

Homoeo Spirit

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HOMOEOPATHIC MEDICAL COLLEGE

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EDITORIAL

DECEMBER 2021 ISSUE

This year is a roller coaster ride for all of us. From the attack of 2nd wave of covid Pandemic to life returning to normalcy speaks volumes of the fight of humanity against the deadly Virus.

India became the 1st country to successfully Vaccinate 100 crore doses of the covid vaccine.

Jawahar Lal Nehru Homoeopathic medical college (JNHMC) one of the pioneers in the field of Homoeopathic education kept the positive steps forwards enveloping the ideas of the former President Late Dr J K Patel sir and the able guidance of current president Dr Devanshu Patel Sir. Dr Parul Patel Madam, Dr Geetika Patel Madam, Dr Komal Patel madam our visionary Management along with Provost sir Dr M N Patel sir, ProVC Dr H S Vijaykumar & Registrar Dr Manish Pandya sir has always given an open hand of support for the development of Institute as well as over all development of the students pursuing BHMS & MD (Hom) courses from JNHMC a constituent college Of Parul University.

The Last Quarter(Sep-Nov 2021) has seen various Curricular and Extra Curricular activities organised by JNHMC . JNHMC is proud of our faculties who are recognised and awarded by various Government & non Government organisations ,which is being proudly displayed in the event gallery.

HAVE GUTS TO SETTLE THE GUTS



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Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder characterized by abdominal pain and altered bowel habit in the absence of a specific and unique organic pathology.(1)

As per ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification.) the diagnosis code for IBS is K58.(2)

K00-K95 - Diseases of the digestive system

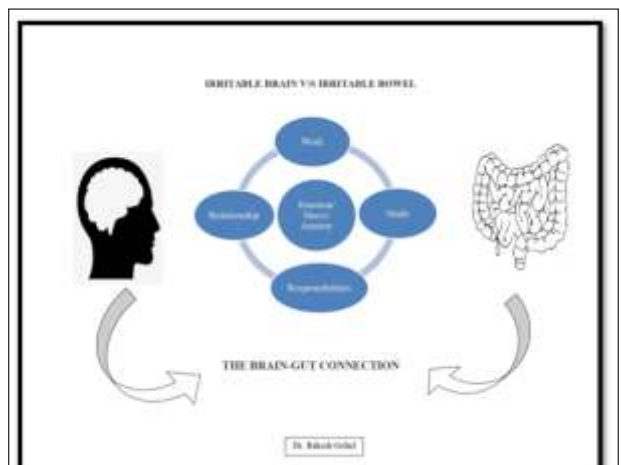
- K55-K64 - Other diseases of intestines
 - o K58 - Irritable bowel syndrome
 - K58.0 - Irritable bowel syndrome with diarrhea
 - K58.1 - Irritable bowel syndrome with constipation
 - K58.2 - Mixed irritable bowel syndrome
 - K58.8 - Other irritable bowel syndrome
 - K58.9 - Irritable bowel syndrome without diarrhea

IBS is a functional disorder of the intestine that is generally psychosomatic. It is a problem that affects the large intestine. It can cause abdominal cramping, bloating and a change in bowel habits. Some suffer from constipation and some from diarrhea. Some have alternate constipation and diarrhea. Although IBS can cause a great deal of discomfort, it does not harm the intestines.(2)

As per World Health Organization report it is noticed that 20% of people in the world suffer from the irritable bowel syndrome. It affects everyone either rich or poor, male and female.(3)

The Brain-Bowel Connection:

Like which came first — egg or hen? Similarly for IBS question arises which came first—the IBS or the anxiety? Both tend to trigger the effect. In the modern era fast running digital world there are many challenges with work,



Stress and IBS go hand in hand because there is a direct link between stress and a gastrointestinal reaction. IBS can be triggered by both physical factors, such as hormonal changes, strenuous activity, infection or surgery, as well as emotional or psychological stress.(4)

HAVE GUTS TO SETTLE THE GUTS

study, relationship and responsibilities. At every step stress knocking at the door.

As per a survey it is found that about 60% of IBS patients will meet the criteria for one or more psychiatric disorders and the most common mental ailment people with IBS have is generalized anxiety disorder.(5)

Stress and major life adverse events like a breakup, loss of a dear family member, or a family member leaving home are all known to exaggerate the symptoms of IBS.(6)

Stress can inflict havoc on guts. It causes the release of many hormones, including corticotropin-releasing factor (CRF), which is linked to the gut's healthy bacteria, which maintains bowel function. The extra CRF activates body's immune response. Chronic stress can cause intestinal bacteria to be imbalanced and leading to condition known as dysbiosis which play a key role in developing IBS.(6)

Hahnemann's concept of emotional disease and IBS:

Hahnemann was true leader in psychiatry. 250 years back he gave standard classification of mental diseases which one can't ignore today also. Out of four classes of mental disease the last one he classified as emotional disease which is nothing but psychosomatic diseases. As per § 225, "The body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree." So there is definite effect of anxiety and stress on body which sooner or later shows its impact on body in form of various diseases. Irritable bowel syndrome is also one such entity that belongs to emotional diseases. (7)

Homoeopathic management of IBS:

In § 230, Hahnemann says, "I can confidently assert, from great experience, that the vast superiority of the homoeopathic system over all other conceivable methods of the treatment is nowhere displayed in a more triumphant light than in mental and emotional diseases of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them." So Hahnemann talks about the superiority of homoeopathy in management of mental diseases either Somato-psychic or Psycho-somatic. (7)

As per § 226, Psychological remedies, such as a display of confidence, friendly exhortations, sensible advice, and often by a well-disguised deception can be helpful to patient of IBS. In modern era psychological remedy is nothing but is counseling. Reducing the stress and anxiety is key factor to control IBS. (7)

Appropriate diet and regimen- avoidance of certain foods like including dairy, alcohol, and fried foods.(8)

Proper antispasmodic medicine can promptly relieve as well as seemingly cure the patient with IBS.(7)

A case of IBS:

A female aged 35 years who is known case of IBS since 4 years. She is suffering from alternate constipation and diarrhea with bloating of abdomen which gets worse after eating. She consulted many physicians but could not get relief.

All her complain started after death of her son in an accident before 5 years at age of 6 years. She feels very depressed and constantly thinks over past event of accident and regrets over it. Actually she was



HAVE GUTS TO SETTLE THE GUTS

Remedy Name	Nat-m	Ign	Ars	Lach	Aur	Coif	Puls	Sil	Chel	Con
Totality	11	11	8	8	7	7	7	7	6	6
Symptom Covered	8	5	5	4	4	4	4	4	4	4
[KT] [Mind]Grief:Silent:	3	3					2			
[KT] [Mind]Remorse:	1	2	2	1	2	3	2	2	1	1
[KT] [Mind]Consolation :Agg:	3	3	2					3		
[KT] [Sleep]Dreams:Death:Of:	1		1	3	1	1		1	1	1
[KT] [Stomach]Appetite:Diminished:	1	1	1	2	2	2	1	1	1	2
[KT] [Rectum]Constipation:Alternating with diarrhoea:	2	2	2	2	2	1	2		3	2

going ob activa with her son and suddenly dog came on the road and her active got slipped and her son got head injury and he died on the spot. She had little injury but she lost her son. This incidence gave her constant reproaching herself that why she took her child on active that day. Within 3 months of this event she started developing irregular bowel habit and later on bloating of abdomen started. She has poor appetite and having dreams of her own death. She dislikes consolation.

After reportorial analysis she was given Nat mur 1M, 1 dose; SL BD for 15 days. She gradually recovered from mental trauma and recovered from IBS within 4 months. There was no need of second dose of the given medicine.

Conclusion: Psychological factors have definite impact on the IBS either as causative factor or exciting factor and a well selected homoeopathic medicine on basis of this impact definitely settles the guts to normal from state of irritability.

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ALOPECIA AREATA -HOM. PERSPECTIVE



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Abstract

Alopecia areata is an autoimmune disease condition which causes patchy hair loss on scalp or on other parts of body. In this article topic has been discussed with it's therapeutic. This disease always comes with challenges for a homoeopathic practitioner so detail knowledge of the topic helps to perceive case from each and every angles eg Miasm, hypersensitivity due to autoimmune reactions etc

ALOPECIAAREATA

Alopecia areata is a common autoimmune disease causing patchy hair loss on the scalp, face and sometimes on the other area of the body. People of all age, both sexes and all ethical groups can develop alopecia areata.

TYPES

- Alopecia areata patchy- most common form with one or more coin sized hairless patches on the scalp or other area of the body.
- Alopecia totalis- Total loss of hair on the scalp.
- Alopecia universalis- complete loss of hair on the scalp, face and body.

CAUSES

Alopecia areata is an autoimmune disease, which means your immune system mistakes the normal cells in your body as foreign invaders and attack these cells. With all forms of alopecia areata body's own autoimmune system attack healthy hair follicles, causing them to become much smaller and drastically slow down growth of hair. It develops suddenly. In all cases hair follicles remain alive. Hair may regrow with or without treatment but it may fall out again. Alopecia areata is not a contagious disease.

People with alopecia areata may have a higher risk for another autoimmune disease such as Thyroid disease or Vitiligo or Atopic disease condition like hay fever, allergic dermatitis, Asthma etc.

SIGN AND SYMPTOMS-

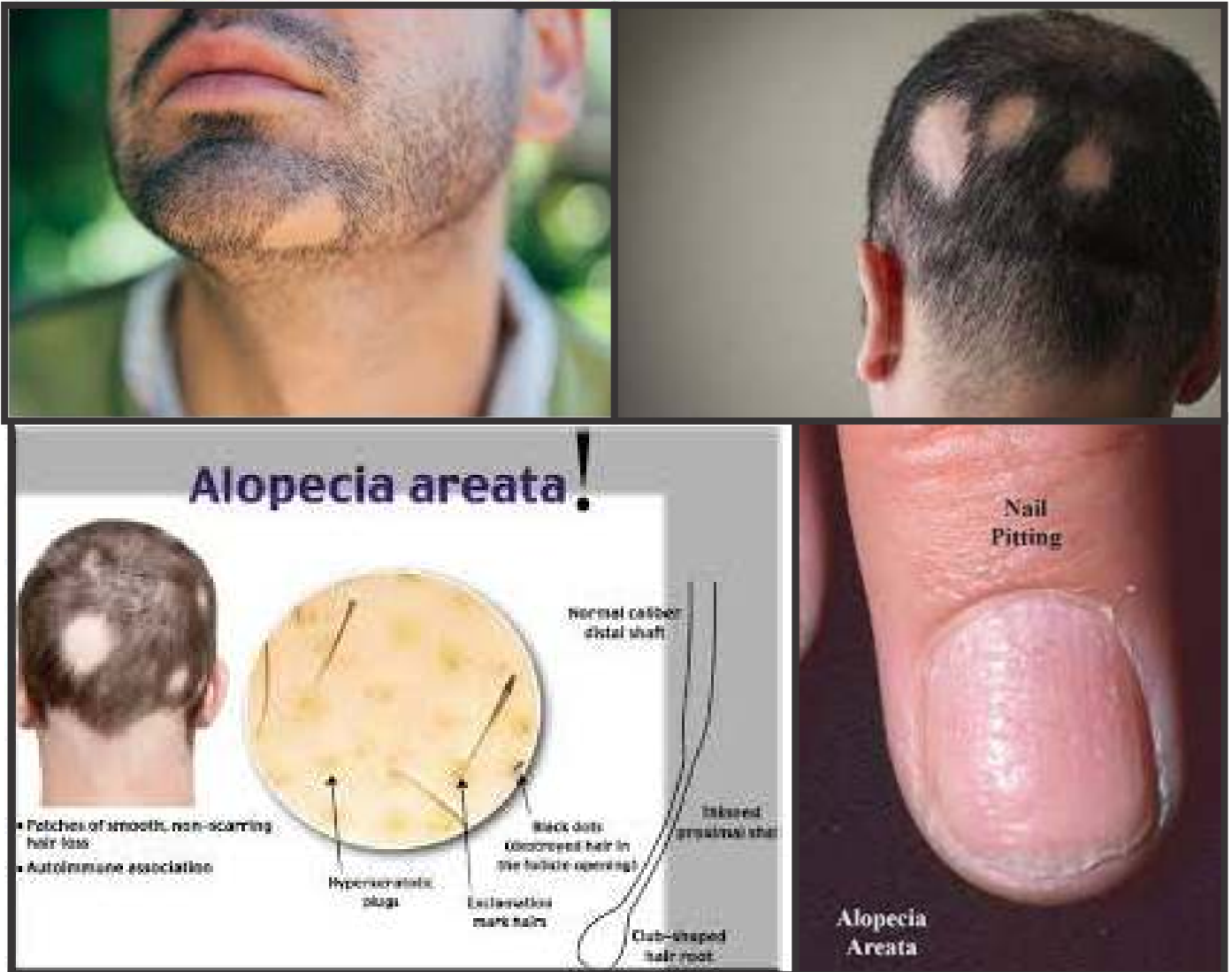
Patchy hair loss- one or more coin sized, round, smooth, bare patches where hair once was. It may come to notice when clumps of hair found on pillow or in comb. Hair loss occurs mostly on the scalp, but it can involve eyebrows, eyelashes, beards, or any hair bearing area. Patches may vary in size.

“Exclamation mark hairs” - often a few short hairs occurs in or at the edges of the bare spots. These hairs get narrower at the bottom, like an exclamation mark.

Nails-

Nails can have dents, white spots and roughness. Nails have pitting, it change shapes but rarely falls out.

ALOPECIA AREATA -HOM. PERSPECTIVE



HOMOEOPATHIC MANAGEMENT

As disease is an autoimmune in nature constitutional medicine always plays a crucial role along with antimiasmatic as an intercurrent medicine. Medicines frequently useful for alopecia areata are- Selenium, Phosphorus, Borax, Natrum mur, Sepia, Fluoric acid etc. In few cases depression of bones develop, where medicines like fluoric acid, calc flour, silicea etc comes in use. Anti miasmatic medicine becomes crucial when disease is associated with complications like bone or nail involvement or does not respond to constitutional treatment, eg alopecia with bone depression where tuberculinum or syphillinum stop the progress of disease and helps in quick recovery.

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 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:

- a) segmental, localized, partial or focal vitiligo corresponding to dermatome / adjacent dermatomes
- b) vitiligo vulgaris generalized, involving the hands, face, axillae and limbs (ACROFACIAL) and
- c) 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

CONSTITUTIONAL APPROACH IN CASE OF VITILIGO

dealt with CONSTITUTIONAL approach. Eventhough skin symptoms have to be considered we have to compare with the material 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 keynote 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. given 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 seeming white patches upon skin.

Physical characteristics:

- a. Appetite- normal
- b. Thirst-normal
- c. Desire-sweets, cold drink, ice cream
- d. Aversion-milk
- e. Stool-constipated
- f. Urine- normal
- g. Perspiration-profuse on scalp and face with offensive smell and yellow stain on clothes
- h. Thermal-chilly
- i. Sleep-sound sleep
- j. Habits-no any
- k. Family h/o- nil
- l. 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.

CONSTITUTIONAL APPROACH IN CASE OF VITILIGO

Reportorial results (kent repertory):

Repertorisation							
Symptoms: 12 Remedies: 240 Applied Filter							
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 Filter							
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							
Symptoms: 12 Remedies: 240 Applied Filter							
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			

CONSTITUTIONAL APPROACH IN CASE OF VITILIGO

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. Is suited the most.

Tables follow up with prescription

Date	Symptoms	Prescription
2/9/21	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
4/10/21	Dark pigmentation start appearing	1. Calc carb 200- 1 dose every week 2. SL 4-0-4-0/for 1 month



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ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH



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ABSTRACT

Allergic rhinitis is characterized by sneezing, rhinorrhea, obstruction of nasal passage, conjunctival, nasal and pharyngeal itching, lachrymation, all occurring in temporal relationship to allergen exposure. Although commonly seasonal due to elicitation by airborne pollens, it can be perennial in an environment of chronic exposure. Allergic rhinitis occur in an atopic individual. The conclusion drawn from this article is how homoeopathy can manage allergic rhinitis and advisable for permanent and effective result.

KEYWORDS

- Allergic rhinitis
- Homeopathy
- Similimum
- Therapeutics
- Hay-fever

1. INTRODUCTION

There are multiple disease which reappear at certain time of period like allergic rhinitis, atopic dermatitis, ringworm, bronchial asthma and other diseases. But with the help of homoeopathic management we can lessened the effect of the condition. Usually any disease like allergic rhinitis which occur in a single patient at a time usually not seen epidemic or sporadic. They are either of psoric or sometime complicated with sycotic or syphilis also.

2. DEFINITION

It is an Ig-E mediated immunological response of nasal mucosa to airborne allergens and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in nose. This may also be associated with symptoms of itching in eyes, palate and pharynx.

3. COMMON ALLERGENS

- 3.1 Grass pollen
- 3.2 Dust mites
- 3.3 Animal saliva
- 3.4 Animal dander
- 3.5 Mold

ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH

4. PATHOPHYSIOLOGY

Inhaled allergens produce specific IgE antibody in the genetically predisposed individuals. This antibody becomes fixed to the blood basophils or tissue mast cells. This reaction produces degranulation of the mast cells with release of several chemical mediators. These mediators are responsible for symptomatology of allergic disease. Depending upon the tissues involved, there may be vasodilation, mucosal oedema, infiltration with eosinophils, excessive secretion from nasal glands or smooth muscle contraction.

4.1 Phases of allergic response

4.1.1 Acute or Early phase:

Duration- 5-30 minutes.

Symptoms include- sneezing, pruritus and clear rhinorrhea and nasal blockage and/or bronchospasm.

Mediator- Histamine appears to be a major mediator.

4.1.2 Late or delayed phase:

Duration- begins in 2 to 8 hours and subsides in 12 to 24 hours.

Symptoms- sneezing, nasal obstruction, lacrimation, etc.

Mediator- chemokines and cytokines play a major role. Eosinophil activates release of leukotrienes which develops nasal congestion.

5. TYPES

5.1 Seasonal – Symptoms appear in or around a particular season or only for a limited period of the year. It is also called as intermittent allergic rhinitis. It is caused by sensitivity to airborne mold spores or to pollens from trees, grasses or weeds

5.2 Perennial – It remains throughout the whole year. It is also called as persistent allergic rhinitis. It is generally caused by sensitivity to dust mites, pet dander, mold or cockroaches.

6. CLINICAL FEATURES:

There is no age or sex predilection. It may start in infants as young as 6 months or older people. Usually the onset is at 12- 16 years of age.

Signs of allergy may be seen in the nose, eyes, ears, pharynx or larynx.

6.1 Nasal signs:

Include transverse nasal crease- a black line across the middle of dorsum of nose due to constant upward rubbing of stimulating a salute (allergic salute), pale and oedematous nasal mucosa which may appear bluish. Turbinates are swollen. Thin, watery, or mucoid discharge is usually present.

6.2 Ocular signs:

Include oedema of lids, congestion and cobblestone appearance of the conjunctiva, and dark circles under the eyes (allergic shiners).

6.3 Otologic signs:

Include retracted tympanic membrane or serous otitis media as a result of eustachian tube blockage.

ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH

6.4 Pharyngeal signs:

Includes granular pharyngitis due to hyperplasia of submucosal lymphoid tissue. A child with perennial allergic rhinitis may show all the features of prolonged mouth breathing as seen in adenoid hyperplasia.

6.5 Laryngeal signs:

Include hoarseness and oedema of the vocal cords.

7. RISK FACTORS

7.1 Genetic factors.

7.2 Environmental factors.

7.3 Production of IgE.

8. FACTORS TRIGGERING

8.1 Fumes

8.2 Humidity

8.3 Sprays

8.4 Temperature changes

8.5 Cold climate

8.6 Humidity

8.7 Air pollution

9. PHYSICAL EXAMINATION

9.1 On physical examination, it may show following:

9.1.1 Conjunctival swelling.

9.1.2 Nasal polyps or enlarged nasal turbinates.

9.1.3 Swelling of the eyelids.

9.1.4 Middle ear effusion.

10. DIAGNOSIS

A detailed history taking along with the following investigations may help to confirm the diagnosis:

10.1 Skin-prick testing

A small amount of a set of known allergens is injected into the dermis and any “weal and flare” reaction is taken as a positive result to that allergen.

10.2 Blood test

RAST (Radioallergosorbent test) detects specific circulating IgE antibodies.

10.3 Nasal smear

It may reveal large number of eosinophils and presence of neutrophils.

11. DIFFERENTIAL DIAGNOSIS

11.1 Atrophic rhinitis

11.2 Bacterial rhinitis

ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH

- 11.3 Viral rhinitis
- 11.4 Vasomotor rhinitis
- 11.5 Hormonal rhinitis
- 11.6 Gustatory rhinitis
- 11.7 Rhinitis medicamentosa

12. COMPLICATIONS

- 12.1 Nasal allergy may cause:
 - 12.1.1 Recurrent sinusitis because of obstruction to the sinus ostia.
 - 12.1.2 Formation of nasal polypi in about 2%.
 - 12.1.3 Serous otitis media.
 - 12.1.4 Orthodontic problems and other ill-effects of prolonged mouth breathing especially in children.

13. MANAGEMENT

- 13.1 Exposure to dust or exposure to any allergen as much as possible.
- 13.2 Wearing mask may prevent entering the allergens.
- 13.3 Use of glasses or sunglasses.

14. HOMOEOPATHIC THERAPEUTICS

In homeopathy any of the remedies can be used for any of the disease conditions if it is similar to the totality (whether acute chronic). Homoeopathy with the person as a whole, not on the nosological name. Hence none of the remedies can be specifically used for allergic rhinitis. Here we are only pointing out remedies which are most often used for this condition and has a prominent action on respiratory symptoms of allergic rhinitis.

- 14.1 *Allium cepa*: Sneezing, especially when entering a warm room. Copious, watery and extremely acrid discharge. Feeling of a lump at root of nose. Hay-fever (*Sabad*; *Sil*; *Psor*). Fluent coryza with headache, cough, and hoarseness. Polypus. Ailments from damp cold winds or colds and odors of flowers. Profuse watery, acrid nasal discharges with burning, redness, rawness of the wings of nose and upper lip. It starts on the left side and goes to the right. Sensation of fullness in the nose due to congestion with occasional epistaxis. Bland lachrymation.
- 14.2 *Arsenicum album* - : Thin, watery, excoriating discharge. Nose feels stopped up. Sneezing without relief. Hay-fever and coryza; worse in open air; better indoors. Burning and bleeding. Acne of nose. Sneezing. Tingling in the nose. Burning pain in the eyes with burning acrid lachrymation. Hardness of hearing and buzzing before the ears from nose blows. Mental and physical restlessness. Irritability. Prostration. Dryness of the mouth with thirst for cold water. White or yellowish coated dry tongue. Bitter taste in mouth, <morning. Burning in the chest < lying down, <open air, <wet weather, <change of weather, >closed rooms, >heat. Cannot lie down for fear of suffocation. Exhaustion from least exertion. Periodical hay-fever <cold in any form. Old and chronic catarrh with nose bleed and ulceration. Headache. Cannot bear the sight and smell of food." "Sneezing without relief". Kent says, "it is difficult to separate nose symptoms from the throat symptoms. The cold

ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH

begins in the nose and goes down in the throat.”

- 14.3 Euphrasia officinalis: Profuse, fluent coryza, with violent cough and abundant expectoration. Ailments from - windy weather and cold air. Sneezing and fluent coryza < night while lying down, with cough and expectoration. Obstruction of the nose. Profuse secretion of mucous from both anterior and posterior nares. Acrid lachrymation with photophobia. Aching in the eyes with redness and itching. Catarrhal headache. Swelling of nasal mucous membrane. < Warmth, < light, < night, < lying down, > coffee (though warmth aggravates).
- 14.4 Hepar sulphur: Soreness of nostrils, with catarrhal troubles. Sneezes every time he goes into a cold, dry wind, with running from nose, later, thick, offensive discharge. Stopped up every time he goes out into cold air. Smell like old cheese. Hay-fever (Hepar 1x will often start secretions and profuse drainage in stuffy colds). Inflammation and swelling of the nose with redness. Pain in the nose “as of a bruise” < touch. Increased power of smell. Coryza mainly on one side along with roughness in the throat. Weariness in all the limbs. Fever may or may not accompany. Sneezing with running nose on slightest (every) exposure to cold or dry wind. Ulcerated soreness of nostrils.
- 14.5 Pulsatilla partensis: Coryza; stoppage of right nostril, pressing pain at root of nose. Loss of smell. Large green fetid scales in nose. Stoppage in evening; abundant in morning. Bad smells, as of old catarrh. Nasal bones sore. Soreness in the nose. Ulceration of nostrils and of the alae nasi. Greenish or yellowish foetid nasal discharge, < morning, < evening. Cannot breathe when in closed rooms, > open air. Obstruction of nose occasionally present. Loss of taste and smell. Constant shivering. Pain in the nasal bones. Thirstlessness. Chill, fever and sweat sometimes may be present. Chronic catarrhs.
- 14.6 Sabadilla: Spasmodic sneezing, with running nose. Coryza, with severe frontal pains and redness of eyes and lachrymation. Dryness of upper nose. Sensibility to smell garlic. Confusion of mind. Lachrymation. White watery profuse mucous discharges from nose. Influenza. Hay-fever. Nose bleed (bright red blood) from posterior nares. Severe frontal pain. Redness of eyes. Burning and obstruction of nose, < odor of flowers, < odor of dye, > inhaling air. Prolonged coryza. Periodical attacks (June or August). Itching in the nose.

15. ESSENTIAL OF CASE TAKING

- 15.1 Preliminary data
- 15.2 Chief complaint – Location, Sensation, Modality, Concomitant (Complete Symptoms).
- 15.3 Past History
- 15.4 Family History
- 15.5 Physical General
- 15.6 Mental Generals
- 15.7 Physical Examinations
- 15.8 Systemic Examination
- 15.9 Totality of Symptoms
- 15.10 Medicine Prescribed

ALLERGIC RHINITIS AND ITS HOMOEOPATHIC APPROACH

16. A Case Study

- 16.1. Preliminary Data: Mrs. PST 21/F, a student comes to the clinic with complaint of allergic rhinitis since 7-8 months.
- 16.2. Chief complaints:

Date	Symptoms	Prescription
30/10/2020	<ol style="list-style-type: none"> Sneezing 5 times/episode coryza-watery discharge decrease from everyday to 3-4 days of interval lachrymation decreases 	Rubrum 4-0-4-0 for 15 days
14/11/2020	<ol style="list-style-type: none"> sneezing 7 times/episode watery discharge from nose increases. 	<ol style="list-style-type: none"> Arsenic Alb. 200 1 dose Stat Rubrum 4-0-4-0 for 15 days
29/11/2020	Patient feels better <ol style="list-style-type: none"> Sneezing 3 times/episode Coryza decreases 	Rubrum 4-0-4-0 for 15 days
13/12/2020	<ol style="list-style-type: none"> Sneezing and Coryza decreases as compared to last follow up 	Rubrum 4-0-4-0 for 15 days
26/12/2020	Patient Improved 80-90% No Fresh complaint	Rubrum 4-0-4-0 for 7 days and then stopped.

17. CONCLUSION

Allergic disorders are on the rise and have a significant impact on the quality of life. Allergic rhinitis can lead to other comorbidities such as Asthma and Sinusitis if not treated appropriately. According to Organon of Medicine, Disease is nothing but totality of symptoms and removal of this symptoms totality in its entirety is cure. So in Homoeopathic Mode of treatment disease like allergic rhinitis can also be managed and gives definite results.

18. REFERENCES

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- Davidson's Principles and Practice of Medicine.
- Harrison's Principles of Internal medicine.
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- Lectures On Homoeopathic Materia Medica by Dr.J.T.Kent.
- Homeopathic Materia Medica by Dr.William Boericke.
- A Dictionary of practical Materia Medica by Dr.John Henry Clark.
- Keynotes and Characteristics With Comparisons of some of the Leading Remedies Of Materia Medica By Dr.Henry Clark Allen.
- <http://www.homeobook.com>

GALLERY

(Sep- Oct-Nov 2021)

Jawaharlal Nehru Homoeopathic Medical College conducted School Sensitising activities done under the banner of “Azadi Ka Amrit Mahotsav”

Few of the glimpses



GALLERY

(Sep- Oct-Nov 2021)



Dr Bhavik Purohit Program Officer of NSS (JNHMC) Received award and appreciation certificate from Parul University and Joint Comissionarate Higher Education Gandhinagar Gujarat for imparting continuous and untiring services through his activities for NationalService Scheme(NSS)



Swati Pambhar of 4th BHMS JNHMC bagged 3rd Postion in #karkedikhaenge challenge. Congratulations to Swati & Thank you Parul University for appreciating the effort made by students

Dr Charvy Patel TEC Coordinator JNHMC received Medal and appreciation certificate for her incessant efforts in arranging series of events in collaboration with Technical event cell of Parul University



GALLERY

(Sep- Oct-Nov 2021)

CERTIFICATE COURSE IN ADVANCE LEARNING OF CARDIOLOGY IN HOMOEOPATHY

A 6 day Continuous Education Program was conducted by Faculty of Homoeopathy from 23.09.2021 to 29.09.2021 under the Guidance of Dean Faculty of Homoeopathy & Principal JNHMC Dr Poorav Desai Sir



GALLERY

(Sep- Oct-Nov 2021)



Office of Directorate, AYUSH, Health & Family Welfare Department Gujarat organised live phone in Ayush program on Vande Gujarat Channel -2 on 06.09.2021 hosted Dr Rakesh Gohel Professor & PG Director JNHMC for his talk on “Covid, Post Covid & Homoeopathy” an Experience



Live Phone In Program on Vande Bharat Channel 2 organised by Director Ayush's Office , Health & Family Welfare department Gujarat Invited Dr Poorav Desai to share his valuable views on the topic, “Post Covid Depression and Homoeopathy” on 25.10.2021

Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, Jaipur, (Rajasthan)

CME Programme on Research Methodology & Biostatistics

Day 2
19-10-2021 (Tuesday)

1. Merits and demerits of Observational Retrospective studies in homoeopathic research
2. Applicability of Observational Prospective study designs in Homoeopathic Research

at
Homoeopathy University
10:00 AM

Dr. Rakesh Gohel
PhD Coordinator; PG Coordinator;
Professor & HOD, Organon of Medicine, P.D. Department
Jawaharlal Nehru Homoeopathic Medical College, Parul University, Gujarat



Parul® Faculty of Homoeopathy
University

5th CME
Materia Medica Module 3

Sponsored by
RAV, Ministry of AYUSH, Govt. Of India

Day - 6 Morning Session
October 9th, 2021 | at 09.15 am

Topic: Comparative study of Animal, Mineral & Plant Kingdom
at
Ahmedabad Homoeopathic Medical College

Dr Poorav Desai
Principal at Jawaharlal Nehru Homoeopathic Medical College



www.paruluniversity.ac.in

GALLERY

(Sep- Oct-Nov 2021)



Dr Poorav Desai Dean Faculty of Homoeopathy & Principal JNHMC was awarded
“Best Paper Presentation” at NOBCON 2021



Diwali brings new ray of hope and blurs the darkness in our life.
At Parul University, Students of JNHMC Celebrated in grand style the beginning of Festive season
at Parul University... on 29.10.2021.

GALLERY

(Sep- Oct-Nov 2021)



Various Medical Camps were conducted by JNHMCH under the auspicious banner of AZADI KA AMRUT MAHOTSAV in which thousands of patients were sensitized regarding different days celebration with free check up and dispensing of free medications in the community at large.



Glimpses of Anti Obesity Campaign conducted at JNHMC



JAWAHARLAL NEHRU HOMOEOPATHIC MEDICAL COLLEGE



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