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Exploration of a case for deeper insights: An enquiry-based learning model in homeopathy

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Abstract

Background: In addition to conventional teaching-learning techniques, the educational system employs a variety of student-centered techniques. Enquiry-Based Learning (EBL) represent pedagogical methods focused on self-directed inquiry or research initiated by students. Such approaches prioritize student autonomy, thereby significantly enhancing the learning experience and fostering a deeper understanding of the subject matter.

Methods: A case of 31-year-old female having the complaints for Dermatitis, Poly-cystic ovarian disease and Vitiligo, treated with a single dose of Homoeopathic medicine, Silicea 10M was presented to a group of 15 PG Scholars. The scholars were encouraged by the facilitator to analyse the case model and come up with their inquiries about the case for discussion. After discussing the answers for their enquires, the evaluation of understanding of the concepts was done through an assessment test consisting of five questions each carrying five marks. The results were analysed using the performance rating scale.

Results: All 15 PG scholars scored between 20 to 25 marks. The questions were answered appropriately based on their existing knowledge as well as those acquired from discussion through enquiry based learning

Conclusion: Enquiry based learning is found to be an effective educational technique, intertwining theoretical understanding with practical application. It equips students with the expertise and confidence necessary to adeptly navigate the complexities of healthcare.

Keywords: PCOD, homoeopathy, enquiry based learning, case-based study model, dermatitis, vitiligo

Introduction

The word "Enquiry" means "the practice of posing questions to gather information about something" ^[1]. The term "Enquiry-Based Learning" (EBL) is referred to a broad range of learning strategies that are based on an investigative process. The students carry out their own research, build on what they already know, and determine what needs to be learned. Using concepts and facts, students are instructed to tackle complicated real-world problems as part of the problem-based learning approach ^[2]. EBL fosters learning through student-led inquiry within a supportive environment. Guided by a facilitator, students identify their own questions and issues within a given scenario. They then research the topic, acquiring knowledge through experiential learning, which enhances retention. This approach cultivates skills for knowledge creation, lifelong learning, and leadership, preparing students to tackle future challenges, drive change, solve problems, and innovate. EBL encourages students to take charge of their learning, emphasizing a genuine research-oriented approach to the subject matter ^[3]. In EBL, various levels of inquiry guide the learning process. Beginning with Confirmation Inquiry, students are led through activities where outcomes are predetermined, aiding in concept reinforcement and procedural skill development under the guidance of the teacher. Moving to Structured Inquiry, educators provide initial questions and procedure outlines, prompting students to analyze collected data and formulate explanations. In Guided Inquiry, students are tasked with designing their own procedures to test assigned research questions, followed by communicating their findings. Finally, Open/True Inquiry empowers students to independently formulate research questions, design procedures, and articulate their findings, fostering autonomy and deeper engagement with the subject matter ^[4]. The EBL cycle consists of 6 stages (see Figure 1). In the Planning Phase, students explore topics, identify questions, gather information, and plan presentations. In the Retrieving Phase, they focus topics and receive guidance on relevant information.

During Processing phase, students refine focus, develop objectives, and synthesize data. In Creating phase, they organize information and format presentations with instructor guidance. Sharing phase involves communicating the concepts learnt through presentations, and in Evaluating phase, students reflect on progress using tools with emphasis on both product and process evaluation [5]. EBL

offers numerous benefits active engagement for deeper understanding, fostering critical thinking, promoting ownership of learning, enhancing problem-solving skills, encouraging collaboration, preparing students for challenges with lifelong learning and leadership skills, and improving knowledge retention through real-world application [6].



Fig 1: Cycle representing the process of Enquiry based learning

Table 1: Case presentation

Patient as a whole

Preliminary data

Name: Mrs. R Address: XXX OP No: XXX
Age: 31 Years Sex: Female Date: 18.11.2013

Presenting complaints

Location	Sensation/ Character & Pathology	Modalities (A/F, <, >)	Concomitants/Accompaniments
Skin (face, thighs, axilla) Since 10 years Genitalia female Since 8 years Skin (feet) Since 2 years	Itching with burning sensation Blackish discolouration and whitish eruptions Menses irregular once in 2 months White patchy discoloration	< Before menses2+ < Perspiration during	Weakness Abdominal distension

History of presenting illness: The patient complains of itching with burning sensation and blackish discoloration on the face, thighs, and axilla for which she took allopathic and ayurvedic medicine but got only temporary relief. She has irregular menses once in 2 months for which she took allopathic medicine which gave no relief. She also has white patchy discoloration in feet for which she is under Homoeopathic treatment.

Past history

May 2013-Renal Calculi-Allopathy and Traditional Medicine-Relieved
Since 2009-PCOD-Allopathy-Persists

Generals

Physical generals	Reaction	Menstrual history	Obstetrical history
Appetite: Good Thirst: Good Sleep: Good Stool: Regular Urine: Normal Sweat: Generalized	Desire-cold food & drinks Desire-sweets Desires-Fanning Desires-cold weather Intolerance to hot weather Thermal: Hot	FMP: 13 years; LMP: September 2013 Irregular cycle-once in 2 months 3 days duration Normal bright red flow	G2 P2 A0 D0 L2 Mode of delivery: C-Sec Delivery

General physical examination

Weight: 73 kg, Height: 153.5 cm. No lymph nodes, No pallor, No icterus, No clubbing, No cyanosis, No clubbing, Blood pressure: 110/74 mmHg, Respiratory rate: 17 breaths/minute, Pulse rate: 79 beats/minute.

Systemic examination

SKIN: Blackish discoloration on face, thighs, axilla. White patches on both feet.

Lab investigations

USG Abdomen-30.09.2009

Grade II fatty liver, Bulky uterus, Polycystic ovaries

Homoeopathic management

Date	Symptom Assessment	Prescription
18/11/2013	Blackish discolouration on skin, itching with burning sensation <before menses2+ <perspiration during Irregular menses once in 2 months, with weakness and abdominals distension White patchy discoloration	Rx 1. Silicea 10M/1D in 10ml aqua (stat) 2. SL/7D 3. SG 3-3-3 x 7 days 4. SD 1-0-1 x 7 days For 4 weeks
18/12/2013	Complaints persists as same itching with burning sensation in face, genitalia persist < before menses, > after menses, Abdominal distension persist LMP 19/11/13 Blackish discoloration in face persist whitish discoloration on lower extremity slightly better than before Generals: Appetite-increased; other generals-good BP-112/70mm of Hg, Pulse-82/min	Rx 1.SL/1D in 10ml aqua(stat) 2.SL/7D(HS) 3.SD 1-0-1 x 7 days 4.SG 3-3-3 X 7days For 4 weeks
From 3/01/2014 -29/04/2015	Complaints feel better than before Menses become regular LMP-19/11/2013,19/12/2013, 30/1/2014	Rx 1.SL/1D in 10ml aqua(stat) 2.SL/7D(HS) 3.SD 1-0-1 x 7 days 4.SG 3-3-3 X 7days For 4 weeks
31.08.2015	Right upper arm pain since 1 month Skin desquamation in both hands since 1 week	Rx 1.SL. 1D in 10ml aqua(stat) 2.SL/7D (HS) 3.SD 1-0-1 x 7 days 4.SG 3-3-3 X 7days For 4 weekss
From 18/06/2016 to 24/12/2018	Patient feels better than before	Rx 1.SL. 1D in 10ml aqua(stat) 2.SL/7D (HS) 3.SD 1-0-1 x 7 days 4.SG 3-3-3 X 7days For 4 weeks

Table 2: Basis of selection of medicine through repertorial analysis

Repertorisation Sheet-Zomeo 3.0										
Remedy	CALC	SIL	SULPH	MERC	RHUS-T	ARS	LYC	PULS	PHOS	THUJ
Totality	27	27	27	24	23	22	22	22	19	19
Symptoms Covered	9	9	9	8	7	7	7	7	7	7
Complete, Skin, Itching: Burning, smarting	4	4	4	3	4	4	4	4	3	3
Murphy, Skin, Inflammation, (See Dermatitis)	2	3	2	3	3	2	1	3	1	0
Complete, Skin, Itching: Perspiration: During	4	4	3	3	4	0	4	2	0	2
Murphy, Skin, Itching, Skin: Menses, during, agg.: Before	1	2	1	0	0	0	0	0	0	0
Complete, Female Genitalia, Menses: Irregular	4	3	3	1	1	2	3	3	1	3
Complete, Generalities, Food and drinks: Sweets: Desires	3	1	4	3	3	2	4	3	3	3
Complete, Generalities, Food and drinks: Cold: Drinks: Desires	3	3	3	4	4	4	3	3	4	3
Complete, Generalities, Food and drinks: Cold: Food: Desires	3	3	3	4	4	4	3	4	4	3
Complete, Skin, White: Spots, vitiligo	3	4	4	3	0	4	0	0	3	2

Methods

A 31-year-old female patient having the complaints of Dermatitis with PCOD and vitiligo treated with single dose of Silicea 10M was selected for the case study (Table 1). This case was presented to a group of 15 PG Scholars with the Repertorization chart consisting a group of similar medicines. (Table 2) The facilitator prompted scholars to analyze the case model and generate inquiries for discussion. The scholars were tasked with researching the answers to their inquiries and documenting them for group

presentation (Table 3). Following the discussion, understanding of the concepts was assessed through a test comprising five questions, each worth five marks. (Table 4) Evaluation of the results was conducted using a performance rating scale (Table 5). The objectives were to enrich the knowledge of PG Scholars on Organon and Homoeopathic philosophy through a clinical case study model, and to evaluate the impact of enquiry based learning method in Homoeopathy.

Table 3: Answers recorded for the enquiries of the given case

1. What is the miasmatic evolution of this case?	Itching of skin (dermatitis) for the past 10 years is of psoric background. Irregular menses with polycystic ovaries for the past 8 years is of syphilitic background. White patches in skin due to destruction of melanocytes is of syphilitic background. Tri-miasmatic chronic disease.
2. Why Silicea was prescribed?	Since silicea had the greatest symptomatic resemblance, for the commencement of the treatment ^[8] .
3. Why 10M potency was selected?	Greater the similarity greater the susceptibility to that remedy and higher the potency required ^[9] .
4. Why one dose was given?	A single dose perfectly selected homoeopathic remedy, continue to act uninterruptedly to diminish the ailment for several weeks, months, up to recovery ^[7] .
5. Why 1 globule was used?	The homoeopathically indicated remedy, produce greatest success, only in a far smaller dose and in a more highly potentized attenuation, i.e., in a milder quality ^[7] .
6. Why medicine was administered in water dose?	A similar globule, crushed with some sugar of milk and dissolved in a good deal of water and stirred well before every administration will produce a far more powerful medicine for the use of several days ^[8] .
7. Why there was no repetition of medicine for 7 years?	It is a fundamental rule in the treatment of chronic diseases: To let the action of the remedy, until it comes to an undisturbed conclusion, so long as it visibly advances the cure progressively. This method forbids any new prescription, as well as the immediate repetition of the same remedy ^[7] .
8. Whether Hahnemann had a similar experience?	Yes. In a case where sepia given for a peculiar headache that appeared in repeated attacks, and the ailment diminished both as to intensity and duration, when the attacks re-appeared, repeated the dose, which then caused the attacks to cease for one hundred days, after which no other attack took place for, now, seven years ^[7] .
9. Why we are giving placebo instead of leaving the patient without anything?	In order to presume an undisturbed action of the medicine given earlier the physician gives about three grains sugar of milk (an invaluable gift of God), every day at the usual time for medicine, marked as usual with continuous numbers ^[7] .
10. Why no importance was given to the diagnosis?	No matter what seductive name the disease may have in common life or in pathology, the use of an antipsoric medicine selected according to strictly homeopathic rules, cures the case ^[7] .
11. Why in acute mishap placebo was given?	When the patient someday feels a moderate headache, or else a moderate throat pain or any other ailment during an antipsoric treatment, the physician must not interrupt with another antipsoric or non-antipsoric remedy as a well-chosen antipsoric medicine is still acting and so it must be allowed to finish its action ^[7] .
12. Which observation of Kent applies to this case?	According to Kent's 12 observations, this case falls under the fourth observation, A satisfactory cures takes place, where the administration of the remedy is followed by no aggravation whatever tendency to organic disease ^[10] .
13. Why the indicated remedy is not working sometime?	Considering the minuteness of the doses necessary and proper in homoeopathic treatment, during the treatment everything must be removed from the diet and regimen which can have any medicinal action ^[8] .
14. Whether any error done by the physician?	No
15. Whether any error done by the patient?	No
16. Why 30 sized globule was selected for medication?	Because 30 sized globules are commonly available in the pharmacy.
17. Does Silicea act as a preventive medicine for this case?	Not sure about it.
18. On repertorization, Calcarea was the first medicine, why was it not prescribed?	After repertorization, the final selection of medicine is based further reference to the Materia medica.
19. How long we should wait after giving 10M potency?	Wait until the action of the medicine ceases. (Realise the Do nothing stage) ^[13] .
20. Can we give any acute remedy while taking 10M potency?	During the treatment of chronic disease with antipsoric remedies, the physician may require to give non-antipsoric store of medicine in case of epidemic disease or intermediate diseases caused by meteoric or telluric causes ^[7] .

Table 4: Questions for evaluation

SL. No.	Questions 5x5=25
1.	Why no importance was given to the diagnosis?
2.	Why one dose was given?
3.	Why 1 globule was used?
4.	Why there was no repetition of medicine for 7 years?
5.	Why we are giving placebo instead of leaving the patient without anything?

Results

While evaluating the assessment test using a performance rating scale, all 15 PG scholars scored between 21 to 25 marks. All the participants answered the questions appropriately. The results showed that the scholars had applied the acquired knowledge in the assessment test by collecting the answers for the enquiries referring to literature resources. The feedback from the participants evidences that EBL actively engage the scholars in investigation, enhancing critical thinking and problem-solving skills.

Table 5: Assessment of the open book examination

The marks obtained by the scholars in the assessment test are shown below using a performance rating scale					
Marks Categorized (out of 25)	1-5	6-10	11-15	16-20	21-25
Participants	Nil	Nil	Nil	Nil	15

Discussion

In a study that explored the impact of enquiry-based learning (EBL) on nursing practice among qualified nurses who completed a continuing professional development module at a UK university, through semi-structured interviews, participants reported that EBL positively influenced their practice, enhancing their ability to deliver evidence-based care and becoming more self-directed and reflective practitioners. However, they noted challenges with student and facilitator preparedness. The study highlights the need to consider EBL as either a philosophy of learning or a facilitative strategy alongside other educational methods^[11]. In another study, an investigation of first-year students' experiences with enquiry-based learning (EBL) in an introductory theory module was done where the students engaged in authentic small-scale enquiries, working in research teams, gathering and analyzing field data, and sharing interim findings. Semi-structured interviews explored students' EBL experiences and their connection to formative assessment. The findings illuminate how EBL shapes students' perceptions of their role in academia early in their university journey, with implications for practice development^[12]. The utilization of enquiry-based learning method in Homoeopathy, by exploring a case of dermatitis, with PCOD, and vitiligo treated with single dose of Silicea 10M offers invaluable insights into the effectiveness of the homeopathic remedy. The scholars researched and worked out the management of a chronic disease condition using homoeopathy, drawing upon the principles and laws elucidated by Hahnemann in his seminal works, "Chronic Diseases" and "Organon of Medicine". They gained a comprehensive understanding of the concepts through thorough examination of Hahnemann's writings, enriched by the illustrations of his experiences. The scholars cultivated confidence in effectively managing chronic cases and deepened their understanding of repetition of doses and the significance of placebo administration in homoeopathic practice.

Conclusion

Analyzing real-life cases and exploring the fundamental principles of homeopathy allows learners to enhance their comprehension of holistic healthcare methods and the nuanced aspects of patient care. Engaging with such cases not only expands students' knowledge but also readies them for the challenges they'll face in their future careers. Ultimately, enquiry-based learning in the homoeopathic field proves to be a potent educational method, connecting theoretical knowledge with practical implementation, and empowering students with the expertise and self-assurance required to navigate the intricacies of healthcare with skill and compassion.

Conflict of Interest:

Not available

Financial Support:

Not available

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