ASR HOMOEO

ASR LUX SCIENTIAE HOMOEOPATHICAE

JULY 2026

Embracing Holistic Health: Community Outreach and Academic

Embracing Holistic Health: Community Outreach and Academic Excellence

Welcome to the **July edition** of our college magazine, a milestone issue documenting a transformative month in our journey toward medical excellence. This issue reflects on the profound, impactful activities of **June**, highlighting our institution's unwavering commitment to both community healthcare and environmental stewardship.

Healing the Community: 100 Days TB Survey

In alignment with national health goals, our institution took a definitive stride toward a tuberculosis-free society. Throughout June, our dedicated medical officers and dynamic internees successfully executed the **TB Mukth Awareness Programme and Survey** across seven distinct villages in West Godavari. Covering Alapuram Centre-2, Prathipadu, Venkatramannagudem, Pedhatadepalli, Ramannagudem, Darsiparru, and B Kondepadu, our teams conducted rigorous door-to-door screenings and awareness camps.

A staggering **635 individuals were surveyed**, marking a crucial step forward in early detection, community education, and the homoeopathic approach to managing chronic public health challenges. The sheer grit shown by our faculty and students in the field exemplifies the true spirit of the medical profession.

Nurturing the Planet: World Environment Day 2026

True health cannot exist without a healthy environment. On **World Environment Day**, our college proudly partnered with the **Umar Alisha Rural Development Trust** for a massive green initiative. Together, we organized a vibrant awareness rally through the streets of Tadepalligudem, actively advocating for ecological balance and sustainable living.

This spirit of advocacy was immediately translated into action through extensive plantation drives. Saplings were planted at various strategic locations across Tadepalligudem, as well as right within our own college campus, ensuring that our immediate surroundings continue to breathe life and vitality.

Academic Insights Inside

Beyond our extensive field operations, this edition proudly showcases the academic and research prowess of our esteemed faculty. Turn the pages to explore two highly insightful scientific papers:

- **"Fatty Liver Disease: A Silent Multisystem Disorder and its Homoeopathic Management"** by *Dr. Sanapala Ananda Rao* (HOD & Professor, Department of HMM).
- **"Similia Similibus Curentur in the Laboratory: The Integrated Pharmacology of Aconite"** by *Dr. Bhargav Sarma Konduri* (Assistant Professor, Department of Homoeopathic Pharmacy).

As you read through this issue, we hope you feel inspired by the collective strides we are making—not just as an academic institution, but as a driving force for societal well-being.

Happy Reading!

— The Editorial Board

ASR Homoeopathic Medical College & Hospital, Tadepalligudem

Would you like to adjust the tone of any specific section, or add details about upcoming events for July?

FATTY LIVER DISEASE: A SILENT MULTISYSTEM DISORDER AND ITS HOMOEOPATHIC MANAGEMENT

Dr Sanapala Ananda Rao

HOD & Professor, Department Of HMM

ASR Homoeopathic medical college & hospital, Tadepalligudem

Abstract:

Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD), formerly known as Non-Alcoholic Fatty Liver Disease (NAFLD), has evolved from a localized hepatic concern into a recognized global multisystem epidemic. Affecting approximately one in three adults worldwide, its pathogenesis is deeply tied to insulin resistance, chronic low-grade inflammation, and oxidative stress. In homoeopathic philosophy, this multi-organ metabolic breakdown perfectly mirrors the progression of chronic miasms (Psoro-Sycotic dynamos). This paper explores the systemic manifestations of MASLD and presents a comprehensive homoeopathic approach combining miasmatic, constitutional, and organ-specific therapeutics alongside essential lifestyle interventions.

1. Introduction & Modern Nomenclature

Fatty Liver Disease is no longer viewed merely as an accumulation of lipids within hepatocytes. The global scientific consensus has shifted its terminology to **MASLD (Metabolic Dysfunction-Associated Steatotic Liver Disease)** to accurately reflect its status as a systemic metabolic disease.

When intrahepatic fat exceeds 5% of the total liver weight due to insulin resistance rather than excessive alcohol intake, a cascade of systemic cellular stress is initiated. Left unmanaged, MASLD progresses from simple steatosis to Metabolic Dysfunction-Associated Steatohepatitis (MASH), fibrosis, cirrhosis, and potentially hepatocellular carcinoma.

2. The Miasmatic Perspective: A Modern Psoro-Sycotic Synthesis

To the homoeopathic practitioner, the multi-system manifestations outlined below are the physical expressions of an underlying derangement of the *Vital Force*.

- **The Psoric Phase:** Initial functional disturbances, insulin resistance, fatigue, skin irritation, and slow sluggishness represent the primary functional imbalances of **Psora**.
- **The Sycotic Phase:** The actual deposition of excess fat (triglycerides) within liver cells, the development of tissue hypertrophy, skin tags, and structural overgrowth represent the retention and accumulation characteristics of **Sycosis**.
- **The Syphilitic Progression:** If left unchecked, tissue destruction, cellular death, fibrosis, and eventual cirrhosis mark the destructive phase of the **Syphilitic miasm**.

3. Multisystem Manifestations of MASLD

The systemic nature of MASLD manifests across multiple physiological axes, making a holistic, individualized therapeutic approach essential:

- **Cardiovascular Axis:** Endothelial injury and circulating inflammatory cytokines (released by the stressed liver) accelerate atherosclerosis, significantly elevating risks for hypertension, coronary artery disease, and stroke.
- **Endocrine & Metabolic Axis:** Central obesity, dyslipidemia, and insulin resistance create a vicious cycle. Hepatic steatosis both causes and sustains peripheral insulin resistance.
- **Nervous & Psychological Axis:** Patients frequently present with "brain fog" (poor concentration, fatigue), depression, and anxiety, driven by neuroinflammation. Advanced hepatic dysfunction can progress toward hepatic encephalopathy due to systemic toxin accumulation.
- **Integumentary & Musculoskeletal Axis:** Manifestations such as *acanthosis nigricans* (dark hyperpigmentation in skin folds) and skin tags are clear cutaneous signposts of underlying insulin resistance. Concurrently, chronic inflammation leads to sarcopenia (loss of muscle mass) and joint pain.

4. Diagnostic & Staging Protocols

A thorough homoeopathic assessment should always be supported by objective clinical diagnostics to monitor structural changes and therapeutic progress:

1. **Biochemical Evaluation:** Liver Function Tests (elevated ALT/AST ratios), Lipid Profile (high triglycerides, low HDL), and Glycemic Markers (Fasting Blood Glucose, HbA1c).
2. **Imaging & Elastography:** Abdominal Ultrasound serves as the primary screening tool. **Transient Elastography (FibroScan)** is highly recommended to non-invasively assess both the Controlled Attenuation Parameter (CAP) for fat quantification and liver stiffness for fibrosis scoring.

5. Homoeopathic Therapeutic Management

Homoeopathy treats the *patient who is suffering from the disease*, not the disease in isolation. Therapeutic intervention must be structured across three main tiers: **Constitutional remedies**, **Miasmatic intercurrents**, and **Specific organotropic (liver-targeting) remedies**.

A. Core Constitutional & Miasmatic Remedies

- **Lycopodium Clavatum:** The quintessential metabolic remedy. Indicated for individuals with deep-seated carbohydrate cravings, marked abdominal bloating worse between 4:00 PM and 8:00 PM, and a sedentary lifestyle. It acts profoundly on the liver-kidney axis, addressing both fat accumulation and uric acid diathesis.
- **Calcarea Carbonica:** Indicated for the classic sycotic presentation: patients with a tendency toward central obesity, sluggish metabolism, cold extremities, and easy sweating on the head. Slow, steady, and prone to fatty infiltration across tissues.
- **Nux Vomica:** The premier remedy for modern sedentary lifestyles. Indicated for the highly stressed, overworked individual relying on stimulants, rich foods, and alcohol. Accompanied by chronic portal congestion, irritability, and ineffectual urging for stool.
- **Sulfur:** A deep-acting psoric remedy required when there is a total metabolic stall. Useful for patients with variable appetites, skin manifestations (itching, dry skin), and a history of suppressed eruptions.

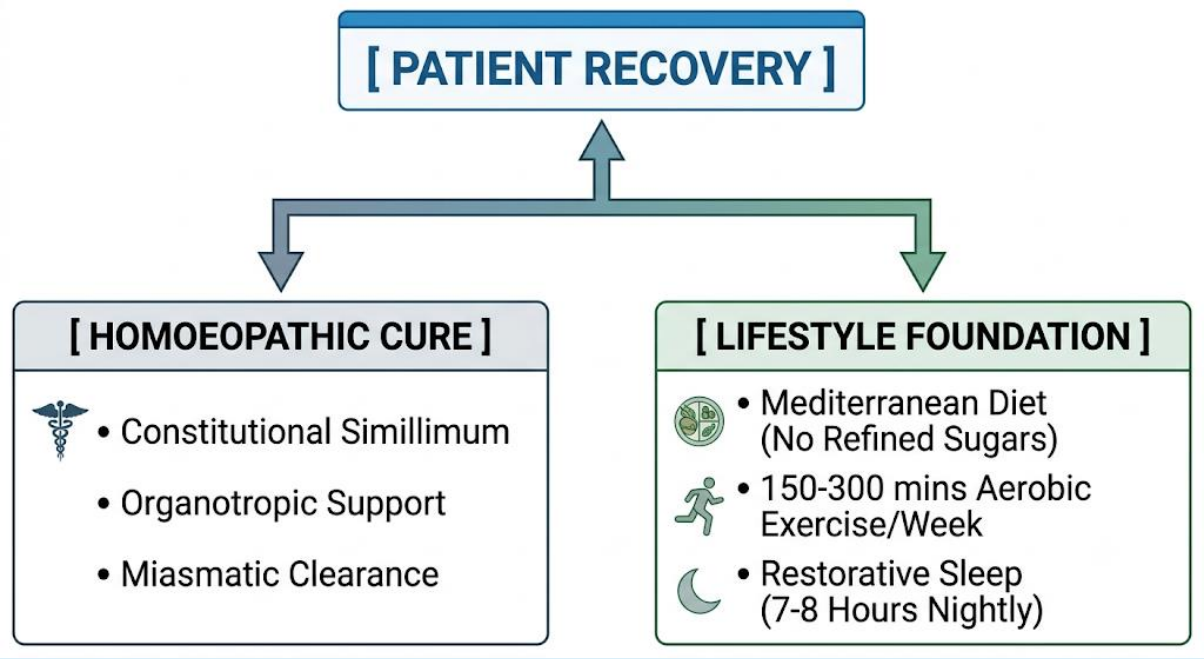
B. Organ-Specific & Clinical Interventions

These remedies are highly effective in material or low potencies (Q, $6C$, or $30C$) to stimulate hepatic function, improve bile flow, and reduce localized inflammation:

- **Chelidonium Majus:** Noted for right upper quadrant pain radiating to the inferior angle of the right scapula, accompanied by sluggish digestion, jaundice, or nausea.
- **Carduus Marianus:** Has a powerful stabilizing effect on hepatic cell membranes. Indicated when portal congestion causes varicose veins, pelvic fullness, and a painful, swollen liver.
- **Phoshorus:** Indicated when the pathology progresses rapidly from simple fatty changes toward degenerative processes, yellow atrophy, or cirrhosis. Patient desires cold drinks and displays hemorrhagic tendencies.
- **Chionanthus Virginica:** Highly effective for fatty liver complicated by hypertrophied liver tissue, gallstones, and concurrent pancreatic dysfunction.

6. Integrated Auxiliary Measures (The Non-Negotiable Foundation)

No homoeopathic remedy can overcome a continuously faulty lifestyle. The *Tolling of the Cause* (removing maintaining causes) is an absolute prerequisite for cure as per §7 of the *Organon of Medicine*.



Dietary Prescription

- **Eliminate:** High-fructose corn syrup, refined carbohydrates, soft drinks, bakery products, and processed fats.
- **Adopt:** A Mediterranean-style diet high in green leafy vegetables, whole grains, lean proteins, nuts, seeds, and healthy monounsaturated fats (like olive oil).

Physical Dynamics & Sleep

- **Aerobic & Resistance Training:** Patients must aim for 150 to 300 minutes of moderate aerobic exercise per week, supplemented by resistance training 2 to 3 times weekly to combat insulin resistance directly within skeletal muscle tissue.
- **Circadian Hygiene:** Ensuring 7 to 8 hours of uninterrupted nocturnal sleep significantly mitigates nocturnal cortisol spikes, lowering insulin resistance.

7. Conclusion

Fatty Liver Disease (MASLD) is a modern, multidimensional manifestation of metabolic and vital derangement. Treating it simply as an isolated hepatic condition yields poor long-term outcomes. By combining deep-acting homoeopathic remedies—selected on the totality of symptoms and miasmatic profiling—with targeted lifestyle corrections, homoeopathy offers a genuinely curative, gentle, and holistic solution to this modern public health crisis.

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1. Hahnemann, S. *Organon of Medicine*, 6th Edition.
2. Global Consensus Guidelines on MASLD/MASH Nomenclature (2023/2024).
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SIMILIA SIMILIBUS CURENTUR IN THE LABORATORY: THE INTEGRATED PHARMACOLOGY OF *ACONITE*

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INTRODUCTION

The therapeutic application of *Aconitum napellus* (Aconite) provides an excellent model for exploring how modern pharmacodynamics intersects with classical homoeopathic principles. Often labeled historically as the "Queen of Poisons," aconite transitions from a potent toxin to a refined therapeutic agent when evaluated through the twin lenses of homoeopathic pharmacy and modern pharmacology (1,2).

1. Principles of Homoeopathic Pharmacy & Standardized Processing

In homoeopathic pharmacy, the raw material of *Aconitum napellus* (primarily the whole fresh plant including the root collected at the beginning of flowering) undergoes a precise preparation methodology outlined in official pharmacopoeias. The foundational process begins with the creation of a **Mother Tincture (Q)**, which represents an alcoholic extract containing the soluble phytoconstituents of the plant.

To transition from raw toxicity to absolute therapeutic safety, homoeopathic pharmacy relies on the process of **potentization** (serial dilution combined with succussion/vigorous shaking). Under this framework, concentrations are structurally reduced across standard scales:

- **Decimal Scale (X or D):** 1:10 dilution factor.
- **Centesimal Scale (C):** 1:100 dilution factor.

As dilutions surpass Avogadro's limit (typically occurring past the 12C threshold), the chemical presence of the parent material vanishes entirely. This eliminates the intrinsic chemical toxicity while retaining clinically verifiable biological and psychological outcomes (2,3).

2. Pharmacological Profile of Aconite

The primary bioactive markers of *Aconitum napellus* are C19-diterpenoid alkaloids, notably **aconitine**, **mesaconitine**, and **hypaconitine** (1).

From a conventional pharmacological perspective, aconitine is a high-affinity ligand that binds to voltage-gated sodium channels (Na_v) in excitable cell membranes, particularly in cardiac muscle and neural tissues (1,4).

At toxicological doses, this sustained influx of intracellular sodium triggers severe cardiac arrhythmias, localized parasthesia (numbness), neurological agitation, and profound tachycardia (4). Conversely, when properly managed or hydrolyzed via thermal processing, these diester-diterpenoid alkaloids lose specific acetyl or benzoyl groups, converting into less toxic monoesters (e.g., benzoylaconine) that demonstrate safer analgesic, anti-inflammatory, and neuroprotective properties (1,5).

3. Integration of Pharmacology & Homoeopathic Materia Medica

The integration of modern pharmacology with the homoeopathic Materia Medica operates on the foundational principle of **Similia Similibus Curentur** ("like cures like"). When the toxicological signature of a substance matches the clinical presentation of a diseased patient, that substance becomes the indicated remedy when administered in sub-toxic, potentized doses.

The table below demonstrates how toxicological/pharmacological mechanisms translate directly into specific clinical indications within the homoeopathic Materia Medica:

Toxicological / Pharmacological Phenomenon	**Homoeopathic Materia Medica Presentation (Aconite)**	**Integration & Therapeutic Indication**
Over-activation of voltage-gated channels causing acute neurological storm and intense emotional panic.	Sudden, violent onset of severe anxiety, physical restlessness, and an explicit fear of impending death.	**Anxiolytic Action:** Highly effective for acute panic attacks and neuro-emotional shocks (Proven in animal models at 12C and 30C) (3).

Massive vasodilation, rapid heart rate, and initial hyperthermia induced by neural hypothalamic signaling (2,4).	High fever of sudden onset with hot, dry skin, bounding pulse, and physical tossing.	**Antipyretic Action:** Indicated for the absolute earliest stages of acute inflammatory or febrile states before localized exudation occurs (2).
Affection of sympathetic peripheral nerves causing sharp, shooting neuralgias and extreme sensory hypersensitivity (2,4).	Agonizing, burning neuralgic pains accompanied by numbness or tingling in the affected parts.	**Analgesic Action:** Indicated for acute facial neuralgias, sciatica, or nerve pains triggered by cold, dry winds (5).

Preclinical Evidence of Integration

Rather than operating purely on historical or empirical assertion, modern research bridges this gap. Blinded animal models assessing rats in elevated plus-maze tests have confirmed that ultra-diluted, potentized *Aconitum napellus* (12C and 30C) exhibits statistically significant **anxiolytic (anxiety-reducing) effects** on the central nervous system without altering baseline motor function (3). Furthermore, chronopharmacological evaluations in mice indicate that potentized preparations actively interact with circadian thermoregulatory pathways, modifying biological responses in a time-dependent manner (2).

This convergence underscores that homoeopathic Materia Medica profiles are essentially highly detailed systemic symptom-mappings of low-dose and ultra-low-dose pharmacological activity.

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ASR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

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NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

100 Days Intensified TB Campaign — "TB Mukt Bharat Abhiyaan"

DETAILED SURVEY REPORT

Reference: Homoeopathy Education Board, National Commission for Homoeopathy

File No: EH-51/3/2026-NCH/2734-2738 | Dated: 13 May 2026

1. Introduction

The Homoeopathy Education Board, National Commission for Homoeopathy (NCH), directed all affiliated institutions vide letter File No. EH-51/3/2026-NCH/2734-2738 dated 13 May 2026 to actively participate in the "TB Mukt Bharat Abhiyaan – 100 Days Campaign" in coordination with District TB Officers and State TB Cells. In compliance with this directive, ASR Homoeopathic Medical College & Hospital, Prathipadu, Tadepalligudem, constituted an institutional Action Plan, appointed a Nodal Officer on 16 May 2026, and carried out a structured series of institutional and community-level activities, culminating in a door-to-door TB awareness and screening survey across seven villages/centres of West Godavari district between 20 and 27 June 2026.

This report consolidates all available documentation of the campaign — the institutional Action Plan, the standardised NTEP Internee TB Survey Questionnaire Form used in the field, the IEC/awareness material distributed to the public, the village-and-date-wise summary of persons surveyed, and the digitised individual-level screening data collected by the intern doctors — into a single, detailed record of the exercise.

2. Objectives

- To comply with the Homoeopathy Education Board / NCH directive on the TB Mukt Bharat Abhiyaan – 100 Days Campaign.
- To create awareness among the rural population of West Godavari district about the symptoms, transmission, prevention and treatment of Tuberculosis.

- To identify presumptive TB cases through structured house-to-house symptom screening and risk-factor assessment and refer them for confirmatory testing.
- To document TB history, co-morbidities (diabetes, tobacco/alcohol use, immunocompromise) and follow-up outcomes for each person screened.
- To provide medical interns with structured, supervised community health field experience.

3. Institutional Action Plan

The table below reproduces the institution's activity-wise Action Plan submitted in response to the NCH directive, covering both institutional (OPD/seminar/rally) activities and the community outreach camp that forms the subject of this report.

S.No	Activity	Responsible Person/Team	Timeline	Status
1	Appoint Nodal Officer	Principal / Medical Superintendent	16 May 2026	Completed
2	Organize Health Talks on TB Prevention	Dept. of Community Medicine	18–20 May 2026	Completed
3	Conduct Rally / Awareness March	Student Council + NSS Unit	20 May 2026	Completed
4	Seminar on Early TB Detection & Treatment	Faculty & PG Students	22 May 2026	Completed
5	IEC Material Distribution (posters, pamphlets)	Nodal Officer	18–25 May 2026	Completed
6	TB Screening in OPD	OPD Medical Officers	Daily (ongoing)	Ongoing

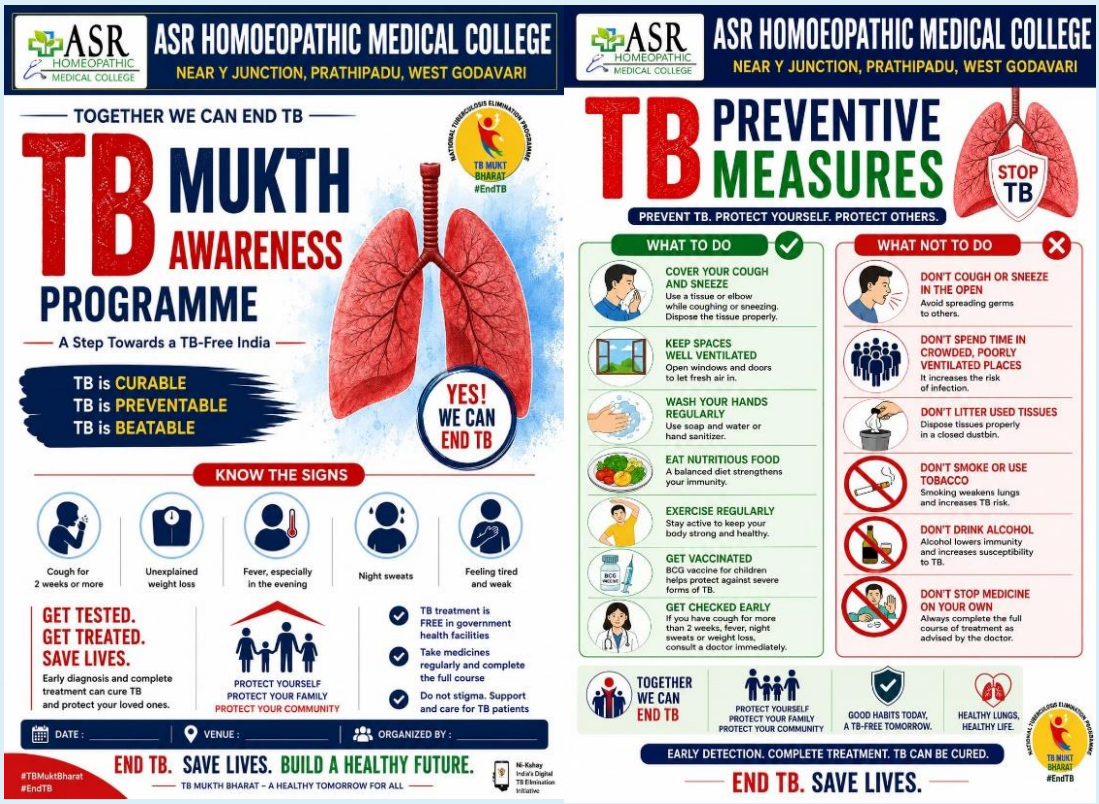
7	Community Outreach Camp / Screening (village survey)	Faculty + Interns	20–27 June 2026	Completed
8	Ayushman Arogya Shivir	Hospital Admin + Faculty	27 May 2026	Planned

4. IEC / Awareness Material Used

As part of the campaign, the college distributed institution-branded IEC (Information, Education & Communication) posters at the survey locations and displayed them at the OPD. These covered two themes:

- "Together We Can End TB" — a general TB-awareness poster explaining that TB is curable, preventable and beatable, listing the key warning signs (cough ≥ 2 weeks, unexplained weight loss, evening fever, night sweats, fatigue) and urging residents to get tested, get treated and save lives.
- "TB Preventive Measures" — a do's-and-don'ts poster covering respiratory hygiene, ventilation, hand-washing, nutrition, exercise, BCG vaccination and early check-up on one side, and avoidance of crowded/poorly ventilated spaces, tobacco and alcohol, and self-discontinuation of treatment on the other.

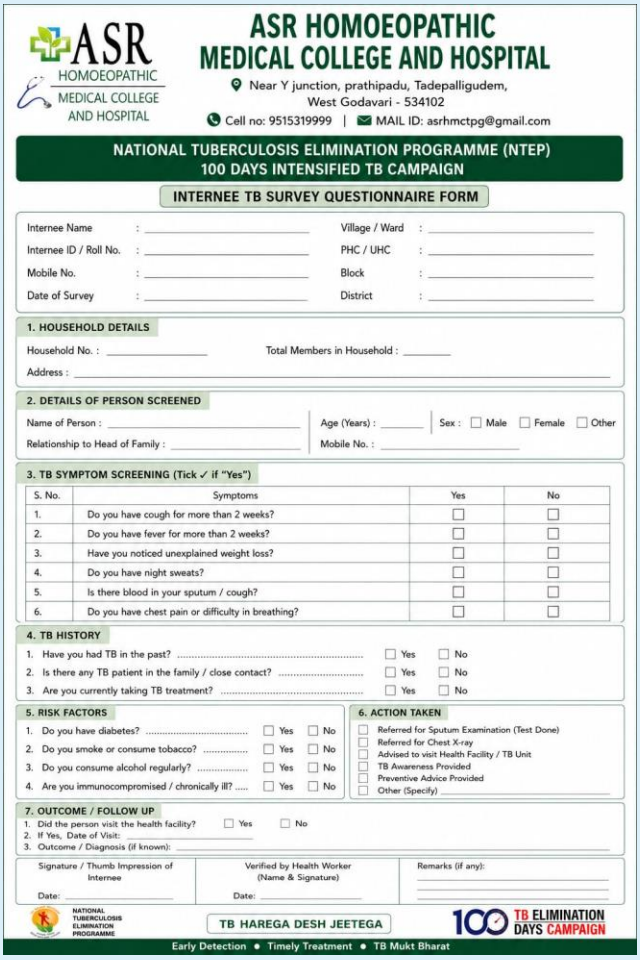
These materials were used by the survey teams to reinforce the verbal counselling ('TB Awareness Provided' / 'Preventive Advice Provided') recorded against the great majority of households visited).



5. Survey Instrument & Methodology

Data were collected using a standardised "Internee TB Survey Questionnaire Form" designed for the 100 Days Intensified TB Campaign. Each form captured: internee and medical-officer details, household details (household number, total members, address), the individual screened (name, age, sex, relationship to head of family), a six-item TB symptom screen (cough > 2 weeks, fever > 2 weeks, unexplained weight loss, night sweats, blood in sputum/cough, chest pain or breathing difficulty), a TB-history and risk-factor section (past TB, TB contact in family, current TB treatment, diabetes, tobacco use, alcohol use, immunocompromise/chronic illness), the action taken (referral for sputum examination or chest X-ray, advice to visit a health facility, awareness/preventive counselling), and an outcome/follow-up section verified by a local health worker (ANM/ASHA).

Field teams, each led by a designated Medical Officer of the college and supported by 2–4 intern doctors, carried out house-to-house visits on the scheduled dates, completed one form per person screened, and subsequently digitised the paper forms into a survey database. This database, comprising 635 individual-level records exactly matching the total reported in the village-wise summary, forms the basis of the detailed, date-wise analysis.



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NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)
100 DAYS INTENSIFIED TB CAMPAIGN

INTERNEE TB SURVEY QUESTIONNAIRE FORM

Internee Name : _____ Village / Ward : _____

Internee ID / Roll No. : _____ PHC / UHC : _____

Mobile No. : _____ Block : _____

Date of Survey : _____ District : _____

1. HOUSEHOLD DETAILS

Household No. : _____ Total Members in Household : _____

Address : _____

2. DETAILS OF PERSON SCREENED

Name of Person : _____ Age (Years) : _____ Sex : ☐ Male ☐ Female ☐ Other

Relationship to Head of Family : _____ Mobile No. : _____

3. TB SYMPTOM SCREENING (Tick ✓ if "Yes")

S. No.	Symptoms	Yes	No
1.	Do you have cough for more than 2 weeks?	☐	☐
2.	Do you have fever for more than 2 weeks?	☐	☐
3.	Have you noticed unexplained weight loss?	☐	☐
4.	Do you have night sweats?	☐	☐
5.	Is there blood in your sputum / cough?	☐	☐
6.	Do you have chest pain or difficulty in breathing?	☐	☐

4. TB HISTORY

1. Have you had TB in the past? ..... ☐ Yes ☐ No
2. Is there any TB patient in the family / close contact? ..... ☐ Yes ☐ No
3. Are you currently taking TB treatment? ..... ☐ Yes ☐ No

5. RISK FACTORS

1. Do you have diabetes? ..... ☐ Yes ☐ No
2. Do you smoke or consume tobacco? ..... ☐ Yes ☐ No
3. Do you consume alcohol regularly? ..... ☐ Yes ☐ No
4. Are you immunocompromised / chronically ill? ..... ☐ Yes ☐ No

6. ACTION TAKEN

☐ Referred for Sputum Examination (Test Done)
☐ Referred for Chest X-ray
☐ Advised to visit Health Facility / TB Unit
☐ TB Awareness Provided
☐ Preventive Advice Provided
☐ Other (Specify) _____

7. OUTCOME / FOLLOW UP

1. Did the person visit the health facility? ☐ Yes ☐ No
2. If Yes, Date of Visit: _____
3. Outcome / Diagnosis (if known): _____

Signature / Thumb Impression of Internee — Date: _____

Verified by Health Worker (Name & Signature) — Date: _____

Remarks (if any): _____

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

TB HAREGA DESH JEETEGA

100 TB ELIMINATION DAYS CAMPAIGN

Early Detection • Timely Treatment • TB Mukt Bharat

6. Village & Date-wise Survey Summary

The table below is the official village-wise summary of the survey, as consolidated by the coordinating team:

S.No	Date	Place / Village	Medical Officer	Internees	Persons Surveyed
1	20-06-2026	Alampuram Centre-2	Dr. Ch. Uttam	Anusha, Madhushalini, Pragathi, Roshnara	25
2	22-06-2026	Prathipadu	Dr. A. Maheshkumar	Srija, Harika, Rajitha, Sravya	95

3	23-06-2026	Venkataramannagudem	Dr. J. Krishna Mahati	Renu Sai Sree, Roshnara	58
4	23-06-2026	Pedhatadepalli	Dr. A. Maheshkumar	Nandini, Keerthi, Prasanna	111
5	23-06-2026	Ramannagudem	Dr. Ch. Uttam	Leena, Pravallika, Sravya	129
6	26-06-2026	Darsiparru	Dr. J. Krishna Mahati	Bharadwaj, Tejaswini, Pragathi, Hari	118
7	27-06-2026	B. Kondepadu	Dr. Ch. Uttam	Prasanna, Abida Anjum, Jessintha, Komali	99
				Total Persons Surveyed	**635**

7. Detailed Date-wise Survey Report

Cross-referencing the village-wise summary against the 635 individually digitised screening forms allows a more granular, date-wise reconstruction of field activity, including household coverage and the number of persons requiring referral or advice to visit a health facility:

Date	Village(s) Covered	Medical Officer(s)	Forms Recorded	Households	Referred
20 June 2026	Alampuram Centre-2	Dr. Ch. Uttam	25	19	7

22 June 2026	Prathipadu (+ a few Venkataramannagudem entries)	Dr. A. Maheshkumar	98	43	0
23 June 2026	Ramannagudem, Venkataramannagudem & Pedhatadepalli (three parallel teams)	Dr. Ch. Uttam, Dr. J. Krishna Mahati & Dr. A. Maheshkumar	285	107	6
26 June 2026	Darsiparru	Dr. J. Krishna Mahati	113	66	6
27 June 2026	B. Kondepadu	Dr. Ch. Uttam	97	37	0

20 June 2026 — Alampuram Centre-2

Medical Officer(s): Dr. Ch. Uttam. Interns: Anusha, Madhushalini, Pragathi, Roshnara. A total of 25 individual screening forms were recorded across approximately 19 households, of which 8 person(s) reported at least one TB symptom and 7 were referred or advised to visit a health facility / TB unit. First day of the field survey. Every symptomatic resident was advised to visit the health facility or referred for further evaluation; TB awareness was provided to all households covered.

22 June 2026 — Prathipadu (+ a few Venkataramannagudem entries)

Medical Officer(s): Dr. A. Maheshkumar. Interns: Srija, Harika, Rajitha, Sravya. A total of 98 individual screening forms were recorded across approximately 43 households, of which 3 person(s) reported at least one TB symptom and 0 were referred or advised to visit a health

facility / TB unit. Largest single-officer coverage day by household count after the 23rd. Most residents received preventive advice and TB awareness; no acute referrals were required.

23 June 2026 — Ramannagudem, Venkataramannagudem & Pedhatadepalli (three parallel teams)

Medical Officer(s): Dr. Ch. Uttam, Dr. J. Krishna Mahati & Dr. A. Maheshkumar. Interns: Leena, Pravallika, Sravya, Renu Sai Sree, Roshnara, Nandini, Keerthi, Prasanna (and others). A total of 285 individual screening forms were recorded across approximately 107 households, of which 15 person(s) reported at least one TB symptom and 6 were referred or advised to visit a health facility / TB unit. The busiest day of the campaign, with three teams working simultaneously across three villages. One resident of Ramannagudem was flagged with a confirmed TB diagnosis and referred for sputum examination and chest X-ray.

26 June 2026 — Darsiparru

Medical Officer(s): Dr. J. Krishna Mahati. Interns: Bharadwaj, Tejaswini, Pragathi, Hari. A total of 113 individual screening forms were recorded across approximately 66 households, of which 6 person(s) reported at least one TB symptom and 6 were referred or advised to visit a health facility / TB unit. Several residents with chronic cough, and one prior TB-treated ('TB with att') case, were identified and referred for sputum testing / chest X-ray.

27 June 2026 — B. Kondepadu

Medical Officer(s): Dr. Ch. Uttam. Interns: Prasanna, Abida Anjum, Jessintha, Komali. A total of 97 individual screening forms were recorded across approximately 37 households, of which 13 person(s) reported at least one TB symptom and 0 were referred or advised to visit a health facility / TB unit. Final day of the survey. Awareness and preventive advice were the predominant actions; a comparatively higher number of residents reported at least one screening symptom, most linked to seasonal cough/fever.

8. Consolidated Findings (635 Individual Records)

8.1 TB Symptom Screening

Across all 635 persons screened, 46 individuals (about 7%) reported at least one TB symptom. The breakdown of individual symptoms reported as "Yes" was:

Symptom	No. Reporting "Yes"
Cough for more than 2 weeks	24
Fever for more than 2 weeks	18
Unexplained weight loss	19
Night sweats	10
Blood in sputum / cough	3
Chest pain or difficulty in breathing	11

8.2 TB History & Risk Factors

97 individuals (about 15%) reported at least one TB-history or risk-factor item. Diabetes was, by far, the most commonly reported co-morbidity, followed by tobacco use:

History / Risk Factor	No. Reporting "Yes"
History of TB in the past	3
TB patient in family / close contact	4
Currently taking TB treatment	5
Diabetes	80
Smoking / tobacco use	32
Regular alcohol consumption	16
Immunocompromised / chronically ill	8

8.3 Action Taken

The following actions were recorded by the survey teams (a single person could receive more than one action):

Action Taken	No. of Persons
TB Awareness Provided	489
Preventive Advice Provided	255
Other advice / counselling	114
Referred for Sputum Examination (test done)	13
Advised visiting Health Facility / TB Unit	12
Referred for Chest X-ray	3

8.4 Follow-up & Notable Outcomes

- 619 of 635 persons (about 97%) were recorded as having visited or being willing to visit the referred health facility; 16 had not done so at the time of verification.
- One resident of Ramannagudem (23 June 2026) was recorded with a diagnosis of "Confirmed TB" and was referred for sputum examination, chest X-ray and further management at the local health facility.
- One resident of Darsiparru (26 June 2026) was flagged as a case of TB with associated co-morbidity ("TB with att", along with filariasis and hypertension) and referred for follow-up.
- A further two entries from Darsiparru were annotated "No TB" and "TB" respectively following verification by the local health worker, indicating active follow-up and outcome tracking rather than screening alone.

- Several residents with long-standing symptoms (chronic cough, diabetes, hypertension) were additionally referred for sputum testing even where the presenting complaint was not primarily respiratory, reflecting a cautious, symptom-triggered referral approach by the teams.

9. Observations

The survey achieved consistent daily coverage of 25–285 persons depending on the number of teams deployed and the size of the target village, with 23 June 2026 standing out as the most intensive day of fieldwork, when three teams covered three villages (Ramannagudem, Venkataramannagudem and Pedhatadepalli) simultaneously. Symptom and risk-factor prevalence were highest on this date and on 27 June 2026 (B. Kondepadu), which also recorded a comparatively higher share of symptomatic residents. Diabetes emerged as the most prevalent co-morbidity recorded across the campaign, reinforcing the value of pairing TB screening with basic non-communicable disease awareness in future outreach. Overall community response was positive, with the vast majority of households receiving and, per follow-up records, largely acting upon TB awareness and preventive-advice counselling.

10. Conclusion & Recommendations

In fulfilment of the Homoeopathy Education Board's TB Mukt Bharat Abhiyaan – 100 Days Campaign directive, ASR Homoeopathic Medical College & Hospital successfully conducted institutional TB-awareness activities followed by a seven-centre, five-day community outreach survey covering 635 persons across West Godavari district. The exercise identified 46 symptomatic individuals and 97 individuals with relevant TB history or risk factors, resulted in at least one confirmed TB case and one TB-with-co-morbidity case being referred for management, and provided structured community-health field exposure to the participating intern doctors.

- Continue periodic outreach surveys in the covered villages to track the confirmed and 'TB with att' cases through to treatment completion.
- Extend similar door-to-door screening to additional villages in the mandal, prioritising areas with higher reported diabetes/tobacco-use prevalence given the observed symptom overlap.

- Strengthen the referral loop with the nearest PHC/Sub-centre so that all 'Advised to visit Health Facility' and 'Referred' cases are tracked to a documented diagnostic outcome.
- Continue distribution of the IEC posters at OPD and future camps, given their apparent role in the high 'TB Awareness Provided' / 'Preventive Advice Provided' coverage achieved.

TB Mukt Bharat Abhiyaan


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5th June 2026


ASR HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
11:09:46
Fri, 05/06/2026, 11:09:46 AM
4-42-10, B, Maha Laxmi Nagar, Karri Satyavathi Nagar, Tadepalligudem, Andhra Pradesh 534101, India
Lat: 16.8153°, Long: 81.5345°
40.11°C
6.07m/s
32%


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SR Homoeopathic Medical College & Hospital
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World Environment Day
ప్రపంచ పర్యావరణ దినోత్సవం
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తాడేపల్లిగూడెం పురపాలక సంఘ
కార్యాలయం
స్థాపితం: 1958
ASR Homoeopathic Medical College & Hospital
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World Environment Day - 2026
15:03:12
Fri, 05/06/2026, 3:03:12 PM
RH68+6FC, Prathipadu, Andhra Pradesh 534146, India
Lat: 16.8123°, Long: 81.5669°
38.51°C
1.72m/s
33%


ASR Homoeopathic Medical College & Hospital
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5th June 2026
15:00:41
Fri, 05/06/2026, 3:00:41 PM
RH68+6FC, Prathipadu, Andhra Pradesh 534146, India
Lat: 16.8123°, Long: 81.5669°
38.51°C
1.72m/s
33%
11:08:55
Fri, 05/06/2026, 11:08:55 AM
4-42-10, B, Maha Laxmi Nagar, Karri Satyavathi Nagar, Tadepalligudem, Andhra Pradesh 534101, India
Lat: 16.8153°, Long: 81.5345°
40.11°C
6.07m/s
32%