



Guide to Common

ALLOPATHIC DRUGS

for

Homoeopathic
Practitioners

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Guide to Common **Allopathic Drugs**

For

Homoeopathic Practitioners

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PREFACE

There was a long felt need to present such book to the profession. It all started in 1978 when Dr. S.S. Apte, Honorary Physician of Nanavati Hospital used to conduct lectures on Allopathic Pharmacopoeia for Homoeopathic Physicians. The series of lectures were quite successful but unfortunately were discontinued. As far as Homoeopathy is concerned we are still lagging behind modern medicine. Hence, for years to come Homoeopathic practitioners all over the world will have to encounter patients who are already on Allopathic drugs and who are now intending to undergo Homoeopathic treatment for IHD, Diabetes mellitus, hypertension etc. Now the question arises—what are we going to do in such a situation? Unfortunately with a heavy heart I write this that academically majority of Homoeopathic Physicians yet prefer not to reduce Allopathic drugs at all, as they feel they are safe and comfortable when patient is taking both the types of medicine. These are the Physicians who belong to the Mongrel Sect as called by our master Hahnemann.

Even for a common boil, they prescribe *Cifran* and *Hepar sulph.* But there is another class of Homoeopaths called True Hahnemannian Followers, who are very sincere and genuine and will at least make an attempt to reduce the Allopathic drugs like antibiotics and steroids and instead try the efficacy of

Homoeopathic drugs alone. It is for the benefit of these Homoeopaths that I have written this book, as this will help them to reduce mistakes in their practice. It will also help them in alerting to the common mistakes made during practice due to the lack of knowledge of Allopathic medicines. I hope they will understand how to reduce the Allopathic drugs or stop them depending on the case in hand.

The book describes certain group of medicines as regards their brand name, general information, adverse effects and warning signs.

The book will definitely help Homoeopathic Physicians to understand treatment given by Allopathic Physicians and would alert them with early signs of adverse effects.

This book has also been prepared to keep the patients informed about the drugs they have or had been taking.

This book would not have seen the light of the day had Dr. Girish J. Soni not dedicated his precious time even when his wife was pregnant. I sincerely thank his wife Chandra and their little daughter Sachita.

I also thank my students of the first batch of Critical Care Medicine like Farhad, Benaifer, Pinky, Azeez, Renuka, Ronak, Jayesh, Varsha, Ajay, Naini, who constantly encouraged me to write a book like this.

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INTRODUCTION

PATIENTS WHO ARE ON ALLOPATHIC DRUGS 'BE CAREFUL'

Often patients accept Allopathic treatment blindly. Despite the increasing health consciousness most of us are too scared to discuss our health problems with any degree of seriousness that they deserve.

During Homoeopathic treatment, it is very essential that one should refrain any Allopathic drugs as it becomes very difficult to assess the improvement and also, Allopathic drugs many a times suppress symptoms temporarily and are miles away from curing. The drugs, which a patient is taking on a long-term basis, should be tapered gradually over a period of weeks to months. Many times due to prolonged ingestion of certain drugs one may develop side effects, which the patient may not be well aware of. Hence, we at Homoeopathic Health Center like to educate the patients who are on long and short-term Allopathic drugs.

The fundamental reason for me to discuss the commonly used allopathic drugs is that even after practicing Homoeopathy for the past twenty two years I still get ninety per cent of patients who have already taken Allopathic drugs for their problems and may still desire to continue some of the drugs at the time of consultation. It becomes an essential duty on my part to separate the symptoms of the disease and the long-term side effects of the drugs. As a timely warning to the patient after recognizing those side effects one can save the patient from permanent complications. Also the symptoms (side effects) of the drugs can easily be removed from the prescriptive totality.

In practice every Allopathic drug should be studied under following headings to truly understand its effect on the human body

Intolerance: In idiosyncratic persons or those who are allergic to the substance, there is an acute reaction, where the person cannot tolerate the drug. It can also result from metabolic disorders (enzyme deficiency).

Blood dyscrasia: Result from pathological effects of the drug (toxic) on the bone marrow.

Hepatotoxicity: Most of the drugs undergo chemical changes in the liver and hence this is a common side effect, especially in cases treated with halogenated hydrocarbons.

Nephrotoxicity: E.g. Sulphonamides.

Behavioral toxicity: There can be disorders ranging from irritability to mania as a result of toxic effects of drugs.

Aggravation of latent disease: Certain drugs are capable of bringing into existence old problems of the patient like epilepsy, which may have been dormant for few years.

Endocrine disturbances: This is commonly seen in cases spoiled by over treatment with certain drugs.

Electrolyte disturbance: Example: Odema from sodium retention, which commonly results from usage of steroids.

Skin reaction: The reaction may vary from individual to individual depending on the sensitivity of skin.

Teratogenic effects: Fetal abnormalities are common from certain drugs.

Addiction: This is one of the most common side effects of the drugs that I have seen in my practice. We call it drug dependence and it is one of the most silent side effects, which is not usually mentioned under the drug reactions.

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DRUGS USED IN THE TREATMENT OF COUGH

Cough is a protective reflex by which an irritant or obstructive material is expelled from the respiratory tract. Cough occurs by the following mechanism. Initially, there is a deep inspiration followed by temporary closure of the glottis. This increases the intrathoracic pressure. Later, there is a forceful expiration, which opens the glottis suddenly. The pulmonary air, which is forced through the trachea, carries with it the obstructing secretions of the respiratory tract.

Antitussives are drugs that produce symptomatic relief from cough.

Pharyngeal demulcents

Syrups

Linctuses

Lozenges

Expectorants

Direct expectorants

Eucalyptus oil

Lemon oil

Anise oil

Reflex expectorants

Ammonium salts

Potassium salts

Ipecacuanha

Central cough suppressants

Codeine

Noscapine

PHARYNGEAL DEMULCENTS

These are useful in cough due to irritation of the pharyngeal mucosa. Preparations like syrups, linctuses and lozenges act by increasing the flow of saliva. This produces demulcent effect and thus prevents irritation.

EXPECTORANTS

Expectorants are drugs, which induce respiratory tract secretions so as to liquefy them and decrease their viscosity and thus help in their expulsion.

Direct expectorants

These are volatile oils like eucalyptus oil, lemon oil and anise oil. This oil can be administered orally or by inhalation with steam. They increase respiratory secretions by a direct action.

Reflex expectorants

These are emetics which in subemetic doses act as expectorants. These drugs produce mild irritation of the gastric mucosa, which stimulates gastric reflexes. This helps to increase the respiratory secretions. In large doses, they produce nausea and vomiting.

CENTRAL COUGH SUPPRESSANTS

These are opium alkaloids and belong to the group of narcotic analgesics, so they are also called as narcotic antitussive. These drugs act on the cough center in the medulla and inhibit cough reflex. They are mainly useful in dry, irritant type of cough. These drugs have a weak analgesic and constipating effect when compared to morphine.

MUCOLYTIC AGENTS

These are drugs, which decrease the viscosity of the sputum. This helps in easy expectoration. The following are some mucolytic agents.

Acetylcystenie

It is a derivative of cystine. It can be given as an alcohol or directly instilled into the tracheobronchial tree.

Adverse effects

Bronchospasm, fever, vomiting and stomatitis.

Bromo hexane

It is obtained from the plant *Adhatoda vasica*. It can be given orally, parenterally or by inhalation. It decreases the viscosity of sputum by dissolving the mucopolysaccharide fibers.

Pancreatic Dornase

It is a deoxyribonucleus obtained from beef pancreas. It decreases the viscosity of sputum by degrading deoxyribonucleus protein. It is administered as an aerosol. It produces allergic reactions due to sensitivity to beef protein.

