

HOMEOGLEANINGS

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Similia Similibus Curetur



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EDITORIAL



EDITORIAL

This time, it was a busy session. The staff was busy with preparation of surprise inspection of AYUSH, while the Students were busy with their final exam. In fact it was like an emergency situation for all. The inspectors came on the 31st of May. Everything went smooth. It finished without any problem. The team work, devotion of the staff and preparedness in advance from management helped a lot.

This time, summer was probably more hectic and lengthy than previous. Much awaited rain remained awaited till now. On 13 and 14 May there was a seminar at CCH office, NEW DELHI. Our representatives also attend the same. The CCH members along with different Govt. officials discussed on different matters related to Homoeopathy. The presence of AYUSH and formation of NITI AYOOG may bring drastic changes in the Homoeopathic field of India. A radical change is being expected where AYUSH and NITI AYOOG will look after the whole matter of Homoeopathy, especially Homoeopathic education. Previously CCH used to look after the whole matter. They have also recommended admission in 1st year BHMS through AYUSH NEET exam from the session 2017--2018 but due to short notice period and other official procedure, implementation of this rule for this session seems very difficult. This session admission in MD (HOM) course will also be through AIAPGET-2017.

The most debated point was regarding mandatory admission in MD (HOM) course for the existing assistant and associate professor for their promotion. Again, seeing the technical difficulties AYUSH has temporarily postponed the recommendation.

We have started our new session from 1st day of June. Gradually the enthusiasm of student and staff has gained momentum and is back on track. This time the pharmacy tour of our college visited SCHWABE LABORATORY, New Delhi. Students also visited Udaipur, Jaipur and the neighbouring area and enjoyed a lot.



CIRCADIAN RHYTHM --CHRONOTHERAPEUTICS --POTENTISATION (3) DR. BINA THOMAS, M.D (HOM), PROFESSOR, ANATOMY

Research in chronopharmacology has demonstrated the importance of biological rhythms in drug therapy and this has led to a new approach to the development of drug delivery systems. Optimal clinical outcome cannot be achieved if drug plasma concentrations are constant. If symptoms of a disease display circadian variation, drug release should also vary over time.

Now coming back to the challenges to our concept of Drug Dynamisation we see that modalities play a very important role in the Materia medica proving. The Drug Proving also termed as Homoeopathic Pathogenetic Trial (HPT) is a process in which drug substances are put into trial on healthy human volunteers and their pathogenetic effects are observed, noted and compiled as the first step to introduce the drug in the Homoeopathic Materia Medica. Proving of a drug substance is a unique process in Homoeopathy. Unlike conventional medicine where animal experimentation forms the basis of evaluation of drug pathogenesis, homoeopathic medicines are proved on healthy human volunteers, including controls, from both sexes and age group between 18-60 years. This is as defined by our apex body itself which governs the system of homeopathy in India. The system of homeopathy is dependent on and working on the principles of Similia Similibus Curentur. This principle is the existence of homeopathy. In other words the specific curative property of a drug lies in its power of producing similar symptoms in a healthy individual i.e. the drugs have sickness-making as well as sickness curing properties, the sickness being the same. What a drug can cause, it can cure ; and that if you want to know what a drug can cure, you have only to discover what it can cause.

Conceptual correlation between Chronotherapeutics and Modalities as seen in Homeopathic Proving – Diseases such as asthma, peptic ulcer, arthritis etc. follow the body's circadian rhythm. Cardiovascular diseases such as hypertension and angina, and chest pain, also follow a definite circadian rhythm. Epidemiologic studies have documented the heightened morning-time risk of angina, myocardial infarction, and stroke. The goal in drug delivery research is to develop formulations to meet therapeutic needs relating to particular pathological conditions. Research in the chronopharmacological field has demonstrated the importance of biological rhythms in drug therapy, and this has brought a new approach to the development of drug delivery systems. Optimal clinical outcomes cannot be achieved if drug plasma concentrations are constant. If symptoms of a disease display circadian variation, drug release should also vary with time. This is true for allopathic prescriptions but the reverse is applicable in homeopathy. Our drugs should not be given at the time of aggravations (period when the symptoms are heightened)

Hence if we study some of our drugs we can most certainly say that the

symptomatology and pathology adheres to circadian rhythms but because of the process of dynamisation which they undergo, the time of administration and mode of action differs. Some examples of homeopathic drugs with pathologies with modalities are:

Osteoarthritis worsens during the day and is most bothersome in the evenings [Bryonia has modality of worse with motion] but for people with rheumatoid arthritis, the pain usually peaks in the morning and decreases as the day progresses. [Rhus tox will list the modality of worse with inactivity. This also relates to the modality of worse in morning. Rhus tox people will feel worse in the morning after a night of laying still and allowing joints to stiffen.]

Weather-related joint pain is typically seen in patients with osteoarthritis, rheumatoid arthritis, and other arthritic conditions. It can affect any load-bearing joint, but is most common in hips, knees, elbows, shoulders and hands. The joints contain sensory nerves called baro-receptors which respond to changes in atmospheric pressure. These receptors especially react when there is low barometric pressure, meaning the atmosphere has gone from dry to moist, like when it is going to rain. Rhus toxicodendron is for the bad effects of getting wet, especially after being over-heated. This remedy is useful when the musculo-skeletal system bears the brunt of the damp weather. They have pains as if sprained; as if a muscle or tendon was torn from its attachment; as if bones were scraped with a knife. The symptoms are worse after midnight and in wet, rainy weather. The affected parts are sore to touch. There is lameness, stiffness and pain on first moving after rest, or on getting up in the morning. This is relieved by walking or continued motion. Hence they appear restless and cannot stay long in one position. They may also complain of pain and stiffness in the small of the back which is worse sitting or lying and better by motion or lying on something hard.

Rhododendron is useful in persons who are worse in a thunderstorm. They are nervous persons who dread a storm and are particularly afraid of thunder. Acute inflammatory swelling of joints, wandering from one joint to another; severe at night; worse from rest and during rough stormy weather. The rheumatic drawing, tearing pains in all the limbs are also worse at rest and in wet, cold windy weather.

Dulcamara is indicated when symptoms are brought on or aggravated by exposure to cold, damp, rainy weather, or sudden changes in hot weather. There is a complete stoppage of nose. It stuffs up when there is a cold rain. Thick, yellow mucus or bloody crusts may be seen in the nose. Profuse coryza. Wants nose kept warm, least cold air stops the nose. They may also develop a diarrhea from taking cold in damp places, or during damp, foggy weather or change from warm to cold weather.



OBESITY IN CHILDREN AND ADOLESCENT

**COMPILED BY:
DR. RAHUL GANGAPURE, M.D (HOM),
PROFESSOR, DEPT. OF CM**

Obesity is the health problem which is now reaching epidemic proportions in both developed and developing countries and is affecting not only adults but also children and adolescents. Over the last 20 years, obesity has become the most prevalent nutritional problem in the world, eclipsing undernutrition and infectious disease as the most significant contributor to ill health and mortality. It is a key risk factor for many chronic and non-communicable diseases.

The prevalence of overweight and obesity has increased over recent decades among both children and adults in all parts of the world. According to the most recent estimates from the 2004 Community Health Survey, 59% of the adult population is overweight (i.e., body mass index [BMI] ≥ 25 kg/m²) and 1 in 4 (23%) is obese (i.e., BMI ≥ 30 kg/m²). The sheer numbers of people who are overweight and obese highlight a pressing public health problem that shows no signs of improving in the near future. What is more alarming is the problem of obesity among children and adolescents in, which is advancing at an even more rapid pace than obesity among adults. In 2004, 1 in 4 (26%) children and adolescents aged 2–17 years was overweight. The obesity rate has increased dramatically in the last 15 years: from 2% to 10% among boys and from 2% to 9% among girls. This increase is cause for concern, since there is a tendency for obese children to remain obese as adults. Moreover, obesity-related health problems are now occurring at a much earlier age and continue to progress into adulthood. Given the recent temporal obesity trends among children and youth, the prevalence of obesity among adults will likely continue to increase as the current generation of children enters adulthood.

Obesity should no longer be viewed as a cosmetic or body-image issue. There is compelling evidence that overweight people are at increased risk of a variety of health problems, including type 2 diabetes, hypertension, dyslipidemia, coronary artery disease, stroke, osteoarthritis and certain forms of cancers. It has recently been estimated that about 1 in 10 premature deaths among adults, in countries like Canada, for instance, in age group of 20–64 years of age is directly attributable to overweight and obesity. In addition to affecting personal health, the increased health risks translate into an increased burden on the health care system. The cost of obesity in Canada has been conservatively estimated to be \$2 billion a year or 2.4% of total health care expenditures in 1997. Thus, the continuing epidemic of obesity is exacting a high toll on the health of the population.

The cause of obesity is complex and multifactorial. Within the context of environmental, social and genetic factors, at the simplest level obesity results from long-term positive energy balance — the interaction of energy intake and energy expenditure. The rapid increase in the prevalence of obesity over the past 20 years is a result of environmental and cultural influences rather than genetic factors. With progressive improvements in the standard of living in developed and developing countries, overnutrition and sedentary lifestyle have supplanted physical labour and regular physical activity, which has resulted in positive energy balance and overweight.

Considerable advances have been made in dietary, exercise, behavioural, pharmacologic and bariatric surgical approaches to successful long-term management of obesity. Lifestyle interventions remain the cornerstone of the treatment of obesity, but adherence is poor and long-term success is modest because of significant barriers both on the part of affected individuals and health care professionals responsible for the treatment. Pharmacotherapy and bariatric surgery are useful adjuncts for improving the health outcomes of overweight people, but, for a variety of reasons, these modalities of treatment are not widely adopted.

Despite steady progress in the management of obesity, its prevalence continues to rise. To date, population interventions have tended to focus on individual risk factors and have been largely ineffective. Hence, sweeping prevention and intervention strategies are required to slow, and hopefully reverse, the alarming increase in obesity prevalence globally.

- Obesity in children and adolescents has reached alarming levels — 20%–25% of children and adolescents are overweight or obese, and 4.9% of boys and 5.4% of girls are obese.
- Rates of obesity have increased significantly from 1985 to 1995, with the prevalence of overweight doubling and obesity trebling.
- Body mass index (related to reference standards for age and sex) is recommended as a practical measure of overweight and obesity in children, and is used in monitoring individual progress in clinical practice.
- Obesity in childhood and adolescence may be associated with a range of medical and psychological complications, and can predispose individuals to serious health problems in adult life, including type 2 diabetes, hypertension, and dyslipidaemia.
- Obesity interventions for which there is some evidence include family support, a developmentally appropriate approach, long-term behaviour modification, dietary change, and increased physical activity and decreased sedentary behaviour.

Prevention of obesity in children and adolescents requires a range of strategies involving changes in both the microenvironment (e.g., housing, neighbourhoods, recreational opportunities) and the macroenvironment (e.g., food marketing, transport systems, urban planning).



FREQUENCY & URGENCY* OF MICTURITION IN *FEMALES
DR. MAHESH KHAMAR, MD (HOM), HOD, DEPT. OF SURGERY

Urination more than 7 times a day and more than once at night is considered as increased frequency or nocturia

Urgency refers strong and sudden desire to void urine and often followed by urge incontinence.

CAUSES

●Gynaecological--

Pregnancy or pelvic mass can press on bladder and gives symptoms.
A prolapse particular cystocele.
post-menopausal , urogenital atrophy.

●Urological-- UTI., cystitis, bladder calculus,mucosal lesions

●Medicine-- Diuretics

●Endocrine Diabetes mellitus, Diabetes insipidus, Hypothyroidism

●Psychological

●Excessive fluid intake

INVESTIGATION

●history of child enuresis

*surgery and relevant investigations for associated diseases.

●urine culture and Intake output chart

●Uroflometry&Cystometrogram

●Cystoscopy.

TREATMENT

●Excessive fluid intake can be curbed.

*avoid bladder stimulants (tea coffee alcohol)

● Behavioural therapy

Bladder drill: pt.is instructed to void by the clock. Initially 1&1/2 hr interval and then gradually increase the time.

●treatment of UTI

●Treatment for specific disease.

●Post-menopausal women WITH local oestrogen treatment

*Cranberry juice.

(Oxybutynin/tolterodine, Tricyclic Antidepressant.)

●Very rarely surgery (calm enteocystoplasty).

Good Homoeopathic medicines are there to treat the frequency and urgency condition. Cantharis, Sarsaparilla, Lycopodium, Nux vomica, Thuja, Causticum are few of them. They are prescribed according to the symptom present. Intercurrent anti miasmatic drug can have better result.



PREMENSTRUAL DYSPHORIC DISORDER AND PREMENSTRUAL SYNDROME

DR. TUSHAR JOSHI, M.D (HOM), ASSO. PROF., DEPT. OF PHARMACY
DR. DHARA JOSHI, M.D (HOM), ASST. PROF., DEPT. OF PHYSIOLOGY

Premenstrual dysphoric disorder (PMDD) is a condition in which a woman has severe depression symptoms, irritability, and tension before menstruation. The symptoms of PMDD are more severe than those seen with Premenstrual syndrome (PMS).

PMS refers to a wide range of physical or emotional symptoms that most often occur about 5 to 11 days before a woman starts her monthly menstrual cycle. In most cases, the symptoms stop when, or shortly after, her period begins. The basic difference between PMDD and PMS is

	PMS	PMDD
Mostly Mood Symptoms	No	Yes
Difficulty in conducting everyday activities and Relationship	No	Yes
Timing	Premenstrual Only	Premenstrual Phase only: at least two consecutive cycle
How Common	Up to 50% Menstruating Women	3-5% of menstruating women

CAUSES

The causes of PMS and PMDD have not been found.

Hormone changes that occur during a woman's menstrual cycle may play a role. PMDD affects a small number of women during the years when they are having menstrual periods.

Other factors that may play a role include:

- Alcohol or substance abuse
- Thyroid disorders

- Being overweight
- Having a mother with a history of the disorder
- Lack of exercise

SYMPTOMS

The symptoms of PMDD are similar to those of PMS. However, they are very often more severe and debilitating. They also include at least one mood-related symptom. Symptoms occur during the week just before menstrual bleeding. They most often get better within a few days after the period starts.

Here is a list of common PMDD symptoms:

- Lack of interest in daily activities and relationships
- Fatigue or low energy
- Sadness or hopelessness, possibly thoughts of suicide
- Anxiety
- Out of control feeling
- Food cravings
- Mood swings with bouts of crying
- Panic attacks
- Irritability or anger that affects other people
- Bloating, breast tenderness, headaches, and joint or muscle pain
- Problems sleeping
- Trouble concentrating

INVESTIGATION

No physical exam or lab tests can diagnose PMDD. A complete history, physical exam (including a pelvic exam), thyroid testing, and psychiatric evaluation should be done to rule out other conditions.

Keeping a calendar or diary of symptoms can help women identify the most troublesome symptoms and the times when they are likely to occur.

TREATMENT

A healthy lifestyle is the first step to managing PMDD.

- Eat healthy foods with whole grains, vegetables, fruit, and little or no salt, sugar, alcohol, and caffeine.
- Get regular aerobic exercise throughout the month to reduce the severity of PMS symptoms.
- If you have problems sleeping, try changing your sleep habits before taking medicines for insomnia.

Keep a diary or calendar to record:

The type of symptoms you are having

- How severe they are
- How long they last

Antidepressants may be helpful.

HOMOEOPATHIC TREATMENT FOR PMS AND PMDD

Homeopathy treats the person as a whole. This means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition.

Common Homoeopathic Medicines are:

Bovista lycoperdon

- Haemorrhagic diathesis. Patient having nervous temperament. Chilly patient.
- Absent minded. Patient becomes sensitive.
- Mood swing. Quarrelsome. Irritable with weak memory. Feel sad.
- Diarrhea before and after menses.**
- Can not bear tight clothing around the waist.
- Vertigo before menses. Stammering females who drops everything falls from hands.
- Other symptoms may include **traces of menses between menstruations.**

Calcarea carbonica

- Suited to girls who grow fat, flabby, pale and fair skin, chalky look and having leuco-phlegmatic temperament.
- Rumination and **worrying.**
- Aversion to work and becomes low- spirited and depressed. Confusion, **forgetfulness.**
- Absent minded during menses. Worried about everything.
- Before menses, headache, colic, chilliness and leucorrhea.
- Big head with large hard abdomen.**
- Burning and itching of parts before and after menstruation; in little girls.
- Hot swelling breasts. Breasts tender and swollen before menses.
- Menses **too early too profuse too long** with vertigo toothache and cold, damp feet, the least excitement causes return.

Calcarea phosphorica

- It is suitable to anaemic, dark complexioned, lean thin subjects who grow too rapidly with weak bones and curved spine.
- Girls slow in maturing.

- Anaemic females who are peevish, flabby, have cold extremities and feeble digestion.
- Patient is feeble minded. Unable to sustained mental effort. Mental anxiety with all the trouble.
- Irritable patient. Lack of memory.
- Sexual desire increased before menses.
- Nymphomania, all organs in erection with irresistible desire, particularly before menses with aching, pressing or weakness in uterine region.
- Eruption worse during menses.
- Leucorrhea like **white of an egg.**

Cuprum metallicum

- Carbo- Nitrogenoid constitution.
- Nervous, uneasy, malicious and morose.
- Weeps violently.
- Violent cramps in the abdomen, extending into chest, before, during, or after suppression of menses.

- Palpitations before the menses.
- Convulsions before menses.
- Puerperal convulsions with open mouth and opisthotonos.
- Menses too late, protracted.

Kali carbonicum

- It is suited to the females of soft tissues with tendency to fat that are sensitive to atmospheric changes.
- Psychological changes sudden mood swings.
- Despondent.
- Very irritable.**
- History of delayed menses in young girls.
- Premenstrual syndrome** with swollen breasts. Which come along with the presence of stitching and intense pains, water retention.

Lachesis

- It is better suited to thin emaciate having haemorrhagic diathesis.
- Patient is very uncomfortable with desire to go in open air and run about before menses.
- Delirium tremens with much trembling and confusion. **Cannot bear anything tight anywhere.**
- Sad in the morning; no desire to mix with the world.
- Restless and uneasy; does not wish to attend to business; wants to be off somewhere all the time.



BIOCHEMIC SALTS AND THE ZODIAC SUN SIGNS
DR. GAURAV SHARMA, BHMS, ASST. PROFESSOR,
DEPT. OF MATERIA MEDICA

Many people thought it a bit far-fetched when Dr. George W. Carey came up with his theory of a person's astrological sign corresponding to a particular biochemic salt. The fact is that there are twelve months and twelve sun signs and there are twelve biochemic salts. Is this a co-incidence or is there a deeper synergy that runs through all of Nature?

There are 12 Biochemic salts that go with each of the sun signs according to Dr. George W Carey who wrote this in his book, "Relation of the Mineral Salts of the Body to the Signs of the Zodiac" Dr Carey says that, "A few doses a month will help to maintain the balance in the body". Each person's astrological salt can be given together with the salt necessary for the ailment concern.



Aries

Mar21 -Apr 19 Kali Phos
People born under this Sun sign are intelligent but are also excitable. [Kali Phos](#) helps them to keep calm and collected. Aries-born people fit very comfortably into top positions in their working environments. They have a fiery temperament which Kali Phos keeps under control.



Taurus

Apr 19 - May 20 Nat.Sulph.
Taurus is a sign that has produced many doctors and healers. [Nat Sulph](#) helps keep these people in the best of health with great endurance. Taurus-born people have a strong will, a great presence and a thick bull-like neck. They work hard and Nat Sulph makes sure this does not put a strain on their liver.



Gemini

May 20 - Jun 21 Kali.Mur.

Mercurial is the word to describe most people born under the sign of Gemini. Quick-witted and gregarious, they are usually the life and soul of the party but they are also prone to restlessness and distraction. [Kali Mur](#) makes them more focused and keeps away the respiratory illnesses these people are prone to.



Cancer

Jun 21 - Jul 22 Calc. Fluor

Cancer people are usually attractive and talented but tend to be weak. They could suffer from glands getting hard as well as coughs. [Calc Fluor](#) keeps them strong and their skin and lungs healthy. They usually have strong, great looking teeth and flash their smile when they are with people they are comfortable with.



Leo

Jul 22 - Aug 22 Mag.Phos

Leos have a magnetic personality and are leaders. Some may prefer staying in the background but they make sure their presence is felt. If they are given their due respect, they purr but they can be very sullen if they are ignored. They can be lazy and [Mag Phos](#) is great to get them up and going, leaving their egos behind.



Virgo

Aug 22 - Sep 23 Kali.Sulph.

Virgo people like to keep it to themselves and are usually shy. They are very intelligent, rarely get into a fight but hold onto their opinions. You'll find that because of their non-interfering nature, they are welcome everywhere. However, they are prone to depression and melancholy and [Kali Sulph](#) is a great help.



Libra

Sep 23 - Oct 23 Nat.Phos

The balanced sign, Libra is good looking, intelligent, just, even-tempered and is respected by all. However, they usually suffer from a problem with their pH balance and [Nat Phos](#) keeps this balanced in the body so they don't suffer from acid reflux or biliousness.



Scorpio

Oct 23 - Nov 22 Calc.Sulph

Dignified but rather heavily built, Scorpio people are usually very shrewd and very unforgiving. They tend to suffer from skin ailments and [CalcSulph](#) helps. They are usually extremely ambitious and money is very important to them except when they take up a worthy cause and then spend their whole life totally committed to it.



Sagittarius

Nov 22 - Dec 21 Silicea

Sagittarius people are usually good looking with thinning hair and sharp eyesight. There's a lot of emphasis placed on learning and they are usually successful in whatever enterprise they decide to embark on. You'll find many a philosopher and a poet here and [Silicea](#) keeps at bay the over-sensitivity and irritability that could plague them.



Capricorn

Dec 21 - Jan 19 Calc.Phos

People born under the sign of Capricorn tend not to be tall and they are usually very well informed. They can be a bit fixed in their views and could get stubborn. Their health problems like weakness of the bones or general weakness could benefit from [CalcPhos](#).



Aquarius

Jan 19 - Feb 19 Nat. Mur

Generous and rather noble in everything they do, Aquarius people are very hard working and take pride in being honest and ethical. They tend to get carried away when they are committed to a cause and you'll find many an Aquarius person who gives up all in the pursuit of something noble. [Nat Mur](#) tends to keep them balanced without getting over excited about things



Pisces

Feb 19 - Mar 20 Ferr.Phos

Courteous and kind, Pisces people are always willing to lend an ear to those who are in trouble and need a shoulder to cry on. They also make good doctors and are very helpful. They could suffer from colds and fevers and [FerrPhos](#) is a great help in preventing these.

It was Dr George Washington Carey who saw a connection between the sun signs and the tissue salts going further according to him, all religions were allegories about Man and the human body with God being the perfect state that every man can achieve. He goes back to the Bible and sees the parables and the laws as the way to become a new human being, healthy in mind, body and soul. In his book "The Chemistry and Wonders of the Human Body" he draws connections between the universe, religion and man. According to him, God is chemistry and if we can also get the right chemistry, we can be like God too. All we should do is make sure our bodies are in perfect balance so they vibrate to the music of the spheres.

Resources:

1. The Biochemic Handbook (St. Louis, Missouri: Formur Incorporation Publishers, 1976) Originally published as Biochemic Theory and Practice by J. B. Chapman, M.D. and Edward L. Perry, M.D.
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3. Carey, George W. and Inez Eudora Perry, Relation of the Mineral Salts of the Body to the Signs of the Zodiac (Los Angeles, CA, The Chemistry of Life Co.) Books available through www.kessinger.net.
4. Gardenhire, Lorena. Letters By Inez Perry On Using the Cell Salts (Pomeroy, WA. Health Research Books, 1972). This is a compilation.
5. Kim Marie, Evolutionary Astrology Course: Health and Wellness Segment Three, (www.evolutionaryastrology.net) 2008.



PLACE OF KEY NOTE , CHARACTERISTIC PRESCRIPTION IN HOMOEOPATHY

DR. P. S. MANDAL, M.Sc. (Psy), BHMS, ASST.PROFESSOR, DEPT. OF ORGANON

Different modes of prescriptions are there. Some prescribe on mental, some on physical and some according to their own principles. Thus, in Homoeopathy different doctor; different methods of choosing medicine and varieties of prescription for the same patient made Homoeopathy questionable for its scientific background. Our today's article is specially on making quick, correct and effective prescription.

“Correct prescribing is the art of carefully fitting pathogenetic to clinical symptoms, and such at present requires a special aptness in grasping the essential points of symptom images, drudgery in mastering a working knowledge of our *Materia medica* or a most skilful use of many books of reference.”.....C.M.Bogar.Methods of prescriptions are there which are very much tiresome, lengthy and painstaking. But some stalwarts advised prescription on the basis of **KEY NOTE OR CHARACTERISTICS** through which we can easily reach to the *similimum* OR CORRECT prescription.

The keynote is a predominating symptom/ features which direct attention to the totality. Keynotes are based on the clinical experience of homeopaths. When a homeopath finds that a symptom is a reliable guide to a remedy it becomes a keynote of that remedy. Because this process is somewhat subjective, different homeopaths will disagree on whether a symptom is a keynote. Keynotes are a useful tool in selecting the most similar remedy. However, knowledge of the repertory and *Materia medica* are equally important. The real “Keynote system” was taught and practiced by the late **Dr. Henry Newell Guernsey M.D.(1817 – 1855AD)**. KEY NOTE can be causation, modality, striking generals or concomitant.

Characteristic symptom is “a symptom not found under more than one remedy”

Dr. S. Hahnemann himself has written in *Organon of medicine aphorism 153*. “The more **striking, singular and uncommon and peculiar (characteristic) signs and symptoms** of the case of disease are chiefly and must solely to be kept in view; for it more peculiarly, these very similar ones in the list of symptoms of selected medicine must correspond in order to constitute it most suitable for affecting the cure. The more general and undefined symptoms; loss of appetite, headache, debility, demand but little attention when if that vague and indefinite character; symptoms of general nature observed in every disease and drug'. One symptom may indicate a particular drug but it should be supported by other symptom present in the case.

The keynote system of prescribing is highly attractive to many minds, because it

looks so easy and does away with all tedious comparison of drugs and also from the fact that many brilliant cures were made by means of the keynotes in the hands of Lippe, Allen, and others. "To enable the student and practitioner to do this correctly and rapidly he must have knowledge of individuality of the remedy; something that is peculiar, uncommon or sufficiently characteristic in the confirmed pathogenesis of a polychrest remedy that may be used as a pivotal point of comparison. **It may be so called "key note", a characteristic, the 'red strand of the rope, the central modality or principle'.....Dr.H.C. ALLEN**

But this type of prescription may face serious error in untrained, inexperienced hand. Due to hurriedness or lack of experience they prescribe only on one striking symptom and faulty prescription occurs.

So, we should not forget the word of **Dr. H.A .Roberts**: "**No single symptom, no matter how strange, rare, and peculiar, can stand without the support of the well taken case and the likeliness of the whole patient to the remedy**"

Thus, during Homoeopathic prescription we should consider only key note or characteristic symptoms but medicine must not be chosen only on one symptom rather it should be chosen on **group symptoms** indicating a drug. We should not forget the concept of "**Three legged stool**" of Dr. C Hering which says at least three key note or characteristic symptoms required for the prescription of a particular remedy. More elaborately, one key note symptom may indicate a specific drug but before prescription it should be verified, see whether other important symptoms are also supporting the same or not. See whether other general condition like hot or chilliness, desire, aversion, sleep and dreams, prominent mental condition etc. are not going against the chosen medicine. Last but not the least, for second prescription one can always depend on the observations (**12 observations of Kent**) and **second prescription** (Kent).

EVENTS

PHARMACY TOUR OF OUR COLLEGE



PHC VISIT BY OUR MEDICAL OFFICERS AND INTERNEES



Awareness programme for our students on Road safety was organised by C.R.SCOOTER at our college campus



Induction of New college bus by our trustee, Mrs. Reena Soni madam



Dr Pravin Kartikeyan, from Mangalore, visited our college today and interacted with the students and guided them regarding the importance of the basics of Homeopathy taught to us by our master, Dr Samuel Hahnemann.



21 June 2017 3rd "International Yoga Day "Celebrated In Smmhmc Campus



NATIONAL CONVENTION ON HOMOEOPATHY ORGANISED BY CCH



APRIL 2017 EXAM RANKER STUDENTS

2ND YEAR OLD 2016-17



First
Desai Poojaben K.
545/800



Second
Patil Devyani S.
541/800



Third
Patel Sangitaben N.
538/800

3RD YEAR OLD 2016-17



First
Katrodiya Megha S
966/1400



Second
Manavadaria Charmi
889/1400



Second
Sorathia Khyati D.
889/1400



Third
Maheshwari Aditiben A.
877/1400

4TH YEAR OLD 2016-17



First
Lakhani Uzma A.
1111/1600



Second
Dangiwalla Zubedakhatun
1060/1600



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