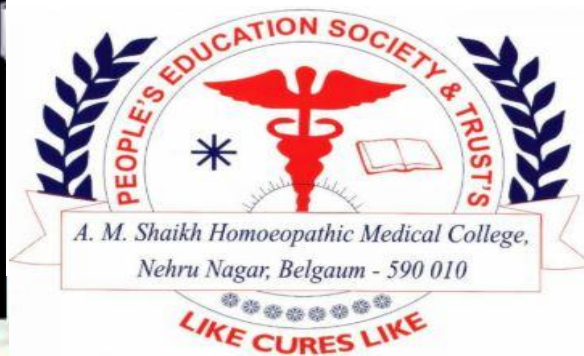




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INSPIRATION

March 2025

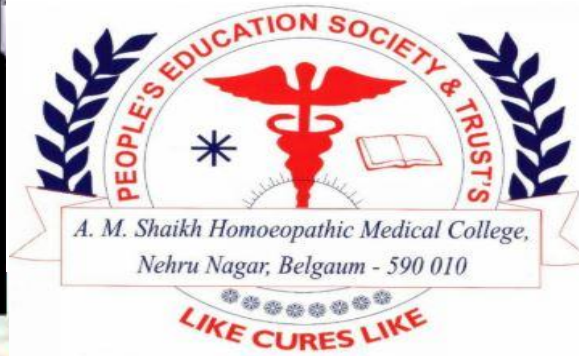
VOL 1

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INSPIRATION

March 2025

VOL 1

IRRITANT CONTACT DERMATITIS AND HOMEOPATHY: "A GENTLE PATH TO SKIN RECOVERY"

Introduction-

Objectives: Identifying the underlying root cause for causing exacerbation of acute dermatological conditions managed through homoeopathy

Preliminary data:

Name: XYZ

Age/sex: 21 yrs, female patient

Religion: Hindu

Education: medical student (B Pharm)

Marital status: unmarried

Address: Rani chenamma colony, Jamkhandi Dist: Bagalkot

Date of case taking: 14/01/2025

Presenting complaints:

c/o: Thickened itchy patch on the right elbow region on and off since 6 months.

Details of chief complaints:

Onset: rapid, on & off within an hours after an exposure

Duration: since 6 month

Location: upper limb flexor aspect of right elbow region

Sensation: burning

Character: initially it started with red burning eruptions followed by itching and scratching which bleeds and oozes a watery fluid. Followed by thickness and dry, powdery, flaky skin.

Crusting: no crust, **Line of demarcation:** clear line of demarcation

Modality : < using soap (lux), detergent, morning, night during sleep, covering, heat

> Medications (steroids), scratching, uncovering the part, open air

Concomitants: no associated concomitants

Ailments from: detergents, soaps,

Personal history:

Diet: mixed **Appetite:** good

Thirst: thirsty for large quantity of cold water

Craving: tea (drinks 4-5 times a day)

Desire: curd, pickle (sour things), lady finger, cold drinks

Aversions: apple

Bladder and bowel habits: regular **Sleep with position/sides:** sound right side

Dreams: vivid dreams, animals like snakes, monkeys (but not often/daily) **Perspiration**

Thermals: hot patient

Allergic history:

H/o allergy to DOLO 650MG full tablet, Gets urticarial rash & swelling and puffiness of face and eyelids

General physical examination:

Built and nourishment, appearance: thin built and nourished, fair

Skin: clear but **dry** **, **Scalp:** clear, **Hair:** long and black

Eyes: no burning **Sclera:** clear **Conjunctiva:** pink

Nose: no polyp **Septum:** no deviation **Oral cavity** mucous membrane: pink

Tongue: no coating

Vital signs:

BP: 110/70mmHg

PR: 82 b/min

RR: 19C/min

Systemic examination:

Respiratory system: Normal vesicular breath sounds heard

Cardiovascular system: S1, S2 Heard, No murmur

CNS: patient is well oriented with time and space and all the reflexes are normal

Local examination:

Examination of skin: **Type of skin:** dry

Examination of upper right limb: right flexor elbow region

Inspection: dry, flaky, powdery thickened patchy skin with red eruptions

Texture of skin: thickness on affected area, Oozing: was noted which is watery

Bleeding: was noted after scratching,

Itchiness: constant itching and scratching specially while covering or being wet or contact with irritants, Pain: no pain was noted,

Burning: was noted, **Line of demarcation:** clear demarcation is seen

Differential Diagnosis:

Atopic dermatitis

Prescription:

RX: SULPHUR 200C (BD /4 PILLS FOR 3 days

PL/BD FOR ONE WEEK

First follow up

Itching and burning is reduced **

Thick patches, dry , flaky skin** is reduced

Oozing is reduced, No any signs of homoeopathic aggravation is noted PL/BD FOR WEEK was repeated



Before treatment (14/01/2025)



after treatment (21/01/2025)

Take way message:

It shows that the effectiveness of constitutional homoeopathic medicine in treatment of maintaining causes of exacerbation of acute dermatological conditions managed through homoeopathy.



**DR. SABHA R MESTRI
PART-2, PG, DEPT OF
PRACTICE OF MEDICINE**

CHRONIC TINEA CORPORIS WITH SEVERE ITCHING:A CASE MANAGED WITH HOMOEOPATHY

Objective:

To demonstrate the efficacy of individualized homoeopathic medicine in the management of chronic Tinea Corporis presenting with severe itching, crusted hyper pigmented lesions and to highlight the potential role of homoeopathy as a safe and effective alternative to conventional antifungal therapy.

Preliminary data:

Name: xyz Age/sex : 7 yr old female

Religion: Christian Education: 2nd grade

Marital status: unmarried

Address: Chirala, Bapatla district, Andhra Pradesh 523155

Date of case taking: 10-1-2025

Presenting complaint:

Severe persistent itching associated with blackish, crusted skin eruptions on bilateral forearm & elbow since 1year.

Details of chief complaint:

Patient was apparently well 1year back, and then started with the complaint of violent, persistent itching and blackish crusty eruption on bilateral forearm and elbow since 1 year. Itching aggravates at night. The complaints were gradual and were progressed slowly over 1 year there is no associated pain, bleeding or watery discharge from the lesion. No history of burning sensation, ulceration or systemic symptom such as fever or malaise was reported.

Life space investigation:

Patient belongs to a very poor family where both parents are daily wage laborers. They live in an unhygienic environment, with little access to proper healthcare. The patient is highly irritable especially when not giving enough attention and feeling sad when she talks about the complaints.

Personal history:

Diet : Mixed
Appetite : Good
Thirst : 2-3 glass/day, normal water, no dryness of mouth
Craving : Nil
Desire: :Nil

Bladder habits: 3-4/day, 1/night, no difficulty, no burning micturition

Bowel habits : regular, stool 1 times /day, no difficulty or bleeding per rectum
Sleep : sleep disturbed due to itching
Dreams : unremembered
Thermals : ambithermal
Perspiration : generalized
Allergic history : nothing significant

General physical examination:

Built and nourishment : moderately built and moderately nourished
Skin : dry, crust, blackish eruption
Scalp : dry
Hair : black, dry
Eyes : no burning
Sclera : clear
Nose : no polyp
Septum : no deviation
Oral cavity : pink
Tongue : no coating

Vital signs:

BP : 110/70 mmHg

PR : 2b/min

RR : 19c/min

Systemic examination:

Respiratory sounds: normal vesicular breath sounds heard

Cardio vascular system: S1, S2 heard, no murmur

CNS: patient is well oriented with time, place & person, all the

Reflexes are normal.

Local examination:

Examination of skin: type of skin : dry

Inspection : dry, crusty blackish eruption on B/L forearm & elbow

Texture of skin : dry and thick on affected area

Differential diagnosis:

- chronic eczema
- psoriasis

Diagnosis:

- Chronic Tinea Corporis

Totality of symptoms:

- Irritability
- Sadness
- Dry crusty blackish eruption on both hands
- Itching ⁺⁺⁺
- <night



Before treatment



After treatment

Take away message:

In case of chronic Tinea Corporis, careful totality based remedy selection is crucial. This case shows how effective is individualized homoeopathic remedy in case of chronic Tinea Corporis and can be managed without conventional antifungal therapy.



DR. ANUPAMA.C.U
PART-2, P.G,
DEPARTMENT OF PAEDIATRICS

A COMPREHENSIVE REVIEW ON MYOCARDIAL INFARCTION AND ITS HOMOEOPATHIC MANAGEMENT

Abstract: Myocardial Infarction (MI) remains a leading cause of morbidity and mortality worldwide. It results from a reduction in coronary blood flow, often due to atherosclerosis or thrombotic events. This review discusses the definition, classification, etiology, pathophysiology, clinical features, complications, differential diagnosis, and investigations associated with MI. Furthermore, a homoeopathic perspective, integrating classical miasmatic understanding and individualized remedy selection, is explored.

Introduction: Myocardial infarction (MI) is a critical manifestation of coronary artery disease, characterized by ischemic necrosis of cardiac muscle due to insufficient blood supply. Modern advances have improved diagnosis and management, but holistic approaches, including homoeopathy, offer complementary benefits. Homoeopathic philosophy emphasizes treating the individual constitutionally, considering miasmatic backgrounds and emotional states.

Definition: Myocardial infarction is defined as myocardial cell death due to prolonged ischemia, primarily resulting from obstruction of coronary blood flow, typically by atherosclerosis, thrombus, or embolus.

Types of MI:

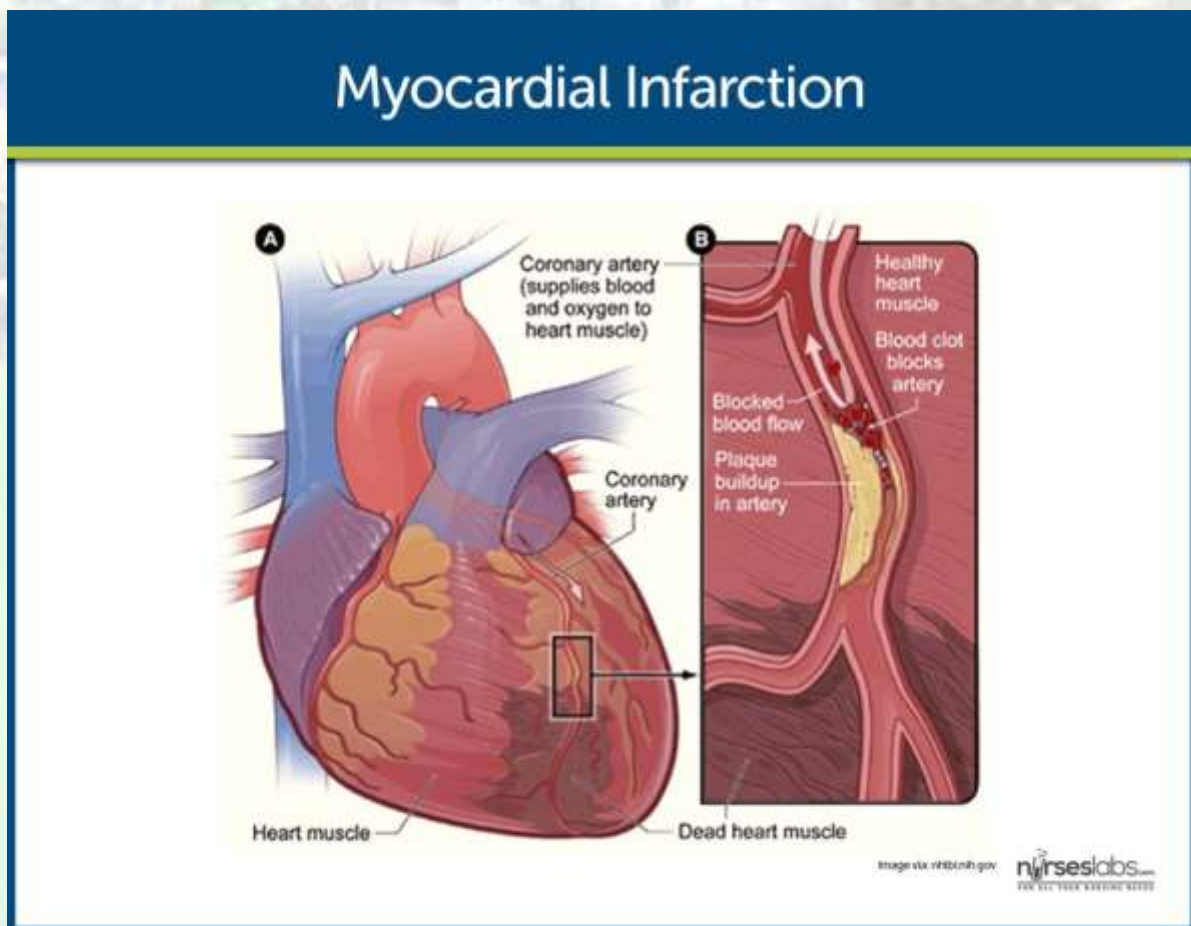
- **Based on ECG:**
 - ST-Elevation Myocardial Infarction (STEMI)
 - Non-ST Elevation Myocardial Infarction (NSTEMI)
- **Anatomic Classification:**
 - Anterior, Posterior, Lateral, Septal, Circumferential, Combinations (e.g., Anterolateral)
- **Based on Wall Thickness Involvement:**
 - Transmural (full thickness)

- Laminar (sub-endocardial)
- **Based on Age of Infarct:**
 - Acute (newly formed)
 - Chronic (old, healed)
- **Etiology:**
 - Atherosclerosis
 - Coronary artery thrombosis or embolism
 - Vasospasm
 - Cocaine abuse
 - Severe anemia
 - Aortic dissection

Pathophysiology: Myocardial infarction (MI) occurs due to a critical reduction or complete cessation of blood flow to a part of the myocardium, most commonly resulting from the rupture of an atherosclerotic plaque and subsequent thrombus formation in a coronary artery. Initially, over time, cholesterol deposits and inflammatory cells accumulate within the coronary artery walls, forming atherosclerotic plaques. Vulnerable plaques with thin fibrous caps are prone to rupture, exposing the underlying lipid core to the bloodstream. This triggers platelet adhesion, activation, and aggregation, leading to the formation of a thrombus that obstructs coronary blood flow.

The resulting obstruction causes ischemia, depriving the myocardial cells of oxygen and essential nutrients. The oxygen deprivation leads to a metabolic shift from aerobic to anaerobic metabolism, resulting in lactic acid buildup, depletion of ATP, failure of ion pumps, and eventually cell swelling and injury. If ischemia persists beyond 20–30 minutes, irreversible injury occurs, resulting in coagulative necrosis of myocardial fibers. This process is followed by an acute inflammatory response, with infiltration of neutrophils and later macrophages that help clear necrotic tissue.

Healing progresses through granulation tissue formation, fibroblast proliferation, and collagen deposition, eventually leading to fibrous scar formation over several weeks. The affected myocardium is replaced with non-contractile scar tissue, leading to a permanent loss of functional muscle. Meanwhile, compensatory changes occur in the surrounding non-infarcted myocardium, including hypertrophy and dilation, a process known as ventricular remodeling. This remodeling may contribute to the development of left ventricular dysfunction and heart failure in the long term.



Clinical Features:

- Severe chest pain radiating to the left arm, jaw, or back
- Pain unrelieved by rest or nitrates
- Sweating, nausea, vomiting
- Dyspnea

- Anxiety and sense of impending doom
- Elevated jugular venous pulse in inferior MI
- Third and fourth heart sounds, murmurs, pericardial rub
- Reduced carotid pulse volume

Investigations:

- **Electrocardiogram (ECG):** ST elevation, T-wave inversion, pathological Q waves
- **Cardiac Biomarkers:** Elevated Troponin I/T, CK-MB
- **Coronary Angiography:** Visualization of coronary artery obstruction
- **Chest X-ray:** Pulmonary congestion, cardiomegaly
- **Echocardiography:** Wall motion abnormalities
- **CT Scan and Nuclear Imaging:** Assess coronary anatomy and perfusion

Differential Diagnosis:

- Acute pericarditis
- Pulmonary embolism
- Aortic dissection
- Costochondritis
- Esophageal spasm or rupture

Complications:

- Arrhythmias
- Heart failure
- Cardiogenic shock
- Sudden cardiac death
- Recurrent MI
- Papillary muscle dysfunction (mitral regurgitation)
- Ventricular septal rupture

- Left ventricular thrombus and embolism
- Pericarditis (Dressler's syndrome)
- Ventricular aneurysm

Homoeopathic Perspective: According to Dr. Hahnemann, myocardial infarction is a dynamic disease rooted in chronic miasms, primarily syphilitic and sycotic in nature. Emotional suppression, fear, and chronic stress play significant roles in heart affections.

Miasmatic Analysis (Dr. S.K. Banerjee):

- **Psoric heart:** Functional disturbances, anxiety, fear
- **Sycotic heart:** Valvular defects, myocardial in coordination
- **Syphilitic heart:** Degenerative changes, sudden death

Homoeopathic Medicines:

- **Amyl nitrate:** Violent palpitations, flushing, dyspnea, worse by emotions.
- **Cactus grandiflorus:** Sensation as if iron band around the heart; worse lying left side.
- **Glonoine:** Sudden chest congestion, throbbing carotids, worse on lying down.
- **Lactucavirosa:** Tightness in the chest with slow pulse.
- **Najatripudians:** Fluttering of the heart, choking sensation.
- **Spigelia:** Sharp stitching chest pains, worse from motion.
- **Lachesis:** Constriction in cardiac region, worse after sleep.

Conclusion: Myocardial infarction demands immediate recognition and management to prevent fatal outcomes. Integrating homoeopathic principles offers a personalized and holistic approach, focusing on both the emotional and physical constitution of the patient, aiming for deeper healing and long-term cardiovascular health.

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