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Innovative teaching in homoeopathy: Understanding concept of incurable stage of disease through case-based experiential learning

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Abstract

Background: Higher Education (HE) must adopt innovative methods of teaching and learning in order to adapt to the changing economics of the twenty-first century. These way of new learning and teaching enhance students' professional development skills. Through the use of a case-based learning approach, the current study provided the chance to formally test and explore the experiential learning.

Methods: In this learning model, 15 Postgraduate Homoeopathic students were participated. The concept of incurable stage of disease was already taught to those learners. Thereby instructor explained their experiences attained in the case. Then make the participants to analyze the concept in a case through different questions.

Results: Their performance was evaluated using performance rating scale and feedback of learners assessed by using Graphic rating scale.

Conclusion: It was concluded that this study explores the challenges in assessing experiential learning, deepens our understanding about the concept, and proven to be effective for student learning, particularly for the development of holistic competencies.

Keywords: Case-based, experiential learning, graphic-rating scale, homoeopathy, incurable stage of disease

Introduction

Experiential learning defined as “the strategic, active engagement of students in opportunities to learn through doing and reflection on those activities, which empowers them to apply their theoretical knowledge to practicality in a multitude of settings inside and outside of the classroom. This encourages them in interdisciplinary learning, career growth, professional abilities [1, 2]”. Case-based learning, a form of Problem-based learning (PBL) through clinical teaching is one of the design strategies that aims to incorporate experiential learning in analyzing case.

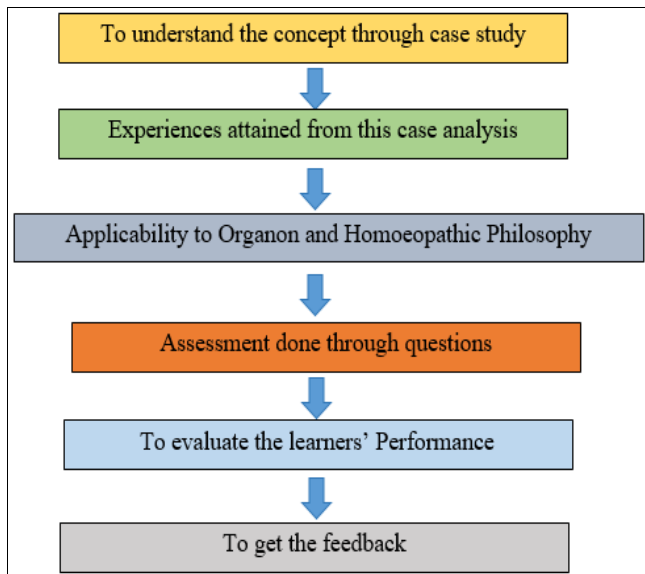
In Homoeopathy, treating the case is primarily based on the principles of Organon and Homoeopathic Philosophy. One of such concept is incurable stage of disease and their management in Homoeopathy according to the principles of Stuart close philosophy [3] and H.A. Robert's Philosophy [4]. Understanding the concept of incurable stage of disease by teaching in regular classes, analyzing the key points and applying it in the case study encourage the students more to realize. Active involvement of learners in discussing, analyzing and making recommendations regarding the case that creates a different view of learning environment. The purpose of this learning model is analyzing the concept of incurable stage of disease according to the principles of Homoeopathic Philosophy and their approach in Homoeopathy by the way of Case-based learning. This makes the learner to advance their professional development skills and active engagement of them to encourage their learning abilities in academics.

Methods

The test population consisted of 15 participants. They were Post graduate scholars of Homoeopathic Medical College. Experiences attained in this case study were discussed, analysed and made recommendations about the case. The test students were completing the subject of incurable stage of disease and its management in Homoeopathy (Stuart close and HA Roberts Philosophy). Prior to the assessment, students were directed to analyses the concept and apply this in a given case study by answering the questions.

Thereby their performance were assessed via Performance rating scale [5]. Their assessment of this experiential learning has done through Likert's 5-point scale [6]. It is shown in Table 1.

Table 1: Flow chart for methodology



Results and Discussion

A total of 15 Postgraduate scholars participated in this case-based experiential learning. Initially, a case of Astrocytoma was studied by the participants through patient histories, symptoms and follow-ups. (See Tab 2, Tab 3) Thereby the instructor was directed to explain their experiences attained from the case study. The attained experiences were then tabulated. (See Tab 4.) Then the instructor incorporated the concept applied to Organon and Homoeopathic philosophy related to the given case. (See Tab 5.). Subsequently, the questions were written and instructed participants to respond using their knowledge they had gained from the textbook. (See Tab 6.) Later, the performance of participants were evaluated by their marks obtained through their answers. This was shown in form of performance rating scale [5]. (See Tab 7.).

This is also shown in Fig 1.

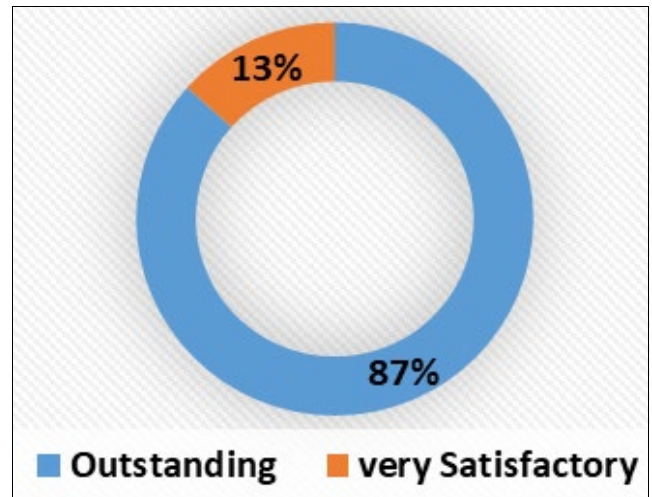


Fig 1: Evaluation of learners' performance

Afterwards, Individual participants' feedback were analyzed in accordance with the questions prepared. (See Tab 8.) This feedback was evaluated according to Graphic Rating scale or 5-point Likert's Scale [6]. This is shown in Fig 2.

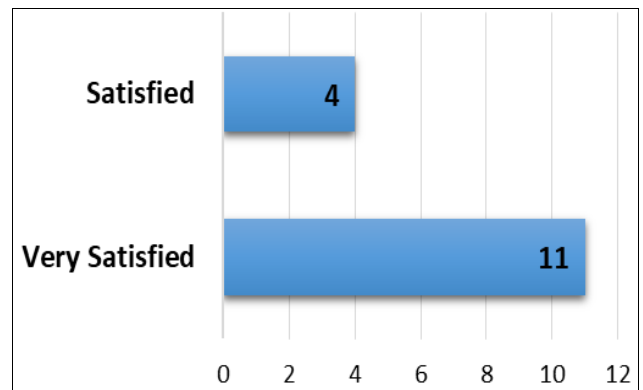


Fig 2: Feedback Assessment of Learners'

Table 2: Patient's History

Preliminary data			
Name	: Mr. A	Age/ Sex	: 38 Years / Male
Religion	: xxxx	Occupation	: Cooking master
Address	: Peruvilai	Date of case taking	: 22/06/2022
Op.No	: 4344/22	Unit	: I-A
Presenting complaints			
Location	Sensation	Modalities	Accompaniments
Respiratory system Head (Frontal head)	Cough with whitish expectoration Pain	< Talking ++ < Afternoon + < 11 am - 11pm > Sleep < Cold exposure > Hard pressure	Sensation as if mucus in throat Hoarseness of voice Difficult to speak
History of presenting complaint			
The patient complains of cough with whitish expectoration since 1 month. Sensation as if mucus in throat was also present. Later, his voice changes into hoarseness and difficult to speak. He also has pain over frontal region of head worse during cold exposure, tight bandaging and better by hard pressure. Took allopathic medicine but got only temporary relief. Sometimes he has complaint of belching and sensation of constriction in throat with palpitation since 1 year.			

History of previous illness with treatment adopted

History of renal calculi - since 1 month - Allopathy - under medication
 History of Gallstone; History of vaccinosis; H/O Suppressed skin eruption
 History of injury of head from ball hitting

Family history

Father died due to Bronchial Asthma; Mother has diabetes and Hypertension
 Wife has complaint of gas trouble, Sinusitis, Fungal infection

Personal history**Life space investigation**

The patient was born in a middle class family and he has 3 siblings. He studied upto ITI and he likes to do work always. He was worked for 4 years in Foreign (Muscat) and 1 year in Malaysia (from 2012 - 2013) and for 2 years in Dubai (from 2014-2016) as a cabelling worker. There he didn't have much profit, so he decided to work in our own country. Since 2016, he started own cattering and he love his work very much. At the age of 27 years, his father died due to lung disease. He was very much depressed and felt much loneliness after that because upto the time he didn't worry about the future or family but he become very much responsible after that. At the age of 27 years, he got married and led a happy married life and got a male child. Anxious and fear of disease.

Physical generals

Appetite : Good. Thirst : Normal. Sleep : Disturbed.
 Stool : Difficult to pass. Urine : Normal. Sweat : Not specific.

Reaction to: Desires sweets, mutton and Fish⁺⁺; Desires warm climate; Thermal: Chilly

Mental generals

Easily angered; Fear of death; Anxious about health.
 Consolation amelioration; Anger when criticism⁺⁺.

General physical examination

General appearance : Dark complexion, Tall, Stout.
 Height : 174 cm; Weight: 82 kg; BMI: 27.3Kg/m².

Physical findings

Temperature : 98.6⁰F; Blood Pressure : 117/82 mm of Hg
 Respiratory rate : 17 breaths/minute; Pulse rate : 74 beats/minute

Systemic examination

Examination of head: Tenderness present over the frontal sinus

Respiratory system: NVBS heard all over the lung fields.

Lab investigation

On 21-05-2022 - USG- Abdomen- Cholelithiasis (multiple calculi, Large - 6mm, Wall thickness – 3 mm); Non-obstructive renal calculi
 On 07-06-2022 - CT- chest- Ill-defined soft tissue lesion measures 3.7 x 2.7 cm in supra par aortic region.
 On 07-06-2022 - CT - neck- Left vocal cord palsy noted.
 On 11-06-2022 - MRI chest- Evidence of Focal lesion seen in Pre-vascular and left para aortic region. It appears isointense to muscles in T1W images. It measures 4.5 x 3.6 x 2.8 cms. Normal Lungs.
 On 11-06-2022 - MRI Brain- Intraaxial, Fairly well marginated mass lesion seen in left frontal region. It appears isointense in T1W and Hyper intense in T2W images. Post GD contrast shows no enhancement. It measures 4 x 3.7 x 3.2 cm? ASTROCYTOMA. Chronic Allergic Rhino-sinusitis.
 On 23.02.2023- MRI Brain- Focal fairly defined hyper intense lesion measuring 3.6 x 2.8 x 4.4 cm in the left anterior paramedian frontal lobe, superior and middle frontal gyri in T2W and FLAIR Images with facilitated diffusion. The involved gyri appear enlarged with low signals in T1W images and effacement of the adjacent sulci - Suggestive of Low grade Glioma. Mild to moderate circumferential polypoidal mucosal thickening is seen involving the bilateral maxillary, sphenoid and left frontal sinuses.
 On 09-05-2023- Biochemistry- Urea: 31 mg/ml (12.85 -42.83), Serum creatinine: 0.9 mg/dl (0.9-1.3), Serum uric acid: 5.6 mg/dl (3.4-7).

Table 3: Details of Follow-ups

Date	Symptoms	R _x
22/06/22	On 1 st case taking	Calc carb 0/3 7D (Morning - daily one dose)
04/07/22	Complaints better Sensation as if clutching pain in throat (New) Pricking pain over left parietal region (New) Generals: Good	Calc carb 0/3 7D (Morning - daily one dose) Conium 30 / 2D (Weekly once)
18/07/22	Existing complaints: Sneezing with watery coryza since 2 days, A/F weather change, < evening	Bryonia 200/ 7D (Morning - daily one dose) - 1 week
03/08/22	Acute complaints relieved Existing complaint present; Generals: Good	Calc carb 0/3 7D(Morning) Conium 30 / 2D (Weekly)
17/8 -15/09	Existing complaints better Pricking pain from left orbital region to left	Same as previous R _x

	parietal region occasionally Existing complaints relieved	
26/09/22	C/O gas trouble since 4 days; A/F eating parotta at night, Constricted feeling in throat < Swallowing Generals: Good	Pulsatilla 200/3 pills X 3 hrly – 2 weeks Same as previous Rx
19/10/22	Gas trouble better when taking medication Existing complaints slightly better Generals: Good	Same as previous Rx
04/11 - 23/12	Existing complaints slightly better Headache slightly better Fear of falling better	Calc carb 0/3 7D (Morning) Conium 30 / 2D (Weekly once) - 2weeks
06/01/23	Existing complaints better Blackish circular eruption on medial aspect of left thigh with itching (History present before 20 years suppressed by applying ointment), Generals: Good	Same as previous Rx
23/01/23	Existing complaints better, Eruption persists	Same as previous Rx
08/02-17/04	Existing complaints better	Same as previous Rx
05/05/23	Itching with eruptions persists Swelling with Pain in medial aspect of ankle, A/F injury (hitting from steps) < Pressure	Calc carb 0/3 7D(m) Staphysagria 200 / 2D (Weekly once)-2 weeks
19/05/23	Itching with eruptions persists Swelling with Pain in medial aspect of ankle slightly better, Generals: Good	Calc carb 0/3 7D(m) Staphysagria 200 / 2D (Weekly once)-2 weeks
02/06 - 18/08	Existing complaints better, Itching persists	Calc carb 0/3 7D(m) Conium30/2D(m) -2weeks
1/09-18/09	Circular eruptions with itching increased	Calc carb 0/3 7D(m) Kali iod 0/3/2D(weekly)
4/10-20/10	Eruptions with itching slightly better; Headache A/F getting wet	Same as previous Rx Bryonia 30 /5mlpills(TDS)
06/11/23	Eruptions with itching slightly better; Existing complaints also better; Generals: good	Calc carb 0/3 7D(m) Kali iod 0/3/2D(weekly)

Table 4: Experiences attained

Experiences attained in this case study	
1.	Pathological condition of patient - Incurable stage of disease
2.	Histories of suppressions: 1. History of mental suppression 2. History of physical suppression - eruptions by ointment
3.	Intercurrent remedy - Conium 200 administered
4.	Acute mishaps happened during antipsoric treatment
5.	Reappearance of Old symptoms in form of suppressed skin eruptions- Hering’s law of cure

Table 5: Applicability to organon and homoeopathic philosophy

1.	Stuart close philosophy: Incurable stage of disease and incurable disease 1. No such thing called Incurable disease 2. All diseases are curable before they have reached a certain stage
2.	H.A. Robert’s philosophy- History of suppressions leads to varied manifestations 1. Suppressions of emotions - Father’s death 2. Suppression of eruptions in past by applying ointment
3.	Management of the case: 1. Stuart close philosophy: Incurable stage of disease - Right way to palliate - Single remedy in potentised form under law of cure 2. Potency given: R.P.Patel’s observation in treating cancer cases - 0/3 For pathological condition 3. Repetition: Hahnemann’s observation in Aphorism 246 in 6 th edition of Organon - Medicines administered even daily
4.	Stuart close’s observation in selecting intercurrents - Selection of intercurrents must be based upon careful examination and study of histories in a case.
5.	Book on Hahnemann’s chronic diseases mentioned need of non-antipsorics in acute mishaps happened during antipsoric treatment 1. Headache A/F Getting wet 2. Gas trouble A/F eating parotta 3. Swelling of ankle A/F injury
6.	Kent’s 11 th Observation- Reappearance of old symptoms indicate Hering’s law of cure - If symptoms persists needs another remedy suti Table.

Table 6: Assessment through Questions

<p>Case-based Learning Maximum marks: 25 marks Time: 25 minutes</p> <p>I. Answer the Questions</p> <ol style="list-style-type: none"> 1. What is incurable stage of disease? How you have to manage the incurable stage of disease? What is the right way of palliation? 2. What are the mishaps occur during antipsoric treatment? How you have to manage the acute mishaps occur in the case? Applied this concept in a given case? 3. What is intercurrent remedy? How you have to select the intercurrent remedy? What is the intercurrent remedy used in this case? 4. What is suppression? What are the types of suppression? Mention the suppressions in this case? 5. What is Hering's law of cure? Mention its relation to Kent's observation. Apply this concept in a case?
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Table 7: Evaluation

Marks Categorized (out of 25)	1-5 marks	6-10 marks	11-15 marks	16-20 marks	21-25 marks
Participants (Total - 15)	Nil	Nil	Nil	2	13
Performance Rating	Poor	Unsatisfactory	satisfactory	Very satisfactory	Outstanding

Table 8: Feedback

Rating Scale	Very satisfied	Satisfied	Neither dissatisfied nor satisfied	Dissatisfied	Very dissatisfied
Participants	11	4	Nil.	Nil.	Nil.

Conclusion

Experiential learning, one of the new approaches of teaching in Higher education. This new style of learning can stimulate academic inquiry by promoting interdisciplinary learning, career development, professional and intellectual skills such as high order thinking. In this study, via case-based learning, concept of experiential learning was achieved. It was evident that this study explores the challenges in assessing experiential learning, deepens our understanding about the concept, and proven to be effective for student learning, particularly for the development of holistic competencies.

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Conflict of interest: Nil.

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