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An exploratory study on evolving the conceptual image of the muriatic group through a case series

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ABSTRACT

Objectives: Group studies of cations such as Natrum, Calcarea, Baryta, Aurum, Magnesium, and Kali, are more readily available as compared to studies on anions such as Muriates, Silicates, Phosphates, Sulphates, and Carbonates. Moreover, literature on Anion groups has not been made available in an evolutionary and integrated manner on the basis of clinical cases. Hence, current study was undertaken to evolve the conceptual image of the Muriatic group through a case series, using the Conceptual Image as a tool for the logical interpretation and representation of data. The objectives of the study were to study the miasmatic expression of muriatic group at different levels, namely, mind, physical generals, physical particulars, predisposition, disposition, causative factors, modifying factors, spheres of action, and pathologies. Based on this, we built a conceptual image of the muriatic group.

Materials and Methods: A retrospective case series study was performed by selecting 30 cases where the muriatic component was used in remedies through purposive sampling where not more than 10 cases of cations were selected. Cases were studied using the conceptual image. Frequently observed symptoms were graded based on a frequency distribution table. Subsequently, 30 conceptual images were integrated to evolve a final conceptual image of the muriatic group.

Results: It was found that the Emotional Disposition of Muriates was **ANXIOUS**, **IRRITABLE**, **SENSITIVE**, **Fearful**, **and Suppressed**. The intellectual disposition was **Thinking Emotional**, *Conscientious*, *Strong Will*, *Motivation, and Drive and Low Self Confidence*. The behavioral disposition was *Reserved and Weepy*. The mental state included *Dissatisfaction in life* and *Violent Anger with Vexation*. The physical disposition was *Stocky Build* with *Profuse and Offensive Perspiration on Head and face*, **Cravings for Non-Veg food**, **Spicy**, **Sweet**, and *Sour*. The physical aggravations include **Sun Exposure**, **Hunger**, *Motion*, and *Menses*; mentally, they are aggravated by *Vexation*. Thermally, they are *Ambithermal* toward **Hot**. The tissue affinities involve the *Gastric Mucosa*, *Blood Vessels*, *Nasal Mucosa*, *Bronchi and bronchioles*, and epidermis and dermis of skin with pathologies such as *Inflammation*, *Hyper-secretion*, *Spasm*, *Hypersensitivity Reaction Type 1*, hyperproliferation, and hyperkeratinization.

Conclusion: Muriates have two predominant mental states: *Violent*, IRRITABLE, *Anger with Vexation*, on the one hand, and Sadness with *Dissatisfaction*, *Sensitivity to Reprimands* on the other. They are Emotionally driven people who are ANXIOUS and SENSITIVE. At work, they are *Highly Conscientious and Responsible* individuals with *Strong Will*, *Motivation*, *and Drive*; however, they *lack Self-confidence* so prefer being *Reserved*. Due to this, they keep on *Tolerating and* Suppressing their own emotions and feelings. While it continues for certain period, their *Vexation* makes them *Sad*, *Depressed*, *and Dissatisfied*, leading to *Forsaken feeling with Self Pity*. They are *Sensitive to Reprimands*, which make them *Weep*. They form *Close Attachments* in their relationships and seek Love to come out of their sadness.

Key words: Muriate, Muriatic group, Conceptual image, Clinical cases

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INTRODUCTION

Group study is a process of generalization through which we initially study an individual remedy of the group and then find out the common symptoms from multiple remedies of the group through clinical cases. After deriving the common themes from those remedies, we generally try to connect the links among different remedies from the same group. We can remember the remedies through the common derived themes. This makes the study easier and more comprehensible, along with reducing the time required to select the similimum. A major advantage of this method is the prescription of rare or lesser proved remedies by matching characteristic symptoms of that remedy with the core theme of the group. Remedies can be grouped in many ways, including according to the sources, sphere of actions, and clinical conditions they produce.

Farrington^[1] classified remedies according to sources, i.e., plants, animals, and minerals. Minerals are divided into various groups according to their chemical properties, structure of elements, reactions with other elements, and the naturally occurring form. While the mineral group of remedies was studied according to the periodic table by Lesser,^[2] Dhawale^[3] wrote the scientific approach to the study of Inorganic Homoeopathic Materia Medica based on Lesser's work. Considering this and other Materia Medica literature on minerals, they are further classified into cations and anions.

Need for study

While going through the literature of Materia Medica on elements, when we compared anions with cations, we found that anions such as silicates, muriates, carbonates, phosphates, and iodides were relatively less explored. In our experience, with respect to the muriate group, we found that Nat Mur is very frequently prescribed compared to other remedies such as Calcarea Mur, Mag Mur, Baryta Mur, Aurum Mur, and Kali Mur. On the other hand, Calcarea, Kali, Baryta, Aurum, and Magnesium are well proved cations. This leads to the question: What prevents Homoeopaths from prescribing Mur remedies routinely? It is probably due to the lack of understanding of the muriaticum element as a separate entity. To the best of our knowledge, the existing literature does not provide the conceptual image and evolution of muriates through clinical cases, which inspired us to attempt to derive the central theme and characteristics of muriates.

Background study

While searching for the muriatic group in literature, we found that Lesser, Dhawale, Dhadphale, and Jain have mentioned the general characteristic features of the Halogen group,^[2-5] whereas only Scholten, Patil, Jain, and Sankaran

have described the muriatic group features separately.^[6-9] Lesser and Jain described the action of molecular chlorine with its pathophysiology and sphere of action; Patil and Jain described the physical generals; and Sankaran and Scholten wrote about themes of muriaticum at the mental level. Thus, each author had studied different facets of muriaticum; we felt the need to explore them further as a cohesive whole.

Muriaticum belongs to the Halogen group of drugs, which contain chlorine as an element. Chlorine is a yellowish gas; in its natural form, it acts on the respiratory system, followed by the central nervous system and metabolic disturbances.^[1] Muriates are known to have specific actions on the larynx causing spasm of the glottis,^[2] respiratory system, gastrointestinal system, skin,^[4] vascular system, mucous membrane, and mind.^[6] Muriates cause pathologies such as edema, fistula formation,^[4] spasm, congestion, allergies, and inflammation,^[6] covering the sycotic and tubercular miasms predominantly.^[3]

The emotional themes seen in muriates are lack of love, attention, nurturing, childhood issues caused by lack of a mother's love, and rejection in relationships.^[6] Such instances act on their basic qualities of sensitive, irritable, anxious, self-pitying.^[7] and brooding,^[8] leading to depression, sadness, weeping, and eventually hopelessness.^[8] They tend to form deeper relations with others and have fixed patterns of thinking with emotionally driven thoughts and action; this indicates sycotic miasm in mental expressions.^[9] There is often a dual state of mind such as extreme reactive anger with sad depressed state along with fear of getting hurt and betrayal; they attempt to cope with this by becoming more caring and loving.^[4]

Physical aggravations includes Menses<, Pregnancy<, and Warmth; physical ameliorations are >by open air and cold air.^[6] Mental ameliorations include carrying, by receiving attention, and care.^[8] Physical generals of muriates includes profuse, dark, offensive discharges,^[4] debility, weakness, or fatigue but difficulty in sleeping,^[6] thermally hot, craving for salt, and aversion to meat.^[6]

Conceptual image

As we determined from the literature on the muriatic group, there is a need for conceptual understanding of the group where we could connect the group's theme to understand its physical, mental, causative factors, reactions, and expressions. To fulfill this need, we used the conceptual image. Dhawale^[10] defines the conceptual image thus: It is an individualized image derived by the homoeopathic physician of a disease-natural or drug induced from a formless mass of data (symptoms). A concept is an idea derived from a series of observations of facts through the process of induction. Image is a mental abstraction of a phenomenon (patient) in

the mind of the observer (physician) who conceptualizes it from the facts in his possession. Conceptual image is thus a logical interpretation of data (symptoms) by generalization, individualization, causation, and concomitance.

Conceptual image is represented by Dhawale as shown in [Figure 1].^[10]

MATERIALS AND METHODS

Sample selection was done using the purposive sampling technique. Thirty cases were selected in which remedies with muriatic component were used and which showed undisputed results with the purpose of selecting maximum combinations of cations with the muriatic group. Not more than 10 cases of any one remedy were selected. Accordingly, we had 10 cases of Nat Mur, 10 of Mag Mur, 6 of Kali Mur, 2 of Calc Mur, 1 of Baryta Murm and 1 of Aurum Mur. The sample included more cases of female patients than of male patients (3:1) with the 10-50 years age group predominant. The cases were retrospectively studied using the case series method and analyzed using the conceptual image as a tool. Finally, 30 conceptual images were synthesized into one integrated conceptual image that represented 30 patients having the muriatic group in common. After combining all symptoms of different muriates, frequently observed symptoms were graded based on the frequency distribution table to understand their relative value as follows:

- Symptoms appearing in 1–6 cases: 1 mark: Sentence case
- Symptoms appearing in 7–12 cases: 2 mark: Italics
- Symptoms appearing in 13–18 cases: 3 mark: Small Bold
- Symptoms appearing in 19–24 cases: 4 mark: CAPITAL BOLD

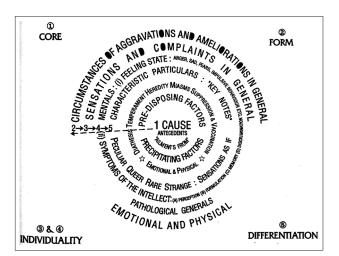


Figure 1: Conceptual image in homoeopathic practice.

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• Symptoms appearing in 25–30 cases: 5 mark: [CAPITAL WITH PARENTHESIS].

RESULTS

Integrated conceptual image muriatic group

[Note-Number in the bracket denotes number of cases found with that symptom]

- i. PREDISPOSITION (FAMILY HISTORY): SYCOSIS, Tubercular, Syphilis, Psora
- ii. PREDISPOSITION (HISTORY): Tubercular, Sycosis, Psora
- iii. TYPE.

EMOTION: ANXIOUS (20), IRRITABLE (18), SENSITIVE (17), Fearful (12), Suppression (10), *Attachment (8), Tolerant (7)* Self-pity (4) Brooding (5) Dissatisfied (5) Forsaken (6)

INTELLECT: **Thinking Emotional (14)**, Sense of responsibility (10), Strong Conscience (8), lack of confidence (9), Strong will motivation and drive (8), Fixed Ideas (6)

BEHAVIOUR: *Reserved (9)*, *Weepy (9)*, Obstinate (6), Introvert (6)

PHYSICAL: Stocky constitution (8), **Cr-Non-veg (17)**, **Spicy (16)**, **Sweet (14)**, Sour (9), Milk/Milk products (7), Perspiration-offensive (9), Profuse (9), on Head (9), on Face (9); Aversion-Milk and Milk products (8); Menses aggravation (10); Menses Dark (9), Abdominal Pain during menses (7); **Sun Headache (13); Thermally- Hot (15)**, Ambithermal (9)

- I. MODALITIES: Ailments from-Vexation (11), Hunger< (13); Sun< (13); Motion< (9)
- **II. SENSATIONS AND COMPLAINTS IN GENERAL:** Sleep disturbed due to thoughts (10)
- **III. MENTAL STATE:** Anger vexation with (12) Dissatisfaction in life (10), Anger violent (7), Sensitive to reprimands (7), Fear-Dark (7), Attachment to family (7)
- IV. LOCATIONS, CHARACTERISTIC, AND LOCAL PATHOLOGY:
 - Functional Phase: *Acid Peptic Diseases (7) and Migraine (7)* psychosomatic disorder (1) Dysthymia (1) Learning Disorder (LD) (1) Attention Deficit Hyperactivity Disorder (ADHD)(1)
 - **Structural Phase:** Allergic Rhinitis (4) Pharyngitis (1) Hypertension (3) Bronchial Asthma (2) Chronic Obstructive Pulmonary Disease (2) Chronic Bronchitis (2) Psoriasis (2) Eczema (1) Warts (2) Dermatitis (1)
 - Locations: Gastrointestinal System Upper GIT

 Epigastric and Retrosternal region, Stomach; Respiratory System – Upper Respiratory tract-Nose; Throat-Pharynx; Lower Respiratory Tract

Bronchi, Lungs; *Immune system*; Vascular System-Extracerebral vessels; Integumentary System-Skin; Mind

- **Tissues and Membranes:** *Epithelial, Nervous,* and Connective Tissues; Smooth muscle cells, *Simple columnar, Stratified Squamous and Pseudostratified ciliated columnar* Epithelium; *Mucous and* Serous Membrane
- **Pathologies:** *Inflammation, Hypersecretion, Hypomotility, Spasm, Hypersensitivity Reaction Type 1,* Hyperproliferation and Hyperkeratinization, Autoimmunity.

DISCUSSION

Core

According to the conceptual image, the Core includes the predisposition, disposition, ailments from, and the precipitating factors at physical as well as emotional level. At the physical level, the predisposition of muriate derived from the past and family history showed the Syco-Tubercular miasm with a Syphilitic predominance. Literature mentions that the Muriatic group strongly covers the Syco-Tubercular miasm.^[3]

At the intellectual level, the Core shows Thinking Emotional (13) as predominant dispositional feature. Along with this, it was found to have a high conscience (8) and strong sense of responsibilities (10) with strong Will, Motivation, and Drive (8). This shows that muriaticum individuals do their work efficiently and sincerely and carry all the responsibilities on their shoulders. Because of their high standards of morals, values (5), and conscience, they become image conscious (5) and work to maintain their social image. This process leads to fixed thinking (5). Although they are efficient and hard-working, they have poor confidence (9) and hence struggle throughout their life. The literature mentions the Sycotic mind of Muriates, where fixity of thoughts is seen with low intellect.^[4] Less data are available in literature about the intellectual state. In our cases, we found Psora and Sycosis equally cover the intellectual features of Muriates. If we connect the emotional dispositional features with the intellect, we can say that muriaticums are emotionally driven people, they form close attachments (8) in relationships with others, suppress their emotions and feelings, (10) and tolerate (7) suffering while keep on doing their duties or fulfilling their roles sincerely. Over a period, they become broodier, dissatisfied, feel neglected, and develop a forsaken feeling. Among the emotional attributes, irritability, violent anger, sensitivity, self-pity, anxiety, and dissatisfied are verified as they are mentioned in the literature.^[8] The literature mentions the dual state of mind in Halogens, reactivity of anger on one side and sadness on the other.^[4] Sycosis predominates in

the emotional features of muriates. Considering the above emotional features, we can derive that the reserved behavior develops from suppression, whereas obstinacy develops from their fixed ideas. There is a certain shade of sadness going through the emotional features such as dissatisfaction, selfpity, and forsaken feeling leading to Weepy behavior. The literature mentions introverted but violent behavior of the Halogens.^[4]

The physical disposition includes stocky build; discharges are profuse, dark, staining, and offensive, which were verified from the literature as the characteristics of leukorrhea, perspiration, and menses seen in these cases covered similar features. Craving sour is the only craving verified in the literature.^[4] The thermal state was found to be Hot and Ambithermal, as verified from the literature.^[8] Psora was found to cover most of the physical features of muriates.

Form

The next component of conceptual image is form, which includes aggravation and amelioration in general. In our study, we found that vexation (11), anxiety (6), and reprimands (6) were the causative factors and contradiction (4) and by reprimands (3) were the aggravating factors at the mind level. They suppress their anger because of their tolerant nature. They also lack confidence in putting their points across. This leads to a build-up of emotions, leading to a state of vexation. Ailments from anxiety occur due to their anxious disposition. Ailments from reprimands are due to their sensitivity to getting hurt in general. According to the literature, lack of love, care, attention, and nurturing are the main causative factors in muriates; however, vexation, anxiety, and reprimands are not mentioned under mental modalities.^[6]

Form at the physical level includes ailments from COLD (3), Dust (2), Food (4), and aggravation in general from SUN (13), HUNGER (13), Noise (5), Motion (9), and Odors (4). Among them, Sun<, Noise<, Odors<are all being verified from the literature.^[8] These modalities suggests physical sensitivity of muriates along with mental sensitivity.

Individuality

Individuality is the next component of the conceptual image, which includes mental, physical, and pathological generals. Among all the primary emotional features, expressions of SADNESS were found most often, i.e., 61, while those of ANGER, LOVE, and ANXIETY were as found in 55, 48, and 38 instances. Sadness is mentioned as the hallmark of the muriatic group.^[6] While ANGER has a high number of expressions, there is predominant VEXATION as well, which suggests HOLDING IN things. The disposition of being RESPONSIBLE, CONSCIENTIOUS, EMOTIONALLY DRIVEN, INDUSTRIOUS, and TOLERANT makes them live their life in a FIXED way with FIXED ideas in mind. When the response from the environment does not match up with this flow, it becomes stressful for them. They start suppressing and putting up with things by keeping sadness inside with FORSAKEN FEELING, and DISSATISFIED state. Because of this, they brood over it all the time, feeling PITY about themselves. The anger for not being able to express their points keeps boiling inside in the state of VEXATION. Being IMAGE-CONSCIOUS, they start becoming ANXIOUS to maintain these ups and downs. There is also REACTIVITY of anger, but it has been seen after a certain break point. They keep on bearing till the limit where the physical expressions also start throwing sudden, erratic responses, and leading to the evolution of Syco-Tubercular-Syphilitic miasm. The literature mentions deeper relationships of muriates, which disappoints and hurts due to rejection. To avoid this state, they cope up by giving more care and nurture to others.^[9]

Physical generals seen were "Weakness (6) or debility," which is the chief feature of muriatic group according to the literature.^[5] Sleep deprivation (10) and insomnia are verified from the literature here through cases.^[6] Individuality also comprises pathological generals. Considering the functional aspect of muriatics, the literature speaks of the role of muriatics in the mind,^[8] and covers psychiatric illnesses. Here, we could see cases of dysthymia, psychosomatic disorder, LD, ADHD, and insomnia. Migraine and acid peptic disorders (APD) are seen predominantly under the muriatic group, verified through cases.^[4,8] Here, Psora and Sycosis both covered an equal number of cases.

At the structural level, the literature mentions primary action on the respiratory, reticuloendothelial, vascular, and central nervous systems as well as the skin, which is verified through cases.^[3] The pathologies of inflammation, hypersensitivity reaction Type 1 leading to allergic phenomena, and spasms are verified in the literature. Specific affinities of muriates on the mucous membrane of the GIT and RS with serous membranes are also mentioned.^[4] Here, sycosis presented as the predominant miasm, with tubercular as the next most prominent; the literature also mentions of syco-tubercular pathologies of muriates.^[4]

Differentiation

Now, heading toward the last aspect of the conceptual image, i.e., differentiation, which includes characteristic particulars and keynote symptoms. We have already seen that muriates have maximum cases of APD, migraine, allergic rhinitis, bronchial asthma, psoriasis, and allergic dermatitis. Among seven cases of APD, retrosternal burning (5) nausea (4) <from spicy food (5) and >by cold water (4), headache (3), and eructation's with water brash (3) were commonly seen. Among seven cases of RS complaints, watery coryza (5), cough-whitish (4) and sticky (4) irritation in throat are >by warm water (4); cough <by lying down (5) is seen. Among seven cases of migraine, headache were <by Sun (3) and <by Pressure (3). Aggravation by pressure was also seen in musculoskeletal system complaints (3).

CONCLUSION

After analysis and discussion, we could conclude that muriates have two extremes of predominant mental states, i.e., Violent IRRITABLE Anger with Vexation on one side and Sadness with Dissatisfaction, Sensitivity to Reprimands on the other. They are Emotionally driven people who are ANXIOUS, Fearful, and SENSITIVE. At work, they are highly conscientious and Responsible individuals with Strong Will, Motivation, and Drive but lack Self-confidence so prefer being Reserved. Due to this, they keep on Tolerating and Suppressing their own emotions and feelings. While it continues for a certain period, their Vexation makes them Sad, Depressed and Dissatisfied leading to Forsaken feeling with Self Pity. They are Sensitive to Reprimands and Weep from it. They form Close Attachments in their relationships where they seek love in order to come out of their sadness.

Physically also they are **Sensitive** to **Sun exposure** that causes **Headache**, sensitive to *Motion*, and **Hunger**. Their complaints aggravate *during menses*. They **desire Non veg**, **Spicy**, and **Sweet**. They are thermally *Ambithermal* toward **Hot**. Their sensitivity also reflects in their affinities involving *Gastric Mucosa*, *Blood Vessels*, *Nasal Mucosa*, *Bronchi and bronchioles*, and epidermis and dermis of the skin with pathologies such as *Inflammation*, *Hyper-secretion*, *Spasm*, *Hypersensitivity Reaction Type 1*, hyperproliferation, and hyperkeratinization.

Recommendations

This study has been an exploratory one with conclusions derived from 30 improved cases studied retrospectively, with all 30 cases having muriates as a common element. Considering the limitation of small sample size and a limited number of muriate remedies, we recommend further studies involving more remedies of the muriatic group with large sample sizes to prove these derivations and elaborate on them. This study can be extended by exploring one aspect of the conceptual image (such as mental state) in detail and finally the correlations can be made with a common understanding of the group.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

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