



KQHDA HOMOEOPATHIC SANDESH



KARNATAKA QUALIFIED HOMOEOPATHIC DOCTORS' ASSOCIATION®

VOLUME : 1, ISSUE : 4, JAN 2022

PRICE : Rs. 25/-

In this issue:

P2 : Editor's Message

P4 : Pioneer

Dr. Robin Murphy

P5 : HOW TO WRITE A RESEARCH PROTOCOL:

A GUIDE FOR YOUNG RESEARCHERS AND STUDENTS

Dr. Bhuvaneshwari Rajachandrasekar

P11 : BENEFICIAL IMPACT OF HOMOEOPATHY IN SLOW LEARNERS: A PILOT STUDY

Dr. Latha Devarajan

P18 : Kannada Article

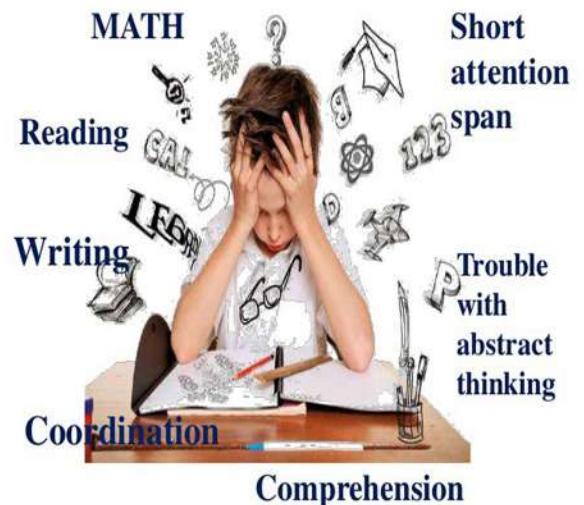
Dr. Anupama Deshmukh

P21 : Brainvita

P22 : Photogalaxy



*Wish You
A Very
Happy New Year
2022*





Editor's Message

Editor in Chief :
Dr. Shreepad Hegde

Editorial Team :
Dr. Latha Devarajan
Dr. Chiranth
Dr. Trupti Pai
Dr. Amit V. Rolli
Dr. Anusha Kulkarni

Advisory Committee :
Dr. B.D. Patel
Dr. S.K. Tiwari
Dr. Anand Kulkarni
Dr. H.L. Swamy
Dr. P.D. Praveenkumar

Research is essential to find out which treatment works better for patients. Research can find answers to things that are unknown and help filling gaps in knowledge and changing the way healthcare professionals work. Some of the common aims for conducting research studies are to diagnose diseases and health problems.

Research is important for following reasons:

- It gives you latest information proved
- It expands your knowledge and updates in Health care
- It helps you know your scope and limitations
- It builds your credibility
- It teaches your better discernment
- It provides a gateway to open up new ideas
- It helps with problem solving
- It helps you reach more people
- Research encourages curiosity
- It helps to understand limitations

Educational research improves teaching and learning methods by empowering you with data to help you teach and lead more strategically and effectively. Educational research helps students apply their knowledge to practical situations.

Homoeopathy at present needs good quality evidence-based research. Many clinical research work does not have proper statistics, principles, and scientific study, though they are potentially result oriented.

Central Council for Research in Homoeopathy works under the Ministry of Ayush, Govt. of India, conducting various research projects in different parts of the country.



Clinical research, verification, drug proving and standardization etc. is monitored by CCRH.

In European countries, many homoeopathic research scientists are doing research on smaller animals like rats, rabbit, etc. There is a lot of scope for the clinicians and students to take up new research projects. Unless the proper protocol is not maintained in research studies, acceptance is in vain. Under the guidance of senior research scientists, one has to publish their projects in peer revised journals. Evidence based research methodology and proper publication is need of the hour in homoeopathy to prove its worth. With our January Homoeo Sandesh E-magazine, we look forward to more researchers and Research in the field of Homoeopathy.

I offer my thankfulness and gratitude to Dr Bhuvaneshwari, CCRH Research Scientist from Kottayam, Dr Latha Devarajan, Clinician, Dr Anupama Deshmukh for their valuable articles. Without support of our Editorial Board the fourth issue of Homoeo Sandesh would not have been a success.

*I wish the entire KQHDA Family, our Editorial team and all our well wishers **A very Happy and Healthy 2022.***

Happy New Year..

- Prof. Dr.Shreepad Hegde



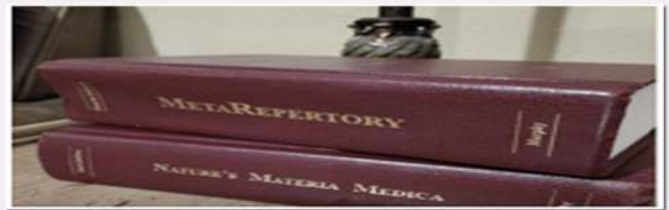
PIONEER

Dr. Robin Murphy, ND (1950-2021)

Born: 15th August 1950, Grand Rapids, Michigan.
Died: 18th November 2021, Floyd county, Virginia.

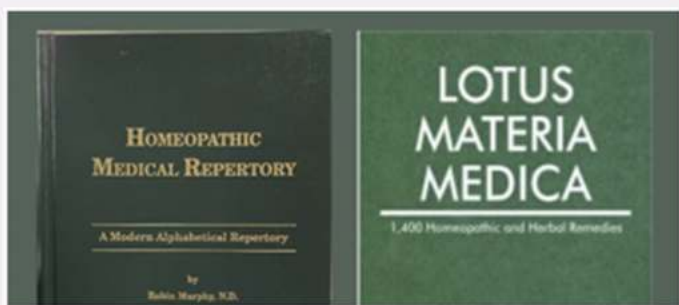


- A Naturopathic Physician by profession, during his undergraduate days at the University of Michigan at Ann Arbor, learned about Homoeopathy and was fascinated with its teaching.
- On a Hahnemann Scholarship, he studied at the National College of Naturopathic Medicine (NCNM). He led the Homoeopathy program at NCNM from 1980-1984.
- With his practical approach towards homoeopathy, brought clarity to the interrelation between philosophy, materia medica, and repertory work.
- Spread Homoeopathy to the world through his seminars.
- Practiced Homoeopathy, Oriental Medicine, Tai Chi and Qigong (Chi Kung) for over 30 years.
- Director of Hahnemann Academy of North America.
- Was a teacher at Bastyr University.



Publications:

- Homoeopathic Medical Repertory in 1993.
- Lotus Materia Medica in 1996.
- Dr Murphy's Meta Repertory 2021: Upgraded version of the 3rd edition.
The new Meta Repertory contains 49 chapters arranged in 3 sections; Mind, Body and Clinical. It is easy-to-use reference guide to the vast Homoeopathic materia medica.
- Nature's Materia Medica: 4rd edition of Dr. Murphy's Materia Medica.
This is a combination of Homoeopathic and Herbal Materia Medica and includes toxicology, provings, and pharmacy of many Homoeopathic and herbal remedies.
- Keynote Materia Medica
Abrotanum to Zingiber - Vivid remedy images and keynote symptoms of 275 Homoeopathic Remedies transcribed from Dr. Murphy's lectures and notes.
- Homeopathy and Cancer Research.





Dr. Bhuvaneshwari Rajachandrasekar^{1*}, Dr. Xinix Xavier²

1-Research Officer (Homoeopathy)/S-2, National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam- 686532, Kerala, India.

2-Research Officer (Homoeopathy)/S-1, National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam- 686532, Kerala, India.

HOW TO WRITE A RESEARCH PROTOCOL: A GUIDE FOR YOUNG RESEARCHERS AND STUDENTS

Abstract: Research is the backbone for development and progress of medical fraternity, and in academics is a mandatory subject in post-graduation and PhD, thus encouraging all students to actively participate in research. The procedure of medical research may seem difficult and complicated but as a matter of fact is very simple and straightforward. Investigators recognize a problem, develop a hypothesis, test the hypothesis with methods tractable to acceptance, and publish their findings. Protocols and submitted amendments constitute the only objective description and protect against potentially biased analyses and subsequent selective reporting.

Key Words: Research, Protocol, Academics.

INTRODUCTION

Clinical Research is a component of medical and health research intended to produce knowledge valuable for understanding human disease, preventing and treating illness, and promoting health. Clinical Research embraces a continuum of studies involving interactions with patients, diagnostic clinical materials or data, or population. It is necessary to accumulate good trials to get solid evidence for better clinical

practice. With a strong idea in mind, it is time to write a document where all the aspects of the future research project must be explained in a precise, understandable manner. This will successively help the researcher to present it and process and elaborate the obtained results.

PURPOSE OF A RESEARCH PROTOCOL

1. To raise the question to be researched and clarify its importance.
2. To collect existing knowledge and discuss the efforts of other researchers who have worked on the related questions (literature review).
3. To formulate a hypothesis and objectives.
4. To clarify ethical considerations.
5. To suggest the methodology required for solving the question and achieving the objectives.
6. To discuss the requirements and limitations in achieving the objectives.

STRUCTURE OF THE PROTOCOL

1. TITLE AND ABSTRACT: The "title" and the "abstract" are the "initial impressions" or the "face" of a research article, they need to be drafted correctly, accurately, carefully, meticulously, and consume time and energy.

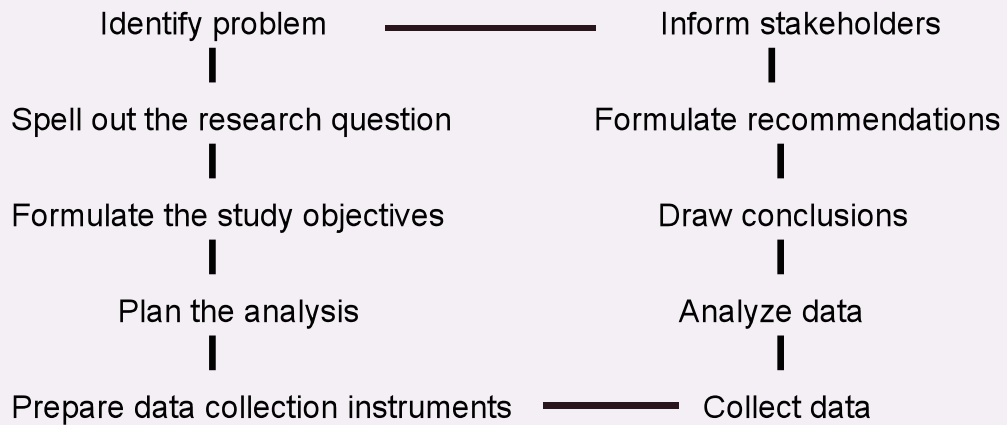


Figure – Structure of the Protocol

Most readers will read only the title and the abstract of a published research paper, and very few “interested ones” (especially, if the paper is of use to them) will go on to read the full paper. It needs to be simple, direct, accurate, appropriate, specific, functional, interesting, attractive/appealing, concise/brief, precise/focused, unambiguous, memorable, captivating, informative (enough to encourage the reader to read further), unique, catchy, and it should not be misleading. It should have “just enough details” to arouse the interest and curiosity of the reader so that the reader then goes ahead with studying the abstract and then (if still interested) the full paper. Titles can be descriptive, declarative, interrogative, nominal, compound, or full-sentence titles. Title should be clear and transparent and it is desirable that the title should reflect the research question. Title should not contain abbreviations except some commonly used acronyms.

The abstract is a summary or synopsis of the full research paper and also needs to have similar characteristics like the title and should stand alone. Some journals stick to the standard IMRAD format for the structure of the abstracts, and the subheadings would include Introduction/Background, Methods, Results, and (instead of Discussion) the Conclusion/s.

2. WRITING THE INTRODUCTION:

Introduction should begin with some general comments and current knowledge about the research topic and its importance in present day scenario. The topic has to be summed up so as to indicate the gap in the previous published literature wherefrom the research question is framed. The importance of the research topic should be substantiated by well-balanced reviews containing both positive and negative findings.



The reviews should be current, preferably not beyond 10 years old. It is always advisable to narrate from known to unknown and the topic has to be narrowed down from broader general aspect to specific issues (compared to an inverted pyramid/ a funnel). This will ultimately lead to aim or research hypothesis of the present study. Finally the relevance and implications of the research proposal should be elaborated in order to pin point the necessity of undertaking this present research.

3. RESEARCH QUESTION: The clinical research question being asked ideally determines the best research design for a study, turning an idea into a good research question requires it to be feasible, interesting, novel, ethical and relevant. A well-thought-out focused research question leads directly into hypotheses; the predictions about the nature and direction of the relationship between the variables under study. Hence, the question acts as the foundation of the study.

4. FORMULATION OF HYPOTHESIS: The word meaning of the term hypothesis is a tentative statement about the solution of the problem. Hypothesis offers a solution of the problem that is to be verified empirically and based on some rationale. A hypothesis is a specific, testable prediction about what you expect to happen in your study. To be complete the hypothesis must include three components i.e. the variables, the population and the relationship between the variables. A hypothesis, regardless of its source, states what a researcher is looking for.

It also suggests some plausible explanations about the probable relationships between the concepts or variables indicated therein.

5. LITERATURE REVIEW: One has to do extensive literature review to find out concepts and theories related to the research topic. Previous published research findings of similar or relevant topics should be reviewed to understand the currently available information on the topic and identify methodologies, which will in turn help to bring out clarity and focus on the research problem. Depending on the type of article, target journal, and specific topic, these forms will vary in methodology, rigor, and depth. Several organizations have published guidelines for conducting an intensive literature search. The aforementioned purposes of the literature review mandate that the review occurs throughout all phases of a study, from conception and design, to implementation and analysis, to manuscript preparation and submission. Researchers will locate the majority of needed information using databases and search engines. Because medical education research draws on a variety of disciplines, researchers should include search tools with coverage beyond medicine (e.g. psychology, nursing, education, and anthropology) and that cover several publication types, such as reports, standards, conference abstracts, academic journals, government reports, computer based data search like PubMed, Google scholars etc. and book chapters.



6. AIMS AND OBJECTIVES: Aims are broad statements of desired outcomes. The term research aim usually refers to the main goal or overarching purpose of a research project. Sentences stating the aim of a project are usually quite brief and to the point. Because of their generality, research aims are almost always positioned at the very beginning of a statement of research aims and objectives (or questions). They are broad and introductory rather than specific and focused. Research objectives indicate in more detail the specific research topics or issues the project plans to investigate, building on the main theme stated in the research aim. These are measurable tasks which provide direction to investigate the variables of research or identify the relationship or difference between two variables. Normally at least two or three research objectives will be stated. It is good practice to put these in a numbered list so they can be clearly identified later in a proposal or report.

7. STUDY METHODOLOGY :

Study design: Here the trial methodology and statistical analysis are organized to ensure that the null hypothesis is either accepted or rejected and the conclusions arrived at reflect the truth. The design of any study is more important than analyzing its results, as a poorly designed study can never be recovered, whereas a poorly analyzed study can be reanalyzed to reach a meaningful conclusion. It describes if the type of study is Experimental, Cohort, Case control and Cross sectional. It also describes whether it is

prospective or retrospective study. Intervention should be clearly planned, whether it is community or clinical trial and to whom it will be given and also how and when it will be given. The scientific integrity of the study and the credibility of the data from the study thus substantially depend on the study design.

Study population: Any inferences from a sample refer only to the defined population from which the sample has been properly selected. We may call this the target population. In selecting a population for study, the research question or purpose of the study will suggest a suitable definition of the population to be studied, in terms of location and restriction to a particular age group, sex or occupation. The population must be fully defined so that those to be included and excluded are clearly spelt out inclusion and exclusion criteria.

Methods of Recruitment of Research

Participants: Recruitment of participants in health research can be challenging. The recruitment process involves identifying, targeting, and enlisting potential participants, followed by provision of information to potential participants and establishing their interest in the proposed study. Overall, the recruitment process depends on the type of research, collaboration between researchers and the recruitment/referral pathway (e.g. clinicians), characteristics and preferences of participants, and the strategies employed for recruiting.



Sample Size: It is very important to understand that method of sample size calculation is different for different study designs and one blanket formula for sample size calculation cannot be used for all study designs. Different formulae of sample size calculations are explained based on study designs.

Methods Of Data Collection: Data collection methods are important, because how the information collected is used and what explanations it can generate are determined by the methodology and analytical approach applied by the researcher. Careful design of the data collection phase requires the following: deciding who will do what, where, when, and how at the different stages of the research process; acknowledging the role of the researcher as an instrument of data collection; and carefully considering the context studied and the participants and informants involved in the research. Type of instrument to be used and data collection methods should be properly designed.

Data Collection Tools: Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices.

Analysis of Data: Data analysis is the part of qualitative research that most distinctively differentiates from quantitative research methods. Analysis includes data entry, software used, recording stage, descriptive stage, analytical stage.

It involves making sense of huge amounts of data by reducing the volume of raw information, followed by identifying significant patterns, and finally drawing meaning from data and subsequently building a logical chain of evidence.

8. REFERENCES: The authors can recognize the scholarly knowledge of another author by citing the information from his/her published work or ideas. One can get the support specific facts or claims which he had made in his text. It enables the reader to find the sources one has referred easily and quickly. The authors themselves also can consult the same materials in future. It shows the extent of reading that the authors have done. By doing so, the authors cannot be accused of plagiarism, which is a form of academic theft. Citing the references informs the readers the source of information the authors have cited inside the text. The commonly used referencing systems are: Vancouver style, APA style, Harvard style. Amongst these three styles, Vancouver style is the most commonly used.

9. ISSUES FOR ETHICAL REVIEW AND APPROVALS: It is essential to obtain approval from the Institutional Review Board, or Ethics Committee, of the respective organizations for studies involving people, medical records, and anonymized human tissues. The research proposal should discuss potential ethical issues pertaining to the research.



10. INFORMED CONSENT: This is a process by which a subject confirms his/her willingness to participate in a clinical study. It protects the individual's freedom of choice and respect for individual's autonomy. It ensures proper regulations in clinical trials and assures patient safety by dealing with both legal and ethical basis. The informed and written consent form is duly signed by the participant in a document called 'informed consent form.

11. FINANCIAL SPONSORS (OPTIONAL)

CONCLUSION: For any research to be successfully completed, a well-planned protocol forms the backbone. There are various reporting guidelines for development of clinical trial protocols like SPIRIT, PRISMA, CONSORT, STROBE etc. It is recommended for a researcher to be well versed with these protocols and follow them as per the requirement of their study. For any medical system to flourish and especially for Homoeopathy, Research is an important field to be looked into. In academics the topic being mandatory it is important to improve all our skills in developing a high quality protocol so all the resources and efforts will bear results.

Log on to:
www.kqhda.com

Follow us on fb page:
[kqhda.india](https://www.facebook.com/kqhda.india)

KQHDA Activities:

- Free Medical camps conducted regularly for the benefit of suffering mankind.
- Immune Boosters distribute during epidemics as a gesture of social responsibility
- Free CMEs conducted on 1st sunday of every month since 1992 for the benefit of the practitioners and students of homoeopathy.
- Sponsors a Gold medal every year for the topper in Materia medica during the Convocation of RGUHS.
- Organises National Seminar in the month of April every year to commemorate the birthday of Dr. Samuel Hahnemann.

Come & Join as a
Life-member
of KQHDA....



Dr. Latha Devarajan¹, Dr. Dolphin², Dr. Delna Tarapore³, Dr Savitha⁴, Dr Amrutha⁵ Dr. Prashant Tamboli⁶

1 Principal Investigator, 2-5 Homoeopathic consultants 6 Head, Dept. of Research & MIS

1-5Dr. M. L. Dhawale Memorial Homoeopathic Institute, Bangalore

6 Dr. M. L. Dhawale Memorial Trust, Mumbai

BENEFICIAL IMPACT OF HOMOEOPATHY IN SLOW LEARNERS: A PILOT STUDY

Abstract

Academic performance constitutes an important benchmark in evaluating a child's progress. According to DSM, the Indian Intelligence Quotient (IQ) scale, children falling in the range of 71 to 84 are called as slow learners. The key management of slow learners lies in identification, diagnosis, and prompt intervention; remedial and non-remedial.

The standard line of treatment for slow learners is open schools or vocational training. Homoeopathic literature has shown that the condition of slowness can be improved.

A one-year pilot study was conducted in three rural schools of Bangalore Rural and Ramnagar districts by the Dr. M. L. Dhawale Memorial Homoeopathic Institute, Bangalore, to explore the role of Homoeopathic medicines in slow learners. Children under treatment have shown encouraging results in academic performance, especially reading comprehension, maths and improvement in self esteem and social skills. These encouraging results should be

followed up through a carefully designed research study.

Key words: *Slow learner, Homoeopathic therapy, non-remedial interventions.*

Introduction

Slow learner is a term used to describe the child whose learning in all areas is delayed as compared to a child in the same chronological age. Slow learner is not a single disorder but is composed of six disabilities namely reading, writing, comprehension, vocabulary (grammar), maths and social skills, occurring in various combinations. Several biological and environmental factors act as causative and maintaining factors to produce various grades of difficulties in cognitive, communicative, and efficient functioning thereby lowering the self esteem of a child. Slow learners have an impaired ability to deal with abstract or symbolic material, i.e. language, numbers and concepts which are very limited, and the reasoning in practical situations is inferior to that of average students.



Slow learners comprise up to 7% of the school-going population and a few studies have been conducted to identify their problems. A substantial number of cases remain undetected, and the ones detected by parents and teachers is 'accidental'. Usually, the problem is noticed when the child fails to cope up with the schoolwork especially at the secondary level. During the last decade or two, an increased awareness amongst teachers has helped early identification of children with slowness in learning. Diagnosing cases in vernacular medium from rural part of India is still a major challenge as there are no special facilities such as Clinical psychologist or psychometric assessment. To diagnose slow learner, a multidisciplinary team comprising of paediatrician, clinical psychologist, and counsellor is required. Such teams are rarely available and hence the problem seems to be much larger than what the actual prevalence suggests.

The problems of slow learners along with their academic development, severe emotional distress, low self-esteem, and by adolescence risk to develop mood and conduct disorders have been reported. These children require special care and attention which are fulfilled through Remedial education. It plays an important role in teaching the child complex concepts in a simple way. Providing Remedial education is the standard treatment modality that is universally accepted. However, the availability of such a facility in the vernacular medium of rural India is remote. Therefore, in this study this therapy was not included.

Slow learners cannot be equated with any other form of academic backwardness as in these children there is slowness in understanding and processing of information. This disease is not out of any structural abnormality of a specific part of the brain, the whole brain and its functioning is affected. Homoeopathy may have a scope in such cases as it deals with the individual sensitivity. There is ample literature available in the materia medica where the action of various homoeopathic remedies in cognitive function and overall slowness of learning find mention. Materia Medica and Repertories enumerate many symptoms like slowness in comprehension, memory, writing, reading or calculations⁶. There is, therefore, enough ground to postulate that Homoeopathy may have a significant role in the management of slow learners and comorbid conditions. This pilot study has been undertaken in the Bangalore Rural and Ramnagar Districts.

Aims: Exploring the scope of Homoeopathy in the management of slow learners.

Objectives:

1. Identifying the slow learners studying in the vernacular medium in rural schools.
2. Identifying the areas of predominant difficulties in reading, writing, comprehension, memory, and self-esteem in each such child.
3. Arriving at a comprehensive problem definition and resolution and identifying chronic deep acting remedy, potency, and frequency.



4. Assessing the comprehensive scholastic progress which includes qualitative assessment and improvement in social skills and self esteem.
5. Evaluating the role of Homoeopathy in treating these conditions along with counselling for management of maintaining factors in the environment.

Methodology:

Research Design: An experimental uncontrolled study

Sampling Method: Simple random sampling

Schools undertaken for the projects: Three Government schools

Study Duration: 1 year

Inclusion Criteria:

- Students fifth to seventh grade
- Both genders
- Diagnosed cases of Slow learner as per DSM IV criteria

Exclusion Criteria:

- Children having malnutrition
- Children having any psychiatric illness along with slow learner

The three schools selected came under the Bangalore Rural and Ramnagar districts. The principals of the three schools gave a written permission which stated that the MLDMHI Bangalore branch can conduct screening, IQ testing and give Homoeopathic medicines. The panchayats of the three villages were explained about the project and parent's consent was taken.

Method for Enrolment:

- Principal and Teachers' orientation was done at the beginning of the study. They were sensitized to this condition by making them aware of the common classroom presentations as most of the time these children are labelled as 'dull'. Their role in their identification and the importance of regular follow up of these children was emphasized.
- Screening was done to identify the students
- IQ testing was done by Clinical Psychologist and the diagnosis was confirmed as per the DSM IV criteria.
- Parents of the selected children were oriented to the diagnosis of slow learners, its prognosis and management.
- Pre assessment based on a proforma created was carried out to assess the change in the reading, comprehension, vocabulary, communication and writing patterns, social skills and confidence levels
- Social skills and self-esteem were not formally assessed but overall change in the child was noted and his communication with peers, teachers and parents as noted to make tentative conclusions.

**Do not miss
the CME
by KQHDA
on 1st Sunday of
Every month**



Management:

- All the enrolled children were given non remedial measures counselling both at individual and family to tide over maintaining stressors in environment, children also had tutors for helping with reading writing maths and communication.
- Homoeopathic treatment was finalized after individual case definition and case processing as per the guidelines given in principles of Homoeopathic practise.
- Posology was decided as per the guidelines written in Principles and Practice.

Observations and Results:

Table 1: Procedure: Identification of Children

Procedure undertaken	No. of children
Screening	300
IQ Testing	100
Informal assessment	50
Students diagnosed as slow learners	30
Enrolment for the Project	30

30 children from a school in Government schools of Vaderhalli, Gabaddi and Kagalipura in Bangalore Rural and Ramnagar Districts studying in 5th to 7th standard were selected for the purpose of study and were diagnosed as slow learners.

Table 2: Standard-wise distribution

Standard	Total No. of children
5	11
6	16
7	3
Total	30

11 children were from the 5th standard, 16 from the 6th standard and 3 from the 7th grade.

Table 3: Age- wise Distribution across sample

Age	No. of Children
11	11
12	16
13	3
Total	30

90 % of children in the 11 to 12 age group were enrolled in the project.

Table 4: Male: Female Ratio in study

Sex	No. of Children
Males	12
Females	18
Total	30

The ratio of male: female is 2:3 indicating 33 % of males being affected vis-à-vis 66% of females enrolled in the study.

All the children in the pilot project hailed from lower middle class.



Physical Complaints:

Table 5: Percentage of co-morbid conditions

Co-morbid conditions	Percentage
ADD	10
Constipation	22
Enuresis	18
Recurrent cold and cough (respiratory illnesses)	50
Headache	17
Worms	23

50 % of children suffered from recurrent respiratory tract infections, which form the majority as compared to other ailments. It is interesting to note that all children suffered from some physical ailment or the other, indicating the need for a proper diet and hygiene orientation in this group.

Table 6: Post Assessment Changes in academic difficulties

Post Assessment Changes in	Problem present in %	Post Rx in %
Reading Difficulty	100	15
Comprehension Difficulty	100	15
Grammar	100	55
Writing Difficulty	100	59
Vocabulary	100	20
Maths Difficulty	100	40
Social skills	100	15
Self esteem	85	15
Physical Complaints	94	11

Table 7: Remedies used represented in Percentage

Remedies	Used in case %
Calcarea Carb	22
Calcarea Iod	18
Baryta Carb	17
Silicea	13
Mag Carb	10
Calc Phos	10
Nat Phos	7
Nat Mur	3

200th potency was used in all the cases with infrequent repetition.

Discussion:

The prevalence of slow learners is around 10% in this study compared to the earlier studies that indicated more than 7% prevalence. This is due to poor awareness about the problem amongst parents and teachers. Non availability of doctors and facilities to do IQ testing makes diagnosis further difficult especially in the rural parts of the country.

All the children enrolled in the pilot project came from lower- middle economic strata. Their educational difficulties got compounded with lesser educational inputs from parents and a non-conducive educational environment. In most cases, parents were unaware of the problem and assumed that the child did not want to study and hence the child was reprimanded for the same. These children were also looked down by the peer group affecting the child's self-esteem. In this study, the girls outnumbered boys. Though there is no genetic or gender related issue, but it is a major social one. Thus, the problem of slow learner was not only restricted to academic difficulties, but also to the differences at personal and social level.



Homoeopathic management being holistic, had not only made changes in the academic functions, but also it brought about major improvement in self-esteem and social skills, as reported by class teacher and Principal of School. The results from the study support this aspect. Out of various cognitive functioning, maximum improvements is observed in reading ability, comprehension followed by grammar and mathematics. However, improvement was lesser in reading comprehension. Similarly, writing involves more than one function hence the improvement is much slower in writing. This will act as a background for taking further studies. Improvement in physical complaints was also seen along with improvement in cognitive functioning and self esteem.

The group of remedies were mainly from the mineral group. This study shows specific action of these remedies on improvement in cognitive functions as well as mind.

Conclusions:

- Homoeopathic medicines have shown good results in cases of slow learners.
- There is definite improvement in reading and comprehension after one year of treatment, though change in writing would take a longer time for significant improvement.
- Self esteem and social skills improved after giving homoeopathic treatment.



Recommendations:

1. Conducting orientation programmes and workshops for principals, teachers and parents is necessary for early diagnosis of slow learners to help assist with their special needs.
2. Enumerating systematic screening procedure for identification of these children.
3. Formulation and standardization of Informal Tests in the kannada/local language for carrying out assessment. These could be standardized for further use.
4. Devising concrete baseline input and outcome assessment forms for a detailed analysis of result.
5. Quantification of symptoms of slow learners, so that statistical analysis can be performed.
6. Sponsorship to the project to be obtained so that a more complete research analysis can be taken up for study.

**Lifetime Membership Fee
Rs. 5000/-**

**Account Name: KQHDA
State Bank of India
R.T. Nagar, Branch
Account No. : 64214361708
IFSC Code : SBIN0040617**

Donations are accepted

**Donations and all the payments
done are exempted from
Income Tax 80g of the
IT Act 1961**

**To Advertise here/ Sponsor the CME/
And other details:
E-mail us to kqhda1992@gmail.com
or Contact:
Dr Sreenivasulu- 9845851467**



ಡಾ. ಅನುಪಮಾ ದೇಶಮುಖ್ MD[Homoeo], PGCHFWM

ಹೋಮಿಯೋಪತಿ ವೈದ್ಯರು - ಹೋಮಿಯೋ ವೈಬ್ಸ್

ಪ್ರಾಧ್ಯಾಪಕ ಮುಖ್ಯಸ್ಥರ - ಸಮುದಾಯ ವೈದ್ಯ ಶಾಸ್ತ್ರ ವಿಭಾಗ, ಬಿಬಿಹೆಚ್‌ಎಂಸಿ, ಬೆಂಗಳೂರು

ಗೀಳು ಮನೋರೋಗ

ಆಕೆ ೩೫ ವರ್ಷದ ಗೃಹಿಣಿ. ಮನೆಯನ್ನು ತುಂಬಾ ಅಚ್ಚುಕಟ್ಟಾಗಿ ನಿರ್ವಹಿಸುತ್ತಿದ್ದ ಆಕೆಗೆ ಮೊದಲಿಂದಲೂ ಸ್ವಚ್ಛತೆಯ ಬಗ್ಗೆ ಕಾಳಜಿ. ತಾನು ಸಾಕಿದ ನಾಯಿಯ ಪ್ರೀತಿ ಹಾಗೂ ಅದನ್ನೂ ಕೂಡ ಅಷ್ಟೇ ಸ್ವಚ್ಛವಾಗಿಟ್ಟಿದ್ದಳು. ಅಷ್ಟೆಲ್ಲ ಮನೆ ಕೆಲಸದ ಮಧ್ಯೆಯೂ ತನ್ನ ಕಥಕ್ ನೃತ್ಯದ ಕ್ಲಾಸುಗಳನ್ನು ಯಾವತ್ತೂ ತಪ್ಪಿಸುತ್ತಿರಲಿಲ್ಲ. ಈ ಮಧ್ಯೆ ಬಂದ ಕೋವಿಡ್ ಮಹಾಮಾರಿಯಿಂದಾಗಿ ಆಕೆಯ ಗಂಡನಿಗೆ ಸೋಂಕು ತಗುಲಿತು. ತನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರ ಮೇಲಿದ್ದ ಆಕೆಯ ಅತೀವ ಪ್ರೀತಿ ಮತ್ತು ಕಾಳಜಿ ಆಕೆಯ ಕೆಲಸದ ಒತ್ತಡವನ್ನು ಮತ್ತಷ್ಟು ಹೆಚ್ಚಿಸಿತು. ಆತನ ಆರೈಕೆಯನ್ನು ಚಾಚೂ ತಪ್ಪದೇ ಮಾಡಿದ್ದಲ್ಲದೇ, ತನ್ನ ಅತ್ತೆ- ಮಾವ ಹಾಗೂ ಮಗುವಿಗೆ ಸೋಂಕು ತಗಲದಂತೆ ನೋಡಿಕೊಂಡಳು. ಈ ಎಲ್ಲ ಒತ್ತಡಗಳೊಂದಿಗೆ ಆಕೆಗೆ ಸೋಂಕಿನ ಭಯ ಅತಿಯಾಗಿ ಕಾಡತೊಡಗಿತು. ಮೊದಲೇ ಸ್ವಚ್ಛತೆಯ ಗೀಳಿದ್ದ ಆಕೆಗೆ, ಈ ಭಯ ಸೇರಿಕೊಂಡು, ಪದೇ ಪದೇ ಕೈ ತೊಳೆಯುವುದು, ನೆಲ ಒರೆಸುವುದು, ಪಾತ್ರೆ ತೊಳೆಯುವುದೇ ದಿನಚರಿಯಾಗತೊಡಗಿತು. ಹಾಗೆ ಮಾಡದಿದ್ದಲ್ಲಿ ಏನೋ ವಿಚಿತ್ರವಾದ ಸಂಕಟ, ಭಯ, ಚಡಪಡಿಕೆ ಶುರುವಾಗಿ, ನಿಧಾನವಾಗಿ ಆಕೆಯ ನಿದ್ರೆ ಕಡಿಮೆಯಾಗಿ ಸುಸ್ತಾಗತೊಡಗಿತು.

ಈ ಹಂತದಲ್ಲಿ ಚಿಕಿತ್ಸೆಗೆಂದು ಬಂದ ಆಕೆಗೆ ಎಲ್ಲ ವಿವರಗಳನ್ನು ತೆಗೆದುಕೊಂಡ ನಂತರ ಕಾರ್ಸಿನೋಸಿನ್ ಎಂಬ ಹೋಮಿಯೋಪಥಿ ಔಷಧಿಯನ್ನು ನೀಡಲಾಯಿತು. ಸುಮಾರು ಒಂದು ತಿಂಗಳ ಅವಧಿಯಲ್ಲಿ ನಿಧಾನವಾಗಿ ಆಕೆಯ ಭಯ, ಆತಂಕ ಕಡಿಮೆಯಾಗುತ್ತ, ನಿದ್ರೆಯಲ್ಲೂ ಸುಧಾರಣೆ ಕಂಡು ಬಂದಿತು. ಆಪ್ತ ಸಮಾಲೋಚನೆಯ ಬಳಿಕ ಇನ್ನೂ ಸ್ವಲ್ಪ ದಿನ ಚಿಕಿತ್ಸೆಯನ್ನು ಮುಂದುವರೆಸುವಂತೆ ಆಕೆಗೆ ಸಲಹೆ ನೀಡಲಾಯಿತು.

ಆಕೆಗಿದ್ದುದು ಗೀಳು ಮನೋರೋಗ [Obsessive Compulsive Disorder]. ಇದರ ಚಿಕಿತ್ಸೆಗೆ, ಕೌನ್ಸೆಲ್ಲಿಂಗ್ ಹಾಗೂ ಹೋಮಿಯೋಪಥಿ ಔಷಧಿಯ ಜೊತೆ ಕುಟುಂಬದ ಸಹಕಾರವೂ ಅತ್ಯಗತ್ಯ.

ಏನಿದು ಗೀಳು ಮನೋರೋಗ?

ಸದಾ ಕಾಡುವ ಅವೈಚಾರಿಕ ಆಲೋಚನೆಗಳಿಂದ [Obsession] ಉಂಟಾಗುವ ಒತ್ತಡದಿಂದ ಪುನಾರಾವರ್ತನೆಯಾಗುವ ಒತ್ತಾಯಪೂರ್ವಕವಾದ ಕ್ರಿಯೆಗಳಲ್ಲಿ ತೊಡಗಿಸಿಕೊಳ್ಳುವ [Compulsion] ಮನುಷ್ಯನ ಸ್ಥಿತಿಗೆ ಗೀಳು ಮನೋರೋಗ ಎನ್ನುತ್ತಾರೆ. ಗೀಳು ಮನೋರೋಗ ಬರೀ ಶುಚಿತ್ವಕ್ಕಷ್ಟೇ ಸಂಬಂಧಿಸಿರದೇ ಹಲವು ಸ್ವರೂಪಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳಬಹುದಾಗಿದೆ.



ಕಾರಣಗಳು:

ಅನುವಂಶೀಯತೆ: ಗೀಳು ಮನೋರೋಗ ಕೆಲವೊಮ್ಮೆ ವಂಶಪಾರಂಪರ್ಯವಾಗಿ ಬರಬಹುದು.

ನರವೈಜ್ಞಾನಿಕ ಅಂಶಗಳು: ಮೆದುಳಿನ ವಿವಿಧ ಭಾಗಗಳ ನಡುವೆ ಸಂವಹನದ ಸಮಸ್ಯೆ ಉಂಟಾದಾಗ, ಮಾಹಿತಿಯ ಸಂಸ್ಕರಣಗೊಳ್ಳದೆ ಮೆದುಳು ತಪ್ಪುಗಳನ್ನು ಮಾಡತೊಡಗುತ್ತದೆ. ಸೆರೋಟೋನಿನ್ ಎಂಬ ರಾಸಾಯನಿಕದ ಅಸಮತೋಲನ ಕೂಡ ಇದಕ್ಕೆ ಕಾರಣ.

ಜೀವನದಲ್ಲಾಗುವ ಬದಲಾವಣೆಗಳು: ಜೀವನದಲ್ಲಾಗುವ ಹಲವು ಮಹತ್ವದ ಬದಲಾವಣೆಗಳು ಒತ್ತಡವನ್ನು ಸೃಷ್ಟಿಸಿ ಇದಕ್ಕೆ ಕಾರಣವಾಗಬಹುದು.

ವ್ಯಕ್ತಿತ್ವ: ಅತಿಶಿಸ್ತು, ಅಚ್ಚುಕಟ್ಟು, ಮುಂದಾಳತ್ವ ವಹಿಸುವ ವ್ಯಕ್ತಿತ್ವ ಇರುವವರು ಇದಕ್ಕೆ ತುತ್ತಾಗಬಹುದು.

ಆಘಾತಗಳು: ತೀವ್ರವಾದ ಮನಸ್ಸಿನ ಆಘಾತಗಳು, ಮೇಲಿನ ಉದಾಹರಣೆಯಲ್ಲಿ ಕಂಡಂತೆ, ಮೊದಲೇ ಶಿಸ್ತಿನ ಸಿಪಾಯಿಯಾಗಿದ್ದ ಹೆಣ್ಣುಮಗಳಲ್ಲಿ, ತಾನು ಪ್ರೀತಿಸುವವರು ಸೋಂಕಿತರಾದಾಗ ಸೋಂಕಿನ ಭಯವೂ ಸೇರಿ, ಮತ್ತೆ ಮತ್ತೆ ಕೈ ತೊಳೆಯುವ ಗೀಳು ಶುರುವಾಯಿತು.

ಲಕ್ಷಣಗಳು :

ಪದೇ ಪದೇ ಮನಸ್ಸಿನೊಳಗೆ ಬರುವ ಆಲೋಚನೆಗಳು ಅರ್ಥಹೀನ ಎಂದು ಗೊತ್ತಿದ್ದೂ, ಹತೋಟಿಗೆ ತರಲಾಗದೆ ಅನುಭವಿಸುವ ಹತಾಶೆ, ಆತಂಕ, ಬೇಸರ, ಮಾನಸಿಕ ಹಿಂಸೆ, ತಲೆ ನೋವು, ನಿದ್ರಾಹೀನತೆ, ಖಿನ್ನತೆ. ಮಾಲಿನ್ಯ ಹಾಗೂ ಸೋಂಕಿನ ಭಯ. ಅದರಿಂದಾಗಿ ಪದೇ ಪದೇ ಕೈ ತೊಳೆಯುವುದು. ಮರೆವು, ಅಭದ್ರತೆ [ಉದಾ: ಪದೇ ಪದೇಬಾಗಿಲ ಚಿಲಕ ಪರಿಶೀಲಿಸುವುದು], ಬೇಡದ ಆಲೋಚನೆಗಳು [ಲೈಂಗಿಕ, ಶಿಸ್ತಿನ], ನೈತಿಕತೆ ಮತ್ತು ಅತಿಯಾದ ಮೂಢನಂಬಿಕೆಗಳು

ಎಣಿಕೆ: ಉದಾ: ಮಹಡಿ ಏರುವಾಗ ಮೆಟ್ಟಿಲುಗಳನ್ನು ಎಣಿಸುವುದು, ದಾರಿಯಲ್ಲಿ ಬೀದಿ ದೀಪಗಳನ್ನು ಎಣಿಸುವುದು ಇತ್ಯಾದಿ. ಒಂದು ವೇಳೆ ಎಣಿಕೆ ಮಾಡುವಾಗ ಲೆಕ್ಕ ತಪ್ಪಿ ಹೋದರೆ ಅವರು ಮತ್ತೆ ಮೊದಲಿನಿಂದ ಎಣಿಸುವುದು

ಅನುಕ್ರಮ ಜೋಡಣೆ: ಯಾವುದೋ ಒಂದು ನಿರ್ದಿಷ್ಟ ರೂಢಿ ಅಥವಾ ವಿಧಾನವನ್ನು ಮತ್ತೆ ಮತ್ತೆ ಅನುಸರಿಸುವುದು. ವಸ್ತುಗಳನ್ನು ನಿರ್ದಿಷ್ಟ ಸ್ವರೂಪದಲ್ಲಿ ಮತ್ತೆ ಮತ್ತೆ ಜೋಡಿಸುವುದು.

ಕೂಡುವುದು: ಎಸೆಯಬೇಕಾದ ವಸ್ತುಗಳನ್ನು ಶೇಖರಿಸಿಡುವುದು.

ಆತ್ಮಹತ್ಯೆಯಂತಹ ಆಲೋಚನೆಗಳು

ಇಂತಹ ವ್ಯಕ್ತಿಗಳ ದಿನನಿತ್ಯದ ಕಾರ್ಯಚಟುವಟಿಕೆಗಳಿಗೆ ಬಾಧೆ ಆಗುತ್ತಿದ್ದರೆ ಅಥವಾ ಸಂಬಂಧಗಳ ಮೇಲೆ ಪ್ರತಿಕೂಲ ಪರಿಣಾಮ ಬೀರುತ್ತಿದ್ದರೆ, ಕೆಲಸ ಅಥವಾ ಕಲಿಕೆಗೆ ತೊಂದರೆ ಉಂಟು ಮಾಡುತ್ತಿದ್ದರೆ ಅವರಿಗೆ ತತ್ಕ್ಷಣ ವೈದ್ಯರನ್ನು ಸಂಪರ್ಕಿಸುವ ಅಗತ್ಯ ಇರುತ್ತದೆ.

ಚಿಕಿತ್ಸೆ:

ಗೀಳು ಮನೋರೋಗದ ಚಿಕಿತ್ಸೆಯು ದೀರ್ಘ ಕಾಲದಾಗಿದ್ದು, ಮನೋವೈದ್ಯರ ಮಾರ್ಗದರ್ಶನದ ಅವಶ್ಯಕತೆಯಿರುತ್ತದೆ. ಬೇಡದ ಆಲೋಚನೆಗಳನ್ನು ಮನಸ್ಸಿನೊಳಗೆ ಬರದಂತೆ ತಡೆಗಟ್ಟಲು ನಡವಳಿಕಾ ಚಿಕಿತ್ಸೆ ನೀಡಬೇಕಾಗಬಹುದು [Cognitive Behavioural Therapy]. ಮನೋಚಿಕಿತ್ಸೆಯ ಜೊತೆ ಹೋಮಿಯೋಪಥಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಕೊಟ್ಟಾಗ, ಅದು

ಅತ್ಯಂತ ಪರಿಣಾಮಕಾರಿ ಚಿಕಿತ್ಸೆಯಾಗಬಲ್ಲದು. ಮುಂದೆ ಇಂತಹ ಲಕ್ಷಣಗಳು ಮರುಕಳಿಸದಂತೆ ಧ್ಯಾನ, ಯೋಗ, ಪ್ರವಾಸ, ಪ್ರಕೃತಿ ವೀಕ್ಷಣೆ, ಸಂಗೀತ ಇಂತಹ ಮನೋಲಾಸ ನೀಡುವ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ತೊಡಗಿಸಿಕೊಂಡಾಗ ಈ ಆತಂಕದಿಂದ ಹೊರಬರಲು ಸುಲಭವಾಗುವುದು.



ಹೋಮಿಯೋಪಥಿಯಲ್ಲಿ ಬಳಸುವ ಇತರ ಔಷಧಿಗಳು :

ಆರ್ಸ್ ಆಲ್ಬ : ಅತಿಯಾದ ಮಾನಸಿಕ ಮತ್ತು ದೈಹಿಕ ತುಮುಲತೆ, ಶಿಸ್ತು ಹಾಗೂ ಸ್ವಚ್ಛತೆಯ ಗೀಳು, ಸೋಂಕು ಮತ್ತು ಸಾವಿನ ಭಯ, ಎಲ್ಲವನ್ನೂ ಅನುಕ್ರಮವಾಗಿ ಜೋಡಿಸುವುದು, ಅಲರ್ಜಿಗಳ ಮೈಗುಣ ಇರುವಂತಹ ವ್ಯಕ್ತಿಗಳಿಗೆ ಇದನ್ನು ಕೊಡಲಾಗುತ್ತದೆ. ಗೀಳು ಮನೋರೋಗದಲ್ಲಿ ಅತಿ ಹೆಚ್ಚು ಉಪಯೋಗಿಸುವ ಔಷಧಿ ಇದಾಗಿದೆ. ಅದರಲ್ಲೂ ಕೋವಿಡ್ ಸಮಯದಲ್ಲಿ ರೋಗನಿರೋಧಕ ಶಕ್ತಿ ಹೆಚ್ಚಿಸಲು ಇದೇ ಔಷಧಿಯನ್ನು ಕೊಡಲಾಗಿತ್ತು ಹಾಗೂ ಆ ಸಮಯದಲ್ಲಿ ಜನರಲ್ಲಿ ಉಂಟಾದ ಭೀತಿ , ಸ್ವಚ್ಛತೆಯ ಗೀಳು ಕೂಡ ಕಡಿಮೆ ಮಾಡಲು ಹೆಚ್ಚಿನ ಸತ್ವಾದ್ಯದಲ್ಲಿ ಈ ಔಷಧಿಯನ್ನು ಉಪಯೋಗಿಸಲಾಗಿತ್ತು.

ನ್ಯಾಟ್ರಮ್ ಮೂರ್ : ವ್ಯಾಧಿ ಭ್ರಮೆ, ಆತಂಕ, ಅಡವಿಟ್ಟ ದುಃಖ, ಸ್ವಚ್ಛತೆಯ ಗೀಳು, ಸೋಂಕಿನ ಭಯ, ಕಳ್ಳರ ಭಯ, ಬಾಗಿಲಿನ ಬೀಗವನ್ನು ಪದೇ ಪದೇ ಪರಿಶೀಲಿಸುವುದು, ಉಟದಲ್ಲಿ ಅತಿಯಾದ ಉಪ್ಪು ಸೇವಿಸುವುದು, ಮಲಬದ್ಧತೆ ಮುಂತಾದ ಲಕ್ಷಣಗಳುಳ್ಳವರಿಗೆ , ಅದರಲ್ಲೂ ಹೆಂಗಸರಿಗೆ ಸಾಮಾನ್ಯವಾಗಿ ನೀಡುವಂಥ ಔಷಧಿ ಇದಾಗಿದೆ.

ಕಲ್ಕೇರಿಯ ಕಾರ್ಬ್ : ಸುಸ್ತು , ಮಾನಸಿಕ ಹಿಂಸೆ, ತನಗೆ ಹುಚ್ಚೇ ಹಿಡಿದುಬಿಡುವ ಆತಂಕ, ಇಂತಹ ನಿರಂತರ ಅರ್ಥಹೀನ ಆಲೋಚನೆಗಳಿಂದ ಉಂಟಾಗುವ ನಿದ್ರಾಹೀನತೆ. ಈ ಆಲೋಚನೆಗಳಿಂದ ಮುಕ್ತಿ ಪಡೆಯಲು ತನ್ನೆಲ್ಲ ಕೆಲಸಗಳನ್ನು ಪಕ್ಕಕ್ಕಿಟ್ಟು ಕಡ್ಡಿ ಮುರಿಯುವ ಕೆಲಸ ಮಾಡುವುದು, ಸೋಂಕಿನ ಭಯ ಇರುವಂತಹ ವ್ಯಕ್ತಿಗೆ ಈ ಔಷಧಿಯನ್ನು ನೀಡಲಾಗುತ್ತದೆ.

ಇವಲ್ಲದೇ ಲಕೇಸಿಸ್ , ನಕ್ಸ್ ವೊಮಿಕ , ಮೆಡೋರಿನಂ ಇತ್ಯಾದಿ ಔಷಧಿಗಳನ್ನು ಕೂಡ ಮನುಷ್ಯನ ರೋಗಲಕ್ಷಣ ಹಾಗೂ ವ್ಯಕ್ತಿತ್ವಕ್ಕನುಗುಣವಾಗಿ ನೀಡಬಹುದು.

ನಿಯಮಿತ ಔಷಧಿಯ ಸೇವನೆ, ಮನೋರೋಗಕ್ಕೆ ಸಂಬಂಧಿಸಿದ ಪುಸ್ತಕಗಳನ್ನು ಓದುವುದು, ಧ್ಯಾನ ಆಶಾಮನೋಭಾವ ಈ ಎಲ್ಲ ಅಂಶಗಳಿಂದ ಈ ರೋಗವನ್ನು ಗುಣಪಡಿಸಬಹುದು.

BRAINVITA

1. Identify the plant and give the common name?



2. Identify the drug and its common name?

- Claustrophobia
- Great apprehension breaks into profuse sweat and sets into diarrhea.
- Desire for sweets
- Suicidal tendency also fear of death.

3. Identify this pioneer and which book he has written?



4. Name the disease and its key features?



Answers of Brainvita Issue 3 October 2021:

1. Abroma Augusta, CN: Devil's Cotton
2. Bullous Pemphigus
3. Dr Constantine Hering, Hering's Guiding symptoms of our Materia Medica
4. Cocculus Indicus, CN: Indian Cockle

and the
WINNERS are...

*Dr Jayshree Prasad
Dr Ananya Vuppula*



From Nature.
For Health.

Protection against acute
& chronic liver disorders

Alpha-Liv™

Liver Tonic & Drops

For common liver disorders

- Improves the functional efficiency of the Liver
- Liver cirrhosis, jaundice and gallstones; alcohol liver damage
- Indicated in fatty liver and sluggish liver



Composition:		
Each 100 ml contains:		
Carduus marianus	o	10%
Hydrastis canadensis	o	1%
Acidum citricum	1x	5%
Chelidonium majus	o	2%
Podophyllum peltatum	o	1%
Andrographis paniculata	o	5%
Ipecacuanha	o	1%
Excipients Q.S.		
Alcohol content	v/v	11.5%

Dosage:

Unless otherwise prescribed, 1-2 teaspoon thrice daily. Children should be given half the adult dose.



NEW LAUNCH



Composition:

Acidum citricum	3X	20%
Andrographis paniculata	3X	20%
Carduus marianus	3X	40%
Chelidonium majus	3X	8%
Hydrastis canadensis	3X	4%
Ipecacuanha	3X	4%
Podophyllum peltatum	3X	4%
Excipients Q.S.		

Dosage:

10-20 drops 2-3 times a day.

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

Correct the digestive system naturally with...

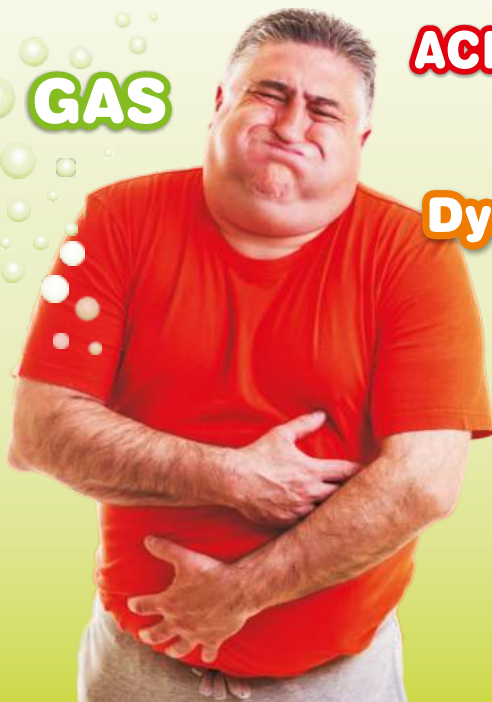
GAS

ACIDITY

Dyspepsia

Dizester®

DIGESTIVE TONIC



- Improves impaired digestion
- Useful in dyspepsia, deranged digestion & flatulence
- Prevents gastric troubles after excessive eating

Composition:

Foeniculum vulgare	Ø	3%	v/v
Mentha piperita	Ø	3%	v/v
Nux moschata	Ø	2%	v/v
Zingiber officinalis	Ø	2%	v/v
Asafoetida	Ø	2%	v/v
Carum carvi	Ø	2%	v/v
Terminalia arjuna	Ø	1%	v/v
Excipients Q.S.			
Alcohol content		11.9%	v/v

SUGAR FREE



Dosage:

1-2 teaspoon 2-3 times daily, ½ teaspoon every 1-3 hours during acute indigestion. Children should be given half of the adult dose.



Dr. Willmar Schwabe
India
From Nature. For Health.



Available in: 100ml, 200ml & 500ml

PHOTOGALAXY

Team KQHDA with
Dr. D. P. Rastogi and Dr. Aniruddh Verma
at National Workshop on Research in
Homoeopathy, NIAS, Bengaluru in 1997



Team KQHDA with
Late. Dr. Aniruddh Verma
at National Conference
Kanyakumari 2012

Team KQHDA with
Dr. J.B.D. Castro, Former Principal of
Homoeopathic Medical College,
Chandigarh, Dr. Meera Castro, &
Dr. Dole, Principal,
Homoeopathic Medical College,
Maharashtra, at IISc., Bengaluru in 2004

