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April 2019

HOMOEOPGLEANINGS

QUARTERLY MEDICAL BULLETIN



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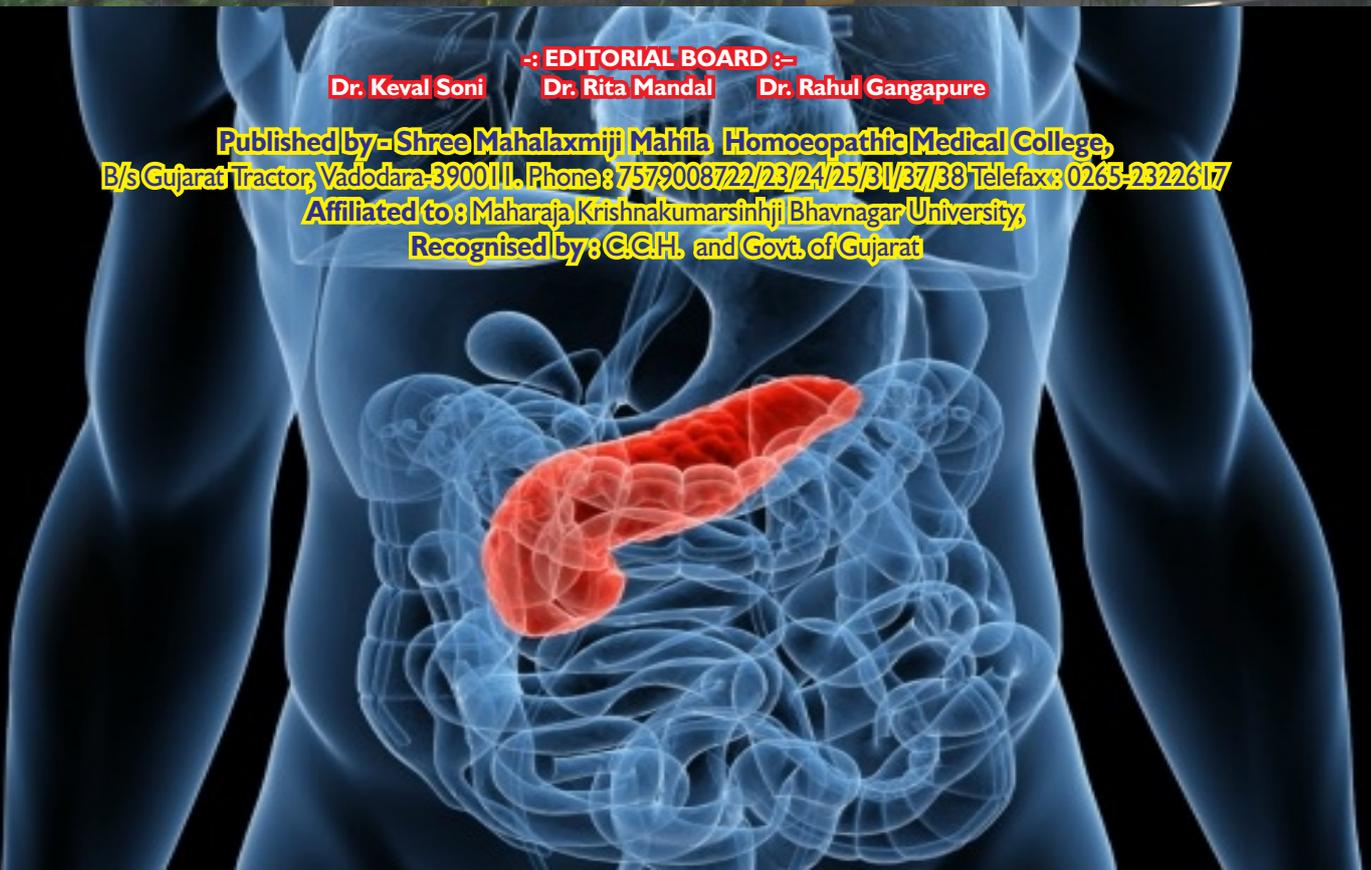
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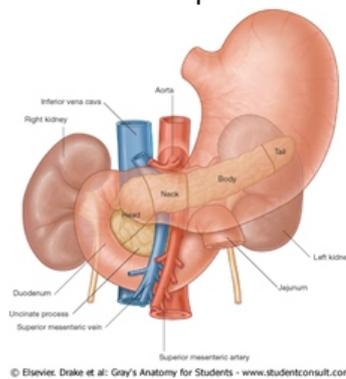
Welcome one and all to the 'mercurial 'season i.e. the season of rising mercury. This season also brings along hopes of a good monsoon for the farmer community. This is the season of the 'King of Fruits', the Alphonso. This is also the most dreadful time for the students as this is the time of exams. This year marks the end of the old BHMS syllabus. The last batch of the old syllabus will appear for the exams and await eagerly for a successful result. We wish them all the best. We also convey our best wishes to the outgoing internship batch for a successful career ahead. The past season witnessed our interns enthusiastically participated in numerous health check-up camps across Vadodara district . This Bulletin is a special one as we have tried to cover up the topic of **“Pancreas & its Disorders”** . The reader will surely be updated with the Anatomical & Physiological aspects of Pancreas. Moreover emphasis is given on Clinical aspects of Pancreatic disorders in respect to Preventive Measures, Obstetric, & Medical Management along with some useful Homoeopathic therapeutics. I Hope this work will be a ready reckoner for most of your medical queries regarding Pancreas & its disorders. We also hope that we get a stable and a good government on the 23rd May which will take our country to greater heights. Jai Hind...

ANATOMY OF PANCREAS



Dr Kalpana Arora

Assistant Professor Department of Anatomy



Human digestive system is composed of two groups of organs:-

- The gastrointestinal tract or the elementary canal, is a continuous tube that extends from the mouth to anus.
- The accessory digestive organs include teeth, tongue, salivary glands, liver, gall bladder and pancreas.

The chyme passes from stomach to the small intestine for further digestion.

Chemical digestion in small intestine depends on the activities of pancreas, liver and gall bladder.

The pancreas is a gland that is partly endocrine and partly exocrine. The exocrine part secretes the digestive pancreatic juice, and the endocrine part secretes hormones, e.g. insulin.

The pancreas is a retroperitoneal organ lying transversely across the posterior abdominal wall, at the level of first and second lumbar vertebra.

The pancreas is about 15- 20 cm long, 3.5 cm broad and 2.5 cm thick and weighs about 90g.

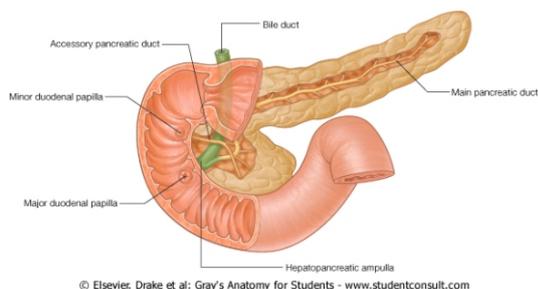
The pancreas consists of head , a body , and a tail.

Head is the enlarged right end of the pancreas. Next to the head there is a short, constricted part called the neck. The neck is continuous with the main part of the gland called the body. The left tapering end is called the tail.

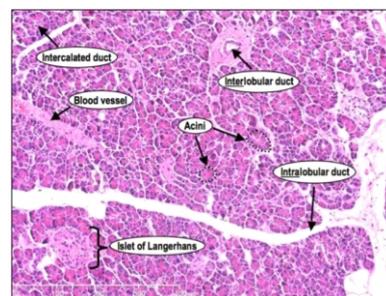
Ducts of pancreas:- Pancreatic juices are secreted by exocrine cells into small ducts that ultimately unite to form two larger ducts, the pancreatic duct. These in turn convey the secretions into the small intestine.

The pancreatic duct (duct of Wirsung) is the larger of the two ducts. The pancreatic duct is related to the bile duct within the head of the pancreas. The two ducts enter the wall of the second part of the duodenum, and join to form the **hepatopancreatic ampulla of Vater** which opens by a narrow mouth on the summit of **major duodenal papilla**, 8-10 cm distal to the pylorus. The passage of pancreatic juice and bile through the hepatopancreatic ampulla into the small intestine is regulated by a mass of smooth muscle known as **sphincter of Oddi**.

The accessory pancreatic duct of Santorini , leads from the pancreas and empties into the duodenum about 2.5 cm superior to the hepatopancreatic ampulla.



Ducts of Pancreas



Histology of pancreas

Histology:- The pancreas is made up of small clusters of glandular epithelial cells. About 99% of clusters, called **acini** constitute the exocrine portion of the organ. The cells within acini secrete a mixture of fluid and digestive enzymes called **pancreatic juice**.

The remaining 1% of clusters, called **pancreatic islets** (islets of Langerhans), form the endocrine portion of the pancreas. They are most numerous in the tail. The various types of cells in islets are :- **beta cells** forming about 80% of cell population. They produce **insulin**. Other types of cells are **alpha cells** with subtype A1 and A2. They form about 20% of the cell population. **A1** secrete pancreatic **gastrin and serotonin**. **A2** cells secrete **glucagon**.

Endocrine functions of Pancreas



Dr Kiran Gangapure

Professor & H.O.D. Dept of Physiology

Pancreas is only organ which has endocrine & exocrine functions. Hence it helps in digestion of carbohydrate, protein, lipid and in their metabolic activity. Islets of Langerhans are responsible for secretion of hormones. Alpha cells secrete glucagon, beta cell secretes insulin, and delta cell secretes somatostatin. Action of insulin and glucagon is complementary to each other for regulation of blood glucose.

Synthesis

Insulin is synthesized in beta cell as preproinsulin which is cleaved to proinsulin and further to insulin hormone and C-peptide. Insulin hormone consists of two chains, A chain consists of 21 amino acids and B chain consists of 30 amino acids. In between A and B chain 2 disulphide bridges are present and 1 disulphide bridge within chain.

A. Insulin is stored in granules with zinc ions inside beta cell. Intact molecule is necessary for biological action.

Actions

1. Decrease blood sugar level. It increases utilization of glucose. Helps in entry of glucose in muscle and adipose tissue. Except brain, intestinal mucosa, kidney, R.B.C.s.
2. It prevents ketone body formation by breaking down of fat. It helps in formation of triglycerides and deposition of lipids into fat depots.
3. It helps in formation of protein. It has protein-sparing effect.
4. It increases transport of K^+ ion into cell.
5. It is responsible for normal growth.

6. It helps in normal functioning of all systems.

Receptors has 4 units. 2 alpha and 2 beta , connected with each other by disulphide bond. Lack of receptor leads to diabetes mellitus. Insulin secretion is regulated by blood glucose level., entry of glucose in beta cell,. Glucagon stimulates insulin secretion and insulin inhibits glucagon.

Insulin secretion

increases by...after meal, some amino acid, parasympathetic stimulation.

Inhibition by...somatostatin ,catacholamine.

Glucagon ..contains 29 amino acid, secreted by alpha cells of islets of langerhans. It opposes action of insulin. Increases blood sugar levels. It stimulates neoglucogenesis. It stimulates glycogenolysis.

Glucagon secretion

is stimulated by hypoglycemia, and by epinephrine.

inhibited by insulin and somatostatin. So for regulation of blood glucose level not only insulin but glucagon is also essential.

PANCREAS : AS AN EXOCRINE GLAND

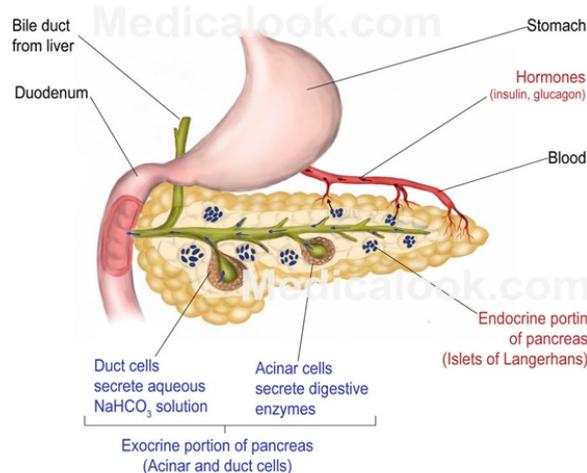


Dr Dhara Joshi

Assistant Professor Dept. of Physiology

Exocrine glands are glands that produce and secret substances onto an epithelial surface by a way of a duct.

Pancreas has a dual functions: as an Endocrine Gland(secrets Hormones)and as an Exocrine Gland(Secrets enzymes).



Exocrine part of pancreas is made up of **acini** or **alveoli**. Each acinus has a single layer of acinar cells with a lumen in the center. Acinar cells contain zymogen granules, which possess digestive enzymes.

A small duct arises from lumen of each alveolus. Some of these ducts from neighboring alveoli unite to form **intralobular duct**. All the intralobular ducts unite to form the main duct of pancreas called **Wirsung duct**. Wirsung duct joins common bile duct to form **ampulla of Vater**, which opens into duodenum.

In some persons, an accessory duct called duct of **Santorini** exists. It also opens into duodenum, proximal to the opening of ampulla of Vater.

Exocrine Functions of Pancreas:

- Neutralisation of acid chyme: When acid chyme enters in the intestine from stomach, pancreatic juice with large quantity of bicarbonate is released into intestine.
- Pancreas secretes different enzymes like Trypsin, Chymotrypsin, Carboxypeptidase, Nuclease, Elastase, Collagenase, Pancreatic Lypase, Cholesterol ester hydrolase, Phospholypase A , Phospholypase B , Pancreatic Amylase etc. And these enzymes helps in digestion of Protein, Lipid and Carbohydrates.....

APPLIED:

PANCREATITIS

Pancreatitis is the inflammation of pancreatic acini. It is a rare but dangerous disease. Pancreatitis is of two types:

1. Acute pancreatitis
2. Chronic pancreatitis.

STEATORRHEA

Steatorrhea is the formation of bulky, foulsmelling, frothy and claycolored stools with large quantity of undigested fat because of impaired digestion and absorption of fat.

GESTATIONAL DIABETES AND ITS EFFECTS ON PREGNANCY



Dr Heena Shah

PROFESSOR & H.O.D

Department Of Obstetrics & Gynaecology

GDM is defined as carbohydrate intolerance of variable severity with onset or first recognition during the present pregnancy diabetes has both maternal and foetal adverse effects

MATERNAL EFFECTS

In pregnancy

- Spontaneous abortions are seen due to uncontrolled diabetes
- Infections like uti
- Vaginal candidiasis
- PIH pregnancy induced hypertension
- Polyhydramnios
- Pre-term labour
- Diabetic retinopathy
- Diabetic nephropathy
- Coronary artery disease
- Ketoacidosis

In labour

- prolonged labour due to macrosomia
- Shoulder dystocia
- LSCS
- PPH
- Perinal injuries
- In puerperium
- Puerperal sepsis
- Lactation failure

Foetal effects

- Foetal macrosomia baby weight more than 4 kg at term
- IUFD
- Congenital malformations like anencephaly, spina bifida, meningomyelocele, ventricular septal defects sacral agenesis.

DIABETES:- PROBLEM STATEMENT AND CONTROL



Dr Rahul Gangapure

H.O.D Dept Of Community Medicine

Diabetes is fast gaining the status of a potential epidemic in India with more than 62 million diabetic individuals currently diagnosed with the disease.^{1,2} In 2000, India (31.7 million) topped the world with the highest number of people with diabetes mellitus followed by China (20.8 million) with the United States (17.7 million) in second and third place respectively. The prevalence of diabetes is predicted to double globally from 171 million in 2000 to 366 million in 2030 with a maximum increase in India. It is predicted that by 2030 diabetes mellitus may afflict up to 79.4 million individuals in India, while China (42.3 million) and the United States (30.3 million) will also see significant increases in those affected by the disease.^{3,4} India currently faces an uncertain future in relation to the potential burden that diabetes may impose upon the country. Many influences affect the prevalence of disease throughout a country, and identification of those factors is necessary to facilitate change when facing health challenges. So what are the factors currently affecting diabetes in India that are making this problem so extreme?

The aetiology of diabetes in India is multifactorial and includes genetic factors coupled with environmental influences such as obesity associated with rising living standards, steady urban migration, and lifestyle changes. Yet despite the incidence of diabetes within India, there are no nationwide and few multi-centric studies conducted on the prevalence of diabetes and its complications. The studies that have been undertaken are also prone to potential error as the heterogeneity of the Indian population with respect to culture, ethnicity, socio- economic conditions, mean that the extrapolation of regional results may give inaccurate estimates for the whole country.

There are, however, patterns of diabetes incidence that are related to the geographical distribution of diabetes in India. Rough estimates show that the prevalence of diabetes in rural populations is one-quarter that of urban population for India and other Indian sub-continent countries such as Bangladesh, Nepal, Bhutan, and Sri Lanka. Preliminary results from a large community study conducted by the Indian Council of Medical research (ICMR) revealed that a lower proportion of the population is affected in states of Northern India

(Chandigarh 0.12 million, Jharkhand 0.96 million) as compared to Maharashtra (9.2 million) and Tamil Nadu (4.8 million). The National Urban Survey conducted across the metropolitan cities of India reported similar trend: 11.7 per cent in Kolkata (Eastern India), 6.1 per cent in Kashmir Valley (Northern India), 11.6 per cent in New Delhi (Northern India), and 9.3 per cent in West India (Mumbai) compared with (13.5 per cent in Chennai (South India), 16.6 per cent in Hyderabad (south India), and 12.4 per cent Bangalore (South India). A suggested explanation for this difference is that the north Indians are migrant Asian populations and south Indians are the host populations, however this possible cause-and-effect has not been corroborated through further research. Similar ethnographic disparities have been observed in indigenous and non-indigenous populations in countries colonised by the Great Britain: indigenous people from New Zealand and Australia have been shown to suffer from diabetes and cardio-metabolic disorders more than the non-indigenous people. Further studies are required in India to highlight cultural and ethnic trends and provide a more complete understanding of the differences in diabetes aetiology between Indian and other ethnic groups within India.

Although the Indian urban population has access to reliable screening methods and anti-diabetic-medications, such health benefits are not often available to the rural patients. There is a disproportionate allocation of health resources between urban and rural areas, and in addition poverty in rural areas may be multi-faceted. Food insecurity, illiteracy, poor sanitation, and dominance of communicable diseases may all contribute, which suggests that both policy makers and local governments may be undermining and under-prioritising the looming threat of diabetes. Such inadequacies contribute to an infrastructure that may result in poor diabetes screening and preventive services, non-adherence to diabetic management guidelines, lack of available counselling, and long distance travel to health services. Aged care facilities in rural areas report disparity in the diabetes management compared with their urban counterparts, with these populations more likely to suffer from diabetic complications compared to their urban counterparts. More needs to be done to address the rural-urban inequality in diabetes intervention.

Obesity is one of the major risk factors for diabetes, yet there has been little research focusing on this risk factor across India. Despite having lower overweight and obesity rates, India has a higher prevalence of diabetes compared to western countries suggesting that diabetes may occur at a much lower body mass index (BMI) in Indians compared with Europeans. Therefore, relatively lean Indian adults with a lower BMI may be at equal risk as those who are obese. Furthermore, Indians are genetically predisposed to the development of coronary artery disease due to dyslipidaemia and low levels of high

density lipoproteins; these determinants make Indians more prone to development of the complications of diabetes at an early age (20-40 years) compared with Caucasians (>50 years) and indicate that diabetes must be carefully screened and monitored regardless of patient age within India.

An upsurge in number of early-onset diabetes cases is also responsible for the development of various diabetic complications due to longer disease duration, however data on the prevalence on diabetic complications across the whole of India is scarce. A recent international study reported that diabetes control in individuals worsened with longer duration of the disease (9.9 ± 5.5 years), with neuropathy the most common complication (24.6 per cent) followed by cardiovascular complications (23.6 per cent), renal issues (21.1 per cent), retinopathy (16.6 per cent) and foot ulcers (5.5 per cent). These results were closely in line with other results from the South Indian population, however further data from different sections of India is required to be able to assess whether patterns of complications rates vary across the country. Poor glycaemic control, a factor that has been observed in the Indian diabetic population, is responsible for micro- and macrovascular changes that present with diabetes, and can predispose diabetic patients to other complications such as diabetic myonecrosis and muscle infarction. Developing countries like sub-Saharan African countries have noted rise in Plasmodium falciparum cases in patients with diabetes mellitus, and the convergence of two such diseases provides for complications that not only limit the available treatment options but also increase the morbidity, mortality and financial burden on a resource limited country like India.

There are a number of challenges that plague diabetes care in India. While HbA1c is the gold standard test around the world for insulin initiation and intensification, it is not easily available to a large section of Indian population. Furthermore, there is a lack of “clinical inertia” for the commencement of insulin therapy in both the clinical and patient communities. The most common apprehensions are related to the complexities of the insulin regimen and concerns about weight gain, hypoglycaemic events, and fear of insulin prick. An inadequacy in Indian guidelines is also responsible for wide variation in treatment preferences across the country; the creation of simple and practical insulin guidelines that can be incorporated into routine clinical practice by primary health care physicians are desperately required to facilitate treatment and the initiation of insulin therapy throughout the country.

To reduce the disease burden that diabetes creates in India, appropriate government

interventions and combined efforts from all the stakeholders of the society are required. Clinicians may be targeted to facilitate the implementation of screening and early detection programmes, diabetes prevention, self-management counselling, and therapeutic management of diabetes in accordance with the appropriate local guidelines form the backbone of controlling the predicted diabetes epidemic. Early screening and detection of pre-diabetes (especially in pregnant women, children and adults with BMI ≥ 25) may yield positive health outcomes in society. Continuing education programmes for general practitioners may provide the “clinical inertia” required to initiate programme adherence, and may be a major step in achieving target glycaemic levels and the prevention of disease complications. Aggressive clinical measures in terms of early insulin initiation combined with optimal doses of oral hypoglycaemic agents and appropriate lifestyle modification could also have long-term positive effects in disease management.

Government policies may help in creating guidelines on diabetes management, funding community programmes for public awareness about the diabetes risk reduction, availability of medicines and diagnostic services to all sections of community. Efforts by various governments and agencies around the world to intervene in diabetes management have resulted in positive health outcomes for their communities. In the United States there are number of public and private funded programmes to prevent and manage diabetes that have been successful. Similarly, the Australian government runs programmes such as the “National Health Priority Areas initiative” that is dedicated to provide focussed and continuum of care and attention on chronic disease like diabetes. The United Kingdom government places special emphasis on diabetes care in patients, with the National Health Service conducting various patient education programs and trials to improve quality of life of patients such as the “Dose Adjustment for Normal Eating” (DAFNE) study and “Diabetes Education & Self-Management for Ongoing & Newly Diagnosed” (DESMOND) study to provide patient education. Similarly, a government initiative in the United Arab Emirates has set up an expert panel to form guidelines for diabetes management and public awareness programmes. This has resulted in positive health effects which may arrest rising trend in diabetes cases in that country. In India, similar efforts and services are required at 'grass roots' level to contain the new-age diabetes pandemic.

Conclusions

Diabetes mellitus is reaching potentially epidemic proportions in India. The level of morbidity and mortality due to diabetes and its potential complications are enormous, and pose significant healthcare burdens on both families and society. Worryingly, diabetes is now being shown to be associated with a spectrum of complications and to be occurring at a relatively younger age within the country. In India, the steady migration of people from

rural to urban areas, the economic boom, and corresponding change in life-style are all affecting the level of diabetes. Yet despite the increase in diabetes there remains a paucity of studies investigating the precise status of the disease because of the geographical, socio-economic, and ethnic nature of such a large and diverse country. Given the disease is now highly visible across all sections of society within India, there is now the demand for urgent research and intervention - at regional and national levels - to try to mitigate the potentially catastrophic increase in diabetes that is predicted for the upcoming years.

DIABETES MELLITUS



Dr. Jigisha Panchal

Assistant. Professor

Department Of Practice Of Medicine

Increase in blood sugar level, which damage the blood vessels and nerves thereby causes disease in various organs of the body.

It commonly manifests with symptoms like- increase in appetite, increase in thirst and increase in urine output; there by causes severe weakness.

Who are at risk for development of Diabetes Mellitus?

- Obesity
- Hypertensive subjects with Blood Pressure of $>140/90$ mmHg
- Family history of Diabetes Mellitus
- Sedentary habits
- Dyslipidemia

Recommendations to screen for Diabetes Mellitus:

Any person above age 45 years, (even if have normal sugars or less of risk factors)- should get blood sugar levels once in three months and HbA1C once in year for early diagnosis, treatment and prevention of complications

What is diagnostic?

HbA1C >6.5

Fasting Blood sugar >126 mg/dl

Post meals 2 hours blood sugars >200 mg /dl

Diabetes Mellitus and its complications:

- Eyes:- Diabetic Retinopathy with progressive vision loss
- Heart:- Coronary artery disease, Cardiac failure, Sudden cardiac arrest
- Kidneys:- Pyelonephritis (increased risk than non diabetics), Acute Renal Failure, Chronic Renal Failure
- Lower limbs:-Diabetic foot, Diabetic ulcer, Gangrene, Peripheral Neuropathy
- Brain:- Cerebro vascular stroke and paralysis
- Tooth and Gums:- Dental carries, Infections

Above complications can be prevented by keeping blood sugars under good control.

Target value of HbA1C <7. HbA1C should be checked every 3 months or at least 3-4 times in an year, to assess status of glycaemia control

Management:

- Anti diabetic diet, small frequent meals are recommended for Diabetic patients
- Food allowed- Green leafy vegetables- all, Salad, and fruits like- Papaya, Pomegranate, Apple, Water melon
- Avoid sedentary habits, Walk atleast 40-45 minutes every day
- Quit Smoking/Tobacco consumption in any form
- Exposure to sun rays
- Regular medications, regular blood sugar monitoring and follow up with Physician

HOMOEOPATHIC MANAGEMENT OF PANCREATIC DISORDERS



Dr Gaurav Sharma

Associate Professor

Department of Homoeopathic Materia Medica

Exocrinal Disorders

Pancreatitis is inflammation of the pancreas that can occur in two very different forms.

Acute pancreatitis is sudden while chronic pancreatitis is characterized by recurring or persistent abdominal pain with or without steatorrhea or diabetes mellitus.

Symptoms of Pancreatitis

- Severe upper abdominal pain, with radiation through to the back, is the hallmark of pancreatitis.
- Nausea and vomiting (emesis) are prominent symptoms.
- The blood pressure may be high (when pain is prominent) or low (if internal bleeding or dehydration has occurred).
- Typically, both the heart and respiratory rates are elevated.
- Abdominal tenderness is usually found but may be less severe than expected given the patient's degree of abdominal pain.
- Bowel sounds may be reduced as a reflection of the reflex bowel paralysis (i.e. ileus) that may accompany any abdominal catastrophe.

HOMEOPATHIC TREATMENT:-

ARSENIC ALBUM:-

A profoundly acting remedy on liver, pancreas. Burning pains, its chilly patient, thirstless, restless, fear of incurable disease. Nausea, retching, vomiting, after eating or drinking. Craves milk, liver, spleen, pancreas enlarged and painful. fatty degeneration, cyanosis.

BELLADONNA:-

Reil and Buechner class Belladonna among remedies for pancreatic affections. The later says: "Catarrh of the pancreatic duct is best met by Belladonna followed by Mercurius." Baehr recommends Atropine sulphate in pancreatic diseases. Belladonna is the most efficacious remedy in acute haemorrhagic pancreatitis.

Heat, redness, throbbing and burning pains, no thirst, anxiety or fear, suddenness of attacks and onset. Sensitive to least contact, strawberry tongue, swollen tongue and painful, extreme sensitive to bed clothes and touch, distension of abdomen, low grade fever, restless, chilly patient are the characteristic indications to prescribe Belladonna.

CONIUM:-

It's a wonderful medicine for any glandular affections, weakness of body, mind, trembling and palpitation. severe aching in and around of liver region, great debility.

Knife like pain in whole abdomen, distension of abdomen, chilly patient, thirst less.

IODUM PURUM:-

This remedy causes in its action upon the salivary gland an increased secretion of watery saliva. It also has violent copious vomiting of a watery or sour substance, has a diarrhea of copious soft, watery, foamy stools, which contain fat, and there is a violent pain in the epigastrium and back. There is great emaciation: the patient is hungry, eats enormously and yet grows thin; there is a soapy taste in the mouth and general enlargement of the glands.

Hungry with much thirsty, better after eating, pain in empty stomach, great debility even slight work leads sweating, desires cold air, inflammation of pancreas. Chronic congestive headache in old age person, cutting pain in abdomen, pancreatic disease, pain in bones at night.

IRIS VERSICOLOR:-

This remedy has a positive effect upon the pancreas, and Dr. Farrington gives the following symptoms as indicative of the remedy: Burning distress in the region of the pancreas, with vomiting of a sweetish water; the saliva has a greasy taste; there is watery diarrhea which contains undigested fat, worse in the morning ; sick headaches may accompany.

Burning of whole elementary canal, good remedy for any pancreatic problem, vomiting, sour biliary and blood. Nausea, profuse flow of saliva, deficient appetite. Periodical night diarrhea, with pain and greenish discharge. Shifting pain is one of the main in iris.

PHOSPHOROUS:- This remedy will prove valuable in tuberculous patients, where there are evidences of fatty degeneration of the various organs, especially of the heart, liver or kidneys. The stools are undigested, containing particles, of fat the face is pale, yellow, and the patient anaemic. It is useful, in atrophy of the pancreas with diabetes. Oily looking stool with particles in the looking like frog spawn or sago, is characteristic.

Clairvoyance, fearfulness, fear of dark, fear of thunderstorm, vomiting, water is thrown up as soon as it gets warm in the stomach. post operative vomiting, pain in stomach reduced after cold water, Ice, ice creams. Burning pain in stomach, large

yellow spots on abdomen, pancreatic disease. lascivious dreams.

SPONGIA TOSTA:-

Anxiety and fear, bursting type of headache, tongue is dry and brown, full of vesicles, cant bear tight cloths around abdomen, excessive thirst, great hunger, awakes in a fright, and feels as if suffocating.

Some of other drugs in homeopathy for acute/ Chronic pancreatitis are atropinum purum sulphuricum, baryta muraticum, kali iodum, and mercurious solliblis.

Endocrinal Pancreatic Disorders

Diabetes

Homeopathic medicines for diabetes include:

1. **Abroma Augusta:** This homeopathic medicine is best for diabetics who have weak muscles, increased appetites and [frequent urination](#).
2. **Phosphorus:** If symptoms include weak vision, Phosphorus is the best remedy for it.
3. **Syzygium Jambolanum:** This is one of the best homeopathic remedies for diabetes mellitus. It acts efficiently and promptly in lowering sugar levels.
4. **Phosphoric acid:** If you feel exhausted or weak all the time, either physically or mentally, then Phosphoric acid is beneficial. Weak memory, [forgetfulness](#) and numb feet are also treated with Phosphoric acid.
5. **Gymnema Sylvestre:** Sometimes, diabetics drastically lose weight and have low energy levels. Gymnema Sylvestre is an excellent remedy for such symptoms.

Sometimes one or more homeopathic medicines may be used one after another to treat symptoms. Some common combinations include:

1. Lachesis, Arnica, Belladonna and Phosphorus are used in a treatment to treat retinopathy, which is damage to the eyes caused by diabetes.
2. Serum Anguillae, Arsenic Album and Lycopodium are used together to treat kidney damage ([nephropathy](#)) in diabetics.
3. Helonias, Sulphur and Phosphoric acid are taken to deal with [neuropathy](#) or nerve problems such as [numbness](#) in feet and hands.
4. Syzygium Jambolanum is combined with Secale Cornutum to treat skin ulcers, which is a common problem among diabetics.
5. For people suffering from [constipation](#) due to diabetes, Natrum Sulph, Lac Defloratum and Carlsbad are the best medicines.
6. To improve weak memory, Phosphoric acid, Nux Vom and Kali Phos are the best

remedies for diabetics.

7. Sometimes diabetics complain of extreme, incapacitating weakness. To improve energy and boost overall health, Carbo Veg, Phosphoric acid, Phosphorus and Arsenic Album are recommended.

In case you have a concern or query you can always [consult an expert](#) & get answers to your questions.

Interns of SMMHMC participated in the free medical checkup and treatment camp organized in collaboration with VMSS at Tandalja on **14th April 2019**.



Interns of SMMHMC participated in the free medical checkup and treatment camp organized in collaboration with VMSS at Danteshwar on **13th April 2019**.



INTERNS OF SMMHMC PARTICIPATED IN NUMEROUS DIAGNOSTIC CAMPS AND AWARENESS PROGRAMMES ORGANIZED BY THE DISTRICT AYUSH CENTRE VADODARA IN COLLABORATION WITH DEPARTMENT OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF GUJARAT, GANDHINAGAR AND SMMHMCVADODARA AS A PART OF "DR HANNEMAN WEEK" CELEBRATION COINCIDING WITH 264th BIRTHDAY OF DR SAMUEL HANNEMAN ON **10th April 2019**



આદિત્ય અને પરીવાર સ્વાસ્થ્ય સેવા, ડિસ્ટ્રિક્ટ આયુર્ષી સેવી, ગાંધીનગર, જિલ્લા આયુર્ષી અધિકારીશ્રીની સહી હાથેના તારા શ્રી મહાસભીકે આદિત્ય સેવીઓનેથી પોતાને સેવી, અદિત્ય ના સહન ઉપરથી

કોરોનાના કાલકાળે ઉપચારણી
(10/4/2019 થી 15/4/2019)

આદિત્ય અને પરીવાર સ્વાસ્થ્ય સેવા, ગુજરાત સરકાર દ્વારા ડિસ્ટ્રિક્ટ આયુર્ષી સેવી, ગાંધીનગર જિલ્લા આયુર્ષી સેવા, જિલ્લા પંચાયત, અદિત્ય તારા શ્રી મહાસભીકે આદિત્ય સેવીઓનેથી પોતાને સેવીના સેવીના સહન ઉપરથી, સેવીઓની સહાયતા અને સેવીઓને સહાયતા આપવાની ઉદ્દેશ્યે, સેવીના સહન ઉપરથી, અદિત્ય સેવીના સહી હાથેના તારા શ્રી મહાસભીકે આદિત્ય સેવીઓનેથી પોતાને સેવી, અદિત્ય ના સહન ઉપરથી

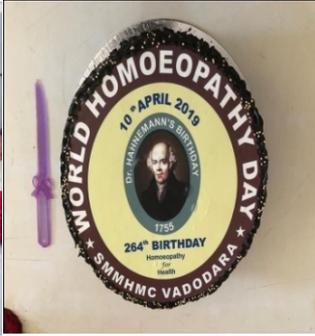
અદિત્ય સેવીના સહન, કોરોના 2019 થી 15/4/2019

ક્રમ	સેવીના	સહન	સહાયતા આપનાર સેવીના સહી
1	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
2	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
3	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
4	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
5	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
6	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
7	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
8	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
9	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
10	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન
11	10/4/2019	શ્રી.કે.સુભાષી, અદિત્ય	શ્રી. સેવીના સહન

જિલ્લા આયુર્ષી અધિકારી આયુર્ષી સેવા જિલ્લા પંચાયત અદિત્ય

ગાંધીનગર જિલ્લા આયુર્ષી સેવી, ગાંધીનગર જિલ્લા આયુર્ષી સેવી, ગાંધીનગર જિલ્લા આયુર્ષી સેવી, ગાંધીનગર જિલ્લા આયુર્ષી સેવી

THE MANAGEMENT, STAFF AND STUDENTS CELEBRATED "WORLD HOMOEOPATHY DAY" COMMEMORATING 264th BIRTHDAY OF DR SAMUEL HANNEMAN, THE FOUNDER OF HOMOEOPATHY, WITH MUCH APLOMB ON **10th APRIL 2019**.



ALL THE STUDENTS OF SMMHMC CELEBRATING "HOLI" WITH VIBRANT COLOURS @ COLLEGE CAMPUS ON 21ST MARCH 2019



"THE INTERNATIONAL WOMEN'S DAY" WAS CELEBRATED ON 8th MARCH 2019 IN SMMHMC CAMPUS. THERE WAS A WEEK-LONG CELEBRATION IN THE FORM OF 'WOMEN'S WEEK' WHICH INCLUDED COMPETITIONS LIKE MAHENDI, THALI DECORATION, RANGOLI, HAIR STYLE, QUIZ & DEBATE. THESE CELEBRATIONS CONCLUDED WITH "INTERNATIONAL WOMEN'S DAY" CELEBRATION AND DISTRIBUTION OF CERTIFICATES TO THE WINNERS..





INTERNATIONAL
WOMEN'S DAY
CLEBRATION

8th MARCH 2019



SHREE MAHALAXMIJI
MAHILA HOMEOPATHIC
MEDICAL COLLEGE &
HOSPITAL

1st YEAR
BHMS

ADMISSION YEAR
2018-19

INTERNATIONAL
WOMEN'S DAY
CLEBRATION

8th MARCH 2019



SHREE MAHALAXMIJI
MAHILA HOMEOPATHIC
MEDICAL COLLEGE &
HOSPITAL

2nd YEAR
BHMS

ADMISSION YEAR
2017-18



THE "INTERNATIONAL WOMEN'S DAY "PRE CELEBRATION 2nd DAY i.e **07 MARCH 2019** HAIR STYLES COMPETITION THE TOP 3 WINNERS 1st WINNER(2nd YR BHMS),2nd WINNER (3rd YR BHMS)3rd WINNER (3rd YR BHMS & 1st YR BHMS)



THE "INTERNATIONAL WOMEN'S DAY "PRE CELEBRATION # 2nd DAY i.e **07 MARCH 2019** RANGOLI COMPETITION THE TOP 3 WINNERS 1st WINNER(4th YR BHMS),2nd WINNER (2nd YR BHMS)3rd WINNER (3rd YR BHMS & 1st YR BHMS)



THE "INTERNATIONAL WOMEN'S DAY "PRE CELEBRATION # 1st DAY **06th March 2019** THALI DECORATION.THE TOP 4 WINNERS (1st WINNER GAJJAR NILAXI(4th YR BHMS),2nd WINNER PATEL SOLANKI (3rd YR BHMS)3rd WINNER PATEL SHRUTI & HIRPARA NENCY (3rd YR BHMS)4th WINNER SHWETA SINGADA(3rd YR BHMS) RATHOD PAYAL (4th YR BHMS)





THE "INTERNATIONAL WOMEN'S DAY "PRE CELEBRATION # 1st DAY 06th March 2019 MAHENDI COMPETITION THE TOP 3 WINNERS (1st WINNER RATHOD KOMAL(1st YR BHMS),2nd WINNER PRAJAPATI JINKAL(2nd YR BHMS)3rd WINNER VEKARIYA GOPI (3rd YR BHMS)



ON OCCASION OF "MAHASHIVRATRI" ON 4TH MARCH 2019 SMMHMC ORGANIZED "FREE HOMOEOPATHIC CHECK UP CAMP"@SHREE STAMBHESHWAR MAHADEV TEMPLE, KAVI KAMBOI,TA JAMBUSAR



TO



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