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PIONEER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

Ajwa-Nimeta Road, N.H.No. 08, Sayajipura, Vadodara-19, Gujarat



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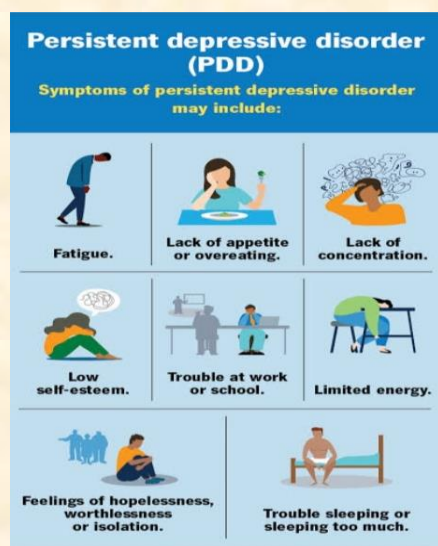
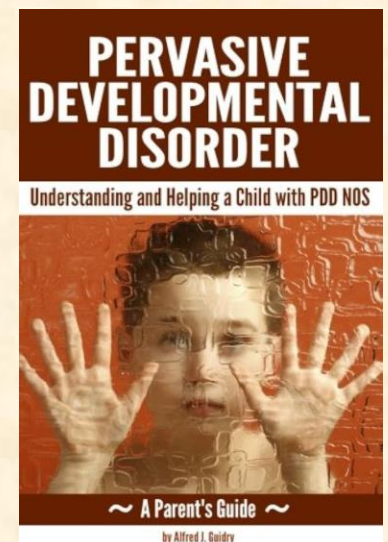
IMPACT ON MENTAL HEALTH WITH PERVASIVE DEVELOPMENTAL DISORDER (PDD)



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- NOTE:- “autism spectrum disorder is the correct updated term for pervasive developmental disorder.”

- PDD (now known as autism spectrum disorder [ASD]) are characterized by delayed in development of social communications skills.
- It involves a sad or dark mood most of the days, for two years or more. It is common and can happen to anyone at any age.
- Children with PDD are at higher risk of developing a range of psychiatric disorder including:-
 - Anxiety disorders.
 - Affective disorders.
 - Schizophrenia – like psychosis.
 - Aggression.
 - Antisocial behavior.
 - Tourette’s disease.



It is more common in some countries including US, UK, Japan, Sweden, Netherlands, Ireland, Brunei, Canada, Singapore and Andorra.

U.S.:- in 2014-2016 prevalence of PDD in US was 2.5%.

Italy:- prevalence of PDD among 7-9 years old children was 1.15%.

Asia:- prevalence of PDD was 3.9%.

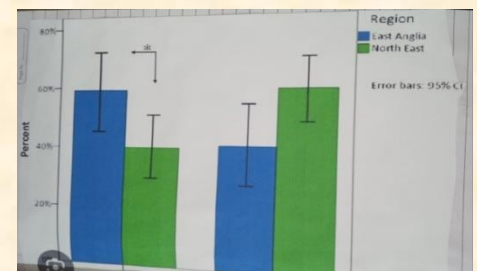
Arab countries around Persian gulf 0.14 -2.9%.

Prevalence of PDD is lower in developing countries than developed countries.

CAUSES:-

1) Genetics:- plenty of experts believed that genetics play major role in PDD.

2) Environment :- if your child is more prone to PDD because of genetic mutation, then certain situations can further increase chance of developing it.



3) Biology:- researchers are continue to examine biological factors that may increase risk of PDD. This includes conditions that affect metabolism , immune system or certain areas of brain.

IMPACT ON MENTAL HEALTH:-

✚ PDD can negatively affect mental health in several ways including:-

- Suicidal thoughts & behavior:- individuals with PDD have a higher risk of suicidal thoughts & behavior.
- Functional impairments:- Pdd can cause functional impairment that are as severe or more severe than there experienced in major depressive challenging.
- Difficult coping:- PDD is long term, so coping with depression symptoms can be challenging.
- Other mental health disorders:- people with PDD may also experience other mental health disorders such as anxiety disorders, obsessive compulsive disorders & substance use disorders.

RISK FACTORS FOR PDD:-

Risk factor is something that increase your chances of getting a certain condition. Experts have identified some risk factors for PDD including:-

Having a sibling with PDD another type of ASD.

Some genetic conditions like fragile X syndrome.

Having biological parents who were at least 35 when you were born.

Low birth weight.

Traumatic or stressful life events such as loss of loved one or major financial problems.

Personality traits that include negativity such as low self-esteem , being too dependent / self-critical or always thinking the worst will happen.

DIAGNOSIS & TEST:-

There are no such diagnosis or test by which we can come to know that child is suffering from PDD. But it can be diagnosed in infancy.

It is diagnosed by healthcare provider through a combination of assessments , observations & conversations with a child and their parents or guardians.

Symptoms include:- engage in repetitive behavior like rocking or hand flapping. Having difficulty in expressing their thoughts through language.

✓ Children have screenings for ASD when they are 18-24 months of age. Most of healthcare providers screen children during routine developmental and wellness checkups.

✓ During these checkups, provider will talk & interact with child. They will ask questions to parents that how their child behaving, how he is walking , behaves and communicates at home.

MANAGEMENT & TREATMENT:-

SUPPORTIVE THERAPIES:-

- 1) Speech therapy to help build communication and comprehension.
- 2) Occupational therapy to strengthen coordination & help child to learn tasks like bathing, getting dressed and brushing his teeth.

- 3) Physical therapy to develop motor skills & learn ways to exercise and increase stamina.
- 4) Applied behavior ; analysis (ABA):-
A type of behavior therapy that aims to increase behavior & decrease negative ones.

MEDICATIONS:-

There are no such medications that treat PDD directly. But , many people with PDD have ADHD, anxiety , depression or other similar conditions.

- In this case, medication can improve overall quality life.

PSYCHOTHERAPY:-

- This can include psychodynamic, psychotherapy cognitive behavioral therapy , group psychotherapy & supportive psychotherapy.

FAMILY THERAPY:-

Parents play a vital role in treatment.

SCHOOL INPUT:-

A child school may also be included in the care.

SIGN LANGUAGE:-

It can be helpful especially for children who are non verbal or who have very limited verbal skills.

SENSORY INTEGRATION THERAPY:-

It can be part of a combination of therapies to address developmental challenges.

SOCIAL SKILL TRAINING:-

It can be part of combination of therapies to address developmental challenges.

COMPLEMENTARY MEDICINES:-

It involves combining non traditional approaches with traditional treatments. This can include wide range things like:-

- Art therapy
- Music therapy
- Meditation
- Yoga
- Acupuncture
- Massage

PREVENTION:-No, there's nothing you can do to prevent PDD or other type of ASD. If your child has this condition , it doesn't done something wrong. There are many reasons why people develop PDD & none of them under your control. There's also no scientific evidence suggesting that childhood vaccinations cause PDD/ASD.

Early diagnostics and intervention are the best ways to manage PDD. But it never too late to begin treatment, as it's beneficial at any age

Homeopathic approach for PDD:-

Homoeopathy can help with symptoms of autism is a type of medicine that co need to treat various diseases and disorders including autism.

Homoeopathic treatments are usually prescribed by homoeopath after you have been diagnosed with an illness condition. They conjunction medicines are often used. cath. conventional but not them A typical as replacements for course of treatment lost around taking different dyes until 6 months & involves Over time your symptoms improve enough for you to stop taking them altogether.

HOMEOPATHIC PREVENTION FOR A PDD:-

Preventing Autism spectrum disorder in homeopathy, involves a holistic approach that focuses on promoting overall health and well being particularly during pregnancy, childbirth and early childhood . here are some homeopathic strategies that may help or prevent or reduce the risk PDD(ASD).

➤ Prenatal care

1. Pulsatilla used to treat emotional and hormonal imbalances in pregnant women.
2. Sepia Helps with physical and emotional exhaustion during pregnancy.
3. Calcarea carbonica: supports foetal development. a health.
1. Generalities, fatigue:- individuals who exhibit disturbed sleep patterns, such as insomnia.

•Post natal care:-

1. Passiflora:-helps with stress & anxiety in new mothers.
2. Ignatia:- supports emotional well being and stress management in new mothers.
3. Calcarea phosphoric:- promotes healthy bone development and overall growth in infants.

Infant & childhood care:-

1. Chammomila:- soothes irritability , restlessness & colic in infants.
2. Pulsatilla:- helps with emotional and behavioral issues in children.
3. Silicea:- supports immune system development and overall health in children.

Environmental toxin avoidance:-

1. Avoid exposure to heavy metals:- homeopaths recommend avoiding exposure to heavy metals such as mercury and lead which have been linked to PDD.
2. Minimize pesticide exposure:- reduce exposure to pesticide which have been linked to ASD.
3. Use non-toxic household cleaners:- opt for non-toxic household cleaners to reduce exposure to chemicals.

Nutrition & lifestyle:-

1. Breast feeding:- encourage breast feeding which has been shown to reduce risk of PDD.
2. Regular exercise:- encourage regular exercise physical activity to promote overall health & well being.
3. Healthy diet:- promote balanced diet which is fruits, vegetables, whole grains and lean proteins.

Miasmatic treatments:-

Tuberculinum:- used to treat tubercular miasm which is believed to contribute to PDD.

Medorrhinum:- treats medorrhinum miasm, which is associated with PDD.

Syphilinum:-used to treat syphilitic miasm which is linked to PDD.

Conclusion:- it is essential to note while there homeopathic strategies may be beneficial in preventing or reducing risk of PDD, they shouldn't be used as a replacement for conventional medical care.

Rubrics related to pdd in homeopathy:-

Mind rubrics:-

1. Mind; confusion; children:- for children who exhibit confusion, disorientation or difficulty in understanding their surroundings.

2. Mind; forgetfulness; children:- for children who exhibit forgetfulness, memory loss or difficult learning new information.
3. Mind ; impulsiveness; for individuals:- who exhibit impulsive behavior such as outburst actions.
4. Mind; repetitive behavior:- for individuals who exhibit repetitive behavior such as hand flapping or body rocking.

Behavior rubrics:-

1. Behavior ; aggression:- for individual who exhibit aggressive behavior such as hitting, kicking or biting.
2. Behavior, tantrums; for individuals who exhibit tantrums behavior such as screaming, crying or throwing themselves on floor.
3. Behavior; withdrawal for:- individual behavior who exhibit withdrawal such as avoiding. social interactions & hiding in corner.

• Sensory Rubrics:-

1. Senses; hearing, sensitive individuals who are sensitive to noise
2. Senses ; sight; sensitive to individuals who are sensitive to light, such as covering their eyes.
3. Senses, touch sensitive per individuals who touch Contact Such as sensitive to avoiding physical exhibiting pain.

Physical rubrics:-

1. Generalities; sleep:- for individuals who exhibit disturbed sleep patterns such as insomnia.
2. Generalities; fatigue:- for individuals who exhibit fatigue such as feeling tired or exhausted.
3. Digestion; abdominal pain:- for individuals who exhibit abdominal pain such as cramps.

Developmental rubrics:-

1. Development; delayed:- for children who exhibit delayed development, such as delayed speech.
2. Development; regression:- for children who exhibit regression such as losing previously acquired skills or abilities.

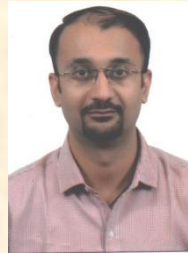
Resources:-

1. <https://ufhealth.org>
2. <https://my.clevelandclinic.org>
3. <https://www.mayoclinic.org>
4. <https://www.asdclinicuk>
5. <https://pubmed.ncbi.nih.gov>
6. <https://www.ncbi.nlm.nih.gov>

Reverse Repertory - Rare Remedies with Rubrics of Respiratory Complains:



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Repertory used :-

Repertory of the Homoeopathic Materia Medica by Dr. James Tyler Kent

PHILOSOPHICAL BACKGROUND:

Kent's Repertory based on the philosophy of deductive logic, i.e. from General to Particular.

Dr. Kent says that Man is prior to the organs; Man is the will and understanding and hence he Lives in his body.

Kent's Philosophy of Repertorization is based on the order of importance such as

- (1) Prime important to mental symptoms
- (2) Limited generalization
- (3) Physical general
- (4) Modalities
- (5) Characteristics
- (6) Particulars

Kent's Repertory is the product of a long evolution from Boenninghausen and other Repertories.

PLAN & CONSTRUCTION:

The plan of Kent's Repertory is from General to Particulars. Its First Chapter is Mind & last Chapter contain Generalities. There are 33 chapter.

ARRANGEMENT :

The rubrics are arranged alphabetically order. The Rubrics are arranged from generals to particular.

Rubrics start with General symptoms or a state with a list of larger group of medicines.

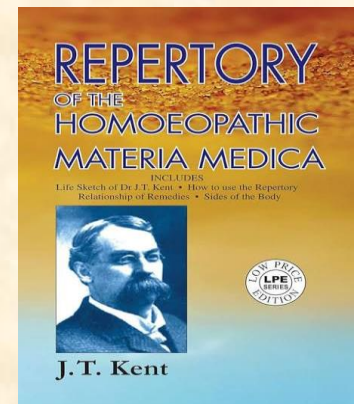
This followed by its sub- rubrics.

These sub rubrics are

- ☐ Side S
- ☐ Time T
- ☐ Modalities M
- ☐ Extension E
- ☐ Arrangement of Remedies

Dr. Kent used three different types of letters to indicate the grade of medicines :-



Bold	3 Marks	First Grade
<i>Italics</i>	2 Marks	Second Grade
Roman	1 Marks	Third Grade



SPECIAL FEATURE OF THE REPERTORY :

- There are about 648 remedies, which helps for good practice
- Only Repertory which covers rubrics pertaining to mental generals, physical generals And particulars which constitutes the totality of symptoms, so it is useful in acute asWell as chronic cases.
- Rubrics, sub rubrics are so arranged that one complete symptom can be had at one Place.
- This repertory has undergone many works so that numerous opinions confirm about Its ideality.
- There are only 3 grades of remedies that make calculation easy after Reportorization.

Rare Remedies with Rubrics of Respiratory Complains:

<p><u>1. VALERIANA:</u></p> <p>Respiration:</p> <ul style="list-style-type: none"> • Anxious <p>(pg.763)</p> <ul style="list-style-type: none"> • Asthmatic-Spasmodic(pg.765) • Difficult <p>Afterbreakfast(pg.767)</p> <p>Waking with(pg.762)</p> <p>10:00 pm(pg.767)</p> <ul style="list-style-type: none"> • Impended <p>Obstructed (pg.773)</p> <p>Pain in chest(pg.773)</p> <ul style="list-style-type: none"> • Paroxysmal (pg.774) <p>Cough:</p> <ul style="list-style-type: none"> • Dry(pg.786) • Hacking(pg.791) 	<p><u>2. VINCA MINOR:</u></p>  <p>Respiration:</p> <p>Accelerated(pg.762)</p> <p>Cough : Night(pg.780)</p> <ul style="list-style-type: none"> • ParoxysmalNight(pg.799) • SpasmodicNight(pg.805) • TicklingLarynx, in, from(pg.808) <p>Expectoration</p> <ul style="list-style-type: none"> • Mucous(pg.817) • Tough(pg.820)
<p><u>3. HURA BRAZILIENSIS:</u></p>  <p>Respiration:</p> <ul style="list-style-type: none"> • Sighing afternoon,9:30am (pg.775) • Difficult (pg.766) <p>Cough:</p> <ul style="list-style-type: none"> • Dry(pg.786) <p>Expectoration:</p> <ul style="list-style-type: none"> • Frothy(pg.815) • Bloody streaked Taking,after(pg.814) • Offensive(pg.817) • Thick(pg.819) • Yellow(pg.821) 	<p><u>4. SOLANUM TUBEROSUM AEGROTANS:</u></p>  <p>Cough:</p> <p>Daytime(pg.777)</p> <ul style="list-style-type: none"> • Evening(pg.779 <p style="text-align: right;">Afternoon 5pm(pg.779)</p> <ul style="list-style-type: none"> • Night(pg.780) • Dry,Night(pg.788) <p style="text-align: right;">10:30pm</p> <ul style="list-style-type: none"> • Shrill walking on(pg.803) • Sleep wakens from(pg.804) <p>Expectoration:</p> <ul style="list-style-type: none"> • Lumpy(pg.816)

05.VIOLA ODORATA:



Respiration:

- **Anxious**(pg.763)
- **Asthmatic**(pg.764)
- **Difficult**
Cough with(pg.769)
Menses palpitation during(pg.770)
- **Painful**(pg.774)

Cough:

- **Daytime**(pg.778)
- **Asthmatic**(pg.782)
- **Dry**(pg.786)
- **Short**(pg.803)
- **Violent**(pg.809)
- **Whooping**(pg.811)

Expectoration:

- Copious**(pg.814)
- Purulent**(pg.818)

6.KALMIA LATIFOLIA:



Respiration:

- **Arrested**(pg.763)
- **Asthmatic**Alternating with eruptions(pg.764)
- **Difficult**(pg.766)Exertion.heart, During pain in(pg.769)
Rheumatism of heart(pg.771)
- **Loud**(pg.774)Spasms of glottis, as from
- **Dryness**Air passages, from larynx (pg.788)
- **Scraping**Larynx, from (pg.802)

Expectoration

- **Evening**(pg.812)
- **Grayish**(pg.815)
- **Purulent**(pg.818)
- **Taste**Salty(pg.819)

7.CENCHRIS CONTORTRIX:



Respiration:

- **Arrested** Coughing During (pg.763)
- **Difficult**(pg.766)Night, during(pg.766)
Forward, amel(pg.768)
- **Difficult**Exertion, after(pg.769)Lying, while (pg.770)
Sleep, during(pg.771)
Waking, with(pg.772)

Cough

- **Night**(pg.780)
- **Ascending**, Stairs(pg.782)
- **Dry**(pg.786)
- **Hoarse**(pg.793)
- **Irritation** Epigastrium, in , From(pg.794)
- **Loose**(pg.795)
- **Racking**(pg.801)
- **Bloody**

Expectoration:

- Bright-red**(pg.813)
- **Frothy**(pg.815)
- **White**(pg.820)
- **Yellow**(pg.821)

8.LYCOPUS VIRGINICUS:



Respiration

- **Accelerated** Ascending(pg.762)
- **Difficult**(pg.766)

Ascending(pg.768)

Exertion after(pg.769)

Heart, complains and urinary troubles(pg.769)

- **Sighing**

Evening 7pm(pg.775)

- **Wheezing**(pg.776)

Cough

- **Evening**(pg.779)
- **Deep**(pg.785)
- **Sleep** During(pg.804)
- **Violent**(pg.709)

Expectoration

- **Air** agg cold wind(pg.812)
- **Blood**Spitting of blood(pg.813)
- **Taste** Sweetish(pg.819)

9. LACHNANTHES TINCTORIA:



Respiration

- **Deep**(pg.766)

Cough

- **Morning**(pg.786)
- **Dry**(pg.786)
- **Dryness** Larynx(pg.789)
 - **Irritation**Larynx, in, from(pg.794)
 - **Lying**Bed agg (pg.797)
 - **Short**(pg.803)
 - **Waking**(pg.810)

Expectoration

- **Bloody**Spitting of blood(pg.813)

Streaked(pg.814)

- **Mucous**Bloody(pg.817)

10.CIMEX LECTULARIUS:



Respiration:

- **Deep**Desire to breath(pg.766)
- Chill during(pg.766)
- **Difficult** Chill during(pg.768)
- Heat with(pg.768)
- **Impeded**
- Obstructed(pg.773)
- Gagging in esophagus (pg.773)

Cough

- **Chill**, during(pg.783)
 - **Constant**(pg.784)
 - **Drinking**After(pg.786)
 - **Dry**(pg.786)
 - **Fever**
- During(pg.799)
- **Paroxysmal**(pg.799)
 - **Scraping**(pg.802)
 - **Scratching**
- Trachea ,in ,from(pg.802)
- **Tight**(pg.809)
 - **Violent**(pg.809)
- Expectoration
- **Mucous**(pg.816)

11.LOBELIA SYPHILITICA:



Respiration:

- Hacking**(pg.791)
- Tickling in larynx** from(pg.792,808)

HAHNEMANIAN “PEARLS” REMOVING THE PEARLS ON TONSILS



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ABSTRACT :-

Peritonsillar Abscess (PTA), also known as a Quinsy is an Upper Respiratory Tract Infection when there is an accumulation of pus on tonsil. Symptoms include throat pain, fever, hoarse voice, trouble opening mouth. It was successfully treated with Homoeopathic Medicine in a week.

INTRODUCTION :-

Peritonsillar Abscess (PTA), also known as a Quinsy is an Upper Respiratory Tract Infection when there is an accumulation of pus on tonsil. Symptoms include throat pain, fever, hoarse voice, trouble opening mouth. Conventionally it is subjected to Antibiotics or may require a surgical intervention.

CASE:-

Miss Z.P., 23 years of age, presented on 16/02/2021 with complaints of pain in throat since 3-4 days, taken antibiotic gargles but with no relief, so consulted me for Homoeopathic treatment.

HISTORY OF PRESENTING COMPLAINTS:-

Pain in throat since 3-4 days, causative factor draft of air(as she travelled in bus with window open full night), then she had mild throat pain & was feverish. For relief she had taken Antibiotic gargles but has failed in relieving. On further enquiry she was having pain in throat which was aggravated by eating & drinking. There was sensation inside throat as if something like thorn is pricking inside. Also there was mucus coming out from throat on hawking. Her voice have changed & become hoarse.



PAST HISTORY :-

Recurrent Colds & Coryza during every change of weather

PERSONAL HISTORY:-

Appetite -> Reduced due to pain
Thirst -> Decreased due to pain
Desire -> Sweet2+
Aversion -> Not Specific
Urine -> Normal

Stool -> Satisfactory
Perspiration -> Only on exertion
Sleep -> Disturbed due to pain
Dreams -> Not Specific

ON EXAMINATION:-

Inspection -> Bilateral bright red enlarged tonsils with pus pockets on it
Palpation -> Bilateral Tenderness2+

MENSTRUAL HISTORY :- Regular, No complaints Before/During/After menses

LIFE SPACE:-

Gets irritated even at little matters

Sensitive to Rudeness

ANALYSIS:-

Pain in throat aggravated by eating & drinking

A/F Draft of air

Splinter like sensation in throat

Hawking mucus

Irritability

Pus on tonsils

Hoarseness of voice

RUBRICS :-

1. Pain in throat General

2. Pain in throat draft of air from

3. Pain in throat splinter like

4. Suppuration tonsils

5. Irritability trifles at

6. Hawks mucus

7. Hoarseness of voice

REPERTERISATION:- CARA SOFTWARE , COMPLETE REPERTORY

	Calc	Hep	Ign	Sil	Arg-n	Ats	Chel	Kali-bi	Lach	Lyc	Merc	Merc-Ir	Nat-m	Nit-ac	Petr	Psor	Sulph	Tub	Apis	Arg	Agar	Bell	Calc-sil	Cauts	Cham	Hydrog	Kali-m	Kali-p
Weighted	11	17	7	12	11	6	7	10	11	9	11	7	9	8	6	6	9	5	8	6	5	9	4	8	9	5	6	5
Rubrics covered	7	7	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4
Rubric grades	11	17	7	12	11	6	7	10	11	9	11	7	9	8	6	6	9	5	8	6	5	9	4	8	9	5	6	5
PAIN General	2	2	2	3	3	1	1	2	3	2	2	1	2	2	1	1	2	1	2	1	1	3	1	2	1	2	1	1
PAIN General draft of air, from	1	2																										
PAIN splinter, as from a	1	3	1	2	3	1	2	1	2		1		2	2	1	1	1		2	1	1		1	1		1		1
SUPPURATION Tonsils	1	3	1	3	1	1		2	2	2	3	2	1	1		1	2	1	2			2			2			
IRRITABILITY trifles, from	2	2	1	1		1	1			2		1	1	1		1	1	1	1		1	1	1	2	3	1	1	
HAWKS up cheesy lumps	1	2	1	1	1		1	2	1	1	2	1		1	1	2		1			2						3	1
VOICE hoarseness	3	3	1	2	3	2	3	3	2	3	2	3	2	2	2	1	2	1	2	3	1	3	1	3	3	1	1	2

REMEDY:-

HEPAR SULPH 200 1 PILL TWICE A DAY FOR 3 DAYS

SAC LAC 4 PILLS TWICE A DAY FOR 1 WEEK

FOLLOW UP AFTER 1 WEEK

SELECTION:-

Hepar Sulph based on sensitivity of the patient &

Reperterisation

200th potency based on symptoms selected

Repetition based of Acute disease

DIET & REGIMEN:-Warm water gargles 2-3 times per day

FOLLOW UP:-On 23/02/2025, she came with a smile in

clinic mentioning that her complaints of pain in throat is almost gone with normal voice now. Appetite & thirst have

gained back to normalcy post reduction in pain in throat, sleep is also refreshing.

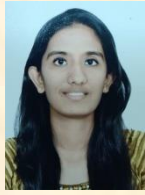
On Examination of throat its been inspected that inflammation have reduced & suppuration is also absent & also there was no tenderness on palpation

KEYWORDS:-

Peritonsillar Abscess, Homoeopathy, Totality Of Symptoms, Single Remedy Prescription.



CASE OF CAL CARB CHILD



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INTRODUCTION-

- Name- XYZ
- Age- 10 year
- Education- 5th STD
- Gender- Male
- Marital status- Single
- Address-South bopal
- Diet- Vegetarian
- Religion-Hindu

CHIEF COMPLAIN-

- He had cough with sneezing and coryza since one week. Burning in throat and cough in 3 paroxysms and yellowish cough. Dry coughing with dryness of mouth and throat. <Weather change,>warm water, turmeric water.

PAST HISTORY-

- Aphthae on tongue 5 years ago.

FAMILY HISTORY-

- Grandmother- eczema
- Aunt- White spots on skin

PHYSICAL GENERALS-

- Weight- 45kg
- Physical makeup- obese
- Appetite- 3 to 4 times/day
- Desire- sour, chilly
- Stool- 2times/day, sometimes dry and hard stool
- Thirst- 6 to 7 glass/day
- Urine- hourly
- Sweat-forehead
- Sleep- 7 to 8 hours/day, position- lies on abdomen

BIRTH HISTORY-

- Normal delivery
- Feeding till 1.5 years.
- Birth weight- 2.5kg
- Milestones normal.
- Chewing pen's cap.

PERSONAL HISTORY-

- BIRTH DATE- 3/6/12

- BIRTH PLACE- Bombay
- He spent his childhood in joint family. They shifted to Vadodara. He liked to take part in drama, craft, drawing and watching TV and playing outdoor games. He liked Maths and EVS in studies. They shifted to Ahmedabad since 3 to 4 years. He plays with his friends in society garden. According to him mother and father scolds him when he fights with his younger brother or if he do any mischief. He don't like if anyone scolds him. He gets angry when his brother does mischief and irritates him. He like company of school friends and like talking with them. He helps others. He cries when father beats him. He takes 20 minutes to eat. Slow speed in doing any work. Eyes winking frequently. Hobby- Playing sport games.

MENTALS-

- | | |
|------------------------------|-------------------------|
| • Restless | • Never beat anyone. |
| • Bites his hand | • Help his mother. |
| • Fear- dark, snakes | • Yielding nature. |
| • Helping nature. | • Awkward drops things. |
| • Emotional and mild nature. | • Naive |

Lab investigations- not required

Diagnosis- Acute Bronchitis

ANALYSIS AND EVALUATION OF SYMPTOMS-

MENTAL GENERALS-

- | | |
|------------------------|-------------------|
| • Affectionate | • Restlessness |
| • Awkward drops things | • Weeping easily |
| • Benevolence | • Yielding nature |

PHYSICAL GENERALS-

- Sleep on abdomen
- Sour food desire

PHYSICAL PARTICULARS-

- Eyes winking
- Mouth dryness
- Perspiration on forehead

TOTALITY OF SYMPTOMS-

- Affectionate
- Benevolence
- Awkward drops things
- Restlessness
- Weeping easily
- Yielding nature
- Sleep on abdomen
- Sour food desire
- Eyes winking
- Mouth dryness
- Perspiration on forehead

REPERTORIZATION-

- Mind- Affectionate
- Mind- Awkward-drops things
- Mind- Benevolence
- Mind- Restlessness-children, in
- Mind- Weeping-children in
- Mind- Yielding disposition-children in
- Head- Perspiration of scalp-forehead
- Eye- Winking
- Mouth- Dryness
- Sleep- Position- abdomen, on
- Generals- Food and drinks- sour food, acids-desire

SELECTION OF REMEDY- CALCAREA CARB

DOSE AND POTENCY- CALCAREA CARB 1M OD SINGLE DOSE (it was given constitutionally)

- PULSATILLA 1M SOS was given.
- SL for 15 days

MANAGEMENT/ADVICE-

- Do gargles every day.
- Steam inhalation.
- Drink hot water.
- Take turmeric milk.

FOLLOW UP- After 15 days patient is much better and complains are relieved.

- SL for 15 days given.
- After 15 days patient have no any complain. No single episode of cough.

COLLEGE ACTIVITIES WORLD HOMOEOPATHY DAY



WORLD ENVIRONMENT DAY – 5TH JUNE



BLOOD DONATION CAMP – 14TH JUNE 2025



INTERNATIONAL YOGA DAY – 21ST JUNE -2025



ANTI - DRUG DAY – 26TH JUNE 2025



CERVICAL CANCER AND VACCINATION AWARENESS – 30TH JUNE 2025



RESEARCH WEBINAR- RISE BY CCRH



WEBINAR- SWARA HOMEO GURUKUL MARCH 2025



HOMOEOPATHIC CAMP



Pioneer Homoeopathic Medical College & Hospital C/O Pioneer Medial and Para-medical Campus.

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