

Homoeopathy Sans Frontières

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Editorial

VALUE OF HUMANITIES IN MEDICAL EDUCATION

When I was a kid we had a family physician, for whatever reason either health issue or any suggestion my father used to consult him. His advice was utmost respected & he used to be invited for all auspicious function of the family. That was relationship between doctor & patient. Now days these scenes are missing.

Of the many crises in health care today, one of the most troubling is the perceived loss of empathy among medical students and residents. Medicine, at its core, is about caregiving. Empathy and compassion are essential part of it. When the empathic connections between patients and doctors are broken, both patients and doctors suffer: patients receive worse care, and physicians burn out. The causes of the problem have been described well: students learn medicine within a health care system that does not prioritize care giving. Instead, they admit patients, order and interpret tests, formulate treatment plans, and discharge those patients—sometimes within the same shift. Time pressures and a hidden curriculum value efficiency, not a compassion.

First, what Medical humanities is not : It is not a syllabus to be covered in a certain number of weeks or months. It is not a set of communication strategies a medical student can pick up, to make a patient feel cared for – 'Greet a patient with a smile, introduce yourself, sit down on his bed, do not appear to be in a hurry'.

It is a bold and continuous search for connections between medical practice and the realities of our world. It is an attempt to challenge one's own assumptions about 'how things have to be'. It is an enrichment of the mind and the soul through exposure to diverse knowledge systems, learning to see with the imagination, and feel what you dare not to feel. It is an education in confronting contradictions within oneself. It is an encouragement to rest in the unknown, without fear or the urge to seek immediate resolutions.

The dictionary defines the word "humanities" as "learning or literature concerned with human culture, especially literature, history, art, music, and philosophy" The humanities should not be confused with "humanism," a specific philosophical belief, or with "humanitarianism," the concern for charitable works and social reforms.

Medical humanities can be defined as the application of the techniques of the traditional humanities fields to medical practice.

I would argue for the inclusion of Medical humanities in the curriculum. It can be carried out by a series of seminars, conferences, and talks on issues both medical and non-medical, ranging from euthanasia to genetics to ethnicity, illness, gender and violence. By this students may develop ability to understand & share the feelings of one another

At the end I would like to conclude with quotation of Sir William Osler, one of the greatest medical teachers of all time, said: "The whole art of medicine is in observation . . . to educate the eye to see, the ear to hear and the finger to feel. . ." The kinesthetic feel of that statement says it all.

It is high time we learned to integrate the different dimensions of our personalities. Let us try to be whole, again, as we are meant to be.



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APPLICABILITY OF BOGER'S SYNOPTIC KEY TO THE MATERIA MEDICA

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Evolution of Synoptic Key: This book is in real sense a key to the Materia Medica. Something which is useful for the bedside as well as for quick revision. Repertory states "The strain which runs through every Pathogenetic symptom complex has been called the genius of drug." To give this statement in its proper place the prescription should be the ideal of every prescriber. Hence Dr. Boger has pen down this book. Dr. Boger has studied both Kentian as well Boenninghausen's methods of repertorization, and accepted Boenninghausen's method. Later, he compiled and augmented Boenninghausen's Therapeutic Pocket Book and published in 1905 as Boger Boenninghausen's Characteristics and Repertory. After having many years of clinical experience, Dr. Boger has slightly changed his concept of evaluation of symptoms. As a result of it, the synoptic key has come in existence.

Aim of the book :

- Is to simplify and introduce method of finding out true Homoeopathic curative remedy with greater ease and certainty.
- Combination of the analytic and synoptic method is best.
- Is to make clear the general expression or genius of each remedy and thereby help to prescribe correctly.
- The strain which runs through every Pathogenetic symptom complex is called genius of the drug.

Additional benefits :

- The scope of its content is much enlarged by bracketing the most nearly affiliated remedies after some of the more important symptoms:
- This also helps in making differentiation.

Finding out Similimum :

Step 1

- Elicit the evident cause and course of sickness.
- Things that causes sufferer discomfort.
- Natural modifier of sickness – the modalities – like time, temperature, open air, posture, being alone, motion, sleep, eating and drinking, touch, pressure, discharges, etc.

Step 2

- Consideration of mental state – presence of irritability, sadness or fear is the ruling factor.

Step 3

- Patients own description of sensations.
- Always ascertain whether any of the following primary sensation are present; burning, cramping,

cutting, bursting, soreness, throbbing and thirst

- There may be many others, but the presence of any one of these often overshadows them.

Step 4

- Entire objective aspect or expression of the sickness.
- This should specially include:
 - The facial expression
 - Demeanor (behavior, conduct toward others)
 - Nervous excitability
 - Sensibility
 - Restlessness or torpor
 - State of the secretions and any abnormal coloring.

Step 5

- Correct prescribing is the art of carefully fitting pathogenetic to clinical symptoms.
- We must learn to know our remedies. Just as we do our friends, by their air or personality and ever changing composite effect, but always reflecting the same motive.
- The strain which runs through every pathogenetic symptom complex has been called the "genius" of the drug. To give this its proper place in the prescription should be the ideal of every prescriber.

Repetition of the dose :

- General benefit derived from a single dose lags, the remedy should be repeated in the next higher potencies instead of looking upon the new symptoms as indicators for some other drugs.
- Whenever there is development of new set of symptoms we should not hurry or scrutinize the remaining picture for those new developments which must point towards our next choice.

"Whenever the chosen remedy excites little or no reaction then there may be faulty selection or presence of one of the fundamental miasms which call for either Psorinum, Sulphur, Medorrhinum or Syphilinum."

Case : Here is a case of 52 years female, unmarried, with Joints pain, approached for Homeopathic treatment. She took Allopathic, Ayurveda and Homeopathy treatment since past an year, but all the treatment gave her slight relief for a short period, and the complaint remained. It was diagnosed case of Rheumatoid Arthritis. Her complaints were: Pain in the small and bigger joints of both upper and lower extremity with oedema since 20 years. The sensation of pain is like burning and biting, impossible to put the feet down with the stiffness. Complaints will get aggravated after exposure to damp weather, cold things, sour, milk and in the mornings. Complaints ameliorated by pouring hot water and



A CASE OF ANAPLASTIC ASTROCYTOMA

Dr. S. A. KITTUR

Associate Professor

Dept. of Community Medicine

Mr. JMR. 41 years male went to a hospital, complaining of severe headache from few days, increasing type, had no vomiting, with H/o 2 to 3 episodes of Jerky movements of face & upper limb few months ago, for which he underwent scanning on 21-11-2014, got diagnosed as Glioma, (non enhancing T2WT-Flair Altered Hyper-intensity mass in left fronto-temporal lobe- INSULAR Cortex). Low grade Glioma is likely possibility.

On 02-12-2014 he underwent left fronto-temporo-parietal awake craniotomy & decompression of left insular lesion at Manipal Hospital. Several follow-ups are given below.

On 06-12-2014 as patient was improving got discharged with some advice.

On 17-12-2014 Non-Contrast MRI Brain with DTI at Manipal Hospital shows 6.3 cm left insular glioma extending to frontal lobe, displacing the white matter, without infiltration.

On 24-12-2014 follow-up OPD record at Manipal Hospital says, WHO Grade 3 Anaplastic Astrocytoma, Post-Op. So they Planned for Chemo-radiation.

On 13-01-2015 follow-up OPD record at Manipal Hospital says left frontal-insular glioma (Grade -3) decompression done on 02-12-2014. No fresh seizers. O/E no motor deficits.

Advised to continue RT-Chemo. Review after a month/earlier.

On 04-06-2015 OPD record at Manipal Hospital says, patient is asked to come again with MRI, CBC, LFT & Creatinine.

For different opinion patient now went to other Hospital. So, this time patients MRI BRAIN (Plain & Contrast) at Bengaluru. on 09-06-2015 shows, residual lesion with bi-lobed nodular enhancement in the left fronto-parietal region involving insular cortex & perisylvian region causing mild mass effect.

On comparing with previous (24-12-2014), MRI there is significant reduction in the mass effect, suggestive of partial response.

On 10-06-2015 Patient came back to Manipal Hospital. in the follow-up OPD record at Manipal Hospital. Advised to continue Chemotherapy & review after 6months.

On 05-01-2016 MRI at Manipal Hospital shows increase in the nodular enhancement identified in the post aspect of lesion. There is a marginal increase in the degree of perilesional oedema. A new focus of nodular enhancement is seen in left parasagittal area of frontal lobe.

On 18-01-2016 follow-up OPD record at Manipal Hospital says, patient is asked to come after 4 more cycles along with MRI with contrast.

On 04-06-2016 MRI was performed with contrast at Manipal Hospital findings suggestive of anaplastic astrocytoma, with further increase in size & mass effect.

On 04-06-2016 (MRI suggests of Anaplastic Astrocytoma, with further increase in size & mass effect) patient is advised to undergo Surgery again, which he refused (as he has already spent lacks of rupees for first surgery & several follow-ups supported by his brothers & friends). On top has lost the Job so can't afford for surgery now & thus patient turned to Homoeopathy.

Now the patient being 43 years, having headache, vertigo. Initial case taking was done, that reviled patient was a priest. From past one year & few months he lost his job in UAS Dharwad. This made a remarkable mental impact on him, of which he speaks every time with people asks so many things. He is still searching/ trying for same job as feels & says he is a influential person. Since that time, says he is mentally disturbed. One day he developed sudden & severe headache that did not respond to local treatment.

Later, investigations done in 21-11-2014 diagnosed him as a case of brain tumor as detailed above.

O/E : Patient is conscious, alert & obeying commands.

Vitals : Temp – N, Pulse – 70-min, BP – 120-70 mm Hg, RR – 20 cycles-min, Pulse- well felt.

CNS : No neurological deficits by above reports.

Extremities : Muscle power – Normal (both upper & lower limbs).

Sensations : Normal. No speech deficits, no other neurological deficits.

Other systems : RS – NAD, CVS – NAD, PA – NAD.

Homoeopathic management : Symptoms-data selected for prescription.

Age (mean age for any grade of astrocytoma is 41yrs).

Sex (males are more affected than females)

Occupation of patient – Priest (Considered as respectful person in society - Doctrine of signature.)

Loss of job - financial loss, aggravation- Complaints from.

Constantly asking questions without waiting for answer.

05-01-2016: MRI shows Increase in nodular enhancement in post aspect of lesion, increase in perilesional oedema. A new focus of nodular enhancement is seen in left parasagittal area of frontal lobe, (cancer, growth–new,-tumours.)

Medication:

1) Aurum met 30, single dose first prescription, repeated 2-3 times as guided by patient’s condition & by considering duration of action of medicine. Case was followed once in every 2-3 months.

2) Thuja occ, 0/1, given as Constitutional medicine.

General management : Counseling was done time to time. With avoidance of all the packed & irritant food items.

On 23-11-2017 MRI shows Interval regression in left insular-peri insular lesion. Signal changes left fronto-perital periventricular white matter. Signal changes left fronto-parietal periventricular white matter post radiation

changes. Patient is absolutely symptom free, leading normal life & in contact, interested can meet personally.

Suggested learning’s from this case :

To the Community :

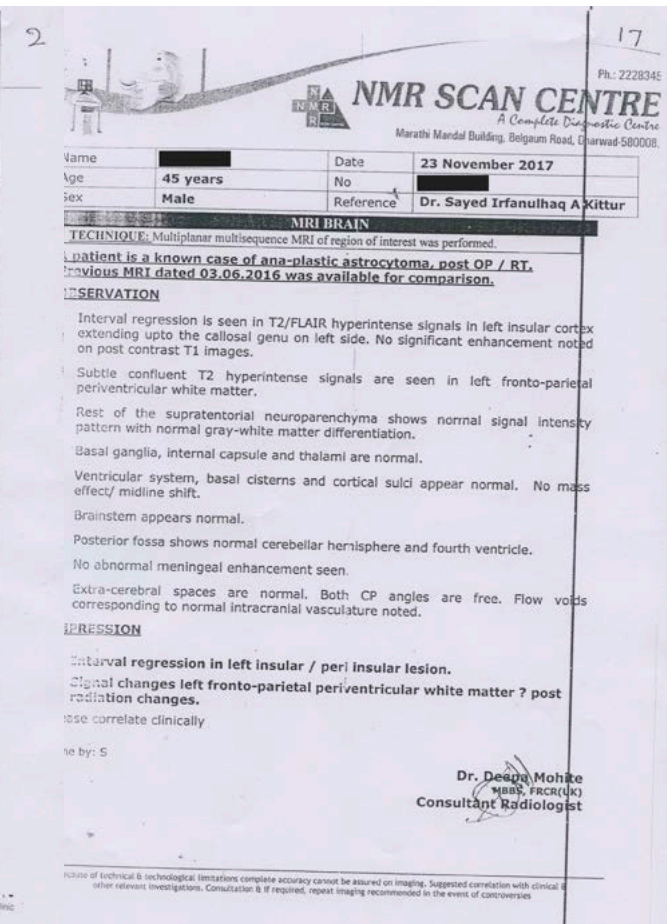
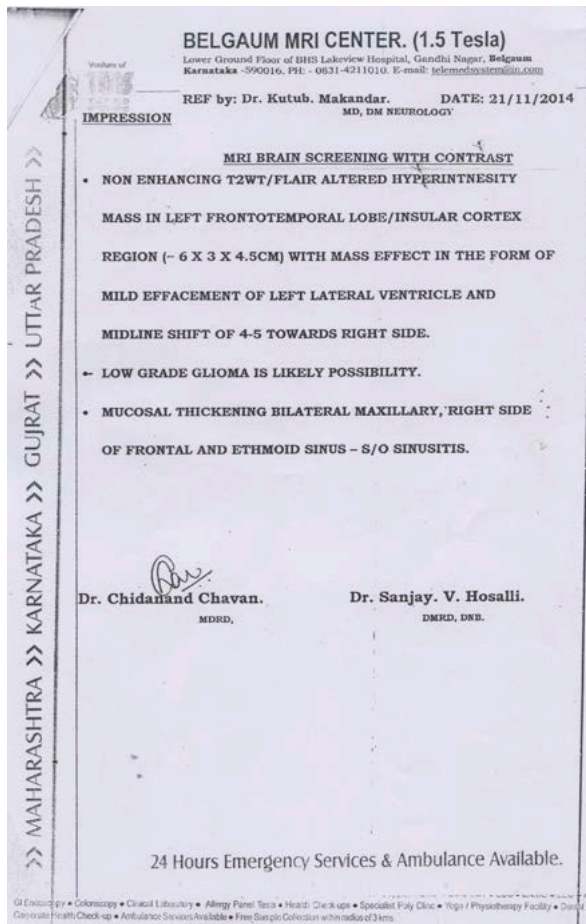
- i. Adopt Homoeopathy even in so-called deadly diseases.
- ii. Adopt Homoeopathy early.

To Homoeopathic family :

- i. Homoeopaths must consider even minor aspect of case-taking, behavior of patients, interpret pathological-tissue changes & investigations logically, Doctrine of signature etc, explained by our Master.
- ii. Such improvements-results must be notified-put-forth for public awareness.

Reference :

- 1. Text book of Surgery by Bailey & Love.
- 2. Concise Repertory by S. R. Phatak.
- 3. Hom.Materia Medica by W. Boericke.



INNER VOICE OF MEDICO



Ms. Sai Dharani Ranga
IV BHMS

Grown up with the dreams of father and mother.
Didn't imagine how tough a medical field would be.
Made a goal of becoming a doctor and yes now we are here.
YES..! We achieved, but what for? What are we doing..? How to achieve..?
What's our main aim..?

How confused this is..! Didn't you feel yourself how tough a medical field is..!

A mixed kind of feeling on our first day of medical profession. Much to do.,
Much to achieve..., But how..?

ANATOMY made us more fearful, dissection became interesting.

This made us learn what we are..!

PHYSIOLOGY became our daily works, we understand by observing

It's much fun knowing our blood cells.

New to HOMOEOPATHIC PHARMACY, helped us learning our own Medicine. HOW IRONICAL,

We prepare medicine from every substance. Amused of know in any new things.

We remember these subjects specially because it's our first step, such amazing memories.

With all those memories..., We complete our medical studies and enter our final day.

It's amazing, interesting, full of knowledge, many achievements., many failures.

We have entered the final step and here to show that we are DOCTORS to whom the world pays great respect.

YES...! NOW WE ARE HERE TO SHOW THE WORLD THE VALUE OF WHITE COAT AND STETHOSCOPE. HERE TO SHOW THE WORLD THAT WE PROUD BEING DOCTOR.



Dr. Chetan K. Kamble
Assistant Professor
Dept. of Repertory

होमियोपैथी का वरदान

पिछले दस साल से तीन चार बीमारियोंने अच्छा फसाया है,
अनेक उपचार दवाईयोंके बावजूद भी बहुत तरसाया है।

इलाज के वासते टेम्पु भरके पैसा बरसाया है,
फिर भी बीमारिया चल रही साथमे बनके साया है।

क्या करे क्या नही सब कुछ तो आजमाया है,
लगता है हमेशा के लिए बीमारियोंने शरीर मे घर बसाया है।

फिर एक दिन जिंदगीमे होमियोपैथी का वरदान पाया है,
जिसने सारी बीमारियोंको भगाके
जीवन में नया उजाला लाया है।

रूक सी गयी थी जिंदगी, ना कोई आस थी ना किसीका आसरा,
फिर उम्मीद की किरण जागी जब मिला होमियोपैथी का सहारा।

होमियोपैथीके दवाईयोंसे जिंदगीमें इतना आराम और सुकून पाया है,
जैसे चून चून के सारी खुशियां भगवान के घर से मांग लाया है।

Hearty Congratulations



Dr. Kuradikar Swarna Bhashruthi

Has secured

1st Rank

in Final B.H.M.S. Course of
Rajiv Gandhi University of Health
Sciences, Karnataka, Bengaluru for the
examinations held in February 2018.

Best Wishes From :

**Management of Dakshina Bharat
Hindi Prachar Sabha, Principal,
Faculty, Staff and Students**

College Activities



Annual Social Gathering on 08-12-2019



Release of Homoeopathy Sans Frontières



Cultural Evening



Cultural Evening



Essay Writing Competition on National Youth Day 12-01-2020



NSS Special Camping at Amminbhavi from 10th to 16th Feb. 2020

Lippe Award 2020 by Bamra Arogya Trust, Gurugram



1st Merit Prize winner
Mr. Neerudu Rajeev Reddy
IV BHMS



College Shield
Dr. Amit V. Rolli
Associate Professor
Dept. of Repertory

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