



KQHDA HOMOEOPATHIC SANDESH



KARNATAKA QUALIFIED HOMOEOPATHIC DOCTORS' ASSOCIATION ®

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Happy Ugadi





Editor's Message

Dear Friends,

Editor in Chief :
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Editorial Team :
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Dr. Chiranth
Dr. Trupti Pai
Dr. Amit V. Rolli
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“India is ageing much faster than previously thought and is expected to have nearly 20% population of the world’s 60 years and above by 2050 with the largest number of older adults in the world,” said Prasun Chatterjee, Department of Geriatrics, All India Institute of Medical Sciences (AIIMS). In India, geriatric health care is changing with national programme for the Health Care of Elderly (NPHCE) being in process of implementation across the country. “The objective is to provide easy access to promotional, preventive, curative and rehabilitative services to the elderly through community based primary healthcare approach, capacity building of the medical and paramedical professionals as well as the care-takers within the family.

India is ageing fast. Very soon as the country will rank first in global population, it will also become home to nearly 32 crores elderly people (above 60 years). Thanks to the tremendous advancements in healthcare sector, we have a higher life expectancy today. But the question is, are we ageing well? Along with the longer life, our elderly population is forced to bear the brunt of chronic illnesses and rising medical expenditure. The quality of ageing has drastic impact on not just the individual but the overall economic and social status of the nation. Geriatric Rehabilitation can be one solution for making the inevitable aging healthy & happy.



Editor's Message

What is National Policy for older persons?

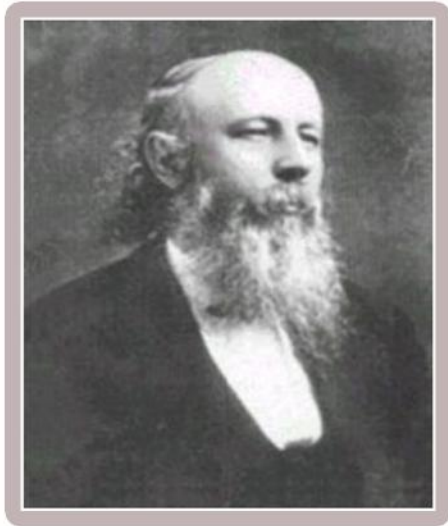
The National Policy on Older Persons (NPOP), 1999 envisages State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

Homeopathy for the elderly can be useful as it fulfills all the parameters required for being an ideal system of medicine for geriatric care. I thank Prof. Dr. Praveen Kumar Suwarna, Hyderabad, and Dr Trupti Pai, Mumbai for their articles. I congratulate our editorial board members for successfully completing one year.

Dear friends, I would like say love the life, your life will be longer, there is a saying,
“Those who love deeply never grow old, they may die of old age, but they die young”

**I wish all the readers of KQHDA HOMOEEO SANDESH,
A very HAPPY and HEALTHY “UGADI FESTIVAL”
With lot of affections**

**Prof.Dr.SHREEPAD HEGDE
Bangalore**



Pioneer

Dr. Carroll Dunham (1828-1877)

Born- 29th October 1828

Died- 18th February 1877

Dr. Carroll Dunham was born in New York on 29th October 1828. He graduated from Columbia University with Honour in 1847. He received M.D. at the college of Physicians and Surgeons of New York in the year 1850.

When he was working in Dublin, he sustained a dissecting wound that nearly killed him, but with the aid of homoeopathy he cured himself with Lachesis.

After that he visited various homoeopathic hospitals in Europe and then went to Munster where he stayed with Dr. Boenninghausen and studied the methods of that great master.

Dr. Dunham was a facile and agreeable writer, clear in his statements and felicitous in expression, his writings were chiefly contributions to the medical journals of his own school and comprise some of the most lucid and convincing expositions extant of the doctrines and practice of homoeopathy.

In the year 1860 he was editor of the "American Homœopathic Review," where he worked for almost three years.

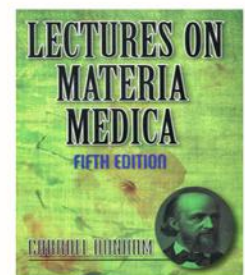
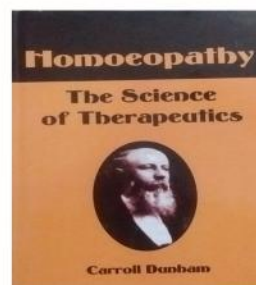
In 1865 he accepted the professorship of materia medica in the New York Homœopathic Medical College, a position that he filled for several years with great success.

Later he became Dean of the college, which by his administration was completely reorganized and established upon a permanent and prosperous basis.

He took to bed in Dec 1876 and passed away on Feb 18, 1877 in his 49th year.

Publications and Contributions:

- Lectures on Materia Medica.
- Homoeopathy--Science of Therapeutics.





PROF.DR.S.PRAVEEN KUMAR, DHMS, MBS(OSM), MD(HOM), (Ph.D)

Principal(Retd.),JSPSGHMC, HYD., Member: MARBH, N C H.

Member: Governing Council, NIH., Trustee: G H F. Asso. Editor, N J H.

Prof.,MNRHMC, HYD., Expert Committee Member, AYUSH,T S.

HOMOEOPATHY IN GERIATRICS

“An easy death, a life without hardships, is what everyone wishes in his/her life”. We should reach Geriatric age (Above 65 yrs of age) without much problems especially concerned with health and should lead life there after comfortably.

GERIATRICS

Geriatrics, or geriatric medicine, is a specialty that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults.

Ageing is defined as “increasing mortality with increasing chronological age in populations in the world”. It is characterized by a decline in muscle mass and strength. When this ageing process outreaches pathological levels, it is defined as sarcopenia.

WHO Classification of elderly individuals:

Elderly: 60-75 years

Old: 76-90 years

Very old: Above 92 years

EPIDEMIOLOGY- WORLD

The proportion of elderly people has been increasing. Geriatrics, the health care of the elderly, is therefore a considerable burden on health services.

Expected increase in older adults worldwide is estimated to increase from 420 to 974 million between 2000 and 2030.

EPIDEMIOLOGY- INDIA

India has nearly 120 million elderly people and it is suggested that by the year 2050, the number of elderly persons will rise to about 324 million. Currently, 7.7% of India’s population is above the age of 60.

Scope of Homeopathy in Geriatrics

In homeopathy, we treat each patient as Unique and holistic approach is adopted. Considering the prevalence of chronic diseases and their implications in old age, homeopathy deserves its own space with its scope and limitations for Geriatrics. Moreover, correct homoeopathic medication has no adverse or side effect upon health. In extreme conditions also it may not cure but promotes desirable painless death.



Cases pertaining to this Old age group treated with Homoeopathy

CASE 1: Sri. PHR, 64 years old, Retd. Forest officer assistant visited on 17-04-2018.

Chief Complaint: Since 1 year, has Aversion to all things he used to like before. (eg: meat.) Loss of appetite, indigestion

Sleeplessness-OSA.

Constipation

Thirstless

Heartburn often ---uses sada pan.

Had incontinence of urine, controlled by medication

K/C/O DM 2 (15 yrs), HTN (15 yrs), CAD-Post PTCA(9 yrs), old CVA- infarction (8 yrs).

Had giddiness 2 weeks ago and was hospitalised.

Investigations revealed metabolic encephalopathy.

CT Brain: Diffuse cerebellar atrophy, chronic Infarct with gliosis in rt. Occipital. Lobe & rt. Paracentral gyrus.

MRI brain: s/o. superadded subacute ischaemic changes.

CXR- PA: aortic knuckle calc.

2D Echo: normal

Usg abd. Mild diffuse fatty liver.

Endo: submucosal bulge oesophagus, small hiatus hernia, antral erosion.

PET CT: Metabolic Encephalopathy.

LIFE SPACE:

He is the Father-in-Law of a prominent figure in Telangana. After the formation of Telangana, he enjoyed well because of his Son in laws position.

Son in Law being straight forward, did not allow him to use his power. He used to love company a lot but now developed aversion to it.

Wants to be all alone. Does not meet anyone stays in farmhouse in Andhra and does not allow anyone to interact with him. Wife stays with their daughter in Hyderabad.

Rubrics taken by the assistant.

Mind-company, aversion to, desire for Rectum-constipation, difficult stool

Sleep-disturbed

Stomach-appetite, diminished

Stomach- aversion to meat

Stomach- desires, meat

Stomach- heartburn

Stomach- indigestion

Stomach- thirstless

Stool-hard.

Repertorial result revealed 3 polycrests but I had a doubt whether it is Puls or Sulph or Sepia or other drug?

After long persuasion I have visited him and collected some more information.

The added Rubrics are....

Contradicting and alternate states

Extreme weakness

Emotional suppression and deep guilty feelings

Sex drive increased.

Masturbates

Desires affection



h/o. Pneumonia 20yrs back and sickness off and on since then.

Used to travel a lot.

Desires alcohol but now it is not suiting.

Based on the whole picture he was given CARCINOSIN 1M, 10M , 50M and CM in last 3 months' time. Patient doing much better.

Follow up PET CT : No Metabolic abnormality / active lesion.

MRI Brain on 28-11-2018: lot of improvement in terms of diffuse cerebellar atrophy and acute changes. MR Angiogram showed hypoplasia of bilateral vertebral arteries.

CASE NO. 2

Lady aged 68 yrs. diagnosed to have Chronic APD / GERD since 5 years on allopathic medications. Since 6 months loss of appetite, thirstless, constipation, less sleep, not talking to anybody, no interest in anything. She is still having APD symptoms. On enquiry it was revealed that one of her close relatives died with Ca. Stomach after prolonged APD like symptoms. This has caused severe anxiety which led to depression.

This case can be treated as depression caused due to antacids or somato-psyhic disorder. She was put on ARS ALB 0/1 covering her symptoms and probable cause of antacids. She did not improve much. On further enquiry it was found that she developed APD after the death of her father to whom she was attached; and she

always used to fight with the husband on one or other old bad incidents. If the grief was the cause of APD/GERD it could be psycho-somatic disorder.

Based on these facts she was given NAT MUR 1M.

In the next follow up- She developed vomiting after NM 1M and she stopped all our medicines. But her sleep and appetite started improving. Slowly she gained confidence and continued medicine. She was put on SL and slowly and steadily she became alright. Now she is off the medicines.

CASE NO.3

60-year-old man came with symptoms of severe Sinusitis. Ig E was very high indicating severe Allergic phenomenon. Already on anti-fungal and steroid also.

Based on highly chilly nature and recurrent allergic phenomenon PSOR 0/1 was given but not much of relief. Then it was thought that his allergic phenomenon can be controlled with a low potency and specific remedy, he was given ARS IOD 6X Daily for 3 months. His symptoms subsided and the parameters also reduced.

CASE NO. 4

A 61-year-old man complained of Dysuria and mild difficult urination. Non-DM, Non HTN.

Past Family H/o revealed nothing significant. Diagnosed to have Rt.UVJ Calculus.

He was given SARSAPARILLA Q 10 DROPS TID FOR 2 WEEKS.

Pain completely subsided. In just two weeks' time the stone was passed in urine and the patient had complete relief.

CASE NO. 5.

A 60-year-old man was diagnosed with Adenocarcinoma of Stomach in inoperable stage. Very weak and Chemotherapy could not be tolerated.

He has all the symptoms of advanced pathology. Pain Abd, Loss of App., Weakness, Loss of Weight. Vomiting if anything is consumed with occ. red blood.

K./C/O. HTN.

At this stage I did not want to give deep acting remedies initially. He was given ORNITHOGALUM Q for 2 weeks and later was added with Phos 0/1 for 1 month.

He survived for 9 months without much suffering.

CASE NO. 6

Dr. GRR age 72 years was admitted to Kamineni Hospital in a comatose condition.

Diagnosed to have Coma [Drug over dosage,] Bilateral Aspiration Pneumonitis- Septicaemia, HTN, ARF, Multiple infarct disease. Treated conservatively and dialysis was also done and discharged after 1 month in Nov 2004. Since then S.Cr has been increasing and hemodialysis has not been able to control it.

His wife expired in September 2004 after 54 years of companionship. He could not bear the loss and consumed 20 tabs of sleeping pills on Oct 23rd, 2004. Looked very sad. He felt that it is worthless to live without the wife, its burdensome to his sons though they love him much. He is very sensitive to internal and external stimuli. He is very moody once looks happy and other times very sad. He does not want to share his grief nor he wants sympathy or consolation. He is highly conscientious.

Based on all these mental characteristics IGNATIA 1M was given. (Ars runs very close to it.)



The renal parameters slowly became alright. He never went for dialysis. After we have started our treatment also, 2 times he attempted to consume poison but averted by alert sons and daughters in-law. Since the treatment he is alright. He expired in 2012 without much complications or problems.

The above mentioned 6 cases show us the indispensable role of Homoeopathy in Geriatrics like any other age group.



AETIOLOGY

30% of the variation in longevity can be attributed to genetic factors, with the remainder being attributable to environmental and behavioural factors.

SPECIFIC CARE PLANS

Marjory Warren in Britain in the 1930s demonstrated that specific care plans for chronically ill older patients, previously considered to have “irremediable” conditions, could prevent many of the worst consequences of ageing.

Management of the geriatric problems can be done in three ways:

1. Prevention of early ageing and old age diseases and promotion of health.
2. Providing medical treatment for the present conditions depending on urgency, nature of diseases (surgical), moreover patient’s choice and feasibility.
3. Counselling the patients and relatives about ageing and other related factors of old age trouble as well as limitations.
4. Balanced, optimistic and openhearted lifestyle.

Case taking approach to older person:

- The physician must have a thorough understanding of how disease processes present in the older individual, and also the natural ageing phenomena.

- The initial interview should focus on functional decrements and includes on history, social support and subjective findings.

- While assessing the aged, consider using additional tools such as pain diagram, pain language, pain diaries, etc. for evaluations.

- In carrying out the physical assessment of older person, attention must be given not only to detailed physical examination but to the functional abilities of the individual as well.

For instance, Can an elderly individual walk safely with or without a walker or cane stick?

Is he able to cut his/her food and chew it? Or able to dial a phone?

- To assess the psychological aspects of an older person may be difficult to deal with; however, using the straightforward approach will be the easiest.

Difficulties of Case Taking:

- Communication barrier because of hearing loss, culture and language differences among physician and patients.

- Difficult situation due to the patient includes senile forgetfulness and reserved nature of elder persons.

- Difficult situation due to diseases situation like suppression of diseases, wrong medical management, habituated or accessory symptoms, complex diseases such as DM 2 and schizophrenia.



Our sole aim in relation to Geriatrics is preventive and preservative:

A. Preventive: To prevent early ageing by treating chronic and acute diseases. Severe acute viral diseases damage DNA and accelerate ageing prematurely. With indicated homoeopathic medicine we can safely treat them almost without sequel. Example, Fever with concomitant pain in joints (Location specified) which moves like an arthritis, patient in acute stage, Calc would be the only remedy leaving no sequel and patient may recover.

After recovery in acute diseases, in every case patient having significant miasmatic background is to be combated with a suitable anti-psoric in order to modify susceptibility and thereby prevent early ageing process.

B. Preservative: Preserving function as long as possible and extending lifespan. As age progresses (after the third decade) some irreversible physiological changes followed by pathological changes take place in every individual that are not curable. So, in this context common particular symptoms of old age are to be taken into consideration with rare modalities and concomitants if any.

EXAMPLES:

- Costiveness (suffering from constipation) is a common phenomenon in old age due to inertia, but if it is associated with depression, vertigo and headache Calc-p (usually known as children

remedy) would be the best remedy.

- In chronic bronchitis cough in every winter with asthmatic character and abundant offensive expectoration in old age is common to many old aged persons, but if it recurs only in winter and abates in summer we may think of *Phellandrium aquaticum*, it may not cure in all cases but definitely gives relief and thereby preserving function and prolong life.

- Embarrassing condition due to enuresis may be helped with *Secale Cor.*

- Inability to retain urine- *Kali-P.*

- Taste bitter with clean tongue in aged women-*Carb-veg, Natrum Mur.*

Conclusion

The word "Geriatrics" relates with the conclusion of life.

Before concluding we should be careful about early ageing and do try to prevent it and at the same time to preserve function as long as possible to extend life span. Though homoeopathy will not cure every geriatric case, but with this harmless gentle way of treatment we may prevent early ageing as well try to preserve function for a longer period and thereby extending the life span for higher purposes of existence.

**Join us for the Free CME
on
1st Sunday
of
Every Month**



Dr Trupti Pai, BHMS (Mumbai)

Faculty at National Institute of Clinical Excellence, Bengaluru

MS (Counseling and Psychotherapy)

Diploma in Diabetes and Thyroid Management

IMPORTANCE OF GERIATRIC CARE

Ageing is an irreversible phenomenon and everyone who is born has to undergo these series of changes both at physiological as well as pathological level. It is deterioration of the physiologic processes by constant cellular and metabolic changes occurring slowly much before you are 65 years of age.

Challenges in Geriatric age group:

The challenge in elderly group is seen at physiological, pathological and psychological level, it depends on the lifestyle and nutrition followed during initial age.

Physiological changes in elderly group:

• **Neuromuscular:** The muscle mass, strength and neuromuscular power decreases with age, it is known as sarcopenia. There is diminished Visual Acuity and Hearing issues. Gait examination is essential in neurologic examination in the elderly. Along with impaired gait, decreased muscle strength weakening of abdominal muscle, degenerative joint disease, diminished sense of position, impaired visual and vestibular function one must rule out Parkinson's Disease.

• **Weight gain:** Another risk factor is increased weight or body fat mass. The increased body weight due to sedentary life is the reason for various health problems. Body fat increases in middle age and its reduction slows down after age of 70. Though exercise does not decrease the body fat, it does distribute it evenly preventing abdominal accumulation of fat which is one of the main reasons for mortality in the elderly.

• **Hormonal changes:** From the age of 40 the ovulation frequency decreases and in most of the women before the age of 60 the reproductive ovarian function ceases resulting in menopause. There is rapid bone loss due to estrogen withdrawal. There is also increase in LDH levels and total cholesterol levels and decrease in HDL levels leading to higher risk of cardiovascular diseases. Menopause causes a series of changes in bone metabolism, lipid metabolism and vasomotor symptoms. Similarly in males due to Andropause there is reduction in gonadal function resulting in loss of muscle and bone mass but not as significant as in menopausal women.

Common illness/disorders in elderly group:

1. Orthopedic complaints: In elderly population, Joint pain including back pain, neck pain and stiffness, knee pain, nerve pain, cramps and most importantly fall and fractures are commonly seen, the main reason being Sarcopenia and Osteoporosis. Bone mineral density which accounts for 70% of bone strength starts decreasing during middle age thereby weakening the bones slowly. These changes in the skeletal muscles and bones mainly contributes to isolation of the elderly. Hormone replacement therapy, cigarette smoking is known to lower the BMD.

A low BMI and Vit D Deficiency is another common risk factor for increased incidence of fractures mainly Hip Fracture.

2. Vascular Diseases like Peripheral Artery Disease, Varicose veins, Deep Vein Thrombosis, Hypertension, Stroke, Cardiac arrest are caused due to the narrowing of the blood vessel, a blood clot or Ischemia leading to Stroke in Elderly. Smokers are more prone to vascular diseases compared to non-smokers. Smoking has effect on old age as it causes lung problems, heart disorders and cancer as one of the commonest risk factors seen in people as they age.

3. Gastrointestinal complaints: Constipation is a frequently reported bowel symptom in the elderly age group and impacts the quality of life considerably. The prevalence of Constipation increases with age. Studies show that women are more prone to suffer from constipation than men. It is usually associated with repeated urinary tract



infections are few of the common triggers for Constipation. Many of the elderly are on laxatives for a longer duration of time. The gastro-colic reflex control important for colonic peristalsis is deficient or reduced in patient with chronic constipation. Another common associate with slow constipation is seen in patients with Hypothyroidism, hypercalcemia or diabetes mellitus. Hence maintaining proper gut health is important in older age group. A word of caution is to closely monitor intake of fluids in patient with cardiac and renal disease. Similarly, loss of bowel control, loose stools, IBS, diarrhea are other common entities seen in the elderly population. Maintaining a good gut health is important.

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Psychological changes:

1. Memory loss: The cognitive disorders increase with age; hence it is important to assess the mental state of all elderly individuals, and this can be assessed through cognitive functions, visuospatial perception, gait, memory, sustained attention, and behavioral domains.

2. Depression: Lack of communication, dependency on others, rejection and Abuse by family members, death of near ones are the commonest reasons for Depression in elderly population.

3. Sleeplessness: Due to worries related to health, finances, stress and idleness, lack of concentration, physiological age-related changes contribute to insomnia in old age. Following a routine, meditation, yoga, reading books, listening to music helps reduce sleep related problems.

Maintaining Health in Geriatrics/ Important do and don't for Older Age Groups:

1. Regular exercise: Exercise is an important factor that helps improve the physiologic decline. Moderate to Mild Physical exercise like walking, basic stretching exercises (under supervision).

- Exercise improves the distribution pattern of body fat in elderly men and women, mainly the accumulation of abdominal fat.

- Doing minimal household work that involves hand and leg exercises like folding clothes, walking in the house, doing small cleaning, clapping hands, Squatting (sitting on a chair and standing up several times a day helps improve

muscle strength.

- Exercise also improves the insulin sensitivity and alleviates insulin resistance and impaired glucose tolerance. It helps in successful ageing which means being free from diseases like hypertension, diabetes, cardiac diseases that are common in old age.

2. Lifestyle modifications:

- The ability to cope up with stressors decreases with age, hence relaxation and yoga helps in reducing stress in the elderly.

- Get proper sleep for minimum 6 to 8 hours with 2 hours of nap in the afternoon.

- Communication is MUST and key to longevity. Most of the times people in old age deteriorate or go into depression due to lack of communication or socializing. Talking with people of same age or engaging into group activities help improving the mental health, decreasing isolation and depression

3. Diet Management:

- Proper prenatal nutrition lowers the risk of chronic diseases in old age as the prenatal nutrition is responsible for development of major organs.

- Proper diet and nutritious food including variety of vegetable and fruits helps to prolong life and health.

- For patients with constipation, it is advised to try to defecate in the morning as well as to have plenty of fluids, fibre rich food like Psyllium (Isaphgol), fruits, vegetables, nuts and most importantly physical activity like walking.



- Eat healthy, eat nutritious food, regular exercise, yoga help in maintaining healthy lifestyle.

- Do not skip Meals. Eat at regular intervals, short meals and drink plenty of Fluids. Restricting calorie intake increases longevity.

- Stop Smoking and Drinking alcoholic beverages.

4. Maintain proper personal Hygiene and safety Measures:

- Wear proper footwear especially people with Diabetes and vascular diseases.

- Hold on to railings or support while climbing up and down stairs.

- Never ignore your health or any alarming signs and symptoms such as blackouts, numbness in limbs or weakness, seek immediate medical attention.

- Write your name and address on a paper or pocketbook with emergency contact number and keep it with you always in case of untoward incidences especially people with Dementia or loss of memory.

- Do not suddenly stand up from a sitting position or sit without proper back support. Incorrect posture, lifting weights, can lead to orthopedic disorders.

- Do not climb ladders for cleaning or reaching out to objects placed at higher level.

Homoeopathic Management:

Sycotic remedies are needed in 80 % of cases or 20% need syphilitic remedies. In acute conditions indicated remedies are needed as per symptomatology.

For example, for complaints of poor circulation, mental health, insufficient blood supply to the brain, Ginkgo Biloba 1X can be thought of. For injuries, poor bone strength remedies like arnica, symphyttum, ruta, calc flour, calc phos, rhus tox as per indication can be selected.

For Gut health, remedies like Trombidium, Aloe, Croton tig, Asafoetida.

In chronic cases, classical method of prescribing, Constitutional single remedy, minimum repetition shows great results. For example, remedies like Calc carb should not be repeated frequently in geriatrics. Remedies like Phosphorus should be used with caution especially in patients with history of Tuberculosis. Never use Causticum after Phosphorus and vice versa. Though during the process of treatment, patients on constitutional remedies may need acutes frequently.

Always better to ask patient to maintain a diary and note down the changes or symptoms so that they don't miss any information when they visit the physician.

Ageing is inevitable but manageable, and Homoeopathy has good scope in Geriatrics, though there are few limitations where we can treat as palliatives.



ಡಾ. ಮಮತಾ. ಎಲ್. ಎನ್. BHMS, MSCP, FHPC

ಹೋಮಿಯೋಪತಿ ವೈದ್ಯರು, ಬೆಂಗಳೂರು

ಕೀಲು ನೋವು ಮತ್ತು ಹೋಮಿಯೋಪತಿ

ವಯೋವೃದ್ಧರಲ್ಲಿ ಕಾಣಬರುವ ಅತ್ಯಂತ ಸಾಮಾನ್ಯ ಸಮಸ್ಯೆ ಎಂದರೆ ಕೈಕಾಲುಗಳ ಅಥವಾ ಕೀಲುಗಳ ನೋವು. ನನ್ನ ಚಿಕಿತ್ಸಾಲಯದ ರೋಗಿಗಳಲ್ಲಿ ಒಬ್ಬರಾದ 72 ವರ್ಷ ವಯಸ್ಸಿನ ಒಬ್ಬ ವಯೋವೃದ್ಧ ಮಹಿಳೆಯ ಪ್ರಕರಣವನ್ನು ನಿಮ್ಮ ಮುಂದೆ ಇಡುತ್ತಿದ್ದೇನೆ. ಸುಶಿಕ್ಷಿತ, ಶಿಷ್ಟ, ಸರಳ, ನಯವಾದ ಮಾತಿನ, ತೆಳು ದೇಹದ ಹೆಂಗಸು.

ಸಂಭಾಷಣೆ :

ವೈ: ಹೇಳಿ.....

ರೋ: ನನ್ನ ಹೆಸರು..... ನನಗೆ ಇತ್ತೀಚೆಗೆ ತುಂಬಾ ಕಾಲು ನೋವು ಇದೆ.

ವೈ : ಎಷ್ಟು ವರ್ಷದಿಂದ....?

ರೋ: ಸುಮಾರು 2 ವರ್ಷ ಆಯ್ತು. ಮೊದಲು ಎಡಗಡೆ ಇತ್ತು. ಆಯುರ್ವೇದ ತೆಗೆದುಕೊಂಡೆ. ಕಡಿಮೆ ಆಯಿತು. ಈಗ ಮತ್ತೆ 5 - 6 ತಿಂಗಳಿನಿಂದ ಬಲಗಾಲು ತುಂಬಾ ನೋವು.

ವೈ : ಯಾವ ಭಾಗದಲ್ಲಿ...?

ರೋ: ಬಲಗಡೆ ಮಂಡಿ, ಮೀನಖಂಡ ತುಂಬಾ ನೋವು. ಸೊಂಟ ನೋವು. ಎರಡೂ ಕಡೆ ಕುಂಡಿಯಿಂದ ನೋವು ತೊಡೆಯ ಹಿಂಭಾಗಕ್ಕೆ ಹರಿಯುತ್ತದೆ. ನಿಂತು ಕೆಲಸ ಮಾಡಲು ಆಗುತ್ತಿಲ್ಲ.

ವೈ : ಯಾವಾಗ ನೋವು ಹೆಚ್ಚಾಗಿ ಇರುತ್ತೆ...?

ರೋ: ನಿಂತು ಕೆಲಸ ಮಾಡಿದರೆ ತುಂಬಾ ನೋವು. ರಾತ್ರಿ ಹೊತ್ತು ಜಾಸ್ತಿ ಇರುತ್ತದೆ. ಪಕ್ಕಕ್ಕೆ ತಿರುಗಿದರೆ ಜಾಸ್ತಿ. ಕೆಲವು ಸಲ ನೋವಿನಿಂದ ನಿದ್ರೆ ಬರುವುದಿಲ್ಲ. ಕಾಲು ಮಡಚಲು ಆಗುವುದೇ ಇಲ್ಲ. ನನಗೆ ಬಲಗಡೆ ಭುಜ, ಬೆನ್ನು ಮೇಲ್ಭಾಗದಲ್ಲಿ ತುಂಬಾ ನೋವು. ಬೆಳಿಗ್ಗೆ ಎದ್ದ ಕೂಡಲೇ ಛುಕ್ಕು ಹೊಡೆಯುತ್ತದೆ. ಕೆಲವು ನಿಮಿಷ ಮಾತ್ರ. ಆಮೇಲೆ ಸರಿ ಹೋಗುತ್ತದೆ. ಕುಳಿತರೆ ಎರಡೂ ಕುಂಡಿ ತುಂಬಾ ನೋವು ಬರುತ್ತದೆ. ನಾನು ಬೆಳಿಗ್ಗೆ 6 ಗಂಟೆ ಯಿಂದ 11 ಗಂಟೆ ವರೆಗೆ ಅಡುಗೆ ಮನೆಯಲ್ಲಿ ನಿಂತು ಕೆಲಸ ಮಾಡಬೇಕು. ಬಹಳ ಕಷ್ಟ ಆಗುತ್ತೆ. ಬಲ ತೊಡೆ ತುಂಬಾ ನೋವು.



ವೈ : ಬೇರೆ ಏನು ಸಮಸ್ಯೆ ಇದೆ....?

ರೋ: ತಿಂಗಳಲ್ಲಿ ಒಂದು ಸಲವಾದರೂ ಕೆಮ್ಮು, ನೆಗಡಿ ಬರೋದು ಬಹಳ ವರ್ಷಗಳಿಂದ ಇದೆ.

2 ವರ್ಷಗಳಿಂದ ಡಯಾಬಿಟಿಸ್ ಇದೆ. ಕಣ್ಣಿನ ಪೊರೆ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಲು ಹೋದಾಗ ಅದು ಪತ್ತೆ ಆಯಿತು. 40 ವರ್ಷಗಳಿಂದ ಥೈರಾಯಿಡ್ ಇದೆ. 88 mcg ದಿನಾ ಬೆಳಿಗ್ಗೆ. ಚಳಿಗಾಲದಲ್ಲಿ ಚರ್ಮದ ಮೇಲೆ ಸಣ್ಣ ಕಂದು ಬಣ್ಣದ ಕಲೆಗಳು. ಯಾವಾಗಲಾದರೂ ತುರಿಕೆ ಇರುತ್ತದೆ.

ವೈ: ಹುಟ್ಟಿನಿಂದ ಇಲ್ಲಿನ ವರೆಗೆ ಬೇರೆ ಸಮಸ್ಯೆ ಏನಾದರೂ....?

ರೋ: ಏನೂ ಇಲ್ಲ. ಎರಡೂ ಮಕ್ಕಳು ಸಾಧಾರಣ ಹೆರಿಗೆಯಲ್ಲಿ.

ವೈ : ತಿನ್ನಲು, ಕುಡಿಯಲು ಏನು ಇಷ್ಟ?

ರೋ: ಖಾರ

ವೈ : ಯಾವ ಹವೆ ಇಷ್ಟ....?

ರೋ: ಯಾವುದಾದರೂ ಸರಿ.

ವೈ: ನಿಮ್ಮ ಸ್ವಭಾವ ಏನು....?

ರೋ: ಶಾಂತ ಸ್ವಭಾವ. ಹೆಚ್ಚು ಮಾತಾಡುವುದಿಲ್ಲ. ಅವರಾಗಿ ಮಾತಾಡಿಸಿದರೆ ಉತ್ತರ ಕೊಡುತ್ತೇನೆ. ಕೋಪ ಇಲ್ಲ. ಏನೇ ಆದರೂ ಕ್ಷಮಿಸಿ ಮರೆತು ಬಿಡುತ್ತೇನೆ. ಸಹಾಯ ಮಾಡುತ್ತೇನೆ. ನನಗೆ ಸಮಾಜ ಸೇವೆ ಮಾಡುವ ಆಸೆ. ಆದರೆ ಮನೆಯಲ್ಲಿ ಬಿಡುವುದಿಲ್ಲ. ಆಟ, ಸಂಗೀತ ಮತ್ತು ಚಿತ್ರಕಲೆ ಇಷ್ಟ. ಯಾವುದನ್ನೂ ಸರಿಯಾಗಿ ಮುಂದುವರೆಸಲು ಸಾಧ್ಯವಾಗಿಲ್ಲ. ಮದುವೆಗೆ ಮುಂಚೆ ಶಿಕ್ಷಕಿಯಾಗಿ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದೆ. ನಂತರ ಬಿಟ್ಟೆ. 35 ನೇ ವಯಸ್ಸಿನಲ್ಲಿ ನನ್ನ ಪತಿ ತೀರಿಕೊಂಡರು. ಅವರ ಬ್ಯಾಂಕ್ ನಲ್ಲಿ ನಂಗೆ ಕೆಲಸ ಕೊಟ್ಟರು. ಈಗ ನಿವೃತ್ತ ಜೀವನ. ನಂಗೆ ಉಚಿತವಾಗಿ ಕಲಿಸಲು ತುಂಬಾ ಇಷ್ಟ. ಮನೆಯಲ್ಲಿ ಬಿಡುವುದಿಲ್ಲ.

ವೈ : ಆ ಬಗ್ಗೆ ಏನನ್ನಿಸುತ್ತದೆ...?

ರೋ: ಅವರು ಹಾಗೆ ಮಾಡಬಾರದು. ಪ್ರತಿಯೊಬ್ಬರನ್ನು ತಮಗೆ ಬೇಕಾದದ್ದನ್ನು ಮಾಡಲು ಬಿಡಬೇಕು. ನಾನು ನನ್ನನ್ನು ಬೇರೆಯವರ ಜೊತೆ ಹೋಲಿಸಿಕೊಳ್ಳುವುದಿಲ್ಲ. ದೇವರು ಕೊಟ್ಟಿದ್ದಾನೆ, ತೆಗೆದುಕೊಳ್ಳಬೇಕು ಅಷ್ಟೇ. ಯಾರ ಮೇಲೂ ದ್ವೇಷ, ಅಸೂಯೆ ಏನೂ ಇಲ್ಲ. ಸಮಾಜ ಸೇವೆ ಮಾಡುವ ಆಸೆ ಇತ್ತು. ಸಾಧ್ಯವಾಗಿಲ್ಲ ಅಷ್ಟೇ. ನನ್ನ ಅಣ್ಣ ತಮ್ಮ ನನ್ನನ್ನು ಚೆನ್ನಾಗಿ ನೋಡಿಕೊಂಡಿದ್ದಾರೆ. ನನ್ನ ತಾಯಿ ಕೂಡ ಇದ್ದಾರೆ. ನನ್ನ ಮಕ್ಕಳು ಸಹ ಪ್ರೀತಿಸುತ್ತಾರೆ. ಯಾರಿಗೂ ಕೋಪ ಬರುವ ಹಾಗೆ ನಾನು ಎಂದೂ ನಡೆದುಕೊಳ್ಳುವುದಿಲ್ಲ.

ವೈ : ಯಾಕೆ.... ಬಂದರೆ ಏನು?

ರೋ: ಅದರ ಅವಶ್ಯಕತೆ ಇಲ್ಲ. ಕೋಪ ಹೆಚ್ಚಾಗಲು ಅವಕಾಶ ಕೊಡುವುದಿಲ್ಲ. ಆ ರೀತಿ ಮುಂದುವರಿದರೆ ಕೆಟ್ಟ ಮಾತು ಬರುತ್ತದೆ.



ನನಗೆ ಅದರಿಂದ ನೋವಾಗುತ್ತದೆ. ನಾನು ಒಂಟಿಯಾಗಿ ಇರುವುದರಿಂದ ಅವರು ನನಗೆ ಹೀಗೆ ಮಾಡುತ್ತಾರೆ ಅನ್ನಿಸುತ್ತೆ. ನನ್ನ ಗಂಡ ಬದುಕಿದ್ದರೆ ನನಗೆ ಬೆಂಬಲ ಇರುತ್ತಿತ್ತು. ಅವರು ಇದ್ದಿದ್ದರೆ ಹೀಗೆ ಆಗುತ್ತಿರಲಿಲ್ಲ.

ವೈ : ಹೀಗೆ ಅಂದರೆ.....

ರೋ: ನನಗೆ ಇಷ್ಟ ಇಲ್ಲದ ಕಡೆ ಹೋಗುವುದು, ಇರುವುದು ನಾನು ಮಾಡಬೇಕಾಗಿರಲಿಲ್ಲ. ಅವರು ಕಳಿಸುವುದಿಲ್ಲ ಅಂತ ಹೇಳಬಹುದು. ನಾನು ಎಲ್ಲಿಗಾದರೂ ಹೋಗಬೇಕಾದರೆ ಮನೆ ಪರಿಸ್ಥಿತಿ ನೋಡಿ, ಹಿಂದೆ ಮುಂದೆ ಆಲೋಚನೆ ಮಾಡಿ ಹೇಳುತ್ತೇನೆ. ನಂಗೆ ಆ ರೀತಿ ಕೆಟ್ಟ ಮಾತು ಕೇಳಲು ಇಷ್ಟ ಆಗುವುದಿಲ್ಲ.

ವೈ : ಮನೆ ಪರಿಸ್ಥಿತಿ?

ರೋ: ನನ್ನ ಮಗನಿಗೆ ಒಂದು ಸಾಧಾರಣ ಕೆಲಸ. ಸೊಸೆಗೆ ದೊಡ್ಡ ಹುದ್ದೆ. ಅವಳಿಗೆ ಕೋಪ ಬಂದರೆ ತುಂಬಾ ಕೆಟ್ಟ ಮಾತು. ನಾನು ಹಾಗೆ ಆಗದ ಹಾಗೆ ನಡೆದುಕೊಂಡಿರುತ್ತೇನೆ.

ವೈ: ಹೇಗೆ.....?

ರೋ: ಅವಳು ಕೇಳುವ ಮುಂಚೆಯೇ ಅವಳಿಗೆ ಬೇಕಾದ ವಸ್ತುಗಳನ್ನು ರೆಡಿ ಮಾಡಿ ಇಡುತ್ತೇನೆ. ಎದುರು ಹೇಳುವುದಿಲ್ಲ.

ವೈ : 6 ರಿಂದ 11 ರ ವರೆಗೆ ಒಂದೇ ಸಮನೆ ನಿಂತರೆ ಯಾರಿಗಾದರೂ ಕಾಲು ನೋವು ಬರುತ್ತದೆ. ಅಷ್ಟು ಹೊತ್ತು ಯಾಕೆ ನಿಲ್ಲುತ್ತೀರಿ?

ರೋ : ನನ್ನ ಸೊಸೆ ಮನೆ ಬಿಡುವ ಹೊತ್ತಿಗೆ ಅವಳ ಊಟ, ತಿಂಡಿ ತಯಾರಿಸಿ ಇಡಬೇಕು. ಮಕ್ಕಳ ಡಬ್ಬಿ ರೆಡಿ ಆಗ ಬೇಕು. ಎಲ್ಲರೂ ಹೊರಟ ನಂತರ ನನ್ನ ಕೆಲಸ, ಮನೆಯ ಕೆಲಸ. ಇತ್ತೀಚೆಗೆ ನಾನು ಸ್ವಲ್ಪ ನಿಧಾನವಾಗಿಬಿಟ್ಟಿದ್ದೇನೆ. ಎಲ್ಲಾ ಮುಗಿಸುವ ಹೊತ್ತಿಗೆ ಮಕ್ಕಳು ಬರುತ್ತಾರೆ. ಅವರಿಗೆ ತಿಂಡಿ, ಅವರ ಪಾಠ ಆ ಕಡೆ ಗಮನ. ಅವರಿಗೆ ಏನಾದರೂ ಹೇಳಿ ಕೊಡುವುದು ತುಂಬಾ ಇಷ್ಟ. ನಂತರ ರಾತ್ರಿ ಅಡುಗೆ, ಇತರ ಕೆಲಸ. 11 ಗಂಟೆಗೆ ಕಡಿಮೆ ಮಲಗಲು ಸಾಧ್ಯವಿಲ್ಲ.

ವೈ : ನೀವು ನಿಮಗೆ ಇಷ್ಟು ನೋವಿದೆ, ಕೆಲಸ ಮಾಡಲು ಕಷ್ಟ ಅಂತ ಹೇಳಿದ್ದೀರಾ? ನಿಮ್ಮ ಸೊಸೆಗೆ ಅಲ್ಲದಿದ್ದರೂ, ಮಗನಿಗೆ ಅಥವಾ ಮೊಮ್ಮಕ್ಕಳಿಗೆ.....?

ರೋ : ನಾನು ಹಾಗೆ ಮಾಡಿದರೆ ಅವರಿಗೆ ಕಷ್ಟ ಆಗುತ್ತೆ. ನನ್ನ ಮೊಮ್ಮಕ್ಕಳು ಏನಾದರೂ ಕೇಳಿದರೆ ಇಲ್ಲ ಅಂತ ಹೇಳಲು ಮನಸೇ ಬರುವುದಿಲ್ಲ. ಎಷ್ಟು ಕಷ್ಟ ಆದರೂ ನಾನು ಮಾಡಿ ಕೊಡುತ್ತೇನೆ.

ವೈ : ಯಾಕೆ ಹೀಗೆ.....?

ರೋ: ನನಗೆ ಅವರನ್ನು ಬಿಟ್ಟರೆ ಬೇರೆ ಯಾರಿದ್ದಾರೆ. ನನ್ನ ಗಂಡ ಇಲ್ಲ. ನನಗೆ ಸಾಧ್ಯವಿದ್ದಷ್ಟು ದಿನ ನಾನು ಅವರ ಉಪಯೋಗಕ್ಕೆ ಬಂದರೆ ನಾಳೆ ನನಗೆ ಶಕ್ತಿ ಉಡುಗಿದಾಗ ಅವರು ನೋಡಿ ಕೊಳ್ಳಬಹುದು. ಕೆಲಸ ಎಷ್ಟು ಬೇಕಾದರೂ ಮಾಡಬಹುದು. ಆದರೆ ನಮ್ಮವರು, ನಮ್ಮನ್ನು ನೋಡಿಕೊಳ್ಳುವವರು ಬೇಕು ಅಲ್ಲವೆ.



ವೈ : ಬೇರೆ ಏನಾದರೂ...?

ರೋ : ಸದ್ಯದ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿ ನನ್ನ ಅಳಿಯ ಕೆಲಸ ಕಳೆದು ಕೊಂಡಿದ್ದಾರೆ. ಎದೆಯ ಮೂಲೆಯಲ್ಲಿ ಆ ನೋವಿದೆ.

ವೈ : ಕಳೆದುಕೊಂಡರೆ ಏನು.....?

ರೋ : ಅದೊಂದು ಕಷ್ಟ ಚುಕ್ಕೆ. ಅದನ್ನು ಪರಿಹರಿಸಿಕೊಳ್ಳಬೇಕು. ಅದಕ್ಕಾಗಿ ದೇವರಲ್ಲಿ ಪ್ರಾರ್ಥಿಸುತ್ತೇನೆ. ನಾನು ನನ್ನ ಅನಿಸಿಕೆಗಳನ್ನು ಯಾರ ಬಳಿಯೂ ಹೇಳಲಾರೆ. ಎಲ್ಲಾ ನನ್ನಲ್ಲೇ ಇಟ್ಟು ಕೊಳ್ಳುತ್ತೇನೆ. ಸೊಸೆಗೆ ತಿಳಿದರೆ ತುಂಬಾ ಕೆಟ್ಟದಾಗಿ ಆಡಿಕೊಳ್ಳುತ್ತಾಳೆ. ಅವಳ ಬಾಯಿಂದ ಕೆಟ್ಟ ಮಾತು ನಿರರ್ಗಳವಾಗಿ ಬರುತ್ತದೆ.

ವೈ : ಏನು ಮಾಡುತ್ತೀರಿ ಆಗ.....?

ರೋ : ಅಲ್ಲಿಂದ ಹೊರಟು ಹೋಗುತ್ತೇನೆ. ನಾನು ತಿರುಗಿ ಹೇಳುವುದು ಅಪರೂಪ. ಮಾತನಾಡಿ ಪ್ರಯೋಜನ ಇಲ್ಲ. ಉದಾಸೀನ ಮಾಡಿ ಹೋಗುತ್ತಾ ಇರಬೇಕು ಅಷ್ಟೆ.

ವೈ : ಮತ್ತೆ ಇನ್ನೇನಾದರೂ.....?

ರೋ : ತಿಂಗಳಲ್ಲಿ ಒಮ್ಮೆಯಾದರೂ ಮಗಳ ಮನೆಗೆ ಹೋಗಿ ಒಂದೆರಡು ದಿನ ಇರಬೇಕು ಅನ್ನಿಸುತ್ತೆ. ಆ ಮೊಮ್ಮಕ್ಕಳು ಕೂಡ ಆಸೆ. ಆದರೆ ಇಲ್ಲಿ ನಾನಿಲ್ಲದೆ ಸೊಸೆಗೆ ತೊಂದರೆ. ಅವಳಿಗೆ ಕೋಪ ಬರುತ್ತದೆ. ಹಾಗಾಗಿ ಹೋಗುವುದಿಲ್ಲ.

ವೈ : ಕನಸುಗಳು.....?

ರೋ : ಅಪರೂಪ. ನನ್ನ ಮೊಮ್ಮಕ್ಕಳೊಂದಿಗೆ ಆಟ ಆಡಿದ ಹಾಗೆ...

ಪ್ರಕರಣದ ವಿಶ್ಲೇಷಣೆ :

- ಕುಟುಂಬದ ಮೇಲೆ ಸಂಪೂರ್ಣ ಅವಲಂಬನೆ
- ತಾನು ಒಂಟಿ, ಬೆಂಬಲ ಇಲ್ಲ, ಹಾಗಾಗಿ ನಾನು ಹೊಂದಿಕೊಂಡು ಹೋಗಬೇಕು ಎನ್ನುವ ಭಾವನೆ.
- ಗಾಣದ ಎತ್ತಿನಂತೆ ದುಡಿಯುವ ದಿನಚರಿ
- ಕಷ್ಟ ಸಹಿಷ್ಣುತೆ
- ತನ್ನ ಸಂಸಾರ, ತನ್ನ ಗುಂಪು ತನ್ನನ್ನು ಎಲ್ಲಿ ತ್ಯಜಿಸಿಬಿಡುತ್ತಾರೋ ಎನ್ನುವ ಭಯ.
- ಕುಟುಂಬಕ್ಕೆ ತಾನು ಉಪಯೋಗ ಆಗಬೇಕು ಎನ್ನುವ ಭಾವನೆ.
- ಸಮಾಜಕ್ಕೆ ತಾನು ಏನಾದರೂ ಸಹಾಯ ಮಾಡುವ ಬಯಕೆ.
- ತಾನು, ತನ್ನ ಸಂಸಾರ ಎಲ್ಲರಂತೆ ಇರಬೇಕು. ಬೇರೆಯವರ ಅಪಹಾಸಕ್ಕೆ ಗುರಿಯಾಗಬಾರದು ಎನ್ನುವ ಕಾಳಜಿ.
- ತನ್ನ ದೆಸೆಯಿಂದಾಗಿ ತನ್ನ ಸಂಸಾರದವರಿಗೆ ತೊಂದರೆ ಆಗದಂತೆ ತನ್ನ ಸಾಮರ್ಥ್ಯ ಮೀರಿ ಪ್ರಯತ್ನ ಮಾಡುವುದು

ಈ ಮೇಲಿನ ಎಲ್ಲ ಅಂಶಗಳನ್ನು ಆಧರಿಸಿ ಆಕೆಗೆ ಗೋಕ್ಷೀರ (Lac defloratum) ವನ್ನು 200 ನೇ ಸತ್ತದಲ್ಲಿ ದಿನಕ್ಕೆ ಎರಡು ಬಾರಿ 3 ದಿನ ಕೊಡಲಾಯಿತು. 15 ದಿನದ ನಂತರ ಆಕೆಯ ಎಲ್ಲಾ ಸಮಸ್ಯೆಗಳೂ 90 ಭಾಗ ಕಡಿಮೆ ಆದವು. ನಂತರದ ದಿನಗಳಲ್ಲಿಯೂ ಯಾವುದೇ ಸಮಸ್ಯೆ ಆದಾಗ ಆಕೆ ನನ್ನಲ್ಲಿಗೆ ಬರುತ್ತಾರೆ. ಸಲಹೆ ಪಡೆಯುತ್ತಿದ್ದಾರೆ. ಇತರರನ್ನು ಶಿಫಾರಸು ಮಾಡುತ್ತಾರೆ.



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...

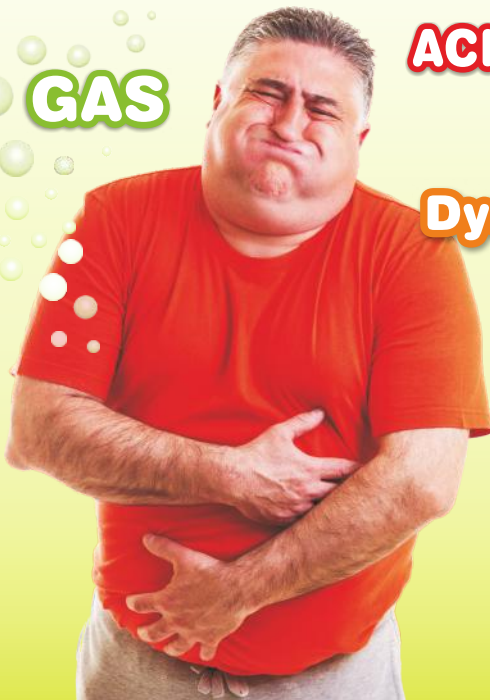
GAS

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

BRAINVITA



1. Identify the plant and give the common name?



2. Identify the disease and its key features?

4. Identify the drug and its common name?

- Eating temporarily relieves all symptoms
- Irresistible desire to curse and swear
- Illusion of duality
- Neurasthenics, hypochondriacs, hysterical women.



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

*Please send the answers with Full name to kqhda1992@gmail.com before 31st of April 2022
First 5 winners' names will be announced in the next issue*

Answers for the Brainvita Issue 4 Jan 2022

1. Ficus religiosa
2. Plantar Psoriasis
3. Dr. Schroyens frederik, Synthesis Repertory
4. Argentum Nitricum

PHOTOGALAXY



World Homeopathy day with
Dr. Parinaz Humranwala in 2016

Blood donation camp by KQHDA



Team KQHDA In a SEMINAR

