

THIS BULLETIN IS DEDICATED TO
OUR BELOVED FOUNDER PRESIDENT,
PARUL UNIVERSITY
ON HIS

3rd DEATH ANNIVERSARY



DR. JAYESH KHEMDAS PATEL

Late Founder President, Parul University

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THIS BULLETIN IS BASED ON
**“GERIATRICS
& HOMOEOPATHY”**

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MESSAGE FROM THE DESK OF MANAGING EDITOR



DR. B. P. PANDA

PRINCIPAL & PROFESSOR

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It is my privilege to unveil 12th issue of our institutional Bulletin “Homoeinsight” on the 3rd commemoration day of our beloved founder president of Parul University, Dr. J. K. Patel sir. The issue editor of the Bulletin Dr. Briyal Patel has chosen the theme “Geriatrics & Homoeopathy” which is rightly justified for the present scenario. The life span of our citizens is decreasing day by day due to a variety of ailments and sedentary lifestyle. In the coming years, the geriatric population will increase and the need of awareness about different geriatric problems like hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia will increase leading to the social and economic burden to the society

THE OBJECTIVE OF THIS INSTITUTIONAL BULLETIN IS

1. To provide all the updates and disseminate information on the achievements of all the faculty and students.
2. To share valuable information about the outstanding services rendered by respective departments.
3. To make everyone in this institution engaged and informed to boost morale and to keep motivated.

EDITORIAL MESSAGE



DR. BRIYAL PATEL

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Geriatric Disorders are the diseases of the old age which need optimum care and attention and hence it may be called as the Second Childhood Era. The specific problems of the elderly include physical inactivity and instability, which result from weakness and loss of energy. Weakness of the eyes and ears plays a role, and weakening of the immune system often leads to more disease. All these conditions can be made worse by mental problems, such as declining intellectual activity, declining memory, and depression, which may prevent the patient from acting to improve his or her condition. But the effects of aging can be greatly relieved by proper care, and the greatest improvement often results when the patient is persuaded to become more physically, mentally, and socially active. Homoeopathy suits all and can heal the older people with least side effects. Hence, we decided the title- “Geriatrics & Homoeopathy”. I am grateful to Dr. B. P. Panda Sir for giving me this opportunity to be the editor of this issue. I feel blessed to have my faculty members and students by my side and I thank them for their active participation in submitting the articles. Lastly, I hope the content of this bulletin will enlighten the readers & give a clear picture of scope of Homoeopathy in Geriatrics.

“A REMEDY OF SECOND CHILDHOOD”

BY DR. DIPIKA SINDHA & DR. BABINA NINGOMBAM

ABSTRACT:

According to World Health Organization, ageing is a course of biological reality which starts at conception and ends with death. It has its own dynamics, much beyond human control. Every phase of life has certain physiological changes in it from childhood till the old age. There is but little difference between childhood and old age and hence old age is called second childhood, but we always regret to see a man under seventy becoming childish, and yet we do see many becoming simple and childish.

KEYWORDS: Ageing, Physiological changes, Old age, Second childhood, Homoeopathy, Baryta Carb.

INTRODUCTION:

Mind:

Old age is referred to as a second childhood. Those elderly people who become senile tend to revert to childish modes of thinking and behaviour, and in these cases Baryta Carbonica can arrest or reverse the process. All the features that we see in the younger Baryta may develop for the first time during senile dementia, including dullness, mental retardation, confusion, and childlike emotional behaviour. One particular feature of Barytas of all ages, but particularly senile Baryta's, is a tendency to worry over inconsequential matters. The demented Baryta is most likely to suffer from suspiciousness of other people, or a fear of being watched, and may isolate himself for this reason. He is also likely to become childishly dependent upon others, not only for practical support, but also for emotional reassurance. Baryta, is more passive, although stubbornness may be a feature.

Baryta is adapted to ailments occurring at the extremities of life, age and childhood; to old age, when there are mental symptoms and bodily weakness, Adults—especially old people—have a rather peculiar aversion to strangers, and shun the approach of any unfamiliar face. They seem to have a fear of the presence of others. They imagine that they are being laughed at. They are easily angered and suffer from cowardice. You all have seen similar symptoms to these in persons of a half-imbecile state of mind from disease, whether in old age or in early life. ^(1,2)

Vertigo

Vertigo of old people & nausea < stooping when lifting arms up. Apoplexy, vertigo in old people who are childish. Confusion and vertigo esp. in the morning. Pressure and sticking in brain at vertex, on walking. (3)

Paralysis

Old people when they suffer from paralysis, particularly paralysis following apoplexy. Very frequently in old people, the brain shrinks and, as the skull does not yield, there would be a vacuum formed, were it not that an effusion of serum takes place. This is followed by a more or less severe paralysis, the patient is childish and has loss of memory, trembling of the limbs and well-marked paralysis of the tongue Baryta carb is one of the few remedies that cause positive paralysis of the tongue.

Baryta also seems to induce paralysis by causing degeneration of the coats of the blood vessels, even to the production of aneurisms. (2)

Chest: Baryta also indicated in old people who have what is known as suffocative catarrh, with orthopnoea. In old people, the chest is very much weakened. They get a catarrh, which is not very severe, but appears suddenly in the night, with difficulty of breathing and blueness of the face, etc. The patient complains of a sensation as of smoke or pitch in the lungs. Baryta should not be given in catarrhal asthma or asthma with emphysema; but when the disease is of the purely nervous variety, in the aged, when aggravation occurs in wet, warm air. (2)

Eyes: Amblyopia, in the aged, sometimes calls for Baryta; the patient cannot look long at any object; sparks before the eyes when in the dark. (2)

Male: Diseases of old men when degenerative changes begin in cardiac and cerebral vascular. Old men who have enlarged prostrate or indurated testes. (3,4,5)

Heart: Arteriosclerosis and hypertension in the old age. (3)

GIT: Constipation: Difficult, knotty stool, hard stool and insufficient. Lack of action in the rectum. (5)

Understanding of Baryta carb in old age with the help of Repertory: ⁽⁶⁾

- **GENERALS – OLD AGE – old people; in AMBR.** *Ammc. Anacardium Ant-c. ant-t. Arg-n. Arnica Arsenicum. AUR. BARC. Barm. Bryonia. Calc-p..cann-i.. Carb-an. Carb-v.. Causticum Chamomilla COCA cocc.* *coff. Colchicum Conium. Fl-ac. Graphites Hydrastis Iodium Irid-met. Iris. KALI-C. kreos. LACH. LYC. Millefolium nat-c. Natrummur.. nitricum acidum. OP. Ov. Phosphorus. SEC. SEL. Seneg.. Silicea. TEUCR. Veratrum.*
- **GENERALS – OLD AGE – premature**
Agn. Ambr.. Aurum Baryta carb. Conium. Cuprum. Fl-ac.. Kali-c.. LACH. SEL. Vip
- **GENERALS – OLD AGE – old people; in – men; old**
bar-c. sabal Selenium
- **GENERALS – PARALYSIS – old people; in**
Baryta carb. Conium Kali-c. OP.
- **GENERALS – WEAKNESS – old people; in**
Ambr. BAR-C.. Conium Cur.. Nux-m.. Phosphorus. Selenium Sul-ac.
- **GENERALS – EMACIATION – old people; in**
Ambr. anac. BAR-C. carb-v. chin. chinin-s. Fl-ac. IOD. LYC. nit-ac. op. rhus-t. Secale Selenium Silicea
- **GENERALS – ARTERIOSCLEROSIS – old people; in**
bar-c. stroph-h.
- **GENERALS – TREMBLING – Externally – old people; in**
alum. ambr. aur. aven. bar-c. calc. cann-i. cocain. con. kali-c. merc. op. phos. plb. plb-act. sil. stront-c. sulph. zinc.
- **MIND – OLD people agg.** *bar-c.*
- **MIND – CHILDISH behavior – old people; in BAR-C.**
- **MIND – DEMENTIA – senilis**
Ambr. Aur-i. Baryta carb.. Conium Crot. horridus Cuprum
- **MIND – MOANING – old age, in Baryta carb.**
- **PROSTATE GLAND – SWELLING – old people; in**

aloe **BAR-C.** *Benz-ac.* *Conium* **DIG.** ferr-pic. *Iodium* nux-v.

prost. *Sabal* **SEL.** *Staphysagria* sulph.

- **SKIN – ITCHING – old people; in**

alum. arg-n. ars. bar-act. bar-c. con. dol. dulc. fago. fl-ac. kreos. mag-p. merc. *Mez.* nat-sil. olnd.

op. sul-ac. sulph. urt-u.

- **STOMACH – INDIGESTION – old people**

Abies-n. ant-c. ars. *Baryta carb.* caps. carb-v. chin. *Chinin-s.* *Cicuta* fl-ac. *Hydrastis juni-c.* kali-

c. nux-m. nux-v. pop.

- **HEARING – IMPAIRED – old people**

bar-c. *Cicuta* kali-chl. kali-m. mag-c. merc-d. *Petroleum* phos.

- **RECTUM – CONSTIPATION – old people**

ambr. *Ant-c.* *Baryta*

carb. *Bryonia* *Calc-p.* *Conium.* *Lachesis* lyc. *Nux*

Opium *Phosphorus* *Phytolacca* *Selenium* *Sulph.*

- **SLEEP – SLEEPLESSNESS – old people; in**

Aconite ars. *Baryta carb.* carc. op. passi. phos. sulph. **SYPH.**

- **VERTIGO – OLD PEOPLE; in**

Ambr. arn. *Ars-i.* *Baryta carb.* *Cuprum* **RHUS-T.** sec. *Sin-n.*

- **Blood – ANEURISM, of large arteries**

Aconite. *Aurum* *Baryta*

carb. *Bar-m.* *Belladonna* **CACT. CALC..** *Calen..* *Carb-*

v.. **CUPR.** *Digitalis* *Ferr-p..* *Kali-i.* *Lachesis.* *Lycopodium.* **SPIG.** *Spongia* *Sulph.* *Verat-v.*

- **HEAD – APOPLEXY**

BAR-C. *Belladonna* **COCC. CROT-H.** *Gloninum* **HYDR-AC..** *Ip..* **NUX-V.**

- **COUGH – OLD people**

Am-c. *Ambr.* *Ammc..* *Ant-t.* *Baryta carb..* *Carb-v..* **DULC.** *Psorinum.* *Seneg.*

- **RESPIRATION – ASTHMATIC – old people; in**

Ambr. **ARS..** *Baryta carb..* *Carb-v.* *Coca* *Conium* *Seneg.*

- **RECTUM – DIARRHEA – old people**

ANT-C. ant-t. **ARS..** *Bryonia* *Carb-v.* *China.* *Fl-ac.* **GAMB. NIT-AC..**

CONCLUSION:

Aging is a Natural process. With the advanced age, so many ailments are arises as part of transition of life's Phase. In Geriatric disease with the help of Similimum, the second childhood can be achieved smoothly and without any hurdle. Homeopathy can makes this natural transition happy.

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“TIP SHEET: A GUIDE TO GERIATRIC SYNDROMES”

BY DR. NEELIMA SHARAN

INTRODUCTION:

Old age is the most sensitive age to external and internal change in the environment affecting their mental, emotional and physical health. There are various syndromes seen in the elderly. Some of the ailments as follow:

Bladder Control Problems

Lack of bladder control, or “urinary incontinence,” is an embarrassing topic. Please know that you are not alone! Urinary incontinence can lead to problems such as falls, depression, and isolation. In most cases, incontinence can be cured or greatly improved with treatment. So don’t hesitate to tell your healthcare provider if you have bladder control problems.

Sleep Problems

Sleep problems can affect your quality of life and can contribute to falls, injuries, and other health problems. If you have trouble sleeping at night or feel sleepy during the day, tell your healthcare provider so they can identify the type of sleep problem you have.

Delirium

Many older adults who go to the emergency room or are admitted to the hospital develop delirium. Delirium is a state of sudden confusion. **Delirium is a medical emergency, similar to chest pain.** Make sure that you and your friends and family know the signs of delirium and seek medical attention right away at the first sign of any sudden changes in mental function.

Dementia

Dementia, most simply, is a memory problem significant enough to affect your ability to carry out your usual tasks. While the most common cause is Alzheimer’s disease, there are many other types. Various tests can help determine whether you or someone you care for might have dementia and what type it might be. If so, there are treatments that can improve function and slow down the disease.

Falls

Falls are a leading cause of serious injury in older people. There are many risk factors for falling, including safety hazards in the home, medication side effects, walking and vision problems, dizziness, arthritis, weakness, and malnutrition. Like other geriatric syndromes, falls usually have more than one cause.

Tell your healthcare provider immediately if you have fallen. They will look into what caused your fall and suggest steps to prevent future falls. There are many treatments, such as exercise and physical therapy that can help improve your gait and walking and prevent falls.

Osteoporosis

Osteoporosis, or “thinning bones,” is a condition that makes the bones of older adults more fragile and easy to break. Women 65 and older, and men over age 70, should get a bone mass density (BMD) test. Increased calcium and vitamin D intake, strength training exercises, and weight-bearing exercises such as walking are important to keeping your bones healthy. Your healthcare provider may also recommend medications or other treatments.

Weight Loss

Weight loss is a very common problem in older adults. Weight loss can be caused by the diminished sense of taste that comes with aging, or it can be a suggestion of an underlying serious medical problem. No matter the cause, weight loss can lead to other problems, such as weakness, falls, and bone disorders.

Your healthcare provider should weigh you each time you visit and check for any changes. Also, be sure to let your healthcare provider know if you have any changes in your weight or appetite.



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“FADING MEMORIES: UNVEILING THE ENIGMA OF DEMENTIA IN AGING INDIVIDUALS AND ITS MANAGEMENT BY HOMOEOPATHY”

BY DR. PRANALI MISTRY

ABSTRACT:

Dementia is a major public health concern, particularly in the geriatric population. With the aging population on the rise, India is witnessing a significant increase in the incidence and prevalence of senile dementia. This article aims to provide a comprehensive review of the prevalence of dementia in geriatric patients in India, its clinical pathophysiology, effect of this condition on the life of elderly and homoeopathic treatment. By understanding the unique challenges faced in this context, we can improve diagnostic accuracy, develop effective management strategies, and provide appropriate support to patients and their caregivers.

INTRODUCTION:

Dementia is a syndrome characterized by a progressive decline in cognitive function, affecting memory, thinking, behaviour, and the ability to perform daily activities.

INCIDENCE OF DEMENTIA IN GERIATRIC PATIENTS IN INDIA:

Studies have shown a variable incidence of dementia across different regions of India. Prevalence rates range from 1.2% to 6.4% among individuals aged 60 years and above. The overall incidence is projected to increase significantly in the coming years due to factors such as increased life expectancy, urbanization, changing lifestyles, and improved healthcare leading to better survival rates of individuals with chronic diseases.

CLINICAL PATHOPHYSIOLOGY OF DEMENTIA IN GERIATRIC PATIENTS:

The pathophysiology of Senile dementia varies depending on the underlying cause, but there are several common mechanisms involved:

NEURODEGENERATION: Neurodegeneration refers to the progressive loss of neurons in specific regions of the brain. In many forms of dementia, such as **Alzheimer's disease (AD)**, **frontotemporal dementia (FTD)**, and **Lewy body dementia (LBD)**, neurodegeneration plays a central role. Abnormal accumulation of proteins, such as beta-amyloid plaques and tau tangles in AD, or alpha-synuclein in LBD, leads to the degeneration and death of neurons, particularly in areas associated with memory, cognition, and behaviour.

SYNAPTIC DYSFUNCTION: In dementia, synaptic dysfunction occurs, leading to impaired communication between neurons. Disruptions in the release, uptake, and signalling of neurotransmitters, such as acetylcholine and glutamate, contribute to synaptic dysfunction and cognitive decline.

INFLAMMATION: Chronic inflammation is believed to be involved in the pathophysiology of several types of dementia. In response to the accumulation of abnormal proteins or other triggers, immune cells in the brain release inflammatory substances, leading to a persistent inflammatory state. This chronic inflammation can contribute to neuronal damage and further progression of the disease.

OXIDATIVE STRESS: Oxidative stress occurs when there is an imbalance between the production of reactive oxygen species (ROS) and the ability of the body's antioxidant defences to neutralize them. It damages neurons and other cells, impairing their function and accelerating neurodegeneration.

VASCULAR CHANGES: VASCULAR DEMENTIA (VAD) occurs due to impaired blood flow to the brain, leading to damage in specific brain regions. Vascular changes, such as small vessel disease, arteriosclerosis, and micro infarctions, can disrupt the blood supply and oxygen delivery to brain tissue, resulting in cognitive impairment.

GENETIC FACTORS: In some cases of dementia, genetic mutations or variations can play a role. For example, specific gene mutations, such as those in the APP, PSEN1, and PSEN2 genes in AD, can increase the production of beta-amyloid or alter its clearance, contributing to the development of the disease. Genetic factors can influence an individual's susceptibility to developing dementia and the age of onset.

KEY EFFECTS OF DEMENTIA ON THE LIVES OF OLDER PEOPLE:

- **Cognitive Decline:** Dementia primarily affects cognitive functions, leading to memory loss, confusion, difficulty with language and communication, impaired judgment, and problems with decision-making. These cognitive impairments significantly affect daily activities and independence.
- **Emotional and Behavioural Changes:** Individuals may experience mood swings, depression, anxiety, irritability, agitation, and apathy. These changes can strain relationships with family members, caregivers, and friends.
- **Loss of Independence:** As dementia progresses, individuals may struggle to perform routine tasks independently. They may need assistance with personal care, household chores, managing finances, and medication management. This loss of independence can be emotionally challenging and frustrating for both the individual and their caregivers.
- **Social Isolation:** Dementia can lead to social withdrawal and isolation. The cognitive and behavioural changes may make it difficult for individuals to engage in social activities, maintain relationships, and participate in community events. This isolation can contribute to feelings of loneliness, depression, and a decreased quality of life.
- **Increased Healthcare Needs:** Dementia often coexists with other medical conditions, leading to increased healthcare needs. Individuals may require frequent medical appointments, specialized care, and assistance with medication management.

- **Safety Concerns:** It can affect judgment, spatial awareness, and the ability to recognize and avoid potential hazards. This puts individuals at a higher risk of accidents, falls, wandering, and getting lost. Safety measures, such as home modifications, supervision, and caregiver vigilance, are necessary to minimize these risks.
- **Financial Implications:** It can have significant financial implications for individuals and their families. The costs of medical care, medications, caregiving services, and potential residential care can be substantial. Additionally, individuals with dementia may experience financial mismanagement, making them vulnerable to exploitation and financial abuse.
- **Loss of Identity and Autonomy:** It gradually erodes a person's sense of self and identity. Individuals may struggle to recognize themselves, remember important life events, and maintain their hobbies and interests. The loss of autonomy and personal identity can be distressing and challenging to cope with.
- **Impact on Family Dynamics:** Roles within the family may shift, and relationships may undergo significant changes. Family members may experience stress, grief, and the emotional strain of witnessing their loved one's cognitive decline. Creating a supportive environment, promoting social engagement, and accessing resources and services can help improve the overall well-being and quality of life for older individuals affected by dementia

COMMONLY USED HOMEOPATHIC REMEDIES IN DEMENTIA CASES:

Best Medicine is the one that is selected after individualization through thorough case taking but here are some of the prominent medicines for dementia:

- **Aurum Metallicum:** Senile Dementia with depression. It is considered when there is marked depression, anxiety, and a sense of hopelessness in dementia patients. Useful for individuals who have a strong sense of duty and responsibility but feel overwhelmed or experience deep sadness. Melancholic with weeping tendency and thoughts of suicide. He desires to remain alone. Weak memory or loss of memory, absence of mind, forgetfulness..
- **Baryta Carbonica:** Senile Dementia, especially in Alzheimer's disease, with marked forgetfulness and difficult communication. Dementia with a gradual decline in cognitive function, memory loss, and difficulty concentrating. The person forgets even the most familiar words while speaking. He also forgets what has just been said by him. Useful for individuals who are shy, dependent, and have a childlike behaviour.
- **Anacardium Orientale:** Senile Dementia with nervous-related dyspepsia and reduced sense of smell, vision and hearing. Marked loss of memory, lack of confidence, and a feeling of being controlled by others. Brain Fog. Individuals exhibit a dual personality or inner conflict and have a tendency to be irritable or malicious. Tendency to use foul, violent language.
- **Lycopodium Clavatum:** There is progressive memory loss, confusion, and anxiety in dementia patients. Dyslexia. Weakness of memory after influenza. Suitable for individuals who exhibit a fear of being alone, have digestive complaints, and show a preference for warm food and drinks.
- **Phosphoric Acid:** Considered for individuals experiencing profound mental and physical weakness, apathy, and indifference. Helpful when there is an emotional response to grief or loss, and the person appears exhausted or emotionally drained.
- **Agaricus Muscarius:** Senile Dementia with Schizophrenia and other mental illnesses. Confusion, forgetfulness, and trembling. Suitable for individuals who exhibit twitching or jerking movements, have difficulty with coordination, and experience numbness or tingling sensations.
- **Cannabis Indica:** Very absent-minded, forgetful, cannot finish a sentence. Sudden loss of speech, begins a sentence but cannot finish it. He or she forgets the words in between a conversation and does not remember what he or she is about to say. Difficulty in communicating. Sudden loss of memory. Exaltation of spirits. Constantly theorizing. Lost in thoughts. Time seems too long, seconds seem ages. A few miles an immense distance. Hallucinations and imaginations.
- **Ashwagandha:** Lewy body Dementia, Alzheimer's disease (AD), frontotemporal dementia (FTD). Ashwagandha mother tincture has antioxidant properties, which help in slowing down the aging process and restore the weakened conditions that are resulted from old age.
- **Bacopa Monnieri:** A specific remedy for dementia. It is mostly used a tonic for absent-mindedness and short of memory. Sharpens dull memory.

- **Ginkgo Biloba:** Vascular Dementia. Mother tincture is effective for memory loss, especially in old people. It increases the circulation of blood to head.



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“OSTEOPOROSIS & HOMOEOPATHY”

BY PARTH & NIDHI

Abstract:

Osteoporosis is a bone disease that develops when bone mineral density and bone mass decreases, or when the structure and strength of bone changes. This can lead to a decrease in bone strength that can increase the risk of fractures. And also produce Receding Gums, Brittle Fingernails, Easy Fractures, Back and Neck Pain, Curved or Stooped Spine.

Key words:

Osteoporosis, Bone Disorder, Bone Disease, Bone Mineral Density (BMD), Breakdown Bone

Introduction:

Osteoporosis comes from "osteo" meaning bone and the Greek word por (passage) simply it means porous bone.

Osteoporosis develops when more bone is broken down than replaced. The inside of a bone looks something like a honeycomb. When someone has osteoporosis, the bone, which forms the “walls” of the honeycomb, get smaller, and the spaces between the bone grow larger. The outer shell of the bone also gets thinner.

Aetiology:

- Lack of Physical stress due to inactivity
- Malnutrition – Sufficient bone matrix is not formed
- Lack of Vitamin C
- Post-menopausal
Due to Lack of Oestrogen- Responsible for decreasing number & activity of osteoblasts.
- Old Age
- Cushing Syndrome
Due to Increase Glucocorticoids and Increase Protein Catabolism
- Increase Hyperparathyroidism
Due to Increase Parathyroid Hormone

Risk Factors:

- Increasing Age
- Fragility Fracture after age of 40
- Prolonged use of Glucocorticoids
- Parental Hip Fracture
- Current Smoking

- High Alcohol Intake (>3units/day)
- Low Body Weight and BMI
- Rheumatoid Arthritis

Types of Osteoporosis:

Osteoporosis is conventionally classified Into 2 major groups:

Primary

Secondary

1. **Primary Osteoporosis:**

Primary osteoporosis results primarily from osteopenia without an underlying disease or medication.

The exact mechanism of primary osteoporosis is not known but there is a suggestion that it is the result of an excessive osteoclastic resorption and slow bone formation.

Primary Osteoporosis is further subdivided into 2 types:

Idiopathic type found in the young and juveniles and is less frequent.

Involutional type seen in postmenopausal women and ageing Individuals and is more common.

2. **Secondary Osteoporosis:**

Secondary osteoporosis is attributed to a number of factors and conditions (like immobilisation, chronic anaemia, acromegaly, hepatic disease, hyperparathyroidism, hypogonadism, thyrotoxicosis and starvation), or as an effect of medication (like hypercortisonism, administration of anticonvulsant drugs and large dose of heparin).

- **Histologically, osteoporosis may be active or inactive type:**

Active osteoporosis is characterised by increased bone Resorption and formation. There is an increase in the number of osteoclasts with increased resorptive surface as well as increased quantity of osteoid with increased osteoblastic surfaces.

Inactive osteoporosis has the features of minimal bone Formation and reduced resorptive activity i.e. reduced Turnover. Histological changes of inactive osteoporosis Include decreased number of osteoclasts with decreased Resorptive surfaces, and normal or reduced amount of Osteoid with decreased osteoblastic surface. The width of Osteoid seams is usually reduced or may be normal.

What is Bone density?

Bone density values in individuals can be expressed in relation to a reference population in standard deviation (SD); when compared to the young healthy population, this measurement is referred to as the T-score.

Osteoporosis: T-Score 2.5 SD or more below is called osteoporosis.

Severe osteoporosis: T-Score 2.5 SD or more below in the presence of one or more fragility fractures.

Osteopenia: T-score less than -1 but above -2.5

Normal: T-score >-1.

Clinical Features:

- Osteoporosis itself has no symptoms but increased risk of bone fractures.
- Backache is most common symptom of Osteoporosis.
- Pain in various part of the body, mostly over Skeleton & Hip joint
- Easily limb Fracture after fall
- Vertebrae Fracture after lifting heavy weight
- Kyphosis
- Thoracic cage shrunken
- Stooped posture

Management:

- Exercise and Healthy weight
- Adequate calcium and vitamin D
- Smoking Cessation
- Calcium and vitamin D supplements
- Selective oestrogen
- PTH (Teriparatide)

Treatment:

- Regular check up of the BMD (Bone Mineral Density) after 50-55 years or menopause in women
- Good nutrition diet to control bone loss
- Hormone replacement therapy (HRT) in post menopausal women
- Calcitonin secreted by thyroid gland- Improves bone mass and preventing Fracture
- Raloxifene used to prevent osteoporosis

Home Remedies for Osteoporosis:

- Eat foods that support bone health. Get enough calcium, vitamin D, and protein each day.
- Get active. Choose weight-bearing exercise, such as strength training, walking, hiking, jogging, Sports and dancing.
- Don't smoke.
- Limit alcohol consumption.

Homoeopathic Management:

1. Symphytum Officinal

This remedy typically acts on the joints. It helps treat treating the affected periosteum and tendons and neuralgia of the knee. Swelling, inflammation and redness of the upper jaw bone. Soreness and pricking pain in the periosteum. Deep wounds that penetrate bones. Non-union fractures. Presence of a sensitive bone at the site of fracture

2. Calcarea Phosphorica

Calcarea phosphorica is beneficial for children who are irritable and have a weak digestive system and cold hands and feet. It helps treat chronic wasting diseases, non-union type of fractures and bone diseases. Conditions of the bone symphysis – places where the bones form a suture; such symptoms worsen with change in weather. Stiffness in the back, neck and limbs

Pain in bones and joints of arms and legs. Soreness in the sacroiliac symphysis (joint between the sacrum or the part of the vertebral column right above the tail bone and pelvis); the joint feels as if it is broken.

3. Silicea

Silicea terra is given to people who are highly sensitive to cold weather. They need to wear plenty of warm clothing, as they feel chilly and have cold feet and hands. This medicine is especially effective in diseases affecting the bone. Knee pain. A sensation as if there is no strength in legs. Cramps in soles and pain underneath the toes; pain in feet while walking. Extreme weakness in the forearm so the patient is not able to use it. Sciatic pain in feet, hips and legs. Symptoms become worse in the morning, on lying down on the left side, during periods in women and during the new moon. They become better in summers, in humid weather, and with warmth.

4. Calcarea carbonica

Calcarea carbonica works well in fat people who tend to sweat in cold weather. It can help treat osteoporosis by stimulating the periosteum. Weakness in arms and legs. Rheumatoid pains, especially in rainy weather. Swelling in joints, particularly the knee joint. Imbalanced nutritional status. Muscle tears. Sprains. Symptoms aggravate in cold and rainy weather, after physical or mental exertion, while standing and during the full moon. They become better on lying down on the painful side and in dry weather.

5. Ruta Graveolens

Rue-bitterwort works well for people who feel exhausted, weak and depressed. It acts on bones, cartilages and periosteum and is hence very quite useful for the treatment of osteoporosis. Bone bruises. Body pain. Sprains. A bruised feeling in limbs and spine. Stiffness and pain in the hands, feet, ankles and wrists. Pain in thighs after stretching the limbs. Soreness in tendons. Weakness in thighs and hips after getting up from a chair. Aching pain in the Achilles tendon (tendon at the back of the leg). Pain arising due to sciatica, especially while lying down at night-time. Extreme restlessness.

Complaints after straining the flexor tendons (these connect the bones of thumb and fingers to the muscles of arm). Symptoms become worse in cold and rainy weather and on lying down.

Conclusion:

The prevention of osteoporosis should begin early and continue all the way through life with measures that improve bone health including regular physical activity and a balanced diet, considering not only an adequate intake of calcium but also of other minerals, proteins, and food rich in antioxidants. Smoking and alcohol abuse should be avoided. In older persons, who are particularly at risk of fragility fractures, the prevention of falls and the maintenance of an adequate vitamin D status are essential. Assessment of Fracture lowered by proved effective non pharmacological and pharmacological management strategies should always be implemented.

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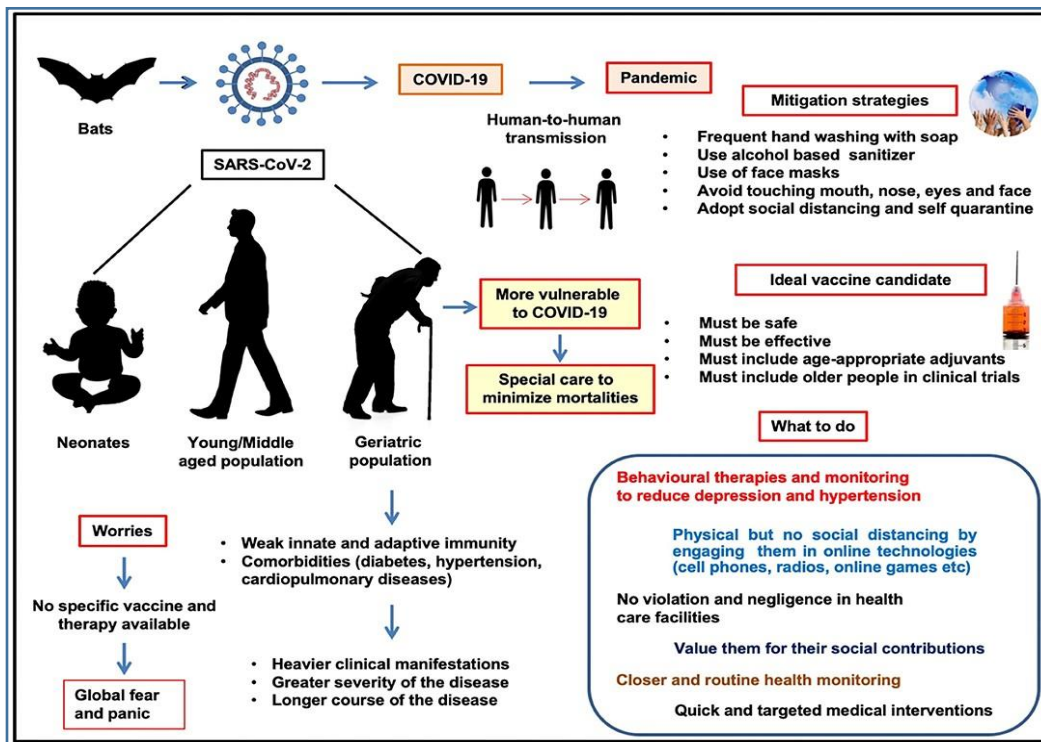
“GERIATRIC POPULATION DURING THE COVID-19 PANDEMIC: PROBLEMS, CONSIDERATIONS, EXIGENCIES, AND BEYOND”

BY DR. BHAKTI PATHAK

The CORONAVIRUS DISEASE 2019 (COVID-19) pandemic wreaked havoc worldwide, with more than 20 million confirmed cases and nearly 0.75 million deaths as of 10th August 2020. Various factors determine the severity and symptoms of this infection. Older age and underlying diseases are the challenges being faced in controlling and treating COVID-19. In 2019, 703 million of the global population was older than 65 years of age.

The estimated mortality due to COVID-19 in people older than 76 years of age is reportedly 18%. Frequent infections in older people, higher disease severity, and increased mortality are major challenges in the implementation of appropriate preventive measures and future strategies to protect against this disease in geriatric population. Poor health status, weak immune function, lowered organ function, increased probability of multiple underlying diseases, and poor attention to personal health can increase the susceptibility to various diseases in the geriatric population.

Concerning inadequate immunity, the decrease expression of receptors and exaggerated pathophysiologic responses can be debilitating.



COVID-19 and Geriatric Population: Global Problem

The elderly, especially those with underlying diseases, are more susceptible for COVID-19. Initial studies of COVID-19 revealed more cases in people 49–55 years of age. Subsequent studies involving more people demonstrated that the prevalence of the disease was higher in individuals ≥ 60 years of age than in younger individuals. In developed countries with a very high elderly population, mortality due to COVID-19 was reportedly 83.7% for those >70 years and 16.2% in people younger than 69 years. Underlying diseases were noted in 32–51% cases. A study also found that SARS-CoV-2 infection is more often associated with detrimental effects in the geriatric population than in younger age groups. A retrospective study of 85 patients who had died of SARS-CoV-2 infection in Wuhan reported a median age of the patients was 65.8 years. Most of the patients died due to the multiple organ failure. Clinical manifestations were reportedly more severe and the disease course was more prolonged in the elderly, which required closer monitoring and more medical interventions.

Geriatric Risk Factors for COVID-19

The geriatric population faces special risks for COVID-19. Predisposition and severe outcomes enhance the risks for elderly people. Older age and underlying diseases have been noted as the main factors for vulnerability to COVID-19. Presumably a consequence of advancing age is an inevitable worsening of health related to vital organs. Furthermore, an age-related diminishing physiological functions of multiple organs include the respiratory system and the resulting impaired mucociliary clearance of foreign particles or micro-organisms, is expected. Aging alters pulmonary physiology, pathology, and function during lung infections, which affects responsiveness and tolerance in older patients. Angiotensin converting enzyme (ACE) 2 expressed on myocytes, renal endothelial cells, and epithelial lung cells acts as a receptor for SARS-CoV-2. Old age has also been associated with weakened physiological functioning of various vital organs and innate/adaptive immune defense. Furthermore, in association with underlying chronic diseases, acquisition of infections is more likely.

Other risk factors include poor nutrition, dementia, dehydration, and various clinical complications, especially in frail and bedridden patients. A lack of a timely diagnosis and therapeutic and preventive measures increases the risk of a severe infection.

In addition to compromised organ function and immunity in the elderly, pathophysiological susceptibility also increases their vulnerability, attack rate, and infectivity by SARS-CoV-2. The pneumonia severity index (PSI) score is higher in the elderly than that in the young and middle-aged individuals. In one study, the proportion of patients with PSI grade IV and V was significantly greater in the elderly group than that found in the young and middle-aged groups. In addition, secondary complications due to general care and management also need to be addressed in the elderly. These complications include venous thromboembolism, catheter-related bloodstream infection, pressure ulcers, falls, and delirium.

Clinical Manifestation of COVID-19 in Geriatric Population

Coughing is reported in 60–80% of COVID-19 patients. Other respiratory symptoms include like dyspnoea, sore throat, and rhinorrhoea. Clinical manifestations have included anorexia, myalgia, asthenia, headache, anosmia, diarrhoea, and cardiovascular complications. The most common symptom of infection is fever. However, elderly patients frequently have a low intensity fever or no fever, even in severe cases. In one study, 77.7% of 18 COVID-19 patients >60 years of age manifested fever. The finding suggests that SARS-CoV-2 infection is not necessarily accompanied by fever. Among clinical presentations of COVID-19, presence can differ between elderly and young/middle-aged individuals.

SARS-CoV-2 infection reportedly involves elderly men more often than elderly women; however, infection in elderly patients is also reported in Middle East respiratory syndrome (MERS)-CoV. Age-specific detailed analysis of COVID-19 symptoms has not been performed. However, the possibility of non-specific and atypical clinical symptoms in elderly patients is highly expected, as is the case in other diseases. Moreover, higher frequency of severe disease and mortality is expected along with need for intensive care unit (ICU) hospitalization in elderly patients. The most frequent laboratory hematological finding in critically ill COVID-19 patients is severe lymphocytopenia (<800 cells/ μ L). This seems to be more pronounced in older patients.

Compared to the people <60 years of age, those who are >60 years of age display higher levels of blood urea nitrogen, lactate dehydrogenase activity, and inflammatory indicators. The greater involvement of pulmonary lobes in bilateral lesions and more frequent bacterial co-infection have been reported. C-reactive protein (CRP) was found to be significantly higher and lymphocyte proportion significantly lower in elderly individuals compared to the CRP and lymphocyte proportion in younger and middle age individuals.

COVID-19 Mortality in Geriatric Population

From what is known, a high death toll among the global geriatric population due to SARS-CoV-2 can be expected. The severe impact of the COVID-19 pandemic is more frequently documented in developed countries with a higher life-expectancy, such as Italy. A 7.2% overall case-fatality rate was reported in Italy, which was significantly greater than the rate of 2.3% in China. Older COVID-19 patients with dementia may exhibit mild and atypical symptoms, including diarrhea or drowsiness. However, such old and frail patients have fewer chances to survive the COVID-19 infection.

Adequate and appropriate supportive measures, and clinical care may improve their survival rate, even without the use of targeted therapies. Moreover, few COVID-19 patients may die due to worsening of the underlying comorbid health conditions during the infection, rather than by the infection itself. In this context, poor nutrition, dementia, dehydration, and other clinical complications are common in frail and bedridden patients, even with mild infective diseases, and well-established risk factors are responsible for worsening health and death, if adequate supportive measures are not provided in time.

Immune dysfunction and severity of inflammation are other reasons for increased mortality in COVID-19 patients.

COVID-19 Prevention and Control Measures in Geriatric Population

The recommended measures to prevent the spread of this deadly virus include a regular use of personal protective equipment (PPE), physical distancing, and self-isolation. Social distancing emphasizes reducing the number of cases and preventing community spread. However, this social disconnection has led to an enhanced development of mental deterioration, depression, and suicidal attempts in the geriatric population. Self-quarantine during this critical phase of COVID-19 outbreak is specifically oriented toward “social distancing, not social isolation.”

Hand hygiene and respiratory etiquette are also essential recommendations for older people. Disinfection of the surroundings in which geriatric people are living should be frequently carried out to prevent contamination of surfaces and reduce chances of infection. Healthcare workers, family members, and caregivers of older people should actively implement these basic protocols to prevent the COVID-19 infection among the older population.

Issues with vaccination in older people (who will be the main target of vaccination) include their weaker immune system, which can compromise the recognition and response to novel viruses. In addition, amplifying the strength of vaccine may have side-effects in older people and weaker vaccines may require regular boosters/doses. Hence, when vaccines are developed, they will need to be effective for older people. Some trials have focused on enrolling older adults for vaccine trials, taking into account the weaker immune system in these individuals.

Special Attention, Welfare, and Motivational Activities during the COVID-19 Pandemic

The incidences of physical violence, discrimination in terms of maltreatment and health care facilities have increased during this global pandemic. However, the pivotal role played by the elderly in retired scientific communities, health workers, and others during this pandemic in terms of sharing their past experiences and providing moral support to those worried about COVID-19 and to their family members cannot be ignored. Geriatrics witnessed World War-2.

Geriatrics must be acknowledged and honoured for their contributions toward society in their functional life by assisting them to maintain social relationships along with desirable social distancing.

The extensive period of lockdown in nations has made it difficult for some elderly people to obtain food, especially those living alone or those who do not have family members nearby. It is important for citizens, civic bodies, non-governmental organizations, as well as industry leaders to come together and help them in this vulnerable time.

Mental health is also one of the important cornerstones of public health for the elderly. There is a need for regular telephone counselling sessions, contact with family members, provision of relevant and updated information on the pandemic, continued supply of general medications, meeting psychological needs, and instilling a sense of respect and dignity to maintain the health mental status among the elderly. The COVID-19 pandemic has revealed the need for a new era of care for older people, including the use of communication technology, more home-based care, and novel approaches to enhance the resilience of the

elderly to stress and depression. This resilience will build stronger elderly communities with better physical and mental health.

Future Prospects

- Prevention measures need to focus on special requirements of health, nutrition, psychological, and mental well-being of the geriatric population.
- Physical isolation, rather than social distancing, along with proper hand and respiratory hygiene need to be supported by providing personnel protective equipment, environmental disinfection, and a nutritious diet.
- Regular behavioral therapy via online motivation and monitoring for older people who are not well-versed with online technologies may reduce depression and mental stress in the geriatric population, and increase their survival.
- A multidimensional age-friendly approach will certainly minimize physical and physiological stress, and help diminish the toll of the pandemic.
- Regular monitoring and caring of elderly people will be beneficial in easing COVID-19 related worries, and will facilitate better management of the pandemic.
- Therapeutics and vaccines must be designed with the elderly in mind to avoid a heavy death toll.

Ignorance and insufficient healthcare monitoring and services to the geriatric population may lead to increased mortality. Therefore, health agencies worldwide must pay attention to the geriatric population and issue guidelines specific for this age group.

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“HOMEOPATHY – SCIENCE FOR OLD AGE”

BY DR. PREETI JHA

With age, our metabolism slows down and our bodies go through many detrimental and degrading changes. When we employ standard remedies to cure old-age illnesses, seniors benefit from homeopathy because they require precise and gentle remedies.

Homeopathy meets all the criteria for posing as an optimal health service for elderly care. Homeopathy also has a far cheaper cost than all other healthcare systems. This could be a huge aid to the aged living on a fixed income. Homeopathy has the potential to better tackle a prominent healthcare challenge in our nation. Some research suggests when people are treated homoeopathically for common infections, their immune systems are stronger, and infections are less likely to recur.

Homeopathic medication can avoid needless surgeries and if surgery is necessary then it will reduce post-operative stress, speed healing and regeneration in even the most difficult surgical cases. Homeopathy treats mental illnesses such as dementia, depression and Alzheimer’s, which are more prevalent in seniors.

Homeopathy Benefits - Recent research with a sample of 3981 elderly people treated by homeopathic practitioners in primary care settings in Germany and Switzerland revealed that the extent of their symptoms regularly improved following homeopathic remedies and that these gains were sustained over 24 months. For long-term treatment of seniors with persisting conditions, homeopathic medical therapy is found advantageous.

Several old-age health conditions, the commonly observed ones are -

1. **Prostate gland problems-** The prostate gland is the reproductive organ in the male body. This small walnut-sized organ is present at the base of the bladder. Through the urethra, urine flows from the bladder. When the prostate gland becomes enlarged, it obstructs urinal flow through the urethra. As the urethra constricts, the bladder starts to contract forcefully so you get an urge to urinate frequently. Symptoms of an **enlarged prostate** may include- slow or weak urinary stream, **frequent urination**, an urgency to urinate especially at night.
2. **Joint problem-** Musculoskeletal or degenerative disorders can lead to wear-and-tear of bone cartilages. Such a condition over time can cause **joint inflammation** or other orthopaedic disorders like **arthritis**, gout, **osteoporosis**, etc.
3. **Urinary incontinence-** Refers to uncontrollable leakage of urine. This condition is more common in women than in men. Overactive or weak bladder muscles, nerve damage, **pregnancy**, **menopause** are some of the factors responsible for urinary incontinence in females.
4. **Sciatica-** This condition occurs when the sciatic nerves are strained by bone spurs on the vertebrae or a herniated disk in the spine. It is characterized by constant sharp **pain** in the lower back along the sciatic nerve. You may feel the pain on one side of your leg or **hip**.

5. Old Age Weakness

HOMEOPATHIC MEDICINE FOR OLD AGE WEAKNESS

Homeopathic treatment depends on the symptoms and severity of the condition. Owing to its safety and efficacy, some homeopathy medicine for old age problems are **Arnica**, **Nux Vomica**, etc. are a preferred choice of treatment. **Aurum Metallicum**: It is indicated in severe depression in old age. The symptom includes no joy in living and a sense of weariness in every activity. The person remains absorbed in his own self and has a brooding nature.

- **Arsenicum Album**: The medicine is useful in sleeplessness or insomnia, coupled with anxiety, restlessness and weakness. In a typical case, a person tosses and turns from side to side while in bed, is fidgety when awake, anxiously moves around a lot, finally gets exhausted, and goes back to bed.
- **Baryta Carbonica**: This one is especially useful for premature ageing that has occurred due to prolonged mental-physical strain. Its symptoms include a confused mind and lack of clarity in thought process. It also helps in improving memory.
- **Conium Maculatum**: Its chief symptom is a tired mind. Patient is unable to apply his mental power to any work and has an attitude of complete indifference. These complaints are more prominent in persons who have suffered grief.
- **Calcarea Phosphate**: It is useful in defective nutrition in old age. In such cases, calcium does not get absorbed leading to a low-bone density, which shrinks the bones and makes them fragile. A dosage of Calcarea Phosphate 6X, 4 tablets, thrice daily helps the body absorb calcium and prevent osteoporosis. This medicine is also useful in curing arthritis of the knees, especially the left knee.
- **Calcarea Carbon**: It is particularly indicated in fat, flabby and anaemic old people who are unable to endure any exertion. They feel difficulty in breathing and tend to avoid activity due to a weak heart. Shock, bad news or any mental excitement causes them dizziness or confusion of mind.
- **Lycopodium**: It is very useful for flatulence; when abdomen is distended like a drum and breathing seems difficult. In this case, after consuming a few mouthfuls of food the person feels bloated as gas builds up, such that she/he cannot eat anymore. Such a person is always belching.
- **Nux Vomica**: It is indicated in sensitive old people who are over drugged by multiple allopathic medicines and have a weak digestion. They are extremely sensitive regarding their food intake and remain extremely irritable and cranky.
- **Plumbum Metallicum**: Constipation is a common problem in old age. With slowness of mind and movements, digestion also becomes weak. It is helpful when passing stool becomes a difficult and painful task. In such cases, no matter how much a person strains, she/he cannot expel the stool, which becomes hard and ball-like and causes pain in the anus.
- **Sabal Serrulata**: It has been used with benefit in benign prostate hypertrophy (enlargement of prostate). The initial symptoms include gradual increase in frequency of urination and a dull ache in the prostate region. In this case a liquid dose of 8-10 drops in half a glass of water can be taken three times a day for 2-3 months.

Homeopathic drugs are non-addictive and gentle without any adverse effects. They not only help reduce symptoms of old-age problems but also help you regain overall health. Once you recover from the disease, you will continue to experience a long-lasting positive effect on your health. These natural remedies rejuvenate your body naturally. Self-medication can be harmful. Take homeopathic medication under the guidance of a good qualified homeopathic physician only as they are aware of pathological and physiological changes of your body and adjust doses and treatment accordingly.

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“ROLE OF HOMOEOPATHY IN PARKINSON’S DISEASE”

BY DARSHIKA NIKAM

ABSTRACT:

PARKINSON’S DISEASE is second most Common neurodegenerative disorder, affecting about 10 million People worldwide and typically presenting around Age 60. The last 10 – 15 years progress in identification, evaluation and management of PARKINSON’S DISEASE particular in advanced stages. A disorder of the central nervous system that affects movement, often including tremors. Nerve cell damage in the brain cause dopamine levels to drop, leading to the symptoms of Parkinson’s.

KEY WORDS:

Parkinsonism, Paralysis agitans, shaking palsy

WHAT IS PARKINSON’S DISEASE?

Parkinson’s disease is slowly progressive degenerative Disease of nervous system associated with destruction of brain cells which produced dopamine. It is named after discovered James Parkinson. Great boxer Mohammed Ali is affected by Parkinsonism because of repeated blows he might have received on head resulting in damage of brain cells that produce dopamine.

Parkinson’s disease Means:

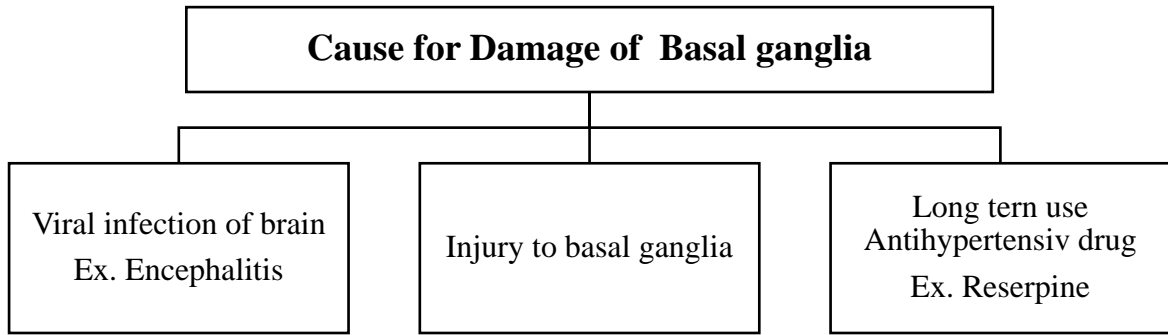
A brain disorder that causes uncontrollable movement, such as shaking, stiffness and difficulty with balance and co-ordination.

EPIDEMIOLOGY:

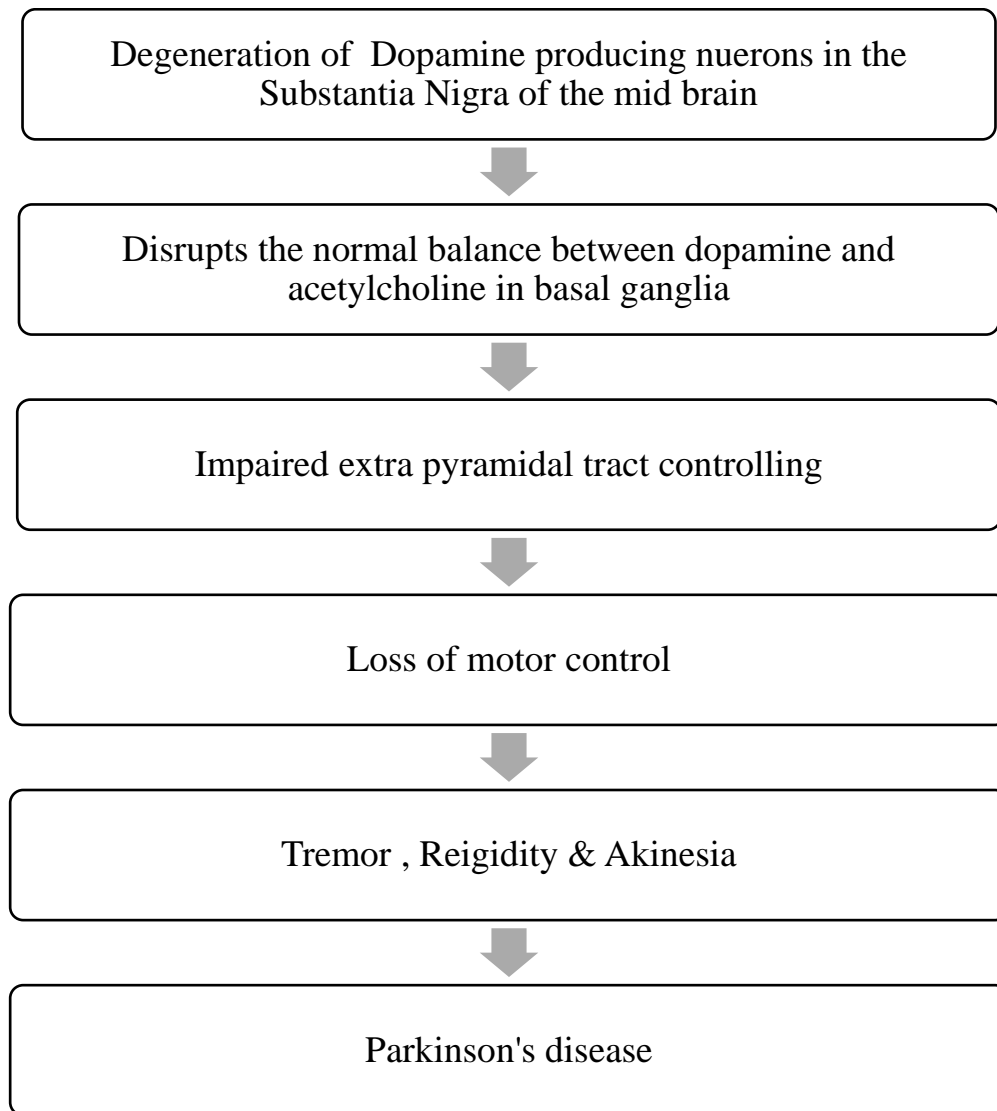
More than 10 million people worldwide are living with Parkinson’s disease. In India nearly 0.58 million people living with Parkinson’s disease. Men are 1.5 times more likely to have Parkinson’s disease in women. This disorder mostly seen above 50 years.

ETIOLOGY:

Parkinson’s disease due to lack of dopamine caused by damage of basal ganglia. Mostly due to destruction of Substantia Nigra and the Nigrostriatal pathway.

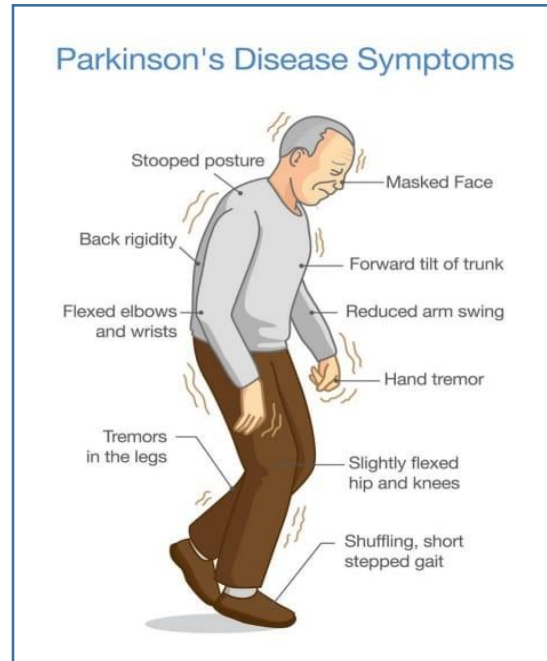


PATHOPHYSIOLOGY:



CLINICAL FEATURES:

- 1) **Tremor:** Occurs in hands and legs can be postural. Static / resting tremor called drum beating tremor.
- 2) **Muscular:** Stiff muscles, difficulty standing / walking / bodily movements and involuntary movements. Muscle Rigidity.
- 3) **Sleep:** Early awakening, Restless Sleep or disturbances in sleep.
- 4) **Speech:** Difficulty speaking, soft speech, voice box spasms.
- 5) **Emotional changes:** Anxiety, difficulty in thinking /understandings.
- 6) **Urinary:** Dribbling of urine.
- 7) **Facial:** Jaw stiffness, reduced Facial expression.
- 8) **Changing gait:** Patient loses the normal gait and walk quickly in short Steps forward as if he is going to catch up the centers of gravity. In Parkinson's disease gait called "Festinant gait".



Laboratory Investigation:

There is not a Specific test to diagnose Parkinson's disease. Only Diagnose by neurological and physical examination.

- CT scan
- MRI
- X-ray

Management:

- Yoga , running
- Levadopa therapy
- Temporarily replace dopamine brain chemical
- regular aerobic exercise

Homeopathic Therapeutics:

1. Gelsemium

Gelsemium has a very good effect on Nervous disorders. Patient's experience shaking of hands, legs or tongue and shaking is accompanied by weakness and becomes worse by mental excitement. Patient always feels tired, drowsy and dull. Also useful in case when Patients having slurred speech.

2. Zincum metallicum

The Patient experiences constant movement of feel lameness, weakness, trembling and twitching of Various muscles. Incessant and violent fidgety feeling in feet. Lightning-like pain in locomotor ataxia.

3. Agaricus muscarius

Jerking, twitching, trembling and itching with stiffness of extremities and unsteady gait. Stiff all movers trembling neuralgia in locomotor ataxia. Paralysis Lower limbs with spasmodic condition of arms.

4. Conium

Extremities are heavy, weak tired. Muscular weakness of lower extremities. Symptoms worse by lying down, turning or rising in bed. Can walk straight and steadily with eyes closed, but stagger become giddy when walking with open eyes.

5. Rhus toxicodendron

Tremors start with pain. Tingling Sensation in tips fingers Lameness, stiffness and pain on first moving after rest or getting up in morning. Relief by continued motion and by walking. Condition worse after mild night and in wet, Rainy weather.

6. Causticam

Disturbed functional activity of brain and spinal cord from severe mental shock resulting in paralysis. Stiffness of joints, tension and shortening of muscles. Numbness and loss of sensation in hands. Restless legs at night cannot walk without suffering.

CONCLUSION:

Parkinson's disease is also included in geriatric disorders because mostly in later stage Parkinson's disease is Chronic, progressive neurodegenerative disease characterized by motor and non motor features. Parkinson's disease include resting tremor cogwheel' Rigidity and bradykinesia.

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“UTILITY OF HOMOEOPATHY IN BRONCHIAL ASTHMA”

BY SANTOSH PANDYA

ABSTRACT:

Bronchial asthma is a serious global health problem. 5% to 10% of persons of all ages suffer from this chronic airway disorder. “Geriatric asthma” should be the preferred term because it implies the comprehensive and multidimensional approach to the disease in the older populations.

KEY WORDS:

Asthma, Health education, Respiratory function

WHAT IS BRONCHIAL ASTHMA?

Bronchial asthma is a chronic airway disorder which can affect people of all agegroups. According to the global initiative for asthma (GINA), asthma is defined as a chronic inflammatory disorder of airways which is associated with airway hyper – responsiveness. It leads to recurrent episodes of wheezing, breathlessness, chest tightness and coughing, particularly at night or early morning.

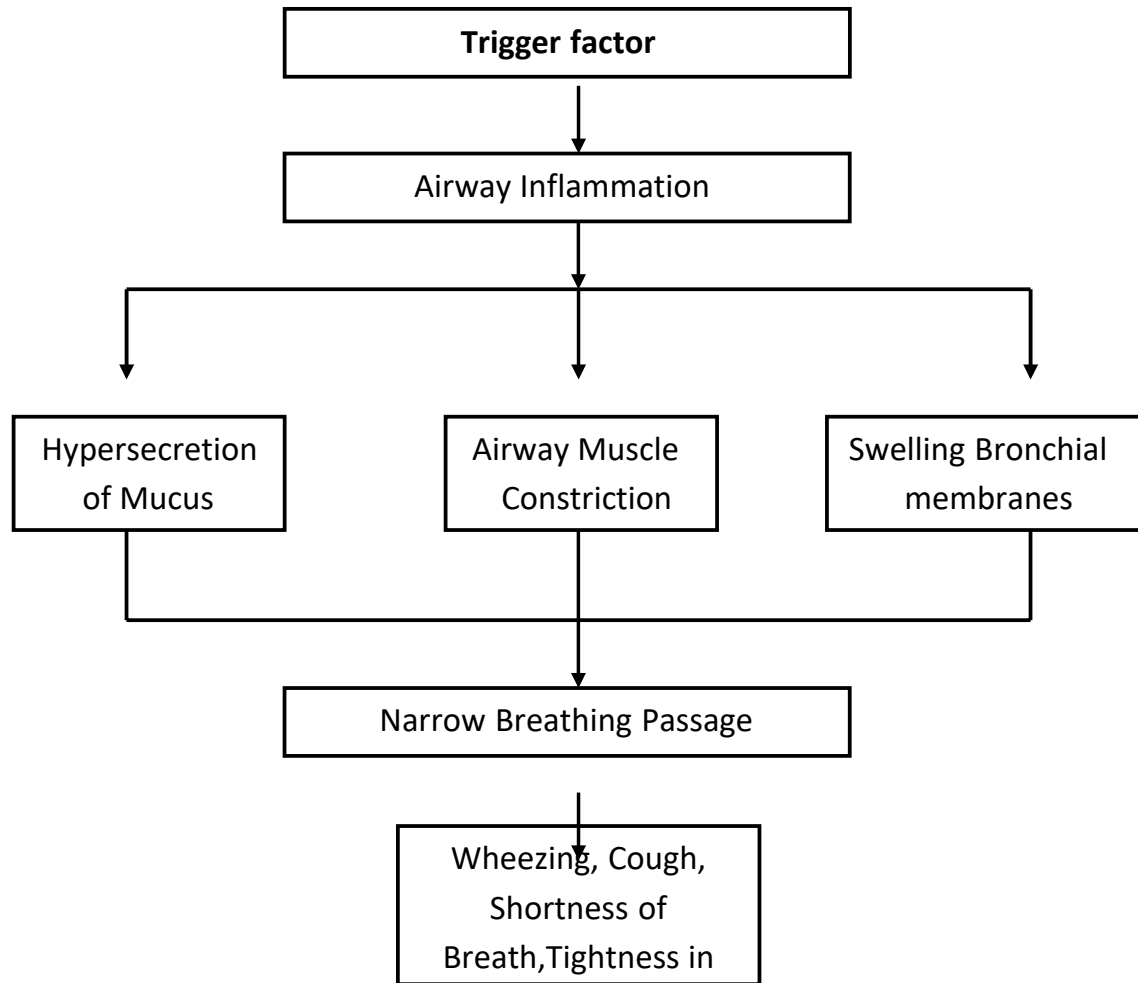
These episodes are usually associated with widespread but variable airflow obstruction within the lungs that is often reversible either spontaneously or with treatment. In asthmatic patients, airway inflammation usually persists even during asymptomatic periods.

Though symptoms and bronchospasm are intermittent, airway inflammation is persistent.

ETIOLOGICAL FACTORS:

- Genetic factors
- Allergens
- Cold dry environment
- Air pollution
- Cigarette smoking
- Infections
- Drugs
- Occupation

PATHOPHYSIOLOGY:



CLINICAL FEATURES:

- Breathlessness
- Wheezing
- Cough
- Chest tightness
- Thick mucous difficult to expectorate out
- Associated allergic conditions like urticaria, eczema etc.

LABORATORY INVESTIGATIONS:

- Blood examination
- Sputum examination
- Chest x-ray
- Spirometry

HOMOEOPATHIC THERAPEUTICS:

1. NATRUM SULPH-

Natrum Sulph is one of the most important natural homeopathic medicine for treating chronic asthma. This homeopathic remedy is often asked for treating asthma in children. It is very useful when asthma is hereditary. Often, asthma that gets aggravated in humid weather and dampness, requires this homeopathic medicine Natrum Sulph. Wheezing is very important symptom for Homeopathic remedy Natrum Sulph to be used.

2. ARSENIC ALB-

- Homeopathic Medicine Arsenic Album is one the best homeopathic remedy for all forms of asthma. It is beneficial both in the acute phase and the chronic state. It is often indicated when attacks are frequent during night (midnight and after), accompanied with great restlessness and fear of suffocation on lying down. This homeopathic medicine is deep-acting and is required for those patients who have asthma and are very sensitive to cold, having a personal or family history of tuberculosis.

3. KALI BICHROMICUM-

Homeopathic Remedy for asthma when attacks occur in after midnight (from 3am to 4am). Relief is obtained from sitting up and bending forward, and from the expectoration of stringy mucus. It is indicated for attacks that are liable to return in winter. It is also useful in bronchial asthmatic breathing.

4. BLATTA ORIENTALIS Q—

Blatta Orientalis is an excellent medicine for asthma. Blatta in acute cases acts better in lower potencies- mother tincture to 3x. But in chronic cases it acts better in higher potencies 200 to 1000. It is more suitable to fat persons. Patient get worse in the rainy weather. Cough with much pus like mucus. When improvement is noted, discontinue the medicine.

5. ANTIMONIUM TART-

Antimonium tart is prescribed when asthma occurs with rattling. There is rattling cough as if chest is full of loose mucous, but there is little expectoration of mucous. The cough is triggered by eating.

There is drowsiness and weakness. It is more suited to old people and young children. There is burning feeling in chest and in some cases, there is a sensation of something velvety inside the chest. This burning sensation ascend to the throat. The breathlessness is relieved by eructation. The cough is better by lying on right side.

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**“A CASE OF GERIATRIC HYPEWRTENSION SUCCESSFULLY TREATED WITH HOMOEOPATHY”
BY DR. RUSHABH SHAH**

PRELIMINARY DETAILS:

NAME: SKA
AGE: 55 Year
SEX: Female
EDUCATION: 7TH Pass
OCCUPATION: Housewife
STATUS: Married
RELIGION: Muslim
DIET: Veg/Eggs
FATHER: T- expired since 3 year
MOTHER: S-expired since 9 year
BROTHERS: 3
SISTERS: 3 (1-elder, 2-younger)
CHILDREN: SONS: 1- 27 year (married)
DAUGHTERS: 1-22 year
ADDRESS: Pipaliya, Vadodara

CHIEF COMPLAIN:

NO.	LOCATION	SENSATION & PATHALOGY	MODALITIES A.F, <, >	ACCOMPANIMENTS
1.	RECTUM ↓ ANUS O: since 6-7 month	Bleeding+2 Burning+ Pain+2 Hard stool	<+spicy food >+cold food <+2 during passing stool No aggravation or amelioration before and after passing stool	Not specific
2.	CVS ↓ O: since 3 year	Vertigo+3 (fall down sometimes) Black outs++ Sensation as if everything moves around her BP- 176/90 mm of Hg	<+3 stress >+3 lime water >+3 Allopathic treatment	

ASSOCIATED COMPLAINTS:

NO.	LOCATION	SENSATION & PATHALOGY	MODALITIES A.F, <, >	ACCOMPANIMENTS
1	MSS ↓ Left lumbar region O: since 8-9 month	Stretching type of pain+2 Numbness+3	A/F: H/O of falling down <+3 weight bearing <+2 during menses >+2 warm application >+2 rest <+2 physical exertion	Weakness++ Appetite-decrease
2.	GIT ↓ Stomach	Retrosternal burning+2 Spicy eructation++	<++ spicy food >++cold water >++Allopathic treatment	

A. PHYSICAL CHARATERISTIC:

- **APPEARANCE:** obese wheatish complexion
- **Weight-** 76 kg
- **PERSPIRATION:**
General-moderate; **Partial-**chest+2, back+2
Odour- no any; **Staining-** no
- **DIGESTION:**
 - ✓ **Thirst:** Normal
 - ✓ **Appetite:** Normal
 - ✓ **Craving:** spicy+2, milk+2, sweets+2
 - ✓ **Aversion:** non veg (meat+2, chicken++, fish++)
- **SLEEP:**
 - ✓ **Duration:** 7-8 hours
 - ✓ **Position:** not fixed
 - ✓ **Disturbed:** due to noise, thoughts, anxiety
- **DREAMS:** daily routine
- **MENSTUAL HISTORY:**
 - ✓ **F.M.P:** around 12-13 year
 - ✓ **Menses:** regular
 - ✓ **Cycle:** 28-30 days

- ✓ **Duration:** 7-8 days
- ✓ **Colour:** red
- ✓ **Clots:** no
- ✓ **Stains:** no
- ✓ **Odour:** no

Concomitant:-

B.M: - lower abdominal pain, back pain for 1-2 days

D.M: - lower abdominal pain

A.M:- weakness

▪ **PATIENT'S OBSTETRIC HISTORY:**

- ✓ **Pregnancies:** 3
- ✓ **Gravida:** 2
- ✓ **Para:** 2
- ✓ **Abortions:** 1-induced
- ✓ **Morning sickness-** NIL
- ✓ **Delivery:** both were full term normal delivery

B. REACTIONS - PHYSICAL FACTORS:

▪ **MOTION& POSITION:** Bus: nausea

▪ **METROLOGICAL:-** NIL

▪ **THERMAL:**

	Summer	Winter	Monsoon
Fan	5	5	5
Cover	-	Thin blanket	Thin blanket
Bath	Cold	Warm	warm

▪ **C2H2**

C. CHRONOLOGICAL SEQUENCE:

▪ **PAST HISTORY:** NIL

▪ **FAMILY HISTORY:**

- ✓ **FIL:** DM, HTN, Cancer (Expired)
- ✓ **MIL:** HTN
- ✓ **Father:** COPD (expired)
- ✓ **Mother:** MI (expired)
- ✓ **Husband:** HTN

▪ **PHYSICAL EXAMINATION:**

- ✓ **TEMP:** AF
- ✓ **PULSE:** 86/min
- ✓ **WEIGHT:** 76 kg

- ✓ **CONJUCTIVA:** pink
- ✓ **NAIL:** pink
- ✓ **TONGUE:** pink, moist
- ✓ **BP:** 176/90 mm of Hg

▪ **SYSTEMIC EXAMINATION:** CVS: NAD; RS: NAD; Per abdomen: soft

▪ **PROVISIONAL DIAGNOSIS:**

1. **Piles**

-pain in rectum, pain occur mostly while sitting, discomfort in anus; itchiness, swelling and bleeding.

2. **Lumbar Spondylosis**

-symptoms are lower back pain, leg pain, numbness when standing and walking. These symptoms improve in sitting and supine positioning.

3. **NUAPD**

-heartburn, acidity, eructations

4. **Essential hypertension**

▪ **TOTALITY:**

1. Grief+3
2. Sensitivity++ in small matter
3. Sentimental++
4. Anxiety about health++
5. Suppression of emotion++
6. Sympathetic++
7. Cool & calm++
8. Weeping when scolding+3
9. Perfectionist+
10. Fear: insects, animal
11. Cr: spicy+3, milk
12. Av: non veg++
13. Nausea< travelling
14. Hot person

▪ **REPERTORIAL REPERSENTATION:**

1. Mind-anxiety-health about
2. Mind-emotion-suppressed
3. Mind-fear-animals
4. Mind-fear-insects
5. Mind-grief
6. Mind-perfectionist
7. Mind-sensitive-everything to
8. Mind-sentimental
9. Mind-sympathetic

10. Mind-weeping-alone when
11. Stomach-nausea-riding carriage agg
12. Stomach-nausea-travelling
13. Generals-food & drink-animal food-aversion
14. Generals-food & drink-pungent-desire

▪ **REPERTORIAL RESULT:**

Nat mur-17/11	Puls-15/10
Lycos-14/10	Carc-13/10
Staph-14/9	Ign-15/8
Kali phos-11/8	Sep-13/7
Calc carb-11/7	Sulph-11/9

▪ **FINAL REMEDY: KALI CARB**

▪ **INTERCURRENT REMEDY: THUJA**

▪ **POTENCY SELECTION WITH CONSTITUTIONAL REMEDY: KALI CARB 200**

▪ **ALLOPATHIC MEDICINE: ANTIHYPERTENSIVE MEDICINE (SINCE 3 YEAR)**

▪ **ENTRY-FIRST Rx WITH DATE:**

19/9/2019

NUX VOM 200 3PILLS TDS

SL 200 3PILLS/1 WK

▪ **CRITERIA:**

1. Anus-piles-pain (I/f/D)
2. Anus-piles-bleeding
3. Anus-burning
4. Stool
5. Back pain (I/F/D)
6. Acidity
7. Vertigo
8. Weakness
9. Appetite
10. O/E: BP

▪ **FOLLOW-UP:**

DATE	1	2	3	4	5	6	7	8	9	10	PRESCRIPTION
3/10/19	>+	>+	>+	hard	>++	>+	0	>++	N	170/90 mm of Hg	KALI CARB 200 3PHS SL 3PILLS TDS/2 WK
17/10/19	>+	0	>++	N	>+	0	0	>++	N	164/100 mm of Hg	THUJA 1M 1P HS KALI CARB 200 3P HS SL 200 3PILLS TDS/3 WK
7/11/19	>+	0	>++	N	>+	0	0	>++	↓es	140/80 mm of Hg	THUJA 1M 1P HS KALI CARB 200 3P HS
	Gabhraman increase since 3-4 days, taken Allo rx and changed BP tablets										SL 200 3PILLS TDS/4 WK
12/12/19	>++	0	>+	N	0	>++	>++	>++	N	160/80 mm of Hg	KALI CARB 200 3P HS SL 200 3PILLS TDS/4 WK
22/1/2020	>+	0	>++	N	0	>++	>++	>++	N	140/80 mm of Hg	KALI CARB 200 3P HS SL 200 3PILLS TDS/4 WK
20/2/2020	>+	+	+	N	++	>++	0	0	N	130/80 mm of Hg	KALI CARB 1M 1P HS SL 200 3PILLS TDS/4 WK
9/4/2020	↑es	SQ	+	N	>++	0	0	0	N	126/80 mm of Hg	KALI CARB 1M 1P HS SL 200 3PILLS TDS/8 WK

▪ **CONCLUSION:**

A 55 year old female suffering from c/o- BLEEDING PILES since 6-7 month, ESSENTIAL HYPERTENSION since 3 year, c/o- LUMBAR SPONDYLOSIS since 8-9 month and NUAPD. **KALI CARB** is selected as constitutional remedy.

NUX VOMICA 200 was given for c/o of GIT in first prescription after case definition.

THUJA was given as INTERCURRENT REMEDY and it gave better result for progression in action of our CR.

ACTION OF CONSTITUTIONAL REMEDY IN REGULAR FOLLOW-UPS:

- In this case, despite of patient taking antihypertensive medicine, her blood pressure remains high like when first time she came to OPD her BP was 176/90 mm of Hg. But BP Range improves significantly after dose of CR from 160-175/70-100 mm of Hg. to 126/80.
- So, I reached to the conclusion that our constitutional remedy not only can lower and stabilize blood pressure; it also has a positive effect on overall health.



DR. RUSHABH SHAH
HOUSE PHYSICIAN
PIHR HOSPITAL

“THE ROLE OF HOMOEOPATHIC REPERTORY IN GERIATRICS”

BY DR. DEVANG MODHA

INTRODUCTION:

Aging is defined as “increasing mortality with increasing chronological age in populations in the wild” or “IMICAW”. It is characterized by a decline in muscle mass and strength, when this aging process outreaches pathological levels it is defined as sarcopenia.

➤ WHO classification of elderly individuals:

- Elderly : 60-75 years
- Old: 76-90 years
- Very old: Above 92 years

As per Census 2011, population of Senior Citizens (people aged 60 years and above) is 104 million in the India; 53 million females and 51 million males. It is interest to note that up to Population Census 1991, the number of elderly males exceeded the number of females. Life expectancy has increased in rural as well as urban to 66.3 years and 71.2 years.

The projected population of Senior Citizens aged 60+ years of the country for 2026 (as on 01st March) is expected to be 173 million, as per the report of Technical Group on Population Projections constituted by the National Commission on Population.

Health problems of the aged:

1) Problems due to the ageing process:

- Visual complaints such as cataract , glaucoma and retinopathy
- Locomotors system disorders: Osteoarthritis, rheumatoid arthritis, myositis, neuritis, gout, spondylitis of spine and fibrositis.
- Cardiovascular diseases: Atherosclerosis, myocardial, infarction, arrhythmias, hypertension and heart failure.
- Skin complaints: Senile wrinkles, scaly lesions, dermatitis, neoplastic disorders.
- Neurological complaints: Dementia, cognitive impairment, Parkinson’s disease and Alzheimer’s disease.
- Hearing complaints: Nerve deafness and conductive hearing loss
- Respiratory complaints: Pneumonia, COPD and asthma.
- Gastrointestinal complaints: oesophageal diseases, peptic ulcer, constipation, diarrhoea, inflammatory bowel diseases and carcinoma of GIT.

- Nephrology complaints: Glomerulonephritis, acute renal failure and Chronic kidney diseases
- Genito-urinary complaints: Enlargement of prostate, Ca of prostate, dysuria, nocturia, frequency, urgency of micturition, Ca of cervix, etc.

2) Problems associated with long-term illness:

- Degenerative diseases of heart and blood vessels.
- Cancer: Prostate cancer is common after the age of 65.
- Accidents: Fracture neck of femur in elderly.
- Diabetes mellitus type 2.
- Diseases of locomotors system.
- Respiratory illnesses.
- Genitourinary complaints.

3) Psychological or psychiatric problems:

- Mental changes and disorders: Impaired memory, rigidity of outlook and dislike of change, delirium, dementia, depression, panic disorder, generalized anxiety disorder and social phobia.
- Sexual adjustment: cessation of reproduction in women, diminution of sexual activity, irritability, jealousy and dependency becomes very common.
- Emotional disorders: Resulting from social maladjustment, failure to adapt can result in bitterness, insecurity of being abandoned by their children, loneliness in elderly people, inner withdrawal, depression, weariness of life and even suicide.

4) Social problems:

- Elderly abuse
- Dependency
- Economic
- Rehabilitation

Approach to the older patient:

The essential setting for evaluating an older people must be a non-competing environment such as well light or non-slip floors. The environment should be assessed for safety and optimal functioning as the older person becomes frailer and more dependent on the environment. The physician must have an understanding of how diseases processes present in the older individual and also the natural ageing phenomena.

The initial interview should focus on functional decrements and includes on history, social support and subjective findings. While assessing the aged, consider using additional tools such as pain diagram, pain language, pain diaries, etc. for evaluations. In carrying out the physical assessment of older person, attention must be given not only to detailed physical examination but to the functional abilities of the individual as well. For instance, can an elderly individual walk safely with or without a walker or cane stick? Can able to cut his/her food and chew it? Or able to dial a phone? To assess the psychological aspects of an older person may be difficult to deal with; however, using the straightforward approach will be the easiest.

Therapeutic modalities other than pharmaceutical agents may be exceptionally beneficial, including some which are so simple as to be frequently disregarded. For example, the tools of physical medicine and rehabilitation (large handled forks and other adaptive devices for eating, walkers and canes, long pincers for picking up objects) may have much to offer the impaired elderly person as may a host of social services (meals-on-wheels, homemaker services) and new or increased efforts of 'informal support systems' (neighbours, family and 'significant others').

Difficulties of Case Taking in Geriatrics:

- Communication barrier because of hearing loss, culture and language differences among physician and patients.
- Difficult situation due to the patient includes senile forgetfulness and reserved nature of elder persons.
- Difficult situation due to diseases situation like suppression of diseases, wrong medical management, habituated or accessory symptoms, complex diseases such as diabetes mellitus type 2 and schizophrenia.

Important rubrics from Schroyens. F. Synthesis 9.0:

- Mind – absentminded – old age; in
- Mind – confusion of mind – old age, in
- Mind – slowness – old people, of
- Mind – weary of life – old age, in
- Vertigo – old people, in
- Head – pain – old people, of
- Nose – coryza – old people
- Hearing – impaired – old people
- Eye – cataract – old people; in
- Stomach – indigestion – old people
- Nose – epistaxis – old people
- Prostate gland – swelling – old people; in
- Bladder – urination – involuntary – old people, in
- Bladder – retention of urine – old men
- Bladder – paralysis – old people,

- Rectum – diarrhoea – old people
- Rectum – diarrhoea – alternating with – constipation – old people; in
- Rectum – constipation – old people
- Cough – old people
- Expectoration – copious – old people
- Chest – paralysis – lung – old people
- Chest – inflammation – lungs – old people
- Extremities – paralysis – old people
- Sleep – sleeplessness – old people, in
- Generals – blackness of external parts – old people; in
- Skin – itching – old people
- Generals – wounds – reopening of old
- Generals – weakness – old people, of
- Generals – old age – old people

Reference:

1. Howard M Fillit, Kenneth Rockwood, Kenneth Woodhouse. Brocklehurst’s textbook of geriatric medicine and gerontology, seventh edition.
2. K. Park. Park’s textbook of preventive and social medicine
3. Prof. Dr. Shashi Kant Tiwari, Essentials of repertorization, Fifth edition. B. Jain Regular. 2012.
4. Synthetic repertory radar opus
5. <https://www.wikipedia.org>.



DR. DEVANG MODHA
ASSISTANT PROFESSOR
DEPARTMENT OF CASE TAKING
& REPERTORY (PG)
PIHR

QUIZ

1. Remedy for “dyspeptic troubles of the aged, with functional heart symptoms” is -----
 - a) Abies Nigra
 - b) Abies Can
 - c) Aurum Met
 - d) Carbo Veg

2. Remedy used in “old maids with palpitation” is -----
 - a) Baryta Carb
 - b) Bovista
 - c) Belladonna
 - d) Bryonia

3. Remedy indicated for “lungs of old people with chronic catarrhal condition and enfeebled pulmonary circulation” is -----
 - a) Bacillinum
 - b) Tuberculinum
 - c) Anthracinum
 - d) Calc Phos

4. Remedy for “glandular affections in old age” is -----
 - a) Conium Mac
 - b) Calc Fluor
 - c) Calc Carb
 - d) Aconite

5. Remedy for “Old Sinners with impotency & gleet” is -----
 - a) Agnus Castus
 - b) Phos Acid
 - c) Fluoric acid
 - d) Ambra Grisea

(ANSWERS- 1-(a), 2-(b), 3-(a), 4-(a), 5(a))

COCURRICULAR ACTIVITIES



Tree Plantation- WORLD ENVIRONMENT DAY -
05/06/2023



FRESHER'S PARTY- 29/04/2023

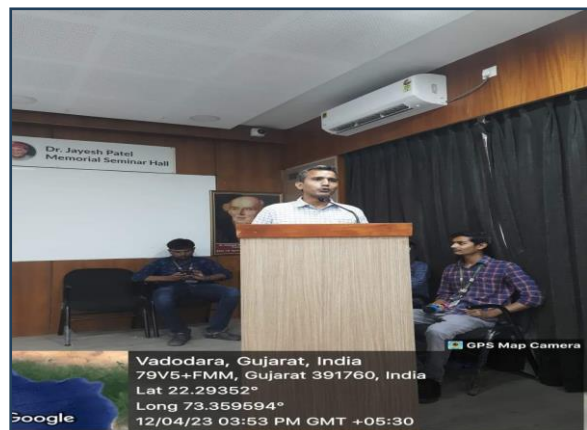


INTERNATIONAL YOGA DAY -21/06/2023

CURRICULAR ACTIVITIES



FIELD VISIT- LEPROSY CENTRE BY DEPT. COMMUNITY MEDICINE- 4TH BHMS - 28/04/2023



AWARENESS ABOUT COMPETITIVE EXAMS- CEC- 12/04/2023



TRAINING OF 2ND BHMS STUDENTS AT PRAGYA LAB- PU -18/04/2023



WORKSHOP- EMPOWERING YOURSELF- EDC- 29/04/2023



UNVEILING OF HOMEINSIGHT OF MARCH EDITION ON WORLD HOMOEOPATHY DAY



SYMPOSIUM- ORGANON OF MEDICINE- 3RD BHMS- 18/04/2023

CURRICULAR ACTIVITIES



EXPERT LECTURE PHARMACY- 02/05/2023



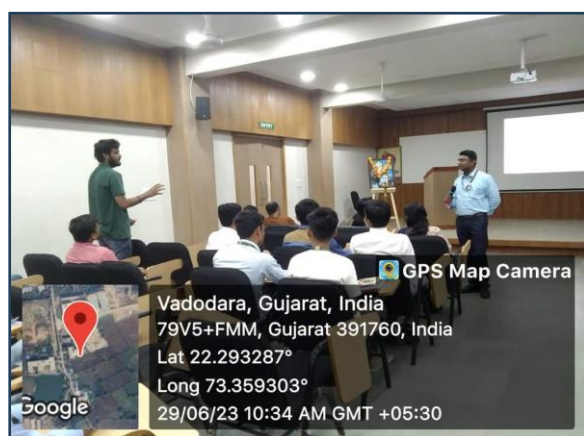
PEDAGOGY SESSION BY DR. AMOL PATHAK- 30/06/2023



OBGY EXPERT LECTURE- DR. FARAZ VALI- 12/06/2023



WORLD BLOOD DONORS DAY- AWARENESS CAMPAIGN- 14/06/2023

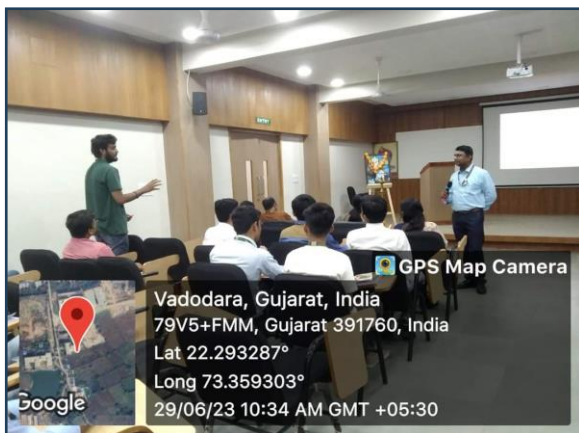


LIBRARY ORIENTATION PROGRAM- 1ST BHMS- 24/06/2023



EXPERT TALK- ENVIRONMENT & HUMANITY- MR. PHILEM ROHAN SINGH- 18/06/2023

CURRICULAR ACTIVITIES



EXPERT LECTURE- PHYSIOLOGY- DR. AKSHAR KULKARNI- 29/06/2023



VISIT TO ZYDUS HOSPITAL- 3RD BHMS- 24/06/2023



MATERIA MEDICA SYMPOSIUM- LEARNING THROUGH CASE PRESENTATION- 4TH BHMS- 22/06/2023



CEP ORGANIZED BY DR. HASINA MHAISHALE- ACUTE CONDITIONS & QUICK PRESCRIPTION- 14/06/2023



VISIT TO BLOOD BANK & CENTRAL LAB- 2ND BHMS- 17/04/2023 & 18/04/2023

AWARDS & ACHIEVEMENTS- FACULTIES



HOMEOGOURAV SANMAN received by DR. KAMAL PATIDAR



MOU OF PIHR WITH CCRH



DR. HASINA MHAISHALE- INVITATION AS SPEAKER BY P. P. SAVANI UNIVERSITY- 25/04/2023



DR. MUSTAQAHMED MHAISHALE- INVITATION AS SPEAKER BY P. P. SAVANI UNIVERSITY- 25/04/2023

AWARD & ACHIEVEMENTS- FACULTIES



ARTICLE PUBLICATION IN SCOPUS JOURNAL- DR. MUSHTAQ AHMED MHAISHALE



ARTICLE PUBLICATION IN SCOPUS JOURNAL- DR. HASINA MHAISHALE



RESEARCH ARTICLE PUBLICATION IN WEB OF SCIENCE JOURNAL- DR. HASINA MHAISHALE


AWARDS & ACHIEVEMENTS- STUDENTS



KRUPA PATEL- INTERN- 1ST PRIZE- STATE LEVEL HOMOEOPATHIC CASE STUDY- 10/04/2023

Parul University **NAAC A++** Faculty of Homoeopathy

CONGRATULATIONS ON YOUR ACHIEVEMENT




KETULKUMAR D. PARMAR
HOD & PROFESSOR, Department of Obstetrics and Gynaecology
Parul Institute Of Homoeopathy & Research

TOPIC: PRECEPTS OF HOMOEOPATHIC PATHOGENETIC TRIAL
Journal Publication:
Journal of survey in fisheries sciences, volume 10- Issue 1(2023) **SWIPE**

PUBLICATION IN SCOPUS JOURNAL- WITH DR. HASINA & MUSHTAQHMED MHAISHALE



STSH SELECTED STUDENTS FELICITATED AT VIGNAN BHAVAN, NEW DELHI BY CCRH-10/04/2023



Name of the participant	College Name (Full name)	Score
Shreyas Jagtap	Bharati Homoeopathic Medical College, Chhatrapati S. J. Gupte Homoeopathic Medical College, Pimpri	75%
Deep Dhanu	Parul Institute of Homoeopathy & Research	75%
Bhavya Chavan	H. J. Somaiya Institute of Homoeopathic Medical Education, Mumbai	75%
Amita Bhatnagar Singh	Dr. B. S. Chhabra Institute of Homoeopathic Medical Education, Gurgaon	75%
Arvi Kumbhar	B. J. S. Homoeopathic Medical College And Hospital, Bhopal	75%
Shreya Parvati	Bharati Homoeopathic Medical College And Hospital, Mumbai	75%
Dr. Siddhartha	Government Homoeopathic Medical College and Hospital, Bhopal	75%
Neha Chavhan	Dr. B. S. Chhabra Institute of Homoeopathic Medical Education, Gurgaon	75%
Garvansh Khatri	Maharaja Homoeopathic Medical College, Bhopal	75%

OM DARJI- 3RD BHMS- 1ST PRIZE- ALL INDIA QUIZ MARATHON BY B. JAIN PUBLISHERS



FELICITATION OF TOPPERS BY HMAI- 25/06/2023

AWARDS & ACHIEVEMENTS- STUDENTS



ELOCUTION COMPETITION ORGANIZED BY AYUSH- 1ST PRIZE- SHAILEE JOSHI- 4TH BHMS



QUIZ COMPETITION ORGANIZED BY AYUSH- 2ND PRIZE



DRAWING COMPETITION ORGANIZED BY AYUSH- SUHEL VOHRA OF 3RD BHMS- 2ND PRIZE



PARTICIPATION IN SLOGAN COMPETITION ORGANIZED BY AYUSH



PARTICIPATION IN INTERCOLLEGE QUIZ COMPETITION ON WORLD HOMOEOPATHY DAY

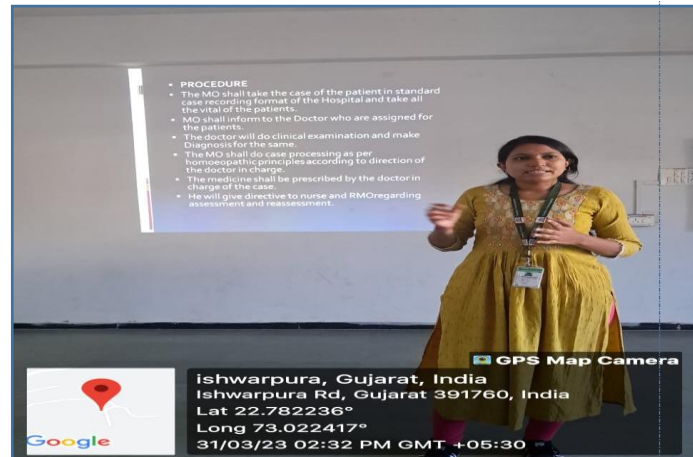


PARTICIPATION IN INTERCOLLEGE DRAWING COMPETITION ON WORLD HOMOEOPATHY DAY

HOSPITAL ACTIVITIES



COP- NABH Training in Hospital conducted by Dr. Devang Modha- 03/04/2023



COP- NABH Training in Hospital conducted by Dr. Priti Rathwa- 31/03/2023



Distribution of Booster dose of Covid 19 on World Homoeopathy Day 2023, with theme "One Health, One Family" by Interns of PIHR Hospital and Dr. Kamal Patidar (Hosp+ Incharge)- 10/04/2023



PIHR Hospital with Gram Panchayat of Aasharma, Ankhalav Taluka organized a Medical Health Checkup Camp under guidance of Dr. Kamal Patidar (Hosp+ Incharge)- 13/05/2023



Awareness program on World Hypertension Day for the patients- 17/05/2023



Interns Training for hand-washing on World Hygiene day by Dr. Jayshree Rathwa- HIC Coordinator- 05/05/2023



Medical Health Check-up Camp at Govt. Primary School Vankadia- 18/05/2023



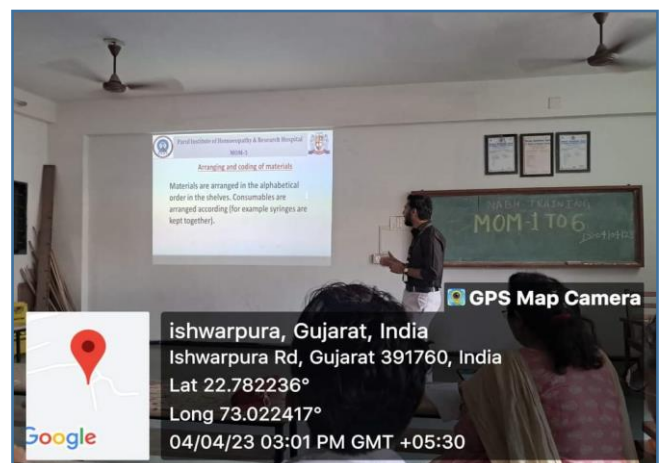
Medical Health Check up Camp at Govt. Primary School Rampura- 21/06/2023



INTERNSHIP COMPLETION DAY (1st BATCH OF PIHR)- 01/05/2023



SEMINAR- CERVICAL EROSION with case presentation- Taken by Intern on 22/05/2023



MOM TRAINING- DR. RUSHABH SHAH- 04/04/2023

SUCCESS STORIES OF PIHR HOSPITAL

Parul University | NAAC A++ | Faculty of Homoeopathy

PITYRIASIS VERSICOLOR TREATED WITH HOMOEOPATHY

Before



After




Case of Pityriasis Versicolor, with severe itching and dark brown patch in nape of neck successfully treated with the Homoeopathic treatment.


Consultant: **Dr. Kamal Patidar** | Parul Institute of Homoeopathy and Research Hospital

PARUL INSTITUTE OF HOMOEOPATHY AND RESEARCH HOSPITAL

65 yrs old female patient having complaint of Allergic dermatitis with severe itching at abdomen and genital region since 6-7 months Cured with Homoeopathy



Before Treatment




Under Treatment


Consultant **Dr. Priti Rathwa**

PARUL INSTITUTE OF HOMOEOPATHY AND RESEARCH HOSPITAL

Success Story in case of Psoriasis



Before Treatment



Under Treatment

Consultant **Dr. Priti Rathwa**

PARUL INSTITUTE OF HOMOEOPATHY & RESEARCH HOSPITAL

Success story

Cases of cracks on heel treated successfully with Homoeopathy



Before Treatment




After Treatment

OPD NO : 23001010
Consultant : **PRITI RATHWA**


PARUL INSTITUTE OF HOMOEOPATHY AND RESEARCH HOSPITAL

Parul University | Faculty of Homoeopathy

SUCCESS STORY



Before Treatment



After Treatment

A CASE OF CONTACT DERMATITIS
OPD NO - 23001036

Consultant **Dr. Rutwa Parmar**

<<<Swipe

PARUL INSTITUTE OF HOMOEOPATHY AND RESEARCH HOSPITAL

Success story



Before



After

A case of Lipoma
Case No.: 22014130
Consultant : **DR MANISHA KANZARIA**

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