

: Jay Hahnemann Jay Homoeopathy:



JALA HOMOEEO VISION



Jay Jalaram Homoeopathic Medical College & Hospital






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CLINICAL TIPS FOR QUICK REVISION



Janki
BHMS IV YEAR

Sno	NAME OF REMEDY	INDICATIONS	RELATIONSHIP	IMAGES
1	<u><i>Adonidin.</i></u>	A cardiac tonic and diuretic. Increases arterial pressure and prolongs the diastole, favouring emptying engorged veins. Is an excellent substitute for <i>Digitalis</i> and is not cumulative in action.	<i>Adonis vernalis</i>	
2.	<u><i>Aralia hispida</i></u>	Is a valuable diuretic, useful in dropsy of cavities, either due to hepatic or renal disease with constipation. Urinary disorder , especially with dropsy <i>Scudder</i> advises doses of five to thirty drops in sweetened cream of tartar solution.	Apocyanum.can	
3.	<u><i>Bougmancia candida</i></u>	Floating sensation as if ideas were floating outside of the brain. Headache, heartburn, burning sensation around cardiac end of stomach extending to oesophagus with Sense of constriction. Heat and fullness over liver region.	Sticta	
4.	<u><i>Cascara sagrada</i></u>	Palliative in constipation. As an intestinal tonic and dyspepsia.	Rhamnus Calif	
5.	<u><i>Cymarin</i></u>	Cymarin is indeed a cardiac glycoside, found in plants like Apocynumcannabinum (dogbane}. Lower pulse rate and increase blood pressure	Apocynumcann	

Dermatology and Its Pathogenesis

Abstract:

Dermatology is a specialized branch of medicine focused on the study, diagnosis, and management of disorders involving the skin, hair, nails, and mucous membranes. The skin, being the largest organ of the body, functions as a complex barrier that interacts continuously with the internal physiological systems and the external environment. Pathogenesis in dermatology refers to the sequence of molecular, cellular, and physiological events leading to the onset and progression of dermatological disorders.

Keywords : Dermatology, Pathogenesis, Skin Disorders, Immune Dysregulation, Genetic Factors, Microbial Pathogens

1. Introduction

Dermatology encompasses a wide range of conditions, from infectious diseases and inflammatory dermatoses to autoimmune disorders and malignancies. The skin's unique structure—comprising the epidermis, dermis, and subcutaneous tissue—plays a critical role in immune defense, sensory perception, thermoregulation, and metabolic processes. Given its exposure to both intrinsic and extrinsic factors, the skin is particularly susceptible to pathological changes.

2. Mechanisms of Pathogenesis

2.1 Immune Dysregulation

Many dermatological disorders result from altered immune responses. In conditions such as psoriasis, keratinocyte hyperproliferation is driven by overactive T-helper 1 (Th1) and T-helper 17 (Th17) immune pathways, with elevated cytokines such as TNF- α , IL-17, and IL-23 playing central roles. In atopic dermatitis, Th2-mediated inflammation predominates, often linked to impaired skin barrier function.

2.2 Genetic Predisposition

Genetic factors significantly influence dermatological pathogenesis. Mutations in genes encoding filaggrin (FLG) compromise epidermal barrier integrity, increasing susceptibility to eczema. In pigmentary disorders such as vitiligo, genetic variations in immune regulatory genes contribute to melanocyte destruction.

2.3 Microbial Involvement

Microorganisms can directly cause or exacerbate skin diseases. Bacterial: *Staphylococcus aureus* and *Streptococcus pyogenes* are major pathogens in impetigo and cellulitis.

Viral: Herpes simplex virus (HSV) can cause recurrent vesicular eruptions.

Fungal: Dermatophytes (*Trichophyton* spp.) invade keratinized tissues causing tinea infections.

2.4 Environmental Triggers

Ultraviolet (UV) radiation is a key extrinsic factor that can induce DNA damage, leading to photoaging and skin carcinogenesis. Chemical irritants and allergens contribute to contact dermatitis via both irritant and immune-mediated mechanisms.

2.5 Systemic Interactions

Cutaneous manifestations often reflect systemic diseases. For instance, insulin resistance in diabetes mellitus predisposes to fungal infections, while liver disease may manifest as jaundice or pruritus due to bile salt deposition in the skin.



Dr Arpita Chatterjee
MD(Hom), PhD scholar
Professor of Department
of Pathology

3. Clinical Significance

Understanding the pathogenesis of skin diseases allows for targeted therapeutic approaches. Modern treatments include:

Topical agents (corticosteroids, calcineurin inhibitors)

Systemic therapies (immunosuppressants, antibiotics, antifungals)

Biologic agents targeting specific immune mediators (e.g., anti-TNF, anti-IL-17 drugs)

4. Conclusion

Dermatology integrates clinical observation with molecular insights to diagnose and treat skin disorders effectively. Advances in molecular biology, immunology, and genetics have transformed the understanding of dermatological pathogenesis, paving the way for precision medicine.

References:

- Nestle FO, Kaplan DH, Barker J. "Mechanisms of disease: psoriasis." *N Engl J Med.* 2009;361(5):496-509.
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- Proksch E, Brandner JM, Jensen JM. "The skin: an indispensable barrier." *Exp Dermatol.* 2008;17(12):1063-1072.

MONARCH Assessment Criteria: Strengthening Scientific Credibility in Homoeopathic Case Reporting



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As a scientist at the Central Council for Research in Homoeopathy (CCRH), I have often reflected on a simple yet profound truth: many revolutions in medicine began with a single, carefully observed patient. The historic 1961 thalidomide report in *The Lancet* was not a randomized trial—it was a case report. Yet it altered the course of global drug safety. In homoeopathy, where individualized prescriptions are the cornerstone of practice, the scientific case report is not merely descriptive; it is foundational.

The Enduring Power of Case Reports

A case report is the scientific documentation of a single clinical observation. It allows an in-depth exploration of complex clinical phenomena within real-life settings. When experimental designs are impractical, unethical, or impossible, case reports become indispensable. They generate hypotheses, detect novelty, and often provide early signals of safety or therapeutic promise.

In today's era of personalized medicine, their relevance has only grown. Homoeopathy, being inherently individualized, demands meticulous documentation of symptom evolution, remedy selection, and patient response. However, anecdote must never masquerade as evidence. Transparent, systematic, and standardized reporting is essential. As Moher, Schulz, and Altman cautioned in *The Lancet* (2001), inadequate reporting borders on unethical practice when biased results receive false credibility. This warning resonates deeply within integrative and complementary systems of medicine. The answer lies in robust reporting guidelines and structured causality assessment.

From CARE to HOM-CASE: Strengthening Reporting Standards

The development of the CARE (CASeREport) guidelines marked a global effort to improve clarity and completeness in case reporting. Recognizing the specific needs of homoeopathic practice, Dr. R.A. van Haselen developed the HOM-CASE extension—"Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline" (2016).

The HOM-CASE extension refines reporting in key areas:

- Clear identification of the case report in the title
- Comprehensive patient information (demographics, psychosocial history, comorbidities)
- Detailed homeopathic symptomatology used for remedy selection
- Explicit description of type of homoeopathy (individualized, formula, isopathy), potency, scale, and dosage
- Documentation of follow-up, objective evidence, adverse events, and homeopathic aggravation
- Assessment of causal attribution

Such structured documentation ensures that each case contributes meaningfully to the scientific corpus rather than remaining an isolated narrative.

The Evolution of Causality Assessment

One of the persistent criticisms of case reports—particularly in homoeopathy—has been the difficulty of establishing causality. Did the patient improve because of the remedy, natural disease progression, placebo effect, or concurrent intervention?

To address this, Dr. Lex Rutten proposed a modified causality framework, later adapted into the Modified Naranjo Criteria for Homoeopathy. This instrument introduced structured domains assessing improvement, temporal relationship, aggravation, direction of cure, alternative causes, and objective confirmation.

Building on this foundation, the MONARCH inventory—Modified Naranjo Criteria for Homoeopathy

(Revised)—emerged as a refined and validated tool to systematically evaluate the likelihood that a clinical outcome is attributable to a homoeopathic intervention.

MONARCH: The Architecture of Scientific Attribution

MONARCH consists of ten domains:

1. Improvement in the main symptom
2. Plausible temporal relationship
3. Presence of homeopathic aggravation
4. Improvement beyond the chief complaint
5. Enhancement of overall well-being
 - 6A. Direction of cure (reverse order of symptom appearance)
 - 6B. Directional healing patterns (from vital to less vital organs, deeper to superficial, top-down)
6. Temporary return of old symptoms
7. Exclusion of alternative causes
8. Objective evidence confirming improvement
9. Reproducibility with repeat dosing

Among these, four domains—1, 2, 8, and 9—are considered critical. For tentative causal attribution, all four must contribute positively, and the total MONARCH score must reach a minimum of +6. The higher the score beyond +6, the stronger the likelihood of causality.

This scoring is conducted after comprehensive analysis of the entire case, ideally at the conclusion of treatment for an acute or chronic episode. Importantly, each assigned score must be explicitly justified in the case report.

Transparency is not optional—it is ethical responsibility.

Why MONARCH Matters

MONARCH transforms subjective clinical impressions into structured scientific reasoning. It does not claim to replace controlled trials; rather, it strengthens the evidentiary value of well-documented individual cases. It acknowledges the complexity of homoeopathic healing—where symptom evolution, direction of cure, and overall vitality are integral indicators.

The inventory is applicable across acute, chronic, and one-sided cases. Not every domain will apply to every patient; therapeutic goals differ. Nevertheless, systematic evaluation enhances credibility and invites constructive academic dialogue.

Bridging Individualized Care and Evidence

High-quality case reports serve multiple purposes:

- They provide early safety signals.
- They stimulate hypothesis generation.
- They inform clinical guidelines.
- They enrich medical education.
- They strengthen individualized care paradigms.

In homoeopathy, where each prescription is tailored, rigorous case documentation is the bridge between bedside and research bench. HOM-CASE ensures completeness; MONARCH ensures accountability.

The Take-Home Message

The future of homoeopathic research does not lie in abandoning case reports—it lies in refining them. Standardized reporting through HOM-CASE and structured causality assessment via MONARCH elevate the single case from anecdote to analyzable evidence.

Every carefully recorded case becomes a scientific dialogue between clinician, researcher, reviewer, and reader. When documented with clarity, analyzed with rigor, and presented with transparency, the individual patient narrative becomes a catalyst for collective progress.

In the spirit of scientific integrity, MONARCH reminds us: causality must be reasoned, not assumed. And in that disciplined reasoning lies the true strength of homoeopathic clinical science.

The Art of Case Taking: Listening Beyond Symptoms in Homeopathy

In my decades of practice, I have come to realize that homeopathy is not merely a system of therapeutics—it is a science of understanding the individual. We do not prescribe for asthma, arthritis, or fever alone. We prescribe for the person who experiences these conditions in their own unique way. This understanding forms the very soul of case taking.



Dr. Shachindra Joshi
MD(HOM)

When I began my journey in homeopathy, I immersed myself in philosophy and Materia medica. However, clinical experience soon taught me that book knowledge alone is insufficient. A homeopath must cultivate the art of observation—watching gestures, listening to tone, noting peculiar reactions, and perceiving patterns beneath surface complaints. Over nearly three decades of practice and teaching, this realization led to the development of our MAP System of Homeopathy, which helps simplify complex cases while remaining rooted in classical principles.

I recall a case of a three-year-old girl brought to my clinic with recurrent episodes of severe cough and fever. Her cough was dry, hard, and triggered by smoke exposure. It left her breathless and exhausted. At first glance, this appeared to be a straightforward case of childhood asthma. But homeopathy demands that we go deeper.

As I listened to her mother, I noticed something striking. The child was extremely particular and punctual. She insisted on eating at fixed times and became upset if routines were disturbed. She had clear ideas about what she would or would not eat, refusing foods she believed would worsen her condition. She was sensitive, precocious, and remarkably headstrong. Even in the clinic, her demeanor was prim and proper, with a distinct need for order.

These features were not incidental; they were central. Her rigidity, fixity in habits, and strong sense of what was acceptable revealed the core of her personality. In the mineral understanding elaborated in *Homeopathy & Patterns in Minerals – Part 1* by Dr. Bhawisha Joshi, it is beautifully emphasized that mineral remedies reflect issues of structure, identity, and the evolving ego. As the book highlights in essence: when the sense of self is developing, it seeks stability and structure; when imbalanced, this same need expresses as rigidity and fixity. This insight deepens our perception beyond isolated symptoms and directs us toward the underlying pattern.

Within our MAP framework, this corresponded to a Level 3 personality, where identity formation manifests as obstinacy and rigidity.

The remedy that emerged clearly was *Silicea*—a remedy known for fixed ideas and inner firmness. After the administration of *Silicea*, her cough episodes reduced significantly, and her vitality improved. More importantly, her overall balance strengthened.

symptoms. The timing of complaints, emotional reactions, peculiar habits—these are the true guides. When we understand the pattern of the individual, as so thoughtfully described in Dr. Bhawisha Joshi's work, prescription becomes precise and meaningful.

The art of case taking is, therefore, not optional; it is the very heart of our healing science.

Quality Assurance and Quality Control in Clinical Research



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Introduction

Clinical research is fundamental for the development of safe and effective medicines. The credibility of clinical trials depends on the accuracy of data and adherence to ethical and regulatory standards. To achieve this, pharmaceutical and research organizations implement structured quality systems. Two essential components of these systems are **Quality Assurance (QA) and Quality Control (QC)**.

Quality in clinical research refers to a state of excellence in which processes are free from defects and consistently meet regulatory and scientific requirements. It ensures that clinical trials produce reliable and valid results while protecting participant safety. International guidelines such as **ICH GCP E6(R2) Good Clinical Practice** emphasize the need for systematic quality management throughout the clinical trial process. Without effective quality systems, clinical studies may result in inaccurate data, patient safety risks, loss of resources, and diminished credibility of research institutions.

Methods

Quality management in clinical research is implemented through structured **QA** and **QC** systems supported by Standard Operating Procedures (SOPs), monitoring activities, and regulatory compliance.

Quality Assurance involves planned and systematic actions designed to ensure that clinical trials are conducted according to protocols, Good Clinical Practice (GCP), and regulatory requirements. QA activities include establishing quality policies, conducting training programs, implementing audits, and applying corrective and preventive actions (CAPA) to address potential gaps in processes.

QA functions at three levels:

- **Strategic level** : development of quality policies and long-term quality objectives.
- **Tactical level** : implementation of training programs, operational systems, and facility management.
- **Operational level** : daily adherence to SOPs, documentation practices, and workflow management.

Quality Control, on the other hand, focuses on operational techniques used to verify that quality requirements have been fulfilled. According to **ISO 9000 Quality Management System**, QC is part of quality management aimed at ensuring compliance with defined standards. QC activities include monitoring, auditing, validation, data analysis, and verification of records to ensure the accuracy and integrity of clinical trial data.

Results

The implementation of QA and QC systems significantly improves the reliability of clinical research. Continuous monitoring of trial procedures helps ensure that the data collected align with study protocols. Verification processes compare Case Report Forms (CRFs) with source documents to confirm data accuracy and consistency. Additionally, quality checks during data management ensure that the analysed database accurately reflects the original recorded information.

Sponsors play a crucial role in maintaining these quality systems. They are responsible for implementing QA and QC procedures, maintaining written agreements with investigators and institutions, and ensuring regulatory compliance. Effective collaboration among project managers, clinical research associates, data managers, and biostatisticians further strengthens the quality management framework.

Discussion

QA and QC serve complementary roles in clinical research. QA focuses on **preventing errors by improving processes**, whereas QC emphasizes **detecting and correcting defects in outputs**. Together, they help maintain compliance with protocols and regulatory standards.

The absence of effective quality systems may lead to therapeutic failure, adverse reactions, or unreliable research outcomes. By implementing robust QA and QC mechanisms, clinical trials can minimize errors, reduce data discrepancies, and enhance operational efficiency.

Conclusion

Quality Assurance and Quality Control are essential components of clinical research management. They ensure that trials are conducted ethically, data are reliable, and regulatory standards are met. Through systematic monitoring, auditing, and validation processes, QA and QC contribute to the credibility of clinical research and ultimately support the development of safe and effective medical therapies.

Remedy known as

SNO	NAMED AS	MEDICINE
1	Homoeopathic catheter	Sabal Serrulata
2	Often replaces the use of the catheter	Thlaspi barsa pastoris
3	Sometimes makes the use of the catheter unnecessary	Solidago
4	Vegetable trocar	Apocyanum
5	Homoeopathic trocar	Arsenicum album
6	Homoeopathic antiseptic	Calendula
7	Homoeopathic dynamic antiseptic	Pyrogenum
8	Liquid knife	Kali-iodicum
9	Often does away with the use of the knife	Myristica
10	Homoeopathic Lancet	Hepar sulphuris
11	Therapeutic lancet	Aconite napellus
12	“Corrector of blood dyscrasia”	Echinacea
13	Human barometer –	Phos (Boger) Merc (Phatak)
14	Human Thermometer	Mercurius (Boericke)
15	Digitalis of lungs	Aspidosperma (quebracho)
16	Digitalis of kidneys	Solidago
17	Aconite of chronic diseases	Alumina (Con – Clarke / Teste)
18	Chamomilla of chronic diseases	Gratiola – Teste / Hering
19	Nux-v symptoms in female	Gratiola
20	Vegetable Pyrogen	Malaria Officinalis
21	Vegetable Calomel	Leptandra
22	Vegetable Mercury	Phyt (Kent), Podo (Hughes)
23	“Friend of the oculist”	Calcarea carbonicum (Kent)

The Master Endocrine Flowchart & Story

Imagine a palace with 10 rooms, each representing an endocrine syndrome. Walking through the palace lets you recall every key syndrome with its story, mnemonic, and pathophysiology.

Entrance – Cushing Syndrome (“Moon-Faced King”)

Story : King eats lavishly - central obesity, moon face, buffalo hump

Mnemonic: MOON FACE - Muscle wasting, Obesity, Osteoporosis, New diabetes, Facial rounding, Abdominal striae, Cortisol excess, Emotional changes

Flow:

Excess cortisol - Fat redistribution - Moon face + Buffalo hump - Metabolic effects - Diabetes + Hypertension + Osteoporosis

Desert Room – Addison's Disease (“Bronze Traveler”)

Story: Desert traveller - bronze skin, weak, salt craving

Mnemonic: ADDISON - Adrenal failure, Dark pigmentation, Dehydration, Increased ACTH, Salt craving, Orthostatic hypotension, Nausea

Flow:

Adrenal destruction - | Cortisol & Aldosterone - | ACTH - Hyperpigmentation - Weakness + Hypotension + Salt craving

Hall of Giants – Acromegaly (“Growing Giant”)

Story: Man grows large hands, feet, jaw after adulthood

Mnemonic : GIANT - Growth hormone excess, Increased organ size, Acral enlargement, Neurological symptoms, Thickened face

Flow:

Pituitary adenoma - | GH - | IGF-1 - Bone + soft tissue overgrowth - Enlarged hands, feet, jaw

Engine Room – Hyperthyroidism (“Overheated Engine”)

Story: Engine running too fast - rapid metabolism, weight loss, heat intolerance

Mnemonic: FAST - Fast heartbeat, Anxiety, Sweating, Tremor

Flow:

Autoimmune stimulation - | Thyroid hormone - | Metabolic rate - Weight loss + Heat intolerance - Tremor + Tachycardia + Exophthalmos (Graves)

Slow Hall – Hypothyroidism (“Slow Body”)

Story: Slow-moving machine - fatigue, weight gain, cold intolerance, puffy face

Mnemonic: SLOW - Sleepiness, Low metabolism, Obesity, Weakness

Flow:

Thyroid failure - | Thyroid hormone - | Metabolism - Weight gain + Cold intolerance - Fatigue + Myxedema

Water Fountain – Diabetes Insipidus (“Endless Thirst”)

Story: Fountain flows endlessly - polyuria, polydipsia

Mnemonic: DRIP - Dilute urine, Renal water loss, Intense thirst, Polyuria

Flow:

- ADH / Renal resistance - | Water reabsorption - Polyuria - Polydipsia - Risk of dehydration



Dr Anit Acharya

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Professor, Department of
Homoeopathic Materia Medica

Perfume Garden – Kallmann Syndrome (“Man Who Cannot Smell”)

Story: Roses everywhere, he cannot smell - delayed puberty

Mnemonic:NO SMELL - NO PUBERTY - Anosmia, Hypogonadism, Delayed puberty, Infertility

Flow:

GnRH neuron migration defect - | GnRH - | LH & FSH - Delayed puberty + Infertility + Anosmia

Café Room – McCune–Albright Syndrome (“Café Child”)

Story: Child spills coffee - café-au-lait spots, fragile bones, early puberty

Mnemonic:MAP - McCune syndrome, Abnormal bones, precocious puberty

Flow:

G-protein mutation - Abnormal hormone signalling - Fibrous dysplasia + Café-au-lait spots - Precocious puberty

War Room – Nelson Syndrome (“Angry Pituitary”)

Story: Adrenal generals removed - pituitary king angry - ACTH excess, skin darkening, pituitary tumor

Mnemonic:NO ADRENALS - PITUITARY REVOLT

Flow:

Bilateral adrenalectomy - | ACTH - Pituitary hyperplasia - Skin hyperpigmentation + Pituitary tumor - Neurological effects

Music Room – POEMS Syndrome (“Musical Patient”)

Story: Patient sings symptoms like a poem - multi-system involvement

Mnemonic:POEMS - Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein, Skin changes

Flow:

Plasma cell disorder - multi-system manifestations - Polyneuropathy + Organomegaly + Endocrinopathy + Skin changes

HOMOEOPATHY IN PERIANAL ABSCESS-A CASE PRESENTATION

Dr Tushar Acharya Ravi Patel ,Dr Dhruvilsinh Parmar Smit Patel, Tirth Patel, Parth Patel, Devish Savaliya, Suham Patel, Mit Patel

INTRODUCTION

- What is Perianal Abscess?

Perianal abscess is painful, localized collection of pus near the anus. It occurs when a small anal gland usually located just inside the anus becomes infected often due to blockage.

- **Cause by:**-Trauma, Skin infections, Blockage of anal gland

- Why it Matters:-

A perianal abscess is considered a medical condition that requires medical attention. It can lead to more serious complications such as :

- 1) Anal fistula:In about 50% of case a tunnel forms between the side of the abscess and the skin which may require surgery to heal.
- 2) Systemic infection (Pyemia):The infection can spread to surrounding tissue or enter the bloodstream.

Case Report:-

80-year-old male, complain of pain, discharge from an open track perianal abscess, Presented on 17th February 2026.

- Prescription

- First Visit:- (17/2/26)

- Patient come with complain of Abscess, skin irritation, swelling, discharge of pus in anus.
- Suppuration of perianal region, due to age related.
- Can not clean by himself.
- Infected wound.
- **Site:** -On below the right side of buttocks at the upper aspect of thigh lateral side.
- **Complain:** -Pain + + +, Elevated reddish margins with inflammation, White circular coat over the wound, Sludge (+), can `t sit properly.
- **Procedure:** -Dressed with antiseptic solution and covered

with sterilized gauze.

• Homoeopathic Medicine: - Rx

TDS × 1 week




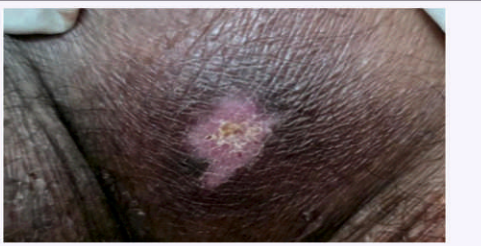
Advice :-



SILICEA. 200 × 2 dose
CALENDULA. 30 × TDS

Alternate day dressing,

maintain good hygiene.

FOLLOW UP	IMAGES
<p>✓ Second Visit :- (19/2/26)</p> <ul style="list-style-type: none"> • Wound Status:-Cavity approx. 1 cm × 1 cm with 1 cm peripheral margins, with multiple granulation tissue. • Patient Review :- Pain are reduce, He can sit properly. • Procedure :- Dressing with antiseptic solution covered with sterile gauze. • Homoeopathic Medicine :-SAC LAC 30/TDS 	
<p>✓ Third Visit : (21/2/26)</p> <ul style="list-style-type: none"> • Wound Status:- Clean, cavity approx 0.5 cm, Granulation tissue increase • Patient Review:-Pain are reduce, He can sit properly better than before complain. • Procedure :- Dressing with antiseptic solution & sterile gauze. <p>Homoeopathic Medicine :- SAC LAC 30/TDS</p>	
<p>✓ Fourth Visit :- (23/2/26)</p> <ul style="list-style-type: none"> • Wound Status :- Wound clean and aseptic, Cavity approx 0.1 cm, With full granulation, Wound size decrease. • Patient Review :- Better in all aspect. • Procedure :- Dressed with antiseptic solution & covered with sterilled gauze. • Homoeopathic Medicine :- Rx SAC. LAC. 30 × TDS × 2 weeks 	
<ul style="list-style-type: none"> • Fifth Visit :- (31/3/26) • Wound Status :- Full of granulation, Wound fully healed • Patient Review :- Better in all aspect. • Procedure :- application of antiseptic solution. • Homoeopathic Medicine :- Rx SAC. LAC. 30 × TDS × 1 week 	

Discussion -In this case, the homoeopathic remedy Silicea was prescribed based on the presence of suppuration, infected wound, and slow healing tendency. Silicea is considered one of the principal remedies for chronic abscesses and suppurative processes. It helps in promoting the maturation and discharge of pus and stimulates healthy granulation tissue formation.

Calendula officinalis was prescribed for its well-known antiseptic and wound-healing properties. Calendula promotes rapid granulation, prevents infection, reduces inflammation, and facilitates epithelialization of damaged tissues. The progressive reduction in wound cavity size, improvement in granulation tissue, and relief of pain observed during follow-up visits indicate a favourable therapeutic response. Regular wound dressing and hygiene maintenance further supported the healing process

Authors-

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Dr. Ravi Patel Asso Professor, Department of Practice of Medicine, Auxiliary treatment

Dr. Dhruvilsinh Parmar - Medical Officer-Case management

BHMS Final year- Smit Patel, Tirth Patel, Parth Patel, Devish Savaliya, Suham Patel, Mit Patel-Article writing.

JALA HOMOEOPATHY QUIZ

IDENTIFY THE FOLLOWING:

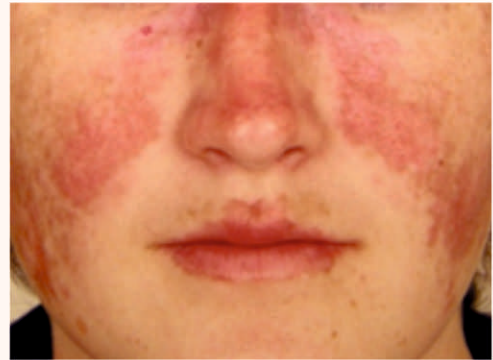
1. Identify the plant name-

- a) Erigeron
- b) Kalmia latifolia
- c) Lobelia inflata
- d) Fragaria



2. Identify the clinical condition

- a) Acne rosacea
- b) Atopic dermatitis
- c) Systemic lupus erythematosus
- d) Hives



3. Which medicine has the following symptom 'Will o' Wisp' like character of subjective symptoms

- a) Pothos foetidus
- b) Lac caninum
- c) Pulsatilla
- d) Palladium

Dec 1-AIDS DAY



8-13 Dec 2025 Sports week



21-12-25 Homoeoascent 1.0



29-12-26 Medical camp



30-12-25 Mental hospital visit of BHMS IV year by Department of COM



18-1-26 MEDICAL CAMP



Morva, Gujarat, India
Wf68+5p3, Morva, Gujarat 389002, India



26-1-26 Republic Day celebration



Kankanpur, Gujarat, India



Kankanpur, Gujarat, India
Godhra, Rg66+j3x, Vinzol, Kankanpur, Gujarat 388713, India
Lat 22.809964° Long 73.508858°
Monday, 26/01/2026 09:04 AM GMT +05:30



31-1-2026 QCI Inspection



Morva, Gujarat, India
Wf68+5jf, Morva, Gujarat 389002, India
Lat 22.91043° Long 73.466714°
Friday, 30/01/2026 08:20 PM GMT +05:30



Morva, Gujarat, India
Wf68+5jf, Morva, Gujarat 389002, India
Lat 22.910387° Long 73.466688°
Saturday, 31/01/2026 11:27 AM GMT +05:30

23-2-26 FDP-GCP

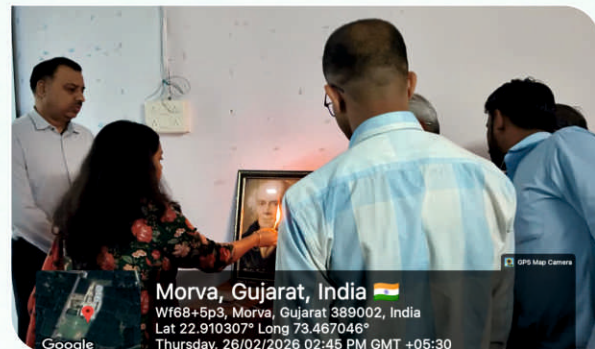


23-2-26 UBA Baseline Survey conducted at Village Poyada for your official use and records



25-2-26 NCH virtual meet with UG students

27-2-26 Cme on Epilepsy



28-2-26 Holi celebration



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BOOK POST

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