


3.3.3

Average number of papers published per teacher in the Journals notified on UGC-CARE list in the UGC website/scopus/web of science/PubMed during the last five years-

Number of research papers published per teacher in the Journals notified on UGC website/scopus/web of science/Pubmed during the last five years-

year	2018	2019	2020	2021	2022
Number of papers		4 1. Dr.Thorat S.L. 2. Dr. Dahale S.S. 3. Dr. kulkarni A.A. 4. Dr. Kanase C.A	5 1.Dr. Kanase C.A. 2.Dr. Kanase C.A. 3.Dr. Kanase S.C. 4.Dr. Kanase S.C. 5.Dr. Kanase C.A.	1 1.Dr. Kanase C.A.	1 1.Dr.Gholap K.V.





Principal
Anantrao Kanase Homoeopathic
Medical College & Hospital
Alephata

Publication

Sr. No.	Research Name	Name of Journal	Volume & Issue	Year	Name of Faculty
1	Basics of HIV.	Paripex	2015.0.565 ISSN-2250-1991	2019	Dr. ThoratSandhya L.
2	Case of Allergic Rhinitis	Paripex	ISSN - 2250-1991	2019	Dr. DahaleShweta S.
3	Role of Homoeopathy in obesity with High Fasting Insulin	Paripex	ISSN - 2250-1991	2019	Dr. KulkarniAparna A.
4	SCIENTIFICALLY UNSCIENTIFIC ABOUT DIABETES MELLITUS TYPE 2	PIJR	ISSN - 2250-1991	Dec-19	Dr. KanaseChandrakant A.
5	GLYCEMIC CONTROL AND HOMEOPATHY IN DIABETES MELLITUS TYPE 2.	PIJR	ISSN - 2250-1991	Feb-20	Dr. KanaseChandrakant A.
6	DIET HEART HYPOTHESIS	PIJR	ISSN - 2250-1991	Mar-20	Dr. KanaseChandrakant A.
7	PCOS & Fasting Insulin	Paripex	ISSN - 2250-1991	2020	Dr. KanaseSaraswati C.
8	PCOS & Low carb diet	Paripex	ISSN - 2250-1991	2020	Dr. KanaseSaraswati C.
9	What I thought in Medical College v/s What I Learnt from Diabetes	IJDMSR	ISSN- 2582-6018	Aug-20	Dr. KanaseChandrakant A.
10	Difficulties in Diabetes Reversal	GJRA	ISSN - 2277-8160	Oct-21	Dr. KanaseChandrakant A.
11	A case of nutritional Anaemia	IJDMR	ISSN-2582-6018	2022	Dr. GholapKamlesh Vijay




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Formula-

Number of research papers published per teacher in journals notified on UGC CARE list on UGC website/Scopus/web of science/pub med during the last five years

Average number of teachers during the last five years.

10/29=0.344% of teachers had published their publications in last 5 years.




Principal
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A Case of Nutritional Anaemia

Dr.K.V.Gholap M.D.(Horn)

Principal, Professor Anatrao Kanase Homoeopathic Medical College, Hospital & Research Center
Alephata, Dist Pune.

Submitted: 15-07-2022

Accepted: 30-07-2022

Case of Anaemia

A boy of age 22 years visited to my clinic on 3/5/2020. with c/o.

Chief complaints -

- (1) Weaknesssince 1 year.
- (2) Getting attacks of jaundice off & onsince 1 year.
- (3) Deafness right earsince 1 year.

History of present illness (HOPI) - (O,D,P & L,S,M.C)

Patient was apparently all right 1 year back.

(1) Weakness Slowly he started feeling weakness. After doing investigation on 10/3/20, he was diagnosed as Anaemia. His Hb was 5.1 Gm %. He visited to me first time on 3/5/20.

- His weakness feeling was < morning after rising.
- weakness < after doing slight physical work. Desire to lie down after slight work.

(2) Jaundice attacks He also started getting attacks of jaundice since 1 year. Attacks are coming regularly at the interval of two & half to 3 months of interval. Yellowish discoloration of eyes, with yellowish urination. Weakness feeling on slight exertion. Loss of appetite.

(3) Deafness in right ear ..since 1 year. Deafness with pain in right ear. Onset was gradual, without any discharges from ear. He had also taken treatment from ENT specialist before 1 year, without proper improvement in hearing.

No any significant associated complaints.

Physical Generals -

Constitution - Very lean, thin weak constitution.

Thermals - Chilly +++

Appetite - Reduced a lot, takes little quantity of at a time.

Thirst - Reduced. Small quantity large interval.

Desire - Not specific Aversion- ---

Stool - N.A.D. One time a day.

Sleep & Dreams - Sleep disturbed because of illness. No specific dreams.

Past History -

1. Anemia in 2018
2. Dengue fever in Oct 2019

Family History -

Father ...habit of alcoholism. Mother ...H/O Mild Hypertension
Brother - Elder brother working at Gujrahat. (Healty)

Personal History -

Patient is living in joint family with his uncle. And habit of eating hotel food & snacks. He did diploma in mechanical engineering, but recently he is mentally disturbed on account of his illness. No any significant habit like alcohol drinking, smoking or tobacco chewing. Father is having history of alcoholism.

Mentals - (In patient's language)

I am working in pune at TATA motors since last 2 months. I didn't work in last 1 year because of my illness. I was better before 1 year but my blood count especially Hb count suddenly started to fall. I started feeling very weak. I was diagnosed as anemia with Jaundice, I had taken treatment & started feeling better but again develop same kind of symptoms at the interval of 2 months. And such episodes are continuously happening with me at same interval since last one year. I am not able to work properly on account of this illness. Now I started to think that it may end with my death. I have lost peace of life. Doctor this illness is troubling me since many days so that I am unable



to work properly which irritates me a lot. Dr. Please let me know that whether I will cure form this illness or not ?

Now a days I stay alone & not talking with anyone. I take rest for some time even after doing slight physical work. Doctor, now I started feeling depressed. I am also having little deafness at my right ear. So I don't get mix with anyone & trying to remain alone in my house. I also don't feel like to talking to anyone. (Pt. has got qualified with diploma in mechanical engineering).

As I was not getting cure inspite of doing treatment again & again, I had started to go at Sadhubaba for treatment of my Jaundice. Still I have not got satisfactory result.

Investigations - C.B.C. , Urine (R), LFT., Auatria antigen (HBsAg) .

Clinical Examination - General clinical examinations -P- Pallor+++

I - Icterus+++ more at sclera of eye.C - No Clubbing ofnails

C - No central or peripheral Cynosis L - No Lymphadenitis.

E - No edema .

Vital signs -

Temp- 98.5 degreeC, Pulse - 88beats/min.
R.R. -20 Cycles/min. B.P.- 110/76 mmHg.

Systemic Examinations -

1. G.I.T. system - N.A.D. No palpable abdominalorgans.
2. Respiratory system - N.A.D.
3. C.V.S. -N.A.D.
4. C.N.S. - N.A.D.

(1) Complete blood count- (C.B.C.) 18/4/2018.

Hb - 5.1Gm%
TLC - 2100 /cumm.

Differential count-

Neutrophil - 63%
Lumphocytes -32%
Monocytes - 02%
Eosinophil - 03%
Basophil - 00%

RBC Indices -

Total.R.B.C - 1.37mil/cmm.
Haematocrit - 14.5 %
MCV - 106 FL
(femtoliters) (unit of cubic micrometers) (80 - 100 FL)
MCH - 37.2pg.
(picograms) (27 - 31 pg)
MCHC - 35.1gm/dl

TESTS	RESULTS	UNIT	REFERENCE RANGE
Haemoglobin	5.1	g/dL	12.5 - 15
Total WBC Count	2100	/cumm	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	63	%	40 - 70
Lymphocytes	32	%	20 - 40
Monocytes	02	%	00 - 10
Eosinophil	03	%	00 - 06
Basophil	00	%	00 - 01
RBC Indices			
R.B.C. count	1.37	ml/cmm	4.5 - 5.5
Haematocrit (HCT)	14.5	%	37 - 47
MCV	106.0	fL	80 - 100
MCH	37.2	pg	27 - 31
MCHC	35.1	gm/dl	32 - 36
RDW-CV	55.6		



REG NO.	: IPD / 66	AGE	: 20 Years
NAME	: Mr. CHAITANYA RAMESH WANI	SEX	: Male
REF BY	: Dr CHETAN KARDILE MS	DATE	: 18/04/2018

SERUM BILIRUBIN			
TESTS	RESULTS	UNIT	REFERENCE RANGE
Total Bilirubin	: 3.75	mg%	0 - 1.0
Direct Bilirubin	: 0.82	mg%	0 - 0.3
Indirect Bilirubin	: 2.93	mg%	0 - 0.8

SGPT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
SGPT	: 76.15	U/L	0 - 40

SGOT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
SGOT	: 119.30	U/L	5 - 40

REG NO.	: IPD / 66	AGE	: 20 Years
NAME	: Mr. CHAITANYA RAMESH WANI	SEX	: Male
REF BY	: Dr CHETAN KARDILE MS	DATE	: 18/04/2018

URINE ANALYSIS REPORT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
<u>Physical Examination</u>			
Colour	: DARK YELLOW		
Quantity	: 20 ml		
Appearance	: Clear		
Specific gravity	: 1012		
Reaction (pH)	: Acidic		4.8-7.6
<u>Chemical Examination</u>			
Proteins	: Present +		
Sugar	: Absent		
Ketone Bodies	: Absent		
Bile Salts	: Present+		
Bile Pigments	: Present+		
<u>Microscopic Examination</u>			
Epithelial Cells	: 1-2	/hpf	
Pus Cells	: 1-2	/hpf	
RBC	: Absent	/hpf	
Casts	: Absent		
Crystals	: Absent		
Amorphous deposits	: Absent		
Bacteria	: Present++		



(2) Liver function test-Fone on 18/4/18

- S. Bilirubin - 3.75mg/dl (0 - 1.2 mg/dl)
- S. Bilirubin Direct - 0.82mg/dl (0 to .3 mg/dl)
- S. Bilirubin Indirect - 2.93 mg/dl (0.2 to 0.8 mg/dl)
- S.G.P.T. - 76.15 U/L (0 - 40 U/L)
- S.G.O.T. - 119.30 U/L (5 - 40 U/L)

Conjugated + Unconjugatedbilirubinemia.

(3) HBsAg-Negative

(4) Urine (R)- Proteins +, Bile salts +, Bilepigments+

(5) S.Vit B12, S.folicacid. - Not done.

(6) Antibody test forperniciousA. - Notdone.

Diagnosis - After considering above reports patient was diagnosed as Nutritional Anaemia (Megaloblastic A. or PerniciousA) +Jaundice.

Analysis of the case -

1. Recurrent distress.
2. Extreme pain (perceived by patient) & he want to get rid of it.

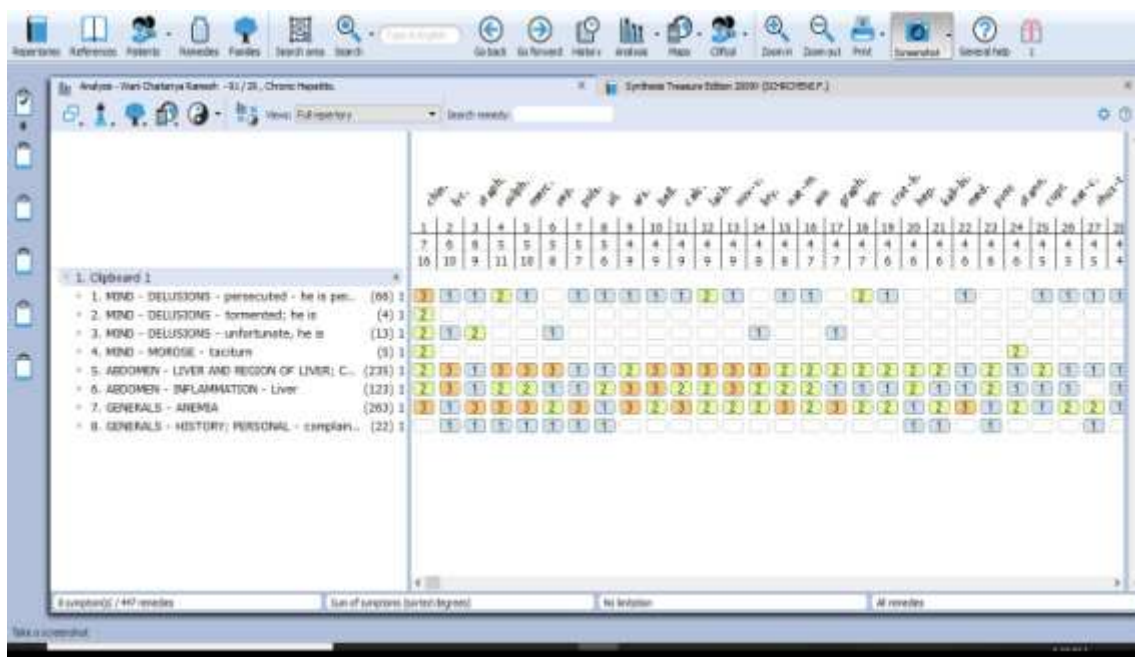
Repertorization

3. Persistent harassment because of repeated episodes of disease.
4. Disease made him so miserable that neither he can eat nor sleep properly.
5. Irritability of mind
6. Dose not want to talk with anyone.
7. Disease may lead to some harmful outcome such as death. which is not allowing him peace orrest.
8. Anaemia
9. Jaundice
10. Weakness.

Selection of Rubrics

1. Mind - Delusion - persecuted - he ispersecuted
2. Mind -Delusion- persued - hewas
3. Mind - Delusion - tormented - heis
4. Mind - Delusion - unfortunate - heis
5. Mind - Morose -taciturn
6. Abdomen - Liver & region of liver complaintsof
7. Abdomen - inflammation ofliver
8. Generals -Anemia

Miasm - Psorosycosis. Manifestive phase = Psora
Dormant phase = Sycosis





Treatment given -

3/05/2020 - First day

- China 304 pills 2 times a day for 3 days. followed by Sac lac for 3 weeks.
- Chelidonium Q ..10 drops in 1/4 cup of water twice a day afterfood.
- BCT 1 - 4 pills 3 times aday.
(Containing Calcaria Phos 3x + Ferrum Phos 3x + Natrum Mur 6x + Kali Phos 3x.)

Fpollow up -

31/5/2020 - Follow up (1)

General condition little improved . Appetite increase little. Icterus still present++. But mentally started feeling better.

- China 200. ..4 pills two times a day ..for 3 days. followed by Sac.Lac. for 1 month
- Chelidonium Q 10 drops twice a day in 1/4 cup of water.
- B.C.T. 1 ...4 pills 3 times a day.

Advised - C.B.C. & L.F.T.

2/6/2021 - Follow up (2)

- General condition still improved. Now patient develop good appetite. Icterus reduced. Started looking energetic. Confidence also start increasing. Weakness reduced. Mentally started feeling much better.
- Adv. C.B.C. & L.F.T.
- China 200 4 pills twice a day for 3 days. followed by SacLac.
- Chelidonium Q.. 10 drops in 1/4 cup ofwater.
- B.C.T. 1..., 4 pills three times aday.

18/7/2020 - Follow up (3) Patient's G.C. is still improved. Fresh reports done on 17/7/2020 asfollows.

Recent Report	Previous Report
C.B.C. - Hb -13.6 Gm%	Hb was 5.1 Gm%
T.R.B.C.Count -4.29millions/cumm	R.B.C.was 1.37 millions/cumm
M.C.V. - 88.1 FL (80 -96FL)	M.C.V was 106FL
M.C.H.C. - 36mg/dl. (32-36mg/dl)	M.C.H.C. was 35.1mg/dl
L.F.T -	
S. Bilirubin Total -1.13mg/dl (0 - 1.0mg/dl)	S.Bil Total - 1.75mg/dl
S. Bilurubin Direct -0.53mg/dl (0 - 0.3 mg/dl)	S. Bil Direct - 0.62mg/dl
S. Bilirubin Indirect -0.6mg/dl (0 - 0.8 mg/dl)	S. Bil. Indirect - 1.13 mg/dl



- China 2004 pills twicw a day for 3 days .
- Followed by Sac Lac for 1 month.
- Chelidonium Q ..10 drops twice a day in 1/4 th cup of water .
- B.C.T. 1 ...4 pills three times a day.

- Sac Lac 4 pills two times a day for 1month..
 - Alfa - Alfa Q + Avana SativaQ 5 drops each in 1/4 cup of water two times a day
 - B.C.T.1 ...4 pills 3 times a day for 1month.
- After 13/9/20 he has given 4 gollowups & I have given symptomatic treatment as he was narrating only few symptoms. On 20/4/21 he again performed C.B.C. & L.F.T along with U.S.G. abdomen. Reports was as follows.

13/09/2020 Follow up (4) -

General condition still improved on physical & mentalbasis. Clinically Icterus markedly reduced. Now he can do his regular job without any trouble. C/O loss of appetite & little weaknessfeeling.

C.B.C.-20/4/21

Hb - 13.0Gm%
T.R.B.C - 4.71 mill/cmm
p.c.v. -39% (35 - 54 %)
M.C.V. - 82.8 FL (76 - 94 FL)
M.C.H. - 27.6 pg (27 - 32 pg)
M.C.H.C. - 33.33 mg/dl
(32 - 36 mg/dl)

L.F.T -

S.bilirubin (T) - 1.2 mg/dl
(0 - 1 mg/dl)
S.bilirubin (D) - 0.26 mg /dl
(0 - 0.3 mg/dl)
S.bilirubin (I) - 0.94 mg/dl
(0 - 0.8 mg/dl)
S.G.P.T. - 34 IU/L (5 - 35mg/dl)
S.G.O.T. - 33 IU/L (8 - 37mg/dl)
Alkaline phosphatase - 132 IU/L
(44 - 147 IU/L)
or (0.73 to 2.45 KA/L)
Microkatal per liter.

TESTS	RESULTS	UNIT	REFERENCE RANGE
Hemoglobin	13.0	gm/dl	12 - 18
E.B.C. Count	4.71	million	4.10 - 6.5
Total WBC Count	5900	/cmm	4000 - 11000
RED CELL ABSOLUTE VALUES			
Packed Cell Volume	39.0	%	35 - 54
Mean Corpuscular Volume	82.8	cu microns	76 - 96
Mean Corpuscular Hemoglobin	27.6	picograms	27 - 32
Mean corpuscular Hb. Con.	33.33	g/dl	32 - 36
DIFFERENTIAL COUNT			
Neutrophils	60	%	40 - 70
Lymphocytes	30	%	20 - 40
Eosinophil	05	%	0 - 6
Monocytes	03	%	0 - 8
Basophils	00	%	0 - 1
PERIPHERAL SMEAR EXAMINATION			
Platelets	1,80,000	/cmm	110000 - 450000
Erythrocytes	Normocyte Normochromic		
Immature cells	nil		
Parasites	not detected		

U.S.GAbdomen - s/o mild hepatic enlargement.

Treatment given was Sac Lac for all visits & Alfa-Alfa Q + Avana Sat Q as per requirements. In between he has given many follow up & was treated with sac lac & sme times with Chelidonium Q as per requirements. Lastfollowup he has given on lastSunday 01/05/22 & is absolutely fine. Started waight gaining. Going to jim regularly & at present not willing to do any investigations.

Explanation of some rubrics selected -

1. Delusion - persecuted - he is persecuted3 marks drugs - CHIN, CYCL, DROS, KALI-BR.
 - 2 mark drugs are - Hyo, Ign, Lach, Sul, Zin.
- Persecute - Meaning of persecute or persecution is persistently harassed by some or other situations or persons or by disease.
- This rubric has two imporrent attributes -
- 1 . Persistnt pain of harassment.
 2. Sence of irritation.
- This person has sence of irritation as well as harassment so this rubric is selected.
2. Delusion - Persued - hewas



2 marks - Chin, Cup, Hyo, Kali-br, Puls Persued meaning is patient has believe that he is persued either by troubles, persons , some situations or disease, which may lead to some harmful outcome such as death hence not allowing peace, This patient has same type of belief that his disease may lead into his death. sl rubric is selected.

3. Delusion - Tormented - he is - 2 marks - Aq-mar, Chin, Lyss, Torment meaning is to cause, usually persistent or recurrent distresss of mind & body. The rubric is used in following conditions.

- Severe affliction(our case)

- Subject totorture

- Distort ortwist

This rubric has three important attributes

1. Extreme pain (Perceived by patient)

2. Ferocity of expressions.

3. State offrustration.

Our patient is having extreme pains with frustration so this rubric is used.



Certificate of Publication



This is to confirm that
Dr.K.V.Gholap M.D.(Horn)
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A handwritten signature in blue ink, appearing to read "K. Gholap".

Publication Head



ORIGINAL RESEARCH PAPER

Homoepathy

A CASE OF ALLERGIC RHINITIS WITH BEHAVIORAL CHANGES.

KEY WORDS:

Dr. Shweta Dahale

Anantrao Kanse Homoeopathic College, Aale Phata, Junnar

A girl child patient of age 10 years presented with complaints of recurrent coryza ,dyspnea with cough from 2 to 3 years, aggravated since 3 days. Bland discharges from nose with itching, rubbing of nose and sneezing with it. Dyspnoea is there generally at night while sleeping due to blockage of nose with cough .Cough is dry and more at night with dryness in throat without thirst. She feels better by drinking warm drink.

She likes sweets and chocolates. Thirstless ,appetite regular and aversion to cold food.

she is very quite during physical examination. Does not reply to any question asked by me, then her parents sais that She never talks with strangers, relatives and if someone try to talk with her then either she will run away from there or do not give any response to that person. Even she do not have any friend in school .she is very neat and clean. She wants her toys, uniform ,pencil, and all stationary at one place. she never keeps anything here and there. She is very obstinate. She always shout when talking with her parents. Patient is very much attached to her mother. She is reserved and dictatorial .she shouts and cry loudly if the parents refuses anything to her. She expresses her anger by shouting loudly . she is not playful and of reserved nature. when asked about the academic behavior they explain that she do not talk with her class teacher .she spells or write wrong words during dictation session in school. She is very caring for her grandmother.

RUBRICS SELECTED

1. Nose ,coryza ,chronic
2. Respiration ,difficult,cough during
3. Mind,sensitive
4. Mind, strangers,presence of aggravation
5. Mind,obstinate
6. Mind,fastidious
7. Mind,caring
8. Mind,memory ,weak
9. Mind ,talk ,loudly

FIRST PRESCRIPTION

Based on these symptoms and considering the person as a whole lycopodium 30 O.D. H.S. was prescribed for 3 days supplemented with sac lac for 12 days.

FOLLOW UP

After 15 days- No changes in behavior

NO cough and coryza.

Again Lycopodium- 200 O.D.H.S. 3 doses with sac lac

After 20 days i.e. on third visit her parents explained that now she does not shout angrily and one more thing they have added that – meanwhile they visited to ENT specialist and that physician diagnosed as she has 40-60% hearing loss for both ears, he gives her hearing aid with medium frequency that she should use at least One year after that they will change frequency. Now she can hear properly and is responding. On the basis of this history syphilinum 200 single dose was prescribed.

On 4th visit- after 1 month

Causticum 30 4 doses and sac lac

On 5th visit – after 15 days

- She became active.
- Hearing and frequency became medium to low
- Coryza cure
- Activity good
- Responding to others
- Better in academics

Again Causticum 30 O.D. FOR 3 days and S.L. for 30 days
After 30 days-

- Hearing aid frequency very low
- Responds to others very well
- No coryza
- Proper behaviour
- No shouting, no irritability, no anger.
- Speak softly with parents
- Improvement in behavior with parents

Because of use of Homeopathic medicines, the hearing aid frequency became surprisingly less and patient is now active and responding to others .There is total change in behavior.



ORIGINAL RESEARCH PAPER

Community Medicine

HIV Basics

KEY WORDS:

Dr. Thorat Sandhya

Associate Professor Department of Community Medicine

HIV stands for human immunodeficiency virus. It weakens a person's immune system by destroying important cells that fight disease and infection. No effective cure exists for HIV. But with proper medical care, HIV can be controlled.

This section will give you basic information about HIV, such as how it's transmitted, how you can prevent it.

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

Most commonly, people get or transmit HIV through sexual behaviors and needle or syringe use. Only certain body fluids—blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

HIV may be spread from mother to child during pregnancy, birth, or breastfeeding. Although the risk can be high if a mother is living with HIV and not taking medicine, recommendations to test all pregnant women for HIV and start HIV treatment immediately have lowered the number of babies who are born with HIV.

By being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.

Receiving blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV.

Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.

It's possible to get HIV from tattooing or body piercing if the equipment used for these procedures has someone else's blood in it or if the ink is shared. There is risk of getting HIV.

HIV is not transmitted by

HIV is not transmitted by mosquitoes, ticks, or any other insects.

HIV is not transmitted by food, even if the food contained small amounts of HIV-infected blood or semen, exposure to the air, heat from cooking, and stomach acid would destroy the virus. Though it is very rare, HIV can be spread by eating food that has been pre-chewed by someone with HIV. The contamination occurs when infected blood from a caregiver's

mouth mixes with food while chewing. The only known cases are among infants.

PREVENTION

Today, more tools than ever are available to prevent HIV. Abstinence (not having sex), Limiting your number of sexual partners, Never sharing needles, and using condoms the right way every time during sex.

AIDS and Opportunistic Infections

Opportunistic infections are infections that occur more frequently and are more severe in people with weakened immune systems, including people with HIV.

Common opportunistic infections, Candidiasis of bronchi, trachea, esophagus, or lungs, Invasive cervical cancer, Coccidioidomycosis, Cryptococcosis, Cryptosporidiosis, chronic intestinal (greater than one month's duration), Cytomegalovirus diseases (particularly retinitis) (CMV), Herpes simplex (HSV): chronic ulcer(s) (greater than one month's duration); or bronchitis, pneumonitis, or esophagitis, Histoplasmosis, Isosporiasis, chronic intestinal (greater than one month's duration), Kaposi's sarcoma, Lymphoma, multiple forms, Tuberculosis (TB),

Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary. Other Mycobacterium, disseminated or extrapulmonary, Pneumocystis carinii pneumonia (PCP), Pneumonia, recurrent, Progressive multifocal leukoencephalopathy, Salmonella septicemia, recurrent, Toxoplasmosis of brain, Wasting syndrome due to HIV.

How do you prevent opportunistic infections?
The best way is to take HIV medications as prescribed.

In addition to taking HIV medications it is important to keep immune system strong.

Prevent exposure to other sexually transmitted infections.

Don't share drug injection equipment. Blood with hepatitis C in it can remain in syringes and needles after use and the infection can be transmitted to the next user.

Don't consume certain foods, including undercooked eggs, unpasteurized (raw) milk and cheeses, unpasteurized fruit juices.

Don't drink untreated water such as water directly from lakes or rivers.



ORIGINAL RESEARCH PAPER

Medicine

DIET HEART HYPOTHESIS

KEY WORDS:

Dr. Kanase C. A.

Professor HOD Of Department Of Practice Of Medicine From AKHMC , Alephata

What is it ?

The hypothesis assumes that

- 1 Dietary cholesterol / saturated fat increases serum cholesterol.
- 2 Increased serum cholesterol increases risk of Coronary Artery Disease .

Based on this hypothesis physicians all across the globe advise -

- 3 Decrease cholesterol (statins) so as to decrease risk of CAD.
- 4 Cholesterol is a health hazard and should be maintained at lowest possible level . Let us peep into the history to understand how this hypothesis was conceived

An abbreviated history of the hypothesis

- 1 Dr Ancel Keys first proposed the hypothesis in 1950s. Several years later, he published the Seven Countries Study that reported a strong correlation between dietary fat and coronary mortality in seven countries.
- 2 In 1977 U.S. Senate Select Committee on Nutrition and Human Needs, set up by Senator George McGovern in 1968, announced the publication of its famous-

National Dietary guidelines. Which suggest as follows

Goal 1. **Increase carbohydrate** consumption to account for approximately 55 to 60 percent of energy (caloric) intake.

Goal 2. **Reduce overall fat** consumption from approximately 40 percent to 30 percent of energy intake.

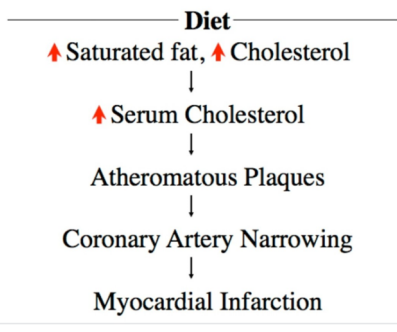
Goal 3. **Reduce saturated fat** consumption to account for about 10 percent of total energy intake; and balance that with polyunsaturated and monounsaturated fats, which should account for about 10 percent of energy intake.

Goal 4. **Reduce cholesterol** consumption to about 300 mg a day.

Goal 5. **Reduce sugar consumption** by about 40 percent to account for about 15 percent of total energy intake.

Goal 6. **Reduce salt consumption** by about 50 to 85 percent to about 3 g/day.

Presently, the American Heart Association recommends 'lowering intake of saturated fat and replacing it with unsaturated fats, especially polyunsaturated fats' to reduce cardiovascular disease.



Let us have a look at the evidence for dietary guide lines - National dietary guidelines were introduced in 1977 and 1983, by the US and UK governments, respectively, with the ambition of reducing coronary heart disease (CHD) by reducing fat intake. To date, no analysis of the evidence base for these recommendations has been undertaken.

The study which examines the evidence from randomised controlled trials (RCTs) available to the US and UK regulatory committees at their respective points of implementation concludes Conclusions: Dietary recommendations were introduced for 220 million US and 56 million UK citizens by 1983, in the absence of supporting evidence from RCTs .

From the literature available, it is clear that at the time dietary advice was introduced, - 2467 men had been observed in RCTs .

- No women had been studied;
- No primary prevention study had been undertaken;
- No RCT had tested the dietary fat recommendations;
- No RCT concluded that dietary guidelines should be introduced.

Does Dietary cholesterol increases serum cholesterol ? Cholesterol absorption

Dietary cholesterol , combines with bile salts, from which cholesterol can be absorbed by the enterocyte. After that cholesterol is reassembled into chylomicrons.

Most ingested cholesterol is esterified, which causes it to be poorly absorbed by the gut. Cholesterol homeostasis

The body also compensates for absorption of ingested cholesterol by reducing its own cholesterol synthesis. For these reasons, cholesterol in food, seven to ten hours after ingestion, has little, if any effect on concentrations of cholesterol in the blood. However, during first seven hours after meal cholesterol, as absorbed fats are being distributed around the body within various lipoproteins the concentrations increase.

A higher cholesterol intake from food leads to a net decrease in endogenous production of cholesterol , whereas lower intake from food has the opposite effect

Ansels wrote:

The evidence — both from experiments and from field surveys — indicates that cholesterol content, per se, of all natural diets has no significant effect on either the cholesterol level or the development of atherosclerosis in man.

Keys then shifted sideways from cholesterol to saturated fat in the diet, leading to the creation of the highly influential

“Keys equation,”

$$\text{Cholesterol (mmol/L)} = 0.031(2D_{sf} - D_{puf}) + 1.5\sqrt{D_{ch}}$$

He appeared on the cover of Time magazine as “Mr. Cholesterol.”

Despite a growing acceptance of this “somewhat altered” diet-heart hypothesis, no explanation was given as to

- How saturated fat raised blood cholesterol levels?
- How raised blood cholesterol levels causes atherosclerosis to develop?. It was simply believed that A caused B and B caused C.

The definition of high cholesterol was also lowered from 280 mg/dL (7.2 mmol/L) to 200 mg/dL (5.2 mmol/L).

Does increased serum cholesterol levels increases risk of coronary artery disease

Dr. George Mann - He had studied the Masai in Africa, who had a very high consumption of saturated fat, low cholesterol levels, and almost no deaths from heart disease.

Prospective Urban and Rural Epidemiology study - PURE - observational study 135,335 individuals aged 35 to 70 years from 18 low-, middle- and high-income countries - Suggest that

- High carbohydrate intake increases total mortality, while
- High fat intake is associated with a lower risk of total mortality and
- Has no association with the risk of myocardial infarction or cardiovascular disease-related mortality.
- Higher saturated fat intake appeared to be associated with a 21% lower risk of stroke.
- explains Professor Salim Yusuf (McMaster University, Hamilton, Ontario, Canada), senior investigator for the PURE study. "The problem is that poorly designed studies performed 25-30 years ago were accepted and championed by various health organisations when, in fact, there are several recent studies using better methods, which show that a higher fat intake has a neutral effect," he continues, citing the example of the Women's Health Initiative trial conducted by the National Institutes of Health in 49,000 women that showed no benefit of a low-fat diet on heart disease, stroke or cardiovascular disease.

Looking at all available trials up to 2009, there was no evidence found to support a link between total fat and heart disease.-----

- Saturated fats was not associated.
- Neither was polyunsaturated fats.
- Saturated fats were not bad.---
- Polyunsaturated fats (vegetable oils) were not good. There was simply no link at all.

In the 20 year follow up to the Framingham data, the exact same protective effect of fat on stroke was seen. The 1997 study "Inverse association of dietary fat with development of ischemic stroke in men". Dividing the group by intake of dietary fat, it was found that -

- Those eating the most fat had the least strokes.
- Those with the lowest fat had the most strokes. Again here, eating fat was not bad, it was good



Certificate of Publication

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*Mr./Mrs./Ms./Prof./Dr. **Kanase C.A.**.....*

has contributed a paper as author/ Co-author to

GLOBAL JOURNAL FOR RESEARCH ANALYSIS

A Peer Reviewed, Referred, Refereed & Indexed International Journal

Title "Difficulties in diabetes reversal".....

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*The Editor in Chief & The Editorial Board appreciate the
Intellectual Contribution of the author/co-author*

Executive Editor

Editor in Chief

Member, Editorial Board





ORIGINAL RESEARCH PAPER

Homeopathy

GLYCEMIC CONTROL AND HOMEOPATHY IN DIABETES MELLITUS TYPE 2.

KEY WORDS:

Dr. Kanase C.A

Head, Anantrao Kanase Homoeopathic Medical College & Hospital A/p-alephata (Pune-nashik Highway), Tal- Junnar Dist- Pune

Dr. Jarad Savita*

Co-ordinator, Anantrao Kanase Homoeopathic Medical College & Hospital A/p-alephata (Pune-nashik Highway), Tal- Junnar Dist- Pune

*Corresponding Author

INTRODUCTION-

Diabetes & obesity OPD observations.

- Patients with Oral hypoglycemic agents treatment require higher and multiple doses as case becomes chronic.
- Even with higher doses of Oral hypoglycemic agents glycemic control is not achieved.
- For better glycemic control and returning patient from higher and multiple doses of oral hypoglycemic agents to minimizing the dose or total stoppage of Oral hypoglycemic agents medicines is essential.
- It is achieved by specific dietary management and some healthy life style changes.

AIMS AND OBJECTIVE-

- To know the doses of Oral hypoglycemic agents prescribed.
- To evaluate diet and regimen
- To know the role of homeopathic approach .
- To compare the dietary changes with low carb diet n alterations in values of Oral hypoglycemic agents intake.

STUDY HYPOTHESIS-

Patients those who are on daily Oral hypoglycemic agents , they show lowering of OHA dose if they follow the dietary advise especially of low carb diet.

LIFE STYLE MODIFICATIONS :

Patients were counselled about weight loss, dietary management with low carb diet i.e. fish, egg, green leafy veg, cauliflower, broccoli, nuts, coccont oil etcand exercise.

Patients who follow perfect dietary advise plan may get shifted on lowering OHA.

MATERIALS AND METHODS-

STUDY SETTING :

Study Conducted at Anantrao kanase Homoeopathic Medical college & Hospital, Alephata.

Duration of the study: Study carried out between April 2017- December 2018.

MATERIALS:

The experimental population selected from the Patients reporting to college OPD. Survey study was done to select population

INCLUSION CRITERIA-

- Known diabetics.
- Those who are on Oral hypoglycaemic agents.
- May or may not be having positive family history of diabetes mellitus.

EXCLUSION CRITERIA:

- Patients with Latent autoimmune diabetes in adults.
- Patients with type -1 diabetes.

SAMPLE SELECTION-

the experimental population is randomize.

LIFE STYLE MODIFICATIONS:

Patients were counselled about weight loss, dietary management with low carb diet i.e. fish, egg, green leafy veg, cauliflower, broccoli, nuts, coccont oil etc and exercise. Patients who follow perfect dietary advise plan may get shifted on lowering OHA.

ASSESSMENT OF SYMPTOMS :

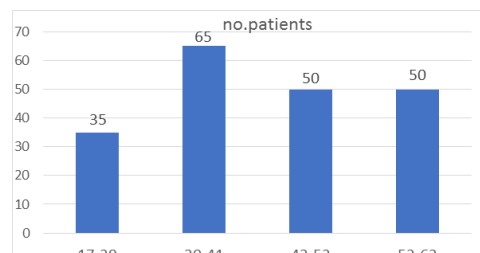
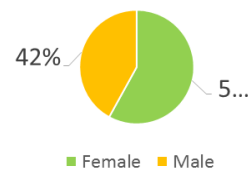
Patients are said to be with positive result if their OHA dose is reduced after dietary advise.

And negative result means patients they don't show decline in OHA dose.

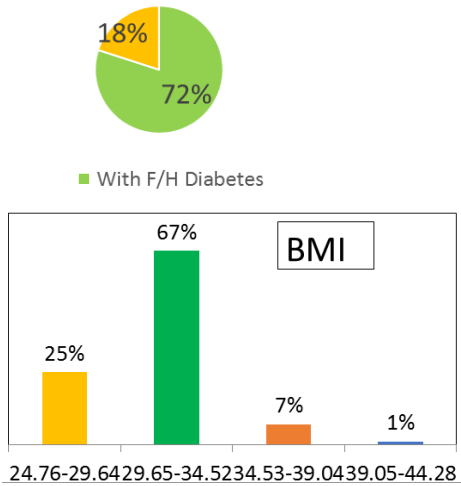
HOMOEOPATHIC APPROACH-

We use individualistic approach in patients . Holistic approach

Sex wise Distribution



Relation Of F/H Diabetes



RESULT-

After regular monitoring and record keeping it is observed that with low carb diet patient is able to minimize BSL, HBA1C, Thus the doses of oral hypoglycaemic agents is minimize .

CONCLUSION-

- Thus, we reach to the conclusion that dietary management
- with low carb diet and exercise can control
- Blood sugar levels.
- It can also be able to minimize the doses of oral
- hypoglycaemic control.



ORIGINAL RESEARCH PAPER

Medicine

SCIENTIFICALLY UNSCIENTIFIC ABOUT DIABETES MELLITUS TYPE 2

KEY WORDS:

Dr. Chandrakant Kanase

M.D. General Medicine (Gold Medal) 1986, B.J. Medical College, Pune. Reg no - 50469

- Professional Experience
- Practicing Physician in Internal Medicine for last 32 years.
- Practicing diabetes reversal with dietary management and life style modifications for last 5 years
- Treated successfully over 5000 patients of Diabetes, Obesity, PCOS, Hypertension, etc. in last 5 years.

7. lowering insulin with diet is scientific, than lowering blood sugar with drugs.
8. Diabetes type 2 is a dietary disease .
9. Processed food is the biggest culprit.
10. We, all must act together to stop it.

Teaching experience- 18 yrs. as Professor in Medicine At present we blame diabetes Type-2 on Genetics and call it a lifelong affair with drugs and sufferings.

Worst part is we accepted that what we are doing (drugs/insulin) is correct and we shall continue doing the same.

WHAT WE HAVE BEEN TAUGHT-ABOUT DIABETES

1. Diabetes is chronic and progressive disease.
2. Carbohydrates are required for healthy leaving.
3. To be healthy one should eat about 60% daily calories from carbohydrates.
4. Fats / cholesterol are bad as they cause vascular diseases and should be avoided.
5. To be healthy one should eat small meals at frequent intervals.
6. We should count and reduce calories in food to reduce weight.
7. Insulin/ drugs is the solution for treatment of diabetes.

Be prepared for Everything you know and believe to be true to be turned upside down. Half of what you learn in medical school will be proved false in future. You your self-need to find it out

DIABETES TYPE 1 AND 2 ARE NOT SUGAR PROBLEMS.

THEY ARE INSULIN ISSUES.

TYPE 1 DIABETES- No/insufficient insulin

Needs insulin injection life long

TYPE 2 DIABETES-Plenty of insulin present which can not work properly/inefficient

Giving insulin to type 2 diabetes will kill them faster. The science which had been failed need not be followed but needs to be questioned

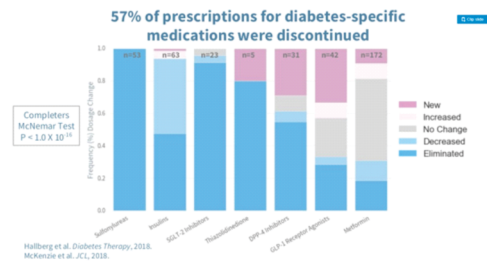
Three Clinically proven ways to Reverse Diabetes

- BARIATRIC SURGERY
- VERY LOW-CALORIE DIET
- LOW CARBOHYDRATE DIET

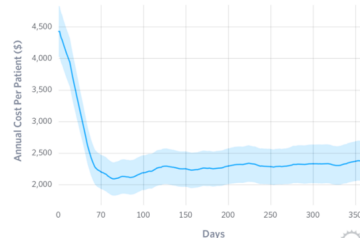
Total amount of carbohydrate eaten is the primary predictor of glycemic response.

IT'S PROCESSED CARBS THE MAJOR VILLAIN CONCLUSION

1. Diabetes type 2 is reversible.
2. Low carb diet is the preferred solution.
3. Exercise adds benefit to the program
4. Sleep and stress needs to managed properly.
5. Grains and fruits are healthy for healthy people.
6. Problems of metabolic syndrome are mainly due to hyperinsulinaemia.



Hallberg et al. Diabetes Therapy, 2018. McKenzie et al. J.C.L, 2018.





What I was trained in medical college v/s what I learnt from diabetes.

Dr. Kanase C. A.

MBBS, MD(medicine), BJ Medical college, Pune.

Practicing at DTH diabetes clinic, pimple-saudagar pune. Since last 34 yrs. Former President of Kulswami medical foundation, professor, HOD, AKHM College, Alephata pune.

Date of Submission: 27-07-2020

Date of Acceptance: 11-08-2020

ABSTRACT

this article is about the knowledge gained after extensive clinical practice of 34 yrs., and how knowledge which was taught in medical college is blindly followed by medical student and how questioning the science gives different and advanced knowledge. So there are about 17 points which were followed by medical student and practitioner according to medical school teachings and how in practice the perspective is absolutely reversed. Article is completely based on study and results of clinical practice of my personal opinion.

I. INTRODUCTION

After passing my M.D. from India's prestigious medical college I have been working as a Physician for over last 34 years. During these years I have learnt many things which are contradictory to my knowledge which I believed to be true. Since my focus is on lifestyle disorders - type 2 diabetes, obesity, hypertension etc. the following discussion is related to these diseases only.

Let us discuss one by one ---

1 - Trained - Diabetes type 2 is a chronic and progressive disease and one has to live with it for life. Learnt - Type 2 diabetes can be reversed with

- Low calorie diet.
- Bariatric surgery.
- Low carb diet - (I recommend).

With above modalities Type 2 DM gets reversed in most cases. Diabetes is a reversible disease and can be reversed easily.

2 -Trained - Diabetes type 2 is mainly a genetic disease of excess glucose and should be treated with drugs / insulin to lower the glucose.

Learnt - Type 2 Diabetes is life style disorder of insulin excess / resistance and should be treated with life style modifications. Type 2 Diabetes can be labelled as a hyperinsulinism.

3 -Trained - In a patient with type 2 DM lowering the blood glucose with drugs/ insulin will help the patients to be healthy.

Learnt - Drugs will only lower the blood glucose but will not help the patients to improve the health. The basic cause remains untreated. Blood glucose and serum insulin. Should be reduced simultaneously with life style modifications. There are two abnormalities hyperinsulinism and hyperglycemia - controlling hyperglycemia at the cost of hyperinsulinism is not going to help patient's clinical outcome. Patient will continue to suffer with better glucose control.

4 -Trained - All the symptoms and abnormalities in a T2 DM are due to raised blood glucose.

Learnt - There are definitely symptoms and abnormalities due to higher blood glucose. But there are many pathological processes - microangiopathy, nephropathy, obesity, etc due to hyperinsulinism .So along with blood glucose it is equally important to keep the serum insulin low. With lower insulin the overall health improves.

5 -Trained - Diabetes needs to be treated with medicines and only after the blood glucose is raised.

Learnt - Prevention is a superior modality of treatment and every person should adopt a healthy lifestyle to stop type 2 diabetes before it starts. Raised insulin levels should be lowered early in the course. The blood glucose is elevated late in the course of the disease .Even when blood glucose is elevated, most patients can be easily treated with only lifestyle modifications.

6 -Trained - Carbohydrates in the diet are healthy and essential nutrients. You must take about 60 % of daily calorie intake in the form of carbohydrates.

Learnt - Carbohydrates are non-essential nutrients. Moreover processed carbs in diet are the single most important contributors for most of the life style disorders.

There are certain cells (eg- RBC etc.) in the body who can use glucose only. The required quantity of glucose can be synthesized in the body itself with a chemical process (gluconeogenesis) from non-



glucose material. Any person can live absolutely healthy life without any carbohydrates in the diet.

7 -Trained - Dietary fats / cholesterol are bad for health as they increase the risk of atherosclerosis / coronary ischaemic heart disease / strokes - (Diet heart hypothesis). So foods which contain these things - animal source food - should be avoided for better health outcome.

Learnt - Natural fats / animal source foods do not increase the risk of IHD or brain stroke. Processed food, refined carbs and refined oils are the actual culprits. What is important is to maintain insulin levels low.

8 -Trained - Obesity is due to consuming more calories than you use. So, for weight loss you should count calories and reduce calorie intake. You should also exercise more to increase the calorie deficit.

Learnt - Obesity is simply not an equation of calories in against calories out. There are no calorie receptors in the body. Body responds and is regulated by hormones. Calories can only be stored in the body under the influence of insulin. So, Obesity is a hormonal abnormality due to improper lifestyle. Any food that increases insulin will increase body fat - obesity. Calorie intake matters little if any. For weight loss hormones (insulin, cortisol, leptin, ghrelin etc.) need to be corrected rather than calorie count.

9 -Trained - All calories are equal, no matter from whatever sources. Calorie is a calorie. They all have same effect.

Learnt - All calories are not equal. Calories from different sources like vegetables, fruits, grains, milk, ghee, egg, bakery products, sugar, etc. stimulate different hormonal response and are metabolized accordingly with different effect in body. Fats stimulate insulin secretion to a minimal level. So fats are not fattening even with high calorie content. Carbohydrates in the food stimulate insulin secretion to a high level. Processed or refined carbs stimulate the insulin secretion the most. So, they are highly fattening even though with a lesser calories as compared to fats in the diet.

10 -Trained - Blood sugar is the only indicator to diagnose diabetes. If the blood glucose is normal the patient is healthy.

Learnt - The process of insulin resistance / hyperinsulinism starts much before (10 -15 yrs.) the glucose levels start rising. So serum insulin measurements will be abnormal much earlier in the course of diabetes. Blood glucose test will show abnormal reports only after about 10 years or so. Insulin levels are better indicator of the disease process when blood glucose is in normal range. By

focusing glucose we are delaying the diagnosis of type 2 diabetes by more than 10 years.

11 -Trained - Hypertension is commonly (95%) of idiopathic (unknown cause - essential / primary) variety. It is a lifetime disease. Once you start having medicines you need to continue with it for life.

Learnt - Raised blood pressure is an important element in metabolic syndrome. All the components of metabolic syndrome are related to improper life style and are potentially reversible. The so called essential hypertension is a reversible disease and can be reversed easily with lifestyle modifications in most cases. Drugs will be required in only small group of patients.

12 -Trained - Hypertension is related to sodium metabolism and one should reduce salt (NaCl) intake in the diet .

Learnt - Hypertension is a component of metabolic syndrome (Raised - Weight, BP, Glucose, Triglycerides and lowered HDL). Lowering the insulin corrects all the components of metabolic syndrome. Insulin can easily be lowered with restricting the carbohydrates (especially refined) in the diet. Lowering the salt intake drastically (less than 3 gm /day) will worsen the health. So hypertension and diabetes type 2 are fully reversible in most of the cases.

13 -Trained - Type 2 DM and Hypertension are the disease of the old age and mainly seen in higher socioeconomic status.

Learnt - Type 2 DM and Hypertension are common in both higher (educated, rich, sedentary work) as well as lower (poor and uneducated, physical laborers) socioeconomic groups. So also, both the diseases are seen at younger (twenties) age groups along with older people. This is due to the fact that, processed foods are readily and widely available at a lower cost. The similar trend is observed all across the world.

14 -Trained - Medical graduates are trained to be disease caretaker with the help of the medicines. Diseases like infections, degenerative, cancers, surgery etc. were the areas of importance. Nutrition was sidelined.

Learnt - It is more important to be a healthcare consultant along with taking care of the disease situation. Health is more important. Most of the diseases nowadays are essentially lifestyle disorders. Moreover most of the diseases can be avoided, severity lowered drastically and outcome would be better in a healthy person. Like vivid -19 may affect many people, but healthy people will have minor disease and lower death rate as compared to an obese or diabetic individuals.



15 -Trained - The advice for the patient care should be scientific which evidence based science is. The research publications in journals are genuine and you can believe the results of these randomized or other trials.

Learnt - Many research activities are funded by the pharma or food corporates. The results of such trials are more likely to be favorable to the sponsors of such research. The results are likely to be manipulated in favor of the drug or food company.

16 -Trained - Newer drugs are better than the old ones. They have lesser side effects. They are more potent and effective than the older drugs. The drugs are introduced after adequate scientific research trials about efficacy and safety before permission for patient care.

Learnt - Many newer drugs are costly as compared to older drugs. Many offer little (if any) benefit. Many a times the benefit claimed are doubtful. Many times the statistic is twisted in favor of the company e.g. absolute v/s relative benefit with statins.

17 -Trained - The science , research , trials , funding , publications , journals , awards , teaching , training , conferences , seminars , recommendations , patient care guidelines , tests and drugs etc. are actually scientific . All such activities are serving the mankind to live better.

Learnt - In many instances the conflict of interest (corruption) cannot be ruled out. Ethics, patient interest may be compromised. Scientific evidence may be overlooked or misinterpreted. Money may be a big player at every level. The physician must be cautious. He must know when to prescribe and when not to prescribe. He needs to be on the side of the patient.

Undoubtedly, no one can deny the role of a medical education in the life of a doctor. The college, books, friends, teachers, teaching, knowledge, degree, experience everything matters a lot. But, Science evolves by questioning it not by following it.



ORIGINAL RESEARCH PAPER

Homoeopathy

ROLE OF HOMOEOPATHY IN OBESITY WITH HIGH FASTING INSULIN.

KEY WORDS:

Dr. Aparna Kulkarni

Research Coordinator

INTRODUCTION

DIABETES AND OBESITY OPD OBSERVATION-

The prevalence of overweight and obesity and diabetes has risen dramatically among males & females of all age group.

For early detection of diabetes or prediabetes and metabolic syndrome need to check levels of fasting insulin in obese patients.

THE NATIONAL INSTITUTE OF DIABETES, DIGESTIVE AND KIDNEY DISEASES (NIDDK) STATES THAT -

women with waist-hip ratios of more than 0.8, and men with more than 1.0, are at increased health risk because of their fat distribution

Indian women are more likely to be obese than their male counterparts, new research shows.

There were 20 million obese women in India compared with 9.8 million obese men.

WHY TRACK INSULIN

Individuals with obesity, Prediabetes, type -2 diabetes, and metabolic syndrome, insulin resistance recognised that it is elevated insulin rather than blood glucose.

Too much insulin promotes weight gain by storing fat. It promotes insulin resistance, lowers magnesium levels, and increases inflammation. It also tends to lower HDL ("good") cholesterol and raise levels of LDL ("bad") cholesterol.

AIM AND OBJECTIVE-

- To evaluate fasting insulin level in obese individuals.
- To evaluate obesity.
- To use selected homoeopathic medicine

STUDY HYPOTHESIS

Increased fasting insulin level in obese. Obese patients are most often prediabetic patients. Homoeopathic efficacy in controlling prediabetes and reducing obesity.

MATERIALS AND METHODS

STUDY SETTING:

Study Conducted at Anantrao kanase Homoeopathic Medical college & Hospital, Alephata.

DURATION OF THE STUDY:

Study carried out between April 2017-December 2018.

MATERIALS:

The experimental population selected from the Patients reporting to college OPD. Survey study was done to select population.

INCLUSION CRITERIA-

- BMI above 23.
- May or may not be having positive family history of obesity.
- Obese teenagers and adults with age ranging from 13-60 years with high fasting insulin.

EXCLUSION CRITERIA:

- Persons below age 13 and above age 60 years.
- Patients who are having BMI below 23.
- Female patients with pregnancy and other illnesses.
- Obese patients with normal fasting insulin.

OBESITY DEFINITION-

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health.

- Normal Fasting Insulin Level--2.6 – 25 µU/mL
- Abnormal Fasting Insulin Level -- above 25 µU/mL

Nutritional Status	WHO criteria BMI cut-off	"Asian criteria" BMI cut-off
Underweight	<18.5	<18.5
Normal	18.5 – 24.9	18.5 – 22.9
Overweight	25 – 29.9	23 – 24.9
Pre-Obese	-	25 – 29.9
Obese	≥30	≥30
Obese Type 1 (obese)	30 – 40	30 – 40
Obese Type 2 (morbid obese)	40.1 – 50	40.1 – 50
Obese Type 3 (super obese)	>50	>50

- **Body Mass Index (BMI)** is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults.
- **Formula to calculate BMI** Weight in Kilogram/ (Height in Meter)²

All included patients are on the treatment of homoeopathically selected medicine.

Some symptomatic remedies like- uranum nitricum, Abroma Augusta, Cephalandra Indica, Syzygium jambol.

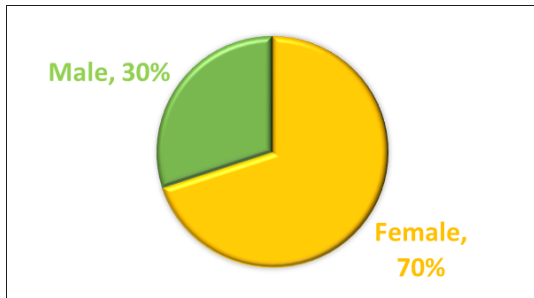
- Along with this some commonly used constitutional medicines like Calc carb, Acid group like muratic acid and acid phos, phosphorous.

SELF-MADE ASSESSMENT SCALE IS PREPARED TO ASSESS THE PROGRESS OF THE CASE-

Criterion for assessment –

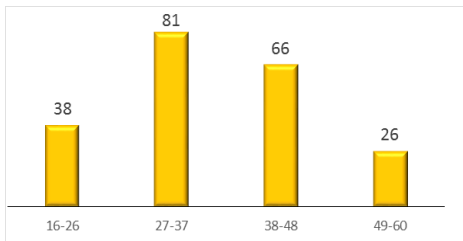
1. Weight.
2. BMI.
3. waist:hip ratio.
4. Fasting insulin.

5. Subjective feeling of wellbeing.

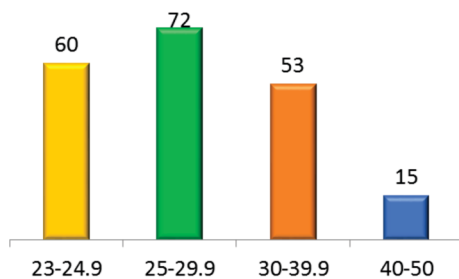


- These patients are prediabetic cases and managed well with homoeopathic medicine.
- Thus homoeopathy can help in controlling prevalence of diabetes in India.

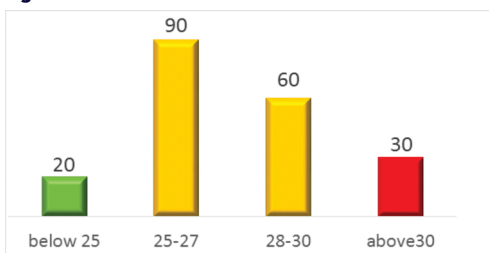
Age Distribution



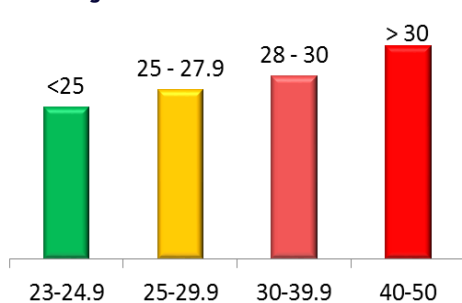
BMI



Fasting Insulin



BMI vs Fasting Insulin



RESULTS

The study type is prospective interventional study- It shows that overweight and obese patients have high values of fasting insulin levels.

With use of specific homoeopathic medicine in specific dose and potency gives better result in managing the carbohydrate metabolic disorders.

CONCLUSION

Study concludes with observation as follows-

- Obese patients have high fasting insulin levels.



ORIGINAL RESEARCH PAPER

Medical Science

TO STUDY ASSOCIATION OF POLYCYSTIC OVARY SYNDROME (PCOS) AND FASTING INSULIN

KEY WORDS:

Dr. Saraswati Kanase

MBBS,DGO

INTRODUCTION-

PCOS & Obesity OPD observations.

- Patients with PCOS most often have high BMI, which is might be because of abnormal carbohydrate metabolism
- While treating these PCOS females appropriate medicinal management is also not giving better results. -It is achieved by specific dietary management and some healthy life style changes.

Aims and Objective-

- To know the severity of PCOS.
- To evaluate diet and regimen.
- To know the fasting insulin levels in blood.
- To compare the fasting insulin level and severity of PCOS.

Study Hypothesis-

Patients those who are confirmed with the diagnosis of PCOS likely to have high fasting insulin.

Materials and methods-

Study setting : Study Conducted at Anantrao kanase Homoeopathic Medical college & Hospital, Alephata.

Duration of the study: Study carried out between April 2017 - December 2018.

Materials: The experimental population selected from the Patients reporting to college OPD. Survey study was done to select population

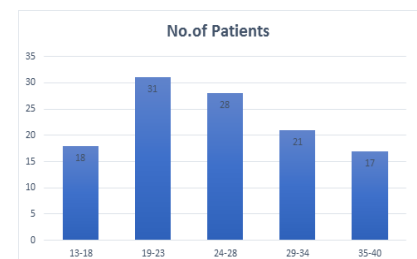
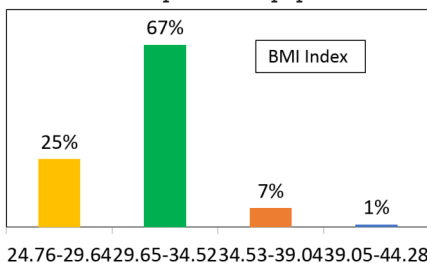
Inclusion criteria-

- Known PCOS cases.
- Those who are in between 13 to 40years age and menstruating.
- May or may not be having positive family history of PCOS.

Exclusion criteria:

- Patients with pregnancy and lactation.
- Patients with age less than 13 and more than 40.

Sample selection-the experimental population is randomize.



RESULT-

After measuring the values of fasting insulin in PCOS patients it is observed that in 68% cases high fasting insulin levels are noted

CONCLUSION-

- Thus, we reach to the conclusion that PCOS cases most often have high fasting insulin.
- This correlation will help in managing PCOS cases as the cause might be related to carbohydrate metabolism imbalance.
- By managing carbohydrate metabolism reversal of PCOS is achieved in better way.



ORIGINAL RESEARCH PAPER

Medical Science

TO STUDY THE ROLE OF LOW CARBOHYDRATE DIET IN POLYCYSTIC OVARIAN SYNDROME

KEY WORDS:

Dr. Saraswati C. Kanase

MBBS,DGO

INTRODUCTION-

polycystic ovarian syndrome (PCOS) is a common health problem now a days in females of childbearing age. most of the times females are unaware of the conition. PCOS is hormonal disorder causing enlarged ovaries with small cysts on the outer edges. cause of the PCOS is not well understood, but may involve a combination of genetic and environmental factors. now it is also enclosed under group of lifestyle disorders. PCOS presents with menstrual irregularities, excess of hairgrowth on face and other bodt parts, acne ,obesity .

common mode of treatment includesbirth controlling pills to regularise periods,metformin to prevent diabetes, statins to control high cholesterol,hormones to increase fertility and hair removal procedures all these ways are not helping case to resolve but it worsen the situation in many cases.

To have holistic approach to these patients we started managing cases of PCOS with low carbohydrate diet and exercise

PCOS & Obesity OPD observations.

- Patients with PCOS most often have high BMI, which is might be because of abnormal carbohydrate metabolism
- While treating these PCOS females appropriate medicinal management is also not giving better results. -It is achieved by specific dietary management and some healthy life style changes.

AIMS AND OBJECTIVE-

- To know the severity of PCOS.
- To evaluate diet and regimen.
- To advice low carbohydrate diet.
- To compare the role of diet and regimen in management of PCOS.

Study Hypothesis-

Patients those who are following prescribed diet and regimen are likely to have better management of PCOS.

MATERIALS AND METHODS-

Study setting : Study Conducted at Anantraokanase Homoeopathic Medical college & Hospital, Alephata.

Duration of the study: Study carried out between jan2019-july2019.

MATERIALS: The experimental population selected from the Patients reporting to college OPD. Survey study was done to select population, with proper consent 134 cases were included in the study. out of this 134female patients ,117 were attended minimum required follow ups to measure the results.

INCLUSION CRITERIA-

- Known PCOS cases.
- Those who are in between 13 to 40years age and menstruating.
- May or may not be having positive family history of PCOS.

EXCLUSION CRITERIA:

- Patients with pregnancy and lactation.
- Patients with age less than 13 and more than 40.

Sample selection-the experimental population is randomize.

Life style modifications : Patients were counselled about weight loss, dietary management with low carb diet i.e. fish, egg, green leafy veg,cauliflower, broccoli,nuts,cocount oil etc and exercise. this diet and excercise is absolutly customised , each female according to her history, physic, daily activity recieve a module of diet, exercise and stress management techniques.

Assessment of symptoms :Patients are said to be recovered when weight is reduced, secondary sexual characters such as over hair growth on face is reduced, acne reduced, menstrual irregularities are reversing to normal.

RESULT-

After measuring the complaints on measuring scale the positive result is seen in more than 87% cases.assement of patients is with interval of 30 days, minimum five follow ups were considered to measure the result.The measuring scale is considering regularities of periods, obesity, fasting insulin levels, acne,hirsuitism.

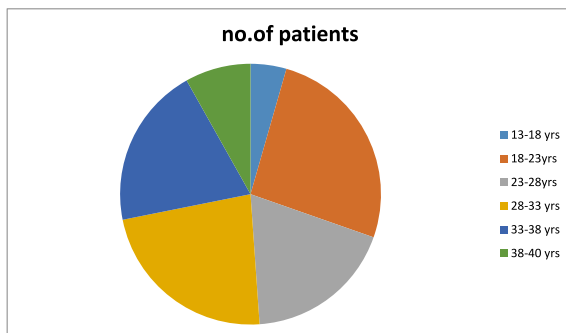
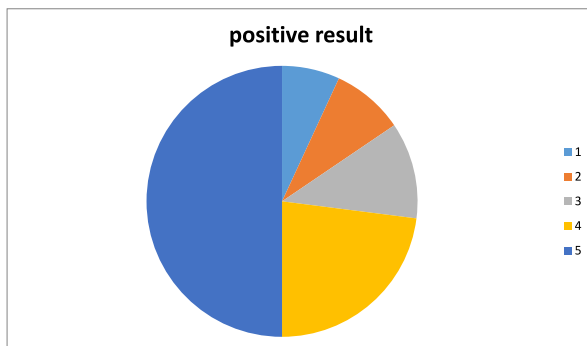


Figure 1 age wise distribution of the patients.



CONCLUSION-

Thus, we reach to the conclusion that PCOS cases most often managed well with low carbohydrate diet and proper exeeercise and lifestyle management.



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