

Women empowerment-Women in Budget 2024: From loans to healthcare coverage

Modi government aimed at empowering women while also acknowledging and commending the active participation of Indian women in the workforce and their enrollment in higher education particularly STEM (science, technology, engineering and mathematics) courses.

"Female enrolment in higher education is up by 28% in 10 years, in STEM courses, girls and women make up 43% of enrolment, one of the highest in the world. All these steps are reflected in the increasing participation of women in the workforce. Making triple talaq illegal, reservation of 1/3 seats for women in Parliament and state assemblies, over 70 % houses under PM Awas Yojana to women have increased their dignity," this was told by Union Finance Minister Nirmala Sitharaman while presenting the 'Vote of Account.

Loans to women : She also announced that under the PM Mudra Yojana, a total of 43 crore loans amounting to ₹22.5 lakh crore have been granted. Moreover, she mentioned that within the last decade, a remarkable 30 crore Mudra Yojana loans have been specifically provided to women.

In addition, the Finance Minister revealed that the government plans to promote cervical cancer vaccinations for girls aged nine to fourteen.

"Our government will encourage vaccination for girls in the age group of 9 to 14 years for the prevention of cervical cancer," she said. She also announced that there are currently eighty-three lakh self-help groups (SHGs) consisting of nine crore women, who are playing a significant role in improving the socio-economic conditions in rural areas.

These SHGs have empowered and made nearly one crore women financially independent, thus earning them the term "Lakhpati Didi" or millionaire sisters. Encouraged by this success, the government has decided to increase the target for Lakhpati Didi from 2 crore to 3 crore.

One of four key categories : FM Sitharaman emphasised the importance of addressing four key categories: the impoverished, women, youth, and farmers, referred to as "garib, mahila, yuva, annadata" respectively. She also highlighted the significant transformation observed in the Indian economy over the past decade.

Furthermore, the government has announced to extend healthcare coverage under the Ayushman Bharat scheme to all ASHA and anganwadi workers. "The health cover under the Ayushman Bharat scheme will be extended to all ASHA and Anganwadi workers and helpers," she said.

Keeping the vote bank politics aside, these initiatives definitely suggest that India has recognised the centrality of gender equality and women's empowerment in all aspects of its developmental agenda with a large share of the current government spending being targeted towards dealing with issues affecting women as compared to those outlined in the previous budgets. This is, therefore, a budget that is set to build a future-ready India, ready to compete among the biggest economies of the world, moving from the paradigm of women's development to women-led development.

The G20 declaration emphasised women-led development, listing commitments such as socio-economic empowerment, gender

inclusion in digital technologies and climate action; health, food security, nutrition and wellbeing for advancing United Nations' Sustainable Development Goal - 5: 'Gender equality and empowering all women and girls.'

In his Independence Day speech last year, Prime Minister Narendra Modi said the government is working with women's self-help groups (SHGs) to create 20 million 'Lakhpati Didis', in line with India's proposal to emphasise women-led development at the G20 forum. The scheme is meant to provide employment-oriented skill development training to the women. As part of the initiative, the Union cabinet approved Rs 1,261 crore--for financial years 2024-25 to 2025-26--to provide drones to 15,000 SHGs across states. Women from the SHGs will receive training to pilot the drones, enabling them to provide rental services for agricultural use.

Economic empowerment : India's female labour force participation rate rose from 23.3% in 2017-18 to 37% in 2022-23, data from the annual Periodic Labour Force Surveys (PLFS) show. This increase was largely led by rural women. During the same period, women's unemployment rate fell from 5.6% to 2.9%. Research and data show how Covid-19 had disproportionately impacted women in terms of job loss (see, for instance, here, here, and here). IndiaSpend's second Women at Work series also looked at the particular challenges women faced during the pandemic. In this context, an increase in the number of women in the labour force, and a decline in the unemployment indicates that women took up low-paying, low-quality jobs, primarily due to distress, as IndiaSpend reported in July 2022. These trends are consistent with earlier economic crises, Himanshu, an associate professor at Jawaharlal Nehru University, had told us. For instance, he pointed out, during the agrarian crisis between 1999 and 2004-05, there was an increase of 60 million workers. "Households have an idea of what they see as a minimum income to survive," he said. "When this income drops, they push potential earners, including women and the elderly, into the labour force."

Data also show that rural women turned to work under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). In a decade to 2023-24, women's participation in MGNREGS increased every year, except in 2017-18 and 2020-21, government data show. Even in these years, women accounted for more person-days of work under MGNREGS than men.

MGNREGS mandates providing at least 100 days of employment each year per rural household. However, this has never been the case since the scheme was launched, government data show. So far, the highest average number of days of work provided per household was 54 back in 2009-10, the Hindu BusinessLine reported in March 2023. Further, fewer than 2.2 million of the 56 million households that got any work completed 100 days of work in 2023-24, the

This leads to delays in disbursement of wages and less allocation of work, adversely affecting rural women workers depending on the scheme for their livelihood. Issues of late payments have persisted with causes ranging from delayed release of funds by the Union government, and alleged corruption, to faults with the attendance monitoring application as well as Aadhaar-based payment systems.



In a country where 73.2% of rural women workers are engaged in agriculture, women own only 12.8% of land holdings, IndiaSpend reported in September 2019. Therefore, allocations to the farming and allied sectors impact women's lives and livelihoods.

"Recent patterns of allocation of the agriculture budget predominantly favour individual farmer-centric initiatives, neglecting the significance of community-based schemes such as Paramparagat Krishi Vikas Yojana (PKVY) which is designed to promote organic farming through the formation of clusters and Bio-Resource Centres," observes, Policy Analyst at CBGA. With 30% of its allocations earmarked for women farmers, PKVY has the potential to support women's collective farming if provided greater economic stimulus. The scheme has been subsumed under the Rashtriya Krishi Vikas Yojana (RKVY) in 2022-23. Moreover, despite subsuming several schemes, RKVY as an umbrella scheme also saw a decline in allocations in 2023-24.

Anganwadi and ASHA workers remain overworked and underpaid

Anganwadi workers, helpers and Accredited Social Health Activists (ASHAs) form the frontline of India's healthcare, but they are overworked and underpaid, as IndiaSpend has reported previously. By July 2023, India had 1.3 million anganwadi workers and 1.2 million anganwadi helpers, government data show. Anganwadi workers are paid between Rs 3,500 and Rs 4,500, and helpers earn Rs 2,250 as honorarium. Apart from small performance linked incentives up to Rs 500, their pay includes additional honorarium paid by states. Late 2023 saw strikes by anganwadi workers for higher pay, better working conditions, recognition as government employees, and various forms of social insurance in Andhra Pradesh, Telangana, Odisha, Bihar, and Maharashtra.

Anganwadi services are provided under the aegis of the Saksham Anganwadi and POSHAN 2.0 scheme, which is a centrally-sponsored scheme. The scheme is funded by the Union government and states in a 60:40 ratio. As of December 2023, Tamil Nadu and Goa had the highest provision for additional honorarium, based on qualification and experience, while Arunachal Pradesh and Nagaland did not offer additional pay, government data show.

Anganwadi helpers earn around Rs 6,810 per month in Delhi, which needs to be revised taking into account the average cost of living in the city, field studies by Action India, a grassroots organisation working for women's empowerment, found.

Given the stagnant allocations for such schemes over the past three years, raising allocations as well as the honoraria paid to ASHAs and Anganwadi workers constituted key recommendations for the budget from the Feminist Policy Collective.

International Women's Day



In recognition of the incredible achievements and contributions of women around the world, we are proud to dedicate this month's newspaper issue as the Women's Edition. This special edition is a celebration of the strength, resilience, and positivity that women bring to our society. We hope you enjoy the inspiring contents and features within these pages, and join us in honouring the women. Thank you for reading and supporting women's voices.

Warm regards,
Dr Rajesh Shah Nikir
Editor in chief

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Dr. Rajesh K. Shah
MD (Hom), MBA, M.A. (Political Science)

- Chief Editor, Nikir Homoeo Times
- Corporator Ward No. 3, VMC
- Standing Committee Member Vadodara Municipal Corporation
- President-GAMA
- President-MGHMPA
- President-K.I.A.



मखाने के स्वास्थ्य लाभ

फूल मखाना, जिसे लोटस सीड या फॉक्स नट के नाम से भी जाना जाता है, भारत में एक आम देसी नाश्ता है। मखाना यूरियाल फेरोक्स (Euryale Ferrox) का पौष्टिक बीज है। यह एक एक्वेटिक (aquatic) कॅश क्रॉप है जिसमें हाई न्यूट्रिशनल वैल्यू और औषधीय गुण होते हैं। भारत, विशेष रूप से बिहार मखाने के प्रमुख उत्पादकों में से एक है। कभी आपने सोचा है कि मखाना इतना प्रसिद्ध पारंपरिक भारतीय नाश्ता क्यों है और इसे हर जगह डायटीशियन और डॉक्टरों द्वारा प्रोत्साहित किया जाता है?

100 ग्राम मखाने से लगभग 347 कैलोरी ऊर्जा मिलती है।

मखाने में करीब 9.7 ग्राम प्रोटीन और 14.5 ग्राम फाइबर होता है। यह कैल्शियम का बहुत अच्छा स्रोत है। इनमें मैग्नीशियम, पोटेशियम और फास्फोरस भी अच्छी मात्रा में होते हैं। मखाने में कुछ विटामिन कम मात्रा में भी मौजूद होते हैं।

मखाने के स्वास्थ्य लाभ

- **रक्तचाप को नियंत्रित करना:** मखाने में उच्च मैग्नीशियम सामग्री और कम वसा और

सोडियम का स्तर इसे रक्तचाप के स्तर को प्रबंधित करने और बनाए रखने में प्रभावी बनाता है, खासकर उच्च रक्तचाप वाले व्यक्तियों के लिए।

- **लिवर को डिटॉक्सिफाई करना:** मखाने के पोषण संबंधी लाभ लीवर के कार्य को बनाए रखने और चयापचय को बढ़ाने में भी योगदान देते हैं।
- **हड्डी और दांतों का स्वास्थ्य:** मखाना कैल्शियम, मैग्नीशियम और प्रोटीन का एक उत्कृष्ट स्रोत है, जो स्वस्थ हड्डियों और दांतों की वृद्धि और विकास के लिए आवश्यक है।
- **मधुमेह प्रबंधन:** कैलोरी मान और ग्लाइसेमिक इंडेक्स में कम होने के कारण, मखाना शरीर में मधुमेह और शर्करा के स्तर को प्रबंधित करने के लिए स्वस्थ माना जाता है।
- **स्वस्थ पाचन तंत्र:** फाइबर से भरपूर होने के कारण, कमल के बीज के लाभों में पाचन तंत्र को स्वस्थ रखना और मल त्याग को बढ़ावा देना शामिल है, जिससे कब्ज को रोका जा सकता है।
- **आयुर्वृद्धि विरोधक:** कमल के बीज या फॉक्स नट्स एंटीऑक्सीडेंट से भरपूर होते हैं, जो उन्हें एक बेहतरीन एंटी-एजिंग भोजन बनाते हैं। एंटी-एजिंग के लिए मखाने के पूरे फायदे पाने के लिए मखाने को भूने के बजाय भूनकर खाना बेहतर है।

- **तंत्रिका कार्य:** कमल के बीज या मखाने में थियामिन भी होता है, जो संज्ञानात्मक कार्य में सहायता के लिए आवश्यक है और न्यूरोट्रांसमिशन की प्रक्रिया में योगदान देता है, जो अच्छे तंत्रिका कार्य को बनाए रखने में महत्वपूर्ण है।
- **प्रजनन क्षमता के लिए अच्छा:** बांझपन की समस्या से निपटने में भी मखाना पुरुषों और महिलाओं दोनों को फायदा पहुंचाता है। महिलाओं और पुरुषों के लिए मखाने के फायदों में वीर्य की गुणवत्ता में सुधार और शीघ्रपतन को रोकना शामिल है।
- **सूजन को रोकना:** कमल के बीज में केम्पेरोल नामक एक प्राकृतिक यौगिक होता है जो शरीर में सूजन को कम करने में मदद करता है। सूजन गठिया और गठिया जैसी कई बीमारियों के लिए जिम्मेदार है। इस प्रकार, यह गठिया से पीड़ित रोगियों के लिए अच्छा है।
- **ग्लूटेन-मुक्त विकल्प:** बहुत से लोगों को गेहूं से एलर्जी होती है, वे ग्लूटेन-मुक्त विकल्प के रूप में मखाना खा सकते हैं क्योंकि इसमें प्रोटीन और कार्बोहाइड्रेट की मात्रा अधिक होती है।
- **फॉक्स नट यानी मखाना कोलेस्ट्रॉल, वसा और सोडियम में कम है।** यह उन्हें भोजन के बीच की भूख को तृप्त करने के लिए एक आदर्श नाश्ता बनाता है।

- उच्च रक्तचाप, हृदय रोग और मोटापे से पीड़ित लोगों के लिए उनके उच्च मैग्नीशियम और कम सोडियम सामग्री के कारण फायदा होता है।
- इन बीजों में एक एंटी-एजिंग एंजाइम क्षतिग्रस्त प्रोटीन की मरम्मत में मदद करने के लिए जाना जाता है।
- इसके अलावा, केम्पेरोल (kaempferol) नामक एक प्राकृतिक फ्लेवोनोइड (flavonoid) की उपस्थिति, सूजन को रोकने में मदद करती है और उम्र बढ़ने की प्रक्रिया को धीमा करती है।
- मखाना लस मुक्त, प्रोटीन से भरपूर और कार्बोहाइड्रेट में उच्च होते हैं। यह ग्लूटेन से अलर्जिक लोगों के लिए स्वस्थ विकल्प है।
- वे कैलोरी में कम होते हैं, जो उन्हें वजन घटाने के लिए एक आदर्श नाश्ता बनाते हैं।

तो हर दिन कितने मखाने का सेवन करना चाहिए?

यह अनुमान लगाया गया है कि 100 ग्राम मखाना में लगभग 347 कैलोरी होती है। इसके अलावा, 100 ग्राम मखाना की पोषण सामग्री में 9.7 ग्राम प्रोटीन, 0.1 ग्राम वसा, 76.9 ग्राम कार्बोहाइड्रेट और 14.5 ग्राम फाइबर शामिल हैं। इसका मतलब है कि आपको अपनी आवश्यकताओं के अनुसार पर्याप्त मात्रा में उपभोग करने की आवश्यकता है।



MENOPAUSE

The importance of understanding it:

It is critical to see menopause as just one point in a continuum of life stages. A woman's health status entering the perimenopausal period will largely be determined by prior health and reproductive history, lifestyle and environmental factors. Perimenopausal and postmenopausal symptoms can be disruptive to personal and professional lives, and changes associated with menopause will affect a woman's health as she ages. Therefore, perimenopausal care plays an important role in the promotion of healthy ageing and quality of life.

Menopause can be an important transition from a social perspective, as well as a biological one. Socially, a woman's experience of menopause may be influenced by gender norms, familial and sociocultural factors, including how female ageing and the menopausal transition are viewed in her culture.

The global population of postmenopausal women is growing. In 2021, women aged 50 and over accounted for 26% of all women and girls globally. This was up from 22% 10 years earlier. Additionally, women are living longer. Globally, a woman aged 60 years in 2019 could expect to live on average another 21 years.

Key facts

- Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used.
- Most women experience menopause between the ages of 45 and 55 years as a

natural part of biological ageing.

- Menopause is caused by the loss of ovarian follicular function and a decline in circulating blood oestrogen levels.
- The menopausal transition can be gradual, usually beginning with changes in the menstrual cycle. 'Perimenopause' refers to the period from when these signs are first observed and ends one year after the final menstrual period.
- Perimenopause can last several years and can affect physical, emotional, mental and social well-being.
- A variety of non-hormonal and hormonal interventions can help alleviate perimenopausal symptoms.
- Menopause can be a consequence of surgical or medical procedures.

How menopause occurs

For most women, menopause is marked by the end of monthly menstruation (also known as a menstrual period or 'period') due to loss of ovarian follicular function. This means that the ovaries stop releasing eggs for fertilisation.

The regularity and length of the menstrual cycle varies across a woman's reproductive life span, but the age at which natural menopause occurs is generally between 45 and 55 years for women worldwide.

Natural menopause is deemed to have occurred after 12 consecutive months without menstruation for which there is no other obvious physiological or pathological cause and in the absence of clinical intervention.

Some women experience menopause earlier (before 40 years of age). This 'premature menopause' may be because of certain chromosomal abnormalities, autoimmune disorders, or other unknown causes.

It is not possible to predict when an individual woman will experience menopause, although

Menopause

there are associations between the age at menopause and certain demographic, health, and genetic factors.

Menopause can also be induced as a consequence of surgical procedures that involve removal of both ovaries or medical interventions that cause cessation of ovarian function (for example radiation therapy or chemotherapy).

Many women have already stopped menstruating before menopause, for example those who have had certain surgical procedures (hysterectomy or surgical removal of their uterine lining) as well as those using certain hormonal contraceptives and other medicines that cause infrequent or absent periods. They may still experience other changes related to the menopausal transition.

Changes associated with menopause

The hormonal changes associated with menopause can affect physical, emotional, mental, and social well-being. The symptoms experienced during and following the menopausal transition vary substantially from person to person. Some have few if any symptoms. For others, symptoms can be severe and affect daily activities and quality of life. Some can experience symptoms for several years.

Estrogen and Progesterone are the main hormones relating to menopause, and these are some of the functions associated with them:

ESTROGEN

- affects cognitive function and mood
- improves sleep & affects energy
- lubricated vaginal tissues
- helps maintain healthy bones by preventing calcium loss
- keeps cholesterol in control
- protects against heart disease
- estrogen appears to regulate corticotropin-

releasing hormone gene expression (CRH), resulting in elevated cortisol levels

PROGESTERONE

- contributes to the efficient use of fat as a source of energy
 - increases libido
 - it is a diuretic
 - enhances sensitivity to thyroid function
 - improves sensitivity to insulin
 - it builds bones
 - benefits the cardiovascular system by blocking plaque formation
- Symptoms associated with menopause include:**
- hot flushes and night sweats. Hot flushes refer to a sudden feeling of heat in the face, neck and chest, often accompanied by flushing of the skin, perspiration (sweating), palpitations, and acute feelings of physical discomfort which can last several minutes;
 - changes in the regularity and flow of the menstrual cycle, culminating in cessation of menstruation;
 - vaginal dryness, pain during sexual intercourse and incontinence;
 - difficulty sleeping/insomnia; and
 - changes in mood, depression, and/or anxiety.

Body composition and cardiovascular risk can also be affected. Women's advantage over men in terms of cardiovascular disease gradually disappears with the significant decline in oestrogen levels after menopause. Menopause can also result in the weakening of the pelvic support structures, increasing the risk of pelvic organ prolapse. Loss of bone density at menopause is a significant contributor to higher rates of osteoporosis and fractures.

Homeopathy is a safe, complete system of medicine that can be very effective in the treatment of hormonal symptoms. Homeopathy works by promoting the body and the mind's own healing capacity, and sees symptoms as interconnected, working towards improving the overall health of the patient.

MENSTRUATION

A PERAL OF A FEMALE-ITS DISORDERS AND HOMOEOPATHY

Menstrual irregularity is a common concern among females of reproductive age, impacting their physical health and emotional well-being. Irregular menstrual cycles can vary from missed or delayed periods to prolonged and heavy bleeding.

Menstrual disorders refer to a wide range of issues that can affect a woman's menstrual cycle, including irregular periods, heavy or prolonged bleeding, painful periods (dysmenorrhea), absence of periods (amenorrhea), and other related concerns. These disorders can have various underlying causes, such as hormonal imbalances, polycystic ovary syndrome (PCOS), thyroid disorders, uterine fibroids, endometriosis, stress, and more.

Common menstrual disorders include:

Dysmenorrhea: This is characterized by painful menstrual periods. Primary dysmenorrhea occurs in the absence of any underlying medical condition, while secondary dysmenorrhea is caused by conditions like endometriosis, fibroids, or pelvic inflammatory disease.

Amenorrhea: This refers to the absence of menstrual periods in women of reproductive age. Primary amenorrhea is when a girl has not started her periods by the age of 16, and secondary amenorrhea is when a woman who previously had regular periods stops menstruating for at least three months.

Menorrhagia: Menorrhagia involves abnormally heavy and prolonged menstrual bleeding.

Oligomenorrhea: This is characterized by infrequent or irregular menstrual periods.

Metrorrhagia: Metrorrhagia refers to irregular bleeding between periods.

Polymenorrhea: This condition involves frequent menstrual periods, with cycles lasting fewer than 21 days.

Premenstrual Syndrome (PMS): PMS refers to a combination of physical and emotional symptoms that occur in the days leading up to menstruation.

Premenstrual Dysphoric Disorder (PMDD): PMDD is a severe form of PMS with more intense emotional symptoms.

Endometriosis: This is a condition where the tissue that lines the uterus grows outside of it, causing pain and potential fertility issues.

Polycystic Ovary Syndrome (PCOS): PCOS is a hormonal disorder where the ovaries may develop cysts and ovulation



may be irregular or absent.

Fibroids: Uterine fibroids are non-cancerous growths that can lead to heavy or painful periods.

Menstrual Irregularities during Perimenopause: As women approach menopause, their menstrual cycles may become irregular, and they may experience changes in bleeding patterns.

It's essential for women experiencing any menstrual irregularities or disorders to seek medical advice for proper evaluation and diagnosis. Many of these conditions can be effectively managed or treated with the help of healthcare professionals, such as gynaecologists or reproductive endocrinologists. Early detection and appropriate treatment can help improve the quality of life and prevent potential complications.

Homeopathy is a holistic system of medicine that was developed in the late 18th century by Samuel Hahnemann. It is based on the principle of "like cures like," which means that a substance that causes symptoms in a healthy person can be used to treat similar symptoms in a sick person when given in a highly diluted form.

In homeopathy, a detailed examination of the individual's symptoms, overall health, and emotional state is conducted to determine the most suitable remedy. Homeopathic remedies for menstrual disorders are selected based on the principle of individualization, which means that each person's treatment is unique to their specific symptoms and characteristics.

Homeopathic Medicines:

1. Calcarea Carb: Before menses, headache, colic, chilliness, and

leucorrhoea. Cutting pains in the uterus during menstruation. Menses too early, too profuse, too long, with vertigo, toothache, and cold, damp feet; the least excitement causes their return. Uterus easily displaced. Burning and itching of parts before and after menstruation; in little girls. Increased sexual desire; easy conception. Breasts tender and swollen before menses. Uterine polyps.

2. Ferrum Met: Menses remit a day or two and then return. Discharge of long pieces from the uterus. Women who are weak, delicate, chlorotic, yet have a fiery-red face. Menses too early, too profuse, last too long; pale, watery. Sensitive vagina. Tendency to abortion. Prolapse of the vagina.

3. Hamamelis: Ovarian congestion and neuralgia; feel very sore. Vicarious menstruation. Uterine hemorrhage, bearing-down pain in the back. Menses dark, profuse, with soreness in abdomen. Metrorrhagia, occurring midway between menstrual periods. Intermenstrual pain. The vagina is very tender. Profuse leucorrhoea. Vulva itches. Metrorrhagia; passive flow. Vaginismus, ovaritis, soreness over whole abdomen.

4. Sabina: Menses profuse, bright. Uterine pains extend into thighs. Threatened miscarriage. Sexual desire increased. Leucorrhoea after menses, corrosive, offensive. Discharge of blood between periods, with sexual excitement. Menorrhagia in women who aborted readily. Pain from sacrum to pubis, and from below upwards shooting up the vagina. Hemorrhage; partly clotted; worse from least

motion.

5. Sepia: Menses Too late and scanty, irregular; early and profuse; sharp clutching pains. Violent stitches upward in the vagina, from the uterus to the umbilicus. Bearing-down sensation as if everything would escape through vulva; must cross limbs to prevent protrusion, or press against vulva.

6. Magnesia Phosphoric: Painful cramps and pain in the pelvic region that are relieved by pressure and warmth often respond to this remedy. Periods may start too early, often with a dark or stringy discharge, and pain is usually worse on the right side of the body.

7. Cimicifuga Racemosa: This remedy is intended for irregular and painful menses, with shooting pains that go down the hips and thighs, or cramps similar to labor-pains that are felt in the pelvic area. Women become restless, fearful, and depressed before a menstrual period. These women are strong, talkative, depressed, they try to injure themselves, and have dreams of impending evil, with fear of riding in a closed carriage.

8. Lachesis: This remedy is suggested to women who are passionate, with a tremendous need for an outlet, both physically and mentally. The menstrual flow is irregular, heavy and brings relief of tension. These patients are very outspoken with strong feelings of suspicion or jealousy. They have an intolerance of restrictive clothing around the waist or neck.

9. Bovista Premenstrual problems with puffiness in the extremities, fluid retention, and a bloated feeling often indicate a need for this remedy. The woman may feel very awkward and clumsy, and may constantly be dropping things because of swollen-feeling hands. Diarrhea occurring around the time of the menstrual period strongly indicates this remedy.

10. Natrum muriaticum A person who needs this remedy usually seems reserved to others, but is deeply emotional inside. She may feel extremely sad and lonely, but gets affronted or angry if others try to console her or sympathize. Depression, anger over minor things, and a need to be alone to cry are often seen when Natrum mur is needed. Menstrual problems can be accompanied by migraines, or a backache that feels better from lying on something hard or pushing a solid object against the painful place. A craving for salt, strong thirst, and a tendency to feel worse from being in the sun are other indications for this remedy.

Editor-in-Chief : Dr. Rajesh K. Shah M.D. (Hom.), M.B.A. | **Associate Editor :** Dr. Dhara Rao, B.H.M.S. | **Board of Advisors :** Dr. Parinaz Humaranwala M.D. (Hom.), Dr. Manoj Patel, M.D. (Hom.)
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Dr. Parinaz Humaranawala

M.D. (HOM)

Dr. Parinaz Humaranawala is a shining diamond in the world of homeopathy. Vadodara was honored to host her last month, where she shared her expertise and passion for holistic healing. On this Women's Day edition, we invite you to delve into her inspiring journey and significant contributions to the field of homeopathy. Let's celebrate the incredible work and dedication of women like Dr. Humaranawala who are making a difference in the healthcare industry.

A worthy torch-bearer of Homeopathy, who has kept the flame of Homeopathy burning bright. A stalwart among contemporaries in the Homeopathic world, she is admired not only by her students but also by her fellow practitioners. She is multi-talented and dons the various roles of a doctor, mentor, educator, counsellor, author, ace orator, communicator, writer with superlative presentation skills and researcher with equal panache and has done Homeopathy proud. As a result of her extensive research on Temperament, she has now gone on to create a software, "TEMPRAZ-The expert System" which has been incorporated in HOMPAT. In taking upon herself the task of covering and organising an enormous source of knowledge, she has singled out thousands of rubrics and classified them as Tempraz words which go far beyond a standard word search and they represent various facets of human nature seen in wide section of patients over her 24 years of practice. Her book "Temperament Types – A Study" is extremely well received and is in its 2nd edition.

She teaches, guides, mentors and trains scores of students at CMP Homoeopathic Medical College and Mumbadevi Homoeopathic Hospital, Mumbai and as Vice-president of IIHP, Mumbai. Presently she is a Mentor and a P.G. Guide for the post-graduate certification course in Homoeopathy at Hahnemann college of Homeopathy-London. She has been nominated by MUHS, Nashik as the Member of Ad-hoc Board of studies for AYUSH. Her articles and write-ups are regularly featured in many national and international homeopathic journals. A strong orator, she is much sought after to address seminars held all across India and abroad. Her audience consists of students and practitioners and she holds them spell-bound and delivers knowledge in her trademark witty, lively style.

She has treated myriad ailments with stupendous success. People from all walks of life have benefited from her services. She has been an Honorary Physician at Masina Hospital, Byculla, Mumbai and continues to serve as an Honorary Physician at Mumbadevi Hospital, Vile Parle, Mumbai. She showed great promise even as a student at Gujarat Homeopathic Medical College, Savli, where she consistently was a topper.

Her long list of contributions has resulted in many awards and medals, which jostle for space in her generous showcase. Her efforts have been recognized in the form of the Dr. S.R. Wadia Proficiency Medal in the field of Homeopathy. She has made waves even outside Homeopathic circles. The Rotary Club of Mumbai honoured her with the Vocational Excellence and Utility service Award 2008-09. The Best Teacher award 2001 was bestowed upon her by Rotary Club, Sion. The Media too have pursued her and her interviews have been aired by Doordarshan as well as by Radio BBC (Urdu Service), London. She was also a panel doctor on the famous Samsung "Hello Doctor" series. Interviewed by Vividbharti Vadodra on the merits of Homeopathy. One of the few homeopaths to be invited to lecture at a WHO sponsored seminar, her paper on Diabetes and its Homeopathic Treatment was very well received. Recently, she received an Award for Excellence in Homoeopathy at Reminiscence-2011, Alumni-Meet of Ex. M.D. (Hom) Students in Beed

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