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# HOW TO REPRESENT MATERIA MEDICA IN OUR CLASSES

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Methods of teaching Materia Medica have been constantly under discussion ever since the Homoeopathic study was institutionalized. Much has been debated and discussed on the subject but most of them are seen to be highly theoretical and superfluous. Despite of addition of many books to the earlier source books of Materia Medica, understanding of the same still remains a stumbling block to the homoeopathic graduates as well as to the post-graduates. Even after a degree of homoeopathy from a homoeopathic college, the doctors are apt to find them stumbling along in their practice and either obtaining mediocre or frustrating result with their homoeopathic treatment and bound to adopt unhomoeopathic measures for the relief of their patients. Homoeopathy is now at its zenith of social and official recognition along with a serious challenge from its counter part i.e. is conventional medicine as was published in August 2005 issue of "Lancet" for its efficacy in the field of treatment. Unless we keep pace with the demand of time we will be outdated, rejected and will trail behind in the field of treatment. To achieve this, the proper understanding and application of Materia Medica is the crying need of the time and imperative for producing efficient homoeopaths.

## **What is Materia Medica?**

*Materia Medica is an outdated term of allopathic pharmacology, which includes sources, description and preparation of drugs. But definition of Homoeopathic Materia Medica has something different i.e., it is a record of the effects of active medicinal substances derived from proving of the drugs on healthy human beings, noting the toxic effects of the drugs from different sources and also addition of the clinical symptoms observed during application of the drugs.*

Symptoms derived from proving represent the true picture of the action of the drug. Symptom recorded from cases of poisoning including gross tissue changes indicates a deeper affection of drugs which should be given due importance to assess the depth of action of the drug which could have been produced by proving the drug for a prolonged period. Clinical symptoms are not observed with the provers but produced in a patient while treating him for some other symptoms. These invaluable records of symptoms, developed by the tireless endeavor of hundreds

of homoeopaths, are coded in different source books, which are technically called as Materia Medica.

### **Objectives of an ideal teaching in Materia Medica**

It signifies a proper, practical and clinical oriented training / teaching to students to make them successful practitioners by increasing their skill and developing their aptitude towards knowing the subject properly.

*The satisfactory implementation of this objective can be achieved by giving guided emphasis on two aspects i.e., **on training material, and proper training, both at UG & PG level.***

### **Training Material:**

What should be the training material to train the trainee by the trainer is the most important factor of the educational objective. Very often we hear the cry of our students that how to remember homoeopathic Materia Medica and it must be simplified, condensed and made systematic for its remembrance and practical application. For its answer, it requires a lot of consideration. To discuss a few –

- I. Standardization of homoeopathic Materia Medica.
- II. Rational approach in teaching / studying Materia Medica.

### **I. Standardization of Homoeopathic Materia Medica:**

Homoeopathic Materia Medica is a subject, which has attracted abundant writings from authors of various shades, backgrounds with different philosophy. Hahnemann took tremendous pain virtually 50 years to develop his Materia Medica Pura (1811-1833) including 67 medicines and in The Chronic diseases their peculiar nature and their homoeopathic cure (1828-1839) contains 48 medicines. The result of 6 years of effort of obtaining proving and clinical symptoms carried by sincere effort of many homoeopaths compiled in ten volumes of 'Allen's Encyclopaedia of Pure Materia Medica, (1874 -1879) containing 691 medicines. Hering lost his health to contribute the proving symptoms of Lachesis and even breathed his last while in the process of publishing his ten volumes of 'Hering's Guiding symptoms (1878-1891)' contains 410 medicines. Similarly the contribution of J.H. Clarke for his 'Dictionary of Materia Medica' in three volumes (1900) containing 1002 medicines. E.M. Hale's, "Introduction of Materia Medica and Special therapeutics of the new remedies (1880)" contains 548 medicines, Richard Hughes and J.P. Dake in their "Cyclopaedia of Drug Pathogenesis (1888)" includes 412 medicines etc, are equally indispensable treasurers of symptoms of Homoeopathic Materia Medica. William Boericke's "A pocket manual of Homoeopathic Materia Medica". (9<sup>th</sup> Edition 1927) contains 1414 medicines, M.L. Tyler - " Homoeopathic Drug Pictures (1952)" containing 125 medicines, O.A. Julian's – Materia Medica of Nosodes (1982) contains

66 drugs, N.M. Choudhury's – A Study on Materia Medica containing 442 medicines etc have been made in addition to monumental works of Hahnemann's time.

Even though so many books on Materia Medica right from Hahnemann to the era of S.K.Dubey are available, students of homoeopathy are still afraid of Materia Medica seeing 1301 symptoms of Nux .vom, 1450 for Merc.Sol, 1154 for Pulsatilla as has been enunciated in Materia Medica Pura. It is a greatest need of the Hour, to make Materia Medica simplified, condensed and fathomable so that it can be utilized in the Practice.

Several voices were raised that Materia Medica is cluttered with hundreds of redundant and spurious symptoms and that the chaff should be separated from wheat. Richard Hughes of Briston, England on behalf of British Homoeopathic Association and American Institute of Homoeopathy were entrusted to revise the Materia Medica. This committee completed its task in 1886 and made a publication to this effect in the name of the book " Cyclopaedia of Drug Pathogenesis" which embraces only genuine symptoms of provings upon healthy human beings and excludes all untrustworthy matter. But the demand for further revision still persists.

## **II. Approach to teaching/ Study of Materia Medica :**

It is observed that each doctor has his own method of teaching/ studying Materia Medica. Let us try to list those most generally used and to consider which method is to be adopted for teaching.

### **1. Schematic Type:**

In these, the symptoms are jotted down under the heading head to foot. As example Materia Medica Pura, Chronic diseases – their peculiar nature and their Homoeopathic cures, encyclopaedia of Pure Materia Medica by T.F. Allen, The Guiding Symptoms of Our Materia Medica by C. Hering, A dictionary of Practical Materia Medica by J.H. Clarke, Textbook of Materia Medica by A.D. Lippe etc. are examples of schematic type.

The description in these books is very much systematized by describing the symptoms according to organs. But it is very difficult to give value to the symptom according to their intrinsic worth. It is because the real unexpected deviations are lost due to its fragmental study. This is like an artist painting a family painting, keeping eyes of all members of family in one part of the picture and all noses in another and so on.

### **2. Keynote Materia Medica:**

This type of books or teaching includes the predominating symptoms or features of drug, which comprises of peculiar, rare, striking symptoms which, are captioned as **keynote symptoms**. The keynote prescribing no doubt is a

shortcut and time saving device but often we court failure if these keynotes are taken as final and generals don't confirm. Prescribers often abuse this method basing their prescription on two to three symptoms. Leading books of this pattern are Keynotes on leading remedies – H.C.Allen, A primer of Materia Medica – T.F.Allen, Characteristic Materia Medica – W.H.Burt etc.

### 3. Picture type Materia Medica:

Here the pathogenesis of drug is presented in a synthesized manner so that the personality of a drug becomes distinct and clear and aims at holistic approach of describing MM. Books like Lectures on Homoeopathic Materia Medica - J.T. Kent, 1904, Homoeopathic Drug Picture – M.L. Tyler, 1952 are examples.

### 4. Comparative Materia Medica:

In these books or teachings drugs having similar pathogenesis are compared with their differentiating points – e.g., Comparative Materia Medica – E.A. Farrington, Comparative Materia Medica – Gross, A regimen and Comparative Materia Medica – J.G. Malcom etc.

### 5. Psychoanalysis:

In Homoeopathic Psychology – Philips Bailey, Portraits of Homoeopathic Materia Medica – Cathrine Coulter, Essentials of Homoeopathic Materia Medica – George Vithoulkas, drugs are individualized on the basis of their personality, temperament, psychological and behavioral differentiation, speech, gestures, expressions, thoughts, feelings, hopes, fears, tastes and common or idiosyncratic physical symptoms. These books provide an accurate and realistic description of the personality.

Similarly, vast other Materia Medica books with different approaches are available. To quote a few:

- ❖ **Physiological Materia Medica** by Dr.W.H.Burt – written on the basis of physiological actions.
- ❖ **Characteristic Materia Medica** by D.C.Das gupta (1936) containing 176 drugs.
- ❖ **Materia Medica of pharmacodynamics:** R.Hughes "A Manual of Pharmacodynamics" whose approach is depending upon the inner dynamic trait of the drug.
- ❖ **Therapeutic Materia Medica-** Descriptions are given according to diseases.

- ❖ **Materia Medica with approach through Periodic table:** Some author like Jan Scholten in "Elements of Materia Medica" tries to describe and justify drugs belonging to horizontal groups of periodic table bears many symptoms in common with a novel approach to drugs.
- ❖ **Study of drugs analysing groups:** Drugs belonging to same family in vegetable kingdom, or same group in mineral kingdom or same species in animal kingdom have many symptoms in common because they belong to similar species. Authors like E.A. Farrington very carefully taken up Kali group, Carbon group, Ophidia group, and Spider group etc. Books of similar approach which merits consideration, "Homoeopathy and Homoeopathic prescribing" by Harvey Farrington, and "Textbook of Homoeopathic Materia Medica" by Otto Lesser.

#### 6. Combined type:

In the 20<sup>th</sup> century many genius of Homeopaths tried to compile books with an attempt to include all the different approaches to a drug as described above in brief. They are readymade, easy to remember, handy but of the type "jack of all trades but master of none".

So from so many types of Materia Medica a student of U.G. and also P.G. level confused how to proceed to comprehend Materia Medica. Whether he will follow the psychoanalysis of Philip Bailey or periodical grouping of Jan Scholten, pharmacodynamics of Richard Hughes or physiological action of Burt etc. as described above.

#### Teaching in UG level

An authentic knowledge in Materia Medica doesn't mean describing a vast number of disconnected symptoms as describing in schematic type of Materia Medica and advising students to memorize. It is really not advisable to teach them psychoanalysis of Catherine Coulter or Philips Bailey, which will be difficult to fathom by beginners. It will also be cumbersome and confusing if group analysis of Jan Scholten and others are taught who are not accustomed with action of individual drugs. It is ridiculous to speak the neophytes of homoeopathic course the comparative Materia Medica. It will be boring if disconcerted symptoms of Materia Medica of physiological action is delineated in the UG classes. For a befitting knowledge of Materia Medica in beginning and to make them fundamentally strong regarding the genesis of polychrest drugs, the following points should be emphasized:

1. For each drug their outstanding features which distinguish the drug from another otherwise known as individuality of the drug or characteristic of the drug should be emphasized. In most of the polychrest drugs, one or two symptoms are most prominent in their pathogenesis and other symptoms are connected to

them. To indicate a few congestion and suddenness of Belladonna, dryness / sluggishness and stitching pain in Bryonia, time modalities of Arsenic and Lyco, first motion aggravation of Rhus tox, dull / drowsy parietic state of Gelsemium, nausea of ipecac and Tabacum are some examples.

The dryness and sluggishness of Bryonia is connected to almost all symptoms that means dryness of mouth & lips with thirst, sluggish secretion of digestive enzymes leading to indigestion that means food lies as stone on pit of stomach, dry cough without expectoration, intestine dry so hard stool, dry burning heat, urine scanty, reddish hot, amenorrhoea etc.

Similarly any symptom like Lyco. has a tendency of afternoon aggravation whereas in Arsenic album mid day mid night aggravation.

Burning of Cantharis is not only found in urethra, skin, eyes ovaries, but also indicated for cases of burn.

So while teaching in first and second BHMS, the characteristic symptoms of with which one drug prominently stands out and to which other symptoms are connected should be emphasized.

2. For practice point view in third and final BHMS vast comparison in the symptomatic level should be made by which finer differentiation among the drugs can be done.
3. Along with this other points such as constitution, thermal change, general modality, unusual peculiar, particular symptoms should be described in such a manner that it will draw true portrait of a case along with emphasis on characteristic point.

### **Teaching in PG level**

Teaching of Materia Medica in P.G. level requires a meticulous, analytic approach with understanding into the depth of the drug. Unless there is a very clear and definite guidance by guides and teachers, the P.G students will be confused, disconcerted seeing books from Allen's keynotes to Allen's encyclopaedia of Materia Medica.

There is every chance on their parts to be perplexed by coming across different types of Materia Medica like schematic, keynote, physiological action, group remedies, psychoanalysis, description according to periodic table etc. Seeing these books and giving emphasis on the subject in their own way may muddle them, which vary widely in their concepts.

Let us analyze merits demerits of few. Psychoanalysis of Catherine Coulter, Philips Bailey, George Vithoulkas personality typing including smaller books on constitution by Burnett, Clarke, Von Grauvgol differentiate drugs describing their physical, appearance, shaking hands, posture, facial expressions, appearance, voice, tone, hairstyle, clothes, expression in their eyes, gestures, face reading etc.

This aspect is no doubt is very much important to select similimum but overemphasis ignoring other aspects is now a days very much debatable matter.

Similarly books like William Boericke, Burt's clinical appendix, Blackwood's work deals with clinical symptoms and pathological symptoms and even in authentic books like Clarke's dictionary and T.F Allen's book of Materia Medica also includes chapters on clinical Materia Medica, which though easy to comprehend and remember but, not true similimum.

Though looks very descent and attractive, students are expected to be confounded by seeing books describing drugs having similarity on horizontal and vertical rows of periodic table. It is more of making the facts of Materia Medica a more complex by forcible and imaginary placement of symptoms misusing the rational concept of doctrine of analogy.

Hahnemann built up Materia Medica by pure human experimentation known as drug proving which is the sole and only basis of Homoeopathic Materia Medica. To it the father of Materia Medica, C.Hering added rational gradation and clinical symptoms and wrote Hering guiding symptoms, which includes only very reliable symptoms proved, confirmed, and verified. J.T.Kent, the most authoritative American homoeopath seeing the vast work of Hering contributed from his scholastic hand the comprehensive picture of each drug which includes the portrait of the sick personality of each drug describing the mind, aptitude, behavior, postures, manner of sleep etc. for comprehension and easy remembrance of the drugs.

After Kent's era i.e. 1904 the works on Materia Medica undergone many justified, unjustified and so called justified deviations by 20<sup>th</sup> century authors which I am also afraid to write are simply confusion, contradictions, misinterpretations, exaggerations and misrepresentation of the facts.

So now it is a high time for teachers of P.G training to think and to decide what should be the rational, justified dependable method of presenting Materia Medica in P.G classes.

It is difficult and also will be ridiculous to give a direct opinion to such a debatable matter. But some points in this context can be suggested:

1. Each student is to be well acquainted with U.G level books like Dunham, Farrington, Allen, Nash, Kent, Boger's symptomatic key in the first few months of P.G training if they are not acquainted.
2. With this working knowledge, Herring guiding symptoms is next to be given due importance.
3. With a comprehensive knowledge on Hering guiding symptoms, Materia Medica Pura, chronic disease and encyclopaedia of Materia Medica are to be discussed.

While discussing Materia Medica Pura the genuineness of the symptoms of the drugs are to be carefully elicited because as pointed out by Richard Hughes

that Hahnemann's eager desire for symptoms and his over estimation of activity of drugs has led him in numerous instances to put down pathogenetic effect of disease for drugs.

In many instances, Hahnemann took the disease symptom as proving symptoms of the drug from the records of Greding & Baron Stroock. Observing these erroneous facts the American association of homoeopathy and British association in 1886 compiled the book "Cyclopaedia of drug pathogenesis" where a very meticulous and careful work was done to include genuine symptoms verified from source book under the editorship of Richard Hughes and J.P. Dake. Therefore, this book is to be taken as the reference book for symptoms of the drugs wherever any confusion arises.

4. With a subsumptive knowledge on all these source books of Materia Medica and thorough grasp over Kent, Farrington, Nash, Allen, Dunham, Cowperthwait work, the post Kentian work like group remedies, remedy description on periodic table, psychoanalysis, pharmacodynamics, physiological action etc., should be carefully examined and pondered in PG teachings.

There is no denial of the fact that these writing of erudite scholars of 20<sup>th</sup> and 21<sup>st</sup> century also contribute for an effective prescription in homoeopathy but absolute dependence may mislead the prescription.

It is really high time to discuss and sort out a model teaching of Materia Medica which is essential and imperative for its further development and progress. For its successful implementation we must concentrate on the following areas:

- i) Introduction of standardized Materia Medica books in respect of making it simplified, condensed and deleting of redundant and spurious symptoms and only mentioning the well-proved drugs so that the doctors will be confident in practice with excellent results. Other source books may be recommended in P.G. level as reference books.
- ii) Pattern of teaching should be uniform not haphazard, which should be comprehensive, principle based, basing on facts and in accordance with homoeopathic principles.
- iii) The teacher should be qualified, well experienced, with clarity in Materia Medica principles and also have aptitude for teaching Materia Medica.
- iv) The trainees should be made to be interested towards Materia Medica and the course should be task based to make the students sincere in study.