

Exploring the problems and resolutions of materia medica

Dr. Ajit Kulkarni*

M.D. (Hom.)

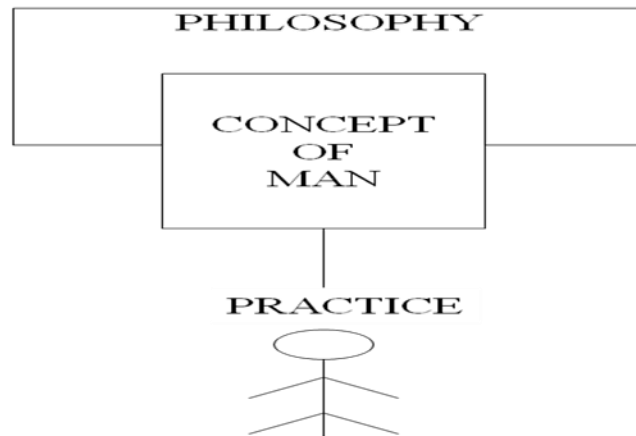
❖ Introduction

The Homoeopathic Materia Medica is the product of the highest Wisdom. Through the contribution of Artificial Human Pharmacology as explored through proving on healthy human beings, Hahnemann brought the illness at the forefront of our existence, at the humanistic experiential level, to give the true meaning of illness.

For a homoeopathic student, the study of MM is the study, in perspective, of the exploration of a human being through the cosmos of which he is an integral part (nurture) and through the genetics (nature). The vast study of materia medica possess both conceptual and therapeutical problems before a conscientious homoeopathic student.

In this paper, problems and resolutions of the study of materia medica are discussed from the cognitive angle, with a visual reference system, with perceptual maps for objectives of teaching materia medica at clinical level. Specific objectives are also highlighted. Different modules of study of materia medica are also projected.

HOMOEOPATHIC EDUCATION

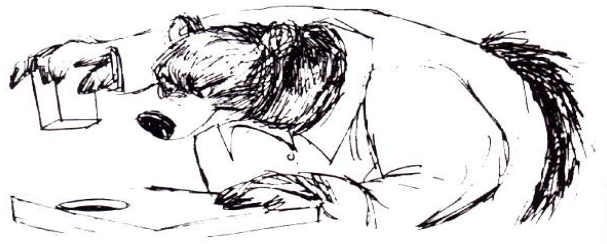


A. Specific objectives of teaching materia medica at clinical level

- Identification of a homoeopathic remedy
- Utilization of clinical data for the sake of nosological diagnosis
- Discrimination between pathognomic and non- pathognomic symptoms
- Physical examination of a patient – Its value in clinical and homoeopathic setting
- Understanding patient's language in relation with clinical and homoeopathic (Materia Medica and Repertory) language

- Using non-verbal language of a patient in the totality of symptoms
- Phase consideration: acute disease / exacerbation, acute on chronic or chronic and its co-relation with homoeopathic Materia Medica
- Understanding the patterns of responses of the behavior of the remedies
- Evolving the portrait of a diseased individual through analysis, evaluation and synthesis after adequate and accurate case elicitation.
- Using the concepts from the holistic science for the sake of perceiving the portrait of a Remedy: forms, symbols, metaphors etc.
- Teaching comparative Materia Medica from various angles.
- Inculcating confidence amongst the learners through rational use of Materia Medica

The First Step towards solving a problem

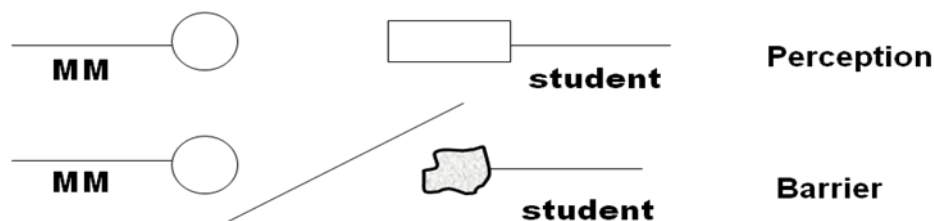


..... is to begin !!

B. The Problems and Resolutions

1. Language of Materia Medica

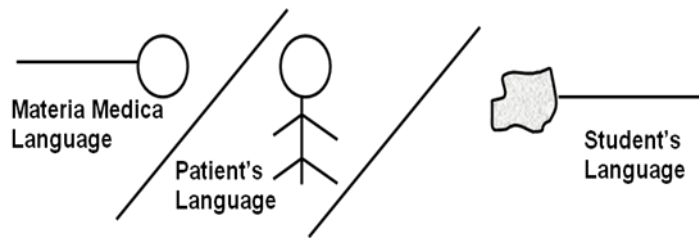
A. Problem



- ❖ Omniferous Data
- ❖ Obscure/ cryptic/ abstruse words or sentences
- ❖ Human Language chiefly
- ❖ The Field of Languages: anatomy, physiology, pathology, biochemistry, Psychology, Psychiatry, clinical, paraclinical, social, cultural, vernacular, native etc.

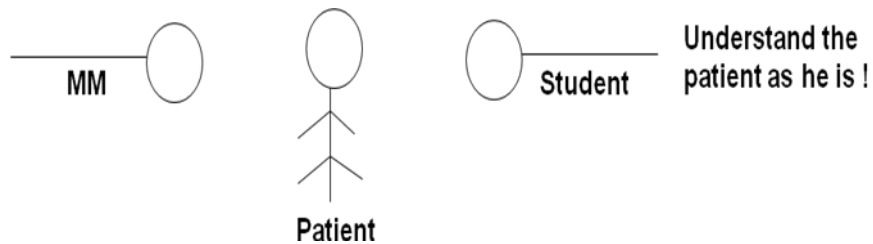
1. Language of Materia Medica

B. Problem



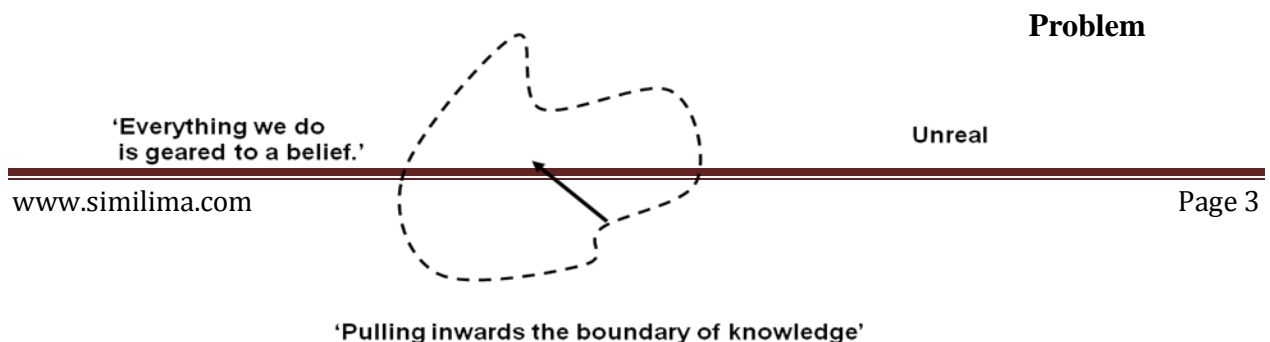
- ❖ Patient's own words or language
- ❖ Understanding patient's language
- ❖ Transformation: Patient's language → Medical language → Homoeopathic language → Materia Medica language → Repertorial language
- ❖ Non-verbal language
- ❖ Logical, rational approach and interpretation

1. Language of Materia Medica Resolution



- ❖ The use of dictionaries: 1. Medical 2. English – English 3. English – Mother tongue
- ❖ The English language must be improved
- ❖ The meaning of English word (s) concerning theme (s) in Materia Medica
- ❖ Read between the lines
- ❖ Case-oriented practical training
- ❖ Art of rubrication ↔ Materia Medica

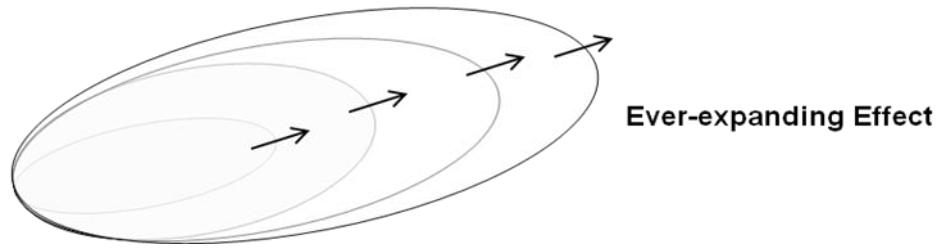
2. Disbelief Problems



- A wide variety of ‘sensations as if ’
- The similar data
- Were the provers healthy?
- Shrinking effect

2. Disbelief

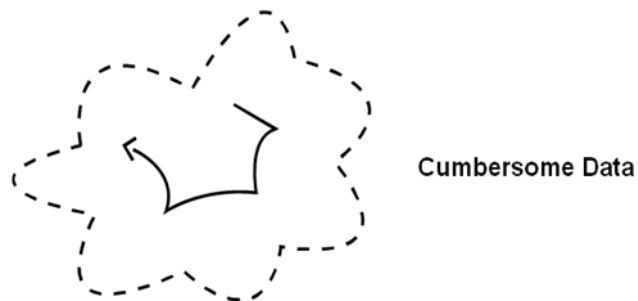
Resolution



- Proving as a scientific investigatory methodology
- 200 years of homoeopathic survival
- Resurgence of homoeopathy all over the globe
- Allow students to ‘prove’ the drugs on themselves
- Show actual cases; for disbelief —————→ belief

3. Detail

Problem

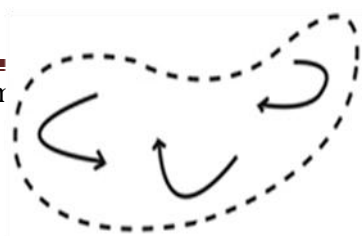


‘Does detail built up to a whole or is detail obtained by microscoping the whole?’

- ❖ Materia Medica is subject to continuous growth
- ❖ Information : huge, and hence scaring
- ❖ What is the objective of so much information?

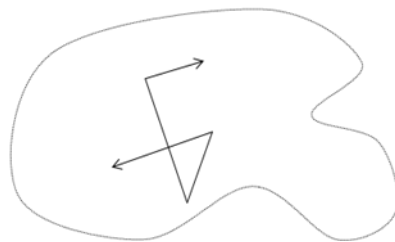
3. Detail

Resolution



- ❖ Moving back from boundary of the information field to the centre
- ❖ ‘What does all this add up to?’
- ❖ ‘What do we really know?’
- ❖ Practical utilization of data with comparative study

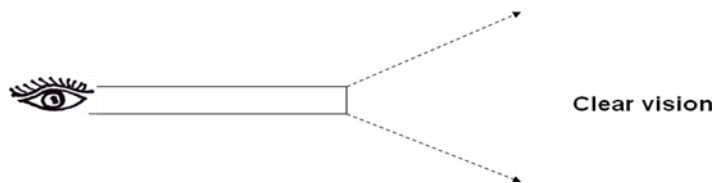
4. Confusion Problem



At the bottom of dislike of thinking is one factor : confusion.

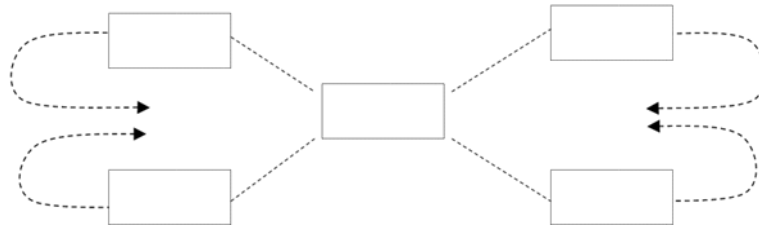
- ❖ Similar symptomatology; difficult words
- ❖ No head, no tail to data
- ❖ Vastness of data
- ❖ Objective of study of data

4. Confusion Resolution



- ❖ Define objective of study of Materia Medica
- ❖ Bring clarity at every level
- ❖ Show ample cases
- ❖ Give advanced reading material

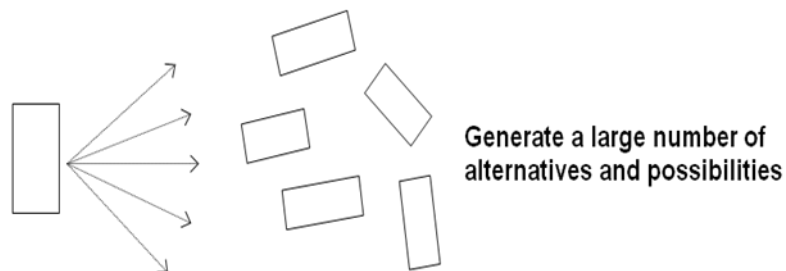
5. Boredom Problem



You contribute nothing!
Demand of amusement !
If we do not open an interest then that interest is blind!

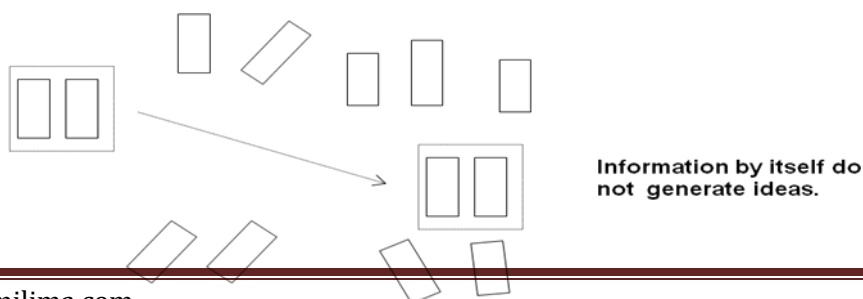
- ❖ Repetition of notary writing
- ❖ Non-understanding → confusion → boredom
- ❖ Running away from Homoeopathic Materia Medica

5. Boredom Resolution



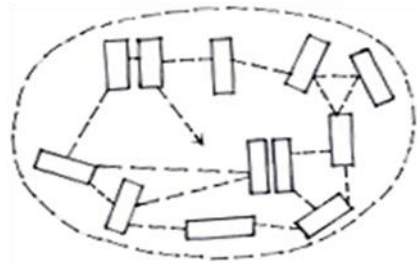
- ❖ Add 'life' in Homoeopathic drugs
- ❖ Drugs as living, vibrating individuals
- ❖ Famous Personalities vis-a-vis Materia Medica
- ❖ Teach Materia Medica through cases
- ❖ Computer programs, CDs, video / audio, dramas, herbarium sheets, stage plays etc.

6. Scattered data Problem



- ❖ Proving data : Only listing of symptoms
- ❖ Enormous data scattered here and there
- ❖ Lack of co-ordination
- ❖ Jig-saw puzzle

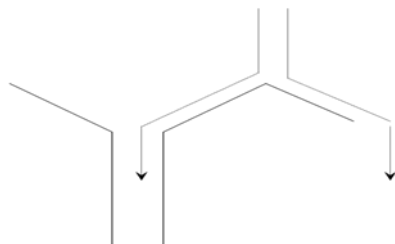
6. Scattered Data Resolution



Problem-solving requires ideas as much as it does information but in integration.

- ❖ Language of symptoms or disease
- ❖ Concept of qualitative totality
- ❖ 'Integration' as the intertwining thread
- ❖ Co-ordination, interconnectedness of literature

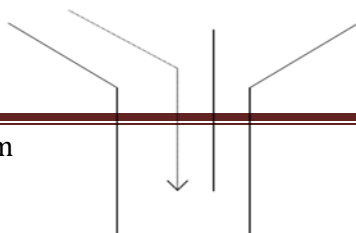
7. Fixed Ideas Problem



No flexibility

- ❖ Fixed symptoms
- ❖ Fixed ideas / concepts / themes
- ❖ Fixed images
- ❖ Rigidity

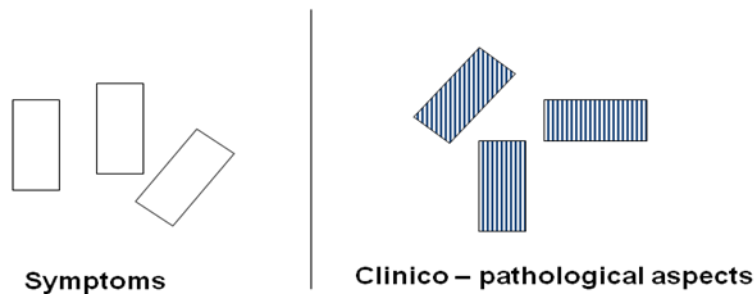
7. Fixed Ideas Resolution



**Responsive and
Adaptable**

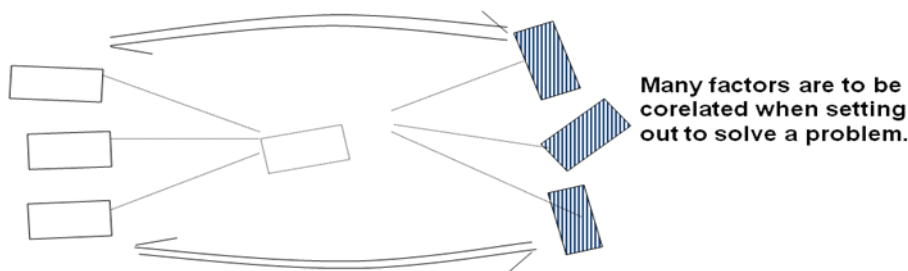
- ❖ A homoeopathic drug as a multi-dimensional personality
- ❖ Behavioural patterns - multiple
- ❖ Unprejudiced study with a broad vision
- ❖ Flexible attitude
- ❖ Ample cases - demonstration
- ❖ Ample books and commentaries for pondering
- ❖ Wide variety of approaches of case study

8. Clinico-pathological co-relation Problem



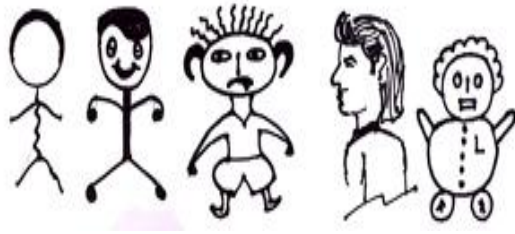
- ❖ Innumerable symptoms at various levels
- ❖ A mess of symptoms
- ❖ Disorganized, incoherent, inconsistent, paradoxical and contradictory symptoms
- ❖ Are physiology, pathology, biochemistry different from Materia Medica?
- ❖ How to co-relate ?

8. Clinico-pathological co-relation Resolution



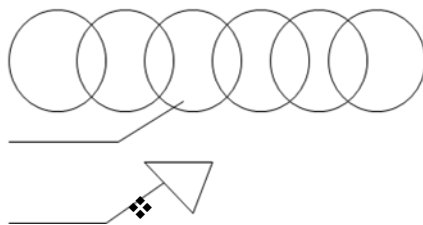
- ❖ Drug's pathogenetic action
- ❖ Totality of symptoms
- ❖ Practical training
- ❖ Teaching physiology, pathology, biochemistry, psychology in conjunction with Materia Medica right from first B.H.M.S.
- ❖ Miasmatic co-relation

9. Remedy Relationship Problem



- ❖ How I am related to you?
- ❖ The purpose of Relations?
- ❖ The utility of Relations?
- ❖ Inadequate explanations
- ❖ How to apply relations in clinical practice ?

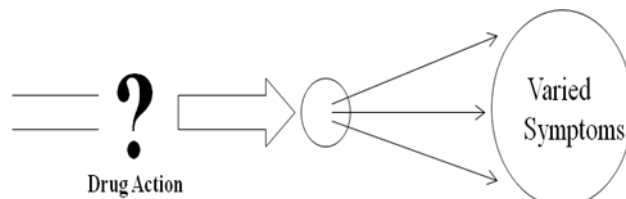
9. Remedy Relationship Resolution



The relations define the problem.

- ❖ The Value of Relationship of Remedies
- ❖ Discrimination Process
- ❖ Compare and Contrast
- ❖ Understanding Types of Relations
- ❖ Information Technology Organization
- ❖ Wider Base and Vision
- ❖ Fast Track Utilization

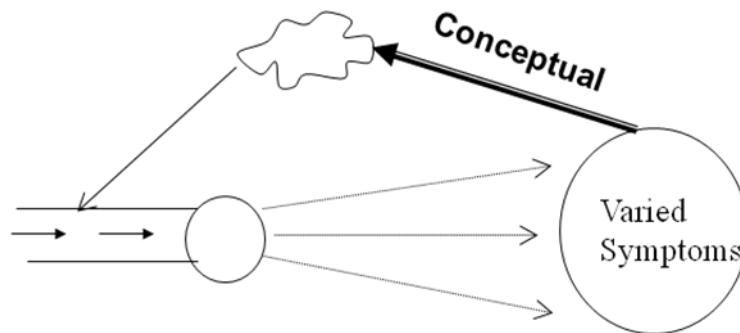
10. Action of a Remedy Problem



I do not understand why this drug has these symptoms.

- ❖ How the remedy acts?
- ❖ Symptoms are the effects of action
- ❖ Evolutionary phenomenon in proving methodology
- ❖ Comparison with allopathic pharmacology

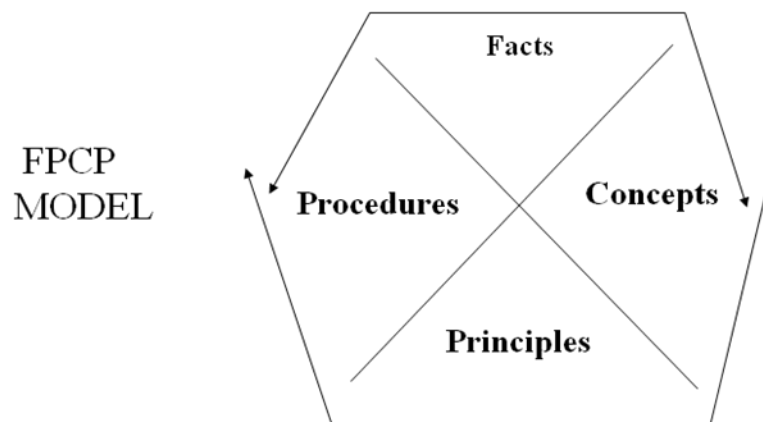
10. Action of a Remedy Resolution



Action renders a pathway to sail smoothly in the voyage.

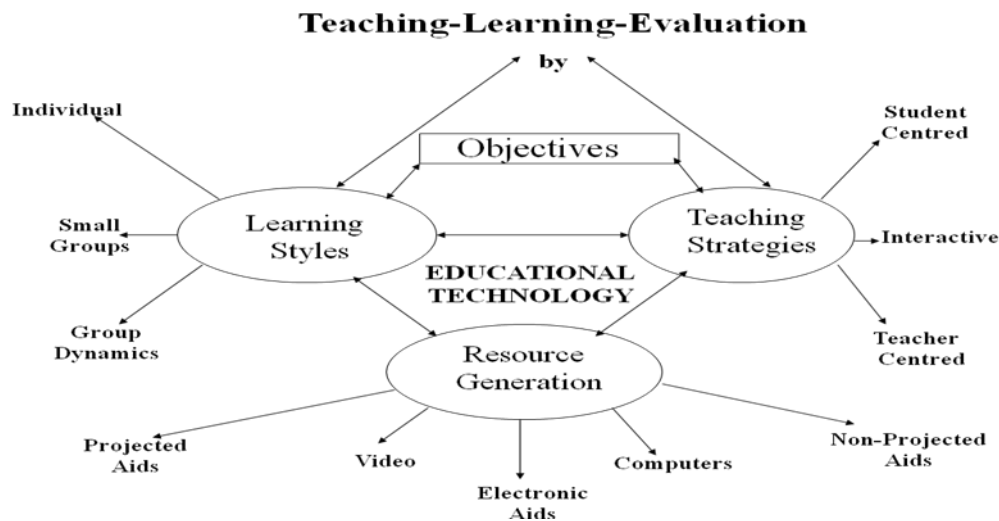
- ❖ Physiological / Pathological / Toxicological effects
- ❖ Elective Affinity of the Drugs
- ❖ The Concept of Generalization
- ❖ Doctrine of Signatures
- ❖ Clarity

Learning Homoeopathy

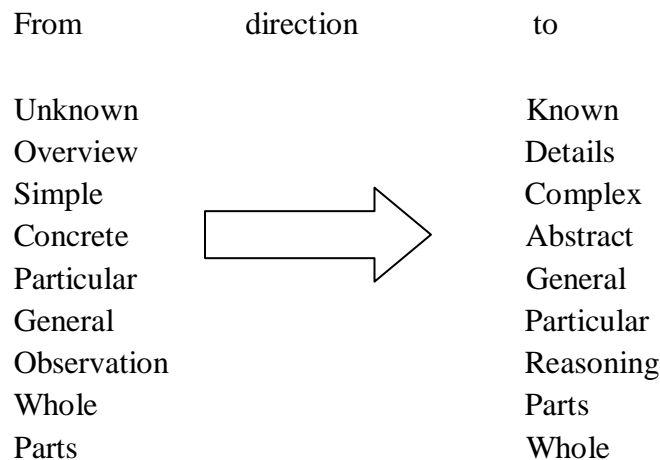


- F – Facts to be obtained through materia medica, repertory and clinical verifications

- P – Procedures of various types, chief being inter-action with the patients.
- C – Concepts like analogy/Doctrine of signatures etc. Formulation. Creative / lateral thinking.
- P – Philosophical substratum. The scientific foundation for the sake of artistic prescribing



Maxims of Teaching



Methods of study of Materia Medica

1) Generalization Process:

- Logical transitional process from particular to general.
- The inference reflects deeper insight into essence.

- Grasp over English language and subject.

2) Key-note Method:

- Key to the case may be at general or particular level.
- Based on getting at essence.
- P.Q.R.S. symptoms depict a unique, individualistic response.

3) Anatomical Schematic Method:

- Hahnemann's schematic method.
- Understanding potential action and elective affinity on various organs and systems.
- Therapeutic use on the basis of disease conditions is possible because of this method.

4) Physiological Method:

- Assessment of physiological effects/changes.
- Disease-oriented prescribing.
- Limited scope.

5) Pathological Method:

- Proving yields functional symptoms. Hence the need of toxicological data
- Clinical experiences+ Records of poisoning/Pathological symptoms.
- Pathologically pronounced data.
- Pathological general.

6) Therapeutic Method:

- Based on disease concept.
- Collective portrait is not given importance.
- Hence limitations.

7) Typological Study:

- Physiognomonic, psychological, typological types.
- Correspondence at the level of make-up / appearance / constitution.
- Amalgamating the concepts from holistic aspects

8) Comparative Study:

- Comparing and contrasting.
- At various levels: such as symptoms level, organs level, disease level, personality level, action level, typological level etc.
- Advanced study of materia medica

9. Repertorial Study:

- Repertory as the micro-filming of materia medica.
- Useful for personality study, group study and comparative study

10. Remedy Relationship Study:

- A wider platform to study materia medica.
- Discrimination as the process of arriving at the similimum.
- Neglected subject.

11. Monogram Study:

- Words are powerful and they carry deep meaning.
- Characters that run through and through.
- Genetic encoding.
- Use of doctrine of signatures

12. Group/ Family/ Kingdom Study:

- Basically a process of generalization.
- A simplified method.
- Individual study more important.
- Conclusions could be shaky in practice.

13. “Living” Image:

- Drugs as living, vibrating individuals.
- Evolutionary study of a human being vis-à-vis homoeopathic materia medica.
- Charming study but better to stay away from imaginations, fancies, abstractions and hypotheses unless it has adequate clinical experiential base and original data-base.

14) Situational Materia Medica:

- A situation compels an individual to develop certain temperamental traits which are to be corresponded with behavioral responses of the drugs in materia medica.
- The concept of a constitutional remedy should not be brushed aside.

15) Body Language study:

- Body language as synthesis of mind and body together
- The objective and living study of materia medica
- The scientific study of a patient and its counterpart in materia medica

16. Human symbolism study

- The language of organs
- The structural and functional aspects of organs
- Interpretation vis-à-vis materia medica

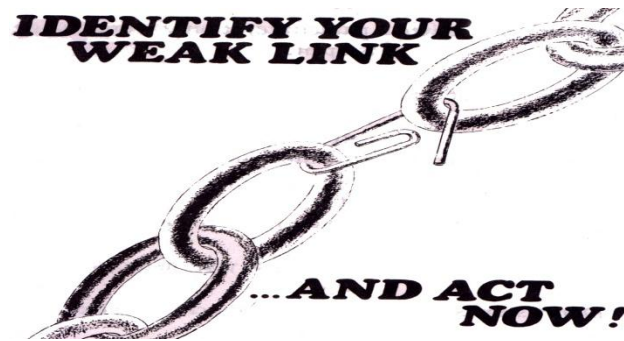
16. Constitutional Remedy Study:

- The Concept of Totality.
- Qualitative Totality.
- Coverage should be:
 - ❖ Evolutionary study
 - ❖ Qualified mentals
 - ❖ Physical generals
 - ❖ P.Q.R.S. at general level
 - ❖ P.Q.R.S. at particular level
 - ❖ Typology
 - ❖ Causative emotional and environmental modalities
 - ❖ Pathology
 - ❖ Miasms etc.

D. Requisites on the Part of a Student to grasp Materia Medica

Minimum requisites for maximizing learning

- ❖ Unbiased, unprejudiced attitude
- ❖ Sufficient will, drive and motivation
- ❖ Analytical mind
- ❖ Organized thinking.
- ❖ 'Intergration' skills
- ❖ Readiness to study and experiment always
- ❖ Case-taking: adequate and accurate
- ❖ Sufficient grasp over prescribing
- ❖ Knowledge of methodologies
- ❖ Keen observation, circumspection and honesty
- ❖ Be always a student



.....

* Dr. Ajit Kulkarni is a veteran homoeopath and a famed international Teacher. He is the Director of Homoeopathic Research Institute, Satara, India. He has to his credit many thought-provoking books and articles. His famous recent work is on "Body Language and Homoeopathy".