



Homoeopathic Queries & Solutions

Q1 Sir, I am entrusted with managing my husband's hospital after marriage. I am a homoeopath myself. The workers are not used to a female authority. Can you suggest some managerial ways?

-Dr NEETA MANWANI, Durg

A1 Hospital administration depends upon the type of the hospital, the drainage area, type & strata of patients it expects to cater to the economic status, etc. The duties expected of a good administrator are that he/she should see that the individual departments run in

a healthy manner both professionally and economically. One should control them by a process of integration. In a way an administrator is the Vital Force. Being an administrator and a woman requires some tough talking and tougher doing in a correct manner. There are two ways to solve this problem. Either you accept the present circumstances and become an integral part of the system or secondly change the workings of the system as per your priorities and prerogatives, making all others a party to the same. To become a good manager, it's imperative to create a conducive environment of work which is professional as well as caring. Your hospital is your family and we generally spend more waking hours in our clinics than at home. Try and create a working team. Be clear in giving instructions to



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your subordinates so that they understand, not just nod their heads at your commands. No one should work in isolation. Consult and discuss all important moves with your immediate colleagues. Ensure that there is no communication gap between you and others. Also do not be afraid to speak out. Be frank, open and positive. Ask for help when needed and get things done. Build bridges of relationships and cash on these rather than money power for getting work done.

Q2 Sir I have 2 queries, both related to certain drugs mentioned in Lectures of Hom Materia Medica by Dr Kent. Kindly throw some light.

-Dr ASHISH SHIOHARE, Bhopal

a) What is the difference between the fainting fits of *Nux-mosch* and *Valeriana*?

b) What is the difference between the self destruction of *Nat-sulph* (anti-sycotic) and that of *Aurum-met* (anti-syphilitic)?

A2 There is no difference between the fainting fits of both the drugs. Only the modalities and indications of administration differ. In the rubric "Faintness" -Generalities (Kent Pg.1360), *Nux-mosch* is given 3 marks where as *Valeriana* is only 1 mark. Secondly, *Nux-mosch* is prominently given in sub rubrics Fainting-palpitation during, while standing in church, during menses, Stool after. *Valeriana* is given in sub rubric-Fainting-pain from.

As far as the second question is concerned, I feel, you have assumed that *Nat-sulph* is purely an anti-sycotic remedy while *Aurum-met* is purely an anti-syphilitic remedy. Hence their suicidal impulses should be different. Please note that NO drug is mono miasmatic. Rather every drug has all the 3 miasms in them. Both the drugs have suicidal disposition and recurrent thoughts of suicide either by shooting or hanging, etc. It is more or less after the satiety of life and aversion to live. These are the only 2 remedies with 3 marks in Mind- suicidal disposition (Kent Pg.85)

Q3 Sir, why is it that in cardiac by-pass surgery for the heart, a vessel named LIMA is used most frequently?

-Dr VARSHARANI JADHAV, Satara

A3 Nature has its own reasons and paradoxes as you shall see. Yes, in Coronary Artery By-pass surgery, LIMA is used widely as a graft vessel. The Internal Mammary Artery (IMA) is a blood vessel located on the inside of the chest cavity. Being an artery, it carries red blood under the same blood pressure as that seen in the aorta or the coronary arteries themselves. There is one IMA on each side of the sternum. This unique blood vessel runs along the inside edge of the sternum, sending off small branches to the bones, cartilage, and soft tissues of the chest wall. For unclear reasons, the IMA is remarkably resistant to cholesterol buildup. In studies of people who die beyond the age of 90, only 10% will show any atherosclerosis in the IMA vessels, while nearly all have atherosclerosis in the coronary arteries and other places. The reason for mammary artery's resistance to atherosclerosis is not known at present. The IMA is also conveniently located near the most important coronary branch, the left anterior descending (LAD). The surgeon can transfer the lower end of the IMA down to the heart surface to use as a bypass graft to the coronary vessels. As compared to the veins from the lower extremity, the IMA is smaller and more delicate. However, studies have shown that the use of the left internal mammary artery (LIMA) is associated with improved long term results from coronary artery bypass surgery, so in most places around the world, surgeons implant the LIMA into the LAD whenever possible.



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