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Greetings of season to one and all. We are probably at the end of the 'seasons of health' and seemingly at the end of COVID-19 pandemic. The end of this season is significant in a sense that it is ending 2 years of utter chaos and suffering. Numerous families have been devastated, to say the least, in the last 2 years. Hence ending of the pandemic will be a total relief, not only for we Indians but for the whole mankind. Amidst all this, we are coming up with a fresh new edition of college bulletin. So let us hope and pray that all the negativity surrounding us for the last couple of years is truly and squarely behind us and our lives return back to the normal.

Editorial



DR. DHARA JOSHI
ASSISTANT PROFESSOR
DEPARTMENT OF PHYSIOLOGY

HAIR FALL IN WOMEN....PHYSIOLOGICAL <u>ASPECT</u>



What's hair loss in women?

Hair loss in women is just that — when a woman experiences unexpected, heavy loss of hair. Generally, humans shed between 50 and 100 single hairs per day. Hair shedding is part of a natural balance — some hairs fall out while others grow in. When the balance is interrupted — when hair falls out and less hair grows in — hair loss happens. Hair loss is different than hair shedding.

Hair grows on almost all of your skin surfaces — not the palms of your hands, soles of your feet, lips or eyelids. Light, fine, short hair is called vellus hair. Terminal/androgenic hair is thicker, darker and longer.

What are the cycles of hair growth?

Phases Of Hair Growth cycle are:

1. Anagen: Growing phase

The stages of hair growth begin with the anagen phase. It's the longest phase, lasting about 3 to 5 years for the hairs on your head, though for some people a single hair could continue growing for 7 or more years. Fortunately, the anagen phase differs with different types of hair. For example, the anagen phase for eyebrow hairs and pubic hairs is much shorter than the phase for your scalp hairs. During the anagen phase, your hair follicles are pushing out hairs that will continue to grow until they're cut or until they reach the end of their lifespan and fall out. At any time 90% trusted source of the hairs on your head are in the anagen phase.



2. Catagen: Transition phase

The catagen phase starts when the anagen phase ends, and tends to last about 10 days or so. During this phase, hair follicles shrink and hair growth slows. The hair also separates from the bottom of the hair follicle, yet remains in place during its final days of growing. Only about 5 percent of the hairs on your head are in the catagen phase at any given time.

3. Telogen: Resting phase

The telogen phase typically lasts around 3 months. An estimated 10 to 15 percent of your scalp hairs are in this phase. Hairs don't grow during the telogen phase, but they don't usually fall out either. The telogen phase is also when new hairs start to form in follicles that have just released hairs during the catagen phase.

The exogen phase is essentially an extension or a part of the telogen stage of hair growth. During the exogen phase, hair is shed from the scalp, often helped along by washing and brushing. Losing 50 to 100 hairs per day during the exogen phase is normal. During the exogen phase, which can last about 2 to 5 months, new hairs are growing in the follicles as old hairs fall away.

What are the types of hair loss?

There are three types of Hair loss depending upon their causes:

1.Anagen effluvium:

This is caused by medications that poison a growing hair follicle. Toxic substances, including chemotherapy, radiation therapy and some medications. These cause sudden hair loss that can occur anywhere on your body. It happens to hair in the growth stage. Sometimes, this type of hair loss can be permanent if your hair follicles are damaged.

2. Telogen effluvium:

This is caused by an increased number of hair follicles reaching the telogen phase, which is the stage where hair falls out. Some common causes are:

- 1. Extreme physical stress or shock to your body: This causes temporary hair loss. This category includes events like losing a lot of weight, surgery, anemia, illness and having a baby.
- 2. Extreme emotional stress: mental illness, the death of a loved one, etc.
- 3. An abnormal thyroid.
- 4. Medications and supplements: blood pressure medicines, gout medicines and high doses of Vitamin A.
- 5. Hormone changes caused by pregnancy, menopause or birth control pills.

3. Androgenetic alopecia/female pattern alopecia/female pattern hair loss (FPHL)/baldness:

This type is the most common. Hair thins over the top of the head and on the sides.

- 1. Genes: Your family's genes can cause thinning of hair along the top of your head.
- 2. Aging: Hormone changes as you age can cause balding.
- 3. Menopause: This type of hair loss often gets worse when estrogen is lost during menopause.

Which women are likely to experience hair loss?

Any girl or woman can be affected by hair loss. However, it is usually more common in:

- Women older than 40.
- Women who have just had babies.
- Women who have had chemotherapy and those who have been affected by other medications.
- Women who often have hairstyles that pull on the hair (like tight ponytails or tight braids) or use harsh chemicals on their hair.
- Menopausal women.

Some Myths:

Myths about hair loss are widespread. Nothing in the following list is true:

- You're losing hair because you shampoo it too much, or because you've coloured it or gotten a perm.
- Dandruff causes permanent hair loss in women.
- Stress causes permanent hair loss in women.
- If you shave your head, your hair will grow back twice as thick.
- If you stand on your head you'll increase circulation, stimulating hair growth.
- If you brush your hair 100 strokes a day that will make your hair healthier.
- A last cold-water rinse makes hair shinier.
- · Hair loss only affects intellectual women.



DR. KIRAN GANGAPURE PROFESSOR DEPARTMENT OF PHYSIOLOGY

NUTRITIONAL WELLNESS

Nutritional Wellness is an education of cooking and healthy food choices.

Eating a nutritious diet helps you keep a healthy body and healthy heart.

Food choices may also affect your mood and mental health which is called as food-mood connection.

- The main principles of health are healthy diet, regular exercise, work, rest and positive thinking. A healthy diet consists of the following nutrients:
- Carbohydrates
- Proteins
- Fats
- Vitamins
- Minerals
- Fibers
- Water.

Nutrition is important for the body and its processes. It is also helpful to boost immunity and fight against diseases.

Good nutrition reduces risk for cancer, diabetes and obesity. It improves gut health, memory and mood.

It must consist of:

6-8 servings of grains

2-3 servings of fruits

4-5 servings of vegetables 2-3 servings of dairy products (milk, yogurt and cheese)

2-3 servings of meat, poultry and fish.

Food like Kale have less drawbacks and more benefits.

There are certain super foods which can be consumed in breakfast, lunch and dinner. These food contains more antioxidants, minerals and fatty acids. Super foods like berries, garlic, spinach, fish, beans, legumes, sweet potato, curd, avocado, banana and green tea. There are 8 dimensions of WELLNESS.

- Occupational
- Emotional
- Spiritual
- Environmental
- Financial
- Physical
- Social
- Intellectual

There are few tips on personal wellness plan:

- ➤ Assess your current wellness
- ➤ Physical fitness
- > Nutritional wellness
- > Find out exercises which include cardio, walking, stretching and strengthening.
- > Find out your nutritional needs.
- > Plan your diet according to your taste and calorie needs.
- > There are various types of diet.
- > Vegan diet, Normal diet, Raw food diet, Paleo diet,
- ➤ Mediterranean diet,
- ➤ Weight watchers diet, keto diet.
- > Right amount of sleep is necessary.
- A good night's sleep can calm and heal your mind and body.



DR. KALPANA ARORA
ASSOCIATE PROFESSOR
DEPARTMENT OF ANATOMY

ANATOMICAL STRUCTURE OF BRONCHIAL TREE

Respiratory system, also called the pulmonary system, consists of several organs that function as a whole to oxygenate the body through the process of respiration.

Respiratory system consists of the nose, pharynx, larynx, trachea, bronchi and lungs.

Structurally, the respiratory system consists of two parts:

- 1) Upper respiratory system includes the nose, pharynx and associated structures.
- 2) Lower respiratory system includes the larynx, trachea, bronchi and lungs.

Functionally, the respiratory system also consists of two parts:

- Conducting zone consists of a series of interconnecting cavities and tubes both outside and within the lungs. These include the nose, pharynx, larynx, trachea, bronchi, bronchioles and terminal bronchioles, their function is to filter and moisten air and conduct it into the lungs.
- 2) Respiratory zone consists of tissues within the lungs where gas exchange occurs. These include the respiratory bronchioles, alveolar ducts, alveolar sacs and alveoli, they are the main sites of gas exchange between air and blood.

Bronchial Tree

The trachea divides into a right primary bronchus and left primary bronchus which goes into the respective lungs. The right primary bronchus is more vertical, shorter and wider than the left. As a result, an aspirated object is more likely to enter and lodge in the right lung than the left. The primary bronchi contain incomplete rings of cartilage and are lined by pseudo-stratified ciliated columnar epithelium.

At the point where the trachea divides into right and left primary bronchi there is an internal ridge called **carina**. The mucous membrane of the carina is one of the most sensitive areas of the entire larynx and trachea for triggering a cough reflex. Widening and distortion of the carina is a serious sign because it usually indicates carcinoma of the lymph nodes around the region where the trachea divides.

Formation of the bronchial tree

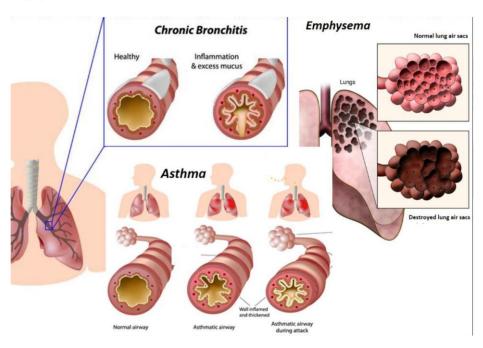
Primary bronchi --→ Secondary(lobar) bronchi-→ Tertiary(segmental) bronchi -→ Bronchioles-→ Terminal bronchioles-→ Respiratory bronchioles.

As more branching occurs in the bronchial tree, several structural changes may be noted.

- 1. The mucous membrane in the bronchial tree changes from pseudostratified ciliated columnar epithelium in primary, secondary, tertiary bronchi to ciliated simple columnar epithelium in bronchioles to non-ciliated simple cuboidal epithelium in terminal bronchioles. Ciliated columnar epithelium helps to remove the inhaled particles, which are removed by the macrophages in the regions where the epithelium is simple non-ciliated cuboidal.
- 2. Plates of cartilage gradually replace the incomplete rings of cartilage in primary bronchi and finally disappear in the distal bronchioles.
- 3. As the amount of cartilage decreases, the amount of smooth muscle increases. Smooth muscle encircles the lumen in spiral bands. Because there is no supporting cartilage, muscle spasms can close off the airways. This is what happens during an asthma attack, which can be life threatening situation.

Lung alveoli are the cup shaped out pouching lined by simple squamous epithelium, supported by a thin elastic basement membrane.

Applied anatomy





DR. MEENA SHAH ASSOCIATE PROFESSOR DEPARTMENT OF PHARMACY

SUSCEPTIBILITY

Susceptibility is the general capability of the organism to receive impression or the power of the organism to react to stimuli.

Different authors view regarding susceptibility:

H.A.Roberts:

He defines susceptibility as the expression of vacuum in the individual. The vacuum attracts and pulls for the things most needed that are in the same plane of vibration as the want of the body.

Dr. James Tyler Kent

He explains that human beings have varying degrees of susceptibility and because of this, some are protected from disease causes while others become sick.

Dr. Samuel Hahnemann:

Two basic factors are needed for an individual to become sick. One is the individuals susceptibility and the other is exposure to the natural disease.

Vithoulkas

He explains that for most of the disease agents (also called exciting cause) which we are exposed to, the vital force tries to respond and recover without noticeable symptoms.

Utility of susceptibility in selection of potency and dose:

Knowledge of susceptibility help in assessing attitudes and reaction and also help in selection of dose and potency.

Factors determining the susceptibility are:

> Age

Susceptibility is maximum in a child and it decreases gradually as age progresses to youth and then at an increased pace till death, as it has to fight the catabolism of advancing age. It is nil in a dead person.

> Temperament and Constitution:

- According to Dr. Stuart Close give high Potencies to: Sensitive individuals having a nervous, Sanguine or choleric temperament. Intellectual persons who are quick to act and react. Zealous and impulsive persons.
- According to Dr. Stuart Close give low potency in repeated doses:
 - Sluggish, coarse fibered individuals pot having gross habits. Torpid, phlegmatic persons who are slow to act and dull to comprehend. Persons possessing great muscular power which requires a power stimulus to excite them.
- According to Dr. E. Wright, medium potencies are best suited to:
 - Oversensitive patients, who prove any medicine given to them. They, hence require medium low potencies.
 In extreme cases of idiosyncrasy, medium potencies are preferred.

Habit and Environment

O Give high potencies to: Those having an intellectual occupation. Persons who suffer from bad effect of excitement from imagination and emotions. Those who have sedentary occupations. Persons who sleep long or lead an effeminate life.

O Give lower potencies to: Those who's occupation involves a lot of physical labor and being outdoors. Those who eat coarse food. who Adapted to persons get little sleep. Those who are connected to or are continually exposed to liquor and tobacco trade. People associated with drugs, perfumes and chemicals. Those who are idiotic, imbecile, and deaf and dumb.

> Pathology

 Inter terminal cases where gross pathological conditions are present material doses or low potency drugs should be given.
 A dynamic medicine will not act here.



DR. SATYENDRA PRASANNA SINGH ASSISTANT PROFESSOR DEPARTMENT OF PHARMACY

Action of 50 millesimal scale in treatment of chronic spondylitis

A Corporate sector employee working from last 27 years had visited the clinic and was suffering from chronic spondylitis and had taken multiple Allopathic and Ayurvedic medication but was not relived by the symptoms. As per Homoeopathic case taking I took the whole case and prescribed the most similimum homoeopathic medication like Rhus tox, Bryonia alba, Ruta g later on Phosphorus and Sulphur on constitutional basis but the patient was not totally relived by the complaints and it wasted almost 6 months of time.

Now at this time patient narrated the similar symptoms of Rhus tox and I decided to use 50 millisimal potency i.e. 0/1 two pills in 10 ml of phile for 7 days 10-10 drops tds and after this prescription the complaints was relived, in between i used placebo for a month till the action of the medicine is going on. In the second prescription I used 0/2 potency for 7 days 10-10 drops tds for 7 days and in the third month 0/3 was the last prescription and the case was totally cured.

01.12.2021

A programme on "Awareness regarding HIV infection" was conducted in SMMHMC campus on 1st December 2021 on occasion of "International AIDS Day". The students performed street play and displayed posters and banners on this topic. The programme was conceptualized by Dr Amola Chadha and Dr Bina Thomas while Dr Kiran Gangapure and Dr Prital Shah guided the students and concluded the event, respectively.









09.12.2021

An awareness drive, for AYUSH system of medicine, in general, and Homoeopathic system of medicine in particular, was conducted by the Medical officers of SMMHMC in the following schools of Vadodara, by the respective staff, under "AYUSH awareness week" organised by the of ministry of AYUSH, Govt of india as a part of "Azadi ka Amrit Mahostav" celebrations.

December school

- 1) Kajapur primary school 40 students
- 2) Sundarpura primary school 94 students
- 3) Shahpura primary school 17 students
- 4) Fatepura primary school 16 students
- 5) Utiya por primary school 11 students
- 6) Shree por adarsh group school 36 students
- 7) Kelanpur primary school 52 students
- 8) Kanaiyalal munshi primary school 33 students
- 9) Shree pushti vidhyalaya 42 students
- 10) Aadi shankaracharya primary school 32 students
- 11) Karachiya primary school 34 students













29.12.2021

Students of SMMHMC 3^{rd} year and 4^{th} year BHMS (SR/JR) celebrated "Christmas day , Bollywood day, monochrome day, inspirational day/traditional day".











30.12.2021

A lecture on "awareness regarding Motherhood" was organised by SMMHMC in collaboration with Vishwamangalya sabha on 30th December,2021, in SMMHMC campus. Ms Poojaben deshmukh, all india pracharak of vishwamangalya sabha conducted the lecture. Mrs Geetaben Vaghani, chairman of vishwamangalya sabha, saurasthra region, and Mrs Reenaben soni, trustee, shree shamalaji arogya seva trust,were present on the occasion. The staff and students attended in large numbers.





05.01.2022

Students of 4th BHMS (JR/SR) of SMMHMC celebrated "TRADITIONAL DAY".









05.01.2022

SMMHMC Students of 3^{rd} year BHMS celebrated "SAREE DAY" on 5^{th} January 2022.





05.01.2022

An awareness drive, for AYUSH system of medicine, in general, and Homoeopathic system of medicine in particular, was conducted by the medical officers and interns of SMMHMC in the schools of Vadodara, as a part of 'Azadi ka amrit mahostav'.









05.01.2022

SMMHMC students of 4th year SR BHMS celebrated "HALLOWEEN & ENVIRONMENTAL DAY" on 5th January 2022.





06.01.2022

SMMHMC students of 3^{rd} , 4^{th} YR JR/SR celebrated "TWINNING DAY" on 6^{th} January 2022.









26.01.2022

The $73^{\rm rd}$ Republic day was celebrated with patriotic fervor in shree mahalaxmiji mahila homoeopathic medical college, Vadodara on $26^{\rm th}$ January 2022 in presence of the Principal, staff, interns and students.











2ND B.H.M.S. (NEW COURSE)

JUNE-JULY-AUG 2021 RANKERS



RAJAPALLI AKILA SURYANARAYAN

College – FIRST 68.89%



DIGASHWALA MAITRYBEN

College – **SECOND 67.78%**



BARIWALA TAIYABABANU ANVARBHAI

College – **THIRD 67.33%**

THIRD B H.M.S.

SEPT. -OCT. -NOV. -DEC. - 2021 RANKER







HIRANI SHRUSHTI SHAILESHBHAI

QURESHI JENABBANU MUNAVVAR AHEMAD PANDYA JYOTI MAHESHBHAI

College – **FIRST**

65.67%

College - **SECOND**

College - THIRD

64.00%

63.92%

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