

# KBA's Mission



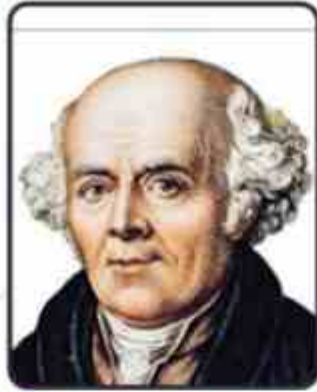
**Smt. K. B. Abad Homoeopathic Medical College  
Shri. R. P. Chordiya Hospital And Bhamashah Shri. V. D. Mehta,  
Dev-vijay P. G. Institute of Homoeopathy & Research Centre**



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*Founder of Homoeopathy*



**Dr. Samuel Hahnemann**

*Founder of SNJB*



**Karamveer Keshavlalji H. Abad  
(Puja Kakaji)**

## *Our Inspiration*



**Smt. Kanchanbai B. Abad**



**Late Shri. R. P. Chordiya**

### **VISION**

To Promote Homoeopathy a Holistic Medical Science to beget Healthy Society.



### **MISSION**

To nurture young aspirants into cultured, ethical ideal Homoeopathic Physicians by imparting quality Medical Education, serving the society, Nation and Humanity.



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**Contents**

1. An Individualized Homoeopathic Approach  
 In A Case of Verruca Vulgaris : A Case Report  
 - Dr. Shalini Sharma 03
2. A Prospective Study Of In Effectiveness Of Homoeopathic Medicines In Improving Quality Of Sleep In 18-35 Years Of Age Group In Both Genders  
 - Dr. Sayli S. Pawar  
 - Dr. S. N. Doshi 08
3. Homoeopathic Approach in the management of PICA (Eating Disorder)  
 - Dr. S. P. Tripathi 10
4. Guidelines for Researcher to write Research Protocol  
 - Dr. Anagha N. Kulkarni 13
5. Importance Of Study Design & study Of Its Different Designs In Homoeopathic Research  
 - Dr. Rohini A. Thakare 15

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## Editorial

Homocopathy is discovered by Dr. Hahnemann in 1796 which is based on law of 'similia similibus curentur.' This was the only medical science of that time which was based on principles. The modern medicine shown its development in 19<sup>th</sup> century but its theories and principle are changing constantly. Whereas, principles of Homocopathy are not changed till date hence these are called as "Laws" of modern medicine are called as "theories."

Due to materialistic concept & theories, the modern medicine becomes successful in presenting the changes in body, cell, tissue etc. They can select any research designs to conduct the research. It is very easy to prove before and after effect of any pharmacological preparation on patient or comparison of effect of two molecules in same disease condition. Clinical trials, randomized control clinical trials, single blind or double-blind clinical trials can be implemented very casually because the molecule or pharmacological preparation is used for disease condition and not for the sick individual. Pharmacies are searching for new molecules which shows instant modified effect, trials are conducted and then molecule is approved for use. But later on, their bad effects are noticing, eventually most of the drugs in future after going through all this process compelled to be banned. Sometimes the individuals get resistance and the molecule becomes ineffective, so again they search new molecule & send it in market.

The discovery of Homocopathy is based on Nature's law, we follow dynamic & individualistic concept. Similar & simple medicine, theory of vital force, chronic diseases, doctrine of potentization, individualization, etc. are the basic principles with logical background that confirms it's scientificity. At every stage of practice and treating the patient we can reverify all these things but today we never denying yesterday's discovery, eventually we cannot fit our findings in conventional research design. However, we must conduct research, but how & what type of research is the big question. We can conduct case series study, reprovng of drugs, clinical trials etc. To get excellency in research work we need to study the research methodology and biostatistics thoroughly. We also must understand research paper writing protocols.

The journal KBA's mission is the platform to present the research work. In order to provide glance of research methodology the series of articles on research methodology is started since December 2023 issue which will definitely help new researchers. In this issue, guidelines for Researcher to write Research Protocol, importance of study design & different designs in homocopathic research are explained along with some studies like Homocopathic approach of Verruca vulgaris, sleep disorder & PICA are published.

The quest for the knowledge never ends, it just leads to more curiosities that lead to greater mind. .... **Edmond Mbiaka**



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**An Individualized Homoeopathic Approach  
In A Case of Verruca Vulgaris : A Case Report**



**Dr. Shalini Sharma**  
M. D. (Hom.)  
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**Abstract :**

Warts are small overgrowths with a rough or smooth texture that can appear anywhere on the body. It can resemble like a solid blister or a small cauliflower. Although they are classified as one sided disease or local disease but they are treated with internal remedy which is based on the comprehensive understanding of the patient. Under conventional mode of treatment cauterization is adopted for removing warts, which can be painful and scarring. Individualized homoeopathic medicines follow a curative approach to treat warts rather than suppressing them. This case illustrates how the totality of symptoms and law of Simillimum, when correctly applied, can lead to wonderful result in case of one-sided disease.

**Keywords :**

Human papilloma virus, warts, verruca vulgaris, individualization, homoeopathy

**Introduction :**

Warts are non-cancerous (benign) skin growths that are caused by the human papillomavirus (HPV). There are different kinds of Human Papillomavirus, few of them are responsible for causing warts on body. The different varieties of warts include the following:

**Common Warts or Verruca Vulgaris :**

These are characterized by firm, skin color papules. They can occur on any part of the body but are most commonly present on the dorsum of the hands and the fingers.

**Plain Warts or Verruca Plana :**

It presents as skin colored, slightly raised flat-topped papules. They are usually present on dorsum of hand and face.

**Filiform Warts :**

These are the finger like projections with irregular surface and are usually found on the neck, face and scalp.

**Plantar Warts:** These are found on any part of the sole and are occasionally painful. They are skin colored with irregular surface.

**Genital Warts:** These warts are usually transmitted through sexual contact. They are usually seen on glans penis, corona, and mucosal surface of prepuce in males and on vulva, vaginal openings in the females.

**Homoeopathic concept** According to homoeopathic principle we treat patient as a whole i.e. mental as well as physical generals are taken and symptoms are evaluated according to the severity. The evaluated symptoms are conjoint together in one as totality of symptoms. After the totality Simillimum remedy is chosen.

Warts are classified under one-sided disease, i.e. diseases which have very few symptoms. They are further categorized as external –local maladies, i.e. changes and ailments that appear on the external parts of the body. There are lots of drugs mentioned in homoeopathic material Medica, some of them include – Thuja occidentalis, Causticum, Nitric acid, Dulcamara, Natrum Muriaticum, Calcarea Carb etc.

**CASE -**

**PRELIMINARY DATA :-**

Name - MR. AMK                      Age-21 Years  
Male Address - Nashik  
Occupation - Software Engineer  
Marital Status – Single  
Socio Economical Status – Middle class

**HISTORY OF CHIEF COMPLAINT :**

Patient presented with one small rough wart on the index finger of right hand since 1 month (Refer figure 2) there was slight pain on pressure. No any associated complaint with this. Patient had taken homoeopathic treatment for this complaint from other homoeopathic Physician without any relief. walking > lying on back

**PAST HISTORY :** Suffered from acute hepatitis at the age of 17.

**FAMILY HISTORY:**

Mother – hypothyroidism

**PATIENT AS A PERSON :**

**Appearance** – average built, tall height, wheatish complexion with dark hairs

**Appetite & Thirst** – normal

**Cravings** – Spicy++, Eggs++

**Aversion** – sweets++, rice+

**Perspiration** - on exertion, on whole body esp. chest and back

**Eliminations** – stool-satisfactory, once a day, urine - normal

**Sleep** – sound & refreshing

**Thermal** – Ambithermal

**LIFE SPACE –**

Patient hailed from a middle-class Hindu family. He is the youngest member in the family having one elder brother and one sister. Father was a teacher and slightly irritable in nature if anyone went against his will. Since childhood patient shared good IPR with everyone in the family. He was obedient and punctual. He was close to her mother, helped her with kitchen chores and household work. At school he was an average student but punctual and sincere in his work. Liked to participate in cultural activities. Helpful in nature, always ready to help his friends and needy.

**EXAMINATION FINDINGS:-**

General examination- Temp-afebrile, PR- 78/min, BP- 120/70mmhg RR-18/min

**Systemic examination** – CNS - conscious oriented RS – AEBE, CVS- S1 & S2 heard normal

Local examination (index finger of right hand) - small pea sized circular wart with rough surface present. Tenderness + on pressure.

**FINAL DIAGNOSIS : VERRUCA VULGARIS (ICD 11- 1E80.0)**

**TOTALITY OF SYMPTOMS** Obedience Sympathetic, Helpful, Aversion-sweets, Desire – spicy, Desire–eggs, Wart on finger, Painful wart, Right sided affection,

**REPERTORISATION :**



Figure 1– Repertorisation from RADAR 10.5.003 software (synthesis repertory)

**REMEDY DIFFERENTIATION –**

Carcinosin, phosphorus and Causticum were the probable remedies after repertorization. Carcinosin persons are highly ambitious, fastidious and they need perfection in every sphere of life to the point of being faultless. Phosphorus is affectionate, friendly and sympathetic in the hope that this love and care will be reciprocated. Causticum is also sympathetic and anxious towards others. If we see the pathology and right sided affections, warts on fingers, painful was covered by Causticum. So Causticum was the final choice of remedy for prescription.

**FINAL PRESCRIPTION –**

**CAUSTICUM 200 SINGLE DOSE**

**FOLLOW UP ANALYSIS :**

**FOLLOW UP VISIT SYMPTOMS PRESCRIPTION**

1 <sup>st</sup> Visit	Chief complaints	Causticum 200 single dose (figure 2)
08.08.2023		
2 <sup>nd</sup> Visit	Size of wart reduced, no new symptoms	Placebo (figure3)
14.08.2023		
3 <sup>rd</sup> Visit	Patient told there was one episode of scantypainless bleeding at the base of wart. Wart completely resolved. more.	Placebo continued for one week
21.08.2023		

**FOLLOW UP SUMMARY & RESULT -**

Based upon the totality, Causticum 200 single dose was prescribed on 1<sup>st</sup> visit followed by placebo. On next visit size of the wart was reduced, as medicinal registration and action was there, so patient was kept on placebo for one week. After 7 days wart was completely resolved without any scar. Patient reported

there was one episode of scanty bleeding which was painless.

**Write Conclusion -**



Figure 2– Image Before Treatment



Figure 3 – Image during Treatment

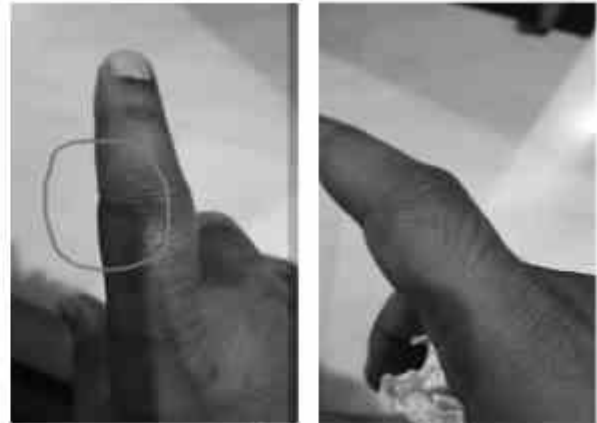


Figure 4 – Image After Treatment

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**Write in Vancouver Style**

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## A PROSPECTIVE STUDY OF IN EFFECTIVENESS OF HOMOEOPATHIC MEDICINES IN IMPROVING QUALITY OF SLEEP IN 18-35 YEARS OF AGE GROUP IN BOTH GENDERS



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### ABSTRACT -

Sleep quality is an important clinical construct in ce it is increasingly common for people to complain about poor sleep quality and its impact on daytime functioning. Now a days due to monotonous and tedious lifestyle sleep quality has dropped to an extent in such a way that the person suffers from poor quality of sleep. Poor quality of sleep impairs attention, learning and performance in day today life. Poor quality of sleep lead to many health problems ranging from minor illness to serious life - threatening conditions like cardiovascular diseases, type2 diabetes etc. In this experimental study 30 cases of poor quality of sleep were selected after screening with PSQI scale from age group between 18 - 35 years of age of both genders irrespective of socio-economic status were taken up for the study cases were selected for study, from the hospital out- patient department attached to the college and also from the camps conducted by the institute and homoeopathic clinics. The basis of prescription was totality of symptoms along with Constitutional approach. All cases were reviewed for sufficient period of time for analysis of results. Results were analyzed on the bases for PSQI score before and after treatment.

### KEYWORDS -

Sleep quality, sleep quantity, PSQI- Pitts burgh sleep quality index, sleep deprivation, sleep continuity, sleep efficacy.

### INTRODUCTION -

Sleep Quality" is an important clinical construct for two major reasons. Frist, complaints about sleep quality are common; epidemiological survey syndicate that 15-35% of the adult population complaints of frequent

sleep quality disturbance, such as difficulty falling a sleep or difficulty maintaining sleep. Second, poor sleep quality can be important symptom of many sleep and medical disorders Due to monotonous and tedious lifestyle sleep quality has dropped to an extent in such a way that the person suffers from poor quality of sleep. Sleep is an extremely complicated process that consists of more than simply closing one' eyelids, the exact purpose of sleep has not been fully elucidated. Several prominent the or i e have explored the brain and attempt to identify a purpose for why we sleep, which includes the Inactivity theory, Energy conservation theory, Restoration theory, and the Brain plasticity theory. Inactivity theory is based on the concept of evolutionary pressure where creat ures in active at night were less likely to die from the predation of injury in the dark, thus creating an evolutionary and reproductive benefit to be ingin active at night. Energy conservation the ory posits that the main function of sleep is to reduce a person's energy demand during part of the day and night when it is least efficient to hunt for food. This theory supported by the fact that the body has decreased metabolism by up to 10% during sleep. There storative theory states that sleep allows for the body to repair and replete cellular components necessary for biological functions that become depleted throughout an awake day. This is backed by the findings many functions in the body such as muscle repair, tissue growth, protein synthesis, and release of many of the important hormones for growth occur primarily during sleep. Brain plasticity theory is that sleep is necessary for neural reorganization and growth of the brain's structure and function. Sleep plays a role in the development of the brain in infants.



**Materials and Method-**

**Study design :**

A prospective individual case series study-  
**Study settings :** Data will be collected from college OPD, IPD, peripheral OPD, private OPD.

- **Duration of study :** 18months.
- **Study population:** Patients from various socioeconomic status of both genders between the age group of 18-35 years will be considered for this study.
- **Sample size :** 30 cases.
- **Sampling technique :** Simple Random Sampling.

**Inclusion criteria :**

- Age group -18-35 years.
- Both genders.
- Poor sleep- Pittsburgh sleep quality index – global score>5.
- Co-morbidities considered without changing the irerexisting mode of treatment. E.g.- hypertension, D Metc. which can be a cause for disturbed sleep.

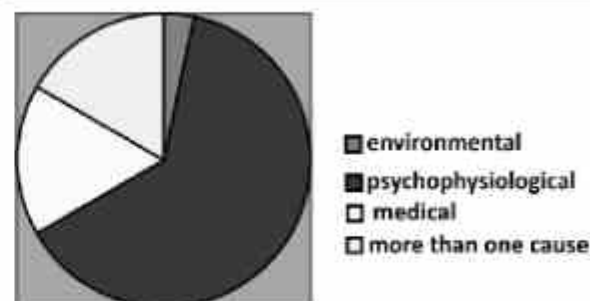
**Exclusion Criteria**

- Current use of hypnotics, sedatives, or anti depressants.
- K/C of any high severity sleep disorder e.g.- insomnia, sleep apnoea, narcolepsyetc.
- Patient with known psychiatricillness under medication will be excluded.
- Patients with gross pathological changes e.g.- cancer, auto immunediseases etc.
- Special assessment tool-PSQI.

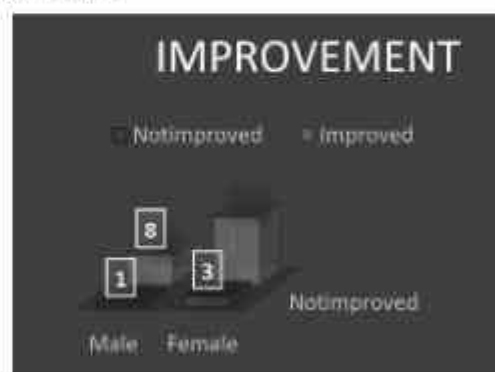
**Observations And Results**

In the study conducted 30 cases of Poor Quality of Sleep were take nupintheage group of 18-35 years of both the genders according to the PSQI screening criterion. Statistical studywas conducted with respect to Age, gender, remedies prescribed based on reportorial totality assessed in the synthesisireportory9.0and individualization, most common causative factors for poor quality of sleep and lastly with respect to number of cases improved and not improved.The above study mentioned is represented in the form of tables, pie diagrams, bar diagrams,asfollows. The common causes came across in the study were- psycho-physiological (stress, workload, night watching, dreams), medical, environmental (noise,light.)

Sr No	Cause	No of cases
1	Environmental	1
2	Psyco-physiological	19
3	Medical	5
4	More than one cause	5



The male/ female ratio in the study is- 9 participants were male and 21 were female. The common age group who had poor quality sleep was the most common affected age group was 18-24 years of age contributing to 67% in the study. 25-30 years of age-20%. 31-35 years of age-13%. Them ost common me dicines found in the study were puls a till a and Sulphur which were prescribed 3 time seach. Improvement assessment-out of 30 cases 26 cases were improved and 4 cases were not improved. In those 4 cases 3 were females and 1 was male.



The severity score range

Category	Score
Normal	1-5
Mild	6-10
Moderate	11-15
Severe	16-21

Severity range score before treatment according to PSQI scale. There were 10 mild, 17 moderate and 3 severe cases. Severity range score after treatment. After treatment the PSQI score reduced and thus many participants came back into the normal range that is below 5. There were 23 cases whose score was less than 5, 3 cases in mild, 2 in moderate, 2 in severe range.

### STATISTICAL ANALYSIS :

A paired student t test was applied by considering the before and after results of the PSQI score and after calculations the improves sleep quality in both the genders in the age group of 18-35 years of age is accepted

### SUMMARY

In this study the common age group affected was 18-24 years of age. females were more prone to poor sleep quality and them ost common medicine in the study sulphur, pulsatilla, nux vomica, nat-mur.

### CONCLUSION

After going through this small clinical trial of

30 cases with observations and variable presentations, it is evident from the results that Homoeopathy is effective in managing cases of poor quality of sleep in the age group of 18-35 years of age

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## Homoeopathic Approach in the management of PICA (Eating Disorder)



### Dr. S. P. Tripathi

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### ABSTRACT :

Pica is an eating disorder that is manifested by a craving for oral ingestion of a given substance that is unusual in kind and or quantity. Pica is a medical disorder in which a person is attracted toward non-food stuff. Human being may have pica at any stage of life but it is mostly related to young children and pregnant women. Children are attracted toward soil, paints, pencil chewing, clay and insects. Adults may attract toward paper, glue, soap. In Humans Pica may be result of malnutrition or under nutrition or serious kind of starvation. Deficiency of many minerals like calcium, zinc, phosphorus or iron and nutrients like thiamine, niacin and vitamins C and D is directly related to pica. Therapy is the initial and most effective way of treating of pica patient. Some medication may helpful in reducing abnormal eating. Homoeopathic medicines are having effective role in

management of this condition.

### KEYWORDS:

PICA, Malnutrition, deficiency

### INTRODUCTION :

Pica is the compulsive eating of material that may or may not be foodstuff. The material is often consumed in large quantities without regard for nutritional consequences. The medical term comes from the Latin for magpie (*Pica pica*), a bird that by folklore incessantly gathers objects to satiate its curiosity. Pica was first used as a term for a perverted craving for substances unfit to be used as food by Ambrose Pare (1509-1590). *Pica* is a disorder that makes people want to eat things that aren't food. If you have a strange craving for plaster or seashells, you may have pica.

While pica is sometimes a psychological disorder, it's often caused by a nutritional deficiency. A person who's getting much less iron (or some other necessary

necessary mineral in their diet than they need might crave things like dirt or stones. Pica can be dangerous, since the objects sufferers eat can poison them, like paint chips containing lead, or cause a blockage in their intestines.

**CAUSES AND PATHOPHYSIOLOGY :**

Pica is a mental health condition where a person compulsively swallows non-food items. It's especially common in children and with certain conditions. While it's often harmless, swallowing certain items can make pica very hazardous. Common non - food items eaten - Chalk, Ash, Talcum powder, Charcoal, Clay, Soil, Hair, Ice, Paper, Cloths, Paint, Faeces, Egg cells.

Fortunately, it's often treatable with therapy and modification to lifestyle and circumstances. Pica is an eating disorder typically defined as the persistent ingestion of non-nutritive substances for at least 1 month at an age for which this behaviour is developmentally inappropriate. It may be benign or may have life-threatening consequences. What causes pica, Experts do not know exactly why pica happens. However, researchers know certain factors increase the risk of developing it. Cultural or learned behaviours, Stress or Anxiety, Negative conditions during anxiety Nutritional deficiency, Mental Health Conditions. Developmental problems, such as autism or intellectual disabilities.

In Humans Pica may be result of malnutrition or under nutrition or serious kind of starvation. Deficiency of many minerals like calcium, zinc, phosphorus or iron and nutrients like thiamine, niacin and vitamins C and D is directly related to pica. However, pica can cause other conditions or issues, which have their own sets of symptoms. Other conditions that can happen because of pica include: Anaemia (Low Iron), Constipation, Electrolyte imbalance, Lead poisoning, Obstruction/Blockage in Small/Large Intestine.

**HOMOEOPATHIC MANAGEMENT :**

ALUMINA, CAL CARB, CAL PHOS,

IGNATIA AMARA, CINA, SYPHILINUM, SILICEA, NAT MUR, TARENTULA, SULPHUR TUBERCULINUM.

In this condition doctor will treat your constipation, abdominal pain and other presenting complain by giving iron, zinc supplements and dietary. And educate or council parents and children about their behavioural or mental health condition.

**1. ALUMINA :**

Abnormal cravings-chalk, charcoal, dry food, tea-grounds. Heartburn; feels constricted. Aversion to meat. Potatoes disagree. Delicate children, products of artificial baby foods. Time passes slowly. Suicidal tendency when seeing knife or blood.

**2. CALCAREA CARBONICA :**

Craving for indigestible things-chalk, coal, pencils. Aversion to meat, boiled things. Children crave eggs and eat dirt and other indigestible things; are prone to diarrhoea. Calcarea patient is fat, fair, flabby and perspiring and cold, damp and sour. Forgetful, confused, low-spirited. Delirium with visions of fires, murders, rats and mice.

**3. CALCARIA PHOSPHORICA :**

Desires lime, slate, pencils, earth, chalk, clay, Colicky pain in abdomen while eating, Distended abdomen, Feeble digestion, Chilly patient, thin, emaciated, unable to stand, rickety, Easy perspiration, Slow in learning to walk, Aggravation from damp, cold weather, change of weather, mental exertion, Desires raw salt and smoked things, Restless, dissatisfied, desire to wander.

**4. IGNATIA AMARA :**

Craves raw or indigestible things; sour things, bread esp. rye bread. Nausea or vomiting amel. indigestible things. Anger, followed by quiet grief and sorrow. Fear of robbers at night. Intolerance of noise. Changeable disposition; jesting and laughing, changing to sadness, with shedding of tears.

**5. SILICEA :**

Repugnance to all food, esp. to cooked and hot things, with desire for cold, raw things only. Aversion to boiled food. Loathing of animal food, which proves indigestible. Aversion



of a child to its mother's milk, with vomiting after sucking. Pale and earthy complexion. Fixed ideas; the patient thinks only of pins, fears them, searches for them, and counts them carefully. Obstinacy and great irritability.

**6. TARENTULA HISPANICA :**

Craving for sand or raw food. Aversion to meat, bread. Thirst for a cold water. Sudden alteration of mood. Sensitive to music. Averse to company, but wants someone present. Destructive, destroys whatever she can lay hand on, tears her clothes etc.

**7. NATRUM MURIATICUM :**

Craving for salt, take long time for food to digest, Worse from eating, Hot patient, poorly nourished, Great emaciation (marked on neck), losing flesh while eating well, Oily, greasy face, Aversion to bread and fatty things

**CONCLUSION :**

Pica disorder is considered to be an inappropriate behaviour characterized by an appetite pattern and craving for non-nutritive substances. Pica usually does not exhibit life-threatening situations, but at times it can create severe complications due to this psychogenic behaviour of an individual. Pica is so rarely known disease, but a very high number of the population is affected unknowingly. Even some patients do not admit whether they are suffering from this disease. Like a taboo, this disease is hidden in the corners of the world and many of them do not seek any help or

treatment from professionals, doctors, counsellors, etc. Though there are no proven treatments available, rehabilitation or mental diversion towards edible materials is the only way to make a patient on the safe side and prevent him/her to eat something inappropriate for their health.

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**Guidelines for Researcher to write Research Protocol**



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**ABSTRACT :**

Researcher after formulating the Research plan whether it is a drug intervention related trial or non-drug trial it is important to write down the Study plan. This written plan of Research is called STUDY PROTOCOL.

It is a document that describes the background and the rationale of the study, study objectives, study design, methodology, statistical considerations. A proper design of study protocol and its implementation right up to the completion of the study are important components of Good Clinical Practice.

**KEYWORDS :**

Research Protocol, Rationale of the Study.

**INTRODUCTION :**

The written protocol directs the Researcher to have clear thought process with respect to his study. The study protocol acts as a compass for the researcher. The Research Protocol is an essential document that is submitted to the Ethics Committee if it involves human subjects or animals. The protocol is an essential document of a research proposal submitted for funding. Whenever there is an audit, the study protocol is used as a reference guide to ensure compliance of the study methodology.

**Rationale (A set of reasons or logical basis for a course of action) of the study:**

It should answer the question of why, what. Why the research needs to be done and what will be its relevance. The magnitude, frequency, affected geographical areas, ethnic and gender considerations, etc of the problem should be followed by a brief description of the most relevant studies published on the subject.

**COMPONENTS OF THE PROTOCOL: It contains following components.**

(A) General Information:

(B) Background Information:

(C) Study Objectives and Purpose:

(D) Study Design:

(E) Selection and Withdrawal of Patients:

(F) Treatment of Subjects:

**(A) General Information: Here Researcher has to write :**

- ❖ Protocol Title, Protocol Date

- ❖ Name and Address of the Sponsor

- ❖ Name and title of the principal

investigator who is responsible for conducting trial. Address and Telephone details of the investigator sites.

- ❖ Name and Addresses of the institutions involved in the trial.

**(B) Background Information:**

- ❖ Information about previous research

- ❖ Justification for current study

- ❖ A statement that the study will be conducted in compliance with the protocol, Good Clinical Practice, and the applicable regulatory requirements.

- ❖ Description of the population to be studied.

- ❖ References to literature and data that are relevant to the trial.

- ❖ Data collection and analysis,

- ❖ If any changes are made to protocol, then it should be amended and protocol version should be updated,

**(C) Study Objectives and Purpose:**

- ❖ A detailed description of the objectives and the purpose of the trial

**(D) Study Design: It should include,**

- ❖ A specific statement of Primary end points and secondary end points if any to be measured during trial.

- ❖ A description of the type / design of trial to be conducted (e.g. double blind, placebo controlled, parallel design) and a schematic diagram of trial design, procedures and stages.

- ❖ A description of the measures taken to minimize / avoid bias including Randomization, Blinding.

**(E) Selection and withdrawal of patients:**

- ❖ Once the objective of the study has been explicitly defined and the working hypothesis clearly formulated, the next step is to decide on the type of patients to be included in it.
- ❖ Subject inclusion criteria: - Are set of conditions that must be met to participate in the study. It usually contains age, sex, the type and stage of a disease, treatment history and other medical conditions.
- ❖ Subject exclusion criteria:- Are the standards used to determine whether a person may or may not be allowed to participate in the study. The patients may be fulfilling the inclusion criteria but they have some additional aspect that might adversely influence the outcome of the study.
- ❖ Subject withdrawal criteria
- ❖ These are the criteria that decide when to withdraw patients from the clinical

dy either due to adverse reaction or other medical condition arising during its conduct.

**(F) Treatment of Subjects:**

- ❖ The treatments to be administered, including the names of all the products, the doses, the dosing schedule, the routes of administration and the treatment periods for subjects.
- ❖ Medication/ treatments permitted and not permitted before and / or during the trial.

**CONCLUSION:**

A perfectly written Research Protocol is half completed research of thesis. It is the preplanning of research to be done before the scientific committee. It provides scientific basis to write research proposals.

**BIBLIOGRAPHY:**

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- ❖ <https://www.who.int/groups/research-ethics-review-committee /recommended-format-for-a-research-protocol>





## IMPORTANCE OF STUDY DESIGN & STUDY OF ITS DIFFERENT DESIGNS IN HOMOEOPATHIC RESEARCH



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### ABSTRACT

Homocopathy is a complementary and alternative system of medicine that has been in practice for over 150years. Homoeopathy widespread use still debate on the effectiveness of homoeopathy and research in this area is controversial.

In this era of evidence based healthcare the scientific community seeks high quality evidence for informed clinical decisions. In Homocopathy research awareness is limited among the practitioner and student which result in minimum number of studies and mostly of compromised quality. The largely contributes to the subjected criticism against the effect of homoeopathy.

In this article, provide commonly used study designs in homoeopathic research. While homoeopathic research can be challenging due to the individualized nature of treatment, a properly framed research question and adequately fitted study designs can help researchers investigate the effect of homoeopathic treatment & provide valuable insights into multiple fascinating areas of interest.

In conclusion this article is intended to provide the readers with better understanding of the research study design particularly relevant to homocopathy. It is hoped that this will help researchers design better studies to provide more conclusive evidence of the effects of homocopathic treatment

### KEYWORDS :

Homoeopathy, study design, evidence based medicine

### INTRODUCTION

In recent years , there has been a growing need in researching homoeopathy as the scientific community seeks high quality evidence to inform clinical decisions<sup>(1,2)</sup> however awareness of research on homoeopathy is limited among practitioners and

students resulting in minimal number of students and mostly of compromised quality. This limitation is significant contributor to criticism against the effectiveness of homocopathy as the lack of high quality evidence makes it challenging to make definitive conclusions about its efficacy<sup>(2)</sup>.

Researchers are now utilizing various study design such as randomised controlled trials(RCTs ), observational studies and case reports to investigate the effect of homocopathic treatment to provide guidance for researchers interested in conducting Homoeopathic research . This article aim to provide an overview of research study design used in Homoeopathic research Homoeopathic treatment. To provide guidance for researchers interested in conducting homoeopathic research. We aim to provide an overview of the research study design used in Homocopathic research.

This article aim to assist researchers design better studies to provide more conclusive evidence of the effects of homoeopathy treatment.

### STUDY DESIGN :

Medical research is a vast field that encompasses a wild range of studies aimed at improving human health and understanding various diseases and therapies. There are several type of studies in medical research including laboratory research, observational studies, experimental studies and secondary research. The comprehensive classification of these studies is seriously lacking in the literature.

### Formulation Of Researchdesign :

1. Aims and objectives of the defined problem.
2. Nature and strategy of problem
3. Importance of study in specific field
4. Research setting including its location



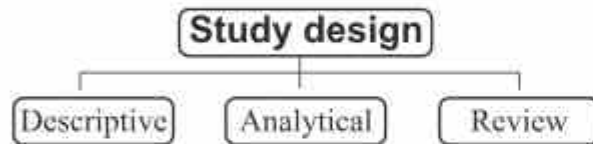
5. Resources available (money, man power, time, other instrument etc)
6. Population involved in study process
7. Research methodology<sup>(3)</sup>

**AN IDEAL RESEARCH DESIGN:-**

A good research design should have following features

- I. Internal and external validity.
- II. Reliability.
- III. It should be cost effective.
- IV. Having minimum errors and bias.
- V. It should be based on truth and fact.
- VI. It should be capable of giving maximum information and knowledge

**Classification of Study design :**



**In Descriptive -**

- case report
- case series<sup>(4)</sup>

**In Analytical -**

➤ **Observational**

1. Cross-sectional
2. Case-control
3. Cohort study<sup>(1)(4)</sup>

➤ **Experimental**

1. Randomized Controlled Trials
2. Non-randomized (non-experimental) Trial<sup>(3)</sup>

**In Review-**

- Narrative review
- Scoping review
- Systematic review
- Meta-analysis<sup>(4)</sup>

**A) Descriptive Study – am**

Descriptive studies serve the primary purpose of providing description in term of time, place, and persons. Commonly case report and case series are counted as purely descriptive in nature. Although sometime in case series, some basic analysis may be applied. Case reports and case series are types of studies that provide detailed information on the treatment of single patient or a small group of patients. In the context of homoeopathy, these studies can be particularly useful because they provided insights onto the effectiveness of different homoeopathic remedies for specific conditions or symptoms.

**A case reports** typically describes the treatment of a single patient, providing detailed information on the patient's medical history presenting symptoms and the homeopathic remedies prescribed. The report may also include information on the patient's response to treatment, including any improvement in symptoms or quality of life

**A Case series** on the other hand, describe the treatment and outcomes of small group of patients who share a similar condition or set of symptoms. The series may describe the homeopathic remedies used, the response of each patient to the treatment and any similarities or differences observed among the patients.

The limitations as case report and series they are best on retrospective data and lack of control group of comparison leading to potential bias and confounding factors.

**Analytical Study -** Analytical study mainly involves analysis that aims to investigate the relationship between two or more variables. This type of study uses statistical techniques to analyses data collected from a sample of individuals or groups.

Analytical studies can be observation or experimental in nature, the primary purpose is to identify the nature and strength of the relationship between the variables under the investigation. If there is question of only observing but not intervening, they are known as observational as if deliberate intervention is given under some control environment, then they are known as experimental studies.

**1. Observational research design –**

They are as follows-

- A) Descriptive study design
- B) Analytical study design

**A) Descriptive study design-**

- a) Cross sectional studies
- b) Longitudinal sturdy design

➤ **Cross sectional studies** -This is an examination of cross section of population in definite area. It also called as "prevalence study".

**The utility of cross sectional study design is**

1. It is used to find a prevalence rate of disease.
2. To formulate the aetiological hypothesis.
3. It is also useful for screening of population group for undiagnosed disease.

➤ **Longitudinal study design-** here we measure the incidence of various diseases nature history of disease & association between risk factor and development of disease, by repeated observations on a sample population over a period of a time. Here, no control group used

**B) Analytical studied design-**

➤ **A cross sectional studies** collects data on individual or group at a specific point in a time this type of study is often used to describe the privileges of diseases or condition in a population and two identify factors associate with disease or condition

➤ **Case control study design-** are Retrospective studies that compare individuals with a particular disease or condition( cases) to individualize without the disease or condition (control). this type of study is often used to identify a potential risk factor for the disease or condition

➤ **Cohort studies** - are longitudinal studies that follow a group of individuals overtime. Cohort studies can be prospective, where the participant are followed forward in a time, or retrospective where the participants are identified based on past exposures or event or ambispective which involve both the processes. Cohort studies are often used to identify this factor for diseases or conditions, and to evolved effectiveness of interventions

Each of this type of observation studies has its own strength and weaknesses, and the choice of study design will depend on a research question being asked the available resources. By using appropriate study designs, researchers can gain valuable insights into the causes and risk factors for diseases and conditions, and develop effective strategies for prevention and treatment.

**1. Experimental study designs -**

Experimental studies are carried out under the direct control of investigator. Experimental studies are two types

1. Rando-mised control trial
2. Non randomised control trial

➤ **Randomized control trials-** The methodology of randomized control clinical trials is based on agriculture research in

England (1920). Randomized control trials are mainly used for prevention and therapeutic procedures.

Following are the basic steps in conducting a randomised controlled trails :

1. Preparation of protocol.
2. Selection of population.
3. Randomization.
4. Manipulation.
5. Follow-up.
6. Interpretation of outcome.

Many time bias may arise during entire study process. Therefore, to reduce these biases, a technique is used called as '**Blinding**'. It can be done in 3 way as follows:

**I. Single Blind Trial :** Here, the participant is not aware whether he belonging to study or control group.

**II. Double Blind Trial :** Here, both the researcher and participants are not aware of group of and treatment received.

**III. Triple Blind Trial :** Here, the participant, researcher and the person analyzing or processing the data are not aware of any group or treatment received. It is an ideal method of blinding.

**Types of Randomized Controlled Trials:-**

➤ **Clinical Trials –**

- i) Therapeutic trials.
- ii) Efficiency trial.
- iii) Safety trials.
- iv) Prophylactic trial.
- v) Risk factor trial.

➤ **Field Trials –**

- i) Preventive trials.
- ii) Risk factors Trials.
- iii) Cessation Experiment.

➤ **Community Trials –**

In a community trial, the unit of randomization is a group of people or a community. Here, one community receive intervention (study group) and the other These are the group should not receive intervention (control group). Here, we study and compare the results of study group and control group.

➤ **Non randomised Control trials:-**

These are the non- experimental trials where there is no place for randomization process.



Following are the indications for Non randomised Control trials:-

1. Where direction experimentation on human is not possible.
2. Where preventative measures have to be applied only to groups or community.
3. When disease frequency is low and the natural history of a disease is long. For e.g. cancer of cervix.
4. When follow-ups require less days.

**Types of Non randomised Control trials:-**

1. Uncontrolled Trials.
2. Natural Experiments.
3. Comparative Studies. <sup>(3)</sup>

**C] Reviews -**

Reviews article are an essential component of the scientific literature, as they provide a comprehensive overview of the current state of research in a particular area. There are several types of review articles particularly observed in Homoeopathy, including:

**I. Narrative Reviews:** Narrative reviews provide a summary of the current state of research on a particular topic, but they do not involve a systematic search or critical appraisal of literature. Narrative reviews are often used to provide an overview of a field of research or to highlight areas where further research is needed

**II. Scoping Reviews:** Scoping reviews are a relatively new type of review article that aim to identify and map the extent and nature of research activity in a particular area. Scoping reviews involve a broad search of the literature to identify all relevant studies, which are then summarized and synthesized to provide an overview of the research landscape.

**III. Systematic Reviews:** these reviews are considered as gold standard in evidence-based medicine. Systematic reviews involves a comprehensive and systematic search of the literature to identify all relevant studies on a particular topic, the studies are then critically appraised and synthesized to provide an overview of the current state of research.

**IV. Meta-analyses :** A meta-analysis is a statistical analysis that combines the results of multiple studies to provide a more precise estimate of the effect of an intervention or exposure. Meta-analyses are often used to address questions that cannot be answered by single study. <sup>(4)</sup>

Overall, review articles are essential for advancing knowledge in the field of homoeopathy and for informing clinical practice. Each type of review article has its own strengths and limitations, and the choice of review types depends on the research question and the available evidence.

**CONCLUSION**

The study of homoeopathy is a fascinating, yet complex area of biomedical research. There is an urgent need to expedite the high-quality research in homoeopathy, not only to prove its efficacy statement, but also to explore validity of multiple facets related to its principles. The quality of studies maximally depends on the relevant and elaborated conceptual guidance in this area.

**References / bibliography-**

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4. *Homoeopathic Links*, International Journal for Classical Homoeopathy 2 volume 36, June 2023, Homoeopathy – the vibrant legacy of Hahnemann P.N.128-135.



**News bulletin**

**Activities Conducted In The Institute**



Department of Homoeopathic Pharmacy has organised study tour to IIHP Delhi and SBL Haridwar from 9<sup>th</sup> Jan 2024 to 16<sup>th</sup> Jan 2024



Inauguration of NSS camp organised at Soni Sangvi from 08<sup>th</sup> March to 12<sup>th</sup> March 2023.



Lecture on "Writing a research proposal" by Dr. Atish Mundada, Chairperson, IEC, K B Abad hom. Med. College, Chandwad on 11<sup>th</sup> March 2024



Seminar on the topic "Practical application of Aphorism" by Dr. Sanjay Modi on 13<sup>th</sup> March 2024



Lecture on "Intellectual Property Right" by Mr. Rajiv Bhandari, Prof, K B J College of Engineering, Chandwad on 18<sup>th</sup> March 2024



Seminar on "Career opportunity & guidance and significance of voting" by Dr. Meenakshi Gosavi, Nayab Tahasildar, Chandwad on



Spiral integrated Activity in topic "Study of Miasm" by department of Organon of Medicine on 21<sup>st</sup> March 2024.



Workshop on "Language & communication skills" for students by Dr. Mukesh Parewal, Asso. Prof., IQAC in charge on 22<sup>nd</sup> march 2024



Seminar on the topic "Biostatistics" by Dr. Anjali Upadhye, HOD, Research Dept ADAHMC, Ashta, Sangli, on 28<sup>th</sup> March 24

### Health Check-Up Camp

Ophthalmic camp in association with Rotary Eye Hospital on 28<sup>th</sup> march 2024



### Annual Social Gathering



Innouguration of "UKIYO 2024" Cultural program in the Auspicious presence of Hon'ble Shri Nandkishorji Brahmecha Trustee & co-ordinator, Shri Dr. Akashji Jain Co-ordinator, Prof. Dr. A. O. Dahad Principal, Dr. S. P. Tripathi Gathering Incharge on 24<sup>th</sup> Feb 2024.



"UKIYO 2024" - Cultural night Dance performance on 2<sup>nd</sup> March 2024.



**Faculty As A Resource Person**



Dr. Mrs. S. N. Doshi, Vice Principal, Prof. & HOD Dept of HMM invited as resource person for "Career Guidance" to 12<sup>th</sup> students at Shri. Neminath Jain Higher Secondary School, on 17<sup>th</sup> Jan 2024.



Dr. Prakash Kabade, MD Hom, Sr. Medical officer invited as resource person for Lecture on "Diseases of adolescent age group" at Neminath Jain Higher Secondary School on 12<sup>th</sup> Jan 2024



Dr. Mrs. A. S. Pareek, Prof. & HOD dept. of Repertory, invited as a resource person for "Research Methodology workshop" at Guru Mishri Homoeopathic Medical college, Jalna on 19<sup>th</sup> Feb 2024



Dr. Mrs. Swapna Thorat, HOD, Dept of FMT, clinical psychologist, invited as resource person for lecture on "How to manage student Depression and anxiety" at SSH polytechnic college, Chandwad on 19<sup>th</sup> March 2024.



Dr. M. H. Parewal, Asso. Prof. Dept. of Physiology, invited as Resource Person for MET Basic Workshop at Guru Mishri Homoe. Medical college, Jalna on 21<sup>st</sup> March 2024



Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory & Dr. Mrs. S. R. Kale, Asso. Prof. Dept. of OB/ GY invited as Resource Person for MET Basic Workshop at at Guru Mishri Homoeopathic Medical college, Jalna on 22<sup>nd</sup> March 2024



Dr. M. H. Parewal, Asso. Prof. Dept. of Physiology & Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory invited as resource person for "Orientation & training on CBDC" at Dhanavantari Hom. Med. college, Nashik on 26<sup>th</sup> March 2024

**Faculty Training Program**



“Training of teacher – Workshop for understanding and implementation of CBDC” by Dr. Mukesh Parewal, Asso. Prof., IQAC in charge & Dr. Mrs. A. S. Pareek, HOD, Prof. Dept. of Repertory

**Faculty Achievement**



Principal Dr. A. O. Dahad Honoured by IIHP in National Homoeopathic seminar at Hyderabad for being nominated as member of Senate, MUHS, Nashik on 12<sup>th</sup> Feb. 2024



Prof. & HOD Dr. Mrs. A. S. Pareek honored with Noble Indian Eminent Professor Award 2024, by International Multidisciplinary research foundation, Woman Icon award 2024, by



Dr. Mrs. Swapna Thorat, HOD, Dept of FMT, honored with “Best Teacher Award” by MVNL, Mumbai on 8<sup>th</sup> March 2023

**OUR JEWEL**

**Toppers in the Institute in MUHS Winter 2022 examination**



**Miss Ansari Bushra**  
Topper in II BHMS



**Miss Jain Prerana Rajendra**  
Topper in III BHMS.



**Miss Priyanka Shinde**  
Topper in IV BHMS



On occasion of 23<sup>rd</sup> Convocation Ceremony of MUHS at Nashik, Miss. Sejal Lalitkumar Lunawat, IV BHMS student, received 3 Gold Medals at the hands of Shri Hansaji Mushrif, Hon'ble Minister, Medical Education, Govt. of Maharashtra, Dr. Gangane, VC, KLE University Belgavi & Hon'ble Dr. Madhuri Kanitkar, VC, MUHS, Nashik., for securing Highest marks in Final BHMS, Highest marks in Final BHMS Woman category, Highest Marks in Practice of Medicine subject in Final BHMS,



Dr. Swejal Suresh Tatiya. Course wise (IV BHMS, Third rank)  
Merit Certificate winner in MUHS Winter 22 exam



*Congratulations*







## Institutes Run by the SNJB (Jain Gurukul)



Sr. No.	Name of the Education Branch	Year Est.	Tel. No. (02556)
01.	Shri. Neminath Jain Primary School	1928	253373
02.	Shri. Neminath Jain Secondary School	1928	252124
03.	Karmveer Keshavlalji Harkchandji Abad Arts & Shri. Motilalji Girdharlalji Lodha Commerce (Senior) & Science College	1970	252125
04.	Shri. Neminath Jain Higher Secondary School (Sci. Std. 11 <sup>th</sup> & 12 <sup>th</sup> )	1975-76	252124
05.	Shriman Pemrajji Dalichandji Surana Arts & Commerce (Junior) College	1976	252125
06.	Smt. Sagunbai Kadulaji Tatiya Adarsha Balvikas Mandir	1981	253373
07.	Shriman Hiralalji Hastimalji (Jain Brothers, Jalgaon) Polytechnic	1983	252127
08.	Shriman Deepchandji Fakrichandji Lodha Pharmacy College (D. Pharm)	1985	252529
09.	Shriman Pramilabai Darmalji Nahar (Premdan) Minimum Competency Vocational Course	1988	252124
10.	Smt. Kanchanbai Babulalji Abad Homoeopathic Medical College & Shriman Ratanlalji Premrajji Chordiya Hospital	1989	252544 252054
11.	SNJB's Late Shri. Dhanrajji Mishrilalji Bhansali English Medium School	1996	253314
12.	Shriman Sureshdada Jain College of Pharmacy (B. Pharmacy)	1999	252529
13.	SNJB's Late Sau. Kantabai Bhavarlalji Jain College of Engineering	2004	253750
14.	SNJB's Sau. Leelabai Dalubhau Jain (Jalgaon) D. T. Ed. College	2007	253987
15.	SNJB's Bhamashah Shri. Vijaykumarji Devrajji Mehata Dev- Vijay Post Graduate Institute of Homoeopathy & Research Center (M. D. Homo.)	2007	253282 252041
16.	SNJB's Smt. Sushilabai Mishrimalji Lunkad College of M. Pharmacy and Research Center	2008	253179
17.	SNJB's Ayurved & Multispeciality Hospital	2021	299070
18.	SNJB's Law College	2022	252150

