CLINICAL PROVING OF TUBERCULINUM*

Introduction

Tuberculinum is one of the most frequently used Homoeopathic medicine for a number of diseases. Although it affects the entire body, most marked action is observed on the respiratory tract especially in cases where a family history of tuberculosis is present. Many of its important symptoms have been observed through clinical observations and not through regular proving on healthy human beings. The study "Clinical Proving of Tuberculinum" was undertaken at Clinical Research Unit, Bombay in order to evolve a clinical picture of the drug and to confirm the available pathogenesis.

Materials and Methods

Two hundred and sixty-five (265) patients where Tuberculinum was prescribed as an initial drug (Ist prescription) or as an Intercurrent Drug (miasmatic or constitutional) were studied. It has been prescribed as an Initial Drug in those cases where either the patient was in a free phase on reporting, or when the presenting symptoms although revealing a Tubercular Diathesis, was not indicating to any specific drug; and as an Intercurrent Drug only in those cases where definite Tubercular Diathesis existed and when the acute symptoms of the disease were abated and the patient was asymptomatic so as to prevent recurrence. (See Table I)

TABLE – I

Tuberculinum used as	No. of cases prescribed	No. of cases found effective
Initial Drug	123	123
Intercurrent Drug	142	142
TOTAL	265	265

Tuberculinum was prescribed mostly in 200, 1M and 10M potencies as a single dose and repeated,

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* Data compiled from the concluding Report of the project undertaken at Bombay.

if required, either weekly, fortnightly or monthly depending upon the case.

Observations

TABLE – II

Showing Clinical Response of Tuberculinum

SUBJECTIVE SYMPTOMS		Total No. of Cases	No. of cases found effective
1.	Colds	197	186
	Catarrh with	155	139
	— watery	115	115
	— thick	27	27
	— greenish	1	1
	— yellowish	12	12
2.	Sneezing	130	120
3.	Nasal blockage	43	37
4.	Irritation in the throat	24	20
5.	Pain in the throat	11	11
6.	Post nasal discharge	9	9
7.	Cough	199	174
	Dry	88	75
	Congestive	111	99
	Expectoration		
	— difficult	82	73
	— easy	20	13
	— yellowish	16	15
	— greenish	5	5
8.	Suffocation	3	3
9.	Wheezing	116	101
10.	Breathlessness	136	124
11.	Appetite poor	83	65
12.	Vomiting	21	19
13.	Loose Stools	18	14
14.	Constipation	73	53
15.	Nocturnal enuresis	12	12
16.	Leucorrhoea	12	12
17.	Skin Allergies	10	10

18. Eczema	8	4
19. Fungal infection	11	8

OBJECTIVE

1. Nasal polypus	6	5
2. Tender sinuses	8	6
3. Tonsils enlarged	40	33
4. Congestion of the throat	31	27
5. Congestion of the chest	63	44

PATHOLOGICAL INVESTIGATIONS

1. WBC more than 10,000 cu/mm	35	28
2. Neutrophils more than 60%	23	19
3. Lymphocytes more than 40%	51	42
4. Eosinophils—80% and more	75	62
5. ESR more than 10 mm at the end of 1 hour	78	38

RESULTS AND DISCUSSION

1. Most of the cases studied were of Respiratory Disorders. It has shown its efficacy in these diseases (Table-II).

2. Duration, frequency and intensity of the paroxysms of the disease viz. recurrent attacks of upper respiratory tract infections, bronchitis, bronchial asthma etc. were markedly reduced.

3. It has been found effective in cases where there is definite F/H of Bronchial asthma (130 cases), URTI (68 cases) and Koch's (37 cases); and P/H of Recurrent. URTI (152 cases), Helminthiasis (20 cases), Allergic Bronchitis (37 cases) and Measles (93 cases).

4. The symptoms of Tuberculinum as mentioned in the Homoeopathic Materia Medica have been confirmed through clinical verification studies.

"The very success of medicine in a material way now threatens the soul of medicine. Medicine is something more than the cold mechanical application of science to human disease. Medicine is a healing art. It must deal with individuals, their fears, their hopes and their sorrows. It must reach further back than a disease that the patient may have to those physical and environmental factors which condition the individual for the reception of disease."

Dr. Walter Martin