

## Comparative Materia Medica

Taking the last months' discussion ahead on Comparative Materia Medica, we will go ahead with discussing on what are the other levels where we can study the remedies in a comparative way so as to minimize the errors in prescription and increase the efficacy of our prescriptions.

Why we are so much bothered about what are the characteristics of a drug and of what a patient is presenting to us? The general symptoms, the modalities of the case, for example desires and aversions, the sensitivity or reaction to a particular kind of weather, to heat to cold all serve to form a totality of the patient which will be different from all others. The question is 'Which symptom is to be considered and which not?' It is also an art but this art is based on sound Knowledge of Medicine. As Dr. Hahnemann has quoted in Aphorism 3 that knowledge of disease is essential for any physician as a basic requisite, because whenever a patient presents to you with a group of symptoms you have to be very sure that what all are the common symptoms, i.e firstly you should be able to make out the disease the patient is suffering from with the symptom presentation. When you know the symptoms you picked to reach the diagnosis, these are the common symptoms which all the patients suffering from that disorder will present when they come to you. Now, the symptoms beyond this group of symptoms are what are your guiding tool to the right remedy!!! And this group of symptoms is certainly not an easy nut to crack and here comes the role of study of comparisons of remedies to reach the uphill.

As Dr. Farrington has rightly said that it is easy to differentiate

where remedies diverge but difficult to nicely discriminate where similar remedies converge, until their symptoms are almost identical; and yet, just here individualization is most needed.

For a simple case of gastritis, let us look at two remedies which we commonly think of, that are Arsenic and Nux Vomica. A Nux Vomica patient will have a constant desire for vomiting but when he goes most of the times he doesn't vomit or

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even if he does its unsatisfactory and he feels there is still more to go, only if he vomits he would feel so much better. Here Arsenic will also have vomiting and nausea and chilliness which Nux has, but, the characteristic is the weakness which the Arsenic patient has is out of proportion to the illness he has, that is a gastritis patient should normally not have that much of exhaustion and weakness which Arsenic will present along with the thirst with fear to drink as he will then get the pain and vomit is also what is seen in many cases and is peculiar to

arsenic but the weakness out of proportion of illness is the redline of arsenic and ineffectual urge to vomit and unsatisfactory even after vomiting is redline of Nux and if we enquire in little more detail than what patient is just telling and observe the patient more keenly these symptoms are not difficult to elicit.

Let us compare few remedies for Laryngitis: Belladonna has cough spasmodic, dry worse at night on the slightest motion; excited by tickling in the throat, as if from down or as if from constriction of the larynx, worse evening and just after 12 pm. The characteristic presentation found will be better from sweets, compare with Spongia which is worse from sweets. Belladonna is more frequently indicated in spasmodic croup than the famous trio of Aconite, Spongia and Hepar sulphuris. The child awakens at 11 pm, face red, eyes suffused, expression anxious, there is constriction of the glottis, crying with cough which frequently ends with a half suppressed sneeze. The child sleeps again to get up again in between with the same symptoms. If with these symptoms we find the cough brassy, Kali Bromatum is to be considered.

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