



Vth International Seminar Bulgaria, Sept 07

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A very thought-provoking and mature seminar and a master class on the very practical themes of homoeopathy occurred in the famous mountains of Bulgaria from 21-26 September 2007, by the international teacher from India, Dr Ajit Kulkarni. The subjects were announced beforehand and hence it became interesting for the participants to listen to this knowledgeable homoeopath. Already Dr Kulkarni has visited Bulgaria 4 times and many young and senior physicians know Dr Kulkarni's thinking pattern and classical approach. He delves deep in subjects, collates well all the integrated themes and then puts them before the group in the most convincing manner. His power points are superb, precise and he goes smoothly in broadening his lectures. Being a clinician of wide experience, Ajit knows how to connect theory with practice. He will give plenty of examples to prove his points and will give so much to the group that every participant will feel that his cerebral appetite has been quenched.

We asked Dr Kulkarni to deliberate on following subjects:

- Diabetes mellitus, a common growing problem in Europe. Our main objective was to explore different ways of its homoeopathic treatment.
- Body language and Homoeopathy, a continued series with more practical ideas.
- Human symbolism and its correlation with homoeopathic materia medica and repertory.
- Conscience, guilt and shame - The homoeopathic perspective.
- Managing acute abdomen in clinical practice
- Live cases before the group and their psychological analyses.

The readers may feel that there are only five sub-

jects and 6 days, but to tell you the truth, six days felt short, given the depth of knowledge. Instead of one subject to be finished fully with questions and answers at the end of each session, we asked Dr Ajit to deliver sip by sip, daily 2 hours allotted to each subject and this helped every participant to digest the depth.

Dr Ajit began with **Diabetes mellitus**, emphasising that it is a systemic illness. Then he asked few questions to the group -

Is diabetes-increased blood sugar or vascular changes? Which is the cause and which is the effect? Is it inherited? Is it only due to lack of insulin? What should the diet be? Are diabetic pills to be lauded or banned? Is insulin therapy as dramatic as it was made out to be? What has the mind and the personality to do with diabetes?

He clarified each issue and made it clear that modern life and living has a big role to play.

While enumerating on the causes of DM, he linked the remedies to be taken into account in the Constitutional management of a case.

TO ILLUSTRATE

1. GENETIC DEFECTS IN INSULIN ACTION: Type A insulin resistance. Leprechaunism. Rabson-Mendenhall syndrome. Lipoatrophic DM.

Related Remedies: *DNA, RNA*. Nosodes: *Carc, Med, Tub, Syph*.

2. DISEASES OF EXOCRINE PANCREAS: Pancreatitis. Pancreatectomy. Neoplasia. Cystic fibrosis. Hemochromatosis. Fibrocalculous pancreatopathy.

Related Remedies: *Ars, Bar-m, Bell, Calc-ars, Carb-an, Carb-v, Coloc, Con, Hydr, Iod, Iris, Kali-I, Merc, Mom-b, Nat-s, Nux-v, Pancre, Parathyr, Phos, Puls, Spong, Uran-n*.

3. ENDOCRINOPATHIES: Acromegaly. Cushing's syn-

drome. Glucagonoma. Pheochromocytoma. Hypert thyroidism. Somatostatinoma. Aldosteranoma. Related Remedies: *Bar-c, Carc, Pituit, Thy, Cortico, Cortiso, Adren, Cact, Iodides, Ferrums, Nat-m, Thy, Phos, Piloc.*

4. DRUG/ CHEMICAL INDUCED: Pentamidine. Nicosinic acid. Glucocorticoids. Thyroid hormones. Diazoxied. Beta-adrenergic agonists.

RELATED REMEDIES: *Agar, Agn, Ars, Bry, Camph, Carb-v, Chin, Coff, Coloc, Cortico, Cortiso, Hep, Hydr, Kali-i, Lach, Laur, Lob, Mag-s, Nat-m, Nit-ac, Nux-v, Op, Ph-ac, Puls, Sec, Sulph, Thuj.*

5. GESTATIONAL DM (GDM)

RELATED REMEDIES: *Acid-lac, Helon.*

A very promising aspect was linking emotions and personality to DM. He linked 'love' as an emotion important to explore in each case of DM. His forthright inference that today's man wants love, rather an intimate kind of love, but without sacrificing on his part and hence it goes for an unsatisfied desire for love. Glycosuria = sugar run-out. Sugar = love. Running out (a failure) of love. Dr Ajit emphasized the Indian philosophy of unconditional love and 'making others happy for the sake of becoming happy' as the motto of life!

Dr Ajit pointed out the iatrogenic effects of cancer with insulin therapy and artificial sweeteners. Zinc which is used in insulin preparation has its own side effects. Excess of zinc may lead to copper deficiency and may also inhibit the anti-carcinogenic effect of selenium; electrolyte imbalance, respiratory distress, pulmonary fibrosis etc. He said that *Zincum* salts must be prescribed in insulin dependent cases. He held the concept that more than one remedy may be required in treating cases of DM. He frankly told that drug therapy in DM assumes the third rank - the first being the diet, second exercise and the third drugs. He elaborated upon all three. The interesting video presentation was on Yoga and Meditation.

He even showed to the group the recent research findings and asked the group to implement them in practice.

TO ILLUSTRATE

➤ Sedentary lifestyle increases levels of glucose

in blood; even if one may not be diabetic.

- Care of gums helps control diabetes.
- Lack/Excess sleep raises diabetes risk.
- Breastfeeding reduces mothers' diabetes risk.
- Mother's stress triggers diabetes in kids.
- Reduced waistline lowers diabetes and heart risk.
- Diabetes and obesity get increased due to TV viewing.
- Psychotherapy helps control diabetes.
- Laughter cuts blood sugar level.
- Middle age diabetes may lead to dementia.
- Mothers of smaller babies are at higher risk of diabetes.
- High blood levels of selenium are linked with diabetes in adults. As selenium has antioxidant properties, high levels of selenium in the body may prevent diabetes.

We published Diabetic Repertory by Dr Ajit on this occasion.

BODY LANGUAGE AND HOMOEOPATHY is a continued series of understanding the patient through gestures and postures. We have already learnt earlier from Prof Kulkarni and this time he spoke on Body language of families, groups and kingdoms. The plan was to give the characters of the group, discuss them with the participants and then to study the characters with the tool of body language. Dr Ajit dealt with many remedies like *Lach, Lyco, Plat, Stram* etc; mineral groups like *Kali, Mercury, Metals, Ferrum, Acids, Alkaline earth group*; vegetable families like *Solanaceae, Fungi, Anacardiaceae, Cactaceae, Loganaceae, Compositae* etc; Animal groups like fish, spider, birds etc.

TO ILLUSTRATE

Character Of Cactaceae Family

Prickly

Rough outside, sweet inside

Desert plant

Needs less water

'You can't touch me without care'

Weapon ever ready, survival against odds

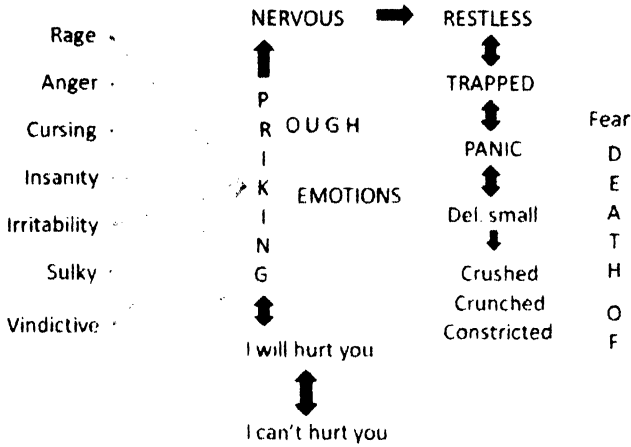
If you trouble me, I will torture you

Security, protection, vigilance

A/F disappointment

REMEDIES: *Cact, Anh, Cere-b, etc.*

CHARACTERS OF CACTACEAE FAMILY



BODY LANGUAGE

Stretching the chest, the arms
 Space narrow, remain in
 Lowered steeple
 Tapping in front of the nose, resentment from
 Bowing head to appear smaller than actual height
 Mode: Reflective³, Responsive³, Fugitive², Combative⁴.

CHARACTERS OF SPIDER GROUP

Hypersensitivity
 Selfish
 Fear of survival
 Activity; fidgety; agile
 Industrious
 Sexuality
 Destructive
 Cunningness
 REMEDIES: *Aranea, Tarent-c, Tarent-h, Mygale, Latrod-m*

BODY LANGUAGE

Constant movements
 Touching/ rubbing the eye / nose.
 Crossing fingers
 Head nod (rage)
 Space, want, libertinism, as handshake, aggressive, palm thrust down.
 Sitting with legs apart
 Mode: Reflective³, Responsive³, Fugitive², Combative⁴.

'HUMAN SYMBOLISM' is one of the genuine contributions to classical homoeopathy. The main theme is that each organ has its own symbol and metaphor and is related to specific emotions. Every illness has a purpose and it opens up new and mysterious vistas that need to be explored beyond anatomy and physiology. This work is based on Thorwald Dethlefsen and Rudiger Dahlke and Ajit has successfully united it with homoeopathy. He said, "The oldest, most profound, and most universal of all symbols is the human body. The laws, elements, and powers of the universe are epitomized in the human constitution. Everything which exists outside of man has its analogue within man" and advanced his deliberation by explaining the connection between an organ, meaning and message and homoeopathic perspective.

SOME ILLUSTRATIONS

INTESTINE (SMALL): Processing. Conscious analytical thinking. Digestion of material inputs (Brain at non-material level). Assimilation. Absorption.

REMEDIES: *Carc, Chin, Phos, Sil, Sulph.*

INTESTINE (LARGE): Greed, the unconscious. Materialism.

REMEDIES: *Ars, Chin, Merc, Sep, Sulph, Lyc.*

TEETH: Inability to break down ideas for analysis and decisions. It is with the teeth that we do all our biting and chewing. Biting - a highly aggressive business, an expression of our ability to look after ourselves, get to grips with things and 'get our teeth into things'.

REMEDIES: *Acidums, All-s, Anac, Chin, Raph.*

Bad or decaying teeth-an indication of difficulty in expressing the aggression.

REMEDIES: *Cham, Staph, Kreos, Calc-f, Merc.*

A very important part of this unique presentation was explaining each remedy connected to the theme and organ. We have decided to continue this learning in future seminars too.

CONSCIENCE- GUILT-SHAME was a revealing presentation in the sense that our vision doesn't go beyond some rubrics. Dr Ajit, drawing from his long clinical experience, elaborated on these self-destructive emotions.

PLAN OF PRESENTATION

The meaning and the related words

Characters, types and consequences

Evolution of shame

Shame in relation with conformity, guilt, anxiety, identity, pride, rage, sex, culture, shyness, etc.

The patient during interrogation

Homoeopathic perspective: MM and Repertory

Cases and comparative MM

Four cases of shame given to the group in the master class. Each participant had to work out the data and take part in group discussion. It was a memorable event for all of us!

We deliberately kept the subject of, 'MANAGING ACUTE PAIN IN ABDOMEN' as it is extremely needed in clinical practice. Started with importance of causes, anatomical location of pain as far as 9 quadrants are concerned, physical examination, concomitant symptoms, correct diagnosis of a case etc. Through a host of acute cases, he exemplified his classical approach. He guided about interview techniques and adequate and accurate case-taking. He gave

indications of many remedies of colic like *Bell, Berberis, Bry, Colo, Cupr-met, Diosc, Stann-met, Staph, Verat-album* etc and compared them. The session ended with many useful clinical tips from Dr Tarkas and Dr Ajit Kulkarni's, 'A Select Homoeopathic Materia Medica'.

The last three days were exclusively for new cases and follow-up cases - we call this as **Master-class**. Detailed case-taking with skilled interview and in-depth analysis of each case from psycho-clinico-patho-miasmatic correlations were presented in a methodical way. The inter-active group discussion allowed each participant to freely share the views. Prof Kulkarni guided us in each step including posology, diet, psycho-therapy etc.

My sincere thanks to my co-organizer Roman Buchimensky and my organization staff for their tremendous help in this great venture.

The mountain stood as a rock of stability, the cool winds refreshed us, the resilient trees soothed the agitated minds and Prof Kulkarni gave a profound healing touch!

How to study Materia Medica, ICR Study group Bhavnagar, Sept 2007

Dr NIRAJ SANCHANIYA

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On 23rd September, ICR study group Bhavnagar and HECT Vadodara had organized a one day seminar on "How to study Materia Medica". The chief speaker was Dr Bipin Jain.

Since last three years, six qualified homoeopaths are working together for the better cause of Homoeopathy. We have got our recognition of ICR study group 2 years back and are working jointly with Homoeopathic education and charitable trust, Vadodara, a branch of ICR - Mumbai. We have conducted various projects like Homoeopathic camps for one week for the needy people, Awareness programme for homoeopathy in lay persons. We had an exhibition of various posters on Homoeopathy and prevention of common dis-

ease so that illiterate people can understand it easily. A talk was arranged mainly for Homoeopathic students, making them aware of various avenues that they can opt for after their graduation. We regularly have weekly sessions and train the students at our clinics. Since 2 years we are running a charitable clinic. The main objective of the group is to help Patients, Homoeopathic students and Society for the better cause.

The main aim to have seminar on "How to study Materia Medica" was that since years students of Homoeopathy have always dreaded the subject of Materia Medica. Everyone takes it as a mass of symptoms which is difficult to memorise by the Human brain. In whole process the basic essence

of the subject is lost and the only criteria remains is passing of the subject.

The real problem starts once the student becomes a Practitioner. There are number of symptoms and each symptom is covered by a number of drugs. How to differentiate and come to a similimum is the major question.

Dr Bipin Jain with the help of the source books – Allen's Encyclopedia, Herring's Guiding Symptoms and Materia- Medica Pura by Dr Hahnemann, tried to show how each drug evolves and how it throws the symptomatology at each stage so the common mental symptoms like anxiety, grief, sadness, anger can be differentiated in each drug.

He took up Chronic and acute cases. In the acute cases he took up various cases of Pneumonia where he tried to point out the stages of the disease and the time taken to reach to that stage which helped to judge the pace of the disease. The application of the knowledge of pathology to Materia Medica was the prime issue when one tries to study material medica from the source books. It will also help to decide the common and characteristics which would help to differentiate from one remedy to other and thus come to the exact similimum.

In chronic cases there was a case of *Ignatia* and one case of *Pulsatilla*. In both the cases the cause was same - Father's death leading to grief. But each patient handled the grief and expressed itself in different manner. After highlighting the issue he took the group to the source books and tried to focus on the evolution of *Ignatia* and *Pulsatilla* as

recorded in the source books by the prover.

The whole seminar made the group realize about the importance of the work done by our Stalwarts in drug proving. It would be very beneficial if we try to study Materia Medica keeping our source books as the base. This will avoid the novice homoeopathic students to go into the delusions of various fancies and dreams and they would rather stick to the principles of Organon as given by Dr Hahnemann. This will help the students to differentiate each and every remedy rather than only limiting one self to the group of symptoms and just memorizing them to pass the exams.

Over 300 students, Homoeopathic Practitioners and Homoeopathic teachers from all over Gujarat participated in the seminar. The Chief Guest was Dr Pinakin Trivedi – Principal of A J Savala Homoeopathic and The guest of Honour were Dr Arvind Bhatt - Principal of Dangar Homoeopathic Medical College, Dr Girish Patel and Dr Apurva Patel both Asst Director of Swami Vivekanad Homoeopathic Medical College – Bhavnagar.

To sum up – such seminars will open up the eyes of students, teachers and the pattern of teaching and learning Materia Medica has to be changed. For all this CCH has to make great efforts so as to design the portion of Materia Medica in a manner so that it becomes useful to directly apply in practice – From Students to Practitioners, from books to patients. Unless such measures are not worked out Materia Medica will remain a dry subject as of today.

- BHAVNAGAR ICR STUDY GROUP

A sum-up report of Kent Memorial Lectures 2007

Dr SANJEEV AGARWAL

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As usual KML-2007 had its all color. Very well organized by Dr R N Wahi, Dr Shelza and their team...under guidance of stalwarts...Dr Mehta, Dr H Bhatia, and Dr Gehi. The whole show went smoothly without a single obstruction.

Though at the end moment, we had to change the chief guest - Dr Rastogi took up the very charge as Shri Yoganand Shastriji was unable to attend KML 2007.

The main theme of KML 2007 was ROLE OF HOMOEOPATHY IN NEUROLOGICAL DISORDERS, DEPRESSION

Report Section

- THE BANE OF THE MODERN LIFE STYLE.

The theory part covered by different doctors was enough to give depression picture in true sense.

The practical approach was covered by Dr Oberoi. He gave practical tips too.

Also gave emphasis on pranayam, more specifically stress on anulomb-vilomb, nari-shodhan.

He, in his vast clinical experience felt that the main object of physician in his pt is to correct the energy flow in appropriate direction, either by medicine or other means like Accupressure or Pranayam. Once we correct its free flow of energy harmoniously the patient's ailment will be completely cured within no time. And for that very purpose both paranayam and homoeopathic similimum works together. He cited many clinical cases to prove his thought. He had good results with *Ars-alb* in CM potency in all depressive-psychosis pt. He got fantastic result with *Aurum-met* CM in a pt with Guilt complex. In his vast experience with homoeopathy he felt high potency was very much useful in such cases. He got good result in temporal-epilepsy with *Stramonium* CM.

The next speaker was Dr Vishpala Parthasarathy. She was superb/excellent in her presentation. She summed up the whole theme in a good way.

According to her one slide on depression, is:

1. It's a mood
2. it's a symptom.
3. its a disease and a
4. SYNDROME too.

She stressed to learn counseling to help the depression in a better and faster way. She quoted many cases for that. In counseling one should be much cautious about not to give any adverse advise. So be known to our limitation too, from where to start, keep mum, or end up.

Dr Neeraj Gupta, Dr Parekh, Dr Aradhana Sharma were good in their theoretical papers.

Dr B N Sur presented his very elucid thoughtful paper on evolution of different brain complex structure. He in the end of his paper stressed over change in thinking, behavior, and lifestyle which is the basic need of hour for a human to remove his all miseries.

Dr Gyandas, nicely presented his valuable thought, with support of few good case reports.

Dr Bipin represented lesser-known remedies like *Cypripedium-*, *Senecio*, *Electricitas*, *Nat-ars*, and *Dysentery-co.* with the help of cases.

Dr Nidhi read on Materia-Medica regarding lesser-known drug *Magnifora* and *Polyporus*.

At last but not the least Dr D P Rastogi gave a very valuable thought. He stressed not to make homoeopathy too complex, so that new-comers would give-up the idea to learn homoeopathy. As you know, the number of students are reducing in homoeopathic-medical collages. Why? Allow it to remain simple as it is in its original form. He gave several important hints for pain in different location.

Thus over all there was a good food of thought for brain, especially for new comers.

HA! HA!! HA!!!

What did the Malayali do when the plane caught fire?

He zimby jembd out of the vindow.



How does a Malayali spell moon?

MOON - Yem Woh yet another Woh and Yen

Display of Library Books - A Journey From Known To The Unknown

ABSTRACT: We know that books are our real treasure and that we can only grow through books and journals. Yet there are those, who, though being in Homoeopathic colleges are deprived of enrichment through books, here all it required was one enthusiastic person to introduce this wealth to all and they benefited. This write up is given here to encourage other colleges too.

Dr SHABANA SHEIKH AND RUPALI GIRI,
Latur College, Maharashtra

"Books are the silent counselor and beacon of light in the storms of life. I read to forget, to bring back memories, to connect, to detach, to rejuvenate and to resurrect."- Nazia Mallick

A DIFFERENT JOURNEY, A HITHERTO UNKNOWN, BUT A MUCH SATISFYING JOURNEY:

On 18/10/07, III BHMS students of KSPM's Homoeopathic Medical College, Latur, Maharashtra had arranged the display of Homoeopathic books viz Pharmacy, Pharmacology, Organon, Repertory and HMM. The function was inaugurated by Chief Guest Shri Vikram V Kale sir (MLA and secretary of the institute), other guests were Dr Chinte (Senate Member of the University) and Dr Khamitkar (Principal). It was an integrated approach of showcasing the utility of available resources on Homoeopathy. Along with books, medicinal plants, charts, audiovisual presentation, repertory software and journals were displayed, which was presented and explained by III BHMS students.

PURPOSE OF THE DISPLAY

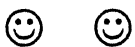
1. To have an introduction about the available literature in the library
2. To classify various books mainly HMM for minimizing our search of individuality
3. To have an integrated approach of

Homoeopathy through books, audiovisual presentation and use of repertory software in minimizing the data.

4. To subject ourselves to classification of data
5. To understand the utility of individual books and to know what to look for in which book
6. To understand the current scenario through reading case and theme based journals
7. To integrate source books, commentators, case and theme based books, audiovisual learning and software know-how in minimizing the data.

In journal section the NJH issues were very useful, because of its uniqueness, different topics covering disease condition on a theme based on HMM, Repertory and Organon in each issue.

The students involved in this activity were Dr Smita Kale, Yogita Gore, Rupali Giri, Rupali Gundayya, Shabana Sheikh, Kirti Bhosale, Praveena Gosavi, Priyanka Mohite, Varsha Rathod, Archana Dhage, Rupali Deshmukh, Priyanka Bhosale and the team was guided by the Lecturer Dr Yogesh D Niturkar MD (Hom) ICR. The students from all classes attended the event and found it useful. All departments worked hard to make this event successful. Vote of thanks was given by Dr Nilangekar (HOD HMM)



What is Malayali management graduate called?

Yem Bee Yae. An Oto

Queries and Solutions



PROF DR KASIM CHIMTHANAWALA MBBS, LTMANDH, DDV, DMS, FPT, FNAHI, PGNAHI

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Q1. I have an 11 years female patient: mentally retarded, deaf-mute with Patent Ductus Arteriosus (operated at birth). At present she speaks in monosyllables. Other milestones are within normal limits. She craves raw vegetables and also gets recurrent colds. She remains constipated for weeks. Her mother is also mentally dull and unable to nurse her properly. How to manage such cases?

Dr AJAY SHAH, RAJKOT

A1. For such patients we have a number of remedies that can be selected and administered on the basis of presenting totality. But the problem which you have rightly pointed out is the maintaining factor (mother). Such patients require close monitoring, nursing, exercises (mental and physical), speech therapy, etc along with constitutional treatment. Hence, a thorough counselling with her parents, making them aware of the labours which they have to put in we can achieve good results. In this case, if mother is unable to support the grooming process, then outside help is always required and essential. Without this our treatment may not bear expected results. Common drugs which come up in such cases are *Medo*, *Baryta-carb*, *Bufo*, *Nux-m*, *Tarent*, etc.

Q2. Why are Viral epidemics occurring so frequently nowadays? **Dr DAMODAR IKKAR, PARBHANI**

A2: Nowadays, we have observed that milder forms of viral infections like Influenza, Viral Hepatitis A, etc have become less common. Instead we are getting severe forms of viral infections like Chikungunya, Hepatitis B/C, HIV etc. One of the main reasons which I have observed is due to the sensitization of the miasmatic complex in the population at large particularly the psoro-sycotic blend. The earlier psoric diseases which were self limit-

ing and curable are very fast evolving into prolonged diseases with complications. Eg: Chikungunya a viral disease that is excited by the Air borne Flavi-virus presents with a severe myalgia and arthralgia directing towards Sycosis. Even after the subsidence of fever, the joint pains / stiffness remain for months together. Similar is the case with the above-mentioned diseases. For management of such cases, it is imperative to combat the acute episode first by some superficial remedy. But then a deep acting miasmatic remedy like *Thuja*, *Caut*, *Sulp*, *Formica-rufa*, *Malaria-off*, *Stellaria*, etc will be required to curtail the progress of the disease. Often, an appropriate antimiasmatic nosode is required to prevent the development of the disease process as well as relapses in future.

Q3. Sir, I have a patient aged 17 years, a case of Juvenile Diabetes Mellitus (IDDM) and is on Subcutaneous Insulin since past 7 years and also started homoeopathy since 3 months. Can we stop her Insulin now? If not, is inhaled Insulin better than subcutaneous insulin administration? Kindly give details about insulin inhalational therapy?

Dr ABOLI SHEMBEKAR, NAGPUR

A3: IDDM is an auto-immune disorder where there is a progressive destruction of Beta cells of Langerhans. It has a strong genetic preponderance and it is a psoro-sycotic trait. The homoeopathic management in such cases is directly proportional to the amount of generals in the given case. Hence greater the amount of generals, greater is the chances that the patient shall be benefited with homoeopathy. But in patients of IDDM it is not wise to completely stop exogenous insulin even when the patient is on homoeopathic management.



In modern medicine, drug delivery via the pulmonary route has been used for long in the treatment of respiratory diseases such as asthma. Insulin is a peptide and its delivery via inhalation is dependent on factors as particle size (particles > 5 µm fail to reach the alveoli while those < 1 µm are exhaled), breath holding time and pulmonary function. Experiments to deliver Insulin via the inhalation route began in the 1920's by Gansslen, a German physician. Dr Wigley demonstrated a hypoglycaemic effect in rabbits by administering insulin by inhalation. In the last decade significant progress in aerosol technology has enabled the development of new inhalation devices that are portable and capable of effectively delivering peptides to the lung periphery. After inhalation, insulin particles are deposited in the alveoli, subsequently transported by endocytosis, and later released into the circulation. The respiratory tree offers the largest available surface area for drug delivery (around 140 sq m in humans). In a recent study, glycemic control comparable to subcutaneous insulin was demonstrated in a large number of IDDM children over a 3-day period by nebulizing neutral, soluble insulin at 4 to 5 times the normal subcutaneous dose. Scintigraphy revealed that 50–93% of the aerosolized insulin is deposited below the larynx. Traditional aerosol devices include portable, pressurized-metered dose inhalers, dry powder inhalers and a wide range of stationary nebulizers. The dry powder inhaled insulin formulation achieves a faster onset of action than subcutaneous soluble insulin with a time to peak effect resembling the fast-acting insulin, as far as

inhalational insulin therapy in India is concerned.

Q4. Why is Serum Creatinine a gold standard to assess renal function? **Dr NEETA MANWANI, DURG**

A4: Creatinine is created from creatine, a compound found almost exclusively in muscle, at a relatively constant rate. It leaves the muscle and enters the blood and is subsequently removed by the kidneys. Most of the Creatinine enters the urine after being filtered by the glomeruli (some is secreted) and the remaining amount accumulates in the serum or plasma. If the kidneys lose their ability to filter blood (GFR decreases), more Creatinine will accumulate and serum or plasma Creatinine would rise. Thus, Creatinine is an indirect marker of glomerular filtration rate (GFR) or the functional capacity of the kidneys. Thus it is the most widely used test, rather the gold standard to assess kidney function. There is no single normal value for Serum Creatinine because it depends on how much muscle you have. It is often said that a normal value is 0.8-1.3 mg/dL for men and 0.6 to 1.0 mg/dL for women. It also can be helpful in recognizing when there is an acute drop in kidney function in addition to the chronic loss.

But early Creatinine assessment in a disease process is not so reliable. There are several studies that prove that there isn't a good correlation between serum Creatinine and kidney damage in early kidney diseases. This is because the healthy parts of the kidneys can make up for the damaged parts so GFR doesn't reflect the damage. As a result, by the time the serum Creatinine starts to rise noticeably, there is already significant damage.

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