

ICR, Silver Jubilee Seminar Feb 01, Kolhapur

* **24th and 25th February 2001:** Kolhapur hosted the event as a part of ICR silver jubilee celebration. The ICR team included Dr Kumar Dhawale, Dr Sunil Balinge, Dr Bipin Jain and Dr Sonali Datye. The seminar was a first for south of Maharashtra.

Dr LEENA SHINDE welcomed and introduced the guests. Dr Dhawale garlanded the photograph of late Dr H Gaikwad and paid homage to this senior most teacher of philosophy, a principal of many colleges.

Dr K M DHAWALE:

Introduction of ICR, its foundation & functioning: Awareness of difficulties students face in Homoeopathic practice due to lack of a standard approach, led our Guru, the late Dr M L Dhawale, to establish the ICR. MLD, as he was affectionately called, believed in patient care, learner care and knowledge care triangle. The approach of ICR is student based. There are group disciplined discussions, sharing of ideas and synthesis. Every session ends with evaluation of what we are doing. Continuous feedback is given to action learning. This helps overcome our shortcomings and prejudices. There is a total non-hierarchical approach.

Dr BIPIN JAIN- presented acute cases with stress on management of acute state: how acute disease evolve, pace of the diseases, fixed general totality, sector totality, right diagnosis with clinical pathological correlation, assessment of susceptibility, sensitivity, analysis, evaluation and right remedy.

CASE 1:

A 24-yr old patient under treatment for Idiopathic thrombocytopenic Purpura. Constitutional remedy was

Natrum-phos, intercurrent *Tuberculinum-bov*. Patient responded well. Acute menorrhagia & bleeding gums were treated by *Phosphorous*.

Patient gets repeated phone calls threatening her at night 2.30 am. She comes down with chills, chattering of teeth, high fever & pain in extremities. At 7 am she gets vague pain radiating from left to right side. Crocin helped. The diagnosis remains?

Next day she reports with pain localized in right dorsal back. Generals same. On examination: air entry down, crepitations+ and dull note on percussion.

New additional symptoms: giddiness, burning and head heavy. Voice is hoarse with very minimum throat congestion. **DIAGNOSIS-** Pneumonia.

Here we see that after an acute stress at level of psyche, the susceptible host tries to resist through the nervous autonomic system first. In many cases these expressions are constitutional symptoms which come in fore-front & are the first defense of the body. They are called the fixed general totality [FGT]. After localization takes place there are tissue symptoms. The FGT remain constant, whereas in ST changes according to localization for this case:

- 1) A/F fright
- 2) Sudden onset, rapid progress
- 3) Heat sensation
- 4) Weakness, unable to move
- 5) Minimum congestion but voice hoarse

The remedy prescribed was *Phosphorous* 200. First generals felt better > [Hering's law].

CASE 2:

A 15 year old boy got up at night, saw a doll on his T V cabinet and got frightened. At 2 am breathlessness started. He reported next day at 5 pm. with breathlessness and nose block. On examination: nose and throat showed no signs of upper respiratory tract infection.

Evaluation: 1) A/F fright 2) rapid onset 3) breathless-



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ness fright after 4) nose block with breathlessness and no local pathology.

Kent's repertory: only 2 remedies for breathlessness fright after – *Sambucus*, *Cuprum-met*. *Sambucus* 200 single dose was administered and breathlessness was better within 2 hrs.

CASE 3:

A boy of 15 y got fever only for 2 hrs and then was afebrile. Along with fever, he got toothache, (which subsided with fever); abdominal pain, distention, nausea, vomiting, bitter taste and headache.

The characteristic symptom: fever with toothache. O/E oral cavity NAD.

Reference to Allen's Fever: Only 1 remedy for fever with toothache ie *Carbo-veg* which relieved. Here we see importance of characteristic symptom.

CASE 4:

Patient is a relative of the physician.. He calls at night with sudden, rapid abdominal pain which became worse and within 5-10 min it was agonizing, colicky and radiating from umbilicus to right iliac fossa. Physician finds patient restless and jumping with pain aggr touch of physician or others. Face congested. O/E tenderness, guarding.

DIAGNOSIS: Acute Appendicitis.

REMEDY: A clear *Belladonna*.

Here we make sense out of this picture by forming a totality:

1) Pace very fast 2) Restlessness 3) Congestion 4) pain < touch 5) Pain < jar. Disease is at first stage of inflammation and circular muscles involved. This confirms our understanding of Rx.

As the disease is rapidly progressing, complications need to be avoided. With high sensitivity and susceptibility *Bell* 1M every 10 minutes; repeated till response. Better in an hour.

CASE 5:

A patient with known allergic bronchitis. As usual his complaints were weakness, thirst decreased, evening aggravation and gradual pace of complaints. He took allopathic treatment for 2-3 days, but was not better. The same treatment used to relieve him previously. After 3 days he came to our clinic with the above generals. In addition there was fever of 103, respiratory rate 40, chest pain, bronchial breathing, air entry down, rales and patient felt better by walking.

DIAGNOSIS: Pneumonia.

In this case we are unable to find causation. The general symptoms, which have remained same throughout, gain importance. Hence we evaluate as follows:

1. Insidious pace . 2 Weakness 3. Thirst decreased 4. Evening aggravation. 5. > walking

The remedy prescribed was *Pulsatilla* 200 repeatedly. Patient better in 2 days. Later detailed case taking was done and constitutional remedy defined.



GEMS MAY BE PRECIOUS BUT FRIENDSHIP IS PRICELESS !!!



10th National Shimla Conference, Feb 2001

National Homoeopathic Conference, 17th-18th Feb 2001 at Hotel Peterhoff, was organized by Research Society of Homoeopathy in the capital of Himachal Pradesh, Shimla. First in the history of Himachal Pradesh. 500 delegates participated.

HIS EXCELLENCY, THE GOVERNOR OF HIMACHAL PRADESH, SHRI SURAJ BHAN inaugurated the conference. He emphasized that the Homoeopathic system of medicine can and should be extended deeper in the society/community, specifically to rural areas, because of its easy acceptability, efficacy, no side effect and economical merits. In recent years, Homoeopathy has been much popularized. He promised all possible help, assistance and co-operation for promotion and development of this system in the state of Himachal Pradesh, especially in opening a Homoeopathic Medical College.

THE HON'BLE HEALTH MINISTER OF HIMACHAL PRADESH, SHRI J P NADDHA, in his presidential speech, spoke of the need of joint efforts to integrate all systems of medicines. For the first time the government has involved the physician of I S M and Homoeopathic physician for the National Health Program. He also assured help for starting a College and popularizing Homoeopathy.

Dr S P S BAKSHI, PRESIDENT, CENTRAL COUNCIL OF HOMOEPATHY, emphasized the need to popularize Homoeopathy in adjoining states viz Chandigarh, J K, Haryana.

All chronic problems and the rare diseases can be effectively treated through Homoeopathy, it was asserted.

Dr RAMJI SINGH, VICE PRESIDENT C C H stressed utmost urgency and necessity for every Homoeopathic College in India to strictly adhere to the standards and norms laid by the CCH

Dr C P SINGH, CHAIRMAN, RESEARCH SOCIETY briefed

about activities and achievements of the Society, most importantly the initiative to establish Pharmacy College in Homoeopathy.

Dr ANIRUDH VERMA, SECRETARY OF THE SOCIETY AND MEMBER OF CCH, spoke of the need for a separate directorate of Homoeopathy, establishment of Homoeopathic dispensaries at Block, PHC level and sub block level, if overall development of the system for the medical care and treatment for the masses of Himachal Pradesh is to really happen.

Finally Dr S R Sharma, convener of the conference extended a vote of thanks.

VARIOUS SCIENTIFIC SESSIONS:

FIRST SCIENTIFIC SESSION: Gall Bladder Diseases: chaired by Dr Anil Bhatia, Mumbai.

Speakers: Dr Sr Vida Olivera & Dr Jacob and Dr Pradeep Gupta. These experts concluded that the role of homoeopathy is limited in gall bladder cancer and gall bladder stone but is effective in Jaundice and Cholelithiasis etc.

SECOND SCIENTIFIC SESSION: Connective tissue disorders: Dr (Ms) K S Matani was moderator.

SPEAKERS: Dr P Chakravarty and Dr Paravas Paul of Fr Muller Homoeopathic College Mangalore. In their experience role of Homoeopathy in treatment of blood and lymph cancer is limited but it is very effective in arthritis and anemia etc.

THIRD SESSION: dedicated to Dr Madhu Bala Rastogi. Dr Anil Bhatia was the sole speaker. He first spoke glowingly about services rendered by the Late Smt Rastogi towards development of Homoeopathy. In his paper he stated that menopausal syndrome and Osteoporosis, he found the follicular parathyroid hormone, ACTH very effective.

FOURTH SESSION: Panel session on pathological prescribing vs individualization: moderated by Dr (Ms) K H Matani of Mumbai. The expert panelist were KPS Dhama, Homoeopathic physician to the Presi-



Dr ANIRUDH VERMA
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dent of India, Dr Anil Bhatia, Dr S Haque, Dr R Dubey and Dr J D Daryani. **The final opinion of the experts:** homoeopathic treatment is based on symptomatology but modern medicine treats on disease nomenclature. In keeping with this, Homoeopathic selection of medicine should be based on individualization not on pathological findings.

FIFTH SESSION- on comparative MM.

Dr R Dubey, Dr S Haque and Dr Durga Shankar Singh of Muzaffarpur gave detailed differentiation about various homoeopathic medicines- a useful session for student & practitioners.

SIXTH SESSION- open session. Dr A K Sachan, urologist, Shekar Hospital presented a paper on Kidney

stone and delineated where operation is needed and where medicine is effective. Dr Harish Chandra, Dr V T D'souza, presented few successfully treated cases. Dr C V Pandey ENT Surgeon, Lucknow spoke on *Capsicum*. Dr Anand Chaturvedi of Bhopal presented a paper on Bronchial Asthma. Other papers were by Dr J D Karath Mangalore, Dr R K Sharma, Dr R K Srivastava and Dr S S Vithal.

Dr J R Verma, Chief Guest of the Validictory session. Shri Verma asserted the need to popularize Homoeopathy through the network of the government in Himachal Pradesh. Dr Anil Bhatia, Dr Girendra Paul, Dr Anirudh Verma, Dr C P Singh, also spoke on this occasion. □

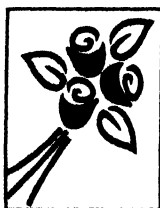
Materia Medica Workshop Khanna UP

Khanna unit of IIHP organized a one-day workshop on HMM at Golden Grain Club Hall on 29-04-01.

FIRST SESSION: Dr VK Gupta, National President & Ex-Principal Nehru Homoeopathic Medical College Delhi explained the history of HMM. In modern day language M.M. is nothing but 'Applied Toxicology': consisting of drug proving, poisoning & clinical proving. He classified the MM as

1. MM Pure/True
2. Applied MM
3. Commentaries

THE LAW OF MINIMUM DOSE: mentioned in Pharmacology as Arndt Shulz Law (1678-1745), it means: to any given stimulus; thermal, electrical (drug), the protoplasm of body reacts differently according to the dosage of stimulus.



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Small dose:	Encourage
Large dose:	Impede
Very Large dose:	Destroys the life activity

SECOND PRELUNCH SESSION: B. Dr Gupta took up points on homoeopathic research. Research should be based on quality of health. But it is pity that our research lack parameters of subjective methodology of health based on Organon. We should have our own research protocol. He showed some marvelous thesis work done by students of Nehru Homoeo Medical college, Delhi specially on HIV, drug proving, addictions, etc. C. Following few rare peculiar symptoms of certain drugs were also explained.

1. Asthma > by standing near window-*Can-sativa*
2. Occupies strange position in bed-*Plumb-met.*
3. Neuralgia of face > Kneeling down pressing against floor-*Sang-can.*
4. Red cheeks in afternoon (in Asthma, TB, Pneumonia)-*Sang-can.*
5. Changing occupation constantly-*Sanicula.*
6. In collapsed condition, icy cold body except Head-*Ars-alb.*

7. Metrorrhagia with Physometra-Lyco

SESSION 3:

Dr VK Gupta gave a beautiful drug picture of *Lyco*. With the help of doctrine of signature he explained *Lyco* (club moss) as follows: growth is slow, (needs the help of fungus to grow), inability in spermatogenesis, weakness is inherent, great hilarity & great depression. Laughing without reason, desires solitude. Lack of self confidence. Fearful, arrogant, dictatorial. Angry & cowardly. Sentimental sensitivity (hypersensitivity to all senses) Initial hesitation then full control over situation. Defective assimilation affects all metabolism. Love for power. Doesn't want responsibility, tries to hide weakness, physically weak mentally intelligent. He gave few points on proving of new drug-*Vincarosea* (Sadabahar).

It was high quality, purposeful workshop. Dr V K Gupta was honored with memento by Dr J P Singh & Dr S T Hasan (National Vice President) by Dr Dhawan Presi Haryana IIHP & Dr Avtar Singh Presi IIHP Punjab. After the function there was joint meeting with the state office bearers of IIHP Punjab, Haryana & Delhi in which Dr Gupta stressed to strengthen the association by enrolling more members, organising seminars, camps, etc and taking community health programmes. AN ADDITIONAL midnight FEAST: Dr AJIT KULKARNI, SATARA: On 30th April this humble, dedicated homoeopathic physician from Satara (MS), Dr Ajit Kulkarni with his family was stopped at Khanna on his way to Amritsar & Vaishno Devi. He gave his lecture on *Kali* Group of medicines from 8 pm to 12 midnight. We learnt there are 46 medicines in *Kali* Group. Till now we knew



Remedy the BHMS Curriculum

(Ed: We received a long note from the author about the problems with our current syllabus. Dr Praveen Kumar, NJH Rep of Hyderabad, the honoured and only MD of our NJH team, has prepared a brief which we give here to ponder on.)

In BHMS Syllabus:

The Organon & Philosophy is not there in the final year. It is like Grammar for learning English. Hence, there is an Urgent need for inclusion of Homoeopathic Philosophy & Organon in final year and even for internship.

(Ed: This is absolutely correct.)

The latest advances in the Immunology, Genon theory and other subjects are very much inline in Homoeopathy. Hence, these must be included in the Pre clinical study.

(Ed: They can be taught in Microbiology at Para clinical level.)

The superfluous subjects like Microbiology & Bio chem-

istry have to be curtailed.

(Ed: This is contradictory to the 2nd Statement.)

Psychology & especially psychoanalytical part should be included in the syllabus as it helps in the case taking of mental symptoms.

(Ed: It is there but not totally.)

In the pharmacy subject Pharmacopocia and pharmacodymanics which would tell us the drug physiology and drug pathology.

(Ed: This is also essential.)

B. Regarding MD

MD Course is conducted in Jaipur as correspondence course for the past 5 to 6 years, where as in NIH, Calcutta it is a full time course for 3 years. Both cannot be equated. This correspondence course is meant for VIPs and their people to occupy higher posts.

(Ed: P G Course in Homoeopathy is mainly meant for producing PG teachers. For this purpose External MD was started at Jaipur and also even in Beed (for one year only). Now that the regular MD candidates are available, the Ext MD should be stopped.



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