

REMINISCENCES

Glimpses of old classic literature: Quarterly Bulletin Volume 10 (1 and 2), 1988

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AUTHOR'S NOTE

The publications of the Council more than two decades ago provide the profession, glimpses of old classic literature of our predecessors who have tried to explore the beauty of Homoeopathy. This bulletin published by Central Council for Research in Homoeopathy (CCRH) renders useful information about Bronchial Asthma, different medicines found useful in this condition and clinical cases of Asthma treated with Homoeopathy. Among other articles, the importance of protocol in research and Data Recoding Proforma for Asthma developed by the Council are impressive.

EDITORIAL

The editorial centers on the seminar organized by the Council in association with WHO aimed at projecting the work done by the Council on Asthma and to have an expert opinion for the same. The outcome resulted in establishment of various criteria for the selection of homoeopathic remedies indicated in the treatment of Asthma and finalization of a standard case taking proforma of the same. Many interesting papers including those of international repute have been depicted in the inside pages. Important aspects related to Bronchial Asthma have been cited in various articles published in this bulletin.

SCIENTIFIC BREAKTHROUGH IN HOMOEOPATHY

The first paper by Dr. Peter Fisher reviews the work of Professor Jacques Benveniste of France. Prof. Benveniste published a paper in 'Nature', a leading international scientific journal, during 1988. The research of Prof. Benveniste was on Human Basophil Degranulation Test (HBDT).

Basophils can be provoked to degranulate, or release their granules, by various stimuli; this can be observed *in vitro* and is the basis of HBDT test. The stimuli can be pollen, aspirin, histamine, bee sting or non-specific like anti-IgE. This information was known so far. But Prof. Benveniste and his team found that if anti-IgE is diluted, the effect continues far beyond the stage at which all the antibodies have been diluted out. In this experiment, serial dilutions, of 1 in 10 and 1 in 100 were used (exactly as used in Homoeopathy).

The finding was that as many as 60% of the basophils were degranulating although there could not possibly have been a single molecule of anti-IgE present. Nor was there any sign of the effect fading out. The experiments were repeated at four countries (France, Italy, Israel and Canada) as doubts were raised. The conclusions repeatedly confirmed the same results. Dr. Fisher points out that the emergence of Homoeopathy into the arena of scientific medicine is an irreversible process.

BRONCHIAL ASTHMA

Clinical information on Bronchial Asthma (BA) by Dr. Chillar, Dr. Bhatia and Dr. Gala is presented in one of the article of this issue. They have illustrated many causes of BA like immunological, genetic, allergic, autonomic, etc. The triggering factors are infection, emotions, exercise, cold air, dust, fumes, etc. They have also discussed many mechanisms and theories *viz.* reflex theory, classical theory, arachidonic acid metabolism, etc. The history taking, clinical examination, pathogenesis, differential diagnosis and principles of management in Asthma are discussed in detail.

ASTHMA: AN ENIGMA

This paper by Dr. K. G. K. Sastry gives some tips to solve the enigma in Asthma. He emphasises the role of proper and thorough case taking. His experience in using of Arsenicum iodatum in ascending scale from 200C onwards, given once in 15-20 days, in tubercular diathesis subjects can be a subject of research. The author gives his observation that in acute Asthma cases, where *Merc. sol.* and *Hepar sulph.* are used, *Kali iod.* helps complete the cure. Some cases of *Hepar sulph.* with a sycotic base go to *Natrum sulph.* of *Sambucus* go to *Lachesis* or *Lycopodium*; of *Carbo veg.* to *Kali carb.* The author cites some cases in support of his observations. First one is of *Carbo veg.* as an acute and *Kali carb.* as a chronic. The second case was given many remedies like *Arsenic*, *Hepar sulph.*, *Carbo veg.*, *Lachesis*, *Blatta orientalis*, *Grindelia*, etc., which failed and finally the case yielded to *Sambucus*. This was then followed by *Natrum muriaticum* and the patient was relieved of asthmatic attacks.

COMPARATIVE STUDY OF THE INDICATIONS OF ARSENIC ALBUM, IODUM, KALI CARB, NATRUM SULPH: THEIR USEFULNESS IN BRONCHIAL ASTHMA

This paper is by Dr. Anil Bhatia, Dr. Y. S. Chillar, Dr. Amar Bhatia and Dr. Vinod Gala. The authors have collected the data from 207 patients out of which 96 were males and 111 females. The drugs have been elaborated under the following headings:
Cause (fundamental, predisposing and exciting)
Modalities
Mental
Physical (generalities, constitution)
Characteristics

The drugs have been tabulated as Psoric, Sycotic, Tubercular and Syphilitic under fundamental causes.

Further, medicines have been grouped under Metereological, Psychological, Infections, Exercise, Modalities (aggravations, ameliorations), Mental symptoms (like anger, irritable, worry, anxiety, fear, impulsive restless, obstinate etc.). Under the heading Physical, (A). Generalities (built, thermal, respiration, appetite, cravings, aversions, thirst, stool and urine); (B). Constitution (Oxynitrogenoid, Leucoplegmatic, Hydrogenoid), Characteristic symptoms (cold, running nose, sneezing, cough, wheezing, breathlessness, etc.), Concomitants

(flatulence, acidity, haemorrhoids, bleeding per rectum, leucorrhoea). Potencies used were centesimal potencies from 30 to CM.

TREATMENT OF CASES OF BRONCHIAL ASTHMA BY A NEW APPROACH

This is an interesting paper by Dr. M. L. Sehgal wherein the author has given seven cases with the patient's narration used in selection of rubrics. Some of the narrations of the patients taken as rubric are as under:

1. "It is already a long time now, therefore, I shall not be interested in the treatment which cannot give me immediate relief" (Rubric- FEAR, Extravagance of)
2. "It is not within my capacity now to bear anymore this sort of torture" (Rubric-DISCONCERTED)
3. "The breathing is also much obstructed. Doctor tell me what should I do?" (Rubric-ANGER, interruption from; CAPRICIOUSNESS)
4. Like a child she says, "Doctor, see, what is my condition. Please tell me, how it will be cured. Please doctor, do tell doctor, please (Like a child she insists) Hoon. Hoon.....Hoon" (Rubric-IMBECILITY)
5. Her face reflects simpleness and innocence (Rubric-AFFECTIONATE)
6. "In this condition, I always remember my mother. I want to be in her lap and be soothed by her caresses" (Rubric - LOVESICK)
7. "But this my ailment is proving to be great hindrance" (Rubric-ANGER)
8. "Only one thing which keeps me anxious all the time, is the future of my children" (Rubric-ANXIETY, others for)
9. "One should not disturb me during the attack" (Rubric-DISTURBED, averse to, being).

CLINICAL CASES OF BRONCHIAL ASTHMA

Dr. S. K. Zutshi in his paper on 'Clinical cases of Bronchial Asthma' cites cases of Bronchial Asthma treated with *Lycopodium*, *Thuja*, *Sulphur*, *Kali nitricum*, etc. He puts an observation that he has found Kali phos a useful remedy when the patient has laboured breathing under depressed conditions or during examination period.

My experiences in treatment of Bronchial Asthma

Dr. V. K. Gupta, in his 'My experiences in treatment of Bronchial Asthma', cites cases treated with *Kali nitricum*, *Kali bich.* *Apis mel.* *Calc. sulph.* and *Spigelia*.

Abstracts related to Asthma by Dr. Jugal Kishore, Dr. R. K. Kapoor, Dr. O. P. Sachdeva, Dr. Niranjana Mohanty,

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Dr. Hari Singh, Dr. Vikram Singh, make an interesting reading etc. Dr. Jawahar Shah and Dr. M. P. Arya have dealt with miasmatic aspects of Bronchial Asthma.

THE IMPORTANCE OF PROTOCOL IN RESEARCH

This paper has been presented by Dr. (Mrs.) Krishna Singh, who stresses that the protocol should be formulated carefully and judiciously, keeping in view the objective all the time. If the protocol is faulty, the studies lead to nowhere as there will be ample scope of variation in the results. Dr. Singh warns that good protocol need not be rigid.

Protocol can be divided into four parts-objectives, need, methods and interpretation and analysis of the results. The author elaborates upon the above four parts.

A research protocol on Bronchial Asthma was formulated and implemented at various units of CCRH along with the Data Recording Proforma for asthma, informs the author.

Thus the issue deals with the comprehensive view about Bronchial Asthma from clinical, physiological, immunological, psychological and homoeopathic angles.

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