ROH Books Series I

Dr. Sehgal's

REDISCOVERY OF HOMOEOPATHY

Rubrics their Meanings and Versions of the Patients

By : Dr. M.L. Sehgal

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

By

Dr. M.L. Sehgal

Founder Dr. Sehgal's School of

Revolutionized Homoeopathy

ROH Books Series I

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PUBLISHERS NOTE

The present work, the most valuable and precious of Dr ML Sehgal's Revolutionized Homoeopathy, contains some of his seminal ideas besides giving a glimpse of new technique. Written first in the form of lectures for the benefit of some of his first students, these were later revised and published in the form of a book, the Red Book, to form the second edition. The text, published in great haste was full of mistakes of all sorts. Ms Alison Hargreaves of Dorset, U.K., a senior Homoeopathic student on a visit to Delhi undertook to edit it at the instance of Dr HL Chitkara. Her invaluable help is hereby acknowledged. In this new edition, the author has further revised the work, elaborating some of the ideas which evolved out of his experience and new thinking over the last 7 years. This book is more valuable because it brings together some of the most essential of the doctrinal part of the author's teaching in a more readable form for the first time.

Dated 14-07-1992. **Sehgal Brothers**

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INTRODUCTION TO THE THIRD EDITION

About the main principles of Revolutionized Homoeopathy enunciated in the second edition of this work I would like to emphasis that they stand further confirmed by me in my practice and need no change.

Suggestions for including physicals were also considered. Trials proved that the results were not conforming to criteria of cure set by RH. The so called cures are temporary, resulting in frequent relapses in changing the site of the disease and coming back to the square one ultimately. Your practice may flourish but your skill will not.

A new chapter has been added (Revised lecture No. 4-A,) emphasising the need for patience in selecting the next remedy or raising the potency because in most of the cases your 1st remedy in 30 potency is going to cure the patient.

Also as promised in the end of the Revised lecture No. 4, a book with a title' ROH BOOKS SERIES IV Rubrics their Meanings and the Versions of the Patient' is already in the market. It comprises of 150 rubrics of common use to a physician in his daily practice. The idea is to restrict the work to its practical utility than extending its size with something of mere academic value.

A supplement to series IV is ready (in manuscript) which comprises of additional 300 rubrics, bringing the total to about 450 or more.

I wish I could serve more and more as the time passes.

14-07-1992 **Author**

INTRODUCTION TO THE 2ND REVISED EDITION

These lectures were written in the year 1980, and published in 1983. As research is a continuous process, there ought to be changes in one's outlook after coming across new facts. The fact that medicine prescribed with the help of Revolutionized Homoeopathy establishes discharges, from all or any of the five natural outlets, was, upto the end of year 1983, being misread by me.

These discharges 1 thought were taking place in accordance with the Hering's Law of Cure. All along I remained under the impression that I had found a method of selection of Homoeopathic medicine which conformed to the above law, in each and every case, and thus I could provide a fixed standard to Homoeopathic therapeutics, unverified uptil now.

Later on when I realized that these discharges have nothing to do with the previous diseases of the person, but are indicative of something new, it aroused my curiosity to know about them more precisely. It was revealed to me by my further experience that these discharges have a correspondence with those which take place, as a matter of Natural Order; that there is a relationship between the Natural Order in the body, the sickncss which is the result of a process which I have preferred to call the "DEGENERATIVE PROCESS" and the medicine selected according to the Revolutionized Method. How wondrous, and yet not without a scientific background, it looks when a medicine selected with the help of the Rubrics of the mind, on the basis of common and usual expressions, presented by the patient could provoke the *accumulated discharge* to flow out, with the resultant healing in the particular organ.

For these and many other factors, a need to revise these lectures was felt by me and my followers.

Since the first edition could not be given wide circulation, it has been decided to publish it in combination with the revised one, to keep the readers properly in touch with our research process. I hope this work will receive the same warmth and enthusiasm as has

been ushered upon us, for our other efforts to propagate this revolution in Homoeopathy.

I have no hesitation to place on record, that it could have not been possible to bring out this revised edition without the encouragement and active help of Dr. Chander Kumar, a devoted student of mine.

Author

INTRODUCTION TO THE 1ST EDITION

The author, for many years has been working on one unflinching faith, that the homoeopathic medical system has, in itself, the desired potentialities and capabilities to take over as an independent medical science. It can undertake the responsibilities of modern medical care, run hospitals and effectively tackle emergencies etc. which are at present only the pride empire of one system. What is wanting in it is the definite direction, criteria and method, almost like mathematical calculations in its therapeutics. It should be in a position to stand the test of being precise, accurate and quick. It should also lead to predetermined and definite results. It will be heartening to members of the profession that this worker, (the author) has been able to uncover these latent truths through his hard work and by keen and close observation of patients. He claims to have tested and verified them in his later practice. This he could do in spite of the fact that he had no hospital facilities for indoor observation. These, according to his thinking, were essential for an intensive research in the science and art of symptomatology based on the law of cure, similar by similar. *Through these five lectures, he has given an abridged version of his findings, and to be elaborated in books, under a single title, 'Dr. Sehgal's Rediscovery of Homoeopathy'.* It may be satisfying and relieving to the lovers of the principles of Homoeopathy that the answers found are within the bounds of known principles of Homoeopathy — the law of similars, *s law of cure,* and the principle of one remedy, one dose at a time — *although their interpretations have been completely changed.*

For these lectures the author is indebted to his students for their inspiration and help in bringing them out. He would like to make special mention of Dr. Chander Kumar, B.Sc., D.H.M.S. (DLI) in whom he found a rare sense of sacrifice and devotion.

The initial idea of writing these lectures came from (Pr.) Robert — the then student of Nehru Homoeopathic Medical College (Mew Delhi). After coming in contact with me in the year 1979, he became my devoted student and attended my classes regularly. Later, in the

course of time, he insisted upon getting extra time from me to speed up his learning, and also wanted me to put my thoughts in writing as they were not available anywhere in the existing literature. All of a sudden, for personal reasons, he had to leave India for California, his hometown. Before leaving, he made known his intention of speaking to others in his country about (my) his teacher's novel approach to Homoeopathy.

The first three lectures of this work, with minor changes later on, are the outcome of his desire to have something from me in black and white. This much, as credit to him, 1 am proud to recognise.

Author

FOREWORD

Dr. M.L. Sehgal makes an immense contribution to the development of Homoeopathic medical science by publishing his book "REDISCOVERY OF HOMOEOPATHY."

Homoeopathy is a vast practice in India. Astonishing cures have been taking place at the hands of homoeopaths. But for their practice of secretiveness, they have never divulged what and how have they been doing in actual practice. Dr. Sehgal has thrown open to all of us who are engaged as guardians of Public health, the treasures of knowledge which he must have dug out and accumulated after a lot of labour and hard work.

Deviations from the beaten paths are disturbing to many and invite opposition from various quarters for different reasons. But if we are interested to enrich our science we have to be serious about the author's findings. For example when he talks of prescribing without giving any consideration to grades of symptoms, he convinces us of the correctness of his *contention* with practical examples. For instance he prescribes Opium on a single rubric, 'FEAR, extravagance of 'which according to Kent's Repertory is its 3rd Grade symptom. I have also tried Opium, on the same patron in my practice and it has been confirmed that it gives results, beyond expectations.

Furthermore he gives us a novel way of using and interpreting rubrics, which one has to admit, is unique in itself as a method and a contribution, and is exclusively the product of his own genius.

Generally we know the meaning of the word "Extravagance' as belonging to monetary affairs. No one except him could imagine that in the matters of rubrics, this word could mean as 'excess of anything.' That if a patient says, 'Dr., it is already many days now. How long do you want me to wait for the results. 1 have absolutely no relief, after all there is a limit to everything.' One wonders that this version could also be interpreted as 'FEAR, extravagance of.'

It has been verified in practice that prescribing on this new and strange way, cases do respond quickly with startling results. It will

not be out of place to focus the attention of the readers towards another astonishing factor, that of the importance attached by him to those symptoms of Mind, which were hitherto been neglected by all of us as 'usual' and ordinary, being common to every sick person. Then he emphasises that to the homoeopathic way of practice, the acute form of sickness has been proving to be more irksome than the chronic. That Homoeopathy has gained its reputation because of its effectiveness in Chronic Diseases. But equally it has been loosing its credibility as a dependable science in the acute form of sickness. Well begun cases and those nearing cure, would get spoiled just because we were missing the keys which could have opened the locks to acute conditions erupting in between, with certainity.

Dr. Sehgal says since his new way of case taking, covers Acute form of Sickness, 1st and foremost, to which he has named as his emphasis on 'PRESENT, PREDOMINATING, AND PERSISTING SYMPTOMS' it often saves a homoeopath the sort of embarrassment, he occasionally has to face in his practice.

Further, he observes that the remedy so selected on the basis of usual and common symptoms of mind with the new technique, establishes discharges from the five natural outlets in the form of excreta which he has named as Toxin, and thus eliminates the present sufferings and also gradually takes the case towards permanent cure. This means he seems to be killing two birds with one stone i.e., the remedy selected for the acute state of sickness,automatically covers the chronic state also.

He further observes that in health the elimination of excreta takes place as a matter of natural order, or establishes self cleansing process which is automatic in nature. This remains for an odd number of days, hours and minutes etc. and that it is milder in the beginning, reaches its peak in the middle and thereafter heads towards final decline and so ends.

That it may remain for many phases, and every phase passes away gradually by diminishing in intensity, duration and frequency.

One discovers that his findings are not just ideas from a few stray observations, but appear in a well-knit sequence, one giving birth to the other as the off-shoot of the 1st.

For example he further deduces that the crude medicine does not act as a suppressive agent in every case. That in certain cases it seems to be acting beneficiary to the process of Assimilation, exactly as other crude substances like (articles of food), and removes in a system the ailments resulting from deficiency of a particular element.

I think it will be agreed by many of us that it is after a considerable time of stagnation that an original work has been added to advance the technology of our science, which is no mean contribution. Dr. Sehgal therefore deserves to be commended by all of us, for his efforts in going so deeply into the subject, and unearthing a new avenue of prescribing.

To those who have a rare interest in research and curiosity for something new and original, this book will prove to be a boon.

I hope the much promised writings, with elaborations of his findings will be available from the pen of the author for publication at the earliest, as the quest for knowledge on the subject is bound to increase as one goes though this book.

I wish the publication a great success.

Dr. R K Kapoor
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PART I

Lectures related to the 2nd revised edition

17

REDISCOVERY OF HOMOEOPATHY

REVISED LECTURE NO.1

Before I start talking about Revolutionized Homoeopathy, I shall remind you that in Homoeopathy we have many ways of prescribing a medicine e.g., on the basis of one medicine, one dose at a time; one medicine many doses per day; two medicines alternating with each other for four to six doses a day; or mixtures of many medicines in lower potencies; mixtures of multiples in mother tinctures; and selection according to diagnosis pathological and biological alterations; the colour and the form of discharges from the body, including stool and blood etc. These are done by taking into consideration, the symptoms of a particular disease, a particular organ, or the total condition of a patient, and so on. The propounders and protagonists of all these methods had and hava. their own beliefs and arguments to justify their actions, although: they accept the overall superiority of The Classical approach to Homoeopathy. All depends on what sort of results one expects; whether the aim of the treatment is the mitigation of apparent turmoil or the rooting out of the malady once for all, and to follow some rules and principles in order to get results in a systematic way.

As far as it is relevant, I will try in these lectures to make a comparative study, between Revolutionized Homoeopathy and Classical Homoeopathy, because I understand that both of them have their own principles, and that is why they are competent to be rivals to each other, and yet have a scope, for co-operation and co-ordination, which is yet to be discovered.

You perhaps know that *according to the tenets of Revolutionized Homoeopathy, the prescription is made simply on the common and most ordinary symptoms which are generally known to be common to all patients. This is quite in contrast with Classical Homoeopathy in which uncommon, rare and peculiar characteristic symptoms are taken into consideration for prescription.*

Likewise, in results also, both approaches are far apart from each other. The former prescribes on common, most ordinary and usual symptoms related to the patient's mind only; out of which the Present, Predominating and Persisting are given importance. Thereafter it expects the medicine~to balance those mental signals on which it was prescribed, and in turn start some expulsions in the form of excreta, from any one or more of the five natural outlets of the body (Nose, Mouth, Urethra, Anus and Skin) with a Corresponding relief in the particular diseased organ. For example " a person had the following mental symptoms. He was Careful, with Anxiety for others, and Frivolous in behaviour. With the help of Kent's Repertory, "BARYTA CARB" was the medicine which was prescribed. The person was suffering from earache and before the administration of the remedy his thoughts were, "The night is approaching and if the earache gets worse, there should be some arrangement for an alternative, so that if the need arises, I can look after myself properly." His other thought was that if no such arrangement were made, the other people in the house may be inconvenienced. The third consideration was, while he was talking he was laughing as if he were not very serious about it.

After the medicine was administered, first of all the foregoing three mental symptoms on which the prescription was based normalised. Thereafter a thin watery discharge from the nose started, with a corresponding relief in the earache. Well, here it is not necessary to anticipate what precedes what. The trouble in a particular organ, say pain etc., may start reducing first and the discharge, as in this case, may start coming later, or vice-versa.

Quite opposite to the above method of prescribing, we must know that in accordance with the tenets of Classical Homoeopathy, the medicine is prescribed on uncommon, rare and peculiar symptoms pertaining to any one or more organs of the body, including the mind and conforming to a totality of symptoms. As for results it expects the disease to take a particular direction i.e. as is required of it by Hering's Law of Cure, which means that the disease must move from within outwards, from above downwards, and in the reverse order of coming. By the reverse order it is meant

that all the diseases from which a person has suffered up till now *are* stacked in the body, in layers. For example, today a person has come to us with asthma as his presenting complaint. In his history it is revealed that prior to this he had suffered from tonsillitis and previous to that he had eruptions on his skin. According to law of reverse order, after the present trouble of asthma is removed the disease from which he had suffered immediately previous to the present one i.e., tonsillitis, should reappear and after that ultimately the original skin disorder should also reappear and go. And in this manner they expect the final cure of the patient to take place.

So in contrast to all the previous methods of prescribing, the important points to know about Revolutionized Homoeopathy will be the subject of study in the remaining part of this lecture.

As in the example given above we have seen that the medicine was prescribed on common, but Present, Predominating and Persisting symptoms of the mind. Thereafter the mental symptoms were balanced and a nasal discharge started and ultimately healing in the particular organ (ear) took place. A question which will be obvious is, "What role has the medicine actually played in this case, by establishing discharges from the body and then affecting a cure?" (Here it will be out of the scope of this work to go into details of the accumulations, of secretions deposited in the body, which need to be eliminated i.e. from where and how they originate and accumulate; and how they become the cause of the disease; and what exactly could be the relationship between the over-stocked secretions which we have termed elsewhere as Toxins and which become the cause of disease).

To find an answer to the above question, one's attention is drawn towards those discharges which take place from the natural outlets in the form of discharges as a matter of daily and natural routine. We observe in our daily life that the body demands something in the form of hunger, appetite, or cravings; and in response to these demands it is fed with material, in the form of food and drink. It retains a part of it which assimilates in the body, and rejects the remainder. We also see that these two major

functions of ASSIMILATION AND ELIMINATION are taking place in the body continuously and automatically. If this routine is disturbed, or in other words gets out of tune, it has a corresponding influence on the mind in the form of feelings. It is of an abnormality that someth ing has gone wrong. As a result, some sort of reflections, in the form of speech or actions, take place. For example, if you don't get the routine expulsion from anus or urethra, you start feeling abnormal, and talk or do something about it in your own way. External, superfluous causes like over eating, change of weather etc., may be responsible for such disorders. They should be left to automatically settlement by themselves without the interference of medicine, and natural methods resorted to, such as fasting simply missing a meal or two, or taking only comparatively light food.

This sort of abnormality in routine discharges from the body takes place in a different way too. This occurs periodically i.e. it lasts for a period of time with a fixed behaviour and *goes off automatically without the help of any medicine.* Actually, in daily routine it is through the anus and urethra that discharges are essential and that is why any sort of disturbance in their normal functioning causes anxiety. An affected person does not rest as long as this "abnormality is not removed". But it will be noticed that apart from this, some sort of discharges from the other three outlets i.e., nose, mouth and skin also take place over a period of time with the same type of feeling of abnormality as stated above. If they are from the anus, this will be in the form of stools in excess of the daily routine. The difference may not be in quantity or the frequency alone, but it may be in colour and smell also. Likewise through the urethra, with the routine discharge of urine, sometimes it is accompanied with some sort of degenerated material with a sensation of burning and other sensations etc. The discharges from nose are of various types, thin watery discharge or thick, in different colours, and sneezing. From the mouth it is in the form of vomiting which may be accompanied with bile etc. And through skin the discharges may be in the form of heat (fever) and perspiration, or eruptions of any kind.

These extra and abnormal discharges follow the following disciplines:

No.1 That they last for a fixed period of time i.e. a fixed number of days, hours, minutes, or seconds.

No.2 That this period is always in odd numbers i.e. 1,3,5,7,9,11,13 and 15.

No.3 That they have a beginning, a peak and an end. This means differences in speed and stress in all the three stages. For example, if one starts getting a nasal discharge, in the beginning it is slow and less troublesome, it may take the form of sneezing. Gradually, as it rises to a peak the discharge may become more troublesome, and after the peak is over, it starts declining, and that is how it ends.

No.4 This sort of discipline, as explained above in serial Nos.1-3, forms one phase of a discharge.

No.5 It is not necessary that these abnormal discharges remain only for one phase, they may last for many phases. But essentially every successive phase will be diminished in intensity, duration and frequency. For example if the discharges are in the shape of loose stools, and if in the first phase their number was 20 times a day and if they were occurring at an interval of half an hour with intensely odd feelings, the following phases or the next phase that should have comparatively fewer stools, at longer intervals (say instead of half an hour they should now be occurring after an hour or so) and with less intensity.

No.6 After every phase there is a feeling of increased health. One feels more efficient than

before, as if some sort of restorative or re-aligning process has started.

Well, it is more important to know that these discharges occur automatically as a matter of order which is natural to the body. That occurrence is essential to keep the body in the state of perfect health.

So the answer to our question, about the function of the medicine which was selected according to the methodology of Revolutionized Homoeopathy in the case of earache (as referred to in the beginning of this lecture) would be that by establishing the nasal flow it had restored the same natural order in the body as explained above, and thus affected the cure.

So, to conclude, I will say that in this lecture we have studied those major functions of the body which are taking place as a matter of natural physiology, continuously and automatically under a strict Natural Order. These functions can be divided into two forms. One takes place as a matter of normal daily routine, for example, you meet the demands of the body in response to its indications in the form of appetite and hunger and after they are met, the body assimilates a part of it into itself and eliminates the remaining refuse in the form of excreta. But you might have experienced that apart from the foregoing routine demands of the body, sometimes one feels like meeting its particular demands in the form of cravings. These cravings are a part of assimilation to meet the extra nutritional or deficiency problems of the body. And likewise, one gets extra and abnormal discharges from the body as a part of abnormal eliminations in the form of discharge from all or any of the five natural outlets, which are different from daily routine eliminations, and are disciplined in behaviour.

In the next lecture we will study the relationship between a medicine prescribed according to Revolutionized Method and the two major functions of the body i.e. Assimilation and Elimination and also we will study cure.

REVISED LECTURE NO.2

In lecture No. 1 we have studied the basic difference in the mode of prescribing in Classical and the Revolutionized Homoeopathy, and also about the direction that a cure takes. We have also studied the normal and abnormal activities of the body, relating to its two major functions i.e. Assimilation and Elimination. In this lecture we will try to find out how this NATURAL FUNCTIONING of the body (which takes place in a disciplined way and which is the sign of HEALTH), THE SICKNESS and the REMEDY (selected according to the Revolutionized method) are related to each other.

Let us first of all distinguish between the state of health and sickness according to the tenets of Revolutionized Homoeopathy. As already described in lecture No.1, if Assimilation and Elimination take place in a disciplined way they are to be understood as taking place efficiently, this efficiency is to be known as a sign of health. But if the Assimilations or Eliminations, whether they are in the form of normal or abnormal cravings or normal or abnormal eliminations, do not follow the discipline already described in the previous lecture, they are the sign of sickness. They are not to be known as the processes of Assimilations and Eliminations. But they come under the heading of *DEGENERATION*. Now it has become important to point out another contrast between these two approaches, the Classical and Revolutionized. Perhaps we all know that according to the tenets of Classical Homoeopathy, any sort of outward discharge or manifestation of disease on the surface,—may it be through the natural outlets of the body or those which are made by the disease by altering the anatomy of a particular organ to throw out the 'Degenerated matter" — is taken as a welcome sign.

But we the followers of Revolutionized Homoeopathy are very clear in our minds that this sort of undisciplined transaction in the body takes place as result of degeneration and is taking the body towards a decline in total health, and is, therefore, to be remedied. So to repeat, if the discharges from the body follow the fixed discipline, the body is to be known to be following the Natural

Order, and is in the state of health. And if it is not so, it is to be taken that instead of the Natural Order the body is being overpowered by the processes of degeneration and therefore is in a state of sickness.

So let us trace out the relationship between *the medicine* selected according to the principles of Revolutionized Homoeopathy, the Natural Order (the disciplined functioning of the body) which is the sign of *health,* and processes of degeneration which are the signs of *sickness.*

So the first question which will arise in this context will be, When will we consider it necessary to prescribe a medicine in a given case?" Obviously the answer is. "Only when we find a person | s i c k in the real sense." This means that there is sickness which is to be known and recognized as unreal.

In answer to the question as to what is the nature of this unreal sickness, I will say that it is nothing new, but the same as already stated in different words. To keep itself in health, the human body follows a discipline. This discipline lies in its resorting to specialized activity of Assimilation and Elimination, through extra and excessive cravings and eliminations which fall outside the daily routine. We come to know, through this activity, that the body is functioning under the influence of Natural Order.

This remains as a passing phase, and ends by itself, after a period of time. Although we take it as a sign of health, yet it is not without discomfort. There is some sort of uneasiness. We call it an *UNREAL SICKNESS* because we don't have to prescribe any medicine for this, and it is to be allowed to pass away without interference.

Here again another point of distinction between Classical Homoeopathy and Revolutionized Homoeopathy arises. We have very often heard and also read in Homoeopathic literature that diseases are suppressed. Now let us first of all be clear in our minds about the term "SUPPRESSION." Suppression is opposite to expression. It means that something is trying to find an expression, trying to find an outlet, trying to come out, and is not being allowed

to do so. *That is why in Revolutionized Homoeopathy, we do not allow the prescription of any medicine while the body is engaged in the process of self-cleansing or re-alignment or re-balancing along with the resultant elimination.* Because, if these excretions which are not a part of the body and therefore must be released are suppressed and cause disease. *That is why we like to advise physicians of other faiths also, that before prescribing they must try to learn the difference between the two processes i.e. the one which relates to natural order, and the other, which happens to degenerate the body.* They will be doing a great service to humanity by way of saving them from the disastrous diseases which erupt as a result of these suppressions. The matter, which must be discharged should not be allowed to remain in the body for even more than a moment than is reasonable, because these excretions if allowed to stay in the body for more than a reasonable time, and given particular conditions and a cause, are in a position to convert themselves into Toxin, or in other words have the power to damage the tissues, and thereafter start the processes of degeneration.

But the term 'SUPPRESSION' employed by Classical Homoeopathy has a different meaning. They conceive it to take place exactly according to Hering's Law of Reverse Order. According to this concept a person may have suffered from many diseases for a long time, and the disease from which he is suffering now is the result of previous suppressions. For example if in the beginning a person had a disease relating to skin, after the same was suppressed it shifted to intestines converting itself to some intestinal disorder, say diarrhoea, and after this was suppressed he got a new disease in the shape of the present trouble. According to Classical Homoeopathy, all the previous diseases are to go in the same order as they came. The present one is to go first and previous to this the next and ultimately the disease that he suffered from in the beginning is to go, and remove the sickness in its finality.

We will say that the *term "SUPPRESSION" as is used here does not seem proper because a state of sickness, in the beginning and in the end is known as sickness.* .It is the disease which has been

made to shift from one organ to another and change its shape and form accordingly. Because in whatever shape the disease was, it was operating as an instrnment of Pcgprn'rati^n and not PXp[rpggi]on It was not trying to find an outlet, to leave the body by means of its natural mechanism. It was merely the activity of what we call the Degenerative Process.

Now before we proceed further many questions come to our mind. "Does Allopathic Medicine cause suppression in each and every case?" Another question related to this will be "How far, is the principle of Contraria Contraris Curentur, attributed to this system, valid? Another question relating to this subject will be, "How to view those cases which are taken up for prescription according to the tenets of Classical Homoeopathy, but do not demonstrate Hering's Law of Cure. i.e. where nobody is bothered whether the cure is taking place from within outwards, from above downwards, and particularly in the reverse order of their coming?" And to come to yet another question related to this; in those cases, where incidentally Hering's Law had been noticed to have taken its course repeatedly, yet without leading the case to a final recovery. What sort of conclusions should be drawn with regard to the action of remedy?

I think it will be outside the scope of this lecture to go into the details of all these questions. But I hope I shall be treating them exhaustively later on at some appropriate opportunity. But to answer in short, I shall say that allopathic medicine does not cause suppression in each and every case. And in those cases where the cure does not seem to be taking the course as required by the principles of Classical Homoeopathy, it should be taken that the malady has been made to change its shape and location.

Coming back to the question of when to prescribe a medicine in a given case of sickness, I have already said that it will be necessary only when the process, other than the natural one i.e. of degeneration, is operative:

After the medicine has been prescribed, how do we judge that it has started acting in the manner expected of it? We in Revolutionized Homoeopathy expect a medicine to put a halt to the operation of the Degenerative Process, whatever its shape and form may be, by way of re-establishing natural order in the body, and restoring perfection in the processes of Assimilation and Elimination.

So, as beginners, it will be sufficient for you to know this, that after the medicine is given, you have to keep you eye on the basic pointers, so as to watch the progress of the case.

First of all, you will be required to recall the symptoms on which you prescribed. (Let me remind you here that you prescribed on the basis of the symptoms relating to the present mental state of a person which was being presented to us through the ordinary, usual and most common expressions. Out of these we gave importance to the predominant and persisting symptoms. Since we will be taking up in detail the question of how to prescribe according to this new method in the coming lecture, I will not go into the details of it here).

And the second point to be noted, in this connection will be 'The Problem' for which the patient has come to you.

For example a patient had come to you with ch. arthritis, and her complaints at the time of case taking were pain, swelling of the joints. You prescribed on the following mental states, that this disease was hindering her movement. She could not go about in society and attend to her business etc., in an uninterrupted way. And because of that she is angry, and is always looking for ways to remove the hindrance. And suppose the rubrics that you extracted were (A) ANGER, interruption from and (B) REPULSIVE mood. After the medicine was given, you had instructed your patient as to how to watch for the reaction of the medicine. You told her that the medicine might react in any one of the following three ways:

No. 1 *The trouble that she was suffering from before taking the medicine might be aggravated. We*

in Revolutionized Homoeopathy term it as a Negative Action of the medicine.

No.2 That those troubles could start getting milder without any sort of aggravation. That some sort of relief could be obtained, may be in the form of reduction in pains and swelling etc., This we call as the *'POSITIVE ACTION'* of the medicine.

No.3 That *'NO ACTION'* could also be a possibility, meaning thereby that the medicine would show no action, we have termed this sort of inaction on the part of medicine as *NEUTRAL ACTION* of the medicine.

In the case of Negative Action, or when the present state of disease seems to be aggravating as a result of the action of the medicine, we have to verify what has happened to the real symptom i.e., of the mind, on which the medicine was prescribed. In this case we will have to ask the patient whether the feeling of anger due to interruption experienced by her in her day to day activities, is still persistent, and if so, if it is with the same intensity, duration and frequency. And whether the other symptoms; that of Repulsive mood, is also balanced to some extent. The physical aggravation the increased pain and swelling should be by now somewhat more tolerable. Meaning thereby, although they are increased —they are much worse than before taking your medicine — yet is she finding herself able to tolerate them. This is to be taken as a favourable action of the medicine and one need not entertain any sort of worry on this account.

But if nothing like this happens, and no alteration in the symptoms as mentioned above takes place, but the present state of sickness aggravates, it is the sign of no-action of the medicine and increase in the intensity of the impact of the disease, and therefore, it will be a case to be considered for the next higher potency or a fresh selection of medicine.

Similarly, in the case of Positive Action, we also have to check the overall progress. Positive Action should not be positive only in so far as pain is reduced, but should also be accompanied by a balance in the real basis of the prescription (Mind). Otherwise it is to be taken as partial action of the medicine and therefore there will be a need to select a new remedy.

To conclude this aspect of my lecture, there is one more point to keep in view in case of negative or positive reactions. This will be whether some sort of extra or out of the ordinary activity of the body, (with regard to Assimilation or Elimination, or both, in the form of abnormal cravings and in the form of discharge takes place. This will be the most welcome sign of promise for recovery.

So before we pass on to the next lecture, let us remind ourselves that we have elegant in this lecture about the distinction between the processes which take place as a matter of natural order, and are treated by Revolutionized Homoeopathy as a sign of health. The processes which take place under the influence of sickness, we have named, 'Degeneration.' We have also learnt that the medicine will be needed only when the degenerative process is operational and that our hands will stay out of the pill-box while the human economy is passing through a disciplined process of Natural Order which is a passing phase, and which leaves the body by itself and without any help. Towards the end of the lecture, we have learnt how to manage a case after the medicine has started working.

In the next lecture we will learn about the nature of sickness, and the principles it follows while degenerating the body.

30

REVISED LECTURE N0 3

In the previous lecture we have studied the general physiology of the body, concerning the functioning of its major activities i.e, of Assimilation and Elimination. We have studied their behaviour when they are working under the influence of natural phenomenon, or as we have called in the 'Natural Order' of the body, and also when they are acting under the command of the Degenerative Process.

In this lecture we will go into the details of the Degenerative Process. We will examine how it operates in the body, and in what way the selection of the medicine according to Revolutionized Method is related to it.

It is a common notion amongst physicians of every system that sickness, in general, has two forms, called Acute and Chronic. They are named so, perhaps, because of their behaviour and age. They call it new and old also. Perhaps they do so because the new has a recent origin and the old has an origin in the past. They also believe that both of them have their own causes, distinct and separate from each other, and that they need to be treated on different lines.

We, in Revolutionized Homoeopathy, have recognized sickness in a different way and split its operation in three different parts, one comes under the heading "Unreal Sickness". The other two are covered by the title "Real Sickness." We have already gone into the details of the nature of the Unreal Sickness in the previous lecture. Now in this lecture we will do the same with .Real Sickness—How it operates and what are its forms. Although the common belief is that the Acute and the Chronic are two different diseases, yet our observation is that they are one and the same entity, and it is for us to give the many name, According to us the malady is singular in essence although outwardly it gives the impression of being plural because of the difference in velocity and intensity in any given situation.

This outward difference is further enhanced when in a given situation the Degenerative Process is speedy and deep. Obviously

in so-called Acutes, one has less time to wait and waste before one tackles it. If it is slow, and the danger to life is not immediate, one has ample time to tackle the so-called Chronic. It is only this distinction that makes them look different, but in reality they have the same origin. That is why on the mental dial, as you may call it, the signal that will appear to indicate the medicine will be the same in both cases. Therefore I would like to state here that there is no such disease as Acute or Chronic; it is the same. If it is slow in speed, you can pay attention to it with leisure, and if it is provoked to accelerate its speed, you are required to manage it quickly. So the medicine thus selected covers both states. If I put it in another way, I should say that the so-called chronic itself never ventures to degenerate the body, it has to convert itself into an acute to be in a position to attack the body, at onetime slowly, and at an other quickly.

That is why we put emphasis on the PRESENT, as far as the selection of medicine is concerned.

Before proceeding further let us understand the basic difference between the cause and effect of any action. In the case of sickness we say, that the cause of sickness may be there, latent in the body but without doing any harm. It is there already in a slumbering state. But I would like to put it that as long as it is slumbering it cannot be called a cause. It can be called a substance (Material) which may become a cause tomorrow to produce its effect in the shape of sickness—because a cause must be accompanied by a corresponding effect. It will become a cause when it has actually started producing its effect. Before it becomes the cause of disease it may well be adjusted automatically with the help of the processes of Elimination or Assimilation, or both. These may take place as a matter of natural realignment of the body, if it finds the opportunity and the conditions to do so. Thus it may not ultimately be in a position to convert itself into Toxin and to cause disease (sickness).

It is this present state of sickness, whatever may be its impact (slow or fast) which is being revealed through expressions, vocal or mute. Through speech or actions or both, it is being signalled,

and man's vocabulary has succeeded in binding these expression into words, singular or numerous. A full expression is sometimes represented by a single word, or a phrase. A Homoeopath is acquainted with these expressions in the form of the rubrics, those that we find in repertories of Homoeopathic Materia Medica.

Our experience tells us that *these expressions are not merely the mental states or so called mental symptoms of a patient. In reality they conform to a technique which has a direct link with the apparent cause of the disease and is wedded with a particular type of result.*

We have observed that when we administer a medicine on the basis of these expressions which are present, predominating and persistent in nature, it sets in motion discharges which perhaps have remained deposited in the body for want of desired stimulus. This stimulus could be deemed responsible for keeping them in motion and helping them to come out of the body on their own and at their proper time.

We see that ordinarily the discharges, which are being expelled from the body at their proper time are not harmful. But those which remain undischarged for a period of time and become stagnant become toxin, and thus take on the energy to damage the tissues which make the net fibre of the entire human system.

That is why we have come to the conclusion that Toxin is the cause of disease. We call it 'An Apparent Cause' because we know that there are many more factors which contribute to the accumulation of *excreta* in the body.

But what is strange and *new with Revolutionized Homoeopathy,* and what makes it distinct from others, in this respect also, is that it helps in the selection of that medicine which, hits at the cause of the disease directly before starting the cure of the particular diseased organ.

No other method has been noticed to have produced such a direct relationship as this between the so called Physicals which

should not be called physicals because they do not form part of the physical body, but are lying in the body as rejected matter i.e. the *excreta.* The signals of its presence in the body come in the form of expressions, which are known to constitute the mental state of a person. To repeat, let me point out *that we prescribe on the basis of the symptoms of the mind (leaving aside all the other symptoms relating to the popularly known physical level of the body) and in turn get a stimulus in the automatic system, which is responsible for keeping the system of Assimilation and Elimination efficient.*

As soon as these systems regain balance, the body as a whole including each and every organ,—starts retaining its natural efficiency, and returns to its original state of functioning.

To put it in other words, *Revolutionized Homoeopathy* makes the Homoeopathic medicine work to create conditions in the body which help it to heal itself. To state it more precisely, I would say *that Revolutionized Homoeopathy is* 'NATURAL HEALING' *with the help of Homoeopathic medicine.* That is why, after the medicine starts its action in the body, apart from the reduction in suffering and the repair of a particular organ, our primary concern remains to see whether all the systems (i.e. Alimentary, Respiratory, Circulatory and Nervous system etc. etc.) engaged in running the administration of the human body are regaining normalcy in every respect. Thus, on the one hand, while prescribing we take into consideration those expressions of the human economy which are revealing a class of signals to our perception (insight) and these are pointers to or indicative of an underlying cause -a type of toxin which is similar in substance to a medicine—The sickness needs to be expelled by a medicine—which ought to be similar to it. On the other hand, while measuring the progress of the case, we are to be watchful of the human frame as a whole. Our medicine should not leave any sort of abnormality uncovered in the body.

Before proceeding further I would like to mention a very important point that came to my mind, and for which I am really very grateful to a top Homoeopath of India who has been kind enough to grace one of our School's Functions and was generous

enough to focus my attention towards it. The point was that the theory of Toxin being the cause of disease and the methods of its extrication from the body, such as inducing vomiting, nasal discharges, the use of purgatives, diuresis (urination), blood letting etc., are very ancient, and were abandoned long ago by the medical profession as unrealistic and very crude. Iam not in agreement with the above view. To me the ancients seem to be close to the truth, even today. Because as far as the idea of Toxin being the cause of disease is concerned, Ayurveda and the Sidha and Unani systems seem to be holding to it even now. The problem that remains or persists is, how to get rid of this Toxin? Of course the crude methods (used in ancient times as referred to above) employed to expel it from the human body proved to be a futile and harmful experiment. But the method that we have tried is with the help of the minutest dose, and has definitely produced marvellous results. Because after it hits the target it realigns the levers of the body, so helping the organism to attain its own natural way of functioning as a whole. *The order that we know as Natural to the body is that all its components should become natural in size and construction (anatomically), healthy in material (biologically) fully efficient in functioning (physiologically), and in complete harmony with each other.*

To conclude this lecture, I would like to say that it was never expected that a similar could be so precise (with the help of prescribing on the basis of this particular method) that it would start repelling its similar from the body, directly in the way as stated above and thus help 'Natural Healing' in the body. That is why the ancient idea of Toxin being the cause of disease was re-planted in my mind, but in a new context, and after due observation of the responses that the medicines selected with the help of new technique initiated.

1 think, the above explanation will also be sufficient to convince those of our critics who object to our method of prescribing confining ourselves to mental symptoms only. My humble submission to them is that it is not because of any whim on my part that I propound a precise selection of mental symptoms as you call

them. My purpose is to provide a yard-stick which could serve as a standard for accurate Homoeopathic diagnosis (Homoeopathic diagnosis means selection of the right medicine) which could be put to practical use universally with greater success and confidence, in every sphere of medicine. It has been found that it gives the best results in comparison to all existing methods, and is easy to prescribe with certainty and speed.

In the next lecture we will be learning about the technique of prescribing according to the Revolutionized approach.

REVISED LECTURE NO.4

How to Prescribe According to the Tenets of Revolutionized Homoeopathy

In the theoretical part of lecture no.4 of the previous edition of this work, my emphasis was that as a test of its being a true similar, a medicine must direct the cure according to Hering's Law. In this edition, as we have already learnt through the previous lecture, the emphasis has by now been changed from the above law to a law which is natural to body. By this new emphasis, the expectation will be that a medicine which is a true similar, must be capable of restoring NATURAL ORDER IN THE BODY WHICH HELPS IT TO HEAL ITSELF ON THE LINES OF NATURAL CURE.

We also said in the last edition that since our aim was to direct the disease from the centre to the periphery (as is required by Hering's Law; mind being the centre of the body), we must prescribe on the basis of the symptoms of the centre so that the medicine so selected may be in a position to capture the centre and thus direct the disease towards the desired end.

Now a new discovery takes over from the previous theory of CENTRE. The new discovery is that a medicine selected with the help of mental symptoms, restores Natural Order in the body which in turn instigates in a process of Natural Healing. This Natural Healing follows a strict discipline and renovates the human organism to its optimum. But one very important thing to be noted is that this peculiarity of setting in Natural Healing in the body is vested with the group of 'Mental symptoms' selected with the help of the Revolutionized Technique only.

In a nutshell, *Revolutionized Homoeopathy* (which is generally mistaken to be teaching prescription on the basis of mental symptoms only) *offers a technique of prescribing which brings out a different type of results that need to be managed in a (totally) different way.* Further, to proceed towards the practical part of this lecture, let me say that all that has been said, on this account in lecture No.4 of the previous edition, is in common with our present

thinking and will be definitely and fully useful to readers who intend to learn Revolutionized Homoeopathy, or require something in writing for reference. That is why I will not repeat anything already said, but will try to add something new, to enrich its contents.

In the last paragraph, on page 2 of the lecture no.4 of the previous edition I said, "Now to come back to the real lesson in this lecture, that of prescribing, let us know the tasks involved. The first and the main job is to know the predominating symptoms relating to the present ailment (state of imbalance in the body of the patient). This point was perhaps left without elaboration, and the next one, that of 'How to convert the patient's expressions into the language of rubrics' was given full justification.

While restating the first point I would like to put it another way. I suggest that before you start examining your patient forget that he is a human being as you know him. Take it that he is a computer in human form which is emanating data. He is a signalling machine, sending out indicators that denote the type of fault it is experiencing. While taking up the case you do not have to hunt for the symptoms and find out the dispositions etc. You do not have to make out what it is disposed to, but you decode and decipher what it is exposing without hitch or hindrance. It gives information voluntarily and without being asked, and without self knowledge. This information is finding its way out through expressions—verbal and through actions—subjective or objective, and you have to learn to read and understand it. Nothing that is being exposed to your faculty of perception is unworthy of attention. All that is surfacing is important, and that is why we in Revolutionized Homoeopathy consider, these symptoms also for the selection of a remedy which are generally overlooked as usual, common and ordinary and given no attention at all. *Actually these so called common and most ordinary divergences, are connected with the underlying causes (Toxin) which are responsible for creating these un-natural conditions in the body.* Let me give you an example to clarify this point. A person is rejected in the medical test for diplopia. He is given three months time to reappear for the test. He is afraid that if

he does not recover from the eye trouble, there is a chance that we will lose this opportunity of a good job, which he may not have again. This mental state is generally expected of a person in such circumstances. But we have cases, where people have expressed 'FEAR, **betrayed,** of being' in different situations and circumstances. The medicine was prescribed in accordance with this singular rubric which was pre-dominating, persisting and current in the mind of the patient, and it worked beyond expectation. As already stated above, in case of the prospective candidate for commission, in the Navy, the medicine was prescribed on the basis of the same mental condition. After the medicine was given, to start with his mental fear of being betrayed was balanced, which was followed by a discharge of phlegm from the throat, with the corresponding relief and recovery in eyes.

A common remark that one often hears from a patient is, "Doctor, it has been a long time now. I have not had any relief. How long do I have to wait?" You might ask me, "What is peculiar in this remark?". And you may further add that it will be an obvious reaction of any patient who is not getting any kind of relief while he is under treatment. But I would say, "No, it is not so. Patients wait for a long time without a word. This sort of a feeling is not a result of his impatience to bear with us, without any sort of gain for a long time. Actually, it is, in its turn, his latest mental signal which is indicating the next medicine.

I am sure you can recall a conversation of the following kind with one or many of your patients who come to you with the above kind of complaint. You might want to remind him, "Dear friend, you came to me with so many other complaints which you no longer have. Moreover, even this present problem is not that intense." And the reply that you might get may be. "No Doctor, but after such a long treatment with you I am still not completely cured." *It is very important to note that this, the latest remark of your patient which was never made before, despite numerous relapses that he might have suffered, is the latest development in the mind of your patient.* Therefore you must not discount this mental state of your patient as just a cumulative effect of the total duration of his treatment. You

will definitely be astonished, as well **as** fully convinced, that the medicine selected on this indication is not only going to cover your patient's present state of sickness and gives him satisfactory relief, but it is also going to help you, as his physician, in preventing him from leaving your treatment, because he has started to feel that it is of no use continuing with you as it is merely going to amount to waste of time and money, in spite of the fact that he had benefited from your treatment, in many other respects.

So, the first lesson is that while selecting a medicine according to the Revolutionized Method you cannot afford to ignore certain expressions just because they appear quite common to all patients. You have to keep a keen eye, on the expressions that are current, persisting and predominating, which the human structure before you is making, without bothering about the words and their meaning, which he is using to express himself.

As a second lesson, you have to restrain yourself from encouraging your patient to say something that you have come to think about him in your own mind. You need to allow the spontaneous expressions that are flowing out of him to come out, without colouring. Try to watch, perceive and interpret things without interference on your part. All that you see and hear happening is the material that is real. Nothing is useless and without meaning. All that is needed is its proper placing. It will depend on how you sort it. It is the perfection of this art of assorting various shades of human behaviour under the headings that you call rubrics, on which will depend your success.

The third lesson to be learnt, will be to find out the predominating symptoms. Certain patients will talk to you about many things. While reporting they will go on telling you all that happened to them previously and all that passes through their minds usually. But when you ask them, "What about today and now?" They may reply, no, none of this is troubling them at the moment. On further questioning as to what is the present problem which is occupying their mind at the time of relating symptoms to you, they have a different story to tell. So it is this story that is now occupying

his mind that needs to be treated as his present state of mind. And you may further ask, "Is this the only thing which is uppermost in your mind, or do you have to add something else to it or do you have something else to tell which you feel is on your mind?" It is these last thoughts conclusions which he makes, which will help you to know the predominating disturbance in his intelligence and emotions. And these symptoms, which do not only appear occasionally and do not pass through and vanish, will be called persistent in nature, and will form the basis for your prescription.

Before concluding the foregoing part of this lecture, I must confess that the subject requires further elaboration with an exhaustive treatment, which I shall be excused for saying is beyond the scope of this introductory work. Therefore I hope that I will be able to take it up separately, in the shape of a full text, sometime later.

Now, to move on to the other subject of this lecture, i.e. of 'converting the expressions of the patient into the language of the Repertory of the Homoeopathic Material Medica' I would like to say that I have already dealt with it concisely and comprehensively in lecture No.4 of the previous edition. You are advised to go through that thoroughly. It covers many useful points, which will help you to select a proper medicine. For example how to know the exact meaning and sense of the rubrics; what is the importance of cross references and how to draw an exact demarcating line between them; how different words and phrases spoken by your patients, could amount to the same rubric like a mathematical equation, and how with only a slight difference in stress, that of tone and style, of the speaker, the rubric apparently coming to mind may not be the real rubric. And finally, out of the total number of the mental symptoms, which of them are to be segregated for the selection of the medicine.

A separate book is being written under the title *"RE-DISCOVERY OF HOMOEOPATHY Series II"* [Repertory of Homoeopathic Material Medica (MIND Section) An Acquaintance]. It will contain subjects like 'Rubrics how to

understand them (by way of their dictionary definitions and grammatical positions, emotional sense and derived essences, and their relation to intelligence; and how to use them in your own language), and how to make use of them for the sake of prescribing a remedy. Another topic of discussion will be of Categorising symptoms into Subjective, Objective and others, and Symptoms belonging to the emotions, intelligence and others, and to be further refined to know them in the language of science i.e. as Electrons, Protons and neutrons. This I hope will fully meet the deficiencies of this work on this particular score. In the next lecture, we will be exploring the DISTINGUISHING FEATURES OF REVOLUTIONIZED HOMOEOPATHY.

REVISED LECTURE NO. 4A

How a well-begun case can be spoiled by change of medicine on false indications or by subordinating one's judgement to lay opinions ?

This lecture emphasises the need for patience, in selecting the next medicine or raising the potency. This is so because, in most of the cases, your first remedy in 30 potency, is going to cure the patient in the long run. In this context the following case reports will be found useful.

CASE NO. 1

Ileocecal Koch's
Mrs. D., Age : 85 years

The main complaints were

- 2" wide bulging lump in the abdomen on the right side.
- Incessant vomiting, could not retain even water for a few seconds.
- Persistant nausea
- An unbearable pain in iliac bone alternating left to right and vice-versa.
- Pain in calves.
- Stretching of legs amel.

Belladonna 30 was prescribed on 26/2/91 on the following rubrics:

(i) FEIGNING sick (desires attention)
(wants someone lying by her side in the bed)

(ii) UNCONSCIOUSNESS, interrupted by screaming
(remains calm or normal with short intervals of loud moaning.)

(iii) QUIET, wants to be,
repose and tranquility, desires.

(iv) LIGHT, desire for.

(v) DELUSIONS, well, feels she is, alternating with the feeling of extreme sickness (S).*

(vi) CARRIED, desires to be, fast.

(vii) LOOKS, now well, now sick (S).

Note that the prescription was made without any bias and without any consideration whether the medicine was deep or short-acting miasmatic or not, as is generally done.

The fundamental principle is of selecting the indicated medicine on the basis of P.P.P. (Present, Predominating, and Persistent) symptoms.

After giving Bell 30 following changes were observed next day in morning

- Slept well, first time after many months.
- Pain stopped.
- Vomiting stopped.
- Nausea no more.
- Started accepting liquid food.

The progress continued up to 22/3/91

- Placebo -

(S): Additions by Dr. Sehgal.

23/3/91 - Itching appeared on the painful part, and subsided after a few days by itself.

- The size of the lump reduced to half and overall progress continued.

2/4/91 - Constipation, no stools for the last three days.

- Placebo -

6/4/91 - Anxiety from constipation. Patient and the attendents were restless as the bowels did not move continuously for many days. At last the bowels moved on 7th day.

No interference. **Placebo.**

NOW HERE COMES THE POINT WHERE THE TEMPTATION OF THE NEXT REMEDY COULD SPOIL THE CASE.

13/4/91 - Constipation started again and the anxiety for stools continued. This time bowels moved once after six days.

- Placebo -

20/4/91 - Anxiety for stools continues. This time she felt the urge after five days.

- Placebo -

27/4/91 - Next after four days.

- Placebo -

4/5/91 - Next after three days and so on.

- Placebo -

The stools became normal after another two weeks.

The point in quoting this case is ***the turning point*** after 6/4/91. The case would have definitely spoiled, had I raised the potency or changed the remedy to remove constipation.

CASE NO. 2

Master A, Age 3 1/2 Years
For the last 3 years

Persistent complaints

(i) Tonsils enlarged

(ii) Adenoid

(iii) Loss of appetite

Recurring complaints

(i) Fever

(ii) Nose blocked.

(iii) Sudden spells of prostration with emaciation.

Strain. 30 was prescribed on 1/4/92 on the following observations:

Wants complete involvement of the person who attends on him. A little diversion from him annoys him. Wants others to listen to him and keep doing things as he wishes. Obstinate, will like his wish carried. If contradicted, becomes angry and threatens violence. Will also strike. But becomes quiet in the presence of strangers. Wants the company of the family as a whole. Badly misses the member of the family who is absent.

The rubrics are —

1 - TALKING pleasure in his own.

2 - THREATENING.

3 LONGING, sunshine, light and society for.

4 CLINGING, to persons and situations. (S)

Parents were told not to feel alarmed if the present complaints aggravate and instructed not to give any other medicine or anything else as medicine to interfere with the action of the remedy.

7/4/92 In the first week the swelling of tonsils came down to half. The fever vanished. There was overall relief with a marked change in the mental attitude. Parents were happy as no aggravation took place. The aggravation was expected in the coming week, they were told.

8/4/92 Child became inactive and wanted to be carried and was clinging.

9/4/92 The condition aggravated further with slight temp.

10/4/92 Fever went upto 103 F - tonsils swelled to assume the original condition with increased intensity. Embarrassed parents reported on telephone:

" The child is not able to breath properly. The fever is high. The latest development is since 2 pm, now it is 7 pm, What to do ?" They were told, repeat the same medicine **(Placebo)** which was given to the child in morning after every one hour and report again at 10 pm. By 10 pm. the fever came down to 101°F, and the child was asleep comfortably.

11/4/92 - Next morning the fever was 101°F, breathing was better and he ate a biscuit and drank half a cup of milk.

They were told that further improvement would start after some expulsion from the body. Probably in the form of phlegm with vomiting or some sort of nasal discharge.

By the evening the child vomited a lot of phlegm and was comfortable thereafter, the fever also came down to 100°. Before the vomiting the fever had risen again to 103°.

They were told some more vomitings were expected to further the progress.

In the night the child vomited twice and next morning after a good sleep, the temperature and everything else came down to normal. Only a slight weakness remained.

CASE NO. 3

V.S.D. syndrome.
Ms. **C** Age—6 months

Complaints:

- Recurring pneumonia.
- The child remains happy **even in the worst** condition except occasional **screams in** between with great anguish.

In the event **of** high fever she would simply **go to** sleep and awake refreshed.

Rubrics taken:

1 UNCONSCIOUSNESS, interrupted by screaming.

2 LAUGHING, while speaking

3 FRIVOLOUS.

4 QUIET wants to be, desires repose **and** tranquility

16/9/91 - **Belladonna** 30 was given.

18/9/91 Fast, difficult breathing with **wheezing, temp.** 103°, is in a state of stupor.

(Placebo for 1 day)

19/9/91 Improvement.

(Placebo for 2 days)

21/9/91 - Fever suddenly went up to 105 °F, neighbourhood ladies counselled the lonely housewife to take allopathic help.

Took **allopathic** treatment.

23/9/91 Reported with 105° temp and similar allied complaints.

Bell. 200 for **1** day.

24/9/91 - Stupor was no more. Inspite of the high fever the child became active. Took normal feed.

Placebo for 1 day

25/9/91 Fever 103°F. breathing much better. Felt normal.

Placebo 1 day.

28/9/91		Fever normal. Stools and nasal discharge increased, with baldness (scalp)
30/9/91		Same condition.
		Placebo 3 days
3/10/91		Discharges continued.
		Placebo 4 days.
7/10/91		Discharges reduced.
		Placebo 1 week
14/10/91 to 5/12/91	-	Slight nasal discharge wilh cough appeared occasionally.
		Placebo -
6/12/91	-	Attack with high fever and Wheezing sound re-appeared but with lesser intensity and duration.
		Placebo 1 day
7/12/91	-	Much better in all respects.
		Placebo for **10** days
16/12/91	-	Echo test on 14/12/91. The hole in the heart is narrower than before, mucus with stool and nasal discharge continued with short recess. There was corresponding improvement in proper growth of the child.
		Placebo 1 week
23/12/91 to 25/4/92		**Placebo** continues,

CASE NO 4:

Pyrexia of Unknown Origin

Master - P, 4 years

Morn. —101° F

Eve. — 103°F.

10/7/91 1- Pale eyes

2 - Emaciated, yellowish skin.

3 - Anorexia with nausea

4- Unable to walk, had to be carried.

P/History — Suffered from measles 4 months before.

After 2 weeks of recovery, pain in both the legs started with gradual loss of strength.

Ruberics taken

10/7/91 1 - FEAR, falling, of, child holds on to mother.

2 - Wants to remain in one position. Will like to watch the T.V. or remain sleepy. (DISTURBED, averse to being)

3 - Likes to eat things other than the regular meals, having charming look and distinct taste. (LIGHT, desire for)

4- Sticks to things and tastes for long. (CLINGING, things to) (S)

5- IRRITABILITY, spoken to when.

6- ANGER, obliged to eat (things other than what he wants to), when (S)

9 - CLINGING, grasps the nurse when carried (was seen garlanding his mother with his arms with tight grip when she carried him to my clinic).

GELSIMIUM - 30 was **given.**

10/7/91	=	Temp.	Morn.	=	101.4°F
			A.N.	=	103°F,
			Eve	=	102.1°
		- Placebo -			
11/7/91	=		Morning	=	102°C
			A. Noon	=	103°F
			Night	=	102°F
		- Placebo -			
12/7/91	=		Morning	=	99°F
			A. Noon	=	103°
			Night	=	101°
		-Placebo-			
13/7/91	=		Morning	=	100.4°
			A.N.	=	102.1°
			Night	=	103°
		- Placebo -			
14/7/91	=		Morning	=	102°
			A.N.	*	102°
			Night	«	100.4°

- Placebo -

15/7/91	±		Morning	=	100°
			Noon	=	99°
			Night	=	100.3°
		- Placebo -			
16/7/91	=		Morning	=	99°
			Noon	=	99°
			Night	=	101°
		- Placebo -			
17/7/91	=		Morning	=	101°
			Noon	=	100.4°
			Night	=	101.2°
		- Placebo -			
18/7/91	=		Morning	=	97.3°
			Noon	=	101°
			Night	=	100°
		- Placebo -			
19/7/91	=		Morning	=	98.1°
			Noon	=	101.1°
			Evening	=	99.3°
		- Placebo -			
20/7/91	=		Morning	=	99°
			Noon	-	100°
			Night	=	99.2°
		- Placebo -			

21/7/91		Morning =	**98[s]**
		Noon =	**99°**
		Evening =	**97.1°**
	Placebo		
22/7/91		Morning =	**98"**
		Noon =	**98.4°**
		Night =	**98.4°**
	- Placebo		
23/7/91		Morning =	**97.3°**
		Noon =	**98°**
		Night	98.4°
	Placebo		
24/7/91		Morning =	97.3°
		Noon =	98.1°
		Evening =	99.3°
	- Placebo -		
25/7/91		Morning =	98.1°
		Noon =	99°
		Evening =	99.2°
	- Placebo		
26/7/91		Morning =	99.2°
		Noon =	100.3°
		Night	101.1°

- Placebo -

27/7/91	Morning	**98.4°**
	Noon	**100.1°**
	Night	**100.3°**
Placebo -		
28/7/91	Morning	**98.2°**
	Noon	**101°**
	Night	**100.3°**
Placebo -		
29/7/91	Morning	99°
	Noon	**100.2°**
	Night	**101°**
- Placebo -		
30/7/91	Morning	**101°**
	Noon	**101°**
	Night	**101°**
Placebo -		
31/7/91	Morning	**100'**
	Noon	**100°**
	Night	**99.2°**
- Placebo -		
1/8/91	Morning	**99°**
	Noon	**100°**
	Night	**99.1°**
- Placebo -		

2/8/91	Morning	=	98.2°
	Noon	=	**99.2°**
	Evening	=	**98.2°**
- Placebo			
3/8/91	Morning	=	**98°**
	Noon	=	**99°**
	Night		**99.3°**
Placebo			
4/8/91	Morning	=	**99°**
	Noon	=	**99°**
	Night		**98°**
- Placebo -			
5/8/91	Morning		**97°**
	Noon		**99°**
	Night		**98°**
Placebo			
6/8/91	Noon		**98°**
	Night		**98°**
- Placebo			
7/8/91	Morning		**98°**
	Noon		**98"**
	Night		**98°**

Placebo -

8/8/91	**Morning**	**98***
	Noon	**98°**
	Night	**98°**

- Placebo -

After this the temperature stabilised and patient was declared fit. During the period of convalescence the patient had black sticky stools, and vomiting, in phases of three or five days.

The recovery started with the change in the attitude of the boy and improvement in general efficiency. He started attempting to stand on his legs for some moments and walking upto the bathroom with support. The feeling of nausea ended and the intake improved gradually, with corresponding gain in weight and flesh. The glow on face re-appeared and the strength in the legs was restored. Now he could walk as a normal being.

HOW COULD IT BE POSSIBLE ?

The parents of the boy were surrounded by the neighbours who would not allow them to recognise the progress in anything other than the temperature of the body, which did not show any sign of decline in the beginning.

Always on their lips was just one phrase : "no improvement". And everytime I had to display annoyance and thrust my opinion on them, telling them that their boy was improving. How could I keep my morale high ? Because of the clarity of the concept of the cure in my mind: how it begins, proceeds in the middle and heads towards the end.

This is very essential for the successful management of the case.

CASE **NO. 5** ,

Mr. A - Age 31 years,

came cm 9/5/91 with following complaints:

1 - Breathlessness

2 - Coryza.

3 - Blackish discolouration of the lowermost part of the abdomen, groins and the penis.

P/History: 1 - Sinusitis in 1978-80.

2 - Rashes on the body in 1982.

3 - Herpes Zoster in 1989.

4 - Eruptions in Penis - 1990.

Belladonna 30 one dose was prescribed on the following:

1 - Talks with involuntary smile on his face (SMILING involuntarily)

2 - The tone and style of the talk conveys that the things have no deep effect on his mind. (FRIVOLOUS)

3 - ASKS, with a smile on his face "Dr. SAHIB, shall I be cured V (LIGHT, desire for) He repeats this question till end.

4 - Prefers tranquillity to noisy atmosphere (Desires repose and tranquillity).

9/5/91 to 3/7/91 - Problem in the breathing process totally vanished.

- Eruptions on penis persisted.

-Placebo-

1/8/91 - Rashes on the penis reduced.

- Placebo -

6/8/91 - Throat swelled with fever and cough

- Placebo -

12/9/91 - Came after a gap, was feeling better.

- Placebo -

19/9/91 - White thick discharge from the throat

No irritation, no swelling, no cough, no fever.

- Placebo -

26/9/91 - Discharge increased.

- Placebo -

3/10/91 - Discharge continued with corresponding relief in stomach disturbances which he forgets to disclose.

- Placebo -

10/10/91 - White thick discharge from eruptions on the penis.

- Placebo -

24/10/91 - Problems seemed persisting and **Belladonna** 200 one dose was prescribed.

31/10/91 - Much improvement

- - Placebo -

6/11/91 - Stomach disturbed with frequent loose stools.

Coryza with increase pus discharge from throat.

- Placebo -

14/11/91 - Breathlessness **for three days.**

- Sticky sputum

- Foamy urine.

- - Placebo -

20/11/91 - Cough, sputum etc reduced.

- - Placebo -

28/11/91 - Considerable improvement in all respects.

- - Placebo -

6/12/91 - Sleeplessness, nausea stiffness in joints after rest.

- - Placebo -

14/12/91 - Better.

- - Placebo -

21/12/91 - Feeling normal except skin. Sick feeling in the morning after stool, with nausea, desire for seasoned food, (mentions casually)

- - Placebo -

28/12/91 - 23/12 to 25/12/91, sensitive to noise agg.

- Skin trouble-area increased.

4/1/92 - Appetite improved, skin improved

14/1/92 - Stomach disturbed

- Appetite only for seasoned food.

- Discolouration around hips cleared.

- - Placebo -

23/1/92 - Stools twice a day. Stomach still **upset**

- Appetite reduced.

- **- Placebo -**

4/2/92 - Albumin in urine.

- **- Placebo -**

12/2/92 - Anxiety hypochondriacal. Feels highly depressed and cheated. Weeps profusely while reporting," I was expecting cure which seems distant."

"Why ?"

"Because I am having pain in the armpit. It is the same which I had before the attack of Herpes in 1989."

- The usual smile on the face **re-appeared** when I assured him that there will be nothing like that.

- **- Placebo -**

18/2/91 - Slight problem in the throat.

- **- Placebo -**

26/2/92 - Complaints reduced.

- **- Placebo -**

2/3/92 - Loose stools many times for two days with corresponding relief in itching and throat.

20/3/92 - Reported after a gap.

- Came with slight breathing difficulty and stomach disorder.

- **- Placebo -**

Breathing trouble for two days.

Nose running, itching.

Stomach upset.

- Placebo -

No report thereafter.

Breathing difficulty with sleeplessness.

Irregularity in reporting was interpreted as "INDIFFERENCE, recovery, about his."

and FEAR, suffering of.

Calc. Carb 30, one dose.

Cough with phlegm and a bit of difficulty in breathing persisted. Stomach and skin improved.

- Placebo -

No report till 29/5/92 the day of closing this writing.

REVISED LECTURE NO.5

Distinguishing Features of Revolutionized Homoeopathy

A fresh look at this subject makes me realise that a lot has been left unsaid about it in the 1st edition of this work. But I do not feel that it is feasible or even advisable to add each and every detail of it, even in this present work.

That is why I would like you to focus your attention on those features which I feel (at the present) are very important from the point of view of results. I mean to say that apart from the other features, that of change in procedures*, which curtails a physician's labour, saves his time, and offers him confidence, there are others which are linked with systematic results. To get results is one thing, but to get them in a systematic way, means that from beginning to end, you have a proper grip on the case and that all the in between phases are never in a position to put you in a situation, which you cannot understand and manage. You are very clear in your mind whether the case in hand belongs to the sickness which we know as 'UNREAL', or whether it comes under the category which we have named as 'REAL SICKNESS.' You know whether the disorder which is taking place, is because of the natural self-realignment of the body and requires no interference with medicines, or whether it is really being dictated by the •DEGENERATIVE PROCESS,' and demands your prompt attention to conceive, interpret and convert its signals into the language which helps you to arrive at the selection of a correct medicine. "As a check of correctness of your selection you are provided with a test to find out whether the medicine taken by your patient has been able to direct healing, as is required of it, according to the principles sought out by Revolutionized Homoeopathy (You already know them through the foregoing lectures)."

Kindly go through lecture 5 of the previous **edition which is combined with this edition In this** book at pages 96 to *99*

The next important point to be noted will be that healing by this method tones the human system in such a way to provoke it to heal by itself. In other words, it is the cure, by NATURE, that the Revolutionized Homoeopathy induces in the human organism i.e. by way of establishing discharges etc., (as already stated). Probably everybody knows that healing that takes place under the laws of Nature, brings every organ and function the body into their natural and perfect order, in such a way that nothing remains to be eradicated thereafter.

And the most important point I would like to stress by way of a final word in this lecture is emphasis 'ON THE PRESENT'. The uniqueness of this approach — which covers acutes including emergencies and the state of alarm, where the danger to life itself is disproportionate to the time allowed to tackle it, and those cases also, where everything in the other systems has already been tried to its best. This method gives you a key—of course as long as you have already put in some hard labour to learn the technicalities of this method, it ultimately builds your confidence and helps you to save most of your fellow human beings from the virtual clutches of death.

I would like to add further that this emphasis on the present (accompanied by persistence and predominance) must not be thought to be covering the superficial phase of the disease, but is covering the malady at its root. So you need not think that you will need to deal with the so-called chronic separately, later on when the so-called Acute has settled down, as may of the Classical Homoeopaths seem to be under the impression. So the beauty is that the same medicine is acting as a curative agent, whatever the phase and the character of the disease may be. Therefore, if your patient is going on well with a medicine, you have to be careful before you change it, because it is in a very rare case that you have to do so, when a new phase of the disease has taken over from the previous one. This new phase is milder in nature. You should remember that for months, phase after phase may continue to appear, with a change in the intensity, duration and frequency of the same class of symptoms, or some other symptoms, and yet you

may not have to change the medicine. You have to wait till another class of signals, which will qualify to be called the PRESENT, PREDOMINATING AND PERSISTING ONES appear, to justify a change of medicine.

I hope you will agree with me, when I say as a concluding remark to this work, *that Change,* when it is suggested, in those routines to which people are accustomed and are contented with — is disturbing and troublesome. But it is welcome, where instead of contentment, discontentment is prevailing, with eagerness for something new, which can help them to overcome the difficulties which they are experiencing, despite the benefits that they are deriving out of the present routine. It is un-welcome again, when the change does not suit them immediately and the transition from the old seems to be full of disadvantages.

It is only the zeal for the betterment and the best which makes the improvement over the past, acceptable, as a game and pleasurable adventure where no *odd* seems to be daunting.

This method will require repeated attempts to master it, it is tiresome and tough in the beginning, it is a bit easier in the middle of the journey, and is very smooth and palatable, when you finally reach the goal. To end this work I request you not to hesitate to be in touch with us if you experience difficulties which we know will be natural and inevitable.

As indicated in lecture No.4 of the previous edition, a regular Institute to propagate this new thought was formally started on 25th Feb., 1983 and was inaugurated through the hands of Dr. Jugal Kishore, a well known personality in Homoeopathic World. I trust with active co-operation of all of you we will be able to live up to your expectations.

PART II

Lectures related to the first edition

L

LECTURE NO. 1. (1st Edition)

HOMOEOPATHIC LAWS (A NEW CONCEPT)

Homoeopathy cannot be recognised as a medical science unless it attains certainty in its therapeutics — as a substitute to the present method of 'HIT AND TRIAL.' It has to develop a direction on those lines which take it through and lead it to a definite path and destination.

A homoeopathic physician, before laying his hand on a homoeopathic medicine, should be in a position to foresee and perceive what he expects his prescription to do. What direction does he expect the matter to take? What symptoms does he want it to reduce, and in what manner? What will he tell the patient to expect? When will it be necessary for the patient to report? And when will it not be necessary for him to report, but to wait till the next remedy is indicated?

Why has this not been possible so far? Because in theory, we have been talking of laws. They are no doubt scientific i.e., (i) the Law of Similars, (ii) Herings' law of Cure — (from centre to periphery, from above downwards, and the symptoms disappearing in the reverse order of their coming), (iii) one remedy, one dose at a time. But while prescribing, perhaps, hardly has the insight of anyone of us, grasped and realized the importance of these laws. Whether or not, after prescribing a remedy, the sickness has actually taken the direction according to these laws, invariably, in every case. If not, why not? Should the direction taken by the sickness be taken as homoeopathic, even if it has not taken the direction according to these laws?

Instead, in practice, we have been ignorantly allowing ourselves to be led into inquiries relating to the causes of disease. These inquiries took us to philosophical conclusions like 'Miasms' and lured us to make these the basis of prescribing. There we seem to have lost our way. That is the way of scientific inquiry. Well,

what is science? Science introduces into any inquiry an element of certainty, exactness, and an analytical approach. It justifies its conclusions with tests. Truth unverified is not truth. Science untested is not science.

The scientism of homoeopathy can be established only, if in every case, after the remedy is given to a patient, *it proves itself as a similar.* In proof thereof, it must start acting from centre to periphery and remove the turmoil in the reverse order of its coming and from above downwards.

Well, to my readers it may seem really very strange to find that what has been stated by me above is not new to them. No doubt, their disappointment may be a bit justified upto this point. But perhaps it may come as a pleasant surprise, find in the ensuing lines, that although *the laws are not new but,* as far as my knowledge goes, *my conception of them is quite new* and as yet unknown to anybody in the world.

Now to start with, let us examine — *WHAT IS A SIMILAR?* In our profession, perhaps, mere matching of certain symptoms of the medicine with those of the sick person has generally been known as having struck a similar. But the fact has always been lost sight of, that if it is really a true similar, then *it must always behave like a similar.* The behaviour of similars, as is universally known, is to repel each other, in case, they are placed and poised in *opposite direction* "Ultimately, it is the more powerful of them which becomes dominant. After the initial resistance is over, the more powerful prevails and repels.

So in a given case, in which a patient has been prescribed for homoeopathically, in other words according to the law of similars, the remedy given is really a similar, as a proof thereof, it has to be seen whether it starts repelling something outwards. These repulsions appear in the form of expulsions through any one or more of the natural outlets i.e. nose, eyes, mouth, urethra, anus, skin etc. These expulsions are in the form of discharges from the body. They may start coming from any of the outlets meant for the purpose e.g.,

nose (coryza) etc. eyes (Iachrymation) etc., urethra (urine or in the form of some fluid discharge) etc., anus (stools which may become loose and/or may contain expelled products like mucous, blood, worms) etc. and skin (growths, eruptions or ulceration and sweat) etc.

FROM CENTRE TO PERIPHERY:

The disease moving from within outwards i.e., when it moves towards the extremities and away from the more important and vital organs to the less important ones, is generally known to be moving from centre to periphery. But before we answer this question, it will be appropriate to answer one more important question. *While prescribing, what should be our target?* Is it the body as a whole i.e. *the totality, or the centre* ? If our target is to make things move from within outwards i.e., from centre to periphery, it will be imperative for us to catch hold of the centre because in this case, it will be from behind the centre that a charge is to be administered. So that the centre, after being reinforced, should be in a position to push things outwards. To know and answer further as to where the centre is, will not be difficult if we give some deep thought to this problem, with the help of the facts scattered all over homoeopathic literature.

There is no dearth of literature in homoeopathy to ascertain that the centre is the "WILL" and "UNDERSTANDING," it is willing and thinking supported or aided by memory, which constitutes man. This in other words, is his mind (Kent's Repertory, MIND portion is clearly indicative of this fact). Furthermore, in homoeopathy, it is man and not his disease, that is treated. To put it in other words, it is his mind and not his physical condition that is to be balanced in seeking a corresponding balance in the physical. *Balancing the mind will automatically balance the body, is the conclusion we make.*

Here you may agree with me that the term 'innermost in man,' which you might have come across many times while studying homoeopathic literature, is nothing but an indication of mind. There

is nothing more innermost in man than his mind. That is why they say that medicine must start improving the mind first. The disease must start moving from mind, outwards to physicals. So the starting point from within outwards being the mind, it automatically attains the right to be called the centre of a person or a patient.

The foregoing description of the centre is based on facts scattered here and there in homoeopathic books with missing links, since almost the entire homoeopathic work available so far has been philosophical, that is why this is also philosophical.

I have also made efforts to explain this great wisdom scientifically. I shall be placing its scientific version before the profession elsewhere, in the shape of an exhaustive treatise. It is quite beyond the scope of this introductory work. Now, to return to our original topic of discussion. What a strange anomaly there is in homoeopathic philosophy that where on the one hand, the principle of 'Centre to periphery' is preached, and on the other, while prescribing, the centre is forgotten altogether, and the totality is taken care of. (By totality, as is generally known, it is meant that all the symptoms aggregated into one single whole from head to toe, making a picture. This picture so achieved is to be matched with the drug pictures. In this way and so on, one after the other, one has to make efforts to fit in as many drugs as possible, till some action starts. In case this method of arriving at a totality and matching it with drug pictures fails, we are advised to try one of the miasmatic keys, i.e. Sulphur, Psorinum, Thuja, etc. etc. These keys are expected to open the lock. In case there is still no response, the case is to be treated as hopeless). But one feels convinced that totality is a field as a whole. It is a territory in its entirety. Whereas, the centre is a particular point like the capital of a state, it is easier to capture the centre than the territory as a whole. One is never sure of the length and the breadth of a territory at any given time. But it is possible to be sure about the centre which is a particular point of target. *Provided one knows the art of recognizing the signals of the centre.*

The above line of prescribing, at the basis of centre (mind) has been adopted in practise. *It has led to accurate and principled prescriptions with speed and confidence.* Thus it has removed the greatest shortcoming in Homoeopathy, which has hitherto been taken to be an insoluble problem.

So if we accept the centre as the target and the mind as the centre, after a remedy is given, it is to be positively expected that the mind (the centre) will start improving first in every case. Although, the physicals may aggravate (i.e., the fevers, the pains, the flows, the growths, may aggravate, or increase), yet, within the innermost somewhere in the deeper depths, a sensation must persist, a sensation of well being). Here again, it is to be clearly understood that it is not always necessary that the physicals will aggravate. But with regard to the mind, it is essential that it should start improving fist, and in every case. Sometimes, physicals, without aggravating, also start improving. This is a matter of sequence, that the improvement, from the very beginning, takes a course, from mind to physicals. It is this course of disease which is to be taken as, *"from within outwards" or "from centre to periphery."*

FROM ABOVE DOWNWARDS:

The pains or suffering must start moving from above downwards, from head downwards to toe. Now after the mind has improved the next order of the movement of the disease, or cure, should be a relaxation in the head and its components, and next to it, in the neck, shoulders, thorax, abdomen and the lower limbs etc. By this is meant that in a case of headache, along with some trouble in the neck, thorax, abdomen etc., it is the headache, in order to sequence (no doubt, after the mind has already improved to any extent), which must alleviate first and thereafter, the troubles in the other lower organs exactly in the same order as stated above.

If, in case, instead of the above course, the disease, i.e. the trouble, starts improving from below upwards i.e., just in the

reverse of the above, it is a dangerous trend. It is a direct threat to the centre and must be tackled immediately to avoid remorse.

REVERSE ORDER:

According to homoeopathic philosophy, a person i.e., a patient, is carrying in his system, all the diseases which he has suffered from so far, since his birth. They are layered up in the same sequence as they appeared. For example, a person had some skin trouble in his childhood, some prolonged fever in his school days, some chest trouble in his late twenties, some liver trouble in his thirties, a renal trouble in late thirties and now heart trouble in his forties. In his case, the reverse order will be heart, kidney, chest trouble, fever and in the end, the skin, in other words, it is first the heart trouble that is to disappear after starting the homoeopathic treatment. But after the disappearance of the heart trouble, the kidney trouble must reappear. It is as if the heart disease was a cover and after the cover is removed, the things hidden under it are to come to the surface. Likewise, after the lid of kidney's trouble is removed, the underlying chest trouble in the same sequence is to come to the upper level. So it is to continue in this fashion uptil the last; until the skin disease appears again and thereafter vanishes. *But things do not end here.* Rather the most important aspect is that things are to appear in the above sequence, not by mere accident, in some rare case by chance say, as a lucky hit, *but it is essential that this order is established in every case.* We have to know and master this art. If we do not, the whole structure of our basic rules of cure will be demolished.

Now, if I had to restate this principle of reverse order, I would say it is nothing more than the curve indicating the route of the disease, through which it has travelled. The different localities i.e., chest, kidney and heart etc., are the stops and stations, which it has selected as its resting points, on its itinerary; on its advance journey, from childhood till now. We have to see and observe while effecting a cure, that this is the only route backwards through which we have to push the disease. *The disease, has, in other words, to stage a*

withdrawal in the reverse direction, through the same route as has been selected by it while staging an advance.

So, in the end, the most important thing to keep in mind when prescribing is to track down, or find out the present state i.e. the exact point of take off in the reverse direction. It is the present state; pure and without admixture of the past of the patient (Le. of centre, mind), that is to be considered, evaluated and accounted for while prescribing *if the results desired are to be in accordance with this golden principle.* Now if these operations are accepted as essential tests of the accuracy of the remedy, and also if one learns the art of putting these operations into practice, invariably and in every case, nothing can prevent the selection of a correct remedy, and homoeopathy can be called as an *exact science.*

If these fundamentals are accepted seriously, not only to the extent of their academic value, but their practical value also, our horizons of inquiry will automatically widen. Then we will have to answer scientifically —why is mind the centre? What is the reverse order? Is there any law behind the reverse order? Why should the things start moving from above downwards?

In my opinion, based on my experience, all the above operations have certain set laws behind them.i.e., the laws of physics, and are practical and practicable. What one needs is to learn the art of putting these scientific operations into practice.

I shall take up the scientific explanations of the above laws separately elsewhere.

In the next lecture, we will study the law of sickness, the law of life, the law of cure, and their corresponding relationship.

LECTURE NO.2

THE LAW OF SICKNESS, THE LAW OF LIFE, THE LAW OF CURE AND THEIR CORRESPONDING RELATIONSHIP:

What is popularly meant by sickness, and what actually is it according to the natural physiology (functioning) of the body? Pains in any part of body; heat/fevers, flows from nose, anus, urethra, growth and eruptions on the skin or deformities and ulceration etc, are called diseases. They are named after the locality, and the type and extent of the damage done to that part or locality. It is after experiencing these abnormalities in localities that the layman runs for medical assistance. *But actually these (local), physiological or anatomical, alteration are not to be called diseases.* In reality, they are to be looked upon as a struggle for existence, self-defence and self preservation — efforts are being made to throw out something unwanted, undesirable and inimical which is retained in the body, in various forms. This it is expected to discharge through the natural outlets. This it does through unnatural outlets also, in the form of pathological changes in any part of body e.g. heart, kidney, etc., as may be selected by the centre as being the nearest, weakest and quickest outlet, since the effort for liberation or expression through the natural outlet has been obstructed or suppressed many times. It is actually in this struggle i.e. the effort for survival, that the body resorts to this sort of self-liberation or cleansing which is automatic. So let your patients also know that the fevers, the flows, the growths, the eruptions, the ulcerations, etc. are not to be viewed as diseases. They are expulsions and are to be understood as such. Any sort of expulsion from the body through natural outlets is welcome, and is a sign of health. Likewise expulsion through the unnatural outlets are also welcome, yet not to be taken as a sign of good health. Because unnatural outlets are made by dismantling and disfiguring of the anatomy of the organs. This ultimately results in mal-functioning of the organs affected. Yet these are not to be taken as alarm signal, but with the help of remedies it will be seen that ultimately these

unnatural outlets will be corrected and the expulsions established through the natural course.

Pain and fever are not diseases but are the natural result of the friction, i.e. the interaction, of the disease and the centre. One repels and the other puts up resistance and this results in suffering.

So anatomical and physiological changes in the body are not to be viewed as diseases, but as the results of inefficiency in the automatic processes of expulsion. Also the pain and suffering of any kind are to be viewed as an excessive strain on the sensory nerves as a result of sluggishness in the automatism. The sooner they become fully efficient with the help of medicine, the pain will disappear and the healing will begin.

Here it is important to note that according to the natural physiology of the body, as one sees it, *it is in reality in the nature of the body to live outwards.* Otherwise why should the flow from the natural outlets be directed outwards? (This will be elaborated in my main book). As we know, each cell in the body has a nucleus - the life, the energy, flows out from it, and spreads throughout its whole body, up to its borders-in other words it is kindled from its centre. Common sense, therefore, accepts the existence of the scientific background behind the idea that the body as a whole must also have a centre, which runs the entire show i.e. of general maintenance repair, protection, prevention, growth etc. (The scientific explanation will be given in the main book).

The struggle for liberation as stated above is of two types i.e. acute and chronic (here you will kindly notice *that the definition of Acute and Chronic given by me is quite different from the one already known to the profession).*

IN ACUTE: the process of expulsion remains for a fixed period of time i.e. for 3, 5, 7, 9, 11, 13, 15 days, and passes of its own accord without medical aid. Gradually it starts, rises, reaches the peak, and thereafter starts declining. If, for example, it is to remain for three days, on the first day it will be mild but on the second day, it will be at its peak and the third day will see its end. If it is to be

of five days duration, the third day will be the day of its peak, and if it is to last for 7,9,11,13,15 days, then 4th, 5th, 6th, 7th & 8th days respectively will be the corresponding peak days.

It is generally on the day of the peak or a day before the peak that the patient reports his increased stress (pains etc.) on his systems and tempts you to prescribe. But here you simply need to prescribe *placebo,* and confidently keep quiet. From the next day or the day after it, the decline is bound to ensure. Mostly, in 80% of cases, the illness lasts for five days, in 10% of 3 days and in the remaining, of 7 days, but in very rare cases it extends. In cases where the indications are not well marked, a period of one month or even more should be allowed to pass, unless the picture clears.

CHRONIC: In case the process of expulsion is chronic, it will persist and will not follow any law. Now after the remedy is given, it is expected to change its behaviour and take the same course as is taken by the acute sickness exactly as narrated above. In other words, it means that the remedy, if it is correct, must change the nature of sickness i.e. from chronic to acute.

As long as it goes on behaving like an acute, it needs no prescription, but you simply wait and watch. It is here, that the danger of fall is greatest. Because in these passing phases, which last over a period of time (during which pictures of many medicines, may appear, stay for a short time, and then pass off, followed by another drug picture), a peculiar picture may tempt one to prescribe and spoil a well-begun case.

That is why, after the remedy is given and when the aggravation starts, the behaviour of the sickness should be carefully watched — its beginning, its peak, its decline and the end — as stated above. You ought to wait till the periodicity of phases ends .Here, *one more important thing to be noted is that the aggravations must become gradually less in intensity, duration and frequency; meaning thereby that every succeeding aggravation (say pains etc.) must be less stressful stay for less time than before and appear at longer intervals.* This will only be when the symptoms of the same remedy

are aggravated, as for example, you have given Sulphur, again and again the symptoms of Sulphur will keep appearing in an aggravated state, but every subsequent aggravation is less intense in duration and frequency.

But sometimes, it so happens that the symptoms of another remedy may appear. For example — Nux Vomica; here again you must bear in mind that you have to wait for the periodicity of 3,5, 7 days or more. If it follows this rule, you do not prescribe. It is a fictitious picture requiring no prescription and will disappear by itself. Another point peculiarly noticeable will be discharges, in every phase of aggravation some sort of expulsion through natural outlets must be established, or increased through the sources already selected by the sickness. This discharge generally takes place on the next day of the peak. For example a patient complaints of loss of appetite and constipation during the course of your treatment, you can safely forecast that this is an aggravation and will end on the next day of its peak only after a normal or easier stool or vomiting, etc. has taken place.

You must remember here that the process of expulsion in the chronic struggle for liberation on the part of the whole economy of the human system, which is continuous and irregular in nature — ceases to be so, after the remedy is given. It assumes a regular and disciplined nature, as in an acute, and therefore comes after set intervals. They come after a calm has prevailed for some times during which the required quantity of matter for expulsion accumulates and it is in an effort to expel it that the body has to exert, and follow the above rule of periodicity of struggle for liberation (i.e. in acute type).

After every discharge and at the end of the phases of the above said aggravations, a feeling of increased well-being must come.

Now, there is another point that should be clearly understood. Local complaints, — pains in a particular locality, or the expulsive process already set in, through nose, anus, etc. or through any damaged organs, kidney, lungs etc.— will always increase with

every aggravation and persist till the end. Although the patient is improving mentally, and is feeling better in general, and the mental state for which we prescribed has balanced, his physical symptoms may increase or remain the same because they are acting as clarion calls to announce that there is still some work left to be done that the basic malady still has roots which are yet to be removed by subsequent indicated medicines.

The idea of the conversion of the chronic into an acute may be clarified further as follows:

It has been stated above that a *prescription will be needed only* when the fight between the centre and the disease force is not following the above rule of periodicity during a particular expulsive phase (as already given above the rule of 3, 5, 7 days of aggravation), because this is the only test of the chronicity of the disease. In other words, this regular and disciplined line of self-liberation from pollution or whatever we may call it, will be followed by the body only when the malady is acute; this is an automatic and natural process of the body.

So, our sole aim of prescribing is to break the chronicity i.e. the chronic base of the disease, it is my experience that mostly in pathologically advanced cases and certain other complex types of cases like T.B., cancer etc. this chronicity is not broken and the body does not start following the above law of periodicity of expulsions *on the first prescription.* But very frequently, for many days or weeks, in the beginning, remedies go on changing, following each other in a particular sequence i.e. as demanded by the patient's symptoms individually. It is at last after many change^ of medicines, that the goal of breaking the chronicity is achieved and the natural law of self cleansing i.e. of periodicity, begins to operate. It is only, thereafter that the case is left to itself for healing in the same manner as already stated above, under a constant and careful policy of wait and watch, treating it as an acute form of the expulsive process, which is automatic, regular and systematic.

In the next lecture we will find out something about the 'Test of the accuracy of remedy.'

LECTURE NO 3 (1st Edition)

TEST OF THE ACCURACY OF A REMEDY

In the foregoing lectures, we have learnt about the role of the centre and that of life; that it lives from within outwards, under the command of a centre. It is the responsibility of the centre, to properly maintain, repair, and protect the body as a whole. It also performs the functions of thinking and willing. It runs and directs the functions of its subordinate forces and entities also i.e. the limbs and senses etc. The status of these functions is simply that they report damage and danger, they receive commands and the obey orders. In return they ask for remuneration for their services in the form of nutrition etc. That is why all derangements, all abnormalities, all imbalances, in the body are attributed to the imbalances or weaknesses of the centre. Thus, we also see that the centre struggles to its utmost capacity to resist the attacks on it by the forces of degeneration, the forces of destruction.

The forces of degeneration are similar and more powerful than those which are the constituent parts of the centre, and are trying to replace them (this will be elaborated in the main book).

The above struggle has two distinct phases and these phases have two distinct peculiarities. We have learnt in the previous lectures that these two phases are acute and chronic. The peculiarity of acute is, that it is a passing phase, coming and going by itself 'without the aid of medicine; denoting thereby that the centre is in full control of situation and is capable of managing the show, independently of any external aid i.e. medicine.

The peculiarity of the chronic is that the centre, along with the struggle which it is putting up against the disease, is calling for aid, because it does not find itself in a position to meet the demand on its strength. The disease, which is posing a challenge to the centre, seems to be the stronger, thereby putting its balanced government into danger. (This will also be elaborated in the main book).

Now in this lecture, we will learn what is the test, after the aid, the medicine, is given, of its being correct and accurate, and also whether that the very aid is actually working hopefully. Because actual aid means assistance or fortification of the centre. But, if on the contrary it adds to the strength of the inimical force i.e. the disease, and joins it to make a common front with the latter, against the centre, it is amounting to a threat and not assistance. No doubt however, it can be said to have started some action. Here, let everybody be very clear in his mind, that the mere beginning of some action, (as may be mistaken by some of us, as a homoeopathic aggravation,) does not mean that the medicine given, has actually started working helpfully as an assistance. The job of the medicine is to aid the centre, to fortify the centre, or in other words to make the centre capable of repelling its enemy i.e. the disease, outside the borders of its country, i.e. the whole of economy. It is, in a way, to restore the lost capability of the centre, to make it fit to run its government perfectly in a natural order (This will be fully elaborated in main book).

When should it be taken that the centre has regained its desired strength, and has started working perfectly in a natural order?

It is here that the practical applicability of Hahnemann's golden principle of cure (the cure must be pleasant, quick and permanent) is to be seen, taking the shape in reality.

The following are, therefore, to be taken as the essential tests of its being so.

1. The recovery must start from within outwards, from centre to periphery i.e. from mind to physicals. The mind must regain the confidence that it has lost under the stress of the disease to maintain and establish itself to fight back the forces of degeneration.

2. The mental states which formed the basis of prescription must return to normal, i.e. the excesses, the exaggerations in them must depart. The mental symptoms before prescribing should be converted into specific rubrics as they appear in Kent's Repertory.

Suppose a patient was prescribed for **on** the following mental rubrics:

A. ENNUI (The patient wishes that the sort of trouble he is suffering from must be removed sooner, may be by any method or pathy, although the person has a staunch faith in Homoeopathy).

B. DELUSIONS 'wrong suffered has.'

C. DELUSIONS' injured being.'

It is expected that after th£ remedy is given, these mental states (in the form of rubrics as they appear in Kent's Repertory) must become milder, miking the patient feel that he is somewhat released from them, free of them and is now able to take things easy. The feeling of ENNUI etc. is not so troublesome. This should be accompanied with the sensation of general well-being.

4. Along with the discharges, all the systems of the body must start regaining their lost efficiency, i.e. appetite, if lost, must return, normal, tastes, if lost must be regained etc. General strength should not be diminished, but rather improved. Respiration, circulation, excretion etc. must start regaining normalcy. Mere satisfaction that some expulsive process is, started which is sometimes taken as a Homoeopathic aggravation, will be a misleading notion.

Here it will be very necessary to distinguish properly and understand clearly this process of expulsion.

The expulsions are of two types.

No.l: Where the disease is predominant, (the degenerative process is operational and the generative one yielding)

In such cases, it is the weaker similar (which is the constituent part of the centre), instead of the disease, which is being degenerated and thrown out by the predominant similar i.e. the disease force. This happens because the similar, which is the constituent part of centre, is not capable of confronting fighting back and throwing out its similar, which is the constituent part of

the disease. Yet it is an effort of self defence, self preservation, that every effort, within its full capacity is being made by it. The energy is being withdrawn from all other functions i.e. systems, proportionately, as need be and as subsistence allows and is diverted towards the challenge. (We may observe this diversion of energy when sometimes we see that appetite is lost, nervous vitality has diminished and automatism is sluggish etc.)

No.2: Where the Centre is predominant:

In these cases, the similar existing as part of the centre is predominant, perhaps on its own or with the help of remedies. That is why, the expulsions from the body are peaceful, palatable, and soothing, not painful, tumultuous or disturbing. It is because the elements contained by the centre are in complete equilibrium, that it is possible for it to be in full command of the situation; and it handles things with ease and without tension or strain, while expelling its weaker similar i.e. the disease.

In the next lecture we will learn "How to prescribe in accordance with this new concept."

LECTURE NO.4 (1st Edition)

HOW TO PRESCRIBE IN ACCORDANCE WITH THIS NEW CONCEPT

Uptil now, through the previous lectures, we have learnt what is required of a remedy; what are the essential tests to ascertain whether the remedy administered is working desirably.

It is required that the remedy as a proof of its being similar, should start repelling something from within outwards, meaning thereby from centre to periphery, and it should remove the present state of imbalance (disease) in the reverse order of its appearance.

Since our aim is to direct the disease from centre to periphery, obviously our target of attack becomes the centre, and our main task is to capture the centre, (the scientific explanation and terminology, as to what happens to the centre, whether it is attacked, captured, fortified, stimulated or whatever, will be given separately in the main work) *which is mind.* So from the whole stock (Repertory) of weaponry (Rubrics) we have to select the weapons concerned with the centre alone i.e. the mind.

The best suited weaponry i.e. repertory, for our way of doing things will be Kent's Repertory. Because, to me, the order and the precision selected by the great Dr. Kent is the most natural and scientific.

Here I would like to remind the profession of the distinguished visions of the great genius of Dr. Kent, in plann ing and reproducing his work in this most natural and scientific order. I would like to emphasis that it is not, just accidental plan, but is founded on well thought-over ground, which is natural and scientific. The order selected is first mind, and then body (within outwards) and then head downwards (above downwards). I call it natural because nature's very order and plan of growth is first head (the container of mind) its constituent parts, the nervous system and, thereafter, the remaining parts of the body. It is scintific because nature's very order of growth is in keeping with the very order of existence i.e.

what comes first and what comes later; it is the nervous system that comes first and the others in order of importance to existence, come second, third and so on. In my view all orders of nature, whether of growth or existence are not without the background of the laws of physics. Nothing can exist and nothing can grow, neither is any other activity in nature possible, without the background of a physical law. Which law governs the subject under our study shall be explained by me in my main work which is yet to come.

The next approach of genius, while compiling the repertory, is the alphabetical order which facilitates the readers to the easy location of a particular rubric. *But the selection of rubrics and defining the different shades of the human mind exactly and precisely, within well-demarcated and well defined boundaries, is a rare skill.*

After going through the variety of works available in his time, Kent could precisely define the exact location of the symptoms. Which symptoms should be placed only under Mind, and which of them should come only under the other parts of body. The mode and scale of measurement adopted by him is in accordance with the very conception of mind, given by Kent himself. According to him the mind consists of two faculties i.e. the Will and Understanding. This, to me, seems to be the most reasonable explanation of the anatomy of mind.

Now, to come back to the real lesson of this lecture i.e. of prescribing let us know the tasks involved. The first and the main task is to know the predominating symptoms relating to the present ailment (state of imbalance in the body) of the patient. It is necessary because, we must remember that we have to establish the reverse order of its coming. Now the next very important job will be to select its similar with the help of the repertory. The Repertory consists of distinct rubrics which carry precise meanings and sense. But the symptoms that we get from the patient, whether objective or subjective come to us in vague and crude language. They are, simply, the expressions of the patient in his own way, of his condition. But, what we have to master is the art of fixing and fitting

these crude expressions into the four walls of the boundaries of the rubrics. We should take rubrics as fixed dies and the crude expressions as raw moulds (scattered, mixed up pieces of material to be sorted and placed into ruberics). It is only after doing this work of placing the symptoms into exact rubrics that we can proceed further towards the selection of the right remedy.

This will be possible only if we know our rubrics thoroughly, if we know their exact meaning and sense. For example take the general rubric "WEEPING" and the difference between the particular rubrics, "WEEPING Causeless." "WEEPING Without Knowing Why" and "WEEPING Involuntary" has to be made known to one's deeper intelligence and understanding there on the other hand, the cross references and their importance is to be kept vigilantly in view. Now look at these particular rubrics. Apparently there seems to be no difference in their meaning, yet nobody can deny that they carry distinctly different senses. The first one, "WEEPING Causeless," means the person does not know the cause of his weeping. When asked why is he weeping?, he will simply remark, that he does not know. But in the case of second, "WEEPING Without Knowing Why" when he is asked, his reply is that he is curious enough to wonder why he is weeping, but is unable to answer his own question. And in the case of the third, "WEEPING Involuntary" the person does not want to weep, he is making efforts to hold himself from weeping, yet he is not able to exercise self-control, and the weeping is flowing out spontaneously like an unchecked stream. Likewise we must know the meanings and the differences in the meanings of the rubrics which seem to have the same meanings and sense. For example, 'ANXIETY,' 'ANGUISH,' 'FEAR,' 'RESTLESSNESS' and 'EXCITEMENT.' ANXIETY stands for, *discomfort* about SOMETHING DOUBTFUL; ANGUISH stands for general physical and mental discomfort. FEAR is a discomfort about something distinct to come in the future i.e. events yet to come, Restlessness is for regaining the comfort lost, and EXCITEMENT is getting uncomfortable on provocation.

For the sake of knowing the importance of cross references let us study the following group of rubrics... 'HATRED,' 'AVERSION,' 'LOATHING,' 'DISGUST.' It looks as if a single word dislike, would be sufficient to cover the meaning of all of these. But if we look deeply it will be found that in the general sense it may be correct, but in particular they vary in degree, and therefore have distinct demarcating lines between their meanings.

In 'HATRED' we will find that the very idea or the sight of a person or a thing etc. leads one to its utter rejection and arouses in one's mind an instantaneous rebuff and opposition. It is a straight no — a resistance — a no entry.

And now to trace the finer meaning of the rubric "AVERSION" It should be kept in mind that it was previously a liking that has now been converted into dislike. It is without cause and just like a change of taste, a thing previously very much liked is now not one's taste and so it is converted into a state of dislike. If asked why this is so, no explanation comes forth except simply that he does not like it.

In "LOATHING," the dislike is actually the loss of interest in anything, say life. This may be due to disappointment etc. The person says, "What is left to live for now, as if he has lost love and charm for his life.

"DISGUST" has its own sphere of dislike. In it the liking has reached its optimum, any further addition is bound to cause rejection of it and a reduction in the liking already felt. If he continues liking it he may start vomiting, since he is already nauseated. For example, a patient may remark after attending your clinic for sometime, that he feels no relief, and is fed up with your treatment. He feels so replete that any further acceptance is refused.

So before you embark on prescribing in accordance with this new method you have to realise the importance of acquainting yourself with the rubrics, not just as they appear in the repertory, or as you know them by your general knowledge and

commonsense, or through their meanings as you may find in the dictionary, but you must know them as exactly as mathematical equations.

As we have exact equations in mathematics like...

4 = 1 + 1 + 1 + 1

4 = 1 + 3

4 = 2 + 2

4 = 3 + 1

4 = 6 - 2

4 = 8 - 4

4 = 7 - 3 and so on.

We have to learn to convert each expression of the patient into the language of rubrics. Here we must keep in mind that the rubric may be one, but the modes of expression of the patient may be very diverse yet they stand equivalent to the same rubric.

For example, let us refer to the rubric in Kent's Repertory 'DISTURBED, averse to being' — To know its meaning, we should know that when a person, *does not like* any sort of *change* in his present arrangement, position or state he should be said to be in a mood to remain undisturbed. Actually this disturbance is caused, when he is required to change his present state, of one's own volition will not cause any disturbance. It has been undertaken voluntarily, at one's own convenience. (Perhaps this happens because of some sudden and unexpected aggravation of ailments, through which the patient happens to be passing, and it becomes convenient for him to change his position when he finds himself out of the grip of this aggravation).

In the following examples, we will see how in different situations, different behaviour can be classed as belonging to the same rubric.

EXAMPLE NO.1: If a person is on duty, at his convenience, he has arranged his job in such a manner as to finish it in a fixed period of time. Suddenly a suggestion is received to leave the job already in the hand and undertake a new one; or to add some more work to the present volume of work; or to change the order of the present arrangement. To all these suggestions, his natural reaction will be of disobedience, and ordinarily he will not be in a mood to oblige, because he feels disturbed.

EXAMPLE NO.2: A person is sitting and comfortably occupying a seat, and if he is suddenly required to leave it, he will be annoyed because he feels disturbed to which he is averse.

EXAMPLE NO.3: A person is experiencing a state of mental or physical aggravation due to some ailment, and to relieve himself, has assumed a state of quietitude, of slumber or tranquility. Any effort at this stage to induce him to talk, will mean a break in his present state of composure, which he will not tolerate. This state of mind also, we can class as pertaining to the rubric "DISTURBED, averse to being."

Now, in a different context, sometimes we will observe that a situation confronts us, where two or more rubrics appear as rivals to each other.

For example, apparently it amounts to ADMONITION, aggravates, when a warning, a reminder, some advice, or censure is given in an authoritative manner, as a matter of rebuke. Although it carries behind it the concern, the kindness and the anxiety, of the person giving it, and it is generally done by well wishers, who are often intimate friends, elders, parents, yet it is disliked by the person who receives it.

But this apparent admonition will qualify as a rubric in Kent's Repertory 'ADMONITION, aggravates,' only if the effect of the rebuke is instant and the person affected shows, resentment instantly, with the words "Who are you to tell me these things, I can look-after myself without your advice." But if the reaction is slow and the resentment comes only after the rebukes are repealed

many times, then in this case actually it is not admonition which aggravates but the very repetition of the rebuke which are giving such effects as to amount to *disturbance, to which he is averse.*

In an other Example, let us examine the behaviour of a housewife who, in spite of her own ill health has undertaken her usual job of cooking, with the discomforting worry that a particular person in the house, or the family will be inconvenienced if she neglects the job. After finishing the job, she keenly waits to see that the food cooked by her is consumedby every member of the family, and that no one leaves his share uneaten. But for some reason or other a member of the family has been unable to eat something; she is enraged and furiously annoyed. It is not because she fears waste or extravagance, but because of the disregard she feels has been shown to the pain she has taken in cooking. The very idea itself is disturbing her, because things have gone against her will.

Similarly, sometimes a patient talks of sleep and says, she wants to sleep but she is suffering from pain. When asked why she is not concerned about the relief of her pains first, she replies, actually it is the sleep she needs because she feels that sleep alone will bring her ultimate relief. The pain and the suffering are only the cause of *disturbance,* they are only annoying because they are not allowing her to sleep, so instead of asking for a pain reliever she prefers a sleeping pill. Apparently, we may be deluded to place her expression under the rubric "FEAR, suffering, of," or a DELIRIUM, crying help for" or "ESCAPE, attempts to" but actually it is the *disturbance of sleep to which she is averse.*

Now let us examine, for similar study, another rubric i.e. "Fear, suffering of," to know which expressions will qualify to be placed under it.

1st: One which is straight forward; when a patient allows us to do anything except causes aggravation, and gets fearful even at the mention of them and flatly admits that he fears them, and therefore will run away and not come back to you if he gets them.

2nd: Again it will amount to the 'Fear, suffering of' if a person is in pain and keeps quiet because talking aggravates his pain. So we cannot place this behaviour under the rubric..."ANSWER, aversion to," or "TALKING, complaints all agg."

3rd: A person has a painful ulcer in his mouth and if he refuses to eat, you have to ask him, why is he refusing to eat? If he replies only because he *fears the pain,* it is amounting to 'FEAR, suffering of instead of the other rubric, "EAT, refuses to."

4th: For many days a person has fever, say malaria, which has times of arrival and departure. The patient remembers the rigors, he has already undergone. Before the next attack, well in advance, he gets afraid and presses his doctor to prevent the bone breaking aches at all costs, the fever may come, the temperature may rise but the pains he does not want, since they are awful. Now this expression is also clearly indicative of the rubric "FEAR, suffering of and not the rubric..."ANTICIPATION, complaints from" or "CAUTIOUS" or "IMPATIENCE, pains from."

5th: Sometimes there is very strange and mixed up feeling. If you ask the patient whether it is due to the fear of suffering etc. that he does not want to speak, or because of the ulcer in his mouth. He answers in affirmation and says, "Yes, the fear is obvious," and repeats "I fear pain." *But actually you will find that he has not been able to give you the correct assessment of his present condition.* Now to weigh exactly the fear of anything it means a mental discomfort before anything happens. But if the discomfort is experienced only after he has been obliged to change his present position which was keeping him quite comfortable, we will call it a disturbance in his present state which, in reality, he is averse to. Since we find that in reality, it is not that he is keeping quiet, but it is shutting his mouth, avoiding movement that is keeping him comfortable, and is not interested in changing his present condition because he knows that even a little movement of his mouth is going to lead him, into a severely painful condition. *Here it is to be very carefully understood that it is not that he is sensitive to something which is coming and is definite (fear) but he is interested in avoiding*

something by invitation or by provocation. He actually does not want to invite any sort of discomfort or disturbance and that is why he is irritated when spoken to. *Yet instead of calling* it a disturbance in his present state, sometimes he calls it and we also take it as *"FEAR, suffering of.* It is here that sometimes "BRYONIA" fails because it actually happens to be a case of "GELSEMIUM". Because in "GELSEMIUM" like "BRYONIA" the Aversion to disturbance is there, but the fear of suffering is absent.

Now the final and the most important point to be kept in view is that it is not the totality of all the symptoms that a patient is presenting at one time that are to be considered, but out of the whole only those which are Present, Predominating and Persisting concerning the present ailment, are to be picked out for the purpose of prescribing. Their number should be ordinarily not less than THREE, unless the Rubric is overwhelming and is singular in remedy. As already stated this is to be done in keeping with our homoeopathic principle of establishing the reverse order of the malady. To do this, it will be essential to know the Present to go backward to the past. Through spoken expressions, and by his actions and behaviour in general, the upper-most layer of the symptoms is presented to us by the patient.

For example, a patient may be having any type of temperament, habits, emotions and peculiarities in his character since birth. It may be that many have changed into new ones and some are still persisting in their original form, and are making a part of his present, general nature. We have no concern with all that. *Without prejudice and with a very free mind we have to carefully understand our job. The patient comes to us only when a physical abnormality has ben experienced or felt by hint, and he is interested in getting rid of it.* This ailment has a definite bearing on his mind and the homoeopathic physician has to exact that part of the mental symptoms which is directly concerned with the present ailment. These mental states may or may not include the permanent ones which a patient has had since birth. The important thing is what is present; irrespective of whether it is old or new. So his present problem is his physical ailment.

In other words it should not be very difficult to locate the present station of the disease and catch the train which runs backward in direction. (But however easy the job may be, it is to be admitted that nothing can be achieved without any effort. It is with preservance and with the help of sustained efforts that a true homoeopathic physician has to sharpen his perception. As in case of a devotee, unshaking faith and persistence in effort, alone, makes it possible for him to bring under his command the duty of his worship which is generally known as achieving of 'Siddhi.' A person who is interested in learning this art has to inculcate in his mind an unshattering faith in the efficacy of this art, and to make tireless efforts to master it. The 'Siddhi' is bound to come. Once achieved, miracles will be performed through his hands, and success after success.

To take a practical example, a person has had the following characteristics commonly in his daily life since birth, and to reproduce them in the language of rubrics, they may be as follows:

1. ANTICIPATION, complaints from.
2. REST, when things are not in proper place, cannot
3. CENSORIOUS.
4. COMPLAINING, supposed injury, of.
5. LAMENTING, sickness, about his.
6. SUICIDAL disposition.
7. DEATH desires.
8. QUARRELSOME.
9. GRIEF, hunting for something to grieve oneself.
10. DISCONTENTED
11. CONTEMPTUOUS etc.

Now today, he is suffering from pain in the stomach, head or anywhere in the body, or he has an attack of difficult breathing, and his present, predominating mental states are:-

No.l; Feels as if encircled or bounded by the present ailment, wants to be freed soon. So he feels he will not be able to wait and continue in his present state for long. Two or three days are Okay,

but beyond that it may not be possible for him to wait. It is boring, so he wants the ailment to go very soon.

No.2: He is weeping because of the pain.

No.3: Shrieks and says, "Do something, do something for me."

No.4: After the attack of the ailment is lessened or finished he thinks about the cause of his pains and becomes uncomfortably conscious about self, of its turning for the worse later on; etc.

Now to convert the above expression into rubrics.

No.1: Above is to be conceived as "ENNUI."
No.2: as "WEEPING, pains with"
No.3: as "SHRIEKING aid, for,"
No.4: "EMBARRASSED, ailments after."

You will find that the common remedy covering all these rubrics will be "PLATINUM."

Likewise, for consideration of another set of symptoms covering the ailment of the same patient at another time.

No.1: "Call a doctor, give me something for relief." Suggests treatment and sometimes the medicine, and talks in a delirious or semi-delirious manner.

No.2: "I was never sick like this before, God knows what has happened to me now." Asks the person present in his company, "You tell me what has happened to me."

No.3: "Well, has everybody had a meat, Oh, I have forgotten to cook, let me cook, you know it is bad that you should all be without meals when I am alive."

According to the above reports and observation, the following will be the rubrics.

1. "DELIRIUM, crying, help for"
2. "ANXIETY, hypochondrical."

3. "BUSINESS, talks of."

And in the above case "CANTHARIS" will be the medicine.

Let us study another set of symptoms.

No. 1. The patient feels incapable of work and always feels unable to attend to his business, with a sort of general reduction in efficiency.

No. 2. Always feels like condemning himself for not being in a position to perform his duty.

No. 3. Is discouraged and low spirited sometimes, and haughty the other times.

The rubrics will be:

(1) "BUSINESS, incapacity for."

(2) "CONTEMPTUOUS, of self."

(3) "DISCOURAGED, alternating with haughtiness."

The remedy that covers the above rubrics will be "AGNUS. CASTUS.

Now see that there is a lot of difference in his present, persisting and predominating mental state, and the one which is comprising his permanent nature. Why importance is to be attached to the former, and the latter to be totally ignored, is because this is the stage of his sickness, from where things have to take off, towards the reverse order. *It is only this approach which makes the remedy directly and immediately reach the ailing spot of the body and relieves it of its ailment. It establishes the order which moves, from within outwards, from above downward, and in the reverse order of the appearance of the sickness, in the form of starting some discharge from any of the outlets.*

Although I have endeavoured to present this in the simplest style, yet I understand that it will be difficult to follow and

understand this new method for those who are quite new to it. This happens whenever one is introduced to any new venture. Definitely it requires a little more exertion with poise and calm, while acquainting oneself with it. Therefore, to anyone interested and curious enough to learn it I shall be much pleased to explain things, in person or by any medium convenient and selected by him, as many times as may require him to understand things clearly and properly.

However, it may be very easy to pick up for those doctors who have been in my close contact for quite sometime now, and attending my lectures on this theory and practice, and have already started successfully practising accordingly.

It may not be out of place to mention here that I am already under great pressure from my students to start a regular institute to propagate and spread, as widely as can be, this new approach, by imparting practical as well as theoretical training to the really zealous and interested physicians. This, I feel, I shall be compelled to comply with very soon.

LECTURE N0.5

DISTINGUISHING FEATURES OF THIS METHOD:

Until now we have been learning to prescribe or select the similar by learning or grasping drug pictures, through various materia medicas. We have been taught to take note of the rare and peculiar or the guiding symptoms of the drugs. This led us to personify the drugs as if they were entities in themselves, having souls. Furthermore we have learnt that every drug has symptoms, in grades, i.e. certain symptoms in a particular drug are found in the majority of provers, and others in a less provers and the yet others in still fewer provers. That is why the symptoms found in the majority of provers were to be placed in the *1st Grade* likewise the second ones in the *2nd Grade* and third ones in the *3rd Grade.* Obviously all these materia medicas containing drug pictures place before us those symptoms of the drugs which are called characteristics. By these characteristics it is meant only the *1st grade* or sometimes the *2nd grade* or the rare and peculiar symptoms of the drug. Naturally the system of calling the patients by the name of drugs came up, for example BRYONIA patient, ARSENICUM patient, NUX.VOMICA patient etc.etc.

Actually at no time, temporarily or permanently, can one find in a patient rare and peculiar, upper grade and characteristics, or the guiding symptoms of a single drug. An individual patient is always an embodiment of many drugs at a time and that is why one finds in him characteristics of more than one drug, yet apparently, all those characteristic symptoms belonging to a variety of drugs may not essentially become the basis of the remedy indicated now.

So the first distinguishing feature of this new approach will be that you are very clear in your mind about what you have to precisely observe in your patient to *prescribe on at a given moment.*

The present system of selecting similars as taught by the existing materia medicas is defective, misleading and unscientific. Because actually it is not that one requires to search for the characteristics of a drug in a particular patient but the present

predominating first grade and characteristic symptoms of patient which are scattered over the whole of the drug's colony. For this Ithe repertory seems to be the best index for locating, them and irepertorization for assorting them at any given time. A symptom may be *oi3rd grade* in a drug but if it exhibits itself as 1st grade in a patient, we should not hesitate to prescribe for that reason alone. What is to be clearly understood is that we have to prescribe a drug for a patient and not a drug to be found in a patient when we are compelled to conclude that there can be no individual patient as the ARSENIC or the NUX. VOMICA Patient etc. etc. So this is the second distinguishing feature of this method of putting things straight forward and proper manner.

According to this approach a physician needs to know the present, persisting, and predominating symptoms of the patient. They are to be discovered in the patient's feelings and thoughts, in his anxieties, his fears, his delusions, in his restlessness etc., and should directly relate to his present ailments. A physician ought to know what are the reflections of his present ailment on the centre (mind). The central control room (mind) is presenting, in a nutshell, a complete and clear cut present picture of the patient which can be perceived or read in no time. *So this approach introduces into our system of prescribing an element of precision, accuracy and speed and effectiveness, saving a lot of the time which is hitherto required of a homoeopathic physician.* It also removes the confusion which .mostly sr>rouds his mind, even after having taken a decision on the selection of a remedy. This constitutes the 3rd distinction of this approach.

Likewise, in spite of the clear cut direction and method of this selection, if the selected remedy fails; *how to find the mistake one has made* and how to make the next selection's success in the matter is also a peculiarity of this approach. In the existing methods, after a remedy fails, one is left in the lurch about what to do next. So in this new approach, well defined, and well directed areas for investigations are explained to find out, with clarity and certainty, the fault with one's own selection. This is the fourth distinction.

It is not the selection of the first remedy only but its follow-up at every proceeding stage which is well marked and clearly understood by the physician. At no stage he is under any confusion and embarrassment for want of grasp of the situation. Because he is well versed in the art of deciphering the signals of the central control room (MIND), which works as a dial to indicate, with every movement, through feelings and thoughts how the patient is doing. Whether he is improving, stagnating or deteriorating; whether the remedy has had an expressive or suppressive effect, whether the remedy has started giving full or partial effect. The physician also knows how to undo the wrongs, how to recognise whether the aggravations being experienced by the patient are homoeopathic, necessary and beneficial to him. His mind is also trained to judge reasonably and scientifically how long they should last and why; what is the clear indication that the remedy already working is still in command of the situation, or whether it has totally finished its own part of the job, handing over the remaining symptoms to the next indicated remedy.

So this knowledge, whereas it is essential for the physician for the proper management of the case, it is also very necessary to curtail unnecessary torture, agony and sufferings of the patient while undergoing homoeopathic aggravation. Herein lies its fifth distinction.

The totality is a wilderness, a complete whole is like a jungle but the centre is a particular point and a place of target specifically known to the hunter (the physician), therefore, he knows with certainty where to hit. So this is another and the sixth edge of this approach over the existing one, which teaches to treat on totality.

Homoeopathy lives in symptomatology, in its principles and methods based on the law of similars. Therefore, its survival is safe and dependent, in the hands of a person who knows the art of coming to an exact similar when selecting the remedy for a patient. The more he masters the art of selecting the right similar the more he attains the right to be designated as a perfect and true homoeopath, in the same way as a person who chooses

'TRIDOSHA' theory as a mode of healing, and masters it by the aid of NADIGYAN (NABZ, i.e. rhythms of blood circulation by the help of pulse) acquires the right to be called a true Vaid or Hakim, and a person who chooses diagnosis and laboratory methods as a way of healing and masters himself in this art to be a true Allopath.

Practice makes a man perfect, but only within certain, well defined and well bordered lines. *So by adopting this method,* homoeopathy which is just lingering its breath and is UNDER CONSTANT DANGER OF EXTINCTION BY SUFFOCATION, will not only start breathing freely but will further nurture itself to the required extent, to become a fully responsible art of healing.