

EXPOSITION OF MATERIA MEDICA WITH GRAPHIC PICTURES

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The study of materia medica is always an advancing and progressive study. In the study of materia medica we have to evolve a conceptual image of the drug. Understanding the drug picture is very important and this includes (i) an ability to understand the characteristic image from the vast distorted ocean of symptoms, (ii) to make final differentiation from other such similar images. For this one has always to be vigilant enough to assimilate additional data and clinical interpretations so that there is always a progressive building and additions in the conceptual image of the drug.

The homoeopathic materia medica is a wonderful lifelong study. It has developed data from toxicology, drug proving, and clinical sources.

There is an ever building vast ocean of symptomatology. It is kaleidoscopic, with different wave lengths when looked at from different angles, always bubbling with new information, thus generating enthusiasm for the students in its study.

Dr. Dhawale puts it "our conceptual images necessarily remain in a fluid state as they keep on attracting additional data and interpretations. We thus find a continual improvement in our conceptual images of drugs. This has a great impact on clinical practice."

Now this interesting study of materia medica has a very definite plan in its study. Understanding the drug is very important.

It includes:

- (1) A systematic study of well proved drugs.
- (2) Their applications in clinics, clinical verifications and critical re-evaluation.
- (3) Addition of clinical data and their interpretations.
- (4) Re-provings and verifications.
- (5) New provings.

It is interesting to note that the experimental verifications of old symptomatological studies using up-to-date methods have provided us with a procedure where one can still find the basic symptoms noted in the first proving.

Mczger of Stuttgart for example repeated the symptom study of *Asarum europeum*. Julian repeated the study of *Cicuta virosa*. The symptomatology established by the modern authors agree on most of the recorded symptoms with the Hahnemannian symptomatology. The Hahnemannian proving conducted on a person with a normal physiological condition maintain all their former value.

New provings are very important and will form the main part of my further talk today.

We now enter into the interesting graphic pictures of some of the new provings in our materia medica.

CHLORAMPHENICOL

This was extracted initially from cultures of streptomyces venezualae, but is today obtained by synthetic methods.

Toxicology: In the child it is characterised by vomiting, cyanosis, irregular respiration and death. In adult serious disturbances of bonemarrow are seen ending in aplastic and hypoplastic anaemia.

Its symptomatology was established by O.A. Julian of France from January to March 1970. Six provers participated of whom three were women. Potencies used were 3X, 7c & 30c.

Principal symptoms: Anorxia, nausea, vomiting. Intestinal spasmodic diarrhoea. Aversion to sugar and sweets. Pain at different levels of vertebral column. Considerable axillary sweating.

Mind: Discomfort throughout the body at night in bed. Restless, always wanting to move.

Digestive system: Tongue black, hairy. Hunger with hollowness in the stomach in afternoon and around 5 p.m. Thirst for large quantities of liquid (cold). Aversion to sugar & sweets. Intestinal spasm with diarrhoea. Stools with nauseating odour. Rectum—urgency & tenesmus, not improved by going to stool.

Locomotor: Pain in lumbar region in short bouts. Pain in the patella. Lumbar & sacro iliac pains on the rt. spreading to the rt. scapula.

Principal clinical indications: It has been found useful in infantile cholera, spasmodic colonic infections and arthritis.

Skin: Considerable axillary sweating. Papular and macular erythema.

Related remedies: Ars. alb.: Cadaverous smell of secretions, burning pains and prostration.

Veratrum album—Collapse with coldness.

Rhus tox.—Aching pains, stiffness, better by changing position.

PNEUMOCOCCUS

Pneumococci are lance shaped gram positive diplococci. Within the animal body each pair is enclosed in a capsule.

About 40—70% of healthy persons carry virulent pneumococci in their mouth or throat. The most common disease produced by the pneumococci is lobar pneumonia. The other common lesions produced include broncho-pneumonia, empyema, otitis media, meningitis, peritonitis and endocarditis.

A clinical symptomatological study was conducted for the first time by Sevaux.

The symptomatology evolved are:

Mind: Afraid of dying, afraid of illness, depressive condition with anguish, lack of taste for life.

Head: Frequent headache, aggravated by walking and noise, localised at the nape of neck.

Respiratory system: Frontal pain above the eye.

Dry incessant cough with no expectoration. Has to stoop to cough. There is a sickening cough with supraorbital and external pain.

Genital: The pre-menstrual aggravation is very important. Menstrual cycle is short (22—24 days), menses scanty.

Worse during intercourse.

Bearing down sensation (Sepia).

Extremities: There are cervical pains with frontal aching, or dorsal aching. Pain in the legs, trembling and legs heavy. Worse in the morning and before menses.

Modalities: Aggravation on entering a warm room, before menses, by inactivity (Rhus tox.), on sitting for a long time.

Amelioration in open air, by movement.

Principal clinical indications: Depressive condition with pain situated over the cervical and dorsal spine.

In conditions associated with dysmenorrhoea, late menses and pre-menstrual syndrome.

Dry cough, tracheitis.

PENICILLINUM

Penicillin, the most important of the antibiotics, was first extracted from the mould *Penicillium notatum*.

The sodium salt of benzyl penicillin is used. It is a crystalline powder, white, odourless, soluble in water with a slightly bitter taste.

The proving was carried out by Guermonprez of Lille on himself and eleven provers. Potencies used were 7c to 9c for a period of 3 to 6 weeks.

The symptomatology evolved are:

Mind: Everything seems sad.

Head: A right frontal headache. Neuralgic pain above and behind the right eye. Heavy head better when resting, lying down, and eating.

Digestive system: Tongue yellowish-brown, imprint of teeth on edges.

Epigastric cramping pains with flatulence.

Respiratory system: Dry cough ameliorated by resting. Wither sternal pain. Asthmatic dyspnoea at 4 a.m.

Nose: Right frontal sinusitis with thick yellow discharge.

Genital: Menses late and scanty. Leucorrhoea white, non irritating.

Extremities: Articular pains aggravated by the slightest movement.

Modalities: Amelioration from cold, damp and rest.

Aggravation from movement and dry weather.

Principal clinical indications: Penicillinum has been found of great use in subfebrile conditions. Fever continuing for a long time 38°C in the evening.

Rhinal pharyngitis and arthro-muscular pain.

SULFONAMIDE (M & B 693)

M & B 693 means May & Baker, the British pharmaceutical firm, patented this product. It is Sulfonamide which corresponds with Bayer's Sulfapyridin.

Its symptomatology was established by Dr. Jugal Kishore of New Delhi in 1969-70. The symptomatology was published for the first time in April 1970 in the *Acta Homeopathica*. Dr. O. A. Julian of France has combined this symptomatology with data from toxic and sub-toxic manifestations.

Mind: Aversion to any mental exertion. Becomes irritable. Lazy, dullness. Indolent with no desire to work, Wants to rest lying down in peace and quiet with eyes closed. Very irritable and quarrelsome.

Sense organs: Heaviness of eyelids. Double vision (Gels.).

Digestive system: Dry mouth—without thirst. Burning excoriating feeling inside the mouth. Thirsty for large amount of cold water at night.

Urinary organs: Urgent desire to urination, must pass immediately. Urgency for urination. Involuntary urination.

Stools: Urgent need to go to stool on waking. Evacuation of stools in a gush.

Extremities: Weakness in legs. Desires to lie down. Ameliorated by lying down. Aching in legs, ameliorated by walking. Aching in thighs, ameliorated by rest, pressure, and resting in bed.

Modalities: Aggravated from mental exertion, physical exertion.

Ameliorated by rest and by pressure.

Principal clinical indications: It has been found useful in diabetes mellitus, and nocturnal enuresis. Needs further clinical trials.

SERUM ANGUILLAR ICHTHYOTOXIN (EEL SERUM)

Eel serum is one of the recent drugs in our materia medica whose pathogenesis are predominantly clinical. Its toxic action is noted in the ninth edition of Boericke's *Materia Medica* where it is stated that the serum destroys blood globules and has an elective action on the kidneys. The attenuations are made with glycerine or distilled water.

It has won great laurels by its miracles in the field of nephrology. It is unique among drugs to be in our materia medica purely on its clinical weightage. Its Hahnemannian proving and symptomatological evaluation is still awaited.

Eel serum has an elective action on the kidneys which is proved by the presence of albumin and renal elements in the urine, prolonged anuria, haemoglobinuria and autopsy results.

The therapeutic indications: Whenever the kidneys become acutely affected and characterized by oliguria, anuria, albuminuria, raised blood urea and serum creatinine.

Eel serum has been found to re-establish diuresis.

The other use where Eel serum has been found of great use are cases where during the course of heart disease the kidneys previously working well suddenly become affected and their function inhibited.

Acute nephritis with threatening uraemia has rapidly responded with Eel serum.

Clinical cases: Case No. 1. Nephrotic syndrome. Patient X, 28 years, male reported to our O.P.D. in Dec. 1981 with complaints of progressively increasing anasarca of three months duration. Swelling appeared first on face and was associated with loss of appetite. Similar episodes had occurred twice in the past three years but were relieved by administration of diuretics. Investigations as given below, helped to diagnose the case as nephrotic syndrome.

(1) Blood:		
HB	=	6.0 gm%
T.L.C.	=	7800/eu. mm
D.L.C.	=	P ₆₃ L ₂₉ M ₁ E _x B ₀
E.S.R.	=	38 mm fall 1st hour.

(2) Urine:	
Albumen	+++
Sugar	+
M/E	Hyaline casts

(3) 24 hour urinary proteins—9 gm/24 hrs.

(4) Serum cholesterol 363 mg%

(5) Blood urea 92 mg%

(6) Serum creatinine 4 mg%

(7) Histological examination of renal tissue revealed changes of membranous glomerular nephritis.

Treatment—Eel serum in 30c potency was prescribed purely on its clinical indications, twice daily.

After three months:

Urinary 24 hr. protein	—	3.2 gm/24 hrs.
Blood urea	—	53 mg%
Serum cholesterol	—	178 mgm%
Serum creatinine	—	1.6 mg%

Case No. 2. Acute renal failure.

Patient Y, a 32 years old female was admitted with complaints of oliguria of three days duration following a difficult labour. She was diagnosed as a case of acute renal failure due to renal ischemia for severe blood loss in difficult labour.

Day	Blood urea	Urinary output
1st day	109	40 ml
2nd day	218	60 ml
3rd day	294	60 ml
After giving Eel serum 30c thrice daily		
4th day	186	90 ml
5th day	128	270 ml
6th day	58	1200 ml

Eel serum brought the urea down and increased urinary output.

TRINITROTOLUENE (T.N.T.)

Its first study over workers handling T.N.T. was made by Dr. Conard Wesselhoeft and published in December 1926 issue of the *Journal of the American Institute of Homoeopathy*.

T.N.T. has destructive action on red blood corpuscles. The haemoglobin is changed so it cannot act satisfactorily as an oxygen carrier. Later stages of poisoning produce haemolytic jaundice and aplastic anaemia.

Its Hahnemannian proving and detail symptomatology is still awaited.

Clinically it has been found of great value in cases of diseases of blood and blood forming organs namely haemolytic anaemias and Haemoglobinopathies.

Clinical cases: A case of thalassaemia major. Thalassaemia is an inherited impairment of haemoglobin synthesis in which there is a partial or complete failure to synthesize specific type of globin chain.

A young child of two years age presented with crippling anaemia and gross splenomegaly in October, 1976. The parents complained the child was surviving purely on blood transfusion every month.

Child was pale with somewhat mongeloid appearance and very much susceptible to cold.

There was profound hypochromic anaemia with evidence of severe red cell dysplasia and gross reduction in the amount of haemoglobin 'A'.

T.N.T. was prescribed in the 200c potency (B&T) and was given every week.

The time period between successive transfusions was increased. In the beginning the child needed a blood transfusion every month and later needed it only after five months and this continued for four years. The child died at the age of eight years.

We have forty-eight recorded cases of thalassaemia in which T.N.T. was found to increase the time period of successive blood transfusions. More clinical trials are still being conducted and results awaited.

CONCLUSION

Materia medica can never be left as it is, but has always to be exposed. A critical re-evaluation often leads us to the genius of a remedy. New provings, clinical trials are always very healthy. Their additions in materia medica are very important. Drugs mentioned in this short paper require extensive provings and clinical trials to bring out other possibilities.

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