



**ASR LUX SCIENTIAE HOMOEOPATHICAE**

**Mission July: Innovation & Service**

**August 2025**

## MISSION JULY: INNOVATION & SERVICE

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We began the month by honoring our roots on **National Doctor's Day**, a reminder of the ethics and dedication that define our calling. That foundation paved the way for a transformative month, marked by the ambitious launch of the **STSH Program and our new Superspeciality Clinics**. These milestones represent our commitment to staying at the forefront of modern healthcare and academic research.

However, the true soul of our institution was found in the dust of **Prathipadu, Arugolanu, and Navabpalem**. Through our medical camps and the **Anganwadi screening programs**, our students and faculty translated classroom theory into life-changing care for those who need it most.

This month also allowed us to balance our heritage with our future. We paused to offer a reflective tribute on **Dr. Constantine Herring's death anniversary**, honoring a legacy that continues to guide our practice. In contrast, the Department of Practice of Medicine brought vibrant energy to our halls with the **World Hepatitis Day poster presentation**, showcasing the creative advocacy of our students in the fight for public health.

As you flip through these digital pages, we hope you feel the same pride we felt while practicing the art of healing this month.

# TISSUE AFFINITY AND ITS CLINICAL UTILITY IN THE STUDY OF MATERIA MEDICA: A FOUNDATIONAL APPROACH FOR CBDC-BASED HOMOEOPATHIC EDUCATION

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## Abstract

The study of Materia Medica often presents a significant intellectual challenge to undergraduate homoeopathic students due to its vast symptomatology and descriptive depth. Tissue affinity offers a systematic framework that organizes remedies according to their predominant sphere of action on specific tissues, organs, and systems. This article explores the conceptual basis of tissue affinity, its pedagogical relevance under the Competency-Based Dynamic Curriculum (CBDC), and its clinical implications in remedy differentiation and prescribing. By integrating anatomy, pathology, and remedy action, tissue affinity transforms Materia Medica from memorization into meaningful clinical reasoning.

**Keywords:** Tissue affinity, Materia Medica, CBDC, homoeopathic philosophy, remedy differentiation, clinical prescribing

## Introduction

Materia Medica represents the experiential record of drug provings and clinical verifications. However, students frequently perceive it as a collection of scattered symptoms lacking structural coherence. A deeper study reveals that remedies do not act indiscriminately across all tissues. Instead, each remedy demonstrates a consistent, characteristic sphere of influence — known as its **tissue affinity**.

Tissue affinity refers to the specific tendency of a homoeopathic remedy to act predominantly upon particular tissues, organs, or physiological systems of the human body. This affinity becomes evident through repeated observations in provings and clinical practice.

In simple terms:

Which tissue does the remedy preferentially affect?

Understanding this principle brings order and logic to the study of Materia Medica.

### **Conceptual Basis of Tissue Affinity**

During drug proving, certain tissues repeatedly manifest characteristic reactions. These reactions are not accidental but reflect the inherent dynamic relationship between the remedy substance and the human organism. Over time, clinical confirmations further establish these patterns.

For example, some remedies show marked action on:

- Serous membranes
- Parenchymatous organs
- Glandular structures
- Connective tissue
- Nervous system
- Vascular system

This selective tissue response forms the structural backbone of the drug picture.

### **Educational Importance Under CBDC**

The Competency-Based Dynamic Curriculum (CBDC) emphasizes early clinical exposure and integration of basic sciences with clinical subjects. Tissue affinity acts as a bridge between:

- Anatomy
- Physiology
- Pathology
- Materia Medica

For First BHMS students, this approach prevents mechanical memorization and encourages analytical thinking. Instead of remembering isolated symptoms, students learn to:

1. Identify the primary tissue affected
2. Understand pathological expression
3. Study modalities and sensations

#### 4. Confirm with mental generals

This method aligns closely with the philosophical framework of James Tyler Kent, who emphasized movement from generals to particulars.

### **Clinical Importance of Tissue Affinity**

#### **1. Structural Understanding of the Total Drug Picture**

Knowing the tissue affinity of a remedy allows scattered symptoms to form a coherent pattern.

For instance, when a remedy strongly affects the periosteum and presents with deep, boring bone pains worse at night, the entire symptom complex becomes clinically intelligible.

#### **2. Differentiation Between Similar Remedies**

Many remedies share overlapping acute expressions but differ in their sphere of tissue action.

- Belladonna predominantly affects vascular and nervous tissues, producing sudden congestion, redness, heat, and throbbing.
- Aconitum napellus acts intensely on the nervous system and circulation, characterized by acute fear, anxiety, and sudden inflammatory onset.

Though both may present with acute fever and restlessness, their tissue reactions differ, aiding precise remedy selection.

#### **3. Pathology-Based Clinical Prescribing**

When pathology predominantly involves a specific tissue, remedies with strong affinity to that tissue become primary considerations — provided the totality agrees.

Examples:

- Liver disorders → Chelidonium majus, Lycopodium clavatum
- Bone and periosteal pathology → Syphilinum, Aurum metallicum, Fluoric acid

Thus, tissue affinity narrows remedy selection logically and rationally.

### **Illustrative Examples of Tissue Affinity**

#### **1. Bryonia alba**

Tissue affinity: Serous membranes (pleura, peritoneum, synovial membranes)

Key expression: Dry inflammation with stitching pains, aggravated by motion

Clinical correlation:

- Dry pleurisy
- Acute synovitis with intense pain on slightest movement

Understanding its affinity explains the characteristic modality: worse from motion.

## **2. Belladonna**

Tissue affinity: Vascular system and nervous tissue

Key expression: Sudden congestion, throbbing, redness, heat

Clinical correlation:

- Acute encephalitic states
- Congestive headaches

The vascular affinity explains its violent intensity and abrupt onset.

## **3. Phosphorus**

Tissue affinity: Parenchymatous organs (liver, lungs, kidneys) and nervous tissue

Key expression: Degeneration, hemorrhage, burning sensations

Clinical correlation:

- Fatty degeneration of liver
- Recurrent epistaxis
- Pulmonary hemorrhage

## **4. Mercurius solubilis**

Tissue affinity: Glandular tissue and mucous membranes

Key expression: Inflammation with suppuration, salivation, offensive discharges

Clinical correlation:

- Suppurative tonsillitis

- Ulcerative stomatitis

## **5. Silicea**

Tissue affinity: Connective tissue, bones, skin

Key expression: Defective nutrition, chronic suppuration, expulsion of foreign bodies

Clinical correlation:

- Chronic abscess
- Delayed union of fractures

## **6. Aurum metallicum**

Tissue affinity: Bones (especially periosteum) and mind

Key expression: Destructive bone pathology with profound depression

Clinical correlation:

- Caries of nasal bones
- Syphilitic bone pains worse at night

## **Methodological Approach to Studying Remedies Through Tissue Affinity**

For effective academic mastery:

1. Begin with the dominant tissue or system involved
2. Study characteristic sensations and modalities
3. Correlate with pathological tendencies
4. Confirm with mental and constitutional generals

This layered approach supports rational prescribing and aligns with classical homoeopathic philosophy.

## **Discussion**

Tissue affinity should not replace the totality of symptoms but rather complement it. It provides anatomical and pathological orientation without reducing homoeopathy to organ-specific prescribing. When integrated with generals, modalities, and mental characteristics, it enhances precision without compromising constitutional principles.

Under CBDC, where early clinical reasoning is emphasized, tissue affinity functions as a cognitive scaffold for developing diagnostic and therapeutic clarity.

### **Conclusion**

Tissue affinity is a powerful conceptual and clinical tool in the study of Materia Medica. It organizes remedy knowledge, strengthens differentiation, enhances pathology-based reasoning, and supports confident prescribing. For undergraduate students, particularly in the First BHMS year, mastery of tissue affinity lays a durable foundation for future clinical excellence.

By transforming scattered symptomatology into structured understanding, tissue affinity elevates Materia Medica from memorization to meaningful medical insight.

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## JULY 1<sup>ST</sup> – NATIONAL DOCTORS DAY



**02/07/25 – STSH INTRODUCTION PROGRAM**



## 8/7/25 – STSH LAUNCH AND SUPERSPECIALITY CLINICS LAUNCH



16/7/25 – PRATHIPADU MEDICAL CAMP





## 23/7/25 -DR CONSTANTINE HERING DEATH ANNIVERSARY

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### **Dr. Constantine Hering (1800–1880): Father of American Homoeopathy**

**Birth:** January 1, 1800

**Death:** July 23, 1880

Dr. Constantine Hering, widely regarded as the *Father of American Homoeopathy*, was born at midnight on January 1, 1800, in Oschatz, Saxony (present-day Germany). He grew up in a deeply religious household, which shaped his disciplined and ethical outlook on life.



### **Early Education and Conversion to Homoeopathy**

In 1817, Hering entered the Surgical Academy of Dresden and studied there for three years. In 1820, he joined the University of Leipzig to pursue medicine. During this time, he worked as a student-assistant to Dr. Heinrich Robbi, a strong opponent of homoeopathy.

At that period, Samuel Hahnemann was highly criticized by orthodox physicians because his work, *Organon of Medicine*, challenged prevailing medical doctrines.

In 1821, publisher C. Baumgartner commissioned a book to refute homoeopathy. Dr. Robbi declined due to lack of time and recommended Hering for the task. Hering began writing the critique and had nearly completed it by 1822.

However, while reviewing Hahnemann's *Materia Medica Pura*, he encountered Hahnemann's famous challenge:

“Repeat the experiments carefully and accurately, and you will find the doctrine confirmed at every step.”



Hering accepted this challenge and repeated the Cinchona experiment. The results matched Hahnemann's observations. Further study convinced him of the validity of homoeopathy. The critical book was never published.

### **Personal Healing Experience**

In 1824, Hering accidentally injured his right forefinger during a dissection. The wound became gangrenous — often fatal in those days. Conventional treatment failed.

A homoeopathic physician, Dr. Kummer, prescribed *Arsenicum album*. After a few doses, Hering improved rapidly and recovered completely.

This personal experience deeply transformed him, and he contacted Hahnemann for further guidance.

### **Academic Achievement and Early Career**

Hering earned his M.D. degree from the University of Würzburg with highest honors in 1826. His doctoral thesis, *De Medicina Futura* ("The Medicine of the Future"), openly declared his allegiance to homoeopathy.

Between 1827 and 1833, he was sent by the King of Saxony to Paramaribo, Surinam (now Suriname), to conduct zoological and botanical research. There he continued practicing and studying homoeopathy.

### **Hering and Lachesis**

While in Paramaribo, Hering undertook the proving of the venom of the Bushmaster snake, leading to the introduction of *Lachesis* into homoeopathic *Materia Medica*.

During self-experimentation with higher attenuations, he reportedly experienced temporary paralysis on his right side.

His work with snake venoms laid the foundation for future research into nosodes and potentized disease products, expanding the scope of homoeopathic therapeutics.

### **Emigration to America**

In 1833, Hering emigrated to the United States and settled in Philadelphia. His influence in America was extraordinary.

In 1848, he helped charter the Hahnemann Medical College of Pennsylvania, one of the most prominent homoeopathic teaching institutions of its time. He and his students treated thousands of patients annually and trained over 3,500 homoeopaths.

### **Literary Contributions**

Hering was a prolific writer and editor. His major contributions include:

- *A Concise View of the Rise and Progress of Homoeopathic Medicine* (1833)
- *The Homoeopathic Domestic Physician* (1835, 1838)



- *Hahnemann's Three Rules Concerning the Rank of Symptoms*
- *Analytical Therapeutics* (Analytical Repertory of the Symptoms of the Mind)
- *The Guiding Symptoms of Our Materia Medica* (10 volumes, 1879–1891; published posthumously)
- *Condensed Materia Medica*
- *Model Cases*

He also served as Chief Editor of several journals, including:

- North American Homoeopathic Journal
- The Homoeopathic News
- American Journal of Homoeopathic Materia Medica

### **Drug Provings**

Hering proved 72 remedies. Among the most important are:

Cantharis, Colchicum, Iodium, Mezereum, Sabadilla, Sabina, Psorinum, Nux moschata, Crotalus horridus, Apis mellifica, Hydrophobinum, Phytolacca decandra, Platina, Glonoinum, Gelsemium sempervirens, Kalmia latifolia, Ferrum metallicum, Fluoric acid, Phosphoric acid, Calcarea phosphorica

It has been remarked that even if Hering had done nothing other than prove Lachesis, he would have earned immortality in homoeopathic history.

### **Hering's Law of Cure**

Hering enunciated the famous **Law of Direction of Cure**, popularly known as *Hering's Law*, which states:

Cure progresses from within outward, from above downward, from more vital organs to less vital organs, and in the reverse order of the appearance of symptoms.

This principle remains fundamental in clinical homoeopathy.

### **Final Years and Legacy**

Hering was the first physician to use Nitroglycerin (Glonoinum) therapeutically for headaches and heart conditions — decades before its use in conventional medicine.

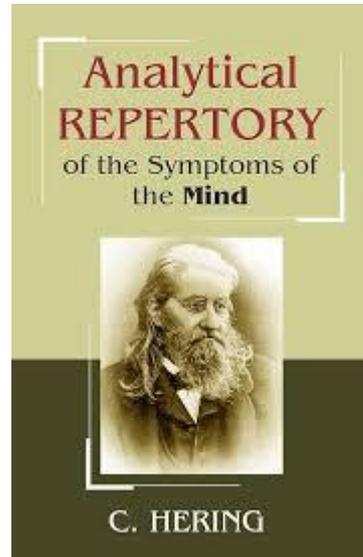
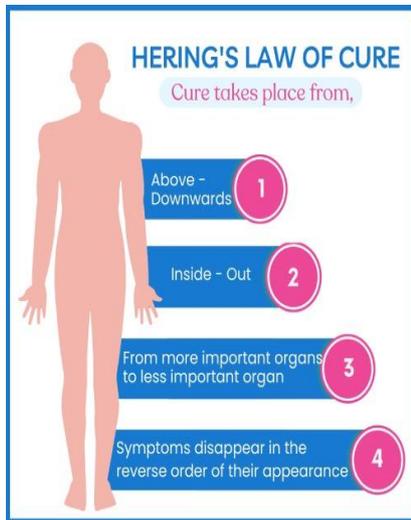
He passed away suddenly on July 23, 1880, after returning from a patient visit.

His influence led to the flourishing of homoeopathy in the United States for nearly seventy years. He firmly believed:

“The force of gentleness is great.”

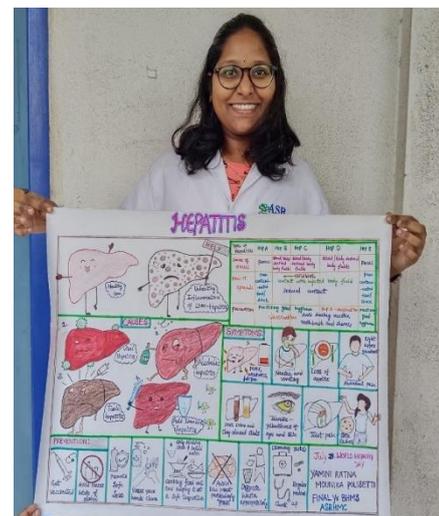
## Conclusion

Dr. Constantine Hering stands as one of the greatest pillars of classical homoeopathy. His dedication to drug provings, clinical practice, medical education, and philosophical development of homoeopathy shaped the discipline profoundly. His life reflects scientific integrity, courage, and unwavering commitment to truth.



**WORLD HEPATITIS DAY - POSTER PRESENTATION – COMPETITION**  
**(Department of Practice of Medicine)**







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# WORLD HEPATITIS DAY

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**23/7/25- ARUGOLANU ANGANWADI SCREENING CAMP**



**23/7/25 - -MEDICAL CAMP AT ARUGOLANU**



**30/7/25 – MEDICAL CAMP AT NAVABPALEM**



30/7/25 – ANGANWADI SCREENING AT NAVABPALEM

