



India-US workshop on Traditional Medicine

March 3-4
New Delhi

Consultative meet to prioritize AYUSH
research activities
in the field of cancer for international
collaboration

Dr VINU KRISHNAN M D
Medical officer.
Govt.Homoepathic Cancer hospital,
Wandoor,
Malappuram,
Govt. of Kerala



UNDERSTANDING CANCER CARE NEEDS & AYUSH POSSIBILITIES

Focus Area: Homoeopathy

Homoeopathic approaches for cancer treatment are versatile.
Homoeopathic approaches will greatly benefit the population of Cancer patients who
are subjected to Chemotherapy, Surgery or Radiation

Integration of modern nursing & diagnosis practises with homoeopathic
medications is important for proper patient management and a
better therapeutic outcome.

PRIORITIZATION: AREAS & ACTIVITIES

Areas where AYUSH centers should be encouraged

terminally ill patients .

Multiple and wide metastasis irrespective of their age.

Over metastasis where choice of chemotherapy is optional

For Regaining of homeostasis or physiological equilibrium after inevitable chemotherapy or radiation.

Skeletal metastasis in plasma cytoma/multiple myeloma where pathological fractures are common and conventional medicine offers only calcium support.

For intervening or opportunistic infections while undergoing inevitable chemotherapy or radiation especially due to leucopenia.

For persistent dyselectrolytemia including sodium depletion/ electrolyte depletion irrespective of their physiological correction, internal usage of homoeopathic medicine can make a balance.

PRIORITIZATION: AREAS & ACTIVITIES

ACTIVITIES

1. More AYUSH centers with ample facilities to address the situation both on a referral and research basis.
 2. Public should be intimated and guided with suitable communication regarding the facilities of AYUSH along with conventional medicine.
 3. Pros and cons shall be open to the public so as to enhance them the real suitable selection of the methodology.
 4. Treatment shall be optional rather than mandatory
-

TARGET POPULATIONS AND DISEASE CONDITIONS REQUIRING HOMOEOPATHIC INTERVENTION

1. Inoperable malignancies (oral, sarcoma, HCC, pancreas, Lymphomas, omental / peritoneal mets, glioma)

*CASE: Moderately differentiated squamous cell carcinoma (Tongue)
60yrs male*

Before

Dr. Karpagam Janardhan
Consultant Pathologist

HISTO LAB

Name : Mrs. Pushpan	Ref. By : Dr. Rama, D.O.
Age : 67 yrs.	Rec. On : 28/03/2012
Sex : Female	Rep. On : 31/03/2012
SPE. No. : H - 1389/12	OP. No. : 1112 / 94769

HISTOPATHOLOGY

SPECIMEN : Punch Biopsy - Ca - Base of Tongue.

CLINICAL DETAILS : Punch Biopsy - Ca - Base of Tongue for HPE.

GROSS APPEARANCE : Received 2 greyish brown soft tissue altogether measuring 1.2x0.8cm. [AE - 1 block]

MICROSCOPIC APPEARANCE:
Sections show stratified squamous epithelium, with transition to a malignant neoplasm composed of neoplastic squamous epithelial cells with eosinophilic cytoplasm and deep staining nuclei in an inflammatory stroma with few keratinised structures.

IMPRESSION: Punch Biopsy - Ca - Base of Tongue
- Moderately differentiated squamous cell carcinoma.

Dr. Karpagam Janardhan, M.D. (Path)

Note: All corresponding stained HE slides are enclosed with report. Kindly preserve them carefully for future reference (Slides : 1).

* End of Report *

Blocks will be preserved for 2 years. Fixed specimens will be preserved for 12 days

After

DR. JOSSY
DOCTOR'S SCAN & DIAGNOSTIC CENTRE
An ISO 9001:2008 Certified Diagnostic Centre
V.P. BUILDING, NEAR GOVT. HOSPITAL, NULAMBER, PH. 04931 323450, 0288881030, 0447432225
BRANCH: DOCTOR'S SCAN & CLINICAL LABORATORY, MAIN ROAD, CHANGAKUNNU

MRI, WHOLEBODY SPIRAL CT SCAN, COLOUR DOPPLER & ECHO CARDIOGRAPHY
ULTRA SOUND SCAN, DIGITAL X-RAY, COMPUTERISED LABORATORY & ECG

PLAIN & CONTRAST CT SCAN OF NECK

Name	Payanan	Age	70Y	Date	26/11/2014
Referred By	Dr. VINUKRISHNAN	Sex	Male	Scan No	25621

CT-SCAN REPORT

- * Tongue musculature show normal contour. No focal lesion identified.
- * Oropharynx, nasopharynx & hypopharynx are normal.
- * Epiglottis, aryepiglottic folds appear normal. Pyriform fossa appear normal.
- * Larynx and laryngeal cartilages appear normal.
- * No significant cervical lymphadenopathy.
- * Salivary glands appear normal.
- * Left IJV show pooling of contrast with perivertebral venous collaterals.

IMPRESSION :-

Case of Carcinoma tongue :-

- * No focal lesion identified in tongue in contrast CT study. Suggest MRI to rule out small lesion.
- * Pooling of contrast in left internal jugular vein with perivertebral venous collaterals - To rule out venous obstruction in the mediastinum.

Dr. JOSSY GEORGE
MBBS, DMRD
Consultant Radiologist

Dr. SELVAJIGE
MD, DMRD, DNB
Consultant Radiologist

TARGET POPULATIONS AND DISEASE CONDITIONS REQUIRING HOMOEOPATHIC INTERVENTION

- In cases where CT/RT not possible.(age, LNs, recurrence after one course of CT/RT)
- In cases where surgical recurrence or site recurrence is seen.(sarcoma, bladder tumors, glioma)

Case: Malignant Fibrous histiocytoma
Age 65, female

Before **Post surgical- recurrence**

Malignant fibrous histiocytoma

DEPARTMENT OF PATHOLOGY
MEDICAL COLLEGE, CALICUT- 673008

19-10-2011

NAME: BIYYATHU
AGE: 65 SEX: F
HOSPITAL: MCH
UNIT: OR3
DATE RECEIVED: 13-10-2011
NATURE OF SPECIMEN: SLIDE REVIEW

DIAGNOSIS:
- RECEIVED 2 SLIDES - B/1557/11
- SLIDE REVIEW
PLEOMORPHIC SARCOMA - POSSIBLY MALIGNANT FIBROUS HISTIOCYTOMA

DEPARTMENT OF RADIODIAGNOSIS
MEDICAL COLLEGE HOSPITAL
Superconducting 1.5T HDX EchoSpeed MRI Scan
(Run by HDS (MCH) & HDC (MCH))
Calicut - 673 015 Ph : 0495 2557050

RADIOLOGISTS
Dr. V.R. Rajendran DMRD, MD, Prof & HOD
Dr. Devarajan MD, DNB, Professor
Dr. P. Rajan MD, DNB Professor
Dr. Gomathi Subramaniam MS, DMRD, MD, Asst. Professor
Dr. Noufal Perumpalath DMRD, Asst. Professor

Dr. Rathnam K.A. DMRD
Dr. Rajesh K. DMRD
Dr. Shikha S Pillai MD
Dr. Mahesh. K DMRD
Dr. Mohammed Rafeeqe MD

Name: BIYYATHU Age: 65 Sex: F Unit: MRI No.: 4388
Clinical Details: MRI No.: 04/1/11
Date: 04/1/11

Impression
Known case of MFH
Present MRI shows evidence of residual/recurrent lesion with associated post surgical changes.

MR & MRCP LEFT LEG

Handwritten notes:
DPR No 1961/11 - malignant fibrous histiocytoma
5-10 cm tumor size 3x2x2 cm
all areas marked margins & deep
margin free of tumor & minimum
0.5cm clearance. Mithi sale
5-7/10/11
Radiotherapy consultation
1/2 months to 1st MRI

After

OPEN SCAN CENTRE
Dep. Dist. Hospital, Calicut Medical College
Ph: 0495 3241141, 2557050
Email: openscan@mcu.ac.in

NAME: Biyyathu 65 / F 14.06.11

CONSULTANT: Dr.
(K/o MFH post surgery)

HRUSG LEFT LEG

IMPRESSION
(K/o MFH left leg post surgery)
No evidence of any obvious recurrent lesions in present study.

Dr. Sooraj N. MD
Consultant Radiologist.

aged cases where lung lesions present either primarily or as secondary's associated with other primary malignancies.

advanced Hepato biliary malignancies where chemotherapy results in reduction in blood count

pancreatic malignancies where whipples operation doesn't give long standing results either after surgery or surgical intervention

CA pancreas-head & uncinate process
Liver mets, Pulmonary mets, Splenomegaly, Lymph nodes

Before
And Result Entry

K.S. Hegde Medical Academy
Department of Diagnostic Imaging
(Medical Science Complex, Deralakatte, Mangalore - 575 018.
Ph : 0824-2204471 / 72 / 73 / 74 / 75 / 76, C.T. Scan Extension : 205

NITTE

Radiology Report

Register No.: 14083459 Patient Name: JOSEPH T J
Bill/Advice No.: A0145401

Report No.: R018088
Age: 39 Years
Doctor: D.R.C RAJESH BALLAL
Observed Date & Time: 06/1/15 03:51 PM

IMPRESSION :

- Heterogeneously enhancing mass lesion involving the head and uncinate process of pancreas with loss of fat plane in second, third part of duodenum, superior mesenteric vein and IVC as described.
Multiple enlarged lymph nodes in peripancreatic, pre and para aortic regions.
Multiple rim enhancing hypodense lesions in both lobes of liver.
A small nodule in the basal segment of right lung.
Features suggestive of carcinoma head and uncinate process of pancreas with hepatic metastasis and a suspicious pulmonary nodule (T2N1M1).
- Mild splenomegaly.

Ref: J. (Dr. J. Egglung) Acc. Ref.

Justice K.S.Hegde Charitable Hospital
(A Unit of K.S.Hegde Medical Academy)
Deralakatte, Mangalore-575018, Karnataka, India
Tel: 0824-2204471-76, Fax: 0824-2204026
Website: www.nitte.edu.in e-mail: kshema_hospital@nitte.edu.in

Discharge Summary

Patient Name : JOSEPH T J Patient Status :
Register No. : 14083459 Referred By :
Age : 39 Yrs, Sex: Male Room No. : 316
Address : Thatth House, Post Neliyady, Puttur
Admission Date & Time: 04-01-2015, 12:43 PM Discharge Date & Time: 09-07-2009
Department/Unit : SURGERY/Unit 1 Doctor Name : D.R.C RAJESH BALLAL

DIAGNOSIS:
CARCINOMA HEAD AND UNCINATE PROCESS OF PANCREAS WITH LIVER METASTASIS AND SUSPICIOUS PULMONARY NODULE (T2N1M1)

Aarogyam Thyrocare Technologies Limited
(CIN : UB8110MH2000PLC123882)
D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703.
Ph.: 022 - 3090 0000 / 2762 2762 / 41 252525 Fax: 2768 2409
Email: info@thyrocare.com Website: www.thyrocare.com

Thyrocare
World's largest thyroid testing laboratory
ACCREDITED | NETWORK | BARCODED

REPORT

NAME : JOSEPH 14083459 (39Y/M)
REF. BY : KSHEMA S P W 3RD
TEST ASKED : C199

SAMPLE COLLECTED AT :
JUSTICE K S HEGDE HOSPITAL, HE SIKARYA (DISCHARGE)
BIOCHEMISTRY LAB, UNIVERSITY ROAD DERALAKATTE DR
DIST. - 574360

TEST NAME	METHOD	VALUE	UNITS
CA 19.9	C.L.I.A	23.6	U/mL

Reference Range >

After

MANGALORE HEARTSCAN FOUNDATION
64 Slice MDCT Angiography Centre
(UNIT OF MANGALORE HEARTSCAN AND CT ANGIO CENTRE PVT LTD)
Opp. Colaco Hospital, Bendor Road, Mangalore - 575 002.
Ph.: 0824-2224433 Fax: 0824-2224033
E-mail: mhscartfoundation@hotmail.com

ONE STOP CENTRE FOR ALL CARDIAC INVESTIGATIONS

NAME: MR. JOSEPH AGE: 39/ M
REF BY: HEOMOPATHY Date: 02/03/2015

USG ABDOMEN AND PELVIS

LIVER: The liver is normal in size and echogenicity. There is no evidence of intra hepatic biliary dilatation. No focal lesions in liver Portal vein and hepatic veins are normal.

GALL BLADDER: distended; appears normal.

PANCREAS: The pancreas shows bulky head of the pancreas with mild dilated duct. There is no pancreatic calculi/calcification

SPLEEN: Normal in size and show no focal lesion.

KIDNEY'S: Both kidneys are normal in size, shape and texture. No hydronephrosis. No renal calculus.

LYMPHADENOPATHY: No significant lymphadenopathy

BLADDER: - distended, no intraluminal lesion seen.

PROSTATE: -Normal in size and texture.

Both iliac fossa appears normal.No bowel wall thickening
No free fluid in the abdomen

IMPRESSION:
PANCREAS SHOWS BULKY HEAD OF THE PANCREAS WITH MILD DILATED DUCT

Dr. Devasdas Acharya MD, DNB

MANGALORE HEARTSCAN FOUNDATION
64 Slice MDCT Angiography Centre
(UNIT OF MANGALORE HEARTSCAN AND CT ANGIO CENTRE PVT LTD)
Opp. Colaco Hospital, Bendor Road, Mangalore - 575 002.
Ph.: 0824-2224433 Fax: 0824-2224033
E-mail: mhscartfoundation@hotmail.com

ONE STOP CENTRE FOR ALL CARDIAC INVESTIGATIONS

NAME: MR. JOSEPH T. J AGE: 39/M
REF BY: DR. K. MUKUND MD DM Date: 10/4/2015

MDCT ABDOMEN & PELVIS (PLAIN AND CONTRAST)

MDCT of the abdomen was performed from the level of the domes of diaphragm to the level of pubic bones.

LIVER: The liver is normal in size and shows homogenous parenchymal tissue density. There is no evidence of intrahepatic biliary dilatation. Small hypodense lesion in the segment 6. Portal veins and hepatic veins are patent and normal

IMPRESSION:
CHRONIC PANCREATITIS WITH NO PERIPANCREATIC COLLECTION
NO OBVIOUS MASS LESION DETECTED
SMALL HYPDENSE LESION IN THE SEGMENT 6 OF THE LIVER -> SIGNIFICANCE

Dr. Devasdas Acharya MD, DNB

Aarogyam Thyrocare Technologies Limited
(CIN : UB8110MH2000PLC123882)
D-37/3, TTC MIDC, Turbhe, Navi Mumbai - 400703.
Ph.: 022 - 3090 0000 / 2762 2762 / 41 252525 Fax: 2768 2409
Email: info@thyrocare.com Website: www.thyrocare.com

Thyrocare
World's largest thyroid testing laboratory
ACCREDITED | NETWORK | BARCODED

REPORT

NAME : MR. JOSEPH T J (39Y/M)
REF. BY : DR VINU KRISHNAN
TEST ASKED : C199

SAMPLE COLLECTED AT :
(18735), MANGALORE HEARTSCAN FOUNDATION ,
BENDOR ROAD OPP COLACO HOSPITAL MANGALORE. -
575002

TEST NAME	METHOD	VALUE	UNITS
CA 19.9	C.L.I.A	13.8	U/mL

Reference Range >

TARGET POPULATIONS AND DISEASE CONDITIONS REQUIRING HOMOEOPATHIC INTERVENTION

7. In cases where wide spread mets including bones and brain

8. In cases where relapse after chemo.(ALL/AML/CML)

Before **ALL**

REGIONAL CANCER CENTRE
P.O. BOX NO. 2417
MEDICAL COLLEGE CAMPUS
THIRUVANANTHAPURAM-695 011
KERALA STATE

Phone: +91 471 2447454
Fax: +91 471 2442541
Website: www.rccctvm.org
E-mail: webmaster@rccctvm.org

DISCHARGE SUMMARY
Name: SALMANUL FARIS Age: 8 years Sex: Male CR.No: 126768
Head of Service: Dr.P.Kusumakumary, M.D. Summary by: Dr. Manjusha Nair

FINAL DIAGNOSIS: B Acute Lymphoblastic Leukemia

History of present illness: This 8 year old child was referred from MES Hospital Perinthalamanna, with complaints of irregular fever on and off of 8 months duration, loss of weight of 4 months duration and diffuse abdominal pain. Child was getting treatment from various hospitals for his complaints. Then he was taken to above mentioned hospital, blood investigations were found to be abnormal and referred the patient to us.

REGIONAL CANCER CENTRE
MEDICAL COLLEGE CAMPUS, THIRUVANANTHAPURAM
Phone: +91 471 2447454 Fax: +91 471 2442541
Website: www.rccctvm.org

SECTION OF PATHOLOGY Phone: 1252255

BONE MARROW ASPIRATION/IMPRINT REPORT

NAME: SALMANUL FARIS CR.No: 126768
AGE: 8 SEX: M UNIT: 1FC BILL NO: 112028574
RECEIVED FROM: OH 124/07/2012 Result Date: 126/07/2012

NATURE OF SPECIMEN: BM ASPIRATION

REPORT:
Particulate cellular marrow. M:E ratio 1:2. Erythroid proliferated, seen with megaloblastic maturation. Myeloid seen in all stages of maturation. Megakaryocytes seen with normal morphology. Blasts (2%)

SITES:
IC: C42
TC: 76005

Dr. ANU GUNAVARDHAN
TC Reg. No. 34872
Professor of Pathology, IAHU

Printed On: 26/07/2012 11:52:26

REGIONAL CANCER CENTRE
MEDICAL COLLEGE CAMPUS, THIRUVANANTHAPURAM
Phone: +91 471 2447454 Fax: +91 471 2442541
Website: www.rccctvm.org

SECTION OF PATHOLOGY Phone: 1252255

BONE MARROW ASPIRATION/IMPRINT REPORT

NAME: SALMANUL FARIS CR.No: 126768
AGE: 8 SEX: M UNIT: 1FC BILL NO: 112028574
RECEIVED FROM: OH 118/06/2012 Result Date: 120/06/2012

NATURE OF SPECIMEN: BM ASPIRATION

REPORT:
Particulate marrow mixed with blood. Prominent cells are blasts with scanty cytoplasm, round nucleus, immature chromatin, 0-2 nucleoli, immature chromatin, 0-2 nucleoli. Occasional erythroid, myeloid precursors seen. Megakaryocytes not seen.

PREVIOUS:
Blasts: not performed negative.

DISCHARGE:
B - Lymphoblastic leukemia.

After

AL SHIFA HOSPITAL PVT. LTD.
P.O. BOX NO. 2417
MEDICAL COLLEGE CAMPUS
THIRUVANANTHAPURAM-695 011
KERALA STATE

Phone: +91 471 2447454
Fax: +91 471 2442541
Website: www.rccctvm.org
E-mail: webmaster@rccctvm.org

PERIPHERAL SMEAR
MRID#: 234697
Patient Name: Mr. SALMAN FARIS
Age: 07 Months 11Y 6D
Sex: Male
Department: PERIPHERAL SMEAR
Consulting Doctor: GEN MED 2

Result Report Page 1 of 1

MRID: 234697 Sex: M Consulting Doctor: GEN MED 2
Patient Name: SALMAN FARIS Patient Location: GENERAL MEDICINE 2
Age: 11 Years Visit Type: OP MRID: 090901 Address: KOZHIBERIL HOUSE KANHIRAPPUZHA

Result/Unit	Reference Range	Remarks	Interpretation	Centr. Date/Time	Status
Order Date: 06/04/2015	Service Center: BIOCHEMISTRY				
SampleID: 0200BL150400	SERUM CREATININE: 0.6 mg/dl	0.6 - 1.6		06/04/15 5:32 PM	RC
Order Date: 06/04/2015	Service Center: HAEMATOLOGY				
SampleID: 0154BL150400	COMPLETE HAEMOGRAM				
HEMOGLOBIN (Hb): 13.3 gm/dl	11.0 - 18.0		Male 13-18	06/04/15 4:58 PM	RC
TOTAL RBC COUNT: 4.80 million/cu	3.8 - 5.0		Female 13-18	06/04/15 4:58 PM	RC
TOTAL WBC (T.L.C.): 9.76 x1000/cu	4.0 - 11.0		10000 cells / cu/mm	06/04/15 4:58 PM	RC
PLATELET COUNT: 327 x1000/cu	150.0 - 450.0		1000 cells / cu/mm	06/04/15 4:58 PM	RC
POLYMOYON: 07%	20.0 - 45.0			06/04/15 4:58 PM	RC
LYMPHOCYTE: 40%	20.0 - 45.0			06/04/15 4:58 PM	RC
EOSINOPHILS: 02%	0.0 - 6.0			06/04/15 4:58 PM	RC
MONOCYTES: 01%	0.0 - 6.0			06/04/15 4:58 PM	RC
PLATELETS: 00%	0.0 - 1.0			06/04/15 4:58 PM	RC
PACKED CELL VOLUME(PCV): 38.3%	35.0 - 49.0			06/04/15 4:58 PM	RC
MCV: 34.7%	32.0 - 36.0			06/04/15 4:58 PM	RC
MCH: 78.0 f	76.0 - 90.0			06/04/15 4:58 PM	RC
MCHC: 27.0 fg	26.0 - 32.0			06/04/15 4:58 PM	RC
RDW: 13.4%	11.0 - 16.0			06/04/15 4:58 PM	RC

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KERALA STATE

Phone: +91 471 2447454 Fax: +91 471 2442541
Website: www.rccctvm.org
E-mail: webmaster@rccctvm.org

BONE MARROW BIOPSY
MRID#: 234697
Patient Name: Mr. SALMAN FARIS
Age: 07 Months 11Y 6D
Sex: Male
Department: LABORATORY
Date of sample collection: 07/04/2015
Received on: 07/04/2015
Time of Sample receipt by Lab: 12:00
Histology Lab No: B/538-15
Gross Description: Received linear fragment of bony tissue measuring 0.9 cm x 0.6 cm.
Microscope Description: Bone marrow biopsy showing only three intertrabecular spaces and haemorrhage. Two of these spaces show haemopoiesis with normal maturing WBC, erythroid cells and adequate megakaryocytes.
Impression: BONE MARROW BIOPSY - NORMAL STUDY.

Reported Time: 11:00
Signed By: DR. CATHERINE MATTHEW (MD Pathology)
Dr. Catherine Matthew
M.D. (Pathology)
AL SHIFA HOSPITAL PVT. LTD.

TARGET POPULATIONS AND DISEASE CONDITIONS REQUIRING HOMOEOPATHIC INTERVENTION

cases where TUMOR MARKERS shows increased values in post-surgical cases to avoid recurrence instead of mandatory CT/RT

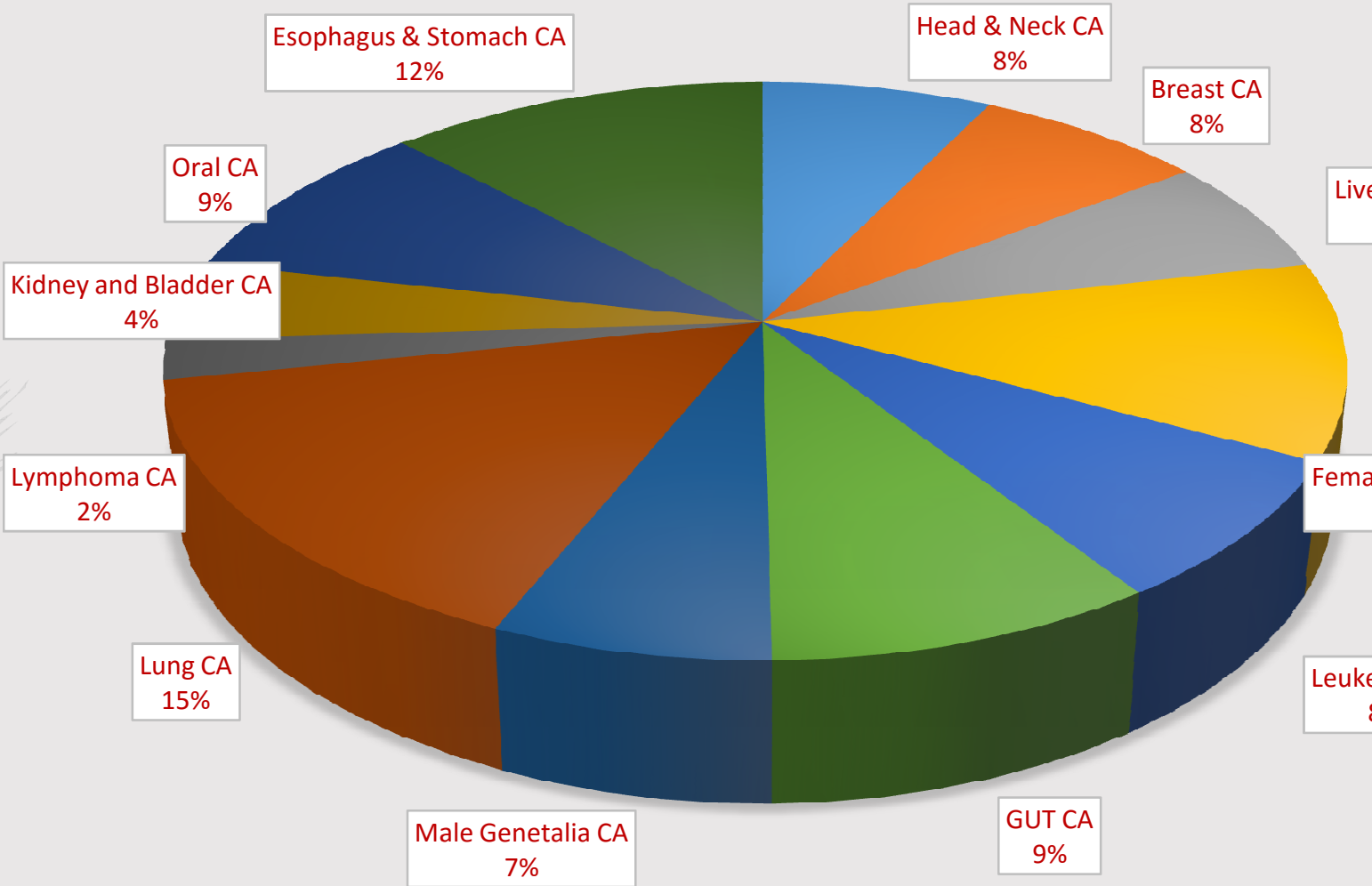
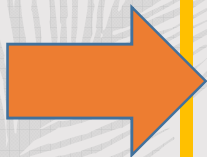
leukemia of infants where chemotherapy is not possible

after chemotherapy or radiation therapy to regain homeostasis of the organism by improving quality of life aiming at better longevity.

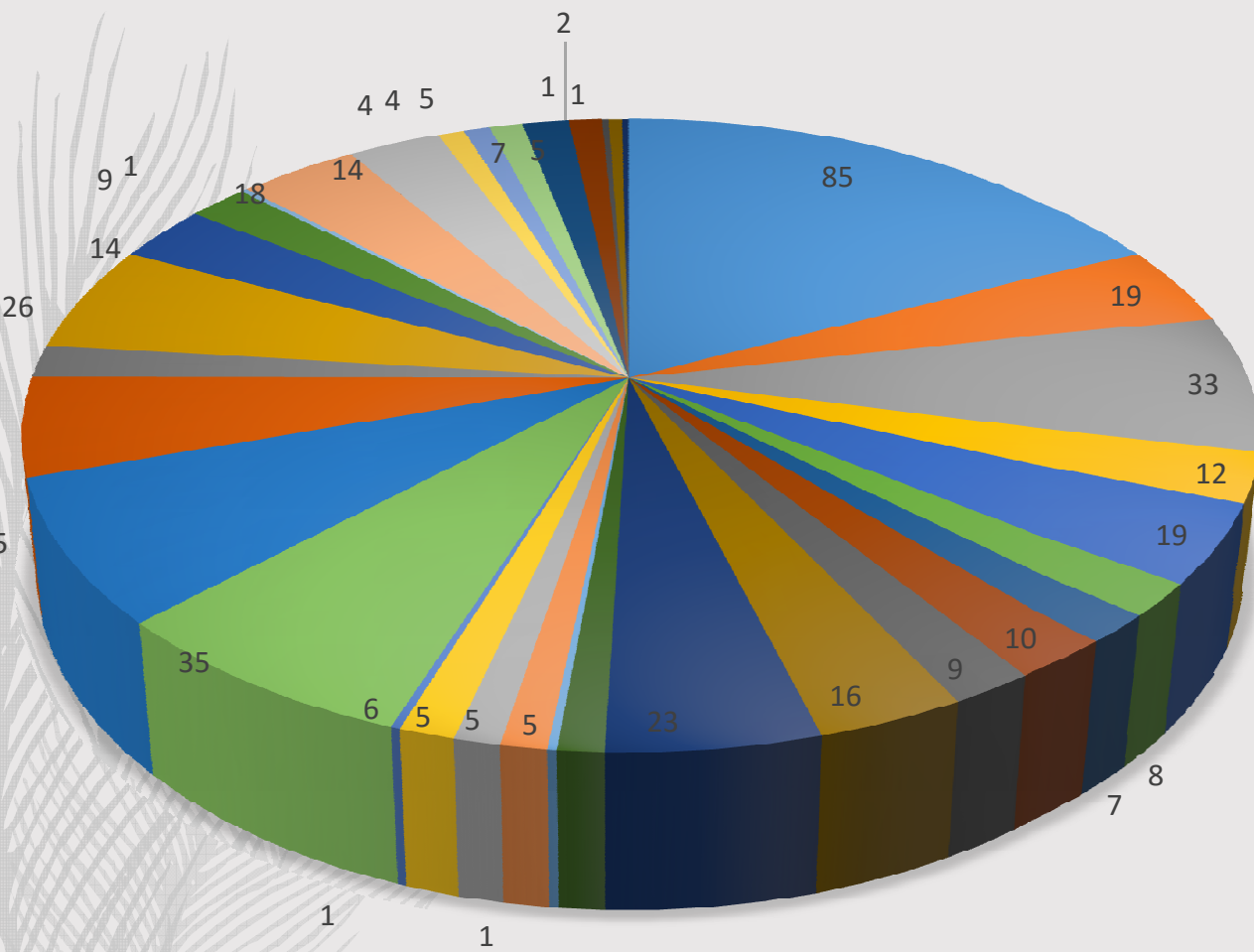
terminally ill cases where the deplorable state of patient can be improved symptomatically but not curable.

for pain reduction when morphine excess results in disorientation and residual effects

o of Cancer Cases
ed in Chethana
ept -2014 Sept)



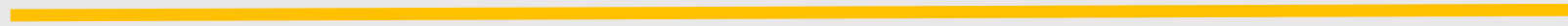
- Head & Neck CA
- Breast CA
- Liver&Pancreas CA
- Female Genetalia CA
- Leukemia CA
- GUT CA
- Male Genetalia CA
- Lung CA
- Lymphoma CA
- Kidney and Bladder CA
- Oral CA
- Esophagus & Stomach CA



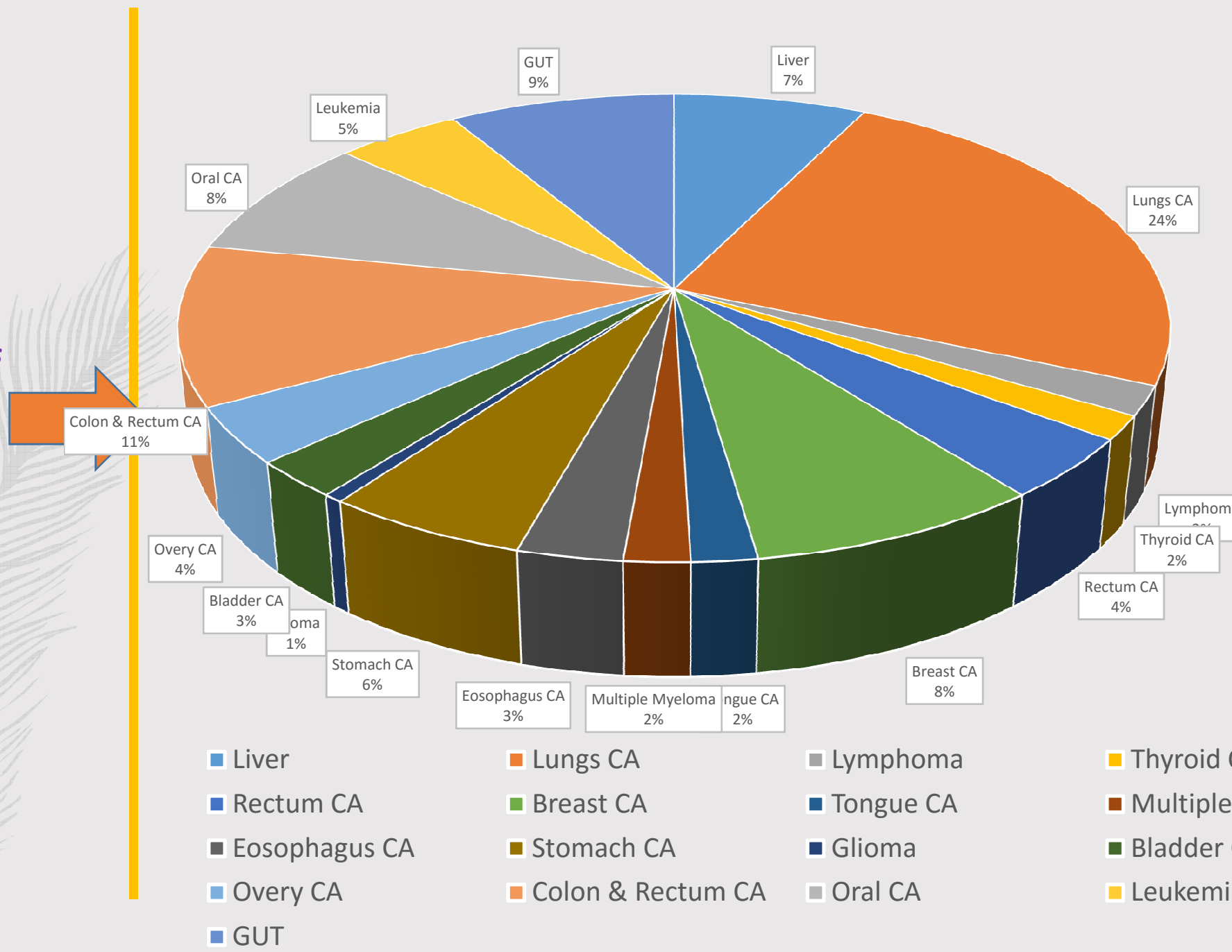
- Lungs CA
- Pancreas CA
- Rectum CA
- Head & Brain CA
- Liver CA
- GE Junction CA
- Utreas CA
- AML
- Bladder CA
- NHL
- Oral Cavity CA
- Retinoblastoma
- LIP CA
- Multiple Myeloma CA
- Prostrate CA
- Post Cricoid CA
- Salivary Gland CA
- Stomach CA
- Breast CA
- Esophagus CA
- Thyroid CA
- Colon CA
- Tongue CA
- ALL

Break-up of Cancer Cases Reported in Chethana

(2014 Oct -2015 April)



o of Cancer Cases
 ed in Chethana
 (MAY- 2016 JAN)



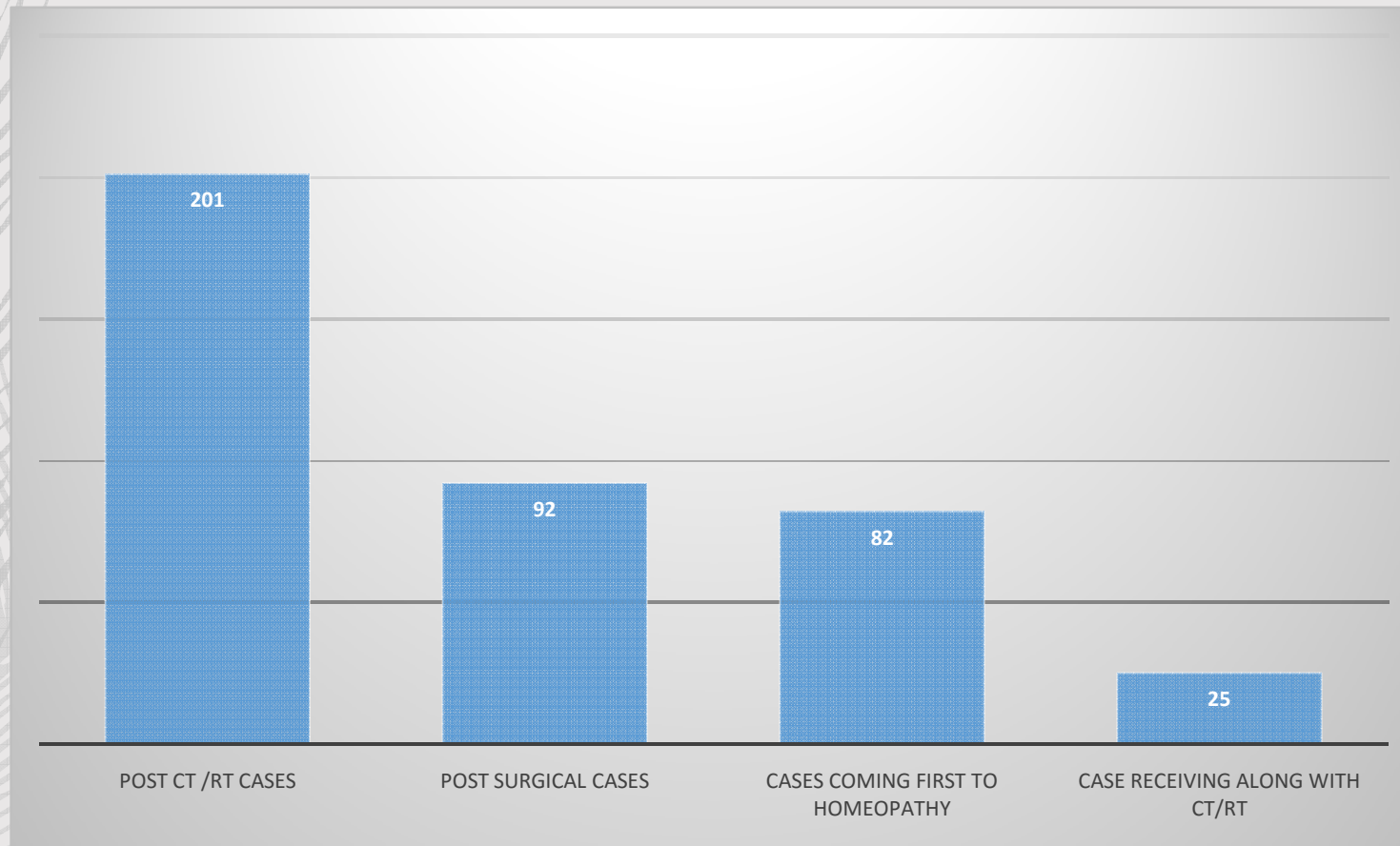
Medicines found most effective

S NO	Condition	Treatment
1	Lung cancer (3 rd n 4thstage)	ant.tartaricum, ant.arsenicum, pix liquida, rumex, kali carb, chelidonium,tuberculinum, ars iodide, silicea, calc.carb
2	Oral CA	hydrastis, acid citricum, acid flouricum, merc.sol, kali. Bichromicum, gallium
3	Esophagus and stomach cancer	Condurango, hydrastis, phosphorus, sulphur
4	Breast cancer	asterias rubens, badiaga, graphitis, silicea, thuja, calc.carb, silicea
5	Hepatobiliary and pancrea	iris, dioscorea, china, phosphorus, belladonna, thuja, cholesterinum
6	Lymphoma	scrofularia, thuja, iodum, merc.sol, calc.carb
7	Bladder	- taraxacum, medorrhinum, thuja,acid nitricum, thuja

Medicines found most effective (Cont--)

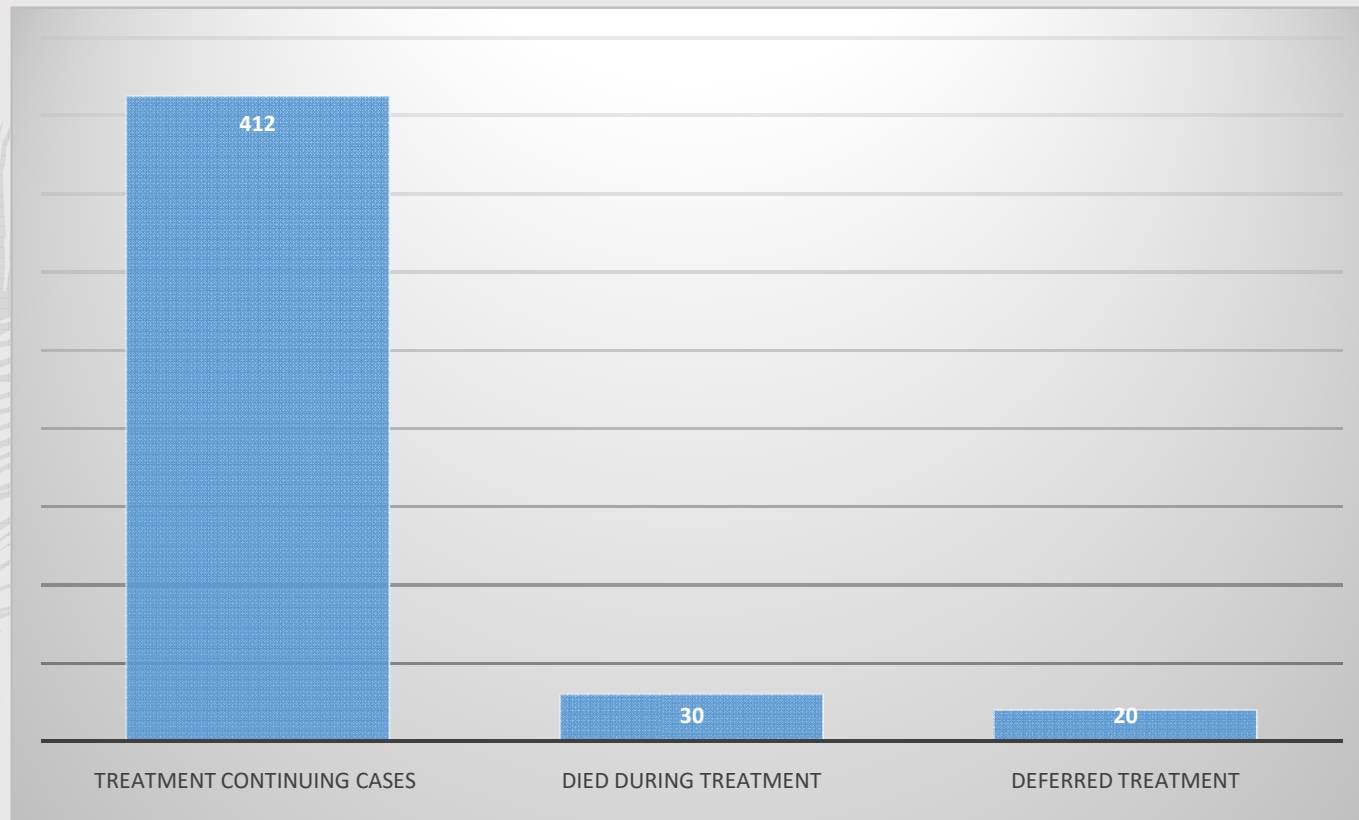
S NO	Condition	Treatment
8	Bladder	taraxacum, medorrhinum, thuja, acid nitricum, thuja
9	Colon and rectum	ruta, hydrastis, sepia, ignatia, acid nitricum
10	Ggenitalia female	hydrocotyle, graphitis, sepia, thuja

Breakdown of new cases based on previous treatment pattern



May 2015 to Jan 2016

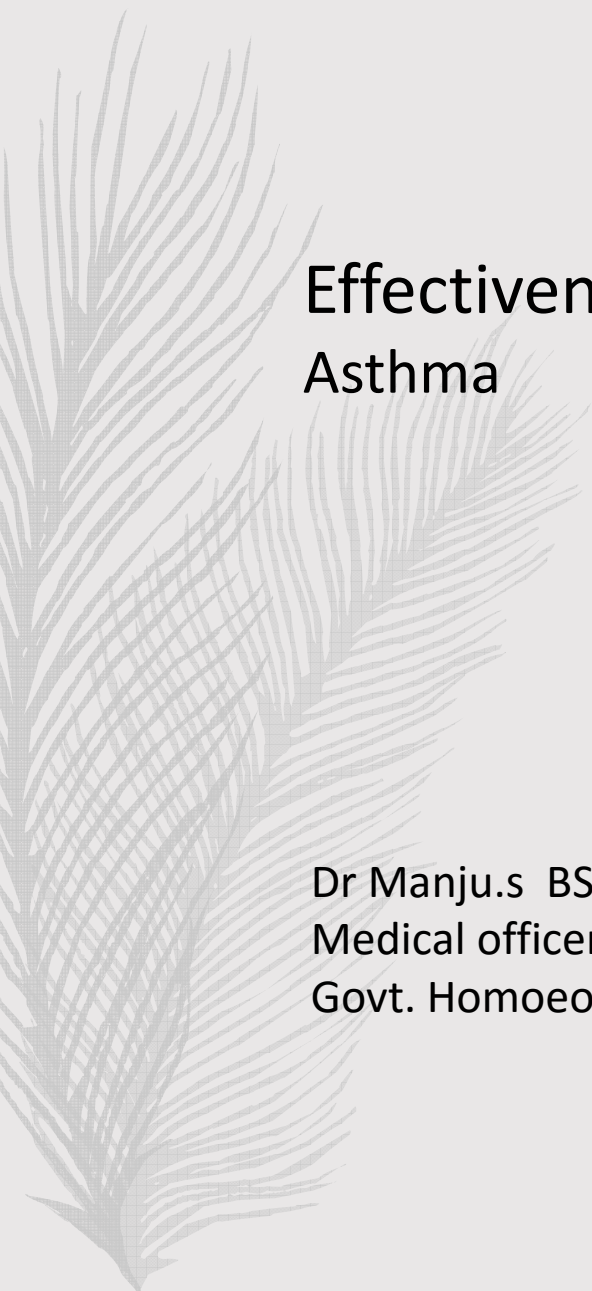
Breakdown of cases based on Morbidity & Patient compliance



May 2015 to Jan 2016



THANK YOU




Effectiveness of constitutional medicine in controlling episodes of Asthma

Dr Manju.s BSc BHMS,
Medical officer , allergy and asthma clinic,
Govt. Homoeopathic Hospital, Manjeri

Materia Medica & Repertory

- Asthma with gastric c/o
- Asthma > eating
- Asthma > stool
- Asthma > vomiting
- Asthma + sighing
- Asthma < talking
- Asthma > lying
- Lobelia, nux, carbo veg
- Spongia, graph, ambra
- Pothos, nux
- Cuprum met
- Causticum
- Drosera
- Manganum, psorinum



- 
-
- Asthma + morning diarrhoea
 - Asthma < excitement
 - Asthma < laughing
 - asthma + alcoholism+tobacco
 - asthma < by cough
 - Asthma > sneezing
 - Asthma > vomiting

- Nat. sulph
- Calc. sulph
- Ars. Alb
- Capsicum
- mephitis
- naja, calc. carb
- Cup. Met.

- 
-
- Asthma > rocking
 - Asthma+ rashes
 - Asthma< full moon
 - Asthma+ vertigo
 - Asthma + renal c/o
 - Asthma+ night diarrhoea
 - asthma+ nasal obstruction
 - Asthma< first sleep
 - Kali. Carb
 - apis
 - Spongia
 - Pulsatilla
 - senega
 - solidago
 - Aralia, sambucus, sabadilla
 - Aralia, apis, lachesis

Ailments from..?



-
- From fine dust of old books
 - diesel fumes
 - Bad gases
 - Perfumes / hay fever
 - flowers
 - Ice
 - house dust
 - asthma from suppressed eruptions
 - Bromium
 - Pulsatilla
 - Bovista
 - Sanguinaria
 - Ailanthus
 - ars alb
 - pothos.
 - Ars. Alb, carbo veg, lycopodium.