

**AARIHANT HOMOEOPATHIC
MEDICAL COLLEGE & RESEARCH INSTITUTE
AFFILIATED TO
SWARNIM STARTUP &
INNOVATION UNIVERSITY**

At Bhoyan Rathod, Gandhinagar..



SWARNIM
STARTUP & INNOVATION
UNIVERSITY
WHERE IDEAS COME ALIVE.

**DEPARTMENT OF
FORENSIC MEDICINE & TOXICOLOGY**

2ND YEAR B.H.M.S.

NAME :- Abhinav R. Torwadi
YEAR :- 2nd year
ROLL NO :- 82 ENROLLMENT NO: 1874001082





Practical - 07

Date:-

Title: Report of Examination Female

Aim: To examination of a female victim of sexual assault.

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

Name: abs [Radhikaben B. Patel] Age: 23 years
Address B-203 Royal Heights, N Ankur 801 Bapunagar
Ahmedabad

Requisition (if any) from: AEP
vide Crime No. 36 of XJZ Police station dated
20-06-20 and brought or accompanied by (Name & Address.)
abc, XJZ

Consent: I (abc) here by gives permission to doctor
for my physical examination

Date, time of commencement & place of examination 20/6/20 10:30 am

Identification marks:

- (1) Rupture of Hymen
- (2) labia majora may show congestion

Marital status: Married / Unmarried. Educational status: BSC [micro]

Occupation: Job

Signature, name and designation of female witness: P.K. Patel PPR

History related to the incident (as stated by subject / _____)

- 1) Date, time and place of alleged act: 20-06-2020, 8:00 am

RST

- 2) State of consciousness at the time of incident Unconsciousness

- 3) Number and name(s) of person(s) involved: ECG
8925643181
- 4) Details of position : Supine position.
- 5) Degree of violence used and extent of penetration; -
- 6) Resistance offered and if no resistance offered, reason (s): Resistance offered.
- 7) Pain on walking / urination / defecation : Pain on walking / urination.
- 8) Whether urinated / washed the genital area since the incident: Urinated
- 9) Reasons for delay in complaint if any : No
- 10) Any other information to be conveyed: No.

Sexual history (Previous experience / frequency / date of last sexual act) No previous experience

Menstrual history: Age of menarche: 13 years/Not attained/Menopause attained.
Periods: Regular / Irregular / NA Whether menstruating now: Yes/No/NA.

Date of Last Menstrual Period: 3/6/20
there relevant history if any: No

Obstetric history: Whether pregnant now: Yes/No/NA.

No of previous pregnancies: No

Type of delivery & other details: No

Physical examination

a) General:

- 1) Height 156 cm. 2) Weight 50 kg. 3) Build & nourishment: Good/Moderate/Poor.
Clothes: Intact / Disordered / Torn/NA.
4) General Mental condition: Excited / Calm / Depressed.
5) Secondary sexual characters including breasts: Hemispherical, firm, spongy
6) with small nipple and pinkish areola

- b) Local: (1) Condition of pubic hair: Matted / Not matted / _____
(2) Appearance of labia / clitoris: Roundish, fleshy and both side lie
(3) Hymen; Intact / Torn / Carunculae hymenalis / absent / Fleshy and elastic / _____
If torn, partial / complete, at 5 O'clock Position(s) and fresh / infected / healing / old

- (4) Fourchette: Intact / Torn. Details _____
(5) Posterior commissure: Intact / Torn. Details.....

- (6) Vagina: Admits one / two / more fingers. Rugae: Distinct / Not distinct.

Discharge: Absent / Present

If present, Normal / blood / yellowish / whitish

Injuries in the vagina Bruise

- (7) Appearance of perineum and thighs dried seminal stain, blood stain and injuries.

- (8) Others if any No.

- c) Injuries on the body (if any) Bruise, Nail, scratch, abrasion

- d) Systemic examination findings : Normal

Examination concluded at 12:30 am/pm on Civil Hospital

Material Objects preserved:

- ① Vagina swab ② Foreign pubic hair
③ Matted pubic hair.

If not preserved, reasons

OPINION

- Findings of examination are consistent / ~~not inconsistent~~ with the history of alleged sexual assault
- There is evidence / no evidence of recent / past vaginal penetration.
- The injuries on the body could be / ~~could not~~ be suggestive of resistance from the victim.
- There is evidence / ~~no evidence~~ of recent sexual intercourse. (Based on laboratory results)
- Reasons for the conclusions arrived at

Date: 20/06/2020

Place Civil Hospital

Signature of Examiner

Name of Examiner XYZ

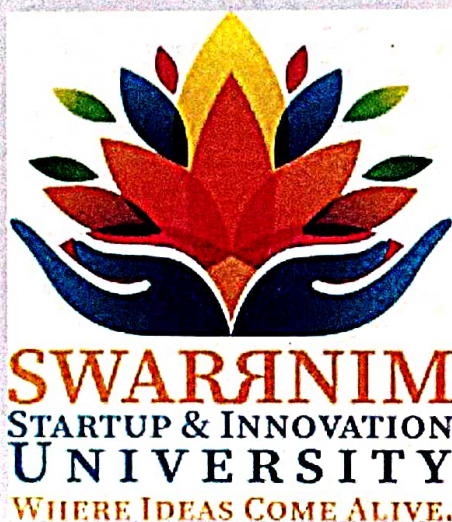
Designation Medical Officer


Teacher's Signature



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**DEPARTMENT OF
MATERIA MEDICA**

4TH YEAR B.H.M.S.

NAME :- Patel Tirth Kiritbhai

YEAR:- 2019-2024

ROLL NO:- 94 ENROLLMENT NO: 1964001094

HOMOEOPATHIC ACUTE CASE

Case No. = 9 OPD No. H/56173/21200
 Name: Maji Lalailaben Date: 30/9/23
 Age(D.O.B.): 57 year Sex: Female Marital status: Married
 Religion: Hindu Caste: Maji Occupation: Housewife
 Address: Lalol, Grandhingar

Chief complaints: Low grade fever with cough with expectoration
 CHIEF COMPLAINTS: thick mucus difficult to expectorate, throat pain

Location & extension (include tissues, organ systems, Extension & Spread, Duration & frequency)	Sensation (includes pathology)	Modalities (Includes causation (A/F)<&>)	Concomitants, if any
Respiratory Tract ↓ Throat ↓ Since 2-3 days.	Stitching, burning pain Dryness Weakness	< Cold drink Smoking > Eating or drinking warm things	-

O.D.P. (ORIGIN, ONSET, DURATION, PROGRESS)

A 57 year old female patient comes here with complaint of low grade fever with cough with expectoration. Thick mucus, difficult to expectorate, throat pain. Weakness since 2-3 days. Complain aggravate by cold drink, smoking. Amelioration by eating or drinking warm things.

PERSONAL HISTORY	HABIT	BATH
Appetite (Normal/increase/Decrease/Lose)		Aversion <u>NS</u> Desire <u>NS</u>
Thirst (Normal/increase/Decrease)	Shorter/Longer Interval	Large/Small quantity
Elimination: (a) Stool- (Normal/Undigested food)		Pain before/after/while passing stool
(b) Urine: - Colour- <u>Pale Yellow</u> Odour- <u>—</u>		Pain before/after/during urination
Associated symptoms during Urination		
Menstruation- Menarche Years/L.M.P.	Duration <u> </u> Days	Internal <u> </u> Days
Regular.Irregular.intermittent Colour:-	Odour	Staining on Linen:
Scanty/Profuse/absent	Leucorrhoea	Pain before/after.during menses
Perspiration: <u>Normal</u>		
Sleep:- Sound/Restless/Sleepless: <u>Disturbed</u>	Position: <u> </u>	
MENTAL SYMPTOMS-		
Anger from	Fear of	
Anxiety/worries	Dreams	
Hurried/Slow	Impatient	Forgetful
Bold/timid	Dull	Religious
Industrious/indolent	Impulsive	Clairvoyance
Irritable/Mild	Indecisive	Lascivious
Selfish/sympathetic	Idiotic	Reserved
Loquacious/Taciturn	Independent	Sensitive
Cheerful/Loneliness	Restless	Planning
Contented/discounted	Fastidious	Theorising
Optimistic/Passimistic	Childish	Precosity
Squanders/avarice	Obstinate	Clinging
Careless/Careful		Malicious
FAMILY HISTORY	Father <u>HTN</u>	Mother
Husband/Wife	Brother	Sister
Children	Male	Female

PAST HISTORY: NAD

TYPHOID	MALARIA	JAUNDICE	MUMPS
Infections	Skin	Dysentry	Pneumonia
Measles	TB	Asthma	Allergy
Abortion	VD	Vaccination	B.T.
Events	Milestone	Dentition	Walking
Speech	Operation		

LIFE SKETCH (HISTORY) NAD

1) PHYSICAL EXAMINATION

- a) Mental state and intelligence: Conscious/Semicconscious/unconscious
- b) Built and state of Nutrition: Well built
- c) Facies: NA
- d) Gait:
- e) Attitude: Positive
- f) Decubitus: NA
- g) Sclera:
- h) Conjunctiva: Normal
- i) Lips:
- j) Teeth:
- k) Gums: Normal, Pink
- l) Tongue:
- m) Nails:
- n) Anemia: NA
- o) Cyanosis:
- p) Jaundice:
- q) Clubbing: NAD
- r) Oedema
- s) Neck veins:
- t) Lymphadenopathy (Cervical, Axillary, Inguinal etc):
- u) Skin eruptions:
- v) Blood pressure: 130/80 mm of Hg
- w) Pulse: 80 /mm
- x) Temperature: 99°F
- y) Resp. Rate: 16/min
- z) Any obvious deformity:

2) LOCAL EXAMINATION:

- a) Inspection
- b) Palpation:
- c) Percussion
- d) Auscultation: wheezing
- e) Draining lymph nodes

SYSTEMIC EXAMINATION:

Respiratory System: Inspection
Palpation
Percussion
Auscultation } NAD
wheezing ⊕

AUXILLARY MANAGEMENT:

Rest
Avoid Cold drinks
Wear a mask

INVESTIGATION:**PROVISIONAL DIAGNOSIS**

URTI

DIAGNOSIS

URTI

PRESCRIBING TOTALITY

1. Anxiety, Irritable, Restless
2. Sleep disturbed
3. Stitching & burning pain
4. weakness
5. low grade fever & cough
& expectoration
6. Thick mucus difficult to expectorate
7. Throat pain
8. < Cold drink, Smoking
9. > eating or drinking warm things.
- 10.

GROUP OF COMPARATIVE DRUGS:

- 1) Spongia Tosta
- 2) Antimonium tartaricum
- 3) Sturnum Metallicum
- 4) Bromium

PRESCRIPTION

Rx
Spongia Tosta 200P/Bd/
For 3 days.

FOLLOW UP

Follow up after
3 days.

J. R. Nigam
SIGN OF STUDENTS

Nishu
SIGN OF TEACHER

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**DEPARTMENT OF
ORGANON OF MEDICINE**

4th YEAR B.H.M.S.

NAME :- Trivedi Saloni Shambyprasad
YEAR :- _____
ROLL NO:- 43 ENROLLMENT NO: 1961001043

HOMOEOPATHIC CHRONIC CASE

Sr. No. 02 OPD/IPD NO. 11/1504/25/63 Date: 22/3/2023
 Name: Shakori patiben Age: 55 yr
 Sex: Female Caste: Hindu Religion: Hindu
 Occupation: Housewife Qualification: 10th pass
 Veg. or Non-Veg: veg Marital Status: Married
 Address: Shenetha

HISTORY OF PRESENT ILLNESS:

A 55yr old female patient comes here with complaint of difficulty in passing stool which is hard, dry, knotty and unsatisfied with no desire along with sometimes headache. Complaints < warmth, morning, eating
 > Pressure, Rest, lying down

CHIEF COMPLAINTS:

No.	LOCATION	SENSATION	MODALITIES	CONCOMITANTS
1.	GIT and Rectum ↓ Mucus membrane ∴ 20 days	- Difficulty in passing stool - stool is hard dry, knotty. - Unsatisfactory with no desire to pass stool	< warmth, morning, eating > pressure, Rest and lying down	-

ASSOCIATED COMPLAINTS

- Bursting type of Headache

→ PHYSIOLOGICAL FUNCTIONS:

• Appetite 2 T/D

1. Interval :

2. Speed : slow

3. Increased/Decreased :

4. Before/During/After :

• Thirst

1. Quantity : 4-5 L/D

2. Interval : long

3. Nature of Water : (a.l.)
Water

4. Before/During/After :

• Bowel constipated

1. Frequency : 2 T/D

2. Consistency : dry, hard,
lumpy

3. Colour : yellow

4. Odor :

5. Before/During/After :

• Urine

1. Frequency : 5-6 T/D

2. Flow Pattern : Regular

3. Colour : pale yellow

4. Odor : n/s

5. Before/During/After : n/s

• Perspiration

1. Quantity : Profuse

2. Location : face, axilla

3. Odor : n/s

4. Staining : n/s

5. Before/During/After : n/s

Desire : sweet and cold drinks

Aversion : Fatty food • Dislike n/s

• Disagree N/s

Sleep

1. Onset :

2. Position :

3. Duration :

4. Dreams :

5. Before/During/After :

Thermal Reaction :

Covering

Sun

Bath

Fan

Season

Hot/Chilly

→ Menstrual History :

Duration of Cycle :

Quantity

Colour

Odor

Staining

Clots

F.M.P

L.M.P

Menopause

Before

During

After

→ Leucorrhoea :

Quantity

Colour

Staining

Odor

Before

During

After

→ Pregnancy History : G₂ P₂ A₀ L₂

Desire

Aversion

Physiological Changes

Mental Disturbance

No. of Pregnancies, 2

Nature of Delivery F.T.D

No. of Abortion [Month/Natural/Induced] : 0

→ Childhood History : Milestone on Time

Teething

Head Holding

Sitting

Talking

Walking

Vaccination

Effects After Vaccination

Habits

• Allergy : -

• Addiction : -

• Tendencies : -

→ Past History :

No.	Disease	Affected System	Age	Duration	Treatment	Result
1	Dengue	Lymphatic immune	5yr	10 days	allopathic	cured

→ Family History

No.	Relation With patient	Disease	Affected System	Age	Duration	Treatment

→ Physical Examination:

Sensorial Level Conscious	Lips Pale colored	Skin Pale colored
Built Well built	Tongue -	Edema Lower limb
Nutrition Well nutritioned	Oral Mucosa -	Jaundice -
Temperature 98.7°F	Teeth Pale yellow	
Pulse 86/min	Tonsils Pink	
Blood Pressure 136/83 mm of Hg	Lymph Glands NAD	
Respiratory Rate 20/min	Nose 	
Head -	Colour of Palm Pale	
Hair Dark Blackish White	Nail Clubbing	
Eyes -	Joints Pain ⊕	

→ Temperament:

Irritable Temperament

→ Systemic Examination:

- CNS Conscious and Oriented

- CVS S₁ S₂ (N)

- R/S BLAC (+)

- GIT: Soft and Hard and tender to touch
Sometimes

→ Haematology:

- CBP -

- ESR -

- Hb% 8%.

→ Life Space / Mental State / Direct Mental Expression:

- Irritable
- Wants Company
- Inclined to be angry.

→ Provisional Diagnosis: Constipation

→ Laboratory Investigations :

→ Confirm :

Constipation

→ Phase of Disease : (Fully Developed / Intermittent / One-sided)

→ Miasmatic Diagnosis

	Symptoms	Psora	Sycosis
1	Dry, Hardness	✓	
2	Constipation	✓	
3	Irritable	✓	

• Dominating Miasm: Psora

• Fundamental Miasm:

1. System in which disease is active at present : Lymphatic (Crose)

2. Other affected Systems :

3. Classify the activity involved system in following order:

a. Pace of Disease development : Rapid / Moderate / Slow

b. Actively involved Organ or tissue : Colon

c. Pathological changes : Reduced colonic motility

d. Affected Functions : Difficult to pass stool

e. Expression of affected parts : Swollen veins of rectum and anus.

→ Symptoms :

1. Irritable and inclined to be angry.

2. Wants Company

3. Appetite decreased

6. Desire:- Cold drinks and sweets
7. Aversion - fatty food
8. Difficulty in passing stool
9. No desire for stool, associated a burning type of Headache
10. <:- Warmth, morning, eating
11. >:- Pressure, Rest, lying down
- 12.
- 13.

→ Analysis of Symptoms :

Type of Symptoms			1	2	3	4	5	6	7	8	9	10	11
General	Physical				✓	✓		✓	✓				
	Mental	Will/ Emotion		✓									
		Intellectual	✓		✓								
		Memory											
Common					✓	✓		✓	✓				
Uncommon							✓		✓				
Characteristic							✓		✓	✓			
Pathological													
Diagnostic							✓		✓				
Sensation												✓	✓
Modality													
Concomitant								✓		✓			
Particular													

→ Diagnosis Susceptibility : (Low /Moderate /High)

Moderate

→ Hypersensitivity or Drug allergy:

→ Totality of Symptoms :

- 1) Irritable, inclined to be angry
- 2) Wants company
- 3) Appetite:- Decreased
- 4) Thirst:- Large quantity of cold water at long interval.
- 5) Desire:- sweets and cold drinks
- 6) Aversion: Fatty food.
- 7) Stool:- Dry, hard, knobby
- 8) No desire to pass stool, burning type of headache
- 9) Sleep disturbed
- 10) Difficulty in passing stool
- 11) < Warmth, morning, evening
7: pressure, Rest, lying down

→ Remedy Selection / Dose / Potency / Repetition :

Rx Bryonia-Alba / 200c / BD / 7 days.

Sstivedi
Student's Signature :

Josh
Teacher's Signature

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DEPARTMENT OF CLINICAL PATHOLOGY

2nd YEAR B.H.M.S.

NAME :- Khandale Rohit P.

YEAR:- 2nd YR B.H.M.S

ROLL NO:- _____ ENROLLMENT NO: _____

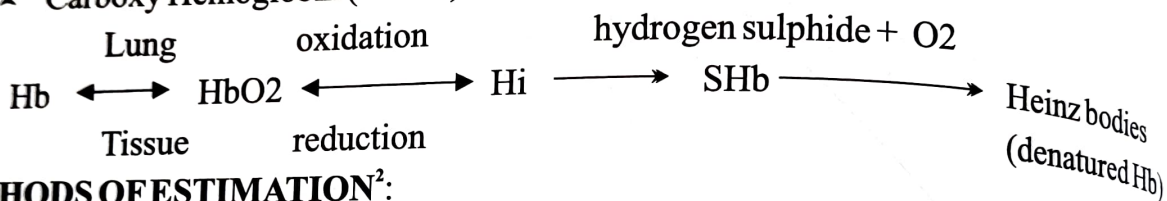
PRACTICAL: 6 : ESTIMATION OF HAEMOGLOBIN

INTRODUCTION:

- Haemoglobin is the major cytoplasmic protein of RBC accounting to 90% of dry weight of RBC. It consists of two pairs of polypeptide globin chains. Each chain has one Heme group which has atom of iron attached to it.
- In circulation, haemoglobin is present in following forms:

MAJOR FORMS¹:

- Reduced Haemoglobin (Hb): Hb with iron in ferrous state, unassociated with oxygen.
- Oxyhaemoglobin (HbO₂): Hb with iron in ferrous state, associated with oxygen.
- Others:
 - ▲ Methaemoglobin (Hi): Hb with iron oxidized to ferric state, loosing capacity to carry O₂ & CO₂ accounts for 10% of total hemoglobin
 - ▲ Sufhaemoglobin (Shb): 1% of total hemoglobin
 - ▲ Carboxy Hemoglobin (HbCO): 0.5% of hemoglobin.



METHODS OF ESTIMATION²:

1. COLORIMETRIC METHOD

Hb is converted into a coloured complex, intensity of which is measured by using a colorimeter or photometer. The methods include:

- Acid Hematin (uses comparator),
- Cyanmethaemoglobin (uses photoelectric colorimeter),
- Oxyhaemoglobin, -do-
- Carboxyhaemoglobin, -do-
- Alkaline Hematin. -do-

2. CHEMICAL METHOD

3. GASMETRIC METHOD

4. SPECIFIC GRAVITY METHOD

5. TELLIQUET CHART METHOD.

COLORIMETRIC METHOD:

A. ACID HEMATIN Method (SAHLI's Method):

Principle:

Hb is converted to acid hematin by the action of dilute HCl. Resulting brownish solution is called acid hematin.

till its colour matches with permanent standard coloured glass.

Material required:

- Hb-pipette (20)micro l).

Haemoglobinometer consists of:

- Haemoglobin tube graduated with values of 1 lb in gm %,
- comparator provided with a slot to hold haemoglobin tube and coloured standard glass pieces fitted on either side of this slot,
- Stirrer.
- Gauze piece.

Reagent:

- NHCl:
 - ▲ Conc. HCl (analytical grade): 8ml.
 - ▲ Distilled water up to: 1000 ml.
- Distilled water.

Sample: Capillary blood / EDTA.

METHOD:

- Take 0.1 N HCl in haemoglobin tube up to the lowest mark.
- Take 20 ul. Whole blood in Hb-pipette. Wipe the outer surface of pipette with gauze.
- Deliver blood into haemoglobin tube and rinse three times by draining in and discharging the blood-acid mixture. A void bubble formation.
- Mix and put the Hb-tube in comparator slot in such a manner that the blank surface of the tube is seen from the front.
- Wait for 10 minutes.
- Gradually add distilled water drop by drop, each time mixing with glass rod. Add distilled water till the color of the solution matches that of standard comparator in good day light.
- Remove the tube and read Hb in gm %.

Advantage:

- Cheap,
- Simple.

Disadvantage³:

- Not accurate,
- Colour of comparator rods fade,
- Visual variation from person to person (subjective error),
- If end-point is overshoot, whole procedure has to be repeated.
- Does not measure Hi, HbCO and Shb.

B. CYANMETHAEMOGLOBIN Method:

Principle:

Potassium fericyanide
Haemoglobin (Hb) >> Methaemoglobin (Hi)

Potassium cyanide
>Cyanmethaemoglobin (Hi)
(brown-yellow)

Material required

- Hb-pipette (20(ul).
- 5 or 10 ml graduated pipette.
- Gauze piece.

Reagent:

- Drabkin's solution: clear, pale yellow in colour, pH: 7.0-7.4

▲ Potassium fericyanide : 200 mg.

▲ Potassium cyanide : 50 mg.

▲ Potassium dihydrogen phosphate: 140 gm.

▲ Non-ionic detergent : 1 ml.

▲ Distilled water up to : 1000 ml.

- Standard cyanmethaemoglobin solution: Available as mg/dl concentration.

Sample: Capillary/EDTA.

Method:

- Take Three Test Tubes:

	B (Blank)	S (Standard)	T (Test)
Drabkin's (ml)	5.0	5.0	5.0
Standard (ul)	-	20	-
Sample (ul)	-	-	20

- Mix well and wait for 10 minutes. Brown-yellow colour will develop.
- Adjust OD of the colorimeter to zero with the blank.
- Run standard and note the OD.
- Run the test and note the OD.

Haemoglobin of the sample:

$$= \frac{\text{OD of Test}}{\text{OD of Std.}} \times \frac{\text{Concentration of Std.}}{\text{Conversion factor}} \times \text{dilution}$$

$$= \frac{\text{OD of Test}}{\text{OD of Std.}} \times \frac{200}{1000} \times 60 = \frac{\text{OD of Test}}{\text{OD of Std.}} \times 12$$

Advantage:

- Most reliable method.

Disadvantage:

- Does not measure Shb.
- KCN is toxic.

CHEMICAL METHOD:

Hb is measured by determining the iron content of whole blood and calculated from:

- 1 gm/Hb contains 0.347 gm/di iron.
- The method is complex for routine use.

GASOMETRIC METHOD:

Van Slyke apparatus is used. Blood is saturated with oxygen and then oxygen is extracted; Hb is calculated from:

- 1 gm/dll Hb carries 1.34 ml of oxygen.
- The method is complex for routine.

SPECIFIC GRAVITY METHOD:

- It is a qualitative method of measuring Hb.

STOCK SOLUTION: (Specific Gravity: 1.100)

- Pure air dried crystals of copper sulphate ($\text{CuSO}_4 \cdot 5\text{H}_2\text{O}$): 159.63 gm
- Distilled water up to: 1000.00 ml.

WORKING SOLUTION:

Specific Gravity	Stock Solution	Distilled water up to(ml)	Equivalent Hb (gm/dl)
1.052	51	100	12.0
1.053	52	100	12.5
1.054	53	100	13.0
1.055	54	100	13.4

- A drop of blood is dropped into a beaker containing any one of the solution. If the drop floats, then Hb of the sample is less than equivalent Hb of the solution. If the drop sinks, it means that the drop of blood is denser than the solution; hence Hb is more or same as the equivalent Hb of the solution.
- This method is used in Blood Banks for estimation of Hb of donors.

TELLIQUET CHART METHOD:

The method uses filter papers. It is a crude screening method useful in rural areas for Mass survey of anemias.

CLINICAL SIGNIFICANCE⁴:

ANEMIA:

- Anemia is considered to be present if the haemoglobin concentration is below the
- Lower limit of the reference interval for individual's age, sex and geographic location.
- Reference Range of Normal Haemoglobin:
 - ▲ Men 15.5 ± 2.5 gm/dl.
 - ▲ Women 14.0 ± 2.5 gm/dl.
 - ▲ Infants (full-term cord blood): 16.5 ± 3.0 gm/dl
 - ▲ Children, 3 months 11.5 ± 1.5 gm/dl.

- ▲ Children, 1 year 12.0 ± 1.5 gm/dl.
- ▲ Children, 3-6 years 13.0 ± 1.0 gm/dl.
- ▲ Children, 10-12 years 13.0 ± 1.5 gm/dl.

ESTIMATE HAEMOGLOBIN OF THE GIVEN SAMPLE:

WBC count = $11,300/\text{cmm}$ ($4000 - 11000$)

platelet count = $2,36,000/\text{mm}^3$ ($1,40,000 - 4,50,000/\text{cmm}$)

Haemoglobin of the given sample is: 12.6 gm/dl.

Self-exercise:

1. What are the different forms of haemoglobin?
2. Enumerate different methods of haemoglobin estimation.
3. Give disadvantages of Acid Hematin method.
4. What is clinical significance of Haemoglobin estimation?

1) What are the different forms of haemoglobin?
 → there are several diff. types of globin chain named $\alpha, \beta, \gamma, \delta$

normal Hb types include makes up about 95% - 98% of Hb found in adult. it contains two α and two β protein chains.

- Q) enumerate diff methods of Hb estimation.
- colorimetric method
 - chemical method
 - specific gravity method
 - telluric chem method.

Q) Give disadvantages of acid hematin method!

1) no accurate.

ii) Visual Variation from person to person.

iii) does not measure H_1 $HbCO$ & Hb

Q) What is clinical significance of Hb estimation?

→ reference range of normal Hb.

- men - 15.5 ± 2.5 gm/dl
- women - 14 ± 2.5 gm/dl
- infants - 16.5 ± 3.0 g/dl
- children - 3 months = 11.5 ± 1.5 gm/dl
- 5-6 year = 13.0 ± 1.0 gm/dl
- 10-12 year = 13.0 ± 1.5 gm/dl

DATE

17-4-23

SIGNATURE


17/4/23



SWARYNIM
INSTITUTE OF HEALTH SCIENCES

**AARIHANT HOMEOPATHIC
MEDICAL COLLEGE & RESEARCH INSTITUTE**
(MINISTRY OF AYUSH & CCH APPROVED)

Student's Name : YADAV SANGYA RAN

Roll No. : 254010000 Academic Year :

Subject :



TITLE DETERMINATION OF HAEMATOCRIT• **Introduction:-**

- Haematocrit (PCV) represents percentage of RBC mass in a given volume of blood.
- It is a dependable and accurate parameter and is highly useful in the diagnosis of anaemia due to various cause.
- In electronic cell counters, Buffy coat obtained after ultracentrifugation is utilized for obtaining information about platelet count, leucocyte count, granulocyte count, lymphocyte and monocyte counts. It is useful for the calculation of RBC indices.

• **Aim:-**

- To estimate the packed cell volume of a given sample of blood.

• **Requirement:-**

- Wintrobe's tube, Pasteur pipette, blood sample, centrifuge, CuSO_4 solution, ammonium and potassium double oxalate or EDTA or heparin.

• **Principle:-**

- When a tube containing a blood sample is subjected to centrifugal force, the heavier RBC settle down at the bottom and lighter elements remain above the RBC layer. The RBC layer is taken as PCV or haematocrit.

Graph on
Page No. :

Remarks :

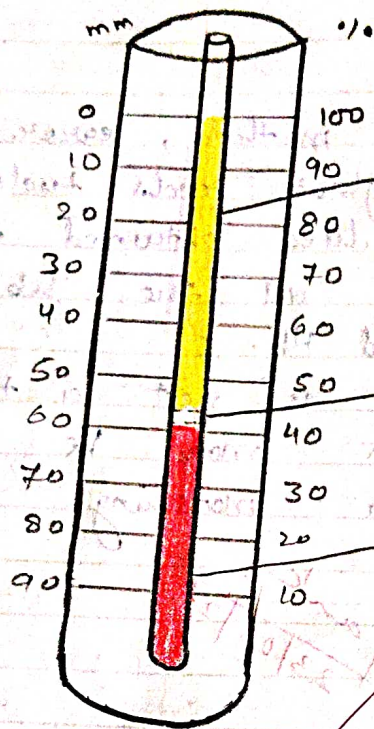
TITLE

- Procedure :-
 - Blood mixed with anticoagulant is filled in Wintrobe's tube up to the 100mm mark
 - Centrifuge the tube in a centrifuge machine at a speed of 3000 revolutions per min for 30 min.
 - Repeat centrifugation till RBC column attains a constant reading.
- Normal values :-
 - Adult male - 40 - 50%
 - Adult female - 36 - 37%
 - Children - 32 - 44%
 - Infants - 50 - 60%

Priyanka
23/08/23

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Remarks :



plasma

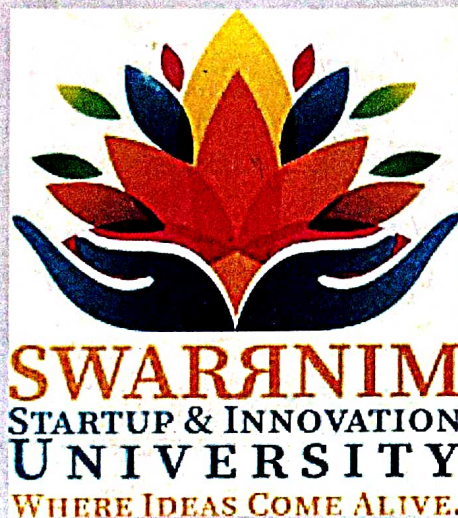
buffy coat

Packed Red blood cells

Remarks:

**AARIHANT HOMOEOPATHIC
MEDICAL COLLEGE & RESEARCH INSTITUTE
CONSTITUENT COLLEGE OF
SWARNIM STARTUP &
INNOVATION UNIVERSITY**

At Bhoyan Rathod, Gandhinagar.



**DEPARTMENT OF
PRACTICE OF MEDICINE**

3RD & 4TH YEAR B.H.M.S.

NAME :- Dhwani R. Bhamushali

YEAR:- 2023-24

ROLL NO:- 73 ENROLLMENT NO: 1964001073

PRACTICE OF MEDICINE

Sr. No. : 07 Date : 14/12/22 Case No. : H/60705/12/21.
Name : Jhakor Karuji
Age : 42 years Gender : Male Religion : Hindu
Address : Kalol
Occupation : Businessman Education : H.S.C Marital Status : Married.

CHIEF COMPLAINTS : Pain in the neck while moving. Shoulder & stiffness in neck since 1 month.

DETAILS OF PRESENTING COMPLAINTS: A 42 years old male patient presented with C/O pain in the neck while moving shoulder & stiffness in neck. Patient have weakness & numbness in arm since 1 month. C/O < motion and > by bending forward.

PAST HISTORY :

Typhoid at the age of 22 year

FAMILY HISTORY :

Father - HTN.

PERSONAL HISTORY :

- Diet *veg*
- Appetite : *Normal (2-3 times)*
- Desire : *Sweet*
- Aversion : *Cold things*
- Thirst : *7-8 glass/day.*
- Urine : *5-6 times/day.*
- Bowel : *Once a day.*
- Sleep : *disturb,*
- Perspiration : *Scanty*
- Menstrual history : *NA*
- Obstetric History: *NA*
- Thermal reaction : *chilly*
- Habits : *NA*
- Allergy to drugs/substances : *NA*
- Life space investigation : *NA.*

PHYSICAL EXAMINATION :

(A) GENERAL EXAMINATION :

- Level of consciousness : *conscious*
- Built : *Thin*
- Pulse : *78/min*
- Temperature : *98.7°F*

- Respiration : 20/ min.
- Blood pressure : 128/82 mm Hg
- Skin : Healthy
- Jaundice : NAD
- Cyanosis : NAD
- Oedema : not present
- Hair : Dark
- Nail : Pinkish
- Conjunctiva : NAD
- Scalera NAD
- Lips : NAD
- Teeth : NAD
- Gums : NAD
- Tongue : clean
- Lymphatics : NS.

(B) SYSTEMIC EXAMINATION :

- CARDIO-VASCULAR SYSTEM : NAD

- RESPIRATORY SYSTEM : NAD

- GASTRO-INTESTINAL SYSTEM : NAD

- LOCOMOTAR SYSTEM :

Stiffness of neck

- CENTRAL NERVOUS SYSTEM :

conscious & well oriented.

• LOCAL EXAMINATION: NAD

DIFFERENTIAL DIAGNOSIS: Cervical spondylosis

PROVISIONAL DIAGNOSIS :

cervical spondylosis

INVESTIGATIONS :

Neck X-ray → C2-C3 disc space narrowing.

CLINICAL DIAGNOSIS :

cervical spondylosis

ANALYSIS OF SYMPTOMS

- (1) Irritable & restless (Mental)
- (2) Desire for salt (Phy. Gen).
- (3) Aversion to cold things (Phy. Gen).
- (4) Pain in neck while moving shoulder (Phy. Part).
- (5) Stiffness in the neck (Phy. Part).
- (6) Weakness & numbness in neck arm (Phy. Part.)

EVALUATION OF SYMPTOMS \leftarrow motion, \rightarrow bending forward.

Mental \rightarrow Irritable & restless

Physical general \rightarrow desire for salt.

- Aversion to cold things.

Physical particular \rightarrow Pain in neck while moving shoulder.
 \rightarrow weakness & numbness in arm.
 \rightarrow Stiffness in neck.

Modality \rightarrow \leftarrow motion, \rightarrow bending forward.

TOTALITY OF SYMPTOMS:

- (1) Irritable & restless.
- (2) Desire for salt.
- (3) Aversion to cold things.
- (4) Pain in neck while moving shoulder.
- (5) Weakness & numbness in arm.
- (6) Stiffness in neck.
- (7) \leftarrow motion.
- (8) \rightarrow bending forward.

DIFFERENTIATION OF MEDICINE:

- (1) Gelsemium
- (2) Rhus tox
- (3) Nuxvomica
- (4) Bryonia Alba.

TREATMENT:

Rx, Gelsemium 30C / BD / 7 days.

AUXILIARY TREATMENT AND ADVICE:

- Take rest.
- Once pain relief (subside) \rightarrow then go for physiotherapy & cervical traction

Shanghvi

STUDENT'S SIGNATURE

Shanghvi

TEACHER'S SIGNATURE

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SWARNIM
STARTUP & INNOVATION
UNIVERSITY
WHERE IDEAS COME ALIVE.

**DEPARTMENT OF
REPERTORY**

4TH YEAR B.H.M.S.

NAME :- Shrinidhi S. Raval
YEAR :- _____
ROLL NO:- 24 ENROLLMENT NO: 1964003024



1. 3/10/23 **REPERTORY CASE**

OPD. No. 56433/21246

Name: Thakur Meenaben Jagaji
 Age: 45 Sex: Female Caste: Religion: Hindu
 Occupation: Housewife Education: Housewife
 Diet Veg./Non-Veg/Eggetarian: Veg
 Marital Status: Single/ Married/ Widow/ Divorce Married
 Address: Indraj.

CHIEF COMPLAINTS: (WITH ONSET, DURATION & PROGRESS)

A 45 years old female pt comes w the complaints of itching & burning of eyes & constant watering of eyes, along w yellowish sticky discharge that agglutinates the lids. There is redness of eyelids & swelling.
 < Touch, light, cold.
 > Rest, in dark.

No.	LOCATION	SENSATION & PATHOLOGY	MODALITIES A, F, <>	CONCOMITANTS
2.	Eye ↓ Mucous Membrane ↓ Conjunctiva Since 2 day	- Itching & burning - Constant watering of eyes. - Redness & swelling of lids - Yellowish sticky discharge that agglutinates the eyelids	< Touch, Light, Cold. > Rest, in dark.	-

PERSONAL HISTORY:

- Appetite Normal 2/day
- Thirst: 5-6 glass/day
- Urine 4-5 times/day
- Bowel Once/day
- Sleep Disturbed
- Perspiration N/S



- Desire N/s
- Aversion N/s
- Dislike N/s
- Disagree N/s

• Bathing -

• Fanning -

• Allergy to drug/substance N/s

• Thermal Reaction Chilly

• Covering -

• Season -

• Addiction N/s

FEMALE HISTORY

Menstrual History:

Duration

Quantity

Consistency

Stain

Colour/ Odour:

FMP

LMP

Menopause

15 yrs

Before

Daily

After

OBSTETRIC HISTORY:

No. of Pregnancies: 2

Nature of Delivery: FTND

No. of Abortion (Month/Natural/Induced): 0

PAST HISTORY: NAD

No.	Disease	Affected system	Age	Duration	Treatment	Result



PHYSICAL EXAMINATION:

A) General examination:

Built Healthy

Complexion Dark

Head/Scalp NAD

Eye/Conjunctiva: Inflamed & Red & Yellowish discharge

Tongue Moist

Teeth & Gums NAD

Swellings/Oedema of eyelids, M.M of eyes

Skin/ Nails Pink

Height 5' 5"

Weight 50 kg

Reflexes NAD

VITAL DATA

Pulse: 80/min

B.P. 120/80 mm Hg

Temp: 98° F

R.R. 19/min

B) SYSTEMIC EXAMINATION

CVS: -

RS: -

CNS: -

GIT: -

LABORATORY INVESTIGATION:

NA

CLINICAL DIAGNOSIS:

Acute Conjunctivitis

ANALYSIS OF SYMPTOMS:

Ment. Gen - Fearful & nervous
- Anxiety

Phy. Gen - Sleep Disturbed
- Chilly Patient

Phy. Part - Itching & burning of eyes
- Redness of eyelids & Swollen
- Infl. Eyes inflamed.
- increased lacrymation
- Discharges are yellowish sticky that agglutinates lids
< Touch, cold, light
> Rest, in dark.

SELECTION OF REPORTORIAL APPROACH:

Kent's Approach.

EVALUATION OF SYMPTOMS:

1) Fearful & nervous.

2) Anxiety

3) Chilly Patient

4) Itching of eyes

5) Redness of eyelids

6) Inflammation of eyes conjunctiva

7) Increased watering of eyes

8) Discharges are yellowish sticky that agglutinates the lids. esp. in morning.

9) < Touch, cold, light

> Rest, in dark

REPORTORIAL TOTALITY:

- 1) Mind - Fear - 42
- 2) Mind - Anxiety - 4
- 3) Eye - itching - 244
- 4) Eye - redness - lids - 264
- 5) Eye - inflammation - Conjunctiva - 243
- 6) Eye - Lacrymation - 245
- 7) Eye - discharges - Yellow - 237
- 8) Eye - agglutinated - morning - 235

REPERTORIAL RESULT:

Arg nit - 21/8
Aconite - 14/5
Ars. alb - 13/5

Bella - 12/5
Puls - 13/6

Comments on selection of Remedy:

Arg. nit covers max. marks & rubrics.
Arg. nit is chilly & Pt is also chilly

Remedy selection/Dose.Potency/Repitition:

Rx Arg nit. 30 / B.D / 2 days.

General Management & Auxiliary measures:

- Maintain hygiene of affected Part.



STUDENT'S SIGNATURE


TEACHER'S SIGNATURE



REPERTORY CHART

[illegible]