

**A QUARTERLY HOMOEOPATHY E-MAGAZINE  
BY  
VIDHYADEEP HOMOEOPATHIC MEDICAL  
COLLEGE & RESEARCH CENTRE**



# **HOMOEOPATHY VIDHYADEEP**

THIS MAGAZINE BASED ON " CONJUNCTIVITIS  
& ITS HOMOEOPATHIC MANAGEMENT"

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## **-: PRESIDENT MESSAGE :-**



**MR. JAYNTIBHAI PATEL**

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It is a Matter of Pride to Pendown the Message for the Vidhyadeep Homoeopathic Medical College & Research Centre Hospital.

The Entire Purpose of Education is not to Restrict Oneself to Imparting Bookish Knowledge Only but Inculcate Humanitarian Values Like Wisdom, Compassion, Integrity & Reliability in Students.

I Congratulate the Students, Staff, Faculty Members and Principals for Taking Part in Different Research Programmes Run by Government or University Like STSH & SSIP and did it Enthusiastically Complete and get Appreciation at National Level as Well

My Best Wishes to Institute for Working in the Field of Education, Health & Homoeopathy.

### **"Conjunctivitis through the Homeopathic Lens: A Holistic Approach to Eye Health"**

As we traverse the path of homeopathic education and practice we are often confronted with health challenges that demand a deeper understanding and a holistic approach. One such challenge that has been increasingly prevalent is conjunctivitis or 'pink eye'.

In homeopathy we view health and disease from a holistic perspective. Conjunctivitis like any other ailment is not an isolated event but a manifestation of an imbalance within the body. Our mission as homeopaths is to restore this balance addressing not just the symptoms but the root cause of the condition.

In my years of practice, research and teaching I've had the privilege of witnessing the transformative power of homeopathy in managing conditions like conjunctivitis. These experiences have not only reinforced my faith in homeopathy but have also driven me to delve deeper to research and to share these insights with the broader homeopathic community.

As we continue to explore and research the potential of homeopathy, I am optimistic about its role in managing conditions like conjunctivitis. It's a journey of continuous learning and discovery and I invite you all to join us on this path.

Remember while homeopathy provides a powerful approach to health management it's always important to consult with a healthcare professional for any medical condition.

Here's to our collective growth and success in the field of homeopathy.

Best regards

**DR. VIPUL SHASTRI**

M.D. (HOM) PH.D (HOM)  
PRINCIPAL



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## ANATOMY OF CONJUCTIVA

The conjunctiva, a thin and transparent mucous membrane diligently covers the front surface of the eyeball, except for the cornea and lines the inner surface of the eyelids playing a vital role in safeguarding and the eye

Latin word "conjunctivus" meaning "to join together" or "to connect" **It is composed of three main regions :**<sup>1,2</sup>

- 1. Palpebral Conjunctive**
- 2. Bulbar Conjunctiva**
- 3. Conjunctival Fornices**

**1. Palpebral Conjunctiva :** This covers the inner surface of the eyelids and is firmly adherent to the eyelids underlying structures.

- The palpebral conjunctiva is a vital component of the conjunctiva covering the inner surface of the eyelids. This thin transparent mucous membrane plays a crucial role in protecting the front surface of the eyeball ( except the cornea) and providing essential lubrication.

**It lines the lids and is subdivided in to**

### **Marginal**<sup>3,4</sup>

- Extends from the lid margin to about 2mm back of the lid up to the sulcus subtarsalis
- Actually a transitional zone between skin and the conjunctiva proper
- Lacrimal puncta open in the marginal zone

### **Tarsal**<sup>3,4</sup>

- Thin transparent and highly vascular
- Firmly adherent to the whole tarsal plate in the upper lid and only to half width of the tarsus in the lower lid
- The tarsal glands are seen through it as yellow streaks

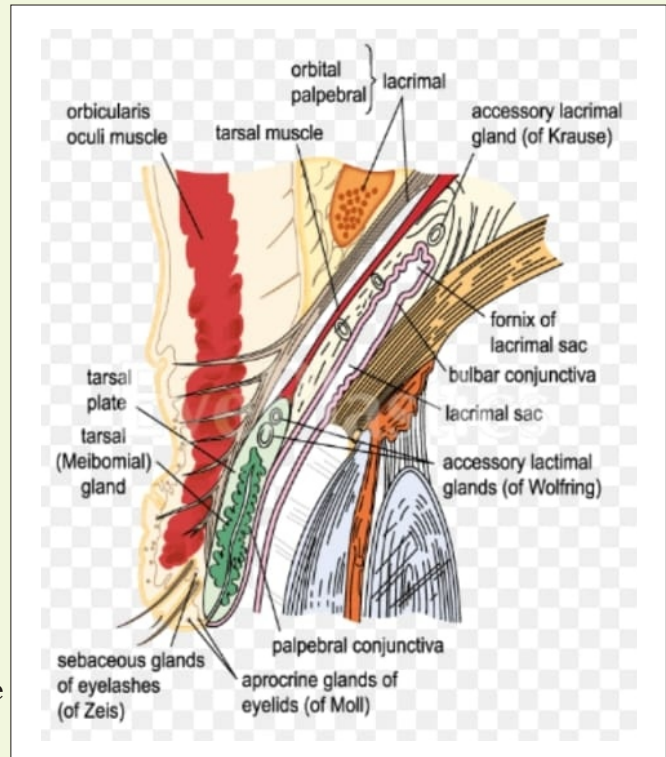
### **Orbital**<sup>3,4</sup>

- It lies loose between the tarsal plate and the fornix
- Orbital margin of the upper eyelid is loose and lies over the muller's muscle

**2. Bulbar Conjunctiva<sup>3,4</sup>:** The bulbar conjunctiva also known as ocular conjunctiva is a thin and translucent mucous membrane that covers the front surface of the eyeball (except for the cornea). -Its average thickness is around 33 microns and its pinkish color adds to the eye's aesthetic appeal.

**Location :** The bulbar conjunctiva starts at the corneal limbus which is the border between the cornea and the sclera. From there it extends over the anterior(front) surface of the eye covering the sclera but not the cornea.

**Appearance :** Translucent and pinkish appearance visible blood vessels can appear white in some areas.



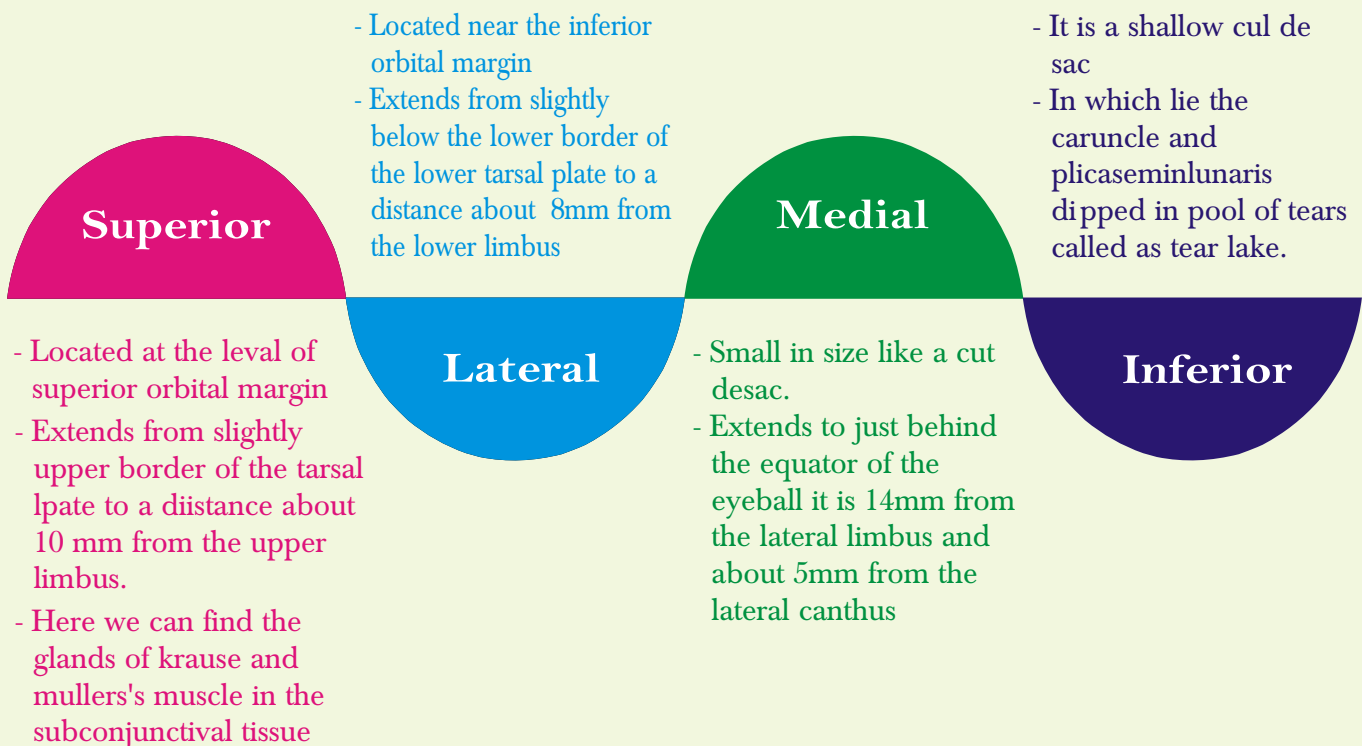
### It is further of two types

Limbal	Scleral
A 3mm ridge of bulbar conjunctiva around the cornea is called limbal conjunctiva strongly adherent to sclero-corneal junction	Covers the eyeball above the anterior sclera and hence known as scleral conjunctiva thin, transparent & loosely attached to underlying sclera
	Separated from the sclera by episcleral vessels and tenon's capsule

**3. Conjunctival fornices :** These are continuous circular thin transparent continuous cul-de-sacs formed by the junction of the palpebral and bulbar conjunctiva.

- It is broken only on the medial side by caruncle and the plicasepilunaris

### It is further of four types <sup>3,4</sup>



### Blood Supply :

- Arteries : marginal, peripheral arterial arcades and anterior ciliary artery supply the eye.
- Palpebral conjunctiva and fornices receive blood from marginal and peripheral arcades.
- Posterior and anterior conjunctival arteries supply the bulbar conjunctiva.

### Blood Supply :

- Veins from the conjunctiva drain into the venous plexus of eyelids.

## **Lymphatic Drainage :**

- Lateral side drains into periauricular lymph nodes.
- Medial side drains into submandibular lymph nodes.

## **Nerve Supply<sup>1,2,5</sup> :**

- Circumcorneal zone of conjunctiva supplied by long ciliary nerves.
- Rest of conjunctiva supplied by branches from larimal, infratrochlear, supratrochlear, supraorbital and frontal nerves.

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## PHYSIOLOGY OF CONJUCTIVA

### **Defination :**

The exposed part of the eyeball is covered by a thin stratified mucous membrane which is reflected on to the inner surface of the eyelids. It is called conjunctiva.

**Function :** Its function is protection and lubrication.

After covering the anterior surface, conjunctiva is reflected into the inner surfaces of eyelids. Part of conjunctiva covering the eyeball is called **bulbar protion**. Part covering the eyelid is called **palpebral portion**.

During closure or opening of eyelids the opposed portions of conjunctiva slide over each other.

Surface of conjunctiva is lubricated by thin film of tear secreted by lacrimal gland.

### **LACRIMAL GLAND AND TEAR**

Lacrimal gland an almond-shaped recemose gland is situated in the shelter of bone, forming upper and outer broder of wall of the eye socket.

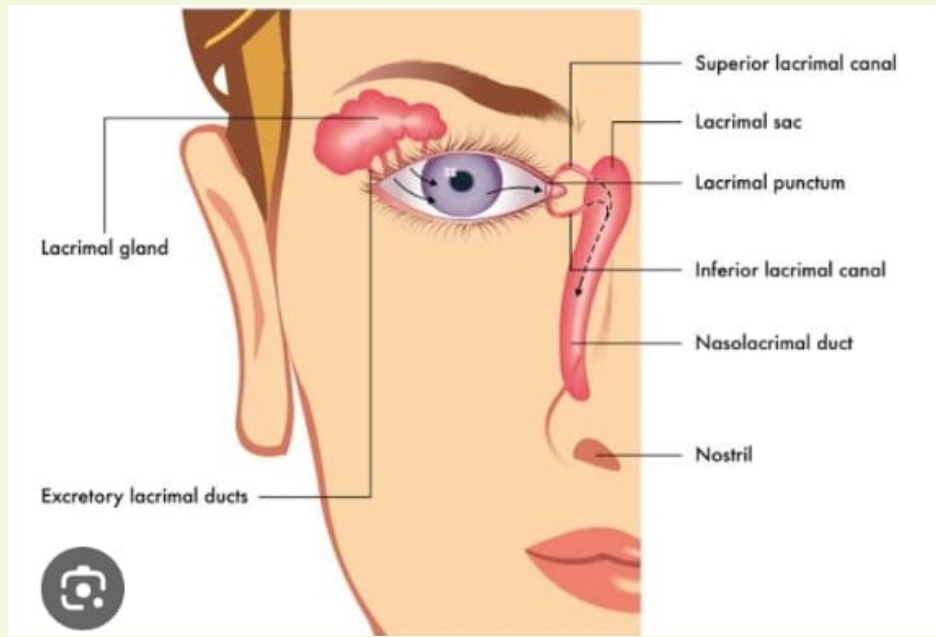
From lacrimal gland tear flows over the surface of conjunctiva and drains into nose via lacrimal ducts lacrimal sac and nasolacrimal duct.

Smaller accessory glands are common ( Fig. 117.4).

The secretions are delivered into the conjunctival sac through six to ten fine ducts. The movements of the eyelids help to spread the tears over the conjunctival surface.

Tear is a hypertonic fluid. Due to its continuous washing and lubrication, the conjunctiva is kept moist and is protedted from infection as tear contains lysozyme. The tears ultimately collect into a small triangular area ( lacrimal lake ) at the inner angle of the eye.

From here the fluid passes through puncta lacrimalia and is carried through two small lacrimal canaliculi into the lacrimal sac inside the nose, where the sac opens (Fig. 117.5).



**Function of tears :** To keep the exposed surface moist.  
Irritation or emotion increases secretion.

**Composition of tears :** Closely resembles aqueous humour.

- 1) Water- 98.2%
- 2) Solids- 1.8%
  - a) Organic elements :  
protein- 0.67%, sugar...0.65%, NaCl...0.66%, NPN- 0.05%, urea- 0.03%
  - b) Other mineral elements-sodium, potassium and ammonia- 0.79%

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## PATHOLOGY OF CONJUCTIVA

Etiology : conjunctivitis could be infectious or non-infectious. The commonest cause of conjunctivitis is viral conjunctivitis followed by bacterial conjunctivitis and allergic and toxin-induced conjunctivitis.

**Bacterial conjunctivitis** : staphylococcus aureus moraxella axenfeld bacillus :- blepharo conjunctivitis, pneumococcal :- petechial subconjunctival haemorrhages, streptococcus pyogenes :- pseudomembraneous conjunctivitis. Haemophilus influenzae, neisseria gonorrhoeae :- mucopurulent conjunctivitis. Corynebacterium diphtheria :- acute membranous conjunctivitis staphylococcus species are the most common pathogens for bacterial conjunctivitis in adults, followed by streptococcus pneumoniae and haemophilus influenzae. In children bacterial conjunctivitis is more common than the viral form and is mainly caused by H influenzae, S pneumoniae and moraxella catarrhalis. Conjunctiva & cornea constantly exposed to various types of physical, chemical, microbial ( bacteria, fungi, virus) & allergic agents develop acute, subacute & chronic inflammation.

Acute stage : corneal oedema & infiltration by inflammatory cells.

Chronic stage : inflammation, proliferation of small blood vessels & infiltration by lymphocytes & plasma cells.

### **Bacterial conjunctivitis pathology :**

- 1) Vascular response : congestion & increase permeability of conjunctival vessels.
- 2) Cellular response : exudation of polymorph nuclear cell & other inflammatory cell into substantia propria of conjunctiva as well as in the conjunctival sac.
- 3) Conjunctiva tissue response : conjunctiva become oedematous superficial cell degenerate become loose & desquamate proliferation of basal layer of conjunctival epithelium & no. of mucin-secreting goblet cell.
- 4) Conjunctival discharge : consist of tear mucus inflammatory cells desquamated epithelial cells fibrin & bacteria. In severe case red blood cells may occur & discharge blood stained. [1]

**Viral Conjunctivitis** : Viral conjunctivitis can be obtained by direct contact with the virus, airborne transmission and reservoir such as swimming pools. adenoviruses herpes simplex virus (HSV) corona virus. [4]

The cornea can be affected by the viral replication in the epithelium and anterior stroma leading to superficial punctate keratopathy and subepithelial infiltrates.

**Viral Conjunctivitis Pathogenesis** : most cases of conjunctivitis can be categorized as either papillary or follicular. Papillary conjunctivitis produces a cobblestone arrangement of flattened nodules with central vascular cores. Histologic appearance of papillary conjunctivitis is the same : closely packed flat-topped projections with numerous eosinophils, lymphocytes, plasma cell and mast cells in the stroma surrounding a central vascular channel [5]. Follicular conjunctivitis is seen in a follicles small dome-shaped nodules without a prominent central vessel. Histologically a lymphoid follicle is situated in the subepithelial region and consists of a germinal center with immature proliferating lymphocytes surrounded by a ring of mature lymphocytes and plasma cell. The follicles in follicular conjunctivitis are typically most prominent in the inferior palpebral and forniceal conjunctiva.

**Allergic Conjunctivitis** : Due to allergic or hypersensitivity reactions may be immediate ( humoral) or delayed ( cellular ). The conjunctiva 10 times more sensitive than skin. [2]

Pathogenesis : Allergic conjunctivitis is predominantly an Ige-mediated hypersensitivity reaction. Activation of mast cells induces enhanced tear levels of histamine, tryptase, prostaglandins and leukotrienes. This immediate or early response lasts clinically 20-30 min. Mast cell degranulation also induces activation of vascular endothelial cells which in turn expresses chemokines and adhesion molecules such as intercellular adhesion molecule (ICAM) vascular cell adhesion molecule (VCAM). Other chemokines secreted include regulated upon activation normal T cell expressed and secreted (RANTES) chemokines monocyte chemoattractant protein (MCP) interleukin (IL)-8 eotaxin

macrophage inflammatory protein ( MIP)-1 alpha. These factors initiate the recruitment phase of inflammatory cells in the conjunctival mucosa which leads to the ocular late-phase reaction. [3]

Contact allergy or allergic contact dermatitis is not an IgE-mediated allergy. It is a type-IV delayed hypersensitivity response that occurs through interaction of antigens with Th1 and Th2 cell subsets followed by release of cytokines.



It consists of two phases: sensitization ( at the first exposition to the allergen with production of memory T-lymphocytes) and elicitation of the inflammatory response ( at the re-exposure to the antigen mediated by the activation of memory allergen-specific T-lymphocytes).

In particular in the sensitization phase antigen presenting cells processed antigen-MHC class II complex interacts with T-lymphocyte. In the elicitation phase the interaction between the antigen-MHC-II complex and memory T-cells stimulates the proliferation of T-cells. The memory T- lymphocytes during proliferation release cytokines.

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## CONJUNCTIVITIS- " A DISEASE VIEW "

Inflammation of the conjunctiva (conjunctivitis) is classically defined as conjunctival hyperaemia associated with a discharge which may be watery, mucoid, mucopurulent or purulent.<sup>(1)</sup>

### CLASSIFICATION OF CONJUNCTIVITIS :

#### **A. Infective Conjunctivitis -**

##### 1. Conjunctivitis due to bacterial infection

- (A) Acute catarrhal or muco-purulent conjunctivitis- Acute, Sub-acute, Chronic.
- (B) Membranous conjunctivitis.
- (C) Pseudo-membranous conjunctivitis.
- (D) Purulent conjunctivitis- (i) Gonorrhoeal conjunctivitis  
(ii) Ophthalmia neonatorum
- (E) Angular conjunctivitis.

##### 2. Viral Conjunctivitis-

- (A) Acute hemorrhagic conjunctivitis
- (B) Follicular conjunctivitis- (Acute, Chronic)
- (C) Conjunctivitis in measles, varicella or chicken-pox, herpes zoster ophthalmicus, vaccinia, mumps influenza, yellow-fever and dengue fever.

##### 3. Conjunctivitis due to Bedsonia Group of Organisms

- (A) Swimming-bath conjunctivitis
- (B) Trachoma
- (C) Inclusion blennorrhoea of the new-born.

##### 3. Conjunctivitis due to specific infections-

Tuberculous, Syphilitic, Tularensis, Leprosy

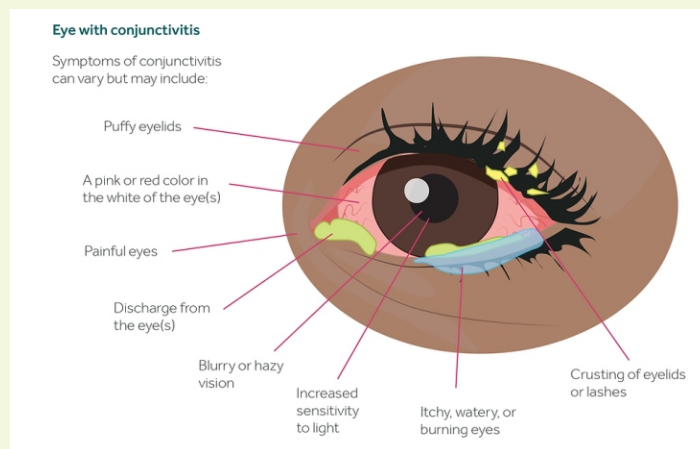
#### **B. Allergic Conjunctivitis -**

- (A) Simple allergic conjunctivitis.
- (B) Phlyctenular conjunctivitis.
- (C) Vernal conjunctivitis or spring catarrh.

#### **C. Conjunctivitis Following Injury.**

#### **D. Conjunctivitis Associated With Skin Diseases.**

### CLINICAL FEATURES : Signs :



## Common Symptoms :

- ➔ Discomfort and foreign body sensation and redness of sudden onset ( due to engorgement of vessels).
- ➔ Mild photophobia, blurring of vision and lid swelling.
- ➔ Discharge-watery or mucoid or mucopurulent.
- ➔ Stitching together of the lid margins during sleep.
- ➔ Intense itching and burning sensation ( specially in allergic)
- ➔ Pre-auricular lymphnode enlarged. (especially in epidemic kerato conjunctivitis)<sup>(1) (3)</sup>

## DIFFERENTIAL DIAGNOSIS :

- ➔ From other cause of red eye: red eye seen in different causes like in,

- |   |  |
|---|--|
| -Acute blepharitis                        | -Iridocyclitis/ uvelitis                 |
| -Keratitis/corneal ulcer                  | -Chalazion                               |
| -Subconjunctival haemorrhage/episcleritis | -Pterygium                               |
| -Trauma                                   | -Drunkness                               |
| -PACG (Primary angle closer glaucoma)     | -Dry eye syndrome                        |
|   | -Allergic red eye <sup>(1) (3) (4)</sup> |

- ➔ From other type of conjunctivitis:<sup>(4)</sup>

	Viral	Bacterial		Fungal & Parasitic	Allergic
		Purulent	Mucopurulent		
Discharge tearing	Minimal Copious	Copious Moderate	Minimal Copious	Minimal Copious	Minimal Copious
Itching	None Generalized	None Generalized	None Generalized	None Generalized	Marked Generalized
Localized Conjunctival Lesions	None	None	Frequent	Frequent	None
Preauricular Nodes	Common	Uncommon	Common	Common	None
Stained Smear	Monocytes	Bacteria PMNs	Bacteria PMNs	Usually Negative	Eosinophils
Asso/c Sore throat and Fever	Occasionally	Seldom	None	None	None

COMPLICATIONS OF CONJUNCTIVITIS : It depend on types of conjunctivitis but more common is :

- Corneal Xerosis, Corneal Scarring, Corneal Ulcer
- Superficial Keratitis
- Blephritis

## TREATMENT-PROPHYLACTIC OR CURATIVE

- ➔ **PROPHYLAXIS AGAINST GOOD EYE IF ONLY ONE EYE AFFECTED-** Infection of the good eye may be prevented in two ways-
- (A) By not touching the eye with one's own fingure.  
(B) By asking the patient to lie on affected side so that discharge from the affected eye may not come in contact with the good eye.
- ➔ **PROPHYLAXIS- AGAINST OTHER MEMBER OF THE FAMILY-**  
The personal belongings of the patients like towel, handkerchief etc. Should be kept separate.
- ➔ **CURATIVE-**
- Conjunctival sac should be washed with warm normal saline three times a day. Frequent eye wash is not desirable.
  - Mild astringent drops
  - Broad spectrum antibiotics (Allopathic view)
  - Dark glasses should be used.
  - Sterioids are contraindicated.<sup>[2]</sup>

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# CONJUNCTIVITIS EPIDEMIOLOGY AND DEMOGRAPHY

## Overview :

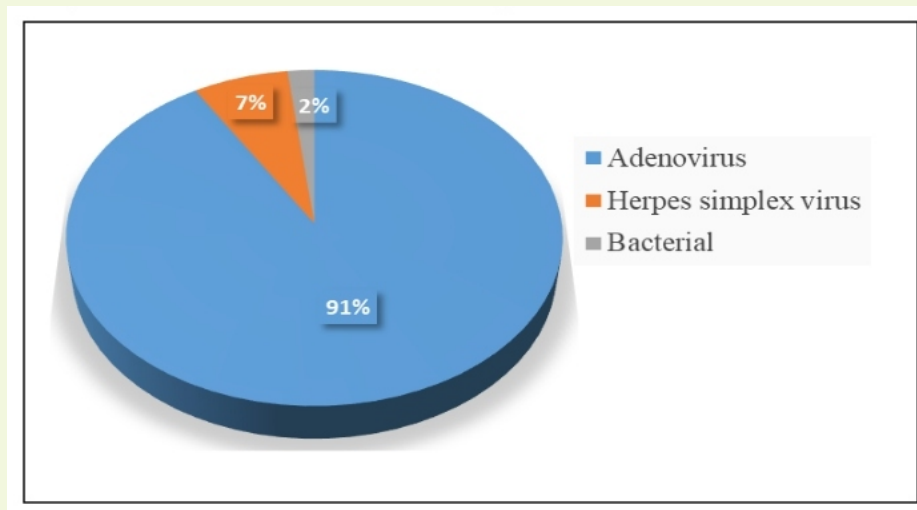
The acute incidence of viral conjunctivitis is approximately 80,000 per 100,000. Adults are more commonly affected by viral conjunctivitis while bacterial conjunctivitis more commonly affects children.

## Prevalence and Incidence :

- The prevalence and incidence of conjunctivitis depends on the cause, which may be influenced by the patient's age as well as the season of the year<sup>(1)</sup>

## Infective Conjunctivitis :

- The acute incidence of viral conjunctivitis, which is caused by adenoviruses is approximately 65,000 per 100,000 cases.
- The acute incidence of viral conjunctivitis, which is caused by herpes simplex virus (HSV) ranges from 1,300 to 4,800 cases per 100,000 cases with acute conjunctivitis<sup>(2)</sup>
- The incidence of bacterial conjunctivitis was estimated to be 1,350 cases per 100,000 cases with acute conjunctivitis<sup>(3)</sup>



## Neonatal Conjunctivitis :

- The cases of neonatal conjunctivitis or ophthalmia neonatorum still blind approximately 10,000 babies annually

## Allergic Conjunctivitis :

- The prevalence of allergic conjunctivitis is estimated to range from 6,000 to 40,000 cases per 100,000 individuals annually<sup>(4)</sup>

## Keratococonjunctivitis Sicca :

- The prevalence of keratoconjunctivitis sicca ( Dry eye syndrome) approximately range from 10,000 to 30,000 cases per 100,000 individuals annually<sup>(5)</sup>

## Age :

- Viral conjunctivitis commonly affects adults and bacterial conjunctivitis commonly affect children.
- The incidence of infective conjunctivitis is higher in children <1 year old (8,000 cases per 100,000 patients) than in children >4 years of age ( 1,200 cases per 100,000 patients)<sup>(6)</sup>
- Vernal keratoconjunctivitis an allergic conjunctivitis sub type commonly affects young males.
- Keratoconjunctivitis sicca commonly affect patients older than 40 years<sup>(7)</sup>
- Superior limbic keratoconjunctivitis (SLK) commonly affects middle-aged people (around the sixth decade of life <sup>(8)</sup>

## Gender :

- Infective conjunctivitis occurs equally in males and females.
- The incidence of neonatal conjunctivitis does not vary by gender.
- Women are more commonly affected with keratoconjunctivitis sicca and superior limbic keratoconjunctivitis (SLK) than men<sup>(9)</sup>
- The female-to-male ratio is approximately 9 to 1 and 3 to 1 respectively<sup>(9)</sup>

## Race :

- The current prevalence of neonatal conjunctivitis in developed countries is 5 per 1,000 live births<sup>(9)</sup>
- Dark-skinned individuals from Africa and India and Hispanic and Asian populations are commonly affected by vernal keratoconjunctivitis and keratoconjunctivitis sicca respectively<sup>(10)</sup>

## Developed Countries :

- The current prevalence of neonatal conjunctivitis in developed countries is 5 per 1,000 live births<sup>(11)</sup>
- In Belgium and the Netherlands the prevalence of neonatal conjunctivitis due to gonococcal infection was estimated at 0.904 per 1,000 live births<sup>(11)</sup>
- Neonatal conjunctivitis caused by chlamydia infection was estimated at 5 to 60 cases per 1,000 live birth in the United States and 4 cases per 1,000 live in the United Kingdom<sup>(12)</sup>

## Developed Countries :

In developing countries the incidence of bacterial conjunctivitis is continuing to decrease<sup>(13)</sup>

## Prevention of Conjunctivitis :

- (1) Use clean towels or tissues when wiping your faces.
- (2) Wash your hands frequently with soap & water.
- (3) Avoid wearing eye makeup.
- (4) Wash your pillowcase frequently.
- (5) Avoid touching your eyes and face with unwashed hands.

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## CONJUNCTIVITIS IN PERSPECTIVE OF ORGANON OF MEDICINE

- ♦ According to oxford's dictionary conjunctivitis means it is an infectious eye disease that causes pain and swelling in part of the eye.<sup>(1)</sup>
- ♦ A several number of viruses can cause conjunctivitis.<sup>(2)</sup>
- ♦ Viral conjunctivitis is an acute condition
- ♦ Dr Hahnemann clinically classified the disease as 1) Acute disease 2) Chronic disease (Aphorism- 72, 73 in Organon of medicine 6th edition)
- ♦ The disease with the tendency to finish their course in a more or less fixed period of time. These end in death or recovery of the sick if left untreated<sup>(4)</sup>

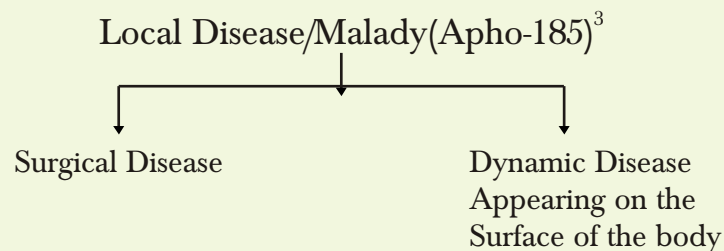
### Most of the acute diseases are with

- (A) Sudden onset short incubation period
- (B) Quick and abrupt rise to its height
- (C) Moderate stay
- (D) The end- in recovery or death<sup>(4)</sup>

Viral conjunctivitis is an acute condition. It is self-limiting condition within 7-14 days but it is mainly depended on the susceptibility of individual person.

The acute disease is caused by "Acute Miasm " which dynamically infects the patient when he is exposed to some exciting cause.

According to aphorism-185 in Organon of medicine 6th edition it is one sided disease of physical nature with the expressions on the most external part. Local maladies are individual disease.



### Genus Epidemicus :-

Each and every epidemic disease is different from the other and every episode of epidemic has to be treated by a homoeopath as the new one. After examining several individual cases in that area remedy has to be selected based on the entire totality selected from the group of people. This can be termed as the group totality. However a careful observer by just investigating the first or second patient itself can find the nature of that particular epidemic based on which he can select the suitable "Genus Epidemicus" for that epidemic disease ( § 102). Genus Epidemicus is the remedy selected homeopathically to those diseases in which several people have similar sufferings from the same cause. This Genus Epidemicus can be used not only as a curative but also as a preventive against this particular epidemic only. For every new epidemic disease the physician has to select a new "Genus Epidemicus" separately.<sup>(5)</sup>

### Posology for Conjunctivitis :-

Posology means the science or doctrine of dose which is mentioned in **Aporism-246 Organon of Medicine,6th Edition.**

A homoeopathic dose is always a sub-physiological or sub pathogenetic dose. It is a dose so small as not to produce pathogenetic symptoms but only to remove symptoms already existing<sup>(6)</sup>

## Hahnemann's Experiences on this Subject According to 5th Edition<sup>5</sup>

1. 30th potency is the best for a well-chosen homeopathic remedy in both acute and chronic diseases.
2. The continued improvement in the condition of patient always contraindicates any repetition of the remedy. The dose can be repeated only if the improvement ceases.
3. After much experimentation with the 30th potency and the lower potencies, Hahnemann concluded that - a well selected homeopathic remedy can be repeated in its 30th potency in robust persons at a span of several days. But in weaker and more excitable persons that remedy can be repeated every nine twelve or fourteen days.
4. Acute diseases bear repetition of the doses very well. In acute cases the remedy can be repeated at every 4, 8, 12, 16 and 24 hour's duration. In severe cases even hourly once repetition is also allowed. In acute cases the frequency of repetition depends upon the severity and nature of the disease

Homeopathy is one of the most popular holistic systems of medicine. The selection of homeopathic medicine for eye disease is based upon the theory of individualization and symptoms similarity by using holistic approach. This is the only way through which a state of complete health can be regained by removing all the sign and symptoms from which the patient is suffering. The aim of homeopathic medicine for eye disease is not only to treat eyes diseases but to address its underlying cause and individual susceptibility. As far as therapeutic medication is concerned several remedies are available to treat eye diseases that can be selected on the basis of cause sensations and modalities of the complaints. For individualized remedy selection and treatment the patient should consult a qualified homeopathic doctor in person.<sup>7</sup>

### Top Homeopathic Medicines for Conjunctivitis :

The top-grade homeopathic medicines for conjunctivitis are Belladonna, Euphrasia and Pulsatilla. Belladonna is the best choice for acute conjunctivitis. It is used when the eyes are markedly red, dry and swollen. Euphrasia is recommended when inflamed eyes are accompanied with acrid discharges. There is marked redness, burning and itching in the eyes. From the above-mentioned homeopathic medicines for conjunctivitis Pulsatilla is utilized when mucopurulent discharges from the eyes are present. The discharges are green colored.<sup>8</sup>

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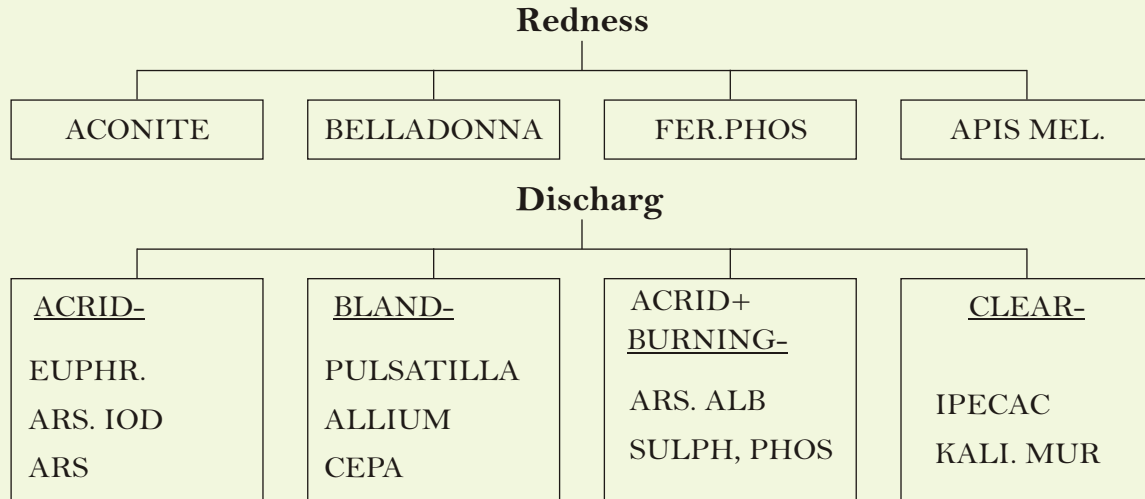


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## THERAPEUTICS OF CONJUNCTIVITIS



### 1) ACONITE<sup>(1)</sup>

Indicated in first stage of inflammation eye are red, hot with derness, before exudation starts. LIDS SWOLLEN, HARD AND RED. Aversion to light. Profuse watering after exposure to dry, cold winds and other foreign bodies. Restlessness. Thirsty for cold water WITH UNQUANCHABLE THIRST. Full of fear and anxiety. Unbearable pain. Oversensitive to any external impression aversion to music.

### 2) APIS MELIFICA<sup>(1)</sup>

Lids SWOLLEN, res, OEDEMATOUS, inflamed burn and sting. Conjunctiva bright red, puffy. LACHRYMATION HOT. Photophobia. SUDDEN PIERCING PAINS. Pain around orbits. SEROUS EXUDATION, OEDEMA AND SHARP PAINS. SUPPURATIVE INFLAMMATION OF EYES. Keratitis with INTENSE CHEMOSIS OF OCULAR CONJUNCTIVA. Staphyloma of cornea following suppurative inflammation. STYES also prevents their recurrence

### 3) ALLIUM CEPA<sup>(1)</sup>

Readness in eye. much BURNING and smarting lachrymation. SENSITIVE TO LIGHT. Eyes suffused and watery; profuse; BLAND Lachrymation, better in open air. Burning in eyelids.

### 4) ARGENTUM NITRICUM<sup>(1)</sup>

Inner canthi SWOLLEN AND RED. Spots before the vision. Blurred vision. Photophobia in warm room. PURULENT ophthalmia. Great swelling of conjunctiva. DISCHARGE ABUNDANT AND PURULENT. Chronic ulceration of margin of lids that are sore, thick, swollen. Unable to keep eyes fixed steadily. Eye-strain from sewing, worse in warm room. Aching, tired feeling in eyes better closing or pressing upon them. Useful in restoring power to the weakened ciliary muscles.

### 5) ARSENICUM ALBUM<sup>(1)</sup>

BURNING IN EYES WITH ACRID LACHRYMATION. Lids red, ulcerated, scabby, scaly, granulated. Oedema around eyes. External inflammation with extreme painfulness, BURNING, HOT and excoriating lachrymation. Corneal ulceration. INTENSE PHOTOPHOBIA BETTER EXTERNAL WARMTH. Ciliary neuralgia with fine burning pain.

### 6) BELLADONNA<sup>(1)</sup>

Throbbing deep in eyes on lying down. PUPILS DILATED. (Agnus.) Eyes feel swollen and protruding STARING, BRILLIANT Conjunctiva red DRY burn photophobia shooting in eyes. Exophthalmus. Ocular illusions fiery appearance. DIPLOPIA squinting spasms of lids. Sensation as if eyes wear half closed. Eyelids swollen. Fundus congested.

## 7) CANTHERIS<sup>(1)</sup>

Burning and stinging in ears. SWELLING AND PAIN BEHIND EARS. INFLAMMATION OF MASTOID. TENDERNESS OVER THE PETROUS BONE extremely sore and tender to touch. (Onosmod.) Otorrhoea and mastoid disease before suppuration.

## 8) DUBOSIA<sup>(1)</sup>

CONJUNCTIVITIS acute and chronic. MYDRIASIS. Paralysis of accommodation. Hyperaemia of retina with weakness of accommodation, fundus red, blood-vessels full and tortuous, pupils dilated with dim vision. PAIN OVER EYE between it and brow.

## 9) EUPHRASIA<sup>(1)</sup>

CATARRHAL conjunctivitis discharge of acrid matter. LACHRYMATION ALL THE TIME. Acrid lachrymation bland coryza. Discharge thick and excoriating. (Mercur thin and acrid.) Burning and swelling of the lids. Frequent inclination to blink. Free discharge of acrid matter. Sticky mucus on cornea must wink to remove it. Pressure in eyes. Little blister on cornea. Opacities. Rheumatic iritis. Ptosis.

## 10) GAUREA<sup>(1)</sup>

Eye symptoms have been verified. Chemosis and pterygium have been cured with it. Conjunctiva inflamed swollen. Tearing pain in eyeballs tension, forced-out feeling. Objects appear gray upside down. Eye symptoms alternate with diminished hearing.

## 11) HEPAR SULPH<sup>(1)</sup>

ULCERS ON CORNEA. Iritis with pus in anterior chamber purulent conjunctivitis with marked chemosis profuse discharge great sensitiveness to touch and air. Eyes and lids red and inflamed. Pain in the eyes as if pulled back into the head. Boring pain in upper bones of the orbits. Eyeballs sore to touch. Objects appear red and too large. Vision obscured by reading field reduced one-half. Bright circles before eyes.

## 12) KALI BICHROMICUM<sup>(1)</sup>

Supra-orbital neuralgia right side. Eyelids burn, swollen, oedematous. Discharge ROPY and yellow. Ulcers on cornea no pain or photophobia. Granular lids with pannus. Iritis with punctate depositso on onner surface of cornea. Slight pain with severe ulceration or inflammation.

## 13) MERG. COR<sup>(1)</sup>

Pain behind eyeballs as if forced out. Phlyctenulae deep ulcers on cornea. Excessive photophobia and ACRID LACHRYMATION. IRITIS ordinary or syohilitic. Pain severe at night burning shooting tearing. Little tendency to pus formation. IRIS MUDDY IN COLOUR, THICK AND NEITHER CONTRACTS NOR DILATES. Retinitis albuminuric ophthalmia neonatorum. LIDS OEDEMATOUS, red excoriated. SEVERE BURNING. SORENESS OF THE EYES.

## 14) OPIUM<sup>(1)</sup>

Half-closed dilated pupil insensible CONTRACTED. Ptosis. [GEN. CAUST] Staring glassy.

## 15) PICRIC ACID<sup>(1)</sup>

Chronic catarrhal conjunctivitis with copious thick yellow discharge.

## 16) PULSATILA<sup>(1)</sup>

THICK, PROFUSE, YELLOW, BLAND DISCHARGES. Itching and burning in eyes. Profuse lachrymation and secretion of mucus. LIDS INFLAMED, AGGLUTINATED STYES. Veins of fundus oculi grestly enlarged. Ophthalmia neonatorum. Subacute conjunctivitis with dyspepsia worse in warm room.

## 17) RHUS TOX <sup>(1)</sup>

Swollen, red, oedematous ORBITAL CELLULITIS. PUSTULAR INFLAMMATIONS. Photophobia profuse flow of yellow pus. Oedema of lids suppurative iritis. Lids inflamed, agglutinated, swollen. Old injured eye. Circumscribed corneal injection. intensive ulceration of the cornea. Lritis after exposure to cold and dampness and of rheumatic origin. Eye painful on turning it or pressing can hardly move it as in acute retrobulbar neuritis. Profuse gush of hot scalding tears upon opening lids. Discharge yellow sticky.

## 18) SEPIA <sup>(1)</sup>

Muscular asthenopia black spots in the field of vision asthenic inflammations and in connection with uterine trouble. Aggravation of eye troubles morning and evening. Tarsal tumors. Ptosis ciliary irritation. Venous congestion of the funds.

## 19) SULPHUR <sup>(1)</sup>

BURNING ulceration of margin of lids. Halo around lamp-light. Heat and BURNING IN EYES. [ARE. BELL.] Black motes before eyes. First stage of ulceration of cornea. Chronic ophthalmia with much burning and itching. Parenchymatous keratitis.

## 20) THUJA <sup>(1)</sup>

Ciliary neuralgia iritis. Eyelids agglutinated at night, dry, scaly. Styes and tarsal tumors. [STAPH.] Acute and subacute inflammation of sclera. Sclera raised in patches and looks bluish-red. Large flat phlyctenules INDOLENT. Recurring episcleritis. Chronic scleritis

## 21) CALCAREA SULPH <sup>(1)</sup>

INFLAMMATION OF THE EYES WITH DISCHARGE OF THICK, YELLOW MATTER. Sees only one-half an object. Cornea smoky. Ophthalmia neonatorum.

## 22) PHOSPHORUS <sup>(1)</sup>

Burning pain in eye with swelling around the whole eye. Sensation as if something tightly pulling over eyes atrophy of optic nerve.

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## ROLE OF HOMOEOPAATHIC REPERTORY IN CASES OF CONJUNCTIVITIS

**Conjunctivitis** also known as **pink eye** is an inflammation of the conjunctiva. The conjunctiva is the thin clear tissue that lies over the white part of the eye and lines the inside of the eyelid. Children get it a lot. It can be highly contagious (it spreads rapidly in school and daycares) but it's rarely serious. It's very unlikely to damage your vision especially if you find it and treat it quickly. When you take care to prevent its spread and do all the things your doctor recommends pink eye clears up with no long-term problems

### Symptoms of Conjunctivitis<sup>(2,4)</sup>:

1. Pain stinging/pricking types
2. Congestion
3. Photophobia or difficult to tolerate light
4. Discharges watery thin sticky
5. Sticking of lids < morning
6. Albuminuria with high temperature
7. Edema/swelling of eye (Chemosis)
8. Gonorrhoeal conjunctivitis
9. Purulent conjunctivitis

As looking above for the formal repertorization will give us mainly polycrest remedies so we can do further more with clinical repertories which shows direct clinical rubrics with remedies and with which are as follows.....

### A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES- Dr. S.R. Phatak<sup>(1)</sup>

**CONJUCTIVA** : Aco; Ap; **ARG-N**; Ars; Bell; Cep; EUPHR; Merc; PUL; Rhus-t; Sul.

**Inflamed(conjunctivitis)**: Aco; Ap; Arg-n; Arnn; Ars; **BELL**; Calc; Calc-s; CEP; EUPHR; Merc; **PUL**; Rhus-t; **SUL**.

- Gonorrhoeal: Arg.n; Kali-bi; Nit.ac; Pul.
- Menses absent with: Euphr.

### A SYNOPTIC KEY OF THE MATTERIA MEDICA-Dr. C.M. BOGER.

**CONJUCTIVA** : Aco., Ap., **ARG-N.**, Ars., **Bell.**, **Cep.**, **EUPHR.**, Merc., **PUL.**, Rhus-t., **Sul.**

**Inflamed** : Aco., **Arg-n.**, Ars., **Bell.**, Euphr., Pul., Rhus-t., Sul.,

**RED**: Asar., Bell., Merc., Rhus-t., Spi.

**RUBBING**: **Amel.**, Cina., Croc., **Pul.**

**POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA & REPERTORY**  
**-Dr. William Boericke.**

**CONJUNCTIVA : Discharge, acrid-** Ars., Aurum., Euphras., Merc.c., Merc., Psor., Rhus-t.

**Discharge, clear mucus-** Ipec., Kali m.

**Discharge, creamy, profuse-** Arg.n., Calc.s., Dulc., Hep., Nat.p., Nat. s., Picr. ac., Puls., Rhus t., Staph.

**Discharge, ropy-** Kali bich.

**Inflammation ( conjunctivitis )- Acute and sub-acute catarrhal :-** Acon., Apis., Arg. n., Ars., Bell., Canth., Charcol., dub., Dulc., Euphrs., Ferr.p., Guarea., Hep., Kali mm., Merc.c., Merc. Per., Merc., Nat. ars., Op., Picr. ac., Puls., Rhus t., Sep., Sticta., Sul., Upas.

**Inflammation, purulent-** Arg n., Calc. Hypoph., Hep., Merc. c., Meerc., Puls., Rhus t., Sil. Inflammation, pustular- Ant. t., Arg.n., Ars., Calc.c., Graph., Hep., Jquir., Kali bich., Merc. c., Merc. Nit., puls., Rhus t.

**Repertory of HERING'S GUIDING SYMPTOMS of our Materia Medica**  
**by Calvin B. Knerr**

**Conjunctiva :- Chemosis ( See Swelling. ) :-** **ACON.**, **APIS**, Arg-n., Con., Hep., Ip., Kali-i., Lach., Nat-m., Rhus-t., Sil., Vesp.

**Conjunctivitis acute catarrhal in:-** Apis, Ip.

**Conjunctivitis in croupous :-** Kali-bi.

**Pink: ARG-N**, Berb.

Redness ; All-c., Ant c., Apis, ARS., Ars-hh., Ars-met., Aster., Bapt., Bar-c., Berb., Bism., Bufo., Caalc., Calc-s., Caps., Card-m., Chin-s., Chlol., Cinnb., Coff., Cupr., Dig., Elaps., Erig., Eup-pur., Graph., Hep., Hyos., Iber., Ign., Ip., Kali-bi., Kali-c., Kreos., lach., Lyc., lyss., Meph., Merc., MMeerc-c., Nit-ac., Op., Plb.Psor., Ran-b., Rumx., Sep., Spig., Spong., Stram., Sulph., Syph., Teucr., Vac., VVesp., Viol-o., Ziz.

**Discharge matterly :-** Mill., Phys.

--Mucous, frequently wipes as if to remove:- **Nuxx-v., Puls.**

--Mucous secretion increased :- **Puls., Sarr.**

--Mucus of bland ( trachoma):- **Puls.**

--Mucus of white:- Lachn., Petr.

--Lachrymation with:- All-c., Atrop., Euphr.

**Photophobia with:-** Bell., Nat-c., Nat-p.

**HOMOEOPATHIC MEDICAL REPERTORY- Dr. Robin Murphy**

CONJUNCTIVITIS infection abr., acet-ac., ACON., act-sp., aeth., agar., ail., all-c., ALUM., alum-p., am-c., ant-c., ant-t., APIS, arg., ARG-N., am., ARS., ars-i., ars-s-f., asaf., asar., asc-t., aur, aur-i., aur-m., bamb-a., bar-c., bar-i., bar-s., BELL, beryl., brom., bry., cadm-s., CALC., calc-f., calc-hp., calc-i., calee-p., calc-pic., CALC-S., calen., camph., cann-i., cann-s., canth., CARBN-S., caust., cedrr., cham., chin., chloll., chlor., cinnb., clem., coc-c., con., cor-r.,

cortiso., crot-h., croto-t., dig., dubin., dulc., dys-co., ery-a., euph., **EUPHR.**, .....**PULS.**, **RHUS-T.**, rhus-v., sanic., sec., **seneg.**, sep., sil., spig., squil., **staph.**, staphycoc., stict., sul-ac., sul-i., sulfa., **SULPH.**, sumb., sye-co., symph., syph., tarennt., tela., tell., tep., ter., thal., **thuj.**, thyr., tub., upa., veraal-v., vesp., **zinc.**, zinc-s.

**catarrhal-** sanic.

**chemosis**, with- **apis**, arg-n., guare., hep., **ip.**, **kali-bi.**, kali-i., linu-u., rhus-t., sul-ac., syph., thyr., vespp.

**chronic-** alum., **ant-c.**, **ant-t.**, apis., arg-n., ars., **aur.**, bell., **cadm-s.**, **camph.**, canth., clem., **dig.**, dubin., euph., **graph.**, **kali-bi.**, **merc.**, **merc-c.**, **nat-ar.**, **nat-m.**, **nat-s.**, pic-ac., **psor.**, **puls.**, **rhus-v.**, **sulph.**, **thuj.**, zinc.

**croupous-** acet-ac., apis., guare., iod., kali-bi., merc., **merc-cy.**

**dyspepsia** and-puls.

**follicular** arg., beryl., **nat-m.**, **nux-v.**, **sep.**, sulfa.

**gonorrhoeal-acon.**, ant-t., apis., **arg-n.**, calc-hp., euphr., **hep.**, kali-bi., **merc.**, merc-c., nit-ac., **puls.**, rhus-t., verat-v.

**granular--acon.**, **apis**, **AARG-N.**, **ars.**, asar., aur., **aur--m.**, calc-i., croto-t., ery-a., **euphr.**, **ham.**, jeqol., kali-bi., **merc.**, nat-s., nit-ac., **petr.**, **phyt.**, psor., **puls.**, rhus., sep., **sil.**, **sulph.**, **thuj.**, zinc., zinc-s.

--acute-arg-n

--cold applications amel-**apis.**, asar., nit-ac., **puls.**

**injuries**, from-**acon.**, arn., bell., **CALEN.**, canth., euphr., **ham.**, led., symph.

**menopause** period in-**phys.**

**menses** with absent-euph.

**phlyctenular-ant-t.**, ars., **calc.**, calc-pic., con., euphr., graph., ign., merc-c., puls., **rhus--t.**, sil., squil., sulph.

**pouting-**nit-ac.

**purulent-arg-n.**, calc-hp., hep., merc., merc-c., puls., **rhus-t.**, sil.

**pustular--aeth.**, agar., ant--c., ant-t., APIS,-arg-n., ars., aur., bar--c., **CALC.**, calc-i., **cham.**, chlol., **CLEM.**, con., **croto-t.**, euphr., **GRAPH.**, hep., **ip.**, jatr-u., jeqol., **kali-bi.**, **KALI-CHL.**, kali--i., lach., merc., merc-c., merc-d., merc-i-f., merc-n., **nat-c.**, **nat-m.**, **nat-s.**, nit-ac., **PETR.**, **PSOR.**, **PULS.**, rhus-t., **SEC.**, **SEP.**, **sil.**, **SULPH.**, syph., tell., thal., thuj., zinc

**PHOTOPHOBIA**, eyes., light sensitivity-**ACON.**, aeth., agar., **agn.**, **ail.**, **all-c.**, alum., alum-p., **alum-sil.**, am-c., am-m., aml-n., anac., **anan.**, androc., **ant-t.**, **apis.**, **ARG-N.**, **arn.**, **ARS.**, ars-met., ars-s-f., **arum-t.**, arund., **asar.**, asc-t., aster., aur., aurar., aur-i., aur-m., aur-s., bac., bap., **BARR-C.**, bar-i., **bar-m.**, **bar-s.**, **BELL.**, benz., berb., bor., bromm., **bry.**, bufo., buth-aust., cact., **CALC.**, calc-f., **cale-p.**, cale-s., **cale-sil.**, camph., cand-a., canni., carb-ac., carb-an., **CARBN-S.**, cast., **caust.**, cedr., cere-b., **cham.**, **chel.**, **CHIN.**, **chin-ar.**, **chin-s.**, chlol., **eie.**, cemic., cina., cinnb., **elem.**, cob., **coff.**, colch., coloc., **CON.**, croc., **crot-h.**, **croto-t.**, cupr., eyel., **dig.**, dire., dros., dys-co., elapss., eug., **eup-per.**, **EUPHR.**, ferr., ferr-i., ferr-p., gaall-ac., gamb., **gels.**, **glon.**, **GRAPH.**, guat., **hell.**, **hep.**, hydrog., **hyos.**, **ign.**, iod., iodof., ip., **kali-ar.**, **kali-bi.**, **kali-c.**, kali-i., **kali-n.**, **kali-p.**, kali-s., kali-sil.,



kreos., lac-ac., LAC-C., lae-d .....psor., puls., ran-b., rhod., RHUS-T., rhus-v., ruta., sabad., sanic., sapo., saarr., sars., scroph-n., sec., seneg., sep., sil., SOL., sol-n., spig., staph., stram., stroph., sul-ac., SULPH., sumb., syc-co., syph., tab., tarax., tarent., ther., thuj., tub, verat., viol-o., visc., xan., zine., zine-p., zing., ziz.

### Repertorial Result :-

As per above repertorization sheets we now combine all the repertories rubrics with the help repertory program and see the group of remedies for materia medica study.

Group of remedies are ARGENTUM NITRICUM, APIS MELIFICA, EUPHRASIA OFFICINALIS, RHUS TOX, BELLADONNA, PULSATILLA, STAPHYSAGRIA, KALI-BICHROMICUM, SULPHUR, HEPAR SULPHURICUM, SILICEA TERA.

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by Calvin B. Kneer
- 8) Software used-RADAR 10, Zomoeo Pro, Hompath Ecoteak.



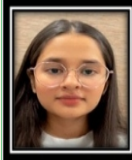


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# Achievements

## Stars of Vidhyadeep Homoeopathic Medical College

### 4th year BHMS (2022-23)

1st Rank  Rathod Naresh 69.60%	2nd Rank  Tiwari Sonal 67.37%	3rd Rank  Ambaliya Daisy 67.60%
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### 3rd year BHMS (2021-22)

1st Rank  Shaikh Shaista 67.50%	2nd Rank  Chauhan Akash 64.00%	3rd Rank  Patel Yaminee 63.00%
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### 2nd year BHMS (2022-23)

1st Rank  Kakadiya Nikiben 66.00%	2nd Rank  Patel Juhi 65.89%	3rd Rank  Chhataria Sakshi 65.00%
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### 1st year BHMS (2022-23)

1st Rank  Vadodariya Janki 67.90%	2nd Rank  Chauhan Yashvi 66.30%	3rd Rank  Balehandani Jayesh 64.40%
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**BIG CONGRATULATIONS PANCHBHAYA MAHFUJA**

From 2nd Year Vidhyadeep Homoeopathic Medical College & RC, Anita, (Kim)

For getting selected in STSH (Short Term Studentship in Homeopathy) By CCRH (Central Council for Research in Homeopathy)

Topic TO VERIFY EFFECTIVENESS OF TEUCRIUM MARUM VERLUM IN THE CASES OF ETHMODIAL POLYP IN ADULT GROUP

**Guide :**  
Dr. Unnati Patel  
Assistant Professor Department of Forensic Medicine & Technology

**BIG CONGRATULATIONS THAKAR DHRUVIN**

From 4th Year Junior Vidhyadeep Homoeopathic Medical College & RC, Anita, (Kim)

For getting selected in STSH (Short Term Studentship in Homeopathy) By CCRH (Central Council for Research in Homeopathy)

Topic EVALUATION OF THE EFFICACY OF FUCUS VESICULOSUS IN THE MANAGEMENT OF OBESITY WITH BODY MASS INDEX AS A GUIDE

**Guide :**  
Dr. Nirav Rughani  
HOD & Professor, Department of Organ of Medicine

**BIG CONGRATULATIONS BALCHANDANI HENIKA**

From 2nd Year Vidhyadeep Homoeopathic Medical College & RC, Anita, (Kim)

For getting selected in STSH (Short Term Studentship in Homeopathy) By CCRH (Central Council for Research in Homeopathy)

Topic : EFFICACY OF PLANTAGO MAJOR IN THE ADDICTION OF TOBACCO AND IT'S EVALUATION WITH THE FAGERSTROM TEST FOR NICOTINE DEPENDENCE

**Guide :**  
Dr. Vipul Shastri  
Principal & HOD, Department of Pathology

**BIG CONGRATULATIONS RANPARIYA DHRUVIN**


From 4th Year Junior Vidhyadeep Homoeopathic Medical College & RC, Anita, (Kim)

For getting selected in STSH (Short Term Studentship in Homeopathy) By CCRH (Central Council for Research in Homeopathy)

Topic AN INTERVENTION STUDY ON INTERVENTION OF HOMOEOPATHIC REMEDY CALADIUM SEGUINUM IN THE CASES OF TOBACCO INTOXICATION AND ACCOITION

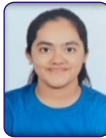
**Guide :**  
Dr. Radhika Koria  
Assistant Professor Department of Case Taking & Repertory

## SSIP Congratulation :-

  
**Mahipalsinh Rana**


Topic:- Effectiveness of Homoeopathic Medicine- Wiesbaden Aqua in cases of Alopecia Areata  
Total Grant Sanctioned:- INR 57,500/-

**Name of Guide**  
Dr. Harshna Goti

  
**Sakshi T. Chhataria**

Topic:- To Evaluate Effectiveness of homoeopathic Medicine-Rhus Toxicodendrom in Epidemic Lumpy Skin Disease of India in Cattle Animals of Through Analytical Study.  
Name of Grant of SSIP Project-2 :- INR 5,000/-

**Name of Guide**  
Dr. Satish Gajera

  
**Chauhan Navin**

Topic:- To Prove The Effectiveness of Azadirachaindicta Q In Prevention of Helicoverpa Armigera on Cotton Plant (Gossypium)  
SSIP Grant :- INR 6,650/-

**Name of Guide**  
Dr. Hafiza Malik

74th Republic Day Celebration 26/1/2023



Signature Day 6/2/2023



Turban & Goggles Day 7/2/2023



Traditional Suit & Saree Day 8/2/2023



Fun Fair Day 9/2/2023



1st Year Foundation Program - 21/2/2023



## World Water Day- 22/3/2023



## World TB Day- 24/3/2023



## World Homoeopathy Day- 12/4/2023



## Doctor's Day- 1/7/2023



## Gurupurnima Day- 3/7/2023



On 5th August Celebrates the "FRIENDSHIP DAY CELEBRATION" It is an Unique Occasion that Honour the Cherished Relationship Among Friends



## Education Visit :-

FMT DEPT. LOW COURT, OLPAD  
VISIT-5/1/2023



CM DEPT. WATER TREATMENT PLANT  
AT-SURAT-11/1/2023



CM DEPT. SEWAGE TREATMENT PLANT  
AT-SURAT-24/1/2023



Education Visit for the Students of 2nd year  
BHMS in Smimer Hospital & College



## Activities :-

### BLOOD DONATION & THALASSEMIA SCREENING CAMP-17/6/2023



## Seminars :-

**CME ON AGROHOMOEOPATHY-**  
DR. Vaibhav Jain-12/1/2023



**How to apply Mind Rubrics with Sehgal System-Dr. Shashank Kothari-11/2/2023**



**How to successfully make career opportunities in homoeopathy**  
Dr. Samir A. Chaukar.



**CME On "How to make organon easy"**  
Dr. Sanjay-3/7/2023



**CME On "Injuries with special emphasis on their medico-legal aspect"**  
by Dr. Hetal Trivedi mam-15/7/2023



**Homoeopathic Approach in Respiratory Disorders Made Easy With Allen's Keynote**  
Dr. Hitarth Mehta-17/7/2023



**July 30, 2023, Vidhyadeep University and Dr. Batra's Academy Signed a Significant MOU to Introduce The Frist-Ever "Cosmetic and Aesthetics" Cours in Gujarat, a Remarkble Step For HomoeopathicEducation, Guided by the Esteemed Dr. Vipal Shastri.**



## Case Format for Acute Cases :-

<b>Sr.No.:</b> 1	OPD Case No : 25332
<b>Name :</b> Savaliya Meena T.	Date : 15/07/2023
<b>Age/Sex :</b> 20/F	Qualification :
<b>Religion :</b> Hindu	Occupation : Student
<b>Address :</b> Surat	Marital Status : S

### Chief Complaints (LSMC from with O.D.P.) :

Redness and sore ness of left eye since 2 days.  
Pain in It. eye with burning sensation<in warm room> in open air.  
Itching in eye with irritation in eye.  
Pt constantly winks eyes.  
Watery acrid disch from it eye.  
But eye sticks in morning with white mucus.

**Associated Complaints ( if any ) :** Not any

### Personal History :

Appetite : good 2 time/day	Dream : NS
Thirst : 4 lit. /day	Thermal State : Ambi
Desire : spicy	Tendency to :
Aversion : NS	Addiction : NS
Urine : 7 to 8 time/day	Allergy : NS
Bowel : once/daily	Milestones : Normal
Perspiration : only on face	Vaccinations : Done
Sleep : good	

### Systemic Examination :

Respiratory System :	NAD
Cardio Vascular System :	NAD
Gastro Intestinal System :	NAD
Central Nervous System	NAD

### Prescription :

**Euphrasia 30**  
**6-6-6- For 3 Days**

### Management : (advices)

Clean eye with lukewarm water & cotton  
Do not rub eyes.

### Observation : O/E

Redness of LT eye.  
Watery dish from LT eye.

### Mental & Life span :

Mild gentle in general  
But irritable & worried abt her comp.  
Restless now

### Investigation :

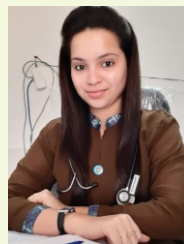
Not any

### Provisional Diagnosis : Acute Viral Conjunctivitis

### Diagnosis : Acute Viral Conjunctivitis

### Totality of symptoms

1. EYE- AGGLUTINATED
2. EYE- AIR IN OPEN- amel
3. EYE- DISCHARGES - acrid
4. EYE- DISCHARGES - watery
5. EYE- DISCOLORATION - red
6. EYE- IRRITATION
7. EYE- ITCHING
8. EYE- PAIN- left
9. EYE- PAIN- left-burnig
10. EYE- WARM- room- agg
11. EYE- WINKING



**Dr. Dipali Bhatt**  
**B.H.M.S.**

Medical Officer  
VCT Hospital, Anita (Kim)

## Case of Conjunctiviti

**Name :-** XYZ  
**Age :-** 21Year / Female  
**Occupation :-** Student

**Date :-** 26/7/23  
**Religion :-** Hindu

### Presenting Complaints

A Female Patient come with Complaints of pain aand Redness with Excesssive Mucus Production From Right eye since 2 day. Patient feels like some foreign particles present with in eye. There is agglutination seen in morning and afternoon. Sometime agglutination is hampered vision of person.

Chaaracter of dischaarge- Profuse, sticky, causing agglutinnation.

< Afternoon from 12:00PM to 4.00PM

> Cold application.

Other complain- Fibroadenoma right breast since 4 year.

## Presenting Complaints

(Patient's language) Pehle kuchh chubh rahaa ho aaisa feel hua. Phir eye red honelagi. Eye me kaata jaaisa feel hota hai aur jalan sa dard hota hai, aur usakee saathbahot jyada mucus produce hotaa hai, mucus itana jyada hota hai ki har 15 min. mesaaf karna pdta hai. Sone ke baad jab uthate hai to eye chipak si jati hai gummed (sticky) jaisa mucus hota hai.

## Physical Generals

**Appetite** - 3 time/day

**Thirst** - 6to7 glass per day

**Dessire** - spicy food<sup>+2</sup>, sour foods<sup>+3</sup>

**Aversion** - no sppecific

**Bowel haabbits** - satisfactory

**Perspiration** - not marked, not able to bear tight clothing

**Thermal** - chilly

**Hobby** - travelling, ex-mountain area

**Past History** - Warts in both soles 2 yr back reated bysalisylic acid topical applications.

**Family History** - No specific history

**Mennsstrual History** - Regular, scanty, dark red with clotted + watery both apperance.

Duration-3 to 4 days.

## Totality of Symptoms -

- Pain redness and excessive mucus production from eye.
- Foreign particles like sensation.
- Prufuse and sticky lachrymation.

- <In morninig 12pm to 4pm.
- >By cold aappliccaation.
- Sour food desire.
- Right sided aaffection desire for oppen space and ( Sycosis)

**R<sub>x</sub>** Argentum Nitricum 200, 2 Dose OD for 2 days followed by SLL 4 pill BD

Follow up-27//7/23 aat evening

**R<sub>x</sub>** No Imrovment in complaints of patient.

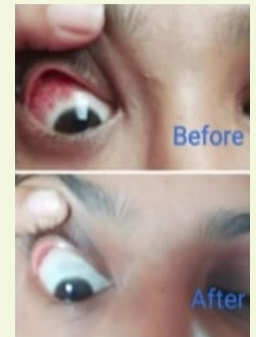
Thuja 1M1 dose stat

F/by- Pulsatilla 200 4 pill QDS with half cup of water for 2 days. SL 4 pill BD half dram.

Follow up- 30//7/23

Improvement seen, No lachrymation,

No agglutination, No complaints for pain.



## V.C.T HOMOEOPATHIC HOSPITAL COMMUNITY ACQUIRED CAMP.

JANUARY- 2023 TO JULY- 2023

MONTH	DATE	PLACE	PATIENT
January	27/1/2023	Kimamli	71
February	16/2/2023	Kim	65
March	18/3/2023	Mulad	69
April	10/4/2023	Bolav	61
April	10/4/2023	Anita	76
May	23/5/2023	Vadoli	51
June	15/6/2023	Kim	70
July	21/7/2023	Kimamli	66

# "Cosmetology and Aesthetics"

**1st**  
Time in Gujarat

A Course by Vidhyadeep University & Dr. Batra's Academy

## GOLDEN OPPORTUNITY FOR HOMEOPATHS

Upgrade your practice with  
Cosmetology & Aesthetics!

### Course Highlights

- Hands-on practical training in cutting-edge cosmetology procedures.
- Become an expert in cosmetology and aesthetics.
- Backed by highly qualified doctors and therapists with over 10 years of experience in cosmetology.
- Convenient payment options with easy installments.
- Guaranteed placement in Dr. Batras clinics after course completion.
- Flexible learning with online and offline lectures, recordings provided.
- 3-day, 8-hour practical training in all cosmetology and aesthetics instruments and procedures.



### Syllabus Includes

- In-depth study of Skin Anatomy & Physiology.
- Clinical Analysis of Skin using advanced tools like Woods lamp and Derma scope.
- Effective use of Instruments like high-frequency ultrasonic and galvanic machines.
- Expertise in Sunscreens & Moisturiser Meso-cocktails: HA, VITC, GLUTA, VIT E, KOJIC acid, Retinol, etc.
- Treatment of Common Cosmetic Skin Conditions like Acne, Pigmentation, Warts, and more.
- Specialized treatments for Acne & Acne Scars, Pigmentation & De-tanning.
- Thorough knowledge of Chemical Peels: Superficial, Medium, and Deep.
- Mastering Mechanical Exfoliation Techniques like MDA, Hydra dermabrasion, and Microblading.
- Skill development in Radio Frequency Skin Tightening + HIFU.
- Expertise in Laser treatments for Dermatology.
- Understanding the use of Cleansers, Sunscreens, and Meso cocktails.
- Record-keeping, Treatment consent, and Privacy maintenance.
- Integration of Homeopathic Therapeutics in Cosmetology.



### Practical Training

- Introduction to Cosmetology machines.
- Hands-on experience with Chemical Peels and Mechanical Exfoliation machines.
- Expert training in Face & Body Contouring using RF and HIFU.
- Practical Medifacial techniques with Galvanic Ultrasonic and Hi-Freq.
- Skillful Cauterization of warts, moles, and skin tags.
- Mastery in Mesotherapy: Derma roller, Micro-needling, No-needle mesotherapy, and PRP.
- Laser Hair Removal and advanced Laser treatments for Pigmentation, Tattoo Removal, and Scars reduction.

**Fees: INR 75,000/- plus Taxes**

### Required Documents

- 12th-grade marksheet
- 4 years BHMS marksheet
- Domicile, Passport, Birth Certificate
- Internship Completion Certificate
- Passing Degree, Registration, and Leaving Certificate

**Don't miss this Opportunity! For Admissions, Contact**

**Dr. Avani Patel**

**+91 92653 67936**



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