

Discipline

Dedication

Devotion

HOMOEOPATHY

LAKSHYA



Education is that which enables one, to stand on his own legs- Swami Vivekanand

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HOMOEOPATHY AND SUPPORTIVE MANAGEMENT IN TYPE 2 DIABETES MELLITUS:

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ABSTRACT

Background

Type 2 diabetes mellitus (T2DM) is a chronic metabolic disorder characterised by hyperglycaemia resulting from insulin resistance, progressive impairment of pancreatic β -cell function, or a combination of both. Its increasing prevalence is associated with obesity, sedentary behaviour, dietary changes, ageing and other metabolic risk factors. Long-term diabetes may lead to cardiovascular, renal, neurological, ophthalmic and other complications, while psychological stress and reduced quality of life may further influence disease management.

Objective

The present narrative review discusses the potential role of Homoeopathy as a complementary and individualised approach within the overall supportive management of individuals with T2DM, with particular emphasis on symptom-based prescribing, lifestyle modification, patient-centred care and quality of life.

Methods

Relevant literature concerning T2DM, diabetes management, lifestyle modification, quality of life and Homoeopathic approaches was reviewed. Standard Homoeopathic literature and selected contemporary publications were considered to describe remedies traditionally associated with diabetic symptomatology. The review does not regard Homoeopathic medicines as substitutes for evidence-based antidiabetic treatment.

Results

Homoeopathic literature describes several medicines in relation to symptoms encountered in patients with diabetes, including *Syzygium jambolanum*, *Cephalandra indica*, *Uranium nitricum*, *Phosphoricum acidum*, *Phosphorus*, *Lycopodium clavatum*, *Sulphur* and *Insulinum*. Their selection in Homoeopathic practice is traditionally based on individual symptom patterns rather than diagnosis alone. Supportive counselling concerning nutrition, physical activity, sleep, stress management, medication adherence and regular monitoring remains essential.

Conclusion

Homoeopathy may be considered as a complementary, individualised healthcare approach for selected patients with T2DM, particularly in relation to overall wellbeing and symptom management. However, current evidence is insufficient to establish Homoeopathic medicines as replacements for standard glucose-lowering therapy. Well-designed clinical trials using objective metabolic outcomes, validated quality-of-life measures and long-term safety monitoring are required.

1. INTRODUCTION

Type 2 diabetes mellitus (T2DM) has become one of the most important chronic health challenges worldwide. It is characterised primarily by insulin resistance, impaired insulin secretion and progressive metabolic dysfunction. The condition is strongly influenced by lifestyle, genetic susceptibility, obesity, physical inactivity, dietary patterns, ageing and environmental factors.

Diabetes is not limited to an abnormal blood glucose value. Persistent metabolic abnormalities can affect multiple organ systems and may contribute to cardiovascular disease, nephropathy, retinopathy, peripheral neuropathy and other complications. In addition, patients may experience fatigue, sleep disturbances, anxiety regarding complications, emotional stress, changes in social functioning and reduced quality of life.

Modern diabetes management therefore requires a comprehensive approach. Dietary modification, physical activity, weight management, patient education, appropriate pharmacological therapy and regular monitoring form the foundation of diabetes care. Depending on individual requirements, patients may receive oral antidiabetic medicines, injectable therapies or insulin.

Within this broader healthcare environment, complementary systems of medicine are sometimes used by patients seeking an individualised approach to their symptoms and general wellbeing. Homoeopathy is one such system in which treatment traditionally considers the totality of symptoms, constitutional characteristics and individual response rather than the diagnostic label alone.

The role of Homoeopathy in T2DM requires careful scientific consideration. Traditional Homoeopathic materia medica contains medicines described in relation to symptoms such as excessive thirst, frequent urination, weakness, altered appetite, burning sensations, neuropathic complaints and other associated features. However, the existence of these traditional descriptions does not by itself establish clinical efficacy for lowering blood glucose or preventing diabetic complications.

2. TYPE 2 DIABETES MELLITUS: CLINICAL OVERVIEW

T2DM develops through a complex interaction of insulin resistance, impaired pancreatic β -cell function and abnormalities of glucose metabolism. In the early stages, the pancreas may compensate for insulin resistance by increasing insulin secretion. With progressive disease, β -cell function may decline, resulting in persistent hyperglycaemia.

Common clinical manifestations may include:

- Increased thirst and fluid intake
- Frequent urination
- Increased hunger
- Fatigue and reduced energy
- Unexplained weight changes
- Blurred vision
- Delayed wound healing
- Recurrent infections
- Tingling or numbness in the extremities
- Sleep disturbances
- Psychological stress and reduced wellbeing

Some individuals remain asymptomatic for a considerable period and are diagnosed during routine health screening. The major concern in longstanding diabetes is the development of complications. Microvascular complications include diabetic retinopathy, nephropathy and neuropathy, while macrovascular complications include cardiovascular and cerebrovascular disease.

3. HOMOEOPATHIC PERSPECTIVE IN SUPPORTIVE DIABETES CARE

Homoeopathic practice is traditionally based on the principle of individualisation. Two patients with the same biomedical diagnosis may receive different Homoeopathic medicines depending upon their symptom patterns, physical characteristics, mental-emotional features, modalities and associated complaints.

In the context of T2DM, a Homoeopathic consultation may therefore consider:

1. Presenting diabetic symptoms
2. General physical symptoms
3. Thirst and appetite patterns
4. Urinary symptoms
5. Sleep and energy levels
6. Digestive complaints
7. Skin manifestations
8. Neuropathic or burning sensations
9. Emotional and psychological characteristics
10. Past medical history
11. Family history
12. Lifestyle and dietary habits
13. Current conventional medication
14. Laboratory findings and clinical status

The purpose of this assessment is not simply to prescribe a medicine based on the presence of diabetes. Instead, the Homoeopathic approach traditionally attempts to individualise treatment according to the patient's overall symptom picture. From a contemporary clinical perspective, such an approach should be integrated with appropriate medical supervision, regular monitoring and evidence-based diabetes treatment.

4. HOMOEOPATHIC MEDICINES TRADITIONALLY DESCRIBED IN DIABETIC SYMPTOMATOLOGY

The following medicines are described in classical Homoeopathic literature in relation to symptom complexes that may occur in patients with diabetes. They should not be interpreted as a standard treatment protocol for T2DM, and their traditional materia medica descriptions do not establish proven glucose-lowering efficacy.

4.1 *Syzygium jambolanum*

Syzygium jambolanum is traditionally associated with diabetic symptomatology in Homoeopathic literature. It has historically been described particularly in relation to excessive thirst, frequent urination, weakness and symptoms occurring in association with increased blood sugar. It is often discussed in Homoeopathic literature as a medicine of interest in diabetic conditions. However, traditional descriptions should not be equated with demonstrated clinical efficacy. Objective glucose monitoring and conventional diabetes treatment remain essential.

4.2 *Cephalandra indica*

Cephalandra indica is traditionally described in relation to symptoms involving excessive thirst, frequent urination, dryness and metabolic disturbances. Homoeopathic practitioners may consider it when the patient's overall symptom picture corresponds to the remedy. Its use is based on traditional materia medica and individualisation rather than the diagnosis of diabetes alone. Evidence from high-quality clinical trials remains insufficient to establish it as a glucose-lowering therapy.

4.3 *Uranium nitricum*

Uranium nitricum has traditionally been associated with metabolic and constitutional symptoms, including weakness, excessive thirst, increased urination and other complaints described in diabetic states. It may be considered in Homoeopathic prescribing when the broader symptom totality corresponds to the remedy. It should not be used with the assumption that it can replace insulin or prescribed antidiabetic medicines. Patients require appropriate biochemical monitoring and medical supervision.

4.4 *Phosphoricum acidum*

Phosphoricum acidum is traditionally considered when marked physical and mental exhaustion accompanies the patient's symptom picture. It has been described in relation to weakness, reduced vitality, mental fatigue and symptoms following prolonged emotional or physical stress. In a diabetic patient, such symptoms may have several possible medical causes, including poor glycaemic control. Therefore, persistent or significant fatigue requires appropriate clinical assessment rather than being attributed solely to constitutional factors.

4.5 *Phosphorus*

Phosphorus is described in classical materia medica with characteristics including thirst, weakness, sensitivity, burning sensations and a variety of systemic symptoms. A Homoeopathic practitioner may consider the medicine when the patient's complete symptom picture corresponds to the remedy. The remedy is selected according to individualisation rather than simply because diabetes is present. It should not be considered a substitute for evidence-based management of hyperglycaemia or diabetic complications.

4.6 *Lycopodium clavatum*

Lycopodium clavatum is traditionally associated with digestive disturbances, abdominal bloating, altered appetite, urinary complaints and characteristic constitutional features. In Homoeopathic practice, the medicine may be considered when the totality of symptoms corresponds to its materia medica profile. Its relevance to an individual patient depends on clinical individualisation. There is currently inadequate evidence to establish it as a specific treatment for T2DM or as a means of preventing diabetic complications.

4.7 *Sulphur*

Sulphur has a broad constitutional profile in classical Homoeopathic literature and is described in relation to burning sensations, skin complaints, digestive disturbances, weakness and various chronic constitutional symptoms. In patients with diabetes, it may be considered only when the overall symptom picture corresponds to the remedy. The presence of diabetes alone is not sufficient justification for prescribing *Sulphur*. Regular medical monitoring remains necessary.

4.8 *Insulinum*

Insulinum is a Homoeopathic preparation described in some Homoeopathic literature and should be clearly distinguished from pharmaceutical insulin. It must **never be considered equivalent to insulin therapy** and cannot replace prescribed insulin in insulin-dependent patients. Any discussion of *Insulinum* should remain within the context of Homoeopathic materia medica and research. Patients receiving insulin or other glucose-lowering medicines should continue them according to their treating clinician's advice.

5. IMPORTANCE OF INDIVIDUALISATION

One of the fundamental concepts of classical Homoeopathic prescribing is individualisation. A biomedical diagnosis such as T2DM identifies a disease category but does not describe the complete experience of an individual patient.

For example, two patients may both have T2DM but differ considerably in:

- Thirst pattern
- Appetite
- Sleep
- Energy level
- Digestive symptoms
- Urinary symptoms
- Emotional characteristics
- Thermal preference
- Associated pain or burning
- Skin complaints
- Modalities and aggravating factors

Traditional Homoeopathic practice attempts to identify a medicine corresponding to the patient's characteristic symptom totality.

6. LIFESTYLE MODIFICATION IN TYPE 2 DIABETES

Lifestyle management remains a central component of diabetes care irrespective of whether complementary therapies are used.

6.1 Dietary Management

Patients should receive appropriate dietary advice based on their nutritional requirements, metabolic status, cultural food habits and medical conditions. Emphasis may be placed on balanced meals, adequate fibre, appropriate portion sizes, vegetables, whole grains where suitable, healthy protein sources and reduction of excessive refined carbohydrates and added sugars.

Dietary plans should be individualised and preferably developed with a qualified healthcare professional or dietitian.

6.2 Physical Activity

Regular physical activity improves insulin sensitivity, cardiovascular fitness, functional capacity and overall wellbeing. Depending on age, fitness level, complications and medical status, patients may participate in walking, aerobic activity, resistance exercise, flexibility training or other appropriate activities.

Patients with significant cardiovascular disease, severe neuropathy, foot complications or other medical limitations require appropriate assessment before initiating an exercise programme.

6.3 Weight Management

For overweight or obese individuals with T2DM, clinically appropriate weight reduction may improve metabolic health and insulin sensitivity. Weight-management strategies should be realistic, gradual and sustainable.

6.4 Sleep and Stress Management

Poor sleep and chronic psychological stress may negatively influence lifestyle adherence and overall wellbeing. Adequate sleep, relaxation practices, breathing exercises, mindfulness and other appropriate stress-management strategies may complement diabetes self-care.

7. HOMOEOPATHY AND QUALITY OF LIFE

Diabetes is a long-term condition requiring continuous self-management. Consequently, quality of life is an important outcome in addition to laboratory parameters.

Patients may experience:

- Anxiety regarding future complications
- Dietary restrictions
- Fear of hypoglycaemia
- Medication burden
- Fatigue
- Reduced physical activity
- Social limitations
- Sleep disturbance

- Financial and emotional stress

A patient-centred consultation can provide an opportunity to discuss these concerns. Homoeopathic practitioners may contribute through detailed history-taking, individualised counselling and supportive communication.

However, improvements in quality of life should be evaluated using validated instruments rather than assumed solely from subjective clinical impressions. Future research could use instruments such as the Diabetes Quality of Life measure, WHOQOL-BREF or other validated patient-reported outcome measures.

8. HOMOEOPATHY AS COMPLEMENTARY, NOT REPLACEMENT, CARE

The most important clinical consideration is that Homoeopathy should not be promoted as a replacement for established diabetes treatment.

Patients diagnosed with T2DM may require:

- Regular blood glucose monitoring
- HbA1c assessment
- Blood pressure monitoring
- Lipid assessment
- Renal function evaluation
- Eye examination
- Foot examination
- Appropriate dietary management
- Physical activity
- Antidiabetic medicines when indicated
- Insulin when clinically required

Stopping or reducing prescribed medication without medical supervision may result in uncontrolled hyperglycaemia and serious complications.

9. SAFETY AND CLINICAL CONSIDERATIONS

Patients with T2DM may have multiple comorbidities and may be taking several medicines. Therefore, practitioners must obtain a complete medication history and be alert to clinically significant symptoms.

Particular attention should be given to:

- Persistent hyperglycaemia
- Recurrent hypoglycaemia
- Severe weakness
- Altered consciousness
- Chest pain
- Breathlessness
- Severe dehydration
- Vomiting
- Non-healing wounds
- Foot ulcers
- Progressive visual changes
- New neurological symptoms

Such presentations require appropriate medical assessment and should not be managed exclusively through complementary treatment.

Homoeopathic consultations should also include appropriate referral when diagnostic investigation or specialist management is required.

10. CURRENT EVIDENCE AND RESEARCH GAPS

Although Homoeopathic literature contains extensive descriptions of medicines traditionally associated with diabetic symptoms, the evidence base for Homoeopathy as a treatment for T2DM remains limited.

A major research challenge is distinguishing:

1. Traditional materia medica claims,
2. Patient-reported improvement,
3. Changes in symptoms or quality of life,
4. Objective metabolic improvement, and
5. Long-term reduction in diabetes-related complications.

Future studies should therefore be designed with clearly defined outcomes.

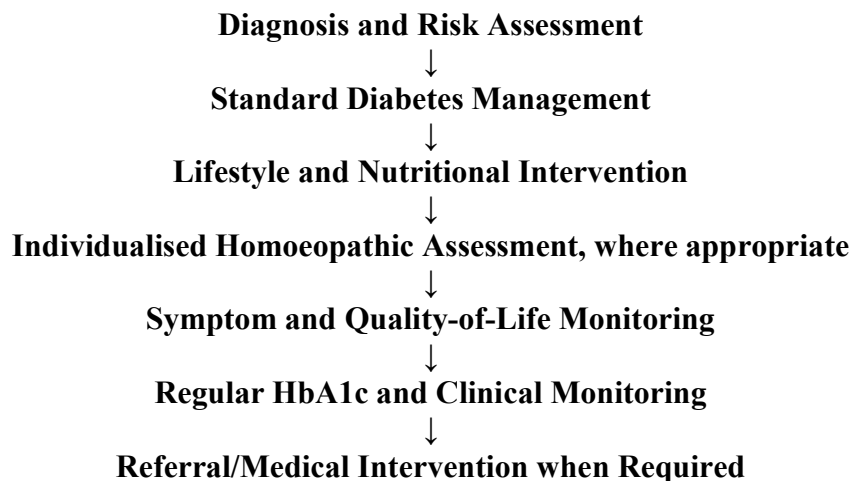
Important endpoints may include:

- HbA1c
- Fasting plasma glucose
- Postprandial glucose
- Body weight and waist circumference
- Blood pressure
- Lipid profile
- Diabetes-related quality of life
- Medication adherence
- Frequency of hypoglycaemia
- Adverse events
- Long-term diabetes complications

Randomised controlled trials, pragmatic clinical studies and well-designed observational studies are needed to determine whether individualised Homoeopathic care provides measurable benefit when added to standard diabetes management.

11. PROPOSED PATIENT-CENTRED MODEL

A practical supportive model for patients with T2DM can be represented as follows:



This model places patient safety and evidence-based diabetes management at the centre while allowing complementary approaches to be considered according to individual preference and clinical circumstances.

12. DISCUSSION

The increasing prevalence of T2DM requires multidisciplinary and patient-centred approaches. Pharmacological treatment is essential for many patients, but successful diabetes management also depends upon lifestyle, education, adherence, psychological wellbeing and regular monitoring.

Homoeopathy has a long tradition of individualised prescribing and includes several medicines described in relation to diabetic symptomatology. The traditional Homoeopathic approach differs from a disease-specific pharmacological model because treatment is generally based on the totality of symptoms.

Nevertheless, publication in a contemporary medical or allied-health journal requires a clear distinction between traditional therapeutic concepts and scientifically established clinical outcomes. The presence of a medicine in a materia medica does not demonstrate that it lowers blood glucose, improves insulin sensitivity or prevents diabetic complications.

Therefore, the potential contribution of Homoeopathy should be investigated through rigorous clinical research rather than through unsupported therapeutic claims.

A particularly relevant area for future research is quality of life. Chronic diseases require long-term behavioural adaptation, and patient-reported outcomes may provide valuable information about treatment experience. However, subjective improvement should be assessed alongside objective metabolic parameters.

An integrative healthcare model may also improve communication between different healthcare professionals. Collaboration between Homoeopathic practitioners, physicians, dietitians, nurses, physiotherapists and other professionals can support safer and more comprehensive patient care.

13. FUTURE DIRECTIONS

Future research on Homoeopathy and T2DM should focus on methodological quality and clinically meaningful outcomes.

Recommended research priorities include:

1. Randomised controlled trials of individualised Homoeopathic care as an adjunct to standard treatment.
2. Standardised reporting of baseline HbA1c and metabolic parameters.
3. Long-term follow-up of patients.
4. Assessment of diabetes-related quality of life.
5. Documentation of conventional medication use.
6. Monitoring of adverse events and hypoglycaemia.
7. Transparent reporting of Homoeopathic prescribing methodology.
8. Comparative effectiveness studies in real-world clinical settings.
9. Multicentre studies with adequate sample sizes.
10. Collaboration between Homoeopathic and conventional healthcare researchers.

Such research could help determine whether Homoeopathic care provides measurable additional benefits beyond standard diabetes management.

14. LIMITATIONS

This article is a narrative review and not a systematic review or meta-analysis. The discussion of Homoeopathic medicines primarily reflects traditional materia medica descriptions and should not be interpreted as evidence of established efficacy.

The current evidence regarding Homoeopathy for T2DM is insufficient to make definitive claims concerning reduction of HbA1c, prevention of complications or replacement of conventional treatment.

Further high-quality research is necessary before specific Homoeopathic medicines can be recommended for diabetes-specific metabolic outcomes.

15. CONCLUSION

Type 2 diabetes mellitus is a complex chronic metabolic disorder requiring long-term, multidisciplinary management. Lifestyle modification, appropriate pharmacological treatment, regular monitoring and patient education remain the foundation of safe diabetes care.

Homoeopathy offers a traditional individualised approach in which the patient's complete symptom picture is considered. Several medicines, including *Syzygium jambolanum*, *Cephalandra indica*, *Uranium nitricum*, *Phosphoricum acidum*, *Phosphorus*, *Lycopodium clavatum*, *Sulphur* and *Insulinum*, are described in Homoeopathic literature in relation to symptom complexes associated with diabetic states.

TABLE 1. GENERAL SUPPORTIVE MANAGEMENT FRAMEWORK FOR TYPE 2 DIABETES

Component	Main Objective
Medical assessment	Diagnosis, risk stratification and identification of complications
Blood glucose monitoring	Assessment of glycaemic status
HbA1c monitoring	Long-term glycaemic assessment
Nutrition	Healthy and sustainable dietary pattern
Physical activity	Improve fitness and metabolic health
Weight management	Reduce metabolic risk where appropriate
Sleep management	Support general wellbeing and self-care
Stress management	Improve psychological wellbeing
Homoeopathic consultation	Individualised complementary symptom-based care
Patient education	Improve self-management and adherence
Regular follow-up	Monitor progress and identify complications

TABLE 2. HOMOEOPATHIC MEDICINES TRADITIONALLY DESCRIBED IN DIABETIC SYMPTOMATOLOGY

Medicine	Traditional symptom emphasis
<i>Syzygium jambolanum</i>	Thirst, frequent urination, weakness and diabetic symptomatology
<i>Cephalandra indica</i>	Thirst, urinary symptoms and metabolic complaints
<i>Uranium nitricum</i>	Weakness, thirst, urinary and constitutional symptoms
<i>Phosphoricum acidum</i>	Mental and physical exhaustion
<i>Phosphorus</i>	Thirst, weakness, burning and constitutional features
<i>Lycopodium clavatum</i>	Digestive, urinary and constitutional symptoms
<i>Sulphur</i>	Burning, skin, digestive and chronic constitutional symptoms
<i>Insulinum</i>	Traditional Homoeopathic preparation discussed in diabetic symptomatology

Important: This table represents traditional materia medica descriptions and is not a therapeutic protocol or evidence-based ranking of medicines.

TABLE 3. SUGGESTED OUTCOME MEASURES FOR FUTURE RESEARCH

Domain	Suggested Outcome
Glycaemic control	HbA1c, fasting and postprandial glucose
Anthropometry	Body weight, BMI and waist circumference
Cardiovascular risk	Blood pressure and lipid profile
Quality of life	Validated diabetes-specific QoL scale
Symptoms	Patient-reported symptom assessment
Medication use	Changes in prescribed therapy
Safety	Adverse events and hypoglycaemia
Long-term outcomes	Diabetes-related complications

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Participated in 12th IDY-2026 Organised by M.K.Bhavnagar University, Bhavnagar at Sports Complex





(RISE)Participated in RESEARCH INTERACTION FOR STUDENTS ENRICHMENT ENHANCEMENT AND ENCOURAGEMENT



CME

MENTAL HEALTH AND WELLNESS



25-June-2026



09:30 A.M. Onwards



Seminar Hall, College Campus

-Speaker-

Mr. Gautam Surana

Mental Wellness Expert



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CME

ON OCCASION OF WORLD VITILIGO DAY

VITILIGO : BEYOND THE WHITE PATCHES



25-JUNE-2026



02:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-**Dr. Mohak Dave Vaghani**

MBBS, M.D (Dermatologist)

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CME

DISCUSSION AND TREATMENT OF SNAKE BITE



25-June-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-

Dr. M.R. Kanani

M.D. (TB & Chest & Toxicology)



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CME

EXAMINATION & REPORT INTERPRETATION OF ENDOCRINE SYSTEM

(TY BHMS 2024-2025)



28-June-2026



10:00 A.M. Onwards



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-Speaker-

Dr. Dipak Munshi

M.D.(General Medicine)
Senior Physician



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Department of Practice of Medicine

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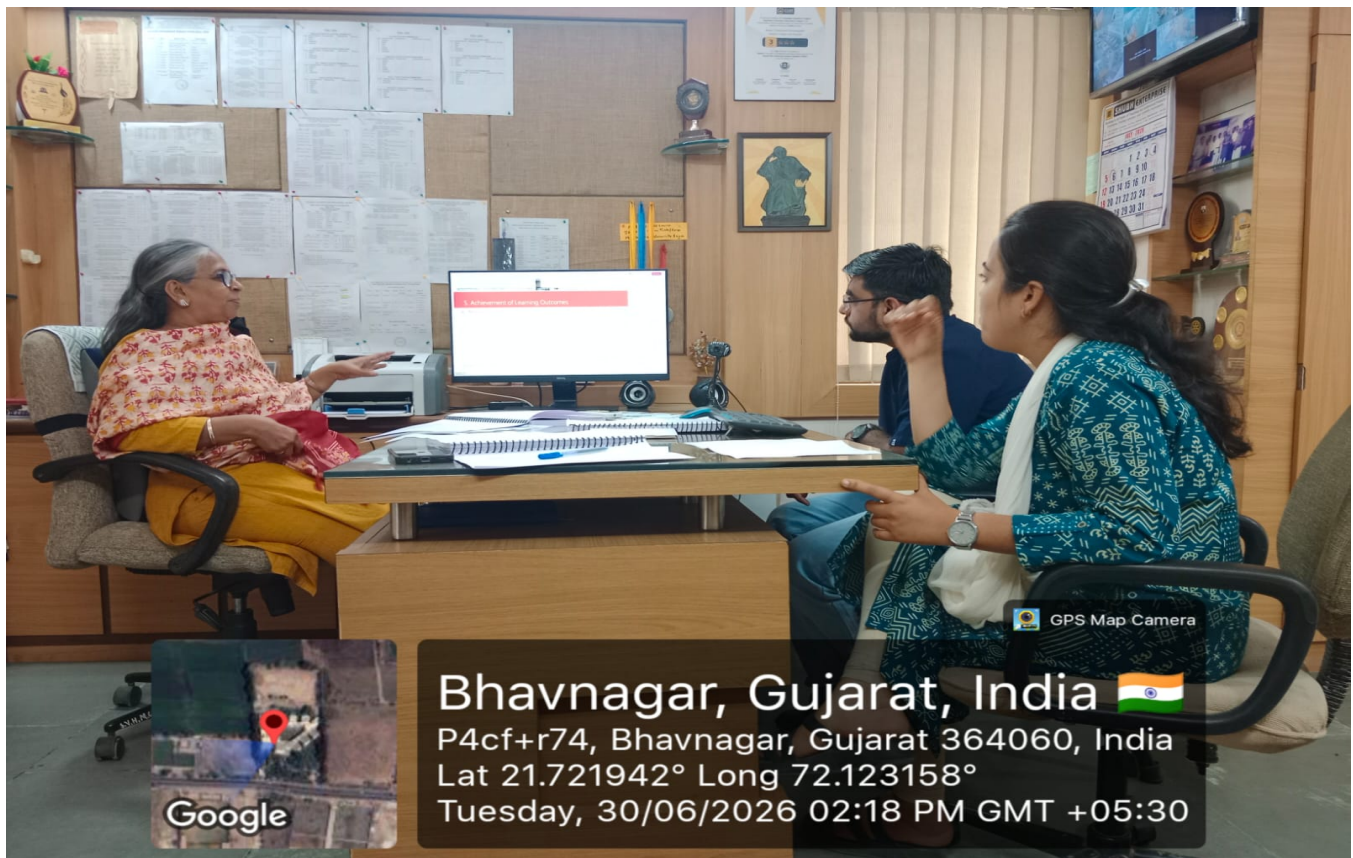


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CME

On Occasion of World Doctor's Day

WORKSHOP ON RADIOLOGY : HANDS ON TRAINING



01-July-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-

Dr. Faridkhan. Pathan
M.D.(Homeo)



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PLEDGE - TAKING CEREMONY FOR THE "HANEMANN MEMORIAL PLEDGE" PROGRAMME



CME**Drug Abuse Awareness**

Mr. Himat Pandya
Professor in Pharmacy, M.K.B.U
NSS Coordinator



02-JULY-2026



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Dr. Keyur Parmar
M.D. Psychiatrist

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CME**Drug Abuse Awareness**

Mr. Himal Pandya
Professor in Pharmacy, M.K.B.U
NSS Coordinator



02-JULY-2026



02:30 P.M. Onwards



Seminar Hall,

Dr. Keyur Parmar
M.D. Psychiatrist

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"Educational Visit" of Third BHMS(2025-2026) at Infectious Disease Hospital, Civil Hospital ,Bhavnagar



CME

ECG RECORDING : A STEP-BY-STEP PRACTICAL SESSION



21 & 22-July-2026



03:00 P.M. Onwards



Skill Lab., College Campus

-Speaker-

Dr. Apurva Patel

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CME

PNEUMONIA: AN EVIDENCE-BASED APPROACH TO DIAGNOSIS AND MANAGEMENT



25-July-2026



03:00 P.M. Onwards



Seminar Hall., College Campus

-Speaker-

Dr. Darsh Vaghani

M.B.B.S., M.D.(GENERAL MEDICINE)



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Bhavnagar, Gujarat, India

P4cf+r74, Bhavnagar, Gujarat 364060, India

Lat 21.722341° Long 72.122935°

Saturday, 25/07/2026 03:05 PM GMT +05:30



(RISE) Participated in RESEARCH INTERACTION FOR STUDENTS ENRICHMENT ENHANCEMENT AND ENCOURAGEMENT



CME

APPROACH TO LIVER FUNCTION TEST



30-July-2026



03:00 P.M. Onwards



Seminar Hall., College Campus

-Speaker-

Dr. Japan Patel

M.D.(GENERAL MEDICINE)



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GPS Map Camera

Bhavnagar, Gujarat, India

P4cf+r74, Bhavnagar, Gujarat 364060, India

Lat 21.722303° Long 72.122947°

Thursday, 30/07/2026 03:15 PM GMT +05:30

CME

EMERGENCY MANAGEMENT



02-August-2026



09:00 A.M. Onwards



Seminar Hall., College Campus

-Speaker-**Dr. Bipin Jain**

M.D.(Homoe.), Ph.D., M.B.A.

Principal & Academic Director, MLDMHI, Palghar

**: Organized by :**

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SvhmcBvn;



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**Bhavnagar, Gujarat, India**

Sidsar Road, Bhavnagar, Bhavnagar, Gujarat 364060, India

Lat 21.722300, Long 72.122936

Sunday, 02/08/2026 10:29 AM GMT+05:30

Note : Captured by GPS Map Camera

CME**EMERGENCY PATIENT MANAGEMENT AND ROLE OF CRITICAL CARE**

06-August-2026



03:00 P.M. Onwards



Seminar Hall., College Campus

-Speaker-**Dr. Dhananjay Dave**

M.B.B.S., M.D.(Aenesthesia),IDCCM

**: Organized by :****IQAC Cell- Swami Vivekanand Homoeopathic Medical College & Hospital-Bhavnagar-Gujarat.**

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svhmc;



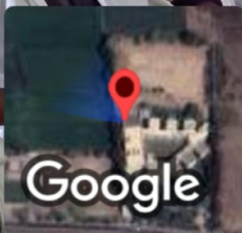
SvhmcBvn;



www.svhmc.org



GPS Map Camera

**Bhavnagar, Gujarat, India**

P4cf+r74, Bhavnagar, Gujarat 364060, India

Lat 21.72232° Long 72.122987°

Thursday, 06/08/2026 03:24 PM GMT +05:30

CME

CLINICAL MANAGEMENT OF ACUTE ABDOMINAL PAIN



12-Aug-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-**Dr. Jayant Mashru**

M.S.(Surgeon)

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College & Hospital-Bhavnagar-Gujarat.**

QCI-MARBH Rating



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CME

ON OCCASION OF WORLD ORGAN DONATION DAY AWARENESS ON WORLD ORGAN DONATION DAY



14-Aug-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-

Dr. M.R. Kanani

M.D. (TB & Chest & Toxicology)
President Manav Ang Donation Trust, Bhavnagar



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Celebrated Independence Day



CME

INTERPRETATION OF LAB REPORTS



20-Aug-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-

Dr. Sanjeev Shah

MD (Path & micro)



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Bhavnagar, Gujarat, India



P4cc+3w, Bhavnagar, Gujarat 364060, India

Lat 21.722298° Long 72.122972°

Thursday, 20/08/2026 03:08 PM GMT +05:30

CME

HEARING, SPEECH & LANGUAGE DISORDERS: IDENTIFICATION & MANAGEMENT



22-Aug-2026



03:00 P.M. Onwards



Seminar Hall, College Campus

-Speaker-

Mr. Anilkumar Singh

HOD of Audiology Department, K.L institute for Deaf



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GPS Map Camera

Bhavnagar, Gujarat, India

P4cf+r74, Bhavnagar, Gujarat 364060, India

Lat 21.722281° Long 72.122947°

Saturday, 22/08/2026 03:07 PM GMT +05:30

Google



Participated in Workshop-cum-Faculty Development Programme (FDP) for 4th Professional BHMS conducted by the Swanirbhar Homoeopathic Medical College Sanchalak Mahamandal





Educational Visit of Fourth BHMS (2025-2026) Conducted at Sarvottam Dairy-Sihor





Educational Visit of fourth BHMS (2025-2026) Conducted at PHC Centre , Valukad





Organized a Collective Lamp Lighting Ceremony and Collective Aarti As a part of the 25 Years of Seva and Samarpan journey of the Hon ble Prime Minister.



CME**ON OCCASION OF INTERNATIONAL SNAKE BITE AWARENESS DAY****Presentation on Snakes**

19-SEP-2026



11 :00 A.M. Onwards



Seminar Hall, College Campus

-Speaker-**Mr. Yashpal Vyas****: Organized by :****IQAC Cell- Swami Vivekanand Homoeopathic Medical College & Hospital-Bhavnagar-Gujarat.**

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ESTD:2000

Swami Vivekanand

Homoeopathic Medical College and Hospital

Sidsar, Bhavnagar

QCI-MARB Rating



Department of

Homoeopathic Pharmacy

On Occasion of

“World Pharmacist Day”

Quiz Competition



Pharmacists
for a Healthier
Tomorrow



Safe Medicines
Better Health
Brighter Future



Date:
25-09-2025



Time:
10:00 AM
Onwards



Venue:
**Seminar Hall,
College Campus**





Swami Vivekanand Homoeopathic Medical College & Hospital

QCI-MARB Rating "A"; GSIRF- ICARE RATING OF COLLEGES ; ***
(Recognized by UGC for 2(F) 12(B) and UGC Act-1956)
(Managed by: Smt. V.T.Kevadia & Smt. D.R.Kikani Charitable Trust)
Affiliated to Maharaja Krishnakumarsinhji Bhavnagar University

At-Sidsar, Dist.: Bhavnagar-364060-Gujarat

<http://www.svhmc.org>, Email: lakshhomoeotime@yahoo.com

Printed Matter

PIN

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