



Homoeopathic Queries & Solutions

Q1 Sir, a 14yrs/F is under my treatment for Idiopathic Thrombocytopenic Purpura. After her case analysis, *Pulsatilla* is her constitutional remedy. She had amenorrhoea 3 months ago. After giving 2 doses of *Puls* 200 at interval of 2 hours, her platelet count decreased below critical level within 7 days and she had profuse menstrual flow. Patient had to be given large doses of steroids to stop the bleeding. I retook the entire case after this event and again *Puls* came out to be the most indicated remedy. Sir, kindly guide as to how should I proceed further? **-Dr SANJAY MANWANI (Durg)**

A1 In such situations when the best selected remedy fails to act, we are advised to give an intercurrent remedy/nosode which is selected on the family & past history and the basic symptoms. After a period of 3 weeks you may re-administer *Puls* and get the result.

Q2 Sir, what is plus potency? And how is it prepared?

-Dr VARSHARANI JADHAV (Satara)

A2 Plus potency and its preparation is clearly outlined in the 5th and 6th editions of the organon. Dr Elizabeth Wright says- Plussing means dissolving the dose of the remedy in one third glass of water. Take 2 spoonfuls of the same and throw away the rest. Now add water up to the original quantity, stirring and succussing and again taking 2 spoonfuls as the second dose and so on. This raises the potency slightly between each of the doses, and gives a wider range of action. Such one or several teaspoonful doses are given daily or every second day in chronic diseases. Whereas in acute cases, it can be repeated every 2-6 hrs and in urgent cases every hour or as and when required. It is particularly indicated in

stubborn and refractory cases.

Q3 What is the clinical significance of Drug Relationship in our practice. Please give your personal experience?

-Dr Mrs SHILPA GULHANE (Nagpur)

A3 Truly speaking Concordances have a vital place in Homoeo therapeutics. If it is undertaken with all seriousness, then I am sure, better and rapid cures will be achieved. No doubt there are number of books enlisting different types of relationship between individual drugs, but unfortunately majority of them are illusive. My personal experience is that, after I administer the indicated remedy at a particular point of time in its appropriate potency and dose, if the symptoms aggravate beyond the bearing capacity of the patient, then the same remedy in lower potency is given to reduce the effects. Those remedies which are known antidotal remedies are duly taken care of, leaving these I follow the best rule of Dr Kent and that is to administer the most indicated remedy in its appropriate potency and dose at a point of time as required.

Q4 Sir, what is your opinion about the homoeopathicity of the cases published in our periodicals? Are they truly homoeopathic in nature? Also, why is there a greater inclination of Indian readers towards researches/articles etc from abroad as compared to India?

Dr SUNIL GURBANI (Itarsi)

A4 Well I understand that you wish to ask whether the cases presented and managed are truly based on Homoeopathic methods of working? Factually speaking, majority of them do portray the skill and methods of the attending physician but I regret to say that many do not subscribe to the Hahnemannian thought. Few present a totally symptomatic approach. Of course we still do come across some very good case reports



PROF DR KASIM CHIMTHANAWALA
 MBBS LTMH DDV DMS (Hom) Cal, FNAHI
 President, The National Academy of
 Homoeopathy, India. Shaad Hospital
 Complex & Research Centre, Near Itwari
 Railway Station, Nagpur.
 Ph: 0712-2766286, 2532008, 2522563
 Email: adilkc@rediffmail.com

