



## **Role of Organon of Medicine in Evolution of Pharmacology and Pharmaceutics- Follow up of 100 Cases of Skin Disease Treated with External Application**

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### **Abstract**

Hahnemann, by propagating homoeopathic pharmacy has compartmentalized the whole science of pharmacology into two that is homoeopathic pharmacy and others. Conventional pharmacopoeia dealt with only the medicinal substances in their crude state and their application in different quantity. Homoeopathic pharmacology is altogether different and unique from all others. Here, in this study, poetized medicines have been used on externally to note the effects, if any. Practice found that external application of poetized remedy, selected similimum, acts well when applied externally. This work devotes to use of similimum externally (footnote to §282, 6<sup>th</sup> edition) without any internal application.

**Key Word-** Skin Disease, External application, Pharmacology, Pharmaceutics, Homoeopathic Pharmacopoeia.

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**Received – 18/011/2020**

**Revised- 15/12/2020**

**Accepted – 23/12/2020**

### **INTRODUCTION**

Organon of Medicine sets rules, prepared by Samuel Hahnemann for the guidance of homoeopathic method of treatment – theoretical as well as practical.

Homoeopathic pharmacy is unique and special because it is based on a philosophical background with scientific application. It has the specialties in its

mode of preparation, administration and modus operandii which is based on a

**How to Cite this Article-**Kaur R., Chatterjee N C., Kaur G., Biswas R., Role of Organon of Medicine in Evolution of Pharmacology and Pharmaceutics- Follow up of 100 Cases of Skin Disease Treated with External Application. TUJ.Homo & Medi.Sci. 2020;3(4):37-42

Holistic and individualistic approach of disease. The present source of homoeopathic pharmacy basically depends on the pharmacopoeias as they constitute the details of the process and ingredients used, and are officially recognized.

Pharmacology is the branch of biology concerned with the study of drug action, where a drug can be broadly defined as any man-made, natural or endogenous (from within body) molecule which exerts a biochemical or physical effect on the cell, tissue, organ or organism (sometimes the word 'pharmacon' is used as a term to encompass these endogenous and exogenous bioactive species).

Medicine, poetized, does not make a remedy. Remedy is the one that is most suitable for a particular case of malady. Remedy needs be selected through proper case taking, analysis of symptoms, repertorization and lastly confirmation of the same by study of Materia Medica. Medicines, for some unavoidable circumstances were being regularly used as external application, which are mostly not much similimum but selected similimum could be used externally to initiate and complete cure.

#### **OBJECTIVES:**

- i. To establish that homoeopathic pharmacology is indeed different from other pharmacologies.

- ii. To establish that pharmaceutical purity can be maintained by following the pharmaceutical methods laid down in Organon.
- iii. To establish that only homoeopathic pharmaceutics successfully prevents proprietary hazards.

#### **METHODS & MATERIAL:**

##### **a. Inclusion criteria:**

- i. 100 patients of skin disease will be included after receiving informed consent.
- ii. The patients who are fairly articulate.
- iii. Patients of all ages and both sexes will be considered for study.

##### **b. Exclusion criteria:**

- i. Not associated with heart or any other organ disorder.
- ii. Patients who cannot express fairly.
- iii. Any case of burn, accident, poisoning, drug reaction.

##### **c. Withdrawal criteria:**

- i. Volunteers who withdrew without assigning any reason.
- ii. Patients who have not signed consent form.
- iii. Patients with only one visit.
- iv. Patients with non-compliance to treatment.
- v. Patients who want to withdraw due to aggravation of disease.

**d. Population/Sample:**

- i. Patients coming in OPD will be considered and studied as per methods described in Organon of Medicine.
- ii. Sample of 100 patients were taken on basis of first come first serve.

**e. Age and Sex:** Patients of all ages and sexes will be considered.

**f. Informed Assent-cum-Consent document :** Obtained before study begins.

**g. Duration of Study :**One year

**h. Plan to withdraw standard therapy during conduct of research**

a) Yes ✓                      b) No

c) If Yes, reason there of:

Because it may interfere with research.

**i. Study Design :** Case study

**j. Selection of tools:**(i) Case study proforma (ii) Library (iii) Organon of Medicine (iv) Materia Medica (v) Repertories (vi) Pharmacology(vii) Cases of skin diseases

**k. Expected outcome :** Favorable

**l. Ethical outcome:** Approved by Institutional Ethics Committee of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

**m. Place of Work:** Hospital wing of Sri Ganganagar Homœopathic Medical College, Hospital and Research

Institute, Sri Ganganagar, Rajasthan.

**n. Record of Work:** Case taking proforma as per Organon of Medicine and the topic of dissertation and other records will be duly maintained with confidentiality.

**o. Repertory:** Repertory to be used according to the case.

**p. Remedy selection:** Remedy will be selected by repertorization and conformation by Materia Medica.

**q. Placebo:** Placebo will be prescribed as indicated in Organon of Medicine.

**r. Source of Remedy:** Pharmacy of Sri Ganganagar Homœopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

**s. Remedy Application:** Remedy will be selected after proper case taking and applied externally.

**t. Investigation:** All necessary investigations will be done at this institute.

**u. Research hypothesis**

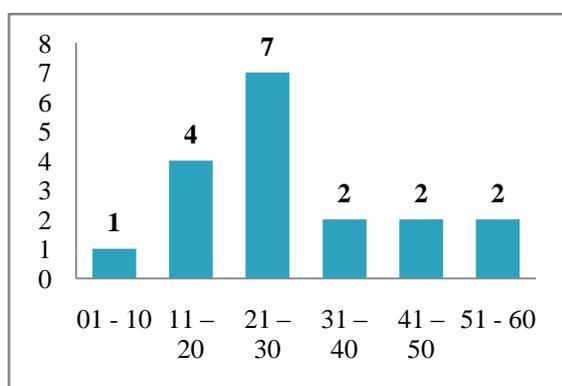
**a) Null hypothesis (H<sub>0</sub>):** It states that there is no relationship/association between predictor and outcome variable in the population. Skin disease can't be treated with external application (H<sub>0</sub>)

**b) Alternative hypothesis (H<sub>1</sub>):** It proposes that there is an association between predictor and

outcome variable. Skin disease can be treated with external application (H<sub>1</sub>)

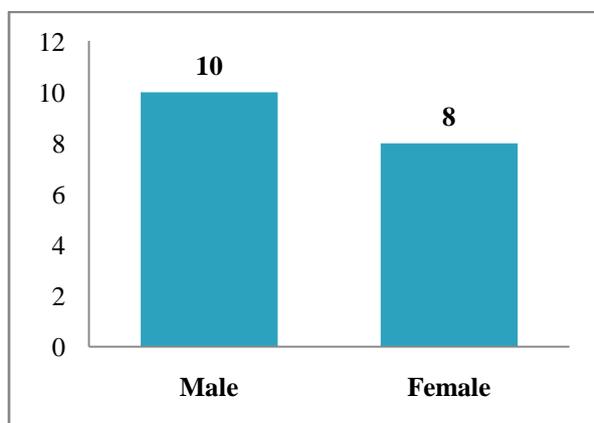
**RESULT:**

Result of this study was encouraging. In this short span of trial 18% patients were completely cured. Of cured patients, 1% was of youngest and 2% were of oldest age group. Highest response was from young adults 7%.



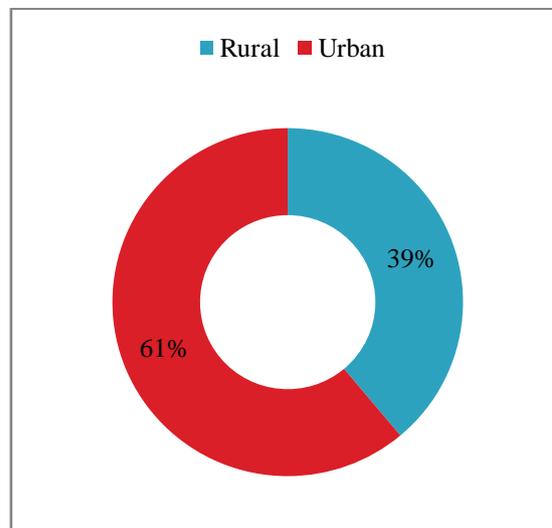
**Graph no. 1** – Age group distribution in cured (n =18) patients

Males responded better (10%) than females (8%), may be because of some pre-occupation.



**Graph no. 2** – Sex ratio of Cured (n =18) patients

Urban people responded better than rural people – 11% versus 7%, while 39% of rural people suffered skin disease in comparison to 61% urban people.

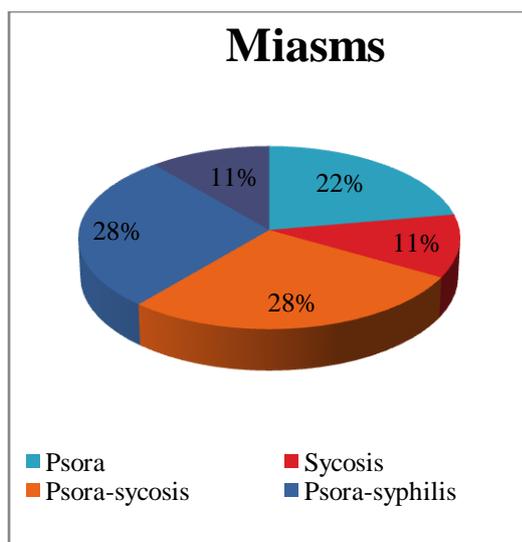


**Graph no. 3** – Prevalence of cured patients (n = 18)

Of all cured cases, predominant miasm was Psora (4%), while Sycosis (2%) and mixed miasm Psora – Syco – Syphilitic was 2%, double miasm was found in Psora – Sycosis 5% and Psora – Syphilitic 5%. Whereas of all enlisted patients, Psoric patients were 22%, Sycotic 11%, Psoric – Sycotic 28%, Psoric – Syphilitic 28% and tri-miasmatic Psoric – Syco – Syphilitic were 11%.

This shows that Psoric – Sycotic and Psoric – Syphilitic patients responded better than rest.

Of Psoric patients, 21 – 30 yrs age group responded better (3%), gender distribution was equal, rural people responded better (3%).



**Graph no. 4–** Miasmatic distribution in cured (n =18) patients

Of Sycosis patients, adults were predominating, both were males and from urban areas. Of Psoric – Sycosis, young to old were equally affected, gender wise males and area-wise urbanites predominated. Of Psoric – Syphilitics, 21 – 30 age group, females and ruralites predominated and of these 11 – 20 and 31 – 40 age group were spared. Tri miasmatics were of 11 – 20 age group, males and urbanites.

#### CONCLUSION:

This project was undertaken on the premise of §284 that states that well selected homoeopathic remedy can be used simultaneously internally and externally to benefit the patient.

In this work, only external application of Similimum was done to note if external application only affects, as the

§284 raises a pertinent question — if the same medicine be applied both internally and externally, the former might cure the patient leaving the later only as cosmetic. To refute the doubt and to establish that external application of similimum was not just cosmetic, this work was undertaken.

The working force consists of 100 patients, of which 18 patients were completely cured and 46 patients were improving, established that external application works. Had there been some more times, fate of the 46 patients would have changed.

It had been established that Similimum administered orally acts. Now that Similimum applied externally also acts. Thus, the paradigm shifted and proved. In this work, the Similimum was applied on healthy part of skin of the patient. It remains to be observed if other method of external application as olfaction — works. Organon says that that works. We need to verify that.

#### REFERENCES

1. Mandal, ParthaPratim, Mandal, Biman; A Textbook Of Homoeopathic Pharmacy, Reprinted Edition, New Central Book Agency (P) Ltd. 8/1 Chintamani Das Lane, Kolkata 700009, India.
2. Sahani, M. K.; Principles & Practice Of Homeopathy Pharmacy For

- Students, B Jain Publisher (P) Ltd. 1921/10 Chuna Mandi, Pharganj, New Delhi (110055).
3. Tripathi, K. D., Essentials Of Pharmacology, 5. Edition, Jitender P Vij, Jaypee Brothers Medical Publishers (P) LTD, EMCA House, 23/23B Ansari Road, Daryaganj, New Delhi, 110002, India.
  4. Dudgeon, R. E.; Lectures On The Theory And Practice Of Homœopathy, Reprint Edition 2002, B Jain Publisher (P) Ltd. 1921/10 Chuna Mandi, Pharganj, New Delhi (110055).
  5. Close, Stuart; The Genius Of Homoeopathy; Lectures And Essays On Homoeopathic Philosophy, Low Price Edition, B. Jain Publishers (P) Ltd., B. Jain House, D-157, Sector - 63, Noida - 201307, U.P. (India)
  6. Dudgeon, R. E.; Boericke, William (Translators); Organon Of Medicine, 5<sup>th</sup> & 6<sup>th</sup> Edition, B Jain Publisher (P) Ltd. 1921/10 Chuna Mandi, Pharganj, New Delhi (110055).
  7. Sarkar, B. K. (Commentator); Hahnemann's Organon Of Medicine, 10<sup>th</sup> Edition, Birla Publications Pvt Ld., 1/9185, Street, No-5, West Rohtas Nagar, Shahdara, Delhi, 110032.
  8. Bhattacharya, M; Homoeopathic Pharmacopoeia, 5<sup>th</sup> Edition, Birla Publications Pvt Ltd., 1/9185, Street, No-5, West Rohtas Nagar, Shahdara, Delhi, 110032.
  9. Hahnemann, Samuel, Organon of medicine, 6th edition, B. Jain publishers (P) LTD.1921/10 chuna mandi, Paharganj New Delhi — 110055 (India).
  10. Mahajan, B. K.; Methods In Biostatistics: For Medical Students And Research Workers, 7<sup>th</sup> Edition, Jaypee Brothers Medical Publishers (P) Ltd, Emca House, 23/23b Ansari Road, Daryaganj, New Delhi, 110002, India

**Conflict of Interest:None**

**Source of Support: Nil**



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