with internal styes, residual cysts or nodules can remain if the
 discharge is not properly drained.
- Treatment typically involves warm compresses to help the stye drain, along with good eyelid hygiene. In some cases, antibiotic ointments or oral antibiotics may be prescribed if the infection is severe or persistent. It is important not to squeeze or try to pop a stye yourself, as this can worsen the infection and lead to complications. If a stye does not improve or becomes very painful, it is best to see a healthcare professional for further evaluation and treatment.

ETIOLOGY:

- Styes are indeed commonly caused by bacteria, typically staphylococci, which can irritate the oil glands in the eyelids.
 These bacteria are naturally present on the skin but can lead to infection when they become trapped along with dead skin cells at the edge of the eyelid.
- Touching the nose and then the eye can transfer bacteria, contributing to the development of styes. It is important to clean any discharge from a stye to prevent the spread of infection to other areas of the eye or to other people.
- Recurring styes might indicate the need for improved eyelid hygiene. Regularly cleaning the eyelids can help remove bacteria and reduce the risk of infection in eyelash follicles, decreasing the likelihood of styes developing.



CERTAIN HABBITS:

- 1. Touching your eyes without washing your hands: This can transfer bacteria, including staphylococci, to the eye, increasing the risk of infection and stye formation.
- 2. Not disinfecting contact lenses and using old cosmetics: Contact lenses and old cosmetics can harbour bacteria, which can lead to eye infections and styes if they come into contact with the eyes.
- 3. Blepharitis: This is a condition characterized by chronic inflammation of the eyelids, particularly at the edges. Individuals with blepharitis are more prone to styes because the inflamed eyelids can lead to blockage of the oil glands, increasing the likelihood of bacterial infection.
- 4. Excessive use of cosmetics: Using cosmetics around the eyes, such as eyeliner and mascara, can introduce bacteria to the area, increasing the risk of styes.

- 5.Poor nutrition: A diet lacking in essential nutrients can weaken the immune system, making it harder for the body to fight off infections, including those that can cause styes.
- 6.Sleep deprivation: Lack of adequate sleep can compromise the immune system and increase inflammation, making the body more susceptible to infections like styes.
- 7.Lack of hygiene & water intake, Poor hygiene, including not cleaning the eyelids regularly, can allow bacteria to accumulate and increase the risk of styes. Additionally, inadequate water intake can lead to dehydration, which may affect overall eye health.
- 8.Rubbing of the eyes: Rubbing the eyes can introduce bacteria from the hands to the eye area and also irritate the eyelids, potentially leading to inflammation and stye formation by addressing these risk factors and practicing good hygiene, individuals can reduce their likelihood of developing styes. This includes washing hands before touching the eyes, disinfecting contact lenses and replacing cosmetics regularly, maintaining good eyelid hygiene, getting adequate nutrition and sleep, and avoiding rubbing the eyes excessively.

SIGN AND SYMPTOMS:

- 1. Localized swelling of the eyelid: The affected area of the eyelid may appear swollen due to inflammation.
- 2.Localized pain: Pain is often present around the area of the stye, especially when touched or blinked.
- 3. Redness: The skin around the stye typically becomes red or pinkish due to inflammation.
- 4. Tenderness: The area around the stye is often tender to the touch.
- 5. Crusting of the eyelid margins: Crustiness may develop along the edges of the eyelids, especially if there is discharge from the stye.
- 6. Burning in the eye: A burning sensation may be felt in the affected eye, especially if the stye is causing irritation.
- 7.Droopiness of the eyelid: In some cases, the eyelid may appear slightly droopy due to the presence of the stye.
- 8.A lump on the top eyelid: The stye itself is often described as a small, raised lump on the eyelid.
- 9. Itching: Some individuals may experience itching around the affected area.
- 10. Blurred vision: Blurred vision can occur if the stye is causing significant irritation or if it is affecting the eye's ability to focus properly.
- 11. Mucous discharge in the eye: Discharge, often containing pus, may be present, especially as the stye progresses.
- 12. Irritation of the eye: The presence of the stye can lead to general irritation of the eye, causing discomfort.
- 13. Light sensitivity: Increased sensitivity to light (photophobia) may occur, particularly if the stye is causing inflammation in the eye.
- 14. Tearing: Excessive tearing or watery eyes can be a response to the irritation caused by the stye.
- 15. Discomfort during blinking: Blinking may be uncomfortable or painful due to the presence of the stye.
- 16. Sensation of a foreign body in the eye: Some individuals may feel as though there is something foreign in their eye due to the presence of the stye.

These symptoms can vary in severity depending on the individual and the stage of the stye's development. If someone experiences persistent or severe symptoms, it is important to seek medical attention for proper evaluation and treatment.

UTILITY OF HOMOEOPATHIC MEDICINES IN TREATMENT OF RECURRENT STYES

TYPES OF HORDEOLUM/STYE

EXTERNAL HORDEOLUM:

It often begins as a small, tender bump next to an eyelash, which can be red and painful. As it develops, the bump may grow in size and become more swollen and inflamed. Eventually, it may come to a head and burst, releasing pus and relieving pressure, after which the stye usually begins to heal. Most external styes follow this natural course and are self-limiting; they resolve on their own without specific treatment. However, warm compresses and good eyelid hygiene can help speed up the healing process and alleviate discomfort. If the stye persists, worsens, or causes significant pain or vision changes, it is important to seek medical attention for further evaluation and management.





HORDEOLUM INTERNUM:

- An internal stye, also known as an internal hordeolum, forms on the underside of the eyelid and can cause similar symptoms as an external stye, such as redness, pain, and swelling. However, because of its location, an internal stye does not typically develop a visible whitehead on the eyelid's surface.
- In some cases, an internal stye may resolve completely once the infection clears up, similar to external styes. However, if the infection persists or if the internal stye doesn't fully drain, it may leave behind a small fluid-filled cyst or nodule. This residual cyst or nodule can persist and may require medical intervention, such as opening and draining, to alleviate symptoms and promote healing.

TYPES OF HORDEOLUM/STYE

The inflammation of an internal stye often involves the meibomian glands, which
are responsible for producing the oily component of tears. When the meibomian
gland becomes blocked or infected, it can lead to the development of an internal
stye.

Treatment for an internal stye may include warm compresses, eyelid hygiene, and, in some cases, antibiotic medications to help clear the infection. If the stye persists or causes significant discomfort, a healthcare professional may need to intervene to address any remaining cysts or nodules.



STAGES:

1. Stage of Cellulitis:

- Initially, cellulitis presents as localized redness, swelling, warmth, and pain in the affected area of the skin.
- As the infection progresses, the redness may spread, and the skin may become more swollen and tender.

In severe cases, systemic symptoms such as fever, chills, and malaise may develop.

UTILITY OF HOMOEOPATHIC MEDICINES IN TREATMENT OF RECURRENT STYES

2.Stage of Abscess Formation:

- If the infection is not adequately treated, it may lead to the formation of an abscess, which is a collection of pus surrounded by inflamed tissue.
- Abscess formation occurs when the body's immune system attempts to contain and eliminate the infection.
- Symptoms of an abscess may include increased pain, swelling, and the presence of a visible or palpable lump filled with pus.

3. Complications of Cellulitis and Abscess Formation:

- Calcification: In some cases, chronic inflammation associated with cellulitis or abscess formation may lead to calcification of the affected tissues, resulting in the formation of hardened deposits.
- Stone Formation: Chronic inflammation and tissue damage may predispose individuals to the formation of stones, particularly in areas such as the salivary glands or urinary tract.
- Malignancy: Although rare, chronic inflammation has been linked to an increased risk of certain types of cancer. Prolonged irritation and damage to tissues may promote the development of malignancies.
- Burst Fungating Mass: If an abscess is not properly drained or treated, it may
 continue to grow and eventually rupture, leading to the formation of a burst,
 fungating mass of infected tissue. This can result in further complications and may
 require aggressive management.

It is important to seek prompt medical attention if you suspect you have cellulitis or an abscess, as early treatment can help prevent the progression to severe complications and improve outcomes.

INVESTIGATION:

While history collection and eye examination are crucial components of diagnosing and managing eye conditions such as styes, there are additional investigations and diagnostic procedures that may also be performed depending on the severity and nature of the condition. These investigations can help confirm the diagnosis, assess the extent of the infection, and determine appropriate treatment options. Some of these investigations include:

- 1. Culture and Sensitivity Testing: If the stye is severe or recurrent, a sample of the pus or discharge may be collected and sent to a laboratory for culture and sensitivity testing. This helps identify the specific bacteria causing the infection and determine which antibiotics are most effective for treatment.
- 2.Blood Tests: Blood tests may be ordered to assess for underlying conditions that may predispose individuals to styes or to evaluate the overall health status of the patient.
- 3.Imaging Studies: In rare cases, imaging studies such as ultrasound or MRI may be performed to assess for complications or involvement of deeper structures.
- 4. Biopsy: A biopsy may be performed if there is concern about the presence of malignancy or if the diagnosis is uncertain.

While history collection and eye examination are essential initial steps in evaluating a stye, additional investigations may be necessary to guide treatment and ensure optimal outcomes. It is important for healthcare providers to consider all relevant information and perform appropriate investigations based on the individual patient's presentation and clinical findings.

MANAGEMENT:

- 1.Hot Compresses: Applying warm compresses multiple times a day helps to promote drainage of the stye, relieve pain, and reduce inflammation. This can encourage the stye to come to a head and eventually rupture, allowing for spontaneous drainage and healing.
- 2.Self-Resolution: Most styes will heal on their own within a few days with proper warm compress therapy. The warm compresses help to soften the pus and promote natural drainage, allowing the stye to resolve without the need for further intervention.
- 3. Antibiotics: While antibiotics are not always necessary for the treatment of styes, they may be prescribed in certain cases, especially if the infection is severe, recurrent, or if there is concern about spreading to other parts of the eye. Erythromycin ophthalmic ointment is commonly recommended for its effectiveness against bacterial eye infections. Other antibiotics like chloramphenical or amoxicillin may also be prescribed depending on the severity of the infection and individual patient factors.
- 4. Analgesics: Pain relief medications such as acetaminophen can be taken to alleviate discomfort associated with the stye.

It is important for individuals to practice good eyelid hygiene, avoid squeezing or attempting to pop the stye, and refrain from wearing contact lenses or eye makeup until the stye has fully healed. If the stye persists, worsens, or causes significant pain or vision changes, it is advisable to seek medical attention for further evaluation and management.

HOME REMEDIES:

- 1. Warm Compress: Applying a warm, damp cloth to the affected eye several times a day for 10 to 15 minutes can help encourage drainage and speed up the healing process by promoting blood circulation and reducing inflammation.
- 2. Skip Contact Lenses or Makeup: Avoid wearing contact lenses or eye makeup while you have a stye to prevent further irritation and potential contamination. Replace contact lenses and eye makeup after the stye has healed.
- 3. Proper Eyelid Care: Gently wash your eyelids with mild soap and warm water to keep them clean and free from bacteria. Avoid rubbing your eyes, especially with unclean hands. Some sources suggest using coriander seeds, which have antibacterial properties, to cleanse the eye.
- 4.Black or Green Tea: Use a warm tea bag, preferably black or green tea, as a compress on the affected eye for 5 to 10 minutes. Black tea and green tea have anti-inflammatory and antibacterial properties that can help reduce swelling and fight infection.
- 5.Cucumbers or Potatoes: Cold cucumber slices or slices of potato can provide soothing relief by reducing inflammation and irritation. Simply place a chilled slice on the affected eye for about 10 minutes.
- 6. These natural home remedies can help alleviate discomfort and promote the healing of styes. However, if the stye does not improve or worsens despite these interventions, it is advisable to seek medical attention for further evaluation and treatment. Most styes resolve on their own with proper self-care and a bit of patience.

SURGICAL MANAGEMENT:

Incision and drainage

PREVENTION

Proper Eye Hygiene:

- 1. Avoid Touching Eyes: Try to avoid touching your eyes with unwashed hands to minimize the risk of transferring bacteria or viruses.
- 2.Contact Lenses: If you wear contact lenses, follow proper hygiene practices, including washing your hands thoroughly before handling lenses and cleaning and storing them properly according to your eye care professional's instructions.
- 3. Proper Contact Lens Care: If you use contact lenses, never reuse contact lens solution, and replace your lens case regularly to prevent bacterial contamination.
- 4. Regular Eye Exams: Schedule regular eye exams with an optometrist or ophthalmologist to monitor your eye health and address any concerns promptly.
- 5. Protective Eyewear: Wear protective eyewear, such as safety glasses or goggles, when engaging in activities that could potentially injure your eyes, like sports or working with hazardous materials.
- 6. Avoid Rubbing Eyes: Avoid rubbing your eyes excessively, as this can introduce bacteria or irritants and potentially damage your cornea.
- 7. Healthy Diet: Maintain a balanced diet rich in vitamins and nutrients, particularly those beneficial for eye health, such as vitamin A, vitamin C, omega-3 fatty acids, and antioxidants.

Proper Hand Washing:

- 1. Thorough Hand Washing: Wash your hands frequently with soap and water for at least 20 seconds, especially before touching your eyes, nose, or mouth, and after using the restroom, coughing, sneezing, or handling potentially contaminated items.
- 2.Use Hand Sanitizer: If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol, rubbing it thoroughly over all surfaces of your hands until dry.
- 3. Avoid Touching Face: Try to avoid touching your face, particularly your eyes, nose, and mouth, with unwashed hands to prevent the spread of germs.

Never Share Cosmetics:

- 1. Personal Use Only: Avoid sharing cosmetics, especially eye makeup like mascara, eyeliner, and eye shadow, as this can transfer bacteria and increase the risk of eye infections.
- 2. Replace Regularly: Replace your cosmetics regularly, particularly eye makeup, and avoid using old or expired products to prevent bacterial contamination.
- 3.Clean Brushes and Applicators: Clean your makeup brushes and applicators regularly with soap and water to remove built-up makeup, oils, and bacteria.

UTILITY OF HOMOEOPATHIC MEDICINES IN TREATMENT OF RECURRENT STYES

PREVENTION

Remove Makeup Every Night Before Going to Sleep:

1.Gentle Cleansing: Use a gentle makeup remover or cleanser to thoroughly remove all traces of makeup from your eyes and face before going to bed.

2.Avoid Sleeping with Makeup: Sleeping with makeup on can clog pores, irritate your eyes, and increase the risk of eye infections and other skin issues.

3.Eye Makeup Removal: Be particularly thorough when removing eye makeup to ensure no residue remains around the eyes, which can lead to irritation or infections.

By incorporating thesepractices into your daily routine, you can help maintain good eye health and reduce the risk of eye infections and other related issues.

HOMOEOPATHIC MANAGEMENT:

It is important to note that while homeopathic remedies are often used by individuals for various conditions, including styes, the effectiveness of homeopathy for stye treatment hasn't been scientifically proven. Homeopathy uses highly diluted substances to stimulate the body's self-healing abilities.

- 1. Ferrum Phos: Recommended for the first stage of a stye characterized by redness, pain, tenderness, and swelling.
- 2. Silicea: Suggested for the last stage of a stye when pus has formed. It may aid in the absorption or drainage of pus and prevent the formation of residual nodules.
- 3. Conium: Proposed for cases where hard nodules remain after a stye has healed improperly. It is believed to soften these nodules and aid in their disappearance.
- 4. Euphrasia: Used for styes accompanied by extreme burning, watering from the eye, redness, and itching.
- 5. Pulsatilla: Recommended for styes on the upper eyelid, especially those preceded by the consumption of fatty foods.
- 6. Staphysagria, Conium, and Thuja: Suggested for chalazion or cysts on the eyelids. These remedies are believed to dissolve cysts and remove obstructions in eyelid glands.
- 7. Calcarea Fluor and Thuja: Considered for eyelid tumours, including tarsal tumours.
- 8. Sulphur: Indicated for styes that appear red, inflamed, and cause burning and itching in the eyes. Eyes may be sensitive to touch and may benefit from warm compressions.

It is essential to consult with a qualified homeopathic practitioner or healthcare professional before using homeopathic remedies, especially for eye conditions. They can provide personalized advice and ensure that the chosen remedies are safe and appropriate for your specific situation.

UTILITY OF HOMOEOPATHIC MEDICINES IN TREATMENT OF RECURRENT STYES

HOMOEOPATHIC MEDICINES FOR STYE ON EYELID

- 1. Amalaki: This remedy is believed to aid in repairing damaged tissue, which may help styes to dry out. The suggested method involves adding Amalaki powder to water, letting it sit overnight, and then using the filtered mixture to wash the affected eye. Amalaki, also known as Indian gooseberry, is rich in vitamin C and antioxidants and is used in traditional Ayurvedic medicine for various health purposes.
- 2.Hepar Sulphur: This remedy is believed to speed up the rupture of styes, relieving pain associated with significantly red and swollen styes. It may also reduce tenderness and swelling. Hepar sulphur is commonly used in homeopathy for conditions involving pus formation, inflammation, and sensitivity to touch.
- 3. Pulsatilla: This remedy may be helpful for styes that cause significant swelling and secrete a yellowish discharge. It is also suggested for cases where styes do not cause pain but result in swelling. Pulsatilla is often recommended in homeopathy for various eye conditions and may help prevent the recurrence of styes.

SOME RARE REMEDIES FOR STYE:

- 1. Asafoetida: Suggested for throbbing type of pain associated with styes. Asafoetida (Asaf) is commonly used in homeopathy for conditions involving nervousness, anxiety, and headaches with a sensation of pressure.
- 2. Cimicifuga Racemosa: Recommended for styes with a modality of worsening pain with rest. Cimicifuga (Cim) is used in homeopathy for conditions involving muscular and neuralgic pains that are aggravated by rest.
- 3. Oleander: Indicated for a sensation as if pressing inwards and feeling of pressure in the eye. Oleander (Oleand) is used in homeopathy for various eye conditions, including pain and pressure sensation.
- 4. Paris Quadrifolia: Suggested for a sensation as if pressing inwards, similar to Oleand. Paris Quadrifolia (Paris) is used in homeopathy for various eye conditions, including pain and pressure sensation.
- 5. Stannum Metallicum: Recommended for internal styes. Stannum Metallicum (Stannum) is used in homeopathy for conditions involving weakness, exhaustion, and respiratory issues, but it may also be considered for internal styes.
- 6. Elaps Corallinus: Indicated for styes in the left eye. Elaps Corallinus (Elaps) is used in homeopathy for various conditions, including eye issues and headaches, and may be suggested for styes affecting the left eye specifically.

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CONSTITUTIONAL APPROACH IN CASE OF VITILIGO



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INTRODUCTION:

- Vitiligo is a common chronic skin depigmentation. This is because melanocytes prevent the formation of melanin and show asymptomatic depigmentation spots on any part of the body (including the mucous membranes of the lips and genitals). In leukoplakia, melanocytes and melanin in the epidermis are significantly reduced or even disappeared. Histochemically, the basal layer of the epidermis lacks Dopa-positive melanocytes. The macula varies in size, shape, and color. Some lesions or parts of lesions may be hypopigmented rather than depigmented. The course of the disease varies greatly. The lesions in some patients may remain static or progress very slowly, while in others, the lesions progress very quickly and cover the whole body within a few months. In a few cases, spontaneous re-pigmentation has been noted. It is usually around the hair follicles.
- The exact cause of vitiligo is unclear. It is believed that this is due to genetic susceptibility caused by environmental factors that lead to the occurrence of autoimmune diseases. This causes the destruction of skin pigment cells. Risk factors include a family history of the disease or other autoimmune diseases, such as hyperthyroidism, alopecia areata, and pernicious anemia.
- The only sign of vitiligo is the presence of pale patches of depigmented skin, which often occur on the extremities. Some people may experience itching before the new patch appears. The plaque is small at first, but often grows and changes shape. When skin lesions occur, they are most prominent on the face, hands, and wrists. The loss of skin pigmentation is particularly noticeable around body orifices, such as the mouth, eyes, nostrils, genitals, and umbilicus. The skin around the edges of some lesions has increased pigmentation. People who are stigmatized by vitiligo may experience depression and similar mood disorders.

CLASSIFICATION:

Vitiligo is classified into focal, segmental, generalized and universal types, a conventional self-explanatory arrangement. However, Lerner classified vitiligo into 3 groups namely:

- 1. Segmental, Localized, Partial or Focal Vitiligo corresponding to a dermatome/adjacent dermatomes
- 2. Vitiligo Vulgaris generalized, involving the hands, face, axillae and limbs (ACROFACIAL) and
- 3. Complete, Total or Universal Vitiligo involving the entire or nearly entire body surface (UNIVERSALIS)

THERAPEUTICS:

As the literature has given us sufficient reasons for vitiligo being an autoimmune problem, so it has to be dealt with CONSTITUTIONAL approach. Eventhough skin symptoms have to be considered we have to compare with the materia medica whether the remedy is suited or not both in mental and physical plane. We cannot prescribe a medicine saying that it acts on skin and has a capacity to restore melanocytes. If it doesn't cover the characteristic keynotes indicated of remedy, it will not provide relief to the patient. Fundamental cause has to be identified and treated accordingly.

CASE PRESENTATION:

A 50 year old male patient Mr. R. M. came to our OPD with complaint of white patches on right leg beneath knee joint.

He has a background marked by dermatitis before one year and after this began seeing white patches upon skin.

Physical Characteristics:

- 1. Appetite normal
- 2. Thirst normal
- 3. Desire sweets, cold drink, ice cream
- 4. Aversion milk
- 5. Stool constipated
- 6. Urine normal
- 7. Perspiration profuse on scalp and face with offensive smell and yellow stain on clothes
- 8. Thermal chilly
- 9. Sleep sound sleep
- 10. Habits none
- 11. Family h/o nil
- 12. Past history nil

Clinical Examination

- 1.BP 120/70
- 2. Pulse 80/min
- 3. Weight 71kg
- 4. Height 170cm
- 5. Physical appearance Wheatish complexion, medium build

Mind Symptoms:

Very mild, gentle, cool and calm by nature, forgetful, making mistakes while speaking, fear of high places, deep water, anxiety about health, emotional.

REPORTORIAL RESULT (KENT REPERTORY):

← Repertorisation						₹	
Symptoms: 12 Remedies: 240	Applied F	ilter					Q
Remedy Name	Phos	Sulph	Calc	Sep	Lyc	Merc	Ars
Totality / Symptom Covered	20/9	17/9	17/8	17/8	16/6	16/6	15/8
[Kent] [Mind]Mildness: (60)	2	2	2	2	2		3
[Kent] [Mind]Forgetful (see memory): (153)	3	2	2	1	3	3	- 1
[Kent] [Mind]Fear (see anxiety):High places: (4)		1					
[Kent] [Mind]Fear (see anxiety):Water,of: (17)	2						
[Kent] [Mind]Anxiety:Health,about: (33)							

← Repertorisation						₹	📋
Symptoms: 12 Remedies: 240	Applied F	ilter					Q
Remedy Name	Phos	Sulph	Calc	Sep	Lyc	Merc	Ars
Totality / Symptom Covered	20 / 9	17/9	17/8	17/8	16/6	16/6	15/8
[Kent] [Perspiration]Profuse: (133)	2	2	3	3	3	3	3
[Kent] [Perspiration]Odour:Offensive: (59)	2	3		3	3	3	2
[Kent] [Perspiration]Staining the linen:Yellow: (19)						3	1
[Kent] [Stomach]Desires:Sweets: (36)		3	2	2	3	1	1

← Repertorisation						更	📋
Symptoms: 12 Remedies: 240	Applied F	ilter					Q
Remedy Name	Phos	Sulph	Calc	Sep	Lyc	Merc	Ars
Totality / Symptom Covered	20/9	17/9	17/8	17/8	16/6	16/6	15/8
[Kent] [Stomach]Desires:Sweets: (36)		3	2	2	3	1	1
[Kent] [Stomach]Desires:Cold drinks: (95)	3	1	2	2	2	3	3
[Kent] [Stomach]Desires:Ice cream: (5)	3		2				
[Kent] [Stomach]Aversion:Milk: (30)	1	2	2	2			

BASIS OF PRESCRIPTION:

On reportorial analysis, Calc. Carb. is most simillimum to the case and also cover 17/8. According to the constitution and mental characteristics of pt Calc. Carb. 200 was prescribed as it suited the most.

TABLE: FOLLOW UP WITH PRESCRIPTION

Date	Symptoms	Prescription			
09-02-2024	no itching mild dark dots present upon patches	1. Calc Carb 200- 1 dose every week 2. SL 4-0-4-0/for 1 month			
10-03-2024	Dark pigmentation start appearing	1. Calc Carb 200- 1 dose every week 2. SL 4-0-4-0/for 1 month			
12-04-2024	Dark pigmentation start appearing	1. Calc Carb 200- 1 dose every week 2. SL 4-0-4-0/for 1 month			



Reference:

1.Valia RG, Valia AR. IADVL Textbook of Dermatology. 3rd ed. Vol 1. India:Bhalani Publishing House. Ch- 25, p749-760.

2. HabifT.Clinical Dermatology.5th ed.UK: Elsevier.2010.Vol 1.Ch-19,Pg 766
3.Gupta R, Manchanda RK. Textbook of Dermatology for Homeopaths. 3rd ed. Delhi: B.Jain Publisher; 2009

"GALLARY" (MARCH 2024 – APRIL 2024 – MAY 2024)

1st March, 2024 – Article Published in International journal Research and Analytical Reviews (Dr. Rutwa Parmar)

Topic: A Case Report of Acne Vulgaris Treated with Homeopathy using Gags

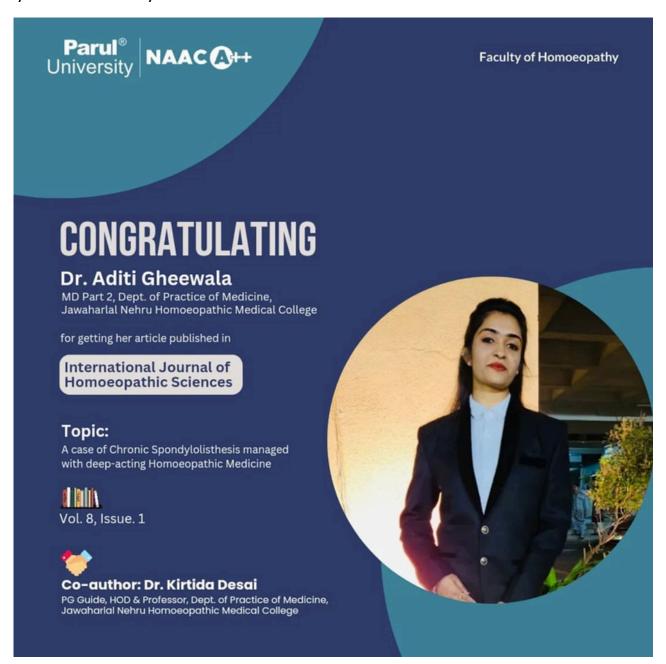
Congratulations to Dr. Rutwa Parmar on the publication of her article on acne vulgaris in the esteemed International Journal of Research and Analytical Reviews! Your dedication to advancing knowledge in dermatology is truly commendable.



2nd March, 2024 – Article Published in International journal of Homoeopathic Sciences (Dr. Aditi Gheewala)

Topic: A case of Chronic Spondylolisthesis managed with deep-acting Homoeopathic Medicine

Cheers to Dr. Aditi Gheewala for her outstanding achievement in having her article published in the esteemed International Journal of Homeopathic Sciences! Your dedication to scholarly excellence and advancing knowledge in your field is truly commendable.



5th March, 2024 – Article Published in International journal of Research and Analytical Reviews (Dr. Kirti Katiyar)

Topic: Effectiveness of LM Potency In addressing Alopecia

Congratulations to Dr. Kirti Katiyar for her remarkable achievement in having her article published in the prestigious IJRAR journal! Her research on the effectiveness of LM Potency in Alopecia sheds Valuable light on holistic treatment approaches.



6th March, 2024 – Article Published in International journal of Homoeopathic science (Dr. Hingisha Vadaria)

Topic: Eczema and it's Homoeopathic Treatment: A case report

Congratulations to Dr. Hingisha on the publication of her insightful article in the International Journal of Homeopathic Sciences! Her research on eczema and its Homeopathic treatment opens new avenues for holistic healing.



Faculty of Homoeopathy

Congratulations

Dr. Hingisha Vadaria

MD Part 2, Dept. of Repertory, Jawaharlal Nehru Homoeopathic Medical College

Article published in International journal of Homoeopathic science

Topic:

Eczema and it's Homoeopathic Treatment: A case report

Co-author:

Dr. Shweta Awati Assistant Professor, Dept. of Repertory, JNHMC



Volume 7, Issue 4

9th March, 2024 – Article Published in International journal of Trend in Scientific Research and Development (Dr. Rachita Joshi)

Topic: A case review of ascaris lumbricoides worm infestation

Dr. Rachita Joshi unveils insights with her latest article published in the International Journal of Trend in Scientific Research and Development. Her insightful case review on Ascaris lumbricoid infection adds valuable insights to the field of parasitology.

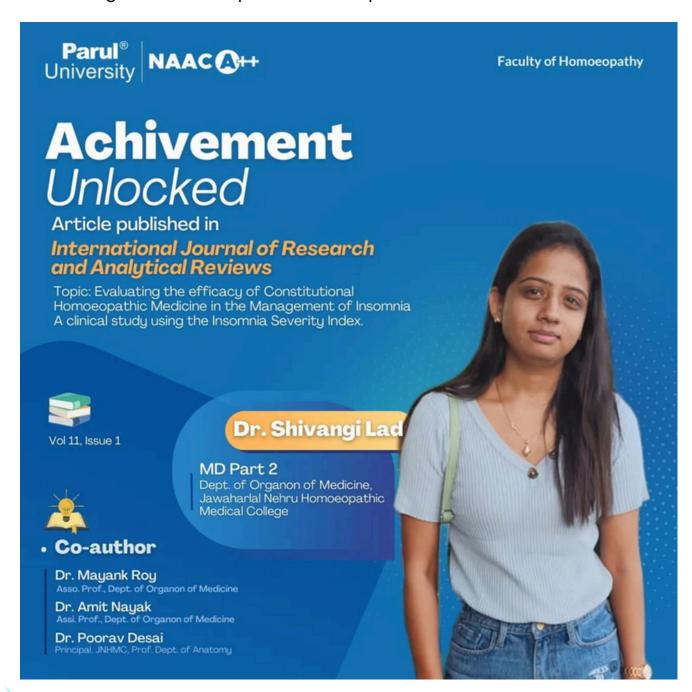


Co-author: Dr. P.S. Mandal
PG Guide, HOD & Professor, Dept. of Organon of Medicine, JNHMC

11th March, 2024 – Article Published in International journal of Research And Analytical Reviews (Dr. Shivangi Lad)

Topic: Evaluating the efficacy of Constitutional Homoeopathic Medicine in the Management of Insomnia A clinical study using the Insomnia Severity Index.

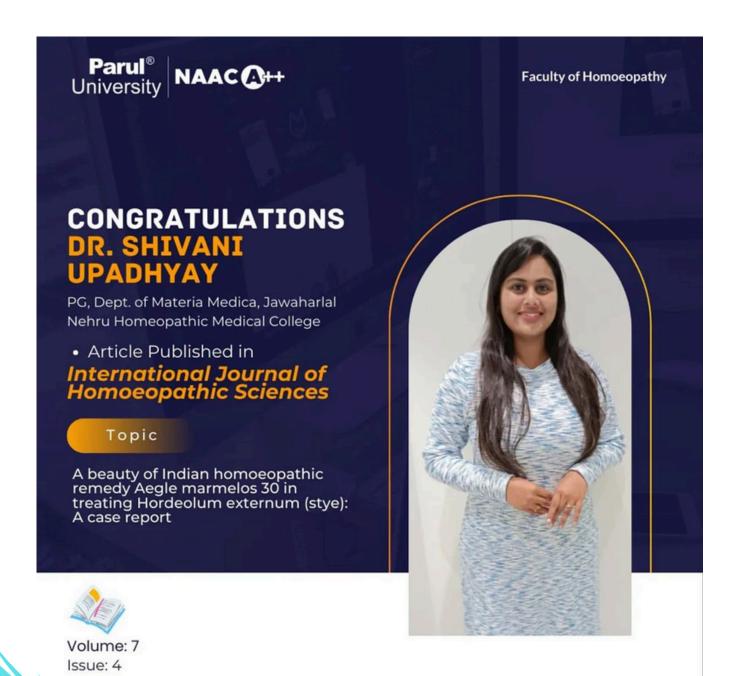
Bravo to Dr. Shivangi Lad for illuminating the pages of the International Journal of Research and Analytical Reviews with her insights on insomnia! Her contribution shines a light on the complexities of sleep disorders



13th March, 2024 – Article Published in International journal of Homoeopathic Sciences (Dr. Shivani Upadhyay)

Topic: A beauty of Indian homoeopathic remedy Aegle marmelos 30 in treating Hordeolum externum (stye): A case report.

Dr. Shivani Upadhyay shines with her latest publication in the International Journal ofHomeopathic Sciences! Her research on treating styes with Homeopathy sheds light on alternative approaches to eye health.



18th March, 2024 – Toppers of end year examination 2024

Cheers to our exceptional achievers from JNHMC & Celebrating the brilliance and dedication of our top performers in every class







Congratulations for shining bright in the BJAIN Quiz Competition!



Congratulations to Mansi Vansadia for shining bright in the BJAIN Quiz Competition!



Faculty of Homoeopathy



3rd Year, Jawaharlal Nehru Homoeopathic Medical College











3rd April, 2024 – Congratulating Hiral Parmar for her achievements in DHOOM 2024

Big applause to Hiral for capturing the Spotlight in the artistic competitions of Dhoom 2024!



Faculty of Homoeopathy

CONGRATULATIONS



oooo Hiral Parmar oooo

4th Year, Jawaharlal Nehru Homoeopathic Medical College

for her exceptional Achievements in



Dhoom 2024

- Monalisa on-spot painting competition
- Artistic Alpana (Rangoli) competition

8th April, 2024 – Skit competition on the occasion of world Health Day

Bringing health to life! Check out the vibrant moments from our skit competition celebrating World Health Day.













10th April, 2024 - Internship completion certificate distribution ceremony

Cheers to our dedicated interns who received their completion certificates! Your hard work and commitment to healthcare are truly commendable. Keep shining bright in your journey ahead!













10th April, 2024 - Homoeopathic Awareness Programme

Empowering minds through awareness JNHMC Hospital orchestrated a Homeopathic awareness program at 'Parul Institute of Pharmaceutical Education and Research (PIPER)' in celebration of World Homeopathy Day.

Together, let's embrace holistic healing!







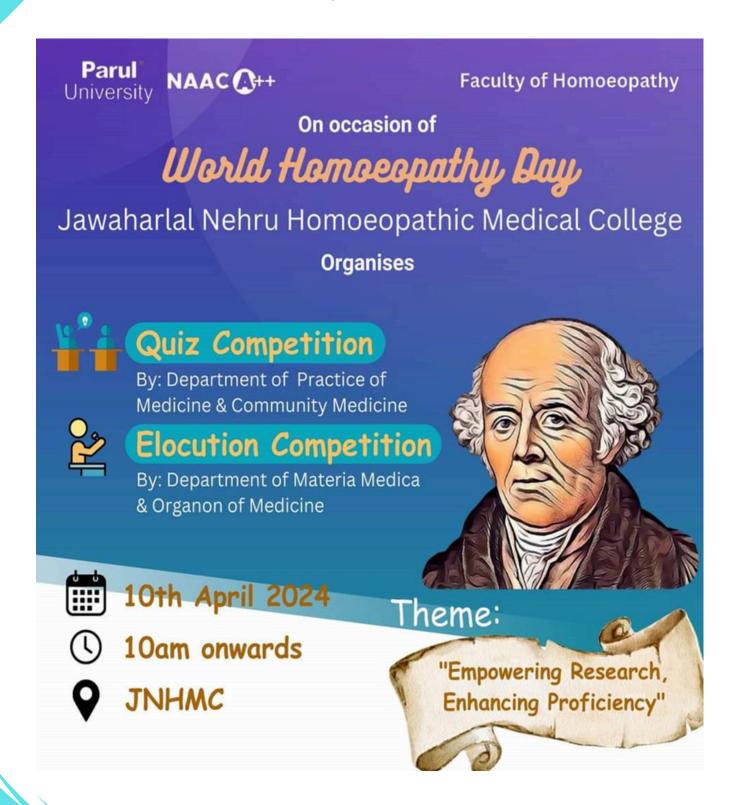






10th April, 2024 – Quiz Competition and Elocution Competition

Here's a glimpse of the thrilling Quiz Competition and Elocution Competition that took place at our college on the occasion of World Homoeopathy Day



16th April, 2024 – Symposium on Homoeopathic Pharmacy

Reflecting on a successful Homeopathic pharmacy symposium. Here's a glimpse of the enlightening sessions and vibrant discussions













16th April, 2024 – Symposium on Physiology

Capturing moments from our engaging Physiology Symposium! Dive into the world of physiology with our insightful sessions











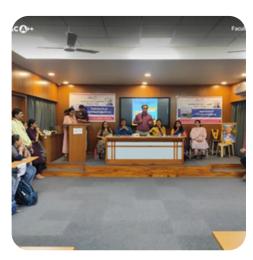


17th April, 2024 - Quiz Competition

Here's a glimpse of the thrilling quiz competition that took place at our college. Stay tuned to witness the excitement and brilliance of our participants!













Topic: Schools of Philosophy

An enlightening Instagram Live session delving into the diverse schools of philosophy within Homoeopathic Medicine!



Faculty of Homoeopathy



Schools of Philosophy

SPEAKER

Dr. Jyoti Poddar

BHMS, MD(Hom)

Assistant Professor, Dept. of Organon Jawaharlal Nehru Homoeopathic Medical College





Host Dr. Zeel Khengar MD Part 1



26th April, 2024 - Malaria Awareness on World Malaria Day

Empowering patients with knowledge on World Malaria Day at Jawaharlal Nehru Homoeopathic Medical College. Together, we raise awareness and fight against malaria













27th April, 2024 – Symposium on Gynaecology and Obstetrics

Delving into the intricacies of obstetrics and gynaecology, our 3rd-year students orchestrated an insightful symposium. Witness the highlights of their enriching endeavour!













4th May, 2024 – Symposium on Homoeopathic Materia Medica

Reflecting on the insightful discussions and learnings from our Materia Medica symposium.









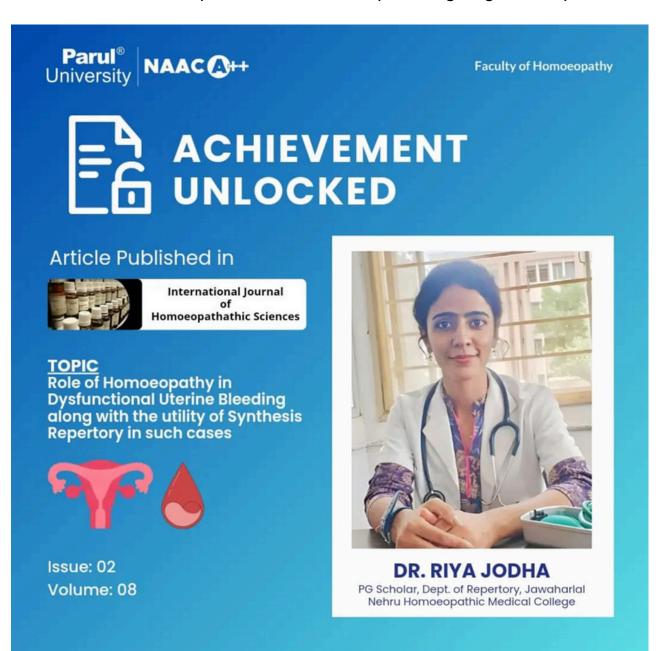




11th may, 2024 – Article Published in International journal of Homoeopathic Sciences (Dr. Riya Jodha)

Topic: Role of Homoeopathy in Dysfunctional Uterine Bleeding along with the utility of Synthesis Repertory in such cases

Congratulations to Dr. Riya Jodha for her remarkable achievement! Her article has been published in the prestigious International Journal of Homeopathic Sciences. Keep shining bright, Dr. Riya!



Topic: Homoeopathy for Women's health

Instagram Live session on 'Homeopathy for Women's Health' with Dr. Nidhi as our speaker and Archana as the host. Don't miss Out on valuable insights and empowering discussions!

LIVE



Faculty of Homoeopathy

INSTAGRAM



SPEAKER

DR. NIDHI TAMBOLI

Medical officer, Obs/Gyn Dept. Jawaharlal Nehru Homoeopathic Medical College Hospital



<u>With Host</u> Archana Sanal



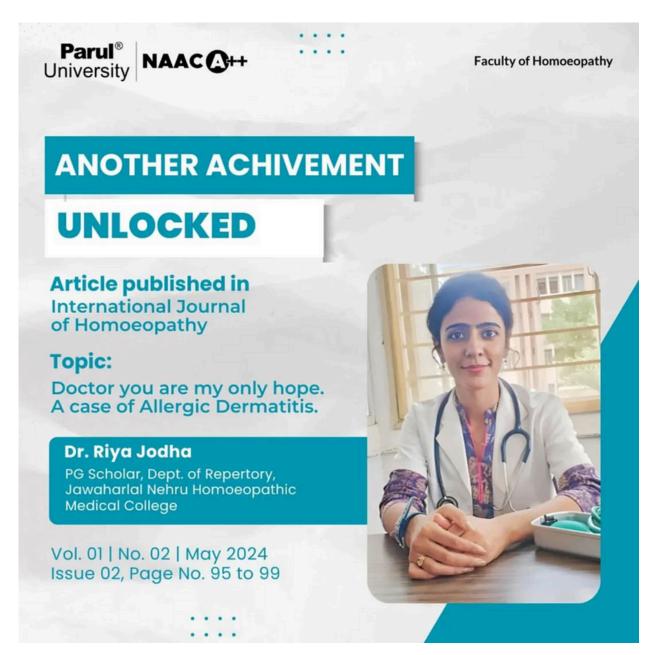
15th May 2023 11:30 AM • Wednesday



23rd may, 2024 – Article Published in International journal of Homoeopathy (Dr. Riya Jodha)

Topic: Doctor you are my only hope A case of Allergic Dermatitis.

Congratulating Dr. Riya on the remarkable achievement of having your article published in a renowned journal! Your dedication to advancing knowledge is truly inspiring. Here's to many more milestones in your academic journey!



23rd May, 2024 - Winner of BJain quiz Marathon May - 2024

Congratulating our brilliant students on crushing the quiz marathon in BJain May Challenge at National Level!





MEDICAL CAMPS

MONTH	NUMBER OF CAMPS	TOTAL BENEFICIARIES
MARCH 2024	06	495
APRIL 2024	06	483
MAY 2024	05	382



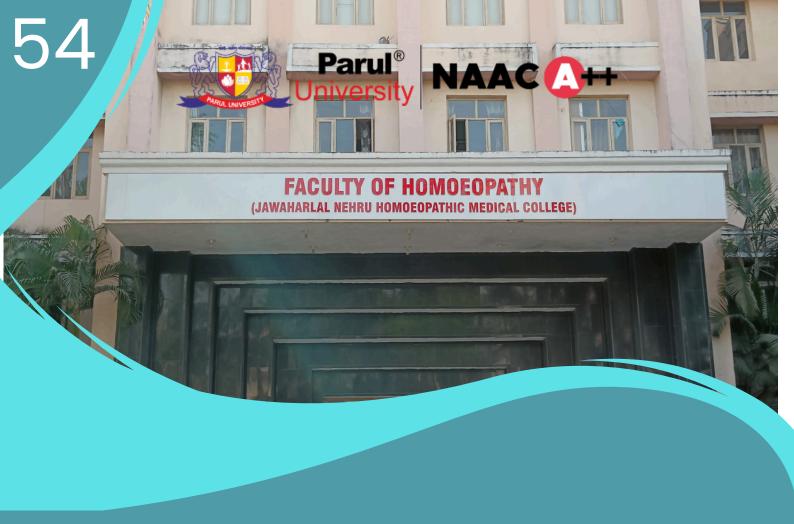




MEDICAL CAMPS







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