

# **TO UNDERSTAND SUSCEPTIBILITY AND REMEDY REACTION WITH FOCUSING ON ADVANTAGES AND LIMITATIONS OF VARIOUS POTENCY SCALES IN HOMOEOPATHIC PRESCRIBING**

**VADODARA SYMPOSIUM DECEMBER 2017**

## **MASTER EVALUATION REPORT**

Some of the highlights of the Vadodara symposium 2017 were

1. Understanding susceptibility and its utilization on scale selection specially LM potency.
2. Cases from most of ICR branches were for discussion.
3. Presence of the fresh batch of MD students enabled them to understand our system.
4. Homoeopathic faculty from outside was a good beginning for creating learning circumstances.
5. Presence of NON-ICRITES; practitioners, and large amount of students.
6. Two senior practitioners came from ABU-DHABI/KERALA& PUNJAB after being exposed to KMD's presentation and workshop in Dubai.
7. Attendance was 169 out of 100 were students.

## **PLANNING & PREPARATION.**

Topic selected was in discussion since the last two years and got finalized in Mumbai symposium.

We started 2 months prior with the symposium introduction. Prior to its circulation, 5-6 cases had already poured in with their objective and directive. This time we were way ahead of selecting cases and circulating them. The introduction took a little long time in editing and finally we were ready with it one month before.

We had formed symposium committee and had invited almost all colleges in Gujarat. But as usual there was no response from any. Arrangements for food, circulating introductions in different ICR groups etc., task of printing, sending copies via courier has been done by the team.

The topic of symposium was a bit different from usual, but helped to outline the focus and purpose. Cases sought initially were not very unusual from clinical & RREF perspective but as the criteria for selection got clearer, and many cases from different centers started pouring in, the angle of scale and RREF became stronger. The relevance of susceptibility and its criteria therefore became more important in understanding these cases.

The activity was a result of contribution by all.

## **CASE MATERIAL.**

The material was given in well in advance to all with courier, Mail & what's app groups. So no major difficulties were felt. The stated topic of symposium was rich from LM scale & RREF perspective, clinical understanding and dynamics. Case material therefore was potential enough for group to work upon and learn. However the cases should have been supplemented with reference

material or links for helping group to prepare. Basics of Scale/Susceptibility/Clinical/Psychodynamics/Psychosomatics/Miasm etc. are not known to many learners. This could have been complimented through reference material.

### **OBJECTIVES**

Though cases were nice, objectives set in a few cases lacked in bringing out the whole experience of case. E.g. In HMP case 5 – the directive of location as team was asked but no correlation was available at the objective level. In a few cases (Dr Rajesh & Dr Jaymin) role of observer and its importance in case was not focused by team though available in the case.

Many cases had a long list of objectives. But when it came for discussion, all couldn't be achieved. The focus remained only on certain parts of the case and RREF. The understanding of susceptibility was good with the application of susceptibility assessment tool and final conclusion which was done by all the senior ICRites. There are only few cases where approaches were highlighted in the objective, while in a few cases it was missed.

Careful attention to the Objectives and the nature of the material as well as the experience of the treating team is vital for an appropriate focus to be maintained.

### **GUIDES**

Most cases were led by seniors & faculties and hence didn't have much difficulty. But when it came to junior guides there were difficulties. Reasons probably were lack of preparation and lack of assimilation of whole experience of the case. May be the process was still going on. Pre-symposium meeting did help to stabilize at some level. But making drastic changes becomes difficult at that time. Guides have prepared their standards but were not able to reflect due to lack of time. Materia Medica differentiation with scale differentiation was not properly done. Pre-symposium meeting presentation of cases gave idea to all guides about what difficulties may be encountered in symposium and allowed them to prepare. In pre-symposium meeting certain guides did not come with final working of their cases.

As there were many new students from fresh MD batch, basic concepts of CSEF / EET needed to be focused as they found difficulty in understanding those.

Preparation of guides needed to highlight the importance of sensitivity training, which was left unaddressed in a few cases and had to be brought in only during symposium and pre-symposium meeting. Sensitivity handling was majorly done by Dr. NLT sir in pre-symposium meeting and also during symposium; at times was helped by Dr. MKP sir.

### **GROUP DISCUSSION**

The group was heterogeneous comprising of ICRITES/ NON-ICRITES, students, practitioners, teachers, all coming with different expectations and ideas. The cases were potential enough to touch all at various levels. The group participated well. However contributions majorly came from the usually active seniors from ICR background. Students seemed left out or very less active. Very little effort by the teams to engage them in the process was seen. The students too expected a passive learning somewhere.

Preparation on part of group in terms of working was lacking which was another major problem. Only a few group members had worked cases. This definitely had reflection on the outcome especially understanding of scale & susceptibility & the comparative materia medica. However

whenever possible, teams tried to make use of available workings as the basis of discussion & Faculties intervention.

The issues of Gangster, aggression, relationships, Money, Hope, Attachment, sympathy, empathy, Women in different roles and performance were the main issues where group vibrated the most. The cases were of equal gender hence group was able to balance both the levels of sensitivity as well as sensibility. There are still many issues related to scale / how to introduce LM potency / DRY dose or WET dose which were untouched.

Guide also told to gather points from the people who had worked but that also was not done properly and hence cases took much longer time. SDB's case was well handled as he took the contribution of the people who had done their working.

People who came from outside and were not a part of ICR activity were really impressed with the way we do analytical process and finally come to the conclusion. They also shared their experience and what difficulty they passed through. It was really a learning experience from them and they have talked regarding from where they can take their ICR training??

People also came after 10 yrs of SANYAS from ICR. For them also it was really learning and nostalgia of their ICR training.

Post symposium meeting with UG students also shows their involvement in the cases and their learning. As a group we need to utilize their strength and become more proactive to convert them into ICR M&T.

### **MAJOR FEATURES**

In many cases the focus was on what are we treating?? And what is the result?? (Clinical Aspect) There were difficulties in understanding the RREF point of view. Group and case took a lot of time in discussion other than Susceptibility – Scale – RREF. There were only 2 cases where RREF was going to be taken in detail but that too was also not properly handled. Understanding of Susceptibility  $\leftrightarrow$  Scale was largely understood through last day's presentation. As posology is the last section of decision making in prescribing, the journey to the destination of similitum was itself exhausting for a heterogeneous, unprepared group where 70 % comprised of students.

There are certain important concepts which came up in discussion and nicely taken by Dr Dilip at the final summing up.

1. Low susceptibility always means LM potency is a wrong concept.
2. LM potency requires frequent repetition is also a wrong concept.
3. High Sensitivity with low susceptibility  $\rightarrow$  LM potency is the right choice.
4. Genetic Disorder / Auto-Immune Disorder  $\rightarrow$  LM potency helps to a great extent.

Handling of sensitivity in cases of HMP, Dr. Rajesh & Dr. Jaymin had figured during the symposium & in the sharing of Co-guides & in their reports.

Time management of the symposium took a hit as the objectives of the cases v/s topic of the symposium did not correlate. Care needs to be exercised in this regard.

Overall, we were able to achieve objectives to the tune of 60 to 70 %. Concept of utility of LM potency was available. Further implications in practice will help us for better understanding. The concept and practice of RREF/POSOLGY was studied in detail. The importance of the observer was rightly focused in case of jaymin/hema/rajesh. Mental state of PP/obj was brought out by NLT sir. In one or two cases it was stretched and hence failed to produce the desired impact.

External faculty, DrLeena Dighe Madam &Dr Iti Parikh nicely presented their points in group and group has learned a lot from that. Leena madam's presentation was nicely done on rare remedies with Q and decimal scale. Her insight on different mother tincture was showing good grasp on Materia Medica. However, polypharmacy was a distraction especially when there was inadequate and unsatisfactory explanation for these actions. Dr Iti's presentation on understanding of HMP case added new dimension to clinical side. She has beautifully presented algorithm of approach in cases of ATAXIA. Her clinical presentation was well appreciated by all.

Cases are also showing the role of TEAM work & how one's inner commitment helps to show the result. Certain cases also show that if you are sticking to system properly, there won't be any problem in handling them.

### **MY LEARNING AS A COORDINATOR**

Preparation of introduction allowed me to go through the basics of susceptibility once again. It was a learning experience to conceptualize all the cases. The introduction was nicely done but it's reflection in presentation was poorly managed. This is the first time that I have worked all the cases – otherwise many a time I was not able to complete all the cases. My plus point which I feel is my confidence as far as work is concern. I was sure that things will be done any how and it followed in that way with support of my faculties.

I feel I was clear of my role till the part of preparation for symposium and giving introduction. But honestly I didn't see my role during the actual discussion. In starting of the preparation I was a little bit slow and was observant to see what was happening. It was after Dr. HGP sir's and Dr. NLT sir's inputs that I realized my role. Even then I was active only in spurts. I feel the major blocks were I was too overwhelmed with all this as it was my first time. And I had defined my role from my perspective. May be my seniors felt certain things were obvious and expected me to understand this by myself. And then I didn't feel too responsible for all that was happenings in the session initially. By the time I started realizing it, some additional issues came up.

On retrospection I feel I could have been able to avoid certain unwanted discussion or may be contribute in a much better way. I feel I was unnecessarily involved in other management also which could be given to others so that my involvement in symposium could have better.

### **SUGGESTIONS**

- Adherence to the proper objective and directive of cases.
- More focused way for differentiating administration of scale & what 'organon of medicine' has suggested.
- As an institute, we need to be more clear of the use of the lesser used potencies in the mother tincture and decimal scale. Probably some organized research studies would help.
- Utilization of guide's working for the standard presentation is helpful to understand the gist of cases

- It is a new beginning in terms of connecting with students outside and concrete plans to start ICR activities with them. Our methodology needs to be show cased on various such platforms.

In conclusion, I must thank my whole team who stood by me. Special thanks to Dr. HGP sir who gave me a chance to grow and Dr. DILIP & Dr. JIGAR who guided me as and when required. They shared their experience and helped me a lot I hope to be of much better use in all future activities.

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