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Fragmenta De

Insight the college...

Female Special Edition

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**S. S. AGRAWAL HOMOEOPATHIC MEDICAL COLLEGE
&
S. S AGRAWAL HOMOEOPATHIC GENERAL HOSPITAL**

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Permitted by Department of AYUSH, Govt. of India, New Delhi
(Affiliated to Veer Narmad South Gujarat University, Surat)*



**S. S. AGRAWAL HOMOEOPATHIC MEDICAL COLLEGE
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S. S AGRAWAL HOMOEOPATHIC GENERAL HOSPITAL**



Fragmenta De

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The best and
most beautiful things
in the world
cannot be seen or
even touched -
they must be
felt with the heart.

- Helen Keller

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CHIEF EDITOR'S MESSAGE



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- After the success of First Issue of "*Fragmenta De*", our enthusiastic faculties and students came up with newer edition which is especially dedicated to all the female.
- As it is important to acknowledge efforts of Females in our institute, we focus on equality and teamwork for the better functioning of organization.



ABOUT OUR COLLEGE

S. S. Agrawal Homoeopathic Medical College



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Permitted by Department of AYUSH, Govt. of India, New Delhi

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S. S. Agrawal Homoeopathic Medical College & Hospital has been established in year 2015. The institute got affiliation to run the B.H.M.S course in year 2017 and now stepping forward to run the course with all facilities. The college is a part of SSAGC which is affiliated with V.N.S.G.U., Surat, with an aim to discover, develop, direct the inherent talented. Homoeopaths in order to make them confident enough to stand out in global competition and to be useful to whole society by securing them with the best homoeopathic treatment.

AGRAWAL EDUCATION FOUNDATION TRUST WITH INTENTION OF INTRODUCING EDUCATION AND CLINICAL EXPOSURE TO THE YOUNG NEOPHYTES.



CASE OF DE QUERVAIN'S TENOSYNOVITIS

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TITLE: Homoeopathic Case Study

D.O.C: 09/11/2021

NAME: B.Y.P. AGE: 36 YRS SEX: F

EDUCATION: B.A.

OCCUPATION: House Wife

Case No.: 63187

CHIEF COMPLAIN :

No	Location	Sensation	Modalities	Concomitant
1	Female reproductive system. Origin-in 2010	Menses irregular-delayed Clots+ Red.	A/F- After marriage	
		Chest heaviness with tenderness in the nipples.	<before menses	

ASSOCIATED COMPLAINT :

No	Location	Sensation	Modalities	Concomitant
1	Musculo skeleton system- Lumbo-Sacral region	Pain Body ache.	A/F- spinal injection during LSCS. <cloudy weather.	
2	Scalp- Hair Increased 2 to 3 years	Fall Dandruff - occasionally	<before menses	

No	Location	Sensation	Modalities	Concomitant
3	Skin- elbow, Bilateral upper and lower limbs. Origin- since last 3 months. Increased- since last 1 week.	Eruptions- lichenification. Vesicular- itching. Watery discharge. ?psoriatic changes. Swelling. Scaling.	<winter.	
4	Head- forehead Frequency- occasionally.	Pain Occasionally with vomiting.	<Sun, Fasting, strong smell of medicines, closed car. >vicks, pressure, massage, silence, sleep, rest, open window while in the car.	

Physical Generals -

Perspiration - Profuse+3-head, face, both hands.

No stain or odour.

Thermal - Chilly

	Summer	Winter	Monsoon
Fan	4-5	No	4
Bath	Warm	Hot	Hot
Covering (Till neck)	ધાબળો	ધાબળો	ધાબળો
Wool		++	

Aversion- not specific

Craving- ચટપટું +2, Sweet +2, salt+ Sleep-10 pm to 5 am - sound. Disturbed when work is pending - (ટેન્શન હોય તો ઊંઘ ના આવે. ક્યારે થશે? શું થશે?)

Position- supine, on abdomen. During sleep- salivation. Startling+2-occasionally - (ઝબકીજવાય).

Dreams- snakes, river, water, going out with family and friends.

Anxiety- exam before. Related to disease-

બધાના જેવી તકલીફ મને પણ થઈ ગઈ તો ? કઈ થઈ ગયું તો ?

Fear- no.

Past history:- 2013- jaundice. Treated at Hospital.

Renal stone- treated and removed.

Gynaecological history- FMP- 8th std

Obstetric history- G4 P2 A2 L2.

Number of Pregnancy	Sex	Mode of Delivery	Reason	Complication	Birth Weight
1st - 2008	Male	LSCS	Oligohydramnios with breech presentation	None	2.7 kg
2nd - 2011	—	Spontaneous Abortion-4 months	Weight lifting	—	—
3rd - 2012	Female	LSCS	Membrane rupture	None	2.5 kg
4th - 2015	—	MTP - with tube ligation	No plan for further family	—	—

No postpartum complications to mother or child.

Life Space -

A patient of 36 years of age came in OPD with complain of irregular are delayed menses sine 2-3 years along with the complain of backache occasionally.

Childhood: - Patient bourn and brought up in Bilimora, Navnath ashram. Family consisted of father, mother, one elder sister and elder brother. Father was a shop owner and mother was house wife. Father was innocent and emotional in nature “ભોળા વાધારે, રડી જવાય, emotional” where mother was of strict nature “strong, જોઈલે એવી”. The financial condition was average. “હું નાની હતી એટલે મળી જતી.” IPR with siblings were good. Brother was good in nature સ્ટ્રોંગ. સહન કરી લે. Patient was closer to her sister. Used to share all things with her.

Scholastic - Patient studied in school and college in Bilimora. She was average in study. Used to

score 60-70% in school. Also used to take part in the extracurricular activity with no stage fear. She did her B.A., during that time patient had anxiety before exams. She could not sleep due to it. No other effects of it.

Marriage : Pt got married in a joint family in Singod, near Navsari. Family consisted of 3 BIL & SIL, FIL, MIL, husband other people. As it was a joint family there were total 22 people staying together. Nature of MIL and FIL were good and had good IPR with them. Pt was youngest DIL of the family. Husband was farmer & less talkative “બોલે ના વાધારે”. IPR with husband is good. On the opposite patient likes to talk & share her feelings. Whenever patient felt bad she used to talk with her sister & friends & feel better. In 2008 patient had her 1st child but then in 2011 she had abortion on 4th month due to lifting heavy weight. There was no much effect on her. She cried at that time but could come over it.

Death of father : patient's father expired in 2011

due to natural causes. While talking about it she still cries. She misses her father till now. During case taking also Patient cried for some time and then did not answer other questions about her father.

Nature : on asking about nature of patient she replied that she is of emotional type. She cannot see someone in bad condition. She feels bad for them. Can cry while watching emotional scenes on tv as well. She gets irritated on children then scold here child. That remains for 5-10 minutes only.

Case diagnosis : Adenomyosis with Polycystic ovaries with dermatitis.

*****BIL :** Brother in Law, **FIL :** Father in Law

SIL : Sister in Law, **MIL :** Mother in Law,

IPR : Inter Personal Relations

CASE PROCESSING :

Mental General :

Anxiety for future, disease, pending work.

Anxiety - exam before. Related to disease- બધાની જેવી તકલીફ મને પણ થઈ ગઈ તો ? કઈ થઈ ગયું તો ?

Brooding about death of father- still cries when asked about his death.

Emotional - cry while watching emotional scene in movie.

Likes to share her feelings with sister.

Dreams- snakes, river, water, going out with family and friends.

Artistic - Good in extracurricular activity like speech.

Physical Generals -

Aversion - not specific

Craving - ચટપટું + 2, sweet + 2, salt+

Sleep - Disturbed when work is pending- (ટેન્શન હોય તો ઊંઘ ના આવે. ક્યારે થશે ? શું થશે ?)

Position - supine, on abdomen. During sleep - salivation. Startling + 2 - occasionally-(ઝબકી જવાય).

Perspiration - Profuse + 3 - head, face, both hands. No stain or odour.

Menses irregular - delayed, Clots+, Red, A/F - After marriage

Chest heaviness with tenderness in the nipples. <before menses

Particular :

Back pain - A/F- spinal injection during LSCS. <cloudy weather

Eruptions on skin - lichenification. Vesicular-itching. Watery discharge. Swelling & Scaling.

Frontal headache < Sun, Fasting, strong smell of medicines, closed car.

>vicks, pressure, massage, silence, sleep, rest, open window while in the car.

Totality -

Anxiety for future, disease, pending work.

Anxiety - exam before. Related to disease

Grief about death of father- still cries when asked about his death.

Sentimentality - Emotional- cry while watching emotional scene in movie.

Dreams - snakes, river, water, going out with family and friends.

Artistic - Good in extracurricular activity like speech.

Craving - ચટપટું +2, sweet+2, salt+

Sleeps on abdomen - Disturbed when work is pending.

During sleep - salivation. Startling+2.

Perspiration - Profuse+3 - head, face, both palms

Menses irregular - delayed, Clots+, Red, A/F- After marriage

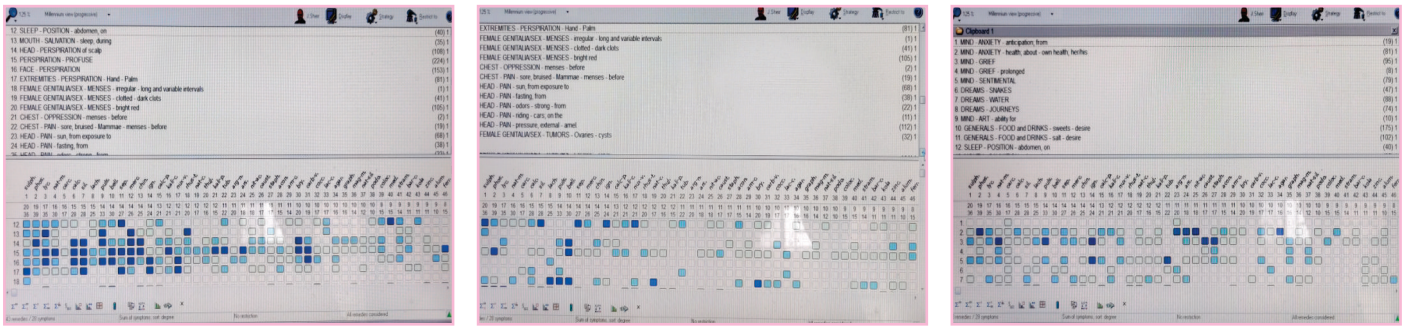
Chest heaviness with tenderness in the nipples.<before menses

Eruptions on skin - lichenification. Vesicular-itching. Watery discharge. Swelling & Scaling.

Frontal headache < Sun, Fasting, strong smell of medicines, closed car.

>vicks, pressure, massage, silence, sleep, rest, open window while in the car.

Final remedy - Natrum mur.



FOLLOW UP :

Date	Symptom	Interpretation	Treatment
23/11/2021	LMP-8/10/2022. No back pain, calf pain. Skin complaint better.	Amelioration	Natrum mur 200 1dose HS. Sl 3 pills TDS for 7 days.
07/12/2021	Occasional pain in abdomen. Skin complain improved - 50%	Amelioration	Thuja 1M 1 dose Hs. Natrum mur 200 1dose HSSL 3 pills TDS. For 7 days
04/01/21	LMP- 26/12/21. Flow - 7 days, more on 3rd day. Abdominal pain more on 2nd day. Skin complaints improved.	Amelioration	Thuja 1M 1 dose Hs. Natrum mur 200 1dose HS SL 3 pills TDS. For 15 days.

Dr. Jignesh D. Ghadiali
M.D. (Ob & Gy) F.M.S.
Consultant Gynecologist

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Phone No. 02637 - 252001, 99740 87770

Gynec Sonography Date:

Name: Mrs. Shalini Rajgopal Patel
Age: 30 yrs
Date: 27/05/15
Address: Singod, Navsari

- Uterus:** Anteverted & Normal in size with no E/O any mass in it. No tenderness. Endometrial thickness: 8 mm
- Ovaries:** Both Ovaries are Enlarged in size with multiple small follicles arranged in the periphery in Neck-lace pattern
• S/O B/L PCOD
- Free fluid in the pelvic / peritoneal cavity:** Absent
- Conclusion:** B/L PCOD

Dr. Jignesh D. Ghadiali
M.D. (Ob & Gy) F.M.S.

All measurements are subject to statistical variations
The science of Ultrasound depends upon interpretation of various shadows produced by both normal and abnormal tissue and hence have limitations.
This report is not for medico-legal use

"Mother's day, Every Day"

NASIPPORE VIBRAJ SARVAJANIK MEDICAL TRUST SANCHALIT
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Navsari Bardoli Road, Grid Power House, Near Masjid Ayesha, At. Kabilipore,
Ta. Dist. Navsari-396 424. Ph. : 239980, 652003, 239080, 239060

PATIENT'S NAME: SHALINI RAJGOPAL PATEL AGE & SEX: 36yrs / F
REFERRED BY DR: DR. KANCHAN DATE: 29-Sep-21

ABDOMEN & PELVIS USG REPORT

Liver: normal in size and homogenous echo texture
No evidence of any focal lesion. Intrahepatic biliary radicals are normal
Common Bile Duct: Normal
Portal Vein: Normal
Gall Bladder: Physiologically distended with no evidence of any calculi or calcification. Wall thickness - Normal
Pancreas: Normal in size with normal echo pattern. No evidence of any focal lesion
Spleen: Normal in size with normal echo texture. No evidence of any focal lesion
Right Kidney: Normal in size (9.2x4 cm). No evidence of any Hydronephrosis.
4 mm non obstructive calculus in right kidney
Left Kidney: Normal in size (9.5x4.5 cm). No evidence of any Hydronephrosis.
3.5 mm and 3.5 mm non obstructive calculi in left kidney

Uterus: Size (78 X 54 X 48 mm) Very Minimal Bulky And Show Slight Course
Heterogenous Echotexture
ET: 11 MM
Both Ovaries: Show Multiple NDF And Mild Bulky
Urinary Bladder: partially distended. No calculus seen.
Wall appear normal.

IMPRESSION:

- Uterus show early mild changes of diffuse adenomyosis.
- B/L polycystic ovaries noted.
- B/L Kidney show non obstructive calculi.

(many thanks to for referring this patient for ultrasonography)

DR. DIVYESH PATEL
M.D. RADIODIAGNOSIS

DR. KEYUR PATEL
RADIOLOGIST

Before



Before



After



DO THE MEN GET MENOPAUSE?



Dr. Roni Dudhwala

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Menopause is the condition in which there is a natural decline in reproductive hormones when a woman reaches her 40s or 50s. As the definition suggests, the terminology “Menopause” is solely used for females. For males, the Andropause word is used.

WHAT IS ANDROPAUSE? :

Andropause refers to the symptoms men experience as decrease in testosterone production levels with age, sometimes with changes in lifestyle patterns or some medications.

It is also more commonly clinically referred to as testosterone deficiency syndrome, androgen deficiency and hypogonadism. Which we can compare in female with decrease in reproductive hormones, such as estrogen, progesterone, FSH or LH.

It is important to note that andropause is not the male equivalent of female menopause. Not all men experience this.

HOW WE CAN DIFFERENTIATE THESE TWO TERMS? :

Menopause affects all the females with advancing age where as Andropause affects the males with deficiency of Testosterone irrespective of age.

After menopause, females would be infertile for rest of her life whereas it is not always applicable in males.

There would be permanent & rapid declining hormones in menopause, but in andropause, the hormones decrease gradually but at a constant rate.

SIGNS & SYMPTOMS OF ANDROPAUSE :

- Low energy level
- Decline in muscle mass
- Gynaecomastia
- Lack of motivation and enthusiasm
- Poor concentration and short term memory
- Difficulty in focusing on any task
- Erectile dysfunctions
- Loss of sexual drive
- Depression
- Mood swings
- Often night sweat
- Insomnia
- Weight gain
- Lower bone density, etc

CAUSES OF ANDROPAUSE :

- Lower testosterone level with advance age
- Certain medical conditions like, Testicular atrophy, Testicular cancer, surgical removal of testes, Anti-testosterone therapy in prostate cancer, erectile dysfunction etc.
- Personal or life style issues like, lack of exercise, stress, depression, lack of sleep, Poor diet, Alcoholism, smoking, low self-esteem, etc.

DIAGNOSIS :

Usually, it is diagnosed from symptoms only. But to confirm the diagnosis physician should ask for blood test for testosterone level.

MANAGEMENT OF ANDROPAUSE :

If a person experiencing the symptoms mentioned, he should be thoroughly investigated and formulate the diagnosis.

If there is any underlying cause found, that should be treated.

If there is any mental health issue which lead to the complaint need to be managed with Psychotherapy, Cognitive behavioral therapy, exercise, yoga, meditation etc. Sometime, patient may need Hormone replacement therapy if there is excessive deficiency of testosterone.

ROLE OF HOMOEOPATHY IN ANDROPAUSE :

Homoeopathy is having very vital role in treatment of all Hormonal issues. If the medicine which selected by following all the rules of homoeopathy, will work for sure to correct imbalance in hormones.

If we go through various symptomatology, there are many medicine which may help in such cases. They are as follow:

- Acid Phosphoricum
- Agnus Castus
- Argentum Nitricum
- Avena sativa
- Baryta Carbonica
- Caladium
- Gingo Biloba
- Kali Phosphoricum
- Lycopodium
- Nuphar Luteum
- Sabal serrulata
- Selenium
- Yohimbinum

INDICATIONS

1. ACID PHOSPHORICUM
 - Mental debility first physical later on
 - Can't collect his thoughts or find the right word
 - Difficult comprehension
 - Impaired memory, Apathetic
 - Sexual power deficient, Testicles tender & swollen
2. AGNUS CASTUS
 - Absent minded, forgetful
 - Lower sexual vitality with corresponding mental depression & loss of nervous energy
 - Influence on both sexes but more pronounce in men
 - No erection
 - Emission without ejaculation
3. ARGENTUM NITRICUM
 - Thinks his understanding will & must fail
 - Impulse to jump out from window
 - memory weak
 - Impotence, Erection fails when coition is attempted
4. AVENA SATIVA
 - Inability to keep mind on any subject
 - Nervous exhaustion
 - Impotency after too much indulgence
 - Sexual debility
 - Sleeplessness
5. BARYTA CARBONICA
 - Loss of memory, Mental weakness
 - Senile dementia, Confusion
 - Indurated testes, Very weak
 - Disease of old men when degeneration change begins
6. CALADIUM
 - Very forgetful
 - Does not know about occurrence of things
 - Skin of scrotum thick
 - Erection when half a sleep cease when fully awake
 - Impotency, No emission
7. GINGO BILOBA
 - Mood elevation
 - Depression, Impotence
 - Widely recommended for problems related to Ageing
8. KALI PHOSPHORICUM
 - Weak memory
 - Sexual power diminished
 - Impotency
 - Prostration & weak vision after sex or after Nightly emission
9. LYCOPODIUM
 - Concentration difficult during conversation
 - Loss of sexual desire after gonorrhea or cystitis
 - No erectile power, Penis small, Cold, Relaxed
 - Sexual exhaustion, Weakness
10. NUPHAR LUTEUM
 - Excessive moral sensibility
 - Sympathetic
 - Complete absence of sexual desire, Parts relaxed, Penis retracted
11. SABAL SERRULATA
 - Irritability from loss of sexual desire
 - Atrophy of testes
 - Loss of sex drive

12. SELENIUM

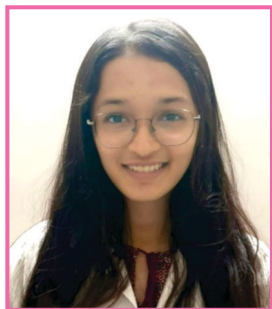
- Difficult concentration
- Lack of enthusiasm & of interest
- Loss of sexual power with lascivious fancies
- Sexual weakness
- Easy loss of semen during sex with feeble
Erection, but long continued voluptuous
thrill During stools

13 YOHIMBINUM

- Intense agitation with trembling
- Sexual neurasthenia with impotence
- Strong & lasting erection in morning without
increase desire



DOS AND DON'TS DURING PREGNANCY



Ms. DISHA KAPADIA

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Pregnant women are bombarded with advice. Among social media, web searches, direct marketing, family, and friends, it can be difficult for women to navigate the myriad of conflicting recommendations regarding what they should and should not do when they are pregnant. This leads to confusion at best and misinformation at worst regarding nearly all facets of life-eating, drinking, sleeping, working, travel, exercise, and sexual intercourse, to name a few. This article is meant to be an evidence-based review of common recommendations for pregnant women.

DO'S IN PREGNANCY :

Prenatal vitamins

Prenatal vitamins are designed to meet the daily mineral & vitamin (micro-nutrient) requirements of most pregnant women. A simple multivitamin will normally suffice, including non-prescription vitamins. Prenatal vitamins are unlikely to be harmful. Therefore, they may be used to ensure adequate consumption of several vitamins and minerals in pregnancy

Pregnant women should consume the following each day through diet or supplements:

- Folic acid 400–800 micrograms (until the end of the first trimester)
- Iron 30 mg (or be screened for anaemia)
- Vitamin D 600 international units
- Calcium 1,000 mg

Nutrition and Weight Gain

• Pregnant women should be advised to eat a well-balanced diet and typically should increase their caloric intake (350–450 calories/d). On the contrary Women with higher pre-pregnancy BMIs

do not need to gain the same amount of weight as women with normal or low BMIs.

Artificial Sweeteners

- Artificial sweeteners can be used in pregnancy.
- Data regarding saccharin are conflicting. Low (typical) consumption is likely safe.

Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with a high DHA and low mercury content.
- For women who do not achieve this, it is unknown whether DHA and n-3 PUFA supplementation are beneficial, but they are unlikely to be harmful.

Exercise and Bed rest

- Pregnant women should be encouraged to exercise regularly also, there is no known benefit to activity restriction or bed rest for pregnant women.

Oral Health

- Oral health and dental procedures can continue as scheduled during pregnancy.

Swimming

- Swimming pool use should not be discouraged in pregnancy.

Insect Repellents

- Topical insect repellents (including DEET) can be used in pregnancy and should be used in areas with high risk for insect-borne illnesses.

Hair Dyes

- Although data are limited, because systemic absorption is minimal, hair dye is presumed to be safe in pregnancy.

Travel

- Airline travel is safe in pregnancy as there is no exact gestational age at which women must stop travel...
- Pregnant women should be familiar with the infection exposures and available medical care for each specific destination.

Sexual Intercourse

- Pregnant women without bleeding, placenta previa at greater than 20 weeks of gestation, or

ruptured membranes should not have restrictions regarding sexual intercourse.

Sleeping Position

- Women are frequently advised to sleep on their sides, most typically the left side, because an enlarged uterus could compress the maternal great vessels while she is in supine position, which could in turn decrease uteroplacental blood flow.
- Several retrospective studies have found an association between supine maternal sleep position and stillbirth.

·DON'TS IN PREGNANCY :

Alcohol

- Alcohol should be avoided in pregnancy.

Caffeine

- Pregnant women may have caffeine but should probably limit it to less than 300 mg/d (a typical

8-ounce cup of brewed coffee has approximately 130 mg of caffeine. An 8-ounce cup of tea or 12-ounce soda has approximately 50 mg of caffeine)

Raw and Undercooked Fish

- In line with current recommendations, pregnant women should generally avoid undercooked fish.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarettes during pregnancy. If they are unable to quit entirely, Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation.

Marijuana

- Data regarding long-term neurodevelopmental outcomes are lacking; therefore, marijuana is currently not recommended in pregnancy.

Hot Tubs

- Pregnant women should probably avoid hot tub use in the first trimester



PRE-ECLAMPSIA



Ms. LEENA PATEL

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DISCUSSION :

Pre-eclampsia as hypertension of at least 140/90 mm of Hg recorded on at least two separate occasions and at least 4 hours apart and in the presence of at least 300mg protein in a 24 hour collection of urine, arising de novo after the 20th week of pregnancy in a previously normotensive and resolving completely by the sixth postpartum week.

What could be the clinical presentation? The clinical manifestations appear usually after the 20th week.

ONSET : The onset is usually insidious and the syndrome runs a slow course. On rare occasion, however, the onset becomes acute and follows a rapid course.

Mild symptoms : Slight swelling over the ankles which persists on rising from the bed in the morning or tightness of the ring on the finger is the early manifestation of oedema due to preeclampsia. Gradually, the swelling may extend to the face, abdominal wall, vulva and even the whole body.

Alarming symptoms : The following are the ominous symptoms, which may be evident either singly or in combination. These are usually associated with the acute onset of the syndrome.

- (1) Headache - either located over the occipital or frontal region,
- (2) Disturbed sleep,
- (3) Diminished urinary output - urinary output of less than 400 mL in 24 hours
- (4) Epigastric pain - acute pain in the epigastric region associated with vomiting, at times coffee

colour, is due to haemorrhagic gastritis or due to sub-scapular haemorrhage in the liver,
(5) Eye symptoms - there may be blurring, scotomata, dimness of vision or at times complete blindness. Vision is usually regained within 4-6 weeks following delivery. The eye symptoms are due to spasms of retinal vessels (retinal infarction), occipital lobe damage (vasogenic oedema) or retinal detachment. Reattachment of the retina occurs following the subsidence of oedema and normalization of blood pressure after delivery.

SIGNS :

- 1) Abnormal weight gain
 - 2) Rise of blood pressure : The diastolic pressure usually tends to rise first followed by the systolic pressure.
 - 3) Oedema : Visible oedema over the ankles on rising from the bed in the morning is pathological. Oedema may spread to other parts of the body in uncared cases. Sudden and generalized oedema may indicate imminent eclampsia.
 - 4) There is no manifestation of chronic cardiovascular or renal pathology.
 - 5) Pulmonary oedema - due to leaky capillaries and low oncotic pressure.
 - 6) Abdominal examination may reveal evidence of chronic placental insufficiency, such as scanty liquor or growth retardation of the foetus.
- Thus, the manifestations of preeclampsia usually appear in the following order - rapid gain in weight → visible oedema and/or hypertension → proteinuria.

What could be the complications of pre-eclampsia?

IMMEDIATE :

Maternal

During pregnancy: (a) Eclampsia (2%) - more in acute than in sub acute cases, (b) Accidental haemorrhage, (c) Oliguria and anuria, (d) Dimness of vision and even blindness, (e) Preterm labour, (f) HELLP syndrome (g) Cerebral haemorrhage, (h) Acute respiratory distress syndrome (ARDS)

During labour: (a) Eclampsia, (b) Postpartum haemorrhage - may be related with coagulation failure

Puerperium: (a) Eclampsia - usually occurs within 48 hours, (b) Shock - puerperal vasomotor collapse is associated with reduced concentration of sodium and chloride due to sudden fall in corticosteroid level, (c) Sepsis - due to increased incidence of induction, operative interference, and low vitality.

Foetal: The foetal risk is related to the severity of preeclampsia, duration of the disease and degree of proteinuria. The following hazards may occur

(a) Intrauterine death - due to spasm of uteroplacental circulation leading to accidental haemorrhage or acute red infarction, (b) Intrauterine growth restriction -

Due to chronic placental insufficiency, (c) Asphyxia, (d) Prematurity - either due to spontaneous preterm onset of labour or due to preterm induction.

What is the management for pre-eclampsia?

Objectives are: (1) To stabilize hypertension (2) To prevent complications (3) To prevent eclampsia. (4) Delivery of a healthy baby in optimal time. (5) Restoration of the health of the mother in puerperium.

HOSPITAL MANAGEMENT:

Rest: Admission in hospital and should be in left-lateral position as much as possible.

Diet: The diet should contain an adequate amount of daily protein (about 100 g). Total calories are approximate 1,600 cal/day.

Diuretics: (1) Cardiac failure, (2) Pulmonary oedema, (3) Along with selective antihypertensive drug therapy (dioxide group) where blood pressure reduction is associated with fluid retention, (4) Massive oedema, not relieved by rest and producing discomfort to the patient.

Antihypertensives in Persistent rise of blood pressure especially where the diastolic pressure is over 110 mm Hg.

Favourable signs: In favourable cases, there is fall of blood pressure and weight with subsidence of oedema. Urinary output increases with

diminishing proteinuria, if previously present.

DURATION OF TREATMENT :

Group A : If the duration of pregnancy is remote from term, the patient may be discharged with advice to attend the antenatal clinic after 1 week. If the patient is near term, she should be kept for a few days till the completion of the 37th week.

Group B : If the pregnancy is beyond 37 completed weeks, delivery is to be considered without delay. If less than 37 weeks, expectant treatment may be extended judiciously at least up to 34 weeks with maternal and foetal well-being are to be monitored during the period

Group C : The couple is counselled. Termination of pregnancy (delivery) is considered irrespective of the duration of gestation.

How homoeopathic medicine works in pre-eclampsia?

1) **Argentum nit** : Spasms preceded by a sensation of general expansions, mostly of face and head, just after an attack she lies quite & before another one sets in she becomes very restless.

2) **Cantharis** : Convulsion with dysuria and hydrophobic symptoms; bright light, the sound of falling water, or mere the touch causes the renewal of the spasms.

3) **Cicuta** : Strange contortion of upper part of the body and limbs during the paroxysm with blue face and frequent but short interruption of short breathing followed by weakness and insensibility.

There are many other homoeopathic medicines which could help in pre-eclampsia such as : 1) Opium 2) Acid Phos 3) Kali Chlor 4) Apocynum 5) Merc Cor.

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FEMINISM & IT'S MISAPPREHENSION



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Feminism is a concept, a mindset, that believes in the advocacy of political, economic & social equality of both sexes, expressed especially through organized activities on behalf of woman's right. Feminism is not against men or it's not an attention seeking behavior to camouflage a woman's failure & faults. It's about equity, about equality, equality which is cerebral, intellectual, an equality of potentials.

The existence of feminism has been since times immemorial just like the moon. It may or may not be visible every night, but its presence is always felt through different ways.

We have innumerate mythological & historical evidences for the same. Renowned men of the times have been known by their mother's name; for instance - Anjani Putra Hanuman, Devki Nandan Krishna, Ganga Putra Bhisma. Many are even known by their wives name - Umapati Mahadev, Siyavar Ram & even in the modern times we have a man who is known by his mother's name - Sanjay Leela Bhansali and many more.

Women since eternity have circumstantially evolved to stand not just for themselves but for the entire womankind in

general. Whether its SITA, DRAUPADI, RANI LAXMIBAI, SAROJINI NAIDU, NOOR JAHAN, AHILIYA HOLKAR, JAI LALITHA or our mothers. But amidst all these what's common is the ability of people to question her decisions. Her empathy and emotional quotient are effortlessly questioned along with her character of strength.

Addictions of any kind are always harmful for human health but when it comes to a woman smoking, her character is questioned & the same being consumed by men becomes all about his manhood. Women are blindly blamed for all the road traffic accidents that take place. Cooking is a life skill, a skill which enables one to become independent but for a woman, it gets all about feeding her in laws. Marriage & Motherhood becomes the only Milestone in a woman's life.

Emotions makes us human but if a woman gets angry or emotional it just becomes "one of those days of the month", as if otherwise the woman's brain has no sense of behavior & emotional equilibrium.

There's more to a woman than what you see, just like the tip of iceberg & feminism is about exploring the unexplored. The chains of misogyny & patriarchy will take time to break but the efforts count. Baby steps will definitely bring the much needed revolution.

To all the she's out there & to all the he's supporting her:

Be invincible, be inscrutable, be ineffable, be rare; unapologetically yourself.



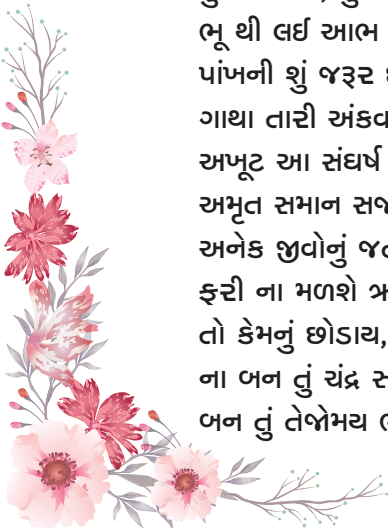
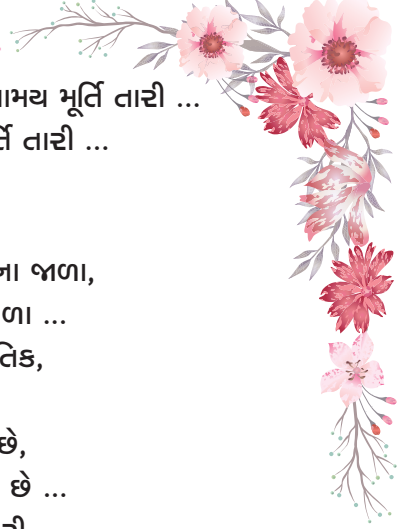
“શિર્ષક રહિત કવિતા, ભાવભરી સરિતા”



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જન્મપ્રદાતા, ભાગ્યવિદ્યાતા, સર્જનહારી, દયામય મૂર્તિ તારી ...
કરુણા દ્રષ્ટિ, તુ હે લક્ષ્મી, યશદાયિની કિર્તિ તારી ...
અનંત સ્વરૂપો તારા, કરે સૌને તુ પ્યારા,
હરેકના આંગણે છે તુ તુલસીરૂપ ક્યારા ...
અભિજ્ઞાનકતી આંખોમાં સેવે અખંડ સ્વપ્નોના જાળા,
સર્જતા એમાંથી જ આ અદભૂત વિશ્વો રૂપાળા ...
તું જ શક્તિનું સ્વરૂપ છે, તું જ મમતાનું પ્રતિક,
ચાહે તો પામી લે આ સફળતાનું ક્ષિતિજ
ઘૈર્ય, સહનશીલતા આ તારા જ તો અંગ છે,
શૌર્ય અને સામર્થ્ય એ તવરત્નોના જ નંગ છે ...
શશિકળા સરીખી શીતળતા તુજમાં અણધારી,
દરેકને પલાળે તું તારી મમતામાં ચોધારી ...
તું પહોંચી ઊંચે ગગને, અનેક શિખરો તેં સર કર્યા,
શિક્ષાનું સ્વરૂપ બનીને અનેક અંતરોને સભર કર્યા ...
તુ છે એક વીરાંગના, તુ છે સાવજની ગર્જના,
તુ છે પ્રકાશ ચિરાગના, તુજ સંગ જવાબ હર તર્કના ...
તુ છે દેવીની આત્મા, તુ છે જ્યોતિની શાખા,
તુ છે સંસારની શોભા, તે સમાવ્યા ખુદમાં વિશ્વો અનોખા ...
તુ છે ગાર્ગિ, તુ છે માર્ગી, કલ્પના અને અરૂંદ્રિમા,
તુ છે ઝાંસી, તુ છે સાવિત્રી, ભાર્ગવી અને દુર્ગાવતી
ભૂ થી લઈ આભ સુધી ઊંચેરી છે ઊડાન તારી,
પાંખની શું જરૂર છે! હિંમત જ છે શક્તિ તારી ...
ગાથા તારી અંકવા, આ કલમ ખુદ થાકે,
અખૂટ આ સંઘર્ષ તારો, ઇતિહાસમાંથી ઝાંકે ...
અમૃત સમાન સર્જન તારું ,
અનેક જીવોનું જતન કરનારું ,
ફરી ના મળશે ઋણ અદા કરવાનું ટાણું,
તો કેમનું છોડાય, આ અમુલ્ય હાણું ...
ના બન તું ચંદ્ર સમાન, જેને પામવા સૌ ઝંખે,
બન તું તેજોમય ભાનુ સમાન, જેના નામ માત્રથી આત્મા કંપે



INTERNATIONAL WOMEN'S DAY CELEBRATION (8th March 2022)



POSTER MAKING COMPETITION (8th March 2022)



WORLD HOMOEOPATHY DAY CELEBRATION (10th April 2022)



GLOBAL AYUSH INVESTMENT & INNOVATION SUMMIT (22nd April 2022)



DOCTOR'S DAY CELEBRATION (1st July 2022)



FRESHER'S PARTY (8th August 2022)



MEGA BLOOD DONATION CAMP (13th August 2022)



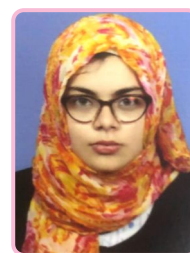
GLOBAL AYUSH INVESTMENT & INNOVATION SUMMIT (22nd April 2022)



Makrani Rukhsar Rafik
Per. : 74.67%
College Rank : 1
University Rank : 1



Shaikh Akshabanu Mohamadfaruk
Per. : 71.13%
College Rank : 2



Mastan Uzma Munaf
Per. : 68.67%
College Rank : 3

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ORTHOPAEDIC OPD	Joint Pain, Gout, Osteo Arthritis, Spine Complaints, Back pain, Osteo Porosis, Sciatica, etc.	Monday Thursday
GYNAEC & OBSTETRICS OPD	Irregular Menses, Sterility, Leucorrhoea, Breast Tumors, Difficulties During or after Pregnancy, etc.	Tuesday Friday
PAEDIATRIC OPD	Frequent Cough-cold, Asthama, Bed Wetting, Physical or Mental Disabilities, Difficulties in Walking, Talking or Learning, Psychological Disturbances, etc.	Friday
PSYCHO- NEURO OPD	Sleeplessness, Depression, Anxiety, Negative Thoughts, Memory Issues, Addictions, Tremners, Paralysis, Brain Diseases, etc.	Monday Thursday
ENT & SURGERY OPD	Tonsilitis, Sinusitis, Asthma, Piles, Fissures, Gall Stones, Renal Stones, Ear Complaints, Polyp, etc.	Wednesday Saturday



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