



A Report on the Kent Memorial Lectures, 2009

Editor: I attended this seminar and I must say it was very good and even better is the report that Dr Wahi has written on it. Hope it will be useful to all

Dr R N WAHI

The Annual 2-day National Homoeopathic Conference of the South Delhi Homoeopathic Association, popularly known as "KENT MEMORIAL LECTURES", was organized on 12th and 13th September, 2009, at the P.H.D. House, Haus Khas, New Delhi. The theme of the Conference was "CARDIOLOGY IN A HOMOEOPATHIC CLINIC", AND "DE-STRESSING".

The feature of the event was the Non-Fasting Blood examination, which was sponsored by Mayfair Medicals Pvt. Limited, consisting of CBC, RBS, SGPT, SGOT, URIC ACID, CREATININE, TOTAL CHOLESTEROL, HDL AND DIRECT LDL. The tests were conducted by Super Religare Laboratories (Formerly SRL Ranbaxy). The Chief Guest at the inaugural session was Dr. S.Y. Quraishi, Election Commissioner of India, who himself had established many Homoeopathic Dispensaries in Gurgaon District, where he was the District Commissioner in the early 80s. 2-minute mourning was observed in the memory of DR. R. DUBEY DR. O.N. BANSAL and DR. R.C. DHINGRA, who left us during the year.

The thrust of the 2-day conference was to update the Homoeopathic Profession with the latest developments in the field of Cardiology from the Physician's point of view, without ignoring the limitations one faces in a clinic where there are little diagnostic facilities available. Also, it was important to apprise understanding the advantages and limitations of the various diagnostic procedures. Stress, being the most important factor for cardiac ailments especially in the Urban Metros, the role of De-Stressing was equally important. The efforts were also to devise a Protocol to be adopted by the Homoeopaths in their clinics. The learned

speakers were from the field of Diagnostic Cardiology, Senior Cardiologists, as also eminent academicians from the Homoeopathic faculty. Simultaneous effort was to encourage the younger generation of Homoeopaths to come forward and take part in such academic exercises.

On 12th September, 2009, the first speaker of the day was Dr SHELLY SHARMA. Her presentation was on "MULTIPLE SLICE CT CORONARY ANGIOGRAPHY, ITS USE FOR PHYSICIANS TO DIAGNOSE THE CARDIAC PROBLEMS IN A BETTER MANNER". Giving the usual well known factors causing Coronary Artery Disease (CAD), she gave the following indications for MSCT Angiography:-

- Low to intermediate risk for CAD, but have symptoms such as chest pain which are not brought on by physical activity.
- Unclear or Inconclusive stress test results. Intermediate to High-risk for coronary artery disease, but who do not have typical symptoms like chest pain, shortness of breath etc.
- Suspected anomalous coronary arteries

The Advantages of the CT Angiography:

- Takes only a few seconds.
- OPD procedure.
- No hospital stay required.
- It is the process of imaging the coronary arteries by a CT scanner after a non ionic contrast has been injected in one of the peripheral veins.
- The examination is over in one single breath hold.

An important feature of the CT Angiography is the Calcium Score, which during the investigation correlates directly with the risk of events, and the likelihood of obstructive CAD,



and adds prognostic power to the conventional stratification tools. The Score 0, means no risk; 1 to 99 means Mild risk; 100 to 400 means moderate risk, whereas > 400, involves severe risk. To substantiate her deliberations, she presented 2 Cases. The first case was that of a 64 Year old Female, with Dyslipidaemia, Atypical Chest Pain, without any history of Diabetes, HTN, or Tobacco use. The Calcium Score was Zero, and the CT Angiography revealed Left Main, Circumflex, and Right Coronary Arteries Normal. LAD was Eccentric, and there was a Soft Plaque, adjacent to the origin of first diagonal (~ 60% Stenosis). The Second Case was that of a 54 year Male, with history of HTN. DM, Chronic Smoker, with Triple Vessel Coronary Artery grafting done a year back. The CT Angiogram revealed the grafts, but there was no luminal narrowing, or collateralization. Thus summarizing, the MSCT Angiography she said, it is useful to assess:-

- Load of atherosclerotic disease
- Visualization of obstructive coronary artery disease - calcified and non calcified plaques and quantification of disease
- Anatomical variants and congenital anomalies of coronary arteries

The limitations of MSCT Angiography:

Rapid and irregular Heart Rate (> 80 per minute), High Calcium Score (>800 - 1000), Renal Dysfunction (Creatinine > 2 mg/dl), and Obese & uncooperative patients. Comparing with the Catheter Coronary Angiography, it is easily available, cost-effective, and non invasive, and provides information not only about obstructive CAD.

The Second Speaker was Dr. LEENA CHATTERJEE Her topic was "UNDERSTANDING FOOD INTOLERANCE". She gave a very interesting, quotation, "What is food to one man may be fierce poison to others". She explained the different terminologies related to the adverse reactions to food. These are "Food Allergy", which means adverse reaction to food involving IgE mediated response. "Food Intolerance" is any adverse

reaction to food involving IgG mediated response, and "Food Aversion" is avoidance of food for psychological reasons. She gave the following comparison between Food Allergy and Food intolerance:-

FOOD ALLERGY	FOOD INTOLERANCE
IgE mediated Prevalence ~ 2%	IgG mediated Prevalence ~ 10-25% documented
Immediate within 15 minutes Even Small doses can evoke reaction	Delayed Hours to Days Usually not noticed unless it reaches chronic phase
Potentially very severe reaction	Usually not severe, wide range of symptoms affecting many organs

Food allergies are rare but food intolerance is common, to the extent that approximately 3/4th of the world population is intolerant to one food or the other. Further, due to non-specific reactions, as also lack of awareness, people generally fail to associate some symptoms as due to food intolerance. Presently about 45% of the urban population is unable to tolerate the food that their grandparents used to take without any problem. The possible factors underlying the causes are:-

- Intensive rearing of animals particularly cows, on hormones and prophylactic antibiotics which remove good bacteria
- Change in food processing – Sweeteners, Colourings, Stabilizers, Preservatives etc
- Change in lifestyle and eating habits
- Depletion of mineral content of the soil and therefore of the food grown on it
- Genetic factors
- Toxic chemical fertilizers used on the land

The IgE response after food is generally rapid with histamine production, and a typical allergic response like shock, skin reaction, dyspnoea, etc, and could even be fatal. In the IgG response to the food, the food proteins are recognized as "foreign", and lead to food specific IgG



production and formation of Antigen/Antibody complexes. These complexes are deposited in the tissues and activate complement. The complement and macrophages stimulate inflammation. This is a delayed reaction and may last for days.

The most commonly known food intolerance are "Lactose Intolerance" and "Gluten Intolerance". Dr. CHATTERJEE described the initiators of food intolerance, as :- Poor digestion, Dysbiosis, Candidiasis, Alcohol Consumption, Parasites, Intestinal Infections, Poorly Balanced Diets, and Effects of Drugs & Medicines.

The Mechanism is as follows:-

- Generally, foods are broken down during digestion into their component parts e.g. monosaccharide, amino acids, glycerides etc.
- These pass harmlessly through the gut into the blood stream.
- However, occasionally small fragments of partially digested or undigested foods are able to pass through the gut wall into the bloodstream where they are recognized by the immune system as being 'foreign'.
- The immune system responds by making antibodies (IgGs).
- In some patients, inflammation or irritation of the intestinal lining allows partially digested foods to leak into the bloodstream. This condition is called 'leaky gut syndrome' and patients with this condition typically have high levels of antibodies to multiple foods.

The Symptoms of food intolerance:

- Nausea
- Fatigue, sluggishness and general lethargy
- Constipation
- Gas, cramps or bloating & abdominal discomfort
- Vomiting
- Heartburn

- Diarrhoea
- Headaches & even migraine
- Irritability or nervousness
- Weight disturbances
- Emotional upsets

These symptoms may not be life threatening but significantly affect the quality of life. Intolerance hampers the ability to live life with energy, positivity, vigor and enthusiasm. The conditions related to food intolerance are:-

- Autoimmune diseases
- Colitis
- Eczema & other skin disorders
- Asthma & other respiratory problems
- Irritable Bowel Syndrome
- Weight gain & Obesity
- Chronic headaches
- Fatigue
- Depression
- Arthritis and joint pain, & Fibromyalgia
- Attention Deficit Hyperactivity Disorder

The various tests available for investigating food intolerance are:-

- RAST method (non-immunological)
- Alternative blood tests such as reaction of foods towards leukocytes microscopic examination etc
- Fringe medicine tests such as applied kinesiology (muscle strength testing) Food IgG

The Management of Food Intolerance:

IN PRESENCE OF FOOD IgG RESULTS	IN ABSENCE OF FOOD IgG RESULTS
Food IgG for range of foods	Elimination Diet — one or multiple foods
Few foods show raised IgG	Rotation Diets
Excluding foods with raised IgG levels	Confirm with provocation
More specific exclusion and hence better guidance for future management	Trial and error based and hence too cumbersome

The determination of Food Intolerance Levels (IgG), is conducted on Blood (Serum/Plasma/ Whole Blood), and the Report Format provides

overview of Foods which have low, intermediate or high IgG levels. It also provides recommendation for foods which can be taken alternately in case specific food IgG is high.

Limitations

Foods which have high IgE levels. These may be the ones that cause food allergy, and are not detected by IgG Food Test. Likewise, there may be a possibility wherein there is a very large number of foods which show high IgG levels. These cases could be that of LEAKY GUT. Such cases require specific management, requiring specific G.I. consultation.

At Present, the Super Religare Laboratories are conducting Food Intolerance Tests on 231 items. As Super Religare Laboratories were also conducting Tests for Swine Flu cases, at a much economical rates, Dr. Chatterjee was asked to give a reference to this as well. She explained that they are collecting samples on a daily basis, and the reporting is provided on the next day. Throat and Nasal Swab are taken in a Viral Transport Medium. The primers used are RNAsP, for adequacy of samples; Influenza A for Seasonal Flu, and Swine Influenza & Swine H1, for Swine Flu. The reporting is given as Influenza A, Swine Flu, and Swine H1 respectively.

Dr. VIMAL MEHTA, gave his presentation on **Echocardiographic evaluation of Cardiac Disease**. He explained that Echocardiography is the ultrasound imaging of the heart and is a versatile and reliable tool for comprehensive assessment of the cardiovascular system and allows assessment of Cardiac Structure, function, and pathophysiology, and is an extension of the physical examination. It is done by placing a transducer on the chest which passes sounds and collects the reflected sounds which are displayed and studied. Ultrasound is reflected at the interfaces between blood and solid tissues because velocity of sound is constant in body tissues. These sounds are gathered and they collectively give the anatomical dimensions of the structure to be studied.

Dr. MEHTA explained that Three Types of Studies

are performed with Echocardiography. These are **1.M-MODE ECHOCARDIOGRAPHY**: - A single transducer along a single line provides an 'ice pick' view of heart. The ECG is recorded simultaneously permits accurate measurement of the timings of cardiac events including opening and closing of valves. Characteristic patterns are seen in mitral Stenosis and pericardial effusion.

2. TWO DIMENSIONAL ECHO CARDIOGRAPHY: - It produces an image in 2 distant dimensions by rapidly swinging back and forth, the ultrasound beam over an area. The information is collected and displayed on a television screen and can be synthesized into 2-D Map. This investigation is helpful in detecting aneurysm, clots, thrombus, tumour, or vegetations. This investigation is also especially useful in the detection of congenital heart diseases e.g. AVSD.

3.DOPPLER ECHOCARDIOGRAPHY: - Here, the basic principle is that Sound waves reflected from moving objects like RBCs in blood undergo frequency shift. The speed and direction of the movement of RBCs in blood can be detected in the heart chambers and great blood vessels. This is helpful to detect abnormal direction of the flow of blood through valves (aortic and mitral regurgitation), through septal defects (ASD, VSD) and in measuring pressure gradient across a stenosed valve.

Prof. Maj. Dr. N. DASGUPTA presented his talk on **"CLINICAL SKILLS IN CARDIOLOGY"** (Diagnosing with Minimum or No Investigations). He said that besides the usual history taking of the patient, the related Cardio-Vascular System, required noting of any chest deformity; visible pulsations e.g. apex beat, left sternal, epigastric, and suprarenal beats. The palpation involved the noting the site, rate, and character of the apex beat and the palpable pulsations e.g. epigastric, pulmonary, arterial or suprasternal, and other palpable sounds/thrills/pulsations in any other area of precordium. Cardiac Dullness and checking of murmurs, in the Mitral, Tricuspid, or Aortic Area constituted the important investigations. The number of conditions could



very well be diagnosed with the simple techniques and clear observations.

Dr. K.K. AGGARWAL, conducted a workshop, on "CARDIOPULMONARY RESUSCITATION" & "ECG MADE EASY". Dr. AGGARWAL gave various tips, all in the local dialect, which kept the audience on the alert mode, and kept everyone fresh even though they could have been overcome by the afternoon nap, which is very common. On the CPR, he asked everyone to remember the rule of 10. He said, "FIRST TEN MINUTES AFTER DEATH ARE MOST CRUCIAL AND CAN HELP IN REVIVING THE DEAD. The patient's chest is to be beaten 10x10 (i.e. 100 times) per minute, in the middle. This acts as a current, and around 60% of the patients actually revive after death with such application. This has to be done for at least 10 minutes. He also cited cases where this actually helped, and is the best course over Mouth to Mouth Respiration, or Ventilator etc. After this Dr. K.K. AGGARWAL explained that ECG is nothing but to understand PT, i.e. P, Q, R, S & T waves. He gave the following tips:-

P wave is the indication regarding Atrial activities, P becomes prominent and large in Right atrium enlargement.

Q wave means prominent ventricular in-activities (fibrosis, Q-wave ka matlab hai ventricle kam nahi kar raha. Ventricle not working due to hypertrophy, necrosis, M.I etc.

R wave means ventricular activities (jitni R-wave jada hogi ventricular- hypertrophy, (Longer R wave, means Ventricular Hypertrophy, and smaller R wave indicates Cardiomyopathy, jitni R-kam hogi indication cardio-myopathy)

QRS wave means ventricular conduction (QRS jada hogi ventricular conduction delay hai, sudden death ke chance jada hai. Broader QRS means delayed conduction, and more chances or sudden death)

R-R wave means Heart rate, agar interval do R-R ke beech jada hai to HR decreased. (HR=1500 divided by RR interval)

S-T elevation indicates pericardial injury, myocarditis, MI, necrosis Transmural myocardial

infarction.

S-T depression indicates Endocardial injury, Angina, Endocarditis, electrolyte-imbalance LV-Strain, RV strain.

PR interval gives indications about SA-Node to Perkinje-fibre.

Leads L1, L2, L3, AVL AVR AVF & V1 to V6.

L1 & AVL = about the high lateral wall

L2, L3, = regarding Atrium, inferior-wall

V1-V2 = regarding septum. Septal wall, V1 is for atrium septum while V2 is ventricular septum wall.

V3- V4 = Apex region of heart, apical wall.

V5-V6 = lateral wall.

After this, Dr. AGGARWAL gave important tips for preventive cardiology, wherein he gave the Rule of 80. In his own words:-

Do remember formula of 80 ** *her cheej 80 karo.* (Everything should revolve around 80)

Fasting blood sugar 80 se kam karo. (FBS < 80)

Kamar ka sizes 80-se kam karo. (Waist Size less than 80)

Pulse rate, *niche ka B.P, HR, 80 se kam karo.* (Pulse Rate and Diastolic BP < 80)

LDL *kharab* cholesterol, 80 se kam karo (LDL, or Bad Cholesterol <80)

Ek bar mein 80 gram hi khaana khao. (Eat less than 80 Gms at a time)

Avoid alcohol, or do intake only 80 ml. (Alcohol less than 80 ml).

Prof. Dr. S. HAQUE, gave important hints of the medicines that could be used in Cardiology. He gave specific reference to *Naja, Oxalic-acid, Spongia-t, Lycopus-vir, Digitalis, Ceanothus Amer, Sterculia, Adonis-vir, Strophanthus, Latroductus, Spartium sco, Kalmia-lat, Aurum-iod* etc.

Dr. V.K. CHAUHAN, spoke on "ROLE OF HOMOEOPATH, AND HOMOEOPATHY IN CARDIAC CLINIC". He gave the statistical data about the Coronary Artery Disease, and laid stress on the Life Style. Dr. Chauhan presented the Intervention Protocol for the Management of CAD, based on \$ 3 of the ORGANON. Dr. CHAUHAN devised the protocol from 1st Decade of Life to the 6th Decade. The details are given in the Souvenir



published for KML 2009. The uniqueness about Dr. CHAUHAN'S paper has been the very specific approach at each stage of the patient. The likelihood of the procedures, and the limitations were very nicely discussed.

The 2nd Day Session started with a workshop conducted by Dr. P.S. SETHI, President Indian Medical Association Delhi Chapter. The workshop was on "DE-STRESSING", Dr. SETHI told us that for centuries, the wisdom of *Patanjali*, incorporated in his Jewel crest of writings, *PATANJALI'S YOG SUTRAS*, have lucidly explained how to make "one's mind one's best friend" in order to control/neutralize the modifications of the Mind. Maharishi Patanjali has defined Yoga as the Science of De-Stressing. Dr. SETHI conducted the workshop by making all the audience sit in a relaxed posture, by sitting on the chairs, closing the eyes, placing the hands on the knees, and reciting "OM", and followed by "GAYATRI MANTRA". The relaxation was also done by Deep breathing during various activities. Overall, it was a very soothing experience.

There was again a brief session by Dr. S. HAQUE, wherein he gave few other tips, e.g. UTI—Cystitis. It is very common in female due to short urethra passage c/o of DM + Dysuria may think over ...*Uva-ursi*, *Barosma*, in 6 or 30 potency, also *Stigmata-zia* when urine is much scanty only a few drops.

For honey-moon cystitis...*Staph.*

For pregnancy Cystitis... *Populus-t.*

For Bedwetting...*Cina* fail think over.... *Bacilinum*, *Testium* act upon lower part of body. Also *Quasia* 6 does work well in such cases.

Chronic Bronchitis – *Silphium* 30/ BD for 15 days. Along with the constitutional Homoeopathic remedy for the pt. do work beautifully.

IBS: DU, inflammatory bowel dis. 3/4t- stool to feel free, refreshes, with mucus we usually think *Nux-v*, *Merc-s*, and *Aloe* etc but in vain thus gave a chance to.... *Geranium- mac* 30.

Heel pain.... *Arania-d.*

Old ladies ...bloated abdomen in evening, dropsy of leg generally we think of *Apis*, *Apocynum* etc in

vain give a chance to *Juniperus-com.*

Dr. SHELLEY SHARMA of GMR Institute of Imaging and Research spent a few minutes explaining "HIGH DEFINITION VOLUME MRI". She explained that MRI uses Magnetic Field to image body parts, has excellent soft tissue contrast, and uses various pulse sequences to characterize a lesion. In the Volume MRI Cube replaces several slice-by-slices, plane-after-plane 2D acquisitions with a single 3D volume scan and so even the smallest lesion as small as 2 mm can be picked up. The benefits are that they obtain gap less 3D high definition, high contrast image data in one scan. It also shortens the examination time by taking less number of images. There are limitations too, as it is difficult to examine pediatric cases, as also comatose and non co-operative patients, and at times the imaging has to be aborted. The functional MRI gives not only the Anatomy, but also evaluates the functional activity of the brain. She also gave reference to the Diffusion Tractography, as well as the MR Spectroscopy as various means of investigations. Cartigram is used to evaluate degeneration of cartilages, in cases Osteoarthritis and is very useful to in arthroscopy. The abdominal imaging is known as LAVA, or Liver Acquisition Volume Acceleration, and is helpful to detect Metastases.

Dr. NAVIN S. PAWASKER, gave his presentation on "ACUTE CARDIAC DISTRESS: HOMOEOPATHIC APPROACH". He said that the Clinician's approach forms a Grid comprising of Facts, Concepts, & Skills, and the approach has to be in strict accordance with § 3 of the ORGANON. He presented certain cases as follows:-

Case No. 1: A 52 Year old Male, working as an Assistant in Operation Theatre, known Asthmatic, and on Homoeopathic treatment and Inhalers, came with problem of severe occipital pain for 4-5 Hours, with Chest Pain, and grade III Dyspnoea, B.P. 180/130, Pulse 100 p.m., and S1S2 Sinus Tachycardia, Dyslipidaemia. The Homoeopathic history revealed sudden shock, due to arrival of an anaesthetist, in the OT, for an Emergency Operation, to amputate the infected foot of a



patient with Cellulitis, and Maggots. The very strong offensive odour caused a severe headache. The Homoeopathic Totality of the Case comprised Ailments from Sudden Shock, < Strong Odours, Hypertension. The Repertorisation suggested the Remedies *Nux-vomica*, *Pulsatilla*, *Coffea-crud*, *Rauwolfia-serp*, *Verat-vir*, *Ferrum-met*, *Opium*, *China*, *Gelsemium* etc. *Verat Vir* 200 single dose brought the B.P. to normal within 6 hours.

Case No. 2: A 55 year old Female, from rural background, with Dyspnoea, and swelling of lower extremities, gradual onset, had to take rest after walking small distance. There was a gradual history of 1 year, with facial oedema, as well as lower limbs < new moon, and full moon; increased micturition, dysuria, feverish feeling towards evenings with profound weakness; systolic murmurs, B/L Basal Crepitations. The examination revealed increased urea and Creatinine, and Sonography suggested Chronic Renal Disease. Chest X-Ray revealed Cardiomegaly, ECG showed LVH, and Echocardiography revealed LVEF 15%. This was the case where the pace of the disease was slow, lot of pathological changes, and therefore the prescriptions and the management was required accordingly. Although medicines like *Crataegus*, *Strophanthus*, *Laurocerasus*, *Adonis* etc., yet finally based on the larger perspective of the case it was *Calc-ars*, which was finally indicated.

After presenting more documented cases, Dr. PAWASKER, concluded that most acute cardiac distresses are the resultant of chronic progressive miasmatic illnesses, and said that no acute cardiac distress should be treated in isolation without taking into account the full understanding of the chronic miasmatic condition. Chronic miasmatic cardiac illness has to be studied along with its acute exacerbation, complication and sequel as a continuous phenomenon. Therapeutic plan has to be drawn to manage the phenomena as a whole. Mentioning the scope and limitations, Dr. NAVIN mentioned that:-

- Cases which have crossed the zone of reversibility and have reached permanent

anatomical structural alterations either due to congenital defects or due to progress of chronic miasmatic illness would need mechanical surgical interventions in addition to Homoeopathic dynamic forces for the ideal cure to occur.

- Hence as a Homoeopathic clinician treating cardiac cases one should be acutely aware of clinico-pathological processes underlying the symptoms
- This will indicate the boundary between reversibility and irreversibility which should be respected keeping in mind the scope and limitation of Homoeopathic science.

Dr. GYANDAS WADHWANI gave his presentation titled, "HABE MUT: HAVE A HEART, TREAT 'HEART'!", or Healing heart with Homoeopathy. Referring to the 'Thrifty gene' theory, from Medical Anthropology point of view, he referred that South Asians are genetically predisposed to adapt to the region's frequent famines, a disposition that they developed over the generations. Now with the overabundance of food, their bodies are finding it difficult to make a metabolic U-turn, resulting in high Insulin tolerance. The gene is yet to adopt to the surplus food state. He pointed out that a large number of Indian population have traded healthy traditional fibre rich balanced diet for the starchy/fatty foods(junk foods), physically active life styles for couch potato jobs, the increased prevalence of diabetes, and the comparative calm of the countryside for the stressful city living. The South Asians, including Indians have elevated levels of LDL Cholesterol, and the deficiency of HDL Cholesterol is being noticed. This is resulting in the increased incidences of Diabetes, Obesity, and then Heart diseases in the adulthood. Referring to his Guru, Dr. L.M. Khan, he stated:-

1. Generally speaking when heart is involved, we mostly consider syphilitic background.
2. When pathology turns to destruction syphilis is in advanced form.
3. When hypertrophy and other excessive functioning is present, we are reminded of the association of syphilis and Sycosis.



4. In most of the cases of cardiac neurosis, or hysterical individuals with cardiac phobias and functional diseases of heart Psora should be kept in mind.

Dr. GYANDAS presented 2 cases of CCF, which based on their individualized presentation of the symptoms, responded to *Pulsatilla 6*, and *Baryta-carb 200* respectively.

Dr. VISHPALA PARIHASARTHY, of Mumbai, Chief Editor of National Journal of Homoeopathy, gave her presentation on **STRESS**. She gave the following important components of the Physical Wellbeing:-

1. What I Put into it (food, alcohol, tobacco)?
2. What I have done with my body (Exercise)?
3. Have I let it rest enough (Sleep, Relaxation)?

She mentioned that **STRESS** is a physiological state in the body, which has unpleasant imbalance, and cognitive (relating to the process of acquiring knowledge by the use of reasoning, intuition, or perception) components and the **STRESSOR** is something that threatens our safety or well-being. She cautioned that Human biological evolution is lagging behind the development in technology and life style. The growing gap between the daily demands and coping resources is an important contributory factor in the increasing physiological and psychological stress. Dr. VISHPALA further mentioned that all the stresses are not bad, as there are some positive stresses as well, better termed as **EUSTRESS**. The Eustress motivates, energizes, and excites. The Distress is the Negative stress and affects people in harmful manner, and results from losing, or not coping with the needs. The stress response is in proportion to the perceived danger; emotionally it is associated with the fear and anger, and its duration is most important. Dr. VISHPALA mentioned that the stress management involves a holistic approach wherein all the areas must be addressed equally to integrate, balance, and give harmony for optimal well being and communication is a very important tool to achieve the goal. The stress management

involves reducing/eliminating the source of stress, relaxation techniques like *pranayam*, meditation, muscular relaxation techniques, and using de-stressors like punching a bag, or having pets dog. Her presentation was supported by the clinical cases.

Dr. NIDHI DHAMA, the youngest speaker of the Conference spoke on "DESTRESS IN DISTRESS". She was able to skip some of her lecture to avoid duplication of the paper, as were spoken by the earlier speakers. She mentioned 3 stages of stress as **ALARM**, **RESISTANCE**, & **EXHAUSTION**. She mentioned that Chronic Stress disrupts each and every system in the body, and may result in most of the conditions popularly known as life style disorders. She also mentioned that Chronic Stress has also shown to impair developmental hormones in children by lowering pituitary gland's production of growth hormone. She mentioned that negative stress can be treated successfully by the Homoeopathic treatment. After mentioning various drugs like *Phos-ac*, *Nux-v*, *Ignatia*, *Mag-p* etc., she said that it is important to learn about managing one's stress. Managing stress is all about taking charge: taking charge of your thoughts, your emotions, your schedule, your environment, and the way you deal with problems. Stress management involves changing the stressful situation when you can, changing your reaction when you can't, taking care of yourself, and making time for rest and relaxation. The secret to de-stressing is to stop your mind for a moment. Stop thinking and worrying, even if it's only for an hour.

The movement based exercises include relaxation techniques include exercises like walking, jogging; yoga, gardening etc. She mentioned that changing mantras are nothing but energy medicines, wherein the vibrations of sound energy have a healing effect on the body. Spending time with pets and/or writing a diary/journal are also important distressing methods, and above all laughter is the best medicine.

Dr. AADIL CHIMTHANAWALA could not come due



to busy scedule. His paper was presented by Dr. PARESH AGGARWAL, wherein he referred to an interesting survey, conducted amongst Homoeopaths. The first part was "Should there be super specialization in Homoeopathy", and the response was 30%— YES; 57% — NO; and 13% — DOUBTFUL. To another survey titled "WHAT IS THE SCOPE OF HOMOEOPATHIC CARDIOLOGY WITH HOLISTIC APPROACH", the response was, 40% —VERY LITTLE; 36% — POSSIBLE; 24% — DIFFICULT. A report was presented on the project titled "DIL KI SEWA DIL SE", currently being undertaken at their Cardiac Centre at Nagpur, for the period 2004-2012. Out of the 628 patients registered, 56 left. The Auxiliary treatments given were O₂; IV Drips, and Nebulizations etc. The purpose of the project is to assess Scope & Limitations ,Explore & Confirm their potentiality, acute states, Natural cases etc., up gradation of Materia Medica - newer / clinical symptoms completing symptoms etc. Practical Repertorial approach, Chart our Potency & Dose schedules, and Establish Management protocols. Further, it is equally

important to have scientific documentations relevant to Homoeopathy and other systems of medicine. The outcome of this study could be helpful in inculcating the level of confidence amongst homoeopaths to deal with the acute cases, and thus enhance social acceptability in such cases.

Out of the 628 registered cases 507 belonged to Ischaemic Heart Disease; 22 of Arrhythmias, 98 of Congestive Heart Failure; and 1 to Cardiogenic Shock. The treatment outcome was Palliated 71%, 20% Cured, and 9% left. The deep acting constitutional remedies turned out to be *Calc-carb*—30%; *Calc-p*— 31%; *Tarentula* - 3%; *Medorrhinum* - 11%; *Pulsatilla*—5%; *Silicea* -2%; *Sulphur*—10%, & *Phosphorus* -8%.

Concluding the presentation, he mentioned that based on the holistic approach, combining all aspects of cardiac rehabilitation in appropriate patients improves quality of life and functional capacity, reduces maintaining factors, and curtails miasmatic evolution of the sickness, and thus brings about a sense of well being, and optimism about the future.

Dengue Fever in Delhi, India

Dr ANIL SINGHAL MD (Hom)

Nehru Homoeopathic Medical College & Hospital, New Delhi.

Dr B R Sur Homoeopathic Medical College & Hospital, New Delhi.

Bakson Homoeopathic Medical College & Hospital, Greater Noida.

In early Nov 09, 45 fresh cases of dengue were reported in Delhi, India. The number of dengue patients shot up to 661. There are 11 cases in which the infection has been contracted from outside the city. The capital has seen two dengue deaths so far. This indicates a lack of preventive measures by the civic agencies, and now people are challenged as mosquito breeding was detected on their premises! Dengue is a mosquito-borne disease caused by any one of four closely related dengue viruses (DENV-1, -2, -3, and -4). Infection with one serotype of DENV provides immunity to that serotype for life, but provides no long-term immunity to other

serotypes. Thus, a person can be infected as many as four times, once with each serotype.

Dengue viruses are transmitted from person to person by *Aedes* mosquitoes (most often *Aedes aegypti*) in the domestic environment.

Epidemics have occurred periodically in the Western Hemisphere for more than 200 years. In the past 30 years, dengue transmission and the frequency of dengue epidemics have increased greatly in most tropical countries like India, Bangladesh, Brazil, Cambodia, Indonesia, Malaysia, Mexico, Pakistan, Singapore, Sri Lanka, Thailand, Vietnam, etc.