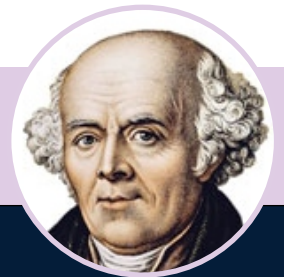




# RATIONAL PHYSICIANS

A FREE PDF QUARTERLY SCIENTIFIC AND NEWS JOURNAL  
INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS



**11-12 FEB**

**2023**

**INVITING  
PROGRESSIVE  
HOMOEOPATHS**



**HOPE TO MEET YOU AT PANCHKULA, HARYANA**

- ABDOMINAL OBESITY
- AMR & HOMOEOPATHY

- 10 IMPORTANT OBSERVATIONS
- HOMOEQ-QUIZ

- RAMSAY HUNT SYNDROME

**XXVI National Homoeopathic Congress of IIHP  
Golden Jubilee Celebration of CHSM, Haryana**

# **HOMOEOWORLDVISION**

## **HARYANA 2023**



**11th & 12th February 2023**

**VENUE**

**Inderdhanush Expocenter**

Sector 5, Panchkula (Chandigarh) Haryana

**INVITING PROGRESSIVE HOMOEOPATHS**

**Hosted by**

Indian Institute of Homoeopathic Physicians Haryana State Branch



**Jointly Organized  
by**

**INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS**

**COUNCIL FOR HOMOEOPATHIC SYSTEM OF MEDICINE, HARYANA**





**Dr Sudhanshu Arya**  
Managing Editor  
homoeospan@yahoo.com

The new year is the time for many new things. New hopes and new resolutions await you so does the 26 th National Congress of IIHP to be held on 11and 12 Feb 2023, hope to see you there at Panchkula, Haryana.

We were set to meet you there in 2020 but pandemic prevented us from doing so I hope despite another surge we will be there taking all precautions. IIHP has timely released an advisory for all the members to be careful.

There will be many new things including many things for the first time. This time the Congress is organized jointly with the Council for Homoeopathic System of Medicine, Haryana. For the first time IIHP will be collaborating with Ontario Homoeopathic Medical Association and Manitoba Homoeopathic Association along with LIGA, Indian Organization for Rare Diseases and All India Association of Vice-Chancellors and Academicians. Technical support by NCH and CCRH should be evident in the quality of the presentations and more.

On the other side a new Central Executive Committee will be elected during Congress and installed in April – send your expectations to them through this journal. Furthermore the General Council will review the working of the IIHP during its meeting and will set new goals.

Make sure to be part of this National Congress and you can read the details of this programme on the exclusive website dedicated to this as well as on IIHP website.

With this issue I have edited 7 issues of the Rational Physicians. I did my best to present you with the latest & best from the world of homeopathy and IIHP. I hope you will continue reading this esteemed journal and will send your feedback and suggestions which have been missing so far.

We hope you will find this issue of Rational Physicians informative and useful. Waiting for your feedback with best wishes for a wonderful new year.

**Dr Sudhanshu Arya**  
Managing Editor  
homoeospan@yahoo.com

## KEY NOTES

### The Editorial



**Padmashri Prof Dr V K Gupta**  
Patron  
homeovkgupta@gmail.com

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**Chief Editor: Dr M A Rao**  
raocghs@gmail.com

### Communication

Editor  
Rational Physicians  
403, C-06 Pioneer Regency  
K T Nagar NAGPUR – 440013  
Maharashtra, India  
raocghs@gmail.com

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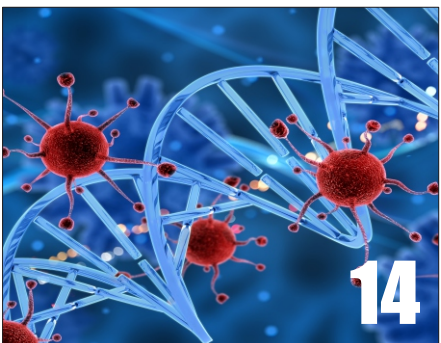
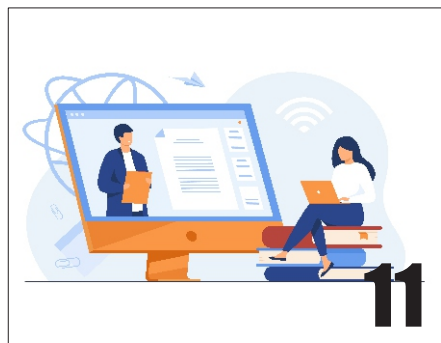
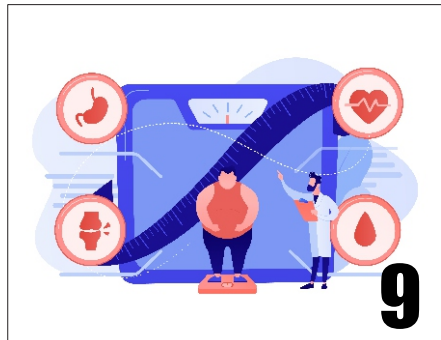
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# 2023

## Indian Institute of Homoeopathic Physicians Working for Homoeopathy, Everyday



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# NEWS & UPCOMING EVENTS



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11th and 12th February 2023  
**26th National Congress of IIHP**  
Inderdhanush Expo Centre, Sector  
5, Panchkula, Haryana



## - THE CONGRESS VENUE -

### History of National Congresses

IIHP serves the homeopathic profession and humanity through various programmes. IIHP runs special programmes for the students to update their knowledge through Education Mission and at the same time for the working professionals – through CME's. It runs many medical camps all over the country through local units to alleviate the suffering of the local populations. Out of all these events the organization of the National Congress is the most important and prominent programme organized every two years. It gives an opportunity to fraternity members to interact with each other and with achievers in the field of homeopathy.

# NEWS & UPCOMING EVENTS



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The first National Congress was organised in 1950 at New Delhi. The 26th Edition of the same is being organised at Panchkula Haryana on 11-12 February 2023.

## Theme of the National Congress

Every National Congress is organized with a central theme most relevant to need of the time.

## This year's theme is

### **Homoeopathy for the Wellbeing and Mental Resilience: Post Covid Scenario**

As if the mayhem caused by the outbreak of CORONA Virus resulting in the COVID-19 Pandemic was not enough the virus and its aftermath continue to trouble the population through the long term effects of COVID. This is known as Long-COVID and has shaken the emotional and psychological aspect of one's life because of loss of near and dear ones, loss of jobs and opportunities for progress and growth. This is a very apt theme in the current scenario.

## Use of National Congress

A National Congress at IIHP is the time for introspection, analysing successes and failures and setting up new goals. At the end of the 1st day a General Council meeting is organised where all this takes place along with election of a new National Executive. The National Congress brings opportunity for the recognition of talent in the field of homoeopathy and to get assignments as per your capabilities through various positions in National or State levels. This year IIHP has started a special programme for the recognition of talent hitherto unknown. The IIHP Star programme should bring to limelight all the homoeopaths who are working exceptionally well in the field of Homoeopathy or working for IIHP.

## What You Should Expect

This year as usual you will meet new people, absorb knowledge full discourses, watch people getting awarded and in turn get inspired. You can unwind during the cultural programmes and see new places for nearly the same amount of money. If possibility having to spend time with old buddies is interesting for the elder homeopaths the National Congress is equally exciting for new generation of homeopaths as an opportunity to forge new bonds of partnership in professional

**NEXT ISSUE: GROWTHS - Warts, Tumors, Cancer.  
Send Your Articles.**

# LETTERS TO THE EDITOR



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**The Readers of  
the  
Rational Physicians  
are  
BUSY....**

## **R O A D M A P** **April-June 2023 Issue**

The editorial team of the Rational Physicians solicits advertisements, articles, news and photos related to homoeopathy to be published in the forthcoming issue to be released in October 2022.

### **G U I D E L I N E S**

Kindly send all the material in soft copy to

The Editor, Rational Physicians

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Only selected /approved material will be published

**L A S T   D A T E   O F   S U B M I S S I O N**  
**15.3.2023**

**For the April-June 2023 Issue**



# Abdominal Obesity and Homeopathy

Dr. Rachna Srivastava, M.D.(Hom.)  
The Healthy Way Homeopathic Clinic,  
IndiraNagar, Lucknow  
drrachna.srivastava@gmail.com



Image Credit: [www.freepik.com](http://www.freepik.com)



**Introduction:** Abdominal obesity, also known as central or truncal obesity, is a condition when excessive visceral fat around the stomach and abdomen has built up to the extent that it is likely to have a negative impact on health. It is also called visceral or male-type or “apple” type obesity.

An expanding waistline is sometimes considered the price of getting older, when body fat tends to shift to the abdomen. Obesity, especially abdominal obesity, is central to the metabolic syndrome and is strongly related to polycystic ovary syndrome (PCOS) in younger women and to menopause in older women. When BMI is used as a measure of obesity only a modest association with cardiovascular risk factors is found. However, when abdominal obesity measurements, such as waist circumference or waist:hip ratio are included as a measure of abdominal adiposity a strong association with cardiovascular and metabolic syndrome risk factors is found.

Interestingly, there are also normal weight individuals who are regarded as 'metabolically obese' due to the storage of ectopic fat around the viscera whilst maintaining a normal BMI.

**Significance:** In 1997, abdominal obesity was recognized by the World Health Organization (WHO) Expert Consultation on Obesity Committee, as a proxy

measure to be used to refine BMI levels, especially in populations with predisposition to central obesity.

Evidence from a study demonstrated that increased abdominal obesity was associated with systemic inflammation as measured by high-sensitivity C-reactive protein (hsCRP).

The trouble with belly fat is that it's not limited to the extra layer of padding located just below the skin (subcutaneous fat). It also includes visceral fat — which lies deep inside the abdomen, surrounding the internal organs, esp. liver. Although subcutaneous fat poses cosmetic concerns, visceral fat is linked with far more dangerous health problems, including:

- Heart disease
- Type 2 diabetes
- High blood pressure
- Abnormal cholesterol
- Breathing problems

Research also associates belly fat with an increased risk of premature death — regardless of overall weight. In fact, some studies have found that even when women were considered a normal weight based on standard body mass index (BMI) measurements, a large waistline increased the risk of dying of cardiovascular disease.

**Measurement:** There are various ways of measuring abdominal obesity including:

- Absolute waist circumference of more than 40 inches (>102 cm) in men and more than 35 inches (>88 cm) in women.
- Waist-hip ratio (the circumference of the waist divided by that of the hips of >0.9 for men and >0.85 for women)
- Waist-stature ratio (waist circumference divided by their height, >0.5 for adults under 40 and >0.6 for adults over 50)
- Sagittal Abdominal Diameter

**Consequences:** Abdominal obesity has been strongly linked to cardiovascular disease, Alzheimer's disease, and other metabolic and vascular diseases. It can develop to morbid obesity within a short period of time. Severe abdominal obesity is accompanied by hyperinsulinemia that commonly leads to insulin resistance, metabolic syndrome, systemic inflammation, and eventually to diabetes mellitus and coronary heart disease. Abdominal (visceral) obesity is thought to be the predominant risk factor for metabolic syndrome and as predictions estimate that 50% of adults will be classified as obese by 2030 it is likely that metabolic syndrome will be a significant problem for health services and a drain on health economies. Metabolic syndrome is defined as a cluster of at least three out of five clinical risk factors: abdominal (visceral) obesity, hypertension, elevated serum triglycerides, low serum high-density lipoprotein (HDL) and insulin resistance. It is estimated to affect over 20% of the global adult population.

**Conventional Treatment:** Abdominal adiposity is a reversible condition and its reduction can have excellent effects in diminishing cardiovascular and metabolic syndrome risk. However, the conventional medicine has very less to offer in this regard. There are almost no medicines to support the liver directly or to reduce the belly fat.

**Homeopathic Treatment:** There are whole lot of drugs which can help in managing the condition. A few important medicines to be considered are discussed as under:

**Ammonium mur:** It definitely a great but an under-used medicine which is especially adapted to fat, puffy and sluggish people with thin limbs, who always feel tired and sore and who tend to have respiratory troubles with liver symptoms. Also, they have large buttocks.

**Antim crude:** These patients have tendency to grow fat. It is pre-eminently a scrofulous medicine. Patients eat beyond the capacity of their digestion or without discrimination, therefore they suffer from bloating or whole lot of digestive symptoms. They also tend to have a fat body with thin limbs.

**Calcarea carb:** It is an important remedy for obesity in the young people. There is an increase of fat in abdomen. Abdomen is large and can be hard. There is distension with hardness. Incarcerated flatulence may cause distension.

It is also indicated in children who grow fat, are large-bellied with large head, pale skin, chalky look. They are flabby children rather bloated than solid, pale but flushing easily.

**Calcarea phos:** These patients while resembling strong points with Calc-c, are generally emaciated instead of fat. However, they also have large and flabby abdomen and are anaemic with weak digestion and scrofulous or gouty constitutions.

**Graphites:** It is to be considered in young girls around puberty and also in women around menopause who have a tendency to put on unhealthy fat. The typical Graphites patient is fat, relaxed, chilly and constipated. They suffer from alternate digestive and skin symptoms. **Helonias:** Indicated in aged females, esp. multipara who are also diabetic with pendulous abdomen. It is a uterine remedy with great power.

**Kali carb:** It is suited to persons of soft tissues with tendency to be fat. These women can develop abdominal obesity after pregnancy or after loss of fluids. When associated with hypertension, weakness, lethargy and backache, no medicine can act better than it.

**Lycopodium:** It is an important liver remedy indicated in people with upper part of body wasted, lower semi-dropsical, lean and predisposed to lung and hepatic conditions. Obese body with thin legs. It is usually indicated in men of keen intellect, feeble muscular development and receding hair. Weak liver with poor digestion. Ascites from liver diseases.

**Phosphorus:** It is indicated in slender persons or young people who grow too rapidly. It is also an important medicine when it comes to fatty degeneration of liver and the complaints associated with it. Although they are usually lean patients but they can develop abdominal obesity as a consequence of liver diseases. It also corresponds to fatty degeneration of pancreas with gastric symptoms and oily stools. Fatty and amyloid degeneration of the kidneys.

**Sepia:** It is indicated in women with pendulous abdomen who have borne many children. Pot-belly of mothers with brown spots on abdomen. They can even faint from least exertion, leuco-phlegmatic constitutions with yellow-saddle across the nose. It is an important medicine for hormonal imbalance in women.

From a wholistic perspective, Homeopathy has much more to offer. Given the direct link between abdominal obesity and systemic inflammation it is not surprising that even modest reductions in abdominal adipose tissue are accompanied by improvements in metabolic function and reduced cardiovascular risk. With proper medication and right lifestyle abdominal obesity along with its later complications can be very well managed thereby improving the general health of the patient.

**Lifestyle management:** Evidences show that one of the single most important lifestyle changes for the prevention of many chronic diseases is exercise. Regular and consistent exercise reduces abdominal obesity and results in favourable changes in body composition. As a consequence, exercise is now recognised as a medicine in its own right and should be prescribed as such.

# 10 IMPORTANT OBSERVATIONS AS AN EARLY PRACTITIONER

Dr. Nitya Dogga

1-116/1A, Chanda Nagar, Hyderabad, Telangana

drnityalatchireddy@gmail.com

+91 8142955892



Image by pch.vector on Freepik.com

As an early practitioner, I was lucky to have constant guidance. I reached out to various physicians, and consider myself grateful for being taken under their wing instantly. My journey from a fresh graduate to a young practitioner is heavily influenced by them. With practice and experience there is a shift in the mindset - from having the ability and confidence to practice, to being able to sustain that practice as it grows. Here are some constant reminders to keep in mind in the long run. The practices in the clinic and outside the clinic are important. Not all doctors can sustain a glorious practice for a lifetime. Only some do.

**1.** Having a Doctor's degree doesn't make you a good doctor. Experience does. As an early practitioner it is important to first look for guidance. Very few get the chance of being hand held by a senior practitioner and being taught all of their tips and tricks. These are pointers which will never be taught in college. In earlier times, seeking a guide was more difficult and less accessible. But with the advent of technology and social media, it is readily available for all of us to tap into the expertise of many senior Homoeopaths across the globe. Guidance gives exposure to patients and the opportunity to learn from the mistakes of our seniors. It is even more important to be surrounded and exposed to different kinds of patients to become a good clinician in the long run.

**2.** Being a Gold Medallist in college doesn't make you a good doctor. It makes you a good student. In college

marks matter. In the clinic, only our relationship with the patient matters. At most good marks can fetch us patients, but good marks will not help in sustaining the patients in the long run if we are not able to keep them satisfied. Patient satisfaction is multi-layered - it could be symptomatic relief or counselling.

**3.** Medicine cures the disease, but the doctor cures the patient. Medicines have a curative action inside the body, but the doctor can have a curative action on the mindset of the patient. Counselling them in the right direction, giving them the hard facts instead of trying to please them goes a long way in the road to recovery.

**4.** Refer patients to other doctors. Build a trustworthy community for yourself and your patients. It is important to refer patients if the scope of treatment is beyond one's capability. This is a big asset for a doctor looking to grow their practice. It helps build trust and understand one's own strengths and weaknesses. Referral helps in building a network with other doctor's and a reliable community for the patients.

**5.** Doctors are human beings too. We get sick, can go off track, we also have health problems and we also need doctors. Knowledge of health doesn't make all doctors healthy. It is a misleading concept that doctors are always healthy. We as a community should practise health and well being as we know it. This makes it easier to guide our patients. It is imperative here to understand that a healthy lifestyle for different individuals looks different. Identifying the pain points and giving accurate individualised solutions will give better results.



6. It is ok to take time off, away from patients. In today's day and age, where hustle culture is the norm, it is important to look after your own mental health and well being. When the body is asking for rest and recovery, taking a break has multiple benefits. In your absence, your patients should be catered for or looked after by a network of trustworthy and reliable people. It could be the clinic staff or other doctors (homoeopaths and allopaths included).

7. 'As an early practitioner I do not know everything under the sun about the human body and medicine. I am still learning.' - Just reminding ourselves of this and acknowledging it in front of the patient, makes us a better doctor. Initially we may lose some patients or face criticism, but in the long run it only makes us a better practitioner.

8. Doctors are not 'practising' at social events and gatherings. It is ok to enjoy the social gathering and politely request any potential patient to take a proper consultation at the clinic or book an appointment prior. It increases patient sincerity and accountability towards the doctor and the conversation can be as per the professional code of conduct.

9. Being available to your patients online is a boon to the patient and the doctor as well. Post-covid definition of work atmosphere has changed for many. Social media has increased the accessibility for all service providers. Personally as a doctor I enjoy being able to converse and physically examine my patient. But, being available online is a point of comfort for many patients and is a great tool to reach as many people as possible.

10. Try to be the doctor that you would refer your family and friends to. This is something one of my professor's had said during a lecture. Be that kind of a practitioner that your friends and family can come to without hesitation, unless their issue is not your area of expertise. Instead of looking for someone better be that guide for them.

Most of these observations have come from personal experience and may not be in agreement with that of others. They are not meant to offend anybody or any organisation.

To become a better practitioner and a clinician, these learnings are a constant reminder of my experience so far. I hope to deliver purpose and value to those who read it

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# IIHP for Homoeopathy



# RAMSAY HUNT SYNDROME

Dr Aparna Singh  
BHMS Gold Medallist, Nehru Homoeopathic Medical College, New Delhi  
Dehradun  
9411715219  
aparnasingh12323@hotmail.com

A lady of 60 years was brought from Himachal Pradesh, a remote village, for treatment.

Her left side face was paralysed and left eye would not close. Open 24x7. Even while sleeping.

Her complaints started 10 days ago with a mild throat infection, was treated by allopathy anti inflammatory, antibiotic drugs, she was also a beneficiary of armed forces medical health services.

She went to military hospital also, but that treatment did not give any relief.

She started having severe pain in left ear and then suffered paralysis of left side of face with left eye always.

Then she was taken to Delhi, Jaipur Golden hospital in west Delhi. Was seen by H.O.D ENT deptt.

He concluded it was RAMSAY HUNT SYNDROME. Have 40mg steroids and another course of antibiotics for 7 days.

The lady took that course without even an iota of relief. She declined further allopathy treatment. Was brought to me.

## **I noted these.**

1. Lady is fair, crying due to severe pain in ear. She says she would rather die, than bear this pain.
2. Her left side face is paralysed and left eye doesn't blink, remains open.
3. Very kind and loving when was well, easily brought to tears, her daughter told me.
4. It is month of July and she feels too much heat. Always wants to sit under the fan.
5. Thirst is not there, she is thirst less.
6. Appetite is low on account of illness. Urination and bowel movement is normal. No change.
7. These complaints started gradually and then became worse with time.
8. Past history.. nothing significant.
9. Personal history.. she is vegetarian and a v religious woman. Well behaved, loving, kind and compassionate.

## **BASED ON THESE INDICATIONS OF**

1. Severe pain in ear with weeping disposition
2. ONE SIDED COMPLAINTS
3. FEELING HEATED
4. Thirst less

PULSATILLA 1M , 6 POWDER DOSES HALF HOURLY WERE GIVEN.

After 1st dose itself PAIN STARTED TO REDUCE. AND IN 24 HOURS WAS ABSOLUTELY FREE

FROM PAIN. SHE was much relieved and now could sleep at night.

Now appeared a rash with measly eruptions just below her left ear. They started to itch and burn, for that a thin paste of Fuller's Earth or multani mitti was advised local application.

NOW CAME THE BIGGER CHALLENGE OF REVERSING FACIAL PARALYSIS.

## **CASE WAS RETAKEN and following was noted.**

1. Lady had become chilly, she would now sit away from the fan and not under the fan.
  2. She said pl heal this open eye also, since it doesn't blink and the right eye blinks, it appears as if i am winking at someone.
  3. I have to constantly cover left half of my face.
- SO BASED ON THIS CHANGE OF THERMALS, CHRONIC OF PULSATILLA , SILICEA WAS SELECTED. SILICEA 200, 6 DOSES 2 HOURLY were given. The eye started to close little on the 4th day, then only placebo was used. Gradually on the 6th day, half eye would close , eye started to blink. Then by 30th day CURE WAS COMPLETE.

COMPLETE REVERSAL OF FACIAL PARALYSIS WAS ACHIEVED.

She could tightly shut both eyes together now the eruptions too had gone.



# UP TO 10% RISE IN DRUG RESISTANCE A YEAR

## WHAT IS AMR

➤ Antimicrobials could be antibiotics, antivirals, antifungals and antiparasitics

➤ **Antimicrobial Resistance (AMR)** occurs when bacteria, viruses, fungi and parasites evolve over time to such an extent that regular medicines have no effect on them

➤ **Main cause:** Misuse and overuse of antimicrobials

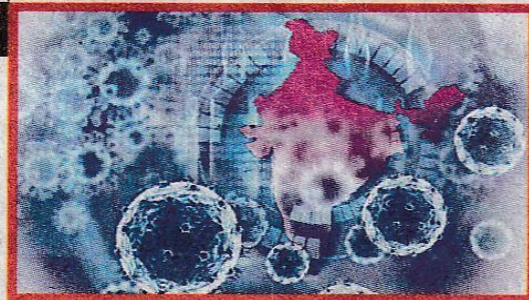
➤ Drug-resistant infections are harder to treat; can cause disability, prolonged illness, hospitalisations and increased costs

➤ World Health Organisation says AMR is among the top 10 global public health threats

## AMR IN INDIA

➤ India has been referred to as 'the AMR capital of the world'

➤ More than 70% isolates of superbugs *Escherichia coli*, *Klebsiella pneumoniae* and *Acinetobacter baumannii* and nearly half of all *Pseudomonas aeruginosa* were resistant to medicines called

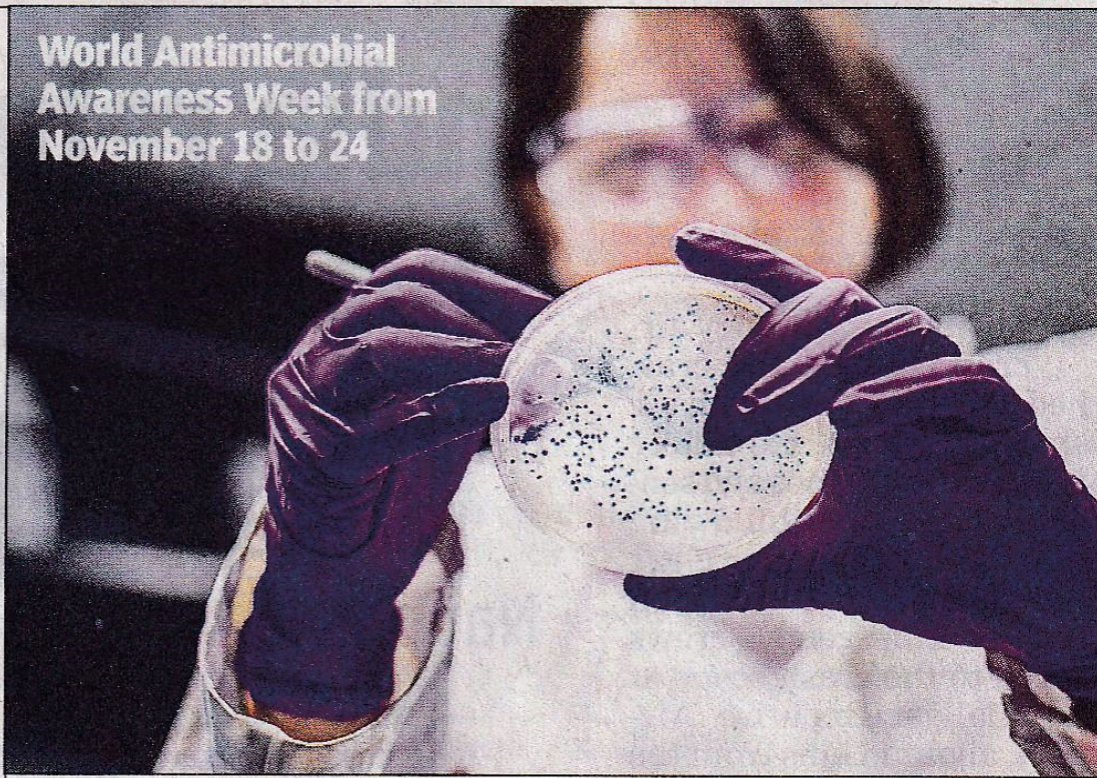


fluoroquinolones and cephalosporins

➤ Increasing rates of carbapenem resistance to the tune of 71% in *A. baumannii* led to frequent use of colistin as the last-resort antimicrobial

➤ The resistance to colistin has also emerged in India

World Antimicrobial Awareness Week from November 18 to 24



## BURDEN OF AMR IN THE WORLD

**7,00,000** people die due to antimicrobial resistance every year

➤ Another 10 million are projected to die from it by 2050

➤ AMR kills more people than

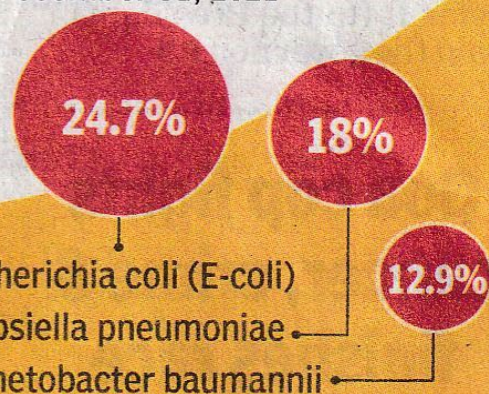
cancer and road traffic accidents combined

➤ By 2050, AMR would decrease gross domestic product (GDP) by 2%-3.5% with a fall in livestock by 3%-8%, costing US\$100 trillion to the world

## ICMR REPORT'S FINDINGS

○ Indian Council for Medical Research's (ICMR) latest AMR surveillance report shows rising resistance to all known antibiotics

○ The report looked at **95,728** culture positive isolates between January 1 and December 31, 2021



## FINDINGS

The most common drug-resistant bacteria were

○ *Escherichia coli* (E-coli)

○ *Klebsiella pneumoniae*

○ *Acinetobacter baumannii*



# AMR & Homoeopathy

Image Credit: [www.freepik.com](http://www.freepik.com)



Antimicrobial Resistance is not known to homoeopathy but can we afford to remain oblivious of its presence or there is a difference of approach to the same issue? The issue of AMR may not be new but in recent times has gained more prominence. Here is a call for pragmatic action in this regard. Can we find answers in the annals of homoeopathy or we need to work with fresh vigour and imagination to research in this area? Here is an open invitation to all the stalwarts of homoeopathy to throw light on this important issue through whatever means applicable. References to the Organon, the cured cases if any, through research papers; each and every piece of information is welcome to enrich our understanding of the issue and our stand vis-a-vis. – Managing Editor

## Key Facts

- Antimicrobial resistance (AMR) is a global health and development threat. It requires urgent multisectoral action in order to achieve the Sustainable Development Goals (SDGs).
- WHO has declared that AMR is one of the top 10 global public health threats facing humanity.
- Misuse and overuse of antimicrobials are the main drivers in the development of drug-resistant pathogens.
- Lack of clean water and sanitation and inadequate infection prevention and control promotes the spread of microbes, some of which can be resistant to antimicrobial treatment.
- The cost of AMR to the economy is significant. In addition to death and disability, prolonged illness results in longer hospital stays, the need for more expensive medicines and financial challenges for those impacted.
- Without effective antimicrobials, the success of modern medicine in treating infections, including during major surgery and cancer chemotherapy, would be at increased risk.

**Above Facts Courtesy:** WHO Website

<https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>

## Suggested Reading:

*Centres for Disease Control and Prevention*

<https://www.cdc.gov/drugresistance/index.html>

*Wikipedia*

[https://en.wikipedia.org/wiki/Antimicrobial\\_resistance](https://en.wikipedia.org/wiki/Antimicrobial_resistance)

*National Library of Medicine*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4768623/>

Requesting your inputs before the next WAAW for publishing in the Rational Physicians Issue of October-December 2023

## World Antimicrobial Awareness Week (WAAW)

WAAW was previously called World Antibiotic Awareness Week. Since 2020, it has been called World Antimicrobial Awareness Week. This reflects the broadened scope of WAAW to include all antimicrobials including antibiotics, antifungals, antiparasitics and antivirals. Held annually since 2015, WAAW is a global campaign that aims to raise awareness of antimicrobial resistance worldwide and encourage best practices among the general public, health workers and policy makers to slow the development and spread of drug-resistant infections. The Tripartite Executive Committee decided to set all future WAAW dates as 18 to 24 November. The overarching slogan used for the last 5 years was “Antibiotics: Handle with Care.” This was changed to “Antimicrobials: Handle with Care” in 2020.

# QUIZ-MATCH THE WINTER AILMENTS & THE REMEDIES

Dr. A. Kaumudi Padma Mala

M. D.

Secretary, Scientific Committee-IIHP National  
Sirivennela Homoeo Clinic Visakhapatnam, A.P.

Ph: 9247177528

[kaumudi\\_drhom@yahoo.com](mailto:kaumudi_drhom@yahoo.com)

## WINTER AILMENTS



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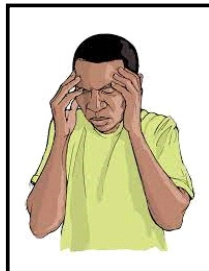
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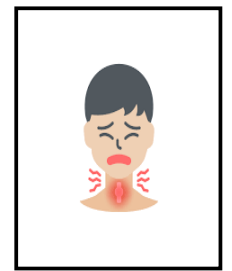
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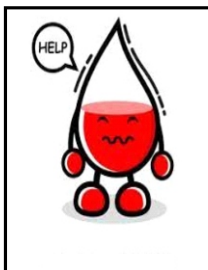
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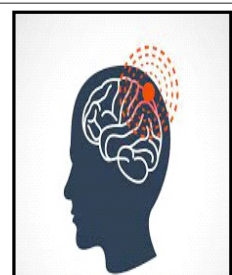
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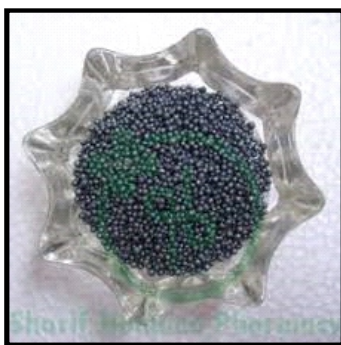
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# REMEDIES



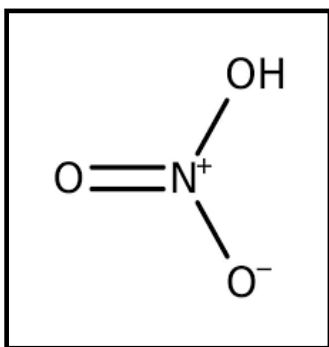
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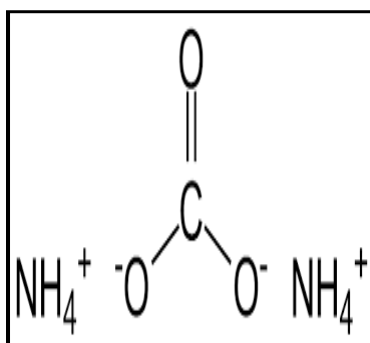
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THIS IS  
THE SIGN  
YOU'VE BEEN  
LOOKING FOR



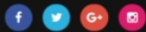
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Photo Credit: austin-chan-ukzHlk0z1E-unsplash.com





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**Indian Institute Of  
Homoeopathic Physicians  
National**



**DR RAVINDER KOCHHAR**  
Secretary General  
dr.ravinderkochhar@yahoo.in  
+91-981522221



**DR M A RAO**  
National President  
iihp.rao@gmail.com  
+91-9422105250

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## APPLICATION FORM FOR LIFE MEMBERSHIP

To

The National Secretary General

Indian Institute of Homoeopathic Physicians

Dear Sir,

I would like to join in IIHP as a Life Member. I am here with furnishing my details for your perusal.

Name of the Doctor : \_\_\_\_\_

Qualification : \_\_\_\_\_ Regn. No. \_\_\_\_\_

Name of the Board / Registering Council \_\_\_\_\_

Name of the College \_\_\_\_\_

Mailing Address with PIN Code \_\_\_\_\_

Contact details : Land Line \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Introduced by : Dr. \_\_\_\_\_ Place \_\_\_\_\_

I am here with enclosing the Membership fees of Rs. 3000/- (Rupees Three Thousand only) by Cash / DD/ Cheque / Bank transfer towards Life Membership fees. All the cheques & DD's must be drawn in the name of "Indian Institute of Homoeopathic Physicians", payable at Nagpur

### IIHP Account details

Name of the Account : Indian Institute of Homoeopathic Physicians

Account Number : 34824686375 : IFSC Code: SBIN0009060 : Bank : State Bank of India

Branch : Coal Estate, Civil lines, Nagpur, Maharashtra

I here by undertake to abide by the Bye-laws, rules and regulations of IIHP

Signature of the Applicant

Signature of the introducer : \_\_\_\_\_

Date : \_\_\_\_\_

## READ MORE

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<http://iihp.in/membership.html>

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<http://iihp.in/why-join-iihp.html>



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