



MONTHLY NEWS LETTER

The just gone month of August was an eventful month at AKGsOVIHAMS Clinics. As shared in the last issue we had a successful Free Homoeopathic Camp on the occasion of Centenary Birth Anniversary Celebrations of Late Sh.O.P.Gupta, Chief Patron of AKGsOVIHAMS. Also last month, it was a matter of great pride and honour for the entire team of AKGsOVIHAMS as Prof. Dr. A. K. Gupta was invited to present a paper in the prestigious International Conference, LIGA, in Paris, France. Dr. Gupta presented his paper on Case of a rare and very difficult disease, Gullian Barre Syndrome (G.B.Syndrome). Audience consisting of eminent Homoeopathic practitioners really admired and appreciated the presentation.

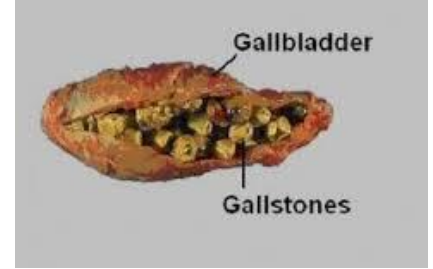


This issue is on *Gall Stones* and the efficacy of Homoeopathy in such cases. We will see how surgery is not the only way to treat gall stones. Cholecystectomy (removal of Gall Bladder) is totally preventable.

In the section 'Mind the Mind', our Clinical Psychologist, Kaartik Gupta will continue to aware us about **Obsessive Compulsive Disorder (OCD)**.

From this issue onwards we are starting 2 new sections as well:-

1. **Bursting the Myth!** – This section is completely dedicated to thrashing the myths that surround Homoeopathy and prevent the masses from taking Homoeopathic medicines as the 1st choice of medicine. The only intention is to make everyone aware about the real power of this wonderful and noble system of medicine and to wash away all types of misconceptions.
2. **What People Say about Homoeopathy** – This section is to celebrate the prowess of Dr. Hahnemann's gift to humanity. You will be glad to see and read some amazing success stories of some famous personalities with Homoeopathy.



Dr. Sanket Gupta, MD (Hom.), PGCP (Cardiology)

GALL STONES

WHAT

- Pieces of solid material that form in the gallbladder. Develop because cholesterol and pigments in bile sometimes form hard particles. These are more common in females of menopausal age
- 3 main types :- (i) **Cholesterol stones** - yellow-green in colour ; 80% of all gall stones ; (ii) **Pigment stones** - smaller and darker and are made of bilirubin ; (c) **Mixed Stones** – contain 20-80% cholesterol. Other common constituents are calcium carbonate, palmitate phosphate, bilirubin & other bile pigments

ETIOLOGY / CAUSES

Gallstones can form when there is an imbalance in the substances that make up bile. For instance, cholesterol stones may develop as a result of too much cholesterol in the bile. Another cause may be the inability of the gallbladder to empty properly.

Pigment stones are more common in people with certain medical conditions, such as cirrhosis or blood diseases such as sickle cell anaemia.

Risk factors for Gall stone formation may be:-

- Family history of Gall stones
- Obesity and also sudden weight loss
- Higher Estrogen in blood in women who are pregnant or take birth control pills or are on hormonal treatment are at risk as estrogen reduces gall bladder motility
- Poor dietary habits with high intake of fatty food
- Certain drugs given to reduce cholesterol ; Diabetes

INVESTIGATIONS

- Blood lipid profile
- Liver Function Test
- USG upper abdomen
- CT Scan & MRI
- Cholangiography

SIGNS & SYMPTOMS

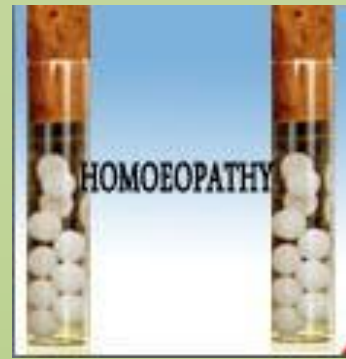
Gallstones often don't cause symptoms. Those that don't are called "silent stones." A person usually learns he or she has gallstones while being examined for another illness.

When symptoms do appear, they may include:

- Pain in the right side of upper abdomen extending to the upper back. Pain may radiate to the right shoulder as well
- Nausea and vomiting
- bloating, indigestion and heartburn, and gas
- constipation

WHAT CAN YOU DO

- Stop fried and fatty food
- Get up and start exercising or walking. Burn those calories and reduce weight!
- Drink plenty of water
- Avoid constipation
- Eat more fibrous food. Papaya is very helpful
- Avoid heavy dinner



Prof. Dr. A.K. Gupta, MD (Hom.)

Founder-Director AKGsOVIHAMS, Gold Medallist

SURGERY PREVENTABLE FOR GALL STONES

Gall bladder stones have been known to be occurring since quite a while now. One usually gets to know about the presence of calculi (or stones) inside the gall bladder accidentally. As in more often than not patient is asymptomatic when he/she is diagnosed with gall bladder stones and it comes to notice just by chance when one undergoes investigations for some other ailment. And surprisingly also, once the gall stones are detected, even the asymptomatic patient starts getting symptoms. Gall bladder colic is considered an emergency and may require immediate hospitalization. Homoeopathic remedies are also potent enough and can effectively tackle the pain of colic.

The immediate reaction of any gastroenterologist on seeing the USG report of the patient having gall stone is to go for a surgery. But here I want to create awareness that surgery for gall stones is not the first line of treatment. Rather, it should be the last resort. In fact, there are numerous times when gall stones remain silent for years together and remain harmlessly quiet inside. More importantly one must know the criteria for cholecystectomy (i.e., gall bladder removal):-

- Gall bladder wall thickness – until the gall bladder wall is distended and the wall thickness is almost 3 times, there is no real need of any surgical intervention
- Size of the Gall stone – a calculus of less than 6mm can be risky as it can get stuck in the cystic duct or the common bile duct, which is a medical emergency and calls for immediate surgery
- Functioning of the Gall Bladder – even with the presence of stones, if the gall bladder is functioning fine, then there is absolutely no need to remove the vital organ. But if the lipid profile and liver function tests show discrepancies, then it is a sign of an improperly functioning gall bladder. In that case if gall stones are found to be the cause, then cholecystectomy becomes significant.

A major notable statistic is, that only 15-20% of gall bladder stones may require surgery and that too if not handled properly.

This is where the efficacy and role of Homoeopathy begins. Homoeopathy can be smartly administered as preventive, curative, conservative and palliative treatment in case of Gall Stones. When the stones are of smaller size, homeopathy medicines will help in the dissolution of stones and passage of the stone. Homeopathy medicines are effective in alleviating pain associated with the condition. If the stones are bigger, multiple, and impacted, it may require surgical intervention. But even after surgical removal of stones, homeopathy still has a role to play in preventing its recurrence (as the chance of having recurring stones are about 50%).

Medicines like *Berberis vulgaris*, *Calcarea carb*, *Carbo veg*, *Chelidoneum*, *Carduus mar*, *Cinchona off*, *Hydrastis can*, *Nux vomica*, *Lycopodium*, etc., are extremely useful and successful in treating gall stones and even curing them. Though, cure has a constitutional basis only.

MARVEL OF HOMOEOPATHY

This is the case of 57yr old female Mrs. S. Devi, who visited Dr. Sanket Gupta with the complaint of Gall Stones on 24th June, 2013. She complained of pain in her upper abdomen at times with a lot of gas formation. There was persistent nausea also on a lot of occasions. She had come from a small town in Madhya Pradesh. She had consulted a Gastroenterologist in her native town and was advised to get an Ultrasound done of the whole abdomen. The USG report dated 9th Sept. 2012 read “*Grade – II Fatty Liver and 1.3cm calculus seen in the neck of the Gall Bladder.*”

On seeing the report she was advised to go in for a surgery. But Mrs. Devi and her family were reluctant to remove an important organ from her body and so they started looking out for alternatives. She tried Ayurvedic medicine in Madhya Pradesh only, but was not satisfied with the progress as her symptoms were more or less there and so somebody told them to try Homoeopathy. Her son who resides in Delhi only immediately contacted AKGsOVIHAMS, Satya Niketan branch and booked an appointment with Dr. Sanket Gupta.

On their first visit itself, Dr. Gupta ensured the patient and her family that her Gall bladder can be most definitely saved. He explained the entire process of treatment that the main concern was to save the Gall Bladder and stones may or may not completely get cured. But there would be no need for surgery for sure. On this note the treatment was started. Gradually over the course she started feeling better symptomatically. As in within the first month itself the pain in her upper abdomen vanished and her gastric troubles also reduced considerably.

In December 2013, Dr. Gupta asked for a repeat USG to check the progress as symptomatically Mrs. S. Devi was absolutely at no discomfort whatsoever. The USG report of 5th Dec. 2013 read “*Gall Bladder shows 0.9cm calculus in the neck of the gall bladder with posterior acoustic shadowing. Liver was normal in shape and size with Grade – I Fatty liver.*” There was a definite improvement in the USG also confirming that Homoeopathy was helping her immensely. Seeing the wonderful progress on all the concerned aspects, Dr. Sanket further continued with the same treatment.

The treatment continued the same way and the medicines were couriered as earlier. There was no discomfort of any sort regarding her abdominal pain or gastric disturbances. The latest USG was done on 21st June 2014, which read as “*Gall Bladder contains a small stone of 5mm. Liver normal in size and shape. No evidence of Fatty liver seen.*”

This is a tremendous result where a clear cut case of cholecystectomy has not just been able to save the gall bladder, but has also been successful in reducing the size of the gall stones. She is still undergoing treatment and very soon she should be getting rid of her stones as well...

This is the Marvel of Homoeopathy



MIND the MIND



KAARTIK GUPTA, M.Sc (Cl. Psych)

OBSESSIVE-COMPULSIVE DISORDER (contd...)

In the last issue, we talked about the nature, prevalence and aetiology of OCD. In this issue, we will briefly look at some of the most effective psychotherapeutic techniques for dealing with this illness.

Before we initiate the therapy process, it is imperative that we make a complete assessment of the nature, intensity and frequency of all the obsessions and compulsions present in the individual. Assessment consists of detailed clinical interview, self-monitoring, homework assignments and direct observation by the therapist. Cognitive Behaviour Therapy (CBT), wherein the focus is on replacing the faulty thought processes with the more appropriate, logical and adaptive thinking patterns, is the most widely employed and accepted form of therapy for treating OCD. Some of the techniques frequently employed in the treatment of OCD are-

- Exposure-Response Prevention – Avoidance is often the most common response to anxiety provoking stimuli or situations. The more we try to deal with the problem by avoiding, the more real it seems and the more the thoughts get stuck in our mind. This is exactly what happens in OCD also as the person tries to avoid the obsessive thoughts by neutralising them either through an outward compulsive action or some covert ways. This technique works on the principle that the best way to deal with such thoughts is to get used to them without doing the compulsive actions and avoidance. It requires the person to get more in contact with the things he /she dreads, get used to them and eventually realise that the things that worried him/her actually never happen. The person is “exposed” to the anxiety provoking stimuli without being allowed to perform any activity to neutralise it (“response prevention”). The anxiety might increase initially but will gradually reduce on its own without performing the compulsive or neutralising action. This in turn would break the faulty association that was formed between the obsession and compulsions.
- Do’s & Dont’s as part of the therapeutic process:

DO’S	DONT’S
➤ Let the thought/image/impulse come	➤ Try to stop the thought/image/impulse as it has a paradoxical effect
➤ Be with the anxiety	➤ Avoid the thought/image/impulse
➤ Accept that these thoughts/images/impulses are not from your own mind but because of OCD	➤ Control the thought/image/impulse
	➤ Distract yourself

Another important point worth noting is that *guilt* is the best friend of OCD; whenever there is guilt attached to obsessions, it will exacerbate the problem. Hence, it is important for the person to understand that simply having an obsessive thought (for instance – sexual images) is not equivalent to having actually done that in reality. We all experience such unpleasant or unwanted thoughts, impulses or images almost every day and so there is nothing abnormal in it. It is just a thought and has no relevance till the time we attach some meaning to it or in case of OCD, there is anxiety due to the increased sense of responsibility. OCD can be an extremely debilitating and distressful illness for the person suffering from it as it hampers the functioning in various aspects. But there is hope as it is definitely a treatable illness with a combination of pharmacological, homoeopathic and psychotherapeutic interventions.



Memory loss more common in people with blood type AB

The study was supported by the National Institutes of Health and the US Department of Health and Human Services, among other organizations, and is published in the journal *Neurology*.

According to the authors of this latest study, of the University of Vermont College of Medicine in Burlington, the blood type AB is only found in about 4% of the US population, yet people with this blood type were 82% more likely than other types to develop the thinking and memory problems that can lead to dementia.

Blood type is also related to other vascular conditions, like stroke, so the findings highlight the connections between vascular issues and brain health.

The team also looked at blood levels of a protein that helps blood clot, called factor VIII, high levels of which have been linked to a higher risk of cognitive impairment and dementia. Participants with blood type AB had a higher level of factor VIII than people from all other blood types.

Dr. Cushman cautions that "more research is needed to confirm these results."

Latest at AKGsOVIHAMS

- Dr. Gupta's First Aid Family Kit is now available at all our centres.
- View all the previous editions of AKGsOVIHAMS Newsletters at www.ovihams.com

DID YOU KNOW?

- Studies have found that your thumb is of the same length as your nose. Now that I told you, didn't you attempt to try it out?
- A person can die from lack of sleep sooner than he/she will die of starvation, which takes at least a few weeks.
- Did you know, 1 in every 1000 babies are born with a tooth?
- The hardest substance is the enamel that covers our teeth.

LAUGHTER IS THE BEST MEDICINE



My family physician told me of an incident that actually happened to him back in the early days of his practice. He said a woman brought her baby to see him, and he determined right away that the baby had an earache. He wrote a prescription for ear drops. In the directions he wrote, "Put two drops in right ear every four hours" and he abbreviated "right" as an R with a circle around it. Several days passed, and the woman returned with her baby, complaining that the baby still had an earache, and his little behind was getting really greasy with all those drops of oil. The doctor looked at the bottle of ear drops and sure enough, the pharmacist had typed the following instructions on the label: "Put two drops in R ear every four hours."

BURSTING THE MYTH!!

- **HOMOEOPATHY IS SLOW** – The first and most common reason that prevents a patient to try Homoeopathy as the 1st line of treatment is this misconception!! The common belief is that Homoeopathic medicines take very long to act. The reality on the contrary is, if somebody comes to a Homoeopathic doctor first for his illness, then the chances of him becoming alright is the quickest possible time than any other system of medicine are huge! In fact, the general consensus among the celebrated Homoeopathic practioners all over the world is, that if the medicine given is correct then it takes maximum 6 seconds for the remedy to show its positive impact on the patient in case of an Acute illness... this fact should encourage people from going to a Homoeopathic Doctor even in Acute conditions.

Moreover, one needs to understand, when a patient comes dissatisfied from all other systems of medicine (which is usually the case), he/she already is a cocktail of drugs in front of a Homoeopathic Doctor. And in a chronic ailment it then becomes extremely difficult to provide immediate results, as it takes time for the already non-reactive body to respond to a new remedial methodology.

So, from now on be it any problem, acute or chronic, don't hesitate to see your nearest Homoeopathic Doctor. I assure you will be glad to see the speed of improvement in your troubles.

WHAT PEOPLE SAY ABOUT HOMOEOPATHY

- "Homeopathy Cures a larger percentage of cases than any other method of treatment and is beyond doubt safer and more economical and most complete medical science." — ***Mahatama Gandhi***
- "Homeopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine." — ***Dr. Charles Menninger M.D., Founder Menninger Clinic***
- "While Homeopathy itself is a perfect science, its truth is only partially known. The truth itself relates to the Divine, the knowledge relates to man." — ***James Tyler Kent (1849-1916), U.S. homeopathic teacher, physician***
- "Effective natural remedies that have no side effects" — ***Dr. Robert Mendelsohn, M.D. Professor of Illinois Medical School and best-selling author***
- "Homeopathy is the safest and more reliable approach to ailments and has withstood the assaults of established medical practice for over 100 years." — ***Yehudi Menuhin, World famous violinist***
- "There have been two great revelations in my life: The first was bebop, the second was homeopathy." — ***Dizzy Gillespie, Great jazz musician***



DEPIGMENTATION

PLANTAR WARTS

HERPES ZOSTER

AKGS OVIHAMS HOMŌEPATHIC CLINICS

(Accredited in LIMCA Book of Records; Global Healthcare Excellence Awardee)

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