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PARUL INSTITUTE OF HOMOEOPATHY  
& RESEARCH



A QUARTERLY HOMOEOPATHY NEWS BULLETIN  
**HOMOEINSIGHT**

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**“PSYCHOSOMATIC DISORDER  
& HOMOEOPATHY”**

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## Message from the desk of Managing Editor

**Dr. B. P. Panda**  
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We at PIHR PARIVAR are excited and eagerly looking forward to publishing our quarterly bulletin under the editorial guidance of Dr. Kosmika Makwana. On behalf of the Homoeoinsight editorial team, I extend a warm welcome to all our readers.

I would like to take this opportunity to express my heartfelt gratitude to our anonymous reviewers, editors, and writers, whose contributions have been instrumental in the success of this Bulletin. I am also deeply thankful to the Parul University Management for their support in making this Bulletin a reality.

In today's fast-paced world, people often find themselves under constant stress, which can take a significant role on their mental health. Mental health is a vital component of overall health and well-being. It enables individuals to manage life's challenges, perform effectively in their work, and contribute meaningfully to their communities.

The World Health Organization (WHO) defines mental health as a state of well-being in which an individual recognizes their own abilities, can cope with the normal stresses of life, works productively, and is able to make a positive contribution to their community.

For this edition, the topic "*Psychosomatic Disorders & Homoeopathy*" was thoughtfully selected by our issue editor, Dr. Kosmika Makwana. This theme underscores the success of homoeopathy in addressing psychosomatic conditions, as supported by numerous research reviews. The contributors to this bulletin have generously shared their work, with the hope that readers will find it insightful and inspiring.

Additionally, this issue showcases the diverse extracurricular and co-curricular activities undertaken by our hospital, PG wing, and students. It also highlights the various honours and awards achieved by our esteemed faculty and students. We trust that our readers will find this bulletin both informative and engaging.

## Message from Issue editor

**Dr. Kosmika Makwana**  
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Dear readers,

Mental health is a fundamental human right and plays a vital role in personal, community, and socio-economic development. It is essential because it directly impacts our quality of life. Good mental health empowers individuals to navigate life's challenges with resilience, build strong and meaningful relationships, and make informed decisions that contribute to a positive future for themselves and their communities.

Homeopathy offers a promising approach to managing psychosomatic disorders by adopting a holistic, patient-centered methodology that seeks to stimulate the body's natural healing abilities. Its gentle yet profound impact on overall health makes it a valuable complement to conventional treatments, offering hope to those navigating the complexities of psychosomatic conditions. As we move toward a more integrative and patient-centered healthcare system, recognizing the potential of homeopathy in addressing psychosomatic conditions encourages us to explore diverse pathways for healing and well-being. With this vision in mind, we have chosen the title: *"Psychosomatic Disorders & Homeopathy."*

### A Quick Recap of the Issue's Content:

This edition of "Homoeinsight" aims to elucidate the role of homeopathy in **PSYCHOSOMATIC DISORDER** via various case studies and subjective writings. It contains two case reports and seven subjective articles. Homoeopathic Management of Autoimmune diseases-A case report on Psoriasis by Dr. Santosh Reddy, The silent disruptor in women causes menstrual irregularities –a case report by Dr. Mamta Tapas (Guide) & Dr. Preksha Labana (PG scholar). Subjective articles include Concept of psychosomatic disorder & homoeopathy by Dr. Priyanka, Healing peptic ulcers with homoeopathy; natural approach to gastrointestinal wellness- by Santhosh & Parth, The Psycho somatic Nature of Depression: Biological Pathway And Holistic Management of depression by Gunjan, Role of in homoeopathy in psychosomatic disorder: Irritable Bowel syndrome by Ketul & Richa, High blood pressure and psychosomatic: a homeopathic perspective by Krish , Psychosomatic aspect of Migraine by Dr. Suraj Singh Bhadoriya.

It is a great honor to serve as the editor for this edition, and I extend my sincere gratitude to Principal Dr. B.P Panda for entrusting me with this role. We are deeply thankful to all the authors and readers whose contributions have enriched this bulletin with their efforts and insights. I look forward to receiving your feedback, thoughts, and suggestions, which will be invaluable in helping us improve and evolve. Your input is greatly appreciated and will guide us in making future editions even more impactful.

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## **CONCEPT OF PSYCHOSOMATIC DISORDER & HOMOEOPATHY**

### **ABSTRACT:**

The Greek words "psyche" (mind) and "soma" (body) are the source of the phrase "psychosomatic." A psychosomatic disorder is a medical condition that affects the body and the mind. At times, psychological and emotional elements may function as risk factors that impact the development and advancement of physical illnesses [1]

Psychosomatic medicine is the study of the biological, emotional, and social aspects of health and illness, according to the World Health Organization. The foundation of homoeopathy was the idea that a person is a the impact of miasm from the beginning to the end in order to identify the underlying etiology of chronic disease. This includes not only maintaining but also discovering the exciting cause. [2] Whole being, consisting of all the components of their body that function as a harmonious whole, or as distinct individuals. The physician must comprehend the patient as a whole mind, soul, and body in order to administer homoeopathic medicine. The full case history should be examined by the doctor in order to trace.

**KEYWORD:** Psychosomatic, diseases, homoeopathy, individualization.

### **INTRODUCTION:**

Mental affect is the major issue within the day-to-day life. Ceaseless uneasiness, push, misery etc., are influencing the mental and physical prosperity of the human. In 1818 German therapist Hein Roth to begin with utilized the term "psychosomatic". In 1922 the term "psychosomatic medication" was presented by Felix Deutsch [3]. Psychosomatic disarranges are the result of psychic impact on the natural tissue. There are two suggestion to clarify the relationship between mind and somatic. Long-term anxiety and alertness can therefore lead to physical illness, which in turn can lead to organ pathology, such as peptic ulcers.

## **1. SPECIFIC HYPOTHESIS:**

Specific hypothesis indicates that particular conflicts and emotions cause damage to cells and tissues. An organ may get diseased or respond differently to a given stimuli, emotion, or stressful situation. Our body's sympathetic reaction stays awake in preparation for a flight response following the autonomic nervous system's suppression of stress. To enhance vegetative activity, the peripheral nervous system may react

**2. NON SPECIFIC HYPOTHESIS:** According to this theory, widespread stress creates the prerequisites for a multitude of diseases that are present. According to this theory, stress causes four different kinds of reactions.

- a. **The neurotic:** When an anxiety attack is too strong, defense mechanisms break down.
- b. **The Psychotic:** In this case, the warning sign was misread or disregarded.
- c. **Healthy Normal:** In this scenario, defensive action comes after attentiveness.
- d. **The psychosomatic:** In this case, the mind's defense mechanism is less effective, and psychological awareness manifests as somatic alterations in the body. [3]

## **ICD CLASSIFICATION OF PSYCHOSOMATIC DISEASES:**

For mental, behavioural and neurodevelopmental disorders, the ICD 10CM code was

**F01-F99** - Psychological, Social and Neuro developmental disorders.

**F40-F48** -Nervousness, dissociative, stress-related, somatoform and other mental diseases International Journal of Homoeopathic Sciences

**148 F45** – somatization Disorders.

**F45.0** – psychosomatic disorders

**F45.1** - Undistinguishable somatoform diseases

**F45.2** – hypochondria or health anxiety disorders

**F45.4** - Psychological variables in the development of pain problems

**F45.8** - Other somatoform diseases

**F45.9** - unspecified Somatoform disease [4].

## HAHNEMANN'S CONCEPT OF PSYCHOSOMATIC DISEASES MECHANISM BEHIND PSYCHOSOMATIC DISEASES

The body's reaction & general adaptation syndrome has 3 stages

- 1. The Alarm Reactions:** Body make man to adjust with stress stimulus.
- 2. The stage of resistance:** In this hormones level get increased which are harmful to the body.
- 3. Stage of exhaustion:** Due to high level of hormonal imbalance and infection the person become diseased and it may lead to death [12].

## COMMON DISORDER OF PSYCHOSOMATIC DISEASES

The long-continued stress, anxiety, depression, and other mental and emotional factors affect the mental as well as physical wellbeing of the human. The symptoms are as follows

<ul style="list-style-type: none"> <li>• Irritable Bowel Syndrome</li> <li>• Oesophageal motility issues</li> <li>• Non ulcer dyspepsia</li> <li>• Fibro myalgia</li> <li>• Chronic fatigue syndrome</li> <li>• Extremities pain</li> <li>• Acute respiratory illness</li> <li>• Asthma</li> <li>• Peptic ulcer [07]</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disorders</li> <li>• Stroke</li> <li>• Myocardial infarction</li> <li>• Cardio vascular diseases [10, 11].</li> <li>• Thyroid problems [08]</li> <li>• Primary headache</li> <li>• Anorexia nervosa [09]</li> </ul>
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Hahnemann give much attention to mental diseases. He sees the mentally ill patient as a whole as sick individual who need proper care and treatment. In Organon §210 to §230 mental diseases are mentioned. The psychosomatic diseases mentioned in §225 in this aphorism he states that the physique slightly change or indisposed by psychological causes such as continued anxiety, worry vexation, stress, depression and long-lasting excessive fear and fright. These psychological diseases affect the physical health and may affect the physique in high degree [5]. In §226 Hahnemann mentioned that the psychosomatic diseases developed and maintained by mind, it can be corrected and make healthy by means of psychical remedies for example giving self-assurance, friendly encouragements, advices and also by well-planned deception. The healthy state also restored by suitable diet and regimen. The treatment of psychosomatic diseases mentioned in §227 in this he states that the Psoric miasm is the chief cause for the psychosomatic diseases which is not yet reach its full development for the security purpose to prevent further mental diseases in future the patient must treat with antipsoric treatment. [6]



## **DIAGNOSTIC CRITERIA FOR SOMATIC SYNDROME DISORDERS**

- 1) Physical symptoms that produce severe anxiety or affect the regular activities.
- 2) More than one thought, emotional impacts related to long continued, extreme physical symptoms with increased level of anxiety and result in excessive usage of time and energy being devoted to them.
- 3) Symptoms continue for more than 6 months [12].

## **SOME HOMOEOPATHIC MEDICINES FOR PSYCHOSOMATIC DISORDERS**

Homoeopathic medicines most helpful in the treatment of psychosomatic disorder in this we can see some medicines with some points for the treatment of psychosomatic disorders

- 1) **Aconite**: Amenorrhoea after fright
- 2) **Ambra Grisea**: Sleeplessness after business embarrassments
- 3) **Arnica**: Complaints after mental tension or shock [15].
- 4) **Arsenicum Album**: Great fear accompanied with cold sweat [16]
- 5) **Aurum Metallicum**: Ailments from fear, anger, embarrassment, contradictions, worry.
- 6) **Baryta Muriatica**: increased sexual desire in every form of mania
- 7) **Calcarea Carbonica**: Delusion as if he is weak and he is small [17].
- 8) **Cimicifuga Racemosa**: Crampy pain in muscles in every part of the body produced by neurotic cause.

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## **PSYCHOSOMATIC CLUTTERS AND HOMEOPATHY: BRIDGING THE MIND-BODY CONNECTION**

**Abstract:** Homoeopathy and its action of psychosomatic disorders

**Keywords:** Psychosomatic disarrangement, migranes, crabby bowel disorders, Fibromyalgia, etc.

Psychosomatic disarranges, where mental states impact physical wellbeing, are an intriguing crossing point of brain research and medication. These conditions, such as crabby bowel disorder, pressure migraines, and certain sorts of unremitting torment, show physical indications with no recognizable natural cause. Push, uneasiness, and discouragement can worsen or indeed trigger these afflictions, outlining the significant transaction between intellect and body.

### **The Psychosomatic Paradigm**

Psychosomatic disarranges emphasize the perplexing relationship between mental well-being and physical wellbeing. Not at all like substantial infections with clear physiological roots, are psychosomatic clutters accelerated or exasperated by enthusiastic variables. Patients frequently involvement genuine, weakening indications that essentially affect their quality of life. Common illustrations include:

1. **Crabby Bowel Disorder (IBS):** Persistent stomach torment and changed bowel propensities, regularly activated by stress.
2. **Pressure Migraines:** Diligent migraines connected to enthusiastic pressure and anxiety.
3. **Fibromyalgia:** Far reaching musculoskeletal torment coupled with weariness and disposition issues. Diagnosing these conditions includes administering out natural causes, a prepare that can be baffling and long for patients. Compelling administration requires tending to both the physical side effects and the fundamental mental factors.

## **HOMEOPATHY: AN ALL-ENCOMPASSING APPROACH**

Homeopathy, created in the late 18th century by Samuel Hahnemann, is a framework of elective medication based on the standards of “like cures like” and potentization. It looks for to invigorate the body’s self-healing forms through profoundly weakened substances. Homeopathy sees the quiet comprehensively, considering passionate and mental states nearby physical symptoms.

## **HOMEOPATHIC POINTS OF VIEW ON PSYCHOSOMATIC DISORDERS**

Homeopathy sees the quiet comprehensively considering passionate and mental states nearby physical symptoms. Homeopathy’s individualized approach is especially well-suited to psychosomatic disarranges. Homeopaths conduct intensive meetings to get it the patient’s mental, passionate, and physical state, fitting medication to the special indication profile. Key cures for psychosomatic conditions include:

1. **Ignatia Amara:** Regularly utilized for side effects emerging from melancholy or passionate stun, such as throat choking, murmuring, and temperament swings.
2. **Natrum Muriaticum:** Suited for people who internalize their feelings, driving to conditions like headaches, stomach related issues, and skin problems.
3. **Arsenicum Album:** Advantageous for anxiety-related disarranges with side effects like eagerness, stomach related disturbed, and respiratory complaints.

These cures point to reestablish adjust and fortify the body’s intrinsic mending instruments, tending to both the physical side effects and the passionate triggers.

## **BRIDGING INTELLECT AND BODY: INTEGRATOR CARE:**

The integration of homeopathy into the treatment of psychosomatic disarranges offers a promising road for all encompassing care. By recognizing the mind-body association, homeopathy gives a comprehensive approach that ordinary medication in some cases neglects. This integrator demonstrate emphasizes:

1. **Patient-Centered Care:** Homeopathy’s personalized treatment plans resound with the require for patient- centered approaches in overseeing psychosomatic disorders.
2. **All-encompassing Mending:** Tending to passionate and mental angles can lead to more maintainable alleviation and generally well-being.
3. **Complementary Treatments:** Homeopathy can complement customary medications, advertising extra roads for side effect help and passionate support.

## **CONCLUSION:**

Psychosomatic disarranges challenge the routine division between intellect and body, highlighting the need for all-encompassing approaches in medication. Homeopathy, with its individualized and integrator strategies, gives an important system for treating these complex conditions. By tending to both the physical and passionate measurements of sickness, homeopathy cultivates a more comprehensive and compassionate approach to wellbeing, bridging the hole between intellect and body for ideal recuperating.

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## **HEALING PEPTIC ULCERS WITH HOMOEOPATHY; NATURAL APPROACH TO GASTROINTESTINAL WELLNESS**

### **ABSTRACT:**

The Peptic ulcers are multiple erosions due to disruption of the mucosal barrier of gastro intestinal tract. Peptic ulcers are a common gastrointestinal disorder characterized by ulcerative changes in the lining of the stomach or duodenum, leading to abdominal pain, bleeding, and other complications. This article provides an overview of peptic ulcers, including their causes, risk factors, classification, pathophysiology, clinical features, diagnosis, and treatment options and homoeopathic approach.

**KEY WORDS:** Peptic ulcer, homoeopathy, natural remedies, gastro intestinal health, stomach ulcers, duodenal ulcers, digestive disorders, ulcerative disorder

### **INTRODUCTION:**

Peptic ulcers are areas of degeneration and necrosis gastro intestinal mucosa exposed to acid-peptic secretions. Though they can occur at any level of the alimentary tract that is exposed to Hcl and pepsin. They occur most commonly either in the first part of duodenum or stomach. Each of two main types may be acute or chronic. The prevalence of the peptic ulcer disease is decreasing in Western countries because of widespread use of Helicobacter pylori eradication therapy. The prevalence of peptic ulcers remains high in the developing countries.

## **AETIOLOGY:**

Psychological stress can increase the risk of developing peptic ulcers. Some conditions of physiological stress such as shock, severe trauma, septicemia, extensive burns, intracranial lesions, drug intake (steroids), and excess consumption of local irritants - alcohol, smoking, and coffee can lead to development of the peptic ulcer. The most common infectious cause of peptic ulcer is *Helicobacter pylori* infection. People using non-steroidal anti-inflammatory drugs for prolonged duration are at risk of developing peptic ulcer. The important cause of peptic ulcer is excess of acid-peptic secretions. Patients having gastritis are predisposed to have peptic ulcer. Some nutritional deficiencies may contribute as a risk factor of the peptic ulcer. Some genetic factors are also important in peptic ulcer, people having blood group O are more prone to develop duodenal ulcer.

## **CLASSIFICATION OF PEPTIC ULCER:**

### **1. GASTRIC ULCER:**

Formation of the peptic ulcer in the stomach wall is termed as gastric ulcer. The male to female ratio for gastric ulcers is 2:1. The chronic gastric ulcers are usually single and 90% chronic gastric ulcers are situated on a lesser curve within the antrum.

### **2. DUODENAL ULCER:**

Peptic ulcer in the duodenum is termed as duodenal ulcer. The male to female ratio of development of duodenal ratio varies from 5:1 to 2:1. It's common for chronic duodenal ulcers to develop in the first part of, the duodenum, with half of them occurring on the anterior wall. Interestingly, about 1 in 10 patients will have both gastric and duodenal ulcers simultaneously, and around 10-15% of patients will have multiple peptic ulcers present at the same time.

## **Management:**

### **1. Kali bichromicum:**

The kali bichromicum is one of the most useful remedies for the treatment of peptic ulcer. This remedy specially acts on the mucous membrane of stomach and bowels. Indicated medicine where gastric complains and rheumatism alternates. Patient feels as if the digestion has been stopped. Nausea and vomiting of bright yellow water. Indicated Medicine for gastritis and round ulcers of the stomach. Gastric symptoms are relieved by eating.

## **2. Sulphur:**

Sulphur is a useful remedy for the peptic ulcer. Medicine for the complaints that are. Frequently relapsing. Medicine for the great acidity. Putrid Eructation. Burning is painful and feels pressure on the stomach. Very weak empty faint feeling in the stomach at 11 A.M.

## **3. Nux vomica:**

Nux vomica is a wonderful medicine for the peptic ulcer. There is a nauseating feeling in the morning after eating. Sensation of weight and pain in the stomach. Patient is having ravenous hunger one day before the attack of the dyspepsia. The stomach region is very much sensitive to pressure. Flatulence for several hours after eating. Patient wants to vomit but can't.

## **4. Bismuth:**

The bismuth is one of the important remedies for the treatment of peptic ulcer. Indicated medicine where there's irritation and inflammation of the alimentary canal. The water is vomited out as soon as it reaches the stomach. Slow digestion with the fetid eructations. Gastralgia pain from stomach through to the spine. Better by cold drinks.

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## **THE PSYCHOSOMATIC NATURE OF DEPRESSION: BIOLOGICAL PATHWAY AND HOLISTIC MANAGEMENT OF DEPRESSION**

### **INTRODUCTION:**

Mental health plays a crucial role in public health, accounting for about 14% of the overall healthburden. In 2019, approximately 970 million people worldwide were affected by mental illness, with anxiety and depressive disorders being the most common. The COVID-19 pandemic exacerbated these issues starting in 2020. The Greek words "psyche" (mind) and "soma" (body) together form the term "psychosomatic," which refers to illnesses that have both mental and physical symptoms. In homeopathy, understanding a person's mind, soul, and body as a whole is essential. Homeopathy is considered to be particularly effective in treating psychosomatic diseases compared to other medical systems.

In recent years, homeopathy has increasingly been recognized as complementary treatment for psychosomatic disorders. This alternative medical practice is based on the principle of "like cures like," where the administration of highly diluted substances is believed to activate the body's natural healing mechanisms. Homeopathy's relevance to psychosomatic disorders lies in its holistic approach, which addresses the interconnection between a person's physical, emotional, and psychological symptoms. Instead of merely targeting specific symptoms, homeopathy seeks to restore overall balance, aiming to relieve both the physical and emotional dimensions of psychosomatic conditions.

### **HOMEOPATHIC CLASSIFICATION OF PSYCHOSOMATIC DISORDER**

Homeopathy, a holistic approach to medicine, interprets psychosomatic disorders as the result of imbalances in the body's vital force, which are influenced by emotional and mental factors. In this system, such disorders are categorized by the specific symptoms and emotional states of the patient: Mental-Emotional Origin: In homeopathy, disorders that arise from psychological stress or trauma are classified based on the emotional state that leads to physical symptoms. Treatments are chosen according to the patient's emotional condition, such as grief, anxiety, or anger, which are thought to manifest physically.



**Constitutional Type:** Psychosomatic disorders are also categorized in homeopathy according to the individual's constitutional type, which encompasses their physical build, temperament, and susceptibility to certain illnesses. Remedies are designed to balance the overall constitution, thereby treating both physical and emotional symptoms.

**Miasmatic theory:** Homeopathy sometimes classifies chronic diseases, including psychosomatic disorders, according to Miasms, which are inherited or acquired predispositions to develop specific pattern. These miasms—Psora, Sycosis, and Syphilis—play a role in the development of psychosomatic conditions, and treatments are tailored to address these underlying tendency.

## **Homeopathy and Psychosomatic Disorders**

Psychosomatic disorders illustrate the profound link between psychological factors and physical health, where mental states contribute significantly to physical symptoms. These disorders often present as chronic pain, digestive troubles, and persistent fatigue, which conventional medical diagnoses may not fully explain. A comprehensive approach is needed to address the reconditions, taking in to account both mental and physical health aspects. Homeopathy, a holistic medical approach, provides a distinctive method for managing psychosomatic disorders by treating the individual as a whole. Unlike traditional medicine, which typically focuses on alleviating specific symptoms, homeopathy aims to uncover and treat the underlying causes of the disorder, considering the patient's physical, emotional, and psychological profile. Central to homeopathic practice is the principle of "like cures like." This approach seeks to activate the body's natural healing mechanisms, aiming to restore balance and overall well-being. When dealing with psychosomatic disorders, homeopathy considers the emotional and mental states of patients, acknowledging that psychological factors such as stress, trauma, or repressed emotions can manifest as physical ailments. Additionally, homeopathy evaluates the patient's constitutional type, including the physical characteristics, temperament, and susceptibility to certain conditions. By customizing treatments based on these individual traits, homeopathy addresses both the emotional and physical aspect of psychosomatic disorders, aiming for sustained relief and overall health improvement. Homeopathy's approach to psychosomatic disorders aligns with its holistic philosophy, which integrates mental and physical health in to treatment. By focusing on the whole person rather than isolated symptoms, homeopathy provides a distinctive and effective strategy for managing psychosomatic disorders.

## **DEPRESSION AS A PSYCHOSOMATIC DISORDER**

Depression, a common mental health disorder, often manifests through psychosomatic symptoms. Individuals suffering from depression may exhibit various physical symptoms, such as chronic pain, fatigue, and gastrointestinal issues, which may not always respond to standard medical treatments. These physical manifestations are more than mere side effects; they are integral to the depressive experience, highlighting the role of depression as a psychosomatic condition. The body's stress response, including the release of cortisol and other stress hormones, can trigger or exacerbate these physical symptoms, creating a cycle where mental and physical health issues are mutually reinforcing. This condition illustrates how psychological influences can profoundly impact physical well-being, resulting in various physical complaints that may not always align with traditional medical diagnoses. Individuals with depression may experience physical symptoms like chronic pain, fatigue, and gastrointestinal issues, which may not always respond to conventional medical treatments. These physical manifestations are integral to the depressive experience, emphasizing the role of depression as a psychosomatic condition. Biological pathways. Elevated cortisol levels, imbalances in neurotransmitters like serotonin and nor epinephrine, and disrupted bodily functions all contribute to the physical symptoms of depression.

## **Holistic Approaches for Managing Psychosomatic Aspects of Depression**

Given the psychosomatic nature of depression, a holistic treatment approach is crucial. Conventional therapies, including antidepressants and psychotherapy, address the psychological aspects of depression. However, managing physical symptoms often requires additional strategies such as lifestyle changes, physical therapy, and stress management techniques.

### **Holistic Management of Depression**

Given the psychosomatic dimensions of depression, a holistic treatment approach is essential. While conventional therapies like antidepressants and psychotherapy address Psychological symptoms, managing physical symptoms often requires additional strategies. Effective approaches include:

- Lifestyle Changes and Physical Therapy: Crucial for comprehensive care.
- Mindfulness-Based Stress Reduction and Cognitive-Behavioral Therapy (CBT):
- These therapies help address both emotional and physical symptoms, assisting individuals in
- developing stress management skills and enhancing overall well-being.

## **SUMMARY**

Depression illustrates the psychosomatic connection, demonstrating how mental health issues can significantly affect physical health. By understanding the interaction between psychological distress and physical symptoms and employing a multi-face treatment approach, it is possible to effectively manage both aspects of this complex condition.

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## **ROLE OF HOMOEOPATHY IN PSYCHOSOMATIC DISORDER: IBS**

### **ABSTRACT:-**

Psychosomatic disorders are the condition which is due to mental and emotion disturbances, anxiety, stress, etc. This psychosomatic disorder produces sign and symptoms on physical body. Peptic ulcers, Irritable bowelsyndrome, Diabetes, Arthralgia, etc are the examples of Psychosomatic disorder. This article provides overview of Irritable bowel syndrome including its etiopathogenesis, types, clinical features and homoeopathic approach.

**KEYWORDS:-**Irritable bowel syndrome, Homoeopathy, psychosomatic disorders, mental stress, emotional, disturbances, diarrhea, constipation

### **INTRODUCTION:-**

Irritable bowel syndrome is functional gastrointestinal disorder characterized by recurrent abdominal pain, withaltered defecation in the absence of demonstrable pathology. IBS is more common in females in compare to males. Young women are more affected. It occurs due to emotional disturbances, stress, psychiatric diseases such as depression, panic attack, anxiety and intestinal or luminal factors. Homoeopathy plays major role to treat IBS.

### **INCIDENCE:-**

Irritable bowel syndrome most commonly seen in western countries in people who consume alcohol, soft drinks, more fatty food and smoking. About 10 to 15% people develop IBS worldwide.

### **ETIOPATHOGENESIS:-**

1. Stress:-Psychological stress can trigger IBS in predisposed individual, psychiatric illnesses such as anxiety, depression, panic attack, etc...Some children and females who having history of mental or physical abuse are prone to develop IBS.
2. Physiological factors:-IBS is serotonergic disorder, abnormal release of 5-HT causes altered bowel movement. Increase release of 5-HT can causes diarrhea, deficient secretion of 5-HT can causes constipation
3. Luminal factors: -Change in quality and quantity of intestinal bacteria some patient may present with SIBO - small intestinal bacterial growth. SIBO is most commonly present in patient who having diarrhea predominant IBS.

### **TYPES:-**

1. IBS-D: -It also knows as diarrhea predominant IBS. Patient can present with chronic intermittent diarrhea which is painless.
2. IBS-C: -Also known as constipation predominant IBS in which patient preset with hard stool, chronic lower abdominal pain.
3. IBS-M: -It also known as mixed or alternative stool. In this type, patient having diarrhea and constipation alternatively

### **CLINICAL FEATURES:-**

Patient of IBS can present with recurrent abdominal pain which is colicky in nature, recurrent abdominal discomfort. Excessive accumulation of gas can causes distention of intestinal loops so, patient can present with abdominal bloating. Pain in lower abdomen relieved by defecation and aggravated by pshyco behavioural stress. Patient can present with diarrhea and constipation alternatively. In some patient presence of tenesmus, heartburn, vomiting and extra-intestinal symptoms such as fatigue, weakness, headache and backache.

### **DIAGNOSIS: - Rome criteria**

Recurrent abdominal pain and discomfort for at least 3 days for a month in last 3 months with two or more following features:

1. Feels better after defecation
2. Change in stool frequency
3. Change in stool form

### **DIFFENTIAL DIAGNOSIS:-**

Inflammatory bowel disease, Thyroid disorders, Cancer of colon or rectum and celiac disease

### **MANAGEMENT:-**

In conventional mode of treatment – prescribed antispasmodic medicines, prescribed proton pump inhibitors, patient who present with constipation prescribed laxatives, probiotics can also be used in treatment of IBS, some psychological therapies may helpful such as cognitive behavioral therapy and counselling.

#### ***Dietary advice:-***

Avoid tea, coffee, alcohol, artificial sweeteners and take wheat free diet, take plenty of fluids and green leafy vegetables.

### **HOMOEOPATHIC MEDICINES:-**

#### **1. Lycopodium: -**

It is excellent remedy for IBS and food intolerance. Immediately after meal, abdomen is fully bloated. Excessive hunger. Dyspepsia due to fermentable food. Ineffectual urging for stool. Stool is hard, difficult, and incomplete. Pain in lower abdomen from right to left. Patient is extremely sensitive. Loss of confidence. Hurried when eating. Patient having aversion to undertaking new things. Aggravation from eating, indigestion, 4 to 8 pm.

#### **2. Nux vomica:-**

It is well indicated remedy for GI complaints. It is suited to person having mental strains, sedentary lifestyle, and anxiety and over study. Weakness of abdominal ring region. Constipation with frequent ineffectual urging and unsatisfactory stool. Alternate constipation and diarrhea after abuse of purgatives. Flatulent distension, with spasmodic colic. It is also useful in extra intestinal symptoms like occipital headache with vertigo; Photophobia; Pain in lumbar region, etc.

#### **3. Argentum nitricum:**

Abdominal affection especially upper abdomen due to mental exertion. There is mark nervousness and anxiety present. Abdominal colic with much flatulent distention. Ulceration of stomach with radiating pain. Patient having desire for cheese and salt. Stool is watery, noisy, flatulent, and green like chopped spinach with shreddy mucus. Complaints are aggravated by after eating, sweets, from emotions, from cold food; and ameliorated by **pressure, cold.**

#### **4. Podophyllum:**

It is mainly affecting on duodenum, small intestine, liver and rectum. Gastro-enteritis with colicky pain and bilious vomiting. Heartburn, vomiting of milk. Thirst for large quantity of cold water. Rumbling and shifting of flatus in ascending colon. Constipation with clay-colored, hard, dry, difficult stool, Constipation alternate with diarrhea. All complaints are aggravated by eating, milk, drinking, and ameliorated by lying on abdomen.

#### **5. Lilium tigrinum:**

It is indicated medicine for GI complaints where consolation aggravates the complaints. Profound depression of spirits, anxious, fears some organic and incurable disease. Abdomen is sore, distended with trembling sensation. Bearing down in lower part of abdomen. Pressure downward and backwards against rectum and anus. Patient is thirsty, drinks often and much. Early morning diarrhea with mucous and blood after rising, urgent, cannot wait a moment. Stool is small, frequent with tenesmus.

#### **CONCLUSION:**

Homeopathic medicines are potential to control any type of psychosomatic diseases and give wonderful result. IBS is psychosomatic disorder, it occurs due to prolonged emotional disturbances, mental exertion, stressful life, etc. Homeopathic treatment gives marvelous result in treatment of IBS.

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## **HIGH BLOOD PRESSURE AND PSYCHOSOMATISM: HOMEOPATHIC PERSPECTIVE**

### **INTRODUCTION**

Hypertension, commonly referred to as high blood pressure, is a pervasive chronic medical condition that impacts millions of individuals globally. While it is predominantly acknowledged as a physiological disorder, emerging research increasingly underscores its psychosomatic aspects. Factors such as stress, emotional distress, and various psychological influences substantially contribute to both the onset and progression of hypertension. Psychosomatic disorders entail a complex interaction between the mind and body, wherein psychological stress manifests as physical symptoms or exacerbates pre-existing health conditions.

From a homeopathic standpoint, hypertension is perceived not solely as a symptom indicative of systemic dysfunction, but as a manifestation of the individual's overall physical and emotional state. By addressing the underlying causes and emotional triggers associated with hypertension, homeopathy offers a holistic approach to managing elevated blood pressure.

### **COMPREHENDING HYPERTENSION AND PSYCHOSOMATIC INTERACTION**

#### **Hypertension: A Persistent Health Challenge**

Hypertension is defined as a state in which blood pressure readings consistently exceed 140/90 mmHg. This medical condition can lead to significant health complications, including cardiovascular diseases, stroke, and adrenal failure. This condition is categorized into two distinct types:

- 1. Primary (Essential) Hypertension:** This form lacks an identifiable etiology and is often associated with genetic predispositions as well as lifestyle factors.
- 2. Secondary Hypertension:** This type results from underlying medical conditions, including, but not limited to, kidney disease or hormonal imbalances. [1]

### **Psychosomatic Dimensions of Hypertension:**

Psychosomatic disorders, such as hypertension, are profoundly influenced by emotional and psychological factors that can disrupt the body's homeostasis. Chronic stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to the excessive secretion of cortisol and adrenaline. While these hormones play a vital role in immediate stress responses, their prolonged elevation may result in significant long-term physiological damage. This sustained hormonal response contributes to vasoconstriction, increased heart rate, and persistent high blood pressure.

#### **Key psychosomatic factors that contribute to hypertension include:**

**Chronic Stress:** Prolonged exposure to stressors, whether originating from professional demands or personal circumstances, significantly heightens the activity of the sympathetic nervous system.

**Anxiety and Depression:** Emotional instability can aggravate hypertension by disrupting the regulatory functions of the autonomic nervous system.

**Personality Traits:** Individuals exhibiting Type A personality characteristics, which include competitiveness and aggression, are at an elevated risk for developing hypertension. [2]

**Repressed Emotions:** The inhibition of anger, unresolved grief, and feelings of powerlessness may manifest as hypertension.

### **PHILOSOPHICAL FOUNDATIONS OF HOMEOPATHY PERTAINING TO PSYCHOSOMATIC DISORDERS**

It prioritizes the treatment of the individual as a whole, rather than concentrating exclusively on the specific disease. As articulated by Dr. Samuel Hahnemann, who is recognized as the founder of homeopathy, "The physician's high and only mission is to restore the sick to health, to cure, as it is termed." [3]

#### **Key Principles of Homeopathy:**

- **Holistic Healing:** Treating the mental, emotional, and physical dimensions of the individual.
- **Individualization:** Acknowledging that each patient exhibits distinct symptoms and customizing treatments to align with their specific presentations.
- **Dynamic Vital Force:** It is essential to recognize that emotional and psychological stresses can disrupt
- **Similia Similibus Curentur (Like Cures Like):** This principle advocates for the utilization of remedies that replicate the symptoms of a particular ailment in order to activate the body's inherent self-healing processes. [4]

## THE ROLE OF HOMEOPATHY IN THE MANAGEMENT OF HYPERTENSION

Homeopathy is distinctly positioned to address hypertension by examining its psychosomatic origins.

Below list is a comprehensive overview of key remedies that are utilized in the treatment of hypertension.

### 1. Nux Vomica

- **Indications:** This product is designed for individuals who experience hypertension attributable to stress, excessive workloads, and the consumption of stimulants such as caffeine and alcohol.
- **Emotional Profile:** Irritability, impatience, and hypersensitivity to noise and light.
- **Constitution:** Often advised for individuals in sedentary professions who experience elevated stress levels and associated digestive concerns. [5]

### 2. Lachesis Mutus

- **Indications:** This medication is indicated for the management of hypertension associated with menopausal symptoms, palpitations, and severe headaches.
- **Emotional Profile:** Jealousy, loquacity, and suspicion.
- **Constitution:** Typically relevant to individuals who are encountering circulatory and hormonal imbalances. [6]

### 3. Natrum Muriaticum

- **Indications:** This treatment demonstrates efficacy in the management of hypertension that is linked to suppressed grief or prolonged emotional distress.
- **Emotional Profile:** Reserved, introverted, and prone to sadness or depression.
- **Constitution:** Individuals who persist in being engrossed by historical grievances often demonstrate a tendency towards solitude.[7]

### 4. Aurum Metallicum

- **Indications:** This treatment is most suitable for individuals who are experiencing severe hypertension in conjunction with cardiac symptoms, including palpitations and feelings of chest tightness.
- **Emotional Profile:** High level of ambition, often accompanied by feelings of guilt or a perception of failure.
- **Constitution:** Individuals who are prone to experiencing depressive episodes and demonstrate tendencies towards suicidal ideation.[8]

### 5. Ignatia Amara

- **Indications:** This intervention is particularly effective in the management of hypertension that may result from emotional disturbances, such as trauma, grief, or heartbreak.
- **Emotional Profile:** Mood swings, sighing, and hypersensitivity.
- **Constitution:** This medication is indicated for individuals experiencing grief or psychological trauma [9]

## **MANAGING HYPERTENSION THROUGH HOMEOPATHY: A CASE-BASED APPROACH**

In the practice of homeopathy, the process of case-taking is of paramount importance. Practitioners meticulously investigate the patient's physical symptoms, emotional condition, and lifestyle choices in order to identify the most appropriate remedy. A thorough assessment encompasses several key aspects:

- 1. Medical History:** Conduct a thorough assessment of the patient's symptoms, including a detailed evaluation of family history pertaining to hypertension and any existing comorbid conditions.
- 2. Psychosocial Factors:** Undertake an exploration of potential stressors, emotional traumas, and the coping strategies employed by the patient.
- 3. Constitutional Analysis:** Perform an evaluation of the patient's temperament, personality traits, and inherent predispositions. [10]

## **COMPLEMENTARY APPROACHES IN HOMEOPATHY**

Homeopathy is an essential component of therapeutic practices; however, the integration of complementary strategies can markedly enhance overall treatment outcomes:

### **1. Stress Management Techniques:**

**Meditation and Yoga:** Consistent participation in these activities is linked to a reduction in cortisol levels and an improved balance of the autonomic nervous system.

**Breathing Exercises:** Practices such as pranayama effectively calm the nervous system and help regulate blood pressure.

### **2. Diet and Lifestyle Modifications**

It is recommended to prioritize whole foods while adopting a low-sodium diet enhanced with potassium-rich choices, including bananas and leafy vegetables.

### **3. Counselling and Emotional Support:**

Psychotherapy or counselling can facilitate patients in addressing emotional triggers, thereby fostering

## **CONCLUSION**

Hypertension represents a multifaceted condition influenced by an interplay of physiological and psychological factors. Homeopathy offers a distinctive and individualized approach by addressing both the underlying emotional triggers and the physical symptoms associated with hypertension. When integrated with lifestyle modifications, stress management techniques, and counselling, homeopathy emerges as a valuable tool for the treatment of hypertension. As the healthcare landscape increasingly adopts holistic care paradigms, the potential of homeopathy in managing psychosomatic disorders, including hypertension, is gaining enhanced recognition.

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## **PSYCHOSOMATIC ASPECTS OF MIGRAINE**

### **Introduction**

Migraines are a prevalent and painful neurologic disorder that can lead to disability, stigma, and social Withdrawal .One of the most prevalent, although potentially incapacitating, conditions seen in primary care is a migraine. In the US, migraine headaches affect about 18% of women and 6% of men, and 51% of those who have them report being less productive at work or in school. One about one-third of patients recall an aura before the headache, and most patients experience recurrent headaches with comparable symptoms. One the available treatments for acute migraine headaches are reviewed in this article.

### **Diagnosis**

Confirming the migraine diagnosis and ruling out other urgent diseases can be accomplished with the use of a comprehensive history and physical examination. An evidence-based tool for diagnosing migraines is the mnemonic POUND [1] The headache's pulsating nature and one-day length (four to 72 hours) • An unexpected place • Vomiting or nausea • Severity of incapacitating symptoms Patients who report at least four of the five POUND symptoms have a 92 percent chance of having a migraine in a primary care environment.<sup>4</sup> Patients with three or less symptoms have a 64 percent chance, while those with two or fewer symptoms have a 17 percent chance. [2]

### **PSYCHOSOMATIC ASPECT OF MIGRAINE:**

Very often migraine can be considered as a psychosomatic disease, that is to say a bodily symptom which develops through a disturbance of the personality. It is a personality which cannot achieve harmony in its life, and the disturbance shows itself first of all in the form of migraine. Migraine has no single cause. It can be seen as a reaction of the organism, probably determined by the hypothalamus and released by a variety of extrinsic and intrinsic factors.

Several factors may determine attacks at different times within a patient's lifetime. Vascular reactions are secondary to the primary cerebral mechanism, and account for many of the symptoms, notably the headache. The prodrome, aura, and the incubation during sleep are part of the attack. [3]

Emotional disturbance is the commonest single trigger mechanism, and is the most important cause of frequent and severe attacks. There is, however, nothing specific about the emotional stimulus, nor is there a consistent personality type in migraine subjects. Certain personality reactions and patterns of behaviour recur in migraine subjects; a tendency to anxiety reactions, sensitivity to stress and difficulty in handling aggressive and hostile drives. In this respect, migraine is similar to many other “psychosomatic diseases” without demonstrable pathology but characterized by disorders of homeostasis. In some patients extrinsic physical and biochemical precipitants are prominent and the “psychosomatic element” is slight. In most migraine patients, however, psychologic factors are important but are secondary rather than precipitating etiologic agents. [3]

Migraine is considered a psychosomatic disorder because psychological factors can play a role in the development and exacerbation of migraines.

#### **PSYCHOLOGICAL FACTORS ARE LINKED TO MIGRAINES INCLUDES:**

- **Migraine prodrome:** A period of mood, energy, and vegetative function changes that can occur hours before a migraine attack. This can include euphoria, irritability, aggression, and heightened sensitivity to sounds.
- **Psychological stressors:** Migraines can be triggered by psychological stressors.
- **Psychological impact:** Severe migraines can cause significant psychological stress, which can make the problem worse.
- **Bidirectional relationship:** There is a complex bidirectional relationship between mood disorders and migraines.
- **Mood changes:** Migraines can be preceded by mood changes like euphoria, irritability, or depression
- **Psychiatric disorders** Migraines are often associated with psychiatric disorders like depression and anxiety, especially chronic migraines
- **Emotional significance:** Many migraine attacks are emotionally significant.
- **Other factors that can contribute to migraines include:** Genetic predisposition & Environmental influences, such as climatic, hormonal, or dietary factors



**Table 1: A list of popular homeopathic migraine remedies [10, 11]**

**Actaea Racemosa**

Frontal, occipital or vertical headache with great pain in eyeballs, better by pressure and stupefying pain in the especially in the forehead. Character of pain s are pressing inwards and outwards; they are increased on the slightest touch.

**Alumina silicata**

Headache is worse before and during menses, during binding hair, biting the teeth together stepping heavily; better by moving the head, and walking cold air and cold application.

**Belladonna**

Headache in healthy and plethoric people. The cause is disturbance of the circulatory system Eyes become redish. Face flushing. The pain appear and disappear suddenly. Bursting and Throbbing headache in temples with fiery red and hot face.

**Bryonia Alba**

Headache appears when stooping as if brain would burst through the forehead. Worse On motion. Pain in head brought on by playing or watching the play and from ironing.

**Calcarea phosphorica**

The headache of school girls and boys who involves themselves too closely to books, those children is growing rapidly and whose mental development is out of proportion to the physical strength.

**Glonine**

Headache appears due to working under the gaslight, in the sun when heat falls on the head. Head feels as if enormously large, Sunstroke and sun headache.

**Natrum Muriaticum**

Headache increases during the rise of the sun and decreases during sunset. Headache with sweat. Greater the pain, the greater the sweat. The headache of schoolgirls or boys, worse on eye-straining.

**Sanguinaria Canadensis**

Bilious headache when going without food. Headache once in every seventh day, begins in the morning in occiput and travels to the right eye and temple; the patient driven into a dark room and has to lied own. Starts vomiting bile, which relieves his headache.

**Silica**

Headache is relieved by covering and wrapping. Increased in the dark and better in light. Nervous headache caused by excessive study at school.

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## **Homoeopathic Management of Autoimmune diseases-A case Report on Psoriasis.**

### **ABSTRACT**

Psoriasis is a common autoimmune skin disease characterized by T cell-mediated hyper proliferation of keratinocytes. Symptoms can include fine scaling that looks like dandruff or appear as thick, crusted plaques that cover the entire scalp. CD8+ T cells may play a major effector role in psoriasis. Epidermal infiltration of predominantly oligo clonal CD8+ T cells, and probably also of CD4+ T cells in the dermis, is a striking feature of chronic psoriasis lesions, indicating that these cells are responding to specific antigens.

**Key words-** psoriasis, Arsenicum album, homeopathy, dermatological disorders.

### **INTRODUCTION**

Psoriasis is an immune-mediated disease (a disease with an unclear cause that is characterized by inflammation caused by dysfunction of the immune system) that causes inflammation in the body. There may be visible signs of inflammation such as raised plaques (plaques may look different for different skin types) and scales on the skin. Prevalence in different populations varies from 0% to 11.8%<sup>3</sup>. Psoriatic accounted for 2.3% of the total dermatology outpatients. The scalp was the first site of onset in 25.2%<sup>5</sup>.

### **AUTOIMMUNE DISORDERS**

Autoimmune disorders are a group of diseases characterized by the immune system mistakenly attacking and damaging the body's own tissues and organs. The exact causes of autoimmune disorders are not fully understood, but they are believed to result from a complex interplay of genetic, environmental, and immunological factors.

**Aetiology**<sup>1</sup>. Genetic Factors, Environmental Factor (Infections, Environmental toxins. Immunological Factors (Dysregulation of the immune system, Autoantibodies, Abnormal T-cell activity.

**Pathology:** Epidermal Hyper proliferation: Skin cells (keratinocytes) divide and mature too rapidly, leading to the formation of thick, scaly plaques .Inflammation: There is an abnormal immune response in which immune cells, especially T cells, accumulate in the skin and release cytokines, promoting inflammation .Blood Vessel Abnormalities: Psoriasis can lead to the expansion of blood vessels in the skin, contributing to **Symptoms:** Red, raised, and inflamed skin patches or plaques: These often have a silvery-white scale covering them. Itching and discomfort: Psoriasis lesions can be itchy and sometimes painful. Nail changes: Psoriasis can affect the nails, causing pitting, discoloration, and separation from the nail bed. Joint pain: In some cases, psoriasis can lead to a condition called psoriatic arthritis, which causes joint pain and swelling. Scalp involvement: Psoriasis can affect the scalp, leading to dandruff-like scaling and redness and warmth in affected areas.

### Diagnosis:

Psoriasis is typically diagnosed by a dermatologist based on a physical examination and a review of the patient's medical history. In some cases, a skin biopsy may be performed to confirm the diagnosis by examining a small sample of affected skin under a microscope. The severity of psoriasis may also be assessed using various scoring systems, such as the Psoriasis Area and Severity Index (PASI).

**CASE REPORT:** A male patient named Mrs. XYZ, aged 35 years, IT worker residing in the outskirts Bengaluru presented with the complaints of Red, scaly patches on scalp since 12 months, which is causing itching, redness, and discomfort.

Location	Sensation	Modalities	concomitants
Scalp	Psoriatic eruptions itching Diffuse application	Agg. .hot & sun	Diffuse application

**Past history:** No HTN, No DM

### Family History

Father- living healthy

Mother –Living with HTN &DM

Siblings – 1 sister. Living healthy.

**Personal History** Diet- Mixed, Appetite-adequate, Hunger – good. Thirst – Thirst less. Desire-salty it

Aversion – N.S. Urine- 5-6/0-1 times / day.

Bowel movement – 1 time /day.

Perspiration – generalized Sleep – disturbed due to itching.

Dreams – about family. Thermals – chilly.

### Life Space Investigation:

Patient was born and brought up in middle class family at Andhra Pradesh. Has one elder sister, she got married near to his native place and settle there only mother living with HTN & DM, father living healthy. He was moderate at his studies after his degree 5 years he was struggling for a job that time he was more stressed and worried and he was narrated that his father was highly dominating and used to scold repeatedly about his unemployment after that he became introvert with anxiety issues, sleeplessness and avoid social gathering want to stay alone and don't want to share his feelings. After all hard and difficult times, he got job in Bangalore and married and settled here only. He started his complaints 6 -12 months back during the time of his struggling.

### **General Physical Examination & Vitals Conscious & oriented with time, place and person.**

No pallor, clubbing, cyanosis, icterus & pedal oedema BP- 140/90mm Hg PR – 78beats/ min RR-18cpm Temp– afebrile at the time of examination Scalp – scaly patches with sever itching.Hairs – Black. Eyes Conjunctiva –pink. Sclera – clear.Ears- no dischargeNose- no DNS/ Polyps.Mouth Buccal mucosapink. Teeth – hygiene Tongue – pink Gums – pink. Neck – no lymphadenopathy. Nails- healthy.

### **Systemic Examination**

**Respiratory system** > Bilateral air entry is normal, normal vesicular breathing.

> **Cardiac system** – S1 & S2 heard, no murmur heard.

**Gastrointestinal system** - No organomegaly, no tenderness.

**Locomotor examination:** - Normal. Skin: - red, scaly plaques are observed on scalp. Lesions are well- demarcated and silvery scales. No sign of pus and infection

### **Laboratory Investigation& Findings**

CBC ESR: 15mm/hr. AEC: 577cu/hr CRP LVF RF=-VE.

### **Provisional Diagnosis (On clinical basis) Psoriasis**

**Differential Diagnosis** > Atopic eczema. > Lichen planus. > Seborric dermatitis.

**Classification Of Disease:** syphilis School of Philosophy – Kent School of Philosophy

### **Analysis of Case.**

#### **Common Symptom**

Red, scaly plaque eruptions with severe itching

#### **Uncommon symptom**

Brooding, want to be alone, Craves for salt  
Thirst less, Consolation aggravation

### **Evaluation of Symptoms**

Mental General brooding consolation agg, Reproaches himself.

Physical General Craving for salt. Thirst less. Red, scaly plaque eruptions, Sleep disturbed

Particular- with severe itching sun agg

## Totality of Symptoms

Brooding, consolation aggravation., Reproaches himself, Craving for salt. Thirst less. Red, scaly plaque eruptions with severe itching. Aggravation: -sun.

## Reportorial Approach - Kent's Repertory.

Reportorial Totality • Mind-consolation agg. • Mind anger irritability from contradiction. • Mind reproaches himself. • Stomach desires salt • Stomach thirst less. • Skin-eruptions-psoriasis • Skin-eruptions-psoriasis-syphilitic.

### Repertorial sheet:

Flat Repertorisation																										
No sort By Chapter By Degree Options			Remedies (Score/Ratio of symptoms)										Remedy Filter													
	(No sort)	Degree	Thuja	Ars.	Merc.	Sep.	Nat-m.	Lyc.	Mit-ac.	Ign.	Sil.	Aur.	Chin.	Puls.	Calc.	Calc-p.	Cor-r.	Med.	Tarent.	Staph.	Sulph.	Nat-ar.	Bell.	Carc.	H	
			9/7	11/6	9/6	12/5	11/5	9/5	9/5	9/4	9/4	8/4	8/4	8/4	7/4	6/4	6/4	6/4	6/4	5/4	5/4	4/4	7/3	6/3	6/3	6/3
1. MIND - CONSOLATION - agg.		1	1	2	1	3	3	1	1	3	3		1	1	1	2			1	1	1		2	3		
2. MIND - ANGER, irascibility - contradiction, from		1	2	1	1	3		3		3	2	3				1			1			1				
3. MIND - REPROACHES - himself		1	2	2	1		2	1		2		2		2		1		1		1		1		1		
4. GENERALITIES - FOOD and DRINKS - salt - desi...		1	1		1	1	4		3		1		2		2	2	2	2	2		1			2		
5. STOMACH - THIRSTLESS		1	1	2		2	1	2	1	1			3	3	2		1	1	2	2	1	1	2			
6. SKIN - ERUPTIONS - psoriasis		1	1	2	2	3	1	2	2		3	2	2	2	2		1	2		1	2	1	3			
7. SKIN - ERUPTIONS - psoriasis - syphilitic		1	1	2	3				2			1					2									

## Repertorization

Thuja 9/7. Ars. alb-11/6. Merc 9/6 Sepia-12/5 Nat.mur-11/5 Lyco-9/

## Repertarization proper

Prescription Ars. **Alb -1M** 1dose OD X ONE DAY. (On 15.04.2020)

Followed by Sac Lac for 1 month.

## Auxiliary management:

Maintain hygiene. Applying coconut oil.

## Follow up:

**20-05 -2020** Itching was reduced slightly eruptions were still present. Sweat agg. Amel. -Coconut oil

Rx: - Sac Lac TID for 6 months Amel. -coconut oil

**Fallow up: -10-11 -2020** Itching was better

Eruptions were subsiding Sleep improved

**Rx: Sac Lac TID for 6 months.**



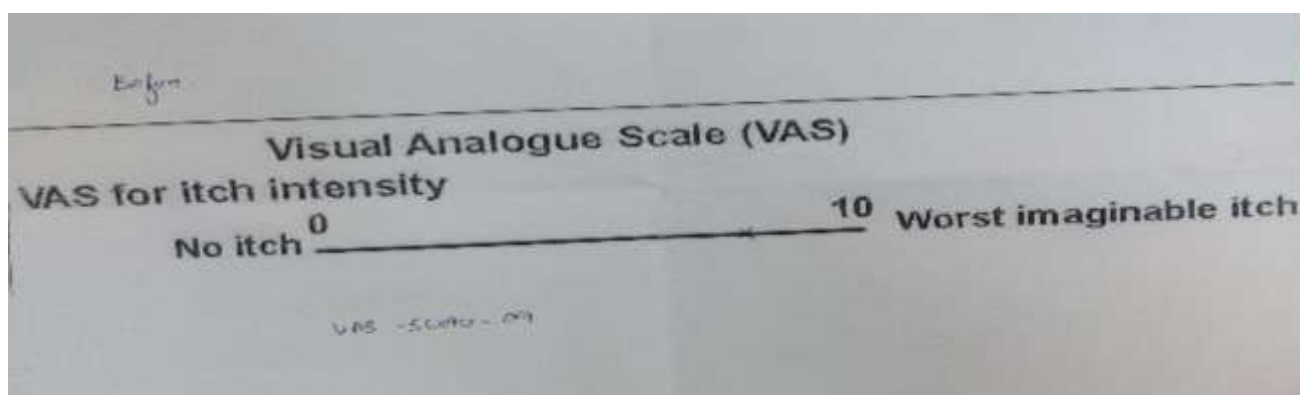
**Fallow up: 06–10-2021 No recurrence of eruptions No Itching**

**Patients was feeling better.**

### **DISCUSSION**

Homoeopathy is a holistic system of medicine and here the treatment plan is based on individualization through the detailed case taking. It is essential to elucidate the constitutional makeup of the subject to select the single remedy with the help of totality of symptoms. This case report of scalp psoriasis treated with constitutional homoeopathic medicine is an attempt to show the efficacy of constitutional homoeopathic approach in the treatment of scalp psoriasis without requiring medicated external application. In this case a single dose of Ars Alb 1M chosen based on totality of symptoms has contributed to the overall improvement of the subject. Improvement status was assessed with the help of visual analogue scale (VAS), VAS commonly used tool to measure the intensity of itch, it used in most of clinical trials as it featured with high reliability and validity. The left endpoint represents “no itch” and right end represents “worst imaginable itch”

**VAS Score before (09) and After (01):**





## **CONCLUSION:**

This case study provides valid evidence of the successful treatment of scalp psoriasis with the help of constitutional homoeopathic medicine based on an individuality of the subject. Importance of internal medicine over the external applications has been demonstrated in this case. The single simple minimum dose of carefully selected constitutional homoeopathic remedy plays an important role in the treatment of scalp psoriasis. However, this is a single case report, additional research must be done that further makes this study useful.

**CONFLICT OF INTEREST:** None

**FINANCIAL SUPPORT:** Not available

**DECLARATION OF PATIENT CONSENT:** Patient consent was taken for images to be reported for this article.

## **PATIENT PERSPECTIVE**

The patient had a satisfactory outcome after the treatment as she was relieved from the discomfort and there remained no disease after the treatment.

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## **“THE SILENT DISRUPTOR IN WOMEN CAUSES MENSTRUAL IRREGULARITIES” -A CASE REPORT.**

### **ABSTRACT:**

Dysfunctional uterine bleeding (DUB) is characterized by abnormal menstrual bleeding without an identifiable organic cause, often linked to hormonal imbalances. This case involves a 45-year-old woman who has experienced DUB since menarche, with no organic pathology found after thorough gynaecological investigations. The patient reports a long history of stress, anxiety, and depression, which she believes are related to the onset and persistence of her symptoms. Her bleeding patterns worsen during emotional stress, suggesting a psychosomatic connection. Psychosomatic factors, such as chronic stress and emotional distress, can disrupt the hypothalamic-pituitary-ovarian axis, leading to hormonal imbalances that affect the menstrual cycle. This case highlights the importance of considering psychological factors in the management of DUB, especially when no physical causes are identified. Addressing both the emotional and physiological components of the condition may improve outcomes and provide better management strategies.

**Keywords:** Dysfunctional uterine bleeding, psychosomatic, stress, menstrual irregularities, mental health.

### **INTRODUCTION:**

Dysfunctional uterine bleeding (DUB) is a condition predominantly affects women in their reproductive years, causing significant distress due to its unpredictable nature. Psychological factors, such as chronic stress, anxiety, and depression, are thought to disrupt the hypothalamic-pituitary-ovarian axis, contributing to hormonal fluctuations that impact the menstrual cycle. This case involves a 45-year-old woman who has experienced DUB since menarche, with no underlying organic cause identified despite extensive.

**Gynecological evaluations.** Her symptoms worsen during emotional stress, suggesting a strong psychosomatic component. Homeopathic constitutional medicine offers a unique approach to managing DUB by addressing both emotional and physical health. By focusing on the mind-body connection, homeopathy aims to restore hormonal balance and alleviate stress, providing an effective treatment option when conventional methods fail. This case highlights the importance of considering psychological factors and alternative treatments in managing DUB.

LOCATION	SENSATION	MODALITY	CONCOMITANT
<b>FEMALE</b> <b>GENITALS</b> <b>1&gt; MENSES</b> O: Menarche (13 year of age) D: twice in a month (Irregular cycle)	Irregular menses+3 <b>BEFORE MENSES:</b> Bodyache+2 Backache+2 <b>DURING MENSES:</b> Duration of cycle-7-8 Days colour- Reddish colour Weakness+2 Heavy bleeding+2		
<b>2&gt;LECCORRHOEA</b> O: Menarche D: Continue <b>3&gt;General</b> <b>Whole Body</b>	<b>AFTER MENSES: - Not specific</b> Whitish thick discharge+2 Sticky discharge+2 Mild itching+ Weakness+2	<+2 exertion	

#### **CASEREPORT:**

**CHIEF COMPLAINTS**-45-year-old female patient belong to Muslim family came in PIHR OPD with c/o irregular menses and heavy menses with white discharge problem since menarche (at age of 13 year).

**F/H**-Father, mother – HTN, P/H-NAD.

**GYNAEC/OBST. HISTORY** - G5A2L3, A-1 natural abortion, 1 induced due to poor fetus development, L3- 2 boy, 1 girl-LSCS all 3, normal healthy. Tubectomy after last child.

#### **PERSONAL PARTICULAR HISTORY:**

**Appetite**-poor    **Bowel**-2time/day    satisfied    **Thermal**-C3H2-chilly    **Aversion**-not    specific  
**Habits/addiction**-nil    **Desire**-chicken+2    **Urination**-4-5time/day    **Sleep**-sound    **Thirst**-1-2 lit/day  
**Perspiration**-face+2, no odour, no stain

### **LIFE-SPACE:**

**CHILDHOOD-**Patient was born and brought up in Dobhal, Kheda district. At that time her family having. Mother, father, 2 brother and 3 sisters. IPR with all them were good. Mother is housewife and Father is farmer. Financially they were average.

**SCHOOL-LIFE:** Patient is studies up to 7th standard in government school at her village. She was average in studies. There were not any extra curriculum activities in her school.

**MARRIAGE-LIFE:** Patient having arranged marriage at the age of 18 year. Her in laws family consist of husband, FIL, MIL, 2BIL, 1SIL.They are living in join family. IPR with husbands is good, he is doing job at UAE in the last 15 year, coming every year for 1 month. Her MIL is aggressive in nature, finding faults in everything and scolding her small matters, at that time she cannot express her feelings. She is older among all BIL's wife, so she has to do all household works, cannot oppose anyone because of her family reputations. When any small incident happens with her regarding any work or someone is finding mistakes in her work, she cannot express her feeling and recurrent thoughts are coming. In anger she is beating her children, after that she feels guilty. She becomes irritable in the past 2-3 year in small matters. She is having fear of heights, flowing water, fear of snakes.

**MENTALGENERALS:** suppressed emotions+3, irritable+2, anger -beating children+2, brooding+2,sensitive to repriments+2, fear of heights+2, fear of being near to flowing water+2, fear of snake+2, dream -dead people of family+2.

### **PHYSICALEXAMINATION:**

**Level of consciousness-** conscious oriented

**General appearance-** mild, smiling while telling complaints

**General built and nutrition-**Thin earthy complexion, malnourished

**BP** - 126/80 mm hg, **PULSE**-86/min, **RR** -18/min, **Spo2** -97% on RA, Nails, **sclera** –pale

**Tongue**-middle white surrounding pink.

**NORMAL SYSTEMIC EXAMINATION**

**PROVISIONAL DIAGNOSIS:**

#### **1.DUB**

Dysfunctional uterine bleeding (DUB) can be defined as 'excessive uterine bleeding (excessively heavy,prolonged or frequent), which is not due to demonstrable pelvic disease, complications of pregnancy orsystemic disease. It is therefore a diagnosis of exclusion and includes both ovulatory and an ovulatory bleeding.

The majority of cases of DUB are secondary to hormonal dysfunction, and occur in perimenopausal women or after the menarche. In adolescence, this is usually of hypothalamic-pituitary origin.

### **CRITERIA:**

1. Excessive menses-duration of menstrual flow > 7 days or menstrual blood loss > 80 ml
2. Frequent menses-duration of menstrual cycle < 21 days
3. C. irregular / a cyclical uterine bleeding

### **2 PATHOLOGICAL LEUCORRHOEA:**

It is usually yellowish/greenish/greyish, smells fishy/foul. Usually in large amount and causes complaints such as itching, redness (erythema), edema, burning sensation in the genitals, pain during sexual intercourse (dyspareunia).

Ix: CBC, TSH, T3/T4, USG ABDOMEN, PELVIS suggested for confirmation of diagnosis.

Ix- urine micro, urine cs suggested for confirmation of diagnosis.

**FINAL DIAGNOSIS:** DUB, PATHOLOGICALLEUCORRHOEA.

### **TOTALITY OF SYMPTOMS :( ACCORDING TO KENT'S METHOD)**

Suppressed emotions+3	Irregular menses+3
Anger -beating children+2	Heavy bleeding+2 during menses
Sensitive to repriments+2	Before menses<+2 body ache
Brooding+2	Before menses<+2 backache
Irritable+2	Sticky discharge from vagina+2
Fear of heights+2	Whitish thick discharge from vagina+2
Fear of being near to flowing water+2	Itching on genitals due to leucorrhoea+
Fear of snake+2	Chilly patient
Dream -dead people of family+2	
Desire-Chicken+2perspiration-face+2	

H/O Dysmenorrhea/ dyspareunia,

H/o contraceptive practice, Symptoms suggestive of hypothyroidism, bleeding disorders, other systemic illness.

### **REPERTORIAL TOTALITY: (SYNTHESIS/REPERTORY)**

Mind-emotions-suppressed	Female genitalia/sex-menses-irregular
Mind-sensitive reprimands to	Female genitalia/sex-menses-copious
Mind-irritable disturbed when	Female genitalia/sex-menses-painful body with pain all
Mind-fear-high places of	over
Mind-fear-water of-running water of	Back pain-menses before agg.
Mind-fear -snakes of	Female genitalia/sex-leucorrhoea-sticky
Mind-anger-beating friends	Female genitalia/sex-leucorrhoea-white
Gen-food and drink-chicken desire	Female genitalia/sex-itching-leucorrhoea from
Perspiration-face	Dreams-dead bodies

### **REPERTORIAL RESULT:**

CALC.CARB-11/24

NAT.MUR-11/17

SULPH-11/15

PULS-10/16

NUX-V.-9/16

SEP-9/16

LYCO-9/14

### **FINAL REMEDY WITH JUSTIFICATION:**

#### **NATRUM MUR**

Natrum Muriaticum is characterized by its efficacy in addressing emotional sensitivity, particularly related to grief, suppressed feelings and a desire for solitude. Patient of Natrum muriaticum is melancholic, depressed, sad and reserved. Along with depression, there is marked irritability, crossness and the feeling of isolation. Here patient is also easily irritable, suppressed emotions with brooding of her misfortunes. The patient has fear heights and dark. Constitutionally lean debilitated, malnourished anemic person. Menses are also irregular and heavy menses.

**PLANNING AND PROGRAMMING OF CASE:  
DEFINE: REASONS OF THE STATES POTENCY-  
REPETITION**

SUSCEPTIBILITY AGE/SEX-45YR/F	MODERATE	INFREQUENT
POD-GRADUAL SOD-FUNCTIONAL REV.		
SENSITIVITY- MIND- ++NERVE-++	MODERATE- HIGH	INFREQUENT
FUNCTIONAL CHANGES- PRESENT FUN.REV	MODERATE- HIGH	INFREQUENT
STRUCTURAL CHANGES-NOT PRESENT	-	-
FUNDAMENTAL MIASM- SYCOTIC (FATHER-MOTHR- HTN)	MODERATE- HIGH	INFREQUENT
DOMINANT MIASM-SYCOTIC	MODERATE- HIGH	INFREQUENT

Rx,

**FINALPRESCRIPTION**

NATRUM MUR 200 1 POWDER HS, FOLLOWED BY SAC LAC 200 BD FOR 7  
DAYS

**FOLLOWUPS-**

DATE	FOLLOW-UP	PRESCRIPTION
10/10/24	No menses came in 1 week no burning at vaginal side body ache and backache>+2 weakness>+2 much better white discharge-SQ no new c/o ADVISE-CBC, USG ABDOMEN, PELVIS BP-120/80 mm hg	NAT.MUR 200 1P STAT F/BY SAC LAC 30 BD FOR 7 DAYS
17/10/24	menses come after 1 month and 4 days heavy bleeding-SQ pain before menses>+2 white discharge>+2 overall feels better USG A+P-NORMAL. Hb-8.4 mg/dl	NAT.MUR 200 1P STAT F/BY SAC LAC 30 BD 7 DAYS FERRUM PHOS 6X 2 TAB BD FOR 7 DAYS
24/10/24	weakness>+2 mild body ache Whitish sticky discharge>+	NAT.MUR 200 1P STAT F/BY SAC LAC 30 BD 7 DAYS FERRUM PHOS 6X 2TAB BD FOR 7 DAYS
14/11/24	regular menstrual cycle no menses in between 2 cycles pain before menses>+2 leucorrhoea>+2 weakness>+2 burning on vaginal site - SQ	NAT.MUR 200 1P STAT F/BY SAC LAC 30 BD 7 DAYS FERRUM PHOS 6X 2TAB BD FOR 7 DAYS

## CONCLUSION:

In cases of dysfunctional uterine bleeding with no underlying organic pathology, it is essential to consider psychosomatic factors that may contribute to the condition. The positive response to \*Natum Muriaticum\* in this patient, both in terms of physical symptoms (heavy bleeding, premenstrual pain) and mental health (irritability, anger), highlights the potential benefits of addressing both the emotional and physiological aspects of DUB. A holistic approach, including constitutional remedies and psychological support, may offer significant improvement and better management strategies for patients suffering from this condition.

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## CO-CURRICULAR ACTIVITIES



Workshop of Surgery Department (24 .9.24)



Workshop of Anatomy Department (11.9.24)



Med Ideation on hybrid mode by Technical Event cell (22/23 .07.24)



Expert talk of Materia Medica Department (03 .07.24)



Pharmacy educational visit at HPL & Bhargava Pharmaceutical Company at New Delhi on (17-9-24 & 18-9-24)



## CO CURRICULAR ACTIVITIES



5 Day Capacity Building Training Program  
Attended by Dr. Santosh Reddy organized by  
AYUSH ministry on 23.9.24 to 27.9.24 at  
PCIM&H Ghaziabad. UP



CCRH webinar on clinical trial protocol by  
Staff & students of PIHR (30.8.2024)



Guru Purnima Celebration (20.07.2024)



Teacher's Day celebration (5.09.2024)



Poster Presentation SDG (02.09.2024)



National Anti-ragging Day (02.09.2024)



## CO-CURRICULARACTIVITIES



World suicide prevention day by FMT Department (10.9.24)



Independence Day celebration (14.08.2024)



Swachhata pledge campaign by PIHR under the Directive of National Commission (12.08.2024)



Visit of Leprosy center by Department of Community Medicine (23.09.2024)



Homoeopathic seminar on Advances & future Prospective in Homoeopathy (01.07.2024)



Pragya skill lab activities for PIHR students (3.09.2024)

## PG & Intern Activities



Seminar & case presentation by PG and intern student



## AWARDS & ACHIEVEMENTS-FACULTIES



Inauguration of anatomy book by Dr. Bhakti Pathak (05.09.2024)



Awarded as AYUSH LEGEND AWARD for paper presentation at 5th GLOBAL AYUSH SUMMIT 2024 at Missouri (14.9.2024)



Invited as resource person for session on "Understanding ophidian group in clinical Practices" by Dr. Mamta Tapas.



Paper presentation at "APTICON 2024 " Bhuneshwer, West Bengal by Dr. Suraj Singh Bhadoriya.



Academic excellence award received by Teachers of PIHR.



On the occasion of Doctor's day invited for free medical checkup of kid zee school Harni by Dr. Preeti Jha.

## AWARDS & ACHIEVEMENTS-FACULTIES



Dr. B P Panda received Best Teacher award by HMAI on occasion of Teacher's day

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Principal & Hospital Superintendent,  
Institute of Homoeopathic & Research,  
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**WEDNESDAY**  
**11 September 2024**  
8:30 PM to 9:30 PM (IST)

Paper presentation at IFPH talks By Dr. B P Panda on  
“Homoeopathic approach in the treatment of local disease”



## AWARDS&ACHIEVEMENTS-STUDENTS



### B. JAIN QUIZ MARATHON WINNER

Krishna Patel (2<sup>ND</sup> BHMS),

Leena Jumani (4<sup>TH</sup> BHMS)

Manan Shah (2<sup>ND</sup> BHMS).



3rd BHMS students Aman Mishra, Parth Adhiya, Abhishek gudراسيا, Dhaval Machhi & Vaibhavi Makwna were selected among best 45 team at Vdodara Hackathon 5.0 organized by PIERC, Parul University.

## HOSPITAL ACTIVITIES



**NABH training & Free Medical Camps at Different Villages**



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