

HOMOEOGLEANINGS

QUARTERLY MEDICAL BULLETIN

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Seasons greetings to one and all. Baroda experienced heavy rains which provided a much needed relief from the scorching heat we had to tolerate throughout the summer. The rains bring along with them the coolness in the weather and the lovely wet smell of the earth, especially after the first rains.

The results of the 3rd and 4th BHMS annual and supplimentary exams conducted by the M.K.Bhavnagar University, Bhavnagar were declared and were good as per expectations. This is the season of anxiety among the student community, in general, as to where and how they will get admission for the future studies. As far as our college is concerned, every bulletin, henceforth, will coincide with the exam period of some or other batch. Hence, every bulletin will be published during a period of anxiety for those concerned students. Once again we reiterate the need of being stress-free during the exams for better results. This is also the time when a new academic year commences. The teacher community gets busy with preparation of the academic plans for the new year. In short, every person related to the field of education gets busier with new things.

This is also the season when we have to take extra care of our health as this season brings with it many health hazards which affect our health adversely. Baroda is witnessing a rise in the number of patients suffering from gastro-enteritis since a few days and everyone should take proper precautions to protect themselves against the condition. An article on the hazards and their preventive measures has been included in this edition for bringing more clarity on this issue.

- Editor Dr. Gaurav Sharma



Dr Jigar Bhavsar

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Shree Mahalaxmiji Mahila Homoeopathic Medical College

Vadodara.

Dengue Fever

Introduction:- It is a Arbovirus infection to Humans.

Family:- FlaviVirus Causes – 1. Dengue Fever 2. West Nile Fever 3. Japanese Encephalitis

Vector – Aedes Aegypti (Mosquito) – Also called as Tiger Mosquite

(Bites to Humans)

- Daytime Habitant bite.
- Breeds in clean Water.

Types: DENV 1/2/3/4

It is a self limiting acute febrile illness biphasic pattern

Occurs mostly in tropical areas.

Incubation period – 3-10 days

Clinical Features:

A) Symptoms

- 1. Fever- High grade, Continous
- 2. Joint Pain- Severe also known as "Break Bone Fever"
- 3. Myalgia/ Headache/ Giddiness
- 4. Nausea/ Vomitting
- 5. Rashes Over Body

- 6. Weakness
- 7. Oedema Swollen Body
- 8. Loose Motion
- 9. Abdominal distension, pain & tenderness.
- 10. Yellowish discolouration of Urine
- 11. Breathlessness
- 12. Altered sensorium, convulsion & Coma

B) Signs:

- 1. Temperature- High grade
- 2. Pulse Rate-Tachycardia
- 3. Resp. Rate-Increased
- 4. B.P. Normal/ Hypotension.
- 5. General Examination Pallor, Oedema & Yellow Sclera.
- - B) CVS ---
 - C) Abdomen- Soft, Ascitic finding +ive, Distension& Hepatosplenomegaly.
 - D) CNS Pupils unequal/ chances of Encephalopathy

Phases of Disease:

- 1st Phase Febrile Phase 3-7 days
- 2nd Phase- Critical Phase- 4-7 Days
- 3rd Phase- Recovery Phase after 7 days

Diagnosis:

- 1. Clinical signs & symptoms
- 2. Travel History of Endemic area.
- 3. Direct detection of Antigen- upto 10 days- NS 1 antigen detection ELISA/ Rapid
- 4. Indirect Test Serology- Immunological reaction detection of IgM after 3-4 days.

Treatment & Management:

- 1) No Anti- Viral agents are available for Dengue
- 2) Acetaminophen For Fever/ Headache/ Bodyache. No NSAIDS as it may increase

 Bleeding tendency
- 3) Proper Bed Rest
- 4) Maintenance of Hydration
- 5) Daily Monitoring of Haematocrit & Platelets.
- 6) Regular Monitoring of PR/BP/ O² Saturation
- 7) If Bleeding then- Blood transfusion & Platelet concentrate infusion.
- 8) In cases of Denguegenic shock advanced life support system like Ventilator, anti Convulsive therapy, Ascitic fluid tapping etc may be required.

Prevention:

- 1) Prevention of Mosquito bite Use of Mosquito net/ Repellent/ Coil/ Cream.
- 2) Prevent Breeding Places of Mosquitoes
- 3) Vaccine



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"HEALTHCARE IN MONSOON"

Monsoon is the time when you tend to suffer from the most upsetting diseases and if you don't take care at the right time then it is normal that you will suffer for long. This is the time when the germs and infections will attack you more and you tend to feel so sick and endangered.

This is the time when you suffer from the general health disorders and for the reason it is best that you know about some of the quickest remedies which can really help you stay best always. This is the time when the parents stay aware and do things in order to prevent the wards from suffering from the various illnesses.

With the first splash of water, we really find ourselves refreshed during the day when the monsoon starts. We all would like to jump in rain as and when

we get a view of it. Teen age individuals and kids are more than happy to see rain and explore the splashes of rain. But, while enjoying the rainy days, they can come across variety of diseases and serious health issues.

Monsoon is the season when different types of snacks and tasty foods are consumed by people. But, the water bore and airborne diseases can easily attack them. In article will help you know about the general health issues during monsoons.

You have some of the common illnesses to suffer from in the rainy season. The list includes dengue, flu, cold, water infection, food infection, leptospirosos and cholera. Leptospirosos is a condition caused by the bacteria and the germ is either carried by an animal or a man. This is the sort of disease which can immensely damage the kidney. It can even cause severe disorders like failure of the liver, respiratory problems, meningitis and the rest. These are some of the incurable diseases and can really make you feel so sick and they take long time to help you recover from the condition.

In the rainy season you have the chance to suffer from fungal infection. This is the reason it is best that you keep yourself dry. Please try to keep dry the parts of the body which tend to get sweatier in time. The area between two toes should be kept dry. You should also keep attention of the areas behind the knees and the elbows. For this one can make use of anti-fungal dusting powder and this helps in soaking the sweat in the specific areas. In case the condition becomes worse and the skin in infected in the process it is best that you consult the physician at the earliest.

Dengue is a common monsoon disease

In the rainy season you have the chance of suffering from dengue. Dengue is a specific monsoon disease and the germ of the same is carried by the mosquitoes. Some of the usual symptoms of the disease are body ache, pain in the joints, body rashes and fever. Tiger mosquito is responsible for making you suffer from dengue. Thus, it is best that you make use of an insect repellent to prevent the attack of the mosquito. You should also cover your body well with clothes in order to prevent the mosquito from biting.

Typhoid is a usual monsoon disease

Typhoid is one more common monsoon disease. The disease is caused due to the consumption of unclean water. This is the reason you should stay alert and prevent the water and the food from being contaminated. Improper sanitation can also cause the disease. When you suffer from typhoid you have fever and headache and there is sore throat, common weakness and pain. In order to get rid of the disease it is important that you wash your hands well. Do not eat food and water which are not of the best quality. Street side food and drink should be avoided during this season.

Cholera is the most common monsoon disease you can suffer from. This is not just a disease. It is a deadly ailment to make you suffer at the worst. Cholera is caused from contaminate water and food. If you don't have the right hygienic habits you may suffer from cholera. You can present the disease by drinking clean water and food and it is also necessary that you stay clean always.

Jaundice is a common monsoon disease

Jaundice is one more common monsoon disease you can suffer from. This is a viral disease and it is caused by contaminated food and water. When you have jaundice you feel extremely weak and the colour of the urine becomes yellow. You even have the tendency of vomiting and there is improper functioning of the liver. To prevent the disease it is best to drink boiled water and don't eat foods from the local shops and streets. This is the time when you should drink plenty of water and this will help the body fluid stay absolutely normal.

Malaria is one of the severe diseases that were an issue related to epidemic few years ago. But these days treatment of malaria has improved and people are surviving. Monsoon is the reason where water logging take place and breeding of mosquitoes will be quite common. You can be affected by malaria prone mosquitoes during monsoons.

Diarrhea

Just after the summer season is gone, we gain our appetite once again. The weather condition improves and become soothing. This makes us have different types of spicy food. But, we are not aware of the water borne diseases that spreads during monsoons. This is really common when the rainy season arrives. Thus, you must be really careful about the food that you consume. It is always better to avoid the street food as the chances of spreading diarrhea will be more common with this.

Viral fever

These days' viral fevers are quite common. Rather, it has become more common than that of bacterial infection. During monsoon, you can see your kids suffering from high fever. Even this high fever lasts for more than a week. This means that your child is suffering from viral infection. You must be really careful about the food habits and other day to day activities of your child. Once your child is affected with viral fever, it will last for several days. Even this will make you weak and feeble.

Our health needs special attention in the rainy season. Monsoon comes with a variety of waterborne diseases. Some other problems such as cough, cold, fever, eye infections, malaria, dengue and hepatitis are also very common during the monsoon. Our Diet & Personal Hygiene play a crucial role in prevention of these diseases during the monsoon.

- 1. Avoid eating outside food specially Pakodas, Bhel, Panipuri, Vadapav, etc. Eating such foods increases the chances of contamination and illness during the monsoon.
- 2. Avoid storing food for a long time because during the storage time uncooked foods or pre-cut fruits, vegetables and salads have more chances of contamination. This goes a long way in preventing digestive problems.
- 3. Wash Fruits & Vegetables thoroughly. Make sure vegetables and fruits you use are fresh. Soak them in salt-water (add 2 teaspoon salt in 1 liter water) for 5 to 7 mins. Rinse thoroughly with fresh water before use.
- 4. Use Herbs & Spices regularly. Herbs help in improving immunity during rainy season. Herbs such as Tulsi, Lemongrass, Mint, Ginger, Turmeric, Garlic can be used in monsoon on daily basis.
- 5. Drink Safe Water as Water borne illness are very common in rainy season, Drink Boiled water whenever possible. Specially kids, elderly and ill people must drink boiled water
- 6. Make use of Alum to get purified water, do not drink uncovered water and use water purifiers at home.
- 7. Personal Hygiene should be maintained. For example, wash your hands properly before handling food. Use handkerchief while sneezing, coughing etc. Personal cleanliness should be maintained to avoid contamination of food.
- 8. Mosquito repellents and nets should be used to prevent it. Also make sure that water does not stagnate in your area as mosquitoes breed in stagnant water. Use DDT in the drains near your home.
- 9. Boost Immunity with citrus fruits. Include Orange, lemon, gooseberry (amla) in your diet. Do not worry; it will not increase your cough or cold. Vitamin C rich fruits will help in boosting immunity.
- 10. Investigate immediately in case of persistent cough (cough for more than 4 day), fever other complaints.



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HAEMOSTASIS:

DEFINATION:

Haemostasis is the process by which blood loss from site of injury is stopped.

TYPES:

- 1. PRIMARY HAEMOSTASIS (formation of platelet plug)
- 2. SECONDARY HAEMOSTASIS (deposition of fibrin on platelet plug)

PRIMARY HAEMOSTASIS:

It starts immediately after injury and complete within seconds. It is important for stopping blood loss from the vessels. Anti-platelet drugs affect the primary haemostasis process.

Stages of primary Haemostasis: Platelet adhesion Release of mediators Platelet aggregation Platelet plug formation

SECONDARY HAEMOSTASIS:

It starts simultaneously with primary Haemostasis process and complete after several minutes. It gives strength to the platelet plug. It is important for stopping blood loss from larger vessel. It prevents recurrent bleeding, after hours and days of injury.

<u>Reactions:</u> Series of reactions activates coagulation cascades, i.e. intrinsic pathway, extrinsic pathway, common reactions and conversion reactions.

Reaction-1: Formation of factor XII Factor XIIa.(Final results in formation of factor Xa)

Reaction-2: Only activation of factor VII. It converts factor X to factor Xa in the presence of calcium.

Reaction-3: Prothrombin is converted to thrombin in the presence of factor Xa, factor V, calcium and phospholipid.

Reaction-4: Thrombin converts fibrinogen into fibrin. Fibrin polymer get deposited and stabilised by factor XIIIa. Thrombin activates platelet secretion and aggregration. Thrombin also activates factor VIII,X and XIII.

<u>Repair:</u> involves Fibrinolytic system, Coagulation inhibitor factors, Fibroblast and smooth muscle cells.

Fibrinolytic System: Gets activated by factor XII fragment and ultimately at the end of process TPA act as inhibitor.

Coagulation Inhibitor factors: Anti-thrombin III, Protein C and Protein S.

Anti-thrombin III will form complex with all activated coagulation factors except factor VII. Heparin accelerates the activity of the anti-thrombin III. Protein C stimulates activity of anti-thrombin III. Protein S enhances the activity of protein C.

PRETHROMBOTIC STATE: Deficiency lead to-

Atherosclerosis

CCF

Malignancy

Pregnancy and Post partum period

SLE

BLEEDING DISORDERS: differences in defect in primary haemostasis and secondary haemostasis

	PRIMARY HAEMOSTASIS SECONDARY HAEMOSTASIS			
Onset of bleeding	Immediate	Delayed		
Site of bleeding	Superficial	Deep		
CLINICAL:				
Physical findings	Purpura/Petechie/Echymosis	Hematoma/Hemarthrosis		
Response to the therapy	Immediate, local measures are	Requires sustained systemic		
	effective	therapy		

INVESTIGATIONS:

Platelet count, Bleeding time, Clotting time, Prothrombin time, partial thromboplastin time, Plasma volume

Defect in Primary Haemostasis:

Bleeding time is increased Platelet count is low

Defect in Secondary Haemostasis:

Congenital deficiency of plasma proteins involved in coagulation cascade.

Acquired deficiency of factors: II, VII, IX, X . Eg., Chronic liver disease and Vitamin K deficiency

Heparin administration

Oral anti-coagulation ingestion

<u>Prothrombin time</u>: screens extrinsic pathway.

It gets prolonged in:

Factor VII deficiency
Vitamin K deficiency in early stage
Oral anti-coagulant ingestion
Chronic liver disease

Partial Thromboplastin time: screens intrinsic pathway.

It gets prolonged in:

Deficiency of factors XII, High molecular weight kininogen(HMWK), Pre-kallikrei(PK), XI, IX, VIII

Heparin administration

Prothrombin time and Partial Thromboplastin time: both prolonged

Deficiency of factors II, V, X
Vitamin K deficiency in late stage
There is defect in the conversion of fibrinogen to fibrin

If Bleeding with normal Prothrombin time and Partial Thromboplastin time:

Deficiency of factors XII, Clot solubility, 5 M area, Defect in firbinolytic system Rapid clot test and plasma2 inhibitor levels indicated.

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Chronic Disease of the Organon In Light of Chronic inflammatory reaction of Modern Pathology

Part One

In Hahnemann's theoretical book of Chronic Disease he writes, ".....the original malady sought for must be also of a miasmatic, chronic nature clearly appeared to me from this circumstance, that after it has once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself. But it is evermore aggravated, from year to year through a transition into other and more serious symptoms, even till the end of man's life". In short it's a prolong process which later on leads to death. In our book for pathology chronic inflammation is defined as, "prolonged process in which tissue destruction and inflammation occur in the same time". What appears from the lines of Dr. Hahnemann and our textbook for pathology the understanding of the process of chronic disease remains the same.

The next was Hahnemann after studying, observing and analysisng cases of chronic diseases which after some time didn't gave any result , he made a very startling discovery which he later disclosed to the world in 1827. He found out that all these chronic diseases often had a history of an itch or skin eruption. In his own words, "After a careful inquiry it usually turned out that little traces of it(small pustules or itch, herpes etc) had showed themselves with them from time to time, even if but rarely, as an indubitable sign of a former infection of this kind. These circumstances, in connection with the fact that the innumerable observations of physicians and not infrequently my own experience, had shown that an eruption of itch suppressed by faulty practice or one which disappeared from the skin through other means was evidently followed in persons otherwise healthy, by the same or similar symptoms. "further he writes, All chronic diseases of mankind, even those left to themselves, not aggravated by a perverted treatment, show as said, such a constancy and perseverance that as soon as they have developed and have not been thoroughly healed by the medical art, they ever more increase with with

the years, and during the whole of man's lifetime; and they cannot be diminished by the strength belonging even to the most robust constitution. Still less can they be overcome and extinguished. Thus they never pass away by themselves, but increase and are aggravated even till death. They must therefor all have their origin and foundation constant chronic miasm, whereby their parasitical existence in human organism is enabled to continually rise and grow.

In the advance study of pathology a very parallel comparison can be drawn through its study ofcauses of chronic inflammation. The chronic inflammation can be caused by any of the following 3 ways:-

- 1) Chronic inflammation following acute inflammation- When tissue destruction is extensive, or the bacteria survive and persist in small numbers at the site of acute inflammation. ("an eruption of itch or itch suppressed....." chronic disease)
- 2) Recurrent attacks of acute inflammation- When repeated bouts of acute inflammation culminate in chronicity of the process.
- 3) Chronic inflammation starting de novo- When the infection with the organisms of low pathogenicity is chronic from the beginning e.g., infection with mycobacterium tuberculosis.

From what we see in the above ways it is clear that for a disease to develop into a chronic inflammatory disease it has to have a repeated bouts of infections which later develop into a chronic manifestation or here has to be an agent or antigen which can elicit from the beginning a chronic inflammatory response from the body as is seen in T.B or Leprosy. So from the above facts two things are common in both the old explaination by Dr.Hahnemann about chronic diseases and that by the modern pathologist.

- 1) Repeated bouts of acute infection or if it persist in small numbers at the site of inflammation.
- 2) Presence of an offending agent or antigen which can bring about chronic inflammatory response from the beginning.

Many a times there has been confusion arising from this comparison, where in a reader might mistake that by the miasmatic disease processDr. Hahnemann meant the infection from bacteria or virus. This is a complete disillusioned view of the concept of miasm. Miasm can be more akin to the two process of inflammation that take place in the body.

- 1. Reversible Cell Injury also known as Degeneration :-
 - I. Hydropic changes
 - II. Fatty change
 - III. Hyaline change
 - IV. Mucoid change
- 2. Irreversible Cell Injury:-
 - I. Autolysis
 - II. Necrosis
 - i. Coagulative
 - ii. Caseous
 - iii. Liquefaction
 - iv. Fat

v. Fibrinoid

III. Apoptosis

In reversible cell injury two things happen first is the subcellular alterations and second is intracellular accumulation. The subcellular alteration in cell injury as per the text book of Pathology by Harsh Mohan, "Certain morphologically distinct alterations at subcellular level are noticeable in both acute and chronic forms of cell injury. "This looks very much similar to the way in which Psora miasm has been described. About psora in chronic diseases this particular line,"...the mother of all the thousands of incredibly various (acute and chronic) diseases,...." looks as if taken from some pathology books of modern times.

The intercellular accumulation of substances is abnormal amounts can occur within the cytoplasm or nucleus of the cell, the phenomenon referred as infiltration as well.

Such abnormal accumulation can be divided into 3 groups:-

- 1. Accumulation of constituents of normal cell metabolism produced in excess.
- 2. Accumulation of abnormal substances
- 3. Accumulation of pigments

The accumulation of substances sounds evry similar to our own explanation of syscosis miasm in Organon which is responsible for causing chronic diseases.

The syphilitic miasm is the process which is described in our books of pathology by the name of irreversible cellular injury. This is just the tipoff an ice-berg. The observation and the far sightedness that our Father Dr. Hahnmann had can be only analyised and appreciated in our modern day with all the advancements in technology and resources.

To be Contin	nued	



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BOGERS APPROACH IN ACUTE DISEASES WITH THE HELP OF BOENNINGHAUSEN'S CHARACTERISTICS AND REPERTORY

PRELIMINARY DATA:

NAME: Mrs K J V

AGE: 28 yrs SEX: Female HISTORY:

Before 15 days patient was having complaint of cough, white sticky expectoration, <lying down, > during sleep, thirst normal, weakness, with chilliness, fever started 6pm, during fever pt having bitter taste in mouth, headache, thirst increased, desire for warm drinks. Fever decreased with perspiration and relief of symptoms.

Patient took allopathic treatment it was better within 7 days. After that complaint of knee joint pain started. continuous Pain3. drawing pain no swelling. Difficulty in walking Walking with support

< 1_{st} motion

>continued motion

>warm application

>rest

PHYSICAL EXAMINATION:

Weight -29kg pulse: 90/min irregular3.

RR-22/min

BP: 90/68mmhg Pallor+,

RS: clear AEBE

CVS: N P/A: NAD

Knee joints: ROM restricted, tenderness++, swelling+

INVESTIGATIONS:

Hb:10

WBC:27600 RBC:4.25 PCV-32 MCH-75.2 MCHC-31.3

N88 L6 E3 M3 ESR 90

URINE: puscell-15-20/hpf, albumin-4+ acetone- nil sugar-nil

cast- hyalogranular

DIAGNOSIS:

Post streptococcal reactive arthritis

PHASE OF DISEASE: Structural Reversible

TOTALITY WITH ANALYSIS:

Septicaemia- Pathological general

Pace fast- Characteristic physical general

Prostration- Characteristic physical general concomitant

Pulse disproportionate- Characteristic physical general objective sign

Immune system, blood, joints Locations

>Motion continued- Characteristic physical amel. Modality

The picture of the disease pointed towards the remedy Pyrogenum, Rhus-tox and Bryonia.

Reference from Boger's synoptic key, in light of diagnosis of reactive arthritis, suggested Pyrogenum as a remedy.

References are location; blood decomposition or sepsis, pulse \square uick, out of all proportion to temperature or the reverse. Slowly advancing hectic.

REMEDY AND FOLLOW UP:

Pyrogenum 200 4 hourly.

Temperature settled within a day, with much relief in joint pains. Later on Patient remained well.

CONCLUSION:

Boger s approach was the rescue for this case.

Boger s approach is applicable as pathological generals, specific locations, modalities and concomitant are available.

While doing repertorization it was difficult to find some rubrics like location; immune system, pulse disproportionate that can be attributed to limitation repertory.

With repertorization result selected remedy Pyrogenum nowhere found, this repertory lacks in presentation of nosodes, but Boger s synoptic key describing Pyrogenum very well though not all nosodes.

In depth knowledge of materia medica with clinic-pathological correlation is essential with proper use of repertory.



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Spider Remedies in Homeopathy

Let us Start with a Story:-

According to Greek Mythology In ancient Greece there lived a woman called

Arachne who was famous for her skill in weaving. Her skill at her art made her

very conceited, thinking that there was none better than her.

In her conceit she challenged the Goddess Athene to a weaving contest.

Arachne's effort was very beautiful and it aroused jealousy in Athene was felt threatened by Arachne. *

Athene was the goddess of all weaving. In her fit of rage she tore Arachne's wearing to pieces. Arachne was very upset and she hung herself, *

Where upon Athene changed her into a spider and condemned her to go on weaving forever.

Hence, the name Arachnida which really means "Children of Arachne." .

Spiders form the largest and most widely distributed order of class of animals called ARACHNIDA, which also includes the scorpions, harvestmen, false scorpions, mites and ticks.

There are about 22,000 different species of spiders of which about 500 are British. The largest are found in Central America and have a body length of about 3.5 inches, the smallest species are less than a 25th of an inch long.

Bodies of animals belonging to class Arachnida – consist of 2 parts here are two types of spiders

- 1. ARANOMORPHAE or DIPNEUMONES, with one pair of lungs.
- MYGALOMORPHAE or TETRAPNEUMONES, with two pairs of lungs.

Mygalomorphae

- 1. Always live in funnels and tubular holes in the ground. Some close this beautifully lined holes with a lid like a hinge door.
- 2. They have short glands and ducts and their fangs move vertically.
- 3. Tarentula Cubensis Mygale

More species belong to the Aranomorphae and they are called the true spiders or tarentulas (in the new nomendature tarantula).

Bodies of animals belonging to class Arachnida – consist of 2 parts

- (a) The front head and chest closely joined forming cephalothorax;
- (b) The behind the abdomen.

Important medicines

- 1. Aranea Diadema
- 2. Aranea Ixolobo
- 3. Aranea Scinencia
- 4. Aranerum Tela (cobweb).
- 5. Latrodactus Hasselti
- 6. Latrodactus Kalipo
- 7. Latrodactus Mactans
- 8. Mygale Lasiodora
- 9. Tarentula cubensis
- 10. Tarentula Hispania
- 11. Theridion curassavicum.

Physical symptoms

1) All spiders have marked action or blood giving a picture of blood poisoning and septicemia

(septic fevers) Chorea and involuntary movements of single or group of muscles.

- 2) Marked action on the central nervous system,
 - Anxiety,
 - Trembling,
 - Twitching,
 - Restlessness,
 - Oversensitiveness,
 - Nervous prostration,
 - Chorea and involuntary movements of single or group of muscles.
- 3) "Instability" is the outstanding feature. Instability of action, purpose, wisdom, etc.
- 4) Periodicity: Symptoms recur annually.

5) Affinity towards skin. Causing deep destruction of tissues.

Carbuncles, Burning, , Actinomycosis, Gangrene etc.

6) Modalities.

- < Bright objects > Music
- < Touch, noise, light > Rubbing
- < Coition > Smoking.
- < After or during menses

7) Smoking amelioration

- Tarentula his
- Tarentula cu
- Arania diadima
- Arania ixodola.

8) Desires.

- Alcoholic drinks- Ther +
- Ashes Tarentula hi +
- Bananas Theridion +
- Cold drinks Tarentula his ++
- Seasoned food- Tarentula h ++
- Raw food- tarentula h +
- Tobacco- ther+

9) Aversions.

- Bread Tarentula h +
- Meat Ther +Tarentula h ++
- Chocolate Tarentula h +

10)Sexualsphere

Sexual excitement ++. Lascivious. But aggravated coition – leading to sadness, weakness, dyspnoea etc.

11) Mental symptoms

- Spiders stay in burrows, holes and light and Aversion to society are marked mental symptoms.
- Selfish, cunning, whimsical and quarrelsome.
- Contrariness, within himself as well as to outer circumstances. Obstructive, interfering.
- Great aversion to bright light, objects, colour, etc.
- < Contradiction. A/F Contradiction
- Music, sensitive to +3. All complaints react to music not only mental, but physical symptoms also > Music.
- Contrariness. Cheerfulness or gaiety alternating with Anger, irritability. Aversion to company but wants someone present nearby.
- Hysterical. Causeless weeping, feigning and malingering.
- All mental symptoms ameliorated by eating. walking).

13) Dreams of spiders

- (1) Tarentula hispanica
 - Animals
 - Animals wild
 - Animals pursuing him
 - Bulls pursuing him
 - Business
 - Contempt
 - Danger
 - Dead bodies
 - Death
 - Horse falling from horse
 - Insults (abused)
 - Long
 - Many (dreaming)
 - Misfortune (accidents, disaster, events, unfortunate, loss)
 - Pleasant (joyous, peaceful, quiet, wonderful)
 - Pleasant after 2 h.
 - Pursued being animals by
 - Pursued, being, bulls by
 - Remembered

(2) Theridion

- Body parts of teeth breaking off
- Disease teeth breaking off
- Horses
- Horse riding
- Journeys (difficulties, foreign country)
- Journeys horse back, on
- Many
- Riding
- Teeth breaking off

(3) Mygale

- Absurd (strange)
- Ludicrous

(4)Aranea Diadema

Frightful (anxious)

Events April – June 2018

3rd YR (NEW COURSE) BHMS STUDENTS CELEBRATED "ARMY DAY" & "GROUP DAY" ,"SAREE DAY" , "BLACK & WHITE DAY" & "PATIALA DAY" ON $2^{\rm ND}$, $3^{\rm RD}$, $4^{\rm TH}$, $5^{\rm TH}$ & $6^{\rm TH}$ APRIL 2018









ROTARY CLUB OF SAYAJINAGARI & GANGA JAMUNA HOSPITAL DR ASHWIN SHAH ORGANISED AWARENESS CAMP OF "DIABETES AND HYPERTENSION "@SONARKUI DI:-VADODARA ON 07TH APRIL 2018 .CAMP WAS SKILLFULLY SUPPORTED BY ENTIRE TEAM OF SMMHMC INTERNS.



The Management, Staff and Students of SMMHMC Celebrated the 263rd Birth Anniversary of Dr Samuel Hahnemann, also celebrated as <u>"World Homoeopathy Day"</u> in the college campus on 10th April 2018.





1st YR BHMS STUDENTS ALONG WITH HOD PHARMACY DEPARTMENT DR R P JADEJA AND OTHER STAFF MEMBERS OF SMMHMC VISITED HOMOEOPATHIC PHARMACOPOEIA LABORATARY.GHAZIABAD ON 7th MAY 2018



1st YR BHMS STUDENTS AND STAFF VISITED BAKSON DRUGS AND PHARMACEUTICAL PVT LTD.ROORKEE.UTTARAKHAND on 8th MAY 2018.



4th "INTERNATIONAL YOGA DAY" CELEBRATED @ SMMHMCVADODARA on 21st June 2018



A live webinar on "Youth For World Peace" delivered by Mr Prem Ravat, a Renowned motivational speaker on international Peace was arranged in SMMHMC, Vadodara, today i.e. 29th June 2018, by Youth Peace Foundation. Dr Keval Soni, President, SMMHMC was felicited on this occasion on behalf of the Foundation for his co-operation in organising the event.





SHREE MAHALAXMIJI MAHILA HOMOEOPATHIC MEDICAL COLLEGE

THIRD B.H.M.S. (OLD COURSE) 2017-18 APRIL-MAY 2018 RANKERS



KATARMAL SHIVANGEE GIRISHBHAI

College - FIRST
University - Fourth
66.71%



DESAI POOJABEN KALPESHKUMAR

College - **SECOND**University - Sixth **65.86%**



PATIL DEVYANI SHANTILAL

College - **THIRD**University - Seventh **64.29%**

SHREE MAHALAXMIJI MAHILA HOMOEOPATHIC MEDICAL COLLEGE

FOURTH B.H.M.S. (OLD COURSE) 2017-18 APRIL-MAY 2018 RANKERS



KATRODIYA MEGHABEN SURESHBHAI

College - FIRST University - Third 66.75%



JIVANI AVANI BEN DHARMEND RABHAI

College - **SECOND** University - Tenth **63.06**%



PATHAN AFIFABANU SUFIYANKHAN

College - **THIRD**University - Thirteenth **62.19%**

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