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Hospital and Post Graduate Research Centre**

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Editorial

WHEN THE MIND IS WITHOUT BORDERS, THE WORLD WILL BE WITHOUT BORDERS.

पूर्णमदःपूर्णमिदंपूर्णात्पूर्णमुदच्यते ।
पूर्णस्यपूर्णमादायपूर्णमेवावशिष्यते ॥

*purnamadahpurnamidam, purnatpurnamudachyate
purnasyapurnamadayah, purnamevaavashishyate*

- *Iṣāvāsyopaniṣad and Bṛhadāraṇyakopaniṣad*

"You are the fullness. There is fullness, here is fullness. From the fullness, the fullness is born. Remove the fullness from the fullness and the fullness alone remains."

Man has always been in the quest of 'Truth'. But, whatever was his effort to find one, he has always ended up with more questions rather than answers. Thence, he was always fascinated, disturbed, triumphant, lost, jubilant, sulking and all of them at the same time. But he was never been at peace. This is because man did not recognize that the universe, the creation, is One. Thereby, the above verse summarises the final answer to man's quest.

Mankind has been fascinated by boundaries, the limits that constrict the habitat, the bliss, the thought process, the expression of it, the feelings, the compassion, the exploration that one dwells into, etc., including one's very existence itself. Therefore, the very existence of boundaries limits the human capacities and capabilities.

"God grant, that not only the Love of Liberty, but a thorough Knowledge of the Rights of Man, may pervade all the Nations of the Earth, so that a Philosopher may set his foot anywhere on its Surface, and say, "This is my Country."

- Benjamin Franklin

Obviously, the most visible exploration that man indulges into is the exploration of 'Science', which is an offshoot of Philosophy, the very exploration of Truth. But, the exploration of science itself has been made into a sorry spectacle, where the microcosm is divide into microcosm and the very meaning of science as a complete Truth is lost. This is because of the human insecurity that "what I 'know' is my 'property'". 'Philosophy', 'Knowledge' & 'Science' cannot be limited to someone or to some 'boundary' or be made someone's property.

"There is no national science, just as there is no national multiplication table; what is national is no longer science."

- Anton Chekhov

Likewise, there cannot be multiple or different understandings of 'life', as it is One & the Same and is a universal Truth. Similarly is our understanding of 'Health', as a harmonious existence in nature. Any deviation in this harmonious existence is the cause of 'Disease', the dis ease. This understanding of the Health and the Disease is the rock-solid ground for the Homoeopathic System of Medicine, as enunciated by its founder Dr. Samuel Hahnemann, who not only founded a complete system of medicine, but also devised it to be the most rational & harmonious with nature. Therefore, as Homoeopaths, we are at the forefront at the exploration of the nature to understand the deviations that cause disease and restoration of these deviations thereby causing the restoration of health. Thus, we are at the threshold of furthering the frontiers of the medical science. Homoeopathy has always made an effort to make a small enquiry into the happenings of nature, particularly, the medical science. That's why it is without any borders, Homoeopathy Sans Frontiers.

We stand today on the edge of a new frontier - a frontier of unknown opportunities and perils - a frontier of unfulfilled hopes and threats.

- John F. Kennedy

This new beginning, this new effort of this institution, is in the direction as detailed above.

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THE EXPERIMENTAL TRIAL OF AEGLE FOLIA MOTHER TINCTURE CONCERNING THE CHANGES IN BLOOD SUGAR LEVEL

Dr. S. S. Moharana, M.A., M.D.(Hom.), M.F.Hom. (Malayasia)
Prof. & Head, Dept. of Repertory

Background: We Homoeopaths generally prescribe *Syzygium Zambo.*, *Cephalendra Indica* and *Gymnema sylv.* Mother Tinctures in physiological doses to reduce the high blood sugar immediately in diabetics, to reduce immediate catastrophe of hyperglycaemia. As a result, the dynamic remedy gets enough time to stimulate the target organ in an holistic approach harmonizing mental, physical and tissue level integrity. I was interested in proving the *Aegle folia* mother tincture experimentally to investigate its action for reducing the blood sugar level because it's leaves traditionally used to increase the appetite, to sooth the liver and G. I. System in case of jaundice (viral hepatitis) and above all to remain healthy. *Aegle folia* mother tincture has affinity not only to stimulate liver but also to stimulate pancreas and increases overall metabolism by which anorexia is relieved and patient feels well-being.

Hypothesis: Since *Aegle marmelous* leaves increases appetite taken in crude form, it is presumed that it causes hypoglycaemia to increase appetite by producing HCL and proteolytic enzymes. So to ascertain the action of *Aegle folia* mother tincture the oral Glucose Tolerance Test was done after the intake of *Aegle folia* mother tincture; after the review of literature.

Review of the Literature: Recent edition of William Boericke's *Materia Medica* shows the *Aegle marmelos* and *Aegle folia* proving by Dr. P. P. Biswas. After study of this proving I did not find any clinical symptom of hypoglycaemia but I found the symptom of anorexia. So to relieve anorexia it might be causing hypoglycaemia by stimulating liver and/or pancreas for glycogenesis and increasing catabolism through glycolysis. So the study was done to ascertain the effect of *Aegle folia* mother tincture's action on pancreas by oral GTT test.

Objective: To determine the hypoglycaemic property of *Aegle folia* mother tincture.

Materials and Methods:

1. The medicine *Aegle folia* Q was procured from SBL Company at Cuttack, Orissa stockist.
2. The strong alcohol was also procured.
3. Glucose from the trade name Glucon-D was purchased from the market which contains dextrose and Vitamin D.
4. A standard pathological laboratory was chosen for biochemical test.

The investigation was carried out by me at Cuttack while I was in holidays leave.

The students and ex-students of Cuttack Homoeopathic Medical College participated in the clinical trial. The number of provers were ten including me. They were:

1. Ms. Sushree Sangita Rath, aged 22 years, weight 41Kgs. Height-4ft. and 11inches.
2. Ms. Banani Swain, aged 21 years, weight 61Kgs. Height-5ft. and 2inches.
3. Ms. Rajashree Sahoo, aged 22years, weight 58Kgs. Height-5ft.
4. Ms. Lotus, aged 23 years, weight 51Kgs. Height-4ft. and 11inches.
5. Ms. Priyambada Dash, aged 22 years, weight 51Kgs. Height-5ft. and 1inch.
6. Ms. Manaswini Hati, aged 22 years, weight 58Kgs. Height-5ft.
7. Mr. Umakanta Nayak, aged 25 years, weight 46Kgs. Height-5ft. and 2inches.
8. Dr. Kailash Prasad Kamilla, aged 27 years, weight 62Kgs. Height-5ft and 4inches.
9. Dr. Susir Kumar Mohapatra, aged 28years, weight 42Kgs. Height-5ft and 3inches.
10. Dr. Sudhansu S. Moharana, aged 39 years, weight 74Kgs. Height-5ft and 8inches.

First of all FBG test of all provers were done and then they were given 10 drops of strong ethyl alcohol mixed in 75grams of glucose solution and GTT test was done in every ½ an hour intervals after taking glucose drink as control. Then after 7 days, FBG test was done for all provers and they were given the 10 drops of *Aegle folia* mother tincture mixed in 75grams of glucose solution and their FBG test and GTT test was done in every ½ an hour intervals after taking glucose drink as experimental group. Then the result between control and experimental group is compared and contrasted as given in table #1.

Discussion: In Control group, in all the lady provers, the normal GTT peak was found in ½ an hour test whereas in all the gentlemen the normal GTT peak was found in 1hour test. The same pattern is also observed in experimental group.

There was although some variation in fasting blood glucose in both control and experimental groups but not exceeding the normal range and statistically were not significant in their differences. There are definite variations in experimental group with that of Control in GTT peaks

Table #1. Comparison of the results between Control and Experimental groups

Sl. No.	Name	Control group Result					Experimental group Result				
		FBG	½ hour GTT	1 hour GTT	1&1/2 hour GTT	2 hours GTT	FBG	½ hour GTT	1 hour GTT	1&1/2 hour GTT	2 hours GTT
1	Ms. S. S. Rath	78	164	121	114	100	93	143	131	118	100
2	Ms. Banani Swain	108	178	164	157	124	107	178	114	100	85
3	Ms. Rajashree Sahoo	93	143	131	118	100	85	157	107	92	85
4	Ms. Lotus	78	164	128	114	107	81	137	118	100	87
5	Ms. Priyambada Dash	71	135	114	107	92	81	143	125	106	87
6	Ms. Manaswini Hati	71	142	135	121	100	87	131	112	106	93
7	Mr. Umakanta Nayak	83	100	108	133	91	76	92	100	115	84
8	Dr. Kailash Prasad Kamilla	92	121	135	121	85	94	106	112	100	87
9	Dr. Susir Kumar Mohapatra	72	92	107	125	85	76	92	100	107	84
10	Dr. Sudhansu Sekhar Moharana	85	100	142	114	78	84	100	115	107	92

both in the ladies and gentlemen provers except Ms. Priyambada Dash.

In case of Rajashree, there was initially rise of blood sugar in ½ an hour GTT test in experimental group than control but soon there was rapid decline in blood sugar than control in 1 hour GTT test. Moreover, an accidental discovery occurred in case of Ms. Rajashree Sahoo that her neurofibroma of right hand disappeared.

In case of Ms. Banani Swain, who was obese having weight 63 Kg., and was detected as prediabetic having GTT peak(control) >160mg/dl. with the parenteral history of diabetes, there was marked reduction of blood sugar level in experimental group over control i.e. 50 milligrams, justifying the action of Aegle folia mother tincture upon the Diabetes Mellitus.

The blood sugar variations were statistically analysed by t-test and found at initial level of F.B.G., the probability in t-test where P is greater than 0.05, t = 1.8841 shows that F.B.G. in both Control and Experimental group is not at all significant in their difference. That implies both control and experimental group do not differ. Thus the chance occurrence in changes of control and experimental group are eliminated.

At half an hour GTT and two hours GTT, P value is greater than 0.05, t = 2.1014(in ½ an hour GTT) and t = 2.0846(in 2 hours GTT). So both the groups do not differ significantly.

But 1hour and 1 & ½ an hour GTT of both the control and experimental group, P is lesser than 0.01, t = 3.6269(in 1hour GTT) and t = 3.4797 (in 1 & ½ an hour GTT) which shows highly significance difference during 1hour and 1 & ½ an hour.

Hence the study of this experimental trial of Aegle folia mother tincture allows us for further study on Diabetes Mellitus patient.

A sample case is presented here. Mrs. A.M.K., aged 40 years, OPD No. 10586, dated 15th February, 2003 came to Dr. B. D. Jatti Homoeopathic Medical College, OPD with cough and expectoration since two months aggravated at night, and wheezing in morning with generalized

weakness. She had sleeplessness since two days due to cough. She had Diabetes Mellitus for which she was taking ½ daonil tablet twice daily by allopathic physician. She was fatty weight being 80 Killograms of 5 ft. 2 inches height and chilly patient. She was given Belladonna 200, once daily in water doses for three days. On 19th February, 2003 patient reported that she had only sneezing, headache, and cough at night and nasal block. This time she was given Sanguinaria 30, six hourly. She was asked to do her Fasting as well as Post Prandial blood glucose test as her cough is prolong. On 25th February, 2003 she reported that her cough and headache are reduced. Now sputum is coming out and nasal discharge is thick now. Her FBG is 200 milligrams / 100 milliliters and PPBG is 266 milligrams / 100 milliliters done on 21st February, 2003. So Aegle folia mother tincture was given in the dose of 20 drops thrice daily with little water before ½ an hour of meal along with giving Sanguinaria 30 six hourly in water doses was just repeated. On 3rd March 2003 patient reported that her cough has decreased 80%. Now she had only dry cough. She had left taking the allopathic antidiabetic agent since 25th February,2003. So Sanguinaria 30, six hourly was repeated along with repetition of Aegle folia mother tincture in 20 drops thrice daily with little water. Then she was asked to do PPBG test. On 18th March 2003 patient reported that her PPBG was 175 milligrams / 100 milliliters done on 7th March 2003. Her weight was reduced to 78 Killograms. Thus patient was advised to take the Aegle folia mother tincture 20 drops thrice daily as before. Then on 12th April 2003 her FBG was 100 milligrams / 100 milliliters and PPBG was 125 milligrams / 100 milliliters. Thus patient was advised to continue the Aegle folia mother tincture 20 drops thrice daily as before.

Conclusion: Aegle folia mother tincture has the power to reduce blood sugar level, so can be utilized for management of Diabetes Mellitus alone in milder one and with constitutional medicine in moderate to severe one of Diabetes Mellitus.

"Homeopathy cures a larger percentage of cases than any other method of treatment and is beyond all doubt safer, more economical and the most complete medical science..."- Mahatma Gandhi

CASE OF CHRONIC WOUND

Dr. Manjula S. Haleholi M.D.(Hom.)

Prof. & Head, Dept. of Hom. Pharmacy



Abstract: A chronic wound is a wound that does not heal in an orderly set of stages and in a predictable amount of time or wounds that do not heal within three months are often considered chronic.

Causes: Poor circulation, neuropathy, and difficulty in moving. Factors that contribute to chronic wounds include systemic illnesses, age, and repeated trauma. Another factor that may contribute to chronic wounds is old age. The skin of older people is more easily damaged, and older cells do not proliferate as fast and may not have an adequate response to stress in terms of gene up regulation of stress-related proteins. Repeated physical trauma plays a role in chronic wound formation by continually initiating the inflammatory cascade. The trauma may occur by accident

Key words: Chronic wound, Ars. alb., Restlessness.

Case: One of my patient requested for home consultation as his father was bed ridden & suffering from unhealed wound.80 yrs old, business man had wound on the dorsum of the right foot since 3 to 4 months.Non diabetic & non hypertensive.No other complaints not even pain.

Personal history: Appetite-less, Thirst-less, Sleep-moaning, disturbed , Gets up often goes to toilet or wants to go out, Bowel movements- Regular, but if he takes antibiotics he will have diarrhea



Local examination: Offensive +++, Excess exudates & slough +++, Absence of healthy granulation tissue. Wound covered with necrotic slough, debris & maggots





Observation: Too weak to move still wants to go out, Restless +++, Prostration+++, While dressing the wound patient asked me when it will heal as family members are not allowing him to go to his shop. His family members told me that how wound has happened they don't know, but this old man does not sit in one place always wants to go to his shop or go out. Had fallen repeatedly & sustained injuries, especially in the night his restlessness will increase.

Treatment: I have selected Ars. alb. 6c/ drops in water on the basis of Offensiveness, Thirstless, Restless, Prostration, Talks about business, Non-healed chronic wound, Painless.

Discussion: This case demonstrates a classical presentation of chronic non healing wound, even though pathology of wound was deep, case was favorable as a person his physical generals were specific & peculiar with development of the wound pathology, added to that he was non diabetic & non hypertensive. Patient reacted well to the lower potency by developing fever which was good sign of inflammation. This was beginning of inflammatory reaction, once healthy granulation tissue started forming all the maggots were reduced, wound bed was filling with granulation tissue and wound healed within 35 days.

Conclusion: When simillimum acts, it acts upon the patient as a whole, as in this case patient's restlessness & weakness completely reduced & thirst also improved. Learning the importance of observation, selection of symptoms & clinical assessment is essential to form totality in geriatric bed ridden patient. This case study helped in understanding the patient's susceptibility & role of simillimum with use of low potency in cases of deep pathology.

Date	Complaints	Remedy	Photo image of chronic wound
23-08-2012	Wound on the dorsum of the right foot since 3 to 4 months. Appetite- less, Thirst-less, Sleep-moaning, disturbed Restless +++, Prostration +++ O/E: Oedema +++, Offensiveness+++, Necrotic tissue+++, Size 2 cm	Ars. alb. 6c/ 4-6 drops in water. 3 times day.	
30-08-2012	Oedema & Offensiveness Decreased, Maggots Increased, Restless +++, Prostration +++ O/E; Oedema +++, Offensiveness++, Necrotic tissue++, Size 2 cm Wound bed with granulation+	Ars. alb. 6c/ 4-6 drops in water.	

06-09-2012	Oedema, Maggots & Offensiveness decreased C/O Itching O/E: Oedema ++, Offensiveness+, Necrotic tissue+, Size reduced Wound bed with granulation ++	Sac lac 4-6 drops in water	
10-09-2012 6pm	Fever with chills, Thirsty Temp - 100 °F PR - 98/min O/E; Oedema +, Offensiveness+, Necrotic tissue+, Size 2cm Wound bed with granulation +++	Ars. alb. 6c/ drops in water/ repeated hourly	
11-09-2012 6pm	Fever continued, Thirst -often Temp -101° F, PR-98/min	Ars. alb. 30/ 6 globules Every hour/ 2days	
12-09-2012	Fever subsided, Wound size was reducing Maggots - totally absent	Ars. alb. 30/ water dose. Sac lac 6-0-6/ 10days	
25-09-2012	Wound size reduced. O/E: Oedema, Offensiveness and Necrotic tissue reduced	Ars. alb. 200 3 doses Sac lac 6-0-6/ 7days	
28-09-2012	Wound healed Appetite-improved, Thirst-drinking when he feels thirsty Sleep-sound, restlessness reduced O/E: Oedema, Offensiveness and Necrotic tissue reduced	Sac lac 6-0-6/ 15days	



CASE OF ECZEMA

Dr. Vijayalaxmi D. Nalavadi M.D.(Hom.)
Prof., Dept. of Repertory

Keywords: Eruptions, Eczema, Nat. mur., Burning, Itching.

Case: A 10 yrs girl came to Dr. B. D. Jatti HMC OPD with complaints of eruptions on face, on & off since 3 years but now since 2 months, water like discharge will ooze from eruptions, itching & burning pain will be present. Complaints get aggravated every rainy season.

Family History: Mother is hypertensive, father is diabetic

Personal History: *Appetite* : Good, *Thirst* : Adequate, *Desires* : Chicken+, *Aversion* : Milk, as it causes nausea+++, *Sleep* : Sound, *Dreams*: Nothing significant, *Bowels*: Satisfactory, *Micturation*: Satisfactory
Thermals: Cannot tolerate heat in general+++, *Perspiration*: Generalized.

Mentals: Mild by nature+++, Talks very less, don't express her feelings++, Cries only in bed when alone+++

Homoeopathic disease diagnosis: Fully developed chronic miasmatic disease

Nosological diagnosis: Eczema *Miasmatic diagnosis* : Psora

Repertorial Totality:

Remedy Name	Sep	Ars	Calc	Sulph	Lyc	Nat-m	Staph
Totality	8	8	8	8	7	7	7
Symptom Covered	4	3	3	3	4	4	4
[C] [Mind]Mildness:	2	3	2	2	2	3	1
[C] [Mind]Introverted:	1				1	1	2
[C] [Generalities]Food and drinks:Milk:Agg:	3	2	3	3	2	2	3
[C] [Face]Eruptions:Eczema:	2	3	3	3	2	1	1

Potential differential field: Cannot tolerate heat in general+++ , Cries only in bed when alone+++

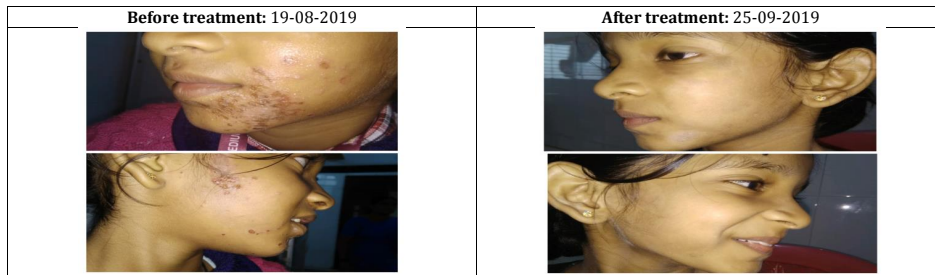
Repertorial result: Sepia - 8/4, Ars. alb. - 8/3, Calc. carb. - 8/3, Sulph. - 8/3, Lyco. - 7/4, Nat. mur. - 7/4, Staph. - 7/4.

Reasons for selection of remedy: Nat. mur. is well known as one of the mild remedies, who do not share her inner feelings to others, speaks less. She can cry easily but hide her tears & cries when alone (Essence of Materia Medica by Vithoulkas.) Cannot tolerate heat in general. Itching & burning of face, red eruptions on face (Encyclopedia of Pure Material Medica Vol. 6 by Allen T. F.)

Remedy Given: Nat. mur. 200, 1 dose. PL for 15 days.

1st follow up after 15 days: Feeling better, eruptions are drying up, itching & burning reduced PL for 15 days

2nd follow up after 1 month: Feeling no eruptions, no itching no burning



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1. Complete Repertory. Homopath software. Classic version 8.
2. Essence of Materia Medica by Vithoulkas
3. Encyclopedia of pure Materia Medica Vol. 6 by Allen T.F.



THE STORY OF WOUNDED HONOUR PRIDE
(Personal Story)

Ms. Shobana Priya K.
Intern

Abstract: The case of an insult leads to mortification of a limb.

Case: This is a story of a 13yrs adolescent girl entered into clinic with limping gait. On enquiry her father narrated her complaints as she was unable to walk, run, jump, and dance for the past 2yrs with pain in the right lower limb, there is no history of fall or injury. Meanwhile she was taken to many specialists no one could help her, and family members thought of Black magic and started mounting temple steps. Where they

found hope in homoeopathy by the priest.

As we further continued to take the case we could not found any abnormal history. Then it has become challenging for us to find the cause of the present illness. Then to gain the confidence of the patient we examined her limb and surprisingly nothing wrong with that limb and no other physical abnormality. Meanwhile we threw all the reports which stating normal. So we couldn't resist ourselves asking her to walk and the girl started weeping during interview saying that she can't move her leg.

Now the question rose in our mind, what could be the cause for this? Which made us to ask about her relation with her family and friends? It shows that she was happy with her family and friends but only thing she was compelling with her mother when asked to do household work, she wants to work without any interrupt no one should insult her work. She further expressed that she cannot tolerate the strict behavior of her "mama" (mother's brother).

When asked about hobbies she told that she is fond of dance but discontinued because she got insulted by her fellow mates. She always throws the things when gets anger. After studying all the mental and physicals of the little girl we started hunting the remedy, we got to know her pain is due to humiliation and suppressed anger.

Finding the remedy, similar to the symptoms of the case is very tough job for a beginner, as there are no enough symptoms to repertorize. So many remedies like Cham., Ign., Nat. mur., Nux. vom., Plat. and Staph., have come into our mind based on Materia Medica knowledge. Then we took help from senior homoeopaths. Aforementioned remedies are ruled out one by one by differentiating each one.

Cham.- more marked irritability.

Nat. mur.- introvert, disappointment, unable to weep.

Plat.-arrogant, haughty.

Ign.- acute grief and challenging behavior.

Nux. vom.- workaholic, confident, arrogant, fastidious.

Staph.- wounded honor pride and mortification.

Key notes of the drug Staphysagria:

Mentals: Very sensitive as to what others say about her. Child cries for many things and refuses them when offered. Suppressed anger. Very sensitive to the least impression, the least word seems wrong, hurts her very much. Throws things away indignantly, or pushes them away on the table.

Conclusion: This article emphasis the importance of mind symptoms as a whole in totality to arrive at the suitable remedy in homoeopathic treatment.

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2. Repertory of the Homoeopathic Materia Medica by J.T.Kent
3. Homoeopathic Materia Medica by William Boericke
4. Regional Leaders by E.B.Nash
5. Keynotes and Characteristics by H.C.Allen



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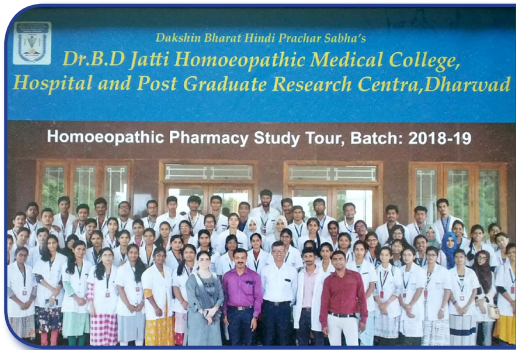
College Activities



World Homoeopathy Day on 10-04-2019



Graduation Ceremony on 18-05-2019



Hom. Pharmacy Tour on 20-06-2019



Blood Donation Camp on 14-06-2019



Induction Ceremony of 2019 Batch on 31-10-2019



Inaugural Ceremony of Annual Sports on 25-11-2019

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