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ROLE OF HOMOEOPATHY IN CASE OF PRIMARY HEADACHE MIGRAINE

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Abstracts

Migraine includes genetic, central sensitization of trigeminal hypersensitivity of nociceptive pathways, meningeal inflammation and vasodilatation. Many factors aggravate this pain such as anxiety, poor sleep and stress, medication overuse, and poor self-efficacy. Migraine is strongly associated with anxiety and mood swings, allergies, chronic pain and sleep disorders. It is higher among women and people with lower quality of life. Exile evaluated spiritual aspect of headache with their emotional distress. Homeopaths must take care of all aspects of patients (holistic care) and know different ways to select more appropriate complementary medicine for treatment of headache on the basis of individualisation.

Key Words:

Constitutional Remedy, Holism, Individualisation, Miasm, Migraine, Hahnemann's disease classification - One sided disease, Psycho-somatic disease

Headache disorders are among the most common disorders of the nervous system. It has been estimated that almost half of the adult population have been having headache at least once within last one year. Headache is one of the most common of human complaints. It could be due to a number of causes ranging from a mild head injury to a serious brain tumour or more often it could be a disorder unto itself such as migraine.⁽¹⁾

Headache disorders, which are characterized by recurrent headache, are associated with personal and societal burdens of pain, disability, damaged quality of life, and financial cost. (2)

Worldwide, a minority of people with headache disorders are diagnosed appropriately by a health-care provider. Headache has been underestimated, under-recognized and under-treated throughout the world.

Globally, it has been estimated that prevalence among adults of recurrent headache disorder (symptomatic at least once within the last year) is about 50%. Half to three quarters of adults aged 18–65 years in the world have had headache in the last year and, among those individuals, 30% or more have reported migraine. Headache of 15days or more days every month affects 1.7–4% of the world's adult population. Despite regional variations, a headache disorder is a worldwide problem, affecting people of all ages, races, income levels and geographical areas.

Not only is headache painful, but it is also disabling. In the Global Burden of Disease Study, updated in 2013, migraine on its own was found to be the sixth highest cause worldwide of years lost due to disability (YLD). Headache disorders collectively were third highest. (2)

PRIMARY HEADACHE- MIGRAINE

Headaches can be primary or secondary. Primary headaches are benign headaches where clinical examination and investigation including imaging are normal, e.g. migraine, tension-type headache and cluster headache. Secondary headaches have an underlying structural, vascular, metabolic or infective cause, e.g. headaches due to brain tumours, meningitis or subarachnoid haemorrhage. Approximately 90% of headaches seen in practice are primary headaches. (1)

The mode of onset and progression are critical in deciding whether one is dealing with a benign or a serious headache. A chronic recurrent headache or a chronic non-progressive daily headache represents a primary headache, such as migraine. There are some forms of primary headaches which may have a sudden onset such as migraine and although the suddenness and severity may suggest an organic illness, it may be possible to diagnose them in retrospect only after their recurrent nature of manifestation. It is the sub-acute headache which is more difficult to interpret. These headaches develop over weeks or months and the aetiology could be benign or serious. Therefore, specific information regarding progressive worsening needs to be sought. Onset usually in childhood, adolescence, or early adulthood; an attack lasting 4–72 hours is typical, as is relief after sleep.

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Migraine, the headaches may occur first thing in the morning and awaken the patient from sleep. The age of onset is also important. Migraine begins at a younger age and is more common in females aged 25 to 40 years, afflicts ~15% of women and 6% of men annually. When the head pain is chronic and occurs on a daily or near daily basis for more than 15 days per month, one uses the label of chronic daily headache (CDH), Chronic Migraine.

Location and Type of Headache

The type of pain, its location and severity are important for diagnosis. Unilateral pulsating or throbbing headaches indicate an underlying vascular involvement as in migraine but migraine headaches are also known to be bilateral.

The Accompaniments

In all patients with headache, one must establish the presence or absence of nausea, vomiting, hypersensitivity to light and noise. The typical behaviour of a migraine patient who tries to sleep undisturbed in a dark room is in contrast to that of the patient, a positive family history can provide a clue to the diagnosis of migraine. Headache that occurs regularly just before or during the menstrual periods is likely to be menstrual migraine.

Provoking and Relieving Factors

Primary headaches such as migraine can frequently be provoked by missing meals or going out in the hot sun. Trigger factors in the Indian setting are listed in **Table 1**.

Table 1: Migraine Triggers

| Food items: Cheese, dairy products, paneer | Food additives: Monosodium glutamate (MSG), | | | | |
|--|--|--|--|--|--|
| (cottage cheese), citrus fruits, chocolates, onions, | aspartame, nitrates, caffeine, alcohol Red wine, | | | | |
| sea food | beer | | | | |
| Physical exertion: Excessive exercise, fatigue | Visual stimuli: Bright lights, glare | | | | |
| Hormonal changes: Menstruation, ovulation | Auditory stimuli: loud noise or music | | | | |
| Olfactory stimuli: Perfumes and certain odors | Sleep too much or too little | | | | |
| Weather changes | Head or neck trauma | | | | |
| Stress and anxiety | Hunger | | | | |

Primary Headaches

Migraine

Migraine manifests with recurrent headaches associated with nausea, vomiting, photophobia or phonophobia with or without an aura. It is more common in women (2 to 3:1) and a family history is often present (60% of cases). Attacks begin in late childhood, adolescence and early twenties. Majority of the patients with migraine, 80% have migraine without aura.



Clinical features

Migraine should always be thought of as a complex neurological disorder with headache being one of the common presenting features. There may be other accompanying neurological, gastrointestinal or autonomic features as shown in **Table 2**.

Table 2: Accompaniments of Migraine

| Gastrointestinal: Anorexia, nausea, | Autonomic disturbances: Hypertension, hypotension, |
|--|--|
| vomiting, diarrhea | tachycardia, bradycardia, nasal congestion, and peripheral |
| | vasoconstriction |
| Visual disturbances: Blurring, photophobia | Psychological upsets, confusion states |
| Vertigo, ataxia, diplopia, dysarthria | Fluid retention |

PATHOPHYSIOLOGY

The possibility that a migraine attack may be initiated by cortical spreading depression is the most favored hypothesis. This condition is a transient disruption of neuronal activity in the brain accompanied by a flux of sodium, calcium ions into the cells. This results in a brief burst of electrical activity followed by electrical silence, which progresses as an expanding concentric wave through the brain at the same rate as a developing migraine aura.

SIMPLIFIED DIAGNOSTIC CRITERIA FOR MIGRAINE (3)

Repeated attacks of headache lasting 4–72 hrs in patients with a normal physical examination, no other reasonable cause for the headache, and:

| At Least Two of the Following Features: | At Least One of the Following Features: |
|---|---|
| Unilateral pain | Nausea/vomiting |
| Throbbing pain | Photophobia and phonophobia |
| Aggravation by movement | |
| Moderate or severe intensity | |

Source: Adapted from the International Headache Society Classification (Headache Classification Committee of the International Headache Society, 2013).

Management

Once trigger factors are identified, preferably with the help of a 'headache diary or headache calendar', drug treatment needs to be selected depending on the severity and the level of disability. Ideal management of migraine should concentrate on three major areas: (3)

- 1. **Control of trigger factors** such as the avoidance of patient -specific triggers avoidance or management of environmental triggers alone is sufficient for some cases.
- 2. **Treatment of the acute attack** Pharmacotherapy

For mild-to-moderate attacks, simple analgesics like aspirin or acetaminophen suffice. Combining with an anti-emetic like metoclopramide or domperidone, which increases gastric motility and enhances the absorption of other drugs, is more beneficial. Non- steroidal anti-inflammatory drugs (NSAIDs) are also effective in mild to moderate cases.

For moderate-to-severe attacks, triptans and ergotamine are useful as abortive drugs. When the patient is vomiting, injectable diclofenac or ketorolac is recommended. Narcotic injections should not be used in migraine. Steroids may occasionally be used as alternatives when all other drugs fail. Recurrent episodes of migraine need simultaneous

3. Long-term prophylactic medication- For prophylaxis, tricyclic antidepressants are a good first choice for young people with difficulty falling asleep; verapamil is often a first choice for prophylaxis in the elderly.

MIGRAINE AND HOMOEOPATHY

According to Master Hahnemann Disease Classification: (4)

- § 173, The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed one-sided, because they display only one or two principal symptoms which obscure almost all the others. They belong chiefly to the class of chronic diseases.
- § 174, This principal symptom may be either an internal complaint (e.g. a headache of many years' duration, a diarrhoea of long standing, an ancient cardialgia, etc.), or it may be an affection more of an external kind. Diseases of the latter character are generally distinguished by the name of local maladies.
- § 175, In one-sided diseases of the first kind it is often to be attributed to the medical observer's want of discernment that he does not fully discover the symptoms actually present which would enable him to complete the sketch of the portrait of the disease.

One sided disease:

- a) Disease with only physical symptoms e.g., headache, diarrhoea
- b) Disease with only mental symptoms e.g., insanity
- § 210, Of psoric origin are almost all those diseases that I have above termed one-sided, which appear to be more difficult to cure in consequence of this one-sidedness, all their other morbid symptoms disappearing, as it were, before the single, great, prominent symptom of this character are what are termed mental diseases. They do not, however, constitute a class of disease the condition of the disposition and mind is always altered; 1 and in all cases of disease we are called on to cure the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able there from to treat it homeopathically with success.

- § 222, But such a patient, who has recovered from an acute mental or emotional disease by the use of these non-anti-psoric medicines, should never be regarded as cured; on the contrary, no time should be lost in attempting to free him completely,1 by means of a prolonged anti-psoric treatment, from the chronic Miasm of the Psora, which, it is true, has now become once more latent but is quite ready to break out anew; if this be done, there is no fear of another similar attack, if he attend faithfully to the diet and regimen prescribed for him.
- § 225, There are, however, as has just been stated, certainly a few emotional diseases which have not merely been developed into that form out of corporeal diseases, but which, in an inverse manner, the body being but slightly indisposed, originate and are kept up by emotional causes, such as continued anxiety, worry, vexation, wrongs and the frequent occurrence of great fear and fright. This kind of emotional diseases in time destroys the corporeal health, often to a great degree.
- § 230, If the anti-psoric remedies selected for each particular case of mental or emotional disease(there are incredibly numerous varieties of them) be quite homeopathically suited for the faith fully traced picture of the morbid state, which, if there be a sufficient number of this kind of medicines known in respect of their pure effects, is ascertained by an indefatigable search for the most appropriate homoeopathic remedy all the more easily, as the emotional and mental state, constituting the principal symptom of such a patient, isso unmistakably perceptible, then the most striking improvement in no very long time, which could not be brought about by physic king the patient to death with the largest oft repeated doses of all other unsuitable (allopathic) medicines. Indeed, I can confidently assert, from great experience, that the vast superiority of the homoeopathic system overall other conceivable methods of the treatment is nowhere displayed in a more triumphant light than in mental and emotional diseases of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them.
- In § 5, Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic Miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration. (4,5) Hahnemann has briefly mentioned about the Exciting Cause, The Term Exciting Cause is defined as the cause which excites or provokes the disease condition either acute or acute exacerbation in chronic diseases.

Types of Exciting Causes

According to Hahnemann there are four types of Exciting Causes:-

Physical Exciting Causes: Exposure to heat and cold, thunderstorm, intake of excess and lack of food

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Mechanical Exciting Causes: Damages caused by Physical trauma like injuries, accidents, burn and insects bites.

Nervous Exciting Causes: Psychological reasons like fear, shock, jealousy, grief, and over joy

Hygienic Exciting Causes: Food poisoning, pollution and lack of personal and social hygiene come in this group.

In treatment of the acute diseases and chronic diseases the physician has to considered first the exciting causes of the diseases, the factors which causes the disease and makes the patient come to the physician-are the exciting cause for that particular disease.

In Exciting Cause, the fundamental cause of the disease is primarily Psora, Useful to the physician in assisting him to cure are the particulars of the most probable exciting causes of the acute diseases, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to chronic Miasm.

In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc., are to be taken into consideration. Since Hahnemann time, homoeopaths have always been interested in Exciting & Maintaining cause of disease.

It will help the physician to bring about the cure if he can determine the most probable exciting causes of the disease. In other words, an exciting cause is the factor that triggers a person decline from health to sickness.

Exciting causes can be physical or mental. Why Exciting Causes are important in Homoeopathic case taking? When we want to select the remedy: When we take acute cases we indicate the acute medicine for which exciting cause is the main treatment and indication for the medicine.

The theory of the CHRONIC MIASMS ⁽⁶⁾, as being the sum total of the causes of chronic diseases, who is looking for infinite, finite or material causes in all that disturbs the living organism; Section 18 of the Organon, therefore they mention that the totality of the symptoms in a given case, would govern the prescriber in making a selection in every case, independent of any chronic miasm that might lie behind the grouping.

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Student's Corner

Homoeopathy for Attention deficit/ Hyperactivity disorder or Hyperkinetic disorder: [Jha Vinita. – Internee]

ADHD is a brain-based disorder that affects millions of children and is related to functioning and behavioral skills. It is combination of symptoms like difficulty in concentration, hyperactivity and impulsive behavior is often indicative of ADHD.

Homoeopathy aims to cure the whole child. It strives to improve the child's overall attention and behavior, as also any other physical afflictions like allergies, asthma, headaches and stomach aches that the child may have. Every child is treated as a unique individual instead of being clubbed or classified into a type. This is a crucial requirement in treating ADHD.

For how can introverted and shy ADHD child, with predominantly inattentive symptoms like forgetting homework, losing toys and tools or inability to focus on any task, be given the same treatment as a child who is predominantly the hyperactivity type and given to temper tantrums and creating scenes socially?

Homoeopathy remedies for treating ADHD child:

1. Tarentula Hispanica:

Hyperactive child is restlessness and impatience. • Fidgety • Compulsive • constantly moving child • Violent and destructive nature • Strange, but they have strong liking to music and oversensitive • Twitching, jerking, chorea and hysteria • Sudden mood changes with lack of emotional control • Cheerful alternate with anger and irritability.

2. Veratrum Album:

Temper tantrums • Use to control excessive Impulsive behavior • Desire to cut and tear things • Excessive shrieking • Restless • Hyperactive and disobedient • Meaningless, repetitive actions • Does physical violent when angry • Delusion of religion and identity • Maniac • Extreme mood swings and Crankiness alternate with submissive behavior • Scream and curse when angry

3. Tuberculinum Bovinum:

Hyperactive with an impulse to run away • Angry coupled with screaming • Tendency to use abusive language • Destructive behavior • Throw things at others; mess up beds • Spiteful • Snappish child • mentally retarded • Constantly tired and unable to study • Complains about headaches or eye aches from studying • Seek constant stimulation or change.

4. Natrum Muriaticum:

Abusive children who are extremely weeping and cranky • Refuse to be consoled and weep more on consolation • All complain starts due to prolonged suppression • Awkwardness • Hasty behavior • Irritated with trifle things • Always sad and weeping.

5. Hyoscyamus Niger:

Impulsiveness with desire to strike and bite in high degrees • Violent • Hyperactive • Fidgety, restless children who struggle to control their outbursts • Manic or sexualized symptoms • Abusive and quarrelsome • Hurl verbal abusive at everyone around him • Grumbling and muttering due to irritation • Impatient and talkative nature • Make fun of other children and is extremely insulting • Faultfinding • Obscene; lascivious mania • Uncovers the body

6. Antimonium Crudum:

Abusive children • Irritable and crossed, Contradictive • Any attempt to please the child fails • Brooding and the child doesn't want to speak • Gets angry when someone looks at him • Short tempered without any relevant cause • Concern about their fate • Sentimental mood

7. Stramonium:

Aggressive/violent behavior • Use for children with post traumatic stress disorder or other forms of anxiety • Violent and lewd • Ceaseless talking • Talks with spirits, sees ghosts, hears voices • Loquacious • Laughing, singing, praying, rhyming • Rapid changes of emotions from joy to sadness • Delusion about his identity, thinks of himself as tall, double, a part of him missing • Religious mania • Can't bear solitude/darkness; must have light and company • Sight of water or anything glittering brings on spasms • Desire to escape

8. Lycopodium Clavatum:

Difficulty with concentration during reading and conversation • Confused • Low self confidence • Afraid to be alone • Spells or writes wrong words and syllables • Headstrong and haughty • Sadness in morning on awaking

9. Baryta Carb:

Mental weakness and with a lot of confusion • Loss of memory with difficult remembrance • Low confidence • Aversion to strangers • the child grieves over small things • Patient is mentally and physically dwarfish • Patient is very weak and must sit or lean on something

10. Calcarea Carb:

Concentration difficulty and forgetfulness • extremely apprehensive about the evening • Patient is always fearful of impending misfortune and loss of reason • Low spirited • Aversion to work and exertion.





CME

Approach to Cases of Infertility & Skin Disorders

Date: 15, October, 2023 Time: 09:00 am to 11:00 am Venue:- Seminar Hall, College Campus.

::-Speaker-::

Dr. Niraj Sanchaniya BHMS, Senior Consultant

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Welcome and Introduction to Vision/Mission of the Institute Time: 09 am to 10 am Date: 27, OCT. 2023

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Girish Patel M.D.(Homoeo.), Ph.D.(Homoeo.)

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Foundation Program

BHMS Course of study and introducing to first year faculty Date: 27, OCT. 2023 Time: 10 am to 11 am

Venue: - Seminar Hall, College Campus.

-Speaker-Dr. Priti Muni M.D.(Homoeo.), P.h.D.(Homoeo.)

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Primary Community Care

Date: 27, OCT. 2023 Time: 12 noon to 02 pm

Venue: - Seminar Hall, College Campus.

-Speaker-

Malay Vagadiya M.D.(Homoeo.), P.h.D.(Scholar.)

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Different health care systems recognized in the country and the concept of pluralistic health care systems

Date: 27, Oct. 2023

Time: 03 pm to 04 pm

Venue:- Seminar Hall, College Campus.

-Speaker-

Dr. Divya Darji M.D.(Homoeo.)

Dr. Apoorva Patel
M.D.(Homoeo.)



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Foundation Program

showcasing effects of Homoeopathy

Date: 27, Oct. 2023

Time: 02 pm to 03 pm

Venue: - Seminar Hall, College Campus.

-Speaker-

Dr. Manisha Boricha

M.D.(Homoeo.), P.h.D.(Scholar.)



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Devotion Discipline Dedication





Ragging Policies

Date: 28, Oct. 2023

Time: 12 noon to 1 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Girish Patel M.D.(Homoeo.),Ph.D.(Homoeo.)

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Foundation Program

First aid-principles and techniques

Date: 28, Oct. 2023

Time: 02 pm to 04 pm

Venue:- Seminar Hall, College Campus.

AND CROSS SOCIETY

Red Cross Society-Bhavnagar.

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Who is professional?

Date: 28, Oct. 2023 Time: 09 am to 11 am

Venue:- Seminar Hall, College Campus.
-Speaker-

Dr. Divyang Gohel

Dr. Kishor Bhaliya





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National health priorities and policies

Date: 28, Oct. 2023 Time: 01 pm to 02 pm

Venue: - Seminar Hall, College Campus.

-Speaker-Dr. Manoj Ajmera M.D.(Hom.).

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Devotion Discipline Dedication

Mission and role of Homoeopathy and a Homoeopath in society

Date: 30, Oct. 2023

Time: 12 noon to 02 pm

Venue:- Seminar Hall, College Campus.

-Speaker-



Dr. Dhaval Ladumor M.D.(Homoeo.)

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Communication-Its nature and importance in different social and professional settings Date: 30, Oct. 2023 Time: 09 am to 11 am

Venue: - Seminar Hall, College Campus.

-Speaker-

Dr. Nrupa Oza M.D(Hom.), Ph.D.

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Concept of Holistic and Positive health

Date: 01, Nov. 2023

Time: 12 noon to 02 pm

Venue:- Seminar Hall, College Campus.



-Speaker-

Dr. Poonam Hariyani

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Concept and Practice of Mentoring

Date: 01, Nov. 2023

Time: 09 am to 11 am

Venue:- Seminar Hall, College Campus.



-Speaker-

Dr. Nita Yadav Solanki

Rehabilitation Psychologist

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Foundation Program

Communication-Its nature and importance in different social and professional settings

Date: 01, Nov. 2023

Time: 02 pm to 04 pm

Venue:- Seminar Hall, College Campus.



-Speaker-

Dr. NirajSanchaniya

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Basic life support By Critical Care physician

Date: 02, Nov. 2023

Time: 09 am to 02 pm

Venue:- Seminar Hall, College Campus.

Criticare Associates

Shree Bajrangdasbapa Arogyadham



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andation Program

History of Medicine and Homoeopathy state of Homoeopathy in the world Date: 02, Nov. 2023 Time: 02 pm to 04 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Ashish Mehta M.D.(Hom.)

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Devotion Discipline Dedication



Adult learning principles

Date: 03, Nov. 2023

Time: 12 noon to 02 pm

Venue:- Seminar Hall, College Campus.



-Speaker-

Dr. J.R.Sonwane M.A., M.Ed., Ph.D. Professor, Dept of Education, M.K.B.U.

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Concept and Practice of Mentoring

Date: 03, Nov. 2023

Time: 09 am to 11 am

Venue:- Seminar Hall, College Campus.

-Speaker-

Dr. Nita Yadav Solanki

Rehabilitation Psychologist

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Dedication Discipline Devotion

Importance of Observation and Documentation in Homoeopathic practice

Date: 04, NOV. 2023

Time: 09 am to 11 am

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Harikrishna Joshi

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Foundation Program

Computer Skill

Date: 04, NOV. 2023 Time: 12 noon to 01 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Mr. Darshak Mehta

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Constitutional values, equality, gender sensitization

Date: 04, NOV. 2023

Time: 02:30 pm to 04 pm

Venue:- Seminar Hall, College Campus.

-Speaker-

Dr. Priti Muni M.D.(Homoeo.), P.h.D.(Homoeo)

Dr. Bhavin Vaghela





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Foundation Program

Time Management

Date: 04, NOV. 2023

Time: 01 pm to 2:30 pm

Venue:- Seminar Hall, College Campus.

-Speaker-

Dr. J.P.Majmudar

Professor, Dept. of Mananegment, M.K.B.U.



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Stress management including importance of sports and extracurricular activities

Date: 06, Nov. 2023

Time: 09 am to 10 am

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Viral Thakar

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Foundation Program

Importance of Mental Health and Hygiene to a medical student in the medical profession

Date: 06, Nov. 2023

Time: 10 am to 11 am

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Jigna Shanishchara B.H.M.S.

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Time Management

Date: 06, Nov. 2023

Time: 02 pm to 04 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Mr. Jayesh Dave

Senior Journalist

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Foundation Program

Medical Ethics- Role in Enhancing Patient Care

Date: 06, Nov. 2023 Time: 12 noon to 02 pm

Venue:- Seminar Hall, College Campus.

-Speaker-Dr. Chinmay Shal

> MD, Ph D, PGDHPE, ACME, GSMC FAIMER Fellow, PGDHM Prof. & Head, Dept. of Physiology, GMC, Bhavnagar.

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Computer Skill

Date: 07, NOV. 2023

Time: 02 pm to 03 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Mr. Darshak Mehta

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Foundation Program

Patient Safety and Biomedical Hazards

Date: 07, Nov. 2023

Time: 03 pm to 04 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Dr. Chinmay Shah

MD, Ph D, PGDHPE, ACME, GSMC FAIMER Fellow, PGDHM Prof. & Head, Dept. of Physiology,GMC,Bhavnagar.

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Language skills

Date: 07, Nov. 2023

Time: 12 noon to 02 pm

Venue:- Seminar Hall, College Campus.



-Speaker-

Ms. Vaidehi Hariyani M.A.(Eng),Ph.D.(Scholar)

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Foundation Program

Team Working

Date: 07, Nov. 2023

Time: 09 am to 11 am

Venue:- Seminar Hall, College Campus.

::-Speaker-:: r. Vedant Pandya
Professor of Management
Head, Department of Business Administration

Dean, Faculty of Management Dean, Faculty of Law

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DEC, **2023** 34 **HOMOEO** LAKSHYA

Foundation Program

Stress management including importance of sports and extracurricular activities

Date: 08, Nov. 2023

Time: 02 pm to 04 pm

Venue:- Seminar Hall, College Campus.



-Speaker-Mr. Ajay Bhatt

Sports Teacher

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Foundation Program

Universal Precautions and Vaccinations

Date: 08, Nov. 2023 Time: 01 pm to 02 pm

Venue:- Seminar Hall, College Campus.



-SpeakerDr. Manoj Ajmera

M.D.(Hom.).

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Celebrating Mahapanininyana Divas

:: Organised by ::

Dr. Babasaheb Ambedkar Chair, M.k.B.U.





**** Hosted by **** Swami Vivekanand Homoeopathic Medical College & Hospital, Bhavnagar - Gujarat.

Scholar's Talk"

-Dr. Ambedkar's thoughts on Modern India







Time: 12:00 noon onwards **Venue:- Seminar Hall, College Campus**





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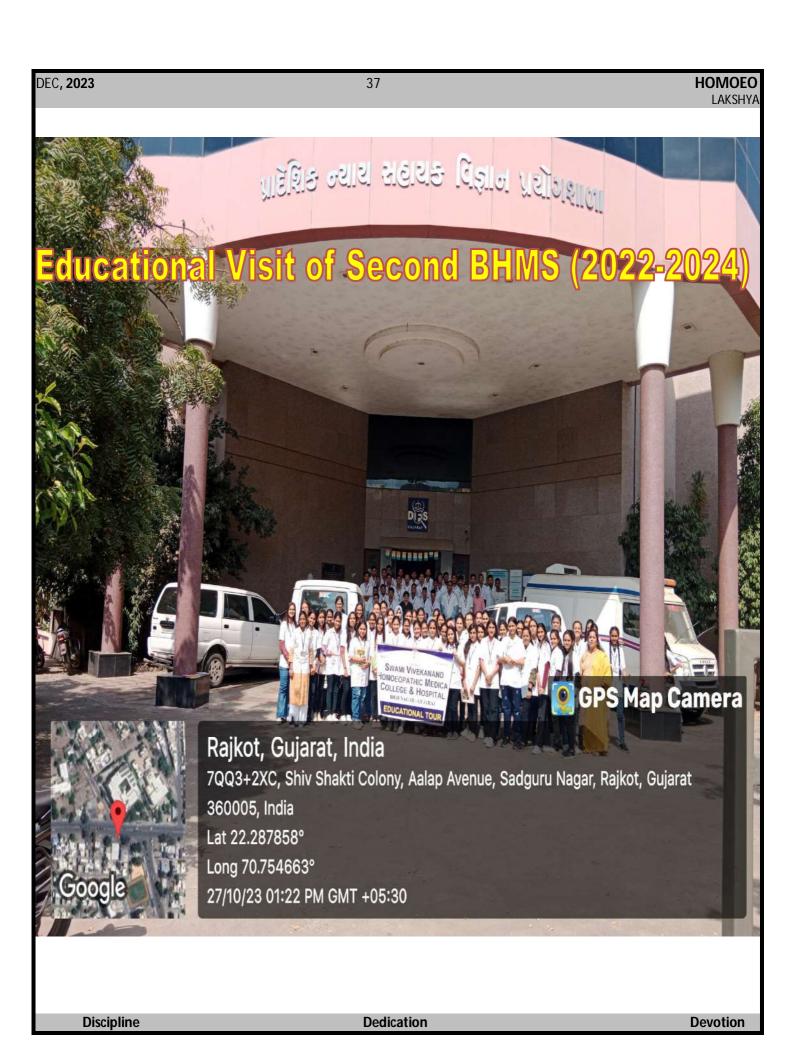


Discipline

Dedication

Devotion









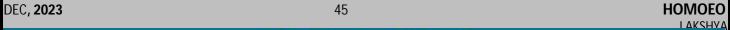












CNIE

Clinical Examination of C.N.S.

Date: 29, Dec 2023 Time: 2:30 pm to

Time: 2:30 pm to 3:30 pm

Venue:- Auditorium, Regional Science Centre

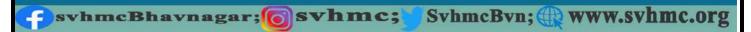


-Speaker-

Dr. Chinmay Shah
MD, Ph D, PGDHPE, ACME, GSMC FAIMER Fellow, PGDHM

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Interpretation of CBC

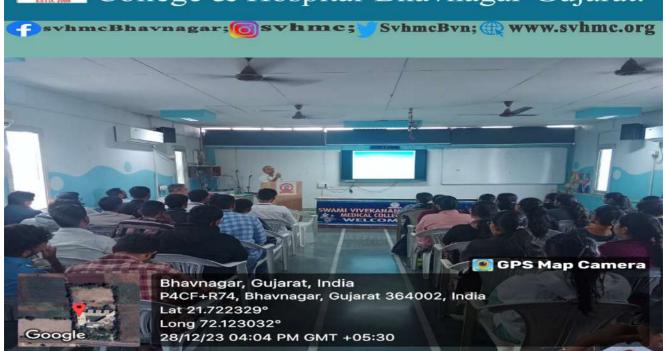
Date: 28, Dec. 2023 Time: 04:00 pm to 05:00 pm

Venue:- Seminar Hall, College Campus-

::-Speaker-::

Dr.Sanjeev Shah

Swami Vivekanand Homoeopathic Medical College & Hospital-Bhavnagar-Gujarat.



Swami Vivekanand Homoeopathic Medical College & Hospital

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