



# JALA HOMOEEO VISION



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## A CADAVER WITH DUPLEX URETER: SURGICAL & HOMEOPATHIC MANAGEMENT



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### Abstract:

Duplex Ureter also known as duplicated collecting System represent a common congenital anomaly of the urinary tract. Characterized by partial or complete duplication of the ureter. This condition, which may arises from abnormal embryological development of the ureteric bud. Many cases are asymptomatic and detected incidentally, others present with significant clinical complication such as recurrent urinary tract infection, vasico ureteral reflux, uretrocele, obstruction or hydroureter. Diagnosis typically involves imaging modalities such as ultrasonography, voiding cystourethrography, or magnetic resonance urography. Management depend on the severity of symptoms and complication, ranging from conservative approaches in asymptomatic individual to surgical intervention in case of obstruction, severe reflux or impaired kidney function. This article reviews the embryology, clinical presentation, diagnostic method and treatment strategies for duplex ureter, highlighting the importance of individualized care in optimized outcome and preventing long term renal damage

### Keyword:

Duplex ureter; congenital anomaly; reno-renal reflux; Wolffian duct; Urinary incontinence; Hydro-nephrosis; Vesico ureteral reflux; Homoeopathic management; surgical management

### Introduction:

Duplex ureter is one of the most common congenital anomaly of the upper urinary tract (4%). It is usually unilateral & common on the left side. Double ureter when associated, may be partial where two ureters join in lower third or complete where upper ureter opens into the bladder at a lower level and lower ureter opens into the bladder at the upper, normal ureteric orifice. In partial duplex, there is reno-renal reflux resulting in infection, stone formation and hydronephrosis.

### Review of Literature:

**The ureters** are pair of muscular tubes that convey urine from the renal pelvis to the bladder. They are located in fibrous tissue behind the peritoneum to which they tightly adhere. The upper aspect of the ureter is thin-walled and funnel-shaped and emanates within the sinus of the kidney in close association with the renal vessels. The thick-walled rest of the ureter passes unbranched through the abdomen to enter the bladder in a rather oblique angle and end with a slit-like opening of valvular nature

### Embryology

Ureteral development begins in the human fetus around the 4th week of embryonic development. A ureteric bud, arising from the mesonephric (or Wolffian) duct, gives rise to the ureter, as well as other parts of the collective system. In the case of a duplicated ureter, the ureteric bud either splits or arises twice. In most cases, the kidney is divided into two parts, an upper and lower lobe, with some overlap due to intermingling of collecting tubules. However, in some cases the division is so complete as to give rise to two separate parts, each with its own renal pelvis and ureter.

### Case

In the routine educational dissection of 1st year student of academic year 2024-2025 in department of anatomy at Jay Jalaram Homoeopathic Medical College & Hospital, a female cadaver of about 60 years of age showed with duplex ureter on right side



### Duplex Ureter

Duplex Ureter OR Duplicate Collecting System are define as renal unites containing 2 pyleocalcyceal system associated with single or double ureter. It is present in 1% of population, mostly in female

### Types of Duplex Ureter

1. Complete Duplex Ureter: - 2 ureters lead away from the same kidney and enter the bladder separately.
2. Incomplete Duplex Ureter: - 2 ureters lead away from the same kidney but joint together before draining into the bladder forming single ureter.

It can be Normal or Pathological

1. Normal Duplex Kidney: -
  - a. Normalwidthofrenal pelvis,
  - b. Upperandlowerpolesareofsamesize.
  - c. Ureterarenotdilated.
2. Pathological Duplex Kidney: -
  - d. Oneorbothrenalpelvisaredilated.
  - e. Oneorbothuretermaybe dilated

### Clinical significance and symptoms

1. Urinary tract infection (UTI)
  - a) painwhileurination
  - b) Frequenturgetforurination
  - c) Fever
  - d) Vomiting
2. Urinary incontinence:-thereisconstantdribblingofurine.
3. Other symptoms:-
  - a. Abnormalinsertionoftheureterintothebladderofurethra.
  - b. Bloodin urine
  - c. Lowerbackpain
  - d. "decreasedAppetite"
4. Vesico ureteral reflux (VUR)
  - a. Reversalofurinebacktokidney
5. Hydro-nephrosis:
  - a. Swellingofkidney

### Investigations

- Ultrasonography:- This is a noninvasive and useful examination for evaluating a duplex ureter
- VU (Intravenous urography): - Used to diagnose kidney disease, monitor kidney function, and identify obstructions in the urinary tract. IVU is considered the gold standard for visualizing the urinary tract in patients with suspected acute obstruction.



- Voiding Cystourethrogram:- This is done to rule out vesico ureter reflex (VUR) as the cause of the swelling of the kidney and ureter. This test is also used to see if there is reflux in a second ureter linked to the ectopic ureter.
- Cystoscopy:- This is often done with general anesthesia, a small scope is placed into the urethra. The openings of the ureters from both kidneys are found. X-ray liquid dye is injected through tubes placed temporarily in the ureters to show the anatomy. Unfortunately, the opening of the ectopic ureter cannot always be seen. But by pinpointing the number and location of the other ureteral openings
- DTPA scan (Diethylenetriamine Pentaacetic Acid renal scan):- A radioactive material called DTPA is injected into a vein and travels to the kidneys through the blood. The material emits gamma rays that are detected by a gamma camera and computer to create images of the kidneys. These images show how the kidneys are functioning and structured, and can help identify any blockages or abnormalities

### **Surgical management**

- Ureteric meatotomy is done if there is narrowing of the orifice. It is a surgical procedure that widens the opening of the ureter, the tube that carries urine from the kidneys to the bladder
- Nephrectomy:- if kidney is not functioning properly nephrectomy is done by complete removal of kidney.
- Heminephrectomy:- part affected of kidney is removed
- Ureteral Re-implantation:- the ureter is cut away and moved to a part of bladder where it can drain more easily. This has a risk of future blockages. In females with complete duplication, lower ureteric orifice is ectopic, causing urinary incontinence which needs partial nephrectomy or ureteric reimplantation.

### **Homoeopathic management**

Double ureter is purely surgical condition but certain clinical symptoms resulting due to obstruction or infection like burning micturition, renal calculi, haematuria, pain, difficulty in urination can be treated with this following Homeopathic medicine

#### **Hydrangea arborescens**

- Burning in urethra and frequent desire. Urine hard to start. Spasmodic stricture. Great thirst with abdominal symptoms. It is particularly useful for profuse deposits of white amorphous salts in the urine. It has arrested the tendency to formation of stones, relieves distress from kidney stones with soreness over region of kidneys and bloody urine.

#### **Solidago**

- Dark urine. Especially at night with very scanty brown and sour urine. Urine, dark and scanty or clear, stinking voided with difficulty. Kidneys, sore and tender over, ache, feel distended. Pain in kidneys extend forward to abdomen, bladder, down the thighs. Chronic nephritis. Cystitis. Obstructing flow of urine or inflammation. Affections of any other part or organ complicated with these symptoms will probably find their remedy in Solidago.

#### **Plumbum metallicum**

- Frequent ineffectual tenesmus. Chronic interstitial nephritis with great pain in abdomen. Contracted kidney. Urine profuse but flows slowly, drop by drop. Albuminous, low specific gravity. Diabetes mellitus. Uremia. Urine scanty. Tenesmus of bladder. Paralysis of bladder, difficult urination or retention, suppression.

#### **Eucalyptus globulus**

- Acute nephritis complication influenza. Hematuria. Suppurative inflammation of kidneys. Urine contains pus and is deficient in urea. Burning and tenesmus. Bladder feels loss of expulsive force. Catarrh of Bladder. Spasmodic stricture, gonorrhea. Urine has the odor of violets

**Hamamelis virginiana**

- Hematuria with increase desire to urinate, Dull ache in renal region. Hematuria from passive congestion of the kidney. Scanty high-colored urine. Irritation of the urethra. followed by a discharge and ardor urine.

**Uva ursi**

- Painful urination with burning sensation. Burning after the discharge of slimy urine. Slime passes with blood. Pains shooting through from hip to hip. The bladder symptoms are better lying on the back. Urinary symptoms most important. Cystitis with bloody urine. Uterine hemorrhage. Chronic bladder irritation with pain. Frequent urging with severe spasms of bladder.

**Mag. phos.**

- Nocturnal bedwetting from nervous irritation. Spasm of bladder of neck of bladder, spasmodic retention, tenesmus with constant and painful urging. Bladder neuralgia after use of catheter. Nocturnal bedwetting from nervous irritation. Cutting pain in bladder before urinating.

**Cimicifuga**

- Profuse clear urine, causing weakness with yellow sand. Nervous urination.

**Conclusion:**

The knowledge of abnormality in renal collecting system is necessary for effective endo-urolological applications and intrarenal surgeries. Developmental anomalies of the kidney, ureter, and urinary bladder should be kept in mind and promptly detected before the manifestations of aforementioned complications increase the morbidity of the affected individuals.

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## WARTS & HOMOEOPATHY



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### Abstract

Warts are typical fleshy or bumpy growths on skin or mucus membrane. Warts occurring on skin are called cutaneous warts and warts occurring on mucus membrane are called as mucosal warts. Warts are not dangerous generally but may cause cosmetic disfigurement as they can be ugly and contagious as well. The infections can be seen worldwide and affect all ethnicities.

### Keywords

Warts, HPV, Common warts, Plantar warts, Homoeopathic remedies

Type	Synonym	Associated HPV
Common Warts (70%)	Verrucae vulgaris	1, 2, 3, 4, 7, 54
Plantar Warts (25%)	Verrucae plantares	1, 2, 4, 60, 63
Plane Warts/Flat warts (4%)	Verrucae planae	3, 10, 28
Condylomata Acuminata	Genital warts	6, 11, 30, 42, 43, 44, 45, 51, 54,

### Aetiology:

- Warts are caused by human papillomavirus (HPV) which is double-strand DNA virus of the papovavirus class.
- Around 150 types of HPV have been identified and are associated with various clinical lesions and diseases.
- It can spread by direct skin-to-skin contact or less commonly via fomites such as floors.

### Predisposing factors:

- Plantar warts are commonly spread at swimming pool or shower room floors, where rough surfaces abrade moistened keratin from infected feet and help to inoculate virus into the softened skin of others.
- Common hand warts may spread widely round the nails in those who bite their nails, over habitually sucked fingers in young children, and to the lips and surrounding skin in both cases.
- May Spread From Shaving Your Beard area.
- Occupational handlers of meat, fish and poultry have high incidences of hand warts.

### Clinical features:

#### • Common Warts:

- Firm papules, 1–10 mm or rarely larger, hyperkeratotic, clefted surface, with vegetations.
- Characteristic "red or brown dots" are better seen with hand lens and are pathognomonic, representing thrombosed capillary loops.
- Annular warts: at sites of prior therapy.
- Occur at sites of trauma: hands, fingers, knees.
- Butcher's warts: large cauliflower-like lesions on hands of meat handlers.
- Filiform warts have relatively small bases, extending out with elongated cap.

#### • Plantar Warts:

- Usually solitary, often painful, tumors of soles.
- Irregular papule with central loss of skin markings; at sites of mechanical pressure.
- Mosaic warts: Confluence of many small warts.
- "Kissing" warts: lesion may occur on opposing surface of two toes.

#### • Plane Warts:

- 1–2 mm, skin-colored subtle papules, often not recognized as warts by patient.
- Commonly on face and hands.
- Spread by autoinoculation, especially on face of men (less often legs of women) by shaving.
- Most patients are children or young adults.

### • Condylomata Acuminata:

- HPV infection of genital and perianal mucosa transmitted sexually.
- Tiny white papules which rapidly spread and enlarge. May be genital or perianal.
- Also indicates potential sexual abuse when a child presents with condylomata acuminata.

### Differential Diagnosis:

Common Warts (Verrucae vulgaris)	<ul style="list-style-type: none"> <li>✓ In children, molluscum contagiosum.</li> <li>✓ In adults, actinic keratosis, seborrheic keratosis, stucco keratosis, keratoacanthoma.</li> </ul>
Plantar Warts (verrucae plantaris)	✓ Corns and calluses, Lichen planus & Exostosis
Plane Warts/ Flat warts	<ul style="list-style-type: none"> <li>✓ On face, syringomas, xanthelasma</li> <li>✓ On chest, papular granuloma annulare and eruptive vellus hair cysts</li> <li>✓ Molluscum contagiosum</li> </ul>
Condyloma Acuminata	✓ Molluscum contagiosum, Pearly penile papules, Lichen planus, Condylomata lata



Verrucae vulgaris



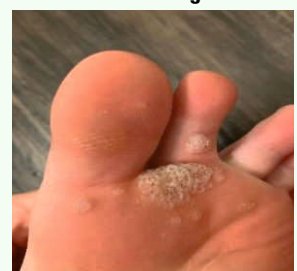
Annular warts



Filiform warts



Plantar Warts



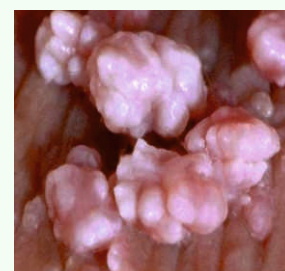
Mosaic Warts



Kissing Warts



Flat warts



Genital warts

### Investigations:

Clinical diagnosis of warts is often sufficient, but few lesions may need laboratory confirmation of HPV infection, such as –

- Histology.
- Immunohistochemistry or immunocytochemistry using type – common or type – specific antibodies.
- DNA in situ hybridization.
- PCR for HPV DNA.

### Management:

#### First line

- Salicylic acid • Glutaraldehyde
- Formalin • Occlusion
- Topical 5-fluorouracil • Caustics
- Retinoic acid
- Vitamin D analogues

**Secondline**

- Cryotherapy • Laser • Hyperthermia
- Surgery • Photodynamic therapy

**Third line**

- Podophyllin and podophyllotoxin • Imiquimod • Topical immunotherapy
- Intralesional immunotherapy • Interferon • H2 receptor antagonists
- Zinc • Oral retinoids • Intralesional bleomycin
- Cidofovir • Psychological methods

**Homoeopathic remedies:**

Homoeopathic medicines not only cure the condition but also prevent the recurrence of this infection. Some commonly used homoeopathic remedies for the treatment of warts are:

- **Anagallis:** Possesses power of softening flesh & destroying warts. Itching & tingling esp. on hands, fingers and palms
- **Anacardium:** Warts on palms of hand. Sensation of a hoop or band around the part. Sudden loss of memory. Confusion. Irresistible desire to curse and swear.
- **Antim crud:** Disposition to abnormal growths of skin, fingernails grow in splits like warts with horny spots. Large horny corns on soles of feet, sensitive to walking. Callosities from slightest friction. Sensitive to cold, aversion to cold bathing. Associated with gastric derangements with coated tongue.
- **Aurum:** Warts on tongue & genitals. A syctic remedy causing suppressed discharges to reappear. Valuable in climacteric haemorrhages and cancer of tongue
- **Baryta carbonica:** Senile warts. Swelling and induration. Offensive foot sweat.
- **Belladonna:** Infected warts with heat, redness, throbbing & burning. Violent & sudden onset of complaints. Skin dry & hot
- **Calcarea carbonica:** Warts on face and hands. Tendency to obesity and profuse perspiration mainly on head and on single parts. Syctic remedy and complaints from wading in water
- **Calendula officinalis:** Warts at the os externum. Promotes healthy granulations
- **Castor equi:** Warts on forehead. Warts on breast. General thickness of skin and epithelium
- **Causticum:** Warts large, jagged, pedunculated, bleeding easily. Small warts all over the body, on upper eyelids, face and on nose and tips of fingers. Old cicatrices esp. burns, freshen up, become sore again. < clear fine weather & > Damp wet weather. Ailments from suppressed eruptions
- **Cinnabaris:** Condyloma, easily bleeding. Fan shaped and genital warts. Ulceration on genitals with a syphilitic base.
- **Dulcamara:** Warts fleshy, large, smooth, on face or back of hands and fingers. Sensitive to cold, Hydrogenoid constitution, from working in cold damp basement.
- **Ferrum picricum:** Hands covered with warts. Warts and corns with yellowish discoloration
- **Ficus carica:** Milky juice of freshly broken stalk applied to warts causes their disappearance.
- **Kaliars:** Cauliflower excrescences of os uteri, with flying pains. Foul smelling discharge with cervical carcinoma. Tends towards malignancy and inveterate skin diseases
- **Natrum muriaticum:** Warts on palms of hands. Hangnails, skin around nail dry and cracked. Eruption in edges of hair, about anus. Face oily, shiny as if greased. Bad effects of cauterization and excess use of salt.
- **Natrum sulph:** Syctic excrescences, wart like red lumps all over the body. Hydrogenoid constitution. Warts of fingers and toes. Every spring, return of skin affections.



- Nitric acid: Warts, condylomata, sycotic or syphilitic, large, jagged, pedunculated. Bleeding readily on washing, moist, sticking and splinter like pains. Affects mucocutaneous junction – mouth, nose, rectum, anus.
- Ovigallinaepellicula(Membrane of egg shell): A very good rarer remedy for warts.
- Rhus toxicodendron: Horny & broad warts.
- Ruta graveolens: Warts with sore pain, flat, smooth, on palms of hand. Sore bruised feeling of affected part. Scrofulous exostoses, mechanical injuries of bones
- Sabina: Fig warts with intolerable itching & burning, exuberant granulations. Follows thujain condylomas and sycotic affections. Suited to chancres of women, tendency to miscarriage
- Sempervivum tectorum: Warts and corns. Flushed surface & stinging pains. Cancer of tongue & ulcers of tongue that bleed easily.
- Silicea: Infected wart sensitive. Crippled nail on fingers and toes. In-growing toenails, ulcers of all kinds, painful, offensive, proud flesh in them. Sweat of hands and feet, offensive.
- Staphysagria: Fig warts, dry, pediculated, cauliflower like. New vesicles from contact of exudation. By scratching one place after itching ceases, but appears in another. Mechanical injuries from sharp instruments.
- Sulphur: Skin infections with itching, scratching >, lead to burning. Itching < washing, night, warmth of bed. Complaints that are continually relapsing. When carefully selected remedies fail to act. Skin affections suppressed with external applications. Aversion to being washed. Scrofulous patients subject to venous congestion.
- Thuja: Skin dirty brown, mosaic appearance. Wart large, seedy, pedunculated, only on covered parts, burn after scratching. Fig warts, condylomata & wart like excrescences upon mucocutaneous surfaces. Perspiration smelling like honey on genitals
- X-ray: Warty growths, nail thickened. Repeated exposure to X-ray produces skin lesions often followed by cancer.

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## “Harnessing Hydrangea: Organopathic Healing for Urological Condition.”



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### Abstract:

Organ remedy is the use of a localized, specific, targeted similimum we use the totality of the symptoms of the organ, tissue or function with its modalities to choose remedy. Hydrangea (*Hydrangea Arborescens*) has been traditionally used as a natural remedy for managing urological disorders, particularly ureteric stones. Its active components, including hydrangin, saponins, and flavonoids, exhibit diuretic, anti-inflammatory, and antispasmodic properties, making it effective in promoting the dissolution and passage of stones.

### Keywords:

Hydrangea, ureteric stone, organopathic remedy

### Introduction:

Organopathy.

Definition: This method is based on the assumption that a) certain remedies have specific affinity for certain organs, and b) there are patients in whom it is desirable or necessary to treat specific organs or systems in order that the whole person may be properly cured.

Organ remedies and thus see that organ-remedies by restoring the disturbed organ to health, cure the organism itself.

James Compton Burnett

### History and development

Paracelsus (1490-1541) made great practical use of the idea that each organ of the body has its counterpart in nature. James Compton Burnett took up the work of organ prescribing in England in the late nineteenth century and placed it in a homoeopathic context. He pointed out the difference between prescribing on the basis of symptom similarity and on the basis of organ-similarity, both of which he regarded as equally valid cases. Burnett freely admits to taking most of his inspiration from the work of Paracelsus and Rademacher, but he was able to clarify then indications for many of the remedies he found recommended for use in treating certain organs.

### When to use organ remedies

- There are patients whose entire symptomatology revolves around weakness or dysfunction of particular
- Organ, in these cases organ weakness may be present as an obstacle to cure and often it is found that indicated constitutional remedies do not perform well until the weakness is rectified.
- In cases where the disorder is more general but there exists a weak link in the chain and it is often advantageous to strengthen this before constitutional treatment.
- In many cases we see aggravation following constitutional Prescription can be lessened or avoided altogether by judicious application of organ remedies.
- In advanced physical pathology.
- To detoxify and tone the weak organ.

**Urolithiasis** (from *Greckoûron*, "urine", *lithos*, "stone", *iasis*) is the formation of urinary calculi (urinary stones). which are calculi formed or located anywhere in the urinary system. It comprises nephrolithiasis (the formation of kidney stones), ureterolithiasis (the formation of stones in the ureters), and cystolithiasis (the formation of bladder stone).

**PATHOGENESIS** Urinary stones form when one or more of the crystalloids that form stones can no longer be held in solution. The concentration of the crystalloid in the urine may be abnormally great, or the factors that normally hold the crystalloids in the urine in solution may be deficient.

If the urine is supersaturated with the ions that form a stone, the ions tend to cluster together. If more than 100 ions form a cluster, it becomes stable and can serve as the nucleus of a stone. Once nucleation has occurred, the stone will continue to grow even if the concentration of the ions in the urine falls.

Hydrourer is nearly always associated with hydronephrosis. The obstruction is often at the ureterovesical junction or in the urethra. The affected ureter or ureters become greatly dilated, perhaps 2 or 3 cm in diameter, elongated, and tortuous.

### **Hydrangea Arborescens:**

Hydrangea is believed to promote expulsion of urinary stones, help break down any that remain, and aid in preventing stone formation. Hydrangea gives the following specific symptomatology "Hydrangea has a traditional reputation as a "stone-breaking" remedy having been used in calculous diseases for many years.

Clinical picture of Urolithiasis shows urinary stones or gravel associated with infection such as cystitis. Frequent urination with heat, burning, accompanied with quick, sharp, acute pains in the urethra. Partial suppression of urine with general irritation and aching or pain in the back. Pain from the passage of renal sand.

Hydrangea has antiseptic and diuretic properties. Hydrangea contains flavonoids, including quercetin and rutin which help reduce inflammation and contribute to the herb's diuretic properties.

The root and root bark are the parts employed medicinally. It contains mineral compounds of magnesium, phosphorous, sulphur and calcium which chemically breakdown stones of Kidney. After treatment with Hydrangea, the stones were passed without any damage to the ureter and were found to be smooth and round. Once the sharp edges of the stone are dissolved, all pain, haemorrhage and inflammation subside.

### **Case:**

Ms. M S Baria female patient, 20 years old case of bilateral renal calculi and 7 mm calculi seen in left ureter and bilateral hydrourer and mild hydronephrosis.

Severe colicky pain and vomiting since 2 days with fever burning pain while urination.

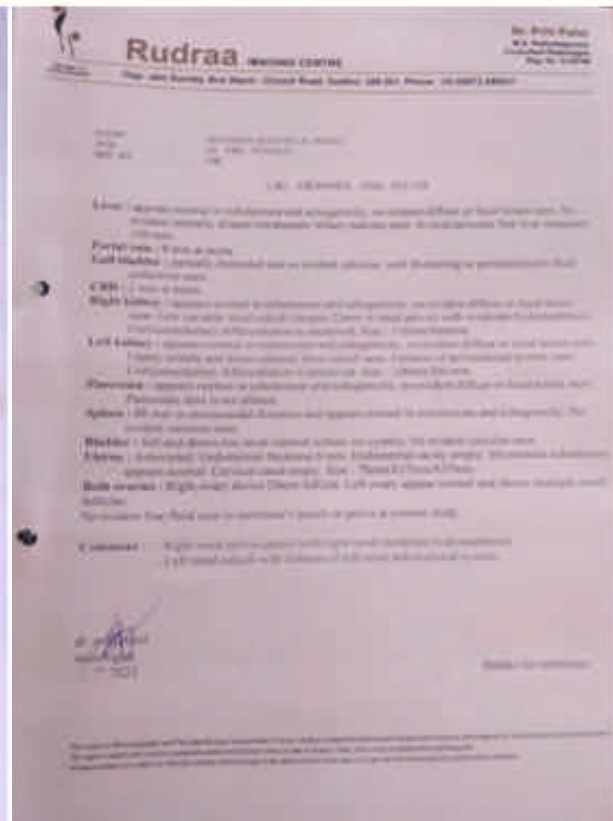
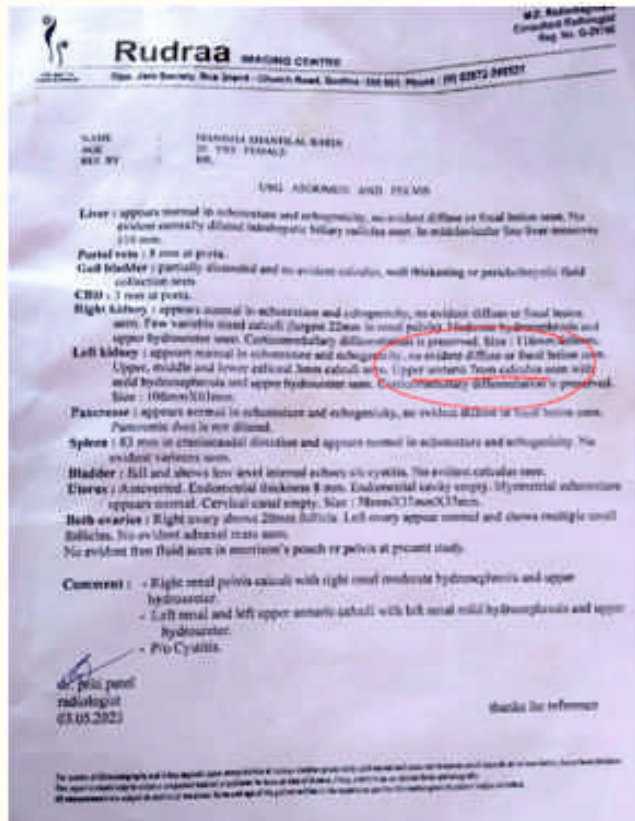
### **Prescription:**

Hydrangea Arborescence 200/1 dose

Hydrangea mother Tincture Q, 10 drops, 2 times/day was given.

### **Follow up**

Date	Symptoms	Advice
07/05/2023	Pain decrease, no complaint of vomiting and fever.	Hydrangea mother Q, 10 drops, 2 times/day, for 3 weeks was given.
06/06/2023	No burning pain while urination,	Hydrangea mother Q, 15 drops, 2 times/day for 2 weeks
20/06/2023	Improvement in complaints	Hydrangea mother Q, 15 drops, 2 times/day for 2 weeks
15/07/2023	No complaints	Medicine stopped



## Conclusion:

I prescribed on the basis of pathology, *Hydrangea Arborescens*. 200 is very effective in removal of ureteric calculi & subsiding pain, haematuria, dysuria & other complaints. *Hydrangea Arborescens* mother tincture is effective in removal of renal calculi. In above case no effects on kidney stones so I gave constitutional medicines for kidney stones.

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## The relationship between Homeopathy and Community Medicine



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Homeopathy and Community Medicine are two distinct but complementary fields in healthcare. The relationship between Homeopathy and Community Medicine lies in their shared focus on promoting health, preventing disease, and treating illnesses with a holistic and community-oriented approach. Preventing aspects of homeopathy enhanced with knowledge of community medicine. A homoeopath is not only a good prescriber only he is also a good health adviser also. Health is main goal of homoeopath like community medicine preference on Health for All. Community medicine deal with disease prone atmosphere and study for prevention as well as treatment strategy in concern of prevent recurrence of disease. Like that homoeopath also concern about obstacle to cure and also focus on prevention of recurrence of disease. Combining homeopathy with community medicine can cater to diverse population needs, especially in areas where healthcare access is limited.

Collaborative research can explore the efficacy of homeopathy in managing public health concerns. For understanding a relation between Homoeopathy Community Medicine we must know about Homoeopathy and Community Medicine-

### **Homeopathy**

A system of alternative medicine based on the principle of "like cures like" (similia similibus curentur), where substances that cause symptoms in a healthy person are used in diluted forms to treat similar symptoms in sick individuals. Focuses on individualistic, holistic care by considering physical, emotional, and psychological aspects of a person. Remedies are prepared through potentization, involving serial dilution and succussion (vigorous shaking). Often used for chronic illnesses, allergies, stress-related disorders, and some acute conditions.

### **Community Medicine**

A branch of modern medicine that focuses on the prevention of diseases, promotion of health, and provision of healthcare to populations rather than individuals. Aims to identify and address public health challenges through epidemiological research, health education, policy-making, and preventive strategies. Encompasses areas like immunization programs, sanitation, maternal and child health, occupational health, and the control of communicable diseases.

Intersection of Homeopathy and Community Medicine-

#### **1. Preventive Care:**

Homeopathy offers remedies believed to strengthen immunity and prevent certain illnesses, aligning with community medicine's focus on prevention. Homeopathy offers remedies aimed at preventing diseases (e.g., home prophylaxis for epidemic diseases).

Community Medicine implements public health measures like vaccination, health education, and sanitation.

Both prioritize prevention over treatment by addressing root causes and risk factors.

Both disciplines recognize the importance of prevention. Homoeopathy offers constitutional remedies that strengthen immunity, while community medicine focuses on vaccination, hygiene, and public awareness. Integrating these approaches can enhance disease prevention strategies.

## **2. Holistic Public Health:**

Homeopathy treats the individual as a whole, focusing on physical, emotional, and mental well-being. It aims to stimulate the body's natural healing processes.

Community Medicine focuses on the health of the entire community, addressing social, environmental, and behavioural determinants of health.

Both emphasize holistic care, acknowledging the influence of lifestyle, environment, and psychosocial factors on health.

Community medicine emphasizes addressing social determinants of health. Homeopathy complements this by focusing on overall well-being and reducing dependence on conventional drugs.

Community medicine addresses environmental, social, and economic determinants of health. Homeopathy complements this by considering the individual's lifestyle, emotions, and constitution, promoting a holistic approach to health.

## **3. Health Awareness Programs:**

Collaboration can involve integrating homeopathy into community health camps, particularly in regions where homeopathy is popular and culturally accepted.

In several countries, homeopathy is integrated into public health programs to address specific health needs, particularly where access to conventional medicine is limited.

Community Medicine frameworks can incorporate homeopathy in programs for conditions like chronic diseases or epidemics.

## **4. Individual and Community-Based Care:**

Homeopathy focuses on individualized treatment based on symptoms and patient history.

Community Medicine focuses on population-level interventions like mass immunization and health awareness campaigns.

Homeopathy can complement community medicine in addressing individual needs within broader public health initiatives.

## **5. Addressing Non-Communicable Diseases (NCDs):**

The global burden of NCDs, such as diabetes, hypertension, and mental health disorders, requires multi-disciplinary interventions. Homeopathic remedies can help manage symptoms and improve quality of life, while community medicine can provide lifestyle education and policy support.

## **6. Epidemic Management:**

Homeopathy has historically been used in epidemic situations, such as cholera and influenza, offering prophylactic and therapeutic remedies. Community medicine strengthens this by coordinating mass immunization campaigns, surveillance, and public health education.

## **7. Maternal and Child Health:**

In maternal and child health, homeopathy provides safe remedies for conditions like morning sickness, colic, and teething.

Community medicine ensures broader access to prenatal care, nutrition, and vaccination programs. Together, these disciplines can improve outcomes for mothers and children.

## **8. Education and Awareness:**

Homeopathy educates patients about self-care and lifestyle modifications.

Community Medicine promotes health literacy and preventive practices on a community scale.

Both encourage public participation and education to enhance health outcomes.

## **9. Cost-Effectiveness:**

Homeopathy is often cost-effective, making it accessible in resource-limited settings.

Community Medicine emphasizes equitable healthcare delivery, particularly for underserved populations.

Homeopathy can complement community medicine in providing affordable healthcare.

## **10. Research and Epidemiology:**

Both fields can contribute to understanding disease patterns and treatment outcomes, especially for chronic conditions and health issues in underserved populations.

Conduct studies to evaluate the efficacy of homeopathic remedies in community health interventions.

### Conclusion:

Homoeopathy and community medicine share a common goal of improving health and well-being. While their methodologies differ, their principles can complement each other to address individual and community health challenges. By fostering collaboration and integration, these disciplines can contribute to a more holistic, sustainable, and equitable healthcare system. Homoeopathy emphasizes individualized treatment using natural remedies, while community medicine focuses on the prevention and control of diseases at the population level.

Homoeopathy addresses the root cause of illnesses and focuses on enhancing the body's self-healing capacity. Community medicine emphasizes the collective responsibility of society to ensure equitable healthcare for all.

Despite these differences, the two disciplines can complement each other in addressing the health needs of individuals and communities.

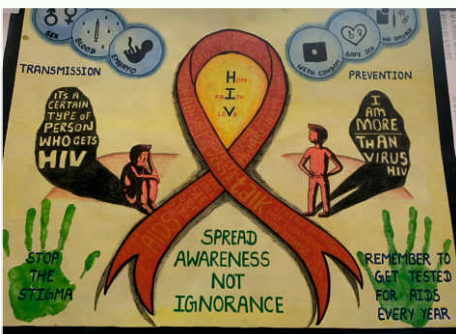
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## ENDOMETRIOSIS



**Maitri P Patel.**  
(Fourth Year BHMS)

**ABSTRACT:** Endometriosis is the presence of endometrial tissues outside the uterine cavity. It can occur due to various causes. It is a disorder of women of child bearing age group.

**KEY WORDS:** Endometriosis, hormonal dependent, pelvic, ovarian, rectovaginal, chocolate cyst, haemosiderin, dysmenorrhoea, abdominal pain, dyspareunia, infertility

**INTRODUCTION:** Endometriosis is one of the most mysterious and fascinating benign gynecological disorders. In this type of condition there is presence of endometrial- like tissue outside the cavity of the uterus. Most commonly affected organs are pelvic organs and peritoneum. It may vary from few lesions to solid infiltrating mass and ovarian endometriotic cyst. It is most commonly seen in women with dysmenorrhea, dyspareunia and chronic pelvic pain. The prevalence is about 8-10 % females of reproductive age. It is extremely rare before menarche and disappears after menopause.

**MAIN PART:** Endometriosis is a proliferative hormonal dependent disease of the childbearing period. The incidence is partly due to improved diagnostic technic and partly due to social disturbances like late marriages and limited family size. Genetic susceptibility and familial tendency is seen in 15% cases. Oestrogen plays an important role. Cyclical hormones stimulate its growth. Impaired T cell and NK cell activity and altered immunology in a woman may increase the susceptibility to proliferation and growth. Other factors are genetic, multifactorial, vaginal or cervical atresia. the more frequent the cycles, and the more the bleeding, greater is the risk of endometriosis. Common site is lower pelvis below umbilicus, ovary, pouch of Douglas, including the uterosacral ligaments, peritoneum overlying the bladder, sigmoid colon, back of the uterus, ovarian fossa, intestinal coils and appendix.

Pelvic endometriosis: Includes the uterosacral ligaments, peritoneum overlying the bladder, sigmoid colon, back of the uterus, ovarian fossa, intestinal coils and appendix.

- Chocolate cyst: Chocolate cysts of the ovaries represent the most important manifestation of endometriosis. To the naked eye, the chocolate cyst shows obvious thickening of the tunica albuginea, and vascular red adhesions on the undersurface of the ovary. Their brown colouration due to ingested blood pigments such as haemosiderin.

The clinical sign and symptoms includes:

- Dysmenorrhoea: It is most common symptom. The pain begins before the onset of menstruation, continues till the flow begins and then declines. Pain of endometriosis is chiefly related to the location and not the extent of the lesion. Deeper lesions cause more pain than superficial ones.
- Abdominal pain: Lower abdominal pain comes around menstruation. Occasionally, the pain suddenly becomes very severe, presenting as an acute abdomen necessitating immediate surgery.
- Dyspareunia: It may be caused due to adhesions and fixation of the uterus and nodular thickening of the uterosacral ligaments.
- Infertility: Endometriosis possibly interferes with tubal motility and function. It may inhibit ovulation, ovum pick-up by the fimbria and because of dyspareunia there is reduced frequency of sexual intercourse.

Other symptoms are menorrhagia, chronic pelvic pain, Urinary frequency, dysuria, back pain or even hematuria. Sigmoid colon and rectum painful defecation, diarrhea, constipation, rectal bleeding or even melena. Chronic fatigue, perimenstrual symptoms. Hemoptysis (rarely), catamenial chest pain. Surgical scars cyclical pain and bleeding



Pelvic examination may reveal pelvic tenderness, nodules in the pouch of Douglas, nodular feel of the uterosacral ligaments, fixed retroverted uterus or unilateral or bilateral adnexal mass of varying sizes.

**INVESTIGATION:** it can be detected by certain laboratory tests. They are laparoscopy-for diagnostic and therapeutic purpose, USG-for any mass, MRI, cystoscopy- for urinary cause, sigmoidoscopy- for rectal cause.

**HOMOEOPATHIC REMEDIES:** In homoeopathy there are wonderful remedies regarding this disease. The peculiar remedies are Sepia, Lachesis, Cimicifuga, Ammonium Mur.

- 1) Xantoxylum- menses too early and profuse, ovarian neuralgia, pain in loins and lower abdomen, neuralgic dysmenorrhoea, diarrhoea.
- 2) Sepia – the flow is too profuse, bearing down sensation as if everything would come out, difficulty in passing urine, bleeding in stool and fullness of rectum, cannot strain due to pain which shoots upwards.
- 3) Lachesis-menses too short, pain relieved by the flow, left ovary very painful and swollen, constipated,
- 4) Cimicifuga- Amenorrhea, delayed, profuse menses, severe pain all through the period of flow, pain in ovarian and uterine region, false labour like pain, intolerance to pain,
- 5) Ammonium mur- menses too profuse and early, pain in left abdomen and small of back, constipation, great straining to pass stool, diarrhoea during menses.
- 6) Platina- menses too early too profuse, bearing down pain, ovaritis with sterility, pain in umbilical region extending to pelvis.
- 7) Pulsatilla- Amenorrhea, menses too late and scanty, diarrhoea during or after menses, involuntary urine at night,

**CONCLUSION:** Endometriosis is the presence of endometrial cells outside the uterine cavity.. The main symptoms are dysmenorrhoea, abdominal pain menorrhagia, dyspareunia and infertility. It can be diagnosed by investigations like laparoscopy, USG, MRI.

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