Cover Letter

26/April/2023

From
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To,
Dr. Subhash Kaushik
Director General,
Central Council for Research in Homoeopathy
61-65, Institutional Area,
Janakpuri, New Delhi

Respected Sir,

I wish to submit an original research project entitled "**Efficacy of Homoeopathic Medicines in the Management of Anaemia among Adolescent Girls**" by Dr.Kathi Srinivas Babu for your consideration review & Publication in your esteemed Journal **IJRH.**

Anaemia is a serious global public health problem that particularly affects young children and pregnant women. It is a prospective observational study in adolescent girls aged 16-25 years. A total of 60 subjects were selected based on inclusion & Exclusion criteria. Out of 60 subjects 48 patients have improved and there was no change in 12 patients. After the results were statistically analyzed it is found that Homoeopathic Remedies were again proved to be effective with individualized Homoeopathic case taking.

I hereby certify and confirm that this work is original and has not been published elsewhere, and entire project was funded by Hamsa Homeopathy Medical College, Hospital & Research Centre. We have no conflict of interest to disclose. I confirm that the manuscript has been read and approved for submission by all the named authors. Please address all correspondence concerning this manuscript to me though the email provided.

Thank you in advance for your consideration of this manuscript.

Yours Sincerely,
S/d
Dr. Kathi Srinivas Babu
Professor & HoD Hamsa Homeopathy Medical College, Hospital & Research Centre
Ksheerasagar(V), Mulugu(M),Siddipet Dist. Telangana State.
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HAMSA HOMEOPATHY MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE
Ksheerasagar(V), Mulugu(M),Siddipet Dist T.S

Efficacy of Homoeopathic Medicines in the Management of ANAEMIA among Adolescent Girls

At

Mahatma Jyothibha Phule Telangana Backward Class Welfare Residential Degree College for Women

PROJECT REPORT

By – Dr. Umesh Akkaladevi Director

Principal – Dr. Nurus Saher Khan

Principle Investigator – Dr. Srinivas Babu Kathi,
Professor & HOD, Department of Homoeopathic Pharmacy

TEAM:

1. **Dr. D. Vijaya Sagarika**
2. **Dr. Nisha Aravind**
3. **Dr. Shwetal Kasbe**
4. **Dr. D. Mastanvali**
5. **Dr. Goutham Rallabandi**
6. **Dr. Boini Kavya**

Internees – 1. Gundagoni Akhila
2. N. Srilekha

Ksheerasagar Village,
Mulugu Mandal,
Siddipet district,
Telangana State 502279

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BUDGET EXPENDITURE

S.NO	CATEGORY	SUB - CATEGORY	PER INDIVIDUAL	FOR TOTAL NUMBER 1167
1.	LABORATORY INVESTIGATIONS	CBP	Rs.150/-	Rs.1,75,050/-
		THYROID PROFILE	Rs.300/-	Rs.3,50,100/-
2.	HOMOEOPATHIC MEDICINE	DILUTIONS 1 DRAM GLASS BOTTLE 2 DRAM GLASS BOTTLE GLOBULES	Rs.70/- PER INDIVIDUAL 11 FOLLOW-UPS 150 INDIVIDUALS PER FOLLOW-UP	Rs.1,15,500/-
3.	TRANSPORT CHARGES	-	(12 VISITS) Rs.7200/- PER VISIT	Rs.86,400/-
4.	NUTRITIVE SUPPLEMENT	MILLET BISCUIT PEANUT BRITTLE MILLET SAMOSA	Rs.40/-	Rs.46,680/-
			150 Individuals – 12 VISITS	Rs.72,000/-
5.	STATIONERY	PAPERS PENS & PENCILS PINS FLEX BANNERS	-	Rs.8,500/-
TOTAL: Rs.8,54,230/- (Eight Lakhs Fifty Four Thousand Two Hundred and Thirty Rupees only)				

Hamsa Homeopathy Medical College
Hospital Research Centre
Ksheerasagar(V),Mulugu(M),Siddipet Dist.
Telangana State Pin Code 502279

TITLE: Efficacy of Homoeopathic Medicines in the Management of Anaemia among Adolescent Girls.

ABSTRACT

Background and objectives:

Anaemia is a serious global public health problem that particularly affects young children and pregnant women. WHO estimates that 42% of children less than 5 years of age and 40% of pregnant women worldwide are anemic. Adolescent girls are at higher risk of Anaemia due to period of physical growth, reproductive maturation which demands high macro and micro nutrients. Adolescent girls in rural areas are at higher risk of Anaemia due to improper dietary habits.

The following methodology was adopted for the study

Type of research: A Prospective study

Sample size: 60 (7)

Selection criteria and participant subject: Based on inclusion and exclusion criteria

Study design: Observational study

In this study all adolescent girls aged 16-25 years subjects were included from Mahatma Jyothibapule Telangana BC welfare residential women's degree college based on inclusion and exclusion criteria. Their follow-up was done when needed.

Observation and results: In this study 60subjects were included upon inclusion and exclusion criteria.

Drugs are effective in the treatment of Anaemia in adolescent girls their follow up was done every fortnight or as and when needed. Out of 60 subjects, 80 % are improved and 20% no change after study.

Conclusion: After the results were statistically analyzed, it is found that homoeopathic remedies were proved to be effective

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Key words: Anaemia, Hemoglobin, Adolescents girls, Homeopathic treatment

Introduction

Anaemia : is a condition in which the number of red blood cell or their oxygen –carrying capacity is insufficient to meet physiologic needs which vary by age, sex, altitude, smoking, and pregnancy status. The WHO criteria for anaemia as hemoglobin (Hb) levels < 12.0g/dL in non-pregnant women and <13.0 g/dL in men (in adults).Its prevalence is more among developing countries, because of low socioeconomic status and indigent access to health care. Anemia leads to tiredness, heart palpitations, and difficulty in breathing. Children, women of reproductive age and pregnant women are at high risk of developing anemia. Maternal anemia is associated with maternal and child morbidity and mortality such as increased risk of miscarriage, stillbirth, prematurity and low birth weight of the baby. About 20% of perinatal mortality and 10% of maternal mortality in developing countries is attributed to iron deficiency.

OBJECTIVES OF STUDY

1. To study the effectiveness of homoeopathic remedies in the treatment of anaemia.

2. To study the efficacy of homeopathic drugs.

REVIEW OF LITERATURE

Anaemia : is a condition in which the number of red blood cell or their oxygen –carrying capacity is insufficient to meet physiologic needs ,which vary by age, sex, altitude, smoking, and pregnancy status.

The WHO criteria for anaemia as hemoglobin (Hb) levels < 12.0g/dL in non-pregnant women and <13.0 g/dL in men (in adults).Anaemia accounts for a majority of nutritional problem across the globe and it is principally engendered by deficiency of iron. Although it occurs in all age group, prevalence is on a higher side among women of childbearing age. Its prevalence is inordinately higher among developing nations, because of low socioeconomic status and indigent access to health care services. In developing countries, the adolescent

female are more exposed to nutritional challenges and studies showed that adolescent anemia was the greatest nutritional problem in developing countries India had reported high prevalence of anemia among adolescent girls, which is apparently higher when compared with the other developing countries. The period between 10 and 19 years of age has been considered as adolescence by WHO. This period has been considered as the transitional phase from childhood to adulthood. During this phase, major psychological, behavioral, and physical developments ensue; because of marked physical activity and rapid growth spurt adolescence needs additional nutritional requirements. According to recent statistic, there were about 1.2 billion adolescents worldwide, which constitute one-fifth of the total world population .Developing countries account for about 5 million adolescent population, and in India about 21% of the total population are adolescents.

Adolescent anemia: need for concern:

Adolescents ageing 16-25 years occupy one fifth of the total world‘s population. India has the largest adolescent population in the world, about 21% of the Indian population comprises of adolescents. (Census of India, 2011) During this period, they will attain 25% of adult height and 50% weight of an adult. Specifically, the increase in the lean body mass, the expansion of the total blood volume and the onset of menstruation translate into a significant increase of girls iron requirements making them more susceptible to anemia (UNICEF, 2011).

India has the world‘s highest prevalence of iron deficiency anemia among women, with 60 to 70% of the adolescent girls being anemic due to poverty, inadequate diet, worm infestation, poor access to health services.

CLASSIFICATION OF ANAEMIA

Anaemia is classified by two methods

i) Morphological Classification

ii) Path physiologic Classification

Morphological Classification: Depends upon the size and color of RBC .Size of RBC is determined by mean corpuscular volume (MCV) . Color is determined by mean corpuscular hemoglobin concentration (MCHC).

By this method, the anemia is classified into four types: i) Normocytic normochromic anemia ii) Macrocytic normochromic anemia iii) Macrocytic hypo chromic anaemia iv) Microcytic hypo chromic anemia.

Path physiologic Classification: Anaemia is also classified on the basis of etiology, i.e. The study of cause or origin

I. Anaemia due to increased blood loss: a) Acute post –hemorrhagic anaemia, Chronic blood loss.

II. Anaemia due to impaired red cell production :

a) Cytoplasm maturation defects: Deficient haem synthesis: Iron deficiency anaemia, Deficient globin synthesis:Thalassaemia syndrome

b) Nuclear maturation defects: Vitamin B12 and /folic acid deficiency: Megaloblastic anaemia.

c) Defect in stem cell proliferation and differentiation: Aplastic anemia, Pure red cell aplasia.

d) Anaemia of chronic disorders

e) Bone marrow infiltration

f) Congenital anaemia

III. Anaemia due to increased red cell destruction (hemolytic anaemia): a) Extrinsic red cell abnormalities b) Intrinsic red cell abnormalities.

At birth: 17 (+/- 1) g/dL

Children: 11.5 (+/-0.5) g/dL

Adult men: 16 (+/-2) g/dL

Adult women (menstruating): 13 (+/-2) g/dL.

Adult women (post menopausal): 14 (+/-2) g/dL.

Women during pregnancy: 12 (+/-2) g/dL.

Anemia

Population	**Nonanemic**	**Mild**	**Moderate**	**Severe**
Children 6−59 months of age	≥110	100−109	70−99	<70
Children 5−11 years of age	≥115	110−114	80−109	<80
Children 12−14 years of age	≥120	110−119	80−109	<80
Nonpregnant women (15 years of age and above)	≥120	110−119	80−109	<80
Pregnant women	≥110	100−109	70−99	<70
Men (15 years of age and above)	≥130	110−129	80−109	<80

Classification of anemia according to WHO

Mild anemia	**11.9 gm to 10 gmhb/100 ml**

	blood
Moderate anemia	**9.9 gm to 7 gm Hb/100 ml blood**
Severe anemia	**<7 gmHb/100 ml blood**
Anemia in non pregnant women	**<12 gmHb/100 ml blood(above 15 years of age)**
Anemia in pregnant women	**<11 gmHb /100 ml blood**

Causes of Anaemia :

A) Common causes of Anaemia

There are many different types of anaemia. They could be nutritional or non-nutritional causes [heavy/chronic bleeding, infections, genetic disorders or cancers]. Nutritional anaemia, particularly, is the most widely prevalent form of anemia in the country.

Causes of Iron deficiency Anaemia and Nutritional Anaemia are:

Poor dietary intake of iron resulting in deficiency of iron in the body and thus iron deficiency anaemia [less intake of iron rich foods; gender discrimination in food allocation in a family aggravates the situation

Low bio availability of iron habitual intake of cereal based diet high in phytate and poor consumption of iron absorption enhancers such as vitamin C result in low availability of iron.

Dietary deficiency of vitamins such as folic acid, vitamin C, vitamin b12.

Non nutritional causes of Anaemia: Accelerated increase in requirement for iron during adolescent period; Hookworm infestation; Infection such as Malaria; Loss of blood in case of heavy menstrual bleeding; Teenage marriage and early pregnancy – Teenage pregnancy places double burden on the physically and physiologically immature body of girls and results in increasing the likelihood of anaemia, maternal mortality, pregnancy complications and birth of low birth weight babies.

GRADING OF ANAEMIA

Mild (grade 1) - 10 g/dl to lower limit of normal.

Moderate (grade 2) - 8 to <10 g/dL.

Marked /severe (grade 3) - 6.5 to 8 g/dL.

Life threatening (grade 4,5) - Marked low.

Clinical Presentation of anaemia: Fatigue, Malaise, Dyspnea and Palpitation, Syncope, Dizziness, Menorrhagia, Loss of appetite.

Investigation: Complete blood picture(CBP), Reticulocyte count, ESR, Peripheral blood smear, LFT, RFT, Iron Profile, LDH, Uric acid, Vitamin B12 and Folic acid level, Bone marrow examination, Hg electrophoresis, Flow Cytometry, Direct and indirect Coombs test, Screening test for Hepatitis A, B and C.

IRON DEFICIENCY ANAEMIA: cause –blood loss (menses, GI blood loss), celiac disease, h.pylori infection.

History of pica (consumption of substances such as ice, starch, or clay)

Koilonychia (spoon nail), and glossitis (Plummer-Vinson syndrome) seen in severe iron deficiency anaemia.

Investigations:

Complete Blood Count and red cell indices – decreased Hb, decreased MCV, decreased MCH, decreased MCHC ; Reticulocyte count –normal or decreased; Peripheral Blood Smear- Microcytic and hypo chromic, anisocytosis and poikilocytosis; Iron profile- ferritin decreased (<10ng/ml in women and <20ng/ml in men) serum iron decreased ,TIBC increased(normal SERUM IRON -50-150 micro/dL, Normal Total iron binding capacity (TIBC) -300 -360 micro/dl),Bone Marrow biopsy-absent or decreased staining for iron.

MEGALOBLASTIC ANAEMIA: Disorder of impaired DNA synthesis in hematopoietic cells affects all proliferating cells. Due to folic acid or vitamin B12 deficiency.

Diagnosis - In addition to symptoms of anemia peripheral neuropathy, paraesthesias, Seizures and dementia may found due to vit b12 deficiency. On examination – jaundice or splenomegaly, decreased vibratory and positional sense, ataxia.

Increased mean corpuscular volume (MCV) & mean corpuscular hemoglobin (MCH), normal MCHC, low RBC, WBC, and platelets, Peripheral smear –oval macrocytes, anisocytosis, poikilocytosis, Hyper pigmented neutrophils, LDH and indirect bilirubin are elevated, Raised urine urobilinogen, serum vit B12, or folate or both decreased (Normal serum vit b12 levels 160-200 ng/L and normal serum folate 2-15 micro/L), serum methylmalonic acid (MMA) and homocysteine (HC) are elevated in vitamin b12 deficiency; and only homocysteine is elevated in folate deficiency; Detecting antibodies to intrinsic factor is specific for the diagnosis of pernicious anemia.

APLASTIC ANAEMIA: Aplastic anaemia is pancytopenia with bone marrow hypocellularity.

Inherited –fanconi anaemia, dyskeratosis congenital; Acquired –radiation, drugs like cytotoxic drugs,benzene,chloramphenicol,NSAIDS,sulfonamides,gold,mercury,hydantoin,parvovirus,hepatits, EB Virus,HIV-1.

Diagnosis of aplastic anaemia: History of bleeding, easy bruising, nose bleeds, heavy menstrual flow; family history of hematologic disease; examination– petechiae and ecchymoses, lymphadenopathy and splenomegaly are highly atypical of aplastic anaemia; Cafe au lait spots and short stature suggest Fanconi anaemia; MCV-increased, reticulocytes are absent or few; peripheral smear –shows large erythrocytes and a paucity of platelets and granulocytes; Bone marrow –only red cells, residual lymphocytes, mainly fat, Chromosome studies of bone marrow cells for myelodysplastic syndromes (MDS); Flow cytometry to rule out paroxysmal nocturnal hemoglobinuria.

HEMOLYTIC ANAEMIA

Abnormality intrinsic to red cells – Hereditary spherocytosis, Sickle cell disease, Thalassemia, G-6PD deficiency.

Abnormality extrinsic to red cells: Immune, Mechanical**.**

Diagnosis of hemolytic Anaemia : General examination –jaundice, pallor; Others physical findings splenomegaly; bossing of skull; Hemoglobin level from normal to severely reduced; MCV,MCH usually increased; Reticulocytes increased; Bilirubin increased (mostly unconjugated);LDH increased; Direct coombs test is an indicator of the presence of antibodies attached to RBC; The indirect coombs test indicates the presence of free antibody in the plasma; A peripheral blood smear –in intravascular hemolysis may show red cell fragmentation (i.e., schistocytes, helmet cells).

Other types of Anaemia : Sickle cell anaemia,thalassaemia,glucose 6 phosphate dehydrogenase deficiency anemia.

METHODOLOGY

1: Type of research: A prospective study

2: Sampling design: Prospective interventional study

3: Selection criteria:

Inclusion criteria:

1.All girls of age group 16-21years.

2.Cases of Anaemia in two grades mild and moderate anaemia.

Exclusion criteria:

1.Who did not give consent.

2.Girls <21 years.

3.Anaemia cases with complications

4:Participants subjects:

- Size of sample: 60(7)

Duration of study: One year

OBSERVATION AND RESULTS

1. Age incidence :
2. Sex incidence :
3. Presenting complaints :
4. Result of treatment :

DISCUSSION: Anaemia is one of the common clinical condition in our day to day practice

CONCLUSION: The prospective interventional study shows that homoeopathic medicines Pulsatilla, Nat mur, Ferrum phos, phosphorous, Cal phos, Ferrum met treated Anaemia successfully, and also improved the quality of life in adolescent girls.

In this study 80% subjects improved after giving Pulsatilla, Nat mur, Ferrumphos,phosphorous,cal phos,Ferrum met and 20% subjects no change.

Therefore, it is concluded that homoeopath drugs,Pulsatilla,Natmur,Ferrum phos,phosphorous, cal phos,ferrum met are effective in treating anaemia in adolescent girls.

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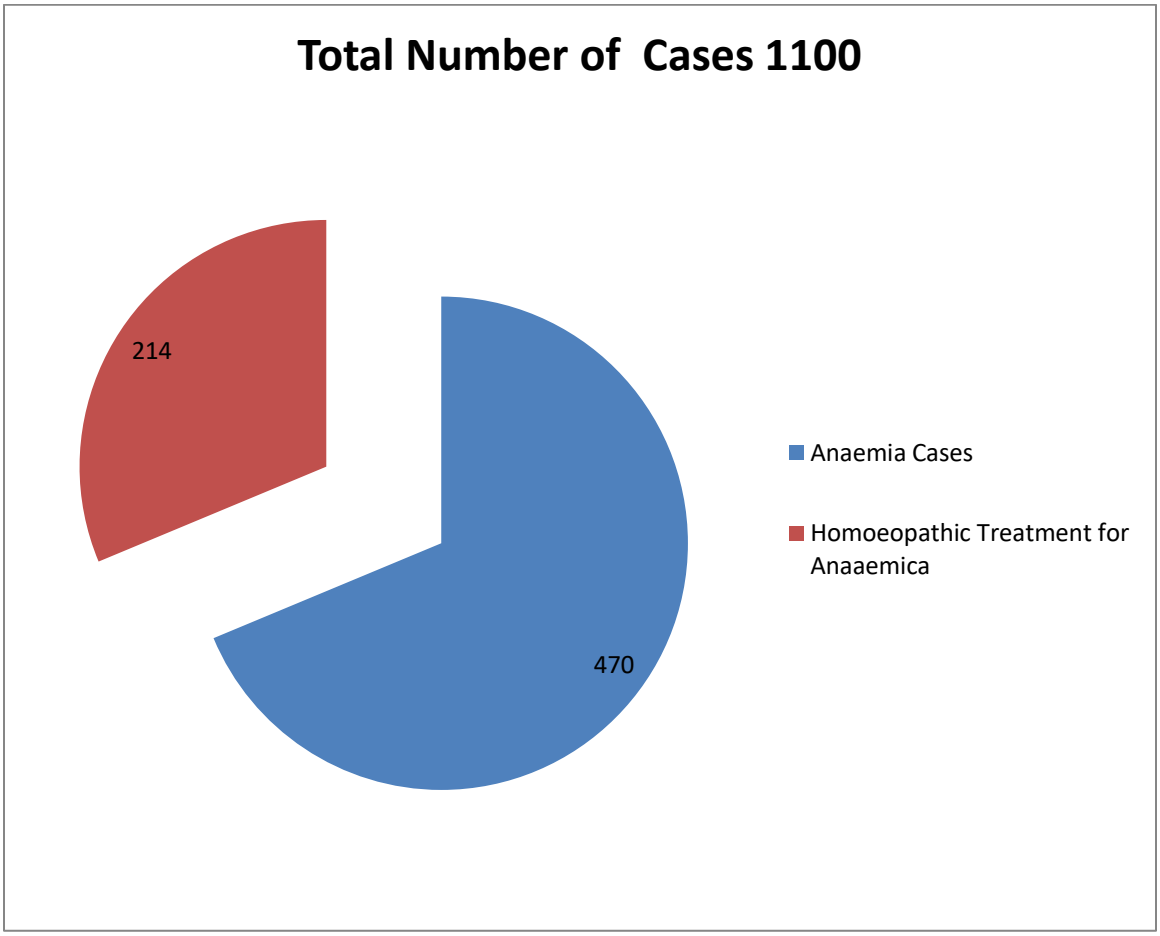
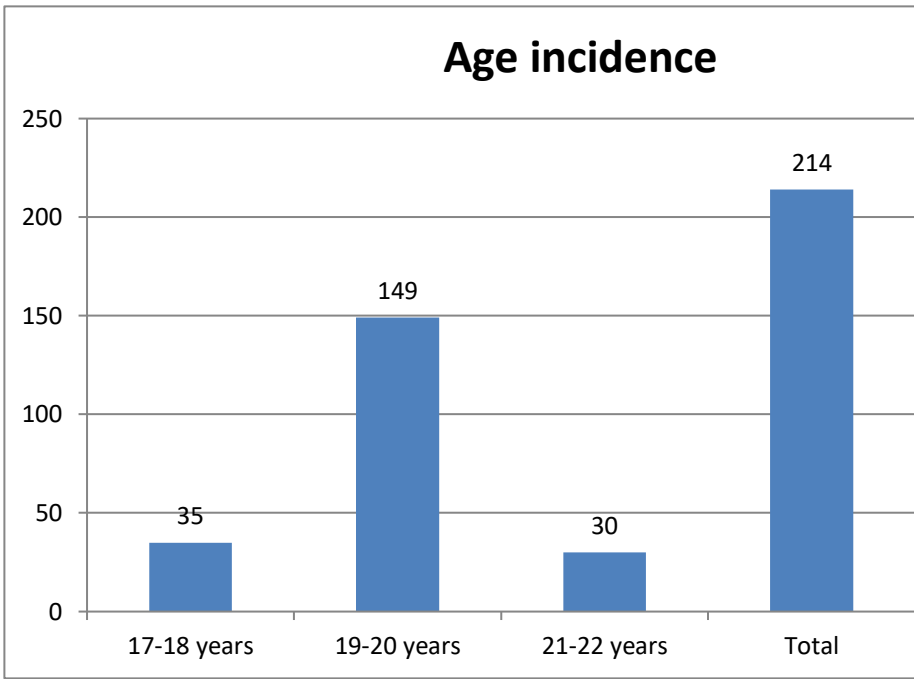
BSERVATIONS AND RESULTS



	Total Number of Cases Taken for the Screening Test Complete Blood Picture 1100
Total Anaemia Cases	470
Homoeopathic Treatment for Anaemia	214



Age Variations (2)	Age incidence		
17-18 years	35		
19-20 years	149		
21-22 years	30		
Total	214		

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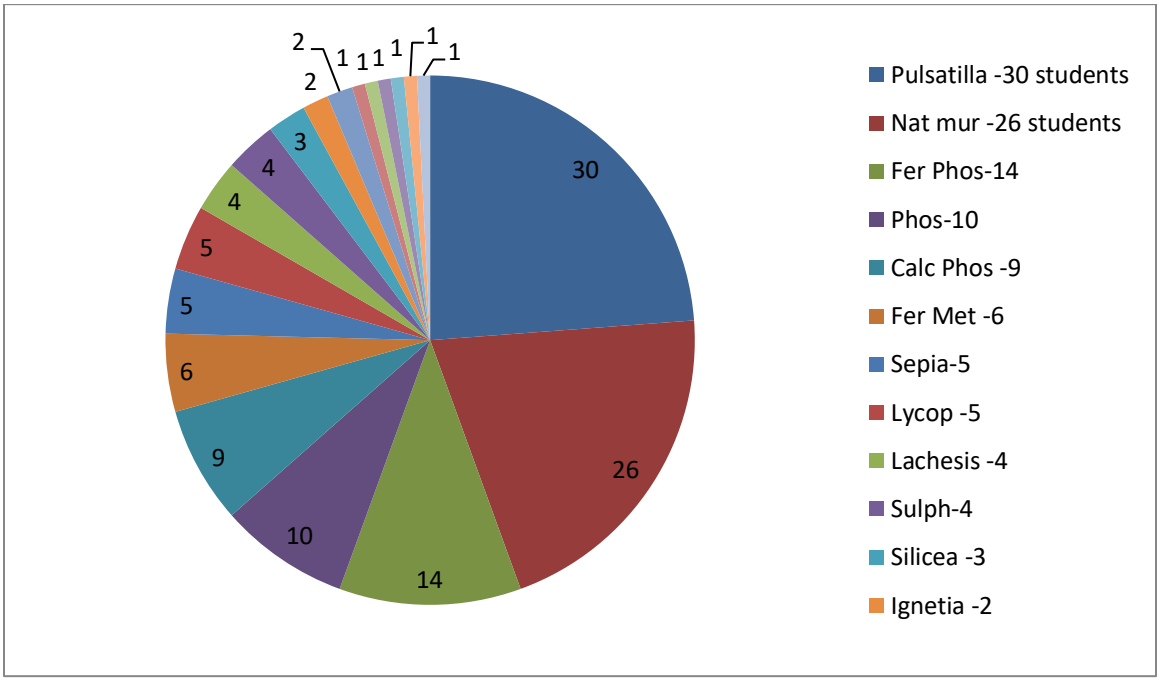
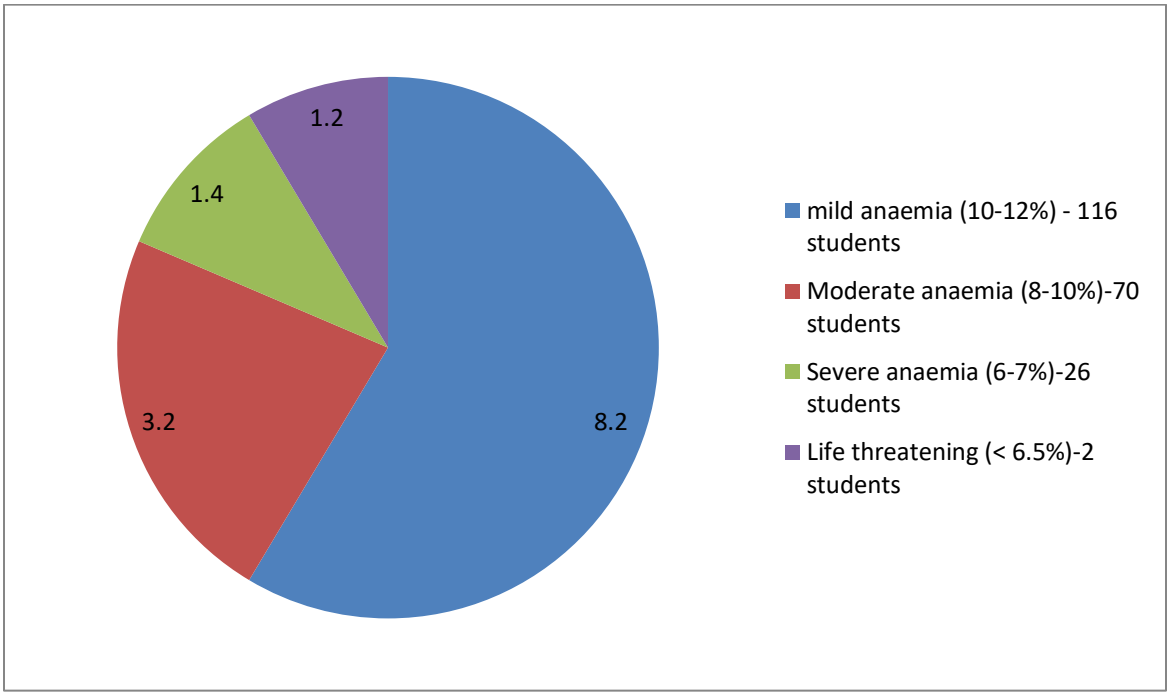
REMEDY INDICATED



REMEDIES	NO OF STUDENTS
Pulsatilla	30
Nat mur	26
Fer Phos-14	14
Phos-10	10
Calc Phos -9	9
Fer Met -6	6
Sepia-5	5
Lycop -5	5
Lachesis -4	4
Sulph-4	4
Silicea -3	3
Ignetia -2	2
Medho-2	2
Nat sulph -1	1
Bry Alb 1	1
Cinchona 1	1
Merc sol -1	1
Carc -1	1
Acid Phos -1	1

GRADING OF ANAMEIA



GRADING OF ANAEMIA	NO OF STUDENTS
mild anaemia (10-12%)	116
Moderate anaemia (8-10%)	70
Severe anaemia (6-7%)	26
Life threatening (< 6.5%)	2
Total Number of Students	214

S.NO	YEAR	NUMBER OF STUDENTS
1	BSc BBC	13
2	BSc BZC	23
3	BSc MPCS	31
4	BSc MPC	25
5	BSc MSDS	29
6	BSc MSCS	15
7	BSc HPME	2
8	BSc Bio tech	1
9	BSc Life science	5
10	B.A HEP	18
11	B.A EPH	4
12	BA HPML	15
13	B.COM Gen	15
14	B.COM Comp	18
		Total =214

REFERENCES

1. Hall E John, Raj Tony, Kurpad Anura,Vaz Mario. Guyton and Hall TEXTBOOK OF MEDICAL PHYSIOLOGY. 2nd South Asia edition.New Delhi:Elsevier Relx India pvt ltd ;2016.

2. Hobson P. Richard, Strachan J.W Mark, Penma D Ian, Ralston H Stuart. DAVIDSONS PRINCIPLES AND PRACTICE OF MEDICINE.23rd Edition .New Delhi: Elsevier;2018.

3.Mohan Harsh,Textbook of pathology.8th edition.Newdelhi:Jaypee brothers medical publishers(p)Ltd:2019.

4. Aster,Abba,Kumar.Robbins &Cartan Pathologic Basis of Disease. South asia edition vol 1.Newdelhi:Relx india private limited;2014.

5. Loscalzo Longo, Hauser, Kasper, Fauci, Jameson, et al. Harrisons Principles of International Medicine. 20th edition. Library of Congress Catologing-in-Publication Data.2018.

7. Sembulingam Prema, sembulingam K. Essentials of Medical Physiology.8th edition. New Delhi:Jaypee Brothers Medical Publishers (P) ltd ;2019.

8.https://www.who.int/health-topics/anaemia#tab=tab_1

9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7266259/

10.https://www.researchgate.net/publication/324247750_A_review_on_anaemia_-_types_causes_symptoms_and_their_treatments

11.https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children#:~:text=WHO%20Global%20Anaemia%20estimates%2C%202021%20Edition&text=Anaemia%20is%20associated%20with%20poor,adults%2C%20influencing%20country%20economic%20development

12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6510068

13.https://WWW.nhm.gov.in/images/pdf/programmes/Wifs/guidlines/technical_handbook_on_anaemia.pdf

14.https://apps.who.int/iris/bitstream/handle/10665/85839/WHO_NMH_NHD_MNM_11. 1_eng.pdf

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PHOTO GALLERY

PHOTO GALLERY

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5.	STATIONERY	PAPERS PENS & PENCILS PINS FLEX BANNERS	-	Rs.8500/-
TOTAL-			Rs.854230/-	

MAHATMA JYOTHIBA PHULE TELANGANA BACKWARD CLASSES WELFARE RESIDENTIAL DEGREE COLLEGE FOR WOMEN
PREMISES OF PULLAREDDY ENGINEERING COLLEGE, BEHIND MARS PVT. LTD., WARGAL X ROADS, SIDDIPET DISTRICT-S02 279
Mobile: 9618029944, email: mjptbcwrdc.idpur@gmail.com

Report on Efficacy of Homeooapthic Medicine In The Managemnt of Anaemia Among Adolescent Girls & Health Awareness Programme by HAMSA Homeopathy Medical Collge, Hospital&Research Centre

A Health Awareness Programme in Mahathma Jyothiba Phule BC welfare Residential Degree College was organized on 5th January 2022 by HAMSA Homeopathy Medical College Hospital and Research Centre (Management, Faculty and Students)

Aim of Health awareness programme

To motivate the students to improve and maintain their health, prevent diseases and reduce risky behaviors and also to identify conditions and risk factors at an early stage by screening services.

The programme started at 10 a.m. by inviting guests on to the stage.

Chief patron: Sri Mallaiah Battu garu Secretary, MJPTBCWREIS
Chief Guests:
Prof.K. Sita Rama Rao
Vice Chancellor Dr BR Ambedkar OU Hyd
Sri SK Meera
Director planning department

Distinguished Guests:
Dr.A.Rambabu
Chief Entomologist GHMC Hyderabad
Dr. Umesh Akkala Devi
Director HAMSA
Dr.Padmaja Akkala Devi
Director HAMSA
Sri M. Ramesh ACP Gajwel
Prof. S. Radhakrishna
Retired Principal PG Center Khammam

Guests of Honor:
Sri B. Prabhakar
RCO MJPTBCWREIS Medak
Dr. Nurhus Saher Khan
Principal HAMSA
Dr. Srinivas Babu kathi
Vice Principal HAMSA
Dr. SK Fathima
Faculty OBG & Gynaec HAMSA
Dr. Roja
Faculty OBG & Gynaec HAMSA

Main Course of Action

Students were given health education by following topics

- Homeopathic perspectives
- Development of female reproductive organ
- Adolescence age
- Sex education
- Irregular menstruation & Dysmenorrhea
- PCOS, PCOD& Hirsutism
- UTI
- CA Cervix and Breast
- Hypo and Hyperthyroidism
- Preventive medicine on Adolescence
- yoga

Our students were very much enthusiastic to learn about health related issues and how to manage them. All the health education topics were very much useful to them in their daily life After the health education Seasons students were screened for gynaec issues. Few students are identified with various problems like irregular periods, Leucorrhea, Menorrhagia, Dysmenorrhea and treated accordingly.

Highlights of the programme

Skit on PCOS: Skit performed by students of HAMSA on Polycystic ovarian syndrome was very useful for our students and our students sensitized how to manage PCOS in their daily life specially with exercises and diet.

Yoga: Created special awareness on various yogasanas which will be useful to our students in their daily life to keep them physically and mentally strong.

Health awareness programme motivated, educated and informed our students about various health issues through a variety of Creative, interactive and engaging methods. This programme provided information about particular causes and encourage students to take action to improve their health.

We are very happy to have MOU with HAMSA Homeopathy Medical College, Hospital and Research Centre for the benefit of our students and useful for further.

Finally, we are very thankful to the management, faculty and students of HAMSA Homeopathy Medical College, Hospital and Research Centre for conducting a very useful health awareness program at our college.

Thank you...