

An Honest Attempt at Drug Proving

ABSTRACT: *One of the important researches in the medical field including homoeopathy is the discovery of newer drug substances and verification of older drug substances in the changing scenario of disease patterns that are emerging in the globe today. This article deals with the shortcomings one faces while drug proving.*

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In homoeopathy, Drug Proving allowed Homoeopathy to be translated from a philosophy to a practical science. The process of Drug proving requires healthy and sensitive persons who take the drug and are called as provers. A strict regulated environment is then required thereafter. The provers have to consume simple meals only. They have to abstain from consuming stimulant items in food as well as exposing themselves to other stimuli in the environment. From the moment the drug is taken, the provers have to observe a variety of changes that may occur in their spiritual, mental and physical levels and make a daily diary of their honest reportings. They are then submitted to the Project officer.

In our project, the Project officer, the prover and the drug administrator - all the three persons were unaware of the drug, hence it was a triple blind trial. The safety about the drug substance was with the drug provider. The homoeopathic physician is supposed to be an ideal prover, and we had with us 40 qualified homeopaths, participating in the 15th Summer school. All in the same environment - simple, sweet and comfortable. The daily routine beginning from Shaad Yog from early morning 5.30 am and ceasing after dinner, was not only regular but with full of discipline and decor. The meals consumed by each participant was same - simple vegetarian. In the itinerary there was no instance of mental anxiety and turmoil. All the works did not inculcate any

form of mental stress. There were no compulsions in any form on any front. All of these facts were present at the Post graduate School, hence this was an ideal place for carrying out the proving of an unknown drug substance.

Out of the 40 persons, 17 healthy, honest and sincere persons who voluntarily opted for the re-proving were administered a dose containing 6 pills (Globule No 20) directly per orally by Dr Sivaraman (a senior homoeopath of Nagpur) on 4th of June 2006 at 5pm. The remaining participants were considered as controls.

THE PROVERS WERE

Dr Amit Patel (Harda), Dr Kanchan Chotwani (Raipur), Dr Prema Kawadkar (Bhopal), Dr Harsha Dawe (Raipur), Dr Pradeep Pawar (Sangli), Dr Ashwini Pandey (Allahabad), Dr Ganesh Gurav (Sholapur), Dr Atul Shrivastava (Allahabad), Dr Abhijeet Patil (Sangli), Dr Swati Jadhav (Miraj), Dr Shweta Ramnani (Umaria), Dr Anil Zalte (Nashik), Dr Viraj Jain (Dhule), Dr Rajesh Samudere (Nandurbar), Dr Neelam Bangare (Jagdapur), Dr Anita Ruprela (Raipur), Dr Neelu Singh (Korba)

Since all the participants had already submitted their detailed case histories before the project started, they only had to pen down on a plain paper duly signed by the project director, all the alterations at any plane- sensational or

functional for example- sensations of, sensations as if, feelings, dreams, appetite, thirst, urine output, etc in their own hand writings. It was done faithfully and with as much details as possible.

After 1 week we summed up the following observations.

1. In spite of a close circuited well controlled environment there was no reporting of changes in the spiritual state by any of the participants.

2. Only 1 participant reported irritability at the mental level that lasted for about 3-4 hours only.

3. No persons reported any significant changes in their thermal state, their appetite, thirst, sweat, urine, and menstrual functions.

4. 5 provers reported a feeling of unsatisfactory stools, constipation and increased flatulence.

5. Only 3 provers reported disturbed sleep and vague dreams that were unremembered when they got up early in the morning.

6. 1 prover developed 5 new pustular eruptions on the chest and face, which he did not have before the proving and 1 prover who already had pustular eruption before the proving significantly improved after taking the drug.

CONCLUSIONS

1. As per the homoeopathic law of drug proving, after administration of the drug, changes appear in the spiritual and then on the mental plane. The changes in the physical state are last to appear. This was not the case in our proving. This cannot be corrected whether was due to the lack of sensitivity of the provers to the drug substance, or lack of repetition.

2. The changes that occurred in the provers were very few and mainly concentrated on the gastro-intestinal tract. Only 3-4 provers of the 17 reported changed states. Hence all in all they cannot be accepted on the face.

3. This proving which is the first attempt by the Academy, has not gone in vain. It has taught us that 7 days time is too short a time for observing changes. Also repetition of the drug substance is necessary after a period of 1 week. But since the period of the school is only 15 days, we have been unable to do so.

4. That in the next school a more serious attempt at this project shall be undertaken and we shall try to correct the fallacies observed in this project.

Hail Hahnemann, Hail Homoeopathy!

Put your hand on a hot stove for a minute, and it seems like an hour.

Sit with a pretty girl for an hour, and it seems like a minute.

THAT'S relativity. - Albert Einstein

The brain is a wonderful organ. It starts working the moment you get up in the morning and does not stop until you get into the office.

— Robert Frost

The trouble with being punctual is that nobody's there to appreciate it.

- Franklin P. Jones

We must believe in luck.

For how else can we explain the success of those we don't like?

- Jean Cocturan

Learn a Remedy Through Cases: *Aloe-Socotrina*—Part I

ABSTRACT: Our very popular section, learn a remedy through cases and the icing on the cake. This time it is so exhaustive a study that we had to compile it in three parts.



Extracted from the Internet by

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(This compilation is in three parts. Each part will appear in successive issues of NJH)

Use of *Aloe* goes back to the Mesopotamians and Egyptians, being used for treating the skin and for its laxative properties. It is mentioned by the Greek physician, Dioscorides in 74 AD. It was in the US Pharmacopoeia in 1820, primarily for its cathartic effects. The current interest in *Aloe* began in the 1930s when researchers found it helpful for healing wounds caused by X-rays, ultraviolet and gamma rays. It caught popular commercial interest in the 1970s and has exploded into popularity since then, mostly by nature cure practitioners. There are more than 360 species of *Aloe*.

The gel is one of the most widely used herbal remedies to relieve burns, sunburns, to promote wound healing and as a skin moisturizer and softener. Most studies have generally found *Aloe* gel to accelerate healing.

If one goes through the earlier presentations on this remedy in Homoeopathic literature they emphasized its greatest disturbance to the veins of the portal system, with great fullness in the region of the liver, abdominal, rectal and intestinal fullness and peculiar diarrhoea.

Dr Nash calls attention to the insecurity of rectum; rectum feels full of heavy fluid, which will fall out if he does not go to toilet immediately. Diarrhoea, Solid stool, (in large balls) passing away involuntarily and unnoticed. Great fullness and weight in whole abdomen, with feeling of

weight in rectum and haemorrhoids protruding like a bunch of grapes; > by cold water applied." This remedy, he says, should be considered alongside of *Podophyllum* and *Croton-tiglinum*. Dr Kent of course felt that this remedy had only a limited use. He says in his Lectures as under: "You will often find that *Aloe* will serve as a palliative when it will have to be followed by *Sulphur*, *Sulph-ac.*, *Kali-bi* or *Sepia*, the medicines that follow *Aloe* and are complementary to it, finishing its work. It is not a deep long-acting constitutional remedy like *Sulphur*, and yet it is not as short-acting as *Aconite* or *Belladonna*. Complaints come only with a moderate degree of rapidity. It may be associated well with *Bryonia*. *Bryonia* does not go so deeply into the life substance as *Sulphur*. *Aloe* has cured long standing prolapse of the uterus when it was associated with fullness, heat of the surface of the body, tendency to morning diarrhoea, dragging down of the uterus and sensation of a plug wedged in between the symphysis pubis and coccyx."

Dr Boericke also sums up the essence of this remedy as under: The rectal symptoms usually determine the choice. Adapted to weary people, the aged, and phlegmatic, old beer-drinkers. Dissatisfied and angry about himself, alternating with lumbago. Heat internally and externally. Has been used successfully in the treatment of consumption by giving the pure juice.

Dr Saine disagrees with the above limited assessment of the efficacy of this remedy. He had made an exhaustive study of the remedy and also of

the cases in his practice and those in the literature and feels that it is a very valuable remedy in need of re-discovery. He had given a masterly exposition on this remedy in a very long article titled "*Aloe-socotrina*-A Most Valuable Remedy in Need of Rediscovery", published by Canadian Academy of Homoeopathy. In fact it is masterly article on. "Learn a remedy through cases"

Dr Saine writes as under: "If you will carefully go over the symptoms of *Aloes*, you will find that it has a vast number of symptoms common with almost every drug in the *Materia Medica*; besides many that it has cured that are not recorded in any *Materia Medica*."

"In the examination of cases where eruptions have been suppressed or driven from the surface by improper dosing or the use of external applications, you will find many *Aloes* symptoms are produced, and if *Aloes* be administered, it will cause to assume, more or less, its original form and can then be treated as the original; or it will so far clear up the case and symptoms, so that the proper simillimum may be selected for the complete cure. In other words it will relieve the oppressed vital organs, so that they can rally and throw off, to a certain extent, the oppression, which had taken possession of the vitality of the patient, together with the drug symptoms, and clear up the case, so that the proper simillimum may be selected for the complete cure of the case, which would have been impossible to have done in the first place, on account of the then muddled up condition of the drug and disease symptoms which could have been elicited from the patient." (Dr Saine). He has also quoted Wesselhoeft who felt that *Aloe* will "clear away a number of other psoric symptoms not yet contained in its pathogenesis."

Dr Jekyll goes further and writes as under: "For a long time I have considered that *Aloes* was the most valuable remedy in the whole *Materia Medica* with which to commence the treatment of most of the chronic diseases that come into our

hands, and especially those that came from the hands of the "regulars," where a wholesale drug-ging had taken place and the symptoms were so obscured that it was impossible to separate the disease symptoms from those of the drugs that had been already administered; or in those cases, where the disease had been suppressed by improper doses, or by the profuse use of external applications."

"Diarrhoea will often be the chief presenting complaint of the patient and its characteristic symptoms should lead the conscientious prescriber to study *Aloe* says Dr Saine.

They are, typically, profuse, yellow brownish, watery diarrhoea containing lumps; it can be lumps with mucus or lumps of mucus jelly. It can look like frog spawn, or it can be mixed with blood and typically associated with great rumbling, gurgling and passing of a large quantity of loud sputtering gas. The diarrhoea can be felt coming minutes or even hours before. There is a great rumbling before. At times patients can feel the bolus traveling in the guts and then eventually filling the rectum. Before the stool there is a great amount of distention, gurgling and heat in the abdomen. The heat is both subjective and objective and feels like the pelvis is filled with hot water. It can also be accompanied by pain before and during stool."

Most important is the mental picture of this remedy which is often ignored while hunting for the simillimum. "In the acute state, the patient tends to be very sick and what is most remarkable is that it is not pleasant to be in his presence. Like *Chamomilla*, he is hard to please, becomes angry at nothing, and throws things when contradicted. Disgust with everything, dissatisfied and angry with himself, capricious, discouraged about his success. Impatient and irritable. Curses, quarrels with everyone who contradicts him. Aversion to company, cannot endure the visit of people. Repugnant to him to the point of repelling everyone." You will find this symptom under "hatred, repels everyone," like one of the above-mentioned patients who turned his head

away when his girlfriend picked up his hand or when his mother wanted to kiss him. Fear of men, anthropophobia."

Another very characteristic mental symptom of *Aloe*, is its great laziness: "Disinclination to move to go into the open air, though there is relief from it. Indolence; at noon. Disinclination to mental labour. Speedy fatigue from mental labour. Incapacity for labour, with peevish restlessness, disinclination to mental labor." He sits still, silent. A characteristic of this laziness is the possible alternation with great activity. In the proving it is found under "Exhaustion alternating with activity." Or it could be the opposite, such as excitement or the tendency to overwork.

Dr Saine has collected varied number of cases from his own practice as well as from the literature to prove this remedy as a polycrest. All the cases quoted in this compilation have been condensed from his masterly exposition, the idea being to disseminate valuable clinical data and cases to enable readers to understand this remedy and apply it in their practice when warranted.

CASE 1: Dr Jekyll

"Mr X came to me; he was about twenty years of age, rather tall and slim, light complexion, light brown hair; had an old look; poor and scrawny; was cross and snappish; complained of great lassitude, hard work to move; ill humoured, dissatisfied with himself and everything around him; vertigo, especially when looking up, as if everything was in a whirl; dull, heavy, stupid headache, more in the forehead and over the eyes; dimness and fluttering before the eyes, very sensitive to any noise, the hearing of music, the play of children, the talking of persons would almost set him wild; very gloomy and despondent, thought that life was hardly worth living; metallic, sticky taste in the mouth; yellowish ulcers on the tongue and in buccal cavity; no appetite except for fruits or knick-knacks, which caused an oppression of the stomach, with acrid, bitter belching of gas from the stomach, loose acrid stool with the pas-

sage of large quantity of gas soon after eating, with urging; restless sleep with vivid, frightful dreams; offensive sweat under the arms, in the groins and about the genitals; a hoarse, husky voice; chilly feeling in the open air; cutting pains in the upper portion of the right lung and in the lower portion of the left, with a gripping sensation in the region of the spleen; enlargement of the joints, very painful at the change of the weather, especially if damp, which made him very despondent and gloomy; said that he felt that he was certain to hear some bad news; scary and fearful, did not like to be left alone for fear that something dreadful would happen to him; skin was dry and harsh; a slight bruise or scratch would take a long time to heal, and if of any size was sure to ulcerate, with fearful itching and burning; lips, face and hands chap and the skin cracks as soon as cold weather sets in, with fearful smarting and burning – a sensation which covered all of the exposed parts of the body."

History revealed that when about six years old, *he had a very bad case of itch*, which was treated with large doses of *Sulphur*; and external applications repeatedly till it disappeared. He said that *he had never been well since then*, that he had been in the hands of a great many physicians and none of them had done him the least good; in fact, his mother said that he was getting worse every day. Dr Jekyll gave him seven doses of *Aloes 1M*, to be taken one dose just before bedtime, and to report as soon as the powders were all used. He returned in a week. There was very little change except that his mother said that he had a little better appetite. He got seven doses of *SL* and to report when used. At the third call there were symptoms of the eruption making its appearance. Another seven powders of *SL* were given, and upon the fourth call he had a case of itch; he said that he itched from head to foot; that he could not keep still one moment, and the more he scratched the worse he was. Otherwise his health was better; had a very good appetite; did not feel so gloomy; felt more like living if he could get rid of that infernal itching.

He now got one dose of *Sulphur* 1M and SL to last him for one month. Before that time the eruption had all disappeared. He then got one dose of *Sulphur* 10M and SL for another month. This was all the medicine he got, and in about one year he had entirely recovered, and has remained well from that time.

Please note in this case the aetiology of the present complaint is suppression of an itch by external applications which drove the disease to more internal organs. Please note the mental symptoms of Aloe revealed in case taking. In this case the doctor used another remedy Sulphur to complete the cure.

On the other hand, Wesselhoeft often noticed that *no other remedy than Aloe* was necessary to complete the cure even after the appearance of the previously suppressed skin eruptions.

Wesselhoeft's point was that when *Aloe* is indicated in an acute or subacute complaint, which often happens to be diarrhoea, it will often also be the chronic remedy; Two cases illustrate this point. In both the cases suppression of a skin complaint led to the characteristic diarrhoea of *Aloe* which led to the cure.

CASE 2: A case of Diarrhoea due to suppression of itch-Dr L WHITING

Mrs Y, age forty. Morning diarrhoea for many years past; comes on every morning after arising and continuing till 10 am. Stools yellowish, thin, fecal, accompanied by much flatus, and an immediate irrepressible desire for stool; cannot delay one minute. *Aloe* 30 was prescribed for the case, night and morning. Having taken only four doses of the *Aloe*, the stool became normal and the case became one of scabies over the entire body. Upon inquiry it was ascertained that she had the itch when about ten years of age treated by *Sulphur* and *Lard*, and she was of the opinion that the diarrhoea had been her constant companion since then, a period of thirty years. She received no further medicine and in three days time the power of the drug that had produced the scabies had also affected a cure of the same, with no return of diarrhoea."

CASE 3: Another case of diarrhoea-Dr WESSELHOEFT HBA, aged twenty-seven. Blonde, thin, active, had been for a year troubled with diarrhoea. Always has a loose, watery stool at 7 am. A second stool may follow any time during the day—early evening, forenoon, or afternoon. The stools are very urgent, often nothing but a little sputter with much flatus; has to run to the closet as soon as he feels the desire, as he has but little power to retain stool.

Much rumbling of wind in abdomen after going to bed. Usually awakens an hour after going to bed with palpitation of heart; after passing flatus goes to sleep and rests easily the remainder of the night. At night he can pass flatus with confidence, which he could not do during the day. All the flatus he passes is hot.

Free discharge of prostatic fluid after stool. Constant sensation of soreness in lower abdomen, over pubis, not sensitive to pressure. Tongue clean, appetite very good.

He affirmed that he had been well all his life up till a year ago. In childhood he had tinea ciliaris. Now, what bothered this young man, more than anything was the discharge of prostatic fluid after the stool for which he came for treatment. "We all know that such a solitary symptom will give us no indication for a remedy. Instead of trying all the remedies enumerated under the head of discharge of prostatic fluid during stool, I should have worked at other more important features of the case." (Dr Wesselhoeft)

The diarrhoea with the characteristic weakness of the sphincter, which would not allow him at any time, except in the night, to pass flatus, the flatus always being hot when passed; the clean tongue and good appetite led me to give him a dose of *Aloes* CM."

IN A FORTNIGHT HE REPORTED AS UNDER One formed stool a day for the last ten days. No urgency. Passes flatus with confidence and is not hot. Has slept well every night with no palpitation. Very little prostatic fluid has passed. Reappearance of sick headaches, of which he had two violent ones during the fortnight. These have



been absent for over a year and were treated by *Bromo-caffeine*.

"Now consider for a moment my astonishment when my patient told me that he has always suffered from sick headaches up to the time his other troubles commenced! (this is another characteristic of *Aloe*). Rx: SL"

FORTNIGHT LATER: Stools have remained perfectly normal. No discharge of prostatic fluid for two weeks. Soreness in lower abdomen over region of bladder entirely gone. During the fortnight had four severe headaches with nausea but no vom-

iting. Gets very faint at stomach every morning about ten o'clock—another old symptom which accompanied his former sick headaches. Just forty days after the dose of *Aloes* he received a dose of *Sulphur CM*.

THREE WEEKS LATER HE REPORTS

No headache to speak of. One or two episodes but not severe enough to keep him from work. Stools normal. Is troubled a little with flatulence that has easy and confident egress. Gained four pounds during the last three weeks. Was discharged cured. ○

Raipur, Study Circle Seminar, April 2006

REPORTED BY **DR SUSHIL HARIRAMANI**

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Raipur Homoeopathic Study Circle conducted a one day scientific exposition at Hotel Grand Arjun, Raipur (Chhattisgarh) on 9th of April 2006, Raipur Homeopathic Study Circle, Raipur, run by Dr Sushil Hariramani, Dr Sanjay Manwani, Dr Neeta Manwani, Dr Kanchan Hariramani, Dr Sanjay Chandrakar in Chhattisgarh in which the group had introduced interneers training programme since 1 year. Last year, group succeeded to train 32 interneers through regular group discussions, expositions OPD postings.

One day scientific exposition was held at Raipur, capital of Chattisgarh. The speaker was eminent Homeopath director of ICR Pune branch Dr S K Phansalkar. The subjects of exposition were: Approach of Homoeopathy in Diabetes Mellitus Type (II), Study of plant kingdom through cases, and the last topic was study of Synthetic prescription (especially silicate group).

It was for the first time in the History of Chattisgarh that any scientific exposition were held through cases. Group members did hard work and distributed three long case histories to all participants comprising Doctors, interneers and

students. Learning Materia Medica through cases was very interesting and fruitful for Homeopaths of Chattisgarh.

Dr Phansalkar threw light on clinical significance of diabetes mellitus type (II), how to differentiate diabetes and How to approach the case. He gave description about role of organ remedies like *Lycopus*, *Insulin*, *Acidphos*, *Hydrastis*, *Cephalandra*, *Syzigium-zam*. He said that 80% of diabetes type (II) patients responded well to constitutional remedy. Rest 20% required organ remedy.

Among constitutional remedy many polycrest medicines like *Nat*, *Lyco*, *Natsulph*, *Ferrum's*, *Phosphorus*, responded well but the *Kali* (potassium) group responded very well if the problem definitions matches since as *Kali* (potassium) have good action on diabetic pathology.

He demonstrated the importance of investigations in diabetes, like per month Blood-Lipid profile, 1 and ½ Yealy (Repetition) of ophthalmic checkup.

2ND SESSION – Dr Phansalkar through case of *Anacardium*, explained role of Socio-Cultural background and inherent familiar weaknesses in the evolution of the individual and unfolding of char-

acteristic expression of the ego in balancing an individual and also putting him in conflicts.

He explained in detail genesis of conflict and its influence in the development of the disease and *Anacardium*. He differentiated *Ignatia*, *Nux-vomica* and *Gelesemium*. Conceptual image and personal image, which proved very fruitful.

3rd SESSION was focused on Silicates and need of synthetic prescription. Dr Phansalker said when well established methods of scientific approach could not afford satisfying results from the existing Homoeopathic medicos, the physician was confronted with zigzag puzzle where different pieces of portraits of patients did not point straight to a single remedy (Those small pieces of portraits of patient were too peculiar and individualizing to be ignored). They presented themselves at various level and constant period of time. Various levels were Mental, Physical general, Particular sectors. This difficulty which Kent had experienced is also available in lectures of Kent's material medica under *Ferrum-phos*, where Dr Kent mentioned that *Ferrum-phos* could not be less than *Ferrum* and *Phos-acid* form it.

After that he presented a case of *Calc-silicate*. In which he gave conceptual image of *Calc-sil*.

<i>Calc</i>	<i>Sil</i>
Dependent/quiet	Conscience / Sustainance
Anxious	Chilly not tolerate winter.
Chilly	>+warmth
Forehead prominent	Discharges offensive
Frontal bossing	Stain-indelible
>+Warmth	
Cracks soles <+ Winter	
<i>Calc-sil</i> - sensitive to reprimands	Timid, Rigidity
Chilly.	

Dr SANJAY MANWANI explained about objectives of Raipur Homoeopathic Study Circle as-

1. Education and training Programme of standardized Homoeopathic Practice.
2. To offer a better quality service for sufferings of humanity.
3. Learning by sharing "Team Work"
4. Internees training Programme
5. Charitable OPD for rural areas.

Vote of thanks was presented by Dr Sanjay Chandrakar. The study Circle distributed Prizes to the best internees of the year 2005-06 Dr Harsita, Dr Priyanka, Dr Sushil of Raipur Homoeopathic Medical college Raipur. Momento were presented to Dr Phansalkar by Dr Satyajeet Thakur, Dr Purohit, Dr P P Singh (Principals of Homoeopathic Colleges in Chattisgarh) ○

Monthly Clinical Meeting at Apha, Hyderabad

REPORTED BY

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The monthly clinical oration was held in Memory of Dr G Bharat Reddy at their premises by "The Andhra Pradesh Homoeopathic Association, Himayatnagar, Hyderabad" on 30th July 2006. The subject of the meeting was "Rheumatoid Arthritis- Clinical Presentation and Homoeopathic Management" presented by Dr Mahesh Chevva, a post-graduate Physician from

the Dr M L Dhawale Memorial Homoeopathic Institute, Palghar.

Dr Mahesh Chevva enumerated the causes, symptomatology, pathology, clinical findings of this auto-immune disorder in a clear-cut and step by step fashion. He stressed on a few common remedies indicated in such cases and demarcated

the symptoms specific to those. He also helped out with his lucid explanation of the symptoms of the drugs and corroborated the same with the symptoms of the disease. His confidence lay in the fact that during his post-graduate course he was involved in assessing, treating many such cases and the results he was attaining with Dr M L Dhawale's method of Homeopathic treatment. Dr Mahesh also discussed a few cases where he has found positive impact of the drugs on the patients when the disease was laid into remission with this treatment, which made the oration further interesting. He was game to answering a few queries of the participants. The visuals too were explicit of the condition and added interest to the proceedings.

The meeting was presided by Dr Ramachandra who added flair to the proceedings with his experiences on his treatment of this condition on various patients. Dr G Janardhan Reddy, former Professor of Materia Medica and Principal of JSPS Govt Homoeopathic Medical College, arguably one of the best teachers probably in our country impressed upon the listeners when he summed up the lecture of the day. As the meeting was dedicated to the memory of Dr Bharath Reddy, a famous Homeopathic Physician of the times, Dr Janardhan Reddy paid rich tributes to the great practitioner. He recalled the man's great deeds, appreciated his knowledge and wisdom and how he translated it into his practice of Homoeopathic Medicine for the benefit of the suffering. He also praised the benevolent actions of Dr Bharath Reddy when it came to patients who could not afford treatment.

Sharing of knowledge by Dr JANARDHAN REDDY followed, which the audience keenly lapped up. He stressed how the need for corticosteroids and analgesics could be gradually withdrawn over a period of three months while the patient is on Homoeopathic Medicine. A far cry from some "new methodologies" of the day which advocate cessation of any other system of Medicine immediately. Prof Reddy also stressed on the impor-

tance of giving relief to the patient by an indicated remedy to start with by which the need for the analgesics etc would drastically fall. He explained how in such an ailment, the mind is the most affected as the patient enters into a groove and a negative mindset. He reiterated how in the next phase he would prescribe on the temperament of the patient that would help bring the disease into remission. He refused to call them as mental symptoms and coined a new phrase with a stress on temperament. The usual course would last for two years by which time the patient would feel through with most of the symptoms.

Dr K GOPALAKRISHNA, General Secretary of the organization took this opportunity to inform that the need of the hour as regards Homeopathic Medicine was to foray into speciality Medicine. With this same goal in mind the institute has taken up opening of speciality clinics which would be inaugurated on the 15 August 2006. To start with they are going ahead with Nasal Allergy, Skin, Rheumatology, Behavioural disorders and stress related disorders in children, Diabetes and Thyroid problems etc. He said the stalwart physicians of the city of Hyderabad like Dr K Siva Shankar, Dr GJanardhan Reddy and senior Consultants like Dr A Ramachandra would take care of this out patient clinics which would glitter to the effort. Dr K Gopalakrishna would himself be part of the team to run these clinics. Rheumatology is an area which is crucial importance as the days proceedings too suggested. To head the speciality would be Dr G R Mohan, Former Professor and Principal of MNR Homoeopathic Medical College.

The meeting concluded with Dr Trivikrama Rao who proposed the vote of thanks.

At a Towing company:

**"We don't charge an arm and a leg.
We want tows."**