



Effect of *Blatta-Orientalis* (Q) a Homoeopathic Medicine on Animal Model of Asthma

ABSTRACT: This paper has evidence that *B orientalis* (Q) has reversible selective anticholinergic and spasmolytic activity. It can be of help to the homeopathic community to explain the mechanism of action with valid evidence of *B orientalis* (Q). This is additional information for whole homeopathic community.

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OBJECTIVE

According to Ring and associates, "Allergic asthma is one of the common diseases that affect mankind with diverse manifestations. The prevalence of allergy and asthma has risen in the recent years despite an improvement in the general health of the population." Homoeo-pathy is a 200-year-old therapeutic system that uses small doses of various substances to stimulate auto regulatory and self healing processes. Dynamizations of *Blatta-orientalis* (*B orientalis*) (Q) have been found to have a strong *in vivo* bronchodilator activity, which play a fundamental role in acute asthmatic patient. Therefore, the objective of our study was to evaluate, through an **animal-based model**, the **General mode of action** of the *B-orientalis* (Q) remedies, which are usually prescribed by homoeopaths to treat clinical conditions characterized by acute asthmatic manifestations.

MATERIAL AND METHODS

ANIMALS: The study has been approved by Institutional Animal Ethics Committee (IAEC) of RCP, Shirpur, India and is in accordance with the guidelines of the committee for the purpose of control and supervision of experiments on Animals (CPCSEA).

Registration No 651/02/C/CPCSEA

ACETYLCHOLINE (ACH) INDUCED BRONCHOSPASM IN GUINEA PIGS

Symptoms like dyspnoea, asphyctic convulsions re-

sembling bronchial asthma in patients can be induced by inhalation of Ach in guinea pigs. The end point pre-convulsive dyspnoea (PCD), asphyctic convulsions was determined from the time of aerosol exposure to the onset of dyspnoea leading to the appearance of asphyctic convulsions, ie Pre-convulsion time (PCT). Guinea pigs were exposed to Ach with constant flow rate 5 mL / min in an aerosol chamber to induce experimental bronchial asthma. This PCT was considered to be T₁ value. Two and a half hours later, the guinea pigs were divided in groups like Group I control (Alcohol treated), II *B. Orientalis* (Q) 0.2 mL p.o. and III standard drug (Std.) 2mg/kg of atropine sulfate treated respectively. These animals were subjected to acetylcholine challenge one and a half hours after receiving the drug and the PCT was noted. This PCT was considered to be T₂ value. The % protection was calculated.

ACETYLCHOLINE INDUCED CONTRACTIONS ON ISOLATED RAT ILEUM

Overnight fasted rat was sacrificed using cervical dislocation method. Ileum is quickly dissected out, washed in Tyrode solution and suspended in organ baths containing Tyrode's solution maintained at 37° C under basal tension 0.5 g and gassed with carbogen. Thirty minute was allowed for equilibration before the addition of the Ach spasmogen. Ach: - 5 × 10⁻⁵ g / mL. When the contraction reached its maximum at dose response curve (initial spasm) after 10-12 min, the test drug *B-orientalis* (Q) 0.025



mL was injected in organ bath. Without washing the solution in the organ bath maximum sealing dose of Ach was again injected in it, and response was recorded. After washing, sealing dose response of Ach was taken for determining reversibility or irreversibility. Like this, responses of test drug *B-orientalis (Q)* 0.05 mL, and 0.1mL against Ach contraction were taken till complete inhibition. Percent (%) protection was calculated. All data statistically analyzed by ANOVA and Tukey-kramer multiple comparison post hoc test.

RESULTS

ACETYLCHOLINE (ACH) INDUCED BRONCHOSPASM IN GUINEA PIGS

B-orientalis (Q) significantly prolonged the PCT as compared to control following exposure to acetylcholine aerosols. *B-orientalis (Q)* and atropine showed 87.09 % and 88.2 % protection against Ach induced bronchospasm respectively as compare to

control group.

ACETYLCHOLINE INDUCED CONTRACTIONS ON ISOLATED RAT ILEUM
B-orientalis (Q) showed reversible dose dependent antagonistic effect on Ach induced contraction. *B-orientalis (Q)* at 0.025mL, 0.05mL and 0.1mL dose were showed % inhibition against Ach induced contraction 66%, 83% and 94% respectively.

CONCLUSION

Prolongation of PCT indicates spasmolytic and anticholinergic activity of *B-orientalis (Q)*. The reduction in peristalsis and contraction of ileum indicated the reversible anticholinergic (may be M₃ receptor antagonist), spasmolytic activity of *B-orientalis (Q)*. From the above experiment we can conclude that *B-orientalis (Q)* has selective anticholinergic and spasmolytic activity, and it can be used in specifically acute (*status asthmaticus*) and Intrinsic (idiosyncratic) asthmatic conditions.

The Story of my Boxer under MT

INTRODUCTION: I have a cute not-so-little dog (A Boxer! Ya the one with the cute, flat nose and the adoring eyes!). Readers of NJH who have been with us for long will remember the case of Churchill the boxer. Well Boris is Churchill's son. Churchill died 7 yrs ago in 2001. Boris was born in 1999 and turned 9 on 7th of December. Churchill and Boris spent a wonderful 1½ yrs together, playing and teasing his father. Talking of Boris eyes, I must tell you about his fixity with his human mother. When we go for our walks, I take the Noggle the beagle and Rohini the helper, walks Boris. But Boris will not move if I am not in his sight or left behind!

COMING TO THE REAL STORY: Boxers are prone to certain conditions and somehow Boris has had a heart ailment – enlarged heart, but he was keeping it in check. Suddenly about 6 mths ago, in July-August, he developed ascites (fluid in the abdomen) and day by day he was distressed. As the swelling increased, he could not walk too much, he would get breathless and his ribs started become prominent from the labored breathing. He suddenly aged.

We gave him many medicines including *Apocynum Q*, *Apis* even lasix etc with no relief. We had to drain the fluid once his abdomen girth reached 34". He was comfortable after that. That first time, he started running around and chasing Boggle the beagle.

But within a month it filled up again- did 2nd draining; 3rd one was in 3 weeks and we stated getting really worried. We consulted another vet, who put him on high protein diet with 4 egg whites a day (no yolk). His muscles mass increased and his ribs became less prominent. But the ascites continued. I suddenly connected that the ascites was due to his heart condition (a mild CCF?). And put him on *Crategus Q* QDS – 10 drops in ½ bottle in 4 oz of water given every 2-4 hrly. It worked. It makes him pass copious quantities of urine, so I would repeat just before we want for a walk. We could now pull on for 6 weeks before the 4th draining on Dec 1. We hope we can continue this. . even prolonging the interval is good enough.... we will keep you posted. . .

Dr VISHPALA PARTHASARATHY



Principles and Practice of Homoeopathy: The therapeutic and healing process David Owen
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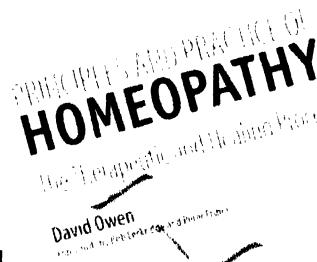
Dr David Owen MBBS FFHom is a Homoeopathic Physician and Co-founder of the Homoeopathic Professionals Teaching Group, Oxford & Past President of the Faculty of Homoeopathy, UK.

David has written an excellent book on the principles and practice of Homoeopathy, patterned on a spiral form, weaving together the Homoeopathic Philosophy, Materia Medica, Case Taking and its Analysis and also the strategies for treatment and management of the case. The book is divided into 6 sections

1. Foundation
2. Causation and presenting symptoms
3. Totality and constitution
4. Broadening our understanding: covering second prescription, miasms, pharmacy etc
5. Deepening our approach including doctrine of signatures, kingdoms approach, relationship between remedies etc and;
6. Approaches to confused and hidden cases.

The following themes run across the various sections:- the philosophy- principles and key concepts that provide the conceptual framework on which the clinical practice of homoeopathy is based. Secondly, the Materia Medica part indicates the many ways the remedy pictures can be expressed and how a patient can be viewed. The next two critical areas relate to case taking and case analysis leading to selection of the similimum or mode of treatment of the patient. The final part deals with case or patient man-

agement for curing the patient. Case illustrations are many and scattered throughout the book and in many cases it occupies only a quarter of a page but emphasizes the point made in the text. Dr Owen says that personal reflection is a cornerstone to the practice of Homoeopathy and therefore, in important portions of the book, the author has listed appropriate reflection points relating to the topics discussed, so that the reader pauses and reflects on the points listed in the box. He also emphasizes that without proper supervision by a peer, one should not be surprised if the homoeo-path repeats the same mistakes in his practice. He lists seven layered model of such supervision



The book considers five main ways of looking at illness and health:

1. The *pathogenic* model sees illness in terms of an external cause that can lead to a chain of causation. When the cause is treated the patient gets better.
2. The *biological* model recognizes that a single cause does not produce the same effect in every one. The symptoms represent the way an organism or human being is attempting to rebalance itself in response to the cause.
3. The *Holistic* model looks at health in a broader context and sees that in complex cases the factors affecting the patient's health are many; cause and effect are co-dependent and no one change or symptom will take place in isolation. Dr Owen says that the above three models of health are easily recognized in teaching and in practice but have limitations. He outlines in his book two other models.
4. The *Holographic* model recognizes that symptoms do not just happen in many areas of the body at the same time but has an underlying pattern of change in the whole person. Like a hologram every piece or symptom, however small, reflects the whole picture. Ultimately in

this model, any one symptom, if known fully, will express the essence of the patient. Several themes may run through a case but the most central themes run deep and link many symptoms and it is most important to match this central theme to the theme of the remedy.

5. In the other *Relational* model the context of any symptom and the relationship of the patient, including his/her relationship with the homoeopath is central. In this model the homoeopath is using his reflections or awareness of this sensation to explore what is happening in the patient. There is a shift from objectivity to subjectivity in the last model. He correctly says that no one model can accurately describe what is happening in every patient but separately or in combination they provide the necessary insight in most cases and the homoeopath has to use different skills in applying the different models.

Cases which do not respond easily and cannot be seen clearly in the causal, Biological and holistic models can be treated as confused or poorly expressed (hidden). The approaches outlined under the holographic and relational models are more relevant in difficult and confused and hidden cases. These two last mentioned approaches are, however, tentative, as they are less well established but presented as it will become necessary to integrate them in one's approaches to cases for the optimum management of the patient. In the holographic model several different themes may run through the case and the most consistent or deepest theme will be the essence; they express themselves in the local, mental and general symptoms of the case and the remedy. On the other hand, in a confused case the symptoms appear muddled because one set of symptoms overlaps another; there are a number of layers, some clearly visible and others not so.

In the relational model- the relationship between the patient and their world reveals the themes at play; what happens to the homoeopath during interaction with the patient can reflect the patient's state. The more intense the experience or stronger the feelings in the homoeopath, the

more likely it represents something of importance to the case. In a special chapter on the issue of homoeopathic relationship, Dr Owen correctly states that therapeutic interaction cannot be separated from therapeutic relationship. He says, "every patient and every illness has a story. Listening to that story you only truly hear it if, to some extent, you enter into it. The more you wish to perceive, the more present you need to be." He illustrates it by a case as to how projection and reciprocal projection by the homoeopath sheds light on confused or complex cases. Sarah, aged 43, had consulted him for her depression. Her story revealed that her father had treated her as special and doted on her; her husband also initially treated her so but started neglecting her after the birth of their child, resulting in post natal depression. She looked down on her friends and harboured murderous instincts towards a former boy friend who had rejected her. During the consultation she enjoyed the sole attention of the doctor and started flirting with him. *Lachesis* prescribed did not give results. At the next consultation he observed her need for special attention while noting his own need to give it. The doctor noted for the first time her haughtiness and jealous feelings about her husband. She responded well to *Platina*.

Dr Owen stresses that the homoeopath working with confused cases must be prepared to work from the psychological angle as well as from the somatic side. Identifying and matching the patient's emotional state to the feeling state of remedies is important in this approach and requires emotional awareness and the ability to communicate emotionally. Use of this approach requires a steadiness and insight into your own state. Learning the emotional reaction you have to different remedies is part of developing a living *Materia Medica*. The attuned homoeopath will be interested in how patients in different remedy states can make them feel. A remedy has different themes which are inter-related and a patient may express these themes in different ways. Having observed the differ-



ent themes of the same remedy in different patients the homoeopath is well prepared to identify the similimum in a case. *Living Materia Medica* is about "how it feels to be this remedy"; it involves the homoeopath's reflection on their emotional reaction to a patient needing a particular remedy. Dr Owen emphasizes that by knowing the remedies in more detail as above and in a broader range it is surprising how often a difficult case that would otherwise be confused or hidden reveals itself simply as multi-layered case. If one layer is taken at a time for treatment the patient is enabled to gradually get more in touch with the deeper layers. Dr Owen discusses in detail the various ways in which such cases should be approached for treatment adding valuable tips.

The skills which a Homoeopath should possess have been clearly and beautifully discussed with a number of case illustrations in the various chapters of this book. Each section contains an introduction by Dr Owen on the points discussed in that section. What is important is that each chapter (29 in all) is written so well that it is a delight to read.

There is an excellent write up on the doctrine of signatures by Dr Misha Norland with a very detailed case illustration of Miss Sera, 7 years old, who was prescribed *Hyos* on the basis of analysis of her case on the doctrine of signatures. Similarly a brief but interesting chapter on kingdoms approach and miasms by two other doctors with a case illustration based on kingdoms approach in which the patient was given *leopard* for her complaint has been included.

There is an interesting chapter on "understanding the dynamic of confused and hidden cases". Confused and hidden cases make up a significant proportion of the chronic illnesses which come to a homoeopath. A confused case often has several different themes that do not point to a single remedy. Several patterns of symptoms can be understood as a series of themes, which often provide a way of integrating many different parts of the case or contradictory aspects into

a coherent whole. If one remedy clearly covers the majority of the themes in a case it is good enough; even if it does not cure it will reveal more and more deeper aspects of the case. In other words there is not one answer or one protocol that can be followed but a number of strategies one must use to manage them. Dr Owen says that in such cases one has to approach the case either from the outer manifestations of the illness or the inner susceptibility of the patient. Some homoeopaths use both a local prescription and a partially suited constitutional, thematic or relational one, lower potency for the former and higher one for the latter. He says that as the case becomes clearer in this way it is possible to identify a single remedy that matches both the outer and inner aspects of the case. Dr Owen also correctly draws attention to the tendency of many patients to pursue an increasingly wide range of complementary treatments and it is necessary for the Homoeopath to understand these ancillary treatments and at times blend them with Homoeopathic treatment into an integrated package to cure the patient.

Most of the chapters have been written by Dr Owen while some other authors contributed some chapters

It must be pointed out that this book, though excellently written, does not do justice to certain aspects of homoeopathy. For one there is a very scant coverage of *Organon*. In this respect Dr Schepper's book on *Classical Homoeopathy for the Professional (Or Hahnemann revisited)* scores over this book. While a reference is made to 50ML potencies and their preparation Dr Owen has not presented either his experience or those of senior homoeopaths in UK. Similarly much more detailed discussions on potency selection could have been given. He refers (P194) to the practice of some homoeopaths of using more than one remedy, one for the person (or inside) and one for the illness (or outside) till a clear picture for a single remedy emerges. It is not clear whether he justifies such a practice and also whether he uses potency selection and rep-

etition is often a vexed question if unnecessary aggravations are to be avoided. Here again the other book by Dr Schepper titled 'Achieving and Maintaining the Similimum' has 3 detailed chapters on the subject and an Addendum on potency selection in chronic cases. How to handle emergencies in clinic could have been covered.

One cannot deny that it is an excellent book for reference and reflection. As one reviewer had written "the beauty of this book is that its

breadth is matched in equal measure by its depth". This book along with two other books by Dr Luc De Schepper- Classical Homoeopathy for the Professional and Achieving and Maintaining the Similimum will give the student as well as the homoeopath a good grounding on the practice of Homoeopathy.

Reviewed By

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Principles & Practice Homoeo Case Management

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"Deepen your roots and broaden your horizons"

Thus spoke the great modern day sage on expanding our minds & our culture.

Homoeopathy needs this more than in any other field.

This is exactly what Dr Nigam's book does. 'Organon of Philosophy' a small book but not so easy to grasp, has profound wisdom. Few have understood it, fewer have grasped it and rarely someone has been able to explain it in a simple, easy way.

This book by an allopath- Dr Harsh Nigam- son of an illustrious Homoeopath, comes as a breath of fresh air. The foreword by Dr D P Rastogi & review by Dr Ajit Kulkarni speaks volumes about the comprehensive view of Homoeopathic Case Management with the views of old masters and modern concepts.

The author says, the aim of this book is to pre-

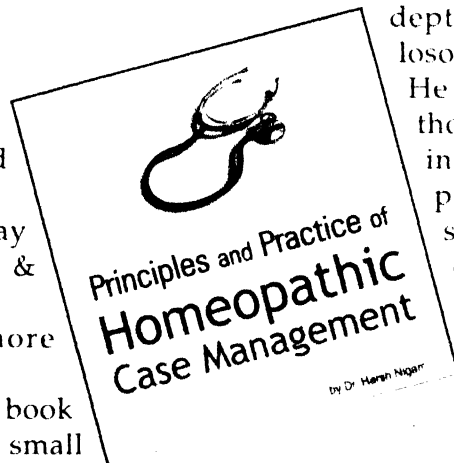
pare and orient the student to the level of dynamic thinking, to understand human nature and its form.

The Ten Chapters on concepts of Human form, disease, remedy, gist of case taking, posology and more make an interesting, simple and in depth reading of Homoeopathic philosophy.

He rightly questions: "What is to be thought of in a professional training in which wittingly or unwittingly, no provision has been made for the study on the human being whose dysfunction/disease the doctor will have to diagnose and treat?"

In the chapter on concept of human form, the author has described seven levels viz. intellect, emotions, brainstem level, cardio-pulmonary, assimilatory, excretory and reproductive levels with their corresponding endocrine glands systematically.

In the chapter- 'Nigam's level of Human form', the author explains that besides anatomy, one must have a clear concept of human form and existence to grasp Hering's Law of Cure. He divides the levels into 3 broad areas, cranial, central and caudal levels. Each is then subdivided into total seven layers. This is based on the Tantric text and each level corresponds to the seven different 'chakras' in the body.





Other chapters include constitution, temperament, Homoeopathic prescribing, personality, emotions, selection of potency and others. This book has wisdom of the sages and the knowledge of the stalwarts combined together produces

something that can be useful in day-to-day practice.

Reviewed by:
Dr RASHMI NAGAR, Mumbai

The case of Chandrakant Bhapkar "Treat the man Not the disease" given in the DM issue 10/2008 on page number 48, has the Follow up missing –an error:

FOLLOW UP

DATE	SYMPTOMS	TREATMENT
26/07/08	Weakness+ Erection improve but no sexual desire, Urine frequency + Sleep normal. No dreams Anxiety reduced Wt: 68. BP: 140/90 Appetite Good BS fasting: 146, BS PP: 198	<i>Phos-acid</i> 200 Single dose <i>Synzygium-jam</i> TDS 10 drops with half cup of water SL OD
06/08/08.	BS Fasting: 124. BS PP: 162 BP: 130/80. No anxiety Weakness totally gone Erection, sexual desire improved Irritability decrease	SL OD
23/ 08/08	BS Fasting: 108, BS PP: 126 No new complaints	SL OD
07/10/08	HbA1c: 4.7. BS Random: 125	SL OD
18/10/08	BETTER, BS Fasting: 107, BS PP: 130 S Creatinine: 0.45 No new complaints	SL OD Advised to check blood sugar every month and inform me

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LKP Shares	Inside Front Cover	Homopath	Pg 04
R M Bhuther & Co.	Inside Back Cover	Aarish Academy	Pg 26
J K Cement	Back Cover	State Campiagn	Pg 28
Elseiver	Pg 02	Parekh Seminar	Pg 36
		NJH Book Club	Pg 38